

Deep Listening and Virtuous Friendship: Spiritual Care in the Context of Religious Multiplicity

Duane R. Bidwell
Claremont School of Theology

A monk asked Zen master Yunmen: “What is the teaching of the Buddha’s entire lifetime?” Yunmen answered: “An appropriate response.”¹

In a pivotal scene from the 1988 film *A Fish Called Wanda*, con artist Wanda Gershwitz is fed up—finally—with her partner, Otto West. When his jealousy and ersatz intellectualism repeatedly jeopardize their attempts to steal \$20 million in diamonds, Wanda yells: “Now let me correct you on a few things, okay? Aristotle was not Belgian. The central message of Buddhism is not ‘Every Man for Himself.’ And the London Underground is not a political movement. Those are all mistakes, Otto, I looked them up.”² It’s a funny moment, of course. But Otto’s (mis)understanding of Gautama’s teaching demonstrates a challenge in translating a spiritual-religious tradition from one cultural setting to another. Too often, and usually without intention, we are like Otto; we colonize and domesticate unfamiliar ideas, assimilating them into our existing worldview instead of experiencing and accommodating their challenging differences. Otto’s facile appropriation of Buddhism confirms rather than confronts his pre-critical, individualistic, and perhaps Darwinist worldview. A Buddhist caregiver might say that Otto was not “listening deeply” to the myriad voices that shaped his perspective.

Similar hazards face someone writing about deep listening in relation to religious multiplicity.³ Deep listening, as a caring practice, “belongs” to the emerging field of Buddhist contemplative care,⁴ in which it has a technical (although perhaps undertheorized) usage richly informed by Buddhist thought and practice. But when I reflect as a pastoral theologian and spiritual caregiver trained in the Christian traditions of *cura animarum*, the cure or care of souls, deep listening can become unmoored from its origins. Someone marinated in the discourses and practices of Christian care can easily and perhaps unintentionally conflate deep listening with classic Christian

concepts of care such as the ministry of presence, the practice of unconditional positive regard,⁵ and the giving of oneself to God for the sake of the care seeker. Although I identify as a Buddhist Christian, habitual Christian views shape my thinking the way a canyon or streambed shapes the flow of water; unless I am attentive to the ways that Buddhist thought and practice seek fissures and carve new channels through the sediment of Christian spiritual care, I risk appropriating or erasing the practices that Buddhist caregivers call deep listening.

Mindful of these waters, I want to immerse myself and readers in a particular question: In the context of spiritual care, what happens at the confluence of deep listening and a practitioner's multiple religious voices? In responding to this question I have three aims: to describe deep listening, to provide a theoretical and experiential account of deep listening in the context of religious multiplicity, and to suggest an image from the Pāli canon that can help practitioners engage religious multiplicity in ways that minimize harm, increase compassion, and realize wisdom. A particular moment in spiritually integrative psychotherapy serves as a touchstone for my reflection; thus, I begin where the canyon creates a slender and fast-moving channel for deep listening: psychotherapy with Julie.⁶

VIOLENCE, KARMA, AND COMPASSION

At twenty-seven years of age, Julie was a soft-spoken, biracial graduate student who radiated mindful presence. She identifies as Asian American, and with her shaved head and tendency to wear dark colors and dramatic scarves, she might seem a typical LA hipster to other passengers on the commuter train she rode to and from our appointments. One year before our psychotherapeutic work, Julie had been beaten and raped by a boyfriend; subsequent thoughts of suicide led to a brief hospitalization. At that time she was assigned diagnoses of bipolar II and post-traumatic stress disorders. Daily, she swallowed a powerful mood stabilizer; monthly, she visited a psychiatrist. The symptoms of bipolar disorder, substance abuse, addiction, schizophrenia, depression, and suicide were present in her extended family. Julie sought counseling because of tension between what she called her "Buddhist identity" and the mental health diagnoses assigned to her. She said she was engaged in a "struggle to understand mental illness within [a] religious context" and wanted to "make sense spiritually" of her experiences. She chose to work with me because I was familiar with Buddhism, Christianity, and mental health.

