

PREFACE

The beginnings of this book can be traced back to my experiences working as a chaplain at a large Presbyterian hospital in western Japan between 2009 and 2011. I fell into this unusual job through an introduction arranged by a family friend, a former missionary, who worked for many decades as a hospital chaplain. Although I did not have any training in chaplaincy or prior experience in spiritual care, my job was to visit inpatients in different hospital wards and listen to their concerns; lead chapel services; and assist with hospital concerts, seasonal events, and tea gatherings in the hospice ward, alongside a variety of other tasks. At the beginning, I basically stumbled through my work, anxious that I would say something horribly insensitive to a patient. For many patients, hospitalization was the worst moment of their life. In some cases, it was the last week of their life. At such a time—as one hospice patient put it—“God feels really close.”

As I soon found out, however, spiritual care in Japan is a very ambiguous affair. Every day, I would check in at the nurses' station in the ward I was assigned to that month and then walk slowly from room to room to greet new arrivals while trying to project a friendly aura. My superior stressed in no uncertain terms the importance of avoiding anything that might disturb the treatment or recovery of patients. I was even advised to buy a pair of soft-soled dress shoes and to practice speaking in a slow, quiet voice so as to not annoy patients. When I reached a patient's room, I would softly call out a greeting from behind the curtain that separated each bed from the others, or gently knock on the sliding door of individual rooms, and then gingerly peek in. I wore the standard suit and tie issued to all the office workers in the hospital. In my hand I held a folder that contained a welcome pamphlet, some postcards featuring colorful pictures of the stained-glass windows in the hospital

chapel, and a weekly hospital bulletin. The bulletin included a schedule of upcoming chapel services and other events, an excerpt from a recent chapel message, along with trivia or inspirational and humorous quotes that would help patients pass the time.

As I parted the curtain that lay beyond the door to peek in, I would slip a welcome pamphlet, a postcard, and a bulletin out of my folder, extend them to the patient and say, “Please excuse me. My name is Benedict and I work in the chaplain’s office. I have brought a few things for you to read.” If the patient was sleeping or not present, which was often the case, I would leave the materials on their bedside table and depart. If they were awake, I would ask, “How are you doing today?” Most patients politely thanked me and then I was on my way. A few let me know that they had no interest in conversing. Others welcomed the distraction, and we would chat for a few minutes. Depending on how the conversation went, I might make a note for a follow-up visit.

During these additional visits, we would talk about almost everything under the sun. Since my appearance betrayed that I was a foreigner, patients were often very curious about me. They commented on my Japanese fluency (I was born and raised in Japan) and told me stories about family members who lived in or had visited the United States—the country emblazoned on my passport. Every so often, we talked about religion. Since I worked at a Christian hospital, patients would often bring up how they had attended a private Christian school or university in the past, or, how they enjoyed listening to the chapel talks that were broadcast every morning to the hospital TV sets, even though their family was Buddhist. But most patients would either preface or end their remarks by saying that personally, they were not religious.

But if most of the patients were not religious, nor particularly interested in talking about religion, why was I there? This was also a question many patients had for me. When I introduced myself as a “chaplain” (*chapuren*), many patients would query with a puzzled look: “Charlie Chaplin?” If our conversations went on for more than a few minutes, they sometimes became concerned that our chat was keeping me away from my “real” job. “Are you sure you don’t have any other work to do?” I tried to explain that my job was to listen to their concerns (*nayami*). But the majority of Japanese patients—who had never heard of such a thing as a chaplain or of spiritual care—genuinely did not know what to make of me.

This sometimes made me, too, wonder what I was doing. More times than I could count, I emerged from a patient’s room feeling humbled and inspired by the fortitude they displayed amid the pain and stress of their illness. But as an employee on the hospital payroll, this sometimes made me feel guilty. Was it right that I got to chat with patients all day and feel encouraged by the stoic way they dealt with their illnesses while the doctors and nurses did all the “real work”? Was I really helping patients in any way? As I began studying the practice of spiritual care in earnest, new questions arose. How was spiritual care in Japan different

from elsewhere? How should spiritual care even be defined? These questions seemed particularly germane in the case of Japan, where hospital chaplaincy is still an emerging profession. What kind of reasoning were religious groups, medical professionals, scholars, and the media drawing on to help promote this new class of spiritual care specialists? There was also the question of what kind of spiritual support patients might want. Considering that most Japanese are dedicated at a Shinto shrine as children, married in a Christian chapel, lead a mostly secular life, and have a Buddhist funeral, what role, if any, does religion play for hospice patients at the end of life? These are some of the questions that lie at the heart of this book.

In grappling with these questions, this book tells a story of how spiritual care was introduced to Japan, how it is being defined and practiced, how patients receive it, and how religious institutions and professionals are trying to shape their role in it. The primary characters in this story are hospice patients, chaplains, medical staff, religious institutions, and scholars of spiritual care. While their roles sometimes overlap, these characters all have different ideas and expectations about what spiritual care in Japan is or should be. For example, hospice patients in Japan really do not have much in the way of expectations at all. Spiritual care is an enigma to most patients, and very few are familiar with the foreign sounding concept of “spiritual care” (*supirichuaru kea*). Chaplains, in contrast, are supposed to know what spiritual care means—at least in theory. However, their approach to spiritual care is also shaped and constrained by expectations from other stakeholders in the hospice movement. These include expectations by doctors and nurses that chaplains will not abuse their position in the medical ward to impose their religious views on patients; expectations by scholars of spiritual care that hospital chaplaincy represents an exciting story of how religious groups are inventing new ecumenical and psychotherapeutic roles for themselves in the public sphere; and expectations by religious institutions that spiritual care represents an opportunity for social engagement with a Japanese public that increasingly identifies itself as “not religious.”

The story of how spiritual care for the dying is being practiced and defined in Japan serves as a kind of prism through which we can gain greater analytic and descriptive clarity on religious identity in contemporary Japan.¹ Historically, Japanese religions provided a cosmological framework and a ritual repertoire for the end of life that helped assure dying persons of an auspicious rebirth or escape from this world altogether. However, Japanese hospice patients today only rarely seek out these assurances. Or, at least, they are not obvious. Because much of Japan’s population claims to be nonreligious, hospice workers and religious professionals who work in hospice wards across Japan are expected to draw on a very different set of practices in their care for dying patients. I draw on ethnographic fieldwork in multiple hospices around Japan to pay closer attention to how these practices are negotiated by different stakeholders in the hospice movement. I also

use both local and cross-cultural perspectives to show how global conversations on the practice of spiritual care are being appropriated and reinterpreted in Japanese contexts and relate these findings to a longer story of how Japanese religious groups have pursued vocational roles in medical institutions as a means to demonstrate their “healthy” role in society. Most broadly, this book seeks to enrich conventional understandings of Japanese religious identity by paying closer attention to the *kokoro* (heart or mind) as a key site where the affective dimensions of religious and nonreligious identities are enacted.