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The Emergence of Buddhist Chaplaincy Training in Ontario, Canada

Henry C.H. Shiu

University of Toronto

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The Emergence of Buddhist Chaplaincy Training in Ontario, Canada

Abstract

The development of Engaged Buddhist movements in Asian countries in the 1960s led to the heightened awareness of various forms of mundane suffering in Western society and the commitment to alleviate it through skilful knowledge, selfless dedication, empathy, and compassion. This commitment to socially engaged practice serves as a bridge between traditional Buddhist practice and the recent development of Buddhist chaplaincy as a new phase of development of Engaged Buddhism in the 21st century. With regard to chaplaincy training in Ontario, other than Emmanuel College and Knox College at the University of Toronto, two other universities offer professional training programs recognized by the College of Registered Psychotherapists of Ontario (CRPO): the MA in Counselling and Spirituality offered by St. Paul's University at the University of Ottawa and the MA in Spiritual Care and Psychotherapy offered by Martin Luther University College at Wilfrid Laurier University. Neither program offers any courses on Buddhism. Competent Buddhist chaplains are practicing in Canada who have not received training through accredited programs. Although it demonstrates that many Canadian organizations accept the validity of the informal training of Buddhist chaplains, this article looks at the development of an accredited Buddhist chaplaincy training program in Ontario and examines this unique form of chaplaincy utilizing Buddhist contemplative care as its essence.

Introduction

It is well-known in Christian circles that the spirit of chaplaincy grew out of the celebrated story of St. Martin of Tours (316–397), tearing his cloak in two and sharing half with a freezing beggar in France back in the fourth century.¹ Indeed, the word “chaplain” comes from the medieval Latin word *cappellanu*, which refers to the priest who took charge of the sacred cloak of St. Martin. Later, the related term *cappellani* was coined as a designation for a priest who served in the military, and later still came the French translation *chapelains*, from which comes the modern English word *chaplain*. The story of St. Martin illustrates not only the Christian origin of chaplaincy but also the very spiritual principle behind it: that one should not only share whatever possessions one has with others in need but, more importantly, have the wisdom to share in a way that can benefit others while ensuring the sharing is not at the expense of oneself, which would undermine the ability to continue to serve.

Though initially a Christian vocation, chaplaincy has taken root in other religious traditions and secular institutions. Examples of professionally trained chaplaincy include hospital chaplain, college chaplain, prison chaplain, military chaplain, nursing home chaplain, community chaplain, etc. But in terms of the religiosity of the chaplaincy works, as Todd explains, there are, in general three types. The first is ecumenical chaplaincy, which entails the collaboration of various kinds of Christian chaplains; the second refers to multi-faith chaplaincy, through which services are extended to people of other faiths; and the third is generic chaplaincy, whereby services are provided to all, regardless of religious background or whether any religious beliefs at all are held. This origin and classification of chaplains assume that the people providing chaplaincy services are Christians. Nevertheless, “Buddhist chaplaincy”

¹ Adrian S. Hoch, “St. Martin of Tours: His Transformation into a Chivalric Hero and Franciscan Ideal,” 471–482.

can be considered as falling within the last two categories, as Buddhist chaplains serve not only the needs of Buddhist practitioners (as in co-religionist care) but of non-Buddhists as well. The situation in the UK has been similar, as van Dijk suggests that “[w]here chaplaincy has originally been a Christian profession, this has expanded to a multi-faith context. Over the last five years, humanists with non-religious beliefs have entered the profession for the first time, creating multi-faith and belief teams.”²

Buddhist chaplaincy has only come into prominence in the last few decades. Pioneering work began around the 1980s, followed by rapid development since the turn of the millennium. Now, Buddhist chaplaincy is practiced across traditions in a variety of institutions, such as healthcare facilities, schools, prisons, military units. Since chaplaincy stems from and was first conceived within Christianity, the Buddhist chaplaincy training programs first developed in the US and the UK were inevitably modelled on Christian standards of certification or licensing, with the introduction of distinct Buddhist contexts.³ These programs not only provide training and accreditation opportunities for Buddhists to serve others as professional chaplains but, more importantly, redefine spiritual care for traditional Buddhist communities.

Buddhist chaplains in hospitals serve as companions to patients, listening to and sharing stories with them and providing spiritual support or Dharma advice to patients and patients’ families and friends if necessary. In hospices, they bring peace of mind to dying patients and guide them through the last part of their life journey. When patients and families are Buddhist, Buddhist chaplains can lead them to take refuge in the three jewels, chant sutras with them, or lead them in chanting the name of Amitābha Buddha, among other practices. When they are non-

² Lindsay Jane van Dijk, “Humanist Chaplains Entering Traditionally Faith-Based Chaplaincy Teams,” 744.

³ Jane Compson, “Buddhist Chaplaincy,” in *Encyclopaedia of Psychology and Religion*, edited by David A. Leeming, 1–4.

Buddhist, chaplains can guide them through difficult times without using Buddhist terminology or adopting any proselytizing stance; rather, they are trained to support those who are in need with skilful and compassionate guidance, engage with them sympathetically, with deep listening and presence with regard to their challenges and sufferings, and lead them to do mindfulness practice without alluding to its Buddhist origin. In addition, Buddhism's unique understanding of death and the process of dying has led to the development of Buddhist-based initiatives for caring for the dying and the bereaved.

