

Practical Religious Studies Newsletter

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On the Establishment
of the Endowed
Department



Takeshi OKABE

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Greetings

After the Great East Japan Earthquake of March 2011, The Endowed Department for Practical Religious Studies was set up in the Graduate School of Arts and Letters at Tohoku University, based on the activities of the Kokoro no Sodanshitsu (Counseling Room for Heart), which had been undertaken as a collaborative project between local religious leaders, medical professionals, and researchers to provide spiritual care for the victims of the disaster.

Since last year, religious leaders have actively been carrying out relief efforts in the disaster-affected areas of Tohoku. One defining characteristic of these efforts has been the overcoming of their different religious viewpoints to engage in collaboration and cooperation. As we have been faced once again with the question of possibility the particular contribution of religious leaders, the insight has arisen that qualified people are required who are capable of responding appropriately to the religious needs of people of different faiths.

Our Department was set up with the support of local religious communities in order to offer an environment in which religious leaders can learn from each other and be trained as specialist professional “Japanese-style chaplains” (or Interfaith Chaplains, known as “Rinsho Shukyo-shi” for now) with the cooperation of local religious bodies.

Our course has launched as a three-year project. While conducting basic research, we are also providing a training program, with the aim of training future Japanese-style chaplains. We are now making preparations to start the first training program in October 2012.



University of Tohoku campus environs

On the Establishment of the Endowed Department: Concerning the Concept of “Rinsho-Shukyo-shi (Japanese-style chaplains)”



Takeshi Okabe

Chair of the Board of Directors of Soshukai Medical Corporation

From the viewpoint of at-home care

For many years I have been providing at-home palliative care, which means nursing cancer patients in their own homes. Usually doctors try to make their patients to live as long as possible, but, for the past 18 years (15 years since I opened my own clinic), I have been working with the vision of creating an environment in which people can peacefully pass away at home.

During these 15 years, I have been questioning through almost 3,000 cases, what kind of treatment and nursing care patients required.

During that time, about one year before the earthquake and tsunami, I came to realize it might become impossible to continue watching over dying patients in their homes with medical and nursing care welfare components alone. Something was wrong, I felt.

I believe I am right in saying that family-administered nursing care at home is something that is provided when a person is already close to taking their final breath.

About 40–50 years ago, it was normal practice for the majority of deaths to occur at home, but now it has become extremely difficult for most families. Even before the earthquake disaster, I thought to myself, “Something needs to be done about this.”

Guidance for the Descent into Darkness

At the same time, just one year before the earthquake, I was diagnosed with cancer (*1) and found myself in the patient’s position. Personally, this experience has shown me that no matter how much I have learned about how to live, I have absolutely no way of coping with the descent into the darkness of death. Today’s society is losing its way in terms of how to cope with the descent into the darkness of death. This is a bit hard. It is definitely not something that can be dealt with in terms of the logical academic discipline of medicine, and so since last year I have come to believe that we must receive help from religious teachers, who can draw on thousands of years of history.

Experience of the Earthquake and Tsunami

While I was still thinking about that particular problem, the massive earthquake and tsunami occurred on March 11 last year. A nurse from my own practice died on her way to patients’ houses, and four or so patients died in their homes. I felt as though half of myself had died with them. Even though her body was somehow found after a long search and given to her bereaved family, it was particularly troubling because

my staff couldn’t control their emotions. We all grieved unceasingly. We felt that somehow the feelings of Yusa, deceased nurse, had reached us, and couldn’t work for quite some time.

The Power of Ritual

At that time, knowing that we couldn’t control our emotions without doing something, I occasionally called on a nearby volunteer Buddhist monk. I don’t know what sect of Buddhism my nurse Yusa belonged to, but anyway I had him recite a sutra. He was pretty young for a monk and unskillful indeed (laughs), but that did raise our spirits. Everyone found calm through his display of ceremony and ritual.

Despite that I am a doctor having worked so long in the field of medicine, I became interested in the fact that ceremonies can calm people down. We were also able to make a Buddhist statue of Jizo Bodhisattva for Yusa. It provided for our staff a place to fold their hands in prayer when they feel restless. Many of our patients also come and pray for her. When I was rigorously pursuing modern medicine according to a rationalistic way of thinking, I honestly didn’t realize that this practice was so powerful.

Providing Care in Disaster Areas and the Role of Religious Leaders

During that difficult time, Gunki Saito, chair of the Miyagi Council of Religious Institutions, was running the Kokoro no Sodanshitsu (Counseling Room for Heart) and I joined it to offer medical support.

There, too, I saw the power of religion. When I went to the disaster areas, I found that the victims were actually going to the nearby young monks rather than to me, a doctor. More than anything, I gained insight by sitting alongside them and listening to their conversations, which had absolutely nothing to do with professional medical care. I felt that I was allowed to truly grasp a sense of the people's needs that were perhaps too deep for a doctor, nurse, or clinical psychologist to meet. Rather, they were finding solace through religious people.

One extreme example would be that many people in the disaster areas are claiming to see ghosts. They know that they can't tell it to the doctors. If they do, all that will happen is that they will be regarded as mentally ill, and the doctor will give them medication. Consequently, religious people hear information that we doctors don't, and when a sutra is read, the ghosts somehow stop appearing. I wonder why (laughs). I realized that when in charge of at-home or regional care, I must consider myself a member of a team in which medical and religious professionals are both part of an equal partnership.

Medical Treatment and Spirituality

Doctors, nurses, rehabilitation specialists, social workers, and care managers are just some of the many occupations that work according to the idea of efficiency, and in most cases that means proceeding by dividing things up on a logical basis. But if you do that, many people end up leaving hospitals feeling unsatisfied. I got the feeling that religious care needs to be

readily available to those kinds of people.

For example, we see that in America, pastors and chaplains work in at-home hospice care programs. In any case, the WHO's modern, rational definition of "health" now includes physical, mental, and social aspects. So isn't it extremely important, even essential, to include spirituality, of which we have become aware? Without it, care in the disaster areas and at-home palliative care will have something lacking at their core. In particular, the Ministry of Health is now setting a goal for promoting at-home medical treatment and increasing the proportion of people who die at home. The current issue is that of continuing our efforts while discussing goals to set on a prefectural level, in terms of what proportion of deaths should take place at home after how many years. But by the time the proportion of at-home deaths has increased, there will be no one left who is capable of supporting people at death. At that point I believe we will have to ask for help from religious people after all.



Religious People with Public Acceptability

Lastly, there are plenty of monks or pastors all over the country and you would think that they would be nearby when they are needed, but the reality is that people may not

accept them. Recently I had the idea that if we eliminated denominational boundaries from pastoral care in the disaster-hit areas that might enable them to come. At Taio Kaneta's Café de Monk, pastors and monks cooperated in disaster areas to provide care, and monks were preparing Christmas gatherings where pastors officiated at the ceremonies (laughs). Well now, it seems that they are working together in various ways, doesn't it? If they work together, people feel reassured and can accept them. I think that one of the major problems we face as a society is how to build a framework for this kind of cooperation. That means religion has to make itself publically acceptable. That is the point. Producing religious people who are publically acceptable.

