

# Dying & Living in Contemporary Buddhism: The End-of-Life Care and Suicide Prevention Movements

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Part I: Dying in the Three  
*Yanas* of Buddhism



# The Death of the Buddha at age 84



# Stoicism & Detachment:

## Death in Classical Theravada Buddhism

- The Buddha's final words were: "All compounded things are subject to impermanence. Strive on with earnestness."
- In the Buddha's famous teaching on meditation called the Four Establishments of Mindfulness (body, feeling, mind, phenomena), he teaches contemplation of death:

"And further, O bhikkhus, if a bhikkhu, in whatever way, sees a body dead, one, two, or three days: swollen, blue and festering, thrown into the charnel ground, he thinks of his own body thus: 'This body of mine too is of the same nature as that body, is going to be like that body and has not got past the condition of becoming like that body.' Thus he lives contemplating the body in the body internally... and clings to naught in the world." -

*Satipatthana Sutta*

- Proper Mindfulness (*sama sati* 正念) at death is essential to guide the consciousness onward in safety from past karmas





Rapture &  
Illumination:  
Death in the Pure  
Land Mahayana  
Tradition:

Amida Buddha with  
Kannon and Seishi  
Bodhisattvas and numerous  
beings from the Pure Land  
come to welcome the  
faithful at the moment of  
death





Having others around to  
support the dying with  
chanting and other aids



Birth in the Pure Land (往生ōjō)  
is available for all under any circumstance  
Proper Intention (*sama sankappa*)  
→ to die “just as you are”





Samurai Taro Tadatsuna attains Birth in the Pure Land  
(往生) on the battlefield







Surfing the  
Intermediate  
Realms:

Death in the  
Vajrayana  
Tradition



# Dream Yoga as Preparation for Death

- The Moment of Falling Asleep = The Moment of Death = The Formless Realm of Enlightenment (*dharmakaya* 法身) Achieved by only great masters
- The Time of Dreaming = The Intermediate Stage of Death (Bardo 中陰) = The Spiritual Realm of Bodhisattvas and Buddhas (*sambhogakaya* 方身) Achieved by those with great practice or faith or those who receive proper guidance and support
- The Moment of Waking = The Moment of Re-birth = The World of Suffering (where Shakyamuni Buddha and bodhisattvas and “rinpoches” appear – *nirmanakaya* 化身)



# Part II: Science & Buddhism

The Mind Life Institute and  
the Science of Mindfulness

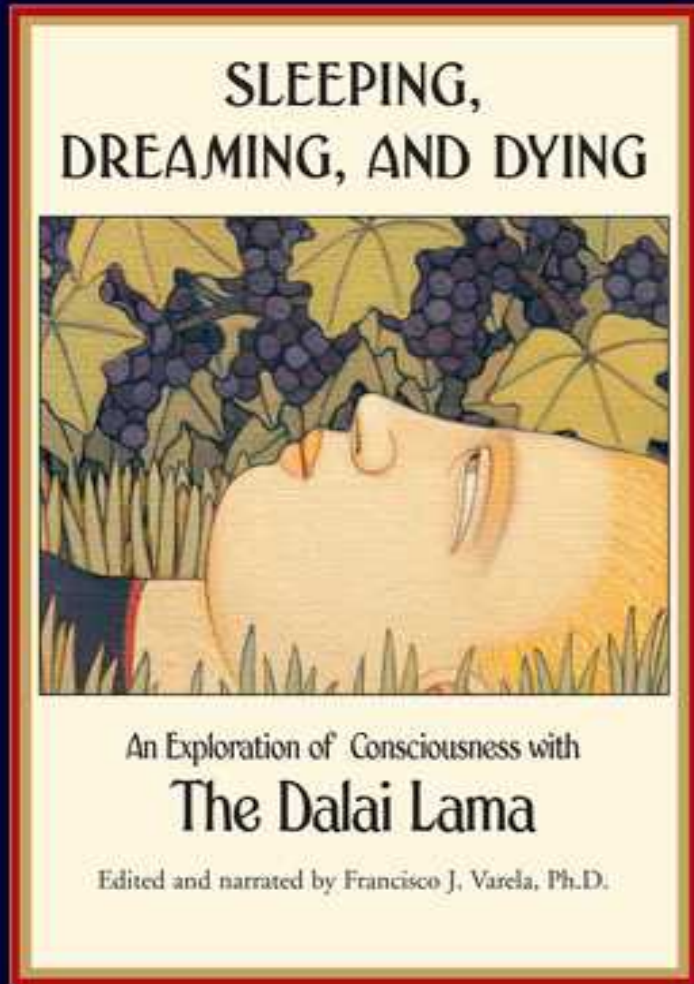
# Shared Foundations of Science & Buddhism

