Inter-faith Spiritual Care in Japanese Context

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INTRODUCTION

Some of the leading practitioners, educators and researchers in the field of spiritual care both from Buddhist and Christian traditions in Japan have launched an organization called the Professional Association for Spiritual Care and Health (PASCH). The core research members of this association even include a music therapist with Shinto background. This association is a place for the networking and continuation of education, including supervision, and for joint research by the present spiritual care professionals at work in healthcare and social welfare, as well as for providing professional clinical training to qualified candidates.

There has never been such inter-faith collaboration in Japan of this scale. We are proud that we have opened the door to a new era for Japanese spiritual care.

Spiritual Care in Japan faces a unique set of difficulties, rooted in her history and culture.

Japan made a conscious decision not to talk about spirituality in the public sphere, after we had experienced the domination of imperial religious ideology during World War II. We interpreted the post-war
constitution so strictly that the separation of state and religion became a key component of our national character. Three generations have passed without any religious school based education or a balanced discussion of religion and spirituality. Spirituality in post-war Japan is a private matter. The spiritual life of ordinary people in the present society is covert and remains in the realm of the private. In this private realm, there are multi-layers of spiritual traditions at work even within a single individual.

Spiritual care should not just respond to the expressed spiritual needs of the patients in hospitals and persons in spiritual crisis. In other words, spiritual care cannot merely be reactive. Professionals need to help their neighbours in their spiritual journey to realize that they are actually in the process of their own journey and that they themselves have spiritual lives. I believe spiritual care needs to be an initiative. At the same time, however, it is very important to bear in mind that the role of this profession must clearly distinguish itself from the propagation of any organized religion. This is basically because Japanese spirituality is multi-traditional. Setting aside the important issues of respecting the rights of the patients, trying to understand a person only through a particular religious tradition is a violation of the rich composition of her/his spirituality.

In the culture where composition of spirituality is multi-traditional, it is very important to develop care theories and practices that are relevant to this situation. A multi-traditional and inter-faith approach is required. Theoretically speaking, we pay special attention to the social constructivist understanding of spirituality as well as a narrative approach, together with our so-far taken for granted transcendental/existential understanding. We believe that one’s spirituality is approachable only through her/his narrative, or through the event of telling stories.
JAPANESE SPIRITUALITY

According to a report published by the Agency for Cultural Affairs, Japanese Ministry of Education and Science, Japan has

106.8 million Shinto practitioners;
95.5 million Buddhists;
1.8 million Christians; and
10.7 million believers of other religions.

214.8 million, total

while, Japanese total population is

127.4 million.

We can read two important cultural issues here:
1. We cannot deny the importance of Shinto and Buddhism as the basis of Japanese spirituality, together with the fact that those traditions themselves have influenced each other;
2. The fact that the religious population is almost 70% greater than the total population needs some interpretation.

Let me begin with the first issue. Our Buddhist colleague in our organization, PASCH, once explained how Japanese Buddhism is different from the Buddhism schools that originated in India. The souls of the deceased persons transmigrate after 49 days in the older Buddhist tradition. In Japanese Buddhism, however, souls of the persons go to the mountains and remain there. Japanese Buddhist temples are, therefore, always affiliated with mountains, either geographically or symbolically. Mountains definitely have spiritual connotations with Shinto, which is basically animistic. Those souls inhabiting the mountains come back to
their households once in a year in the middle of August. This colleague of ours said that this is the busiest season as a Buddhist monk. Within two weeks, he is asked to visit as many as a hundred households to recite mantras.

In addition to this tradition, the Japanese nation had experienced atomic bomb blasts and defeat in the War 60 years ago. Those experiences strengthened this sense of closeness to death in the month of August. August is the requiem season in Japan. In fact, as a Christian liturgist, I had several fairly serious discussions with one of bishops of Anglican–Episcopal Church in Japan to recognize August, like November, as the liturgical season for requiem.

We are also aware that, in many Asian countries, August became the season to commemorate those who were killed in World War II because they experienced liberation from military occupation following the defeat of the Japanese army. This kind of negative contribution to Asian spirituality, too, needs to be included as our context and history for spiritual care.

Another very important outcome from our inter-faith discussion is our understanding of spirituality of the dying. Our Buddhist colleague often asked the following question to the patients in his hospice:

“Whom are you waiting for to pick you up?”

