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Buddhist Chaplaincy and Care Practices

Abstract: This article introduces Buddhist chaplaincy and care practices and briefly analyses the field's current state. Taking mindfulness as an example, I discuss what it means to be a Buddhist chaplain or caregiver and argue that Buddhists of different denominations have much in common, while their views and practices may differ.

I give insight into the practices and rituals that are helpful in existential crises, conflict, disease, and death when religious belonging becomes essential, and discuss Buddhist chaplaincy in contemporary societies.

Practices rooted in Buddhist teachings such as mindfulness and meditation strongly influence the development of secular – but Buddhism is far more than that. It not only means transforming our minds, attitudes, and behaviour, but also developing insight into reality and other essential virtues Buddhist chaplains need to cultivate.

Introduction into Buddhist Chaplaincy

Buddhist chaplaincy or Buddhist care is spiritual care that is "Buddhadharma-based", i.e., based on the teachings of the historical Buddha and the three main Buddhist traditions: Theravāda, East Asian and Tibetan Buddhism. Common to these traditions is compassion and "the call to live with death, to look behind the facade of life into the mirror of death" (Heller 2012, 62). The concept of "Buddhist care" as professionalised vocational spiritual care is a relatively young movement that began in the 1950s to 1980s but is present worldwide today.

Buddhist centres and umbrella organizations in Europe are increasingly receiving requests to assist people in difficult life situations. Depending on the tradition, Buddhist spiritual care includes visiting sick Buddhists at home or in hospitals, meditating with them, and accompanying them with prayers or special rituals (*pūjā*s). Furthermore, it includes giving instructions for meditation in preparation for the dying process (end-of-life care), organizing Buddhist funeral ceremonies, and to perform after death rituals for the transition to a so-called "pure land" or for a good rebirth. Some Buddhists (lay and monastics) are trained as physicians, counsellors, or therapists. From this context, the question of the Buddhist attitude towards active or passive euthanasia may also arise. We can assume that Buddhists are not all of the same opinion here, and that the de-

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cision about euthanasia cannot be tied to any Buddhist tradition either. Within each Buddhist tradition, you will find the full spectrum of opinions.[1]

Another question is, how chaplaincy or spiritual care are understood and defined, what these terms include and how they are limited, for example in contrast to therapy. The boundaries seem to be fluid, especially between systemic counselling and systemic therapy. Next to them there are also three other great traditions, i.e., depth psychology, behavioural psychology and humanistic psychotherapy.

In the following, I will concentrate on traditional Buddhist care and its roots at the time of the Buddha. Then, taking mindfulness as an example, I will discuss what distinguishes Buddhist chaplains from secular chaplains or chaplains of other religious traditions. Which particular skills do they need to counsel Buddhists, i.e., what are the most important teachings, views and tools they need to know and be aware of, when functioning as chaplains? Next, I will investigate the question of what strengths and resources Buddhism can draw from to deal with existential crises and briefly discuss various kinds of Buddhist chaplaincy present in contemporary societies. Finally, I will come to my conclusion and to perspectives for Buddhist chaplaincy raising questions such as: When is belonging to this religious tradition essential? What can interreligious spiritual care learn from Buddhism? What can Buddhism learn from Christian and other religious or secular ways of counselling, and finally, how do I assess the future of interreligious spiritual care?

How do Buddhists traditionally care for each other?

The traditional care for others goes back to the Buddha himself and can be found in the canonical texts of Buddhism. Monks and nuns were active as spiritual caregivers, or spiritual friends (Skt. *kalyāṇamitra/-mitrā*), literally, virtuous or good friend, caring for each other, and their disciples, monastic and lay. But before I go deeper into this, let us first take a brief look at the Buddha and his teaching. He is the main source of trust for Buddhists and gives them orientation throughout life.

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1 In general, different from the Catholic Church, Buddhism does not have a central overarching hierarchy with a spiritual leader who can speak with one voice for all Buddhist traditions (cf. Roloff 2014, 251) and below.

The Life of the Buddha

The birth name of the Buddha was Siddhārtha Gautama. He was born about 5th century B.C.E[2] at Lumbinī in present-day Nepal as an Indian prince of the Śākya clan, belonging to the Kṣatriya caste, the caste of warriors and nobles. This means he was born as a Hindu. After his enlightenment he became known as Buddha Śākyamuni, the wise of the Śākyas. He married at the age of 16, and left home at the age of 29 to seek spiritual knowledge. At the age of 35, he attained buddhahood or Nirvāṇa through meditation. After his enlightenment, the Buddha gave his first teaching in Sarnath close to Benares. At the age of 80, after 45 years of teaching, he passed away in Kuśīnagar and thus attained *parinirvāṇa*, often translated as final enlightenment. Thus "Buddha" is not a name, but an honorary title, which means "the awakened", or "enlightened". The term derives from the Sanskrit root *budh*, which means to realise, to experience, to wake.

When you visit the Buddha's pilgrimage places, you will find out that his birth, his buddhahood, his turning the wheel of the dharma, and his entrance into Parinirvāṇa are regarded as the major four stages of his life. For our topic Buddhist chaplaincy, however, the most important stage is Siddhārtha Gautama's renunciation of worldly life, or rather, what prompted him to take this step.

The Buddha's encounter with reality: old age, sickness, and death

What caused Siddhārtha's renouncing a life of pleasure? It was his encounter with realities that are familiar to many of us. During four excursions outside his father's palace, he was confronted by the sight of an old man, a sick man, and a corpse, followed by his encounter with a religious mendicant. Siddhārtha wondered why there is this suffering in the world, and decided to seek the truth, to understand things as they are. His desire for release from the suffering in *sāṃsāra*, the endless cycle of involuntary rebirth, is called renunciation.

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2 The Buddha's dates are not known with certainty. The current scholarly consensus is that he died between 410–400 B.C.E.

The Buddha's enlightenment and his core teaching

Siddhārtha went to Bodhgayā and sat down for meditation under a Banyan Tree. What did he experience? In a state of deep meditation he obtained three kinds of 'true knowledge': 1. the power to see back into his past lives; 2. the ability to see not just his own lives, but the decease and arising of other beings in accordance with their good and bad *karma*; 3. the insight into the Four Noble Truths, namely into the noble truth of suffering (*duḥkha*), the noble truth of the origin (*samudaya*) of suffering, the noble truth of the cessation (*nirodha*) of suffering, the noble truth of the way (*marga*) leading to the cessation of suffering. (SN 56.13). Thus Siddhārtha awakened, and became a Buddha. He realised *nirvāṇā*, the end of suffering and its causes, and attained liberation (*mokṣa*) from *saṃsāra*. The Buddha's first sermon of Benares after his enlightenment, the "Discourse Setting the Wheel of the Dharma Rolling", Sanskrit "Dharmacakra-pravartana Sūtra" (Frauwallner 2010, 13–15), Pāli "Dhammacakkappavatana Sūtta" (SN 56.11), is his core teaching of the four noble truth.[3]

Buddhism posits a basic equality of sentient beings as faced with suffering and in need of liberation (Harvey 2018). It is based on the Vedic Brahmanist and early Buddhist principle that "all beings recoil from pain and desire happiness" (Schmidt-Leukel 2006, 36).

Buddhist practice is mainly concerned with the Eightfold Path

The noble eightfold path, namely, right view, right thought or right resolve, right speech, right conduct or right action, right livelihood, right effort, right mindfulness, and right concentration or right meditation are considered to be the middle way that leads to enlightenment. These are summarised in three trainings (*śikṣā*). In that case, wisdom or insight (*prajñā*) appears at the end, for its final perfection is reached in enlightenment. Morality or ethics (*śīla*) marks the basis of all Buddhist practice and meditative concentration (*samādhi*) is signified by the absorption practices (*dhyāna*), which stand at the pinnacle of Buddhist meditation techniques (Schmidt-Leukel 2006: 136).

When the Buddha entered the *parinirvāṇa*, he did not appoint a successor. This explains, why until today the hierarchies in Buddhism are quite flat and the personal freedom of decision-making of Buddhists is relatively large. This is important to know for Buddhist care, especially when consulted on issues such as organ transplantation, abortion, or euthanasia. A question is, who is en-

3 For a detailed explanation see Nyānatiloka (1952, 3–11).

Fig. 1: The Eightfold Path.

titled to appoint Buddhist caregivers in countries where such appointment by a religious community is required by law. The fact that Buddhism does not have a "Christian-style" church does not mean that there is no religious institution in Buddhism. The Buddhist order (*saṅgha*) is traditionally referred to as the central institution of religious virtuosos, and contrasted with lay followers.[4] Four groups (*catuṣpariṣat*) constitute the Buddhist community/ parish: monks (*bhikṣu*), nuns (*bhikṣuṇī*), lay men (*upāsaka*), and lay women (*upāsikā*), whereby the translation "lay" is an unfortunate wording, because there are also professionally trained and Buddhist "lay" teachers and priests.

