

DYING 'BUDDHISH' IN AUSTRALIA

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Background

Buddhism plays an important role in 21st century global culture, with Buddhist-inspired contemplative practices and teachings contributing to wellbeing and a better ‘way of life’ not just for Buddhists, but also broader society. This research project was prompted by the question of how Buddhism may also be shaping a better ‘way of death’ for Australians.

The research team received seed funding from the Contemplative Studies Centre at the University of Melbourne, for the project *Dying ‘Buddhist’ in Australia: Investigating the role of Buddhist contemplative practices in end-of-life and death care*.

Dying ‘Buddhist’ in Australia examined the current influence and future potential of Buddhist-inspired teachings and practice in end-of-life and deathcare. It examined a range of phenomena, from mindfulness tools aimed at confronting terminal diagnoses and supporting hospice staff, to incense and chanting at otherwise secular funerals.

Buddhism in Australia

Buddhism’s arrival in Australia dates back to the mid-19th century, with the movement of Chinese, Japanese and Sri Lankan migrants and workers in the mining, pearling and agricultural industries, particularly across the Far North of Australia (Halafoff et al. 2022).

Today, Buddhism is a well-established religion in Australia, spurred on by multiple waves of migration from Asia and local converts. According to the Australian Bureau of Statistics 2021 Census, Buddhism represents 2.4% of the Australian population, and alongside Islam, Hinduism, and Sikhism, is one of Australia’s main religions.

The Australian Buddhist community is diverse, including many different doctrinal, national, and cultural groupings.

Religion and Spirituality in Australia

Buddhism has a broader cultural influence in Australian society beyond its number of adherents, as evidenced by the popularity of practices of meditation and mindfulness, derived from Buddhist traditions. These teachings and practices play a significant role in Australian spirituality (Halafoff et al. 2023).

'Buddhish' refers to practices and beliefs across the spectrum of religion and spirituality. It acknowledges that people may adopt teachings and practices that are inspired by or derived from Buddhism without necessarily identifying themselves as Buddhist.

Spirituality has long been a critical factor of wellbeing for First Nations and religious Australians, and more recently for growing numbers of "spiritual but not religious" Australians (Grieves 2009; Singleton et al. 2021). For example, a nationally representative project on the Worldviews of Australia's Generation Z, found 38% of them identified as spiritual (Singleton et al. 2021). Spiritual wellbeing has been equated with a sense of interconnectedness with, and belonging to, a greater whole, including other people and the natural world (Grieves 2009; Tacey 2000; Halafoff et al. 2023).

Diversity in Australian End-of-life and Death care

The recorded history of end-of-life care in Australia is heavily influenced by Christianity, with the first palliative care services and hospices directed by religious and charitable organisations, until the allocation of Medicare funding to palliative care services in the 1980s (Phillips et al. 2015). This connection remains significant, with more than 80 hospitals and 25,000 aged care residential beds currently operated by organisations affiliated with the Catholic church (Go Gentle 2021).

Today, the provision of appropriate multi-faith and secular care (as well as linguistically and culturally appropriate care) is a core tenet of aged care and palliative care professional organisations across Australia.

Di Cousens and the Buddhist Council of Victoria have documented the different ways that leaders of Australian Buddhist communities conceptualise death, care for the dying, and conduct funerals (Cousens 2004). Their resource, *Buddhist Care of the Dying*, has been circulated within mainstream end-of-life care services in Australia.

Spirituality, however, has generally not received the same level of attention as religiously and culturally diverse care. Despite this, a recent report commissioned by the Spiritual Health Association (2021) found that a majority of Australians desire avenues for holistic care in hospitals, including supports outside of organised religions.

Research Methods

The core data collection and analysis phase for *Dying 'Buddhish' in Australia* ran between June 2022 – June 2023. Data collection was undertaken by CIs Gould and Halafoff and the team Research Fellow Fitzpatrick.

An Advisory Committee provided guidance to the research team throughout the life of the project. This Committee was composed of palliative care researchers, members of Buddhist faith organisations, and deathcare service providers.

