Developing a Buddhist Approach to Pastoral Care: A Peacemaker's View

by Chaplain Mikel Monnett

As the United States becomes a more multicultural and multi-religious society, the ranks of healthcare chaplains are no longer being limited solely to Judeo-Christian clerics. In an effort to increase interfaith understanding and ecumenical awareness, the author presents one model of healthcare chaplaincy that derives itself from a Buddhist perspective and how he uses it in his daily work at one of the top 10 hospitals in the U.S.

It has often been said by great Buddhist sages that the essence of the Buddha's teachings can be summed up in the first sermon that he gave in Benares. That sermon centered on what Buddhists call **The Four Noble Truths**: that to exist is to suffer; that our suffering is caused by our attachment to what is transient; that since our suffering has a cause it must have a remedy; and that the remedy is to follow the Eightfold Path of the Buddha. This Eightfold Path is a series of disciplines which, if properly and diligently practiced, will free one from the path of suffering and allow one to realize their true nature or Buddhahood. 1

Chief among these eight practices is the concept of **right livelihood.** Most forms of Buddhism express a reverence for all life and stress the duty of a devout Buddhist to work for the benefit of all sentient beings. So many Buddhists are often found working in so-called helping professions, such as social work, nursing, addiction recovery, counseling, etc. In the U.S., that sometimes includes hospital or hospice chaplaincy.

The Mahayana Way

Buddhism is oftentimes not considered by many theists to be a 'true' religion because it is based not so much on a belief system in a Supreme Being but a series of realizations through mental practices, chief among which is meditation (*dhyana*) and moral conduct (*sila*). Indeed, those of us who are Buddhist often refer to our practices as 'mind training': we do these things in order to clear away obscurations like ego-clinging which inhibit us from seeing the nature of this world as it truly is. In essence, we are seeking to see the world without the prism of ego-distortion. There are a variety of techniques to do this but Mahayana Buddhists have found one of the most effective is the development of compassion by working for the benefit of others rather than yourself. The effect of this is to loosen our concerns for our 'self' (which is an illusionary mental concept born out of ignorance and selfishness) and instead to develop an empathetic understanding with other beings and compassion for them *(bodhicitta)*. This is one of the core practices of the Mahayana tradition.

How this is expressed depends upon the time, place, culture, and level of understanding and commitment of the individual practitioner. To some, this might involve becoming a forest monk, a wandering ascetic who lives in the wilderness and does austere yogic practices, dedicating the merit to all sentient beings. To another, it might entail giving up family life and entering a monastery with other monastics, while to still another it might entail living in a small temple on the edge of a Japanese village and conducting rituals for the people there. All of these have been shown by Buddhist traditions throughout history to be effective ways of overcoming one's sense of self and to benefit others.

In the early 1960s, another way of expression came about when Thich Nhat Hanh created the School for Social Service in Vietnam and began to teach what he called "Engaged Buddhism". 2

In Engaged Buddhism, the practitioner does not withdraw from the world and practice the Buddha's teachings in solitude or with a small group of like minded individuals; instead, the practitioner remains engaged with the world and attempts to deepen his or her understanding of Buddhadharma through that engagement. The interaction with others and with their society becomes a part of the practice, just as much as meditation, studying liturgical texts, or performing rituals.

The impact of this new expression was felt not only throughout Vietnam, but quickly spread to other Asian Buddhist countries as well. It can be seen in the works of Sulak Sivaraksa in Thailand, Aung San Suu Kyi in Burma, and the Dalai Lama of Tibet. It has reinvigorated the Buddhist traditions of those countries, given hope to their various peoples, and provided a spiritual basis for enlightened social action and protest. 3

In the United States, the civil rights movement, the anti-war movement, and the feminist movement led many people to get actively involved in changing their culture. Influenced by Gandhi and Martin Luther King, many also sought a spiritual discipline within which to frame their work and beliefs. Buddhism, with its emphasis on individual development and experiential knowledge, seemed to fill the bill for some of these people. Engaged Buddhism allowed them to see that what they were already doing could be a part of their spiritual practice.

