Contemplative Engagement: The Development of Buddhist Chaplaincy in the United States & Its Meaning for Japan

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Introduction

The Rinbutsuken Institute for Engaged Buddhism (臨床仏教研究所) was established in Tokyo, Japan on March 7th, 2008. Affiliated with the Zenseikyo Foundation & Buddhist Council for Youth and Child Edification (全国青少年協議会), it engages in comprehensive research on social issues and Buddhism. The English meaning of the institute's name, Rinbutsuken, refers to the practical or "clinical" (臨床 *rinshō*) approach to researching problems in society from a Buddhist standpoint. Therefore, our research may be sophisticated, but never academic, while maintaining a Buddhist emphasis on the practical transformation of the suffering of sentient life. Zenseikyo's long time experience in working with traumatized children and then its activities supporting the victims of the 3/11 disaster has led us to commit full time in 2012 to the work of cultivating Buddhist chaplains, or what we prefer to call *rinshō-bukkyō-shi* (臨床仏教師), which can be translated as "Buddhist clinicians" or even "engaged Buddhists". [1]

Engaged Buddhism is a modern term first coined by the Vietnamese monk Thich Nhat Hanh during the war there in the 1960s. He sought to describe a type of Buddhism needed at that time where monks do not remain cloistered in their temples, chanting and meditating, but rather come out of the temples to engage in positive action for peace and for the aid of the suffering. While Engaged Buddhism has been translated into Japanese as "participating in society" Buddhism (社会参加仏教 *shakai sanka bukkyō*), the social participation aspect is only half of the equation. The other half is the simultaneous, deep investigation of the inner self. In this way, we might have in addition to Socially Engaged Buddhism, also Spiritually Engaged Buddhism. Dr. A.T. Ariyaratne, the founder of the Buddhist inspired Sarvodaya Shramadana Movement in Sri Lanka, has explained this point as the difference between *purna paurusodaya* (personality awakening) and *vishvodaya* (world community awakening).

[1] http://www.zenseikyo.or.jp/rinbutsuken/english/index.html
Hitoshi, Jin. "Rinshō Bukkyō no Kanousei「臨床仏教の可能性」: The Possibility of Rinshō Bukkyō." *Rinshō Bukkyō Nyumon.* edeted by The Rinbutsuken Institute for Engaged Buddhism. Kyoto: Hakuba Publishers, 2013. P.10-25. 臨床仏教研究所編『臨床仏教入門』（白馬社 2013）

In this way, *rinshō* has the meaning of engaging in the personal domain as well as the social aspects of the four core causes of suffering (*dukkha*): birth, aging, sickness, and death. Thus, the Rinsho Buddhism Chaplaincy Training program seeks to develop those who will not only offer bedside support for the ill and dying but to go forth into a variety of social situations to engage with suffering and its causes.

As Zenseikyo is an ecumenical organization, we have wide networks of religious professionals, not just Buddhists, from within Japan and overseas whom we are recruiting to support us in developing this work. In this way, we are developing a systematic Buddhist chaplain training program based on the best practices of innovative foreign programs, while seeking to develop a particular model that fits indigenous Japanese Buddhist culture and society. This paper documents the specific research we have conducted at the following sites over the past year on two visits to the United States to learn more about Clinical Pastoral Education (CPE) and Buddhist chaplaincy training:

- one of the leading research and training centers in the U.S. for chaplaincy and CPE (the Department of Spiritual Care & Chaplaincy at Johns Hopkins Hospital in Baltimore, Maryland)
- two Buddhist educational institutions offering divinity degrees in chaplaincy (the Institute of Buddhist Studies in Berkeley, California and Naropa University in Boulder, Colorado)
- a center offering the only specifically Buddhist CPE internship and training program in the U.S. (the New York Zen Center for Contemplative Care)
- one of the first Buddhist hospice care organizations also involved volunteer training (the Zen Hospice Project in San Francisco)
- one of the few Buddhist CPE Supervisors in the U.S. certified to train chaplains from all denominations (Rev. Julie Hanada, Director of In-hospital Integrative Medicine Services for the Institute for Health and Healing at the California Pacific Medical Center in San Francisco)
- an interfaith chaplain developing programs in mindfulness and social justice for students at one of the United States' most prestigious universities (Matthew Weiner, Associate Dean of Religious Life at Princeton University in New Jersey)
- a New York City police officer using Buddhist teachings and practice for conflict resolution and officer training (Detective Jeff Thompson, Hostage Negotiation Team & Public Information, New York City Police Department)
- an organization teaching yoga and mindfulness meditation to at risk elementary school children in a critically poor and violent urban area (Holistic Life Foundation

in Baltimore, Maryland)

One of the central foci of this research was to understand how Buddhists in the United States have developed their own particular Buddhist approach to not only serving those in need but in developing themselves within the context of American Clinical Pastoral Education (CPE). CPE is a system of national certification for religious professionals working in private and public institutions developed over the past 90 years with roots in the formative Christian cultural heritage of the U.S.

Since the 1960s, CPE has been very slowly introduced and developed in Japan, mostly by Christian pastors at private Christian hospitals that represent a small minority of health care institutions in Japan. Outside of these private institutions and a handful of Buddhist oriented ones, chaplaincy is an almost totally unknown field in Japan. This is due to the bureaucratic interpretation of the Japanese constitution separating church and state that bars religious professionals from working in public health care and other public institutions. In turn, the concept of "team care" prevalent in the United States—in which medical professionals work as equals on a team with social workers, psychiatrists, and chaplains—is totally unrecognized. In response to the inadequacies of this system, there has been a growing interest in the past decade in "spiritual care" in various public non-profit sectors, including Buddhist organizations like the Rinbutsuken Institute. However, Rinbutsuken's founding director, Rev. Hitoshi Jin, feels that Japanese do not have a clear understanding of "spiritual care". The terms "spiritual" and "spirituality" are difficult to define in the pantheistic and Buddhist culture of Japan, and the concept of "spiritual care" is one that has developed largely from the Judeo-Christian standpoint of American CPE.