The most frequent answer for this question was their mother, followed by their husband. (He reported that none of the patients gave their father as an answer to this question.) A far more important aspect of this question is the very fact that this particular question makes sense to all Japanese with no exceptions.

In spite of these interesting examples of Japanese spirituality, I still need to go back to my point mentioned earlier. Japanese spirituality is covert and remains in the realm of the private.
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A noted social critic, Masakazu Yamazaki 山崎正和, argued in a recent newspaper commentary (The Daily Yomiuri, July 31, 2005) that “civil religion” is at the heart of Japanese mind. The followings are the quotes:

..... the basic mind-set of the Japanese in terms of running a society remained unchanged. Such national virtues as a strong work ethic, cleanliness, collaboration and cherishing aspirations, couples with strong family ties, remained intact without any guidance from the teachings of a grand religion or ideology.

The pillar for this postwar pioneering spirit was an implicitly accepted set of secular moralities in the form of discipline based on common

The fact that a nation with a population of more than 100 million has remained stable for 60 years without the leverage of any grandiose religion or ideology should be considered a phenomenon close to a miracle. Given that the world is becoming increasingly multipolar, Japan T experience since the end of the war should be viewed as a precious, historic experiment.

What is required of the Japanese today is for them to speak out articulately in an effort to convince the rest of the world that civil religion should be recognized as a kind of religion, that its implicit ethics has its own logic, and that the civil religion has a possibility of acquiring universal validity.

Yamazaki tries to characterize the Japanese psyche in terms of its secular values. His argument represents a typical Japanese attitude—there is no place for spirituality. His focus is a strong work ethic, cleanliness, collaboration and cherishing aspirations, coupled with total disregard of the spiritual dimension. Contrary to his argument, I believe the issue of spirituality is the key to societies with strong “civil religion".

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The “civil religion” confines spirituality in the realm of individual matters and prevents the development of public discussions. A spirituality that is not exposed to a critical public and only enjoys its own fantasy may develop into an anti-social sect or even into the hotbed of terrorism. Japan has experienced this kind of spiritual anomaly about 10 years ago when Aum Shinrikyo cult spread toxic gas in the underground train. In those societies where spirituality is covert and where it remains in the private realm, the task of spiritual care professionals is not only to respond to the silently or loudly expressed spiritual needs by providing care based on some method of psychotherapy, but also to help the people becoming aware of their spiritual nature and encourage public discussions on spirituality in the society.

The phenomenon of Japanese religious population also deserves some attention. Japanese spiritual population has always been greater than the human population. I am sure that Agency for Cultural Affairs has never included any floating invisible spirit. It is often implied as Yamazaki might suggest, that this phenomenon comes from Japanese indifference to spiritual issues. We have another interpretation. This phenomenon is the implicit expression of over-interest in spiritual issues among Japanese. All reports from religious organizations are based upon some concrete facts, although we cannot ignore the problem of methods of data collection. People seek their spiritual fulfilment through multi-traditional resources.

NARRATIVE APPROACH

We have found the narrative approach and social constructivism very useful to the understanding of one’s spirituality, particularly in multi-layered societies, especially where spirituality of the nation is multi-layered

In most cases, religions present to people what the theorists refer to as
dominant stories. Believers, more or less, try to structure their own raw experiences along the lines of one of these dominant stories. Traditional pastoral care providers, whether in parochial settings or in institutions, are the specialists and even the embodiments of these dominant stories. We, without exception, need stories as the framework with which we mold ourselves. Spiritual care providers have, consciously or unconsciously, led and helped this molding process. And this molding is at the core of the socialization process. Narrative therapists have found that this inevitable regime of the dominant story may cause someone difficulty to live an empowered life. Her/his raw experiences may put the very self in an oppressed place within the structure of the dominant story. The task of narrative therapists is to help her/him to find or even to compose an alternative life story in which the person can find a more meaningful place for self. Technically speaking, active listening is the way to empower a person so that she/he can find the alternative life story.

The awareness of this social construction of reality is at the foundation of inter-faith spiritual care. Each spiritual care provider is to some extent socially constructed according to her/his tradition. Inter-faith dialogue beautifully reveals this reality. To become more and more mindful to one’s own construction is one of the most important aspects of inter-faith spiritual care training.

