Buddhist Chaplain Role in Hospitals:

Exploring Spiritual Care through Storytelling Using

the Framework of The Four Noble Truths

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by

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I hereby declare that this doctoral project has not been submitted as an exercise for a degree at any other institution, and that it is entirely my own work.

Signed 

Abstract

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This project offers a series of chaplain stories, from a Buddhist chaplain's perspective (in book format). It provides chaplains with additional tools for personal reflection and professional development, based on research showing the educational and creative power of storytelling. This book will also highlight the breadth and depth of the work chaplains do every day, despite chaplains often being one of the most misunderstood professionals on a patient's healthcare team. These stories, and subsequent opportunities for reflection, may also help anyone develop a deeper sense of compassion and curiosity about the resiliency of people going though challenging times, as seen thought the eyes of spiritual care providers. In this project, the stories are told within the Buddhist framework of the Four Noble Truths, a teaching about ending suffering which is accessible to Buddhists and non-Buddhists alike. Each section ends with a contemplation to deepen the reader's experience and interaction with the chaplain stories.

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Chapter One: Introduction

This project aims to offer a series of chaplain stories, from a Buddhist chaplain's perspective, in book format, to provide chaplains with additional tools for personal reflection and professional development, based on research showing the educational and creative power of storytelling. However, it is hoped the book will also highlight the breadth and depth of the work chaplains do every day, despite being one of the most misunderstood professionals on patient's healthcare teams. These stories and subsequent opportunities for reflection may also help anyone to develop a deeper sense of compassion and curiosity about the resiliency of people going though challenging times, as seen thought the eyes of spiritual care providers.

The stories in the book are based on actual encounters, I[1], as a Buddhist chaplain, have had over many years, from a new intern though to board-certified chaplain. These stories can be found in the book portion of this doctoral project; however, to provide a more academic basis for this project, this paper will include additional information before the book itself is presented.

The next section of this introduction elucidates the role of Buddhist chaplains in hospitals, beginning with the challenges faced by chaplains in the field and their pivotal role. It further explores how this project can enhance chaplain training. Through the section, "The Format of the Book," the structure of the book is clarified, introducing

[1] Typically, doctoral writing refers to the author in the third person, (e.g.: the researcher) However, for this doctoral project, I will use 'I' instead. The reason for this departure from the conventional Western academic format is that my project is an engaged paper, derived from active interaction with individuals and communities. This personal and interactive nature of my research necessitates a more direct and personal narrative style, hence the choice not to use the term 'researcher'.

storytelling and a brief explanation of the framework of the Four Noble Truths for deeper understanding. The final sections of the introduction will touch on my ministerial formation, Buddhist ethical framework, and how this project is and will be integrated into my community. Finally, this section addresses HIPAA Compliance, outlining clear guidelines for maintaining privacy, paving the way for Part Two, the literature review.

Spiritual Care in Healthcare: Chaplains' Challenges

Chaplains fulfill an essential role in a healthcare environment. Despite the existing documented evidence that highlights an enhanced quality of life for patients who engage with spiritual care services,[2] chaplains face significant challenges in effectively articulating the advantages of their services in a manner that is comprehensible and relatable to a diverse audience, including patients, their families, members of the medical team, and hospital administrators. This situation underscores a persistent and complex difficulty in communicating the significance and value of spiritual care within the medical domain.[3] Recognizing these challenges, this project aims to bridge that gap through storytelling.

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[2] David A. Lichter, "Studies Show Spiritual Care Linked to Better Health Outcomes," *Health Progress* 94, no. 2 (April 2013): 64–65, https://www.chausa.org/publications/health-progress/archive/article/march-april-2013/studies-show-spiritual-care-linked-to-better-health-outcomes.

[3] Emily M. Cramer, Kelly E. Tenzek, and Mike Allen, "Translating Spiritual Care in the Chaplain Profession," *Journal of Pastoral Care & Counseling* 67, no. 1 (2013): 1, https://doi.org/10.1177/154230501306700106.

The Role of Chaplain

Chaplains provide spiritual support and comfort to patients and their families, open to all regardless of religious beliefs or backgrounds. Chaplains listen and offer space for patients and their families to address concerns and emotions such as stress, fear, spiritual distress, and anxiety typically experienced during times of challenge. In addition to deep listening and reflective inquiry, chaplains may also provide spiritual care through prayer, meditation, reading scriptures, and conducting religious ceremonies, offering solace and encouragement during difficult times like serious illness, surgery, or death. [4]

Furthermore, chaplains facilitate communication between medical staff and patients and provide ethical guidance when medical ethical decisions are needed. Chaplains offer tailored support to patients from diverse cultural backgrounds, ensuring that everyone can receive spiritual support in accordance with their beliefs. Through these roles, chaplains contribute significantly to the overall well-being and recovery process of patients, advocating for the importance of spiritual care within the hospital and working closely with the medical team.[5] Recognizing that it might be challenging to fully grasp the extensive and nuanced role of chaplains from this description alone, this project also aims to bridge this understanding gap through storytelling.

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[4] Lawrence E. Holst, "A Ministry of Paradox in a Place of Paradox," in *Hospital Ministry: The Role of the Chaplain Today*, ed. Lawrence E. Holst (Eugene, Or: Wipf and Stock Publishers, 2006), 8–9.
[5] Baxter Health, "Role of a Chaplain: Spiritual Care in North Central Arkansas and Baxter County," Baxter Health, accessed March 12, 2024, https://www.baxterhealth.org/patient-visitors/visitors/spiritual-care/role-of-a-chaplain/.

Enhancing Chaplain Training

This project not only focuses on the professional role of chaplains as active participants of clinical care teams, but it also provides clinicians, particularly chaplains, with tools to deepen and broaden their skills as spiritual care providers, regardless of whether they are well-seasoned professionals or new interns. Because it is also not always easy for chaplains to train other chaplains since the relationship between chaplain and patient is often very personal and private. Chaplain training is not a process that can be done during medical rounds. Traditional chaplain training often uses a technique called a "verbatim," where new chaplains reconstruct, reflect on, and receive feedback on written dialogues illustrating interactions they have had between themselves and a patient, but these recreated exchanges rarely show the depth and breadth of encounters, experiences, and emotional struggles that are encountered even by highly trained and experienced chaplains. Therefore, this book has been structured to also be usable for chaplain training.

The Format of the Book

The core of this project is in the format of a book, which may be published at a later date. This book focuses on a series of twenty-four essays written by the author of this project a Buddhist nun and board-certified hospital chaplain. The essays are true events, with identifying information changed to protect people's privacy. The essays show the depth, breadth, and sometimes messy and uncharted territory of chaplain work. Through these essays, the reader will have no doubt the value chaplains bring to care

teams and to patients, family, and clinician and staff healing. But the essays also serve another critical purpose to give clinicians, and chaplains in particular, a critical tool for self-reflection and professional development.

These stories will be framed within the Buddhist teachings of the Four Noble Truths, which should be readily accessible to non-Buddhists as well. Each story will conclude with reflection questions suitable to both individual journaling and group discussion. Each section will conclude with a relevant meditative practice for deepening one's wisdom and compassion.

The first book chapters will introduce key concepts before leading into the stories. These preliminary chapters will cover the author's spiritual formation and motivation for writing the book, the deep work of chaplains, the essence of storytelling, and the value of the Buddhist teaching of the Four Noble Truths and meditation. A brief introduction is provided below to give the academic reader a bit of background to these key introductory book chapters.

Storytelling

The introductory chapter of the book will begin with a reflection on two famous stories told by the Buddha. After which, the section will focus on the proven value of storytelling for learning, healing, and conveying cultural knowledge. Storytelling is also a key aspect of how patients share their grief, distress, spiritual beliefs, and hopes and dreams with chaplains. Furthermore, this book employs storytelling to share experiences, aiming to encourage reflection and ongoing professional development among chaplains and clinicians.

The Framework of the Four Noble Truths

The book will utilize the framework of the Four Noble Truths for storytelling. The Four Noble Truths stand as the cornerstone principles of Buddhism, illuminating the intrinsic nature of suffering in life, its origins, and the pathway to transcending it. These truths are recognized as the insights that guided the Buddha (circa 563 - circa 483 BCE) to achieve enlightenment and formed the foundation of his subsequent teachings. [6]

The first of the Four Noble Truths is The Truth of Suffering, which will be divided into a framework consisting of:

1. The Suffering of Suffering,
2. The Suffering of Change, and
3. The Suffering of Conditioning for use in the project.

The second of the Four Noble Truths is The Truth of the Cause of Suffering, which will be explored through the lens of Buddhism's three poisons, representing the inherent negative forces in life that lead to human suffering. The first poison is Attachment, the second poison is Anger, and the third poison is Ignorance,[7] and they will be utilized as the framework.

The third of the Four Noble Truths is The Truth of the End of Suffering, and the fourth is The Truth of the Path that Leads to the End of Suffering. The latter will be elaborated through The Eightfold Path in Buddhism, which delineates eight principles

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[6] Joshua J. Mark, "Four Noble Truths," in *World History Encyclopedia*, July 22, 2021, https://www.worldhistory.org/Four_Noble_Truths/.
[7] "Three Poisons," in *The Soka Gakkai Dictionary of Buddhism* (Nichiren Buddhism Library), accessed March 12, 2024, https://www.nichirenlibrary.org/en/dic/Content/T/159.

essential for enlightenment. These principles are meant to be an integral part of daily life, aiding in the progression on the Buddhist path. They are:

1. Right View,
2. Right Aspiration,
3. Right Speech,
4. Right Action,
5. Right Livelihood,
6. Right Effort,
7. Right Mindfulness, and
8. Right Concentration.[8]

This will serve as the final framework for the project. The framework, rooted in the Four Noble Truths, will be the cornerstone for narrating stories and will elucidate how these truths, as taught by Buddha, are reflected in our daily lives.

Benefit

This project, which uses storytelling to explain the role of chaplains and allows chaplains to continue to deepen their personal and professional development, has several advantages. First, it allows ordinary people to easily understand the role of chaplains and the value of engaging with professional spiritual care providers, and should they ever be hospitalized, they will know that chaplain services are available in the hospital. Second, this project provides two or more reflection questions with each storytelling piece, which can serve as an opportunity for readers, especially clinicians, to reflect on their interpersonal encounters and professional development as they seek answers to these questions. Third, the storytelling presented in this project has value as case study material

[8] Donald S. Lopez, "Eightfold Path," in *Encyclopedia Britannica*, February 24, 2024, https://www.britannica.com/topic/Eightfold-Path.

for new chaplain interns, residents, and fellows engaging in Clinical Pastoral Education (CPE). This is especially true for first-unit CPE interns who may have little to no experience meeting with patients, as these stories can serve as a guide to the chaplain's role. Fourth, this project can inform chaplains who are not Buddhists about how Buddhist chaplains approach patients as interfaith chaplains and how they provide Spiritual Care to patients and families who may be Christian, Catholic, Jewish, Muslim, atheists, or of other faiths.

This project thoughtfully incorporates QR codes at the conclusion of each segment within the framework of the Four Noble Truths, granting readers the option to participate in guided meditations. These meditative sessions are thoughtfully presented in an accessible audio format, allowing individuals to momentarily step away from their reading, immerse themselves in meditation, and subsequently revisit the material with an enhanced capacity for introspection and self-discovery. The meditation techniques introduced through this innovative approach are not only designed to complement the readers' personal spiritual or mindfulness practices but also serve as shareable resources. They hold potential benefits for a wider audience, offering tools for stress reduction, emotional regulation, and the cultivation of a deeper sense of peace and understanding. The meditation techniques provided can be seamlessly integrated into the readers' own practices or passed along to others who might find them beneficial, fostering a community of shared growth and well-being.

Ministerial Formation

As a Buddhist chaplain and as a Venerable (the term used to address Buddhist Nuns and Monks in English) my practice is deeply entrenched in compassion, upheld by the principle of loving-kindness. True compassion begins with cultivating self-care and self-love, [9] fostering a natural desire to alleviate the suffering of all beings. This progression from loving-kindness to empathy lays the foundation for genuine compassion, which blossoms when one can empathize with others' suffering as though it were their own.

In my role as a Buddhist chaplain within a hospital, I find an environment ripe for applying these principles. Empathy, rooted in self-compassion and the ability to perceive others' suffering as one's own,[10] enables chaplains to truly connect with and attentively listen to patients' stories. This profound level of understanding and empathy is the essence of compassionate practice in chaplaincy work. By nurturing these qualities, I not only aid in the healing journeys of those I serve but also deepen my own spiritual path, embodying the transformative power of compassion and empathy in healthcare.

Engaging with patients as a chaplain has led me to write essays as a form of spiritual practice, professional reflections, and emotional healing. Over time, this has led to a collection of almost two hundred essays, twenty-four of which will be shared in the book with the intent that they will be of benefit to others. These essays showcase the Act-Reflection-Act cycle central to the CPE program, revealing the spiritual growth that

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[9] Gloria Wong, "Live to Love as a Way to Love Your Living: Cultivating Compassion by Loving-Kindness Meditation," ProQuest Dissertations and Theses (PsyD diss., Alliant International University, 2011), 18.
[10] Wong, 4.

occurs through this reflective process. The content of these essays has found resonance with a broad audience, reflecting themes of empathy, compassion, and the cultivation of these qualities. Motivated by the essays' capacity to promote a collective experience of compassion, loving-kindness and empathy, the initiation of this project was seen as a natural progression.

Ethical Framework

Though it is not explicitly discussed in the book itself, I am ethically guided by the Buddha's Five Precepts as the foundational ethical guidelines for observation and practice in daily life; thus, these precepts served as ethical guides throughout this project. The five precepts are central to living a life aligned with Buddhist ethical principles and serve as a moral compass for individuals seeking guidance. Specifically, the precepts are:

1) Not killing, which advocates for respecting all forms of life and practicing non-violence;
2) Not stealing, which emphasizes honesty and respecting the belongings of others;
3) Not misusing sex, which calls for responsibility and respect in sexual relationships;
4) Not engaging in false speech, which underscores the importance of truthfulness and integrity in communication; and
5) Not indulging in intoxicants, which advises against the use of substances that impair judgment and hinder mindfulness.[11]

These guidelines are not merely prohibitive rules but are intended to foster a mindful and ethical way of living that contributes to personal well-being and the well-being of others.

[11] Dharma Realm Buddhist University, "Intro to Buddhism: What Are the Five Buddhist Precepts?," Dharma Realm Buddhist University, November 16, 2023, https://www.drbu.edu/news/intro-to-buddhism-what-are-the-five-buddhist-precepts/.

Among the Five Precepts of Buddhism, the fourth precept, Not engaging in false speech, often poses the most significant challenge for me. This is particularly evident in scenarios where a patient's prognosis is dire, and the likelihood of recovery is minimal. In these delicate situations, I am called upon to provide words of hope and comfort, navigating the fine line between offering support and adhering to the truth. The Five Precepts serve as a crucial ethical compass during such times, providing clear guidelines on the dos and don'ts in both actions and speech for me.

This ethical framework is instrumental in guiding me through the complex emotional landscapes of patients and their families, offering a structured approach to compassionate communication. It aids in identifying the words and actions that can genuinely support and uplift the spirits of those facing life's most challenging moments. Moreover, this framework provides a basis for reflection and ethical consideration, enabling me to review my interactions and learn from any inadvertent errors in judgment or communication. By adhering to these precepts, whether Buddhist or not, chaplains can ensure that their practice is both empathetic and ethically sound. This fosters an environment of trust and understanding and paves the way for meaningful spiritual support grounded in Buddhist principles.

Community Support

As a Buddhist chaplain and Venerable, I maintain a close relationship with a Korean temple in Los Angeles, receiving continuous support from respected senior Venerables. These elders affirm the chaplain's role, as a practitioner of Buddhism, is to

care for people in places of suffering, providing encouragement for me, a monastic chaplain, to persist in this vital work. Furthermore, when faced with mental challenges from attending to patients, I seek guidance and emotional support from a revered Venerable in India, ensuring I have the resilience needed to continue this compassionate service. This network of support and guidance underscores the intertwined nature of spiritual practice and chaplaincy, showcasing how community and mentorship are essential for maintaining my emotional and spiritual health as someone committed to aiding others in their times of need.

Subject Matter Experts

I benefit from a robust network of seasoned chaplains and well-informed educators; these professionals form a foundational support system for my project. When patient care presents unique challenges, I actively engage with this experienced community, using case studies to gain insights and strategies for effective intervention. This collaborative approach spans beyond chaplaincy, involving a comprehensive network of healthcare professionals, including doctors, nurses, social workers, case managers, and ethics committee members.

This multidisciplinary collaboration proves invaluable when addressing sensitive patient-related issues. I do not hesitate to seek counsel from these professionals, ensuring that every action taken, and every piece of advice given to patients is well-informed and ethically sound. Consulting with a wide array of healthcare specialists not only enhances the quality of care provided to patients but also reinforces my commitment to delivering

compassionate, holistic care. Through these interactions, I strive to offer the most appropriate mental and spiritual support, tailored to the unique needs of each patient, thereby embodying the essence of empathetic and comprehensive chaplaincy.

The Researcher's Mentee

I currently hold the position of CEO at the Bodhiyana Buddhist Chaplaincy Fellowship, a nonprofit dedicated to the ordination of American Buddhists interested in chaplaincy. This organization is committed to expanding its reach and support for its members, particularly those keen on embracing the path of Buddhist chaplaincy but may lack a comprehensive understanding of the role, its responsibilities, and its profound impact. As the fellowship grows, I am at the forefront of efforts to enlighten and guide these members, ensuring they have access to the necessary resources and knowledge to effectively navigate their aspirations.

Should this project lead to the publication of a book, it promises to offer an in-depth look into the nuanced experiences of Buddhist chaplains, drawing from real-life situations to illuminate the profession's challenges and rewards. Such a resource would be invaluable in demystifying the day-to-day work of chaplains for those within the organization and beyond, providing clear examples of the compassionate service and spiritual guidance that define chaplaincy.

Furthermore, I harbor ambitions to transition into a role as an educator within the CPE system. This career move would allow me to profoundly impact the next generation of chaplains, acting as a mentor to a wide array of CPE interns and residents. Through

this mentorship, and utilizing the book produced by this project, I aim to instill a deep sense of ethical practice, empathy, and professional excellence in these individuals. This approach is designed to contribute to the ongoing development of skilled, compassionate chaplains ready to meet the diverse needs of those they serve. Transitioning into education and mentorship, enhanced by the application of the project's book, underscores my dedication not only to personal and professional growth but also to the advancement of chaplaincy as a vital and evolving field of spiritual care.

HIPAA Compliance

As a healthcare professional, I am legally bound by the Health Insurance Portability and Accountability Act (HIPAA) rules, which mandate the protection of patients' personally identifying information. In alignment with these requirements, the stories in this project have been carefully edited to remove all personally identifying information of the original clients. All names have been changed, and, where necessary, other details such as identifiable characteristics have been altered in ways that preserve the integrity of the primary events and intentions of the stories. Furthermore, I and hospital administrators have adhered to "The Lifespan-Brown Checklist for Appropriate Use of Patient Narratives"[12] to ensure full compliance with HIPAA regulations.

The next section of this project, Part two, includes a literature review with research that supports and relates to this project's goals. Part three presents a compilation

[12] William Rafelson, Jane Bruno, and Don S. Dizon, "Protecting Patient Privacy in Narratives: The Lifespan-Brown Checklist for Appropriate Use of Patient Narratives," *The Oncologist* 24, no. 3 (March 2019): 285–87, https://doi.org/10.1634/theoncologist.2018-0659.

of chaplain stories, reflection questions, and contemplations, alongside introductory chapters that provide context. The concluding chapters discuss the feedback process used to finalize the essays, questions, and contemplations. This section also reflects on the project's limitations, evaluates its potential value moving forward, and concludes with final thoughts and dedication.

Chapter Two: Literature Review

The creator of this project suggests that storytelling is the most effective way to accurately convey the roles of chaplains in hospital settings. This literature review initially focuses on traditional chaplain training to highlight how this project can supplement the gaps in traditional CPE education. Subsequently, it aims to explore the nature and impact of storytelling, including its effects, implications for education and learning, and its ability to facilitate emotional and psychological healing and reflection. The research will support storytelling's role as a crucial tool in the spiritual care provided by a chaplain, offering comfort and understanding to those in need. Furthermore, the review will survey current methods of training chaplains, highlight key research demonstrating the value of Buddhist informed meditation techniques, and discuss The Four Noble Truths, a fundamental Buddhist teaching, to elaborate on why this framework is suitable for understanding and appreciating the nuanced roles of Buddhist chaplains, especially in healthcare environments.

Discussion of Traditional Chaplain Training

The Origins of Chaplain Training and CPE

Anton T. Boisen, a pivotal figure in the realm of chaplaincy, is considered the father of CPE,[13] using his own encounters with mental illness, particularly schizophrenia, to create a methodical training framework for clergy and laypersons.[14]

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[13] Glenn H. Asquith, "The Case Study Method of Anton T. Boisen," *Journal of Pastoral Care* 34, no. 2 (1980): 84, https://doi.org/10.1177/002234098003400203.
[14] Glenn H. Asquith, "Anton T. Boisen and the Study of 'Living Human Documents,'" *Presbyterian Historical Society* 60, no. 3 (1982): 244, https://www.jstor.org/stable/23328440.

Boisen's theological insight and personal journey through mental illness informed his belief in the healing power of spiritual care within medical environments. He advocated for a compassionate understanding of patient stories, challenging the stigmas of his time, and laying the groundwork for a healthcare model that integrates mental and spiritual health.[15]

Dr. Alokasih Gulo, a professor of theology, highlighted Boisen's introduction of the "living human document" concept in 1925, marking a shift in pastoral care to view individual experiences and struggles as narratives rich with meaning, akin to literature. This approach has since emphasized the critical role of personal stories in informing pastoral theology and practice. Building on this, Rev. Charles V. Gerkin, an author of "An Introduction to Pastoral Care," emphasized the value of human stories in developing pastoral theory and theology, reinforcing the movement toward a more personalized and holistic approach to spiritual care.[16]

Reflecting on this deeper understanding, Dr. Alokasih Gulo further elucidated that pastoral care has evolved from engaging with theoretical abstractions to prioritizing practical experiences, fostering a more firsthand and empathetic approach to ministry. In modern pastoral theology, the living human documents concept remains a vital framework for understanding and engaging with individuals facing crises or challenges, highlighting the value of personal narratives, struggles, and experiences as critical components in guiding pastoral care and shaping theological reflections.[17] This evolution

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[15] Anton T. Boisen, "The Form and Content of Schizophrenic Thinking," *Psychiatry* 5, no. 1 (1942): 24, https://doi.org/10.1080/00332747.1942.11022378.
[16] Alokasih Gulo, "Some Notes on the Idea of Living Human Document and Its Implications for Pastoral Praxis," *Journal Eduvest* 2, no. 1 (2022): 141.
[17] Gulo, 143.

reflects a broader trend towards integrating a holistic, person-centered approach in pastoral ministry, emphasizing the importance of engaging with individuals as complete beings within their unique contexts.

Living Human Document

Dr. Alokasih Gulo highlighted that the concept of the Living Human Document compels caregivers to transcend traditional pastoral care methods, advocating for a practice that is more aligned with a person-centered, holistic, and context-specific approach. Emphasizing the importance of individuals' stories and experiences allows caregivers to establish deeper connections, facilitating healing and growth, thereby supporting people on their path to wholeness and well-being in contemporary society.[18]

Anton T. Boisen's revolutionary introduction of an empirical method to theological studies in 1944 marked a significant shift in this academic field. His methodology, which focused on the detailed study of 'living human documents,' pioneered the case study approach for a comprehensive exploration of the human psyche intertwined with spirituality. This innovative technique contributed to the development of narrative theology and solidified Boisen's legacy, particularly with the initiation of the first CPE program in 1925. Utilizing verbatims, in-depth case studies, and reflective narratives, Boisen set a new standard in pastoral care by emphasizing the extraction of core values from personal stories, thereby significantly enriching the practice by highlighting the individual's experience and contextual reality in spiritual care.[19] This

[18] Gulo, 147.
[19] "CPE History," Clinical Pastoral Education International, July 27, 2022, https://cpe-international.org/history/.

research explained the historical origins and theoretical underpinnings of pastoral care with their practical, contemporary applications, illustrating a trajectory towards more empathetic and individual-focused care in pastoral settings.