**Buddhism & science are different methodologies with a similar aim:**

- to investigate nature and reality, using knowledge gained to improve the quality of life and the planet.
- Both systems subscribe the law of cause and effect, and science has increasingly embraced non-linear, anarchic models of causality also found in Buddhism (e.g. Karma is not linear and deterministic).
- Science is founded in material causality while Buddhism in mental causality, but increasingly science is accepting the role of the mind, as in quantum physics →
- Since matter can be defined as a particle or a wave that alters depending on how it is viewed, impermanence (*anicca*) and non-substantiality (*anatta* & *sunyata*) have been proved scientifically.



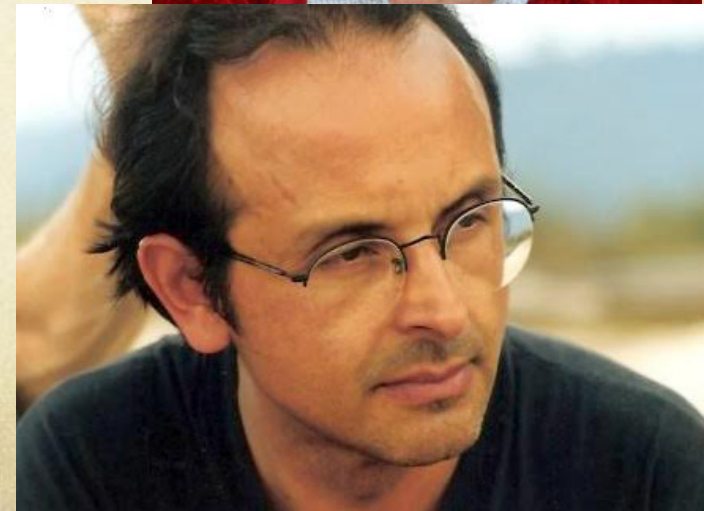
# The Mind & Life Institute: Dialogues with the Dalai Lama and Western Scientists since 1983





# Mind and Life Dialogues

- A series of dialogues with western scientists and the Dalai Lama exploring the interface between science and Buddhism. Developed by American entrepreneur Adam Engle and Chilean neuroscientist Francisco Varela, both Buddhist practitioners
- #1, 1987: *The Sciences of Mind*
- #2, 1989: *Brain Science and Buddhism.*
- #3, 1990: *Emotions and Health*
- #4, 1992: *Sleeping, Dreaming, and Dying*
- #5, 1995: *Compassion and Human Nature*
- # 6, 1997: *The New Physics and Cosmology*
- # 8, 2000: *Destructive Emotions*
- #12, 2004: *Train Your Mind, Change Your Brain*
- #13, 2005: *The Healing Power of Meditation*





- Day 1: The Neuroscience of Sleeping and Dreaming
- Day 2: Psychoanalysis of Dreaming
- Day 3: Lucid Dreaming in Western Science and in Buddhism
- Day 4: Biomedical Understanding of Dying
- Day 5: Near-death Experience
- Other Themes: The Concept of Self & Dream Yoga



