

The Vihāra Movement:
Buddhist Chaplaincy and Social Welfare in Japan

Rev. Yozo Taniyama
Otani University, Kyoto

The Evolution of Funeral Buddhism

Funeral Buddhism (*soshiki bukkyo*) is an important keyword in considering Japanese Buddhism. In the Japanese religious tradition, ancestor worship was syncretized with Buddhist rituals by the Middle Ages, and the form was further fixed by the time of the Edo Shogunate (17th-19th centuries). In this system, more than 90% of funeral services were carried out in a Buddhist style at home or at a temple until the 20th century. The income from funerals eventually became the basis for temple management. However, Funeral Buddhism has faced a turning point in recent years. The number of funerals now held at funeral homes and performed in a non-Buddhist style has increased, as well as the performing of only a cremation without out rituals, called *chokuso*. The Buddhist temple was traditionally one of the centers of the community. The priests carried out funerals in cooperation with the local community. However, now some of the roles of priests have been taken over by undertakers and the many different kinds of funeral homes.

As part of the customs of Funeral Buddhism, people automatically participate in the weekly, monthly, and yearly memorial services after the funeral; that is, every 7th day until the 7th week or 49th day, the 100th day, every month on the date of death, the 1st anniversary, and the anniversaries of 3rd, 7th, 13th, 17th, 23rd, 27th, 33rd, and 50th years. The monthly memorial service has been an especially important function to develop the relationship between the priest and his parishioners. In this system, a priest would visit the parishioner's house to chant sutras in front of the home Buddhist altar (*butsudan*) in which mortuary tablets (*ihai*) of deceased family members are installed. However, this custom and hence relationship has become weaker, principally because many people have relocated to other regions and do not know the name of the temple to which their parents have belonged. Consequently, when a new death in the family occurs and they are introduced to an unknown priest through the intermediation of an undertaker, they may not ask for such extended memorial services after the funeral. Thus, the relationship between Buddhism and funerals is changing.

Many priests have not been able to find concrete solutions to this crisis. According to a questionnaire of Buddhist priests that the Japan Young Buddhist Association carried out in 2003[1], about half of the respondents criticized Funeral Buddhism, making remarks like, "I am not actively concerned with living people", and "My activities incline toward funeral services". 85% of these respondents were priests less than forty years old. They feel more a sense of impending crisis in comparison to elderly priests. Their reflections that rituals are heavy and human relationships are thin is the focal point of the criticism. Before modern times, priests were concerned with the deathbed process of common people. Deathbed rituals had been required among devoted laypeople. Priests also gave the certificate of death and executed the funeral. In the 20th century, the number of people who die at hospitals has increased so that now 78% meet their end there.[2] On the other hand, the role of the priest being at the deathbed has declined. When a priest enters a hospital in black robes, he is evaded. He is only called in after the death of the believer to chant sutras. This indicates why priests in the questionnaire said they are not "actively concerned with living people."

The main purpose of this chapter is not to deny Funeral Buddhism itself, but rather to introduce the Vihāra Movement as a response by some priests to the criticisms from society. The idea of a Vihāra priest or Buddhist chaplain was an indispensable part to the development of the Vihāra Movement, and therefore, a training program for chaplains was necessarily created. However, I feel their field of work should not be limited to only medical settings. If an organization could be established that is linked with local temples, such chaplains could play an active role as health care specialists, not only at hospitals but also in the local community.

What is the Vihāra Movement?

Vihāra is both a Sanskrit and Pāli term that means “temple”, “monastery”, or “place of the rest". Rev. Masashi Tamiya, a priest of the Higashi Honganji or Otani branch of the Jodo Shin Pure Land denomination, proposed it as a substitute word for "Buddhist hospice", and the term came to point to "terminal care based on Buddhism and the institution that

[1] *Soshiki Bukkyo-wa Shinanai (Funeral Buddhism Never Dies)*. The Japan Young Buddhist Association, Tokyo, 2003.