Such varieties of Buddhist spiritual services have found an increasing presence in modern societies, from North America and Europe to Asia. The training of Buddhist chaplains therefore also needs to reflect such diverse needs to include palliative care, clinical pastoral education, mindfulness practice, Buddhist Dharma, non-Buddhist customs and beliefs, etc. These are all essential themes in the cultivation of Buddhist spiritual care under the guise of "chaplaincy." It has been suggested that "[w]hile Western hospice care, based on the life structure of the body, mind, and soul as conceived of in Christianity, focuses on the spiritual care of the patient, Buddhists may concentrate on the four establishments of mindfulness regarding the body, feelings, states of mind, and phenomena, or focus on the life structure of the body, mind, and wisdom."⁴

There are surely doctrinal differences between the Christian and Buddhist practices of chaplaincy service, and there are also unique emphases in both forms of spiritual care. What lies underneath both forms of chaplaincy work is what we read at the beginning of this article, namely the metaphor of tearing the cloak in two to provide for both the giver and recipient of care. It is important that caregiving is not conducted at the expense of the caregiver's own health and wellbeing, which inevitably leads to "compassion fatigue." This is what Joan Halifax describes as the

⁴Ching-Yu Chen, "*Clinical Buddhist Chaplain-Based Spiritual Care in Taiwan*," 300-309.

“edge states,” in which people have gone too far in their endeavour to be of service to others and thus encounter burnout, despair, and depression.⁵ The remedy to this, according to Halifax, is for the caregiver to build their “internal infrastructure” by engaging in practices that are focused on the cultivation of attentional and emotional balance in order to minimize the downside of having too much empathy and over-identification. “Compassion fatigue” harms both the caregivers and care recipients. The key to transforming it into a mutually beneficial relationship through which the care recipients receive adequate and genuine compassionate care while the caregivers learn about humanity, impermanence, and the cultivation of compassion is meditation practice.

Meditation practice is the path to resilience that allows practitioners to bounce back from the failures, struggles, over-identification, and burnout in the service of others in prison counselling or palliative care, hospitals and hospices, or human rights work. It is through meditative practice that a caregiver can develop the innermost, real compassion that is infinitely deep and replenishable and allows them to respond wholeheartedly in all situations to assist others to walk through their sufferings without being overwhelmed and harmed psychologically as the cost of the assistance. This art of caring has come to be known in recent years as “Buddhist Contemplative Care.” A pioneering book that helped establish Buddhist Contemplative Care as a legitimate sub-discipline, edited by Cheryl A. Giles and Willa B. Miller, was published in 2012 under the title *The Arts of Contemplative Care*. In this book, “contemplative care” is defined as “the art of providing spiritual, emotional, and pastoral support, in a way that is informed by a personal, consistent contemplative or meditation practice.”⁶

⁵ Joan Halifax, “*Standing at the Edge: Finding Freedom Where Fear and Courage Meet*,” 3.

⁶ Cheryl A. Giles and Willa B. Miller, “*The Arts of Contemplative Care: Pioneering Voices in Buddhist Chaplaincy and Pastoral Work*,” xvii.

Buddhist Meditation, Engaged Buddhism, and Contemplative Care

What makes the contemplative care “Buddhist,” accordingly, is that the caregiver is consistently engaged in a form of Buddhist meditation. This emphasis on the contemplative or meditative nature, however, has received a mixed reaction from Monica Sanford and Nathan Jishin Michon, who argue that this definition has certain advantages and disadvantages. It distinguishes Buddhist care from other forms of pastoral or spiritual care by emphasizing a practice (meditation) Buddhist chaplains find valuable to their spiritual formation, quality of presence, and emotional regulation. However, it also privileges a particularly Western emphasis on Buddhist meditation as the defining practice of all Buddhists. This emphasis has been criticized as elite and non-representative of traditional Asian forms of lay practice.⁷

Sanford and Michon’s thoughtful observation reminds readers of the unconscious white privilege as manifested in the underlying tone that may suggest Buddhist contemplative practice can only be found within the boundary of the “elite” forms of Buddhism imported to North America. Similarly, Chenxing Han also described her astonishing experience of reading the newly published *The Art of Contemplative Care* as she found something was completely missing: “Just as I feared, there wasn’t a single Asian American among the thirty-two contributors.”⁸ However, it is important to clarify that meditative practice is not representative of “white, privileged Buddhists” or that traditional forms of Buddhism in Asia rule out contemplative or meditative practices completely. Indeed, the Asian form of Buddhist contemplation has developed a Buddhist chaplain training program, which was launched by the Hospice and Palliative Care Unit of the National Taiwan University Hospital in 2000. The program has been praised as a “renowned (...) center

⁷ Monica Sanford and Nathan Jishin Michon, “Buddhist Chaplaincy,” 4.

