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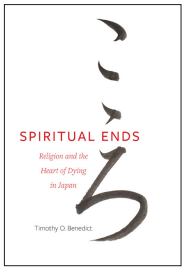

Timothy O. Benedict, *Spiritual Ends: Religion and the Heart of Dying in Japan*

University of California Press, 2022. 208 pages. Paperback, $34.95. ISBN 978-0-520-38866-6. doi.org/10.1525/luminos.136

There is one sentence in chapter 1 of Timothy O. Benedict's book that struck a chord and that was decisive in further convincing me to keep reading to the end: "[W]hen scholars of religion reproduce the characterizations of spirituality through the language of spiritual seekers themselves, their research is in constant danger of confusing scholarly classification with judgment" (12). Although this may sound like an obvious methodological observation to many of this journal's readers, as Benedict notes, the uncritical usage of the term "spirituality" in religious studies, medical anthropology, and other fields with which this book engages is not uncommon. Defining spirituality according to how those we study explain it to us, especially in terms of its alleged contrasts to religion, does not shield us from the risk of sounding like we take for granted and essentialize spirituality. This issue is particularly conspicuous in the field of hospice care, which has been instrumental in the Japanese context in framing scholarly usage of spirituality in general.

The foremost scholar of *supirichuariti* (spirituality), Shimazono Susumu, has frequently relied on the definitions of spirituality and its distinction from "religion" as provided by "spiritual care" pioneer Kubotera Toshiyuki. Indeed, as Benedict explains in chapter 5 (95–97), Kubotera, a Christian minister and former chaplain at Yodogawa Christian Hospital (the cradle of the hospice care movement in Japan), provided the first meaningful distinction between religious and spiritual care by associating spirituality with healing (*iyashi* 癒し) and religion with salvation (*sukui* 救い). As I have recently discussed in my

monograph about spirituality in Japan (Gaitanidis 2022), such conceptual distinctions have been instrumental in constructing an idea of spirituality as what comes *after* religion. I have done this, however, without touching on the rich and complex history and current conditions of spiritual care. My work was, in this sense, incomplete, but thanks to Benedict's book we now have in our hands the definitive account of spiritual care in Japan to recommend to students, colleagues, and all those interested in the topic.

Benedict, a former chaplain himself and currently an Associate Professor in Sociology at Kwansei Gakuin University, spent approximately one year and a half conducting participant observation and informal conversations with patients and staff at twelve hospices in Japan, as well as recording interviews with twenty chaplains, eleven doctors, twenty-five nurses, and nine hospice patients (13–14). The extent of his expertise in the field is palpable throughout the book and especially in chapters 2, 3, and 4, where the ethnographic accounts from his fieldwork consistently point to the reality that spiritual care, however defined, fails to capture the complex entanglement of care that is offered to patients at the end of their lives and which often does not distinguish between the patients' beliefs, their emotional sensibilities, and their physical needs. This is why Benedict has chosen to focus his attention on the concept of *kokoro* 心 (the Chinese character which adorns the cover of the book) because, he argues, it refers to the faculty of both thinking and feeling and hence encapsulates the interaction between the cognitive and affective dimensions that the notion of spiritual care does not necessarily convey. The spiritual care that Benedict witnessed was not just about helping patients work through existential questions or offering religious truths that might provide solace in the face of death, but it also included "a wide range of mundane activities and interactions between hospice workers and patients that help the patient constantly feel their worth by letting them 'be themselves'" (30). *Kokoro* care is, therefore, a better description of spiritual care in Japan, argues Benedict.

I am not convinced that finding a more "suitable" expression for the practice of spiritual care—based on the romanization of a Japanese word—is beneficial to this book's otherwise extensive and fascinating deconstruction of this field's theories and practice in Japan. I think that Benedict does a perfect job of problematizing spiritual care without providing an alternative. In fact, the ethnographic material of the first three chapters illustrates perfectly the context that the author sets off to unravel and the problems associated with the adjective "spiritual."

The description in chapter 2 of the daily rhythms of hospice care already introduces the contradictions arising from dividing spiritual care and other types of care. For example, one of the cases analyzed in this chapter is that of Fukuda-san (22–23), a woman in her mid-seventies, who, during her final days, had asked for her sedation levels to be raised, even though the amount given

to her was appropriate for her pain. We are told that chaplains would usually advise against anything that would prevent the patient or the patient's entourage from communicating at the end of life, but an exception was made in this case at the request of Fukuda-san's daughter. Her mother, she explained, was the type of person who liked to be in command of a situation, and the adjustment of her medication was one of the ways she could exert control like she always had. Refusing that would prevent her from dying in a manner that "was herself." Benedict explains that hospice workers committed to spiritual care believe that anything that prevents the patient from addressing a potential spiritual pain that might be the actual cause of her misery should be avoided, but "being oneself" was, in this case, prioritized and integrated into the way Fukuda-san's end-of-life care was later remembered. The adjective "spiritual" clearly does not cover the complexity of Fukuda-san's care.