In visiting the U.S., we sought to learn about the ongoing negotiations between Christian and Buddhist approaches to "spiritual care" and the development of new concepts, like "contemplative care", to express unique Buddhist approaches to this work. We feel that these experiences can provide important lessons for us as we seek to develop a uniquely Buddhist understanding of chaplaincy that fits the sentiments and culture of the Japanese. This endeavor also involves reviving and adapting traditional Japanese Buddhist practices, such as the practices for dying developed by the Twenty-five Samadhi Society (二十五三昧会 *nijūgo-zanmai-e*) in the Heian era (794-1195)[2], to the highly modernized and secular social contexts of present day Japan.

As such this report will investigate a cluster of themes concerning:

[2] Stone, Jacqueline. I. "With the Help of 'Good Friends': Deathbed Ritual Practices in Early Medieval Japan." In Jacqueline I. Stone & Mariko Namba Walker Eds. *Death and the Afterlife in Japanese Buddhism.* Honolulu: University of Hawaii Press, 2008. 61-101.

- the differences between more Christian influenced "spiritual care" and more Buddhist influenced "contemplative care"
- the challenges of educating and training medical professionals in the basics of spiritual and contemplative care as well as religious professionals in advanced forms of care
- the challenges in translating and further developing Buddhist strengths in "contemplative" interpersonal skills to the wider systemic demands of CPE for institutional and social transformation

Understanding "Spiritual Care"

The concept of "spiritual care" has its roots in the concept of "pastoral care", which refers to the traditional role of Christian priests, or pastors, in counseling and supporting members of their church or community. Rev. Dr. Seward Hiltner, a Presbyterian minister who was a leader in the field of pastoral care and a former professor at the Princeton Theological Seminary, further explains the concept as:

> The ministry of the cure of souls, or pastoral care, consists of helping acts, done by representative Christian persons, directed towards the healing, sustaining, guiding, and reconciling of troubled persons whose troubles arise in the context of ultimate meanings and concerns.[3]

With this kind of foundation, CPE developed in the mid 20th century under the strong influence of Protestant theologians Paul Tillich, Reinhold Niebuhr, and Karl Barth and their understandings of pastoral care and counseling. "These theologians helped frame the existential suffering and spiritual longing of the persons chaplains encounter on a daily basis."[4] However, increasing cultural diversity in the U.S. in the 1970s and 1980s forced an expansion of these understandings in CPE to incorporate modern psychology, educational theory, and group dynamics as well as grapple with a growing diversity of different religious standpoints. In this way, the concept of pastoral care had to be developed into something more encompassing, which is what many refer to now as "spiritual care".

While spiritual care still carries undertones of Christian theology in the sense of a spirit or soul in relation to a creator God, the concept of "spirituality" has greatly evolved in the U.S. as seen in this definition by palliative care specialists:

[3] Hiltner, Seward. *Preface to Pastoral Theology*. Nashville: Abingdon Press, 1958. pp. 89-172.
[4] Cobb, Mark & Puchlaski, Christina M. "Theoretical Foundations (of CPE)" in *The Oxford Textbook of Spirituality in Healthcare*. Oxford, UK: Oxford University Press, 2012. p. 431.

> Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.[5]

In this definition, we see no reference to a spirit or soul, nor any reference to God. Indeed, "spirituality" is now often used by agnostics as an alternative word to "religion" to refer to their own personal belief systems.

This expanding notion of "spirituality" and "spiritual care" was echoed by the CPE summer interns with whom we spoke at Johns Hopkins Hospital, all of whom are being trained as Christian ministers. Here is a sampling of their responses to our question, "What is spirituality to you?":

- From a Catholic priest in training: "Spirituality to me is a concrete lived relationship with God through Jesus Christ, which takes all kinds of different expressions. The CPE program offers a deepening of who I am as a man, as a Christian, and as a minister."
- From a male Episcopalian minister in training: "I see spirituality in a broad way as a connection to the divine or transcendent, whether that be our personal connection, our connection within each other, or the world around us. The unknown component of CPE has been how much I have come to see my own pastoral identity unveiled. It was there, but I didn't know it existed until this process."
- A female minister in training from the Reformed tradition for whom chaplaincy is a second career after being a social worker. "For me spirituality and faith is an acceptance and recognition of the existence and meaningfulness of God, of something external to ourselves that we cannot necessarily see physically but is present in all of creation and humanity."
- A female Episcopalian minister in training who was raised Roman Catholic, used to be a scientist, and has practiced Buddhist meditation: "For me, spirituality is about connecting with that piece of myself that is beyond, the divine. Making this connection is probably the most meaningful thing that I do and finding it in other people."
- A Lutheran minister in training taking CPE to become a military chaplain: "Spirituality is about the human connection to the divine, but it has both individual

[5] "Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference" *Journal of Palliative Care*, Vol. 12, No. 10, 2009.

and communal components."

- Rev. Chris Brown, the Manager of Clinical Pastoral Education and director of these interns' summer program, who is southern Baptist: "For me, spirituality is the spark of being connected to other human beings. So the central core of my spirituality is being in relationship not just with God but with others and myself."

Despite the notion of connection with a single creator God, which is alien to Japanese, the core sensibilities of connection to an external source of divinity and to other human beings are very similar to key Japanese notions of religion—such as the Buddhist concept of interconnection with all sentient life (*en*) and with a source of divinity such as compassionate and protective gods in the Shinto pantheon or buddhas (Amida) and bodhisattvas (Kannon). From this basis, we will examine how American Buddhists further expanded the concept of "spiritual care".

Introducing "Contemplative Care"

One of the first impressions in talking with Buddhists in the U.S. about chaplaincy is the use of the term "contemplative care". This term—along with others such as "contemplative intervention" and "contemplative practice"—is now commonly being used among Buddhist groups, as seen in the names of two of the most established programs: the New York Zen Center for Contemplative Care founded by Revs. Chodo Campbell and Koshin Ellison and the Being with Dying Professional Training Program in Contemplative End-of-Life Care founded by Rev. Joan Halifax in New Mexico. The term's usage, however, tends to be for engaging not with fellow Buddhists but with two disparate groups in the field: 1) the still predominantly theistic culture of the United States, principally Christianity; 2) medical professionals, whose scientific backgrounds tend to make them averse to religious teachings and culture.