⁸ Chenxing Han, *Be the Refugee: Raising the Voices of Asian American Buddhists*, 188.

of excellence for training in spiritual care. Buddhists concentrate on the four establishments of mindfulness regarding the body, feelings, states of mind, and phenomena, or focus on the life structure of the body, mind, and wisdom.”⁹ This practice of the “four establishments of mindfulness” is no doubt based on the Satipaṭṭhāna Sutta, a fundamental scripture of the “Western” mindfulness movement. To characterize Buddhist chaplaincy with contemplative practices as its basis does not run the risk of over-emphasizing an “elite” form of Buddhism in the West. Even when a particular Buddhist tradition in Asia focusses more on engagement with prayer or chanting, such “Asian” Buddhist practices, identified with “devotion, ritual, and specific cosmological concepts,” can also be a form of “contemplative practice” that leads practitioners to access the innate compassion, empathy, tranquility, clarity, and ability to “be there” for deep listening.¹⁰

From this, we can take a further step to understand the uniqueness of Buddhist chaplaincy. On the one hand, within the context of North America, Buddhist chaplaincy is just like any other kind of professional chaplaincy that can be defined as demonstrating “a deep commitment and sensitivity to the diverse ethnic and religious cultures found in North America. (...) Professional chaplains offer spiritual care to all who are in need and have specialized education to mobilize spiritual resources so that patients cope more effectively.”¹¹ Similarly, in *The Dictionary of Pastoral Care and Counseling*, chaplaincy is defined as “a clergyperson or layperson who has been commissioned by a faith group or an organization to provide pastoral services in an institution, organization, or government

⁹ Shao-Yi Cheng, Ching-Yu Chen, and Tai-Yuan Chiu, “Advances of Hospice Palliative Care in Taiwan,” 293.

¹⁰ Martin Baumann, “Protective Amulets and Awareness Techniques, or How to Make Sense of Buddhism in the West,” in *Westward Dharma: Buddhism Beyond Asia*, eds. C.S. Prebish and M. Baumann, 58.

¹¹ Larry VandeCreek and Laurel Burton. (2001) “Professional Chaplaincy: Its Role and Importance in Healthcare,” 85.

entity.”¹² All these tasks could sound very much like spiritual care works, but what really distinguishes “spiritual care” and “chaplaincy” is that, as Sanford and Michon emphasize, the latter “typically refers to a narrower and modern form of spiritual care with specialized training.”¹³ The “specialized training” mentioned here may include education in multi-religious theology and leadership, knowledge of secular psychology, professional and religious ethics, and family systems theory or completion of a Clinical Pastoral Education (CPE) training. The 400- to 1200-hour supervised internship of the CPE includes spiritual formation, skills in delivering care, engaging in deep listening, skills to assess the patient’s situation, documentation of information relevant to the patient’s medical or spiritual goals of care, cultural competencies and respect for diversity as well as teamwork and collaboration with the organization’s interdisciplinary care team. Often, chaplaincy provides pastoral or spiritual care outside of religious communities with cultivated deep listening and skilful responding, as well as loving-kindness and compassion. Moreover, chaplains often receive training in inter-religious leadership that allows them to develop the competency to adapt to a variety of spiritual or religious needs and to perform rituals, prayer, and chants of traditions other than their own.

If Buddhist chaplains are expected to perform a similar range of spiritual care activities, informed by the same level of professional training, as chaplains of other religious denominations, they can do so by emphasizing the qualities of Buddhist practices that are perfectly in line with the commitments of a particular form of spiritual care. For example, with respect to the necessary component of empathy and compassion, Buddhist chaplaincy training emphasizes the cultivation of the four divine abodes (*brahmavihāra*), which are loving-kindness (*mettā*), compassion (*karuṇā*), empathetic joy (*muditā*), and equanimity (*upekṣā*).

¹² Rodney J. Hunter, ed. *The Dictionary of Pastoral Care and Counselling*.

¹³ Sanford and Michon, “Buddhist Chaplaincy,” 3.

The quality of deep listening also finds its echo in the cultivation of “being in the present moment,” which is particularly espoused in the Chan/Zen tradition as well as the modern mindfulness movement. What Buddhists further contribute to this field is professional spiritual care through the Buddhist teachings of non-self (anatta), insight into the impermanent (aniccā) nature of all phenomena, and the recognition of unsatisfactoriness or suffering (dukkha), known collectively as the “three marks of existence” (tilakkhaṇa). All these meditations can form the basis of the Buddhist contemplative care.

Instead of criticizing Buddhist contemplative care as “elite and non-representative of traditional Asian forms of lay practice,” we can view it as an example of how Buddhism continuously adapts and applies itself to the spiritual needs of the contemporary world.¹⁴ In this case, Buddhist teachings and practices are adapted to alleviate suffering in hospitals, hospices, the military, schools, and other non-religious or non-Buddhist environments. The development of Engaged Buddhist movements in Asian countries in the 1960s, which took shape in the West during the 1980s, led to the development of this form of socially engaged practice, with heightened awareness of various forms of mundane suffering in society and the commitment to alleviate it through skilful knowledge, selfless dedication, empathy, and compassion. This commitment to Engaged Buddhism also serves as a bridge between traditional Buddhist practice and the recent development of Buddhist chaplaincy. In other words, Buddhist chaplaincy with contemplative care as its essence can be seen as a new phase of development of Engaged Buddhism in the 21st century.

Buddhist Chaplaincy Training Programs in the US

¹⁴ Ibid.

