

Hearing the Cries of the World: Buddhist Chaplaincy in the 21st Century

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Humility and humanity



- ☞ Gautama Buddha – his path
 - “the earth is my witness”
 - curiosity to investigate traditions of his time
 - 4 Noble Truths – inevitable observations of human experience
- ☞ Need to address the state of the world today
 - Basic values regarding suffering
 - Dukkha – misalignment – poor fitting axle
 - How can we train to provide spiritual care in contemporary times

Motivation

☞ Tathagatagarbha

- Womb or seed of Buddhahood
- How to cultivate?
- aspiration and application



☞ Outer: Expressed through liturgy, belief systems, culture

☞ Inner: personal understanding of 4 Noble Truths and to see the sacred moment – joining theory and understanding

Topics for today

- ☛ View of Chaplaincy and Pastoral Care
- ☛ The Path of Buddhist Chaplaincy Education
- ☛ In the World: Self Compassion and Moral Injury

What is a chaplain?

- “A chaplain is someone in journey with the patients and families. A chaplain is not a fixer or an answer giver. A chaplain provides a unique presence to patients and families, a presence that allows them to show their deep vulnerability of being human while facing a diagnosis that may lead to terminal illness. A chaplain should be able to approach families and patients simultaneously with an agenda and without any agenda...”

Roots of Pastoral Care

- ✓ Interdisciplinary
 - Religion / spirituality / human suffering
- ✓ Works at the intersection of clinical (western) care and religious communities
- ✓ Anton Boisen: the living human document
 - listening – curiosity – needs / longings / unsaid
- ✓ Seward Hiltner: solicitous shepherd
 - pastoral – leading from behind / attention to context vs. technique

What is pastoral care?

- ☞ Spirit - is natural aspect of all persons
 - includes religious beliefs and practices
 - existential needs and concerns as human beings
 - experiences of awe, transcendence, joy, connection
- ☞ Spiritual/emotional caring in healthcare
 - Families and patients
 - fear / loneliness in illness - or when cure is not possible
 - Working with ambiguity
- ☞ Care team and staff members as well

VanDeCreek and Burton, "Professional Chaplaincy: Its Role and Importance in Healthcare", J Pastoral Care, 2001

Three Lenses of Pastoral Care

- ☛ Premodern: care accessed through religious rituals, traditions, and spiritual experiences
- ☛ Modern: care that includes rational and empirical knowledge, such as psychology and medical science
- ☛ Postmodern: care that is aware of and addresses contexts such as cultural and social identity

The Practice of Pastoral Care: A Postmodern Approach, 2nd edition,
Carrie Doehring, Westminster John Knox Press, 2016.

Who Provides Spiritual Care?

- ☞ The chaplain does not displace religious leaders
 - Are part of health care team
 - Meet diverse religious and ethnic needs / cultures
 - Multi-faith and multi-cultural
- ☞ Are members of patient care team
- ☞ Ceremonial and ritual leadership
- ☞ Health care ethics committees
- ☞ Often are the patient voice
 - Broker between institutions patients families staff
 - Represent communities to the institution

VanDeCreek and Burton, "Professional Chaplaincy: Its Role and Importance in Healthcare",
J Pastoral Care, 2001

Spiritual Formation

- Professional identity and conduct
- Sense of inner confidence and connection with spiritual path and being

- Perspectives informed by studies and praxis
- Self-reflexivity regarding strengths/weaknesses
 - Spiritually / emotionally / physically
- Development and understanding of one's spiritual authority and vocation

Integration of Theory and Practice

- Buddhist Pastoral Theology: an integration of Buddhist teachings to address spiritual needs
- Basic Buddhist sutras, commentaries, and doctrines
- 3 Prajnas
 - Hearing / Contemplating / Meditating
- Bodhisattva ideal: Aspiration
- Path of practice: 6 paramitas
 - Prajna: Wisdom of emptiness
 - Upaya: Skillful means – Compassion
 - Paired as coemergent



Bearing witness to Bodhicitta

- ☞ Felt experience of Bodhicitta in clinical encounter
 - Dissolution of boundary between self and other
 - Clinically: exploration of how this might be evoked by patient/family/staff
- ☞ Not knowing
 - Meeting with empty mind (not blank mind)
- ☞ Bearing witness
 - Seeing the entire picture and allowing your heart to break
- ☞ Compassionate action
 - There to serve patient's needs

The Practice of Pastoral Care

- ☞ Not Knowing: Listening for Narrative Themes
 - Religious/spiritual themes and symbols
 - What is life giving / life limiting?
- ☞ Bearing Witness: Assessing interconnecting social systems
 - Family / Institutional systems
 - How do the religious / psychological / social systems create a “lived theology”
- ☞ Compassionate Action: Co-creating agreements and plans of care
 - Identifying and framing meaning

How to Step into Another's World?