The Development of Buddhism in India, the Spread and the Varieties of Buddhism (Theravāda – Mahāyāna)

Today exist three mainstreams of Buddhism, which one could compare with three Buddhist denominations. These are: Theravāda Buddhism (3rd cent. BCE), East Asian Buddhism (1st/2nd cent. AD), and Tibetan Buddhism (7th/8th cent. AD). All three base themselves on the "Three Baskets" (Skt.: *Tripiṭaka*,

4 This is also pointed out by Freiberger 2011, 293.

Pā.: *Tipiṭaka*), the Buddhist canon: 1. Vinaya: Legal texts of the order, monastic discipline, 2. Sūtra: Discourses of the Buddha (and his discipleship), and 3. Abhidharma: Higher doctrine/ (systematic) philosophy. Although the label "Tripiṭaka" is the same, the content differs. There are different deliverances in different languages. Theravāda Buddhism is based on the Pāli canon including the Theravāda Vinaya. East Asian Buddhism is based on a Sanskrit/Gāndhārī canon and includes their main text, the Dharmaguptaka Vinaya. And Tibetan Buddhism is based on the Sanskrit Mūlasarvāstivāda canon including the Mūlasarvāstivāda Vinaya. The latter two versions of the *Tripiṭaka* are only complete in Chinese and Tibetan translations. Theories that one of these canonical collections is a kind of original canon, i.e., Ur canon or Ur Vinaya have been criticised and shown to be "almost certainly untenable" (Clarke 2004, 79). There are overlaps, similarities and differences, which makes intra-Buddhist dialogue both difficult and encouraging, as stated by Brahmapundit and Harvey (2017): "To increase awareness among Buddhists of their own rich heritage of religious and ethical thinking as well as to increase understanding among non-Buddhists of the fundamental values and principles of Buddhism" (Brahmapundit and Harvey 2017, vii). In 2017, a first print version of a book has been published that "seeks to strike a balance between what is common to the Buddhist traditions and the diversity of perspectives among them. It consists of selected translations from Pāli, Sanskrit, Chinese and Tibetan, using a common terminology in English of key Buddhist terms" (ibid.)

The common goal of all Buddhists, whether they belong to the Theravāda school, or to one of the major Mahāyāna schools (East Asian or Tibetan Buddhism), is that they seek liberation from rebirth in *saṃsāra* and ultimately want to attain *nirvāṇa*. The understanding what *nirvāṇa* means, partly differs. Theravāda Buddhists, in general, strive for personal liberation as *śrāvaka arhat*, while Mahāyāna Buddhists strive for the ideal of a *bodhisattva* and ultimately for buddhahood. They believe in celestial beings and in pure *buddha* lands such as Sukhāvatī. This leads to different notions of after death, important to understand when trained as a Buddhist chaplain, who wants to serve all Buddhists and not only Buddhists of his/her own tradition.

How is caring based in Buddhist root texts?

The traditional care for others goes back to the Buddha himself and can already be found in the canonical texts of Buddhism. The only canon which is completely preserved in an Indian language is the Pāli canon. Here we find for example the story of one ill, presented in the following section.

How the Buddha cares for a monk suffering from dysentery

Once the Buddha saw a monk lying in his own urine and feces and nobody cared about the sick. Together with his constant companion Ānanda, he washed and bedded him, then he let the order come together and advised them to care for the sick: "Monks, you have not a mother, you have not a father who might tend you. If you, monks, do not tend one another, then who is there who will tend you? Whoever, monks, would tend me, he should tend the sick". (Pli Tv Kd 8)[5]

Five skills of a caregiver taught by the Buddha

At the end of this story we find a list of five skills that a caregiver needs, taught by the Buddha himself: "Endowed with five qualities, monks, is one who tends the sick fit to tend the sick: he comes to be competent to provide the medicine; he knows what is beneficial and what is not beneficial; he takes away what is not beneficial, he brings forward what is beneficial; he tends the sick (from) amity of mind, not in the hope of gain; he does not become one who loathes to remove excrement or urine or sweat or vomit; he comes to be competent to gladden [...] delight the sick from time to time with dhamma-talk" (Pli Tv Kd 8).

Here, a holistic approach becomes evident, early Buddhist communities as well as contemporary communities take care of both the physical and psychological needs of the patient.

The story of Jīvaka, the model healer

In the same portion of the Theravāda Vinayapiṭaka, we also find the story of Jīvaka, the personal physician of the Buddha and the Indian King, who until today figures prominently as a model healer in several Asian countries. Accounts in all versions of the Vinaya tell us that Jīvaka, which means "he who is *alive*", was

5 On the Story of One Ill. Theravada Vinayapiṭaka, Khandhaka (Mahavagga) 8 Robes (Cīvara). The Book of the Discipline translated by I.B. Horner with supplementary translation by Bhikkhu Brahmali. Digital edition prepared for SuttaCentral by Bhikkhu Sujato. Published in 2014 by SuttaCentral, accessed May 1, 2022, https://suttacentral.net/pli-tv-kd8/en/horner-brahmali. For the reading of the original translation see Horner (1951, 433).

born as a foundling of a courtesan. As he grew up, Jīvaka decided to learn traditional medicine and to care for others. It is interesting to know that the Buddhist hospital care in the Vienna General Hospital (AKH) in Austria is named after Jīvaka.[6]

What does it mean to be a Buddhist counsellor, chaplain, or caregiver?

In Europe, especially in Western Europe, an increasing number of people nowadays turn away from churches and other religious institutions (Pollack 2008). In hospitals and hospices, as well as in cases of catastrophes, Christian pastoral chaplains do not only look after Christian church members, but after all people in need, regardless of their denomination. Thus, one may wonder whether it still makes sense to carry out confessional spiritual care. Furthermore, whether it makes sense to establish a new denominational pastoral care for "other" religions following the same model, or whether it would be better to train people from different denominations in interfaith and/or secular spiritual care.[7] In many European countries, the spiritual care is legally adjusted to a co-operation with recognised religious communities.[8] For this reason, denominational caregivers must usually be officially confirmed by religious communities.[9] Depend-

6 "Seelsorge und Besuchsdienst im Allgemeinen Krankenhaus Wien, Buddhistische Krankenbegleitung" (Pastoral care and visiting service in the Vienna General Hospital, Buddhist care for the sick), accessed May 1, 2022, https://www.akh-seelsorge.at/buddhistische-krankenbegleitung/.

7 Such approaches are e.g. developed by the society for intercultural pastoral care and counselling (SIPCC) for 25 years (Weiss et al. 2021).

8 Similarly for the United States Cadge et al. (2020, 194) highlight that: "Training in chaplaincy and a degree (either an MDiv or an MA) grants Muslim and Buddhist chaplaincy students legitimacy in civil society and qualifies them for professional religious service." With reference to Seager (1999) they claim that Buddhism has highly developed monastic traditions and a system of passing down wisdom through teaching lineages, but it does not have the kind of ordained or licensed leadership historically required to work in the military or federal prisons as a chaplain.

9 In Germany, the right to pastoral care is guaranteed by the Basic Law Art. 140 GG in conjunction with Art. 141 WRV: "To the extent that a need exists for religious services and pastoral work in the army, in hospitals, in prisons or in other public institutions, religious societies shall be permitted to provide them, but without compulsion of any kind." "Basic Law for the Federal Republic of Germany in the revised version published in the Federal Law Gazette Part III, classification number 100-1, as last amended by Article 1 of the Act of 29 September 2020 (Federal

ing on the legal frame and the concept of the actors in charge, it seems that Buddhist chaplains and caregivers can be found in both fields, in "confessional" Buddhist care as well as in "secular" spiritual care. There seems to be also a number of caregivers who consider themselves bi- or multi-religious, i.e., Christian and Buddhist and thus try to combine the best practices from each. This raises the question to what extent Buddhist care practices can be useful in different areas, in which cases spiritual care indispensably has to be Buddhist care, and how these possible approaches differ.

What makes a caregiver a Buddhist caregiver?

Buddhism is not only a religion. It also has a philosophical and a scientific dimension. Therefore, Buddhism is also increasingly interesting to undenominational Non-Buddhists. Due to the growing interest by psychology and medicine in Buddhist tools or practices like meditation techniques and mindfulness training, a dialogue between the Buddhist traditions and the sciences opened already in the 1980s. One of the largest global research projects that emerged from the International *Mind & Life* conferences[10] has been conducted since 2013 at the Max Planck Institute for Human Cognitive and Brain Sciences in Leipzig, Germany. Among other things, they investigate the effects Buddhist methods of training the mind have on the brain, on health, stress, wellbeing, and social behaviour. Meditation is also said to alleviate early symptoms of dementia and Alzheimer (Russell-Williams et al. 2018).

Before this, in 1979, following a Buddhist meditation technique, the molecular biologist Jon Kabat-Zinn at Massachusetts University developed a programme for stress management based on mindfulness. Clinical studies show that 'Mindfulness-Based Stress Reduction' (MBSR) helps to better deal with diseases, stress, fear, and depression. MBSR is applied in secular as well as confessional spiritual care (Esch 2021).

Spiritual care and hospice work are increasingly important contexts where Buddhists could serve much better and more effective care for Buddhists in need, if the public resources, especially legal entrances, were available. Meditations on death and transitoriness are well-developed Buddhist practices. On the one hand, it is a matter of living everyday as consciously as if it were one's last.

Law Gazette I p. 2048)", accessed May 2, 2022, https://www.gesetze-im-internet.de/englisch_gg/englisch_gg.html#p0825.

10 For observations into this dialogue see Luisi 2010.

On the other hand, many, although not all Buddhists believe in rebirth.[11] Therefore, Buddhist traditions have developed many procedures for accompanying people when they are dying. People should be able to say farewell as peacefully, free of pain, and consciously as possible. In many European countries, we find funeral homes, which offer Buddhist funeral services and/or have acquired special burial grounds to meet the need.

I now return to the question of what makes a caregiver a *Buddhist* caregiver. I would like to illustrate this with the example of mindfulness, an important, though not the only, tool for Buddhist caregivers.

What makes mindfulness a *Buddhist* mindfulness?