# SLEEPING, DREAMING, and DYING

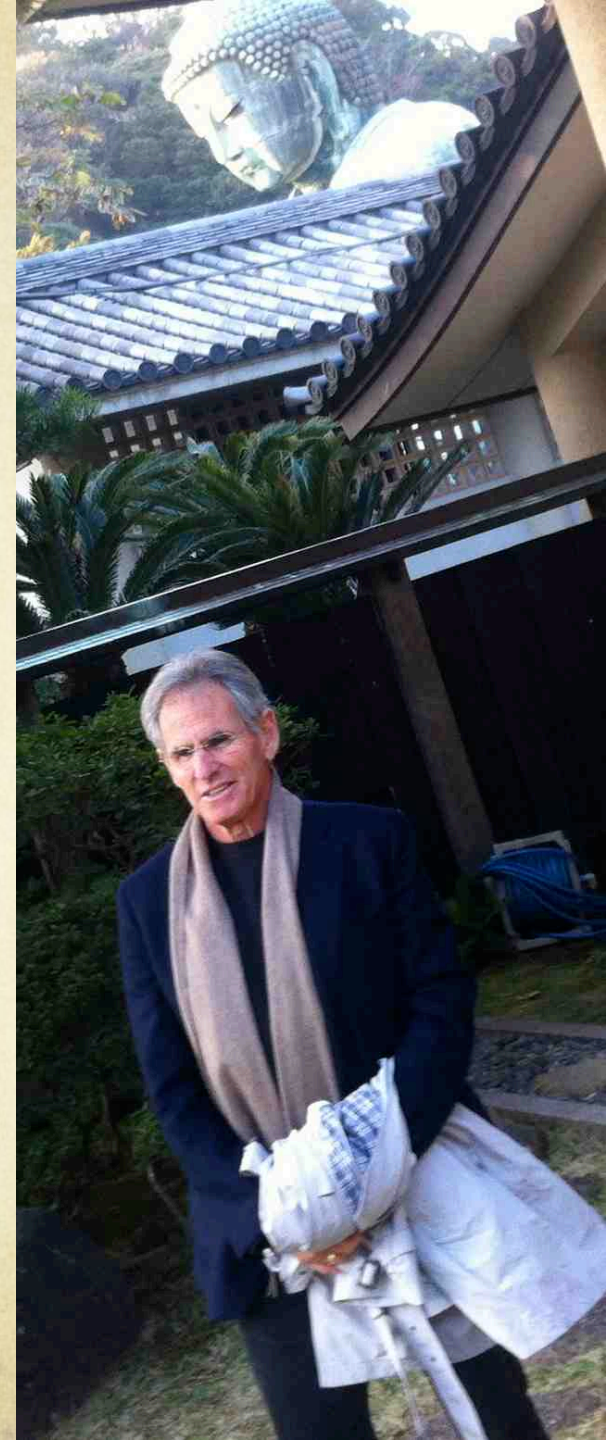
*An Exploration of Consciousness  
with The Dalai Lama*

EDITED AND NARRATED  
BY FRANCISCO J. VARELA, PH.D.



# Bringing Buddhist Meditation into the Modern Secular World

- Jon Kabat-Zinn in the 1980s at the Massachusetts Institute of Technology (MIT) created a structured eight-week course called Mindfulness-Based Stress Reduction (MBSR).
- The aspect of Buddhist meditation that he isolated as the key component for scientifically verifiable, therapeutic interventions was “mindfulness”, which he defined as “paying attention in a particular way; on purpose, in the present moment, and non judgmentally.”
- Over the last decade, “mindfulness” has become a buzzword and its practice a growing trend in many sectors of American public life.





# The Use of Buddhist Meditation in Caregiving

- new terms like “contemplative intervention” (i.e. the teaching of mindfulness meditation) and “contemplative care” started being developed in the 1990s.
- “contemplative” is also used as a more inclusive and less religious term
- Contemplative care begins as the teaching of meditation to patients (usually psychological patients)



# Meditation for the Caregiver

“Contemplative Care” emphasizes meditation practice for the caregiver to empower them to:

- bear witness
- Help others discover their own truth
- Sit and listen to stories that have meaning and value
- Help another to face life directly
- Welcome paradox and ambiguity, trusting that these will emerge into some degree of awakening
- Create opportunities for people to awaken to their True Nature

-Jennifer Block, Buddhist chaplain and trainer



Part III:  
Dying and Living in  
Contemporary Buddhism



# The Buddha as Doctor & Care Giver

- One of the Buddha's epithets is the “Great Physician,” denoting his core teaching of the Four Noble Truths that examine the nature of suffering as dis-ease, its causes, its cure, and the course of cure.
- numerous examples of the Buddha and his close disciples guiding both ordained persons and lay persons through painful physical illnesses to illumination on their death beds. These stories serve as the primary Buddhist template for dying with a monk as a deathbed spiritual guide (Skt. *kalyanamitra* 善知識).
- Putigatta Tissa: Buddha as nurse
- Kisa Gotami: Buddha as grief counselor