To unravel this issue of what exactly spiritual care is about, Benedict, in chapter 3, explains that spiritual care is less about what is being done and more about how it is conducted. In fact, we learn that "religious care"—that is, activities and interactions with patients that are openly framed in the language of particular religious traditions (34)—is rarely practiced or asked for by patients. There are several reasons for this, not necessarily related to the Japanese patients having a poor image of religious professionals, as many other scholarly studies of contemporary religion in Japan have already shown. Benedict notes that we also need to take into account that, for example, due to improvements in drugs given to patients at the end of life, many patients choose to stay at a hospice for shorter periods, and only after they have exhausted all their medical options to alleviate pain at home (35).

Religious workers in medical settings have also intentionally transformed the religious elements of their tradition and made it more accessible to a secular audience to continue attracting new members and maintaining their position in society (36). These observations by the author are very important because they undermine and complicate a common trope heard in the media that the main reason Japanese are said to prefer spiritual care is because of their alleged "non-religiousness." In the second half of the chapter, Benedict creates three categories that help the reader to better grasp the notion of spiritual care. These are "vocal care," in which caregivers converse and listen to patients, "resonating care," in which emphasis is put on simply being with the patient, and "supportive care," which refers to "creating an environment that helps the patient affirm their value amid the dying process" (41) and that often aims at disguising imagery or things that may remind the patient or their families that they are in a medical care facility. Taken together, none of these categories of care can be said to be exclusive to the domain of practitioners with a religious background, and Benedict notes that chaplains are aware of this. Yet, they are usually quick to explain

that their religious training is important because what they do is different from the work of clinical psychologists; psychologists treat patients with counseling therapies that are part of mainstream medicine, while chaplains are simply listening, empathizing, and even crying with the patient (47).

On reading chapter 3, one may wonder if the profession of spiritual care is the result of boundary-work between (at least) two professional communities. However, chapter 4 introduces another argument: chaplains are uniquely trained to deal with "spiritual pain." Yet, Benedict already warns us at the start of the chapter that a core tension lies at the heart of the concept of spiritual pain.

> On the one side, I suggest that for most Japanese patients, spiritual pain is only rarely articulated in terms of a search for meaning, belief, or transcendence. In fact, many of the patients who come to "accept" their death claim to do so by letting go of the need to transcend their condition altogether.… On the other side of this tension is the fact that hospice workers who are committed to providing spiritual care ultimately do suggest that a "search for meaning" can be latent, repressed, or sometimes just poorly articulated by Japanese patients. In their view, spiritual pain is like a submarine at sea. Even when you cannot see it, it might be lurking below. (51)

Through many detailed examples, Benedict helps us navigate what seems to be a struggle to generalize very specific cases and the constant work of interpretation that is required from hospice workers to identify what constitutes spiritual pain in the case of this or that patient. Does, for example, the fear of being a burden to one's family count as spiritual pain? Physicians and nurses in Japan seem to think so, but in other countries, despite the presence of the same anxieties, categorizations are different.

The same can be said about the absence of a strong anxiety regarding death among Japanese patients, which is not conditioned by some "samurai-like spirit" that makes the Japanese oblivious to the fear of death (62). It is also observed in other countries. So, what are the reasons for the apparent contradiction between the low number of Japanese hospice patients who openly raise "spiritual" questions and the conviction of many hospice workers and nearly all chaplains that most patients are in need of spiritual care? Benedict offers two ways to answer this question (67). One confirms suspicions of boundary-work, that is, that despite the arbitrariness of labels like "spiritual pain" the legitimization of such pain as a clinical symptom legitimizes the existence of religious chaplains. A second "more charitable" (67) way to answer the question also consists of one of Benedict's key arguments in this monograph: the term "spiritual" functions in Japanese hospice care as a floating signifier that is available to professionals committed to spiritual care and who draw on it to

make sense and respond to mundane or deep existential concerns expressed by patients. It is a label used by caregivers who, in the first place, believe that patients experience but will not easily express a particular kind of pain that becomes expressible once the adjective "spiritual" is attached to it.

This argument leads us to chapter 5, aptly titled "The Invention of Japanese Spirituality." Starting with an examination of D. T. Suzuki's definition of spirituality, where Benedict finds the first attempt at describing "something that is different from religion, resides deep in every person, and becomes 'awakened'" (80), the chapter traces the global conversations about spirituality from Cicely Saunders, the mother of modern hospice care, and the World Health Organization's nuanced use of the term as an alternative to "holism," to later developments in which spiritual care became a technology of care necessitating professional certificates and quantifiable assessments. We learn, therefore, that even before examining the case of spiritual care in Japan, delineating a spiritual dimension in patients, which could serve as the locus of spiritual pain, at times undermines the original meaning of this type of care, which was more about treating patients as a whole person (89). Nevertheless, as the rest of the chapter illustrates, many commentators tried to define precisely what spiritual pain is about. Some attempted to locate the locus of spiritual pain in the spirit (*tamashii* 魂) of the person, while others tried to explain how spiritual pain felt, by introducing an understanding of spirituality as focused on feelings, reasons, and the self-identity of the patient. By doing this, philosophers, hospice care practitioners, and priests emphasized spirituality as the integrating or core element of personhood, thus entirely distinct from "religion." The more "medicalized" spirituality became, the less it was allowed to reminisce about anything religious, even if all chaplains continue to believe that religious beliefs invariably inform their work (104). By the end of the chapter, one cannot help feeling that in the majority of cases, the French suggestion of replacing the adjective "spiritual" with "existential" would solve many of the definitional issues, but this is exactly where the value of Benedict's effort is located. He shows that conceptual conversations about spirituality and medical care happened within global conversations that the pioneers of spiritual care in Japan conducted with British, German, and American colleagues, all the while they were developing their own frameworks, which they considered to be better suited to their contexts.

