Zen Buddhist chaplains practice not knowing

One practice focuses on mindfulness meditation

In an unusual pairing, Beth Israel Medical Center in New York City has teamed with the New York Zen Center for Contemplative Care to apply the approaches of its Zen Buddhist chaplains to the anxieties and pains — spiritual or physical — of hospital patients.

The chaplains serve at the hospital by offering such care as bedside meditation, interdenominational prayer, and other spiritual support strategies not only to patients but also to the medical center's staff.

"One of the things I learned through my chaplaincy training was that many people who have a theology have an idea of how [spiritual guidance] is supposed to go," says the Rev. Koshin Paley Ellison, co-founder of the New York Zen Center for Contemplative Care. "And one of our basic tenets in Buddhism is to not know, to work with the awakened mind, which is not having ideas about things but directly experiencing someone."

Some U.S. chaplains steeped in more traditionally Western faiths have suggested that the role of chaplaincy is just that — to meet people where they are and not trying to move them into beliefs or directions where the chaplain would have that patient go, based on his or her own religious or spiritual beliefs.

"Our basic practice is to really be intimate with what's happening right there," Ellison tells MEA. "I know from my fellow chaplains from other faiths [that they] have a bit of a struggle, because they kind of have an idea of how it should go."

The Zen Buddhist chaplains may stress such things as meditation, breathing exercises, or conversation to alleviate stress or pain in patients.

The Zen Center for Contemplative Care, which received a $30,000 grant for its work at Beth Israel, trains students in the chaplaincy from a Buddhist perspective, but as is the goal of many chaplains, their focus is on treating each patient as an individual with unique needs.

"Really, I think that our training is based on not having any ideas about how it's supposed to be for someone," Ellison says. "So, the Buddhology, as we call it, instead of theology — because we don't have a theology — is really based on not knowing and bearing witness to what's happening and trust that if we're really there, that a loving action, or the most appropriate action, will take place.

"So, I think in some ways, it's like our Buddhist training is to me, like chaplaincy training in itself," Ellison says.

As Ellison explains, "Buddhism was founded by the Buddha, wondering how we deal with old age, sickness, and death. So, it's very direct. As the Buddha says, as the story goes, the most important thing is to care for someone."
However, he says there are many ways to be an effective chaplain, and the Zen Buddhist perspective offers just one of those ways.

**Appreciation comes from staff**

While the Zen Buddhist chaplains have received a grant, as with many chaplains at hospitals across the United States that may be implementing or considering staff cuts due to current budget constraints, the Buddhists need more funding.

As an example, a friend and fellow chaplain at a hospital in Connecticut has seven staff members who serve as chaplains.

"I was like, 'How do you do that,' Ellison says. "And he said, 'Well, we fund-raise.'"

"In some ways it's great that they're doing that, and in some ways," he says it doesn't make sense.

Ellison doesn't doubt that the Buddhist chaplains' services are needed, based on feedback he receives.

"We met this morning with all the nurse managers, and there's this real hunger for our students and our presence in the hospital, because we're really, at this point, the only people in the hospital who . . . spend time with patients and staff," Ellison says.

"Basically, everybody else is really busy, so we have the privilege of our jobs as chaplains to just be with the staff, just be with the patients," he says.

Ellison recalls a nurse saying that so many of the medical center's patients come out of surgery, but nurses can only physically care for the patients and provide medication. The nurse told Ellison, "At least your group — your chaplains — can teach them about how to be with themselves, learn how to be with the pain in a different way."

"For me, that was the best compliment," Ellison says.

**Evolution of the chaplaincy**

One of the concerns expressed by chaplains is that they often have to justify their positions on hospital staff to administrators, who may see that position as a cost-center that does not generate revenue.

"We live in a culture where these things aren't valued by insurance companies, so it's not reimbursable — and the hospital doesn't make any money," Ellison explains. "So, because of their tight budgets, they can't afford to have a staff chaplain for oncology, a staff chaplain for staff — so it's a stretch."

Today, he says, there is also an emphasis — due in part to cost concerns — that requires research to prove that the benefits of chaplains are real.

"What I would like to see is a culture valuing [chaplains] more, because unfortunately, we live in a time where you have to have research in order to prove it actually is doing something about things that are kind of obvious — like, people who feel they are being heard tend to do better," Ellison says.