Tzu Chi Hospital Entrance, Taiwan



# History of Buddhist institutions as centers of care for the ill and dying

- *Vihara*: not just a temple but a place for social welfare, medical care for the poor, and "house for the dying", like western hospice; the Jetavana Vihara had an "abbey of impermanence" (無常院)
- Ashoka (r. 270-232 BC) promoted the development of herbal medicine and dispensaries through Buddhist temples; this tradition eventually spread throughout the Buddhist world through itinerant monks
- Shitenno-ji: first officially administered Buddhist temple in Japan in 593, included a hospital, a poor house, and a pharmacy that grew and cultivated medicinal plants.



# End of Life Care: Theravada

## Thailand

- Dhamma-raksaniwet Temple Hospice
- Buddhika Network End of Life Care Programs

Ven. Paisan →





# End of Life Care: Theravada

- Cambodia: Bhamavihara AIDS Project (Rev. Beth Goldring)



- Jon Kabat-Zinn (R) & Rev. Tomatsu Yoshiharu (Keio Medical University)





# End of Life Care: Vajrayana

- Europe & USA : Rigpa Spiritual Care Program (Sogyal Rinpoche & Christine Longaker)



- Japan :

Dr. Rev. Masahiro Tanaka  
Saimyo-ji Temple Hospital





# End of Life Care: Mahayana-Taiwan

- Association of Clinical Buddhist Studies Training Program (Ven. Huimin - Co-Founder)
- Great Compassion Institute for Community Hospice Care (Ven. Tsung-Teung- Founder)





# End of Life Care

Lotus Sutra:

- Japan: Kosei Vihara (Dr. Moichiro Hayashi)



Pure Land:

- Japan: Vihara Movement (Jodo Shin; Mari Sengoku)
- USA: CPE Supervisor Rev. Julie Hanada (Jodo Shin)

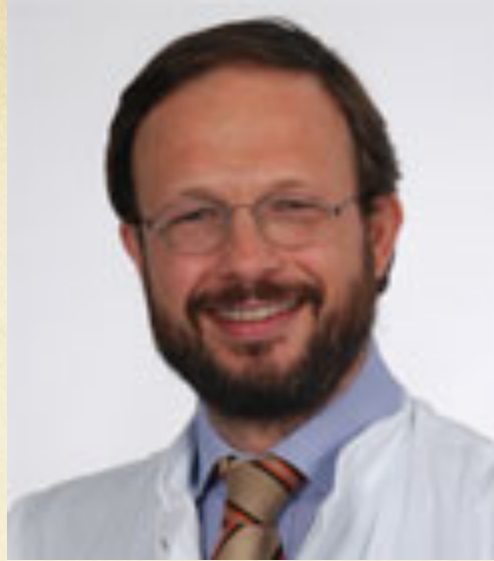




# End of Life Care

Zen:

- Germany: Dr. Gian Borasio & Dr. Martin Fegg @ Munich University Hospital Palliative Care Centre
- Japan: Rev. Keido Iijima (palliative care nurse)