Doctors presume they have public acceptability, so that they feel comfortable entering patients' homes and temporary housing asking, "Is anyone here sick?" After all, their work is not influenced by individual's values. That is all I am trying to say.

I have actually helped almost 3000 people, with very different values, live out their final days. I believe that the ability to fully accept people with very different values and religious outlooks, and listen to them from the heart, will be the primary factor leading to public acceptance of religious people.

It is not our intention in this to offer any sort of provocation to the various denominations, but rather to provide care based properly on the patient's religious values. By building on this foundation, I think

that religious people can actually play an important role in caring for communities in the disaster areas and for patients being looked after at home.

This is why Iwayumi Suzuki has founded the Endowed Department for Practical Religious Studies at Tohoku University to train Rinsho Shukyo-shi or interfaith chaplains. I am really hoping that we can train some religious people who are publicly accepted. It would be so nice to see more people show up as Rinsho Shukyo-shi at the funerals and other important sites. As an illustration, they could say “I am a monk from the Soto school of Buddhism, or I am a pastor, but today I am here as a Rinsho Shukyo-shi.” I believe that if we had Rinsho Shukyo-shi who could provide this sort of proper care, we would leave a huge impact on care for people in the disaster areas as well as those who have terminal illnesses.

(*1) Shuzi Okuno, “A palliative care specialist’s resolution, when he has only 10 Months to Live.” Bungei Shunju, June 2012

*This article is based on the speech made on May 22, 2012, at the World Conference of Religions for Peace (WCRP) Japan Committee (roundtable discussion toward reconstruction, in cooperation with the Miyagi Council of Religious Institutions) held at the Sendai International Center.

The Aim of the Endowed Department for Practical Religious Studies



Iwayumi Suzuki

Professor of Religious Studies and Director of the Department for Practical Religious Studies (Tohoku University)

Last March, the Endowed Department for Practical Religious Studies was set up within the graduate school program of Tohoku University. The purpose of this department is to clearly articulate the educational system designed for the training of “Rinsho Shukyo-shi (interfaith chaplains)” by integrating theory and clinical studies. Rinsho Shukyo-shi (interfaith chaplains) are religious people who have a foundation of broad religiosity and have transcended differences between denominations and religions in the practice of spiritual care.

After the Great East Japan Earthquake in March last year, various projects for supporting the victims have been carried out from within Japan, but compared to the Great Hanshin-Awaji Earthquake, the active efforts of various religious individuals and groups have received much more recognition. In this context, religious people with different religious backgrounds have sometimes come together and provided religious care without the aim of missionary proselytization, bringing great courage to the victims of the disaster. This kind of

role corresponds to that of chaplains in Christian countries, but until now there has been little interest in this type of ministry in Japan. Activities on the ground to support victims of the Great East Japan Earthquake have led to a reconsideration of the significance of this role, resulting in the establishment of this department with the aim of training Rinsho Shukyo-shi(interfaith chaplains).

For religious people to play active roles in the community arena is not merely about widening their spheres of activity, but also about offering a helping hand to people who are suffering from distress related to their values and their views of life and death. It is my sincere hope that you will both understand and support the Department for Practical Religious Studies in this endeavor.



Visible Developments from the Department for Practical Religious Studies



Susumu Shimazono

Professor of Religious Studies (The University of Tokyo)

I believe the establishment of the Department for Practical Religious Studies is joyful news that is like a fresh breath of air for the worlds of both religion and academia. For me at least, as a student of humanities, it was exciting news.

Since the immense shock of the Great East Japan Earthquake, I have sensed that new prospects have opened up for the place of religion within Japanese society. The earthquake and tsunami have awoken prayerful hearts among many people. In response, members of the religious community have noticeably stood alongside the broken-hearted and distressed to support them in whatever ways they could. Then there was the Fukushima nuclear disaster. It awoke us to reflect on the unprecedented burden that has been imposed on our material resources. Thinking along these lines, 3-11 symbolized a turning point in civilization. When we think of the prospects for this new civilization, it seems there may be a strong possibility that religion will be understood as having an important meaning.

I believe that practical religious studies have the potential to offer a window through which to discern the ideal method of building our new civilization. First of all, we must reconsider what is required of religion in places of disaster and death, and respond by training people capable of

pointing out this new role. The role of Rinsho Shukyo-shi (interfaith chaplains) has been so named to give concrete shape to this concept.

This can even be understood as a new form of religious dialogue and cooperation, as well as an appealing experimental development in the field of clinical humanities. For the religious world, one could say that its significance lies in providing a new environment for rediscovering oneself by associating with others. For the humanities, one could say that it embodies the challenge to utilize both the traditions of the human intellect and Japanese wisdom in the modern age.

Despite the severe difficulties resulting from the Great East Japan Earthquake and the Fukushima nuclear disaster, numerous glimmers of hope for the future of Japan have arisen from the desolate aftermath. I am convinced that the Department for Practical Religious Studies is just one example of such hope that we happen to know about. Like children's happy voices, the reverberations from the Department for Practical Religious Studies may warm us from within and bring healing. It is my sincere hope that the Department will continue to grow and develop in this spirit.



Expectations for the Department for Practical Religious Studies



Kaoru Yoshinaga

Professor Emeritus, Tohoku University
Sendai Terminal Care Think Tank

The presence of Rinsho Shukyo-shi (interfaith chaplains) in clinical settings, particularly in hospice care, is essential. In the West, hospice chaplains provide spiritual support for patients who are approaching death. This is something that I hope to see in Japan as well.

After the great disaster of March 2011, various religious denominations worked together to meet the demands posed by funeral services and other necessary tasks. The Kokoro no Sodanshitsu (Counseling Room for Heart) was established in collaboration with medical professionals with the aim of continuing this valuable experience. This was then central to the birth of the Department for Practical Religious Studies. It was truly a milestone achievement.

Today, religion in Japan is in a period of decline. This is probably due to the impact of the new scientific era on people's lifestyles and the difficulty of maintaining harmony with the traditional perceptions of times gone by. Religions are also struggling to adapt themselves for new generations. It is in this context that the Department for Practical Religious Studies has begun to train Rinsho Shukyo-shi (interfaith chaplains). You could call this a groundbreaking challenge.

Groundbreaking challenges always involve hardship. The risk of failure is constantly present. It takes passionate leaders to overcome this, supported by a large number of collaborators. The Department for Practical Religious Studies indeed provides a starting point for facing this challenge. I have high hopes for the Department's as a pioneer in this new era, successfully rising to the challenge through its own activities and the support and collaboration of

The Aim of the Department for Practical Religious Studies and the Concept of Rinsho Shukyo-shi



Hara Takahashi
Associate Professor, Department of
Practical Religious Studies

I hope you will already have read about the background and purpose of the establishment of the Department for Practical Religious Studies in the Greetings section on the first page and Dr. Okabe's remarks. Here I would like to add some supplementary explanations to those articles.

