

REFUGE IN THE STORM

BUDDHIST VOICES
IN CRISIS CARE

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PSYCHOSPIRITUAL RELIEF
WORK IN THE TSUNAMI AREAS
AND THE POTENTIAL OF
RINSHO BUDDHISM

Reverend Hitoshi Jin

On March 11, 2011, one of history's strongest recorded earthquakes struck off the coast of Miyagi Prefecture in northeastern Japan. This triggered an equally historic tsunami that devastated the coastal areas of three prefectures, reaching as high as a hundred feet, and traveling as far as three miles inland. On that day, about eighteen thousand people lost their lives with another five hundred thousand losing their homes. If this was not enough, these two natural disasters then caused the human-made disaster of the meltdown of three nuclear reactors at the Fukushima Number 1 nuclear complex, leading to a mass evacuation of the area and an ongoing legacy of suffering in the region.

To meet the tragic events of March 11, an outpouring of relief activities ensued by numerous Buddhist denominations, their youth associations, other smaller denominational groups, individual temples and individual priests, and Buddhist-based NGOs. Many Buddhist priests, not only in the disaster-hit areas but also in other parts of the country, held regular memorial services for those who perished in the disaster. As honoring the dead and revisiting grief through Buddhist memorial rites are a cornerstone of Japanese spirituality, Buddhist priests played an important role in helping many people face the massive grief brought about by the disaster. In the hardest hit areas, Buddhist temples acted as short- and long-term shelters for those left homeless by the tsunami. In Ishinomaki City in Miyagi Prefecture, four out of sixty-eight shelters

were Buddhist temples, including the Sōtō Zen temple Dōgen-in. By the end of April, it had taken in 134 people and still hosted about 80 people into the summer months, until they moved into newly built temporary housing units in early August. In Kesenuma City, also in Miyagi, six out of seventy-seven shelters were Buddhist temples. Details of such activities by Buddhists during this disaster have filled dozens of volumes in Japanese, but this chapter will focus on the engaged Buddhist efforts of the Rinbutsuken Institute for Engaged Buddhism under the Zenseikyo Foundation & Buddhist Council for Youth and Child Edification. Of particular focus in this chapter is the issue of trauma experienced in disasters, a bodhisattva mindset that can ground care for such victims, and the particular activities that Rinbutsuken and Zenseikyo coordinated in response to the 2011 disaster.

The Rinbutsuken Institute and Zenseikyo Foundation: From Hosting Sunday Schools to Training in Psychospiritual Care

The Zenseikyo Foundation was established in 1962 and has a membership of over sixty denominations from mostly the traditional Japanese Buddhist world. Its purpose has been “to nurture young people in the spirit of Buddhism,” and in the early years, it supported temples’ efforts to establish Sunday schools and children’s associations to cultivate young leaders. As times changed, it shifted its work to meet more recent pressing youth issues, such as school dropouts, bullying, and harassment. This led to engagement in even more critical issues, like *bikikomori* (shut-ins or social reclusion) and suicide. Out of this increasingly critical social work that went beyond the typical confines of Sunday schools and low-conflict social work, I spearheaded the formation of the Rinbutsuken Institute in 2008 to deepen the understanding of how to apply Buddhism to higher conflict and more complicated social problems. The Triple Disaster of March 2011 then pushed the institute even further to train and develop other Buddhist practitioners to engage in such high-leverage trauma, which included disaster relief care.

Before Rinbutsuken was established, I had worked for years in psychospiritual counseling for troubled youth and suicide prevention for Zenseikyo. During the 2011 disaster, I had to learn to adapt those skills to helping those

in the disaster-stricken areas struggling with trauma and grief. However, after making extended visits to the three centrally affected prefectures of Fukushima, Miyagi, and Iwate, I saw that there was far too much work for Zenseikyo and Rinbutsuken to handle. While watching scores of Buddhist priests eagerly volunteer to perform memorial services and take part in material aid efforts, I felt an untapped potential in them to offer the kind of psychospiritual care for those who have experienced mass death and grief that only true religious professionals can offer. It was at this point that the Rinsho Buddhism Chaplaincy Training Program was born.

Using Rinsho Buddhism to Move from Trauma Care to Spiritual Care

There are various needs for a fundamental wisdom in the trauma care of disaster victims. Trauma itself can be explained as “the psychological state of an interruption or breach of trust between one’s own self and the world outside.” In other words, there is the feeling of loss about the possibility of living a normal life, experienced as “something is wrong.” Concretely, this manifests in the loss of self-confidence to do something by oneself and the sense of betrayal by the world around oneself. This loss of trust leads to anxiety, such as, “What is going to happen now?” and “Am I going to be OK?” as well as the arising of despair, such as, “It’s totally impossible now,” and “It’s impossible that things will get better.”