[2] In 1955, the number was the opposite with 77% dying at home and 12% in hospitals. Since 2000, the numbers have remained steady with 78-80% dying in hospitals and 12-13% dying at home. Japan Ministry of Health, Labor, and Welfare. www.mhlw.go.jp/english/database/db-hh/xls/1-25.xls

provides it". Since *vihāra* usually means just a "temple" or "monastery", especially in Theravada Buddhist countries, some of the readers might feel some incongruity. However, monasteries in ancient India had lodgings for pilgrims, and large ones had facilities for medical care, social welfare, and education for local people. The Jetavana Vihāra was established during the lifetime of the Buddha, and after centuries, it came to house medical facilities, including a "house for the dying" or "abbey of impermanence" (*mujo-in*) for terminal nursing care[3]. This background of the term *vihāra* reminds us of the history of hospice in Buddhism. Hospices in Europe during the Middle Ages also started as lodging places for pilgrims and then developed into medical and social welfare facilities. Therefore, hospice and *vihāra* have a common point in their development and function. Japanese Buddhists who first participated in the hospice movement here were reluctant to use the word "hospice" as it is derived from Christianity. Therefore, they chose the Buddhist term as a banner for their movement.

Although the Vihāra Movement is not a complete response to the criticism of Funeral Buddhism, its concept includes the reformation and the re-activation of Japanese Buddhism. Rev. Tamiya was affected by the hospital sermons started in 1984 by the Kyoto Young Buddhist Association (now called Bhagavan Kyoto), which is an ecumenical Buddhist group. He then began to promote the Vihāra Movement as an ecumenical activity in 1985. After him, the Nishi Honganji or Honpa Hongwanji branch of the Jodo Shin denomination created Vihāra Activities in 1986. Rev. Shunko Tashiro of the Higashi branch then started a Vihāra movement at the Nagoya Higashi Betsuin headquarters temple as a foothold in 1988. The Nichiren denomination started their Vihāra Activities in 1994. As well as these above, volunteer organizations of the Vihāra Movement were formed in many cities. Some are denominationally based while others are ecumenical. There is no particular difference between the terms "Vihāra Movement" and "Vihāra Activities".

The starting point of the Vihāra Movement was terminal care. In total, there are 208 certified palliative care units in Japan as of December 2010, yet only two of these are Buddhist based. The first one was created at the Nagaoka Nishi Hospital in Niigata in 1993 and is non-sectarian. The second was created at Kosei Hospital in Tokyo in 2004 and is run by the Rissho Kosei-Kai denomination. The third will be the Asoka Vihāra

[3] Tamiya, Masashi. "Vihāra no Teisho to Tenkai (Promotion and Development of Vihāra)". *Shukutoku University General Welfare Department Study Library, No. 25*. Gakubunsha, Tokyo, 2007. p.5.

Clinic in Kyoto established in 2008 by the Nishi branch of Jodo Shin, but not yet certified as not enough of the patients have cancer or are terminal. However, besides palliative care units, there are several *vihāra* institutions and organizations for the welfare of the elderly, disabled persons, and children, as well as for counseling. Most of them are grassroots based.

In this way, I have defined "vihāra" as[4]:

Narrow Definition: Terminal care based on Buddhism and the institutions that provide it.

Wider Definition: Activities and institutions managed by Buddhists that are focused on aging, sickness, and death in the fields of medical and social welfare.

Widest Definitions: Social activities managed by Buddhists and non-Buddhists, which support the lives of people and provide opportunities for the contemplation of "life"; like disaster aid, education for children and youth, and cultural programs.

Although many Buddhists and concerned people use both the narrow and the wide definitions, my investigation has shown that the actual activities of *vihāra* institutions fit the wide and the widest definitions. Therefore, we will mainly use the wide definition in this chapter, and in the future, it may be possible that the widest one will be mainly used. In the development of the Vihāra Movement, it is the chaplain who forms the core. In the next section, I will describe the situation, surroundings, and education programs of chaplains in Japan.

The Role of the Vihāra Priest

At *vihāra* institutions, the Buddhist chaplain is called a “vihāra priest”. Unfortunately, at most such institutions, most of the staff are not believers of the related religious group. The religious idea is thus not thoroughly understood, so the chaplains do not always have a role of authority there. However, a chaplain can show the characteristics of Buddhism through their actions just as much as they might show the Buddha hall. Their role is thus

[4] Taniyama, Yozo. “Vihāra-to-wa Nanika? (What is “Vihāra”?)”. *Journal of Pāli and Buddhist Studies Vol.19*. 2005, pp.39-40.

very important.