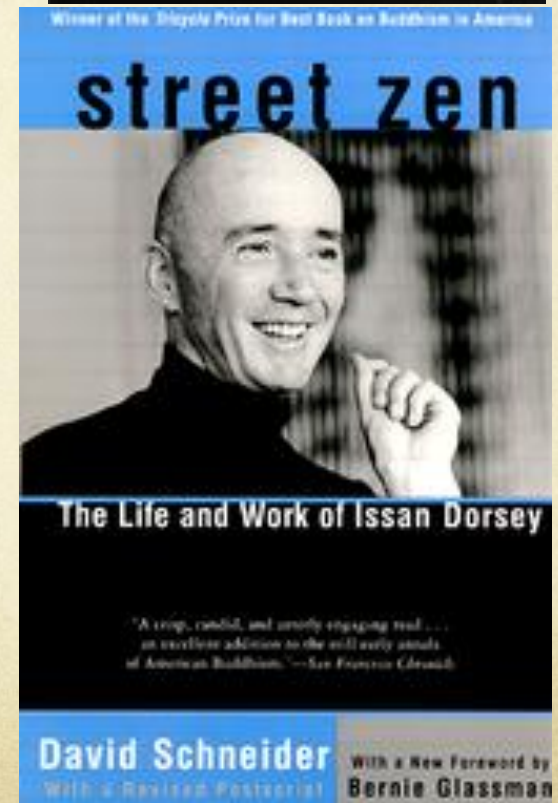
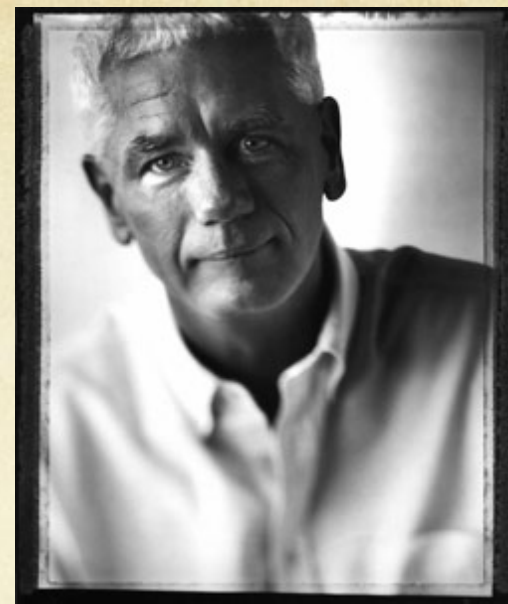




# End of Life Care

Zen: USA/San Francisco

- Zen Hospice Project (Frank Ostaseski)
- Maitri Hospice (Issan Dorsey)





# End of Life Care

## Zen: USA

- New York Zen Center for Contemplative Care (Rev. Chodo Campbell & Rev. Koshin Ellison)

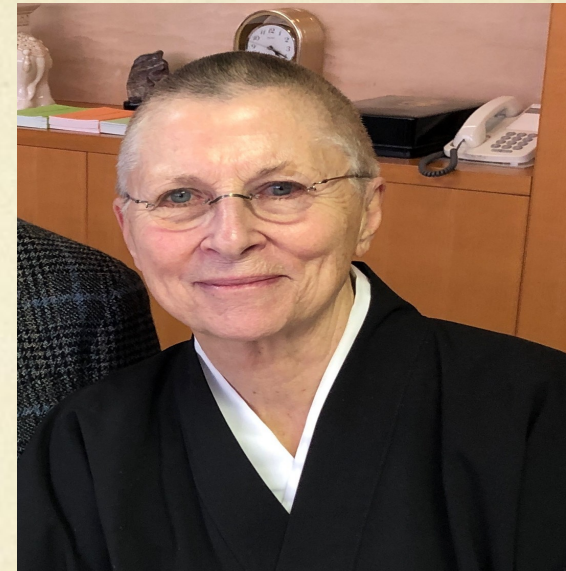




# From Personal Care to Systems Care

## Rev. Joan Halifax

- Co-Founder of the Mind&Life Institute with the Dalai Lama, Jon Kabat Zinn and others
- Upaya Being with Death Project
  1. Transformation of the Patient
  2. Transformation of the Care Giver
  3. Transformation of the Medical Community
  4. Transformation of the Institution/System





# Teaching Caregivers Psycho-Spiritual Resiliency through Buddhist Practice

1. Physiological Practices:  
Mindfulness Meditation,  
Yoga, Tai-chi
2. Compassion Practices:  
the Four Divine Abodes,  
Tonglen “taking & giving”
3. Investigative Practices:  
Vipassana Meditation,  
“Seeing Purely” from  
the *Lotus Sutra*





*Standing at the Edge:*  
Creating Balance and Resiliency in Psycho-Spiritual Care  
Special Seminars with Rev. Joan Halifax  
Yokohama Dec. 2018 & April 2019

