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Research Article

Dying 'Buddhish': Death, Diversity, and Worldview Complexity in and Beyond Australia

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Buddhism contributes significantly to spirituality and wellness practices in contemporary Australia, influencing a new way of life not just for converts, but also broader society. Less frequently observed, however, is how Buddhism and Buddhist-inspired phenomena contribute to a new way of death or "deathstyle". This paper examines the position of Buddhism within mainstream end-of-life and death care in Australia, focusing on those phenomena we describe as "buddhish": derived from or inspired by Buddhism, but sitting outside its institutional structures. Our research, comprising online service scoping, a survey, and interviews with deathcare workers, suggests that buddhish deathcare is successful in Australia because of its compassionate and pragmatic approach. It also occupies a middle way, drawing on but also distinct from the biomedical, religious, and spiritual. In analysing the triangulation of buddhish death in this manner, this article advances our understanding of postmodern or new death movements, theories of worldview complexity in the post-secular age, and how Buddhism is contributing to both.

Keywords: death; deathstyles; end-of-life; Australia; Buddhism; buddhish

Victoria Spence,[1] a Holistic Funeral Director, frequently turns to Buddhism for wisdom and practical resources in her work of helping to support dying people and their families at *Life Rites* funeral home in Sydney, Australia. During our conversations, she recalls one family, whose mother, Maria*, lived with a degenerative condition for many years before she died in hospital, unable to return home due to Covid restrictions. The *Life Rites* team picked up Maria's body and transported it back to the family home. Maria was "sort of the glue of her community", running a small business that her family of artists had begun converting into a gallery. When she came home, Maria's body was laid out on a cooling plate for two days. During that time, her neighbour, an ordained Tibetan nun, visited to chant over her. The family built a shrine with photos and flowers. When her body returned to the *Life Rites* facility, Maria's daughter attended to bathe, dress, and encoffin her mother. Victoria then organised a double booking at the local crematorium, to allow time for elders and the community to share stories. Maria was not described as particularly religious or Buddhist during her lifetime, but this community-led, artistic ceremony had, as Victoria summarised, "buddhishness, and the spiritual elements".

[1] Participants in this research project were given the option of appearing by name or remaining anonymous. Pseudonyms, including those denoting non-participants, are indicated with asterisks.

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Buddhism plays a prominent role in 21st century popular culture, with Buddhist teachers, practices, and philosophies contributing to diverse peoples' lifestyles around the globe. This impact extends beyond the international migration of Buddhist communities and new converts to the religion, to a broader sphere of cultural effect evident in the mainstream wellness practices of mindfulness and meditation, and in popular culture, including music and films (e.g. Halafoff, Singleton, and Fitzpatrick 2023; Iwamura 2011; Wilson 2014). In light of stories like Maria's, we became interested in how Buddhism might also be contributing to an emerging way of death or 'deathstyle'[2] in Australia. This new deathstyle challenges how we have thought about the history and cultural context of Australian end-of-life and death care, as something far more bricolage in nature than the dominant white-settler, Christian, and secular state biomedical inheritances might first suggest. We explore what texts, techniques, aesthetics, or affects are associated with this approach to death and dying? How is it positioned in relation to other models of death care? And what is being sought out in *buddhish* death? For not all Buddhist phenomena travel. As Jeff Wilson identifies "members of the new culture take from Buddhism what they believe will relieve their culture-specific distresses and concerns, in the process spawning new Buddhisms (sometimes, crypto-Buddhisms) that better fits their needs" (2014: 3). The adoption of *buddhish* deathstyles, then, might tell us something about the specific distresses of death and dying culture in Australia.

By 'buddhish' here, we refer to the phenomenon by which Buddhist ideas, practices, values, aesthetics, and materials circulate and are reconstituted in diverse ways by individuals who do not necessarily (although they may) identify as Buddhist and/or affiliate with Buddhist institutions. We conceived of the term in the project proposal stage to describe phenomena we observed in contemporary Australian death culture, including mindfulness training given to palliative care staff and incense offered at otherwise nonreligious funerals. The term has since been used by C. Pierce Salguerro (2022) in his popular introduction to Buddhism and is the title of an earlier memoir written by Canadian emergency room doctor, Melissa Yuan-Innes (2017). Yuan-Innes deploys the term to describe her imperfect or uncertain practice of the religion of her childhood and family in the wake of her miscarriage. Our use of the 'ish' suffix is not intended to evoke any connotation of deficiency, or indeed, to pass judgement on the authenticity or correctness of buddhish phenomena. Instead, we use 'ish' in the sense of something "characteristic of" or "having a touch or trace of" (Miriam Webster sense 2 and 3), in this case, Buddhism. The term may, however, reflect people's emic perception of a tenuous relationship between their practice and the institution of Buddhism. We suspect that death and dying is not the only realm in which this term could be usefully deployed, including for our own previous studies, such as on minimalism (Gould 2022), the widespread belief in reincarnation among Australian teens (Singleton et al. 2021), or the lyrics of Taylor Swift's *Karma* (2024).