The oldest child of an atheist Jewish mother and a Zen Buddhist father, Julie was exposed to both traditions throughout childhood. In college she undertook serious study of both before selecting Vajrayana Buddhism as her spiritual and religious home. She carries the multiplicity of the Buddhist traditions within herself: grounded in Theravada texts, socialized in a Zen family, and practicing in a Tibetan tradition. Julie practiced daily and taught meditation to others through episodes of debilitating flashbacks, anxiety, and other experiences common to traumatized people.⁷ She said there was a "barrier" between herself and others, which she understood as the influence of trauma and anxiety on her ability to trust. She wanted to hold violence,

karma, and compassion together, but experienced frequent and overwhelming anger. She worried that these ongoing symptoms indicated that she was unskilled at Buddhist practice. Julie affirmed that she was not an agent in the violence that continued to influence her, but identified as a contributor to the conditions that caused it to arise. Her understanding of karma included the necessity of acknowledging how she was implicated in the rape and beating. At the halfway point of our work, Julie began a session by saying she saw clearly that she used religion to shame herself. This realization evoked a compassion that mostly dissolved the wall between herself and others. Eventually Julie thought she could continue to improve with no further counseling. There was just one last issue she wanted to address: making sense of depression from a Buddhist perspective.

DEEP LISTENING IN SPIRITUAL CARE

Many have written at the intersection of mental health and Buddhist thought and practice, but there is scant literature on caring with religiously multiple people (although pastoral theologian Kathleen Greider argues that most people are religiously multiple to some degree and that religious multiplicity, for most who experience it, is not a choice but a result of colonization, family history, and culture⁸). Scholars who write about care in the context of religious multiplicity tend to assume a unireligious caregiver; only one publication, to my knowledge, explores care from the perspective of a religiously plural caregiver,⁹ although several contributors to the recent collection *The Arts of Contemplative Care*¹⁰ describe their own complex religious identities. In this undertheorized realm of spiritual care, I find the Buddhist contemplative concept of deep listening useful.

Deep listening, as a relational practice, is the ongoing discipline “of suspending self-oriented, reactive thinking and opening one’s awareness to the unknown and unexpected.”¹¹ Similar to the “negative capability” articulated by poet John Keats,¹² deep listening involves receptivity to doubt, mystery, and ambiguity without reaching for concepts, facts, or reason. Thus, it is a “way of hearing in which we are fully present with what is happening in the moment without trying to control it or judge it. We let go of our inner clamoring and our usual assumptions and listen with respect for precisely what is being said.”¹³ Although deep listening draws on visual, olfactory, aural, taste, and kinesthetic data, it moves beyond the five senses to incorporate imagination, intuition, subconscious awareness, and nonlinear thinking; this type of listening can be largely preconceptual. In this sense, deep listening qualifies as “heart knowledge” in the epistemological scheme for spiritual knowledge proposed by Episcopal priest Tilden Edwards.¹⁴

Buddhist caregivers, however, do not situate deep listening as an epistemological category. They describe it as a practice that correlates with (and involves) the practice of mindfulness.¹⁵ Mindfulness and deep listening each evoke a “peaceful abiding” that facilitates awareness of subtleties of body, speech, and mind.¹⁶ To engage in deep listening is to focus on the content of what is being said while witnessing, but not clinging to, the thoughts and emotions, meanings and intentions of the person who

is listening and the person who is speaking. This receptive stance requires a contemplative mind: fresh, alert, attentive, calm, “open and vibrant yet spacious.”¹⁷ In this sense, deep listening becomes a footpath to *samadhi*, the gradual cultivation of continual dharma awareness.

Yet deep listening is not only sustained attention, receptivity, and concentration. It is also a trailhead for *silā*, virtue or awakened conduct, itself a dharma gateway. Zen teacher Thich Nhat Hanh incorporates deep listening into his contemporary articulation of the Fourth Precept from the Pāli canon: “Aware of the suffering caused by unmindful speech and the inability to listen to others, I vow to cultivate loving speech and deep listening in order to bring joy and happiness to others and relieve others of their suffering.”¹⁸ Nhat Hanh suggests the bodhisattva Avalokitesvara—who looks deeply, hears the world’s cries, and responds with compassion—as a model for the practice of deep listening. The practice, he says, engages and extends the Four Jewels of Buddhism: love, compassion, joy, and impartiality.¹⁹ “This is exactly the universal door practiced by Avalokitesvara,” he says.²⁰ (Zen priest and chaplain Pat Enkyo O’Hara similarly suggests Avalokitesvara as an ancient image of compassionate care.²¹)

Nhat Hanh’s articulation of the Fourth Precept suggests that loving speech and deep listening facilitate more than the cultivation of compassion. They are a form of awakened action that alleviates suffering. In an interview with Oprah Winfrey, Nhat Hanh elaborates on his use of the phrase “deep listening”: “Deep listening is the kind of listening that can help relieve the suffering of another person. You can call it compassionate listening. You listen with only one purpose: to help him or her to empty his heart.”²² In the process of deep listening, of course, one also relieves one’s own suffering; Nhat Hanh states that deep listening can lead both listener and speaker to recognize the existence of wrong perceptions, the foundation for violence, conflict, and war.