Buddhist contemplative care has formed an integral part of Buddhist Chaplaincy training. Training programs of this Buddhist art of caregiving come in a variety of forms; some highlight “contemplative care” in their title and some do not. Examples include the three-year Shogaku Priest Ongoing Training (SPOT) program, later modified into a three-week intensive program, offered through the Shogaku Zen Institute. Advertised as complementary to the traditional Zen training, SPOT is designed to include education for Zen priests, lay teachers, and Buddhist community leaders in “issues of power, transference, projection, idealization, and conflict,” in order to translate the traditional Zen meditation training into a kind of emotional relational maturity that would be applicable in the servicing of others in mundane society.¹⁵ Another example is the New York Zen Center for Contemplative Care (NYZCCC), which has the mandate “to transform the culture of care through contemplative practice, meeting illness, aging, and death with compassion and wisdom.”¹⁶ The nine-month training program, founded by Sensei Robert Chodo Campbell and Sensei Koshin Paley Ellison, includes classroom teaching and 100 clinical hours in a hospital, hospice, or residential community. Like SPOT, the training of the NYZCCC is based on traditional Zen practice, and it defines contemplative care as “a multi-faith, relationship-centered approach to care that draws on the contemplative practice of the caregiver as the primary source of wisdom and loving action.”¹⁷ NYZCCC also works with the New York Theological Seminary (NYTS) to create a Master of Pastoral Care and Counselling degree program for those who are interested in pursuing Buddhist studies as a professional training path.

These are two examples of Buddhist institutions that provide a

¹⁵ Ann Gleig, *American Dharma: Buddhism Beyond Modernity*, 92.

¹⁶ See The New York Zen Center for Contemplative Care (NYZC) website: <https://zencare.org/about/>

¹⁷ Ibid.

form of contemplative care training programs that allows successful application to caregiving work. Formal training of professional Buddhist chaplaincy, however, requires accreditation through graduate-level study and CPE training required by professional bodies such as the Association for Professional Chaplains (APC) in the United States or the Canadian Association of Spiritual Care (CASC) in Canada.

Chaplaincy training in graduate-level theological education is a rather new development. The oldest specialized chaplaincy program designed as part of graduate theological education was established in 1988 at the Pentecostal Theological Seminary in Cleveland.¹⁸ Although chaplaincy training programs remained mostly Protestant, other non-Christian religious groups later became involved in the quest for this kind of professional training in response to the changing demographics of religious adherents. To help establish a Buddhist chaplaincy education that is authentic to the Buddhist view and practice, a white paper on Equivalency Issues for Buddhist Candidates for Board Certification Through the Board of Chaplaincy Certification Inc., directed and written by Doug Vardell, was presented to the APC in 2006 by the Board of Chaplaincy Certification, Inc.¹⁹ It is suggested that the APC's board certification standards requirement of 72 credits of graduate theological and pastoral studies from an institution accredited by the Council for Higher Education Accreditation should serve as the standard for evaluating the extent to which the Buddhist Master's program addresses the nine core subject areas of sacred literature, theology/philosophy, ritual/liturgy, religious history, comparative religion, religious education, institutional organization and

¹⁸ Wendy Cadge, et al., "Training Chaplains and Spiritual Caregivers: The Emergence and Growth of Chaplaincy Programs in Theological Education," 187-208.

¹⁹ Doug Vardell, "Equivalency Issues for Buddhist Candidates for Board Certification Through the Board of Chaplaincy Certification Inc.: A White Paper."

administration, pastoral care and counseling, and spiritual formation. Such requirements have become the backbone of the development of the accreditation of Buddhist chaplaincy training in Canada, which will be examined in the next section.

Under these requirements for board certification with the APC, three institutions have developed graduate-level education for professional training in Buddhist chaplaincy in the United States:

- 1) In 2001, a Buddhist Master of Divinity program, which evolved from an existing Master of Arts in Engaged Buddhism program, was developed at Naropa University, which was the first Buddhist university to receive accreditation by the North Central Association of Colleges and Schools in 1988. It was followed by the launching of The Naropa Chaplaincy Project in 2005. The Center for Contemplative Chaplaincy was recently established (in 2019) to further support its Master of Divinity students in professional chaplaincy programs and other forms of spiritual care preparation through a form of Buddhist contemplative care cultivation that it named “Buddhist-inspired contemplative spiritual health training.”
- 2) The Institute of Buddhist Studies (IBS), established in 1969, is a Buddhist graduate school and seminary that began offering specialized training in Buddhist chaplaincy through its Master of Divinity in Buddhist Studies in 2008. It also runs a Master of Arts program which, in addition to preparing students for theological or religious studies at doctoral level, provides them with the academic foundation for “secondary school teaching, educational or social justice ministries, or religious leadership in the non-

profit sector.”²⁰ In 2021, IBS became the ninth member school of the Graduate Theological Union (GTU) consortium, the first non-Christian institution to be represented among its member schools. Its chaplaincy program is also unique in the way that it strongly encourages students to develop language skills relevant to their vocation. In addition, students in the program are required to take a course in pastoral care from a GTU member school, ensuring that Buddhist studies are well balanced with interreligious, intercultural, and anthropological perspectives.

