

BOOK REVIEW



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

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Spiritual Ends: Religion and the Heart of Dying in Japan by Timothy O. Benedict (Oakland: University of California Press, 2023), viii + 191 pp., €36.00. DOI: [10.1525/luminos.136](https://doi.org/10.1525/luminos.136)

Timothy O. Benedict's *Spiritual Ends: Religion and the Heart of Dying in Japan* discusses the significance of spirituality and religion in hospice care for terminally ill patients in Japan. He surveys where and how spiritual care is practiced in Japan through broader anthropological research and interviews. The book also examines various sociocultural, historical, and religious factors influencing spiritual care and end-of-life care practices. It presents valuable data regarding the interactions among religion, spirituality, and medicine. The concept of spiritual care is put forth, which is revealed as a somewhat nebulous notion in Japan – such as how patients' eyes glaze over when encountering words such as “chaplain” or “spiritual”. Although Benedict's body of work is dedicated to this task, the impressions and experiences he shares also bring to life the everyday aspects of working in the hospice setting. He explains how his perspective on providing spiritual care changed such that he no longer feared making statements that might inflict emotional pain on people. One of the leading figures who inspired the modern hospital/hospice movement, Cicely Saunders, is credited with popularizing the neologism “spiritual anguish” introduced in this chapter. This term encapsulates the unique spiritual pain experienced by many patients. As Benedict argues, spiritual distress in Japan is often experienced as a void within oneself or as boringness. It is also difficult to confront this kind of pain in a culture where most people do not talk openly about religion.

Many of the implications of this emotional work and the routinization of dying are described in Chapter II, which offers an

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ethnographic portrayal of the work of hospice care. At the micro level, Benedict provides a step-by-step account of patients' early morning rounds, reporting of shifts, and all-around services that medical doctors, nurses, and chaplains deliver. He emphasizes strong communication that highlights the homeliness of hospices, which makes patients feel valued and wanted. The type of care discussed in this chapter is Kokoro care, a concept central to Japanese palliative care. Itsuko Emoto's work has significantly influenced its development, showing that without Kokoro care, Japanese palliative care would lack its unique dimension; Japanese palliative care would not have developed in the form seen today. Through the concept of presence, Benedict explains how hospice workers deal with emotional contact with patients and how they deal with their job in particular. The chapter also examines the emotions that individuals experience as a result of working in hospice, particularly those related to patients (pp. 16-30).

Benedict's ethnography captures everything readers need to know about the typical procedures and processes of hospice. He describes the patient rounds conducted by doctors and nurses, the conference in the morning involving patient cases, and the emotional strain in the case of end-life care. The chapter also discusses how patients require small things such as caring gestures, touch, and cleanliness to feel valued and loved daily. From the essay, we can see Benedict's realistic views about how hospice caregivers support both the body and the mind. The ambiance they must create is very complex, medical but warm, and psychological but professional. Therefore, the audience is enlightened.

Chapter III presents various approaches that Japanese hospices use to incorporate spiritual values into patients' care, which can be separated into verbal, sonant, and supporting approaches. Benedict explains the concept of spiritual care, indicating that it focuses on how caregivers engage with patients, not the practice of a particular religion. The chapter stresses that even though one has no control over one's life, a little empathy, decency, and concern can make a patient feel important in his or her last days. He also describes the difficulties of chaplains in a post-atheist culture and their function as religious care officials. Hales explains how chaplains must pay attention to what their patients need from them, and while they may indeed offer prayer and

scripture reading to their patients, they mainly provide companionship. Regarding the goal of helping the audience feel more competent, this chapter offers a practical orientation to the range of components of spiritual care.

Through Benedict's work, it becomes possible to understand several elements of spiritual care, given that Benedict divides care into vocal, resonant, and support care. Embracement, talking with patients, listening to them, comforting them, and tending to their spiritual and soul issues are examples of vocal care. Caring involves a firm belief in dwelling with the patient and letting their suffering inform the carer. Through transitions and other small motions, compassionate patient care promotes a patient's dignity and valued presence. In Benedict's view, many methods are equally important in providing holistic spiritual care to patients.

Chapter IV of Benedict's monastic guide delves into grief, which is seen primarily as an existential experience of the loss of meaning. He discusses the role of culture in Japanese patients' perceptions of death and how they manage to convey their fears. Acknowledging that many patients feel threatened by becoming a burden to others, the chapter underlines the need for addressing spiritual pain at the cognitive–affective level. Benedict rightly underscores the necessity of integrating approaches to resolve the conflict between the clinical/technical and the spiritual aspects of therapy. He shares the meaning of the patient's spiritual suffering, for example, through the use of stories and examples, and how caregivers can provide companionship to mitigate this suffering. This chapter helps the audience realize the need to embrace the cultural impact of spiritual distress, making them more sympathetic and culturally oriented.

The author presents a rather philosophical and compassionate approach to spiritual suffering, providing a striking and highly intellectualized example of how it affects Japanese patients constrained by cultural paradigms and codes. As in the previous chapter, this chapter provides real-life cases describing how patients suffer because of spiritual pain and how caregivers address it. The cases elaborate practical assessments of patients' spiritual distress and carers' care strategies. A unique aspect of Benedict's approach to spiritual suffering and spiritual care, in general, is the proper

recognition of this context as a foundational component of assessment and subsequent holistically infused interventions.