Rev. Masashi Tamiya's brother manages the Nagaoka Nishi Hospital, which serves a symbol of the Vihāra Movement. Local priests have been cooperating with the activities there even before the establishment of the *Vihāra* Ward, which is a Buddhist hospice. One chaplain is a full-time employee, and ten to twenty volunteer chaplains also play active roles. They have a volunteer group, which is financially supported by over one hundred priests and lay people from several denominations. At the hospital, twenty-seven out of a total of two hundred and forty beds are used for the *Vihāra* Ward, and the chaplain belongs to only this ward. There is not a chaplain for the other wards. The roles of the *vihāra* priests at Nagaoka Nishi Hospital are as follows:

1) Religious Services: A chaplain will chant sutras every morning and evening as well as holding seasonal religious events. When a patient wants a chaplain to chant a sutra or to have a religious talk, he is available to do so at any time at the Buddha hall or at their bedside. There are volunteer chaplains from several different denominations, so that if a patient wants to see a priest from a specific denomination, the full-time chaplain will arrange for that. At almost all hospitals in Japan, daily religious activity, like chanting the of Amida Buddha's name (*nenbutsu*), is hidden by patients themselves. Even though chaplains can help with many kinds of religious services at the Vihāra Ward, many of the patients keep to themselves. As I mention below, it is a Japanese custom to hide religious matters in public places. I remember an extraordinary patient who had a small Buddhist altar (*butsudan*) in her room to worship and to communicate with her late daughter. She welcomed any chaplain to chant in front of the altar.

When a patient dies, a chaplain is called on, needless to say, at any time of day. If the full-time chaplain is out, a volunteer one will come to the hospital. The dead patient is given a bath by the hands of their primary nurse and the bereaved family, which is similar to a Buddhist ritual called *yukan*. After the deceased is dressed, the bereaved and staff gather at the Buddha hall. A chaplain will do sutra chanting and give a sermon, after which all participants will offer incense in turn. The deceased is then taken away, usually by undertakers, but sometimes by the bereaved family itself. The staff sees them off at the door of the hospital.

2) Spiritual Care: A chaplain provides spiritual care for patients and family members.

When a patient wants a chaplain to provide religious care, the chaplain does so according to the patient's faith and not their own. A nurse may also come to talk with a chaplain, when she gets very tired with her job or daily life. A physician may seek advice for the chaplain on sedation, intravenous control, notification of the limit of lifetime, and other ethical matters.

I had one interesting and impressive case with a patient who was born into a Catholic family. At one point, she became devoted to a new Christian denomination, but eventually left the sect after several years. She was afraid of whether she would cease to exist after her death, because she had continued to believe the teaching of this sect. I wondered why she did not believe in heaven, even though she appeared to believe in Christianity. I asked her, "You said that you will cease to exit after your death. Don't you believe in the Resurrection and Judgment Day"? She answered, "I was instructed that we must wait for the Resurrection, but that 13,000 chosen people have already been resurrected soon after their death". I said, "Well, some resurrect quickly, while others take rest for some time". She said, "Yes". I said, "I see. The chosen people will resurrect and work for this world. That's great. But those who want to take a rest can do so in another world for some time". She said with a smile, "Wow, this is the first time to hear such an interpretation. So I can take rest for some time then, can't I". I said, "Yes, you can". Then she seemed relieved and thanked me by putting her hands together. While the content of the conversation was religious, our faiths were different from each other. It was an ecumenical experience for both of us.

3) Grief Care: Days after a patient passes away, some of the bereaved family may come to the ward to have a talk with the staff, including a chaplain. Some of them may stay hours there with the chaplain. The Vihāra Ward also provides gatherings of bereaved families. One gathering is for the bereaved of less than one year. Another is for those over one year and is managed by concerned persons of the bereaved. Both meetings will have sutra chanting and offering incense at the Buddha hall as well as a tea party on another floor of the hospital. Former Vihāra staff are also invited to these meetings. The tea party is not structured like as self-help group, and the attendants talk freely.

4) Cultural Events: Chaplains and staff in charge plan and prepare seasonal events; for example, cherry-blossom viewing in the spring, fireworks shows in the summer,

colored-leaves viewing in the autumn, and an end-of-year party in the winter. Each of the volunteers, and sometimes patients and their family members as well, play strong roles in these events; acting as drivers, cooks, waiters, builders, wheelchair attendants, and so on.

