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 論 文
 

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# Comparative Study on Spiritual Care between Japan and Indonesia

## - Focus on "Care after Death" in the Medical Field -



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### Abstract

**Background** In the Japanese medical (nursing) field, in which caregivers are involved with patients of various religious backgrounds, the humane aspect tends to be taken lightly. Therefore, systematic care that considers the humane aspect, i.e., spiritual care, has not yet been established in Japan.

**Objective** On the basis of a study on the clinical medical practices of different cultures from anthropological and sociological viewpoints, we aim to clarify the hidden significance of spiritual care, fixed ideas on death and obstacles to performing spiritual care.

**Method** The method is participant-observation, actually joined the Jakarta Islamic Hospital (*Rumah Sakit Islam Jakarta*) for observations.

**Results** Care after death in Japan can be summarized in these ways. Care after death constitutes routine medical work. Care after death is the last nursing activity for a patient. Care after death is a courtesy shown toward the patient and his/her families. Care after death is customary or traditional practice. Care after death for Muslims in Indonesia does not mean disconnection of ties between the dead and this world, it rather offers a stage for reconfirmation of ties in which everyone is united.

**Conclusion** We present the significance of care after death in relation to nursing care.

1. Care after death offers a site for sharing between the caregivers and the dead.
2. Care after death in nursing means caring in a deplorable situation.
3. Care after death offers caregivers a role to be involved with the family.
4. Care after death helps in coping with death.
5. Caregivers must be engaged in care after death not as disposal workers, but as care workers.

**Keywords** care after death, spiritual care, nursing, Islam

## I. Introduction

We believe that caregivers must be committed

to their patients with considerations given to the biological, sociological, psychological and humane aspects of patients. However, the humane aspect is often strongly influenced by the philosophical or religious beliefs of the patient. In the Japanese medical (nursing) field, in which caregivers are involved with patients of various religious backgrounds, the humane aspect tends to be taken lightly. Therefore, systematic care which considers the humane aspect, i.e., spiritual care,

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has not yet been established in Japan.

However, there is a country in which systematic spiritual care has been established in the medical field. For example, spiritual care is performed in an Islamic hospital in the Republic of Indonesia around-the-clock. In this hospital, care after death, which is performed by caregivers in Japan, is classified as spiritual care. With respect to studies on care after death in Japan, Fujiwara (1995)<sup>1)</sup> have studied caregivers' awareness. Azuma et al.(2000)<sup>2)</sup> have studied the involvement of caregivers and adults in general in terms of care after death and Takada et al. (1995)<sup>3)</sup> have reported studies on ceremonial care after death.

However, there are few studies which focus on the care after death between different cultures. In particular, care after death in Christian culture is simplified and not classified as care. Therefore, a comparative study with a Christian culture has not been performed.

Among previous studies in Japan, there is much literature and many studies on the philosophy of life and death based on Christian and Buddhist ideas. However, there are no studies on medical practices based on Islamic ideas. Most studies on Islam focus on the Middle and Near East, and the Arab states as their study fields. However, few studies concern the Republic of Indonesia, a high proportion of the population of which is Muslim, the largest religious group in the world. Accordingly, in this paper, on the basis of a study on the clinical medical practices of different cultures from anthropological and sociological viewpoints, we aim to clarify the hidden significance of spiritual care, fixed ideas on death and obstacles to performing spiritual care. Although these are related to normal medical activities, they are difficult to be aware of within the Japanese medical field, which is a unique group.

## II. Methods

Period : 1. Between January and March, 1995  
 2. December, 1997  
 3. Between December and January,  
 1999-2000

Field : The *Rumah Sakit Islam Jakarta* (Jakarta Islamic Hospital: RSIJ)

Method : Participant observation actually joined the hospital faculty for observations.

The following procedure was followed.

1. Obtained admission to enter a religious section inside the hospital for observations and became quasi-medical members.
2. Assisted the staff of the religious section in their hospital work and collected information from questionnaires and interviews.
3. Used VCR equipment only when prior permission was obtained.
4. Determined the significance attached to treatment after death in Japan, based on all the information acquired.

We extended the following ethical considerations to the family members in order to attend *jenazah*.

The social position of researchers (observers) and their affiliations were clarified. We also clarified that the study on *jenazah* was being performed with the permission of the hospital.