Three core methods were utilised to gather data: a) service mapping; b) survey; c) interviews.

The **Service Mapping** was undertaken to describe the landscape of publicly advertised Buddhist end-of-life and deathcare services in Australia. This search used a matrix of terms developed in consultation with the advisory committee[1] to scrape the web for Australian-based service providers. The results of this search were also used for recruitment in the survey and interviews.

The **Survey** collected responses from end-of-life and death care workers across Australia. It asked about their personal and professional experience with meditation/mindfulness and compassion cultivation.

Semi-structured interviews were conducted with end-of-life and death care professionals located in Victoria, New South Wales, Queensland, and Western Australia. Recruitment was informed by the results of the service mapping task and survey.

[1] The search matrix: death domain term (end-of-life, death, dying, palliative, hospice, funeral) + Buddhist domain term (mindfulness, meditation, loving-kindness, contemplative, compassion) + Australia

Results

This study revealed examples of Buddhist influence in Australian end-of-life and death care across multiple realms, in the practice of care for patients and/or families, in providing peer support or self-care for professionals, and in crafting funerals or memorial services.

Service Mapping	Survey	Interviews
Map of the landscape of 'Buddhist' deathcare services based on a structured search strategy	Survey focusing on personal and professional experiences with mindfulness, compassion, and Buddhist teachings	17 semi-structured interviews with end-of-life and death care workers in Victoria, Queensland, New South Wales, and Western Australia

The service mapping task discovered a range of metaphors used to describe Buddhist end-of-life and death care. Such services are also often aligned with the language of 'alternative', 'different' or 'authentic' care. Within Australia, Tibetan Buddhism and the Zen Hospice movement were found to be key cultural influences.

Limited results were collected via the survey, with only 42 respondents working in Buddhist end-of-life and death care providers. The results showed approximately 70% of responders had a personal practice of mindfulness or meditation, while 54% worked for organisations that offered these practices to support staff. Around the same percentage (55%) responded that they have or had personal or professional experience with compassion cultivation or empathy training. These results provide indication of some penetration of Buddhist practices in Australian deathcare. However, future research should develop strategies for recruitment of mainstream end-of-life and death care staff in order to increase representativeness of the sample.

The semi-structured interviews provided insight in the background, professional practice, and key values of Buddhist end-of-life and death care providers. A total of 17 semi-structured interviews were conducted with:

- Clinicians (3)
- Spiritual end-of-life care workers (8)
- Spiritual end-of-life volunteers (2)
- Funeral celebrants (4)

The transcripts from semi-structured interviews were coded for key themes and analysed by CIs Gould and Halafoff.

Analysis

Presentation:

How is Buddhist EoL and death care described?

A range of terms are used to present Buddhist end-of-life and death care services to the public, including branding such as ‘holistic care’, ‘mindful end-of-life support’, and the ‘Organic Celebrant’. Some services do not explicitly acknowledge their Buddhist influence when describing their services, or may subtly reference it in imagery, such as the inclusion of lotus flowers or mandalas.

Buddhist services are also presented through language of ‘alternative’, ‘different’ or ‘authentic’ care, highlighting a desire to differentiate services from mainstream end-of-life and deathcare. We found significant overlap between Buddhist deathcare and what has been called the ‘new death’ or ‘death positive’ movement, including the emerging role of death doulas within Western deathcare systems (see Westerndorp & Gould 2021; Dawdy & Kneese 2022).

Within Australian end-of-life and deathcare, Tibetan Buddhism and the US-based Zen Hospice movement were found to be the key cultural influences. Notably, the Foundation for the Preservation of Mahayana Tradition (FPMT), within the Tibetan Buddhist tradition, operates two outpatient hospice organisations, Karuna Hospice and Cittamani Hospice, in Queensland and is in the process of developing a third Hospice in Perth. In the realm of compassion cultivation training, Tibetan teacher Thupten Jinpa and the work of the Mind and Life Institute, were cited. Key Buddhist teachers writing in English about death, such as Joan Halifax, Thich Nhat Hahn, Frank Ostaseski, and Pema Chödrön also emerged as important influences, providing guidance for the dying and for those supporting them.