Nagaoka city is well-known for its fireworks show. This serves as not only a cultural festival but also a memorial service for the victims of the air bombing in 1945 and of the earthquake in 2004. The Vihāra Ward has a good roof from which to see the show where several beds can be set up. During this event, patients can forget their pain. In this way, patients aim to survive until such seasonal events, especially the fireworks show.

5) Team Approach: A chaplain attends the daily and weekly conferences, death case conferences, and multi-disciplinary team meetings. He provides new information about patients if needed. When a meeting with a patient, family members, nurses, and the presiding doctor is held, a chaplain will also attend. Sometimes, a chaplain will help patients with decision-making. For example, in the case of an old man with terminal cancer, the patient asked to stop his intravenous fluids. The doctor and the nurse in charge called for his wife, his relatives, and a chaplain (myself in this case). The patient said in a calm voice, “I don’t want to prolong my life anymore. I want my intravenous fluids stopped now.” His relationship with his family was not so good and as his attitude was strong, there was a tense and unpleasant atmosphere. Then I said to him, “Life is not only for you. Life is shared by everyone. Shall we talk about it more? After talking more, we can make a decision”. After a while his niece said, “We want you to live as long as possible”. He in turn softened his attitude, and at last concluded, “OK. I understand all of you want me to live more. I will prolong my life ten more days”, after which he decided to reduce his fluids by half.

6) Troubleshooting (between family members, staff members, and so on): Here I will show three cases of dealing with a patient’s family, a chaplain in training, and the medical staff.

There was a case of a young grandson of an old patient. He was emotionally unstable because of overlapping stresses, including anticipation of his grandmother’s death. He began uttering squeals in the ward, picking fights with staff, and stalking a nurse. I confronted him, and fortunately we could develop a good relationship. He then began come to my room everyday to talk about many issues, and never made any more

trouble. I did nothing more than act as his sitter for some weeks.

Another time, a monk came to our hospital from South Korea through a Korean nun's introduction. He wanted to train as chaplain at the Vihāra Ward for some weeks, so we arranged everything for him. When I met him, we encountered some problems: first, he could speak little Japanese and some English; second, he was aggressive so that we worried that he might bother some patients; third, he told me that he wanted to preach to the patients. I became upset, especially with this last point. I explained the concept of *vihāra* that our aim is not to spread faith. However, he was too stubborn to understand our concept, so I actually had to ask him to leave on the very day that he arrived. In Korea, it seems priests are respected and allowed to preach anywhere. The religious environment in Japan, however, is far different from those I have experienced in other countries including South Korea. He could not understand the simple maxim: "When in Rome, do as the Romans."

Looking back on my three years at Nagaoka Nishi Hospital, one of my important failures as a chaplain is that I could have good relationships with the doctors, some of the nurses, most of the volunteers, but not all of them. When I was employed as a chaplain, I did not understand what chaplaincy was really about. There were few notes and instructions at that time about being an employed full-time *vihāra* priest. The role of the chaplain was vague among all of the staff, except for some routine work. I had to begin by clarifying the role of a chaplain in the medical team. I managed to clarify what is chaplaincy and reformed its role. In short, I tried to increase the time to see patients and their families, while skipping some of the routine work the medical staff expected of me. From the view of medical staff, it seemed that I was negligent and/or arrogant, since I did not share enough time to talk with them about my intentions to clarify and reform the role of the *vihāra* priest. Such misunderstandings seemed to have come from both my immaturity as a co-worker and by the lack of understanding of chaplaincy.

The Working Environment of Chaplains in Japan

The term "chaplain" is not well-known in Japan. There are chaplains at Christian medical, social welfare, and educational facilities, but some are given the title of "Director of Religion". There are some examples of those with the title Vihāra Priest at some Buddhist palliative care units, but they are not called "chaplains". There are very few "chaplains" at non-religious, medical and welfare facilities. The other kinds of terms used are "spiritual

care worker", "pastoral care worker", "counselor", or "clinical spiritual care counselor". There have been prison chaplains in Japan since the 19th century, but they are not called "chaplains" but rather *kyokaishi*, which literally means “a clergy who provides instruction and preaches”. The term “chaplain" has been known among Christians whose population in Japan is only 1%. Since the name *vihāra* is new even for Buddhists, few know that both vihāra priests and prison chaplains are the same kinds of chaplain.