- 3) In 2008, Dr. Daniel Clarkson Fisher, a doctoral graduate from the Naropa University and one of its first group of chaplains, developed a Buddhist chaplaincy program for University of the West with Dr. Kenneth A. Locke. The program received Western Association of Schools and Colleges (WASC) accreditation in the following year.²¹

In addition, Harvard University received a \$2.7 million donation in 2011 from The Robert H. N. Ho Family Foundation to support the founding of the Buddhist Ministry Initiative (BMI) at its Divinity School. The BMI is said to be “the first of its kind at a divinity school within a research university in the United States.”²² It “trains future Buddhist religious professionals in terms appropriate to modern, global conditions” and promises to “build connections to Buddhist ministerial movements in Asia.” The NYZCC also collaborated with NYTS, a Christian institution providing graduate theological education, to offer a Buddhist track in the NYTS Master of Arts in Pastoral Care and Counseling (MAPCC) degree

²⁰ “GTU Master of Arts, Buddhist Studies Concentration,” IBU, accessed January 3, 2002, <https://www.shin-ibs.edu/academics/degree-programs/master-of-arts/>

²¹ Tina Jitsujo Gauthier, “*Formation and Supervision in Buddhist Chaplaincy*,” 187.

²² “Buddhist Ministry Initiative,” Harvard Divinity School, accessed December 20, 2021 <https://hds.harvard.edu/academics/ministry-studies/buddhist-ministry-initiative/>

program. However, this 36-credit program does not fully meet the 72-credit requirement established by the APC, and students need to take an additional certificate program in order to be qualified as board-certified chaplains. On the other hand, the Upaya Institute and Zen Center at Sante Fe also offer a Buddhist chaplaincy program, but the two-year training is recognized by the APC and HealthCare Chaplaincy Network (HCCN) as the equivalent of 48 credit units. CPE training is also not included in the Upaya program.

Buddhist Chaplaincy Training in Canada

In Canada, the development of professional Buddhist chaplaincy does not lag far behind. It began with the attempt by the Buddhist Education Foundation of Canada to organize four Buddhist Chaplaincy Roundtables between June 2014 and January 2015 in Toronto to consult with diverse Buddhist communities on their needs and expectations with respect to Buddhist courses and programs in Buddhist spiritual care in the context of the Canadian society. The first three Roundtables took place at three temples of Theravāda and Mahāyāna traditions, while the last was held at Emmanuel College, a theological college of Victoria University at the University of Toronto which is also federated with the Toronto School of Theology (TST). These Roundtables were attended by chaplains from local hospitals, abbots of various temples, Buddhist practitioners and spiritual care volunteers, and faculty from the University of Toronto. The discussions led to the creation of a Buddhist stream in the existing Master of Pastoral Studies (MPS) Program, alongside two existing Christian and Muslim streams, at Emmanuel College through an endowment gift from the Ching Kwok Temple.

Such an effort forms part of the recognition of the changing of religiosity in Canada. With the decline in the number of Christians and the changing demographics brought about by the influx of immigrants who brought with them religious practices that include Hinduism, Islam,

Sikhism, and Buddhism, there is a demand for more religiously pluralistic spiritual care. According to the article “Religiosity in Canada and its evolution from 1985 to 2019,” in 2019 more than 68% of the population were reported to have an affiliation with a religion, and over 54% of Canadians viewed “their religious or spiritual beliefs (as) somewhat or very important to how they live their lives.”²³ The article further indicates that between 2017 to 2019, 1.4% were affiliated with Buddhism, with 67% finding religious or spiritual beliefs somewhat or very important.²⁴ Compared to the overall trend of Canadian religiosity, Buddhists’ concerns for their religious beliefs are significantly higher than the average 54%. It should also be noted that the article points out that Buddhists born outside Canada were more likely than those born in Canada to report their Buddhist affiliation, with a ratio of 4% versus 0.6%. However, the percentage of Buddhists who reported participating in group religious activities was in fact the lowest of all the religions; for example, the figures for Jehovah’s Witnesses, Anabaptists, Jews, and the United Church were 86%, 75%, 24%, and 19%, respectively.²⁵

What can be deduced from the article is that while Buddhists find religious life important, they do not necessarily have access to spiritual support from local Buddhist temples, whether through the monastics or other “spiritual friends” (*kalyānamitra*), because of their lack of participation in group religious activities. It should also be considered that while Buddhist temples in Canada function as social and cultural hubs for the lay community, they usually lack the labour and resources, or even organizational infrastructure, to develop a similar scale of support services to that available in Christian churches. Considering these factors,

²³ “Religiosity in Canada and its evolution from 1985 to 2019,” Statistics Canada, accessed January 13, 2022 <https://www150.statcan.gc.ca/n1/pub/75-006-x/2021001/article/00010-eng.htm>.

²⁴ *Ibid.*

²⁵ *Ibid.*

the significance of chaplaincy support for Canadian Buddhists is deemed even more meaningful and important. However, inside Canadian public institutions the spiritual needs of Buddhists are not necessarily understood by the Christian chaplains. The need for diversity in spiritual and pastoral services gradually led to the development of Buddhist chaplaincy.

Offering spiritual care services is not an alien concept within the traditional practice of Buddhism. On one occasion, the Buddha asked why no other monks in his sangha were taking care of a monk stricken by dysentery in a certain dwelling. The monks replied that it was because that monk was of no use to others. The Buddha then gave them the lesson that: Bhikkhus, you have neither mother nor father to look after you. If you do not look after each other, who will look after you? Let him who would look after me look after one who is sick. If he has a preceptor, his preceptor should as long as he lives look after him until his recovery. His teacher, if he has one, should do likewise. Or his co-resident, or his pupil, or one who has the same preceptor, or one who has the same teacher. If he has none of these, the Sangha should look after him. Not to do so is an offense of wrongdoing (Vin. Mv. 8.26).²⁶

The spirit of looking after the sick can, of course, be applied outside the monastic community, including among those who are lay Buddhists and practitioners of other religious faiths. The strong connection with the teachings of various Buddhist lineages or traditions allows caregivers to provide guidance and spiritual support to other Buddhists who are in need and also provide services to non-Buddhists with “stillness, clarity, and love existing within our hearts.”²⁷ What is

²⁶ Bhikkhu Ñāṇamoli, *The Life of the Buddha According to the Pali Canon: Translation from the Pali, selection of material and arrangement by Bhikkhu Ñāṇamoli*, 178.