Deep listening, then, as I have come to understand it, combines the practices of *silā* and *samadhi* to create the conditions for *prajñā*, awakened wisdom, which might be described as the accurate perception of the truth of *paṭicca samuppāda*, dependent co-arising, or in Nhat Hanh’s apt phrase, interbeing: This is, because that is; this is not, because that is not. This understanding of deep listening resonates with Buddhist chaplain Jennifer Block’s statement that “[r]ealizing compassion and wisdom in our lives is awakening; a change of perception . . . liberation from the illusion of separateness.”²³ Deep listening can be an embodied practice or performance that gives access to and actualizes the three dharma gates. It is listening with compassion to relieve suffering through the perception of and response to interbeing.²⁴ In fact, the Buddhist hospital chaplain Chris Berlin calls his work “engaged *bodhicitta*,”²⁵ which I might describe as “awakening-mind taking part in liberation from suffering.”

The parallels between deep-listening-as-perception-of-interbeing and the process of attending to a person’s multiple religious voices seem clear: Each involves seeing both the trees and the forest simultaneously (to invoke an overused cliché). As a Christian minister in the Reformed tradition, I also understand deep listening as a form of *anticipatory action*, practices that anticipate and perhaps even approximate

the coming common/wealth of God that humans cannot bring into being on their own. Anticipatory action, as predicated by feminist theologian Letty Russell, seeks to bring the present into better alignment with the normative and authoritative vision²⁶ of the promised future of God. At its best, deep listening can be a manifestation of the New Creation promised by Jesus, where waters of life and trees of healing welcome the multiplicities of each person into God's presence, all things are made new, and death, mourning, crying, and pain are no more (Rev. 21–22). Imagine Avalokitesvara seated on the throne with Jesus in the New Jerusalem, arms wide open to welcome all sentient beings to a new heaven and new earth. Or perhaps the New Jerusalem is a liberatory object cradled in one of Avalokitesvara's one thousand hands?

"ABLE TO SEE A FUTURE NOW": DEEP LISTENING WITH JULIE

Julie's desire to make sense of depression from a Buddhist perspective presented an obstacle to our work for two reasons. First, she wanted to hear how I made sense of mental illness for myself. I received this as an invitation to guide her thinking about mental illness, and I was concerned with not wanting to colonize her understanding by offering normative perspectives. I also know that a therapist's self-disclosure can blur necessary boundaries, and the suffering for which Julie sought care was related to violations of personal boundaries. Thus, her invitation offered me more power than I was willing to accept initially; my kenotic approach to what theologian Sarah Coakley calls "legitimate power"²⁷ inclined me to decline the invitation as a risk to be more powerful than vulnerable.

Second, I did not know what to say. My own understanding of mental illness is Buddhist Christian, not Buddhist. Throughout our work, I had listened to my own Christian and Buddhist voices, using them to shape the questions I asked but rarely providing specific religious or spiritual content. My intent was to collaborate in Julie's construction of her own Buddhist understanding of mental illness, not to provide an understanding she could adopt. Yes, I could offer a general Buddhist interpretation of mental illness, but in my understanding there is not "a" Buddhist understanding of anything, only situated Buddhist understandings. Yes, I could offer a general Christian interpretation of mental illness, but in my understanding there is not "a" Christian understanding of anything, only situated Christian understandings. And even if I did offer my interpretations, what was the likelihood that what I chose to share would answer Julie's questions, address her needs, and strengthen her resources? And yet I wanted to honor her request.