Apart from the problem of the name, Japanese medical facilities are not an easy place for chaplains to work. An understanding of the roles of a chaplain is not shared among either medical staff or patients. A chaplain’s work is not counted in the point system of public medical insurance, so the merits are not clear from the viewpoint of financial management. Furthermore, most Japanese are not conscious about their own religion, although they are influenced by it. In a public opinion poll by the national *Yomiuri Shimbun* newspaper from May 30, 2008 about the outlook towards religion, responses to the question, "Do you believe in any religion?" were 26.1% "Yes" and 71.9% "No". However, to the question about participating in religious activities, most people said that they visit their family graves (78.3%), pray at Shinto shrines (73.1%), and pray before Buddhist and Shinto altars at home (56.7%). Only 3.9% answered that they do not engage in any religious activities. About three-quarters of the respondents were not active members of a specific religious community, yet most of them do worship ancestors or pray in a Buddhist or Shinto manner.[5]

In contemporary Japanese society, which has been heavily secularized, we refrain from talking about religious and spiritual matters in public places. It is the same in hospitals, where it is extremely rare for patients to appeal to medical staff about their own religious needs. In addition, the hospitals with no religious affiliation do not have chapels or a place to pray calmly. On the other hand, some patients do wear Buddhist rosaries, have sutra texts or the Bible at their bedside, and pray under the glancing eyes of medical staff. In this way, it is rare for patients to request to the staff, "I want a chaplain to pray".

Once in my experience as chaplain at Nagaoka Nishi Hospital, there was a terminal patient at the *vihāra* ward who, although he did want to have a conversation, was always counting numbers under his breath like, “245, 246, 247....” I asked the reason for this to his family, and they answered, "When he was at the other hospital before, he

[5] http://www.mansfieldfdn.org/polls/2008/poll-08-08.htm

recited Amitabha Buddha's name, *Namu Amida Butsu*. However, this was not appreciated by the other patients around him, so he began to recite numbers instead." In this way, patients will hide religious practices at hospitals in Japan in the same way they might hide drinking alcohol or smoking cigarettes.

In this way, what should chaplains in Japanese hospitals pay attention to in order to make a good working environment? One point is obviously about religiosity. People hate a pushy priest, and I have heard that some priests were forced to leave certain hospitals since they had given unexpected, pushy sermons to patients. We should think carefully about who is it that saves a person? When we face a suffering girl, how can we answer her? The person who answers, "I will save you," may be arrogant. It is easy to answer, "The Lord will." It is difficult to answer, "I cannot." We can answer not just in words but with actual actions. If there is something we can do, we just do it. If not, we just listen to her, pray in silence, or seek the help of others. In this way, chaplains must distinguish between religious care and spiritual care. Only when a patient asks for a religious need can we respond to it. This is a very simple but important motivation in the Vihāra Movement.

Another point is the relationship with nurses and doctors. Who will call in a chaplain if he does not have any relationship with the medical staff? A basic relationship as a co-worker with other medical staff is very important. Chaplains must show other staff how they can play a positive role for the whole hospital, especially in taking care of the stressed out staff. Healing the staff can help the patients to heal. A well-trained priest has many skills to help people, but he is never almighty. When he faces a difficult case, he might become burned out. Who can help this priest? I feel a support network can help him before he becomes exhausted. We need a safety net for suffering priests in order to help suffering people.

Education and Training for Chaplains

Some Japanese clergy are developing a system for the training of chaplains. Although it is typical that Clinical Pastoral Education (CPE) is a mandatory course at Christian theological schools in the West, unfortunately, it is offered at only a few schools in Japan. From the 1960's to 1980's, Protestant clergy played a key role in establishing a few institutions for CPE in Japan. However, their work did not spread through the country. Rev. Tsugikazu Nishigaki, who is one of the pioneers of this work in Japan, emphasized

that it is important to introduce CPE in theological education[6]. In this way, the Clinical Pastoral Education and Research Center of Japan directed by Rev. Fr. Waldemar Kippes has provided some courses and developed pastoral counselors since 1998. Led by the Catholic Church, it has made a large contribution towards pastoral care and counseling, but it is still not widely accepted among the medical community in Japan.