Background to the Establishment of the Department

After funerals were held jointly by various religions for victims of the earthquake and tsunami (some of them unidentified) at Sendai City Kuzuoka Funeral Hall, the Kokoro no Sodanshitsu (Counseling Room for Heart) was inaugurated at the end of March 2011 by the Miyagi Council of Religious Institutions. In order to provide continuing, comprehensive support to grief-stricken bereaved families, Takeshi Okabe was appointed director, and



Joint memorial service in June 2011
(taken from the Kokoro no Sodanshitsu
Web site)

a secretariat was set up in Tohoku University with the cooperation of religious people, medical professionals, religious scholars, specialists in grief care, and others. Its main activities include telephone

consultation, Café de Monk (a mobile café managed by monks for listening to people), the Café de Monk radio program (FM Sendai; past programs are now available on YouTube) and monthly memorial services at Sendai City Kuzuoka Funeral Hall.

The Kokoro no Sodanshitsu requested Tohoku University to use donations collected from the religious world for disaster relief to establish a department to train people to work on the ground, transcending the differences between religions and denominations. The main contributors included the World Conference of Religions for Peace (WCRP) and the United Church of Christ in Japan, and the Tohoku Diakonia Foundation became the contact point for donations.

Iwayumi Suzuki, professor of religious studies department, was appointed to newly founded post as professor, and Yozo Taniyama (grief care and spiritual care) and Hara Takahashi (psychology of religion) as associate professor. The Department is not recruiting students itself, but is offering courses for humanities students on themes related to the study of death and life or spiritual care. As well as carrying out basic research, our aim is to implement a program to train religious people as Rinsho Shukyo-shi (interfaith chaplains). With the collaboration of the directors of the Kokoro no Sodanshitsu and others from different religions, we have established a Steering Committee to discuss departmental management policy (see back cover).

The Significance of the Presence of Religious People

Since the Great East Japan Earthquake, the significance of the presence of religious people in the disaster areas has been reconsidered. Volunteer work by various religious groups to encourage, strengthen, and strengthen the disaster victims could only be carried out by religious people. There is a famous symbolic photograph of a Buddhist monk walking through a blizzard blowing across the disaster area, and as Dr. Okabe described earlier in this issue, there have been many reports of bereaved families who have been comforted by Buddhist monks reading sutras.

Taio Kaneta, who manages Café de Monk while making the rounds of temporary housing, says that even though more than a year has passed since the earthquake and tsunami, deep sadness remains entrenched deep in the hearts of the victims, who are still suffering, and that there is an overwhelming lack of religious people who can listen sensitively to their needs.

In other words, there are religious needs on the ground, and there is a demand for religious people. It is also true that the effects of religious ceremonies and the religious resources that have been distributed by Café de Monk (miniature statues of Jizo Bodhisattva, prayer beads, etc.) have garnered fresh attention. This attention has become the starting point for the concept of Rinsho Shukyo-shi (interfaith chaplains).

Why Rinsho Shukyo-shi(interfaith chaplains) are Essential

If it is true that there are religious needs and religious people to answer those needs, what then is the purpose of training Rinsho Shukyo-shi (interfaith chaplains)?

The first point is that this project transcends denominational differences. Through the activities of the Kokoro no Sodanshitsu so far, we have experienced the way in which the sight of monks and pastors walking alongside each other has been very encouraging for disaster victims. Importantly, cooperating across the boundaries between religions and denominations means keeping distance from proselytizing and money-making activities, securing a publically acceptable arena for religious activities.*

*There have been some cases of cults visiting temporary housing and soliciting aggressively as groups, so religious people currently engaged in support work in the disaster areas are careful not to indicate their affiliations in order to avoid misunderstanding. At Café de Monk, those who wish to do so may make prayer beads together with staff members or receive miniature statues of Jizo Bodhisattva, but the basic policy is solely to listen, without disclosing sect or temple affiliation.

Secondly, the idea of Rinsho Shukyo-shi(interfaith chaplains) presumes above all else that monks or pastors of the same denomination as the people who require care may not be available, as was the experience after the earthquake and tsunami. Rather than religious people being unable to help because they happen to belong to the different sect, it acknowledges that there is a need for religious people who can listen to or pray for those of different denominations, as well as those of no faith. That's why Rinsho Shukyo-shi (interfaith chaplains) is necessary, who are able to listen carefully to what lay people have to say and walk alongside them in their grief.



Café de Monk in June 2012
(Taio Kaneta talking on his knees)

Even supposing that a believer is fortunate enough to meet a religious person of the same sect, the problem is essentially the same. Monks and pastors are in the habit of assuming that they will only come into contact with people who hold specific values, but this may actually mean they are unable to accept the needs of the person seeking care. For example, a parishioner may go and see a medium without mentioning it to their temple priest. This is a similar pattern to that of a patient who will only talk to a doctor about medical treatment, and wants to avoid the topics of religion and death.

There is thus a fundamental need for specialists who have the ability to listen carefully to the voices of people with various backgrounds. This provides the foundation for them to provide religious services if these are required, such as reciting a sutra or

offering a prayer. To put it another way, a specialist who can use attentive listening and spiritual care as a base for providing "religious care" is a Rinsho Shukyo-shi (interfaith chaplain).

What form this religious care should take is a topic for future research. Religious care could be described as "psychological care" that is provided on the basis of specific religious values, but it is also carried out by means of religious ceremonies (Buddhist memorial services, worship, prayer, sutra reading, etc.) and the use of articles (rosaries, prayer beads, etc.). In what way can pastors do this for non-Christians and monks do this for non-Buddhists? Perhaps practices such as those of Pastor Igata described in this newsletter may provide some ideas.



It is not only the disaster victims themselves who require care. We hear reports of high levels of stress among caregivers, such as public health nurses who make rounds of temporary housing and carry out home-visit nursing. They do have the opportunity to participate in psychologically based group work or receive counseling, but they say that this sometimes tires them out as they are asked to express their emotions over and over again. It may be that the role of a Rinsho Shukyo-shi (interfaith chaplain) is to be someone who can go to such people and offer a prayer, teach techniques of meditation, or explain how to use Buddhist altars or Shinto household shrines in homes that have them.

The Aim of Training for Rinsho Shukyo-shi(interfaith chaplains)

We have just described the work of Rinsho Shukyo-shi(interfaith chaplains), but how should we go

about training such specialists? What can religious people hope to gain from the training program offered by the Department for Practical Religious Studies?

First, we must focus on the ability to engage in attentive listening and spiritual care. What is important is having an attitude that doesn't deal with the people to whom we are ministering on the premise of our own denominational doctrine or world-view, but rather seeks to listen sincerely to what they are saying, accept their grief, and respect their natural expressions of religiosity.

Secondly, we must cultivate a sense of interreligious dialogue and religious cooperation. This means acquiring the attitude of respecting others' faith while making a fresh attempt to view objectively our own in self-awareness, by taking the opportunity to study together with people of different religions and denominations.

The third point is how to cooperate appropriately with non-religious organizations. Religious people need to be able to coordinate with public organizations and work together with mutual consideration in a variety of ways. We must scrutinize our own words and actions, and be aware that we must find a careful yet proactive way of approaching others.