☞ Begins at personal level

- Integration of own theological education into development as a caregiver
- Able to give care that identifies, assesses, and respects the unique ways care seekers make spiritual sense of and cope with suffering

☞ Theological Reflexivity

- Beliefs → Values → Behaviors
- Integrates theological and psychological beliefs, values in care

Doehring, Spiritual Care After Violence, 2014, <https://cct.biola.edu/spiritual-care-after-violence-growing-trauma-lived-theology/>

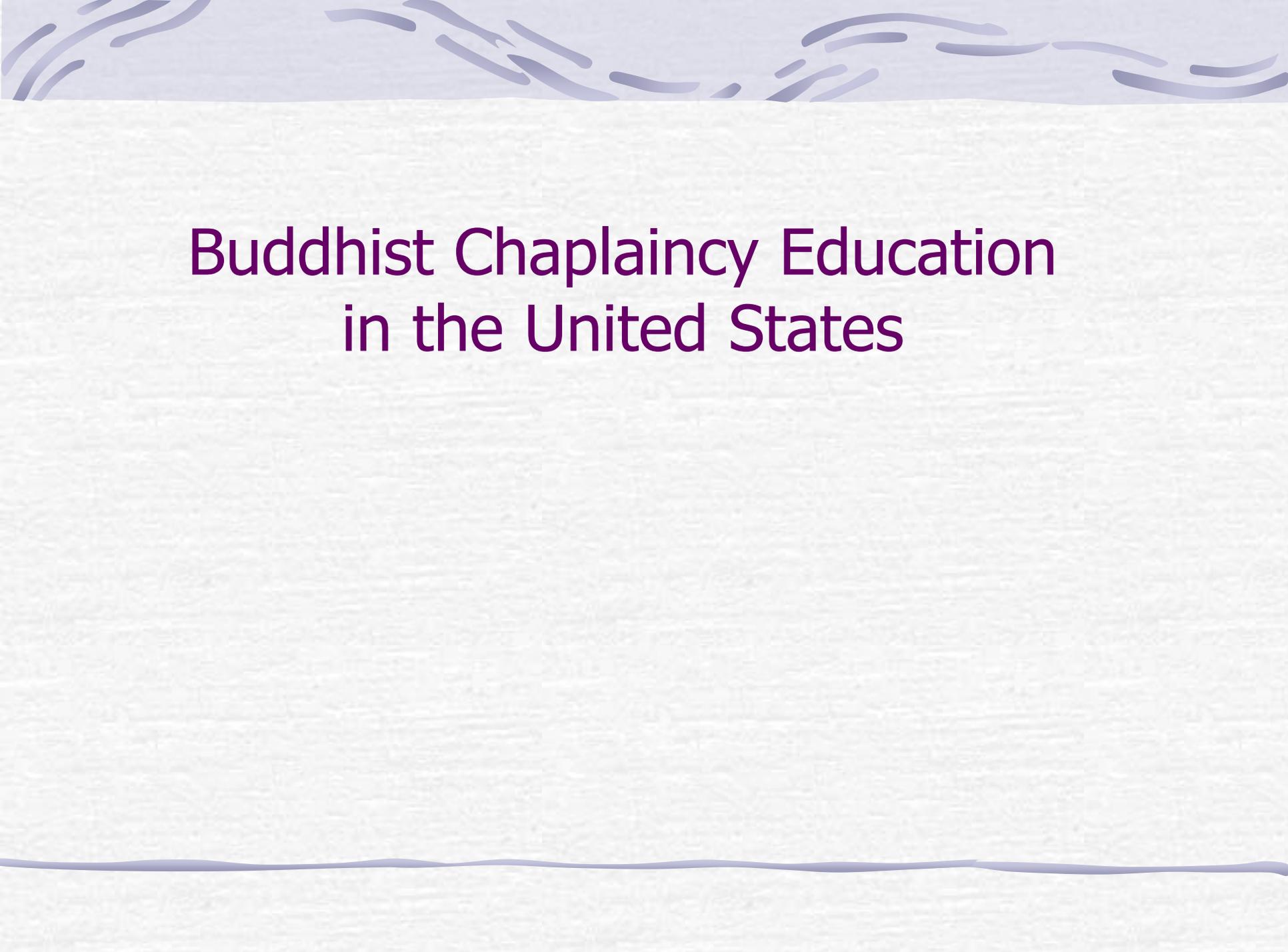
Looking Thru Religious and Psychological Lenses