Practitioners:

Who provides Buddhist EoL and death care?

The diversity of participant professions, from palliative care physician to funeral celebrant, demonstrates the influence of Buddhism across the timeline of death and dying.

All participants described their work as connected to or influenced by Buddhism. However, participants varied in their personal commitment to the religion. Our study thus encompassed ordained Buddhist monastics and lay Buddhists, as well as atheists, people who identify as 'spiritual but not religious', and as Christian.

All but one of our interviewees were women, and women appear at the forefront of provision of this kind of care, consistent with the broader labour composition of mainstream funeral and spiritual care services in Australia.

The value of Buddhism or Buddhishness was often expressed in contrast to negative personal or professional experiences with mainstream end-of-life and death care systems, in which affiliation with either non-religiosity or Christianity was assumed. Angela Plunkett, a Palliative Care consultant, expressed this as greater need for awareness of Australia's religious diversity:

"I think it's incredibly important to be aware of what religion... [patients] may be or what might be their spiritual beliefs and practices so that we don't sort of default to Christianity. You know, things like if someone's going into X Hospital or X Hospice or something that their room hasn't got an enormous crucifix on the wall"

Intense experiences with caring for the dying and dead during the HIV/AIDs epidemic in Australia was also cited by three participants as their personal motivation for undertaking this work. Similarly, hospice care for AIDs patients was a key factor in the development of Buddhist deathcare in the USA (Garces-Foley 2003) .

Practices:

What is Buddhist EoL and death care?

A number of key practices and values were identified by service providers as distinct aspects of Buddhist end-of-life and death care.

Holism

Several participants critiqued the silos that exist within the mainstream, medicalised model of health and deathcare in Australia. This includes barriers that exist between different 'stages' of life/death: aging, end-of-life, death, and commemoration, and between different systems of care: medical, social, cultural, spiritual etc.

In contrast, participants argued that a holistic model of care better supports the dying throughout the entire journey and might provide broader support to a family or community. Buddhist deathcare providers may thus facilitate continuity of care between disparate medical services, such as a GP, specialist appointments, and hospice. Such disparate services can lead people to feel "abandoned", particularly by long-term carers like General Practitioners.

For Venerable Tzultrim, who works in spiritual care at Karuna Hospice, holism is directly driven by Buddhist philosophies of interconnection:

"...sometimes palliative care is a little bit tokenistic, without a genuine intent to recognize the interconnectedness of all of the components in somebody's journey: disease progression, dying, death, and then the grief and loss journey for the family or the person themselves. I think [that's] where Buddhism has got this down, in that we are very conscious of how everything is interdependent and interconnected"

Sydney Funeral Director, Victoria Spence, also described holistic care as particularly valuable, given the gap between (often public) medical care and (mostly private) funerary care: "the holistic care is that we're treating the whole person, the whole family, the whole community, and the whole experience".

Honesty and Compassion

A particular strength identified within the Buddhist approach is actively recognising the inevitability of death and the reality of suffering. This was often expressed in contrast to wider society, and sometimes the medical system, perceived to be ‘death denying’ or apologetic. Annie Whitlocke, a spiritual care provider in Victoria, noted that people may specifically request a Buddhist monk or death doula because of a public image that Buddhists “feel comfortable talking openly about death”.

An honest recognition of suffering within Buddhist care was described as “witnessing the pain in others and being present to it” as well as “being present to vulnerability”. As well as being present, Buddhist care providers also talked about using clear language with patients and families, including the word ‘death’ as opposed to euphemisms.

Many participants expressed how medicalised models of care neglected more affective, emotional dimensions, particularly of suffering and grief. Buddhist teachings on compassion, combined at times with feminist ethics and practices of care and self-care, played a central role in informing Buddhist deathcare.