Next, we explained the purpose of this study and obtained permission to observe *jenazah*, to use a video camera and to make our study results public in academic societies. We explained to the family members that in presenting our study in academic societies we would guarantee confidentiality and protect the privacy of the deceased and his or her family. Even when the use of a video camera was not allowed, we explained that our presence would not disrupt the ritual of *jenazah* and were allowed to observe five rituals of *jenazah* with the permission of spouses or siblings.

One young woman's family did not allow us to use a VTR. Therefore, we only interviewed her family. Since only several hours had passed since her death, we explained the aim of our study very carefully, taking into consideration the state of her family.

### III. Outline of *Rumah Sakit Islam Jakarta*

*Rumah Sakit Islam Jakarta* is a hospital related to the Mohamadia Foundation, with 507 beds as of December 1997. The hospital has 590 health personnel including doctors, nurses and pharmacists and 22 diagnostic courses. It is a middle-sized general hospital, ranked as a B class hospital among Indonesia's hospitals. In Indonesia's general hospitals including the aforementioned hospital, as shown in Figure 1, the religious section is usually manned by medical staff, which is not the case in Japan. Among the activities of the religious section is spiritual care, as a part of which, the families and relatives of the patient administer care after death.

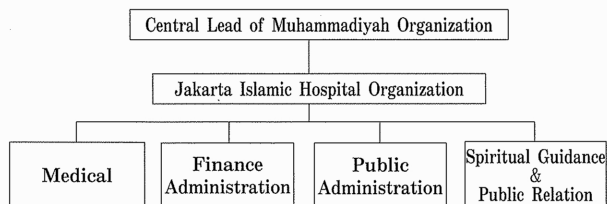


Figure 1 *Rumah Sakit Islam Jakarta* Organization

Figure 2 shows the monthly number of hospitalizations and death from January to November in 1997 at the *Rumah Sakit Islam Jakarta* hospital. The average monthly number of hospitalizations is approx. 2300, and that of deaths approx.

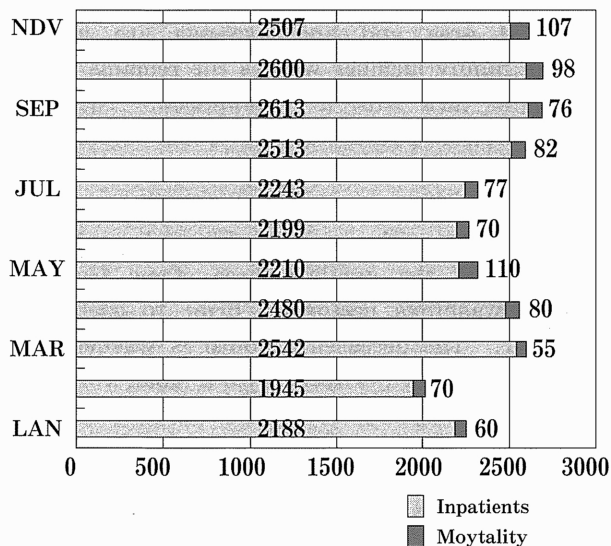


Figure 2 The monthly number of hospitalizations (1997)

80. The total number of patients who died at the hospital during this period is 885, among which 21 patients on average per month receive care after death.

### IV. Results and Discussion

#### 1. Care after death in an Islamic society

Patients who died at the *Rumah Sakit Islam Jakarta* hospital were stuffed with cotton in their ears and noses by caregivers in the hospital, prior to washing of the dead body.

Next, they were moved to a special room called *JENAZAH* in which full-time technical staff and *Rohaniawan* (preacher) belonging to the religious section, and the families and relatives of the patient perform washing of the dead body for 40 to 50 minutes.

#### Courtesy to the dead (*memandikan mayat: jenazah*)

In the hospital, which was our study field, when family members are in grief upon a patient's falling into a critical condition or passing away, a *Rohaniawan* visits to perform spiritual care at the request of caregivers in the hospital ward or of the family members themselves. *Memandikan mayat* is washing of the deceased in Indonesia. In this study, we compared *memandikan mayat*, commonly known as *jenazah* with care of the dead in Japanese. *Memandikan mayat* is an Indonesian term, which means "washing the remains." The common term of *jenazah* actually refers to the dead body. *Rohaniawans* usually call the ritual of washing the remains *jenazah* and use the term *jenazah* in their records. The room in which the remains are washed is also shown as the *jenazah*. The following outlines the process of washing the remains.