Verbatim

Dr. Logan C. Jones, an author of "The Care of Souls: Reflections on the Art of Pastoral Supervision," states that the 'verbatim' complements spiritual care by offering a detailed, word-for-word documentation of a clinician's interaction with patients or their families, serving as a pivotal educational tool. It allows for deep reflection on clinical encounters, improving clinicians' skills and fostering self-awareness and reflection.[20] Dr. Christopher R. Powers, a hospice physician and author of "Integration of the Verbatim Exercise into a Hospice and Palliative Medicine Fellowship," explains that the verbatim activity is meticulously structured into three segments to maximize its educational impact. Initially, it presents an overview that captures the patient and family's demographic, cultural, ethnic, and religious background, setting the stage for a nuanced understanding of their unique context. Following this, a complete, transcribed record of the conversation between the clinician (or trainee) and the patient or their family is provided, ensuring that every exchange is captured as accurately as possible. This commitment to detail facilitates a rich, unfiltered insight into the patient's world. The activity culminates in a thorough assessment of the verbatim, guided by a set of reflective questions designed to provoke deep contemplation on the interaction, highlighting the

[20] Logan C. Jones, "Baptism by Fire in Clinical Pastoral Education: The Theory and Practice of Learning the Art of Pastoral Care Through Verbatims," *Reflective Practice* 7, no. 1 (2006): 125, https://doi.org/10.1080/14623940500489807.

practitioner's emotional responses and the challenges encountered.[21] These explanations show that the 'verbatim' activity enhances educational value and professional growth by documenting interactions between clinicians and patients, encouraging reflection and a deeper understanding of patient care.

Didactic

Dr. Marius Esi, an author of "The Didactic Principles and Their Applications in the Didactic Activity," emphasized that didactic principles (often taught through lectures and presentations) are a second fundamental core of chaplain training, not only for directing the practical facets of educational endeavors but also for significantly advancing the incorporation of core values within the educational journey. By steadfastly applying these principles, educators are equipped to cultivate a learning atmosphere that profoundly supports and enriches the acquisition and refinement of knowledge, skills, essential values, and constructive attitudes.[22] This environment is instrumental in promoting a comprehensive and well-rounded development of students, laying the groundwork for their future success.

Bridging the Gap of Current CPE Program

The creator of this project has delved into the history and current format for training chaplains through CPE, an initiative pioneered by Anton Boisen. Its core

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[21] Christopher R. Powers et al., "Integration of the Verbatim Exercise into a Hospice and Palliative Medicine Fellowship," *Palliative Medicine Reports* 4, no. 1 (May 2, 2023): 138, https://doi.org/10.1089/pmr.2022.0025.
[22] Eşi Marius, "The Didactic Principles and Their Applications in the Didactic Activity," *Sino-US English Teaching* 7, no. 9 (2010): 32, https://eric.ed.gov/?id=ED514739.

concepts include the Living Human Document, verbatims, and didactic teachings. These components are integral to current CPE training, facilitating this chaplain's journey to becoming a board-certified chaplain. However, there are limitations to didactic learning, which, with its focus on theory, may obscure the nuances of direct patient interaction. Moreover, although verbatims encourage discussions stemming from interns or residents' firsthand patient interactions, the quality of these case studies cannot always be guaranteed, as evidenced by personal experience. This project proposes an additional approach to traditional CPE methodologies by weaving in storytelling derived from the firsthand experiences of chaplains, in the case of this project a Buddhist chaplain. This method aims to deepen the reader's understanding of the chaplain's role, allows for individual and group reflection. The exploration of storytelling's pedagogical value will be further detailed in the next section of the literature review.

Research on the Use of Storytelling in Educational Teaching

Storytelling in Pastoral Care: Connecting Human Experiences Across Traditions

Dr. Alokasih Gulo stated that Anton T. Boisen emphasizes concrete human experiences in the concept of Living Human Document. He understands individuals in crisis as living human documents and argues that theology and pastoral ministry should be built and developed based on these living human documents. Boisen stresses that human stories and experiences should be the primary basis for constructing pastoral theory or theology.[23] This perspective resonates with the broader legacy of religious

[23] Gulo, "Some Notes," 141.

storytelling that has shaped spiritual understanding across various cultures. For instance, in Christianity, the story of Jesus healing the man with leprosy, as recorded in Matthew 8:1-2, exemplifies how divine narratives can guide and influence pastoral care. Similarly, in Buddhism, the tales of the Mustard seed and Angulimala illustrate how stories are used to convey moral and spiritual lessons that are integral to personal and communal growth. These stories from different traditions highlight the universal role of narrative in religious and spiritual contexts, underlining a shared human need to find meaning through personal experience and storytelling.

The Root of Storytelling

The creator of this project intends to first discuss the origins of storytelling. According to Dr. Carmela R. Nanton, an educator, storytelling has been a fundamental component of all Indigenous cultures since the dawn of humanity. From depicting formidable predators on cave walls to inspiring bravery and authority within the community during encounters with potentially dangerous creatures or events, to sharing tales of community bonds under a new moon, storytelling embodies a range of life-affirming lessons that have stood the test of time.[24] Evidence suggests that ancient peoples engaged in storytelling as a form of communication,[25] though it differed from today's storytelling practices.

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[24] Randee Lipson Lawrence, "What Our Ancestors Knew: Teaching and Learning Through Storytelling," in *Tectonic Boundaries: Negotiating Convergent Forces in Adult Education*, ed. Carmela R. Nanton (San Francisco: Jossey-Bass, 2016), 64.
[25] Intan Satriani, "Storytelling in Teaching Literacy: Benefits and Challenges," *English Review* 8, no. 1 (2019): 40, https://doi.org/10.25134/erjee.v8i1.1924.

Ferris Jabr, a science journalist states that, historically, storytelling among ancient civilizations played a dual role: it not only provided entertainment but also imparted moral and ethical lessons, guiding individuals toward improved human behavior. Through engaging with the narratives shared by seasoned elders, who recounted the trials and tribulations of existence, listeners were offered a pathway to introspection, equilibrium, and completeness.[26] As discussed herein, sharing stories, and listening to them provides an opportunity for learning and self-reflection during the exchange. As Dr. Joseph Bruchac, a writer and storyteller, articulately puts it, "That's the purpose of storytelling: teaching people who they are so they can become all they were meant to be."[27] This emphasizes the educational goal of storytelling, leading to an exploration of its educational effectiveness.

Knowledge Transmission

Dr. Ka Lam Jodith Leung, researches the power of stories, highlights that storytelling's exceptional capacity to transmit knowledge is clearly demonstrated through its remarkable ability to distill and communicate complex concepts in ways that are not only accessible but also captivating.[28] In a hospital setting, the role of a chaplain encompasses the provision of emotional and spiritual support, commonly referred to as

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[26] Ferris Jabr, "The Story of Storytelling," *Harper's Magazine*, March 2019, 40, https://harpers.org/archive/2019/03/the-story-of-storytelling/.
[27] Catherine Verrall, Lenore Keeshig, and Canadian Alliance in Solidarity with the Native Peoples, *All My Relations: Sharing Native Values through the Arts* (Toronto: Canadian Alliance in Solidarity with Native Peoples, 1988), 99.
[28] Ka Lam Jodith Leung, "The Use of Storytelling as Transfer of Knowledge" (PhD diss., Hong Kong Polytechnic University, 2014), 52.

pastoral care, which helps alleviate fear and stress.[29] This concept, while not complex to understand, can also be considered abstract. Dr. Daniel Hikuroa, studies the value of storytelling in research, emphasizes that by skillfully weaving together intricate details into narratives that are both memorable and engaging, storytelling effectively bridges the often wide chasm between abstract theoretical ideas and the tangible, personal experiences of learners.[30] Ka Lam Jodith Leung further clarifies that this process is not just about making information easier to understand; it is about transforming it into something that resonates on a deeper level with individuals, thereby facilitating a more profound comprehension and connection with the material at hand.[31] Through this unique approach, storytelling does not merely present facts or data; Dr. Carolyn A. Ramsey, an author of "Storytelling Can Be a Valuable Teaching Aid," reinforces that narratives bring facts and data to life, Intan Satriani, an educator researching the benefits of storytelling in teaching, embedding them within stories that linger in the memory long after they have been told, thereby ensuring that the knowledge conveyed is not only absorbed but also retained over time.[32] This dynamic method of knowledge transmission underscores the enduring power of storytelling, highlighting its role as a tool for education.

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[29] AdventHealth University, "What Does a Hospital Chaplain Do?," AdventHealth University, June 11, 2021, https://www.ahu.edu/blog/hospital-chaplain-2.
[30] Jaime Cidro, "Storytelling as Indigenous Knowledge Transmission," in *Proceedings International Indigenous Development Research Conference 2012* (New Zealand: New Zealand's Indigenous Centre of Research Excellence, 2012), 29, http://www.indigenousdevelopment2012.ac.nz.
[31] Leung, "Use of Storytelling," 10.
[32] Carolyn A. Ramsey, "Storytelling Can Be a Valuable Teaching Aid," *Aorn Journal* 72, no. 3 (2000): 497.

Engagement

The portrayal of the chaplain within the storytelling not only facilitates a deeper understanding of the chaplain's role for the reader and has the potential to pique curiosity about the nature of spiritual care in healthcare settings, but it also engages chaplains deeply in their own professional development. Mindy Foelske states that the profound impact of a compelling story transcends its mere narrative architecture, delving deep into the emotional landscape to grasp the attention and spark the curiosity of learners. It is not just the sequence of events or characters that captivate, but the emotional resonance that stories are able to generate.[33] The dialogues between the chaplain, patients, and their families, presented within a story rather than a dry, clinical encounter, inherently weave emotional narratives through the challenges faced by the patients, families, chaplains, and other clinicians. Intan Satriani highlights that by effectively engaging both the cognitive and emotional faculties, storytelling elevates the learning experience, transforming it into a realm that is both vibrant and dynamic.[34] This holistic approach to engagement not only makes the process more enjoyable for the readers of the chaplain stories in this project but also markedly amplifies the effectiveness and overall impact of the educational outcomes. Thus, delineating the chaplain's role through storytelling offers readers a natural avenue to grasp the art and skill of chaplaincy, which is truer to life than charting notes and academic textbooks provide.

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[33] Mindy Foelske, "Digital Storytelling: The Impact on Student Engagement, Motivation and Academic Learning" (master's thesis, University of Northern Iowa, 2014), 24, https://scholarworks.uni.edu/grp/167.
[34] Satriani, "Storytelling in Teaching Literacy," 113.

Critical Thinking and Reasoning Development

In examining the role of chaplains through storytelling, the research goes beyond merely delineating chaplain's responsibilities. Each narrative culminates with reflective questions, prompting readers not just to conclude their reading, but to engage in deeper contemplation. Dr. Aaron Elí Mena Araya, an educator exploring storytelling and critical thinking, observes that storytelling provides a distinctive platform that enables learners to explore diverse perspectives and develop their problem-solving skills. Storytelling shifts the learners from passive listeners to active participants.[35] Readers, through engaging with the chaplain's stories and reflective questions, not only embark on a journey of introspection but also significantly enhance their analytical and critical thinking skills. This enrichment occurs as they navigate through the multitude of narratives presented. Similarly, Dr. Ya-Ting C. Yang, a researcher in storytelling as a critical learning strategy, highlights that learners critically analyze and engage with stories by considering different viewpoints and applying critical thinking to solve problems presented. This form of engagement not only amplifies their analytical abilities but also deepens their understanding of the content.[36] Encouraging readers to cultivate a profound comprehension through critical analysis via diverse chaplain narratives can significantly alter the readers' worldview. In harmony with this perspective, Dr. Evy Sakellariou studies storytelling and critical thinking, emphasizes that such an approach does not

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[35] Aarón Elí Mena Araya, "Critical Thinking for Civic Life in Elementary Education: Combining Storytelling and Thinking Tools," *Revista Educación* 44, no. 2 (2020): 6, https://doi.org/10.15517/revedu.v44i2.39699.

[36] Ya-Ting C. Yang and Wan-Chi I. Wu, "Digital Storytelling for Enhancing Student Academic Achievement, Critical Thinking, and Learning Motivation: A Year-Long Experimental Study," *Computers & Education* 59, no. 2 (2012): 399–340, https://doi.org/10.1016/j.compedu.2011.12.012.

merely equip learners to confront the world's challenges with confidence; it also inspires them to tackle these challenges with creativity and insight.[37] Incorporating storytelling into the analysis of a chaplain's experiences can offer readers a profound opportunity to gain insights beyond conventional learning methods.

Memory Enhancement

Research indicates that storytelling scientifically fosters long-term memory retention. Dr. Jiawei Zhang a neuroscientist, states that storytelling facilitates emotionally charged learning, where emotion plays a crucial role in enhancing memory. Emotionally charged stories activate areas of the brain associated with memory, such as the amygdala and hippocampus, aiding in the transition of information into long-term memory.[38] Consequently, the readers exposed to the emotional chaplain's stories presented through storytelling are naturally inclined to remember the chaplain's roles for an extended period. Dr. Renate Nummela Caine an education researcher, also states that storytelling is recognized as a powerful tool for creating memorable experiences by organizing information, imparting meaning, and providing emotional connections.[39] Amreen Mistry an author of "The Art of Storytelling: Cognition and Action Through Stories," also states that storytelling helps deliver knowledge content with context, allowing knowledge

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[37] Evy Sakellariou, "Storytelling Method for Critical Thinking in Teaching and Learning Practice" (Lecture, Festival of Learning 2019, Kingston, U.K., June 25, 2019), 33–42, https://eprints.kingston.ac.uk/id/eprint/48826/.
[38] Jiawei Zhang, "Cognitive Functions of the Brain: Perception, Attention and Memory," arXiv, 2019, 2–3, http://arxiv.org/abs/1907.02863.
[39] Renate Nummela Caine and Geoffrey Caine, *Making Connections: Teaching and the Human Brain* (Alexandria, Virginia: Association for Supervision and Curriculum Development, 1991), 114.

recipients to relate their own experiences.[40] One of the principal motivations behind the creator of this project's endeavor to delineate the chaplain's role through storytelling is the understanding that the human brain tends to process and remember information presented in the form of stories better.[41] Dr. Stephen M. Kromka a professor of communications, also said that this is because stories include characters, settings, events, and emotions, presenting information in a rich and interconnected manner. Therefore, information conveyed through storytelling is more likely to be retained and easily accessed compared to isolated facts or concepts.[42] Amreen Mistry states that storytelling plays a significant role in improving information retention and enhancing the learning process.[43] Through this understanding, The creator of this project recognizes storytelling not just as a means of communication, but as a vital tool in boosting memory enhancement and learning efficiency for clinicians, especially those providing spiritual care.[44]

Research on Storytelling for Healing and Reflection

As mentioned earlier, storytelling is recognized for its effectiveness in educational contexts. This section delves into the role of storytelling in facilitating healing and reflection. Ramsey highlighted storytelling's capability to forge emotional connections

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[40] Amreen Mistry, "The Art of Storytelling: Cognition and Action Through Stories," *International Journal of Arts & Sciences* 9, no. 4 (2016): 301.
[41] Caine and Caine, *Making Connections*, 38.
[42] Stephen M. Kromka and Alan K. Goodboy, "Classroom Storytelling: Using Instructor Narratives to Increase Student Recall, Affect, and Attention," *Communication Education* 68, no. 1 (2019): 20, https://doi.org/10.1080/03634523.2018.1529330.
[43] Mistry, "The Art of Storytelling," 301.
[44] Maria Hofman-Bergholm, "Storytelling as an Educational Tool in Sustainable Education," *Sustainability* 14, no. 5 (2022): 7, https://doi.org/10.3390/su14052946.

with the audience, emphasizing the power of stories to evoke emotions and establish strong emotional bonds with listeners.[45] This suggests that the stories written by the creator of this project can elicit a sense of emotional engagement in readers. Specifically, within the realms of healing and reflection, storytelling wields significant power by tapping into the deep-seated human abilities to empathize, comprehend, and connect. It goes beyond the basic exchange of information to become a pivotal force in emotional healing, introspection, and personal development. These themes will be examined in the book portion of this project.

Emotional Healing through Storytelling

Sharing personal stories or listening to others' experiences cultivates a sense of belonging and insight. Dr. Annie Brewster an assistant professor of medicine at Harvard Medical School, elucidates that storytelling acts as a potent reminder of our collective humanity, underscoring its remarkable capacity to not only heal the storytellers but also to reassure that no one's struggle is completely isolated.[46] Many readers find a profound personal connection with the chaplain stories shared by the creator of this project, experiencing the-stories as vividly as if they were their own. The readers recount stepping into the roles of chaplain and patient, sometimes feeling as if they are part of the patients' families, and through this engagement, they report experiencing healing. Similarly, Dr. Nkechinyelum A. Chioneso an assistant professor of psychology at Florida A&M University, highlights storytelling as a crucial tool for self-empowerment and

[45] Ramsey, "Storytelling Can Be," 497.
[46] Annie Brewster, *The Healing Power of Storytelling: Using Personal Narrative to Navigate Illness, Trauma, and Loss* (Berkeley, California: North Atlantic Books, 2022), ix.

organization.[47] As a result, it can also support readers in reinforcing their own mental resilience, as well as providing them with a powerful tool for reflecting upon, rehearsing, and improving their own spiritual care giving skills.

Introspection and Contextualizing Suffering

The stories shared by the creator of this project often delve into themes of pain, hurt, and sorrow. Yet, the intention behind recounting such stories is to transcend the mere portrayal of suffering or illness as unfortunate events. Instead, it seeks to guide readers towards weaving these experiences into the fabric of their own life stories and personal identities. Dr. Pia H. Bülow, a professor of social work at Jönköping University, mentions that the critical concept is that narratives or storytelling play a vital role in structuring individual experiences in a meaningful way and linking experiences of pain or illness with one's own life story. Through this process, individuals can better understand their experiences and come to accept their suffering as part of their life.[48] This methodological approach is pivotal for enabling readers to reframe their interpretations of personal hardships. By engaging with stories of adversity, readers can find avenues to imbue their experiences with positive, meaningful interpretations. This not only augments their resilience and capacity to navigate life's challenges but also enhances their quality of life, offering substantive support in the process.[49]

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[47] Nkechinyelum A. Chioneso, Carla D. Hunter, and Helen A. Neville, "Community Healing and Resistance Through Storytelling: A Framework to Address Racial Trauma in Africana Communities," *Journal of Black Psychology* 46, no. 2–3 (2020): 109, https://doi.org/10.1177/0095798420929468.
[48] Pia H. Bülow, "Sharing Experiences of Contested Illness by Storytelling," *Discourse & Society* 15, no. 1 (2004): 34, https://www.jstor.org/stable/42888614.
[49] Ronald E. Anderson, *Human Suffering and Quality of Life: Conceptualizing Stories and Statistics* (Wayzata, MN: Springer Science & Business Media, 2013), 17–18.

Reflection through Storytelling

Self-Understanding and Personal/Professional Development

Engaging with one's own narrative or immersing oneself in the stories of others acts as a catalyst for profound self-discovery. This initiative surpasses merely reading about a chaplain's care for a patient, it invites readers on a journey of deep introspection. Dr. Steve McGuire an author of "Narrative Interpretation: Personal And Collective Storytelling," highlights the transformative power of reflecting on personal stories or those of others, emphasizing its role in fostering profound self-awareness.[50] Supporting this view, Dr. Martin Jenkins an author of "Evaluating the Effectiveness of Digital Storytelling for Student Reflection," further underscores the significance of this introspective process. It prompts individuals to scrutinize their beliefs, values, and attitudes, paving the way for enhanced self-knowledge and personal development.[51] In this chaplain's project, stories are enhanced by reflective questions which acts as a continual guide for readers. While reading the stories, these questions serve as triggers for introspection, leading readers to a deeper understanding of themselves and allowing for more insightful group discussions if used as part of formal chaplain training.

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[50] Steven McGuire, "Narrative Interpretation: Personal and Collective Storytelling," Working Papers in Are Education (Iowa City, Iowa: The University of Iowa, 1985), 61, https://pubs.lib.uiowa.edu/mzwp/article/id/2784/.

[51] Martin Jenkins and Jo Lonsdale, "Evaluating the Effectiveness of Digital Storytelling for Student Reflection," in *Proceedings Ascilite Singapore 2007* (Singapore: Australasian Society for Computers in Learning in Tertiary Education, 2007), 443, https://digitalstorylab.com/wp-content/uploads/2015/04/jenkins.pdf.

Building Resilience

This chaplain's storytelling often incorporates spiritual care stories that are imperfect, a bit messy, and do not mask mistakes made during her earlier stages of professional development. Chaplaincy is a skill and an art. One can learn as much, or even more, from connecting with and reflecting on the imperfect as well as the highly skilled encounters. Engaging with these stories allows readers to identify both the strengths and weaknesses in chaplain's approaches, learn from this chaplain's errors, and develop their own skills, introspection, and resilience. Dr. Stephanie P. Brooks, a specialist in patient-oriented research, similarly points out that stories can evoke emotions, engage us, and encourage us to think or act differently. Additionally, through storytelling, people can empathize with others, envision themselves behaving differently, thus lowering their resistance, and becoming motivated to embrace new behaviors. [52] Likewise, Chandra Ramamurthy clinical psychologist and psychotherapist, asserts that storytelling significantly contributes to enhancing resilience, uncovering meaning, and nurturing beliefs in our capability to skillfully manage challenging experiences. Resilience is crucial in mental health and coping, enabling individuals to effectively recover from adversities.[53] Thus, through this chaplain's storytelling, readers can gain resilience. Gleaning insights into resilience from the chaplain's imperfect stories represents one of the significant benefits derived from this project.

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[52] Stephanie P. Brooks et al., "A Framework to Guide Storytelling as a Knowledge Translation Intervention for Health-Promoting Behavior Change," *Implementation Science Communications* 3 (2022): 2, https://doi.org/10.1186/s43058-022-00282-6.

[53] Chandra Ramamurthy et al., "The Impact of Storytelling on Building Resilience in Children: A Systematic Review," *Journal of Psychiatric and Mental Health Nursing*, (forthcoming), December 12, 2023, https://doi.org/10.1111/jpm.13008.

Emotional Connection and Enhancing Empathy

The creator of this project believes that storytelling and emotional connection are among the most important aspects for evoking feelings in readers. It has been observed that the narratives conveyed by chaplains significantly resonate with the reader, eliciting strong emotional responses, including tears. This highlights the profound impact that storytelling can have, not just as a method of communication, but as a powerful means of connecting on a deeply emotional level. Carolyn Ramsey stated that emotionally engaging stories can have a greater impact on the audience, which can aid in information delivery and understanding.[54] The Emotion signifies that the readers found resonance and empathy in the chaplain's story. Through the stories about the chaplain's role in this project, readers will learn that chaplains essentially listen well and empathize deeply, but their skilled, professional role in a client's healing is often much more nuanced and complex. Dr. Kevin Flannelly Research Director, Center for Psychosocial Research, supports the creator of this project's point that empathizing and listening well to the stories of patients and families can be considered one of the important services that chaplains provide.[55] The stories in this project show that not only do the chaplain's narratives promote emotional healing introspection, and personal development for the

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[54] Ramsey, "Storytelling Can Be," 499.

[55] Kevin Flannelly et al., "A National Survey of Hospital Directors' Views About the Importance of Various Chaplain Roles: Differences Among Disciplines and Types of Hospitals," *The Journal of Pastoral Care & Counseling* 60 (2006): 217, https://www.researchgate.net/profile/Kevin-Flannelly/publication/6737181_A_national_survey_of_hospital_directors'_views_about_the_importance_of_various_chaplain_roles_differences_among_disciplines_and_types_of_hospitals/links/5503265d0cf24cee39fd5cdd/A-national-survey-of-hospital-directors-views-about-the-importance-of-various-chaplain-roles-differences-among-disciplines-and-types-of-hospitals.pdf.

reader of this book, but every time a patient, or their family member, or a clinician tells their story and feels heard by the chaplain, that person also experiences healing, introspection and personal growth.

Research on the Benefits of The Four Nobel Truths and Compassion

The Four Noble Truths

This project will be framed withing the Buddha's teaching of the Four Noble Truths which is a core Buddhist teaching one of the Buddha's first teachings elucidating the path to freedom through four truths the truth of suffering, the truth of the cause of suffering, the truth of the end of suffering, and the truth of the path that leads to the end of suffering. The first of the Four Noble Truths is The Truth of Suffering, which will be divided into a framework consisting of:

1. The Suffering of Suffering,
2. The Suffering of Change, and
3. The Suffering of Conditioning.

The second of the Four Noble Truths is The Truth of the Cause of Suffering, which will be explored through the lens of Buddhism's three poisons, representing the inherent negative forces in life that lead to human suffering. The first poison is Attachment, the second poison is Anger, and the third poison is Ignorance, [56] and they will be utilized as the framework.

The third of the Four Noble Truths is The Truth of the End of Suffering, and the fourth is The Truth of the Path that Leads to the End of Suffering. The latter will be

[56] "Three Poisons."

elaborated through The Eightfold Path in Buddhism, which delineates eight principles essential for enlightenment. These principles are meant to be an integral part of daily life, aiding in the progression on the Buddhist path. They are:

1. Right View,
2. Right Aspiration,
3. Right Speech,
4. Right Action,
5. Right Livelihood,
6. Right Effort,
7. Right Mindfulness, and
8. Right Concentration.[57]

The Four Noble Truths, deeply rooted in compassion, are briefly explained below, followed by a description of how these truths can serve as a framework.