I asked for a moment of silence. As I followed my breath, a clarity emerged—preverbal, intuitive, nonconceptual, and fleeting. We were not two individuals but expressions of interdependent conditioning flowing into one another at this particular moment, poised to witness something new arise to condition the future. In retrospect, my prior view that Julie and I were separate selves in a relationship of unequal power "troubled the waters" of the mind, stirring dissatisfaction. Silence made space for insight and the calming of the mind, and I glimpsed the confluence of the streams of conditions that manifested as our dyadic, interdependent relationship. This simulta-

neous difference-but-not-separateness seems to echo Zen monk Robert Chodo Campbell's experience that "while there is separateness, there is no separation with the other. I believe that's what contemplative care is, caring for the other wholeheartedly, without getting lost in their journey. It is their journey, not mine—and yet we are companions for a time, guiding one another along our respective paths."²⁸

I smiled. "Instead of telling you about my understanding," I said, "how about you interview me about what you want to know?"

Julie agreed, and she spent an entire session interviewing me. She asked about my experience of antidepressant medications, my relationship to depression as an ongoing presence in life, how I conceptualized the tension between mental health and mental illness, our shared family histories of suicide and mental health concerns. She asked me to clarify how Buddhist doctrine and Christian theology influenced particular things I was saying. And I found myself articulating a stance that had never been conscious: My active and ongoing practices of resisting depression in myself and others were things I did "on behalf of" generations of undiagnosed and untreated family members, people who had died by suicide, and others who suffered with depression but could not effectively resist it on their own. Taking medication prayerfully, I said, is salvific for me, akin to a sacrament. Medication and other means of resisting depression are anticipatory actions and a way of dedicating merit to those who cannot make merit for themselves in the midst of depression.

This exchange did not offer Julie a Buddhist or Christian perspective on mental illness. It elicited a rich, complex, and situated account of how one Buddhist Christian lives with and makes sense of mental illness in the form of chronic depression. Julie considers the conversation one of the most helpful dimensions of our work. She especially values seeing mental health on a continuum and understanding treatment as something undertaken on behalf of the suffering of others. Two weeks later she decided she did not need more counseling. When I asked what made her so confident, she said, "My boyfriend asked me what I wanted to be doing in fifteen years, and I had an answer. I am able to imagine a future now."

DEEP LISTENING AS AN ATTRIBUTE OF VIRTUOUS FRIEND

Christian caregivers might say I functioned in that conversation as a wounded healer, the classic image offered by Catholic priest Henri Nouwen of pastors as people whose suffering provides insight into others and catalyzes informed compassion toward them. Similarly, Jungian depth psychologists understand the wounded healer as one who has the capacity to dwell in the darkness of suffering and yet find light and move toward it. I do not think I functioned with Julie as wounded healer in either sense. In retrospect, I understand the session in which Julie interviewed me as an expression of *kalyana-mittata*: spiritual, noble, or virtuous friendship.

While I did not intentionally adopt the role or identity of virtuous or noble friend, it seemed to be the position Julie invited me to adopt. It is a stance entirely appropriate to her Buddhist tradition but uncommon in most psychotherapeutic approaches. Recently Julie endorsed this understanding, telling me that the *Upaddha Sutta*, the

canonical origin of the concept of virtuous friend, is her touchstone text when interacting with people from other religions.²⁹

In that *sutta*, titled in English “Half (of the Holy Life),” the Buddha’s chief disciple Ananda sits down next to Gautama and contentedly sighs, “This is half of the holy life, lord: admirable friendship, admirable companionship, admirable camaraderie.”³⁰

“Don’t say that, Ananda. Don’t say that,” the Buddha replies. “Admirable friendship, admirable companionship, admirable camaraderie is actually the whole of the holy life. When a monk has admirable people as friends, companions, and comrades, he can be expected to develop and pursue the Noble Eightfold Path.” After describing the Eightfold Path, the Buddha concludes:

And through this line of reasoning one may know how admirable friendship, admirable companionship, admirable camaraderie is actually the whole of the holy life: It is in dependence on me as an admirable friend that beings subject to birth have gained release from birth, that beings subject to aging have gained release from aging, that beings subject to death have gained release from death, that beings subject to sorrow, lamentation, pain, distress, and despair have gained release from sorrow, lamentation, pain, distress, and despair. It is through this line of reasoning that one may know how admirable friendship, admirable companionship, admirable camaraderie is actually the whole of the holy life.³¹