Chapter V is devoted to discussing spirituality in Japan, starting with a review of Suzuki's *Daisetz* and concluding with the spiritual world movement of the 1970s-1980s. Benedict explains how "spirituality" is used and abused in the fields of medicine: most often, it is a refuge for "religion". This chapter further discusses the role of spirituality in the hospice context and the role of spirituality with reference to the numerous opinions of Japanese scholars and practitioners. Being acquainted with Clements through his study, Benedict demonstrates how Japanese thinking has been influenced by Western views on spirituality and to what extent the latter has influenced the provision of spiritual care. To familiarize readers with Japanese spirituality, this chapter describes the historical and cultural context of the "spiritual world" movement and cultural shift that defined spirituality in Japan (pp. 77-107).

Benedict offers a detailed and thought-provoking historical analysis of Japanese spirituality. The author then traces the term from its origins in the writings of D. T. Suzuki, who sought to explain a new Japanese spirit, to its modern forms in the religious movement known as the Spiritual World movement. Benedict also discusses how the term "spirituality" has been refashioned in therapeutic terms to make people feel more at ease handling the issues of life. In addition, the chapter examines Western influences on Japanese spirituality and how some concepts have been altered to fit Japanese standards. Again, Benedict's method shows how Japanese spirituality, encompassing patients and their families and hospice care, is flexible and diverse in contemporary applications.

Chapter VI examines the history of religious involvement in medical contexts in Japan, focusing on medical missions that were either Buddhist or Christian. Benedict describes how religious groups set up medical clinics and hospitals in the last quarter of the nineteenth and the first quarter of the twentieth centuries to create a healthy society. This chapter also discusses the early development of hospices in Japan, including the involvement of early Christian hospitals and, subsequently, the emergence of *Vihāra*. By taking a more in-depth look, Benedict provides insight into the experiences and achievements of religious groups regarding the introduction of spiritual attention to

medical practice and its influence on the current state of end-of-life care in Japan. This chapter is critical, as it seeks to establish the institutional and historical foundation of two sets of literature (pp. 108-131).

Benedict provides details on the history of religious affiliation in Japan's medical sector. He tracks the activities of medical missionaries, Christians, and Buddhists, stressing their endeavors to set up clinics and pharmacies, ensuring that they benefit society. The chapter also explores the history of the hospice movement in Japan, associated with the initial activity of Christian hospitals and the subsequent Vihāra movement. Benedict explains the challenges and successes these religious organizations experienced in integrating spiritual support into medicinal practices and how those endeavors have shaped end-of-life support services in Japan today.

The purpose of the methodological reflection at the end of the final chapter (Chapter VII) is to help the reader speculate on how Benedict's overall study may generate further implications for understanding the religious or spiritual self and care practices in Japan. Benedict argues that the Japanese method critically explains global religion, spirituality, and medicine discourse. He discovers the importance of referencing the religious and cultural contexts that constitute spiritual care. This chapter concludes by praying for more profound knowledge of how spiritual care supports the delivery of comprehensive palliative care. In his view, the Japanese model of spiritual care is concerned with the Kokoro, and the proper merging of both emotional and spiritual aspects can be used as a blueprint for developing better end-of-life care at the global level.

A fascinating and perceptive examination of spiritual care in Japanese hospices is provided in *Spiritual Ends: Religion and the Heart of Dying in Japan*. Through Benedict's ethnographic approach, the reader obtains an overall and complex perception of how caretakers navigate the interaction between religion, spirituality, and medicine at the end of life. In addition to offering a rich perspective on end-of-life care that spans East Asia to a more global context, the book pays special attention to the importance of the Kokoro in spiritual care. Benedict's work proves the importance of an integrated approach to end-of-life care and its contribution to religious studies, medical anthropology, and hospice care. In the book, Benedict provides a

historically accurate and culturally explicit analysis of the relics of spiritual care in Japan's sociological dimension. This research will be of particular value to scholars, practitioners, and anyone with questions about religion and medicine.

One of the book's important assets is its ethnographically immersive account of spirituality in Japanese hospice. By and large, Benedict effectively demonstrates that spiritual care practices boil down to the *Kokoro*, concerning the spirit, the heart, and the mind. Nonetheless, the book could arguably provide an even more robust critical analysis of institutional constraints and the potential consequences of such care models for a society. Although observations such as those captured by this type of study offer variability that enriches the literature, this research approach lacks the depth that may be captured in a single setting, highlighting other patterns and, perhaps, conflicts. Benedict's use of "spirituality" as a relatively "empty signifier" sometimes comes across as under-theorized; some critical implications for secularization and cultural translation processes are underplayed. In general, the author's notes contribute to the story but may also shape the reader's view of Western and Japanese approaches. However, these features are only minor drawbacks of what is otherwise a valuable tool for understanding the processes of constructing and managing religious and non-religious subjectivities in the context of end-of-life care. Importantly, this book shows how spiritual care can be closely related to cultural specifics and how the experiences of other societies, for example, Islamic societies, can differ and thus require different approaches to end-of-life care.

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