In comparison to these lifestyle domains, death and dying have been surprisingly neglected as a site for understanding transnational Buddhism hitherto.[3] Published twenty-years ago, Katherine Garces-Folely's (2003) study charts the development of the close relationship between Buddhism and modern deathcare in the USA. Garces-Foley (2003: 341) identified the "nonsectarian language of spirituality" and "pragmatic techniques for dealing with death" such as meditation, both for the dying ("letting go") and for carers (compassion practice), as features significant to the appeal of Buddhism for an increasing number of Americans approaching the end-of-life. The most "compelling" reason for Buddhist involvement in end-of-life issues, however, was due to Buddhists perceiving themselves *and* being perceived by others as "death experts"; "possessing a wisdom about death that was desperately needed in America" (2003: 351).

[2] We introduce the term 'deathstyles' here to show how buddhish death and dying has a distinct aesthetic, lexicon, and orientation. This usage is inspired by work on British death culture (Davies 2015) and makes analogy to recent research on holistic spirituality and the global wellness movement's 'lifestylisation' (Gauthier 2020), including common aesthetics and lexicons (Ammerman 2013; Griera et al. 2022; Halafoff, Marriott, et al. 2022).

[3] Jeff Wilson's *Mourning the unborn dead: A Buddhist ritual comes to America* (2009) comes to mind as a notable exception to this.

There are few field-based works of social science, and little work conducted in Australia to date. From the perspective of palliative medicine and medical humanities, Buddhism primarily figures as a consideration in delivering culturally-sensitive care to religious patients, with questions like consciousness at the end-of-life (e.g. Brooks, Manias, and Bloomer 2022) and attitudes toward organ donation (e.g. Zivkovic 2022) being central.

In this paper, we draw on our research to address this gap and focus on articulating how self-identified buddhish end-of-life and death care professionals perceive this phenomenon and its growing popularity in Australia. First, we consider the broader context of Buddhism and deathcare in Australia. We then analyse how buddhish death might be considered an alternative by examining its "triangulation" against three other models, namely, the biomedical, religious, and spiritual. In this manner, this paper does not offer an in-depth description of the contents of the buddhish deathstyle in Australia, which might be fruitfully outlined elsewhere, but rather positions it in context. Our discovery of the prominence of the buddhish deathstyle provides new insights not only on Buddhism and postmodern deathcare, but also on the worldview diversity and complexity of Australia, the reality of which has long been eclipsed by the myth of a white, Christian nation (Hage 1998; Halafoff et al. 2021; Halafoff, Rocha, and Shi 2022).

Buddhist and Buddhish Australia

Buddhism has a long, and largely unrecognised, history in Australia. It first took root in the mid-1800s, with large numbers of workers and migrants from Asia in mining, pearling, and farming, notably sugar-cane industries, particularly across the Far North (Halafoff, Lam, et al. 2022). This is evident in the material record, not only of the religious lives of these communities, for example the Chinese temple or "Joss Houses" in Atherton or the Japanese Buddhist school in Broome, but also of their deaths. There is a sizable Chinese Shrine, built in 1887, in the Cooktown cemetery, inscribed with characters 'Tjin Ju Tsai', 'Respect the dead as if they were present.' The Broome cemetery also contains over 900 Japanese graves, mostly of male pearl divers, restored in the 1980s by a generous donation by the Japanese Shipbuilding Industry Foundation. Commemoration of the Japanese OBon Matsuri (Festival for the Ancestors) in Broome, conducted on the full moon of July or August, also continues to this day (Halafoff, Lam, et al. 2022).