Throughout the Pāli canon Gautama emphasizes that virtuous friendship leads people to abandon greed, anger, and delusion; he calls it the first prerequisite for awakening and the most important factor influencing people to abandon what is unskillful to adopt what is skillful in the service of awakening. Note that Gautama posits noble friendship not as a protector of doctrine or a means of discipline, but as an environment that nurtures behaviors that lead to the end of suffering. As I understand the tradition, virtuous or noble friends are loveable, worthy of esteem, venerable, and wise; they counsel well, listen patiently, deliver deep teaching, and resist engaging in useless activities. A noble or virtuous friendship is founded on shared ethics, a mutual commitment to awakening, and respect for the teacher’s wisdom and the student’s potential. Participating in noble friendship not only means associating with virtuous people but also, as Thannisaro Bhikku notes, learning from them and emulating their good qualities.³²

I suspect (and have experienced) that noble or virtuous friendship in its Buddhist context is not primarily about emotional support, psychological growth, improved self-esteem, or intrapsychic and interpersonal healing (despite the intimations of *A Fish Called Wanda*). Engaging in noble friendship is about freeing the mind of limitations and opening the heart to the truth of interbeing—the very qualities that facilitate deep listening. The virtuous friend is not a wounded healer who dwells in suffering or uses experience to empathize with suffering people; the virtuous or noble friend seeks to end delusion and facilitate awakening. This can seem fierce in practice, and it seldom looks like Western psychotherapy. The noble friend listens deeply for the attachments and qualities that prevent progress toward awakening. (Julie points

out that Tibetan Buddhism includes much teaching on the “wrathful friend” who manifests as a teacher and guide by provoking and calling forth unpleasant experience. “I am very grateful, by the way, that you were not my wrathful friend during therapy!” she said.)

THE UTILITY OF “VIRTUOUS FRIEND” IN SPIRITUAL CARE

Four qualities, I think, make the image of noble or virtuous friend useful to spiritual care providers in the context of religious multiplicity:

1. A virtuous friend practices and manifests the awarenesses that allow deep listening to arise.
2. A virtuous friend attends to behavior, the fruits of practice, rather than to personal or religious identity, inner healing, or other concepts and ideas that reflect conditioned delusion or ignorance.
3. A virtuous friend tends to listen for and teach the end of suffering, the path of practice, rather than doctrinal purity, intellectual coherence, intellectual ideas, or static identities (religious or otherwise).
4. A virtuous friend honors dependent co-arising or interbeing in ways that allow the enjoyment and celebration of religious multiplicities clustered around a “single” biological being.

An advantage to the practice of noble friendship as a mode of spiritual care, I suspect, is the way it invites—if not requires—a care provider to operationalize *anatta*, the doctrine of no-self, relationally and personally. In caring across traditions and in the context of religious multiplicity, spiritual caregivers sometimes struggle to maintain their spiritual-religious identity and to do so with integrity and authenticity. Rabbi Daniel A. Berman, for example, remembers being asked during his chaplaincy training to pray that Jesus lead a woman into death. He writes:

What precisely was I supposed to do? My role was to provide pastoral care for patients and families in crisis. But was it also somehow my role as a chaplain of a different religious tradition to help them form words of prayer to Jesus? I wasn't sure I could do that. If I helped them, I feared, did their prayer somehow become mine as well? And yet: wasn't my work to join them in their questions and help them find the language they needed? And isn't prayer a serious and authentic language at critical times in our lives?³³

Similarly, Buddhist chaplain Mark Power poignantly asks, “Was I willing to let go of my identity as a Buddhist in order to serve others? I wanted to say yes, but that ground became very shaky as I explored further.”³⁴ One source of my suffering as Julie and I talked, I think, was the challenge of maintaining “myself” with authenticity while honoring and receiving the identity she invited me into.

Holding the empirical self lightly while emerging from the “thicket of views” that is identity, from a Buddhist perspective, are key practices for spiritual care in the midst of religious multiplicity. The posture of noble or virtuous friend, to the

extent that it privileges detachment from views, can facilitate a caregiver's ability to let go of identities that, ignorant of the Buddhist truth of interdependence, promote the illusion of separation. The care provider's ability to manifest selflessness, "without our own identifications, thoughts, or feelings getting in the way," creates space for the person in need of care to express their own spiritual and existential concerns more fully.³⁵

My experience with Julie convinces me that deep listening deserves more reflection by spiritual caregivers, especially as an attribute of the noble or virtuous friend. There are many questions to address. What, for example, are the gifts, strengths, and dangers of deep listening in *kalyana-mittata* as an image for or mode of spiritual care? How does deep listening in noble friendship intersect with and diverge from Christian understandings of spiritual direction and spiritual formation? In what ways could Jesus be understood as noble or virtuous friend who listens deeply? How do the concepts of deep listening and noble friendship shape communal life and practices? To whom is a virtuous or noble friend as deep listener accountable? What are the connections between personal holiness, the traditional criterion for identifying Christian spiritual directors, and the five qualities of the virtuous friend in Buddhism?