An important teaching of the Buddha is that the mind precedes all speaking and acting. Thus, it is said:

> All mental phenomena have mind as their forerunner; they have mind as their chief; they are mind-made. If one speaks or acts with an evil mind, suffering (*dukkha*) follows him just as the wheel follows the hoofprint of the ox that draws the cart.
>
> All mental phenomena have mind as their forerunner; they have mind as their chief; they are mind-made. If one speaks or acts with a pure mind, happiness (*sukha*) follows him like a shadow that never leaves him. (Dhammapada, verses 1 and 2, Daw Mya Tin 1993, 1)

Therefore, Buddhists consider view, intention, and motivation important.[12] In both mainstream traditions of Buddhism, Theravāda and Mahāyāna Buddhism, the practice of mindfulness includes not only introspection, but also working for the well-being of others and one's own well-being. Hence, these are mutually de-

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11 Garfield (2022, 174) claims that the idea of *karma* which is central to Buddhist ethical thought "is not *essentially* tied to rebirth, although in the Indian and Tibetan Buddhist universe it always is (but not in East Asia, where rebirth does not play such a central role in most Buddhist traditions).

12 As McCormick (2013, 223) points out "[i]ntention plays such a large role in Buddhist ethics that Schlieter (2010) comments that it can be seen as 'intention[al]ist ethics'" Cf. Schlieter 2010, 359. Nevertheless, Jay L. Garfield would not agree to this. He argues that Buddhist ethics is a kind of moral phenomenology. See chapter 3 of his recent publication *Buddhist Ethics: A Philosophical Exploration* (Oxford University Press USA). Garfield shows "that the principal unifying strands in Buddhist moral philosophy – a focus on moral perception and experience as well as an emphasis on a path to moral cultivation and the transformation of character – arise from reflection on interdependence" (Garfield 2022, 3).

pendent. In *Saṃyutta Nikāya* 47.19 the Buddha says: "Protecting oneself [...] one protects others; protecting others, one protects oneself".

This Golden Rule of Theravāda Buddhism is followed by the Golden Rule of Mahāyāna Buddhism: Śāntideva (7/8th cent.) says in his *Bodhicāryāvatāra, Entering the Course Towards Awakening*, Ch. 8 "Perfection of Absorption":

> To calm my own suffering and to calm the suffering of others, I therefore offer myself to others and adopt others as myself. (BCA VIII 136)
>
> "I am connected to others." Assure yourself of that, my mind! Now you may think of nothing other than the benefit of all sentient beings. (BCA VIII 137)[13]

A broad understanding of the term mindfulness is that it refers to an inside and an outside, to 'being aware' as well as 'becoming aware'. Attention to oneself and others leads to an increased form of perception, i.e., seeing what is not obvious, it leads to openness, curiosity and is also an inquiring mind (Knauth and Roloff 2021).

In spiritual care it is important to be sensible when people express a need for religious care or spirituality, especially when it comes to dealing with existential crises, death and dying. Religion gives orientation to many people. When the question of what comes after death – or not – arises, it is difficult to be ideologically neutral and to ignore religion.

For people who have no religion Kabat-Zinn's "secular" approach may be helpful. In his view mindfulness means paying attention in a particular way, to be on purpose in the present moment and without judgment: "I define mindfulness operationally as the awareness that arises by paying attention on purpose, in the present moment, and non-judgmentally." (2013, Kindle, pos. 391)

In Buddhism, being present is considered the greatest gift. However, in addition, mindfulness, is part of the Eightfold path to liberation (see above), i.e., it is a central concept in the Buddha's discourses. Originally mindfulness meant only observing, not intervening, i.e., directing mindfulness to four objects/areas. The name of mindfulness practice is in Pāli "*satipaṭṭhāna*", Sanskrit "*smṛtyupasthāna*". This means "alignment or direction of mindfulness [to four objects/areas]", also translated as the four 'foundations of mindfulness', or the four 'bases' (starting points) of mindfulness (*sati* + *paṭṭhāna*), or better, "Maintaining to make something present" (*sati* + *upaṭṭhāna*), i.e., body, feelings or feeling tones, mind, and mind-objects or phenomena (Nyānatiloka 1999, 203; English version 1980, 307–311).

13 Translation by Ernst Steinkellner and Cynthia Peck-Kubaczek in Schmidt-Leukel 2019, 390.

The fourth step of meditation, directing mindfulness to mind-objects, is clearly linked with Buddhist worldview. But in general, the first goal of Buddhist mindfulness is to be present in every moment and to cultivate healing awareness of one's body, one's feelings, and one's perception. The Buddha speaks not only about mindfulness, but about "Right mindfulness":

> And what, bhikkhus is right mindfulness? Here, bhikkhus, a bhikkhu dwells contemplating the body in the body [...] He dwells contemplating feelings in feelings [...] He dwells contemplating mind in mind [...] He dwells contemplating phenomena in phenomena, ardent, clearly comprehending, mindful, having removed covetousness and displeasure in regard to the world. This is called right mindfulness. (SN 45.8)[14]

In the Buddhist context, mindfulness derives from Pāli "*sati*", Sanskrit "*smṛti*", and means remembrance, not-forgetting, realization, recalling something into memory, and remembering. In the language of Buddhist psychology mindfulness is "a mental factor that does not forget the perceived object and has the function of counteracting distraction" (Asaṅga/Boin-Webb 2001, 209; Ngawang/Spitz 1988–2001, Part 3, sources, 66). Thus, Buddhist mindfulness, being one limb of the eightfold path, is closely linked to the other seven limbs, and to striving for liberation from suffering, i.e., from *saṃsāra*.

Today, the practice of right mindfulness is also closely related to a movement which is called either "Engaged Care" or more generally "Engaged Buddhism", comparable to "Liberation Theology" (Giles/Miller 2012).[15] But there is a difference between the practice of mindfulness and engaged care. As mentioned above, early Buddhist texts show that mindfulness does not intervene, but only observes. The task of directing the mind in an ethically beneficial/wholesome direction lies within the Eightfold Path in the right striving/right effort (Anālayo 2019).

From a Buddhist perspective, it is important to link mindfulness training with Buddhist mind training in love (Skt.: *maitrī*, Pā.: *metta*) and compassion or care (Skt./Pā.: *karuṇā*). This applies to all sentient beings – without exception

14 Vibhaṅga Sutta, On Right Mindfulness.

15 Sallie B. King, reflecting the differences of these two categories points out "[P]ondering the similarities and differences between Buddhist and Christian social engagement, it was extremely helpful for me when I discovered those liberation theologians who make it clear that justice is a function of love" (King 2016, 56). See also Roloff (2020a, 83–84): "When dealing with human coexistence, one can therefore rely on the term 'equanimity' or on the Four Immeasurables in total with regard to equality, social justice and gender justice, because the Buddhist mental training in love, compassion, sympathetic joy and equanimity includes all sentient beings without exception and irrespective of their religious affiliation, nationality or gender."

and regardless of their religious affiliation, nationality or gender. This means that Buddhist caregivers, similar to Christian caregivers, if requested, should extend their support to all people in need regardless of their religious affiliation or worldview. But it is vital that when a person is seeking spiritual direction the chaplain refrains from proselytizing and rather supports the patient's own spiritual resources to deal with the situation.

Thus, it becomes clear that the practice of mindfulness can be applied in spiritual care in general as well as in Buddhist care. But the way of practice partly differs: for Buddhists it is a means of gaining liberation from suffering through the Eightfold path. And this includes Buddhist wisdom (view and resolve/intention), Buddhist ethics, and the Buddhist way of meditation to attain Nirvāṇa.

Which skills or competencies are required to counsel Buddhists?

To answer the heading question, we first have to tackle the following question: What defines interfaith or non-denominational chaplaincy, and what specific competencies are *Buddhist* practitioners bringing to the larger field of chaplaincy?

Recent developments have proven that secular and interreligious spiritual care are learning from Buddhist mindfulness practices. Thus, mindfulness is increasingly developing in a kind of ideologically neutral practice. Nevertheless, we should neither deny its Buddhist roots nor the fact that practicing Buddhists need more than mindfulness and meditation.[16] It is an important competence, but not the only one from Buddhism's toolbox. When applying mindfulness practices in a secular or interreligious context, caregivers should understand what is left out or added, and they should understand and reflect upon the reasons for such adjustments as well as its consequences. In particular, Buddhism has much to offer in the care of the dying. As McCormick has shown:

> Buddhism can teach social workers to be humble in the face of death, honest with their own beliefs, and compassionate when working with family members who must make very difficult decisions. With a compassionate approach a social worker can accept the decisions of the family without judgment and provide the care as best he or she can to reduce the suffering experienced with the patient and family. (McCormick 2013, 223)

16 See for example, Rev. Wakoh Shannon Hickey's article "Meditation is Not Enough: Chaplaincy Training for Buddhists" (2012). Hickey is one of the leading American Buddhist Chaplains, and a Spiritual Support Counselor (Chaplain) at the Hospice by the Bay, Sonoma, CA.

I will come back to this below. For now, let us anticipate this much here: Buddhists do not all have the same ideas about what comes after death, nor do all Buddhists have the same ideas about the meaning of Nirvāṇa. Buddhist schools and texts teach different definitions of Nirvāṇa, which caregivers should be aware of. This is one of the reasons why, for example, in the Netherlands, the training in Buddhist spiritual care is not taking place in Buddhist centres and temples of the various traditions only, but also at university.[17] In the frame of intercultural exchange it is important to be aware of and sensitive to the divergent Buddhist concepts.