Petrina Barson, a physician who offers Compassion Cultivation Training to medical professionals in Australia, described how compassion was not simply important as a support to patients, but also for healthcare professionals themselves:

“I always say - when I'm having a difficult patient interaction when I'm struggling to know how to be with a patient for whatever reason - there are two people in the room who are suffering. There's them and me, and so I need to apply self-compassion in order to be less triggered, to be able to be calm enough to be with them”

Non-Judgemental Attitude

Participants identified their willingness to translate or adapt Buddhist teachings and ‘meet people where they are’, without proselytising, as a key characteristic that made Buddhish care attractive to patients and families. The vast majority of patients and families that participants care for are not themselves Buddhist. Many are atheist or agnostic, and some belong to other traditions, including Mormonism and Catholicism. Patients have gained (largely positive) experiences with Buddhism through travel, popular culture, or experience of a meditation class.

Several Buddhish service providers expressed that health crises and terminal diagnoses were not opportunities for encouraging the adoption of a new religious teachings and practices. Instead, care should be tailored to the experiences, needs and spiritual ideas of the dying person and/or their family. That might include, for example, encouraging people to connect with their own (non-Buddhist) religious or spiritual tradition, such as listening to Catholic mass or hosting a rosary circle.

Buddhish care was often championed as transcending religious differences and thus providing comfort to all. Practices, derived from Buddhism, such as mindfulness and meditation were also often viewed as compatible with Christianity. Annie Whitlocke, a Buddhist spiritual care provider and member of Social Health Australia, relayed how:

“I've been to Cabrini [Catholic Hospice] the last few weeks to see a person with a Christian background, but the family asked me to see them. So, they contacted me and I come along. I say who I am, I don't talk about Buddhism, but I do talk about death. And I asked him, I said, let's, you know, establish a language if you're happy with me saying, you know, like dying and death and everyone, everyone is happy to talk openly. Then it's just I shut up and I listen”

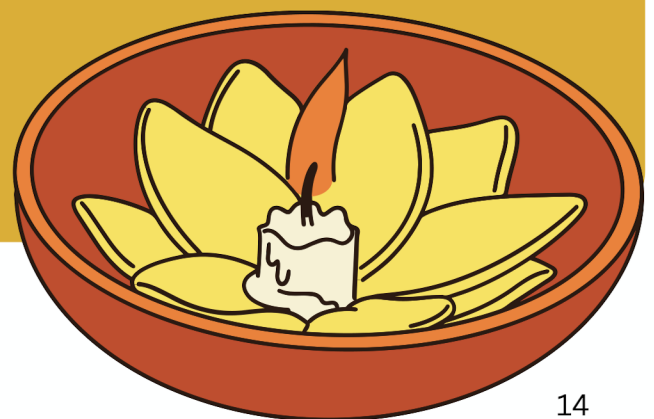
At the same time, ordained Tibetan Buddhist care staff, dressed in robes, acknowledged that their appearance might challenge people in some settings. Venerable Tsultrim (Cittamani):

“I can be a little bit frightening for some people, a Buddhist nun sort of rocking up for people who might have, say, very Christian values, you know, so we're very, very conscious of being very client oriented and very patient oriented”

In particular, Buddhist care was presented as more attractive to secular or sceptical audiences, because it avoids some of the negative associations of both organised religion and alternative spirituality. One Sydney-based funeral director, Victoria Spence, described Buddhism as having an almost universally positive reputation. For this reason, Buddhism often proves a rich source of inspiration for rituals in secular funerals.