The inter-faith dialogical situation, at the same time, reveals a new possibility within this social construction of reality. This makes it possible to compose a life story that does not conform to a dominant story tradition.

Multi-traditional societies, like that of Japan, can easily tolerate the new composition of stories, or the framework of life narratives. There are plenty of traditional resources from which one can freely arrange her/his own narrative. Spiritual care goes not along the line of seeking conformity to a tradition, but to facilitate the composition of a unique framework of the narrative. Care providers are often the resource persons for narrative composition as dialogue partners with whom the composer can check the
place of her/his own story on a larger map as well as the proximity to a variety of dominant narratives. The spiritual care providers can support, request clarification, and sometimes challenge the composer for richer and more life-giving compositions.

In multi-traditional societies, a spiritual care provider is the one who witnesses the process of the composition of people’s personal stories. Focusing on the uniqueness as well as the traditional aspects of the composition, the care provider helps the growth of the spiritual and social identities of the person. It is sometimes the spiritual care provider’s task to spotlight the hidden characters or on the sub-stories within the story in order for the composer to see the full perspective of her/his own composition.

Spiritual care providers, nevertheless, are not merely private assistants to facilitate the composition of an individuals’ life story. They, especially those who are professionally trained and certified, are first symbolically, then functionally, belong to the public sphere. Spiritual care professionals are agents from and for the spirituality of humanity. The story shared with that agent no longer is confined to the private sphere. It is a concrete manifestation of a human spiritual experience. The interaction between the composer and the spiritual care professional de-localizes the private experiences. One of the most important responsibilities of the spiritual care professional is to be the agent for the delocalization of compassion. Theologically we see this process as a symbolic expression of the intervention of the ultimate to the individual's daily experiences.

The work of 野田正彰 Masaaki Noda,『戦争と罪責（War and Guilt）』, seems for me to be a rare and the best example of a public discussion on Japanese spirituality based on a narrative perspective.

As a psychiatrist interested in the sense of guilt in solders of Japanese Imperial Army, he conducted a series of in-depth interviews. Many solders had never been able to talk about their experiences in the Korean
peninsula, China, or regions in South East Asia during the war. The dominant framework, that had molded them since the end of the war for more than 50 years, led them not to regret what they had done. The dominant story had silenced those ex-soldiers and directed them strongly toward the suppression of the emotions triggered by their memories. In this dominant story they are spiritually numb, not able to open their hearts which stored the bulk of deadly cold ice of guilt. Prof. Noda’s interviews were invitations for them to choose an alternative story for their spiritual freedom. Many of them chose to be in dialogue with him and found their own alternative frameworks. For the first time in their life, 50 years after the war, they told their own stories of as exsoldiers of the Japan Imperial Army. In their alternative stories, they are able to accept vulnerability as the perpetrators of torture, rape or massacres. They chose the lives with clear memories of war and even with their sense of guilt, rather than lives numbed spiritually.

INTER-FAITH COLLABORATION

Prof. Noda’s book, however, puzzled my Christian mind. Why and how can one choose to live with a sense of guilt at all, if there is no pardon? Here again an insight came from Buddhism.

Through working together with Buddhist colleagues, I was able to deepen my understandings of the distinction between positive and negative spirituality.

For most Christians, spirituality, or one’s deep relationship with God, is something to achieve or to be given by grace. We call this approach via positiva (positive way), because this approach has a positive goal. Whereas in most Buddhism schools, one’s spirituality helps her/him to release something she/he held on to tightly. We call this approach via negativa (negative way). Needless to say, these terms do not have any moral connotations.
These old ex-solders chose to waken their frozen memories of inhumane actions. This was not a form of redemption as Christians may imagine. They own the guilt in order to let it be. In this way they can live their spiritual life along with a sense of guilt. Buddhist spirituality teaches us that while trying to silence and suppress emotion, our self attaches or clings to the very thing that is silenced and suppressed.

Our self became captive of this oppressed emotion. The emotion turns to be the owner of the self. By choosing to own the emotion, the self will be released from that imprisonment. Living with the sense of deep guilt but not being captive of it is the spiritual path they took. On this path, their spirit is numb no longer. With the image of spirit as wind, it can now blow freely. This never means that they will not suffer. Rather they choose to suffer as the spirit guides them. This is a type of Japanese spiritual life.