The First: The Truth of Suffering

This project investigates the roles of Buddhist chaplains in hospitals, specifically through storytelling based on actual events encountered while caring for patients. Recognizing that hospitals serve as environments where individuals often face their most challenging moments, both physically and emotionally, it is pertinent to understand the context of suffering within these spaces. Rather than being places visited for joyous occasions, hospitals are sought out during times of significant distress. In this light, hospitals can be perceived as loci of suffering. To articulate the dimensions of this suffering, Dr. Ronald E. Anderson's, a professor of sociology at the University of Minnesota, classification is invoked, which delineates suffering into three distinct types: physical suffering, which can range from pain to excruciating discomfort; mental

[57] Lopez, "Eightfold Path."

suffering, characterized by feelings of anguish, angst, and anxiety; and social suffering, which includes experiences of exclusion, discrimination, and ostracization.[58]

The Buddha taught that suffering is the first of the Four Noble Truths. In the *Dukkhatā Sutta* (SN 45.165) of the Pali Canon, the Buddha's concept of suffering is nuanced and categorized into three distinct types. Dr. Phramaha Vichien Dhammavajiro an author of "Four Noble Truths: Path Leading to Cessation of Suffering," describes these three sufferings as follows:

> 1. The Suffering of Suffering, (*Dukkha-dukkhatā*): the state of suffering or physical and mental pain, generally understood as suffering by its name and nature such as pain, illness, and death.
> 2. The Suffering of Change (*Vipariṇāma-dukkhatā*): a form of discomfort that emerges from the inherent impermanence of all things, highlighting that even moments of happiness are fleeting and not immune to change, and
> 3. The Suffering of Conditioning(*Saṅkhāra-dukkhatā*): suffering due to conditioned things, where the state of compounded things arises from causes and conditions, oppressed by the rise and decay of involved factors, unable to remain stable, and leading to clinging to suffering.[59]

Both Anderson and the Buddha recognize that suffering is not a singular form but possesses multiple dimensions. This acknowledges the complexity of suffering and its potential to arise from various causes and contexts. Anderson categorizes suffering into physical, mental, and social types. This classification centers around the external expressions of suffering, internal experience, and the experience within social interactions. Primarily, it technically classifies types of suffering, aiming to understand the causes of suffering through this categorization. The Buddha classifies suffering into the suffering of suffering, the suffering of change, and the suffering of conditioning. This

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[58] Anderson, *Human Suffering*, 3.
[59] Vichien Dhammavajiro, Kannika Vaisopha, and Pradit Srinonyang, "Four Noble Truths: Path Leading to Cessation of Suffering," *Journal of Roi Kaensarn Academi* 5, no. 2 (2020): 261.

categorization provides a deeper understanding of how the experience of suffering occurs and is perceived, focusing on the inherent instability of all beings and the resulting mental suffering. The cause of suffering is seen in relation to fundamental desires and the principle of impermanence. Through this project's framework utilizing the Four Noble Truths, readers can grasp and vicariously experience the Buddha's multifaceted definition of suffering as understood by the creator of this project via storytelling. However, what Buddha emphasizes in the Four Noble Truths is not merely suffering.

V. F. Gunaratna, a former Public Trustee and a distinguished Buddhist lecturer, noted that the Buddha's teaching of the Four Noble Truths was not to dwell on suffering, but to illuminate the path to its elimination.[60] Similarly, Phramaha Vichien Dhammavajiro emphasized that the Buddha sought to understand suffering's causes deeply, suggesting that comprehending these causes is key to ending suffering.[61] Tashi Tsering a Tibetan Tibetologist, historian and writer, also highlighted that, by exploring the Four Noble Truths, the Buddha outlined a path to the cessation of suffering, enabling individuals to achieve liberation from all forms of suffering.[62] Tibetan Women's Association Central Executive Committee states that Buddhism promotes the quest for enlightenment through structured systems of understanding, emphasizing rationality over blind faith and belief.[63] It encourages an open-minded approach to phenomena, urging

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[60] V. F. Gunaratna, *The Significance of the Four Noble Truths* (Kandy, Sri Lanka: Buddhist Publication Society, 2008), 6.
[61] Vichien Dhammavajiro, Kannika Vaisopha, and Pradit Srinonyang, "Four Noble Truths," 256.
[62] Tashi Tsering and Gordon McDougall, *The Four Noble Truths* (Boston, Mass.: Wisdom Publications, 2005), 9.
[63] Tibetan Women's Association Central Executive Committee, *Gems from the Heart*, 2nd rev. ed. (Dharamsala, India: Tibetan Women's Association Central Executive Committee, 2013), 21.

individuals to analyze them and leverage the insights for personal growth.[64] Thus, by following this methodology, as reflected in the structure of the Four Noble Truths, readers find guidance on how to be free from suffering.

The second: The Truth of the Cause of Suffering

Phra Rangson Suwan articulates that the Second Noble Truth, *Samudaya*, of the Four Noble Truths in Buddhism, explores the origins of suffering, aiming to reveal the fundamental causes of all forms of suffering and dissatisfaction.[65] Ross McLauran Madden an author of "The Three Poisons: A Buddhist Guide to Resolving Conflict" further clarifies that by stating that according to Buddhist teachings, the root of conflict lies in attachment, which includes both our mental engagements and the desired outcomes. The perpetuation of this suffering is driven by the Three Poisons: greed or craving, anger or hatred, and ignorance or delusion, each playing a crucial role in the cycle of suffering.[66] Dr. David R. Loy, a professor and Zen teacher, explains the three poisons in the following way:

1. Greed (*Lobha*): this refers to an intense desire for or attachment to material and mental objects. It leads to endless craving and an insatiable longing that causes suffering.
2. Anger (Dosa): this encompasses negative emotional states such as hatred, rage, and hostility. Such emotions can lead to conflict in relationships, inner turmoil, and result in suffering.
3. Ignorance (*Moha*): this denotes a lack of understanding or misconception about the truth, i.e., incorrect perceptions of the world and oneself.

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[64] Phra Rangson Suwan, "The Four Noble Truths in Buddhism: The Truth of Cessation of Suffering (Dukkhanirodha)," *International Journal of Multidisciplinary Educational Research* 8, no. 9.2 (2019): 76.
[65] Phra Rangson Suwan, 74–75.
[66] Ross McLauran Madden, *The Three Poisons: A Buddhist Guide to Resolving Conflict* (Bloomington, IN: AuthorHouse, 2010), 13.

It can lead to poor judgments or decisions, becoming a source of suffering.[67] Readers will be able to reflect on their own experiences with the Three Poisons through the chaplain's storytelling in the chapter on the Three Poisons. Readers will progress from understanding the causes of suffering to exploring its cessation in the following chapter, which will be further elaborated upon.

The Third & Fourth Noble Truths: Truth of the End of Suffering and The Truth of the Path that Leads to the End of Suffering

The third of the Four Noble Truths is The Truth of the End of Suffering; this truth reveals that the complete cessation of suffering is possible, which signifies enlightenment.[68] Overcoming the roots of suffering and finding true peace paves the way to the fourth noble truth: The Truth of the Path that Leads to the End of Suffering which is elucidated through the Buddha's teaching of the Eightfold Path. Dr. Bhikkhu Bodhi the president of the Buddhist Publication Society, states that this path offers a comprehensive framework for ethical conduct, mental discipline, and wisdom to the end of suffering. The Eight-Fold Path consists of:

1. Right View: comprehending the Four Noble Truths and the nature of reality.
2. Right Aspiration: cultivating intentions of renunciation, goodwill, and harmlessness.
3. Right Speech: Engaging in truthful, harmonious, and beneficial communication.
4. Right Action: conducting oneself in ways that are not harmful to others or oneself.

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[67] David R. Loy, review of *Happiness Project: Transforming the Three Poisons That Cause the Suffering We Inflict on Ourselves and Others*, by Ron Leifer, *Buddhist-Christian Studies* 21 (2001): 152, https://www.jstor.org/stable/1390506.
[68] Gelek Rimpoche, *Four Noble Truths* (Ann Arbor, MI: Jewel Heart, 2008), 2.

5. Right Livelihood: choosing a profession that does not cause harm or exploit others.

6. Right Effort: making a diligent effort to cultivate beneficial qualities and abandon harmful ones.

7. Right Mindfulness: developing awareness of the body, feelings, mind, and phenomena to understand them more deeply.

8. Right Concentration - Practicing meditation to develop deeper states of focus and insight.[69]

Together, these practices lead to the cessation of suffering by gradually eliminating the Three Poisons, the root causes of suffering. Dr. Rev. Daizui MacPhillamy a author of "The Eightfold Path of Buddhism," states that The Eightfold Path is both a guide for daily living and a profound philosophical and ethical system that aims to liberate individuals from suffering.[70] Readers diving into the Eightfold Path section of this project will grasp how Buddhist chaplains weave the Buddha's teachings into patient care, showcasing the practical application of these principles in everyday life.

This project's storytelling utilizes the Four Noble Truths and their subdivisions as its framework. Readers following this framework will delve into this chaplain's stories, with each section providing at least one meditation practice, allowing the reader to engage in the eighth aspect of the Eight-Fold Path. This approach aims to move beyond mere understanding of the Four Noble Truths, guiding readers towards a path of liberation from suffering.

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[69] Bhikkhu Bodhi, *The Noble Eightfold Path: The Way to the End of Suffering* (Kandy, Sri Lanka: Buddhist Publication Society, 2010), 11–12.

[70] Daizui MacPhillamy, *The Eightfold Path of Buddhism* (Mt. Shasta, CA: The Order of Buddhist Contemplatives, 2011), 2.

Compassion

A final point of emphasis, crucial within Buddhism, is the concept of compassion. It is essential to recognize that compassion is a fundamental quality not only for Buddhist chaplains but also for chaplains across all religions. Dr. Jane E. Dutton a professor of business administration and psychology, articulates compassion as not merely recognizing the suffering of others but also fostering a profound empathy and an earnest desire to alleviate that suffering.[71] Similarly, Dr. Tania Singer a social neuroscientist and psychologist, elaborates on compassion as an understanding deeply rooted in empathy, aspiring for all beings to achieve happiness and liberation from suffering. [72] Nancy E. Snow further extends this notion by highlighting compassion's proactive nature beyond feeling sympathy, it involves an active engagement in taking upon oneself the suffering of others with the aim to mitigate it.[73]

Value of the Buddhist Meditation Techniques

In this project, five distinct types of meditation are introduced. Rather than detailing the effects of each type separately, this section is dedicated to discussing the overarching values that meditation brings. These include The Value of Emotional Regulation, The Value of Mindfulness Meditation, and Loving-kindness and Compassion Meditation.

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[71] Jane E. Dutton, Kristina M. Workman, and Ashley E. Hardin, "Compassion at Work," *Annual Review of Organizational Psychology and Organizational Behavior* 1 (2014): 278, https://doi.org/10.1146/annurev-orgpsych-031413-091221.
[72] Tania Singer and Olga M. Klimecki, "Empathy and Compassion," *Current Biology* 24, no. 18 (2014): 875, https://doi.org/10.1016/j.cub.2014.06.054.
[73] Nancy E. Snow, "Compassion," *American Philosophical Quarterly* 28, no. 3 (1991): 195, https://www.jstor.org/stable/20014373.

Emotional Regulation

When thinking of meditation, the first effect that comes to mind is likely Emotional Regulation. Camila P. R. A. T. Valim, a researcher at Mackenzie Presbyterian University and Dr. Lucas M. Marques, an adjunct professor mental health department, highlight that meditative practices are renowned for the ability to regulate emotions and enhance overall emotional well-being. Mindfulness plays a significant role in mitigating negative emotions while amplifying positive ones, fostering an awakening of consciousness and a more positive state of being. Highlighting the integration of meditation into daily routines is emphasized for its capability to improve emotional health and management, with a focus on cultivating positive emotional states.[74]

Dr. Julia C. Basso, an assistant professor in neuroscience at Rutgers University, state that further research supports the notion that the beneficial effects of meditation are due to its potential to enhance emotional regulation the skill of managing one's emotions effectively. Meditation has been shown to decrease stress responses, reduce emotional disturbances in situations requiring control, and simplify the management of emotional states for individuals. Additionally, meditation techniques have proven effective in reducing symptoms of anxiety, panic, and depression among those with anxiety disorders, with the positive outcomes lasting up to three years after the initial intervention.[75] This

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[74] Camila P. R. A. T. Valim, Lucas M. Marques, and Paulo S. Boggio, "A Positive Emotional-Based Meditation but Not Mindfulness-Based Meditation Improves Emotion Regulation," *Frontiers in Psychology* 10 (2019): 8, https://doi.org/10.3389/fpsyg.2019.00647.
[75] Julia C. Basso et al., "Brief, Daily Meditation Enhances Attention, Memory, Mood, and Emotional Regulation in Non-Experienced Meditators," *Behavioral Brain Research* 356 (2019): 210, https://doi.org/10.1016/j.bbr.2018.08.023.

research provides a comprehensive overview of the positive impacts of meditation, starting from the general advantages to more detailed research findings on emotional regulation and mental health improvements. This project will provide mindfulness meditation, and from this point forward, the focus will be on discussing the value of mindfulness meditation.

The Value of Mindfulness Meditation

Anulipi Agarwal an author of "The Role of Meditation on Mindful Awareness and Life Satisfaction of Adolescents," articulates that mindful awareness and meditation are tools that assist in managing challenging thoughts and emotions, promoting greater consciousness in everyday activities, and observing experiences with intention. Additionally, with regular application, these practices can sharpen one's attentiveness, diminish the pull of distractions, and foster a sense of openness, acceptance, and compassion, thereby enhancing life quality.[76] Echoing this, Dr. Paul M. Lehrer, a clinical psychologist, highlight that mindfulness meditation, also known as Vipassana, fosters a nonjudgmental and adaptable awareness, distinct from concentrative meditation that fixates on a single point. Mindfulness encourages a dynamic focus across a spectrum of experiences, fostering expansive awareness conducive to personal and therapeutic growth without reliance on analytical thought.[77]

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[76] Anulipi Agarwal and Vidushi Dixit, "The Role of Meditation on Mindful Awareness and Life Satisfaction of Adolescents," *Journal of Psychosocial Research* 12, no. 1 (2017): 60.
[77] Jean L. Kristeller, "Mindfulness Meditation," in *Principles and Practice of Stress Management*, ed. Paul M. Lehrer, Robert L. Woolfolk, and Wesley E. Sime, 3rd ed. (New York: Guilford Press, 2007), 393.

Complementing the mindfulness practices, this project will additionally introduce contemplative prayer and simple, repetitive mantras. Dr. Karen L. Bray, an author of "Contemplative Prayer and Meditation: Their Role in Spiritual Growth," has observed the profound impact of such contemplative practices on spiritual growth, demonstrated by the deepened faith connections among participants at College Avenue United Methodist Church.[78] This evidence highlights the significant positive effects on spiritual health, thereby enriching the project's meditation approach with another dimension. Furthermore, the project will extend its offerings to include loving-kindness and compassion meditation, aiming to further explore and elucidate their value.

Loving-Kindness and Compassion Meditation

This project will incorporate loving-kindness meditation, which, according to Dr. James J. Gross, a professor of psychology, has been substantiated by scientific literature to enhance empathy. Neuroscientific studies have indicated that this form of meditation can induce changes in the brain associated with positive emotions and empathy.[79] Furthermore, Gross points to research revealing that loving-kindness meditation contributes to psychotherapists in training by boosting self-awareness, compassion, and therapeutic competencies.[80]

Dr. Jennifer S. Mascaro, an assistance professor at Emory University, emphasizes that compassion meditation enhances positive emotions like gratitude and affection,

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[78] Karen L. Bary, "Contemplative Prayer and Meditation: Their Role in Spiritual Growth" (PhD diss., Asbury Theological Seminary, 2021), 5.
[79] James J. Gross, "Emotion Regulation: Current Status and Future Prospects," *Psychological Inquiry* 26, no. 1 (2015): 255, https://doi.org/10.1080/1047840X.2014.940781.
[80] Gross, 259.

promoting an optimistic life view and self-compassion, which boosts self-acceptance and resilience.[81] This practice also improves emotional interpretation from facial expressions, enriching relationships through increased empathy and compassion. Furthermore, it aids in stress management and contributes to overall well-being, with studies showing it positively alters brain circuits related to empathy, indicating lasting cognitive benefits.[82] Together, these findings illuminate the multifaceted contributions of meditation to emotional and cognitive development.

This project offers a comprehensive array of practices, including mindfulness, loving-kindness & compassion meditation, prayer, and mantra, with their value extensively discussed thus far. An additional valuable aspect of meditation that this project seeks to highlight is the increase in resilience. Dr. Stephanie Dorais, a clinical assistant professor in counselor education at William & Mary, notes that centering meditation has been found to effectively enhance resilience, with spiritual transcendence playing a crucial role in significantly bolstering this improvement over time.[83] While participants may not experience all the benefits listed from each meditation practice introduced in this project, engaging in even a small amount of these meditative practices daily can foster resilience and, ultimately, help maintain a continuous state of inner peace.

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[81] Jennifer S. Mascaro et al., "Compassion Meditation Enhances Empathic Accuracy and Related Neural Activity," *Social Cognitive and Affective Neuroscience*, Compassion Meditation, 8 (2013): 51, https://doi.org/10.1093/scan/nss095.
[82] Mascaro et al., 48.
[83] Stephanie Dorais and Daniel Gutierrez, "The Influence of Spiritual Transcendence on a Centering Meditation: A Growth Curve Analysis of Resilience," *Religions* 12, no. 8 (August 2021): 10, https://doi.org/10.3390/rel12080573.

That is an overview of the key factors in chaplain training, the value of storytelling, and the justification for introducing Buddhist-based practices into a training for interfaith chaplains. Through the art of storytelling, this project seeks to illuminate the pivotal role of the chaplain, particularly the Buddhist chaplain, whose practices are deeply infused with compassion. The storytelling reveals how a Buddhist chaplain embodies the Four Noble Truths as she reflects on her own encounters with suffering and compassionately provides care for those in her care, offering a unique lens through which to comprehend the chaplain's spiritual care within the hospital setting.

Chapter Three: Introduction to This Book

Buddhist Chaplain Role in Hospitals: Exploring Spiritual Care through Storytelling Using the Framework of The Four Noble Truths

After years of writing vignettes of memorable encounters, I have had with patients, family members, and staff, which I have used for my own personal reflection and professional development, I understood that these stories might also hold a benefit for a larger audience. It is my hope that these stories will open people's hearts to the joys, suffering, and deep spiritual lives of everyday people sharing their challenging situations with their chaplain.

The role of a hospital chaplain is often misunderstood. Many people, when they do think of a chaplain, only think of prayer someone to offer a prayer then disappear down a long hospital corridor. But chaplains do so much more, as you will read. I hope through this book that you, the reader, come away with a greater appreciation for how a professional chaplain can support you and your loved one in times of need, doubt, fear, and joy.

This book can also be used as a training tool for chaplains. TV programs often show medical residents (new doctors) gathered around a hospital bed listening to or being questioned by an experienced, older doctor as the patient lies patiently and quietly. Chaplains cannot easily learn like that. During a chaplain visit, the patient actively engages with the chaplain, and engaging with a chaplain is often a very private, intimate, and sacred time, or it is a time for establishing trust before the intimate conversation can begin. The dynamics of a chaplain visit would be completely different if a group of new

chaplain residents were to gather around the patient's bed waiting for something magical to happen, turning a private moment into a public spectacle. Chaplain interns and residents have generally already completed seven years of higher education and training before engaging with patients and their families for the first time, and chaplains, as they continue their training in a hospital, do learn from writing down and discussing patient encounters with their cohort, but these visit descriptions by new chaplains often do not convey the depth and breadth of chaplain encounters experienced over many years.

This book may serve as another way for chaplains, and other care providers, to grow professionally and personally. The book contains thirty stories, with reflection questions after each one so that individuals and groups can delve deeper into the encounter and reflect on their own beliefs, ethics, experiences, discomforts, and joyful moments. I have structured the stories withing a framework of a famous Buddhist teaching that can be applied to anyone regardless of their beliefs. After each section, the reader can engage in a contemplative activity to relax the heart and mind after deep reflection.

The stories in this book are possible due to the generosity and trust of so many people. To protect their privacy, all personally identifying information has been changed or removed without affecting the heart of each story.

The Path to Chaplaincy

I was born the youngest of four brothers and two sisters in Korea, and my parents raised us while running their own business. When I was in high school, I happened to visit a friend who worked at a temple, and the temple's abbess, a Buddhist nun, invited

me to have tea. While drinking tea, the abbess asked me, “How about becoming a Venerable (a Buddhist nun)?” but I misheard it as “You must become a Venerable.” I immediately told my parents and siblings that I was going to become a Venerable, and they casually said, “Go ahead,” leading me to become a Venerable at 18. I later found out that all my family members were actually against my decision to become a Buddhist nun. Interestingly, even though my family members cried and strongly opposed it, all I remember is them saying, “Go ahead.” Someone who could see past lives told me after hearing my story that I was a Venerable in a past life, which is why I became a Venerable so easily this time.

I spent three years as a novice Venerable learning the monastic life and studying Buddhist scriptures for four years at Unmun Sangha University. After that, I earned a bachelor’s degree in Buddhist Studies at Dongguk University and studied Buddhist Psychology & Counselling for my master’s degree. At that time, I was very curious about the mind. In Korean Buddhism, the mind is studied through a practice called “Hwadu,” but it felt too abstract for me, so I thought about studying the mind scientifically. My advisor at the time suggested that if I were going to study psychology, it would be best to do my Ph.D. in the United States, where psychology originated, so I decided to study abroad.

I moved to the United States to pursue a Ph.D. in psychology, following my completion of a master’s degree in Buddhist Psychology & Counselling in Korea. Due to my limited English skills, I enrolled in the ESL (English as a Second Language) program at a small, Buddhist founded university in Los Angeles, CA to begin language training. Early in the course, a Venerable (a Buddhist monk), studying for his master’s degree at

the same institution, shared that despite two years of ESL classes upon his arrival in the U.S., his English had not significantly improved. He suggested I consider pursuing another master's degree. Notably, our school offered a Chaplaincy training program with scholarships available, which this Venerable believed could help me improve my English while I earned another degree. Thus, without much prior knowledge of what Chaplaincy was, I began my studies in the Chaplaincy department.

As I delved into Chaplaincy, I discovered that the counseling skills and psychology knowledge acquired during my master's in Buddhist Psychology & Counselling in Korea were immensely beneficial. The three counseling certifications I had earned proved invaluable in actual patient interactions.

The next stage of my Chaplain training included becoming a CPE intern (Clinical Pastoral Education) in the U.S. My first patient visit remains a vivid memory of me standing silently before a closed door, unsure whether to enter, and tongue tied about what to say. A nurse, observing my hesitation, encouraged me, "You can go in." Internally, I replied, 'I know, I know,' yet I remained silent. Although I knew I could enter, I found myself unable to take that step.

Since that initial encounter as an intern, I have met innumerable patients and their family and friends. I began recording memorable stories from these experiences, not with the intention of authoring a book, but to reflect more deeply on my role in these interactions and how they could help me grow professionally as a chaplain. This beneficial reflection prompted me to continue writing regularly. I have written almost weekly since then. After completing the internship and a chaplaincy residency, I became

a board-certified healthcare chaplain and now serve as part of a healthcare team in a hospital in California.

The Support of a Chaplain on the Healthcare Team

The chaplain plays a key role on the hospital healthcare team. The doctors and nurses focus their care on healing the patient's body and increasing their physical wellbeing. The chaplain supports the patient and their family emotionally and spiritually. The term, "spiritual" is not limited to religion. Spiritual refers to the way a person finds meaning, purpose, and connection in their life and within each moment.

As chaplains engage with patients and their families in a unique manner, distinct from other clinicians, offering both spiritual and personal support, they significantly improve the overall quality of care in hospitals. This unique approach also underscores the chaplains' pivotal role in enhancing the effectiveness of healthcare teams.

Beyond addressing religious and spiritual needs, chaplains guide patients, families, and staff through challenging times, aiding them in finding meaning and peace. Through their compassionate and non-judgmental approach, chaplains facilitate deep reflection and emotional healing. As part of a patient's wholistic care team, chaplains collaborate closely with doctors and nurses, to ensure that mental and spiritual well-being is integrated with physical health, promoting a comprehensive approach to patient care.