Victoria Spence:

“No one really seems to have a problem with Buddha. Right? Yeah, people have issues with all these other religious things, [but] Buddha's sort of cool, like people don't mind Buddha. And in a way we've we really find that that is the Buddhist influence, which can just be candle lighting, which just can be chanting, which can be space, which can be breath, which can be a moment of just “let's just take a moment to reflect in this service”... We will often use the sense of reflection or mindfulness or just coming into this space into this element, these environments. Listen to the sounds around you. All of that has a much more generic Buddhist feel, which seems to be very accessible for people, when they're looking for things to hang on to. To go, "I've showed up to this ceremony. And how do I move myself through the shock of this or that feeling?". If people don't subscribe to the faith then the frankincense and this and that, it's not accessible to them, but people can not be practicing Buddhists and find the elements of Buddhism very accessible to them. And I think that is something which either speaks to this sort of non-religious practice of Buddhism in a way, like the non sort of tied up thing: "you're either in or you're out. You're a believer or you're not". Or it speaks to this sort of way in which it's completely immersed into our culture and we've now just, we are Buddhist even if we don't think we are...”



Mindfulness

Secular mindfulness was often referenced as a beneficial practice, for patients, for families, and for healthcare professionals. For example, one palliative care consultant described how they had gained the habit of taking ‘mindful breathes’ before entering a patient’s room by pretending to busy oneself with the chart.

Many hospice services and hospitals offered secular mindfulness groups or classes to their patients and families. Mindfulness techniques may be introduced to patients in these groups, in one-on-one visits, or through popular literature (books, aps, and recordings). Popular practices included mindful visualisation techniques, such as imagining oneself walking the dog on the beach, or breathing techniques, such as slowly breathing as you sip a cup of tea.

In comparison to mindfulness, meditation was often described as a more advanced practice requiring long-term commitment, and thus not necessarily useful for adoption at the end of life.

Mindfulness was often viewed as complementary to biomedical practices, and not presented as a panacea or replacement to medical care. As Venerable Lhagsam, of Cittamani Hospice (QLD):

“I need to say very clearly... as far as I'm concerned... the nurses are in charge of pain relief... Sometimes people are not that: either they get side effects from medication, or they don't want to take medication, or they're already meditators... I do not in any way suggest they don't take recommended medications. But sometimes, people find if they do use the meditation that helps address pain, they can have less side effects”

Further, participants noted that there were also some contexts in which mindfulness could be counter-productive or indeed harmful to patients. Focusing on the body, particularly in the experience of pain, can be a negative experience for some. As one spiritual care provider noted:

“Mindfulness is a very tricky question in that there are some things do you want to be mindful of the fact that your lungs are not working in every breath is gurgle, gurgle, gurgle. That's not what you want to be mindful of”

In these circumstances, mindfulness of peaceful, natural sounds, such as whale songs or forest sounds, were presented as beneficial alternatives. This is part of a broader theme uncovered within the interviews, of the benefits of nature and sensory experience. Several participants highlighted the importance of the physical environment for the dying person. Buddhist care providers advocated for providing the dying with access to a garden or nature, to feeling the sun’s rays on the skin, to petting a companion animal, or listening to bird song. If these could not be accessed immediately, then in some cases, digital versions may prove useful.

These experiences were described as giving patients and families relief from the psychological stresses of confronting terminal illness. They were also part of supporting healthcare professionals and oneself through the difficult work of caring for the dying and bereaved. As Funeral director Victoria Spence, described, connecting with beauty, through music, nature, and art were powerful ways to lift spirits and to heal grief.

Kristian's Story

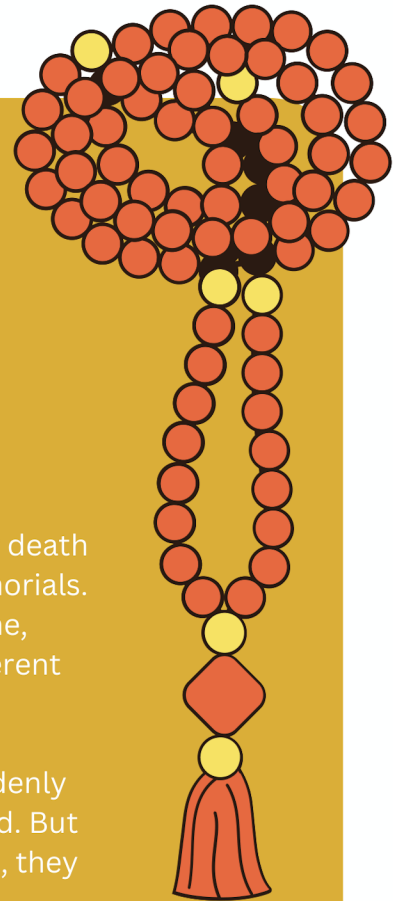
Buddhism is not only a source of comfort and instruction to the dying or death professionals, it can also be a source of inspiration for funerals and memorials. Kimba Griffith, co-founder of The Last Hurrah Funeral Home in Melbourne, regularly crafts creative funeral services that incorporate the many different facets of somebody's life story, including their spirituality.