- ☞ Lived theologies often held together by emotions
 - Guilt, shame, fear, anger
- ☞ Trust needs to be in place before we can explore with them
- ☞ Simple heart of being human – Bodhicitta
 - No self does not mean abandoning our own practice, faith tradition
- ☞ Becoming selfless by locating ourselves in another person's lived experience

Themes in Pastoral Care

- Loss – transition through life cycles
 - Transitory / intermittent / long term
 - Experienced personally, relationally, communally
- Making room for emotions of grief
- How to connect to the sacred?
 - What is life giving? What is life limiting?
 - How do beliefs inform values? And values affect behavior?





Buddhist Chaplaincy Education in the United States

Naropa's Master of Divinity Program

- Applied Religious Studies degree
- 72-credit hours / 3-4 years to complete
- Prepares students for pastoral work, chaplaincy, social service professions, and community engagement
- Based upon wisdom gleaned from Buddhist traditions



Theological Study (15 required credits)		Credits	
REL 611	First Turning of the Wheel	3	PLO 1
REL 661	Second Turning of the Wheel	3	PLO 1
REL 710	Third Turning of the Wheel	3	PLO 1
REL 614	Mind and Its World	3	PLO 1
REL 749	Contemporary American Religion	3	PLO 1
Communication and Formation (13 required credits)			
REL 602	Contemplative Communication in Spiritual Care	3	PLO 3, 4
REL615	Conflict and Diversity	3	PLO 3, 4
REL 779	Interreligious Dialogue	3	PLO 3, 4
REL 616	Integration Lab I	1	PLO 4
REL 654	Integration Lab II	1	PLO 4
REL 728	Integration Lab III	1	PLO 4
REL 768	Integration Lab IV	1	PLO 4
REL 880	Comprehensive Exam	0	
Applied Theology (15 required credits)			
REL 714	Intro to Pastoral Care	3	PLO 3
REL 763	Dharma Talks and Religious Education	3	PLO 3
REL 658	Ritual Arts	3	PLO 3
REL 804	Applied Ethics and Service Learning	3	PLO 3
REL 747 or 744/745	Clinical Pastoral Education or Field Education	3	PLO 3
Contemplative Practice (9 required credits)			
REL 600	Meditation Practicum I	3	PLO 2
REL 620	Meditation Practicum II	3	PLO 2
REL 635	Meditation Practicum III	3	PLO 2
REL 650	Buddhist Meditation Intensive	0	PLO 2
Capstone (2 required credits)			
REL 853	MDiv Capstone	2	PLO 4
Electives		18	
Total Credits		72	

PLO 1: To Formulate a theological identity

To formulate a theological identity informed by:

- a) an in-depth knowledge of the teachings of Buddhism in its cultural and historical context
- b) an understanding of multiple religious traditions and practices
- c) ability and practices of interreligious dialogue, and contemporary spiritual/religious phenomena

PLO 2: To explore and understand meditative practices

The student will theoretically and experientially explore meditative and contemplative practices in Buddhism and other traditions, and thereby understand the integral part they play in their respective traditions

PLO 3: To develop chaplaincy skills

The student will develop chaplaincy skills grounded in theological identity and contemplative practice

PLO 4: To develop, reflect and integrate diverse cultures, religions into a personal journey

The student will develop a personal spiritual journey that is sensitive to cultural context, religious pluralism, and community diversity

Buddhist Ministry Working Group

- ☞ Yearly gathering of Buddhist MDiv and retreat-based programs in U.S.
- ☞ Common interests of training Buddhist ministers or chaplains.
- ☞ Conversations have centered around
 - paths of Buddhist training
 - how they might (or might not) appropriately meet the professional standards for service which are often rooted in Western paradigms.



Some topics of our dialogues

- ☞ What is right livelihood?
- ☞ What are our Buddhist theological foundations?
- ☞ Is there a particular Buddhist epistemology – or way of knowing?
- ☞ What are our different paths as Buddhists, and how are they articulated?
- ☞ What is the common ground we share as institutions and faculty?