Constructing critical, compassionate responses to these questions—and so many others—can allow the disciplines of spiritual care, pastoral theology, and practical theology to approach religiously multiple care providers and care receivers in more skillful ways, charting new routes through the waters of interreligious care to minimize harm, decrease suffering, participate in each other's joy, and realize wisdom.

NOTES

1. Quoted in Lew Richmond and Grace Schireson, "SPOT: A Training Program for Buddhists in America," in *The Arts of Contemplative Care: Pioneering Voices in Buddhist Chaplaincy and Pastoral Work*, ed. Cheryl A. Giles and Willa B. Miller (Boston: Wisdom Publications, 2012), 33.

2. John Cleese and Charles Crichton, *A Fish Called Wanda: The Screenplay* (New York: Applause Theatre Book Publishers, 1988), 63–64.

3. I adopt pastoral theologian Kathleen Greider's usage of "religious multiplicity" to discuss what is often more problematically called "multiple religious belonging," "dual practice," "religious hybridity," "religiously plural identity," and "complex religious identity." Kathleen J. Greider, "Religious Multiplicity and Care of Souls," in *Pastoralpsychologie und Religionspsychologie im Dialog/Pastoral Psychology and Psychology of Religion in Dialogue*, ed. Isabelle Noth, Christoph Morgenthaler, and Kathleen J. Greider (Stuttgart: W. Kohlhammer, 2011), 199–135; see also Kathleen J. Greider, "Soul Care amid Religious Plurality: Excavating an Emerging Dimension of Multicultural Challenge and Competence," in *Women Out of Order: Risking Change and Creating Care in a Multicultural World*, ed. Jeanne Stevenson-Moessner and Teresa Snorton (Minneapolis: Fortress Press, 2010), 301–303.

4. Cheryl A. Giles and Willa B. Miller define contemplative care as "the art of providing spiritual, emotional, and pastoral support, in a way that is informed by a personal, consistent contemplative or meditation practice." This contrasts with spiritual care informed by religious tradition but not by contemplative practice. Cheryl A. Giles and Willa B. Miller, "Editor's Preface," in Giles and Miller, *The Arts of Contemplative Care*, xvii.

5. This phrase from the mid-twentieth-century work of psychologist Carl Rogers was

appropriated so thoroughly by Christian caregivers that some give it a reverence usually reserved for religious tenets.

6. The name Julie is a pseudonym selected by me; the counselee declined to choose her own pseudonym. She did, however, provide other descriptors she felt were appropriate for the purposes of this paper. I have changed some details to protect her confidentiality. She provided written permission to reflect on, present, and publish our work together, and we engaged in a brief email dialogue about my conceptualization of that work. I provided her with a copy of this draft and invited her to share her thoughts; she responded with critical and personal observations.

7. Julie does not identify as a JewBu or multiple religious believer, but I suggest that children of mixed religious marriages have complex religious identities no matter which tradition(s) they eventually claim as their own.

8. Greider, "Religious Multiplicity and Care of Souls," 119–120.

9. Duane R. Bidwell, "Practicing the Religious Self: Buddhist-Christian Identity as Social Artifact," *Buddhist-Christian Studies* 28 (2008): 3–12.

10. Giles and Miller, *The Arts of Contemplative Care*.

11. David Rome and Hope Martin, "Deep Listening," Foundation for a Mindful Society (website), <http://www.mindful.org/in-love-and-relationships/relating-to-others/deep-listening>, accessed September 3, 2013.

12. Li Ou, *Keats and Negative Capability* (New York: Continuum International Publishing Group, 2009), ix.

13. Rome and Martin, "Deep Listening."

14. Tilden Edwards, *Spiritual Director, Spiritual Companion: Guide to Tending the Soul* (Mahwah, NJ: Paulist Press, 2001), 50ff.