And it is to this local context that Benedict turns in chapter 6 where he avoids a simple diffusionist idea of spiritual care, having come from abroad to flourish in Japan during the last thirty years. Indeed, as the author illustrates, the institutionalized forms of social welfare provided by Buddhist and Christian hospitals during the early twentieth century later became key sites for purveying the philosophy of hospice and spiritual care in Japan (109). In other

words, this was not a sudden phenomenon: "care for the *kokoro* of patients was on the minds of religious groups well before the notion of spiritual care" (115). Benedict notes that modern Buddhist intellectuals, such as Inoue Enryō, had already argued that social engagement was necessary to reform Buddhism, inspiring the foundation of medical charities and pushing the number of Buddhist medical institutions beyond that of their Christian counterparts during the first few decades of the twentieth century (116). Later, however, financial struggles contributed to a reduction in the number of Buddhist-associated hospitals (today, only a handful remain), whereas, on the contrary, Christian missions benefited from increased donations. "In 2017, approximately thirty-three Christian hospitals in Japan provided some form of hospice care, and all but nine of these hospices were founded before 1960" (119). By the time Elizabeth Kübler-Ross's bestselling book *On Death and Dying* (1969) was translated into Japanese in 1971, religion-affiliated medical institutions had several decades of practice under the belt to start framing their work as spiritual care. Kashiwagi Tetsuo, a psychiatrist at the Yodogawa Christian Hospital, traveled to the UK and US from 1979 to 1981 to receive training directly from figures like Cicely Saunders. In 1985, Tamiya Masashi used the Sanskrit term "Vihāra" (Bihāra) to refer to Buddhist hospice care, spearheading a movement whose activities have sometimes gone well beyond spiritual care to include all kinds of welfare support. After the Kobe earthquake and the Aum sarin gas attack in 1995, Benedict notes that *kokoro* care went mainstream, and "religious workers in hospice care started to rely on the label of 'spiritual care' to distinguish their work from a broader type of psychological care" (127). The triple disaster of 11 March 2011 further changed the situation, highlighting even more clearly how the history of medical welfare and hospice care in Japan shows "how religious groups in Japan looked to such engagement, both to show their own healthy role in society and to live out their religious commitments" (130).

In the short concluding chapter, chapter 7, Benedict reiterates his key argument: "spirituality" is a strategic label that serves to negotiate the flexible boundaries between the religious and the secular to legitimize and valorize the role Japanese religious workers play in the hospice (137). And, he restates that the notion of *kokoro* as the seat of feelings and its importance in the practice of spiritual care in Japan "demonstrates the need for more analysis of the role that feelings play in the forming of Japanese religious and nonreligious identities" (136). There is no argument against this observation. With some exceptions (see footnote 9 of chapter 7 and Baffelli (2023) for a more recent example), emotions are still an underdeveloped analytical dimension of religion in Japan. But, and this is my main criticism of Benedict's argument, do we need to keep Japanese terms, such as *kokoro*, to talk about such aspects of religion in English?

I have no doubt that Benedict's aim is not to emphasize an alleged uniqueness of Japanese culture. Throughout the book and until the end, where he refers to Jungian psychologist Kawai Hayao, but warns against Kawai's tendency to overstate the Japanese psyche's specificities, Benedict makes sure that we understand that he is not writing another *Kokoro, The Japanese Art of…* book. Still, keeping the romanized word and referring to *kokoro* care reminded me of debates surrounding, for example, the use of Kami or *kami* in studies of religion in Japan published in English (or other alphabet-based languages). Are these words untranslatable? Or is keeping them in romanized script a matter of convenience so that the author does not need to keep reminding readers that, in this case for example, *kokoro* does not *just* mean "mind/heart"? I understand that readers are not naïve and that most would think that I provided the answer to my concern already in my second question. As long as we are careful in avoiding essentialized accounts of our concepts like Benedict does brilliantly with spirituality, our audiences will understand our intentions in keeping some words untranslated. But part of the problem remains. How many readers will remember that, as in the case of "spirituality" or "kami" (Sato 2016), *kokoro* also has a particular history, nonetheless transnational, during which its meaning became entangled at the end of the nineteenth century between psychologists, hypnotists, and Buddhist intellectuals (Ichiyanagi 2014)? Except for this minor comment, I thoroughly enjoyed Benedict's book and highly recommend it to anyone interested in hospice care, spiritual care, or end-of-life care in, but not limited to, Japan.

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