#### (1) People involved in *jenazah*

Among the four specialists present in the room for washing the remains, one or two specialists, a *Rohaniawan* and a family member of the same sex are involved in *jenazah*. If the deceased is one's spouse or child, a family member of the opposite sex is allowed to join in *jenazah*. However, if the deceased is female, neither her husband nor her sons can participate. Conversely, if a

husband dies, his wife often joins in *jenazah*. In December 1999 when the study was conducted, *jenazah* specialists were on duty around-the-clock in three shifts. When the study was carried out, there were four male specialists involved in *jenazah* for males. For females, female *Rohaniawan* perform *jenazah*. (In Islam, there is a rule that female patients are cared for by female caregivers and doctors and vice versa. Therefore, we saw many male caregivers in Indonesia, who are in the minority in Japan.)

## (2) Structure of *jenazah* room

The *jenazah* room consists of four sections:

- 1) An office section
- 2) A washing and covering section
- 3) A praying and waiting section
- 4) An equipment section (in which only a stretcher for the deceased was kept)

In the washing section, there is a large bathtub to wash the remains. In this bathtub, many cushions are arranged like railroad ties in order not to cause injury to the remains. In the covering section, which is separated from the washing section by a curtain, there is a wooden rack for medical examination on which the remains are laid and covered with a cloth. In a corner of the covering section, there is a shelf on which items necessary for *jenazah* are stored. Specialists take items from the shelf and place them on the wooden rack.

## (3) Procedure of *jenazah*

- 1) After being informed of a death by the ward caregivers, specialists come to the ward with a special stretcher attached with a covered cradle and transfer the remains to the *jenazah* room.
- 2) Covering cloth is prepared in the *jenazah* room. Two sheets of white cotton are spread on the wooden medical examination rack in the covering section. Another white cotton cloth is spread on the two sheets and a vinyl sheet is spread beneath the hips of the deceased. Finally, a fourth white cotton cloth is spread over the vinyl sheet. Then, white powder (from the smell, we assumed it is moth repellent such as parazole or paracyclobenzene) and

sandalwood powder (an aromatic tree in Indonesia) are sprinkled alternately all over the dead body. Four sheets of white cloth are prepared for male deceased, while an additional cloth is used for female deceased to cover her hair.

- 3) The remains are then placed in the bathtub in the washing section.
- 4) The patient's family, specialists and a *Rohaniawan* encircle the bathtub in a washing circle and perform the washing ceremony.
- 5) As mentioned previously, only the patient's family members of the same sex are allowed to participate. Only if one's spouse or child dies are family members of the opposite sex allowed to participate. We witnessed wives and daughters participating in washing the remains of husbands and fathers; however, we did not encounter any husbands or sons who participated in washing the remains of a wife or mother. Family members, who do not participate in washing the remains, wait in the waiting section.
- 6) Actual washing of remains
 

Solid soap is placed in a mitten-shaped towel. Those involved put their left hands inside the towel. The right hand is considered the "clean" hand by Islamic people. Then, using the mitten-shaped towel, the area around the navel and the abdomen are pressed in such a way that excretions remaining inside the abdominal cavity and urinary bladder are pushed out, and the genital area and anal passage are washed. Each family member washes the remains in this way in turn with a *Rohaniawan*. Next, the *Rohaniawan* pours water over the deceased in the order of hair, face, trunk, upper limbs and lower limbs three times each and then washes three times with soap, in this order. We assume that the number three stems from the three washings performed prior to each daily prayer. The deceased's mouth is washed as if cleaning his or her teeth with a small volume of water. Similarly, the back of the body is washed three times in the order of hair, back, buttocks and lower limbs with the remains positioned on the right and left sides.
- 7) After washing, moisture is lightly dried with a



bath towel. Then, the four corners of one sheet of cloth are held tightly by family members so as not to touch the sheet on the dead body. From above the cloth, water with dissolved paracyclobenzene powder is sprayed by hand all over the body. In addition, approximately 350 ml of perfume made from roses is sprayed on the body. Then, the whole body is wiped with a new towel and lightly covered by a traditional *batik* cloth. The deceased is carried in his or her family members' arms and transferred to the wooden rack for medical examination on which white cotton cloth has already been prepared.

- 8) For women with long hair, the hair is divided into three locks, and each lock of hair is braided. Then, the hair is covered by a white cotton cloth, as is traditional for Muslim women. A small amount of sandalwood powder is sprinkled on her face.

9) Covering the remains

The entire body is covered with cotton. Then, the remains are covered by the sheet of white cotton cloth spread on the wooden rack. The cloth covering the remains is tied at three to five positions using strings made from the edge of the sheet of white cotton cloth (at parts around the head, chest, upper abdomen, lower abdomen and feet).