It is interesting that Sanford and Michon (2019) do not list meditation and mindfulness as Buddhist core competencies (2019, 37). As core competencies Buddhist caregivers need today, they discuss empathy and compassion, listening and responding, interfaith understanding, ritual, and prayer, cultural competencies, and reflection. Depending on the context and legal situation, two different care models are used: intra-religious (i.e. Buddhists of different traditions take care of Buddhists from similar or different tradition) or interreligious-secular (i.e. Buddhists take care of everyone together with caregivers of other denominations or worldviews). As Sanford and Michon point out:

> Distinctions between Buddhist and other forms of spiritual care are based on the care model employed, whether strictly co-religionist (i.e., Buddhists caring for Buddhists) or interfaith (i.e., Buddhists caring for all). In the latter case, professional chaplains (of any religion) are trained to provide spiritual care from the spiritual or religious worldview of the care-seeker. As such, most Buddhist chaplains must possess basic knowledge and competency in many world religions. Nevertheless, Buddhist spiritual care may be distinct in its theory (Dharma-based) and place more emphasis on mindfulness, meditation, and other contemplative techniques to benefit both care-seekers and chaplains. Spiritual care that is "Dharma-based" means based on the teachings of the historical Buddha, Siddhartha Gautama, and/or the Buddhist traditions and teacher who followed him. This includes a broad range of texts and teachings across the Buddhist world. (Sanford/ Michon 2019, 1–2).

A solid practitioner and caregiver will, when understanding the relationship between dependent arising (*pratītyasamutpāda*) and emptiness (*śūnyatā*), be able to develop skilful means (*upāya*), for his or her role as a professional Buddhist chaplain.

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17 "Vrije Universiteit Amsterdam, Master's Degree Program Theology and Religious Studies: Spiritual Care", accessed May 1, 2022, https://vuweb.vu.nl/en/education/master/theology-and-religious-studies. For details see chapter 8 in this volume "Spiritual care in an interfaith context: Implications for Buddhist, Muslim, and Hindu spiritual care in the Netherlands" by Anke I. Liefbroer, Stef Lauwers, Pieter Coppens, and Bikram Lalbahadoersing.

Monett rightly emphasises: "[f]or the role of the professional chaplain is not to proselytise a particular dogma but to stand with the patient where they are at and to help the patient utilize their own spiritual views and beliefs as a resource for their own healing" (2005, 58).

Having discussed how Buddhists traditionally cared for each other at the time of the Buddha, how this care is based in Buddhist root texts and how Buddhist caregiving differs from other models of caregiving and which skills or competencies Buddhist caregivers need to develop, let us look at Buddhist chaplaincy in contemporary societies and what important tools it can draw from.

Important tools Buddhist chaplaincy can draw from

As I have shown in my paper "Openness towards the Religious Other in Buddhism" (Roloff 2020, 64): "The readiness to understand, to respect and to appreciate other religious traditions presupposes an open (mental) attitude. For a Buddhist this approach can be facilitated by cultivating an attitude of love, compassion, sympathetic joy and equanimity for all sentient beings." For individual Buddhist practice as well as when caring for others it is central to transform people away from self-centredness towards more love and compassion.

Love and Compassion in Buddhism and their application in spiritual care

Compassion or care (*karuṇā*) is a central ethical attitude of Buddhism. This means not only the wish that all living beings may be free from suffering and the causes of suffering, but also the commitment to helping other people in physically and psychologically painful crisis situations such as old age, illness and death. As mentioned above, the well-being of others and one's own well-being are mutually dependent.

The potential of loving-kindness and compassion meditation for psychological interventions (Hofman et al. 2011) and the role and effectiveness of mindfulness-based interventions (MBIs) and Loving-Kindness Meditation (LKM) in Cultivating Self-Compassion and Other-Focused Concern in Health Care Professionals (Boellinghaus et al. 2014) are being intensively researched from a psychological perspective. These methods are becoming increasingly relevant in the health sec-

tor and have not only been introduced in healthcare professionals' training courses and work-based settings, but also into chaplains' training courses.

The Four Immeasurables, Equalizing and Exchanging, Giving and Receiving

As mentioned above the "Golden Rules" of Theravāda and Mahāyāna Buddhism are based on the training of mindfulness. We live in a relational context. As Willa Miller stresses in her article "Listening as Spiritual Care" (2012), even Buddhist "teachers who try to limit their duties to the formal Dharma hall, or to the podium, find themselves – either willingly or not – in relational contexts in which witnessing plays an important role (or should)" (Miller 2012).

The basic Buddhist teaching of developing love and compassion are The Four Immeasurables (*apramāṇas*), also known as the Four Divine States (*brahmavihāra*s):[18]

1. *Love*, Loving-kindness or Benevolence (Skt. *maitrī*, Pā. *mettā*),
2. *Compassion* or Care (Skt./Pā. *karuṇā*),
3. *Sympathetic Joy* (Skt./Pā. *muditā*), the opposite of envy or schadenfreude,
4. *Equanimity* or Lack of egocentricity (Skt. *upekṣā*, Pā. *upekkhā*).

In Tibetan Buddhism, daily meditation often starts with the cultivation of equanimity. The point is to develop a sense of equal nearness to all sentient beings, thus counteracting the tendency to discriminate between near and distant, and building upon that, accustoming the mind to new patterns of thought towards love and compassion and a respectful, compassionate, loving, and appreciative attitude towards others.

Founded on the practice of equanimity Mahāyāna Buddhists cultivate not only love and compassion by the so-called sevenfold cause-and-effect instruction,[19] but also great compassion (*mahākaruṇā*) and a sense of universal responsibility:

1. recognizing that *all sentient beings have been our parents* in previous lives,
2. *contemplating their kindness* when they were our parents,
3. wishing to *repay* their *kindness*.

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18 Cf. Nyānatiloka 1952, 108–118.

19 Tibetan: *rgyu 'bras man ngag bdun: mar shes / drin dran / drin gzo / yid 'ong gi byams pa / snying rje chen po / lhag bsam rnam dag sems bskyed de bdun no.*

These three bring forth

4. *deep affection and heart-warming love* for all beings, which leads to
5. *great compassion [or mercy]* (*mahākaruṇā*). The torment others undergo becomes unbearable to us, and the great compassion arising from that produces
6. *great resolve*, assuming the (*universal*) *responsibility*, also referred to as exceptional attitude (Tib. *lhag bsam*)[20] to work for the welfare of sentient beings. The great resolve is the wholehearted commitment to act to bring about others' happiness and protect them from *duḥkha*.

These six causes lead to

7. the effect, *bodhicitta* – the aspiration to attain full awakening for the benefit of all sentient beings.[21]

From a psychological point of view, however, dealing with one's mother or parents or persons, whom we find difficult, can become unpleasant or – without further explanation or comment – lead to an avoidance attitude. Without a basic embedding, this training may be misunderstood. Therefore, it is important not to teach somebody to practice this meditation without prior discussion on the topic. In my experience, Western people often consider it easier to train in the alternative practice known as "equalizing and exchanging self and others":[22]

20 Cf. Roloff 2010, 197.

21 Cf. Dalai Lama & Chodron 2014, 223–224. The arousing of *bodhicitta* marks the beginning of the *bodhisattva* way of life. It is helpful to consider the Tibetan translation of bodhisattva, which is *byang chub sems dpa'* and incorporates the meaning "one who is heroic in his or her intention to achieve enlightenment". Sometimes the term is also rendered as "hero of enlightenment" or "spiritual warrior". In Sanskrit, however, the first component *bodhi* means "enlightenment", deriving from *budh* "to wake". The second component *sattva* has different meanings. First is "sentient being", thus the compound would be understood as "a sentient being seeking enlightenment". The second meaning is "mind" (*citta*) or "intention" (*abhipraya*), so that a *bodhisattva* would be "one whose mind or intention is directed toward englightenment". And third *sattva* means "strength" or "courage", making the compound mean "one whose strength or courage is directed toward enlightenment" (cf. Lopez 1988, 38).

22 We can trace these meditations back to Indian Buddhism in the 7th/8th century. See, for example, Schmidt-Leukel 2019, 375–412. The giving and receiving meditation is a well-known mind training (Tib. *blo sbyong*) practice. It deepens our love, our compassion, and our ability to exchange self and others, and it is also applied helping ourselves and others at the time of death: "Developing a kind heart, generating bodhicitta, and doing the taking and giving meditation at the time of death … places our mind in a positive and fearless state. Reflecting on emptiness calms grasping and fear, enabling us to peacefully let go of this life" (Dalai Lama XIV and Chodron 2018, 223–224).

This method, in Tibetan Buddhism also combined with a practice referred to as *Tonglen* (Tib. *gtong len*), the practice of "giving and receiving", has been used in Germany for more than 20 years in palliative care in clinics. Christine Longaker, a German pioneer of the hospice movement, describes the secularised form as follows: "In the Tonglen visualisation we receive the suffering and pain of others with a strong, compassionate attitude and give them – with a heart full of tenderness and confidence – all our love, our joy, our well-being and our peace" (Longaker 2009, 117).

One becomes aware that the well-being of others and one's own well-being are interdependent and inextricably linked. One can combine this idea with the observation of one's own breathing. With each inhalation one imagines that one is taking upon oneself the suffering of others together with the causes for it, and with the exhalation one wishes them happiness and passes on to others all the positive causes that one has collected through good actions, one's own good *karma* or merits (Skt. *puṇya*, Pā. *puñña*).[23]

Buddhist chaplaincy in contemporary societies

Buddhism existed and developed in India for about 1,700 years (5th cent. BCE-12th cent.). Indian Buddhism spread at different stages of its development within India into different Asian cultures (cf. above). While in the past, in Asia, we usually found different forms of one and the same Buddhist mainstream tradition in each country, today, especially in the West, we find almost all three mainstream traditions in its various forms in each country, often even in one city.