15. Judith Simmer-Brown, "Foreword," in Giles and Miller, *The Arts of Contemplative Care*, xiv; Giles and Miller, "Editor's Preface," xvii; Wakoh Shannon Hickey, "Meditation Is Not Enough," in Giles and Miller, *The Arts of Contemplative Care*, 17.

16. Rome and Martin, "Deep Listening."

17. Ibid.

18. Thich Nhat Hanh, *For a Future to Be Possible: Commentaries on the Five Wonderful Precepts* (Berkeley, CA: Parallax Press, 1993), 44.

19. Not coincidentally, perhaps, these are distinguishing characteristics of Buddhist chaplains as identified by Jennifer Block. Jennifer Block, "Toward a Definition of Buddhist Chaplaincy," in Giles and Miller, *The Arts of Contemplative Care*, 6.

20. Nhat Hanh, *For a Future to Be Possible*, 48.

21. Pat Enkyo O'Hara, "Preface," in Giles and Miller, *The Arts of Contemplative Care*, xi.

22. Thich Nhat Hanh, quoted in Elena Selivan, "Thich Nhat Hanh on Deep Listening," Present Heaven (website), <http://www.presentheaven.wordpress.com/2010/05/12/thich-nhat-hanh-on-deep-listening>, accessed September 9, 2013.

23. Jennifer Block, "Toward a Definition of Buddhist Chaplaincy," 6.

24. This conception of deep listening resonates with the Australian indigenous practices of Dadirri and Gulpa Ngawal. Kamahi Djordan-King, coordinator of the Deep Listening Project of the Koorie Heritage Trust at the Royal Melbourne Institute of Technology, describes it thus: "Deep listening for me is when you are standing on a flat plain in the middle of nowhere listening to the earth and allowing yourself to feel. This is how we know that we are meant to be somewhere, like a sacred site. A sixth sense so to speak. The same can be applied to communication between people. Open your mind to what you are trying to learn and when you're listening with an open mind, your heart and spirit will follow." Koorie Cohort of Researchers, "Deep Listening in Research," Royal Melbourne Institute of Technology (website), <http://www.rmit.edu.au/kooricohort/hooricohort/research/deeplisting>, accessed September 3, 2013.

25. Chris Berlin, "Widening the Circle: Engaged *Bodhicitta* in Hospital Chaplaincy," in Giles and Miller, *The Arts of Contemplative Care*, 79.

26. Letty M. Russell, *Household of Freedom: Authority in Feminist Theology* (Philadelphia: Westminster, 1987).

27. Sarah Coakley, "Kenosis and Subversion," in *Swallowing a Fishbone? Feminist Theologians Debate Christianity*, ed. Daphne Hampson (London: SPCK, 1996), 89.

28. Robert Chodo Campbell, "The Turning of the Dharma Wheel in Its Many Forms," in Giles and Miller, *The Arts of Contemplative Care*, 76.

29. At the same time, Julie cautioned me against conflating Theravada canonical concepts and Zen doctrine in this paper in a sort of "pan-Buddhist universalism." "[T]hese two sources of authority come from different Buddhist traditions, and also different methodologies of practice," she said. "I write all this just to point out that the streams of Buddhist influence are actually quite diverse in both you and me, and it is important to me to acknowledge the distinctions even as they may synthesize in lived experience." She acknowledges that she adopts the virtuous friend model of interfaith dialogue from the Pāli sources, and not from her own Tibetan Buddhist tradition.

30. Thannisaro Bhikku, trans., "Uppada Sutta: Half (of the Holy Life)," *Tipitaka* 45.2, at Access to Insight (website), <http://www.accesstosight.org/tipitaka/sn/sn45/sn45.002.than.html>, accessed November 16, 2013.

31. Ibid.

32. Ibid.

33. Daniel A. Berman, "How We Pray," in *My Neighbor's Faith: Stories of Interreligious Encounter, Growth, and Transformation*, ed. Jennifer Howe Peace, Or N. Rose, and Gregory Mobley (Maryknoll, NY: Orbis Books, 2012), 186.

34. Mark Power, "Buddhist Chaplaincy in a Christian Context: A Personal Journey," in Giles and Miller, *The Arts of Contemplative Care*, 65.

35. Chris Berlin, "Widening the Circle," *The Arts of Contemplative Care*, 84.

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