Fourthly is the provision of broad "religious care." By this, I mean studying and understanding the rituals and world-views of different religions, for example, so a Buddhist monk can pray together with a Christian believer. Of course, that doesn't mean the monk would always have to do this, and there are times in which it would be better to introduce an appropriate non-Buddhist religious person or Christian church instead. The monk could also offer advice on setting up altars, incense stands, and prayer spaces in places like evacuation shelters and makeshift morgues. They might also be expected to introduce a significant lexicon for talking about death into clinical and rescue settings, which may make understanding of death as cultural phenomenon richer or more meaningful.

One example to follow is the Clinical Pastoral Education (CPE) program for the training of chaplains in the United States. This program has been adapted

for use in training spiritual care specialists and chaplains in Japan. The training involves sharing personal feelings in group discussions, as well as considering what constitutes an effective response on the basis of records of conversations during visits to hospitals and other institutions.

While utilizing this CPE program as a resource, we are now considering a training program that expressly emphasizes the use of religious rituals and focuses on religious care rather than limiting ourselves to a psychological approach.

Rather than fostering individual counseling abilities, one of our main goals is to focus on enabling people belonging to many different religions to learn from each other, giving them the experience of communicating with people from other (multiple) faiths. (For more details about the first training program planned for October and November 2012, please see the article by Yozo Taniyama.)

Public Acceptability and Tasks

As Dr. Okabe said, what should we do so as to make the role of Rinsho Shukyo-shi(interfaith chaplains) a publically acceptable profession, so they can work alongside doctors where they are needed?

One approach is to establish a system in which an authoritative professional body tests people who meet the conditions set out by that body and determines whether or not they meet the requirements, like that for clinical psychologists. However, this cannot be achieved overnight, and some people believe that the role of religious people is fundamentally at odds with systems of qualification.

Of course, this is not to say that Rinsho Shukyo-shi(interfaith chaplains) can perform a public role solely on the basis of their inner qualities as individual religious people. There are many issues to consider, but at this point we are thinking in the way outlined below.

First, Rinsho Shukyo-shi(interfaith chaplains) must successfully complete the training program offered by the Department for Practical Religious Studies of Tohoku University. Through this training, Rinsho Shukyo-shi(interfaith chaplains) will become part

of the world of interreligious dialogue and religious cooperation. The fact that the Department for Practical Religious Studies is founded in a national university that lacks a religious background, and the proven track record of the interdenominational Kokoro no Sodanshitsu, will give these Rinsho Shukyo-shi(interfaith chaplains) a character that keeps distance from proselytization and money-making.

Secondly, for the time being candidates for our training program will be limited to ordained persons who belong to a religious organization that is affiliated with a group such as the Miyagi Council of Religious Institutions. This means we are attempting to provide a guarantee for Rinsho Shukyo-shi(interfaith chaplains) in terms of their association with an outside group that already has a good public reputation. This means that unaffiliated “freelance” Rinsho Shukyo-shi(interfaith chaplains) will not exist.

Thirdly, Rinsho Shukyo-shi(interfaith chaplains) will be undergo supervision by an Ethics Committee that will include third parties. Although at this point a system has yet to be set up, should a Rinsho Shukyo-shi cause any trouble, the issue will be investigated by third party experts or authorities and a way of resolving it proposed.

As described above, many questions remain to be considered with respect to how the position of Rinsho Shukyo-shi(interfaith chaplains) can become a publically acceptable profession, and I would like to add a few more issues here in conclusion.

First, is the assertion of the existence of “religious needs” actually unquestionable? Given the fact that many people are non-religious, attempting to evoke “religious needs” could be seen as unwanted proselytization. “Just what are these religious needs?” and “Just what can religious people achieve?” are questions that we must continually ask ourselves.

Next, although the Kokoro no Sodanshitsu has built up a track record of interdenominational activities, these have mainly comprised cooperative efforts by Buddhist monks and Christian pastors. In what form can we cooperate with practitioners of new religions, Shinto, and even folk

religions, in which not only the concept of salvation but also the positions and roles of ministers vary widely?

Also, where should Rinsho Shukyo-shi(interfaith chaplains) be assigned to work? Already more than a year has passed since the Great East Japan Earthquake and activity sites have been redefined.



One of the activities of the Kokoro no Sodanshitsu (Islamic, Christian, Shinto, and Buddhist volunteers)

Rather than restricting our framework to disaster relief, we must take a broad view of the situations in which religious needs may arise, extending our field of view to encompass palliative care settings and old people's homes. In this case, we are thinking of a Tohoku model for Rinsho Shukyo-shi(interfaith chaplains) with a local Miyagi Prefecture flavor. It will probably look very different in the large metropolis of Tokyo, and different again in Osaka.

Though the issues may seem endless, this is ultimately a new initiative with many unknown factors. There may be other problems that we have yet to notice. It is my hope that our attempts will bear great fruit, thanks to your support and advice.



Interview

Thinking about Rinsho Shukyo-shi(interfaith chaplains)



Hanae Igata
Pastor at Japan Baptist League
Nankodai Christian Church

What role can Rinsho Shukyo-shi (interfaith chaplains) play? To get an idea, we spoke to someone working on the ground.

Caring for a Buddhist

I have had the privilege of being alongside a non-Christian Buddhist during their final days. Rather than meeting the individual as a pastor, I happened to meet this person when my church was opened as a shelter after 3-11. After the earthquake and tsunami, we didn't meet for a while. About a year later, I heard that the person's condition had worsened and felt sorry I had lost contact, so I went and visited. When it was determined that chemotherapy was no longer possible, the patient spent her final month at home, being cared for by Dr. Okabe's practice, which had close ties to the hospital.

During my visit, at one point I asked, "Is it all right if I pray for you?" and the patient said, "Go ahead," so I prayed. When we prayed together, I can't quite describe what happened to the patient, but it seemed that her stress was somehow released. She seemed to be crying.

About Prayer

In order for prayer to become prayer, I believe it is very important to gain the other person's trust while recognizing to a certain extent that you yourself are a religious individual so that you can entrust the other person with religious power. At the same time, it's about openly talking to One who is greater than yourself. That is what prayer is. In order to do that, I try to imagine what's in the other person's heart as much as possible so that I may put that person's sorrows and gladness into words and bring it to God. That in and of itself seems to bring great comfort and relief to the other person. Wouldn't you agree that it is good to tell the person that you will give him or her some room to breathe if he or she is tense, or that you will let him or her be if there is a wound that needs healing? I have been allowed to experience these kinds of things. Right after the patient passed away, the family called me and told me how thankful they were.

I have also had the opportunity to care for a Christian terminal cancer patient. The hospital contained a palliative care unit, but there was no chaplain. The patient passed away in a different departmental ward. When I was tending to the patient's needs, I strongly felt the need for a person who could serve as a "conduit" for the patient's feelings (I'm not referring to the family because the patient didn't want to make them worry, and I'm not referring to the nurse either, even though the nurse may have been the closest person) to open up to the One who is greater than the patient's self. Now I understand why Dr. Kaoru

Yoshinaga of the Kokoro no Sodanshitsu Supporters Association, who was involved with the beginning of this church (Nankodai Church), has been talking about terminal care, and why he asked for pastors to be involved.