The European Buddhist Union counts more than 50 Buddhist centers from 16 European countries among its members.[24] Organizations of ethnic Buddhists such as The Unified *Buddhist Church* of Vietnam or the Thai Mahānikāya or Dhammayuttanikāya are not members of the European Buddhist Union, but in some countries members of Buddhist National Unions. For example, the Fo-Guang Shan Temple (Taiwan) has become a member of the German Buddhist Union. In Norway, most of the ethnic-Buddhist temples have become members

23 Auspicious, potent and wholesome deeds of body, speech and mind, which plant seeds or generate good imprints in one's mindstream or mental continuum leading to beneficial and fortunate consequence in this life or lives to come. For further reading on the practice of meritorious action, the transference of merit and the rejoicing in the merit of others see Gethin (1998, 101–110) and Schmidt-Leukel (2006, 40, 71–72, 139).

24 "European Buddhist Union, Our Members", accessed May 2, 2022, http://europeanbuddhism.org/members/.

of the Norway Buddhist Federation (NBF). It seems that memberships also depend on benefits. In Norway, the NBF enjoys governmental support depending on the number of members of the affiliated communities. In other countries like Austria and Germany, members of religious communities need to pay a kind of "church tax", while in Italy, whether a member of a religious community or not, every citizen is subject to a compulsory church and culture tax (*otto per mille*, i.e. 8 ‰, based on gross income tax). The taxpayer can indicate on the tax return which religious community should benefit from the tax or whether it should be given to social purposes or the state.[25]

The European Buddhist Union (EBU), founded in 1975 in Paris, endeavours to establish an international expert's network of Buddhist chaplains in order to offer support, training opportunities and materials for those engaging with Buddhist Chaplaincy. Furthermore, the EBU is trying to identify spiritual and pastoral needs within Buddhist communities to encourage greater community cohesion and social integration. On April 25th 2021, the EBU organised the "1st Meeting of the EBU Buddhist Chaplains".[26] More than 30 European Buddhist chaplains participated. The topics discussed were chaplaincy in hospitals, chaplaincy in the armed forces, a university course in Buddhist Chaplaincy, and chaplaincy in prison. The day before, more than 200 people participated in an EBU online conference on Death and dying from a Buddhist perspective including outstanding keynote speakers like Roshi Joan Halifax, Kirsten DeLeo, and Dario Girolami.

In Asia, similar to the West, as a consequence of globalization and pluralization, non-native Buddhist traditions can increasingly be found in each country. For example, in Thailand, besides the traditional Theravāda tradition, also Taiwanese and Vietnamese Buddhist temples have been established. In Taiwan and Korea, besides the traditional Pure Land and Ch'an or Seon temples, we also find Tibetan Buddhist temples today. In Asia and the United States, professional pastoral/spiritual care is more advanced than in Europe. Buddhist Care Practices are already well established there and, in terms of the standards developed, seem to be comparable to the level of development of Christian pastoral care.

Today, around the globe, many people suffer from loneliness or are facing different kinds of existential crises. The corona pandemic has exacerbated the need for professional support across Europe. The pioneers in professional train-

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25 Using the example of religious education in public schools, I have discussed this issue in two book chapters (Roloff 2020b, Roloff 2020c).

26 "European Buddhist Union, Buddhist Chaplaincy", accessed May 2, 2022, https://europeanbuddhistunion.org/activity/chaplaincy. The 1st Meting of the EBU Buddhist Chaplains took place on April, 25th 2021 (online event). For details of the outcome see European Buddhist Union (2021).

ing in Buddhist Chaplaincy are the United Kingdom, the Netherlands, Austria and Norway. The London based organization "The Buddhist Chaplaincy Kalyāna Mitra" offers resources and courses from time to time.[27] Buddhist chaplaincy has increased during the COVID-19 pandemic. In the UK, the Buddhist Healthcare Chaplaincy Trust, the endorsing body for Buddhist Healthcare Chaplains and a charitable trust, is committed to promoting Buddhist Healthcare Chaplaincy. Several Buddhist chaplains are registered with the UK Board of Healthcare Chaplaincy.

In the Netherlands, an ongoing postgraduate course called "Buddhist Chaplaincy" has been available at the Vrije Universiteit Amsterdam (Faculty of Theology) since 2014. Here, an MA in religion, preferably in Spiritual Care, or in Spiritual Care Buddhism is required. In Norway, the University of Oslo, since 2019/2020, for the first time, offers bi-yearly a course on Buddhist care practices.[28] In Austria, since 1983, the Österreichische Buddhistische Religionsgesellschaft is recognised as a corporation under public law. They offer a mobile hospice, pastoral care in the Vienna General Hospital and since 2003 there is a Buddhist cemetery in Vienna.

In Lutheran-Protestant and Roman Catholic Theologies, pastoral training partly belongs to the practical theologies. In contrast, in Germany, Buddhism cannot be studied as a religion at state-funded universities. Buddhist Studies, also known as Buddhology, – unlike theology – is primarily focused on the languages and cultures of Buddhism and is located mainly in the Asian-African sciences (formerly Oriental studies). In Germany, the history of Buddhology dates to the 19th century, but Buddhist practical theology has not been established yet. In Christian theologies, in addition to practical theologies, beginning in the 1920s, Clinical Pastoral Education (CPE), in German Klinische Seelsorgeausbildung (KSA), was developed as a model of in-service theological pastoral care in order to accommodate the contextual differences from the United States (low status of practical theology in academic theology and theology studies) (Pulheim 2006, 137). It was not until the 1970s that psychotherapeutic methods became standard in pastoral care (Hauschildt 2015, 48). Today, European Buddhists can, for example, take Accredited Clinical Pastoral Education at institutes

27 "The Buddhist Chaplaincy Kalyāna Mitra. The Buddhist Society – Founded 1924", accessed May 2, 2022, https://www.thebuddhistsociety.org/page/the-buddhist-society-chaplaincy.
28 "University of Oslo, LES4201 – Buddhist care practices", accessed May 2, 2022, https://www.uio.no/studier/emner/teologi/tf/LES4201/index.html. This course is part of the MA "Leadership, Ethics and Counselling (master – experience-based)" (Lederskap, etikk og samtalepraksis (master - erfaringsbasert – 120 ECTS, with MA certificate), start: August 2019.

such as the New Yorker Zen Center for Contemplative Care in cooperation with the New York Theological Seminary.[29]

This raises the question of relevance of Buddhist chaplaincy, what are the needs of European Buddhists, and what has Buddhism to offer in dealing with existential crises. Today, in general, we find chaplains in schools, hospitals, hospices, companies, universities, and prisons. They provide care during times of crisis and run programs to help deal with grief, anger or depression. Chaplaincy duties include visiting homes, religious services, retreats and celebrations, as well as counselling. They support the spiritual, social, and emotional well-being of care-seekers and help build positive relationships.

When serving in a Buddhist temple in Europe you will need to assist or find yourself responsible for various tasks that spiritual caregivers or spiritual friends (Skt. *kalyāṇamitra/-mitrā*) are expected to provide such as:

– Teaching the Dharma and giving practical advice on how to implement it.
– Giving personal advice in existential crises (life counselling).
– Performing rites of passage (*rites de passage*) for newborn children, for young people of confirmation age, on the occasion of marriage or death.
– Taking care for the sick at home and in hospital including prayers for recovery next to their sickbed, by phone, video call or from afar.
– Spiritual care for the dying / end-of-life care (natural death; different from active/ passive euthanasia) including prayers and death rituals.
– Planning and holding funerals, care for relatives in the event of bereavement.
– Visiting Buddhists in prison or counselling them by letter post.
– Having exchange with military chaplains and soldiers from different denominations.
– Performing prayers and rites in different emergency or tense life situations.
– Counselling of victims or relatives in disaster situations.
– Advice on questions like organ donation, abortion, domestic violence, or sexual abuse.

In spring 2020, under the COVID-19 pandemic, the question arose what Buddhism can offer to people in need during this extraordinary situation.

29 "NY Zen Center, Foundations in Contemplative Care, A training program in spiritual caregiving", accessed May 2, 2022, https://zencare.org/education-new/foundations-new/. "New York Theological Seminary, Master of Arts in Pastoral Care and Counseling (MAPCC)", accessed May 2, 2022, https://invent.nyts.edu/prospective-students/academic-programs/master-of-arts-in-pastoral-care-counseling/. For further details see Weilhart (2021).

What has Buddhism to offer in existential crises?

Psychologists call the coronavirus crisis a major life event. It will give our life a new drive. We will ask ourselves: How important is my social life, family, relationship, how reliable?

The term crisis comes from Greek and literally means “difficult situation” (Tib. *nyen kha chen po* – a great danger/risk). Crises can affect a single person or a small group, such as the family. Typical causes of crises are the loss of important resources (for example health, money and housing), the loss of important persons (close relatives or friends), or when demands are placed on you that you cannot cope with. Great crises not only have an impact on the lives of individuals, but can also affect entire countries, continents or the entire world as a global crisis. Crises do not necessarily end in disasters. People who have mastered difficult situations often feel stronger afterwards than before (Burtscher 2014).

