Chapter 8
Humility and Humanity: Contemporary Perspectives on Healthcare Chaplaincy

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Transpersonal theory embraces plurality, complexity, transformation, the known, and the unknown. In this way, almost all of contemporary chaplaincy is a transpersonal endeavor. Our work is filled with individuals and families in transition, miracles and medical realities, the singular person and the larger community: the spirit, the body, and the mind.

While I teach Buddhist-inspired chaplaincy students, we work to be familiar with world faith traditions, as well as to be grounded in Buddhist teachings and practices. We study a wide variety of indigenous and Judeo–Christian beliefs and practices and address contemporary secular positions from agnostic to nihilism.

The story of the Gautama Buddha's decision to seek a spiritual path is a transpersonal journey that occurred millennia before such a word as *transpersonal* existed. When he left the sanctuary of his parents' grounds, he encountered suffering in the forms of birth, old age, sickness, and death. This inspired him not to retreat to the comforts of his home, but rather he set out on a path of investigation. He studied and practiced all the scientific and spiritual traditions of his time, and finally landed on meditation as a way to be with what truly is in the world and inside ourselves. He moved to go beyond himself and extend to transform others and the world. His first teaching, *The Four Noble Truths*, is an

investigation of suffering, its cause, cessation, and ultimately, how to work with it in our lives.

While some may think of transpersonal theory as ignoring or going beyond suffering, in truth, the transpersonal view, like Buddhism, is rooted in the realities of our painful existence. We may reach for higher meaning and purpose, but never escape the inevitable pain, sickness, and death of existence. In fact, a large part of chaplaincy practice focuses on the topics of Buddha's teachings: birth, sickness, old age and death; transformation and transition; empathy and compassion; and skillful means for working with others.

This truth of suffering existed long before Buddha and persists well after his death. Our contemporary times allow suffering to be more evident than ever. Consider, for example, the following: Through the internet, which broadcasts worldwide news in an instantaneous manner, we encounter stories of sickness and death, wars, and destruction from conflicts around the globe, replete with pictures, videos, and first-person accounts.

At this time, we might well ask how spiritual and religious organizations can provide service and care that might address this pervasive suffering. In this chapter, I would first like to consider basic values regarding suffering; and then contemplate how a transpersonal, Buddhist-inspired healthcare chaplaincy might provide spiritual care to patients, families, and healthcare staff in our contemporary lives.

Contemporary Challenges to Pastoral Care and Chaplaincy

Chaplaincy, often referred to as pastoral care in Western medical settings, has been framed as an inter-disciplinary practice that bridges religion, spirituality, and human suffering.

> As both insiders and outsiders to health care institutions, professional chaplains reside at the boundary between hospital care and the religious communities we represent. Life at this boundary presents chaplains with a responsibility to facilitate the complex negotiation of religious and spiritual pluralism present among patients, families, health care clinicians, and the wider community (Beachy, 2013).

Pastoral care draws its imagery from that of shepherds watching over and guiding the sheep that have been entrusted to them for their care and well-being. Similarly, in healthcare settings, chaplains are often the guides of spiritual care and shepherding patients' well-being. This role of guide seeks to lead *from behind* rather than setting an agenda for patients and families to follow. In this context, chaplaincy skills draw foremost upon curiosity and listening to specific needs and longings, sometimes unspoken or hidden in emotions and family dynamics. Patients who are ill must often face difficult clinical decisions with uncertain outcomes. Transpersonal practices have the ability to articulate this uncertainty by providing a context in which anxieties may be faced, felt, and understood. These understandings may support increased clarity about factual and emotional content in clinical decisions. Key to spiritual practice is the inclusion of the *unknown* or *liminal space* within the clinical encounter. In healthcare encounters, we often deny we are standing at the threshold of the unknown (Yuen, 2011).

An additional factor is that the contemporary world encountered by a chaplain is extremely diverse—not only in the sense of racial and ethnic differences but also along dimensions of religious tradition, social and economic status, profession, among others. Individuals who request pastoral care may have many different streams of cultural identities flowing through them: They may be African-American, practice yoga and know Sanskrit, and also attend Christian church services on Sundays. Encounters may be additionally complicated by expectations of what medical care may entail and what goals it strives to achieve. What might this spiritual care-giving look like in the face of diversity? The challenge at hand is to bring the relevance of a transpersonal Buddhist-inspired training together with the needs of an increasingly diverse society.

Traditional Buddhist Perspectives

Educational goals of a transpersonal Buddhist chaplaincy program might include academic study of traditional teachings, as well as a well-grounded personal practice and field training so that theological

understandings may be digested and applied to real-world encounters (Kinst, 2012).