The sizable population of Chinese and Japanese communities in the north of Australia and their economic successes led to the introduction of the 1901 Immigration Restriction Act, known as the White Australia Policy. This restricted flows of migration from Asia until the 1970s. Since then, many waves of Buddhist immigrants have settled in Australia, from Vietnam, Thailand, Cambodia, and Laos. Buddhism is now Australia's fourth largest religion, following Christianity, Islam, and Hinduism, and comprising 2.4% of the Australian population (Australian Bureau of Statistics 2022). It is well-established and diverse, enlivened by multiple waves of migration from Asia and local converts.

Buddhists enjoy a largely positive public image in Australia, and Buddhist practices and beliefs are widespread among the general population, especially young people (Halafoff, Lam, et al. 2022; Halafoff, Singleton, and Fitzpatrick 2023). For example, a nationally representative study of the Worldviews of Australia's Generation Z, found 38% identify as spiritual, 50% believe in karma, 29% believe in reincarnation, and 28% practice meditation (Singleton et al. 2021: 41, 47, 57). Buddhism significantly informs the growing interest in spirituality and wellbeing in Australia, which are shaped by Indigenous and Asian knowledges of relationality and interdependence with the more-than-human, natural world (Grieves 2009; Tacey 2000; Halafoff, Singleton, and Fitzpatrick 2023). This all highlights how Australia is becoming an increasingly diverse nation in regard to worldviews, including the spiritual, religious, and non-religious (Halafoff, Singleton, and Fitzpatrick 2023).

Religion and Deathcare in Australia

Despite this diversity, the history of end-of-life and death care in Australia is heavily shaped by Christianity. Early Australian hospices were established and run by religious organisations, most notably the Irish Sisters of Charity in Sydney and Melbourne City Mission in the first half of the 1800s. These services largely provided institutional care and tended to the holistic needs of the dead with the goal of securing the salvation of their soul (Allen et al. 2008: 168). Early public cemeteries in Australia, such as the Old Melbourne Cemetery of 1837, were segregated by Christian denomination, with adjacent areas for Indigenous, Quaker, Jewish and other burials. Separate burial grounds for migrant communities are also a feature of this period and include the historic Japanese and Chinese Cemeteries in Australia's Far North.

The 1960s saw a rise in critiques of (overly) medicalised dying, most famously by American psychiatrist Elisabeth Kubler-Ross. In the same period, the leadership of Dame Cicely Saunders, who founded St Christopher's Hospice in London in 1967, influenced a global movement to see hospice care as a holistic endeavour that recognises the social, emotional, physical, and spiritual dimensions of suffering. In Australia, the transition from hospices to palliative care in the 1970s closely paralleled advances in oncology care (Currow and Phillips 2013) although it was not until the 1980s that public healthcare funding (Medicare) was allocated to palliative care services (Phillips, Ingham, and Macleod 2015).

While end-of-life care is now integrated into Australia's state medical systems, the influence of Christianity remains. Catholic Health Australia operates 21 public hospitals, 54 private hospitals, and 550 aged care facilities across the country. Go Gentle[4] estimates that there are currently more than 80 hospitals and 25,000 aged care residential beds operated by organisations affiliated with the Catholic Church. This affiliation can create barriers to access for reproductive care (Lu and Davey 2023) and euthanasia (Davey and Lu 2023). In different locations across Australia, cemeteries and crematoria are variously operated by state and local governments, private corporations, or religious organisations. Many cemeteries still organise burial plots according to religious, ethnic, and cultural groupings, although they are open to people of all faiths and none.

Today, as part of a broader (and incomplete) reckoning with Australia's colonial and multicultural history, the provision of appropriate care for culturally, linguistically, and religiously diverse populations, and in particular, Indigenous Australians, is an explicit commitment of healthcare provision. Several resources and training programs have been developed for multi-faith care. For example, Di Cousens and the Buddhist Council of Victoria documented how leaders of different Australian Buddhist communities conceptualise death, care for the dying, and funerals in their resource, *Buddhist Care of the Dying* (Cousens 2004). Further, the Foundation for the Preservation of Mahayana Tradition operates two hospice services, Karuna Hospice and Cittamani Hospice, in Queensland and is in the process of developing a third Hospice in Perth. Spirituality and spiritual care have not yet received the same level of attention as religiously and culturally diverse care. However, in recent years, with growing attention on the significance of spirituality, and with large numbers of young people identifying as 'spiritual but not religious' and also 'religious and spiritual' (Singleton et al. 2021; Halafoff, Singleton, and Fitzpatrick 2023), this has begun to change. This is further evidenced in a report commissioned by the Spiritual Health Association (2021) which found that a majority of Australians desire avenues for holistic care in hospitals, including spiritual supports outside of organised religion.