Patient Satisfaction

Patients' interactions with chaplains significantly contribute to their healing processes and overall care experience, with patients and family members reporting positive changes in their outlook and improved satisfaction with their overall care at the hospital. These interactions, characterized by emotional and spiritual support, not only bolster patients' resilience but also their perception of care, particularly when patients express a desire for regular chaplain visits. Furthermore, integrating chaplains as core members of hospital care teams has been shown to positively affect patient satisfaction scores and overall hospital assessments. This underscores the importance of chaplains in enhancing the quality of patient care and supporting the well-being of healthcare staff.

What a Chaplain Does

After reading what I have written about the value of chaplains and patient satisfaction, you should now have a clearer understanding of the importance of chaplains and how they care for patients, families, and medical staff in hospitals. Do you fully grasp why patients want regular visits from chaplains, and why these visits are usually positively received? Although I might not hear your answer right now, my experience leads me to believe that many may not fully understand the role of chaplains. This is a common reaction when I discuss what chaplains do; people often ask, 'So, what exactly does a chaplain do?' The chaplain's role is often complex. Regardless of the chaplain's spiritual beliefs, the chaplain supports the patient and their family to find support and sustenance from their own spiritual beliefs. The chaplain may pray for the patient if asked

and collaborates with the rest of the healthcare team when the patient needs additional support, but much of what a chaplain does is deeply listen to understand the hopes, fears, challenges, regrets, grief, and spiritual questions the patient has. The chaplain first makes sure the patient feels deeply heard, and then they may help the patient discover that they already have the wisdom, strength, spiritual support, and resources they need to get through the challenging time.

With this explanation, I hope you begin to understand the chaplain's role more clearly. However, without personally encountering a chaplain, it might still be difficult to fully appreciate how chaplains listen to stories, pray, or meditate with those in need. That is why this book aims to illuminate the role of chaplains through storytelling. Now, let us delve into the magic of storytelling.

Storytelling

Stories have been told in all cultures around the world, most likely since humans were first able to express themselves through words. I intend to first explore the art of storytelling from my Buddhist tradition by delving into some of the Buddha's renowned tales. The first narrative I have chosen is the story of the mustard seed, followed by the story of Angulimala. After we delve into these two tales, let us examine their deeper implications and the insights they provide. Furthermore, I will discuss the value of storytelling itself.

First, the Story of Mustard Seed

Once, there was a woman named Kisa Gotami, who was struck by the deepest sorrow when her only child, a son, passed away. In her despair, she sought a way to bring him back to life, holding onto his lifeless body, pleading for a miracle. Her search led her to the Buddha, who promised her a cure with a condition: she must bring back mustard seeds from a home untouched by death.

Gotami's hope was rekindled as she hurried from door to door in her village, asking for mustard seeds. Everyone was willing to help, but she soon faced an unexpected challenge. Although mustard seeds were freely given, she could not find a single household that had not experienced the loss of a loved one. Night fell as Gotami realized the profound truth in her quest: death is a universal experience, an inevitable part of the human condition.

Returning to the Buddha without the seeds, Gotami's heart was heavy yet open to understanding. She buried her son, finally accepting his death as a natural part of life. Through her journey for mustard seeds, Gotami found not the cure she initially sought, but a deeper healing a peace in the shared reality of life and death, taught to her by the Buddha's gentle wisdom.[84]

Second, the Story of Angulimala

Angulimala, born under an inauspicious star, was named Ahimsaka by his father, who hoped the name, meaning "the harmless one," would ward off his son's grim fate.

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[84] Turning Wheel Buddhist Temple, "Kisa Gotami and the Mustard Seed," *Turning Wheel Buddhist Temple* (blog), 1999, https://www.turningwheel.org.uk/buddhist_stories/kisa-gotami-and-the-mustard-seed/.

Despite a promising start as a devoted student to a respected Brahmin, Angulimala's life took a dark turn due to a deceitful accusation by his teacher's wife. Spurned by her advances and falsely accused of assault, Angulimala was condemned by his teacher to a horrifying quest: to kill one hundred people and collect their fingers as proof of his deeds.

Driven by the need to fulfill his teacher's impossible demand, Angulimala became a feared murderer, nearing his ghastly goal with ninety-nine victims. However, his encounter with Buddha, whom he could not catch despite his supernatural speed, became the pivotal moment of his life. Buddha's calmness and profound words, "I have stopped, Angulimala. It is you who must stop," ignited a transformation within Angulimala, leading him to renounce violence and seek Buddha's teachings.

As a disciple of Buddha, Angulimala worked earnestly on his spiritual path, attaining enlightenment, and dedicating his life to healing the wounds of his past. Though he no longer harmed others, the consequences of his past actions caught up to him; he was recognized and fatally attacked by those who had suffered at his hands. Yet, Angulimala's story remains a powerful testament to the possibility of redemption and the transformative power of compassion and understanding.[85]

What We Can Learn from the Two Stories

These narratives not only unveil the profound teachings of the Buddha but also his unique approach to guiding and transforming individuals through compassion and wisdom.

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[85] The Buddhist Prison Chaplaincy, "The Story of Angulimala," *Angulimala* (blog), February 5, 2010, https://angulimala.org.uk/the-story-of-angulimala/.

The story of the mustard seed poignantly illustrates the universality of suffering and the inevitability of death, teaching us acceptance and the shared human experience of loss. Through Kisa Gotami's desperate journey, we come to understand that grief and suffering are not confined to any single individual but are woven into the broader tapestry of life, connecting us all.

On the other hand, the story of Angulimala delves into themes of redemption and transformation. It demonstrates that no one is beyond the reach of compassion and change, highlighting the Buddha's profound capacity to look past a person's history to their potential for enlightenment. The transformation of Angulimala from a feared murderer to a devoted follower of the Buddha stands as a testament to the power of forgiveness and the potential for significant personal growth.

Both stories use the Buddha's interactions with ordinary people to convey essential teachings of Buddhism, compassion, understanding, and the impermanence of life. Through storytelling, the Buddha's lessons become accessible and relatable, offering guidance for both personal development and how we relate to others in our lives.

Value of Storytelling

Having explored a couple of examples of Buddha's narratives, the intrinsic value of storytelling resonates with you now. It enables abstract principles to be animated and made relevant, deepening our engagement with the teachings and their application in our daily lives. Numerous scholars have noted that storytelling is a potent vehicle for imparting wisdom, ethical insights, and the intricacies of human emotions and

experiences, rendering them palpable and comprehensible. Now, let us see what scholars have to say about storytelling.

Use of Storytelling to Pass on Knowledge

Stories exhibit an unparalleled ability to share knowledge. A captivating story extends beyond its narrative structure, reaching into the emotional domain to engage and spark curiosity in learners. Storytelling is a unique platform that not only allows learners to explore diverse perspectives, but it also enhances the learners' problem-solving skills, turning them from passive listeners into active participants. storytelling has the power to embed learning experiences with emotion, significantly aiding in memory retention, showcasing the multifaceted benefits of storytelling in educational contexts. Within this educational context, storytelling transcends merely transmitting knowledge or enhancing problem-solving skills; it plays a crucial role in deepening emotional resilience and self-understanding. This is why storytelling can be such a powerful tool for personal reflection and professional development in the lives of chaplains and other care providers.

Storytelling for Healing and Reflection

There is also a healing essence of storytelling. Storytelling has the capacity to forge connections through our collective humanity and it has a profound ability to heal both narrators and their audience, reinforcing the notion that no one is utterly alone in their struggles. Stories lend structure and significance to our personal experiences, particularly in linking experiences of pain or illness with our life narrative, facilitating a

deeper comprehension of our trials, and helping us integrate suffering into the fabric of our existence. There can be great transformative power when reflecting on one's own stories or those of others, underscoring the story's role in fostering a profound sense of self-awareness. Storytelling can also enhance resilience, unearth meaning, and nurture a belief in our capacity to gracefully manage life's hurdles. Stories support our resilience, mental health, and ability to cope, empowering us to effectively bounce back from difficult challenges.

In the world of chaplaincy, the stories the patients and their families tell the chaplain, are in themselves healing tools, fostering resilience, coping skills, self-awareness, and a sense of empowerment. The stories of the patents, read by chaplains for personal and professional development foster an understanding of diverse perspectives, enhance problem-solving, deepen emotional resilience, and promote self-understanding. Moving forward, I hope my stories will enable readers to learn about the chaplain's role more easily. From this point on, I will write about the framework I intend to use for these stories.

The Four Noble Truths

From my experience, it is clear that hospitals are places where individuals face their most significant challenges, both physically and emotionally. Understanding the concept of suffering within these contexts is crucial, as hospitals are often turned to during times of severe distress and loss. Therefore, from this viewpoint, hospitals are considered epicenters of suffering. However, it is also true that while hospitals can be places of immense pain, they are also where we find hope and, ideally, the restoration of

health. This parallels the message Buddha intended to convey through the Four Noble Truths.

One of the most fundamental teachings of Buddha is the Four Noble Truths. These truths lay out the nature of suffering, its origins, and the path to its cessation. These principles, which guided Buddha (circa 563 - circa 483 BCE) to enlightenment, form the foundation of his teachings. Buddha elaborated on the first of the Four Noble Truths, The Truth of Suffering, by dividing it into three categories to provide analytical depth:

1. The Suffering of Suffering,
2. The Suffering of Change, and
3. The Suffering of Conditioning.

This represents Buddha's insightful examination and explanation of the world we inhabit through his eyes. Working in a hospital, I often observe that the three types of suffering encapsulate much of what patients' experience.

However, Buddha's message goes beyond merely acknowledging suffering. He elucidated the cause of suffering, which I aim to explain through Buddhism's three poisons fundamental negative forces that fuel human distress:

1. Attachment,
2. Anger, and
3. Ignorance.

These are used as the lens for the second Noble Truth, The Truth of the Cause of Suffering. Working in a hospital, I see patients seeking to understand the cause of their illness through numerous tests. This effort mirrors the essence of the second Noble Truth, as it reflects the human endeavor to identify and understand the root causes of their suffering.

Having identified the causes of suffering, the next step is cessation, embodying the essence of the third Noble Truth, The Truth of the Cessation of Suffering. The fourth Noble Truth, The Truth of the Path Leading to the Cessation of Suffering, elaborates on the process, introducing The Eightfold Path in Buddhism. This path comprises eight essential practices for enlightenment:

1. Right View,
2. Right Intention,
3. Right Speech,
4. Right Action,
5. Right Livelihood,
6. Right Effort,
7. Right Mindfulness, and
8. Right Concentration.

I view this part as akin to patients who, having understood the cause of their illness, follow a doctor's advice to undergo surgery, receive medication, or undertake rehabilitation to restore their health. If we see hospitals not as places of suffering but as places of healing, then the Four Noble Truths are not just about acknowledging suffering but about showing the way out of it.

In summary, my storytelling framework, which utilizes the Four Noble Truths, is divided into fifteen themes. These encompass the three types of suffering mentioned in the First Noble Truth, the three poisons addressed in the Second Noble Truth, the Third Noble Truth itself, and finally, the Eightfold Path outlined in the Fourth Noble Truth. Before each theme, I plan to provide a brief explanation of the relevant Noble Truth and share why I chose my stories for that particular topic.

Through the framework of the Four Noble Truths, I hope to show that hospitals are not merely places filled with suffering, but spaces where hope, happiness, laughter,

and even opportunities for personal growth can be found. Beyond religious boundaries, if anyone can understand the cause of suffering through the Four Noble Truths and find a path to cessation, leading to enlightenment, there would be nothing more for which I could wish. I hope this book serves that purpose.

How to Use This book

In this introduction, I have shared a glimpse into my journey to becoming a chaplain and a little about myself, laying the foundation for discussing the inherent value of chaplaincy and my rationale for choosing storytelling as the medium to illuminate the chaplain's role. Based on these insights, the structure of this book is designed to deepen the reader's understanding of chaplaincy through the lens of the Four Noble Truths, highlighting its profound connection to this field.

As previously mentioned, the book breaks down the Four Noble Truths into fifteen thematic sections, each enriched with stories I believe resonate deeply with their respective themes. To foster a reflective reading experience, I have included two or more reflection questions at the end of each story. These questions are intended not only as a tool for personal introspection but also as a catalyst for meaningful discussions, particularly valuable in group settings like CPE classrooms. Furthermore, in such environments, educators and interns or residents are encouraged to introduce additional questions, allowing for even deeper explorations of the themes presented.

This book also introduces five meditation techniques at strategic points to complement the reading experience. Named 'Pause your reading for a moment,' this section provides a concise meditation guide and QR codes for easy access to the

practices. While these meditations are integrated into the book's fabric, they are also meant to serve as a sanctuary for readers seeking moments of tranquility outside their reading time.

Chapter Four: Stories through the Four Noble Truths Framework

The First: The Truth of Suffering

The Suffering of Suffering

This category of distress, commonly known as "The Suffering of Suffering," encompasses the immediate and tangible experiences of pain and discomfort that are universally acknowledged as forms of suffering. This includes dealing with illnesses, coping with the aftermath of physical injuries, or mourning the loss of someone deeply loved.

In the section titled "The Suffering of Suffering," I plan to introduce stories from my chaplaincy work, involving patients who have experienced physical pain and the loss of loved ones. These stories aim to shed light on the first of the Four Noble Truths, namely, The Truth of Suffering, focusing on the aspect referred to as "The Suffering of Suffering." Through sharing these experiences, my goal is to provide meaningful insights into the deep and often complex nature of suffering that individuals encounter, underscoring the vital role of chaplain in addressing and navigating this profound aspect of human life.

Title: The Power of Religion

Yesterday, I encountered a patient in her twenties holding her medicine in her hand, unable to swallow it and on the verge of tears. I stayed by the patient's side until she was able to take her medicine, and when she finally swallowed it, I applauded and

praised her for doing well. Today, worried whether the patient was able to take her medicine properly, I visited again. Fortunately, her mother was there, so there was no need for further concern. After a brief exchange of pleasantries, I left.

While making rounds to see other patients, I happened to pass by the room of the patient I had visited earlier and heard loud cries of distress echoing through the hallway. The patient, who had seemed fine just 30 minutes ago, was now sobbing loudly, which made me worried about what might have happened. So, I entered the patient's room again. The mother, who had been there earlier, was nowhere to be seen, and the patient, who appeared to be at least 180 cm tall about five foot one in my eyes, was curled up like a shrimp, crying like a baby due to severe pain. I immediately went to the nurse's station to inform the patient's nurse that the patient was in a lot of pain and asked her to come quickly. Then, I returned to the patient's side.

While I was trying to comfort the patient, who was crying aloud, the nurse arrived with some pain medication. However, the patient said that the painkillers provided by the nurse were ineffective. The nurse then explained that a prescription from a doctor was needed for any other painkillers and that it would take some time to contact the doctor and get a different medication. The patient understood and began to sob softly. Seeing the patient in so much pain and with her mother nowhere to be found, I could not leave the young adult alone, so I stayed by her side.

The patient, who had said she was not religious, began to pray to God as the severe pain continued. She cried out loudly, beseeching God to help her escape from this pain, and I, sitting by her side, patted her knee, saying, "Please, God, hear this patient's prayer," and joined her in prayer. Despite 15 minutes passing, the patient's pain was still

intense. The patient, having prayed to God, then started calling upon other deities she knew of. She invoked the almighty power of various gods, the mountain god, the sea god, and so on, listing them one by one and fervently praying in a loud voice for another 15 minutes to be relieved from the severe pain. With sincere hope, I said, “Any deity, anyone who is listening to this patient’s prayer, please, hear her plea!” as I joined the patient in prayer and continued to offer comfort.

After about 30 minutes, I told the patient that I would briefly go to the nurse’s station to ask when the medication might arrive and then went to find the nurse in charge. The nurse informed me that the doctor had already issued the prescription and that we just had to wait for the medication to come from the pharmacy, offering a hopeful message that the patient would soon receive her medication. I shared the news I had heard with the patient, and amidst her groans, she asked me, “Chaplain, what is your religion?”

“Yes, I am a Buddhist.”

“Then, can you find and play a Buddhist prayer on Website that helps with quick recovery from illness?”

I searched on Website for a Buddhist mantra that aids in quick recovery from diseases and played it. Alongside the mantra, I patted the patient’s shoulder, matching the melody of the chant. The repetition of the short mantra, coupled with my gentle patting on the patient’s shoulder as if I were soothing a baby, or perhaps because the patient was exhausted from praying loudly for over 30 minutes, seemed to calm her. She lay quietly, listening to the chant without making a sound. About 10 minutes later, with a calmer

voice, she told me, “Your voice is truly beautiful.” I continued to recite the mantra and pat the patient until the nurse arrived with the medication prescribed by the doctor.

Finally, after about 45 minutes, the nurse arrived with the medication. The patient had endured the pain for a long time, and I stayed by her side until she received a strong painkiller via injection and comfortably closed her eyes to rest. Before leaving, I told the patient that I would come back to check on her in the afternoon. When I returned in the afternoon, her mother was there, and the patient, smiling brightly, said, “Your care today was amazingly wonderful.” and I expressed my gratitude, said I hope for a swift recovery, and left the room with a light heart.

Because the patient was in her twenties, it is possible she had no religion. Being a young adult, she prayed to God, then called upon all the deities she knew, and even agreed to listen to Buddhist mantras. However, upon further reflection, it might not be solely because she was in her twenties or lacked a strong faith in any particular religion. Rather, due to the intense pain, she might have been embodying the Korean proverb, “A drowning man will clutch at a straw,” praying out of a desperate need for relief. Whether this way or that, during those long 45 minutes, by praying to God, all the gods, and through Buddhist mantras, the patient found deep solace. This seems to be the power of religion: providing strength to steadfastly endure through hardships and difficulties, regardless of the situation.

Reflection Questions

1. What are your thoughts, from your religious perspective, on the fact that the young patient, who initially claimed to have no religion, ended up praying to God, then to all the deities she knew of, and even listened to Buddhist mantras?

2. What do you believe is the power of religion?

Title: Best Friend

A referral came from the family of a patient in his sixties who was awaiting his final moments, asking for the chaplain to come. When I went to see the patient, expecting his family to be there because they had asked for me, I was greeted by someone who had been a best friend of the patient since high school, for over forty years. According to this best friend, they had been watching a baseball game a few weeks ago when the patient had a sudden heart attack. The patient was rushed to the hospital, and it was only today that the friend had been told it was okay to visit the patient.

The friend passed on a message left by the family and expressed gratitude for my visit. Then, the friend approached the patient, who was unconscious, to say his final goodbyes. The patient was on an oxygen respirator with a tube in his mouth and his eyes closed. However, as the friend began to speak, even though the patient's eyes were closed, I noticed his eyes moving slightly in response to the friend's voice.

"Hey A, it is me Kevin. I am here. Can you hear my voice? Do you know who won the baseball game yesterday? La Doges won. But do you know what? It was not fun at all without watching it together with you. Today, University of H and University of S will have a game. Hurry up and wake up. Then, I will take you to the baseball stadium."

As the friend said, "Hurry up and wake up. Then, I will take you to the baseball stadium," I saw tears briefly well up and then disappear in the patient's closed eyes.

Incredibly, though the patient was unconscious, it seemed like he was listening to his friend's words.

"Hey A, the doctor says you need to rest a lot. I will come back again. Stay restful." After saying this, the friend also greeted me and then left the room.

Listening to the friend speaking to the patient, I almost burst into tears myself. I have a best friend too. If my best friend were facing her final moments, and it came my turn to say goodbye after her family had done so, I think I would talk about things my close friend loved, just like the patient's close friend did. Similarly, I would say, "It is not fun without you~" and again, "Hurry up and wake up~ Let's go together again." And like a miracle, I might see tears well up in my close friend's closed eyes, listening to my words.

As the best friend was leaving the room, he said to me, "Thank you for being here today as I said goodbye to my friend," with a sad smile on his face. Today's farewell was the most touching goodbye I have witnessed in my time as a chaplain. Someday, if the moment comes for my best friend, I want to do the same as the patient's best friend did. And fittingly for a Buddhist, I would also like to add, "Let's meet again in the next life~ Go ahead, and please wait for me just a little."

Reflection Questions

1. What do you think about the final goodbye said by the best friend mentioned above?

2. If you had a best friend, what would you like to say to her/him in her/his final moments?

3. The chaplain's role can be powerful, even when few words are said. What did the chaplain's presence offer this encounter between two close friends? How could the visit have been different without a chaplain present?

The Suffering of Change

This type of suffering emerges from understanding that joy and comfort are inherently fleeting, often morphing into sources of discomfort. The pleasures we experience, by their nature subject to change, can lead to distress. For example, the happiness that comes from savoring a favorite meal or from the warmth of connecting with loved ones is ephemeral; such moments of joy are bound to diminish or change over time.

In the section titled "The Suffering of Change," I explore the concept of impermanence that defines our existence, highlighted through a moving chaplaincy story that captures the transient nature of life and death. These stories emphasize how change, often a source of suffering, also reveals profound insights into the essence of life and the inevitability of transformation. Reflecting on these experiences allows us to deeply engage with the lessons inherent in the fabric of existence, recognizing change as both a challenge and an enlightening teacher.

Title: The Definition of Being Alive

When I first visited a patient in his seventies in the ICU, his younger sister mentioned that the patient did not need any help at the moment but would contact me if

anything came up. Since then, every time I went to the ICU, I glanced at the patient through the window without speaking to the sister. However, after more than ten days without any sign of consciousness from the patient, I decided to greet the sister again to inquire about the patient's condition. The sister warmly welcomed me and asked about long-term care facilities available after ICU discharge, wondering how these differ from regular hospitals and how to determine whether the patient needs to be transferred to such a facility. I provided as much information as I could and gave her a contact for more detailed information.

Two days later, this morning, when I visited the patient again, the sister was holding the patient's hand while sitting by his side. We talked for a little while.

The sister asked me, "The medical team says we need to proceed with a procedure to remove the oxygen respirator from the mouth and directly connect it to the lungs through the neck. But do we really need to go that far?"

"Well, it is really hard to say."

"My brother is already struggling so much, and having another procedure to attach the oxygen respirator through his neck seems too difficult. Even with the respirator attached to his neck, will my brother regain consciousness? He has been lying there for over 20 days, unable to do anything. If he had known that he would end up in this state after receiving chemotherapy, he would have chosen not to undergo life-sustaining treatment. Chaplain, do you really feel that living this way, artificially sustained on oxygen, is truly living as a human being?"

"I am not sure how to answer that, but I have met many families in the ICU who are grateful just for their loved ones being alive, even if they're unconscious and dependent on a ventilator."

"I do not think I am one of them. How can this be called living, when one cannot move at all, cannot do anything by themselves? I believe my brother has suffered enough already. I am going to prevent him from proceeding with moving the oxygen respirator from the nose to the neck."

"Yes. In that case, you will need to make your final decision soon and communicate it to the medical team."

"Yes. It is not an easy decision, but I do not think my brother would want to continue living like this. I am leaning towards removing the oxygen respirator... but I have not made up my mind yet."

"Yes, it must be a very difficult decision."

"Chaplain, being able to talk like this with you and move around freely, this moment right now is the happiest. Truly, you cannot predict what will happen in life. I only thought sudden deaths occurred through car accidents, but seeing my brother, I realized that I, or anyone, really cannot know when they will die. We should be happy and appreciate being alive when we are."

It seemed the sister defined being alive as not just being medically alive but being able to speak and move freely as a person.

If asked to define "what it means to be alive," how could I define it? There will be people who think being alive in any form is enough, even if unconscious and reliant on

an oxygen respirator, and others who think like the sister. There is no right or wrong in these thoughts.

What really matters is the last thing the sister said to me.

"We should be happy and appreciate being alive when we are."

Regardless of religion, if everyone could deeply understand the meaning of these words, would the world not be filled with more gratitude and happiness than dissatisfaction?

"Every day, think as you wake up,
today I am fortunate to be alive,
I have a precious human life,
I am not going to waste it.
I am going to use all my energies to develop myself,
to expand my heart out to others.
to achieve enlightenment for the benefit of all beings.
I am going to have kind thoughts towards others,
I am not going to get angry or think badly about others.
I am going to benefit others as much as I can."

- THE 14TH. DALAI LAMA

Reflection Question

1. As it appears in the text above, "Do you really feel that living this way, artificially sustained on oxygen, is truly living as a human being?" How would you respond if you were asked this question?

2. In the text above, my response to the aforementioned question was, “Well, I am not sure what to say, but I have met many families in the ICU who are thankful just to have their loved ones alive, even if they are unconscious and reliant on an oxygen respirator.” What do you think of my answer?

3. In the essay, I asked, “If you were to define what it means to be alive, how would you define it?” How would you like to answer this question?

The Suffering of Conditioning

This type of suffering stems from the inherent nature of complex events, which are influenced by numerous factors and causes. These events are perpetually changing, with elements constantly emerging and disappearing, and they never remain constant or the same. This continual flux leads to attachment, resulting in pain because individuals are unable to find anything that remains unchanged or fully satisfies them.