Especially in the case of trauma caused by a disaster, it is easy for the feeling to arise: “I have been totally abandoned here amidst this very dangerous world.” With the loss of a loved one related to trauma, in addition to normal grief, there are the continuing experiences of “intrusive memory,” flashbacks, nightmares, and other experiences caused by past trauma, which feels psychologically threatening in the present. Victims can also suffer from thoughts like, “Couldn’t they have avoided death?” and “What has finally come of them?”

In terms of responding to trauma, firstly, there is the attempt to remedy the situation in which the experience that has caused the trauma is reexperienced. Concretely, there is remedying the occurrence of flashbacks and the critical self-examination and strong psychological pain that is connected with events triggering the recollection of the traumatic experience, such as dreams and invasive memory. Secondly, there is remedying the problem of denial and

paralysis. Concretely, we must not deny the importance of the experience by running away from it and becoming mindless through entertaining oneself constantly; we must ultimately face the reality of that experience. Thirdly, there is the problem of hyperarousal. Concretely, this expresses itself in insomnia and the inability to concentrate as well as being short-tempered and easily shocked. In the case of children, it can be accompanied by oversleeping.

When conspicuous obstacles continue to cause a hindrance for more than a month and PTSD arises, there is the need for support from psychological professionals. The main causes in the shift to PTSD are: the inability to gain support from others close to one, a high level of daily life stress, and the depth of trauma. Alcoholism, depression, and suicide are not uncommon in these cases, which were well documented in the Great Hanshin Earthquake Disaster of 1995.

There can be a great gap between individuals in how they experience and deal with trauma. Based on different mental and physical constitutions, the caregiver should put aside evaluations, because there is the possibility of repeating the trauma in the person; for example, the caregiver should avoid phrases like, "It's so sad"; "There are others with worse experiences"; "Please also do your best for those who died." If the victim internalizes the experience and trauma as their own personal matter, they can become very isolated. Especially for those who have lost a loved one, they may feel, "It would have been better for me to die too"—which is something that was often heard after the tsunami. Rather, the caregiver must become intimate with the victim's feeling, and by repeating this process of intimate interaction, gradually find a treatment that fits the victim.

Bodhisattva Responses to Trauma

For Buddhist priests in Japan, the most common opportunity to connect with people, especially those traumatized by loss and death, is at funerals and memorial services. In the weeks and months after March 11, it was heartening to learn directly from many of the victims in the disaster areas of their positive feelings toward Buddhist priests and their activities at this time, evidenced in such comments as, "Just listening to the voice of the Buddhist priests chanting saved me."

Buddhist priests, however, need to take such opportunities to go deeper into an intimate interaction rooted in active listening. In terms of Buddhist practice,

this is related to the four practices of the bodhisattva (*shishobō*) in relating to people. The fourth such practice (*dōji*) is especially important as it refers to working together by putting oneself on the same level as others and participating alongside them in activities. This can be further explained as trying to understand the position of others and listening deeply without getting caught in a particular view. The idea is to listen as Kannon (Guan-yin) Bodhisattva would. It is not common, however, for most Buddhist priests to receive training in such deep listening, and this can be a high hurdle to get over for those whose training and conditioning involve only giving advice rather than listening and asking skillful questions.

A third practice beyond traditional memorial rituals and active listening is to encourage self-respect. Victims may have to learn not to compare themselves to others, no matter the situation, and to value the preciousness of their own existence. This idea is based on the story of the Buddha, who is said to have announced shortly after his birth, "I alone am the honored one in the heavens and on earth."

A fourth practice is to encourage an awareness of the connection of oneself to all sentient life in the universe. It is important to support the victim to reaffirm life, which is born from the connection to all the myriad forms, and to reaffirm the connection between oneself and one's family, friends, acquaintances, and nature.

A fifth practice is to encourage rebuilding karmic connections to those who have died. One can become aware of a connection to those who have died within oneself. However, it takes great power to heal trauma and grief. This involves connecting to a new identity by learning to live every day and developing the great fundamental power to move on from the past.

A final important topic in this process from psychological trauma care to existential spiritual care is the issue of death itself. In the disaster areas, we were sometimes asked by those who lost loved ones: "What happens after death?"; "Where does the spirit go to?" The answer may differ depending on one's faith or religion. However, it is important to habitually consider the problem of the afterlife and the problem of death. Especially when unaware of another's religious tradition or when you know it is different from your own, it's usually skillful to return such questions compassionately with another question. "What do *you* think happens after death?"; "What do you hope happened to your loved

one's spirit?" Responses may differ, but my hope is that religious professionals will not balk, hesitate, or push these questions aside. They represent the innermost concerns of some people and reflect part of opening up to the caregiver. If religious professionals do not hesitate to take on these issues, victims will not lose the trust of others and the world outside. Especially for those who have lost loved ones, I think it can be a principal step in establishing a new individual identity.