In Christianity, you "entrust" yourself to "Another" who is greater than you, but this doesn't mean that your suffering is relieved, nor that all of your anxiety disappears. It means that through prayer, people can commit you to the One greater than you, even for a moment; doing so draws them together with the patient so that they can walk the same path together, both trusting in the same Person. To some people, it may be trusting in Buddha. For me, it is trusting in the LORD. I came to believe that it is necessary to have someone who can walk alongside patients and open up that path for them.

The Final Point of Reconciliation

One more thing is that the period leading up to death is the final point of reconciliation. It is the point where someone can apologize for the past, give thanks, or reminisce about life. In the midst of many memories, the patient recalled, "oh yes, there was that family member. I couldn't be grateful on that occasion because I got so angry, but that was wrong of me." In that sense the point at which the patient was facing their last moments, in a critical place, became extremely important. Although it seemed that the patient had not been on very good terms with their family, during their last days they were able genuinely to apologize and say thank you, forgiving and accepting them. To do this, they needed people who could tell their life

story. People are always limited to a single perspective from which they see others, but there are as many perspectives as there are individuals. Because surrounding friends took care of the patient until the end, the patient's family was able to rediscover the patient through the friends' testimonies. They were able to accept the image of the patient that was visible in their relationship with their friends. In the end, I felt that I had been responsible for bringing together these people and events.



The Role of Telling Another's Life Story

If I tell someone else's story, I must include their sorrows. I had a sense that the surrounding people joined in the story as well. In Christianity, a person lives a single life in which he or she is made by God, loved by God, supported by God, and then called back to God. I felt that the patient had lived a truly memorable life and was grateful and thankful to have come through it, and that because they were now faced with death they needed someone to proclaim for them that they had made it through.

When I was with the patient, there were times when I felt very welcome as a pastor, allowing me to say things like, "You were very worried then, weren't you?" or "That happened too, didn't it?" When I talked about the patient's life, the friends would add their own stories so that I would reply, "Oh really? I didn't know that" and a childhood memory or other new

story would emerge. That kind of exchange continued all throughout the final four days. The patient's relatives are also Christian, so they passed the time singing favorite hymns together, reading the Bible together, and laughing together.

What I valued most in both the case of the first patient and the Christian patient was drawing close to their lives. Within appropriate bounds, there were times when I was able to share things I heard from the patients with their families. That cleared up their misunderstandings and they would say, "Really? Is that how it was?" As the patients looked back at their lives, it seemed that something changed within them. That change was not something fabricated, forced, or framed. It just happened. After the patients passed away, their families and friends who were present all spoke to them in words like "You lived a full life, didn't you!" and "Thank you!"

I believe that to tell someone's life story is to witness his or her life as having been given by God. It doesn't mean that I only say good things about the person's life. It means telling the story of their life as it really was, including their stubbornness, mistakes, and regrets. I believe there is a need for people who can draw close to patients and join their families and friends by speaking about the lives they were given by One who is greater than us all.

Ambiguous Loss: Support for Families with Missing Loved Ones

Lecture & Workshop Information

After the Great East Japan Earthquake of March 11, 2011, over 3,000 people were reported to be missing. In other countries, having a family member go missing is called an "ambiguous loss," and families of missing persons are said to face particular problems. We have invited Dr. Pauline Boss of Minnesota University, a world-renowned authority on support for "ambiguous loss" and an experienced professional in providing care for families of missing loved ones, to visit the disaster area. (Consecutive interpretation will be provided.)

Lecture by Dr. Pauline Boss

Saturday, December 1, 2012 1:30-4:30 p.m.

Intended participants: People concerned about "ambiguous loss," doctors, teachers, psychologists, welfare specialists, specialists involved in relief efforts, etc.

Location: Corasse Fukushima Meeting Room #401 (three minutes' walk from the west exit of Fukushima Station)
1-20 Mikawa Minami-machi, Fukushima
Tel. 024-525-4089

Workshop with Dr. Pauline Boss

Monday, December 3, 2012 9:30-12:30 p.m., 1:30-4:30 p.m. (total six hours)

Intended participants: People concerned about "ambiguous loss," doctors, teachers, psychologists, welfare specialists, specialists involved in relief efforts, etc.

Location: Tokyo Electron Hall Miyagi (two minutes' walk from Kotodai Koen subway station)
3-3-7 Kokubun-cho, Sendai
Tel. 022-225-8641

Application: Further details and information on how to apply are posted on the JDGS Web site.

More information about JDGS, a project that supports people who lost loved ones in the earthquake disaster, can be found at the following Web site: <http://jdgs.jp/>

(Sponsor) Japan Disaster Grief Support (JDGS) Project

(Co-sponsors) Society of Family Therapy,

Tohoku University Department of Practical Religious Studies

Rinsho Shukyo-shi(interfaith chaplains) Training Program

Summary of Planned Schedule for First Clinical Religious Expert Training Course in October and November 2012

Rinsho Shukyo-shi(interfaith chaplains) Training Program; Intensive, Disaster Area

(First Half) Ishinomaki				(Second Half) Ishinomaki			
1st Day	2nd Day	3rd Day	4th Day	5th Day	6th Day	7th Day	8th Day
7:00	Breakfast	Breakfast	Breakfast	7:00	Breakfast	Breakfast	Breakfast
8:00	Daily Ritual (G)	Daily Ritual (G)	Daily Ritual (G)	8:00	Daily Ritual (G)	Daily Ritual (G)	Daily Ritual (G)
9:00	Concept (L)	Walking Tour (F)	Role Play (G)	9:00	Role Play (G)	Practical Work (F)	Study tour (F)
10:00	Ethics (L)	Ishinomaki City	Grief Care (L)	10:00	Interreligious (L)	Walking Tour	Food Radiation Measurement Center in Sendai
11:00	Public (L)		LunchBreak	11:00	Varbatim (G)	Tea-Time Discussion	Radioactivity (L)
(Lunch)	LunchBreak		LunchBreak	(Lunch)	Gathering	(Lunch)	LunchBreak
12:00	Gathering	LunchBreak	Practical Work (F)	12:00	Walking Tour (F)		LunchBreak
13:00	Orientalion Self introduction, Motivation for	Grief (G)	Café de Monk	13:00	Varbatim (G)	Walking Tour	Mental Health (L)
14:00	Walking Tour (F)	Grief (G)	Reflections (G)	14:00	Varbatim (G)	Tea-Time Discussion	Reflections (G)
15:00	Along Kitakami River	Region and Culture(L)	Reflections (G)	15:00	Varbatim (G)	(Dinner)	Closing Ceremony
16:00	Reflections (G)	Region and Culture(L)	Daily Ritual (G)	16:00	Varbatim (G)		
17:00	Varbatim (L)	Religious Care (L)	Breakup	17:00	Reflections (G)		
18:00	Dinner Break	Dinner Break		18:00	Dinner Break		
19:00	Café de Monk (L)	Role Play (G)		19:00			
20:00	Daily Ritual (G)	Daily Ritual (G)		20:00	Folk Religion(L)	Disaster Area (L)	
21:00	Daily Ritual (G)	Daily Ritual (G)		21:00	Daily Ritual (G)	Daily Ritual (G)	

Lecture	Field
Group	Meeting

Purpose of Training

Rinsho Shukyo-shi(interfaith chaplains) are specialists in religious care who play a public role. The aim of this training is learn how to come face-to-face with people's suffering and grief as a fully committed religious person, respect the religiosity of individuals who need heartfelt care, and offer practical religious care that can be implemented in the public arena. The course aims to teach participants the following four points.