²⁷ Jennifer Block, “Toward a Definition of Buddhist Chaplaincy,” in *The Arts of Contemplative Care: Pioneering Voices in Buddhist Chaplaincy and Pastoral Work*, eds. Cheryl A. Giles and Willa B. Miller, xviii.

particularly appealing to the Buddhists about the development of Buddhist chaplaincy is that the very idea behind this cultivation is essentially Buddhist; it is none other than the cultivation of the Mahāyāna ideal of the perfection of bodhicitta or the enlightened mind, which is the union of wisdom and compassion. It is, therefore, an application of traditional Buddhist practice in the contemporary world. As implied by the original meaning of the word “chaplain,” Buddhist chaplaincy training prepares caregivers to give half of their cloak to another in need with the spirit of the bodhicitta. However, a unique pathway of transformation would be required in providing the service in order to lead practitioners to deeper experiential wisdom that meets the professional standards of chaplaincy.

Chaplains employed in Canadian institutions require certification with the Canadian Association for Spiritual Care (CASC), which participates in a collaborative network with four other spiritual care organizations in Canada and the United States, namely the APC, Association for Clinical Pastoral Education (ACPE), National Association of Catholic Chaplains (NACC), and National Association of Jewish Chaplains (NAJC). The CASC website states that its members “serve as spiritual care practitioners, psycho-spiritual therapists, and supervisor-educators in specialized settings as varied as healthcare, counseling centres, prisons or the military” and explains that “[t]he American organizations use terms such as chaplains, pastoral counselors and clinical pastoral educators.”²⁸ Downplaying terms such as “chaplains” and “pastoral” seems to avoid an obvious connotation with the spiritual care practitioners it trains within the Christian tradition only. McCarroll and Schmidt point out that “public sector chaplains provide essential leadership in ensuring all religious-spiritual needs are accommodated according to the law of the land, in consulting on issues of policy in terms of religious-spiritual issues, and in

²⁸ “Common Standards,” CASC, accessed January 4, 2022
https://spiritualcare.ca/professional_practice_home/common-standards/

brokering diversity reflective of the multiculturalism central to Canadian identity and values.”²⁹

Accredited chaplaincy programs in Canada are available through CASC, Canadian Practical Chaplain Association, Canadian Unitarian Council, the Master of Divinity programs of theological seminaries, the Master of Arts programs from numerous universities, etc. Until the establishment of the Buddhism stream of the MPS program at Emmanuel College, none provided a Buddhism-based chaplaincy training. Hence, knowledge of the Buddhist worldview, scriptures, rituals, chanting, ethics, attitudes to dying and bereavement, etc. is usually missing. Students who wish to serve as Buddhist chaplains upon graduation often need to integrate their own experience of Buddhist practice into their caregiving. As Power remarked, “As Buddhists, many of us have journeyed for years on the Buddhist path and have perhaps undertaken the accumulated years of meditation and scholarship under the supervision of renowned masters and yet we lack credentials that are consistent with the standards of certifying organizations.”³⁰ With their meditation practice and scriptural learning, Buddhists may be able to offer spiritual care but not the “narrower and modern form of spiritual care with specialized training” known as chaplaincy, and therefore greatly minimize Buddhists’ access to professional chaplaincy services that cater for their spiritual needs.

What makes it challenging to develop a Buddhist chaplaincy training program is not the inclusion of courses on Buddhist teachings,

²⁹ Pamela McCarroll and Angela Schmidt, “Chapter 18: The Present and Future of Spiritual Care and Chaplaincy in Canada,” in *Multifaith Perspectives in Spiritual & Religious Care: Change, Challenge & Transformation*, ed. Mohamed Taher. 114.

³⁰ Mark Power, “*Buddhist Chaplaincy in a Christian Context: A Personal Journey*,” in *The Arts of Contemplative Care*, eds. Cheryl A. Giles and Willa B. Miller, 69.

practices, ethics, and meditations to train chaplains to serve the 1.4% Buddhist population in Canada, but a well-rounded program that enables these Buddhist-trained chaplains to serve the remaining 62.6% population who identified themselves as religiously affiliated, mostly Christian. The public institutions in Canada, including hospitals, hospices, prisons, and colleges, are increasingly interfaith and intercultural, which makes it fundamental for chaplains to be able to offer spiritual care to people with diverse religious experiences and cultural backgrounds. A Buddhist chaplain should be trained in a way that is not attached to the Buddhist identity, be removed from holding any biases or judgements against the beliefs and practices of the care-seekers, not proselytize their patients or clients, have developed an in-depth theoretical understanding of and respect for other traditions and religious stances, be ready to pray alongside members of other faith traditions, and conduct rituals of various Buddhist traditions and of other religions when necessary.