Zenseikyo and Rinbutsuken's Post-Disaster Activities: Short-Term Relief Care

After the catastrophic events of March 11, Zenseikyo and Rinbutsuken quickly shifted their focus to providing various forms of support to the disaster region in northeastern Japan. We first conducted a three-week investigation and needs assessment in the region, and then we began providing material aid support among our member temples in some of the hardest hit cities, like Kesenuma and Ishinomaki in Miyagi Prefecture. We also mobilized volunteer priests from our network temples around the country and created caravans to deliver emergency supplies and cook hot meals.

In order to better develop our staff and volunteers for therapeutic work, we held four workshops from April to May on the topic "Introduction to Trauma Care during Times of Disaster" in Tokyo, Saitama, and Kyoto. Our workshop included a four-hour program consisting of a lecture on disaster trauma care, orientation to deep-listening volunteer work, a workshop on attitudinal healing, and a presentation on how to perform memorial services for the deceased. Among the 170 persons who attended these workshops, we were able to enlist 50 as staff to provide psychospiritual and religious care. They were dispatched at the beginning of May through July for two to three days every other week, visiting four or five shelters at a time. This first phase sought to deal with the initial trauma after the disaster and the adjustment to new lives in the shelters.

Zenseikyo first placed special emphasis for its trauma care on children in the disaster areas. There were children and youngsters living in emergency shelters who had lost family members and had seen shocking sights of death and carnage. They were suffering from insomnia and engaging in acts of violence toward others as expressions of their trauma. We first supported them

by offering physical outlets through places to play. Many volunteers spent time with them doing play therapy through balloon art and providing punching bags on which to take out pent-up frustrations. While providing them with a means to play, we also sought to ascertain which children had active trauma problems.

The accumulated problems of living in the shelters—such as limited space to play and adults around them also experiencing increasing levels of stress with trying to rebuild their lives and locate missing relatives—often led to children developing secondary trauma or post-traumatic stress disorder (PTSD). The adults also fell victim to this secondary trauma, which was exacerbated by the particular culture of northern Japanese people, who have lived for centuries in small, isolated, and intimate communities. As such, they are hesitant to openly express their feelings and needs, especially to outside caregivers and helpers. Thus, from the beginning of May 2011, we entered another field of work to support adults through various forms of entertainment, such as movies, vocal concerts, performances, and so on. In this way, the initial emphasis was on supporting people through camaraderie and natural conversation rather than direct intervention or inquiry into their trauma. When formal activities are held, they are in the form of peer counseling in groups of people with the group leader acting as an active listener rather than a psychological counselor. However, much of the work is done in a more informal style through tea party (*ocha-kai*) events where people share time and conversation over tea and snacks.

Another special activity that we were involved in was mobilizing traditional forms of healing through the Japan Association of Biwa Onkyu Treatment Providers. They are a group based in Kumamoto Prefecture in southern Japan that specializes in a special form of moxibustion called *onkyu*, based on ancient Buddhist ayurvedic methods. Onkyu involves the heating of acupressure points and meridians through medicinal herbs, in this case the leaves of the Japanese *biwa* tree, which release the healing properties of the herb into the bloodstream. This work was especially amenable to the elderly, who make up much of the disaster area population. Being sequestered in shelters for long periods of time exacerbated the health problems of the elderly, who were not able to get enough regular exercise and also suffer from stress that induces high blood pressure, heart attack, and stroke. The treatment served as both a substitute care for people who had not been able to get their regular medicines and also as preventative

medical and psychological care. This *onkyu* therapy helped alleviate both their physical and psychological stress.

Intermediate and Long-Term Relief Care

By September, all the emergency shelters were being closed, and those who could still not return home or find other housing were moved into temporary housing units. The temporary housing units can hardly be called houses. They were tiny rooms with no space to accept visitors. The compounds of such units of fifty or more contained one common building for meetings but very little space for people to use freely. As the cool weather and winter returned, the problem of the isolation of these remaining victims became a concern. Dealing with longer-term mental health issues during the long cold winter months in northern Japan became a serious concern. Compared to the surface-level immediate interventions mentioned earlier, this type of counseling required more intensive one-on-one work dealing with PTSD, depression, and suicidal tendencies. These concerns brought to the fore the need to refocus relief efforts on long-term mental health care for victims, care for exhausted relief workers themselves, and stronger coordination of all these services.

According to an investigation by Japan's public television network, NHK, by the end of September, ten people within the temporary compounds had died from the effects of isolation or from suicide. After their initial relief to survive the disaster, many victims faced the despair of trying to rebuild their livelihoods and their communities. From 1998 through 2011, Japan had a suicide rate of over 30,000 per year. Numerous government and NGO campaigns were launched to face this problem, including a network of Buddhist priests around the country. While the rate had dropped to 21,007 by 2021, this does not reflect increasing levels of mental health in Japan. Rather, it reflects the building of proper social safety nets to address it.