Some kinds of programs that are distinct from CPE are provided by Buddhists. Both the Nishi branch of the Jodo Shin denomination and the Nichiren denomination have training programs for volunteers of their *vihāra* activities. The Nishi branch started their program in 1987, which includes clinical experience at elderly homes. Ryukoku University, which was established by the Nishi branch, cooperates with this program. Ryukoku University also established the Graduate School of Practical Shin Buddhism in 2009 and aims to educate priests as experts in social activities, including *vihāra* activities.

In 1993, Rev. Tamiya played a key role in establishing a one-year graduate course in Buddhist Nursing at Bukkyo Unversity, which is affiliated with the Jodo Pure Land denomination. It aimed to train vihāra priests. However, it was closed down in 2006, because they could not attract enough students. I surmise that the program was insufficient in clinical experience and that the image of the *vihāra* priest and Buddhist nursing was too obscure for many. Furthermore, the university did not seem to have a full understanding of this course, and they seemed to switch their policy away from a Buddhist approach.

In 2002, the Koyasan branch of the Shingon denomination opened courses for counselors and spiritual care workers under the direction of Rev. Daien Oshita. This served as an opportunity to establish the Department of Spiritual Care at Koyasan University in 2006. However, prospective students found attending the course in the remote mountain area of Mt. Koya unappealing, and student recruitment was stopped in 2009. In this brief period, although they did attract some adult students as well as teenagers, I think that an undergraduate course is not appropriate for training chaplains, which is a specialized and intensive field. The program could also not bring in attractive specialists as instructors. Rev. Oshita has since left the university, continuing on with the Japan Spiritual Care Worker Association. Many of the students at this Association are medical staff while some are priests and lay Buddhists.

---

[6] Nishigaki, Tsugukazu. *Bokkai Counseling-wo meguru Shomondai (Tasks surrounding Pastoral Counseling)*. Christ Shinbunsha: Tokyo, 2000. p.83.

The Japan Association for Buddhist Nursing and Vihāra Studies was established in 2004 by Rev. Tamiya, Akiko Hujihara, and some scholars including myself. The name of this association shows its aim. The field of endeavor is not necessary limited in medicine and nursing; social welfare and education are also included.

The Professional Association for Spiritual Care and Health (PASCH) was established in 2005 and carries out the Program for Spiritual Care Chaplains, which can be said to be a Japanese version of CPE. PASCH is a unique association as it is managed by Christians, Buddhists, and non-religious persons. The supervisors are Rev. Toshiyuki Kubotera of the Free Methodist denomination, Rev. Taka-aki David Ito of the Anglican Church, and myself who belongs to the Higashi Jodo Shin denomination. Rev. Kubotera and Rev. Ito were the second generation of Japanese chaplains developed by CPE who followed the lead of Rev. Nishigaki and others. As they are conscious of the problems in the spread of CPE in Japan, they have the following goals: to be ecumenical and multi-faith, to have cooperation with public hospitals, and to join hands with Buddhists who are in the majority of Japanese religions. In addition, because changing jobs and leaves of absence are not easy to obtain in Japan and the scholarship system is not well developed, month-long or year-long, full-time programs like those in the United States are not appropriate. Therefore, they have developed short programs that attempt to condense fifty hours of instruction into one week.

The Grief Care Institute of Japan was established in 2009 at St. Thomas University and funded by the West Japan Railway Foundation. It was then transferred to Sophia University in April 2010, because St. Thomas University was in financial difficulty and stopped student recruitment from 2010. This institute has opened a Grief Care Worker training program under the direction of Rev. Sr. Yoshiko Takaki, who is one of the pioneers in grief care in Japan. I have also been invited to join the institute for this program. We train facilitators for self-help grief care groups and chaplains for professional grief care and spiritual care. We also provide continuing education for health care professionals. Our courses include PASCH's one-week short program and a four-month extended program. More than twice the quota took the entrance examination in 2009 and 2010. About one-third of the students are nurses, a few are Buddhist priests, and some are Catholic and Protestant lay persons. However, most of them have "no religion."