The roots of Buddhist oriented "contemplative care" begin with the pioneering research done on the scientifically verifiable effects of meditation by Jon Kabat-Zinn in the 1980s at the Massachusetts Institute of Technology (MIT). Using a Buddhist framework, Kabat-Zinn created a structured eight-week course called Mindfulness-Based Stress Reduction (MBSR). The aspect of Buddhist meditation that he isolated as the key component for scientifically verifiable, therapeutic interventions was "mindfulness", which he defined as "paying attention in a particular way; on purpose, in the present moment, and non judgmentally."[6] Mindfulness is a core component of classical Buddhist

[6] Kabat-Zinn, J. *Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life*. New York: Hyperion, 1994. p. 4.

meditation, found specifically in the *shamatha-vipassana* (止観 *shikan*) tradition of Theravada Buddhism and principally in the Tendai and Zen schools of Mahayana Buddhism. With such empirical data, Kabat-Zinn's work began gaining wide spread notoriety in the 1990s. Over the last decade, "mindfulness" has become a buzzword and its practice a growing trend in many sectors of American public life.

However, in clinical contexts, both the term "meditation" and its Buddhist roots have been downplayed for their religious connotations. Thus, new terms like "contemplative intervention" (i.e. the teaching of mindfulness meditation) and "contemplative care" started being developed in the 1990s. As the therapeutic benefits of meditation for patients are becoming more widely accepted, there has been a greater demand for such meditation teachers in a variety of clinical environments. The term "contemplative" is also used as a more inclusive term that recognizes the meditative-like benefits of forms of practice prominent in other traditions—such as "contemplative prayer" in the Abrahamic traditions as well as mantra-like recitation in Hinduism and even in Buddhism itself like Pure Land Buddhism. In the important new survey of Buddhist chaplaincy development in the United States called *The Arts of Contemplative Care*, the editors provide a helpful explanation of this popular new term:

> The term "contemplative care" has its roots in the movement of Buddhist chaplains, care providers, and ministers that are beginning to turn their passion for Buddhist practice and view into a meaningful living. It is a close cousin to the term "spiritual care" … and yet we would like to distinguish (them) … We understand spiritual care to refer to a wide swath of practitioners who provide emotional and spiritual support in a variety of contexts, both professional and informal. Contemplative care, on the other hand, refers to a kind of care that is informed by rigorous training in a meditative or contemplative tradition … Contemplative care is the art of providing spiritual, emotional, and pastoral support, in a way that is informed by a personal, consistent contemplative or meditation practice.[7]

In this way, we can see how "contemplative" is being used to express the importance of meditation practice for not only the patient (as is widely assumed or expected) but also for the caregiver—both medical and spiritual. In fact, in Jonathan Watts' continuing research,

[7] Giles, Cheryl A. and Miller, Willa B, eds. *The Arts of Contemplative Care: Pioneering Voices in Buddhist Chaplaincy and Pastoral Work.* Boston: Wisdom Publication, 2012. p. xvii.

which includes Buddhist priests in Japan doing suicide prevention[8], he has found that greater emphasis is placed on meditation practice by the caregiver rather than by the patient.[9]

As such, the development of "contemplative care" is not simply Buddhists trying to be different or creating their own "brand" of spiritual care. Three certified CPE chaplains trained by the New York Zen Center for Contemplative Care explained to us this point and the meaning of "contemplative care" and "contemplative practice" for them:

- A male chaplain who is beginning his third year with the palliative care team at Mt. Sinai Hospital on the upper East Side of Manhattan: "I am going to relate the difference between spiritual care and contemplative care to practice, of meditation practice and overall Buddhist practice. This means being embodied in a way that perhaps other chaplains may not be trained. Because of our practice, we can engage in contemplative care with an inner awareness of how to be with our bodies and ourselves. I find this most meaningful with patients in terms of them opening up and connecting in ways they never imagined. I find that many in the pastoral care and palliative care staff have never had that happen to them before with patients."
- a female chaplain who did CPE training in psychiatry and substance abuse as well as palliative care for five years at Beth Israel Hospital in lower Manhattan: "Contemplation to me equals curiosity, which means to be very aware of what is coming up for me and then opening to this elegant listening, just listening. So I try to imagine, 'What is the message that I am receiving from this other person?' This does not mean to let go of the foundation that is supporting me, but through contemplation to open up to what the person is telling me so that I can be aware of how we are influencing one another. From that place, I can begin to wonder, 'Where is this person suffering? What is this person's strength that they might not be seeing?' The posture of the Buddha acts as a model for my own posture and attitude in dealing with others so that I can serve them."
- a female chaplain who worked in palliative care for seven years at Beth Israel Hospital and now does home hospice care outside of New York City for the Hospice of Orange and Sullivan County: "Offering contemplative care means to be really grounded in our bodies. This allows for sensitivity. It also helps to open up a field of

[8] Watts, Jonathan S. "Journey through *Dukkha*: The Suicide Prevention Priests of Japan Enter into Structural Violence and Connect to Social Change." Yokohama: International Buddhist Exchange Center (IBEC). April 15, 2014. http://jneb.jp/english/activities/dyingcar/journey-through-dukkha1.
[9] Watts, Jonathan S. and Tomatsu, Yoshiharu, eds. *Buddhist Care for the Dying and Bereaved.* Boston: Wisdom Publications & Tokyo: Jodo Shu Research Institute, 2012. p. 7.

feeling to know what is happening in myself and to become very attuned to the person I am with. I think this is what really allows for spontaneity, to be able to move here or there, for whatever seems to be needed."

Means vs. Ends or Presence vs. Salvation

The ability to develop embodied presence in the face of suffering is something that distinguishes "contemplative care" from "spiritual care". What is perhaps surprising is not that there is a difference in what the caregiver is focusing on in the patient (a spirit vs. a consciousness or mind) but rather the comportment of the chaplain themselves. Clinical Pastoral Education (CPE) was developed in the 1920s by Rev. Anton Boisen, a Congregationalist minister, and Dr. William A. Bryan in part as a response to the narrow minded way Christian priests often acted as chaplains in clinical environments. Too often they were seeking to inculcate patients with proper faith rather than experience them first as who they were and what their real suffering was. In this way, CPE at its core attempts to train ministers of all religious backgrounds to cultivate more fully in themselves their respective traditions in order to better attend to the suffering of patients, rather than as way to bring patients to a minster's sense of their own respective tradition.