One of those people was Bernie Glassman, an American priest of the Soto Zen school of Buddhism. Glassman felt that Buddhism without engagement was a mere intellectual exercise, while engagement without discipline was doomed ultimately to failure. Glassman and his wife and fellow priest, Sandra Jiko Holmes, envisioned a religious order which would embrace the Four Foundations of the Parliament of World Religions and be based on the Zen concepts of not knowing, bearing witness, and healing. The new order would include both clergy and lay persons who would be united by their dedication to the practice of engaging with the societies of which they were a part. 4 This could entail finding innovative ways to work with the homeless (such as the Greyston Mandala Project in New York) or helping healthcare professionals to cope with the demise of their terminally ill patients (like Joan Halifax's Project *Being with Dying* in New Mexico).

Hospice and hospital work seemed especially suitable for this type of engagement, for both to deal with the suffering of sentient beings during a crisis stage of life and also provided a daily arena in which to deal with the complex issues of bioethics, economic injustice, healthcare systems, and other social dilemmas of our modern society. As the hospital was a microcosm reflecting the problems of our society, the Engaged Buddhist practitioners would find themselves immediately interacting with some of their society's toughest issues.

Interfaith Chaplaincy as an Expression of the Mahayana Way

Although many hospitals were originally founded by spiritual orders to care for the poor and indigent, today's hospitals are more secular institutions striving to meet the diverse needs of a multicultural population. Still, the predominant faith of the American people is proclaimed to be Christian. The question can therefore be asked how can a Buddhist chaplain serving in an interfaith capacity possibly minister to the predominantly Christian populace of most hospitals when he or she themselves are non-Christians?

The person asking such a question misunderstands the role of the chaplain. For the role of the professional chaplain is not to proselytize a particular dogma *but to stand with the patient where they are at and to help the patient utilize their own spiritual views and beliefs as a resource for their own healing*. Today's hospital chaplain is part of a team, a healthcare

professional with graduate level education who has often done an internship and a residency in Clinical Pastoral Education in order to qualify for their position. And today's multicultural and multifaith society requires that they have a working knowledge of other faith traditions and practices if they are to be of service to a good number of patients. Depending on where they are located, they might find themselves ministering to a Wiccan, a Muslim, or a Native American as to a Christian. Having some knowledge of the basic tenets of each of these traditions is a necessary prerequisite to helping the patient to utilize their own resources in the healing process, whatever the chaplain's own personal beliefs might be. But being able to stand with the patient (and/or their family) where they are is absolutely essential.

Having said that, it is true that a chaplain's personal beliefs do influence how they view their hospital ministry and their individual *style* of pastoral care. So it is fair to ask from where does a Buddhist style of pastoral care originate? I cannot speak for all Buddhists, but for myself I fall back on Three Tenets of the Peacemaker Order.

First, **not knowing**. By not knowing what we mean is the ability to walk into a situation without a preset agenda. This means that you walk into the patient's room with what we call 'empty mind'; this does not mean that you walk into the room with a blank mind. Rather, when you walk into the patient's room, you bring with you everything that you have learned, everything that you have experienced, and everything that you are. But you do not plan on what you're going to do until you take a look at the situation as it presents itself.

To understand how this works, perhaps an analogy would be helpful. Each week, one of the local TV stations here does a random drawing in which a chef goes to a person's house and cooks them lunch. *But the rule is that the chef may only use those ingredients and those devices that are available in that person's kitchen.* The chef enters with empty hands and must decide what he's going to do only after seeing what's available. Such is the Peacemaker way of not knowing: you decide what you're going to do based on the situation as it presents itself in that particular moment.

By **bearing witness**, we mean to see clearly the situation that is there, no matter how painful. Many medical professionals build a wall between themselves and their patients to protect themselves from the misery of their patients' suffering. Often they do this because they are afraid that, were they to be touched by every patient's suffering, their own already overburdened hearts would break and they would no longer be able to do the work that they need to do. So they develop a veneer of professionalism that supposedly protects them from being overcome by the suffering they see everyday. 5

I believe this is an incredibly bad idea and is the cause of much of the burnout, suicide, and substance abuse that we see among healthcare providers. In reality, if they would only allow their hearts to break---to fully experience the misery and suffering of their patients with them---they would find that an astonishing thing happens: your heart can break and you can go on. By acknowledging your pain rather than running away from it, you find that what you feared was unbearable can indeed be borne. More importantly, there is a joy that comes from being fully a part of the process of illness and healing with a patient and their family, rather than being one step removed from it. This is how we bear witness.

Finally **healing action**. Arthur Klienman has written that modern physicians "diagnose and treat *diseases* (abnormalities in the structure and function of body organs and systems), whereas patients suffer *illnesses* (experiences of this value changes in states of being and social function: the human experience of sickness)." 6 It is the function of the healthcare chaplain to help the individual patient and their families to work through this process of change, not to proselytize their own particular creed or dogma.