There is also substantive energy devoted to calls for a reclamation or renewal of how death is managed in Australia. This 'New Death' or 'Death Positive' Movement exists in juxtaposition to contemporary deathcare, which is criticised as "profit-driven, medicalised, de-ritualized and patriarchal" (Westendorp and Gould 2021: 2). Described by Westendorp and Gould (2021) as the Death Industrial Complex, the latter death style is

[4] An advocacy organisation for the legalisation of Voluntary Assisted Dying.

lambasted as "an industrial venture on a dramatic scale" that "fundamentally distorts humans' relationship to mortality, and ... nature". The new death movement advocates for caring for the dying and the dead at home, home funerals, and for 'death doulas' as para-professionals, among other causes. At the same time, however, death doulas and others are often forced by circumstance to work within existing institutionalised, capitalist deathcare systems (Westendorp and Gould 2021: 8). The contemporary movement is the latest iteration of a much longer lineage of activists calling for holistic care, including those first advocating for hospices. For example, in the 1980s, in the counter-culture hub of Byron Bay Zenith Virago founded the Natural Death Care Centre, which works to empower local communities with "the knowledge and capacity to do death well" (Natural Death Care Centre 2024). In this manner, the same tensions between religious and biomedical approaches to end-of-life care that first produced the hospice movement continue to shape contemporary palliative care (and its discontents). This critical yet deeply interpenetrating dialectic also influences how buddhish death is presented in contemporary Australia.

Researching Buddhish Deathways

In 2022 we launched the project, "Dying 'Buddhish' in Australia: Investigating the role of Buddhist contemplative practices in end-of-life and death care". The project has received two rounds of seed funding from the Contemplative Studies Centre at The University of Melbourne and acts as a foundational study for future work on how end-of-life and death care is being provided to those with diverse worldviews in Australia. The aim was to examine the current influence and future potential of Buddhist-inspired teachings and practice in end-of-life and death care. Alongside the researchers, an Advisory Committee was formed to help guide the project, with representatives from diverse specialities, including researchers in palliative medicine, a funeral celebrant, and ordained Buddhist chaplains.

Three methods were used to gather data: a service mapping exercise, a survey, and semi-structured interviews. The service mapping task used as a matrix of terms[5] to search the web for Australian-based providers offering buddhish end-of-life and death care. The mapping task identified more than 40 Australian service providers offering buddhish end-of-life care or deathcare services. These services are multidisciplinary and range across the timeline of end-of-life through to postmortem and grief and include services such as death doula companionship and community-based hospice nursing, to funeral celebrancy and bereavement counselling. The exact scale of this phenomenon is difficult to measure, as Buddhism is sometimes referenced only obliquely in marketing, for example, through the use of mandalas or lotus flowers. Similarly, professionals may make use of and recommend to families texts by popular Buddhist authors on death, like Joan Halifax, Thích Nhất Hạnh, and Frank Ostaseski, without themselves describing their work as Buddhist or Buddhist-inspired. Indeed, our list of search terms itself was hotly debated by the research team and Advisory Committee, because of the number of different metaphors used in adapting and marketing buddhish care to different audiences, as we discuss below.

The survey collected responses from end-of-life and death care workers about their personal and professional experiences with meditation/mindfulness and compassion cultivation. Limited data was collected from only 42 respondents to the survey. Approximately 70% of respondents had a personal practice of mindfulness or meditation, while 54% worked for organisations that offered these practices to support staff. A similar percentage had personal or professional experience with compassion cultivation or empathy training. Future research needs to develop strategies for the recruitment of mainstream staff to build a larger and more representative sample. As further evidence of the mainstream adoption of Buddhist practices in this arena, the nation's peak body, Palliative Care Australia, invites members to undertake "mindful breathing exercise, a

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

body scan, or self-compassion mediation" in its published self-care resources.[6] Taken together, these sources of data provide some indication of the scale of penetration of Buddhist practices into Australian deathcare.