(1)Improve the Ability to Engage in Attentive Listening and Spiritual Care

Learn the importance of an attitude that doesn't deal with the people to whom you are ministering on the premise of your own denominational doctrine or world-view, but rather seeks to listen sincerely to what they are saying, accept their grief, and respect their natural expressions of religiosity, with the aim of acquiring this through on-site practical work and group work.

(2)Improve the Ability to Engage in Interreligious Dialogue and Religious Cooperation

Acquire the attitude of respecting others' faith while making a fresh attempt to relativize your own, by taking the opportunity to study together with people of different religions and

denominations that have the same goals, and share your own realizations.

(3)Learn How to Cooperate with Non-Religious Organizations

In order for public organizations and religious people to work together with religious people's activities being publicly accepted, both sides must be considerate of each other. Learn to scrutinize your own words and actions, and find a careful yet proactive way of approaching others.

(4)Learn about Provision of Religious Care in the Broad Sense

Study the rituals and world-views of different religions, deepening your understanding of the similarities and differences with other religions and denominations. Learn about how to pray together, and ways of introducing people in need of care to an appropriate religious person or organization in response to their needs.

In the first training program, our goal is to acquire this knowledge through actual disaster-area relief activities. For this reason, the focus will be on practical work such as attentive-listening cafés and walking tours.

Schedule

This training program will be held over an 8-day period broken up into two halves of 4 days each. Participation for the full 8 days is mandatory.

First Half

Schedule: Tuesday, October 23, 2012, 12:00 p.m. to Friday, October 26, 6:00 p.m.

Meeting Place: In front of JR Ishinomaki Station, Ishinomaki, Miyagi Prefecture

Second Half

Schedule: Tuesday, November 13, 2012, 12:00 p.m. to Friday, November 16, 2012, 6:00 p.m.

Meeting Place: In front of Natori Station, Natori, Miyagi Prefecture (tentative)

Cost

There is no tuition fee for the course. Expenses include board, lodging and travel during training sessions.

*Accommodation costs will be kept as low as possible.

Eligibility

Number of Participants: 5–10 people

Intended Participants: People who are in a position to respond to requests for advice from religious believers.

*If there are too many applicants, participants will be picked to form a group that is as balanced as possible in terms of religion, denomination, age, sex, and region.

*The application deadline is Saturday, September 15, 2012.

*Applicants must attach the following report, "Motive for Participation," to their applications and send them by mail.

*Application forms can be downloaded from the Department homepage at [http:// www.sal.tohoku.ac.jp/p-religion/top.html](http://www.sal.tohoku.ac.jp/p-religion/top.html)

Course Overview

Preliminary Study

1. Motive for Participation: In around 1,000 Japanese characters, submit a report by September 15 stating your motive for participating and what you particularly hope to learn from the course.

2. Upbringing: In about 10,000 Japanese characters, give an account of events that have influenced your life, including how you felt about them at the time. Provide an additional summary in around 2,000 Japanese characters of anything you became aware of or impressions you received while writing about your upbringing. Submit only this 2,000-character report by October 6 (hold on to your 10,000-character report until the end of the course).

3. Outlook on Life: In about 4,000 Japanese characters, give an account of your own views on human life, life and death, and faith, including the people, writings, or events that have influenced you. Provide an additional summary in about 1,000 Japanese characters of anything you became aware of or impressions you received while writing about your outlook on life. Submit only this 1,000-character report by October 6 (hold on to your 4,000-character report the end of the course).

4. Topical Study: Study for the lectures that will be given during the course by reading the materials that will be sent to you ahead of time. For details, follow the instructions from the person in charge of the lecture.

Practical Work

Café de Monk: A mobile coffee shop for listening to people, run

collaboratively by monks, pastors and other religious leaders. The coffee shop is currently providing people in evacuation shelters and meeting rooms in temporary housing facilities, mainly along the Sanriku coast, with coffee and cake while listening to them talk.

Walking Tour: Walk throughout the disaster area while praying and reading sutras.

Tea-Time Discussion: (Negotiations are currently in progress with potential locations for practical work in the second half of the course)

Lectures

Ethics for Rinsho Shukyo-shi(interfaith chaplains): Learn about the basic attitude expected of a Clinical Religious Leader and prohibited actions based on the Code of Conduct for Rinsho Shukyo-shi(interfaith chaplains).

Concept of Rinsho Shukyo-shi: Learn about the process that led to the idea of Rinsho Shukyo-shi(interfaith chaplains) being proposed, the social background, and future prospects.

Securing Public Acceptability: Learn the knowledge and wisdom required for religious people to secure public acceptability from actual case studies, while adhering to the foundational principle of the separation of religion and state.

Interreligious Dialogue: Learn about the concepts and actions required to collaborate with people from different religions and build relationships with people who do not belong to any religion.

Folk Religion: The characteristic folk religion of each region is what underlies its religious culture, and understanding the communities and their members that compose regional society can therefore be described as essential.

Region and Culture: Learn about the regional culture and customs (including gender roles), geography, language, and other information about the area where practical work will be carried out.

Religious Care: Understand the differences and commonalities between spiritual care and religious care, and share and understand specific methods of both forms of care.

Grief Care: Learn about the experiences of grief and its associated care while focusing on its relationship to religion.

Café de Monk: Special lecture about the purpose and practice of Café de Monk, one of the locations of practical training, and points to note during on-site training.

Tea-Time Discussion: Special lecture about the purpose and practice of the Tea-Time Discussion, a site of practical training, and points to note during on-site training.

Door-to-Door Visits: Special lecture about the purpose and practice of door-to-door visits and points to note during on-site training.

Effects of Radioactivity: Special lecture on basic knowledge about radioactivity and the Food Radiation Measurement Center, and accounts of the suffering of Fukushima victims.

Disaster Area Relief: Special lecture to hear about current issues and future prospects from people working on the ground in disaster area relief.

Mental Health and Medical Care: Special lecture about diagnosis of mental illness by a psychiatrist.

Group Work

Daily Rituals: Religious adherents carry out their daily rituals and share them with the other students undergoing training.

Reflections on Practical Training: Evaluation meeting in which students undergoing training share experiences with each other from that day's practical training.

Grief and Experience of Loss: Talk to those with real-life experiences who have already worked through their losses. This event will take the form of a grief care sharing meeting.

Role Play: Through role play, act out how to deal with suffering related to death and consultations dealing with "spiritual phenomena" through role playing (conversation and rituals). When performing rituals, use of ceremonial implements will be kept to the minimum.

Verbatim(Records of Conversations): Keep records of conversations from cases that have made a particular impression on you, and share your experiences on the ground by reading them to one another in order to learn from each other.