The task of chaplain training in Japan is to be ecumenical and to form a

consensus about spiritual care between religious persons and health care professionals. We have needed a place where religious persons and health care professionals can make a sincere connection about the spiritual needs of people, especially ones in suffering. The Japan Society for Spiritual Care was established in 2007 to take on such a role. Most of the members are medical professionals and experts in social welfare, psychology, and education. Christian, Buddhist, and Shinto clergy also participate.

What is the turning point between success and failure in these projects? I think the key points are: market analysis, accessibility to the program, and clinical experience. For instance, Rev. Kippes has a large market for Catholic pastoral care as well as the need of devotees. Rev. Kubotera and Rev. Ito have a good discernment of Japanese society. These groups are small non-profit organizations, target working adults, and provide short-term programs. In addition, the trainers are clinically experienced. In contrast, Bukkyo University and Koyasan University failed to gather students, because they are incorporated educational institutions concerned with profit making, were targeting young students, and provided long-term programs in which students had to resign from their jobs before entering the school. Furthermore, few of the trainers/teachers were clinically experienced, and many were rather academic.

The Future of the Vihāra Movement

I have already shown that the Vihāra Movement is growing and that it is linked to social welfare. We can recognize that the *vihāra* priest, or Buddhist chaplain, is the leading figure of the Vihāra Movement and that chaplains transcend the field of terminal care. Even if such recognition is common in other countries as seen in the chapter by Joan Halifax, the understanding in Japan is still quite narrow. Therefore, I will not consider the future of Japanese Buddhism from the concept of chaplaincy which is not familiar to Japanese. I would rather like to start by considering it from the daily practice of a priest participating in the suffering of the people.

Funeral Buddhism Becomes Grief Care

In early Buddhist scriptures, the Buddha instructed the monks to not busy themselves with arranging and conducting his funeral, but to leave it to qualified lay people and to

continue on diligently with their practice.[7] However, even Theravāda Buddhist monks, who are seen to follow early Buddhism more closely than Mahāyāna ones, do involve themselves with such funeral services. Of course, in Japanese Buddhism, the syncretization with ancestor worship since the Middle Ages has developed the performance of funeral services. As such, we should recognize that there is an inconsistency in the significance of funerals between Buddhist doctrine and folk religion. Rev. Kokan Sasaki, a Soto Zen priest, comments on this issue from the viewpoint of religious anthropology:

> Japanese society is beginning to cope with the significance and the role of funerals, which has been considered just as a tradition and custom. Now, people are asking these questions: Why is a funeral necessary? Why is a priest necessary for it? Buddhist denominations and priests must answer them. They should revise their doctrines and practice sincerely. This can answer the criticism of "Funeral Buddhism"[8].

When we consider grief care, we may also answer this question. As Carl Becker describes in his chapter, in the psychoanalytic view of Freud, attachment with the deceased is considered as a pathological attitude, and he suggested to forget the deceased. However, recent studies show that it is better to reconstruct the "bond" with the deceased. Dennis Klass took notice of the Japanese customs of ancestor worship, which was syncretized with Buddhism, as follows:

- To take good care of a Buddhist altar and a mortuary tablet, and to talk with the deceased as if he or she exists there
- To do so in front of a grave
- To invite the souls of those who have died to one's house during the Bon Festival, and to see them off after having them stay for a few days[9]

---

[7] Mahāparinibbāna Sutta 5.10 (ii.141), *Digha Nikaya. The Long Discourses of the Buddha: A Translation of the Digha Nikaya.* 1995. Translated by Maurice Walshe. Boston: Wisdom Publications. p. 264.

[8] Sasaki, Kokan. *Butsuriki (Buddha's Power).* Shunjusha: Tokyo, 2005. p.201.

[9] Klass, Dennis, "Grief in an Eastern Culture: Japanese Ancestor Worship". In *Continuing Bonds: New Understandings of Grief*. Edited by D. Klass, P. R. Silverman, and S. L. Nickman. Washington, DC: Taylor

Such a new viewpoint coming from an overseas researcher can be a powerful call to Japanese Buddhist priests to not just illogically continue funeral rituals because we have done them up to now. This new conception of Buddhist death rituals as grief care, which maintains the "continuing bonds" with the bereaved, is healthier than the old. In this way, each denomination must re-examine their doctrine and rituals, while considering the grieving process. Although Funeral Buddhism is often used in the context of criticizing contemporary Japanese Buddhism, there are some priests like Rev. Yoshiharu Tomatsu in his chapter who have a positive way to look at their funeral work. It is, therefore, more constructive to reform Funeral Buddhism in line with real social needs rather than to seek to get rid of it.