Semi-structured interviews were conducted with professionals located in Victoria, New South Wales, Queensland, and Perth. Recruitment was informed by the results of the service mapping task and survey. A total of 17 semi-structured interviews were conducted with clinicians (3), spiritual care workers[7] (10), and funeral celebrants (4). All but one of our interviewees were women, which is unsurprising given the makeup of the spiritual care and celebrancy labour force in Australia. All participants described their work as connected to or influenced by Buddhism but varied in their personal commitment to the religion. Participants thus encompassed ordained Buddhist monastics and lay Buddhists, as well as atheists, people who identify as 'spiritual but not religious' and as Christian.

Triangulating Buddhish Death

Participants, in interviews, survey responses, and on websites identified in the service mapping exercise, described a number of key practices and values as distinct and attractive qualities of buddhish end-of-life and death care in Australia. This includes its holism (going beyond the boundaries of specialist care), teachings on an honest confrontation with suffering and death, compassion, and non-judgemental attitude without any attempt to proselytise (we describe each of these characteristics in the sections below). Most frequently, however, participants expressed these qualities through contrast to mainstream approaches to end-of-life and death care in Australia. This is consistent with the language of the New Death Movement, which is described as 'alternative', 'different', or 'authentic' care. *The Last Hurrah Funeral Home* in Melbourne, for example, brands itself as "original funerals for unique people". Determining exactly what buddhish care is different *to* and what practices and values it encompasses, however, is a complex task, one that enriches our understandings of the complexity of worldviews in Australia.

Here, we draw on Inger Furseth's (2018a, 2018b) work on "religious complexity" and Bouma et al.'s (2022) framework of "worldview complexity". Observing trends in Nordic and Western societies, Furseth identified "seemingly contradictory trends" of "religious decline, growth, and change", which she terms "religious complexity" (2018a: 16). This includes declining Christian affiliation, rising religious diversity, interest in alternative spirituality, and increasing "public visibility of religion" (2018b: 292–93). Australian scholars drew on Furseth's work for the Worldviews of Generation Z study to argue that there was a growing worldview diversity and complexity in Australia that is spiritual, religious, and non-religious (Bouma, Halafoff, and Barton 2022). While not new, given the long history of relations between Indigenous, Asian, and European Australians (Ganter 2005), eclipsed by the myth of a "white, Christian, Australia" created by the racist White Australia Policy (Hage 1998; Halafoff et al. 2021), the post-1970s and ongoing rise in immigration has intensified this trend.

Touching on similar complexities regarding the role of religion and non-religion, Garces-Foley describes how from the vantage point of death, we see how religion's place in modernity is "far more complicated than first thought" (2003: 8). "At the intersection of death and religion" she writes, "we find a vital tension between tradition and modernity". Buddhish deathstyles might thus provide new insights into worldview diversity and complexity, how we live well and die well together.

[6] https://palliativecare.org.au/resource/resources-self-care-matters

[7] Spiritual care workers or practitioners offer support to patients, families, and staff as part of a multidisciplinary team. They are engaged as volunteers or employees with hospices, hospices, and aged care facilities. The terms 'chaplain' and 'pastoral carer' are less commonly used at public organizations in Australia today, given their associations with Christianity.

Table 1: Comparison of traditional, modern, and postmodern ages of death. Reproduced from Tony Walter (1996: 195).

	Traditional death	**Modern death**	**Postmodern death**
Authority	Tradition	Professional expertise	Personal choice
Authority figure	Priest	Doctor	The self
Dominant discourse	Theology	Medicine	Psychology
Coping through	Prayer	Silence	Expressing feelings
The traveller	Soul	Body	Personality
Bodily context	Living with death	Death controlled	Living with dying
Social context	Community	Hospital	Family

Similarly debates about worldview complexity have unfolded in the interdisciplinary field of death studies. Tony Walter (1996) describes a historical progression to the current day between what he terms the traditional, modern, and postmodern of death in Western societies (Table 1). Where traditional death is "essentially religious" and ruled by the authority of the church, modern death is "essentially medical" and controlled by clinicians, while postmodern death is "essentially personal" and often spiritual (1996: 194, 200). Postmodern funerals are framed as a 'celebration of life' and reflect the personal preferences, character, and biography of the deceased. More recently, Shannon Dawdy and Tamara Kneese (2022) have described how "postmodern humans" respond to mortality as "the new death", characterized by widespread experimentation and hyper-personalized rituals. In its most radical expression, postmodern death "puts the dying, dead or bereaved person centre stage, but gives them authority to write their own script" (Walter 1996: 201). Walter stresses that traditional, modern, and postmodern death are "ideal types" not natural categories, that may overlap or exist in tension.