What this new generation of Buddhist chaplains appears to be contributing to CPE is the power of a non-theistic "contemplative care" that manifests in the ability of Buddhist chaplains to translate the practice of sitting with their own suffering in meditation to the practice of sitting non-judgmentally with patients in their suffering—a practice known as "presence". Roy Remer, who trains volunteer hospice staff for the Zen Hospice Project at Laguna Honda Hospital, spoke to us of the tendency in theistic spiritual care, especially common among Christian chaplains, to be more focused on active altruism, doing good, and getting tangible results—ideally in the patient coming to an awakening or confirmation of faith and salvation. Buddhists, on the other hand, focus on the act of simply being present with the patient, seeing what arises, and remaining unattached to outcomes. As the late Rev. Issan Dorsey, founder of Maitri Hospice also in San Francisco, emphasized, "You have to meet people where there are and not where you want them to be."[10] Remer concludes that, "This seems to result in greater longevity among our volunteers as opposed to others who burn out when they don't see tangible results. We emphasize giving up any notions of fixing things, to just serve with an open heart and be with suffering."

Revs. Chodo Campbell and Koshin Ellison, founders of the New York Zen Center for Contemplative Care, both did their CPE training in Judeo-Christian contexts and

[10] *Buddhist Care for the Dying and Bereaved.* p. 233.

found there was no such practice as “bearing witness” or “being with”. While there might have been a sense of deep listening, it usually was goal oriented. For them, sometimes there is a goal, but it involves something less tangible without an agenda—
such as getting someone to a place where they feel comfortable enough to open up and tell their story.

Kirsten Deleo, a trainer in the Rigpa Spiritual Care Program founded by Sogyal Rinpoche and Christine Longaker, explains in greater detail how meditation practice translates into a style of caring for others: “The premise of the contemplative approach is that, if you want to be useful to others, the place to start is with yourself, beginning with your own mind. Meditation practice gives us a window into observing and understanding the mind and its nature … Meditative practice can help us preserve our sanity and connect to our basic goodness … Contemplative practices are an effective and profound way to cultivate the ability to be non-judgmentally open with all that arises; to be compassionately present.”[11]

Rev. Jennifer Block, former Bereavement Manager at Zen Hospice Project and Co-founder of the Buddhist Chaplaincy Training Program at the Sati Center for Buddhist Studies, defines what “spiritual care” looks like from a Buddhist standpoint: “Spiritual support from a Buddhist perspective can be defined as: willingness to bear witness, to help others discover their own truth, and to sit and listen to stories that have meaning and value; (as well as) helping another to face life directly; welcoming paradox and ambiguity into care (and trusting that these will emerge into some degree of awakening); and creating opportunities to awaken to their True Nature.”[12]

In conclusion, the development by American Buddhists of the new term of “contemplative care” to expand the understanding and practice of “spiritual care” to incorporate the physical embodiment of meditation and mindfulness practice appears to have brought a revolutionary shift in the practice of chaplaincy in the United States. The Rinbutsuken Institute seeks to create a similar revolution in care in Japan. However, we feel we cannot repeat the same mistake in the initial development of “spiritual care” in Japan by simply incorporating the American concept of “contemplative care” and using it as a borrowed term that has no meaning to the average person. In the ongoing attempt to learn from other countries while developing an indigenous Japanese model, Rev. Jin has begun to use the term “life care” (いのちのケア *inochi-no-kea*), instead of “spiritual care” (スピリチュアルケア *supirichuaru-kea*). The Japanese term for “life”, *inochi*, can be spelled using the Chinese character 命, but this is more physical life, one’s actual life

[11] *The Arts of Contemplative Care*, p. 244.
[12] *The Arts of Contemplative Care*, p. 7.

span. Using the Japanese hiragana script いのち offers a broader meaning, encompassing existential aspects, like the Buddhist term *dharma*. As an indigenous terms, it is evocative and leads to deeper reflection on its meaning, rather than the empty sound of a transliterated foreign word.

Role of Medical Professionals in Spiritual and Contemplative Care:

In our research, we feel that there are two critical insights gained from the wider CPE program in the United States:

1) the religious professional must undergo an inner transformation in becoming a chaplain so as to be able to listen deeply and be totally present for a patient,
2) the chaplain's role extends beyond caring for the patient and their family to the surrounding medical professionals, who also struggle emotionally, mentally, and spiritually in their work.

In the former, embodied Buddhist meditation can be an important tool in developing these essential abilities of chaplaincy. Indeed, numerous Buddhist chaplains have remarked that chaplains from other faith traditions have asked them for instruction in meditation. The aforementioned chaplain from the New York Zen Center for Contemplative working at Mt. Sinai Hospital explains that:

> Within the pastoral care departments at hospitals, we are experienced, seen, and recognized differently, sometimes affectionately being called 'Zen-terns' (Zen+intern). When we arrive at these departments, it is obvious that we are embodied in a certain way and bringing our contemplative practice with us. Many members of theses pastoral care departments are also hungry for this aspect of meditation, both as part of their own practice as chaplains in the hospital and also as part of something they could possibly offer to patients. I receive requests all the time to teach meditation to the members of these departments and to have it incorporated it into their program of pastoral care.

In keeping with the CPE injunctions to never seek to convert and with Buddhism's non-theistic orientation, when a chaplain from another faith studies meditation, the goal is not for them to become Buddhist. On the contrary, they become an embodied Christian, an embodied Jew, etc., which helps them to get their religious training from their head down into their heart, and even into their gut, so they can then see ways to communicate

their faith without relying just on the terms and concepts of their tradition.