- 10) Lastly, rose perfume is again sprayed on the deceased. After these ten steps, the washing ceremony, *jenazah*, is complete.

After the ceremony, the deceased is transferred to a waiting room on a stretcher on which prayers are written, which was also used to transfer the remains from the ward to the *jenazah* room. In the waiting room, the family prays for the deceased. If *jenazah* is completed by the time regular prayer begins, the deceased is carried to the place of worship inside the hospital. Hospital staff, patients and their families, who assemble in the place of worship, pray for the deceased. Then the deceased is transferred to his or her home or grave.

The woman seen in Figure 3 is the patient's wife. The patient's brothers were also in the room. They washed the patient's body one by



Figure 3 Care after death (*Memandikan mayat*)

one, talked about how the patient was before death, were often in tears but sometimes smiled.

Care after death (*Memandikan Mayat*) is essential for Muslims, to whom religion is life itself. For them, the concept of death of a third person or of one person does not basically exist. Muslims neither assume an indifferent attitude nor take an objective view of death. The reason is that their idea of death is that it is not the end of everything, and they believe that death is a transferring process in people's lives from life to death. Care after death (*Memandikan Mayat*) for Muslims does not mean disconnection of ties between the dead and this world, it rather offers a stage for reconfirmation of ties in which everyone is united.

From the aforementioned, care after death in the Islamic society is summarized as follows.

- 【1】 Care after death is essential in a Muslim's life (= religion).
- 【2】 Care after death is not an individual event.
- 【3】 Care after death is one aspect of the process from life to death.
- 【4】 Care after death is a ceremonial or ritual activity.

## 2. Care after death in Japan

As reported by Fujiwara et al.(2000)<sup>4)</sup>, care after death (or washing of the dead body) in Japan's hospitals is considered by majority of caregivers as the last nursing activity for patients. We are conducting research on care after death, targeting more than 3000 caregivers in Shizuoka Prefecture. Results suggest that caregivers administer care after death as a way of showing respect for the patient or on the basis of vague ideas, similar to results obtained in

previous research. We consider that care after death in Japan is performed to make the appearance change caused by death less obvious, based on traditional teaching.

From the aforementioned, care after death in Japan is summarized as follows.

- [1] Care after death is the last nursing activity for a patient.
- [2] Care after death is a courtesy shown toward the patient and his/her families.
- [3] Care after death is customary or traditional practice.
- [4] Care after death constitutes routine medical work.

Table 1 is comparison of care after death between general hospital in Japan and Indonesia.

### 3. Spirituality

We attempt to discuss the term spirituality, which is common to different cultures, including Islamic countries and Japan.

Spiritual activities including care after death (*Memandikan Mayat*), as observed in the Jakarta Islamic hospital, has been recognized as specialized work in Islamic society. Spirituality is the fundamental concept of such spiritual activities, and is also described as a unique and absolute power of God. The concept that spirituality is equal to the power of God exists in people's body and life internally. The concept exists in the Islamic society externally as a big idea which includes the standard of people's way of life and death.

Meanwhile, how can spirituality be defined in Japan? For example, sublimity, divinity or soul

Table 1 Comparison of care after death between general hospitals in Japan and Indonesia

	Japan	Indonesia
Who performs	<ul style="list-style-type: none"> <li>• Nurse (Caregiver)</li> <li>• Caregivers and family</li> </ul>	<ul style="list-style-type: none"> <li>• Family and <i>Rohaniawan</i></li> </ul>
How long it takes	<ul style="list-style-type: none"> <li>• Depends on cases</li> </ul>	<ul style="list-style-type: none"> <li>• Approximately 40min</li> </ul>
Where	<ul style="list-style-type: none"> <li>• Hospital room (private room)</li> </ul>	<ul style="list-style-type: none"> <li>• Care after death is performed after transferring the dead body to a special room called <i>Janazah</i></li> </ul>
The way to do : in what form	<ul style="list-style-type: none"> <li>• Bed bath</li> </ul>	<ul style="list-style-type: none"> <li>• Washing</li> </ul>
: what is used	<ul style="list-style-type: none"> <li>• Lukewarm water</li> <li>• Water containing a disinfectant or lukewarm water</li> </ul>	<ul style="list-style-type: none"> <li>• Water</li> <li>• Paracyclobenzen</li> <li>• Rose perfume</li> </ul>
: after care	<ul style="list-style-type: none"> <li>• Plugging cotton into mouth, nasal cavity, anal passage and genital area</li> </ul>	<ul style="list-style-type: none"> <li>• Covering body with cotton</li> </ul>
: clothes in the final stage	<ul style="list-style-type: none"> <li>• Yukata (informal cotton kimono) or Kimono</li> <li>• Clothes which patient's family prepared</li> </ul>	<ul style="list-style-type: none"> <li>• Covering with white cotton cloth, binding the body with strings of the cloth</li> </ul>
Similarities	<ul style="list-style-type: none"> <li>• Concepts of purification</li> <li>• Performance of rituals in hospitals</li> </ul>	
Other differences	<ul style="list-style-type: none"> <li>• Involvement of caregivers</li> <li>• Involvement of family</li> <li>• Difference of cleaning in bed and washing (if patients die at home, some funeral parlors provide the service of washing the remains)</li> <li>• A hospital room (closed space)</li> <li>• A <i>Janazah</i> room (any family member can participate open event)</li> </ul>	