In our study, we found that the phenomenon of buddhish deathcare in Australia does not sit easily in just one of these categories, of religion, biomedicine, and spirituality; or indeed, of traditional, modern, and postmodern death. Instead, we found, similar to insights by Buddhist studies scholar Natalie Quli (2008) and sociologist Linda Woodhead (2012), that such phenomena are interwoven, with "everything going on at once" (Woodhead 2012). More specifically, there is a complex triangulation at work (Figure 1), with buddhish deathcare occupying a valuable middle way that encompasses elements of, but is at none of the perceived extremes of, biomedicine, religion, and spirituality. While the term 'triangulation' is commonly used in the social sciences to describe the combination of multiple methods or datasets, we use it here to refer to a conceptual relationship between buddhish deathways and three contrastive deathstyles. This triangulation is well-illustrated by our interviewee data.

Not Biomedicine

Our interviews with buddhish service providers include a critique of the conventional biomedical approach to death and dying. Modern medicine has been identified as a significant factor in "creating an isolating and dehumanizing experience of dying" (Garces-Foley 2003: 343). In part, interviewees' problem with biomedicine rests on the silos that exist in this model as well as its privileging of a single (biomedical) dimension. This includes silos between the different life stages (aging, dying, and death), professionals (clinicians, funeral directors, etc.), and dimensions of experience (physical, social, cultural, spiritual etc). Interviewees forwarded a holistic model of care that supports the dying person and their community throughout their entire end-of-life journey. Buddhish deathcare providers thus seek to facilitate continuity

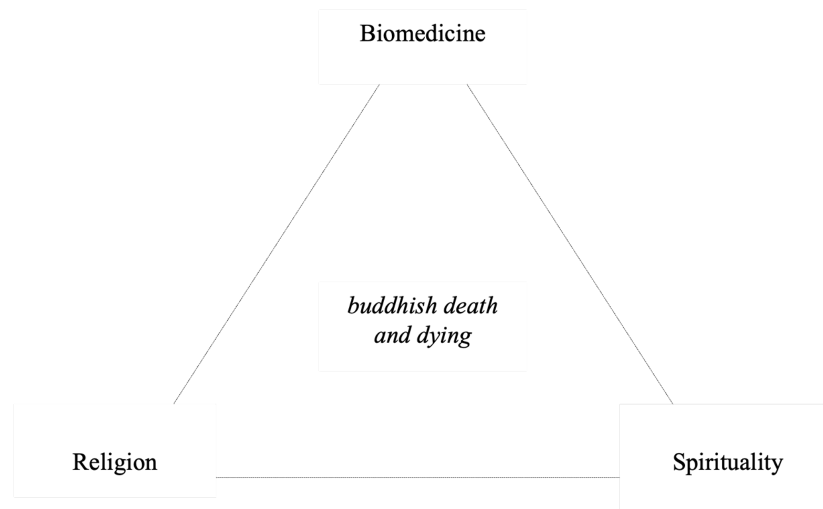

Figure 1: The triangulation of *buddhish* deathcare in Australia.

of care. For Venerable Tsultrim, an ordained nun at Karuna Hospice, holism is driven by Buddhist philosophies of interconnection:

> ... sometimes it's [palliative care] a little bit tokenistic rather than a genuine intent to recognize the interconnectedness of all of those 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.

For those interviewees working within the medical system, as physicians or as part of multidisciplinary teams, Buddhism can provide much-needed resources for addressing insufficiencies in medicine's culture and modes of care. One general practitioner, Dr Petrina Barson, reflected on her early disillusionment with how medicine approached suffering:

> My undergraduate medical education, I felt, was extremely lacking. It could have fostered my compassion. [I had] a deep sense that it was one of the most important qualities that one could bring into being a doctor. And actually, I felt that through my undergraduate medical training and my early life as a resident doctor in hospitals that my compassion was under threat, that in those days, it was not fostered. It wasn't even cool.

Dr Barson was inspired to change career paths after hearing an interview with James Doty, founder of the Centre for Compassion and Altruism Research and Education. She subsequently undertook Compassion Cultivation Training, a program developed by Thupten Jinpa and Stanford University, which she now delivers at Australian medical schools.