Self Compassion and Moral Injury

Compassion and Compassion Fatigue

- Healthcare is by nature person-intensive
 - Interpersonal and human connection to those we care for
 - Inspiration: to help others
- Compassion
 - Awareness of and feeling for the pain and suffering of others
 - “impels and empowers people to not only acknowledge, but also act”
- Compassion fatigue
 - Stress response from caring without expected rewards, results, and often closure
 - May result in diminished capacity for empathy / interpersonal engagement

Challenges in Healthcare

- ☞ Burnout: cumulative work, demands and stress
- ☞ Secondary trauma: dysfunction that arises from prolonged exposure to suffering of others
- ☞ Moral distress: moral conflicts when clinician knows what is right but cannot do it
- ☞ Horizontal hostility: disrespect among members of a peer group
- ☞ Structural violence: violence in the system

Moral Distress and Injury

STRUCTURAL

- ☞ Limited resources / inadequate resources
- ☞ Lack of adequate informed consent / advance directives
- ☞ Time constraints

RELATIONAL

- ☞ Conflicts in care between patient, family, clinical team
- ☞ Causing pain and feeling guilt
- ☞ Futility of interventions
- ☞ Death and quality of life

Contemplative Strategies

- ☞ Range of reflective practices
 - Mindfulness meditation
 - Compassion practices
 - Somatic exercises
- ☞ Self-awareness and recognition of own limitations and suffering
- ☞ Commitment to address one's own suffering
- ☞ Clarification of values and world view(s)
- ☞ Receptivity, compassion, and resilience

Taming the Mind



見^二跡



得^四牛



歸^六家
騎牛

Cultivating Compassion



- ✓ For self and others
- ✓ Formal and informal practices
- ✓ Awareness when struggling with feelings of inadequacy, despair, confusion (mindfulness)
- ✓ Responding with kindness and understanding (self-compassion)
- ✓ Holding difficult emotions - fear, anger, sadness, shame and self-doubt - and ourselves, in loving awareness

Somatic responses

- ☞ Attunement to signals in the body
- ☞ Sensations in positive or aversive situations
- ☞ “Notice what you notice”

- ☞ Opportunity to ground oneself
- ☞ Identify and bring supportive resources

When we encounter suffering

- ☞ Factors in responding to suffering
 - ☞ Use of empathy – emotional attunement
 - ☞ Perspective taking – cognitive attunement
 - ☞ Memory – personal experience
 - ☞ Moral sensitivity – moral attunement
- ☞ Interrelated and iterative

Self Compassion

- Directed inwards
- Warmth and understanding when we suffer, fail or feel inadequate
- Self kindness
 - Addresses self-criticism, blaming and rumination
- Common humanity
 - We are part of greater humanity that is also suffering
- Mindfulness
 - Counters over-identification and fixation on negative thoughts

Neff, K. D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2, 85-102.

Self Compassion and Caring for Others

Empathy

- Affective concern for well-being
- Capacity to differentiate self from other
- Ability to regulate own arousal so it becomes resilience rather than overwhelming

- Boundaries between self and other blur
- For caregiver, may become over-arousal and aversion
- Fatigue and depletion



Self Compassion and Caring for Others

☞ Perspective taking



- Ability to understand and appreciate unique vantage points of others
- Cognitive alignment in team-based healthcare
- Congruence in goals and values between clinicians, patient, family

- Roles and perspectives of team members may differ
 - i.e. between nurses, surgeon, PCPs

Rushton CH, Kaszniak AW, Halifax JS, Addressing Moral Distress, J Palliative Medicine 16(9), 2013

Self Compassion and Caring for Others

☞ Moral sensitivity

- Institutional and normative ethics
- Behavioral ethical guidelines
- Recognizing conflicts and obligations to respond
- Ability to locate and articulate source of internal discontent
- Supports caregiver decision-making

Rushton CH, Kaszniak AW, Halifax JS, Addressing Moral Distress, J Palliative Medicine 16(9), 2013

Re-aligning Ethics and Morals

- ☞ Ethics and moral behavior
 - thought and justification of moral guidelines (normative ethics)
 - meaning in moral terms (meta-ethics)
 - specific moral guidelines (applied ethics)
 - how people actually behave (behavioral ethics)
- ☞ Life-long relationships with power and influence
- ☞ Embedded in all social relationships
- ☞ Noticing cognitive, emotional and somatic responses

Metta Prayer

- ☞ May all beings be peaceful.
- ☞ May all beings be happy.
- ☞ May all beings be safe.
- ☞ May all beings awaken to the light of their true nature.
- ☞ May all beings be free.



Translator unknown, tune by Winfield Clark
<http://winfieldclark.com/metta.html>

Thank You!

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