Main Course Instructors

Yozo Taniyama

Associate Professor (Department of Practical Religious Studies), Graduate School of Art and Letters, Tohoku University, Member of the Board of Directors of Kokoro no Sodanshitsu, Fellow of the Japan Spiritual Care Society, Director of the Japan Association for Buddhist Nursing and Vihara Studies, former Vihara Monk of Nagaokanishi Hospital



Taio Kaneta

Chief priest of Tsudaiji Temple (Soto School), Member of the Board of Directors of Kokoro no Sodanshitsu, supervisor of Café de Monk mobile coffee shop for listening, member and Miyagi Prefecture Consultation Office manager of the suicide prevention network "Wind"



*The schedule may change depending on the situation on the ground.

Applications and Inquiries
Department of Practical Religious Studies,
Graduate School of Literature, Tohoku University
27-1 Kawauchi, Aoba-ku, Sendai, Miyagi Prefecture 980-8576
Homepage: <http://www.sal.tohoku.ac.jp/p-religion/top.html>
E-mail: j-shukyo@g-mail.tohoku-university.jp

Tel. & Fax: 022-795-3831

*Please make all inquiries via E-mail or fax.

Record of Activities

2012 First Semester Lecture

"Theory of Grief Care"

Instructor: Yozo Taniyama

Content: Learn fundamental knowledge about providing care for people who are grieving.

Enrollment: 39 (7 students from the Graduate School of Arts and Letters, 32 undergraduate students from the Faculty of Arts and Letters)

"Religious Psychology of Spiritual Care"

Instructor: Hara Takahashi

Content: Survey various theories of religious psychology from the standpoint of spiritual care.

Enrollment: 94 (10 students from the Graduate School of Arts and Letters, 84 undergraduate students from the Faculty of Arts and Letters)

"Clinical Thanatology" (*Details on following page)

Instructor: Yozo Taniyama

Content: Develop your own views of life and death. Survey the various issues dealing with death during medical treatment.

Enrollment: 42 (2 students from the Graduate School of Arts and Letters, 39 undergraduate students from the Faculty of Arts and Letters, 1 undergraduate student from the Faculty of Education)

Presentations, Lectures, Etc.

May 22

Iwayumi Suzuki, "Building Regional Community." Sponsored by the World Conference of Religions for Peace (WCRP) Japan Committee (in cooperation with the Miyagi Council of Religious Institutions)

Religious Roundtable Discussion Toward Reconstruction (held at Sendai International Center).

June 2

Yozo Taniyama, "Religious Care that Transcends and Connects: From the Activities of the Kokoro no Sodanshitsu" Presented at the 54th Religious Studies Academic Conference (held at Tohoku Fukushi University).

June 15

Iwayumi Suzuki, "The Power of Religious People After the Earthquake: The Department for Practical Religious Studies that Emerged from the Kokoro no Sodanshitsu. Presented at the 4th Study Meeting of the Japan Association of Religion and Ethics (held at Campus Plaza Kyoto).

June 22

Hara Takahashi, "The Potential for Training 'Rinsho Shukyo-shi(interfaith chaplains)': An Initiative by the Course for Practical Religious Studies in the Graduate School of Arts and Letters of Tohoku University." 2012 Taisho University Religious Conference Spring Conference (held at Taisho University).

July 7

Yozo Taniyama, "How Religious People Can Offer Counseling in Disaster Areas." 19th Academic Symposium and Conference of the Hokuriku Society for Religious and

Cultural Studies (held at Ishikawa Prefecture Kyoiku Kaikan Hall)

July 11

Iwayumi Suzuki, "Comments." 3rd Symposium on Earthquake Disaster-Related Projects: Toward Regeneration of the Heart (held at Kyoto University Inamori Zaidan Kinenkan Memorial Hall).

July 24

Yozo Taniyama, "Spiritual Self-Care: Applying Religious Resources." (Held at Kamaishi-shi Unosumai Support Center)

Essays & Other Publications

Hara Takahashi, "An Initiative to Train 'Rinsho Shukyo-shi(interfaith chaplains)' at Tohoku University: Psychological Care, Public Acceptance, and Religious Cooperation." *International Institute for the Study of Religions Newsletter* No. 75 (7/25/2012)

Newspaper Reports

April 6, *Yomiuri Shimbun*

"Rinsho Shukyo-shi(interfaith chaplains)" for bereavement care: course to open at Tohoku University

April 28, *Nihon Keizai Shimbun*

Training disaster care specialists: exploring "clinical wisdom"

May 3, *Chugai Nippo*

The concept of "Rinsho Shukyo-shi(interfaith chaplains)": Practical Religious Studies course to start at Tohoku University

June 1, 7

Center for Information on Religion Researcher's Report
Midori Fujiyama: Investigating the possibility of "Rinsho Shukyo-shi(interfaith chaplains)" from the perspective of social needs: Discussion of "Rinsho Shukyo-shi(interfaith chaplains)," Part 1 (<http://www.circam.jp/reports/02/detail/id=3177>) [In Japanese]

Midori Fujiyama: Investigating the possibility of "Rinsho Shukyo-shi(interfaith chaplains)" from the perspective of social needs: Discussion of "Rinsho Shukyo-shi(interfaith chaplains)," Part 2 (<http://www.circam.jp/reports/02/detail/id=3193>) [In Japanese]

June 28 *Bukkyo Times*

Discussing the System of Mental Care. Taisho University Association for Religious Studies

July 28 *Kahoku Shinpo* ("Heart" column)

Psychological care: Full-scale training of human resources, aiming for the establishment of specialist qualifications

August 28 *Kahoku Shinpo*

Kahoku Shinpo News (27)

Supporting the hearts of the bereaved and patients: Mr. Takeshi Okabe, Director of the Kokoro no Sodanshitsu

Lecture Report "Clinical Thanatology"



Yozo Taniyama

The goals of this course were the following:

1. Learn about various problems related to death during medical/welfare treatment.
2. Cultivate your own view of life and death by listening to the different views of others.

In the first semester of 2012, 40 undergraduate students and 2 graduate students enrolled in the course. The official course title was "Comprehensive Humanities and Social Sciences" (undergraduate students) and "Research in the Humanities and Social Sciences" (graduate students).

I will briefly describe the content of the course. Each module lasted from two to four weeks.

Learn the Views of Life and Death of Various Religions

I introduced the views of life and death held by Buddhism, Shintoism, Confucianism, Christianity, and folk religion. Afterwards, everyone broke up into groups of five and discussed their own views of life and death based on the questions "Are you afraid of death?" and "What do you think happens when you die?"

Spiritual and Religious Care

Using my own clinical experience, I described the spiritual, religious, and grief care provided in palliative care wards, general hospitals, and disaster areas. After that, everyone broke up into groups of five and discussed spiritual and religious care and how they are different from proselytization, asking each other, "Which sort of care would you prefer to receive?"

Clinical Ethics and Views of Life and Death

The designated text, *Thanatology for Caregivers* (Susumu Shimazono & Tetsuro Shimizu, Nouvelle Hirokawa, 2010), includes notes by an ALS patient and their caregiver. Using this as a reference, everyone broke up into groups of six and carried out role-playing activities. Students did impromptu presentations of the settings "I'm not saying death is imminent, but I'm going to talk about it" and "Scenes in which an ALS patient, their family members, the nurse, and other characters appear." Students became more involved in their roles than I had imagined they would.