Buddhish teachings and practices were presented as complementary to, but not a replacement for, medical interventions. In particular, mindfulness was described as beneficial for patients, families, and healthcare professionals. One participant described her habit of taking "mindful breaths" before entering a patient's room. Many hospice and hospital services, grief support organisations, and even cemeteries in Melbourne offer mindfulness classes. In contrast, meditation was described by our study participants as a more advanced practice requiring long-term commitment, and thus not necessarily suitable for adoption at the end of life. Additionally, several participants were eager to stress that mindfulness or meditation are not panacea

or replacements to the pharmaceutical treatment of pain. Venerable Lhagsam, employed with Cittamani Hospice, insisted on this point:

> I need to say very clearly, that as far as I'm concerned, the nurses are in charge of pain relief.... I do not in any way suggest that they do not take the recommended medications. But sometimes, people find if they do practice meditation, that helps address pain and they can have less side effects.

Again, this aligns with findings of previous studies where alternative, holistic medicine is often seen as complementary to biomedicine (Krause, Alex, and Parkin 2012) and where people view the former as more caring and compassionate than the latter (Connor 2004).

Not Religion

The parenthetical relationship of buddhishness to organized religion – the 'ish' not the 'ism' – positions buddhish deathcare as more appealing to people who are spiritual but not religious (SBNR), and to secular institutions who engage with practices like mindfulness in a non-religious way. Australia has a large number of SBNRs and religious-nones, and the vast majority of patients and families that buddhish providers care for are not Buddhist. This is the case even at the institutionally Buddhist hospices, Cittamani and Karuna. Buddhish practitioners described most of their patients as non-religious, with some belonging to other traditions, including Catholicism or Judaism. Some patients may have had positive experiences with Buddhism through travel or a meditation or a yoga class.

Annie Whiltlocke, a lay Buddhist chaplain and spiritual carer in Victoria, described her surprise at once receiving a request for counsel from a young member of the Church of Jesus Christ of Latter-day Saints. This and similar requests sometimes come without the knowledge of patient's families. Sometimes, they are simply the result of somebody ticking the box 'Buddhist' on hospital admissions forms because, as Annie told us, "they just think that a Buddhist might be a good person to talk to". This aligns with Garces-Foley's (2003) observation within the USA, that Buddhists are positioned as "death experts" by the general public. In Australia, our participants described how Buddhists are perceived to be more comfortable with openly and honestly discussing death. One of the key "culture-specific distresses and concerns" (Wilson 2014: 3) that Buddhism thus appears to fulfil in Australia is a vacuum of knowledge and support around the dying process, born of death denialism. Many best-selling books about death in Australia are buddhish, including *When Things Falls Apart* (Chödrön 1997) and *The Five Invitations* (Ostaseski 2017). The direct and down-to-earth manner of contemporary Buddhist teachers, like Venerable Robina Courtin, has been previously noted as being appealing to Australians (Halafoff 2011), who have long-held suspicions towards authority, including institutionalized religion. This distrust has intensified since the Royal Commission into Institutional Responses to Child Sexual Abuse (2013–2017) and is evident in the number of people turning away from mainstream Christianity (Australian Bureau of Statistics 2022).

For many of our interviewees, the deficiencies and/or harm of mainstream deathcare were bound up in negative past experiences with Christian institutions and care providers. Predominantly, critiques of Christian deathcare among interviewees rested on its perceived 'mismatch' with the religiosity or worldview complexity of the deceased. Dr Angela Plunkett, a Palliative Care physician, expressed the need for greater awareness among the medical community for Australia's worldview 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 Mercy Hospital or Mercy Hospice[8], that their room hasn't got an enormous crucifix on the wall.

Given its ongoing cultural dominance, Christian symbols and language can unconsciously make their way into healthcare and deathcare services, as they have been found to pervade Australian media (Halafoff et al. 2021). Kimba Griffith, co-founder of *The Last Hurrah Funeral Home* in Melbourne, describes her commitment to a policy of "no sneaky Jesus" when preparing non-traditional funeral services. This includes avoiding metaphors like "gone to a better place" or "met his maker". More radically, her company recently made the decision to stop hosting funerals at churches, in response to widespread cases of sexual assault in the Catholic diocese revealed in the Royal Commission mentioned above, and more broadly, this institution's ongoing discrimination against LGBTIQ+ people.