What are the Buddhist means for over-coming crises, for crisis resolution? What helps? In his article “Beyond catastrophe: We might all be better people once the Covid-19 crisis has subsided”, Jay Garfield (2020) suggests, from a Buddhist perspective, to transform our own minds, attitudes and behaviour, and to cultivate what Buddhist ethicists call the “six perfections”[30], beginning with generosity:

> It is time to be of material, emotional, and social assistance to those around us. By helping family, neighbors, communities, and institutions that find themselves in need, we ameliorate the suffering around us, and reaffirm our membership in these networks that determine our own lives and those of others. (2020)

Garfield also suggests to develop insight in reality, i.e., in impermanence, uncertainty, interdependence. Everything that exists, whether material or mental, depends on many causes and conditions. We are all connected with each other. “By transforming our own minds, attitudes and behavior, we can become part of the solution to the problem of suffering, rather than part of the problem” (Garfield 2020).

Three of the Bodhisattva’s six perfections are different from the above-mentioned three trainings (*śikṣā*), i.e., ethics, meditative concentration and wisdom:

30 The six perfections (*pāramitā*s) are: 1. *dāna*: giving/surrender/generosity, 2. *śīla*: morality/attentiveness, 3. *kṣanti*: patience/forbearance. 4. *vīrya*: vigor/disciplined effort, 5. *dhyāna*: absorption/mediation/calm, and 6. *prajñā*: insight/wisdom.

Giving (*dāna*), including making one's life a gift to others, patience (*kṣānti*) with a strong connotation of forbearance, and vigour or energy (*virya*) (Schmidt-Leukel 2006, 136-137). All of these are important virtues to be developed by Buddhist chaplains. Other suggestions from Buddhism's toolbox are to use mindfulness in times of crisis, and to tackle corona fears with meditation.

One of the great challenges of Buddhist chaplaincy during the COVID-19 pandemic was that Buddhist chaplains, friends and relatives could not visit the care-seekers in hospitals, hospices, and retirement homes as they would under normal circumstances.. In many places, even visits at home were not allowed. In the following, I will give a few examples from different fields of Buddhist chaplaincy without claim to completeness.

Buddhist chaplaincy in hospitals and hospices

In my experience, Korea and Taiwan seem to be the most developed in the field of chaplaincy. Already in 2004, during the 8th Sakyadhita International Conference in Seoul, I noticed that Buddhist nuns in Korea volunteer in spiritual care by phone and as female "hospital dharma teachers". They describe the following self-image and demands:

> The purpose of hospital Dharma teachers is to take care of the sick with compassion until they are completely recovered. The virtues that hospital Dharma teachers should have are: (1) strong faith; (2) empathy with the patients' feelings; (3) a desire to eliminate disease; (4) continuous effort; (5) thoughtfulness, (6) humility; (7) mindfulness and wisdom; and (8) the wisdom of listening. The duties of a hospital Dharma teacher require a teacher to: (1) have both medical expertise and administrative expertise; (2) be emotionally stable; (3) treat patients as one would treat the Buddha; and (4) be sensitive to patients' cultural values. There are five virtues that caregivers should have. Caregivers should: (1) be well aware of what patients can eat and what they cannot; (2) not feel uncomfortable with patients' bodily fluids; (3) not be arrogant or concerned about personal gain; (4) be committed to their patients' recovery; and (5) make patients happy by sharing the Buddha's teachings with them. (Jihong Sunim 2006, 281).

In Taiwan, in 1998, a "Clinical Buddhist Chaplain" training program was introduced with the help of the Buddhist Lotus Hospice Care Foundation (LHCF) in cooperation with the Palliative Unit of the National Taiwan University Hospital and the Buddhist Dharma Drum Institute of the Liberal Arts. The graduates work in hospices or get involved in their communities. They are obliged to regularly take part in further training (Chen 2017).

Buddhist care for the dying and bereaved

As mentioned above, there are many different ideas about the "afterlife" in Buddhism. Most, but not all Buddhists believe in rebirth, i.e., being reborn in one of the five or six human or nun-human realms within *saṃsāra*, or in the transition to another, better life in a Buddha Land or Pure Land. More generally, they believe in the transition to a "different reality", to a different state of consciousness (nothing material).

What does Buddhism teach about rebirth? Usually, Buddhists do not believe in soul migration or an immutable self (Skt. *ātman*, Pā. *atta*). Buddhists believe in a non-self (Skt. *anātman*, Pā. *anatta*). But this should not be understood in a nihilistic way; the person exists and is morally responsible for his/her action. Buddhism is teaching the middle way, i.e., to avoid the two extremes: eternalism/ unchanging and nihilism/ non-existence. The five constituents of a person (*skandha*s) change and replicate from moment to moment. Body and mind separate at the time of death. Most Buddhists believe in the continuity of consciousness including karmic imprints.[31] Karma influences the connection with a new body. The new and previous person are neither identical nor different from each other.

Tibetan Buddhism teaches according to its Indian Buddhist Abhidharma sources intermediate state (Skt. *antarābhava*, Tib. *bar do*) between death and rebirth, i.e., an in-between state between former and next life. We also find this notion in the Theravāda tradition. The state of mind at the time of death and in the intermediate state is decisive for what will follow next. The intermediate state denotes the state of the continuum of the persons' physical and mental constituents (*skandhas*) between the end of the dying process and the beginning of the new existence, the next birth. The Tibetan Book of the Dead (*Bar do thos grol*), literally states that: "Liberation through hearing in the intermediate state", deals with three phases: dying, death and rebirth.

In some Buddhist traditions, strong faith/confidence is encouraged in order to enter into a pure Buddha land, e.g. in East Asian Amida and Ch'an/Seon/Thiền/Zen Buddhism (China, Taiwan, Korea, Vietnam and Japan) as well as in Tantric Buddhism (Tibet, Nepal, Bhutan, Mongolia etc.). In Tantric Buddhism during a lifetime, one is trained in daily practice to use the process and subtle stages of dying for attaining liberation by gaining deep meditative insight in

31 On the problem of personal continuity (self as 'causal connectedness') see Gethin (1998, 140–144). Garfield (2022, 175) declines the concept of personal continua that continue after death and thinks that this belief is not necessary for the rest of the Buddhist edifice.

the ultimate truth/reality during the dying process (see chap. 9 "Looking beyond this life" by Dalai Lama XIV and Chodron 2018, 205–229).

What Buddhists of all three mainstream traditions have in common is that they prefer to speak about confidence instead of faith, based on the best kinds of confidence taught by the Buddha, i.e., confidence in the Buddha, in the eightfold path, in the Dharma (especially in dispassion which leads to cessation, and *nirvāṇa*), and in the Saṃgha (AN 4.34).

Especially in the Eastern Amida-Buddhist traditions, also referred to as Pure Land School, Jodo-shin-shu or resp. Jodo-shu, the core of the teaching, as a way to liberation, is trust in one's own Buddha nature, which can manifest in the form of the Buddha Amitābha. Amitābha, also referred to as Amita (Japanese: *amida*) literally means "limitless light" that symbolises compassion and wisdom. Upon entry into the Pure Land, the practitioner is believed to be instructed by Buddha Amitābha and numerous *bodhisattva*s until full and complete enlightenment is reached. This person then has the choice of returning at any time as a *bodhisattva* to any of the five/six realms of existence in order to help all sentient beings in *saṃsāra*, or to stay the whole duration, reach buddhahood, and subsequently deliver beings to the shore of liberation.

According to the tantric tradition, mainly practiced by Tibetan Buddhists, they speak about a clear light consciousness, i.e., a most subtle state of consciousness of a being. It becomes manifest in death in a natural way when all grosser types of consciousness dissolve into this state of consciousness. Then a mere emptiness of great clarity appears. Experienced *yogi*s and *yoginī*s can deliberately evoke this clear light in meditative absorption and link it with the realization of emptiness. In the death process, they stay in this clear light as long as possible to overcome all delusions and all obstacles in their own mind.

In summary, dying care and dying rituals entail accompanying the dying locally and/or from afar. The goal is to assist the dying person to die with a calm state of mind, to develop trust or confidence. This can perhaps be achieved by reminding the dying person of her good deeds and to support her in her daily meditation practice.

Examples of Buddhist approaches to the end-of-life care are explored in part five of the pioneering work of *The Arts of Contemplative Care* (Giles/Miller 2012). Taking the American Upaya Institute's Contemplative End-of-Life Training Program "Being with Dying (BWD)" as an example[32] (cf. Rusthon 2009), Joan Hali-

32 "Upaya Institute and Zen Center, Being with Dying, Professional Training Program for Clinicians in Compassionate Care of the Seriously Ill and Dying", accessed May 2, 2022, https://www.upaya.org/being-with-dying/.

fax Roshi (2012), a Zen priest and pioneer in the field of end-of-life care, provides us with an overall consideration of which challenges caregivers can be faced with:

> The premise of BWD is that in order for clinicians to provide compassionate end-of-life care, it is necessary for them to (1) become self-aware and recognize their own suffering, (2) make a commitment to addressing their own suffering, and (3) develop receptivity, compassion, and resilience through nurturing physical, emotional, mental, spiritual, and social dimensions in their own lives and in relationships with others. (Halifax 2012, pos. 3430).

The training has four components with a focus on the transformation: The caregivers must *first* identify their own worldviews, values, priorities, and knowledge. This gives the clinicians a functional base from which they can work. The *second* focus of the training is to investigate and employ various "contemplative interventions", i.e., to teach the caregivers meditation, including ethical virtues and values that engage in reflective practices that cultivate the mind. Meditation assists creating greater resilience and cultivating prosocial mental qualities, like empathy and compassion. These practices have a profound effect on the well-being of health care providers and this in turn has effect on how the clinician interacts with the patient and how the patient perceives his or her own experience of dying. The *third* area they address in their program has to do with the development of moral character. They explore the moral and ethical basis of what it means to care, and they teach people how to deal with moral dilemmas and moral conflicts. The *fourth* and last area for clinicians that they feel to be very important is to train caregivers in strategies for self-care and how they can support their well-being in a high-stress profession to prevent those caregivers from experiencing burnout.