ウバーヤ禅センター創始者  
ジョアン・ハリフォックス老師特別セミナー  
**個の苦しみから世界を癒やす**  
～「死にゆく人」に仏教は何が出来るのか～  
共催 孝道教団国際仏教交流センター・上智大学グリーンケア研究所





# *Buddhist Spirituality for the Dying*

## *Mode I: Proper Practice*

- Proper Mindfulness (*sama sati* 正念) at death (Theravada, Zen) --> “good death”
- stricter, disciplined, and formalized Buddhist forms of dying with a monk as a spiritual guide (*kalyanamitra* 善知識)
- corpse should be undisturbed; potential de-emphasis on organ donation (Japan)
- NTUH’s monastic chaplain training program; room for final moments with Amida’s welcome (来迎) painting; morgue as “rebirthing room” (往生室)
- Emphasis on trained chaplains, CPE in U.S.A



# *Buddhist Spirituality for the Dying*

## *Mode II: Proper Attitude/Intention*

- Proper Intention (*sama sankappa*) → to die “just as you are” (Japanese Pure Land); to take on others’ pain (Tibetan *tonglen* practice); emphasis on organ donation (Taiwan)
- De-emphasizes formal Buddhist practices and rituals
- spiritual guide (*kalyanamitra* 善知識) as listener who is simply “present”
- volunteer caregivers (Zen Hospice Project, Maitri Hospice, Tzu Chi Palliative Care Wards)
- Emphasis in CPE on ecumenism and non-evangelism (USA)
- **KEY POINT: both modes emphasize Buddhist practice more for the caregiver than patient!**

Part IV:  
The Suicide Prevention  
Priests of Japan



# The Situation of Suicide in Japan

- Classical images vs. modern realities of the conflict between traditional modes of community and identity formation and those thrust upon Japanese society with the advent of industrialization, urbanization, and the global economy
- The number of annual suicides reaches 30,000 people in 1998 with the Asian economic currency crisis, peaks in 2003 with 34,427 and does not dip under 30,000 until 2012 with 27,766; 2019:20,169
- 6 times as big as the number of the victims by traffic accident. About 1,000 people commit suicide and/or attempt suicide every day.
- Suicide is first in the cause of death of people in their 20's and 30's. The highest risk group are middle aged men, but women have the 3<sup>rd</sup> highest rate in the world. Suicide also common among the isolated elderly. *The rate is actually increasing for teenagers from 4.7 to 5.9 since 2009.*



# The Association of Buddhist Priests Confronting Self-Death & Suicide

## 自死・自殺に向き合う僧侶の会





# *Kalyanamitra* (zenchishiki 善知識) as Counselor of Life, not Death



- Rev. Eichi Shinohara is the abbot of a Sōtō Zen temple called Chōju-in 長寿院, located in a rather remote area of Chiba
- While most people in Japan, including priests, feel counseling can only be done by licensed professionals, Rev. Shinohara encourages other priests to confront the problem of alienation even if they do not have a license by using listening skills and a concern for others.
- Rev. Shinohara sees the potential of the priest as counselor, rather than as ritualist. The Buddhist priest offers an alternative means of therapy and cure based in developing an intimate relationship as a “spiritual friend” *kalyāṇamitra* (zenchishiki 善知識), who is in turn connected with an authentic temple community.

# Kalyanamitra (zenchishiki 善知識) as Counselor of Life, not Death



- Rev. Yūsen Maeda, the abbot of Shōsan-ji 正山寺, a Sōtō Zen temple in Tokyo and one of the founding members of the Association of Priests Grappling with the Suicide Problem, has also emphasized this approach over the non-subjective approach of modern psychotherapy.
- Although trained as a conversational therapist, he eschews psychoanalytical models and methods, because he feels they create a wall between the clinician (as 'well adjusted') and the patient (as 'disturbed' or 'neurotic'). Instead, using a process he says is inspired by the Buddha's Four Noble Truths, he encounters the person as a fellow comrade in suffering in which together they search for a resolution to their collective suffering.



# *Kalyanamitra* (zenchishiki 善知識) as Counselor of Life, not Death



- Rev. Soin Fujio, Rinzai Zen at Kencho-ji, Kamakura was born in a temple, son of a priest but worked as a banker in Tokyo, New York, Singapore and Bangkok for almost 20 years.
- He spends hours with one person “going down into their level of depression”, using deep listening and sometimes meditation to help bring them out.