can be used to describe it. However, in this study, we want to express the term spirituality as the power of spirit (*ki*) which implies both the internal pride or heart, and external traits or atmosphere. In other words, "spirituality = power of spirit (*ki*)" can be interpreted by an image of spirit (*ki*) flowing into external world or spirit (*ki*) flowing into internal world.

Comparison of spirituality from different perspectives shows that spirituality represents intangible energy. We assume spirituality as being a power of significant influence.

However, in Japan, abstract and spiritual nursing care is entirely lacking. While concrete and objective nursing care in life is administered at a high level of efficiency, methods for abstract and subjective nursing care have not been established. The same can be said for care related to death.

Finally, we would like to discuss the significance of care after death from the point of caregivers. When caregivers feel the spirituality of the patient, which is an abstract and subjective power of the spirit (*ki*), the scope for sharing and exchanging between caregivers and patients appears; then caregivers confront one subject who is going to die. In this situation, caregivers take a role of sharing the process of transfer from life to death with the dead, in order to support families, who are coping with their loved ones' death or fully expressing their natural sadness. In Indonesia's Islamic society, such spiritual activity is performed by religious people, whereas in Japan it is expected to be performed by caregivers. Even though there are always discrepancies between an ideal situation and reality, we hope that more and more caregivers are involved in care after death not only on the basis of rationality or sanitation but also on the basis of their attachment to the meaning of the action.

From the aforementioned discussion, we present the significance of care after death in relation to nursing care.

- 【1】 Care after death offers a site for sharing between the caregivers and the dead.
- 【2】 Care after death helps in coping with death.
- 【3】 Care after death in nursing means caring in a deplorable situation.

【4】 Care after death offers caregivers a role to be involved with the family.

【5】 Caregivers must be engaged in care after death not as disposal workers, but as care workers.

#### Footnote

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## 要 約

# 日本とインドネシアとのスピリチュアルケアの比較研究 —医療現場における「死後の処置」に焦点を当てて—

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**背景** 宗教的土壌が多様多様な日本の医療（看護）現場では、形而上的要素が強く影響してくる人間学的側面へのケアが黙止されがちである。そのため、人間学的側面への系統的ケア、いわゆるスピリチュアルケアが不明瞭なままとなっている。

**目的** 宗教的基盤が明確な医療現場で実施されているスピリチュアルケアに参入して、日本の看護師が行っている「死後の処置」を相対化しその人間学的意義を顕在化させる。

**方法** イスラーム・ジャカルタ病院 (*Rumah Sakit Islam Jakarta*) の宗教医療部準メンバーとなり、スピリチュアルケアに関して参与観察する。

**結果** 日本の医療現場における「死後の処置」は、「医療業務（ルーチン）」「患者への最後の看護」「患者や

その家族への礼節」「慣習（しきたり）」が主目的であり「現世（医療）と切り離す場」である。一方、インドネシアのムスリムにとっての「死後の処置」はスピリチュアル活動の一環であり、患者とその家族を含む関係者全員がひとつに結ばれているという「絆を再確認する場」であった。

**結論** 日本での「死後の処置」の場面にスピリチュアルな看護ケアを求める場合、以下のような人間学的意義をもつ。

1. 「場」の共有
2. 「喪の作業」の促進
3. 「共同行為者」としての役割
4. 「死（という出来事）」への対処
5. 「片づけ（処理）」ではなく手当て」としての処置