The following visit of mine with a Japanese patient in a city ER is another example where the *via negativa* perspective and the narrative approach are appropriate. Questions like, “Why me?” “Why now?” have not been part of the discourse in Japanese society.

Many patients and their families know from the very beginning of the struggle that the issue is living with what had happened to them. Soon after coming back to consciousness, many patients start their self-training for letting things be. They do not seek any external logic or soteriology (theology of salvation) that gives explanations or even comfort. They painfully wait for the time when they can let the suffering be. The focus is not to gain some wisdom to accept the suffering or explanation, but is to be freed from the bondage of being victimized by the suffering.

I visited a man who was the driver in a car accident. His wife who was sitting next to him was killed. He was full of guilt. At the same time, in our conversation, he was wandering around the lost memory of the accident. As many of you know well, our human brain has wonderful
mechanisms to delete the memory of the moment of a life threatening accident as well as the memory of physical pain itself. In his case he did not remember anything as far back as an hour prior to the accident. Gradually through conversation, it became obvious, that the absence of the memory of the most painful moment was excruciating to him.

Some minutes later he told me that the wife’s funeral was held while he was at the Intensive Care Unit of the hospital. He did not attend it. I was not sure whether he wanted to be at the funeral so that he could convey whatever he had in his mind to his wife. But I thought it could have been too painful for him because of guilt. To my surprise, he said he attended by calling to his daughter’s mobile phone at the funeral and asking her to put it to her mother’s ear as the wife laid in the coffin. He thanked her and expressed his love to her in this way. This time, he did not miss the moment of pain. He chose to experience the pain and was able to taste it in its most bitter form. Once he told me a moving story of his own construction, he no longer talked much about his lost memory. And because of this ownership of pain, he became able to let the pain be. In this way he became able to live with pain. Indeed, he became the owner of this narrative rather than the victim in this story. It is important to understand that this ownership had been established only when he told the story to someone. This time, it was to the chaplain. We are the spirits who live the story we tell. We need the listening spirits.

For many Japanese, it is not the accident itself, nor what happened to them, but rather the self that cannot live with those incidents that gives them suffering. Free narrative without much guiding framework has enormous healing power. One can find the story in which she/he is not the victim but the main character and the composer.
LEVELS IN SPIRITUAL CARE

In the Japanese medical field, the term spiritual care became very popular, especially with the growth of the hospice movement. The WHO’s discussion about “spiritual pain” and “spiritual well-being” helped foster this movement.

Medical doctors, nurses and academic researchers started working on what they called spiritual care so that they could integrate this new technique into their practices. I would call this type of spiritual care the medical model. They focus on the spiritual care of their patient on their ward and try to cure the individual. But as we can make it clear in collaboration with the Buddhist perspective, the issue is not necessarily whether there is pain or not. It is more about the way each patient or person faces her/his unique difficulties. Of course in typical situations, spiritual pain such as sorrow, loneliness, guilt etc are better not to exist. But at times, facing these forms of spiritual pain and owning it and letting it be is the only way not to be victimized by the pain. Living with spiritual pain is sometimes a better choice than living with spiritual numbness.

I would like to propose a distinction between
1. Care for meeting the immediate spiritual needs and
2. Care for helping to live with empowered spirituality

The first one is something like crisis intervention. The medical model of spiritual care is at this level. The second is the care in which the spiritual care professionals need to focus. I have introduced via negativa perspective and narrative approaches in order to function on this deeper level.

The fundamental trouble I have with the medical model of spiritual care
is the absence of care providers' spirituality in care. Those doctors are often interested only in patients' spirituality and place themselves as if they have nothing to do with spiritual life. The deeper level spiritual care, on the other hand, requires care providers to be their own spirituality at work. It is only at the presence of listening ears of another spirit, that the spirit of the patient begins to tell her life-giving story.

The PASCH is for the networking and continuing education, including supervision, and for joint research by the present spiritual care professionals at work in healthcare and social welfare, as well as for providing professional clinical training to qualified candidates. Inter-faith perspective is our unique character. We want to train, foster and cherish ourselves as spiritual care professionals to become better listeners to the stories of in spiritual journey of others.