When Kristian, beloved son of Gill and Jim, and wife of Martha, died suddenly during their honeymoon in Singapore in 2022, the family were devastated. But rather than fall back on what they call the "Christian mainstream model", they worked with Last Hurrah to craft a memorial that was meaningful to who Kristian was – honest, fiercely just, and deeply kind.

After Kristian's initial funeral service in Melbourne, the family chose to hold a ceremony 49 days after he passed, at a Pub in their hometown of Bendigo. In many Buddhist traditions, 49 days is the length of time that it takes for somebody to pass through the bardo (the liminal space between life and death).

As a young boy of nine, Kristian accompanied his father on a trek through the Himalayas. One evening they came across a raucous celebration of dancing around a bonfire, only to be shocked to learn that this was a 49-day memorial service. Their Tibetan guide told the pair that the ceremony was a way for the living to show that they had recovered from the heartbreak, and so the dead could now move on in peace to their next rebirth.

To honour Kristian, the family decided to adopt this rite. On the altar at the service, beside a Buddhist statue, their offerings of rice, sake, incense, and candles were placed alongside some of Kristian's personal items. It was an occasion filled with both laughter and tears. A creative ceremony of 'Buddhish' inspiration that became a meaningful rite for Kristian's community.



Conclusions & Future Research

This research found evidence for the influence of Buddhism as an emerging ‘way of death’ in Australia. This is a new finding, that challenges how we have thought about the history and cultural context of Australian end-of-life and death care. The Buddhist influence, while pervading is not always obvious, given many Buddhist practices such as mindfulness and meditation are secular, and as many Buddhist symbols such as lotus flowers and even Buddhas are seen as part of popular culture equated with peace, serenity and wellness, and not necessarily of Buddhist religion.

These elements of Buddhist deathcare are largely seen as compatible with secular and Christian deathcare and spiritual care in Australia, and complementary with biomedicine. Buddhist texts and teachings on suffering, death and dying, and Buddhist emphasis on compassion, are also seen to be beneficial tools for helping patients and their families through the dying process.

With substantive numbers of Australians declaring themselves to be spiritual but not religious or religious and spiritual, and/or having a strong connection with nature, Buddhist practices are relatable to many Australians.

This research reflects the perspective of professionals working in end-of-life and death care. However, future research could fruitfully explore what values and practices dying people and their families associated with Buddhism, and what they found to be beneficial or problematic.

Upon conclusion of the primary *Dying 'Buddhist' in Australia* research phase, extended funding was secured to expand the project. This extended project, *Deathcare and Diverse Worldviews in Australia*, will examine the current systems and future challenges associated with delivering quality spiritual care to ageing Australians, including end-of-life and death care, within the context of an increasingly diverse population. This includes people who are non-religious, religious and/or spiritual.

This project broadens the study population to contemplative communities outside of Buddhist traditions and will develop a substantive public outcome, in the design of an online short-course for end-of-life and deathcare spiritual professionals. An additional major activity of the extended project will be the development of an application for an ARC Linkage Grant, in partnership with diverse worldview organisations, deathcare and medical stakeholders, and local and international research networks on deathcare and/or spirituality. The extension is essential both to deepening our understanding of the landscape and challenges of spiritual care in Australia, and to maximise project fundability by the Australian Research Council.

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