The Four Noble Truths' teachings on suffering provide chaplains a ground of understanding for their patient encounters, and in contemplation have the possibility to deepen their theological understanding of what the Buddha himself encountered. The last of *The Four Noble Truths* is the Eightfold Path, which provides practical guideposts for how a chaplain might navigate this complicated contemporary world (Hirsch, 2012). Each aspect of the Eightfold Path is described as being completely realized (*samyak*). In particular, the three factors of right, or complete, ethics (speech, action, livelihood) provide a sensibility of how one might contextualize one's position as a chaplain. Right (complete) effort, mindfulness, and concentration support chaplaincy and pastoral care activities and provide the moment-to-moment ability to simply be with whatever is arising.

Developing compassion is also important in the care of self and others in these challenging times. An understanding of compassion acknowledges the fact of an awakened kernel, or *Bodhicitta*[10] (awakened heart) that is present in all living beings. In a multicultural world, it is this Bodhicitta that allows us to share our humanity and care for one another. In navigating our multicultural differences, Bodhicitta may be discovered (like a seed in the mud), as it is often obscured by our conflicting thoughts and emotions. Acknowledgement of this seed of enlightenment, this kernel of compassion and caring, is in itself a step in the right direction—the ability to nurture this seed through adversity and complexity. The traditional Buddhist analogy is that the seed of enlightenment is nurtured by the manure of experience and grows out of the mud into a beautiful lotus. Similarly, our kernel of Bodhicitta may be nurtured (and composted) by the adversities of our experience to blossom fully into the service of others (Berlin, 2012).

[10] There are alternate spellings of *Bodhicitta.*

Buddhist-Inspired Interfaith Chaplaincy

In the United States, approximately 70% of the population self-identifies as being Christian, and less than 4% percent as Buddhist (Pew Religious Landscape Study, 2016). However in my practice of chaplaincy, a personal understanding of the teachings of Buddhism served as a stable base from which to offer compassion to others in times of crisis, and in these clinical environments, the expressions of compassion and empathetic understandings of suffering were mediated by the context and culture of the 21st century.

The interfaith aspect of the hospital chaplaincy means working with Bodhicitta, the heart of wakefulness, expressed in a myriad of ways: through liturgy, belief systems, and culture. When I first encounter patients in the hospital, they often do not have the inner resources to have a discussion about Buddhism or meditation; for many it seemed exotic. Rather, I use this opportunity to look for the Bodhicitta in the situation, often asking about them, their family, sports, whatever makes them feel open and more relaxed, trying to find what we simply have in common as human beings. A good prayer often grows from that point of connection to basic humanity, emanating from a shared feeling into words that may be framed as a prayer.

I have continued to offer this connection to Bodhicitta to the many people I meet within the different healthcare contexts. I've taught meditation to blind people as a way for them to cope and understand their disability, as well as to appreciate life. In working with them I realized how many of our images and analogies for meditation have to do with sight (clarity, brilliance of mind). One day, after a short meditation session, I asked what it was like for them. One of the young black women enthusiastically responded, "Mm-mm, it was so smooth, just like a peppermint patty!" I also started a meditation support group for the medical students at the hospital. Many of them are interested in meditation as a stress reduction technique, as the medical literature documents the physical and mental health benefits of sitting meditation.

On an inner level, for me as a Buddhist, the chaplaincy training constantly helped me to see *The Four Noble Truths* and appreciate how

the Buddha himself was inspired to begin his spiritual path by seeing old age, sickness, and death. It has been very visceral and immediate, and has provided a tremendous ground for my personal practice.

One encounter that embodies both presence and compassion was with an elderly, early-stage Alzheimer's patient who had been admitted to the Emergency Department (ED) for evaluation after a fall. She did not know why she was there, and her body was very tense. It was an unfamiliar environment for her. Her husband had been there earlier, but since it was 11 p.m. he had gone home. She had been admitted in the early afternoon. She did not recognize me as someone from Pastoral Care or even know what that role might be. The doctors and nurses came and went; there was hallway noise outside the ED curtain

I stayed with her, talking in a soothing voice and telling her that "it was okay" as I held her hand. I stayed a long time, about an hour, allowing her body to relax. As I did this, I also explored how my own felt emotional and somatic experience could meet hers, how I could experience her suffering but also experience the potential liberation, or at least relaxation, within the moment.