The Temple as a Social Welfare Center

In the study of Buddhist social welfare in Japan, it has been shown that a temple has several social resources and that it can be the center for community welfare, nursery schools, and elderly homes. On the other hand, the research on Buddhist temples done in 1992-93 by Kairyu Shimizu and Tei-ichiro Hoshino reports that only 15% of the respondents associated with temples, who may not even be the chief priest, "engage in social work." Concerning "problems when a temple performs social work", the following answers were over 20%:

- There is not enough manpower or funds.
- All of Buddhist society should engage in it.
- There is not a promotion system by the denomination.
- Efforts by some temples / parish units are necessary.
- Operations adopted with a stronger Buddhist mind are necessary.[10]

It is difficult to reform the temple chief priest at the core of these activities. Actually, a typical chief priest is very busy with religious services, duties as a member of the community, and his family. Priests can only be active in Vihāra activities after having

---

& Francis, 1996.

[10] Shimizu, Kairyu. *Bukkyo Fukushi no Shiso to Tenkai ni kansuru Kenkyu (Study on the Thought and Development of Buddhist Welfare)*. Daito Shuppansha: Tokyo, 2002. pp.330-337.

fulfilled these duties. Because most temples are managed by only one or two priests, when various new functions are added at a temple, like vihāra activities, the burden is shouldered by them, and they never turn out well. In this way, one wonders, "Can we lighten the duties of priests and shall we make their social work more active?"

Traditionally, priests have given advice or consultation to local people and members of the temple. This is a kind of social work or coordination work. When the matter is beyond the ability of a priest, he introduces an appropriate expert from his own connections. If every priest can share such connections at the local temple or parish level, he can cope with these problems more effectively. In addition, the function of temples as a window of consultation can be superior to other types of social work facilities. Through the close relationships between priest and parishioner that Funeral Buddhism has promoted for hundreds years, a priest can access a believer more easily. A priest can intervene in various domestic problems that are hard for other social workers to do. In this way, more people will be helped without increasing the burden on a priest if such particular social resources are connected to a network of services.

I would like to suggest that we establish regional centers of Buddhist social welfare, so that each temple can become a window to a social welfare network. Social workers, health nurses, lawyers, and chaplains can be posted at a regional center, which links to a network of many priests and public resources as well as providing direct support for believers in trouble. The types of services that could be offered are: 1) counseling on psycho-social, spiritual, religious, economic, and legal issues; 2) self-help groups of the elderly, disabled, bereaved, abused, alcoholic, and so on; 3) dispatch of chaplains to medical and welfare institutions; and 4) referrals to outside specialized agencies. In this way, we could realize the aim of the Vihāra Movement and activities as well as Buddhist social welfare. Such a network can help with spreading this movement, and the inheritance of Funeral Buddhism can be turned into practical use in the present age.

Conclusion

A quarter of century has passed since the Vihāra Movement began. Meanwhile, Funeral Buddhism has changed greatly, and Japanese Buddhism has been driven into a corner. The result of the Vihāra Movement has appeared at the grassroots level. However, it cannot be said that the whole of Japanese Buddhism has been influenced and reformed by this movement. An understanding of chaplaincy, which should form the core of the

Vihāra Movement, is not yet shared. Concerning the education of chaplains, some clergy are continuing efforts in multi-faith cooperation. It may be a long path, but it is an important contribution to Japanese society. Change will happen gradually, but I feel more priests are now engaged in social action. While many people are still unconscious about their own religion, they are seeking for something spiritual. Buddhism has unique resources that can meet the psycho-social and spiritual needs of suffering people.

Rev. Yozo Taniyama received his B.A. (1994) and his Ph.D. (2000) from Tohoku University. He was ordained as a Jodo Shin Pure Land priest in 1981. He worked as a chaplain in the Vihara palliative care ward of Nagaoka Nishi Hospital from 2000 to 2003. He helped established in 2005 and then acted as Secretary for The Professional Association for Spiritual Care and Health (PASCH). From 2009 to 2010, he acted as an instructor at the Grief Care Institute located in Sophia University.