In terms of the latter, there is the task of caring for medical professionals, like a patient, when they suffer from secondary trauma, burnout, and moral distress.[13] However, medical professionals themselves need to embody some of the basic skills of the chaplain, especially deep listening and presence. A number of CPE program founders and directors whom we met had important insights into this issue:

- Rev. Chris Brown, the Manager of Clinical Pastoral Education at the Department of Spiritual Care & Chaplaincy at Johns Hopkins Hospital, explained: "If I were a patient, I would want a physician to pause and understand that my spirituality is important. This is where "active listening" comes in, because when a patient is talking, a doctor or caregiver needs to look them in the eye and free their thoughts from trying to complete the patient's sentence. They may recognize that the situation is out of their domain and refer it a chaplain. Even so, I would be looking for a physician to be engaged with my suffering and to realize that at that moment my spirituality is important. Holistic care is knowing you are a physician but that you are also a human being and making a human connection is spiritual care. In this spiritual care department, we are trying to provide a complete model for the doctors in "active listening". I would hope that anyone on our interdisciplinary team would be able to recognize that there is more to the patient than just the physical. This is very important, because there are other hospitals with no spiritual care department or CPE programs, whose patients need this kind of care."
- Rev. Ty Crowe, Director of the Department of Spiritual Care & Chaplaincy at Johns Hopkins Hospital and a teacher in the Shadhiliyya Sufi Order, explained further that: "Everyone needs to participate in spiritual care, so we do education for the nurses and some physicians, and for other professionals in the hospital. They are encouraged to be compassionate and to listen for places where someone's spirituality may come up. Yet we also want them to know the limits of their abilities. Most of them are afraid of talking about spirituality, because they think: 1) 'This will take too much time.' 2) "What if the patient's faith is different from my own? 3) 'What if the patient starts talking about things I have no understanding that may endanger our doctor-patient relationship?' It is in the last situation that they should make a referral to a chaplain. Part of our role is actually having an influence on the educational institutions, like the schools of medicine. There are a number of good

[13] Halifax, Joan Jiko. "Being with Dying: The Upaya Contemplative End-of-Life Training Program" in *Buddhist Care for the Dying and Bereaved.* pp. 209-28.

medical schools that are developing presentations, workshops, and simulation cases to expose their residents to spirituality, but we have discovered that there are no such joint clinical programs with chaplains. We think this kind of program has potential to develop."

- Rev. Koshin Ellison, co-founder of the New York Zen Center for Contemplative Care, spoke about this from the Buddhist perspective: "We were just approached by the medical school of a major medical center that wants specifically Zen training, as they already have experience with mindfulness meditation. They want to train their attending physicians, who are the ones who have to train the new medical interns and other professionals in the unit. They want something more than just mindfulness. Thanks to MBSR, everyone now knows that meditation and mindfulness is a best practice. That is now standard knowledge, but these people are scientists and they want to know where this mindfulness comes from. They also want to know about the ethics, which is a new and important jump. We are also teaching this at the University of Arizona Medical School and at the Houston Medical Center. There is a desire now to learn Buddhist ethics, wanting to know what meditation is rooted in."

A comprehensive "contemplative care" training for medical professionals that goes beyond just teaching meditation is the specialty of Rev. Joan Halifax and her pioneering Being with Dying Professional Training Program in Contemplative End-of-Life Care (BWD) course established in 1996 by her Upaya Zen Center. She explains that:

> [After examining the clinician's worldview], the second area we work with in exploring how we can transform the clinician is related to contemplative interventions—in other words, we teach them meditation. We call them "contemplative interventions" as a skillful means, because when you say "meditation," it produces resistance in most medical settings. Our focus in these reflective practices or contemplative interventions is on the cultivation of insight, mental stability, and compassion … We endeavor to help clinicians understand that there are beneficial outcomes to these contemplative strategies, including attentional and emotional balance, cognitive control, and resilience … Through these contemplative interventions, one can develop mental flexibility, insight, and metacognition, which means you are able to reframe experiences in ways that are prosocial.[14]

[14] Halifax. *Buddhist Care for the Dying and Bereaved.* pp. 216-18.

The third area they work in is the confronting of moral distress and the development of character, as also seen in the growing work of the New York Zen Center for Contemplative Care.

In this way, we can see the growing swath of the chaplain's role: from caring for the patient and their family, to caring for the other professionals and clinicians with whom they work as a team, and finally to the widest level of caring for the institution in which all this takes place. Rev. Halifax's programs offer a significant emphasis on systems care and "transformation of the institution", including Upaya's own Buddhist Chaplaincy Program that trains individuals to work in a wide area of social fields beyond just medical environments. She explains that:

> Our vision of chaplaincy operates on many different levels. Because you cannot separate the patient from the clinician, the clinician from the community, or beings from the institutions themselves, we have used a systems-theory approach for both our Buddhist Chaplaincy and Being with Dying training programs … We feel that a systems perspective is the only viable one. Individual clinicians can go through a deep change in how they approach their work, but the institutional demands create a moral conflict within them and within how they can approach their work. Therefore, you cannot look at things in isolation. Everything is interconnected—as Buddhism teaches. We also have a very strong emphasis on neuroscience, direct and structural violence, and ethics, relationship, and communication. In this way, our training, especially the chaplaincy program, is basically in socially engaged Buddhism.[15]

Shifting from the Individual to the System

In the wider field of engaged Buddhism, one of the core impetuses for Buddhists to become involved in social issues has been the perception that Buddhism is inward looking and unconcerned with social justice, especially in comparison with the Abrahamic faiths. This is a long discussion that involves looking at karma as the impersonal force of justice for Buddhists rather than an anthropomorphic God that intervenes to decide on matters.[16] However, even convert Buddhists in the West who come from Abrahamic religious traditions are accused of being more interested in the personal transformation that occurs on their meditation cushion than the social

[15] Halifax. *Buddhist Care for the Dying and Bereaved.* p. 227.
[16] Watts, Jonathan S., ed. *Rethinking Karma: The Dharma of Social Justice*. 2nd Edition. Bangkok: International Network of Engaged Buddhists, 2014.

transformation that occurs from activism and engagement in society. One criticism of the recent mindfulness boom in the U.S. is that it has been delinked from Buddhist ethics and used by corporations and other profit oriented groups to enhance their own productivity.[17]

In the contemplative care movement, we have seen how the dedication to inner transformation has made Buddhists particularly adept at the core competency of chaplaincy—being present with others in suffering. However, our research has shown Buddhist training curriculums may be comparatively weaker in the wider work of systems care and engagement with the system around the patients and their loved ones—usually being a medical or public funded care institution. This was the experience we found at Naropa University. As their program had grown out of the Contemplative Psychology and Comparative Religious Programs, they found the program was lacking in the areas of ethics, social analysis, and diversity issues. These areas usually involve advocacy work by the chaplain in dealing with institutional and structural systems. In this way, they brought in five chaplaincy experts to assess the program, including Rev. Daijaku Kinst, Director of the Buddhist Chaplaincy Program at the Institute of Buddhist Studies (IBS), and representatives from the Harvard Divinity School and Union Theological Seminary. The result was a major revision of their Master of Divinity program to better address nine key points of the ACPE curriculum.