In the section titled “Suffering of Conditioning,” my aim is to explore reflections on the nature of life by sharing an experience with a patient during my chaplaincy work. This story provides insight into contemplations on life’s conditions and death; a reality that everyone must confront. It powerfully reminds us that clinging to our desires and hopes, especially amidst the ever-changing conditions around us, can lead to profound suffering. Through this narrative, I wish to offer meaningful insights into the constantly evolving state of life, emphasizing the importance of recognizing and accepting that change is an intrinsic part of our existence.

Title: Concern for a Dying Patient

When I first visited the patient in his thirties, he was unconscious and had just undergone brain surgery, so there was ongoing bleeding from his head. About two days later, he regained consciousness, and I approached him to introduce myself and asked how he was feeling. The patient smiled slightly and said he wase okay, which made me worry less, thinking that his youth was helping him recover well from the brain surgery. However, when I visited again about a week later, the patient was unconscious again, and his condition had deteriorated to the point where he needed to breathe with the help of an oxygen respirator.

Every time I made my rounds, I visited the patient to check if his condition had improved, during which I often had brief conversations with the attending nurse. One of the nurses mentioned that the patient had a wife and children. Not long after hearing this, I had the chance to meet the patient's wife whom I had only heard about from the nurse. After introducing myself, I said to her, "Until a few days ago, your husband was conscious, and when I asked how he was feeling last week, he even said he was okay. Do you think he knows you have been visiting?"

Honestly, I expected her to say that her husband did not recognize her, but her answer was, "Yes, Travis knows when I come. His heart rate increases when I am here." As she said this, tears welled up in her eyes.

"Ah, so Travis expresses knowing you are here in that way. I heard you have children."

"We have been married for over ten years now. The kids are still very young."

"Oh, they need their parent's care the most at this age. It would be great if their father could recover quickly and return home."

"Yes, I wish for that too. It would be really nice if we could go home together even today."

Upon leaving the patient's room, my heart felt heavy. The thought of the patient's potential death and the prospect of his young children being raised by his wife alone filled me with concern about how she would manage by herself. Reflecting on these thoughts, I was surprised at myself. I remembered a Dharma talk I heard long ago from a renowned Venerable in Korea. In the Dharma talk, the Venerable shared an insight from his youth while praying at a funeral home; he observed that none of the mourners were crying for the deceased. They lamented, "How will I live without you?" and "Now I have no one to share my heart with," focusing on their own survival rather than mourning the dead. Realizing that my worries mirrored those of the living as described in the Venerable's Dharma talk, I acknowledged the truth in his words. Indeed, I found myself more concerned with the living than with the dying.

Regardless of where my heart was, I strongly wished for the patient's recovery, and fortunately, the patient's condition began to improve. After a few more weeks, the patient was able to breathe without the oxygen respirator, showing significant progress in my perspective. It was around this time that I met the patient's wife again, and she said to me:

"The doctor said that the bleeding in the brain has not stopped. That is why he did the surgery initially, but the bleeding has not stopped, so after another procedure, it seems like they will transfer Travis to another hospital."

"So, will the treatment continue at that hospital?"

"No, they said there is nothing more they can do. They are just going to let it be."

"Does that mean the patient will just lie there, unconscious, receiving nutrients through a tube?"

"They said Travis' consciousness could return. He might recognize people, be able to speak a little, or move a bit, but he will not be able to go home."

"I see. But the patient is still in his early thirties. Maybe the bleeding will stop, and he will recover enough strength to go home?"

"I pray that it happens. My husband is still young, so I believe a miracle could happen. It would be really nice if we could go home together right now." Tears welled up in the wife's eyes as she spoke.

After speaking with the wife and leaving the patient's room, my feelings became even more complicated than when I first met her. The last time I met the wife, I was worried about how she would raise the children alone if the patient did not survive, hoping fervently for the patient's recovery. But today, contemplating the possibility of the patient living in a vegetative state made me think... perhaps it would be better if... My concern was for the young wife, who would have to raise the children and care for her husband.

After these thoughts, I was once again startled by my own reflections. Once more, I realized I harbored no worries for the patient himself. Is it because the patient is already unconscious and has no chance of returning to a normal life, so I focus on living? Or is it a lack of compassion for the patient? These questions have been swirling in my head for weeks, yet I have found no answer.

Working in the hospital and encountering dying patients and their families, I admit that my compassion tends to lean more towards comforting the families than the patients themselves if they are unconscious. I am more pained by the sorrow of the families than the condition of the patients. I must honestly acknowledge that my concern is more for the families. As for why that is, I currently do not know. I hope that a future version of me, more experienced and wiser, will come back to answer these lingering questions I have today.

Reflection Questions

1. Do you agree with the renowned Korean Venerable's statement that "When someone dies, the living only cry for themselves, not mourning the dead?" If you agree, why? If not, why not?

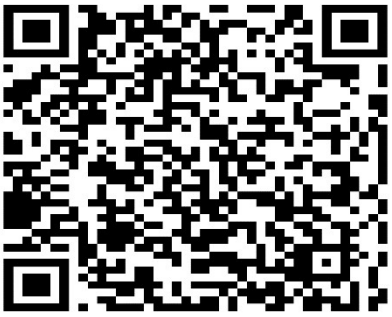
2. In the passage above, I was more concerned about the surviving family members than the patient. Why do you think I felt this way?

3. It is not always easy to know what to say to a stranger who is suffering, especially as a newer care provider. It is normal to want to offer hope and encouragement. Are there times when it is beneficial to offer false hope? Are there times when it may be harmful? In this story, the chaplain offers hope against hope. Would you have chosen the same path in the conversation, or would you have taken the conversation in a different direction? Why?

Pause Your Reading for a Moment

As we conclude the first section on The Four Noble Truths, a QR code is provided for you to access a specially curated audio segment titled 'Love, Kindness & Compassion

Meditation,' eloquently voiced by Reverend Michael Tran. This segment has been thoughtfully prepared to offer you a serene pause in your reading journey, facilitating a moment of mental relaxation and profound reflection. It is specifically designed to support your contemplation of suffering, encouraging you to be compassionate towards yourself, to wish for liberation from suffering, and to extend that compassion and wish for freedom from suffering to others.



https://tinyurl.com/4r6y6x2a

The Second Noble Truth: The Truth of the Cause of Suffering

The Buddha did not just say there was suffering and leave it at that, he next explained the root causes of suffering – greed (including attachment), hatred (including aversion), and ignorance. This first section addresses greed.

Greed

This suffering, referred to as greed or attachment, originates from an intense longing for or attachment towards physical and mental entities, leading to perpetual desires and an insatiable yearning or desire that ultimately causes suffering.

In the section titled “Greed,” I plan to share a story from my time as a chaplain. By telling this story, I hope to make everyone think deeply about our own greed, desires, and how we always want things to go our way. I also want us to think about how this affects our behavior. This deep dive into our thoughts is meant to show us how our desires shape our actions and highlight how important it is to understand why we do things.

Title: Inner Feelings

Yesterday, I visited an eighty-year-old patient who had injured her head in a fall but fortunately could be treated with a simple procedure. However, due to general anesthesia and the treatment of blood vessels in the head, the patient had difficulty speaking and moving. The patient’s daughter, who had traveled from another state for a hospital visit, was there, and upon introducing myself as a chaplain, she was incredibly pleased and shared what had happened so far. The daughter thought that the reason her mother was not moving well was not only because she had been lying down for several days but also because of a recurrence of previous back pain. She asked me to inquire with the nurses if the patient could receive pain medication to alleviate the back pain. Upon leaving the room, I spoke with the nurse, who confirmed that the patient could take pain medication and would bring it to her.

Today, when I revisited the patient, the daughter warmly greeted me. She joyfully told me that after the nurse had given the patient the pain medication yesterday, the daughter had been encouraging the patient to keep moving to aid her recovery. She had

the patient sit in a chair, walk to the bathroom by herself, and kept her moving for almost an hour until she returned to bed. The daughter was incredibly happy, saying the patient was moving better today than yesterday. Hearing this, I too felt good because the daughter's encouragement was helping the patient move, which is beneficial for muscle development and recovery.

When I asked the patient, "How are you feeling today?" the patient, with tearful eyes, said,

"My daughter is making me exercise too much, and it is hard." With a chuckle, I replied,

"Your daughter is really pushing you. You should take it slow and easy; she must have made you work too hard." The patient nodded vigorously and cried. It was then that I felt something was off. I had thought it was good that the daughter was supporting her mother to recover quickly by encouraging her to exercise, but if the mother felt too burdened and cried, something must be wrong.

Around this time, the daughter started talking about her situation. She lived in a different state, and the patient lived alone. Currently, with the patient's condition, she could not live by herself at home. Even before the fall, the patient had been living alone, but the daughter thought it would be better for the patient to recover quickly and continue living alone rather than moving to a nursing home immediately after discharge. The daughter had no plans to move the patient to her location and transferring the patient to where the daughter lived would involve a complicated process that could take at least two months to initiate. Therefore, the best solution in this situation, according to the daughter,

was for the patient to recover quickly. Thus, the daughter had been vigorously encouraging the patient to exercise for a faster recovery.

Leaving the room, I felt troubled. Was the daughter's insistence on the patient's quick recovery really for the patient's sake, or was it so she could return to her own life in another state more comfortably? From the daughter's perspective, if the patient could quickly regain her health and live alone again, the problem would be solved. However, from the patient's perspective, having recently undergone a procedure and experiencing the return of back pain, how was she feeling about being pushed to exercise for a quick recovery?

Externally, it seemed like the actions were for the patient's benefit, and initially, I believed it was genuinely in the patient's best interest, which made me happy. However, today's chaplaincy work made me realize for the first time that a family's inner feelings could differ from what is expressed outwardly. Today's experience also served as a moment for me to reflect on whether I genuinely wish for the patient's recovery from the bottom of my heart.

Later, I intended to visit the patient again when she was not with her daughter, hoping to have a one-on-one conversation with her. However, that opportunity never came. I believe that if her daughter had not been there, the patient might have found it easier to share her true feelings with me.

Reflection Questions

1. Regarding the question, "Is the daughter's insistence on the patient's quick recovery really for the patient's sake, or is it so she could return to her own life in another

state more comfortably?" what would you answer? How could you be a chaplain to the daughter as she works with her challenges?

2. Considering the question, "From the patient's perspective, having recently undergone a procedure and currently experiencing the return of back pain, how would she feel about being pushed to exercise for a quick recovery?" How do you think you would feel if you were in the patient's position? How could you be a chaplain to the patient as they work with their challenges?

3. How might you engage the patent's whole care team in a care meeting with both the patient and daughter together, so that both of them can ask questions about prognosis, the next steps, and the support they can expect to receive from their social worker, chaplain, and medical team?

4. When have you experienced desire for something to happen to someone you care about without considering various sides of the story? How has that led to various forms of suffering large or small?

Anger

This aspect of the second Noble Truth encompasses the spectrum of adverse emotional states such as animosity, fury, and aggression, and aversion, which can manifest as mild emotional discomfort to being potent enough to spark conflicts in relationships, create internal turmoil, and ultimately lead to profound suffering.

In the section titled "Anger," I plan to share three stories, from my work as a chaplain, involving individuals who were deeply engulfed in anger. These stories aim to shed light on the dual nature of anger: its ability to cause suffering to those who harbor it

and its capacity to inflict pain on others. Through these narratives, the extensive reach of anger becomes evident, demonstrating that its effects are not confined to the individual experiencing it, but it also profoundly impacts the lives of those around them.

These three stories are from my time as an intern and resident. While I might manage the same situations differently now, I have chosen not to edit them to show exactly how I did my best for angry patients at that time.

Title: Communication Techniques I

Since I started my chaplaincy, I have taken a deep interest in communication techniques, reading books, and conducting case studies with acquaintances to practice how to have better conversations with patients. As a result of constant practice, I have become quite adept at responding appropriately to what most patients say. However, today, I found myself struggling to respond appropriately and felt awkwardly caught between a patient and a nurse.

A patient in her fifties in severe pain was waiting for a nurse to bring pain medication, but after nearly an hour without the medication arriving, the patient became extremely frustrated. The patient asked me,

"I want to die now. Tell me one reason why I should continue living."

"..."

What should I have said? I was at a loss for words.

As the medication still had not arrived, I went to nurse A, who was responsible for the patient, to ask for the medication. Nurse A explained that the specific medication

the patient needed was special and she had to wait until it arrived from the pharmacy. Currently, she was going to administer medication to a newly admitted patient first. I relayed this information to the patient, saying she could take the medication as soon as it arrived from the pharmacy. However, overwhelmed by pain, the patient called the nursing station, and nurse B came. The patient asked why nurse A did not come, and nurse B said nurse A had gone to lunch. I was taken aback, I had told the patient that nurse A was administering medication to another patient, but nurse B said nurse A had gone to lunch. Which statement was correct? The patient looked at me.

What should I have said? I remained silent... If I insisted, I was right, it would imply nurse B was lying, and if I agreed with nurse B, it would mean I had lied to the patient. I could not find the right words that would not make nurse B's position awkward while also not lying, so I kept silent. In the end, the patient yelled and screamed at the nurse, who quickly left the room. I was unable to do anything between them... I felt heavy-hearted as if the argument between the patient and the nurse was my fault. Ah... it is so difficult...

Working as a chaplain is not always filled with good times. There are days, like today, when I fail to speak and act appropriately between a patient and a nurse. I comfort myself with the thought that learning from these experiences will eventually make me a more skilled chaplain...

Reflection questions

1. If you received the question, "I want to die now. Tell me one reason I should continue living," how would you respond?

2. In the story, nurse B said nurse A had gone to lunch, and I said nurse A was administering medication to another patient. Our statements differed. In that situation, how would you communicate to the patient in a way that first does not imply that you, the chaplain, had lied and second does not put nurse B in an awkward position?

Title: Communication Techniques II

"So, what happened after that?"

I am writing about how I managed to resolve the situation warmly.

The patient, angry at the nurse, had yelled, and the nurse had quickly left the room. As soon as the nurse left, the patient asked me, "It is normal for me to be angry at this situation, right? Do you understand why I am upset?" I reassured the patient, "Of course, I understand why you're angry." The patient started crying. It was almost 4 p.m., and the patient had been fasting since the morning for a test that lasted five hours. With pain levels at a ten and having waited over an hour without pain medication, and with nurse B misunderstanding and repeatedly asking the same questions, I felt that if I were in the patient's position, I would have been angry too.

Just then, the doctor responsible for medication entered the room. Since I had already spent an hour and 30 minutes visiting the patient, I stepped out of the room to give the doctor and patient privacy and took that opportunity to call an acquaintance with whom I had studied communication techniques to ask her for advice. We discussed what could have been said better in such situations. After regaining my composure, and taking a little break from the situation, I went to nurse B first.

I said to nurse B, “Earlier, you told me that I, as a chaplain, support the patient, and you, as a nurse, anger the patient. But I see it in a different light. You did not understand what the patient was saying, and that is why you kept asking questions. You were trying to help the patient, too. Our methods may be different, but I believe our hearts were in the same place in wanting to care for the patient.” At these words, the nurse’s eyes welled up with tears. The nurse told me, “Just like you said, I was only asking questions to understand the patient, but the patient kept getting angry. I thought I was making the patient angry. You are right. We care for the patient in different ways. Thank you for understanding like this.” I gave the nurse a thumbs-up and then went back to the patient.

The patient was with nurse A. She had already taken her pain medication and eaten a late lunch, so she was looking much better and smiling brightly. I asked the patient,

“Do you know why I have come back to see you?”

“To check if I have taken my pain medication!”

“Right, and there is one more reason. What do you think it is?”

“To see if I am feeling okay!”

“Yes, those are the two reasons I came back before heading home.”

Nurse A, who had been listening to our conversation, left the room with a smile. Finally, I told the patient, “I may not know when I’ll see you again, but I wish you a speedy recovery and always good health,” and started to leave. Then the patient called out, “Chaplain~ Chaplain~ Chaplain~~~” I peeked back into the room, and the patient said to me, “I love you,” with a radiant smile.

Wow~ to receive a declaration of love from a patient... Even though it ended warmly, I was incredibly stressed yesterday. I fully understood why professional chaplains need 1,600 hours of internship and residency, followed by 2,000 hours of clinical pastoral education. I believe more experiences like yesterday's, though hopefully not too often, are necessary for growth.

Reflection Questions

1. How do you deal with your own anger when you are hungry, or in pain, or feel misheard or mistreated?

2. Have you ever gone back to a person to clear the air after a challenging interaction? How did it go? How did you feel before and after talking to the person?

3. What communications skills would you like to develop to become an even better care provider?

Title: Anger

I freeze up in front of people who yell and express their anger. In such situations, even when I have not done anything wrong, I start by apologizing and then promise to do better in the future. Probably because my personality avoids any form of argument or conflict. That is why I do not get close to people who tend to express their anger by yelling. But what should I do if a patient is such a person?

This morning, a patient told me she was unable to talk and asked me to come back in the afternoon. When I returned, I could hear the patient yelling and being angry from down the hallway before I even reached the room. The sound of shouting and something

being thrown was audible, and I saw a nurse hastily exiting the room. Ah... what should I do? My heart started racing. Almost like a trauma response, I froze up even though I had not done anything wrong, and I ended up waiting in the hallway without entering the patient's room. Although I knew I did not have to enter, I wondered if, as a chaplain, I could help calm the patient down, so I peeked inside.

The patient was on the phone, lodging a complaint about what had just happened. Then, noticing me, she hung up and started venting to me. She talked about everything from what had happened since being admitted to the ER last Friday, how a tube was inserted into her nose to her stomach, why a test was improperly conducted, and why she was so angry.

After venting her anger, the patient asked me, "Chaplain, can you place your hand on my forehead?" As I approached and placed my right hand on her forehead, the patient grabbed my left hand tightly. Then another nurse entered and started administering medication through the tube connected to the patient's nose. The patient, feeling intense pain from the medication entering her stomach, asked me to place my hand on her abdomen. I joked, "Do you think my hand has healing powers? I will do it especially for you," and gently rubbed her stomach.

The patient then told me, "You have calmed me down. It felt like today was full of upsetting moments, but your presence made me feel alive. Could you pray for me?" After praying for the patient and seeing her faint smile, I left the room.

I sat down in a chair, feeling overwhelmed. I was not sure if the patient had calmed down, but I certainly had not, so I took a moment to reflect. I dislike people who express anger by yelling, but is it not possible that everyone dislikes it? If I am reluctant

to approach such a person, would not everyone feel the same? And how do I express anger? Do I yell like those I dislike, or could I be unknowingly mirroring the behavior I condemn? These thoughts led me to wonder if I might actually behave similarly without realizing it.

I was suddenly scared by my last question. Since I am unsure of how I express anger, I decided to ask a close friend about my behavior when I am angry and then take a deeper look at myself. Surely... I would not yell and express anger like that patient, would I?

Reflection questions

1. In the text, I questioned, “I dislike people who express anger by yelling, but is not it possible that everyone dislikes it? If I am reluctant to approach such a person, would not everyone feel the same?” How would you answer these questions?

2. I entered the room of a patient full of anger. If you were in my position, would you have entered the room just the same, or would you have done something differently?

3. How do you express your anger when you are upset? If you asked your friends, family, or co-workers, how would they say you express your anger?

4. What do you do to throw water on the fire of your anger and regain a sense of equilibrium?

Ignorance

Ignorance signifies a lack of knowledge or a misunderstanding of reality, specifically incorrect perceptions about the universe and oneself. This ignorance can lead

to flawed decision-making or misjudgments, thereby becoming a fundamental cause of suffering.

In the “Ignorance” section, I plan to delve into a story from my experiences with patients during my chaplaincy. By bringing to light a story, my aim is to create a time for deep thinking about how our beliefs shape our actions and often lead us to suffering. This part focuses on showing how important it is to really look at and understand the beliefs we follow. It explains that beliefs we do not pay attention to, or questions can have a big impact on our lives and be a main reason for our discomfort.

Title: Loneliness

I visited a patient in his sixties who was about to be discharged, and unlike most patients, he was quite talkative. As a chaplain, I find it easier to be with talkative patients than those who keep silent, so I listened attentively. When I asked if his family would be waiting for him upon discharge, the patient mentioned that his younger brother and niece lived far away, but he had good neighbors who would take care of him.

The patient said he had not sought to meet anyone else since his spouse passed away five years ago, after forty years of happy marriage. Then, the patient started expressing his inability to understand people who feel lonely.

“I cannot understand people who say they are lonely. There are billions of people in the world. You can meet people easily just by going outside. If you are lonely, just go out and meet people. If someone says they are lonely, I can only think they are lazy. Only lazy people are lonely.”

As the patient passionately continued, my role as a chaplain was to empathize and agree or understand with his story, but I found myself interjecting, “Have you ever felt lonely even when you were with people?” The patient stopped talking and looked at me silently for a while before softly answering, “Yes.”

After this conversation, I told him to take care of himself after being discharged and left the room.

If loneliness could be easily resolved by having people around, wouldn’t that be wonderful? I got heated up when the patient said that only lazy people are lonely. I believe that even if no one is physically by my side, or even if they are far away, as long as someone understands and believes in me, I can feel not lonely. While a definition of loneliness might be necessary, I find it hard to agree with the statement that only lazy people are lonely.

Reflection questions

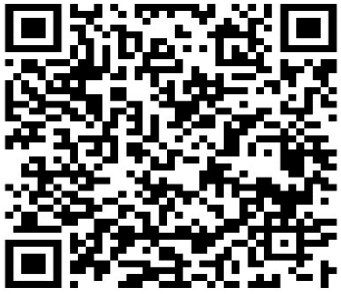
1. The patient said, “Only lazy people are lonely.” What do you think about this statement?

2. I asked the patient, “Have you ever felt lonely even when you were with people?” How would you answer this question?

3. What were your thoughts when the chaplain asked a direct question that countered what the patient was saying? Can you tell when you are challenging someone in order to address their direct needs rather than to express your own thoughts and beliefs?

Pause Your Reading for a Moment

As we conclude the second section focusing on The Four Noble Truths, you will find a QR code leading to a distinctive auditory journey. This experience introduces Ho'oponopono, an ancient Hawaiian method of self-healing and forgiveness embraced by Buddhist practitioners worldwide. The meditation centers on the repetition of a powerful prayer or mantra: 'I love you, thank you, I am sorry, please forgive me.' Crafted to foster healing through self-love and gratitude, this prayer seeks to facilitate internal peace and reconciliation with others, offering a profound tool for personal transformation.



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The Third of Truth: The Truth of the End of Suffering

The third of the Four Noble Truths is The Truth of the End of Suffering. This truth reveals that the complete cessation of suffering is possible, which signifies enlightenment.

In the "Truth of the End of Suffering" section, I plan to share a story from my chaplaincy work involving the family of a patient who has passed away. Death is undeniably a source of sorrow and poses significant challenges for the bereaved family. However, this story will highlight that even in the midst of grief, laughter and moments

of lightness can emerge. It demonstrates how empathy and spiritual care can briefly illuminate a path out of suffering, underscoring the complexity and depth of human emotions during such times.

Title: Saying Goodbye to Family

As a chaplain, I often find myself praying with families for their departed loved ones, especially when I work in the ICU, where such occasions have become even more frequent. I have spent a lot of time contemplating how to make these moments meaningful for the families of the deceased patients and have observed how other chaplains engage and pray with the families. Although I hope to find even better ways in the future, my current approach involves giving families time to say their final goodbyes to the deceased. Sometimes, families mention they have already done so, which led me to add another step: I ask each family member to share their fondest memory with the deceased. I have yet to encounter a family that refuses to reminisce about the patient in front of them. After everyone shares a memory and empathizes with each other, we hold hands and pray for the patient to be at peace, after which I leave the room.

This morning, upon arriving at work, I was informed that a patient in the ICU room had passed away. I immediately went up to meet the family, who introduced herself as the patient's sister. The patient, a Mexican in his seventies with cancer, had relapsed and the treatment made it difficult for him to eat, and he suffered greatly from pain for nearly a month. The sister, looking very sad, said she had not expected such a sudden

departure. Since the patient's children lived far away, the siblings who were nearby wanted to wait for everyone to arrive before saying his final prayers together.

Soon after, two brothers and a sister arrived, and together with the waiting sister, they prayed for the deceased. The eldest brother mentioned that out of eight siblings, four had already passed away, making the patient the sixth. The remaining four siblings cried and mourned, deeply saddened by the loss. I told the family,

"We believe that even though your loved one has passed, they can still hear us. It would be wonderful if you could express how much you love him through a final goodbye."

While the family had been speaking English to me, they addressed the patient in Spanish. After everyone had spoken, I suggested, "Now, it would be great if each of you could share your best memory with the departed, just one memory from this moment." The sister started, followed by one brother, and then it was the sister's turn.