This training comes down to an exercise from many different perspectives, which opens up to the development of fundamental qualities such as wisdom and compassion to become a sane and reasonable person in the world today.

Now we turn to a completely different area of chaplaincy, namely military and prison chaplaincy.

Buddhist military chaplaincy

For many people, the military and Buddhism do not seem to go together, especially in the West (cf. Harvey 2000, 274; Kariyakarawana 2011). Perhaps because Buddhist converts in their youth have refused military service and/or are in favour of complete demilitarization. The question at stake is, whether and how a

Buddhist chaplain can justify killing as an acceptable reaction when protecting national interests.

In the United States, according to a U.S. Department of Defence report, in 2017, among 3,000 chaplains in the total force there were three active-duty Buddhist chaplains (Wagner 2017). Robert Bosco (2014) discusses how the US military is employing Buddhist chaplains, and highlights some of the difficulties one may encounter.

In Europe, for example, a UK Buddhist chaplain in the HM Forces in London explains that during the past 200 years Nepali Buddhists (Gurkhas who are mainly Buddhists) have been serving in the British Army. Kariyakarawana comes to the conclusion that "[s]erving in the military is no different from serving anywhere else [...] it does not really matter what job you are doing as long as it does not come under the wrong livelihood. What matters is how you do the job and what your intentions are in doing it" (Kariyakarawana 2011, 106).

Bosco puts it differently by pointing out that there is no real analogy between today's American Buddhist soldiers and those of, say, warrior-monks in China, Thailand, or Japan. He even speaks about "the American Buddhist military sangha", who justifies its participation in combat by referring to the protection of the American way of life and the freedoms Americans can enjoy. He quotes a Buddhist Air Force Cadet saying, "we realize that war is certainly a thing that we don't want to have to do, but sometimes it is absolutely necessary, and it requires compassion for your country, your family, and the people that you are protecting. I think Buddhism definitely has a place there" (BMS 11/1/2007), and adds: "Some intentions—defence of one's nation—are the right ones, and can reap positive karmic consequences" (Bosco 2014, 843–844).

As of late, military chaplaincy in the Netherlands also includes Buddhist chaplains. During the EBU chaplaincy meeting in April 2021 Colonel Alie Jimon Rozendal gave some insight into her work. She explained that as chaplains they are *with* the military, not military. The Buddhist Union Netherlands "Boeddhistische Unie Nederland (BUN)" is sending her and can withdraw her endorsement. I understand it to mean that similar to religious teachers at German state schools, who in addition to the Certificate of Educational Competence (Fakultas) from a university, need a certificate of appointment from the religious community, military chaplains must have professional competence and be approved members of the religious community. E.g., when leaving the religious community, this certificate will be withdrawn, which would result in dismissal. Nevertheless, this certainly does not mean that the religious communities interfere in their work with the military. At the time of Alie Jimon Rozendal presentation, in April 2021, Buddhists had only been there for a year. The chaplains

are caring for more than 60,000 soldiers. While trying to get familiar with the organization, Buddhist as well as non-Buddhist soldiers are asking her for help.[33]

Buddhist chaplaincy in prisons

Buddhist attitude towards prisoners can be traced back to the Buddha himself. How did the Buddha deal with criminals? The *Aṅgulimāla Sutta* tells us about the Buddha ignoring warnings to venture into the domain of the notorious killer Aṅgulimāla. The Buddha succeeds in converting him to the path of non-violence. After becoming a monk Aṅgulimāla still suffers for his past deeds, but only to a small extent. He uses his new commitment to non-violence to help a woman in labour (MN 86).

One of the most experienced Buddhist prison chaplains in Europe is the Zen priest Dario Doshin Girolami, who is also in charge of the European Buddhist Union's Network of Buddhist Chaplains.[34] Girolami was trained at the San Francisco Zen Center that for decades offered a course in meditation for the prisoners of San Quentin. It was this program that inspired him to propose a course of meditation in the Rebibbia prison of Rome in Italy. According to Girolami, studies show that there is a notable (20%) decrease of criminal recidivism in former inmates that participated in a meditation in prison program. Nevertheless, it took him years of negotiation to get access to the prison in Italy. His presentation seems to correspond with the research results by Irene Becci (2015), who reveals a certain institutional resistance to religious diversity in prisons in Italy, Germany, and Switzerland:

> Issues of equal treatment or equal formal representation of religions in secular prison spaces are today part of a broader process of negotiation concerning the role of religion vis-à-vis the aims of prison institutions. Any possibility of religious activity is weighed against the institution's need to maintain stability. … The established Christian chaplaincies are in a unique position in this context, because their activity is valued as 'universal'. The 'universalisation' of Christian religion … leads to a 'neutralisation' of one specific (Christi-

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33 Part of her presentation was this film "Diensten Geestelijke Verzorging. 'Omdat je leven betekenis heeft'. Promotie-film uitgebracht ter gelegenheid van 100 jaar Diensten Geestelijke Verzorging. (Services Spiritual Care. 'Because your life has meaning'. Promotional film released on the occasion of 100 years of Spiritual Care Services)", video 6:45, youtube.com/watch?v=yR-toh80XC-s. "Boeddhistische Geestelijke Verzorging, Team Buddhism", accessed May 2, 2022, https://www.dgv.nl/en/group/1/team.

34 "European Buddhist Union, Prison Chaplaincy", accessed May 1, 2022, http://europeanbuddhism.org/about/activities/ebu-networks/chaplaincy-prison-chaplaincy/.

> an) type of spiritual assistance, which becomes the template for all other religious interaction. (Becci 2015, 17).

But we also find other examples. In 1979, the Israeli government set up a research committee to study the conditions in the local prisons and recommended changes in imprisonment policy. A significant step in this process was the opening of the Hermon prison, a modern rehabilitative facility. In 2006, for the first time, a Vipassana course, based on the teachings of S. N. Goenka, was introduced. This kind of Vipassana meditation is considered an open, nonconditioned spiritual practice, which despite its Buddhist origin does not represent any formal religion. Thus, the decision to conduct such a course at the Hermon prison was easily accepted. A total of 22 male prisoners participated in a 10-day course run by volunteers in the prison. Interviews were conducted with participants before, immediately after, and 3 to 4 months after the course. The findings prove a meaningful impact on the prisoners in rehabilitation (Ronel et al. 2013). However, there seems to be no systematic study that provides and analyses an overview of Buddhist initiatives in this area. Therefore, I can only give some examples from my own experience such as the work of the Buddhist nuns' community of Sravasti Abbey (USA). The abbess, Ven. Chodron, began working with inmates in 1997 when an inmate wrote a letter to the Dharma Friendship Foundation, a Dharma center where she taught, and requested information about Buddhism. Since then the project has expanded. The Abbey produces a quarterly prison Dharma newsletter, which includes transcripts of teachings and inmates' Dharma reflections. Over 350 copies are mailed to individual inmates who share them with their Dharma friends in their respective prisons. The nuns also care for prisoners in the death row.

Buddhist *roshi*, Joan Halifax, also works with people at the last stage of life on death row. She has a doctorate in medical anthropology and lectures all over the world on her workings with the dying. She had become a teacher in Thich Nhât Hanh's school, and still later had been appointed Roshi, i.e., Zen Master, by Bernie Glassman (1939–2018), an internationally well-known American Zen Buddhist roshi and founder of the Zen Peacemakers. He was a pioneer of social enterprise, socially engaged Buddhism and "Bearing Witness Retreats" at Auschwitz and on the streets with homeless people. Roshi Joan Halifax founded the Upaya Zen Center in Santa Fe, New Mexico that offers professional training in end-of-life care and Buddhist counselling (Halifax 2012).

Although prison chaplaincy seems to be especially difficult, Buddhism here has a unique potential currently not being exploited. Buddhist notions of Buddha-nature and the belief in countless past lives in which we may have committed crimes for which we have been convicted, too, enable Buddhists to meet pris-

oners on an equal footing. Buddhists train in not identifying people with their mistakes. Making mistakes, and doing harmful actions, does not mean that the whole person becomes bad. The Buddha nature, the person's potential for enlightenment, is still there and can be developed when meeting with supportive causes and conditions.

Life counselling

Another important topic that we have not yet discussed is counselling of Buddhists in different emergency, disaster or tense life situations, especially when related to questions such as organ donation, abortion, domestic violence, and sexual abuse.