What is needed is a professional chaplaincy training program that is inter-religious in nature. In Ontario, the Sarana Institute began as a not-for-profit Gitche M'Qua Centra for Healing & Dying and made use of mindfulness practice as a basis for training caregivers in offering hospice and palliative care. It offers programs that are "built upon a foundation of perspectives grounded in Western secular mindfulness, psychology, neuroscience, permaculture, deep ecology, Indigenous wisdom, Buddhist philosophy, Abhidharma (Buddhist psychology) and the teachings of the historical Buddha"³¹ as a place to cultivate compassion-based approaches to self and patients, with various courses designed for healthcare and end-of-life care professionals. However, it is not the place to earn accredited training in Buddhist chaplaincy as it lacks courses that fulfill the requirements of CASC; perhaps it never intends to be such a place. A program that is specifically designed to meet CASC accreditation would

³¹ "Vision, Mission, and Inspiration," Sarana Institute, accessed January 13, 2022
<https://www.saranainstitute.org/about/>

take a rather different approach. While the present article has mentioned examples of how Buddhist institutes in the United States developed Master's programs that are fully accredited by APC, the direction taken by Emmanuel College demonstrates yet another possibility.

The MPS program at Emmanuel College is based on a Christian education model to care for multi-faith clients. Emmanuel College is a member institution of the TST's ecumenical consortium of seven theological colleges, and the TST has had a working relationship with the CASC and its three predecessors since the 1960s in the training of practitioners in the field of spiritual care.³² Charles Fielding, then Dean of Trinity College (another member college of the TST), helped found the Canadian Council for Supervised Pastoral Education in 1965. Before the establishment of the Buddhist focus of the MPS, Emmanuel College had already developed a Christian stream and a Muslim stream of the program, offering a readymade template for the Buddhist stream to impose its distinctive traditional approach to pastoral studies, which explains how it could be so quickly established after the four Buddhist Chaplaincy Roundtables. The tripartite offering of three religious' streams in MPS reflects the ecumenical heritage of the United Church of Canada, with which Emmanuel College is the only one of the seven TST schools to be associated.

Emmanuel College formed a partnership with Knox College, another member college of the TST, to offer a conjoint Certificate in Spiritual Care and Psychotherapy (SCP Cert.) within the MPS. It is this MPS-SCP Cert. program that prepares students for certification by the CASC. CASC emerged out of the Association for Clinical Pastoral Education

³² Thomas St. James O'Connor, "Three Emerging Spiritual Practices in the Canadian Association for Spiritual Care (CASC): From Pastoral Care and Counselling to Multi-Faith, Evidence-Based Spiritual Care and Psycho-Spiritual Therapy," 278-283.

from the United States.³³ It gradually transformed its focus from Christian pastoral care and counselling to “multi-faith, evidence-based spiritual care and psycho-spiritual therapy,” reflecting the three trends of spiritually integrated caregiving and psychotherapy in Canada.³⁴ Over the years, CASC also changed the names of “pastoral care” and “pastoral counselling” to “certified practitioner of spiritual care” and “certified practitioner in psycho-spiritual therapy” as a sensitive response to the growing multi-faith and multi-cultural society Canada has become.

The component of psychotherapy considered to be the highest risk to the client is under a controlled act in the Regulated Health Professions Act of December 30, 2017. Therefore, the MPS program required an added dimension. The MPS-SCP Cert. program also prepares students for the Entry-to-Practice Competencies (EPC) required by the College of Psychotherapists of Ontario (CRPO), whose mandate is to protect the public and ensure the safety of those receiving services from a Registered Psychotherapist. In 2018, the MPS-SCP Cert. program was approved by the CRPO to enable students to apply for its qualifying membership.

The MPS-SCP Cert. is a 20-credit program, with seven foundational courses taken in the areas of a) sacred texts; b) tenets of faith tradition; c) historical studies; d) faith-based ethics; and e) leadership context. The remaining 13 courses address both the CASC competencies and the CRPO’s EPC in the development of a) the depth and breadth of knowledge of human, cultural, and spiritual diversity as well as psychological theories and psychotherapeutic methodologies; b) the application of classroom learning to the practice of spiritual care and the understanding of the importance of the “Safe and Effective Use of Self” (SEUS); c) the development of professional capacities in complying with legal and professional obligations, making ethical decisions and business practices,

³³ Rodney J.R. Stokoe, “*Clinical Pastoral Education*,” 26-28.

³⁴ O’Connor, “*Three Emerging Spiritual Practices*.”

drawing up appropriate assessments, and keeping well-informed records, etc.; d) the development of professional communication skills; and e) the awareness of the parameters of practice and the need for further professional development.³⁵

Students in the MPS-SCP Cert. program can choose focus areas in Buddhism, Christianity, or Islam. Buddhist courses in the areas of sacred texts, tenets of faith, history, ethics, psychology, and psychotherapeutic methodologies have been developed, although students are also allowed to take up to three courses in Islam, Christianity, or Indigenous Spiritualities. By the same token, students in the Christian and Muslim streams can be informed of the Buddhist worldview and Theological Education and Leadership,” through which students develop religious literacy in major ethical norms by taking these faith-based courses. In addition, all incoming students are required to take a course on “Multi-Religious religious or spiritual traditions, gain knowledge of intercultural competence and capacity in order to be engaged in their cooperation with other traditions, and participate in the Intercultural Development Inventory (IDI) survey to enhance their awareness of their intercultural competency. In 2018, an added requirement for Emmanuel students, as a response to the Calls for Action of the Truth and Reconciliation Commission, is the inclusion of the new “Coloniality and Power” designated elective. Other than these, the courses fulfill the requirements of the following categories: foundations for spiritually integrated psychotherapeutic practice; human development and theories of growth; professional ethics; mental disorders/psychopathologies/assessment; theories of psychotherapeutic practice; professional functioning, therapeutic process, and SEUS; and special topics in spiritual care and psychotherapy. The professional degree also requires a practicum