Although I could not understand Spanish and had no idea what she was saying, the sister, who began tearfully, suddenly started laughing. Whatever the story, she tried hard not to laugh, but could not contain herself and burst out laughing. Her laughter became so infectious that even the sister who had been translating into English said, "We laughed so much that day," and joined in. Although tears of sorrow were still present, their loud laughter eventually got the brothers to laugh as well. The laughter became uncontrollable, and although I did not understand the story, the sudden shift from crying to laughter made me laugh too. After everyone had calmed down, another brother shared a memory, and we all held hands for the final prayer.

After finishing the prayer and leaving the room, I reflected on what had just happened. Neither the family nor I had anticipated it, but after the final farewell, reminiscing about a memory with the deceased led us all to laugh uncontrollably, and it felt truly good. In all my time as a chaplain, conducting end-of-life prayers, I had never before laughed aloud with a family in front of the departed like we did today. Usually, families just shed tears, so although I do not know what memory was so funny that it made the entire family laugh, the sight of it was really heartwarming.

And then... I started to think that someday, when my time comes and I am facing my end, it would be nice to have at least one hilariously joyful memory for a chaplain like me to ask those gathered around me to share. Just like the memory that made even the solemn brothers unable to hold back their laughter, I too should create good memories with those I meet, including those that are laugh-out-loud funny. So, when my time comes, it would be wonderful if the people gathered around me could share a memory and laugh just as hard as we did today.

Reflection Questions

1. I have families of patients who are passing away or have passed away share their fondest memory with the deceased. If you were in my position, would you want to add anything else to the final goodbye?

2. In the text above, the family and I ended up laughing aloud in front of the deceased patient, and I joined in the laughter. Would you have reacted differently?

The Fourth of Truth: The Truth of the Path that Leads to the End of Suffering

Addressing and eventually overcoming the main causes of suffering to find true peace takes us to the fourth noble truth: The Truth of the Path to Ending Suffering. This important truth is explained through the Eightfold Path. This path does not just offer small steps to lessen suffering. Instead, it offers a complete plan. It includes ethical behavior, controlling the mind, and gaining wisdom as keyways to end suffering. This path is known for its focus on a balanced way of growing spiritually, suggesting a life that blends good moral actions, cleansing the mind, and deep understanding. This is crucial for moving towards a life without suffering.

Right View

Right View means realizing life is constantly changing and everything is interlinked. This challenges our usual ideas about happiness and existence, guiding us to act wisely and compassionately. By embracing this view, we learn to see life clearly, helping us navigate challenges and make decisions rooted in a deep understanding of reality.

In the “Right View” section, drawing from my enriching experiences as a chaplain, I plan to share a story that underscores the importance of embracing the correct perspective in life. This narrative demonstrates the significant role that a proper understanding and viewpoint have in shaping our decisions, relationships, and overall sense of well-being. By presenting this example, my aim is to convey the profound and

transformative effect that cultivating the Right View can have on our journey towards personal growth and spiritual fulfillment.

Title: Prejudice

I was asked to visit a patient in his fifties, so I headed to his room, where I found a nurse attempting to draw blood from the patient's forearm. Seeing me, the nurse said, "It will just be a moment," and I waited at the door watching the nurse disinfect the patient's arm and attempt to draw blood.

The nurse warned the patient, "The needle is going in. It might hurt a bit," but although the needle went in, no blood came out, and despite the warning of minor pain, the patient screamed as if in significant pain. The nurse, somewhat flustered, tried to adjust the needle to find a vein while the patient continued to express discomfort, saying, "It is really hurting." Eventually, the nurse removed the needle, prompting the patient to exclaim, "What are you doing? You need to draw blood." When the nurse tried again, the patient, evidently in more pain, shouted, "What are you doing, draw the blood!" Growing tense, the nurse moved the needle around trying to locate the vein, leading the patient to curse, "Hey, ****, are you kidding me?" The startled nurse then withdrew the needle, and the patient hurled insults at the nurse. Hearing the commotion, another nurse entered the room to calm the patient down, and the first nurse stepped outside. I followed the nurse out of the room.

Since this was the patient I was supposed to visit, I waited until he seemed calm enough before attempting another visit. However, this time the patient was in the

bathroom, yelling at a nurse for something he needed. Deciding again that it was not the right time, I returned later. On my third visit, the patient was sitting with his back to the door. To see the patient's face, I had to enter further inside the room. But having already witnessed the patient cursing at the nurse trying to draw blood, and hearing the nurse yell from the bathroom, I was inexplicably anxious.

While initiating a conversation with the patient, he shared that God takes care of him, adding that God is also looking after me. Then, abruptly, the patient asked if I knew the meaning of "Bo…." I was clueless about what it was. I requested the patient to repeat himself, saying, "Could you say that again, please?" The patient raised his voice slightly and asked again, "Do you know what 'Bo….' means?" Still, I had no idea what "Bo…." referred to, and as the patient spoke with increasing volume, my anxiety peaked, and I began to inch toward the door.

Feeling that it would not be right to admit I did not understand, I kept moving towards the door while asking the patient, "Can you explain what you mean?" By the time I had moved completely towards the door, the patient told me, "Bo... means you're cute. Look up Bo... in the dictionary. It will say you are cute." The patient then smiled broadly. I cannot describe how empty I felt at that moment. I once almost got punched by an angry patient, so I was prejudiced, fearing this patient might punch me like the one who had cursed at nurses and yelled, based on that past experience. Regardless, I wrapped up the conversation with the patient well and left the room.

Had this been my first visit instead of the third, I would have felt comfortable inside the patient's room. Knowing in theory that one should see people without prejudice, today's experience highlighted the disparity between what I know and how I

act. Despite wearing a mask that concealed most of my face, the patient called me cute, and I was paralyzed by fear a stark reminder of how powerful prejudice can be.

Reflection Questions

1. In a situation like the one described, do you think you would have been able to comfortably engage with the patient inside his room, or would you have also felt anxious about the possibility of him directing his anger at you?

2. Do you hold any prejudices against others? How do these prejudices affect your behavior?

Right Aspiration

Right Aspiration is about fostering intentions focused on letting go, showing kindness, and avoiding harm to others. It guides us to have goals that reflect a positive and peaceful mindset, leading to actions that contribute to our own and others' well-being.

In the "Right Aspiration" section, I will share two stories from my chaplaincy work, highlighting my efforts to support patients and their families fully, aiming for their peace. Even if what I offer might seem small, my goal is to encourage them in the cultivation of pure and positive aspirations.

Title: The Patient Calling for Her Mother

For the past few days, I have been visiting a patient in her nineties, but each time, she was asleep, so I left without having a conversation. However, today, as I entered the room and greeted her, the patient, lying at a 45 angle, lifted her head and said something.

Approaching closer, I asked, “What do you need?” but could not understand her response. Wondering if she was in pain, I inquired, “Does your head hurt?” she shook her head no. Then, asking if her head was itchy, she nodded affirmatively. Only then did I realize her hands were tied to the bed, making it impossible for her to scratch.

I went to the nurse’s station to get a comb. At that moment, a nurse came to me and asked if I could visit another patient in a different room who was feeling very anxious. The nurse thought it would be helpful if I could see the patient immediately. I decided to first bring the comb back to the current patient before accompanying the nurse to see the anxious patient. Returning to the patient, I began to comb her hair gently and slowly, which she had indicated was itching. As I combed, the patient closed her eyes, a serene smile appearing on her face, suggesting a moment of peace amidst her discomfort.

After combing for a while, the patient tried to communicate something about her hand, and when I asked if it hurt, she nodded. As I really slightly loosened the tie around her right hand, she seemed to say, “Do not go.” I confirmed, “You want me not to go?” and she nodded again, tears welling up in her eyes. Just then, the nurse who had earlier requested my presence entered. This nurse, also responsible for this patient, tightened the tie I had really slightly loosened, explaining, “We need to keep it tight, or she will pull out her feeding tube through the nose.” Then, indicating that the patient was feeling anxious, the nurse suggested we leave together.

I told the patient, “I will come back for you,” and turned to follow the nurse out. Just as I was leaving, the patient, crying and lifting her tied arms as much as possible, seemed to shout, “Do not go.” (Although I could not understand precisely, I guessed she was saying, “Do not go.”) My heart ached at her call, but the nurse’s reaction startled me.

The nurse commented, “Look how much she has recovered to be able to lift her arms and turn her body towards us like that. Just three days ago, she could not move this much.”

The nurse and I had interpreted the same action very differently. Where I felt heartache seeing the patient’s distress, the nurse saw signs of physical improvement.

Today, I visited the patient again. As I approached, the patient looked at me and seemed to say something, but I could not understand what it was. I held the patient’s hand, which was covered by a blanket, and she gripped mine tightly. I gently tapped her hand with my free thumb. Then, the patient started crying out, “Mother~ Mother~ Mother~~~.” Seeing a patient over ninety years old crying out for her mother made my heart ache even more, wondering how much distress she must be feeling to cry out like that.

From my perspective, the patient must feel frustrated not being able to express herself clearly. Even with my efforts to listen attentively, not understanding what she is trying to say can add to her frustration. When the patient raised her hands as a gesture for me not to leave, and the nurse, interpreting this as a sign of improved health, cheerfully left the room, the patient must have felt deeply upset inside. It seems like the patient does not have family or close acquaintances visiting. Therefore, there appears to be no one nearby to spend time and make a concerted effort to understand what the patient is trying to communicate.

Perhaps that is why the patient, well into her nineties, cried out for her mother with such longing. It was clear to me that the patient needed help, though what kind of help she required remained uncertain. Nevertheless, I plan to visit the patient again tomorrow. Even if I cannot understand her words, I can at least hold her hand and gently

pat it with my thumb. And when she cries out for her “Mother~,” I can be there by her side.

Reflection Questions

1. In the story, the nurse and I interpreted the patient’s actions differently. What are your thoughts on our differing interpretations?

2. The patient lifted her hands as a plea for me not to leave, but the nurse saw this as a sign of the patient’s health improvement. How do you think the patient felt about this? How would you feel in the patient’s position?

3. The patient over ninety years old cried out for her mother. Why do you think she did this?

Title: Please Do Not, Today is Christmas

While passing through the lobby, a tearful woman approached me, saying, “My mother is currently in the ER and will soon be moved to the ICU. Could you please go to the ER and pray for her?” I went to the ER to find the patient, but she had already been moved to the ICU. After checking the chart and realizing she had been transferred, I approached the patient’s daughter and suggested we go to the ICU together. On our way, we heard a loud announcement: “Emergency in ICU room OO. Emergency in ICU room OO.” The daughter calmly told me, “That’s my mom.” Despite the announcement, she walked slowly towards ICU room OO. Inside, around twenty medical staff were busily working to save the patient, with one nurse performing CPR.

One of the medical staff explained the situation to the daughter, “Upon arrival from the ER to the ICU, the patient’s pulse was not detectable. Our team quickly took action.” The daughter, still calm, responded, “She was stable in the ER. If she were not stable, she would not have been moved. If the problem started after moving to the ICU from a stable condition in the ER, it means the transfer was rushed. I will formally complain to the hospital about this.”

Fortunately, the patient was revived through CPR, and the doctor successfully completed the procedure on the chest, stabilizing the patient’s condition. Throughout the hour and a half, the patient was between life and death, and the daughter watched calmly. After the medical team had left the room, I prayed for the patient at her daughter’s request. The patient’s daughter said to me, “Thank you for staying by my side. My mother was fine until this morning. I know she is over ninety and not well in many ways, so I understand she might pass away soon, but not today. It can’t happen today because it is Christmas.” After saying this calmly, I left the ICU.

Leaving the ICU, it was almost 5 pm, nearing the end of my shift. The dusk sky, filled with clouds after a day of rain, looked beautiful through the window. The patient’s daughter’s words, “Not today, because it is Christmas,” resonated with the scenic view, leaving me with mixed feelings. I hoped the patient would safely get through the night, honoring the daughter’s wish that her mother not pass away on Christmas. I looked forward to seeing the patient and her daughter in the ICU again when I returned to work the next day.

May the daughter’s modest wish come true tonight.

Reflection Questions:

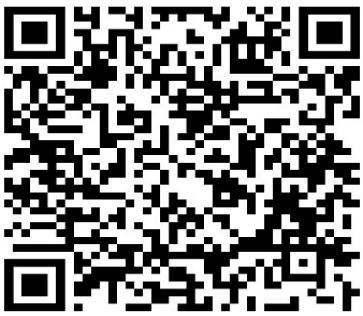
1. In the story, the patient's daughter remained incredibly calm throughout the situation. What do you think allowed her to maintain her composure in such a moment?

2. The patient's daughter mentioned that her mother could not pass away because it was Christmas. Why do you think she specifically mentioned Christmas as a reason?

Pause Your Reading for a Moment

As we conclude the enlightening section on Right Aspiration, the second element of the Noble Eightfold Path, you will come across a QR code carefully placed to connect you with a deep auditory experience: 'Buddhist Chanting of the Heart Sutra and the Invocation of Avalokiteshvara Bodhisattva,' performed in Korean by Venerable Seong Hui Bark. 'The Heart Sutra' is one of the most revered scriptures in Mahayana Buddhism, teaching that all things are interconnected, and no independent entities exist. This profound wisdom aids sentient beings in overcoming attachment and suffering. Followers of this sutra often recite the name of Avalokiteshvara Bodhisattva, who is believed to assist those in distress with her thousand eyes and hands. It is held that the power of her name transcends language barriers, conveying the same meaning universally. To complement this understanding, I present a curated audio meditation that offers a serene environment for contemplating the principles of Right Aspiration. This meditation is designed to deepen your spiritual engagement, helping you to focus and

further your journey toward achieving your aspirations. Together, these practices enhance your spiritual well-being, providing clarity and support on your path.



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Right Speech

Right Speech involves speaking truthfully, promoting harmony, and saying things that are genuinely helpful. It encourages us to use our words to build up rather than break down, fostering communication that supports understanding and connection.

In the upcoming “Right Speech” section, I will share two meaningful experiences from my chaplaincy that taught me the value of right speech. These stories will show how thoughtful and caring communication can significantly aid healing and foster understanding. I will highlight the importance of speaking truthfully, kindly, and constructively in our interactions. Through these examples, I aim to share the impactful lessons on the power of words and their ability to deepen connections and respect between people.

Title: Words

Today, a patient I met said, “I have been living well while fighting cancer for 10 years. But in the last year, I have lost around sixty pounds because I could not eat, and every night my stomach hurts so much. I have been holding on until now, and I am a positive person, but now I want to give up on living. I have already told my husband that I do not want to live anymore. I am now a burden to my husband.”

It hurt my heart when the patient said, “I am now a burden to my spouse.” And I remembered a patient in late twenties I had met before. That patient had attempted suicide twice and was severely depressed. When asked why, he said that five years ago, while riding in a car driven by his girlfriend, she collided with a guardrail to avoid a truck, resulting in the patient surviving but the girlfriend dying on the spot. The girlfriend had swerved the car towards her side to save the patient. The patient was tormented by the guilt that he should have died, and his beloved girlfriend should have lived. After hearing the patient’s story, I asked,

“If you had been driving five years ago and the same accident occurred resulting in your death and your girlfriend’s survival, what would you want to say to your girlfriend from heaven?”

“...” The patient fell silent. After a while, he said,

“Thank you for living~” and then the patient started to sob.

Today, I listened to the story of the patient who felt she had become a burden to her husband. However, I did not have the opportunity to ask the same question I had asked the previous patient.

"If you knew that your husband, who has been fighting cancer for 10 years, thinks, 'Now I am a burden, so I should die,' how would you feel?"

I wonder what the patient would have answered if I had the chance to ask this question. Leaving the room, I felt a bit regretful. I understand the feeling of not wanting to live when the pain is unbearable. When I am in great pain, I too think that it might be better to die. Yet, if I had a loved one, I would not think, "I want to die because I am a burden to you." Even to someone upset because they feel they cannot do anything for me, I still want to say, "Despite how sick I am, having you by my side makes me a truly happy person. Thank you." This is how I want to speak to the person I love.

I believe one must be honest with their feelings. The patient I met today I assume she wants to die because she is in too much pain, not because she feels like a burden to her spouse. There is a Korean proverb that says, "Even if your mouth is crooked, speak straight." You should not say things you do not mean, hoping the other person will just understand. What is it that you really want to say to the other person? If it were the moment of death, what would be the last thing you would want to say? I hope all those words are beautiful. I hope to speak with eyes moistened by tears yet smiling, and I wish for the other person to listen with eyes similarly tearful yet filled with smiles.

Reflection Question

1. As mentioned in the essay above, if you could ask the patient, "If you knew that your husband has been fighting cancer for ten years and now, he thinks, 'I have become a burden so I should die,' how would you feel?" What do you think the patient would have answered you?

2. If you were in the same situation, could you have approached this patient differently? When the patient said, “I am now a burden to my husband.” what would you want to say to the patient?

3. Assuming you were in as much pain as the patient mentioned above, to the point where you no longer want to live, and you had to prepare for your death, what would you want to say to someone you love for the last time?

Title: The Mouthwash Addiction Patient

Even after a long time, one patient who still remains vivid in my memory is someone addicted to mouthwash. The patient, having no family, asked me to attend a meeting with the medical team as the patient’s family. The meeting included two doctors, a nurse in charge of organ transplants, a social worker, the patient, and me - six of us in total.

Doctor A told the patient, “You are addicted to OOO. Addicts cannot be given the privilege of receiving organ transplants.” To this, the patient replied, “I have never drunk OOO.” Doctor B interjected, “All your blood tests indicate that you have consumed OOO.” Wondering what OOO was... Considering the patient wished for a transplant, I guessed it might be some type of alcohol. However, upon consulting colleagues later, I learned it was OOO (mouthwash), which alcoholics sometimes drink as a substitute when trying to quit alcohol, not realizing it can be addictive. Being addicted to OOO would mean consuming at least a bottle a day, I was told.

After the doctors, nurse, and social worker left, the patient and I were alone. The patient, tearfully, said to me, “I have not drunk OOO! Nobody believes me.” I reassured the patient, “I believe you,” causing the patient to burst into tears and declare, “I will not give up. I will do whatever it takes to receive a transplant and live.” I supported the patient and quietly left the room.

Leaving the room, I felt a heavy heart because I had lied to the patient. In truth, I did not believe the patient and trusted the blood test results presented by the doctor more. Yet, I wanted to support the patient, knowing well that supporting someone does not mean lying is justified.

Honestly, I am not sure if the patient really consumed OOO or not. As a chaplain, my role is not to make judgments based on blood test results like a doctor but to listen and speak based on what the patient says. If the patient denies it, perhaps I should not have assumed otherwise. However, in a similar situation in the future, I will not lie. If a patient says, “Nobody believes me,” I will express empathy by saying, “It must be hard feeling that no one believes you.” Unfortunately, I never got another chance to speak with this patient.

One reason this patient remains memorable is because I think of her every night before bed when I use mouthwash. Each time I gargle, thinking, “How could anyone drink a bottle of this unpleasant stuff every day?” I spit it out and pray for the patient.

May she now be resting peacefully in a serene place...

Reflection Questions

1. In the passage above, I did not believe the patient's claim of not drinking OOO mouthwash but lied saying I did. What are your thoughts on my actions? What would you have done in my place?

2. I questioned, "Is not the role of a chaplain to listen and speak based on the patient's words, not to judge based on blood tests like a doctor? Since the patient denies it, should not I have believed her?" What are your thoughts on this?

Right Action

Right Action means leading our behavior in ways that do no harm to ourselves or others. It encourages us to act ethically and considerately, ensuring our deeds contribute positively to the well-being of everyone involved.

In the "Right Action" section, I aim to share three stories from my work as a chaplain that demonstrate how I strived to practice right action with patients. These stories will illustrate my efforts to embody compassionate care, and mindful interactions, highlighting the importance of actions that are aligned with empathy. Through these examples, I hope to convey the significance of right action in fostering healing, trust, and positive relationships, showing how deliberate and kind actions can make a profound difference in the lives of others.

These three stories originate from my experiences during my internship and residency. Should similar situations present themselves today, my response would differ. I have chosen to share these tales without alteration, presenting them just as they unfolded.

Title: In Silence

Today, I visited a patient who said he needs a dual organ transplant, a situation he described as overly complicated. I had visited him a few times before, and upon arriving at work this morning, there was a request waiting for me to see him.

Upon my arrival, I asked how he was feeling today, to which he replied, "What does my mood matter? I am frustrated, desperate, and lacking the courage to live. But I will still do my best. I know exactly how I feel. But why do I need to talk about it? It is my emotion and knowing it for myself is enough."

Ah... I was taken aback, wondering if I had inadvertently pressured the patient into responding.

"You are right. You do not have to express it," I said. The patient then asked me, "Can you just sit on my bed and hold my hand? I think I would feel comforted by someone simply being with me in silence."

Chaplains are taught not to sit on a patient's bed. However, for the first time in my chaplaincy, I sat on the patient's bed and held his hands without saying a word, just holding it with both of mine.

The patient sighed as if holding back something, and after a while, with tearful eyes, he said to me, "I am sad." This made my eyes well up with tears too. As I smiled softly, the patient gripped my hand tightly. And shortly after, I left the room.

The patient needed silence and presence without questions. Being quietly beside him allowed for self-expression, making me wonder if I had been too hasty before. Being silently by someone's side is also a form of care. Today, I deeply learned from the patient.

"Just stop asking. When you ask, I find it hard to respond. Can you just sit quietly with me?"

The patient's words echo...

Reflection Questions

1. In the essay, it is mentioned, "Chaplains are taught not to sit on a patient's bed. However, for the first time in my chaplaincy, I sat on the patient's bed and held his hands." What do you think about my action?

2. I also said, " Being silently by someone's side is also a form of care." What do you think about this statement?

Title: Silence

The day I met this patient was a day I was on duty in the emergency room until 10 PM. Around the afternoon, a request came for me to visit this patient, so I arrived at her room around 4:40 PM, thinking I could visit before dinner since I had to work until 10 PM anyway.

When I entered the room, the patient was covering her face with both hands, occasionally peeking to check if I was there. I approached the patient and gently patted her knee. After a while of silence, the patient said, "I am confused." When I asked, "About what?" but there was no response. Time passed, and the patient took her hands away from her face and curled up. I continued to pat her knee silently, and finally, the patient expressed, "I do not know what to do," but fell silent again when I asked, "About what?"

Looking at the clock, it was past 5:30 PM. We exchanged only a couple of sentences in over 15 minutes. The patient was gripping my hand tightly. I mentioned, “I am on duty in the emergency room tonight. I need to have dinner. Is there anything I can help with before I go?” The patient asked, “Do you really have to go now?” I stayed another ten minutes, letting the patient hold my hand. After ten minutes, I said, “I need to eat dinner. If it is okay, I can come back after 7 PM if possible. Should I come back?” The patient nodded but did not let go of my hands. I forcefully pulled my hands away, patted the patient’s shoulder a few more times, and left.

I quickly ate dinner and met with the emergency room chaplain, who told me to take care of other matters if urgent issues arose in the ER, as he would call me. I was thankful and thought it worked out well. After quickly attending to other matters, I returned to the patient around 7:50 PM. According to hospital regulations, chaplains do not visit patients after 8 PM unless it is an emergency. When I entered, the patient was sitting facing me, but this time, I did not offer my hands. I decided to wait for the patient to speak. Remembering a previous patient who mentioned I asked too many questions; I resolved not to speak or ask anything until the patient did. The patient stared directly at me, her lips moving as if she wanted to say something, but no words came out.

Despite my resolution not to speak first, it was 8:40 PM, and another fifty minutes had passed, and I started to yawn. After being at the hospital from early morning and sitting still in front of the patient, fatigue hit me. After yawning a few more times, I finally broke the silence, saying, “I am sorry. It has been a long day for me. I would like to wait longer, but I need to go. Is there anything I can do for you before I leave?” The patient responded, “I am really thankful for your patience. It means a lot to me.” As I

said, “I will be going now. Take care of your health,” I saw a faint smile on the patient’s face. Checking the time again, it was past 8:50 PM.

Combining the first and second visit, I had been there for over two hours, during which we had barely exchanged about five sentences each. I did not have the skill to get the patient to talk. How wonderful it would be if I possessed the Buddhist ability known as “penetrating knowledge of the mind (of others)” (Pali: ceto-pariya-nana) [86], to know what confuses the patient or what she is unsure of how to manage?

Leaving the room to write in the chart, I had nothing to say. After more than two hours, all I could write was “ministry of presence.”

After writing in the chart, I reflected on my actions. I regret not offering my hands to be held firmly, like I did during the first hour; the second hour felt too cold as we just sat facing each other. I knew the patient wanted to hold my hands, but I refrained, fearing she might just hold it and remain silent. Now, I regret not allowing her to hold my hand.

