New Religions and Social Care in Contemporary Japan
Risshō Kōseikai as a case-study

Research Questions and Methodological Approach

New Religions
- The category of new religious movements (shinshūkyō) refer to religious organisations developed in Japan since mid-19th century. These movement have been object of many controversies since their rise, and their relationship with Japanese society became especially problematic since Aum Shinrikyō (movement founded in the 1980) released sarin gas in Tokyo underground, killing 13 people and injuring hundreds.

Risshō Kōseikai is a lay Buddhist movement founded in 1938 and primarily based on the Lotus Sutra. The movement grew significantly in postwar years and was especially successful in urban areas.

Social aspects e.g. Interaction with other providers of care (state/private)

Religious aspects e.g. Doctrinal foundations Religious motivations for social care

Research questions
- What are the social care activities promoted by RKK?
- How are these activities positioned within the broader framework of social care in Japan?
- What is the meaning attributed to care activities by members?

Welfare facilities
- Elderly care, childcare, nursing care facilities

Local Churches
- Voluntary care activities for RK members

NPO Meisha
- Volunteering at nursing facilities, community building

Methods: participant observation, in-depth interviews, archival research

Content and Current State of Research

Inadequacy of state provision
- Financial burden
- Shortage of facilities and qualified caregivers

Reduced capacity of traditional providers (family and communities)
Diminished by shifting family patterns, change in living arrangements, urbanisation, depopulation...

Social aspects of care

Faith-based social care
- Emphasis on personal interaction and emotional support (kokoro no kea, care of the mind/health) within a context of decline of social ties (muen shakai)

Religious motivations for social care

Social Care Activities of Risshō Kōseikai

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Inadequacy of state provision

Social Care Activities of Risshō Kōseikai

Social Care within the landscape of care

Reduced capacity of traditional providers (family and communities)

Interaction with other providers of care
Cooperation vs conflict/competition
Functional distinction (between RKK and professional caregivers), mediation, complementarity

Conceptualisation of care
Emphasis on personal interaction and emotional support (kokoro no kea, care of the mind/health) within a context market by decline of social ties (muen shakai)

Risshō Kōseikai within the landscape of care

Social Care between Religion and the Secular
Discourses and practices of care in RKK seems to reproduce patterns of conventional/lay provision of care. What are (if any) the distinctive religious features of RKK-sponsored care?

Hypothesis and Future Directions

Care as a space of interaction?
Care as means to reinforce personal ties among members and reach out to the surrounding society beyond a strictly religious framework. ⇒ New Religions as alternative communities or mediating structures

Religion as spiritual care?
Discourses and practices of care may serve to rehabilitate the public image of religion and renegotiate its social significance as “spiritual care”, as a form of support that cannot be effectively provided by other agencies.

Social Care between Religion and the Secular
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