So a Buddhist chaplain entering a patient's room, would not be there to serve his or her own egoistic needs, but to serve the patient's spiritual needs, whatever they may be. Drawing from my own experience, this may include reading from the Bible, leading a family in prayer, or simply holding the hand of someone facing an operation who is incredibly frightened. It may include standing with a doctor who has to give a patient a terminal prognosis or serving as an ethical consultant with a treatment team who have to inform parents that their child is now brain dead and should be taken off life support. The point is that I am not there to proselytize but to give support to the patients, staff, and families. And it is through this interaction that I am expressing Buddhadharma, just as a minister in an Abrahamic tradition might feel that through the same interaction he was expressing God's love.

And obviously I am more able to help in that process by learning as much as I can about other faiths and other traditions, including Christianity. It has been my experience that in times of crisis people seeks solace in their religious traditions and that the more familiar I am with those traditions, the more effective I am in helping them to use their beliefs in their own healing process. I am often astounded by the fact that so many clergy know so little about faiths (or even denominations) outside their own. If you did not know about how the Navaho view the dead for instance, you might misinterpret a Navaho family's reluctance to view the dead body of a loved one. The more information you have, the more accurately you are able to see the true situation and to respond accordingly. And the better able you are to help in the individual's healing process.

But in adhering to the Three Tenets of the Peacemaker Order as a means of ministering to patients, does this mean I reject other methods? Of course not: it just means that the Tenets provide the ground from which I operate and from which my ministry originates. I also incorporate into my approach Rogerian empathetic listening, family systems theory, and object-relations theory, as well as some of the psychosystems theory of Graham 7, the Five Families approach of Wegela 8, and the remarkable Barnes-Jewish Discipline for Pastoral Caregiving 9 (about which much has been written elsewhere). Just as a doctor may select a particular medicine for a specific patient, so will I utilize the means that I feel is appropriate to the situation or individual. But the Three Tenets are always at the core of what I do.

Concluding Thoughts

As the United States continues to become more multicultural, we are also becoming more multireligious. And as many of the representatives of those other religious traditions strive to be of service to others, they will begin to seek out positions within the community now predominantly occupied by Christian clerics. I believe that it is possible for people of other faith traditions (such as myself) to serve in these roles while maintaining the high standards of competency and professionalism that have evolved over the years and that people have come to expect. Our qualifications and titles may be different, but I believe that our approaches can be just as effective in dealing with the problems facing our society.

As our society becomes more diverse, so should the ranks of healthcare chaplains.

Footnotes

1 The disciplines are Right Understanding, Right Resolve, Right Speech, Right Acts, Right Livelihood, Right Effort, Right Mindfulness, and Right Concentration. For anyone desiring to learn more about the basic tenets of Buddhism, I heartily recommend Rahula Walpola's *What the Buddha Taught* (New York: Grove Press, Inc, 1959). As an introductory text for those who have no previous knowledge of Buddhism, it's terrific.

2 For a first person account of the development of the School for Social Service in Vietnam, please read Sister Chan Kong's *Learning True Love* (Berkeley, CA: Parallax Press, 1993)

3 Anyone wishing to learn more about Engaged Buddhism as a movement and in its practical applications should read *Engaged Buddhist Reader*. Kotler, Arnold, ed. (Berkeley, CA: Parallax Press, 1996)

4 The development of the Peacemaker Community (now Peacemaker Circle International), is detailed in Bernie Glassman's *Bearing Witness* (New York: Bell Tower, 1998).

5 A fascinating account of how this process can ruin the lives of medical professionals is detailed in Dan Shapiro's new book *Delivering Dr. Amelia*.

6 Kleinman, A., Eisenberg, L., and Good, B.: "Culture, illness, and care." *Annals of Internal Medicine* 1978: 88: 251-258, at 251.

7 Graham, Larry Kent. *Care of Persons, Care of Worlds*. (Nashville: Abingdon Press, 1992)

8 Wegela, Karen Kissel. *How to be a Help Instead of a Nuisance*. (Boston: Shambhala, 1996).

9 VandeCreek, Larry and Lucas, Arthur, eds. *The Discipline for Pastoral Caregiving*. (New York: The Haworth Pastoral Press, Inc, 2001).

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