In front of a patient who remains silent for a long time, I wish I had the Buddhist ability. And in the face of that silence, I wish I had more capacity to quietly offer my hands. If I encounter another patient who does not speak, this experience with this patient will likely be of great help.

Reflection Questions

1. In the essay, I did not offer my hands to the patient during the second visit, fearing only holding hands and not speaking. What do you think about my action?

[86] Nyanatiloka, “Ceto-Pariya-Ñāṇa,” in *Buddhist Dictionary* (Neo Pee Teck Lane, Singapore: Singapore Buddhist Meditation Centre, 1987).

2. Eventually, I regretted not allowing the patient to hold my hands. If you were in my position during the second visit, would you have let the patient hold your hands?

Title: That is Not Enough

Today, when I opened the chart, I noticed that the patient who had previously just held my hands without saying anything had been readmitted. Back then, when I visited the patient again, I prevented myself from offering my hands, fearing that the patient might not speak again. Later, after leaving the room, I regretted not letting the patient hold my hands, thinking she might have needed just that. Today, knowing the patient was readmitted, I resolved to do everything the patient wanted, anything to support her.

However, the patient's condition was entirely different from what I had anticipated. The patient was breathing through an oxygen mask, with both hands neatly placed on her abdomen. Recognizing me as I entered the room, the patient said, "I am very very sick."

Hearing this weighed heavily on my heart. 'What can I do for her now?' Looking at the patient's face reminded me of another patient and her son I met last week. The son had been caressing the patient's head and massaging her hands. Instinctively, I moved closer to do the same – stroking the patient's head with my right hand and patting her neatly folded hands with my left. Up close, I could see tear streaks on the patient's face, unattended and dried. After a while, as I was about to straighten my back, the patient spoke, "That is not enough."

I bent back down, my right hand resting on the patient's head, and my left on her hands, staying still. I had no idea how long I should stay for the patient to feel it was enough, and I also did not know how long I could keep this position, as time passed by without a word between us. Then, a signal came from my back. It became difficult to remain bent over, so I straightened my sore back, gently patting the patient's shoulder and chest area, and then completely removed my hands. I told the patient that I would not be back until next week, and it might be difficult to visit her this week. In case we do not meet again, I wished her a healthy discharge, saying, "Goodbye~," to which the patient replied, "Goodbye~."

Tears welled up in my eyes at the patient's farewell. I had entered the room determined to fulfill any wish the patient had, yet I left feeling something was still missing. I wiped the dried tears from the patient's eyes with a wet wipe before leaving the room. Looking back at the frail patient lying on the bed, barely weighing sixty pounds, I thought, "This is all I could do for you… I am really leaving now." Hoping to meet the patient again, wishing she would hold my hand tightly like before, showing at least some recovery. Hoping she will not suffer too much alone…

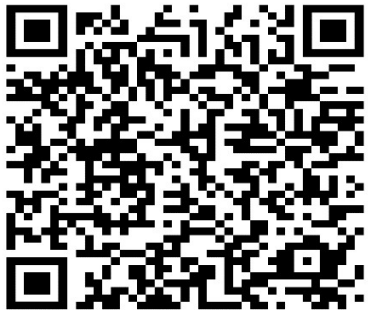
Reflection Questions

1. In the essay above, the patient told me, "That is not enough." What do you think this statement means?

2. In the essay, when I said "Goodbye~," the patient responded with "Goodbye~." What do you think the patient's "Goodbye~" signifies?

Pause Your Yeading for a Moment

As we reach the conclusion of the section dedicated to Right Action, the fourth integral element of the Eightfold Path, you will discover within these pages a specially incorporated QR code. This code grants access to an evocative piece of spiritual music titled ‘Repentance Prayer Music,’ soulfully sung in Chinese by the professional singer and Venerable Ze Xu. This musical interlude is not merely a pause in your reading; it is an invitation to enter a space of rest and contemplation. This moment, set aside for contemplation, aims to deepen your understanding and appreciation of Right Action through a meditative engagement with the music, providing a serene backdrop for introspection and spiritual enrichment.



https://tinyurl.com/4fktvysm

Right Livelihood

Right Livelihood is about choosing a job that avoids harming or taking advantage of others. It guides us to pursue work that is ethical and contributes positively to society, ensuring our professional life aligns with principles of kindness and fairness.

In the “Right Livelihood” section, I plan to talk about why being a chaplain is an important job, based on my own experiences with a patient. I will show how being a

chaplain is a good example of Right Livelihood, helping people's spiritual health and offering important support when they really need it. Through the story, I want to highlight how choosing a job that focuses on helping and caring for others can make a big difference, showing how chaplain is dedicated to improving spiritual well-being and helping those in need.

Title: Organ Transplant Patient

Last Monday, I visited a patient who needed an organ transplant. Like most patients waiting for a transplant, he meticulously outlined to me the necessary procedures, what was needed, the anticipated wait times, etc. The conversation was not cheerful, considering the patient was facing an uncertain future without the transplant. Yet, he committed to following through with each step. Returning on Tuesday, he was exhilarated about an unexpected meeting with the transplant team scheduled for the afternoon, thinking it would take a month to arrange; it was set up within a day. Aware of the lengthy wait times for organ transplants through experience, I promised to visit again upon his readmission for the procedure and left the room.

Today, upon checking the chart, I discovered the patient had been moved to the ICU, having received the transplant within a week and was now recovering. He was overjoyed to see me, requesting a prayer of gratitude. Together, we offered sincere thanks to God, and the patient, with a bright smile, expressed deep gratitude, "I am truly thankful to you. Last week, I was alone in my room, and you came to listen to my story.

Everything happened just as I told you. It is because you listened to me that I got the transplant so quickly. Thank you." his eyes glistening with tears.

The logic behind the patient's belief that my listening facilitated his quick transplant does not hold water. However, what is undeniable is that I visited the patient twice, listening intently to his story. Though I might not have fully grasped every word, I engaged and showed focused attention. Perhaps discussing the daunting process of obtaining a transplant when he was most distressed helped plant a seed of hope in his heart, which then came to fruition quicker than anticipated, and he attributed this to my visits during his solitude.

Feeling embarrassed yet flattered by his thanks, I am reminded today of the power of listening and empathy. Being heard and understood can immensely empower those feeling isolated. Learning this reinforces how fortunate I am to perform my role as a chaplain, bearing witness to the strength of empathy and attentive listening.

Reflection Questions

1. In the text, the patient attributed his speedy transplant to my willingness to listen to his story. What do you think motivated the patient to express this?

2. I mentioned the importance of the power of listening and empathy. What are your thoughts on this?

Right Effort

Right Effort is about working hard to develop good qualities and let go of harmful ones. It encourages us to actively improve ourselves, aiming for a balance that promotes positive change and personal growth.

In the “Right Effort” section, I plan to introduce two stories that display the efforts I made as a chaplain to assist patients. These narratives will highlight the diligent and compassionate endeavors to provide support, comfort, and spiritual guidance to those in need. By sharing these experiences, I aim to illustrate the practical application of right effort in the context of chaplaincy, demonstrating how targeted and mindful actions can significantly contribute to alleviating suffering and fostering a sense of peace and well-being among patients.

Title: The Patient Who Refused Rehabilitation Therapy

Because I am a Korean chaplain, nurses sometimes request a Korean chaplain, as most of these patients are elderly Koreans. When I went to the nursing station to inquire why I was called, I was told that a patient who had been willingly undergoing rehabilitation therapy until yesterday suddenly expressed a desire to die this morning and has been refusing rehab therapy since. They asked if I could persuade the patient to resume therapy.

Upon locating the patient, I found her slumped in a wheelchair at the end of a dimly lit corridor, staring out the window. As I approached, the rehabilitation therapist explained that she had left the patient’s room to start rehabilitation therapy, but the patient refused to participate and ended up here. I began conversing with patient appeared to be over ninety years old, having to shout directly into her right ear due to her hearing impairment.

“You do not want to do rehab therapy?”

"What is the point of rehab therapy at my age? I want to die!"

"What's so hard that you want to die?"

"No, it is not hard. I am old, so I just want to die right now. If someone kills me, that someone is a really nice person. Please kill me."

"How can I kill you? What did the doctor say about your condition?"

"I do not know."

"I have been working as a chaplain for a long time. If a patient has a terminal illness, the doctor will inform you that it is terminal."

"Then I'll ask the doctor to kill me."

"The doctor can't kill a patient even though with the patient's request, especially if the patient doesn't have a terminal illness."

"Then…. How? I really want to die somehow."

"You know that we cannot control our own death."

By the time we got to this point in the conversation, my throat was sore from shouting, and I thought I had to give up on convincing this patient, who wished to die, to undergo rehabilitation. The patient continued talking.

"Well then... I guess I will just have to starve myself to death!"

"That will not work here in the hospital. If you refuse to eat, they will put you on IV nutrition. You'll keep living."

"Then what should I do to starve to death?

When asked how she could die by starvation, I produced a seemingly good idea for the patient to resume rehabilitation.

"How about you go home and starve to death? No one would bother you there." Upon hearing this, the patient, who had been slumped in her wheelchair, suddenly lit up, a smile spreading across her face. I continued,

"So, to get home quickly, you need to undergo rehabilitation properly. Only then will the doctor allow you to go home."

As soon as I said this, the patient straightened up from her slumped position in the wheelchair and declared,

"That is a great idea! I can go home and starve to death. I will start rehab now. Let us go!" signaling the rehabilitation therapist to proceed.

I felt deeply uncomfortable inside because no one around understood our conversation in Korean, unaware that the patient had decided to earnestly undertake rehabilitation again to starve to death at home. When the patient who had refused rehabilitation in the morning entered the exercise area, the rehab therapists and nurses welcomed her with claps and smiles. I cheered on the patient with "Good job, good job," clapping beside her as she started exercising and throughout her session, then left the rehabilitation ward with a heavy heart, worrying what if she actually starves herself to death at home. I decided I must visit again tomorrow to talk.

The next day, as the patient was just returning to her room after finishing rehabilitation and laying down, I entered. She was very happy to see me, smiling and saying she had been diligently attending her rehabilitation since the morning.

I asked the patient, "With such diligent treatment, you will soon be discharged and going home. What do you plan to do once you are home?"

As I asked the question, my heart raced, wondering if the patient would express a desire to starve to death. To my relief, the patient said,

"I will knit. I am good at knitting. I have made and shared many clothes because I am good at it. I will make one for you too." This reassured me significantly.

"Sure, but could you make me a scarf instead of clothes?"

"Of course, I haven't made a scarf before, but I will learn and make one for you," the patient said with a big smile.

Seeing the patient smile made me feel much better. Thankfully, whether the patient had forgotten our previous conversation or not, she was now looking forward to going home to knit. There is a Korean proverb that says, "It does not matter how you get to Seoul, as long as you get there." Does the journey not matter if the destination is reached? I am not sure. There is a saying about the three biggest lies in Korea: First, it is the words of the elderly, claiming that they want to die because they are very old. However, they do not want to die in fact. Second, it is the words of a merchant who claims to sell for less. And last, it is the words of an old spinster who claims she does not want to marry. Was the patient just momentarily joining in on these "lies"? I am unsure. Anyway, I managed to persuade the patient to actively participate in rehabilitation again, with plans to go home and start knitting for others. I will try not to think too deeply about it for my peace of mind.

Reflection Questions

1. How do you perceive my approach of motivating the patient to resume rehabilitation by suggesting she could starve at home if she wished?

2. Given the patient's initial refusal to participate in rehab due to a desire to die, could there have been a different method to encourage her cooperation?

3. The patient initially claimed a desire to die, echoing a sentiment often regarded as one of the "three great lies." Do you believe such expressions of wishing for death are always sincere?

Title: A Patient Crying Tears

I visited a patient in his twenties today upon request. The patient has been suffering from an undiagnosed illness for years, experiencing severe episodes of pain every few months that necessitate hospital visits. Unable to lead a normal life due to these hospital visits, the patient expressed significant psychological distress. When I asked about any significant events from a few years ago, the patient recounted a car accident and began to cry,

"A few years back, I asked a friend to drive me home. I was not wearing a seatbelt in the back seat, and my friend caused a major accident. I was in critical condition, but my friend fled the scene. Now, that friend is attending university, living as if nothing happened, while I have been wasting my life in hospitals for years. It is really tough."

I asked the patient, "Have you ever expressed your feelings to that friend?" and the patient replied, "No, I have not. If I see that friend, I will hit him," while slapping his palm with a fist. I suggested, "Since it is difficult to meet that friend, would you like to express your feelings towards him to me right now?" Following that, the patient started

swearing profusely. I joined in, echoing his swearing with all the English swear words I knew. Throughout the conversation about the traffic accident and the swearing, the patient continuously shed tears, filled with anger.

Just when the patient seemed to calm down, he began to mourn the loss of a very close friend who had died a few months earlier. The patient described this friend as someone whose thoughts he could understand just by exchanging looks. The despair of never seeing this friend again left the patient unsure how to proceed with life, leading to a profound bout of crying. It was the first time I had encountered a patient crying continuously for over thirty minutes during my interactions with patients.

After almost using up a whole box of tissues provided by the hospital, the patient calmed down a bit and expressed a desire to become a comedian. The patient enjoyed making people laugh from a young age but worried that an accident a few years ago might prevent him from achieving this dream. So, I smiled brightly at the patient and said, “You make me laugh like this. That means you have all the qualities to be a comedian,” giving him a thumbs up. My smile finally made the patient smile for the first time. Then, the patient said, “I did not know I needed this time to cry. Thank you so much for visiting today.” I waved goodbye to the patient, who was now smiling brightly, and left the room.

Today, as a chaplain, I listened to a young patient’s story. While listening, I deeply wanted to offer a different perspective on the world, but I held back. The patient spoke as if his limited view was everything there is, which I found profoundly sad. Then, a thought from a book I recently read came to mind:

"Imagine looking at yourself from the perspective of you in twenties years. What would you, twenties years from now, like to tell yourself at this moment?"

I have been going through a tough time lately. What would I tell my current self from twenties years in the future? It is ironic that while I have advice for a patient twenties year my junior, I struggle to find words for myself.

Reflection Questions

1. Why do you think the patient cried for over thirty minutes?

2. If you were to look at yourself now from twenties years in the future, what advice or message would you like to give to your current self?"

Right Mindfulness

Right Mindfulness involves developing a keen awareness of our body, emotions, thoughts, and environment, striving for a profound understanding of these elements. It encourages us to be fully present and attentive, leading to greater clarity and insight into the nature of our experiences.

In the "Right Mindfulness" section, I plan to share two stories from my chaplaincy that involved understanding the less obvious, deeper meanings that required careful attention to discern. These narratives will illustrate the importance of being fully present and attentively aware, displaying how right mindfulness can reveal significant insights into our experiences and interactions, often hidden beneath the surface. Through these examples, I aim to highlight how a mindful approach can enhance our comprehension of complex situations and support individuals in finding meaning and solace in their journeys.

Title: The Patient's True Feelings

A couple of months ago, I met a patient who was with his wife. He had come for treatment because he was having difficulty breathing, and this was not his first visit; he had been hospitalized for the same issue a few years earlier. His wife shared with me her worries about managing his care alone once he returned home. The husband was a large man, noticeably taller and bigger in build, whereas his wife was quite petite. She recounted an incident from his last home care period when, attempting to get to the bathroom, he had relied on her for support. She nearly fell under his weight. Moreover, she needed to assist him every time he moved into bed, a task that became daunting due to her previous struggles. She was worried about how to manage once he was discharged this time.

I offered her information on rehabilitation services. I explained that the patient could receive rehab until he was able to move sufficiently on his own, at least to the extent of getting to the bathroom by himself. She should discuss this option with the doctor, I suggested. Hearing this, the wife was overjoyed, considering it excellent advice. She felt managing her husband's care alone at home would be challenging, but if he could stay in the hospital for another week or two for further recovery, it would make home care much more manageable. I too thought it would be beneficial for the patient to get medical support until he could move around a bit more independently.

Days later, when I visited again, the patient was alone. Previously, his wife was always by his side during my visits, but now, for the first time, it was just the two of us. He immediately started talking.

"Chaplain, can you please tell my wife to let me go home directly? I cannot stay in this hospital any longer. I want to go home as soon as possible. I can move slowly at home. A little support from my wife would be enough, but I do not see why I have to stay longer in the hospital for rehab. I want to go home right now. Chaplain, if you see my wife, please tell her that I can go home and move slowly, so I do not need rehab and should go home."

"Oh, you really want to go home right away."

"Yes. I hate being hospitalized like this. The thought of staying for rehab for another week or two is unbearable. Please convince my wife."

"Have you tried talking to your wife about this yourself?"

"No. She wants me to undergo rehab. But I do not! I need to go home!"

"It must be very hard for you, wanting to go home but being told you need to stay for rehab."

"Yes, that is why I am asking you to convince her."

"If I happen to meet your wife, I will try to talk about it with her."

After this conversation, I left the room. Since then, I have not had a chance to speak with his wife separately. When I got back to the chaplain's office and shared the day's events with a colleague, he surprisingly asked, "Did you tell the patient he's being selfish?" To which I replied, "Of course not. How could I say that to a patient? I just listened and acknowledged how difficult it must be for him."

Chaplaincy training teaches us to request private time to speak with patients who are always accompanied by family, to give them a chance to share their true feelings. It is understood that even close family members might inhibit open conversation.

Recently, I visited a patient in his twenties who had a complex array of issues, so that addressing one problem led to another, and then another, resulting in a much longer hospital stay than the patient or his family anticipated. The medication appeared to be strong, causing the patient to spend most of his time sweating profusely and sleeping. For several weeks, the patient's mother stayed by his side from morning till night, providing care. Whenever I could, I visited to offer support to the patient's mother, who was not in the best of health herself. I always encouraged her, "Have you had breakfast? Please make sure to eat well!" to ensure she had the energy to continue caring. Thanks to her devoted care, the patient recovered very slowly.

Today, when I visited the patient, he was alone in his room. I asked where his mother, who was always by his side, had gone. The patient told me that his mother was angry and decided not to come today. From my perspective, she seemed like a good mother, so I was curious about what made her angry. I asked what happened, and the patient angrily explained,

"I asked my mom to go to the nearby sandwich shop, OOO, to buy me a sandwich, but she refused, saying she did not want to and wouldn't buy it for me. I really wanted that sandwich, but she would not get it for me. What is so hard about buying a sandwich that she refused, causing her to get mad and not come today?"

"Ah, you must be so upset not getting that sandwich. Tsk, tsk."

"Yes! As you know, hospital food is not great. I am really upset."

"There, there." I spent quite some time comforting the patient before I left.

I empathized with the patients' words in two instances. Of course, being a chaplain plays a part, but it is also because I believe in the husband and son. The husband knows that if he does not undergo rehabilitation and goes home instead, it will be hard on his wife. Thus, he must have already decided to undergo rehabilitation, but still, deep down, he wants to go home, which is why he spoke to me about it. The son must have seen his mother wiping sweat from his forehead whenever he briefly woke up from his drug-induced drowsiness. It is not that he does not appreciate her, but after weeks of eating food that does not suit his taste, he momentarily lashed out at her, though I believe he understands her gratitude. So, I empathized with the stories of both patients, hoping that my empathy would offer them a bit of strength.

Reflection Questions

1. When I shared the story of the first patient with a fellow chaplain, I was asked, "Did you tell the patient, "You are really selfish, are not you?" If I had shared this first story with you, what would you have said to me?"

2. If I had shared the second patient's story with you, what would you have said to me?

3. I empathized with both patients' stories because I believe in them. I thought the first patient had already decided to undergo rehab but still expressed a desire to go home. The second patient, despite being frustrated, appreciates his mother's care. What do you think about my belief in their sincerity?

Title: When the Last Moment Arrives

Today, during lunch, I was eating with my colleagues when one of them shared a story about a patient he encountered today. The doctor had told the patient not to drink water, but the patient, being very thirsty, kept asking his family for water. The patient's family, unsure whether to follow the doctor's orders or to fulfill the patient's request, asked the chaplain what to do. My colleague then posed the question to us,

"As chaplains, how should we respond to the family in such situations?"

Another colleague shared a story about his friend, and after it concluded, I shared a story with them that I had not told our family about, involving my aunt in her last moments.

A few years ago, I had planned a trip to Jeju Island with my mom and aunt, even buying the tickets. However, my aunt was suddenly diagnosed with terminal ovarian and colon cancer and had to be hospitalized, making the trip impossible. As soon as I landed in Korea, I rushed to the hospital where my aunt was admitted. Upon seeing me, my aunt opened her arms wide, grabbed my hand, and expressed how happy she was to see me... I still vividly remember that moment. My cousin's brother was there too, and despite it being well past lunchtime and he had not eaten yet, I suggested that my cousin's sister and he go out for lunch together.

Before leaving for lunch, my cousin brother gave a warning about my aunt's condition, saying she should not be given any water because of her severe ascites. Drinking water could be dangerous because she had previously aspirated water when alone at night, which led to pneumonia. So, he stressed not to give her any water and then left for lunch. After my cousin, brother and sister left the room, it was just my aunt and

me. Then, my aunt told me there was peach juice in the fridge and how she would love to have just a sip. I cannot describe how conflicted I felt at that moment. My cousin's brother had just emphasized that we absolutely should not give her any water, yet here was my aunt, wanting some cool peach juice. I took the peach juice from the fridge, inserted a straw, and told my aunt, "You can only have half a sip." My aunt sucked on the straw and really only had half a sip.

She then exclaimed, "It is so refreshing~ It is so delicious~" smiling brightly like a child. I finished the rest of the peach juice, acting as if I had drunk it all by the time my cousin brother and sister returned.

When I shared this story, the colleague who had told the story about his friend said to me, "You cared for your aunt's emotions and spirit." He elaborated with an example from when he worked in hospice care, about a terminal lung cancer patient who wished to smoke a cigarette in his final days. The doctor allowed it, and the patient went outside, lit a cigarette, and took a couple of puffs, feeling alive in those moments. The colleague explained, "The Patient may not be able to control his physical state, but he wants to control his emotions. By allowing him to fulfill his last wishes, it acknowledges his humanity and the care for his mind and spirit."

Hearing this made me realize for the first time that when my aunt said how refreshing and delicious the peach juice was, I was caring for her spirit and emotions.

Truthfully, if I knew my days were numbered, I would want to indulge in something I desire for the last time. Even if my body is too sick to move, being able to taste something I crave would make me feel like I am still a living human being, just as my colleague mentioned. However, fulfilling even such a simple wish cannot be

guaranteed. My aunt secretly told me she wanted to drink peach juice when no one else was around. She knew well that she should not drink water according to the doctor's orders. But maybe she thought that if she told me, I might listen to her request. Although I could not give her the gift of a trip to Jeju Island, I managed to give her the gift of peach juice.

Having someone to express my last wishes to seems like a great blessing. There is no guarantee those wishes will be fulfilled, but just having someone listen is a blessing. It seems I have many days ahead of me, so I should carefully look around to see if there are people in similar situations to my aunt. Even if I cannot fulfill their requests, I want to lend an ear and listen attentively to what they have to say.

Reflection Questions

1. In the story, my colleague asks what you would do if a patient continuously expressed a desire to drink water, despite the doctor's orders not to. What would you respond?

2. In the story, I allowed my aunt to drink the peach juice she wanted. Would you have done the same?

3. In the story, my colleague said, "A patient cannot control his ailing bodies, but he still wants to control his emotions as he wishes. And when his wishes are fulfilled, it makes him feel like 'I am still a living human being'." Do you agree or disagree with my colleague's statement? Why?

Right Concentration

Right Concentration is about using meditation to reach deeper focus and gain deep understanding. It guides us to train our minds for greater clarity and insight, helping us to achieve a peaceful and insightful state of being.

In the "Right Concentration" section, I aim to recount a story from my chaplaincy where I engaged in prayer or meditation alongside patients. The story will demonstrate how such focused practices helped the patients receive support and healing. By sharing these experiences, I hope to illustrate the transformative power of right concentration in fostering a deep sense of peace, clarity, and spiritual well-being among those I serve, showing the significant impact of concentrated mental efforts in the healing process.

Title: What Happened to That Patient?

Last week, I visited a patient in his forties who was with his sister. The patient was awake and able to speak, but it was mostly the sister who talked to me about how miraculously the patient was still alive. The patient, who had only a 2% chance of survival, was there alive right before my eyes. Although a long treatment process lies ahead, the patient confidently told me that he could recover. At the end of our conversation, the sister told me that she was raised in a Christian family but began to understand the world after encountering Buddhism in college. She mentioned that she had met chaplains in other hospitals, but this was the first time she met a Buddhist chaplain. After more conversation, the sister asked me to pray for the patient, specifically requesting a Buddhist prayer. When I pray in the Buddhist way, I recite the Heart Sutra

and perform a chant for Avalokiteshvara Bodhisattva before making a blessing. However, explaining what I do to someone who is neither Buddhist nor familiar with the practice might not make much sense, so I usually say before praying, “You might not understand since I will do it in Korean. Just listen carefully to the chant.”