# An Intersubjective Experience of Death and the Realm Beyond while Re-establishing Bonds



- Rev. Jotetsu Nemoto (Rinzai Zen, Gifu) was not born into a temple. He attended Keio University but dropped out, and then trained in a very strict Rinzai Zen temple for 6 years. Upon leaving, he worked in a MacDonald's in Shinjuku and began cyber counseling.
- Performs Death Workshops for specific groups of businessmen, office workers, and interested individuals:
  - 1) relinquishing possessions and identity in the months before death,
  - 2) role playing the experience of death in a coffin and night procession in the hills



# Maintaining bonds through community building

- Ittetsu Net, “a network for building friendships and for holding workshops for mental and physical health, emphasizing self care and outdoor activities.”
- Rev. Nemoto is working on getting deeper at the roots of the suicide working with groups of people sharing a wider range of anxieties and then working to build back communities of connection based around healthy living.
- Through his years of work, he has found the prevalent model of volunteers and counselors working in a one-way relationship with the mentally ill and disturbed just does not work. In Ittetsu Net, Rev. Nemoto seeks to build a more dynamic framework of interaction in which a variety of different groups are united in the central ideal of “self-care”. Within this dynamic container, Rev. Nemoto recounts, counseling will take place naturally at these events.

# Confronting the Structural Causes and Rebuilding Community



- Rev. Shunei Hakamata (Soto Zen) is from the most northern area of Akita where suicide rates and depopulation are among the highest in the country
- He analyzed how industrialization systematically destroyed the community structures and culture of his region
- Has created a café and a bar for local people to come together and openly discuss their lives and problems



# Memorial Services for the Suicidal and their Bereaved (*tsuitō hōyō* 追悼法要)

- Started in 2007 for bereaved family and friends of those who committed suicide
- Often held on “The Day for Living & The Time for Living” いのちの日 (December 1<sup>st</sup> annually)
- Held in Nagoya, Osaka and Hiroshima as well since 2009





# Group Counseling Sessions (*wakachi-ai* 分かち合い)



- ❁ At Tsukiji Hongwanji, Tokyo, 4th Thursday of every month
- ❁ Offering “a safe place” where everyone can speak about the feeling which cannot be said to anyone else.
- ❁ This group sharing in a spiritual atmosphere has a therapeutic effect for many.
- ❁ In 2018-19, on average 38 people attended with 8 of those being new



**1<sup>st</sup> *Tsuitō Hōyō* December 1, 2007  
at Eiju-in (Nichiren-shu): 8 participants**





**2<sup>nd</sup> Tsuitō Hōyō :**  
**2008 Tsukiji Honganji (Jodo Shin Pure Land)**  
**127 participants**



**7<sup>th</sup> Tsuitō Hōyō : 2013 155 participants and 51 priests**



**3<sup>rd</sup> *Tsuitō Hōyō* : 2009 Seisho-ji (Soto Zen)  
50 priests and 107 participants**



**6<sup>th</sup> *Tsuitō Hōyō* : 2012 145 participants and 64 priests**



**4<sup>th</sup> Tsuitō Hōyō : 2010 Gokoku-ji (Shingon)**

**153 participants and 75 priests**

**9<sup>th</sup> Tsuitō Hōyō 2015: 140 participants**





**5<sup>th</sup> Tsuitō Hōyō : 2011 Zojo-ji (Jodo Pure Land)**

**171 participants and 68 priests**

**10<sup>th</sup> Tsuitō Hōyō 2016: 137 participants**





**5<sup>th</sup> *Tsuitō Hōyō* in Osaka: 2013 Shitenno-ji Temple  
(1<sup>st</sup> Buddhist temple in Japan)  
100 participants and 49 priests**





# Burning of Letters お焚き上げ to “Heaven” Rev. Soin Fujio





# 1<sup>st</sup> International Conference on Buddhism and Suicide Prevention

## Yokohama · Kyoto

### November 6-10, 2017





# International Roundtable on Buddhist Psychology, Psycho-Spiritual Counseling, and Chaplaincy Training Bangkok March 12-16, 2019