Beyond suicide and other mental health concerns for disaster victims, many relief workers were in need of their own care. Relief workers were stressed after months of continuous effort. They included caregivers working in refugee shelters, temple families who offered their temples as shelters, doctors and medical

workers, and especially Self-Defense Forces soldiers who had to recover so many corpses from the coast after tsunami waters receded. They suffered from exhaustion, burnout, and trauma in their work.

As indicated, Zenseikyo and Rinbutsuken tried to help address these issues in numerous ways. However, even if there was a large cadre of Buddhist chaplains, the biggest problem in alleviating suffering within the disaster zone was the coordination of needs and services. Especially in the first year after the disaster, there was a dearth of people coordinating volunteers and matching skilled people to the areas where their skills and background were most appropriate. Many different individuals started projects to help, and denominations ran their own volunteer groups, but these efforts were not organized or synchronized. In this way, I focused part of my efforts on coordination. As Zenseikyo is a national organization supported by a wide variety of Buddhist denominations, I set up a dispatch center for Buddhist psychospiritual counselors in November to better coordinate such work in Sendai, the capital of Miyagi Prefecture and largest city in the disaster zone.

There was also a need for counselors and care providers to commit to the region. Because of the aforementioned barriers to outsiders coming in to help these local communities and the basic intimacy needed to do such counseling work, counselors could not simply come from other regions of Japan for two or three days at a time and expect to provide the needed level of care. Therefore, a more effective means was to train local Buddhist priests and family members in such counseling skills. Such local priests and temples have long-established ties to their communities and could most readily offer the kind of psychospiritual support people needed in the coming years.

There are only a limited number of individuals, however, who can go through more intensive professional counseling training, and the needs went beyond one-on-one therapy. Thus, Zenseikyo and Rinbutsuken were involved with a variety of other community-based activities. We held a short summer camp in August in Fukushima for seventy children and ten parents from the areas affected by radioactive fallout. Many other groups held similar such summer camps, including the Buddhist NGO AYUS's summer camp in Yamanashi, next to Mount Fuji, in mid-August. Such camps offered an outlet for children and an opportunity to reconnect, socialize, and play in larger groups again.

To help alleviate isolation issues of the middle-aged and elderly, Zenseikyo began in September 2011 to run herb tea café events in the temporary housing units. Either in the common community room or outdoors, we provided a space for people to gather to strengthen relationships among themselves and also to talk to our volunteers about their concerns. These were modeled loosely on the Zen tea ceremonies that the Sôtō Zen Youth Association established during previous disasters in other parts of Japan for supporting those living in temporary housing. One form of those gatherings is described in more detail in chapter 6 about Café de Monk. At our tea parties, we used Western herb teas that have medicinal and calming properties to support the well-being of those people.

Zenseikyo continues its work today through many initiatives that not only aim to care for those in crisis situations but also help train others to provide such care. Through Zenseikyo and Rinbutsuken, we created the Rinsho Buddhism Chaplaincy Training program that provides a mix of academic study and practical training. The program also emphasizes Socially Engaged Buddhist components by highlighting and examining the social systems and cultural values that act as sources of suffering and trauma in Japan. It exposes students to a wide variety of social issues that affect people, such as end-of-life care, suicide, youth problems like bullying, shut-ins (*hikikomori*), criminal behavior and reform, cults, poverty, community decline, disaster-related trauma, and even more politicized issues like nuclear energy. In the portions of training, there is more emphasis on developing deep listening skills and the reorientation of the religious professional from one who provides answers to one who supports victims to discover their own solutions through compassionate presence. While in recent years, the Interfaith Chaplain program has sought new venues for training their candidates beyond the disaster areas of March 11, 2011, the Rinbutsuken program was able from the start to access Zenseikyo and the Japan Network of Engaged Buddhism's vast national network to help candidates locate a variety of venues of training. We hope that those trained in both the above-mentioned ideals of bodhisattva work and the practical means to enact these ideals to serve those in various crisis situations will help create positive ripples that continue to impact this world for years to come.

This chapter was edited and prepared from two previously published articles: "The Potential of Rinsho Buddhism and Developing Buddhist Chaplaincy in Post 3/11 Japan" by Reverend Hitoshi Jin, November 28, 2012, and "Psycho-spiritual Relief Work in the Tsunami Areas: An Interview with Reverend Jin Hitoshi" by Jonathan S. Watts, November 2011, which was published in This Precious Life: Buddhist Tsunami Relief and Anti-Nuclear Activism in Post 3/11 Japan, edited by Jonathan S. Watts (Yokohama, Japan: International Buddhist Exchange Center, 2012).