As usual, I closed my eyes, brought my palms together, and silently wished for the patient’s swift recovery while reciting the Heart Sutra and a chant for Avalokiteshvara Bodhisattva, followed by a short blessing in English. Upon opening my eyes, I was startled to see both the patient and his sister crying. The sister spoke first, saying, “That was a beautiful chant. It was my first time hearing it, and I felt a deep emotion. I cannot express how grateful I am.”

Then, the patient added, “When the chaplain was chanting, I felt a kind of energy from you. I could feel a strong energy entering my body. I have never experienced anything like it before.”

This was the first time I performed a Buddhist chant and saw the patient and his family crying. As I left the room, I remembered a patient from a few years ago whom I had recited a Buddhist mantra with. I wonder what has become of that patient now.

When I first met that patient in her thirties, she had lost about one hundred pounds over the course of a year after starting to experience stomach pain. Initially, the patient had undergone several psychological evaluations to determine if the pain was a temporary symptom caused by anxiety. All tests indicated that there were no mental issues, and all organs including the heart, stomach, and lungs were functioning normally. So, when I first met the patient, she had not yet been diagnosed with any specific condition.

The patient was able to eat all kinds of food at first, but as the stomach pain persisted, she switched to only vegetables, then reached a point where she could not even consume vegetables, and finally, she could not drink water due to severe stomach pain, leaving her unable to eat anything at all. This meant the patient had been starving and unable to drink water for a year.

The patient said to me, “Chaplain, I pray to God every day. I wish I could gulp down even a glass of water. In reality, I am starving to death. Chaplain, I know you are a Buddhist chaplain. Is not there some kind of prayer in Buddhism to humble the body?”

I responded to the patient, “In Tibetan Buddhism, there is the Green Tara, the Bodhisattva of healing, and reciting the Tara mantra is believed to bring healing. Would you like to try it together?”

The patient agreed, and I played a Tara mantra from Website that had background music, and we chanted together for about three minutes.

‘Om Tare Tuttare Ture Soha~ Om Tare Tuttare Ture Soha~ Om Tare Tuttare Ture Soha~’

“It feels good. I should do it every day. Thank you for visiting today.”

Months later, when I met the patient again, she was still unable to drink water and had lost a significant amount of weight. The patient detailed what had happened during the intervening months. She had found a diagnosis for her rare condition and learned that there was one doctor in another region who treated patients like her.

The patient discussed the cause of her illness and the lengthy treatment process, uncertain if her insurance would cover the costs or if she could even meet the doctor for a diagnosis. The patient looked truly sad and said with a somber voice,

"Chaplain, I have been chanting the mantra you taught me every day." Then, without the Website channel playing, we both chanted the mantra in tune with the melody we remembered from the Website.

'Om Tare Tuttare Ture Soha~'

As we were chanting the mantra together, tears quietly fell from the patient's eyes. She had been chanting it daily, as she said, and was remarkably proficient at it. It showed how earnestly she, a Christian, had taken to reciting the mantra I had taught her. After a while, the patient asked me again,

"Chaplain, I have been chanting the mantra every day. Is there anything else I can do?"

I replied, "Well, if it is okay with you, you could offer donations to Venerables in India who are practicing and have prayers said for you."

"I do not have much money."

"The amount is not important. Even a few dollars are fine."

"I can send a few dollars, but since I do not have any money right now, I will send a little through my sister when she visits."

"Understood. Once I receive the money, I will make sure to offer it and have prayers said for you by the Venerables in India."

Around the time I was leaving work, I received a message that the patient's sister had come to the chaplain's office looking for me and had left an envelope with a few dollars in it, marked with the patient's name. I sent this donation to the Venerables practicing in India and received a receipt for the offering in the patient's name. I took a

photo of the receipt, showing the patient's name and the amount donated, hoping to show it to the patient if we met again, but that turned out to be our last meeting.

Today, the patient and his sister shed tears as they listened to the prayers I chanted. A patient I met before also cried as we chanted together. I never told her to believe in Buddhism. I merely shared and performed what they wished for to the best of my ability. I hope that both the patient and his sister I met last week, and the one I met long ago, recover swiftly through the prayers I offered, regardless of their belief in Buddha. And I hope that the patient I met long ago is now living happily with her young child. It would be truly wonderful if that were the case.

Reflection Questions

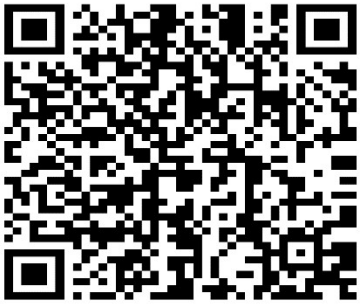
1. In the story, the patient and his sister asked the Buddhist chaplain to pray in the Buddhist way, despite not being Buddhists themselves. Why do you think they requested a prayer from a religion different from their own?

2. What are your thoughts on asking a chaplain of a different religion to pray in their religious way from your religious perspective?

Pause Your Reading for a Moment

As we conclude our journey through the section on Right Concentration, marking the final cornerstone of the Eightfold Path, I present a QR code that serves as a gateway to a unique auditory experience. This code leads you to the 'Green Tara Mantra,' a sacred chant performed with devotion by Reverend Nick Hisoire. I warmly invite you to seize this moment, allowing yourself the opportunity to pause and reflect, to rest your mind and soul in the tranquility of this chant. It is an opportunity to integrate the teachings and

insights gained from the study of Right Concentration, providing a contemplative conclusion to your exploration of the Eightfold Path.



https://tinyurl.com/2ys5sk9p

Conclusion of Book

I started as an intern in 2018 and have continued my work as a chaplain ever since. It was only in preparation for this book that I realized I had written around two hundred stories. Many people have commented, "You have really written consistently and for a long time." I wrote these stories not so much for others but because writing them greatly aided my Buddhist practice. The process involved reflecting on the day's events at the hospital after work, contemplating my words and actions towards patients, families, and medical staff, and resolving to approach things differently next time. Meeting patients with heartbreaking stories cultivated my compassion, facing death with them taught me the impermanence of life, and the occasional humorous tale reminded me of the vitality of living.

This process, much like the Korean proverb saying that drizzle wets the clothes unnoticed, allowed me to grow spiritually without realizing it and significantly contributed to my development as a professional chaplain. While readers may not notice, there is a difference in how I cared for patients as an intern versus my approach now, with more experience as a professional chaplain. Preparing this book was an opportunity for me to see my own spiritual growth and, hopefully, for those starting as chaplains, to see these writings as a message of hope that they, too, can undergo a similar process and become professional chaplains.

In concluding this book, I hope that general readers will have the chance to learn about the role of a chaplain and that the reflection questions at the end of each story will encourage them to introspect. I also hope that the meditation sections throughout the book will offer moments of calm. If used in a CPE setting, this book could provide a

vivid look into how Buddhist chaplains interact with patients, families, and medical staff, serving as a good guide for those aspiring to become chaplains and offering established chaplains a chance to view the Buddhist chaplain's perspective.

Lastly, I wish to express my gratitude to all those who have helped make this book possible, especially Rev. Michael Tran, and Rev. Nick Hisoire for allowing the use of their recorded meditations, and to professional singer Ven. Ze Xu for permitting the use of his music in my book.

I plan to continue writing about my experiences in the hospital. Just as an elephant walks step by step, slowly moving forward, I, too, will continue to progress slowly, reflecting on myself and practicing as I have been.

Chapter Five: Discussion for Doctoral Paper

Though the experience of and reflection on actual chaplain stories from the field, this project provides chaplains with additional tools for personal reflection and professional development, based on research showing the educational and creative power of storytelling. This project also highlights the breadth and depth of the work chaplains do every day, these stories, and subsequent opportunities for reflection, are intended to also help people in general develop a deeper sense of compassion and curiosity about the resiliency of people going though challenging times, as seen thought the eyes of spiritual care providers.

Reflection of Feedback

This project is not an analytical research paper. It was initially developed from my own need and desire for additional personal and professional development tools. As this project grew and developed into a potential development tool for others, I began seeking feedback on the stories from other professionals including medical professionals intimately familiar with chaplaincy, such as a doctor, nurses, a social worker, and a case manager, as well as members of the wider public like religious figures, a lawyer, a professor, and general readers less acquainted with the chaplain's role. As the feedback came in, a complex tapestry of insights became apparent. This array of feedback, rich in diversity, unveiled patterns of appreciation and distinct perspectives, underscoring the comprehensive impact of this work. The reflection delves into the feedback to look at the

nuanced similarities and differences among the responses, aiming to provide a deeper understanding of how stories serve as a pivotal link in the continuum of spiritual care.

Similarities Within the Feedback

Central to the feedback from both healthcare professionals and lay readers is a deep emotional resonance and an appreciation for the role of spiritual care. Descriptions of the narratives as moving, relatable, and deeply touching highlight the universal appeal of chaplaincy storytelling, effectively bridging professional insights with personal impacts. Such feedback acknowledges the profound emotional effect of these stories and underscores the critical role of spiritual care in healthcare settings. It reflects a shared understanding that spiritual care extends comfort and understanding not only at the end of life but across all challenging moments in healthcare.

Moreover, there is a unanimous recognition of the human connection and compassion, coupled with the educational value of the stories. Many responses emphasize the chaplain's ability to forge genuine human connections through compassion and empathy, thus holding space for others' emotions and experiences. The educational aspects gleaned from the stories about the chaplain's role, and the universal nature of care and compassion, showcase the narratives' role as both reflective mirrors and educational tools. This feedback highlights how these narratives foster introspection and personal growth, deepening the appreciation for spiritual companionship.

Differences Within the Feedback

The feedback also reveals distinctions between professional insights and personal impacts. Healthcare professionals particularly value the insights and enhanced team effectiveness afforded by spiritual care. In contrast, lay readers are more influenced by the personal impact of the stories, which prompt reflection on their own lives and spiritual journeys. Learning and educational outcomes also show a divide; healthcare professionals focus on the practical and empathetic aspects of care, while lay readers highlight the importance of spiritual care and the value of compassion. The approach to spirituality and religion in the feedback shows varied appreciations, with some valuing the Buddhist underpinnings of the chaplain's work for its insights into suffering and care, and others focusing on the universal elements of compassion and empathy, thereby highlighting diverse engagements with the chaplain's work.

Suggestions for Revisions and Additions

One specific piece of constructive feedback that a few stories received involved the focus of the narrative. In some cases, the stories were narrowed down to my own interpretation of events, for my own self-reflection, but that homing in obscured the greater spiritual care encounter, and thus were not as universal as an instructional tool as other stories.

Another suggestion included adding reflection questions after the stories, so that the reader or class of readers could deepen their own personal and professional development by delving more deeply into their relationship with the story.

Implications for This Project

These particular stories in this project have resonated with a broad audience, illustrating the universal appeal and profound impact of the narratives. This wide acknowledgment from both professionals and lay readers underscores the critical importance of spiritual care in healthcare. The constructive feedback was incorporated, so that the selected stories are more universal, and each has a series of reflection questions to stimulate a deeper interaction with the narrative. The stories' ability to foster deep human connections and empathy, transcending traditional religious rituals, emphasizes their emotional resonance. Additionally, the triggered educational value and personal reflection underscore the significant impact of the stories, offering insights into spiritual care through a Buddhist perspective and universal values of empathy and care.

My goals for the first phase of this book project are being fulfilled – I have created a learning tool where the storytelling by the patients and families, in a spiritual care setting, have become an offering of storytelling by the chaplain for other chaplains, care providers, and those looking for a means to deepen their personal, professional, and spiritual development.

Now that the first version of the book has been created, the next step will be to acquire additional feedback from board-certified chaplains and CPE Educators to get a broader professional perspective. After making revisions, I will test run the book in a chaplain discussion group and as part of a CPE curriculum. With the feedback on the stories packaged along with the reflection questions and meditations, the project can be more finely tuned to the needs of the stories' readers. At that point, it is my hope that this book can be published for a wider chaplain/clinician audience.

Limitations of This Project

Initially, these stories served as personal reflections and milestones of my spiritual journey as a Buddhist chaplain growing into my profession as a chaplain. They connected with me and my needs at the time they were written. The patients, families and the spiritual care encounters do not represent the full array of people needing spiritual care or the breadth of challenges encountered by chaplains.

Now, recognizing the stories' potential to serve a broader educational purpose, I intend to refine them with input from board-certified chaplains and CPE educators. This collaborative review will not only ensure the stories resonate across diverse professional backgrounds but will also enhance their relevance as a tool for teaching and reflection in spiritual care.

By consulting with experts, I aim to enrich the stories' educational value, making them accessible and meaningful to chaplains, clinicians, and anyone interested in the intersections of healthcare and spiritual support. This process of revision and feedback is a step towards broadening the impact of the narratives, ensuring they contribute significantly to the field of chaplaincy and beyond. As mentioned earlier, the book will then be testing run with groups of chaplains in an educational setting.

Recommendations for Future Research.

I believe that many chaplains, across various hospital settings, encounter experiences akin to my own. It would be enriching for chaplains from faiths other than

Buddhism to document how they provide patient care, utilizing storytelling as a medium. Furthermore, encouraging doctors, nurses, and other healthcare staff to share their experiences with patient care through storytelling, akin to my project, could serve as an enlightening opportunity. It would offer insights into the nuanced ways these professionals contribute to patient support.

Moving Forward: Approaches to Engaging the Community

Based on the feedback, it is clear that many people have been deeply moved, prompted to reflect on themselves, and have learned about the role of chaplains through my stories. For those previously unaware of the existence of hospital chaplains, my book may serve as an invaluable resource, shedding light on the crucial role chaplains play in healthcare settings. For healthcare professionals, it emphasizes the importance of providing opportunities for chaplains to meet with patients, enhancing the spiritual care provided within the healthcare system. In addition, my book offers significant material for CPE interns and residents, or chaplains from other faith traditions, to use as case studies and discussion points regarding real-life scenarios encountered by Buddhist chaplains. This highlights how my book can be utilized within the community as a tool for education, reflection, and the promotion of spiritual care in healthcare environments.

Summary

In this project, I have articulated how I employed storytelling within the framework of the Four Noble Truths to elucidate the role of a Buddhist chaplain. I delved

into the effects of storytelling and meditation and provided a concise overview of the Four Noble Truths. The core focus of this project, the book, was discussed alongside feedback received from readers. I also explored how this project serves to engage the community, addressed the limitations of my work, and made recommendations for future research.

Chapter Six: Conclusion of Project

This project delves into the deep and wide-ranging role of Buddhist chaplains in hospitals through stories of memorable encounters with patients, families, and staff, exploring the process of spiritual healing. This project uses storytelling to illustrate the significance of spiritual support in hospitals, guiding readers to a deeper understanding of the chaplain's role and the importance of such support. Storytelling is presented as a potent mechanism for fostering deeper, empathetic connections, thereby facilitating the clear conveyance of complex concepts and amplify education, healing, emotional introspection, and deep understanding. This technique enhances the recognition of the spiritual support chaplains provide to patients and their families, highlighting the profound impact of such assistance.

This project introduces a framework grounded in Buddhism's Four Noble Truths, exploring the nature of suffering, its origins in the three poisons—attachment, anger, and ignorance—and the pathway to its cessation through the Eightfold Path- Right Understanding, Right Intention, Right Speech, Right Action, Right Livelihood, Right Effort, Right Mindfulness, and Right Concentration. This approach aims to extend beyond a rudimentary comprehension of the Four Noble Truths, guiding readers towards liberation from suffering.

In the book section of the project, the Four Noble Truths serve as the foundational framework, guiding the presentation of twenty-four stories across fifteen thematic sections. Following each story, readers will find at least two reflective questions designed to facilitate deeper personal and communal contemplation. To enhance the reading

journey, the book intersperses five carefully selected meditation techniques at key intervals, enriching the overall experience. This project reveals that meditation significantly bolsters deeper emotional regulation and mindfulness. Engaging in meditation on love and compassion fosters personal growth.

Based on feedback's analysis the stories presented in this project have resonated widely, underscoring the indispensable role of spiritual care within healthcare to a varied audience. The capacity of these narratives to forge profound interpersonal connections and foster empathy, surpassing the bounds of traditional religious practices, illustrates their emotional depth. Moreover, the narratives' contribution to education and self-reflection underscores the significance of incorporating Buddhist teachings and the universal principles of compassion and empathy into spiritual care practices.

This project has been a multi-year process for me. Through the process, I have gained in wisdom and spiritual growth. I this project has made me a better Buddhist nun and a more professional chaplain, allowing me to play a role in the alleviation of suffering, as discussed in the Four Noble Truths. Creating this doctoral project has also allowed me to collaborate more deeply with colleagues in interdisciplinary settings. My hope is that the reader-reflectors of this book experience similar personal, spiritual, and professional growth.

It is also my hope that through this project, and the future writings of other spiritual care providers, chaplains in training will have additional, real-world resources available to enhance their training and prepare themselves to be even more effective chaplains from their earliest days as interns, perhaps even starting in their seminaries.

It has been such a privilege working with all of the patients, family members, and staff who have allowed me into their hearts at some of the most challenging times in their lives. I hope their stories continue in the hearts of others through this project.

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Appendix

Feedback

I have received feedback from a wide array of individuals who have read my writings, including chaplains, medical staff, social workers, and case managers I work alongside in the hospitals, as well as professionals outside the hospital sector and even clergy from other religions among the general readerships. From the multitude of responses received, I have selected 18 pieces of feedback to share here.

A chaplain

I found these stories deeply moving and highly relatable, particularly in the way they captured the experiences of the families involved. Each narrative weaved a delicate tapestry of emotions and insights, offering a profound look into the human condition through the lens of spiritual care.

A director (Spiritual Care)

Seong Hui Bark, a board-certified healthcare chaplain, offers poignant personal reflections on her clinical pastoral encounters, inviting the reader into her own vulnerability as a continuous learner in the art of spiritual care. Our reactions to her choice of words and actions (or lack thereof) in these scenarios can serve as touchstones, encouraging us to remain continuously mindful and constructively self-critical of our own intentions and presumptions in pastoral care.

An educator

Seong Hui Bark's writing is filled with heartfelt reflection on her work as a hospital chaplain. She shares Buddhist insights into human suffering and how they propel

her to support other humans in their suffering. Furthermore, she humbly exercises pastoral authority while compassionately caring for others in crisis. She shows the reader what it looks like to hold space for those processing life changing circumstances. By embracing her own suffering, she quietly gives permission to patients and their loved ones to do the same. Finally, she relies on the universal language of tears and laughter to bring healing to those in her care.

A nurse

This essay effectively illustrates the chaplain's pivotal role in deeply understanding and empathizing with the diverse experiences and emotions of patients and their families. It highlights how, even in challenging circumstances, the chaplain empowers individuals by affirming their agency and supporting their spiritual needs. This encapsulates the compassionate and critical support a chaplain provides in healthcare settings, emphasizing the importance of trust, respect, and empowerment.

A nurse (Clinical Education Specialist, Critical Care)

It has been my honor and pleasure to work alongside chaplains in various places and stages of my Nursing journey. I find it a blessing and gift to have professionals within the care team who can work so closely with family and patients during very difficult situations involving truly life and death decisions. While it is a challenging space for conversation and connections for many healthcare team members, I find through reading chaplain's work a sense of common humanity and struggle that feels much like my own as a Nurse. I have worked in settings that do not include chaplains within the team and the patients, families and caregivers suffer that loss of connection. I hope Seong

Hui Bark's words reach the ears of people in places of decision that allow for more chaplains in this space. We all benefit from this sacred work.

A director (Critical Care)

I have worked in hospitals for a long time and have experience working in many different ones. In all the hospitals I have worked, except for one, there has been chaplain services available. From my experience, I know how crucial it is for our medical team to be able to call a chaplain when patients and their families are going through incredibly tough times. Reading the articles written by Seong Hui Bark, I realized that this is exactly the point I want to make: chaplains are indispensable in hospitals.

A doctor (Bioethics Specialist)

The essays highlight the chaplain's role in providing spiritual care through empathy and compassion, cultural awareness and respect, the importance of communication, and a deep understanding of human dignity in the face of life and death. These qualities allow the chaplain to deeply connect with patients and their families, respecting their cultural values and beliefs while facilitating effective communication. This establishes trust and provides both spiritual and emotional support. The chaplain's approach to viewing death as a part of life helps in finding spiritual meaning in the process, supporting the bereaved in expressing their grief and sharing memories, underscoring the chaplain's crucial role in navigating the complex emotional and spiritual landscape of healthcare.

A pharmacist

These narratives delve into themes of loss, sorrow, and mortality. Nevertheless, they encapsulate the profound inner battles individuals confront as they approach life's

conclusion, shedding light on one's perspective and fostering a sense of tranquility within.

A social worker

I appreciate Seong Hui Bark's stories with the patients and their families, and for providing the spiritual support that is so important, especially at such a critical time in their lives. It brings me peace and comfort to know that you are there to hold a space for not only the patient but also their families under various circumstances whether it is at a time where a patient is transitioning , a family is making a difficulty decision, a patient with family learning about a poor prognosis, providing support to patients as they are suffering from health ailments and loss of autonomy to even celebrating life after the death of a patient with their families and reminiscing on some of those beautiful memories that they shared. Oftentimes we refrain from having conversations about death and dying so I appreciate that you take the time to listen to patients and their families. As well as facilitating some of these heavy conversations and engaging patients and their families in prayer and reflection. I am inspired by your role and your approach with patients and their families as they navigate through some of their most difficult times.

A case manager

Seong Hui Bark possesses an extraordinary peaceful aura and presence, discernible to families. She ensures families feel acknowledged and comforted during their most challenging moments, both in the hospital and afterward. It is a calling she navigates with remarkable grace and ease. I extend my heartfelt gratitude to Seong Hui Bark for the countless hearts she has touched...

A dietitian

I was touched by these beautifully written stories. Seong Hui Bark's essays provided me insights into the unique role and challenges of a chaplain in a hospital environment. It is truly impactful, and I can see myself requesting a chaplain visit to help me through a difficult time if I was ever admitted to a hospital.

A senior Project Officer and Faculty Member

Seong Hui Bark does an extraordinary job of capturing the human experience of pain and loss with the resiliency of gratitude and faith in the role of Chaplin. This job is one of immediate intimacy with families, saying goodbye to their loved ones, or learning how to cope with new realities forced on them by changing health. The innocent language of these essays is just the surface of a rich and thought-provoking look at the complex questions about life, love, and peace. I highly recommend this reading for anyone who is called to service and interested in being present in their own lives.

A lawyer

Venerable Seong Hui Bark, serving as a chaplain in a hospice setting, exemplifies compassionate caregiving. Her approach demonstrates the profound impact that understanding, and kindness can have on individuals confronting the end of their lives. Her teachings, rooted in Buddhist philosophy, offer solace by embracing the impermanence of life and viewing death as a natural transition. Her empathy and spiritual guidance transform fear and sorrow into acceptance and serenity, reflecting the core ideals of compassion and wisdom. Through her dedication, she transcends religious boundaries, inspiring a broad audience with her commitment to alleviating suffering and promoting a sense of peace and dignity in facing mortality. Her life's work serves as a

beacon of hope, showcasing the transformative power of love and the interconnectedness of all beings in the face of life's ultimate challenges.

Redear 1

After reading the writings from Seong Hui Bark, I feel a deep sense of comfort, gratitude, and learning. The stories shared not only provide solace in times of struggle but also offer valuable lessons that resonate with my personal journey. It is as if through these writings, I am reminded of the strength and hope that can be found in faith, and the importance of compassion and understanding towards others. This journey with a chaplain by my side enriches my life in ways I had not anticipated, making me realize how blessed I am to have such spiritual companionship and guidance.

Reader 2

Reading the Seong Hui Bark's writings brings tears to my eyes, both for the ability to embrace others with a warm heart and for the time it took for the chaplain to be able to do so. I am not sure if I can be like the chaplain, but I want to learn that warm heart.

Reader 3

The chaplain's stories remind me a lot of when my mother and my family were hospitalized. If I had met a chaplain then, I would not have been so angry, would have understood my mother's feelings more, understood the medical staff more, and made the best choices for my mom and family. The role of a chaplain is important, and I really wish more people knew about the existence of chaplains in hospitals.

Reader 4

I heard about Buddhist chaplains for the first time. Reading the essays, I learned that even if religions are different, the heart of caring for people is the same, and I also learned anew about having conversations with patients without bringing up religious topics. They say you must learn until the day you die, and even at my old age, I am learning through these essays.

Reader 5

Every time I read the stories of the chaplain; I reflect a lot on myself. I often find it surprising that I have lived without ever looking back at how I think and feel. Yes, I have always been taught to help others. However, reading these essays, I realize that I am also precious. Thank you so much for your essays.