This type of research and focus on the role of the chaplain in the system is one of the specialties of the John Hopkins Department of Spiritual Care & Chaplaincy. They design specific studies to measure the positive impact of chaplains on the health institution, such as: 1) the ways chaplains save a hospital costs by facilitating patients to move out of intensive care and into hospice or palliative care, 2) increased customer (patient and family) satisfaction, and 3) less burnout among medical staff, especially nurses. The department has created a Medical Religious Partners program, reaching out to religious leaders in the community who are not CPE chaplains yet exert a stronger influence than doctors on patient's medical choices concerning intensive care and end of life care. At Johns Hopkins Hospital, chaplains also are working more and more in ethics and on ethical committees for difficult cases. They have a highly developed system of a consult team and a committee that meets once a month. The consult team, with the chaplain at the center, is always working inside the units with the medical team and the patients and families, often times around communications problems.

As Buddhist contemplative care continues to grow, it begins to connect with another important stream in American Buddhism, engaged Buddhism. The two would appear to

[17] Purser, Ron & Loy, David R. "Beyond McMindfulness". *Huffington Post.* July 1, 2013. http://www.huffingtonpost.com/ron-purser/beyond-mcmindfulness_b_3519289.html

offer ideal complements to each other: engaged Buddhism pushing "contemplative care" beyond the realm of meditation and personal counseling into the realm of structural violence and social transformation; contemplative care providing a more disciplined and compassionate grounding to the hyper-vigilant social activist. Matthew Weiner, Associate Dean of Religious Life at Princeton University who develops programs for students combining meditation and social justice, explains this latter issue:

> At Princeton, there are very few social activists, and the ones you meet often have a big attitude. They tend to be very angry and hard to talk to. I talked to one of my engaged Buddhist students who agreed with me about this problem. We proposed a question to ask such activist students, "What if your identity was 'friend', instead of 'activist'?" The purpose was to see if it could help change their perspective and understand where listening and self-reflection fits into activism. I discovered a term at the very beginning of the Buddha's *Discourse on Loving Kindness* (*Metta Sutta*) called *suvaco*, which means "someone who is easy to talk to". It is a quality the Buddha recommends as one of the things to be cultivated. I think this means that part of opening the heart means not just declaring, "I am a loving person," but actually being easy to talk to. This relates to the practice of deep listening that one develops in meditation practice. The art of *shamatha-vipassana* is deep listening, to yourself, watching and listening to your own mind. You are basically doing chaplaincy on yourself. So I see doing engaged Buddhism as a form of doing chaplaincy.

In this way, Dean Weiner not only acts like a traditional chaplain offering counsel to students in crisis, but also has expanded his role through the programs he co-creates with interested students. One of these roles is to act more like a mentor or an "elder friend" than as a chaplain. This is not a horizontal relationship as it would be with a friend of the same age, yet it is different from other relationships with elders, like parents or professors. This kind of relationship, which mirrors the Buddhist archetype of "spiritual friend" (*kalyanamitra*), can be extremely important when students have complicated personal problems, such as homosexuality, they feel uncomfortable addressing with a chaplain from their own tradition.

Another role is supporting students to value and build human relationships. Dean Weiner explains that most Princeton students have been valued all their lives for their individual success and their competitive fire, yet these skills retard their interpersonal ones. Thus, he emphasizes to his students when making a program together that making

friends during the process is as or more important than the successful result of the program. A final role of Dean Weiner's is vocational development in connecting students to alternative career paths in NGO work and even engaged Buddhism. As an Executive Committee member of the International Network of Engaged Buddhists (INEB) based in Bangkok, Dean Weiner introduces students to a very different world of social entrepreneurs and spiritual activists. He is presently developing summer internships for students to work in engaged Buddhists groups in various parts of Asia.

One of these alternative career paths that Dean Weiner exposed to students at a weeklong meditation and social justice retreat held in March 2015 was the work of Detective Jeff Thompson of the New York City Police Department. Detective Thompson is a New York native from Queens. He was raised Catholic but became intrigued by the Tibetan non-violent resistance to the Chinese occupation and the teachings of the Dalai Lama. He also discovered and began practicing the teachings of Thich Nhat Hanh, one of the principal figures in both the mindfulness boom in the West and the growing interest in engaged Buddhism around the world. Detective Thompson considers himself "basically a practicing Buddhist but I try to be non-denominational. As the Dalai Lama said, 'My religion is kindness.'" After serving as a policeman in fields ranging from one-on-one interpersonal dialogue over disputes to high scale protest, he decided to go outside the police department to get formal training as a mediator at the New York Peace Institute.

Detective Thompson now designs and runs programs on conflict crisis communication training. He explains that:

> Our job is to de-escalate the conflict. Communication can be as or more effective than the weapons I am carrying. We developed skills for talking with suicidal people about to jump off a building, but then we thought why can't police use these same skills with people on the street who resist arrest but are not being violent. We took this model used for hostage crises and trained all our police officers in it to use on their regular patrols. I also taught every single recruit in the academy twice. These were one-day trainings. I teach all over the country at police academies. We have a three-step model for this work:

1) Communication: involves the 80-20 principle of 80% listening and 20% speaking. Such "active listening" not only creates a connection but helps to gather information, which is critical in police work. From this basis, one can then →
2) Negotiate: While understanding the other person is important, police also have shorter term goals, which are to resolve the conflict at hand and ensure public safety.

Therefore, police must negotiate and work towards the goal of →

3) Voluntary Compliance: This is the ultimate goal and involves the act of self-determination by the person in the street. This is what good police accomplish every day.

In summation, the concept of "active listening" is to build rapport and develop trust with another person, while at the same time gathering information for the purpose of helping this person. This means to jointly explore their options about what they can do so that ultimately they make their own choice. It is the opposite of telling people what to do.