³⁵ “Master of Pastoral Studies Certificate in Spiritual Care and Psychotherapy (MPS, SCP Cert.),” TST, accessed December 29, 2021 https://www.tst.edu/resources/2019-20_MPS_SCP_Cert_Handbook_Aug_2019.pdf

component of one unit of Supervised Pastoral Education (SPE), which includes up to 240 direct client contact hours and up to 160 clinical supervision hours, to be carried out at placement sites. The program culminates in a capstone course for students to demonstrate their professional practice through integrating knowledge and practice of their respective spiritual/religious tradition in an individualized project.

The 20-course MPS SPC Cert. program is equivalent to 60 credits of graduate theological and pastoral studies in the US education system. Although these are fewer than the 72-credit requirement in the US standard, the courses offered in the SPC Cert. program cover most of the nine core subject areas to meet the accreditation requirements of the Council for Higher Education Accreditation in the US, with perhaps less focus on ritual or liturgy. However, the program also offers something that is missing from the US training system, that is, the designated elective on Coloniality and Power in Canadian history.

Other than TST's Emmanuel College and Knox College at the University of Toronto, two other universities in Ontario offer professional training programs recognized by the CRPO: the MA in Counselling and Spirituality offered by St. Paul's University at the University of Ottawa and the MA in Spiritual Care and Psychotherapy offered by Martin Luther University College at Wilfrid Laurier University. Neither program offers any courses on Buddhism, with St. Paul's University not having a specialized focus on any faith tradition and Martin Luther University offering courses on the Abrahamic religions only. A Buddhist Psychology and Spiritual Care Education project which "aims to create two bi-semester, 400-hour, education and practicum program that specializes in educating Buddhist spiritual care workers in the correctional and end-of-life care sectors," modelled after the CASC requirements, is still under

development.³⁶ Since Ontario (and, indeed, Canada) has no Buddhist university or college like Naropa University, University of the West, or IBS, Emmanuel College is currently the only option for students to complete accredited Buddhist training towards a profession in Buddhist chaplaincy.

Conclusion

While the spiritual care offered by Buddhist chaplains is essentially very similar to that offered by chaplains of other faiths, their spiritual training can be rather different from that of such chaplains. The competencies of deep listening with “ministry of presence” are qualities of tranquility (*śamatha*), insight (*vipāśyanā*), and concentration (*samādhi*) developed through Buddhist meditation. Empathy and compassion, which are so important in establishing a genuine connection with patients or clients, are cultivated by way of the generation of *bodhicitta*, the practice of the four divine abodes (*brahmavihāra*), or the Tibetan *gtön len* (giving and taking) practice. Not proselytizing or being attached to one’s religious identity is, in a sense, the Buddhist practice of becoming self-less (*anātman*). It can be seen that Buddhist contemplative care, an aspect of professional Buddhist spiritual care training culminated from a good understanding of the history of the development of Buddhism from Asia to North America, knowledge of its religious discourses, familiarity of its wide range of foundational tenets and the ethical norms of its conduct, along with a continuous engagement of its meditation practice, is the very essence of Buddhist chaplaincy.

The next step in helping students to become fully recognized as “Buddhist chaplains” in Ontario is to connect with local Buddhist groups

³⁶ “Buddhist Psychology and Spiritual Care Program,” Buddhism in Prisons, accessed January 20, 2022 <http://www.buddhisminprisons.ca/>

recognized by CASC to provide graduate students with endorsement recognition. This is similar to the process of ordaining chaplains in the Christian tradition, although “ordination” is understood differently in the Buddhist world as referring to the ceremonies in which Buddhist practitioners become members of the monastic order. Elaine Yuen of Naropa University has taken the lead in conversations on the endorsement of Buddhist chaplains in the US and compiled a list of 55 Buddhist Endorsing Sanghas recognized by APC and BCCI.³⁷ In Canada, currently there exists no national body formed by the many Canadian Buddhist temples and institutions of different sectarian backgrounds to further their cooperation on matters such as Buddhist chaplaincy endorsement, so that there are no recognized standards behind the endorsement of such candidates. Although a first endorsement ceremony for two Buddhist-stream students at Emmanuel College took place in a Chinese Mahāyāna Buddhist temple in 2021³⁸, and another Theravāda Buddhist ceremony is scheduled to take place in August 2022, more efforts in this endeavour are needed for other students and to draw up a list of participating Buddhist communities recognized by CASC.

³⁷ “Buddhist Chaplaincy,” Chaplaincy Innovation Lab, accessed January 20, 2022 <https://chaplaincyinnovation.org/resources/faith-tradition/buddhist-chaplaincy/>

³⁸ <https://www.emmanuel.utoronto.ca/news/emmanuel-students-endorsed-as-buddhist-chaplains/>

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