Contemporary Society and Death

According to a survey of population dynamics (2010) by the Ministry of Health, 77.8% of deaths occur in hospitals while 12.6% take place at home. Most people other than medical and welfare professionals have no actual experience of nursing.

For this reason, I used my own clinical experience to describe the situation of the final weeks of a terminal cancer patient. After that, everyone broke up into groups of six and carried out role-playing activities. Students gave impromptu presentations of the settings of “Thinking about the patient’s way of life in the face of impending death” and “Scenes in which the patient, their family members, the nurse, and other characters appear.” This time the course was being filmed for the NHK Closeup Gendai documentary television program, and the students were even more involved in their roles on camera, resulting in a life-like performance. (The program was scheduled to be aired in late August.) The purpose of this role-playing was for students to think in more concrete terms about their own views of life and death. Although sometimes this might involve playing a role in which they could express their own unvarnished opinions, actually playing a role in which they were unable to say what they really felt could make them more aware of their own true views. Although the scenarios were fictitious, the students did their very best in wrestling with their own opinions. One particularly impressive performance came from a student who was playing the role of a terminal cancer patient, who asked, “What will others think of me when they see me about to die?” Even the other students watching that performance seemed to be affected by her words. I believe this viewpoint came to light because we established a situation closely resembling contemporary reality.

Reflecting on the course as a whole, most students recorded the following kinds of impressions.

- (1) I have never talked so much about “death” as I have during this course, and I was stimulated by the valuable experience of hearing the thoughts of other students around my same age.
- (2) Thinking about death was an opportunity to also think about human life and “living.”
- (3) I began to think seriously about how I should spend my final days, both for myself and for my family.
- (4) I had been worried about the fear of death, because I had felt a close connection with the many deaths during the Great East Japan Earthquake, but being able to think deeply about death through this course eased my heart.
- (5) My feeling of “wanting to make my own decisions” was strengthened.

Opinions 1, 2, and 3 above concerned the effectiveness of the course. It seemed that talking about the topic of death was a valuable experience for modern Japanese young people in and of itself, and that it became a stimulus for them to think about “living” during their final days.

Opinion 4 was also heard during the Theory of Grief Care course. An important goal of the Course for Practical Religious Studies is to contribute to supporting victims of the disaster. Although its focus is on the training of “Rinsho Shukyo-shi (interfaith chaplains),” as faculty we are very thankful that we have also been able to help students directly via these classes.

Opinion 5 was somewhat unexpected, but looking back on the course material, it actually seems convincing.

By learning about spiritual care and having opportunities to exchange opinions on the actually very private issue of death, students were able to learn to respect different opinions. Perhaps thinking experientially about death helped them to think seriously about their own way of life, teaching them the importance of respecting both their own and others’ ways of living. It might be that some of their worries were resolved, restoring their confidence.

On the final day of the course, in addition to the university’s own course evaluation questionnaire, we also distributed a questionnaire concerning the three courses offered by the Department for Practical Religious Studies and asked the students to fill it in. I will share some thoughts and impressions from students, who have given their permission for their publication.

I came to think deeply about the realm of death. After seeing the deaths of my grandparents, who were reduced to white bones, I had believed for a long time that there is nothing after death. Yet through the role-playing and discussions, I got a true sense that death does not mean the end of everything after all. I thought that perhaps it is the very fact that no living person can experience death that enables us to fulfill our lives.

My views of life and death were transformed. Simply hearing the thoughts of others helped me learn a lot. When I learned about spiritual care, I thought that it was something that I myself could do. I began thinking that it would be good if I could care for my loved ones when the need arises. It was an unexpected realization that I believe in spirituality and the afterlife more than other people do. I was surprised that what I had thought was a matter of course is not a matter of course after all.

My opposition to thinking about death, religion, and spirituality disappeared. The teacher’s words, “To think about death is to think about living,” have remained in my heart.

I not only thought about what it will be like when I die, but also about how those around me will think or feel after my death or right before I die. In particular, I came to realize through the role-playing how death is a serious reality not only for the dying person, but also for those who are left behind.

I thought a lot about death and the people left behind after someone dies. In doing so I also thought about life.

Contributors

The Department for Practical Religious Studies in the Graduate School of Arts and Letters of Tohoku University is maintained and run with the support of donations that come from every part of the religious world. We would like to express our gratitude to the donors listed on this page.

World Conference of Religions for Peace (WCRP), Japan Committee

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Association of Churches and Missions in South Western Germany

(EMS: Evangelical Mission in Solidarity)

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Jonenji Temple (Shinshu Otani sect of Buddhism)

Shinkoji Temple (Tendai Shinsei sect of Buddhism)

Sainenji Temple (Tendai Shinsei sect of Buddhism)

Saihoji Temple (Yuzu Nembutsu sect of Buddhism)

Anonymous

Fund Secretariat

Diakonia Foundation
Emmaus 2F D, 1-13-6 Nishiki-cho,
Aoba-ku, Sendai, Miyagi Prefecture
980-0012 JAPAN
TEL+81-22-263-0520/FAX.+81-22-263-0521
E-mail: sendai@tohokuhelp.com

Or contact directly to Department of Practical Religious Studies.

Editor's Notes



Thanks to support from a very wide range of sources, the Department for Practical Religious Studies has been established, and is now at the point on which we can report on the activities of

its members. We would like to take this opportunity to express our gratitude once again. We also thank everyone who contributed messages for this issue. We are extremely grateful. The photograph above shows a Steering Committee session. As you can see, sometimes we work together harmoniously and peacefully, and sometimes we clash fiercely in heated arguments, but somehow we are combining our wisdom to get by. (T)

Department of Practical Religious Studies Steering Committee Internal Committee Members:

Iwayumi Suzuki, Professor, Department of Practical Religious Studies (additional post)
Yozo Taniyama, Associate Professor, Department of Practical Religious Studies
Hara Takahashi, Associate Professor, Department of Practical Religious Studies

External Committee Members:

Takeshi Okabe (Dr.), Chair of the Board of Directors, Soshukai Medical Corporation
Chair: Naoya Kawakami, Chair of the Board of Directors, Tohoku Diakonia Foundation
Fumio Ito, former professor of Lutheran Theology
Taio Kaneta, Chief Priest, Tsudaiji Temple
Hanae Igata, Pastor, Nankodai Christian Church
Takayuki Sato, Acting Senior Priest, Takekoma Jinja Shrine
Tatsuya Konishi, Chaplain, Soshukai Medical Corporation
Yutaka Kanazawa, Researcher, Institute of Jodo Shinshu Studies
Yoshinori Shinohara, Member, Japan Committee and Director of the Sendai Office, World Conference of Religions for Peace
Kyohito Sakurai, Director (Finance Management) Kokoro no Sodanshitsu
Office Assistant: Chihiro Sato

Department of Practical Religious Studies, Graduate School of Arts and Letters, Tohoku University

27-1 Kawauchi, Aoba-ku, Sendai, Miyagi Prefecture 980-8576, Japan
+81-22-795-3813 (T/F)
j-shukyo@g-mail.tohoku-university.jp
www.sal.tohoku.ac.jp/p-religion/top.htm



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