Detective Thompson explains that: "With each step, you are slowing the process down, which helps to de-escalate the conflict. Two important points in this work are: to ask open-ended questions and to label emotions, which is something Thich Nhat Hanh teaches to do with anger. As police, we want to act with mindfulness and compassion, or in non-Buddhist terms, with awareness." Detective Thompson uses role-play work frequently in his training programs, since it is essential that the officers learn how to do it themselves. He emphasizes to them that it is very important how calm and at peace they are inside themselves.

From this work, Detective Thompson has developed further interest in researching about the ways nonverbal communication and emotional contagion have an effect in conflict resolution. For his present Ph.D. research, he has developed an acronym in called METTA, which is the term for "loving kindness" in Buddhism. He explains that it is basically a mnemonic device to help people and officers remember their nonverbal communication habits:

M – movement: gestures, facial expressions, body language

E – environment: when, where, time, who speaks?

T – touch: 1) greeting, shaking hands, appropriateness, first impressions, 2) "leakage", which means how one expresses anxiety and stress through fidgeting, tapping, playing with jewelry, etc. This shows a person's deeper inner feeling over what they are saying.

T – tone: shows intention, like the way we even use gestures while on the phone because it helps to influence tone and guide others. That is our role: to simply guide others.

A – appearance: our dress, being mindful of other people's perceptions of you

For the last three years, Detective Thompson has also worked in the press unit of the

police department trying to educate the public that police are actually interested and focused on community building and not just using violent force. His work comes at an intensely critical time in the U.S. with the numerous police related deaths of Afro American men and a severe backlash against patrol officers and police departments. Detective Thompson's use of the inner realms of mindfulness practice in conflict resolution and the outer realms of social engagement bringing this practice to New York City's police force is an especially powerful example of the Buddhist chaplain and engaged Buddhist as one.

We witnessed an equally powerful example of such work on the very opposite side of Detective Thompson's world at our visit with the Holistic Life Foundation in Baltimore, Maryland. The Holistic Life Foundation (HLF) was founded in 2001 by two brothers Ali and Atman Smith, together with Andres Gonzalez, whom they met at the University of Maryland as students. The Smith brothers were raised by parents of the hippie generation and grew up being taught yoga and meditation. After moving back to their old neighborhood in urban Baltimore, they noticed the marked deterioration of community. Thus, together with Gonzalez, they founded HLF based on the goal of "nurturing the wellness of children and adults in underserved communities. Through a comprehensive approach which helps children develop their inner lives through yoga, mindfulness, and self-care, HLF demonstrates deep commitment to learning, community, and stewardship of the environment."[18]

Their work began in 2002 as an after school program, called Holistic Me, at the Windsor Hills Elementary School, and then hosted at the Druid Hill YMCA for seven years. Now the HLF after school program is facilitated at Robert W. Coleman Elementary School. The school is in the heart of the region of Baltimore that experienced "rioting" and violent responses to Baltimore police in May 2015 in the wake of the death of a young African-American named Freddie Gray through police abuse and negligence in a routine arrest. In an area of Baltimore that has been rife with poverty, drugs, and gang warfare for decades, HLF works with some of the most at risk young children in the United States. Their program at Robert Coleman serves 58 male and female students from pre-kindergarten through the end of primary school. They explain that it includes tutoring and homework assistance, fitness and sports fundamentals training, yoga and mindfulness programs, environmental advocacy and education, and other activities such as creative writing, art, music, and civic engagement. This summer vacation they began their first day camps for children at the school.

Among their expanding number of programs, they have developed a Mindful

[18] Holistic Life Foundation: http://hlfinc.org/about-us/

Moment Program, which includes the 346 students at Robert W. Coleman Elementary School and approximately 1,300 students at Patterson Park High School. The Smith brothers and Gonzalez have created their own definition of mindfulness in doing this work:

> Mindfulness is the combination of awareness, centering, and being present. It is the awareness of your thoughts, emotions, actions, and energy. It is the ability to get centered and stay centered in all situations. And it is the ability to be present, not letting internal and external distractions take you from the current moment. This leads to the development of empathy, compassion, love, balance, and harmony.[19]

In the Mindful Moment program, they explain that students begin and close the school day with fifteen minutes of mindfulness practice. Students also have the opportunity to self-refer to a Mindful Moment Room, or teachers may send distressed or disruptive students there for individual assistance with emotional self-regulation. The room is staffed by HLF Workforce Development participants, some of whom are graduates of the Holistic Me afterschool program. Some of the documented effects of the program have been: suspensions at Patterson Park for fighting dropped from 49 in the 2012-2013 school year to 23 in the 2013-2014 school year; the number of 9th graders being promoted to the 10th grade increased from 45% in the 2012-2013 school year to 64% in the 2013-2014 school year.[20]

The Holistic Life Foundation offers us perhaps the most clear and compelling example of combining "contemplative care", chaplaincy, and engaged Buddhism into one comprehensive program. It also marks yet another extremely important stage in the development of Buddhism in the United States. As we have noted, the mindfulness movement has been criticized for lacking a sense of social ethics and justice. The mindfulness movement along with the entire Buddhist movement in the U.S. has also been criticized for catering to upper middle class Caucasians, who have the time and money to attend meditation retreats often held at idyllic, rural retreat centers. The Buddhist message of the renunciation of desire and leading a simpler material life has understandably not resonated with the under class, who have very little to renounce nor find materialistic simplicity in poverty ridden areas very appealing. HLF, however, has used the fundamental Buddhist approach of confronting suffering to identify the needs of

[19] Holistic Life Foundation: http://hlfinc.org/about-us/
[20] Holistic Life Foundation: http://hlfinc.org/services/mindful-moment-program/

their community and adapt practices to that environment. Watching children in a hot sweaty summer gym at Robert Coleman engage in a lively conversation with their mentors on how their mindfulness practice helps them deal with the people in their environment, we saw "contemplative care" being practiced in ways we had not imagined.