There is always a recognizable and felt *sacred* moment (Pargament, Lomax, McGee, & Fang, 2014) that I regard as a signal for the completion of a pastoral encounter. Pastoral care providers and chaplains are often called to chaotic situations, be they emotional, physical, or cognitive. In walking with these situations, chaplains seek to uncover the Bodhicitta, the kernel of compassionate heart, that is nevertheless present. Unpacking this aspect is often the simple offering of acceptance and space. In this situation, I was present for and with her, without an agenda. There was also a non-verbal recognition of our shared Bodhicitta—and of the compassion that arose from that connection: I simply stayed and was caring for her.

So What About the Buddhist Patients?

I have been the Buddhist chaplain on call in a large, tertiary care teaching hospital, which meant that the other chaplains called me when patients requested a Buddhist liturgy or could appreciate a Buddhist

sensibility. I have been called to attend ethnically Asian Buddhist families, as well as middle-aged Caucasian intellectuals. These different kinds of people reflect the Buddhist demographic in the United States. Although there are an estimated 300 to 360 million Buddhists in the world (6% of the population), over 99% of Buddhists live in Asia. Of the estimated million in the United States, 61% are Asian and 32% white. Buddhism is one of the fastest growing religions in the United States; there has been a 170% increase in the last 10 years, mostly among the educated, middle class (Adherents.com, 2005).

It is not a surprise that many calls I have had as the Buddhist chaplain have been to tend to Asian families. My first call for a Buddhist patient was for a Vietnamese family whose grandmother died suddenly in the medical intensive ICU. Her extended family was in the waiting room, waiting for the monk from their temple to arrive. They kept the picture of the Buddha I gave them with her body as she was transferred first to the morgue then to the funeral home. For another Chinese family, I read the Heart Sutra (in English) aloud before they removed life support from the body of the husband, who had been badly injured and was brain dead since an automobile accident years before.

I have also worked with Buddhists from Western *sanghas*. There was the 22-year-old artist and actress with lung cancer whose funeral at the Shambhala center was attended by a large number of grief-stricken friends as well as her parents. I visited her and her family in the hospital and comforted them as options for medical treatments were exhausted. Her father, himself a Lutheran minister, found solace in a traditional Tibetan Buddhist *Sukhavati* ceremony, and even requested that we perform the 49th day ceremony from the *Tibetan Book of the Dead* as well.

Not all of my Buddhist patients have been near death. I brought Buddhist books to a middle-aged man who had to be treated in the bone marrow transplant unit for several weeks. He died of complications of cancer several years later, after we had shared more ordinary times together such as getting together for a meal with his wife. I was called to his apartment in his last hours, was with him when he died, and officiated his funeral.

A Reflection on Practice

Clinical practice as a healthcare chaplain has demanded a twofold perspective: to allow the felt sense of Bodhicitta to emerge, both in myself and the other, as well as between us, and subsequently to investigate how, through what words, gestures, and intentions, I might address the suffering, concerns, and difficulties at hand. In my years as part of a team of interfaith chaplain-interns at the tertiary care hospital in downtown Philadelphia, I provided support for the spiritual and emotional care of patients. I was on call approximately once a month, responding to calls from the nursing floors as well as to emergencies, and making the rounds in the many intensive care units of the hospital. In addition to our on-call time, we also had supervision meetings where the chaplains in my internship group got together and discussed patient cases, interweaving our discussions with theological perspectives. I was often the only Buddhist in the group of chaplains. Most of the others were Christian and reflected the diverse demographic of a large urban area that ranged from Catholic to black Baptist. Very few of the people there that I cared for were Buddhist.

On an inner level, this activity constantly helped me to understand the basic teachings of Buddhism: *The Four Noble Truths* as vivid reminders of birth, old age, sickness, and death. This reminder was very visceral and immediate, felt within my body and emotions. It also provided a tremendous ground for my personal practice. However, when I interacted with patients, I found it was often not the time to have a discussion about Buddhist teachings or meditation since they rarely had sufficient inner resources to learn about a topic they knew nothing of. Rather I used this opportunity to look for the Bodhicitta, or awakened heart, in the situation and in them—to almost feel it out and then to express with words from that point of connection to Bodhicitta. There was a continual exploration and contemplation of "What is the Bodhicitta that resides in all beings?" and "How can that be expressed in a meaningful way to this particular person?"

When the Buddha achieved enlightenment, he touched the earth, proclaiming the “earth is my witness.” Following his example, as

Buddhist chaplains and pastoral caregivers, we too, touch the earth—this worldly phenomenon of the 21st century, replete with technology, advanced medications, and many distractions. It is on this earth that we aspire to serve completely.

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