Let us briefly look into these topics and start with *organ donation*. Do Buddhists want to have organ donor cards? Religion can support, discourage or even forbid to have an organ donor card. In order to make a decision you need to think about death and dying from various Buddhist perspectives. There is no general rejection, but three main questions arise in this context: What is the Buddhist's view on brain death, on organ and tissue transplantation, and on autopsy. Alhawari et al. (2018) analyse from the perspective of forensic medicine ethical and religious argumentation structures when it comes to existential questions of the end of life and the question whether and when a person ceases to exist. In the context of autopsy, the question arises as to how the dead body is dealt with in Buddhism and what religiously motivated objections and reservations may exist regarding brain death. The brain death debate is a relatively new phenomenon within the old world religions. The age of the religion and its geographical distribution both impact the debate. It is not only the religious writings that need to be considered, but also contemporary publications and statements by Buddhist umbrella organizations.[35]

McCormick (2013) notes that ethical guidance for a Buddhist is partly provided by the five basic precepts shared by all Buddhists. The first precept prohibiting the killing of living beings, is the basis for Buddhist approaches to death in clinical situations. But we also need to consider the virtue of compassion, and the goal of a peaceful death. McCormick discusses organ donation, life-sustain-

35 On Buddhism and organ donation see also this BBC website, last modified November 27, 2009, https://www.bbc.co.uk/religion/religions/buddhism/buddhistethics/organdonation.shtml. For a more detailed analysis on organ donation in the context of biomedical applications from a Buddhist perspective, see Schlieter (2003, 31–53).

ing treatment, different situations of assisted death,[36] and palliative and hospice. He gives three examples that illustrate how some Buddhists have struggled with making end-of-life care decisions while being mindful of *ahiṃsā*, the Buddhist principle of not harming. This makes clear that there is not 'one clear Buddhist position' on these questions. Different answers cannot be fixed to traditions. Rather, we find the whole spectrum of different possible answers among adherents of each Buddhist tradition. Ultimately, it is an individual decision that everyone must make for himself or herself. But this does not mean that the interpretation of Buddhism on such questions is arbitrary. As Garfield points out, "Buddhist ethics is both particularist and agent-relative (2022, 165)".

Similarly, you will find different pros and cons on the question of *abortion*. In general, there is no objection against contraception. A possible exception maybe the spiral which prevents the implantation of an already fertilised egg. Buddhists regard life as starting at conception (Roloff 1992; Barnhart 2018). In the Buddhist canonical texts, killing a fetus is already classified as killing. But killing depends on four or five conditions; what is decisive is your own motivation.[37]

Competencies of Buddhist caregivers also include "working with specific populations or problems, such as: alcoholism and addiction, domestic violence, sexual trauma, chronic illness, aging, family conflict, mental illness, and natural and man-made disasters" (Sanford/Michon 2019, 13).

Taking *domestic violence* as an example, despite the basic tenets of love and compassion taught within Buddhism, we know that violence against women occurs. Domestic violence is the most common form of violence against women worldwide. This is the same for Buddhist communities. In the European Union, one fifth to one quarter of all women have experienced physical violence at least once in their lives. Therefore, in 2011, the Council of Europe drew up the Convention on Preventing and Combating Violence against Women and Domestic Violence as an international treaty, which entered into force in 2014. The principle of the Convention in Article 1a is: "The purposes of this Convention is to

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36 Questions such as why euthanasia should be a moral issue for Buddhists if the patient will soon be reborn can arise. Some Buddhist may think that one has the "right to die" arguing that death is voluntary, and there is no conflict with the Buddhist principle of *ahiṃsā* (non-harming). This raises questions such as whether turning off a life-support machine could ever be the right thing to do for a Buddhist. Cf. Harvey's chap. 7 on suicide and euthanasia (2000, 286–310), and Keown 2018.

37 On further discussion on Buddhism and abortion see Harvey 2000 (chap. 8 on abortion and contraceptions).

protect women against all forms of violence, and prevent, prosecute and eliminate violence against women and domestic violence." To date, 45 of the 47 member states of the Council of Europe have signed the Convention in Istanbul (it has not been signed by Azerbaijan and the Russian Federation). 35 of the member states have ratified it and thus are obliged to put it into practice (including Turkey, who announced its withdrawal from the Istanbul Conventionin on 20 March 2021).

According to Kanukollu and Epstein, "We also know that we do not know enough about this issue within Buddhist communities, nor do we know enough about how best to support and treat victims of VAW [Violence against Women] from Buddhist communities in spiritually competent and relevant ways" (Kanukollu/ Epstein-Ngo 2015, 353). But on a grass root level there is more know-how than we may expect. For example, Buddhist women in Cambodia encourage nuns and lay women to become socially engaged and to become counsellors and Dharma teachers and to engage in conflict resolution and management:

> The practices that the Association of Nuns and Laywomen of Cambodia adopted since 1995 include learning and training in the Dharma, self-development, peaceful mental development, leadership, human rights, promotion of women's rights, conflict resolution, elimination of domestic violence, and care for patients living with AIDS. So far, the nuns and laywomen who are trainers in the association have provided training on how to meditate, cultivate a peaceful mind, and provide counseling to people in crisis, homeless children, and sex workers (Vanna 2006, 20).

In September 2011, the Tibetan Parliament-In-Exile (TPIE) successfully passed a resolution condemning violence against women. After several incidents in the Tibetan exile community, Tibetan women showed solidarity against VAW and founded the organization Acha Himalayan Sisterhood for community service, women's empowerment and ending violence against women and children.[38] Such associations make it clear that domestic violence and other forms of violence against women in Buddhist communities exists and should no longer be ignored.

In Thailand newspapers like Bangkok Post constantly report about child sex abuse which in 2020 nears record high during the coronavirus pandemic. But also before, you can find many reports such as "Two monks arrested for child sexual abuse" (Petcharoen 2015).

38 "Acha Himalaya Sisterhood, Community Service, Women's Empowerment and Ending Violence Agains Women and Children", accessed May 2, 2022, https://achahimalayansisterhood.org/.

Although not in accord with Buddhist principles, the social reality proves that it happens that girl trafficking and prostitution in Thailand are justified by outdated Buddhist attitudes toward women. Emma Tomalin (2006) argues "that there is a relationship between the low status of women in Thai Buddhism and the inferior status of women in Thai society," and that "the introduction of female leadership roles in Thai Buddhism could play a role in balancing the gender hierarchies within the tradition as well as in society more broadly" (Tomalin 2006, 385).

Along with the MeToo movement more cases of *sexual abuse* in Buddhism are revealed and increasingly discussed, also in public (see for example, Finnigan and Hogendoorn 2019).

This makes it clear that there is a great need for professional spiritual care and a correspondingly comprehensive and profound education, not only in Asia, but due to increasing pluralization, also in Europe. The question is, where such training in Europe is possible and best connected institutionally.

Conclusion and Perspectives for Buddhist Chaplaincy

As we have seen, Buddhist care practices dating back to the Buddha himself, nowadays require a modern professional training to deal with existential crises and disaster. There is a strong need to care for the sick and dying in hospitals and hospices, for children and adults in schools, high schools, universities and workplaces, as well as for soldiers in the military, for short and long-term prisoners, and in countries like the US, also for those on death-row.

This article has introduced Buddhist chaplaincy with a special focus on Europe and briefly analysed the current state of the field from a Buddhist perspective. I have discussed how Buddhists traditionally care for each other and how such caring is rooted in Buddhist texts. What does it mean to be a Buddhist counsellor, chaplain, or caregiver, and which important Buddhist tools can they draw from, giving examples of Buddhist chaplaincy in contemporary societies, in Asia as well as in the US and in Europe.

Humans are different and therefore we need individual help when we are in need. The training of Buddhist caregivers requires a good understanding of the various traditions of Buddhism, what they have in common and where they differ to be able to develop sensitivity for the different Buddhist paths.

Although Buddhist care practices can be dated back to the Buddha himself, there is no doubt that professional care worldwide has been strongly influenced

by Christian chaplaincy. As Irene Becci (2015) has pointed out, the established Christian chaplaincies are in a unique position in this context. Their activity is valued as 'universal'. Similar to the masculine in gender relations, which places men at the center of thinking, pastoral/spiritual care in Europe places Christian concepts at the center of caring, and everyone has to conform to this template, not least to get recognition and financial support.

In our globalised world we now need to identify the strengths of each religious and secular tradition, to learn from each other and to cooperate. Buddhist caregivers take care of non-Buddhist care-seekers, and Christian pastors are interdenominationally active. Furthermore, there are many caregivers with dual or multiple religious belonging, as noted by Liefbroer and Berghuijs: "The combination of Christianity and Buddhism is most common (47% of the total sample), followed by a combination of Christianity and Judaism (38% of the total sample)" (Liefbroer/Berghuijs 2019, 9). During the past years, I was fortunate to teach Buddhism to young adults of different religious denominations and worldviews not only at the University of Hamburg, but also at the Universities of Oslo, Duisburg-Essen, and Mainz and also for about ten days at Smith College in Northampton, Massachusetts. In my personal experience we can observe everywhere a growing number of young adults who grew up in interfaith households. We may take US Vice President Kamala Harris as an example for the common challenges religious education and counselling are facing today. Harris herself is Baptist. Her mother is a Hindu, her father Christian and her husband is Jewish. Every religion has increasingly to deal with its relation to other religions. For Europe, this means that at university we need a structure of a theology of religions or that fits the many theologies of different religions. It is obvious that dialogue needs to be trained during school and high school. At university students should learn to do theology together and how to develop egalitarian difference.

From a Buddhist perspective, Mikel Monnett is describing an interfaith situation such as that which may be found within care institutions in the United States where the Buddhist caregivers will most often find themselves in situations where the caregiver and careseeker do not share their beliefs. Can a Buddhist truly care for a Christian in such a context? Monnett's answer is a resounding yes, as "the role of the professional chaplain is not to proselytize a particular dogma but to stand with the patient where they are and to help the patient utilize their own spiritual views and beliefs as a resource for their own healing" (Monnett 2005, 59).

In view of the limited resources and the importance of community for pastoral/spiritual care, and because there are many common skills to be acquired, it is standing to reason that nowadays part of the caregiver's training should be interreligious and part of it secular. At the same time, it is important to agree on

where it is important to call in caregivers who are specialised in a particular religious tradition or worldview, and how to act in the best way for the benefit of the care-seeker when this is not possible.

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Abrreviations

AN Aṅguttara-nikāya
Kd Khandhaka
MN Majjhima-nikāya
Pli Pāli
SN Saṃyutta-nikāya
Tv Theravāda

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