Conclusion

Earlier, we spoke of the two critical insights gained from the wider CPE program in the United States. These can be further extended from the contributions of the growing influence of Buddhism:

1) the religious professional must undergo an inner transformation in becoming a chaplain so as to be able to listen deeply and be totally present for a patient. *Buddhist based mindfulness meditation practice offers a decisive method for this inner transformation through developing embodied presence in the practitioner.*

2) the chaplain's role extends beyond caring for the patient and their family to the surrounding medical professionals, who also struggle emotionally, mentally, and spiritually in their work. *Engaged Buddhism provides a means for Buddhists to extend outward their meditation practice and develop their understanding of ethics, structural issues, and social justice to meet the holistic demands of CPE and the wider suffering in American society.*

By extended these insights to include Buddhist facets of them, we can more clearly understand the potential ramifications for developing Buddhist chaplaincy in Japan:

1) the inner transformation of the Japanese Buddhist priest

The situation of the Buddhist priesthood in Japan is very much like the situation of Christian pastors in the days of Rev. Anton Boisen. While Christian pastors have been criticized for too often focusing on right faith and conversion, Buddhist priests in Japan have been roundly criticized for their focus on rituals and the mechanistic performance of funeral rites. This situation has led experts to dub Japanese Buddhism as "funeral Buddhism" (葬式仏教 *sōshiki-bukkyo*)[21], and the respect and reverence common Japanese have for Buddhist priests is nowadays quite low. In both the Christian and

[21] The term was originally coined by Taijo Tamamuro, a professor at Tokyo Imperial University, in 1963 in a book by the same name. Tamamuro, Taijo, *Sōshiki Bukkyō*. Tokyo: Daihorin Publishers, 1963. 圭室 諦成「葬式仏教」（大法輪閣 1963）

Buddhists contexts, the problem has been that the religious education at seminaries and monasteries has become based on the rote memorization of texts, the maintenance of orthodoxy, and the preservation of the institution. In the Japanese Buddhist context in particular, this issue reflects the need to change the fundamentally outdated temple system structure, called the *danka-seido* (檀家制度), created at the beginning of the Edo period (1603-1868).

Though it may be shocking to westerners with a glorified vision of Japan as the land of Zen, most Japanese Buddhist priests do not have a regular meditation practice. In this way, the very notion of them being able to offer "contemplative care" is brought into doubt. In the same way that CPE has been a way to retrain American chaplains and provide them a way to truly go through an inner transformation in the challenge of providing care to others, the Rinbutsuken Buddhist chaplaincy program and other such programs in Japan face the challenge of retraining Buddhist priests to confront the suffering in their communities or places of engagement. The Rinbutsuken program in particular also focuses on engaging with and changing the social structure since not all suffering takes place at the "bedside". On a certain level, it might not be difficult to re-introduce mindfulness meditation into our programs. One barrier, however, is that not all Japanese Buddhist denominations value meditation, principally the Pure Land denominations that account for about one-third of the Japanese Buddhist world. Among the other denominations, there are also a variety of approaches to meditation.

In this way, the somewhat secularized form of mindfulness meditation might be a non-denominational way for retraining priests in "contemplative practice". Further, mindfulness meditation is also attracting the interest of common Japanese, through translations of Jon Kabat-Zinn's and Thich Nhat Hanh's works as well as *shamatha-vipassana* retreats. The way mindfulness has been presented in the U.S. as a non-sectarian and even non-religious practice for well being would fit the present secular sentiment of the Japanese people, most of whom declare they have no formal religious belief or practice. As we have seen in the power of mindfulness meditation to help religious professionals of all backgrounds embody their own teachings and faith in the U.S., a similar approach to mindfulness training has potential for supporting the inner transformation of the Japanese Buddhist priest and in turn providing the ability to provide non-judgmental presence to their followers and communities.

2) *the chaplain's role extends beyond caring for the patient and their family*

This insight has two aspects: 1) caring for other caregivers and 2) "caring" for the institution and system.

1) In the former, many of the above points about the priest first needing to undergo a process of inner transformation in order to be able to serve others also apply to medical professionals. The more difficult barrier on this level, however, is engagement with medical professionals, especially secular and scientifically minded doctors. At this point, it is still very difficult to impossible for Buddhist priests to gain access to medical institutions, much less work on a team and support medical professionals. A first step, which has been seen in other countries, is enlisting the support of "spiritually minded" doctors and medical professionals.[22] The interest and support showed by Dr. Gen Oi, a renowned end-of-life care specialist from Tokyo University, in the Rinbutsuken chaplaincy training program is the kind of important initial step that is needed. Dr. Oi has not only become a special advisor to the Ributsuken program but has also collaborated with Rev. Joan Halifax in her first training for nurses in Japan in April 2015. Indeed, nurses are often more sympathetic to spiritual approaches to care and can offer an important entry point into the Japanese medical world.
2) In the latter, Rinbutsuken, as noted in its very name "Institute for ~~Socially~~ Engaged Buddhism", has incorporated a strong sense of "systems care" and engagement in social issues. Rinbutsuken's Buddhist chaplaincy program offers an introductory seminar series drawing on a wide range of Buddhist priests and other religious and secular professionals working in critical fields connected to structural violence—such as suicide prevention, homelessness, community decline, juvenile delinquency, and disaster trauma. In Rinbutsuken's workshop training series, there is an entire session devoted to Buddhist based social analysis. While Japanese Buddhism has been dubbed as "funeral Buddhism" in the past few decades, a trend towards "public benefit Buddhism" (公益仏教 *kōeki-bukkyō*) and engaged Buddhism is attracting interest at the centers of even the large denominations. At the grassroots, we have seen in the last decade a marked increase in individual priests taking on social issues in their own communities.[23] Many of these priests, acting out of a natural sense of chaplaincy, have been working compassionately and sensitively, listening deeply, and being present for those in suffering. Of course, there is still much work to do in raising the awareness of Buddhist priests to ethics, structural violence, and social justice as well as empowering them to respond appropriately as a true Buddhist chaplain. The examples of Buddhist chaplaincy found in the U.S. and other countries where

[22] *Buddhist Care for the Dying and Bereaved.* p. 13.
[23] Watts, Jonathan S. and Okano, Masazumi. "Reconstructing Priestly Identity and Roles and the Development of Socially Engaged Buddhism in Contemporary Japan." In *Handbook for Contemporary Japanese Religions*, edited by John Nelson. Netherlands: Koninklijke Brill, 2012.

Buddhists are active in medical environments, such as Taiwan, provide inspiration and important examples for Buddhist priests in Japan, as do the wide variety of examples of engaged Buddhism through Asia and the world. In this way, Rinbutsuken is seeking to develop connections with Buddhist chaplains and engaged Buddhists outside of Japan with a long-term goal of creating an international network of Buddhist chaplaincy.