For more than one interviewee, intense personal experiences with caring for the dying during the HIV/AIDs epidemic in Australia were cited as a personal motivation for entering their profession. Community-led care for AIDs patients was often born out of the deficiencies and biases within mainstream institutions that were unwilling to care for AIDS patients. For some carers, these experiences also revealed the spiritual potential of death. Zenith Virago, a trailblazer in Australian community-based deathcare, recalls how for her, a self-described "dyke" caring for young gay men, the experience "really grounded death in its place ... several of those men said they were grateful for getting the virus, which I could not get my head around until I realized that it forced them to confront something deeper", namely, their mortality. Notably, the AIDs crisis was also "the precipitating event" for the entry of Buddhist organizations into deathcare in the USA (Garces-Foley 2003; Ostaseski 2017). After keeping vigil with dying patients on the streets or hospitals of San Francisco, in 1987, American Zen practitioners set up the first American Buddhist hospice, *The Zen Hospice Project* (Garces-Foley 2003: 348).

As with biomedicine, the relationship between buddhish care and religion is not entirely antagonistic. Instead, as Victoria Spence related, this practice is "really in the listening to our families ... to find the elements, the symbols, the signifiers, the way that the funeral rite will conduct itself. And we follow them". This person-centred approach includes a willingness to work with other religions and beliefs. Several interviewees expressed that health crises (including terminal diagnoses) were not appropriate moments for encouraging religious conversion. Instead, spiritual care should respond to the worldview of the dying person and/or their family. This might include, for example, encouraging people to connect with their own (non-Buddhist) religious or spiritual tradition, such as listening to Catholic mass or chanting rosaries. It is this non-proselytising attitude and willingness to meet people where they are that buddhish care providers identified as the key strength of their approach and reason for its appeal. This is expressed by Victoria Spence as the complementarity between Buddhism and the "secular frame" of Australia:

> Well, no one really seems to have a problem with Buddha. Right? People have issues with Christ and all these other religious things, but Buddha's sort of cool, like people don't mind Buddha. And in a way we've really found that that is the Buddhist influence, which can just be candle lighting, which can just be chanting, which can be space, breath, a moment of reflection in this [funeral] service. And we will often use this sense of reflection or mindfulness or just coming into this space, this element, these environments. Just "listen to the sounds around you".
>
> ... And I think that is something which either speaks to this sort of non-religious practice of Buddhism in a way, [which is] not sort of tied up in: "you're either in or you're out. You're

[8] Victorian institutions operated by Catholic Health Australia.

> a believer or you're not". Or it speaks to this sort of way in which... [Buddhism] is completely immersed into our culture and we're now just; we are buddhish even if we don't think we are....
>
> This is the great thing about the secular frame: it can expand and accommodate anything and everything you want to put in it.... But the real value of letting spiritual practice come through a secular structure or funeral rite is in following what the family needs.

Australians generally have a positive attitude toward Buddhism, which has permeated Australian media and culture (Halafoff et al. 2021), such that it is not seen as a threat to other worldviews. Buddhish deathcare thus positions itself as largely non-religious or secular, but also complementary with religious practice.

Not Spirituality

One of the more surprising findings of our study is how buddhish care is equally defined through contrast to spirituality. Spirituality and 'spiritual care' have become the dominant language used to describe what was once predominantly Christian 'pastoral care' in aged care and healthcare services in Australia. Australian spiritual practices are often buddhish, including meditation and mindfulness, Buddhist statues, candles, incense, and lotus flowers, and scholars have described borrowings from Buddhism as an important part of contemporary spiritual movements in the West (Halafoff, Singleton, and Fitzpatrick 2023). However, for our participants, the concept of spirituality is not without contest. A number of interviewees expressed scepticism or discomfort with care that is too 'woo woo', 'hippy' or 'new age'. This attitude was summarized viscerally by one of our interviewees as: "if you try to wave sage at me, I will strangle you". Spirituality has enjoyed a relatively positive reception among Australians, particularly younger generations (Singleton et al. 2021; Halafoff, Singleton, and Fitzpatrick 2023). However, in recent years, negative perceptions of spirituality have become more prominent in public discourse, in the wake of cases of abuse within spiritual communities and the prominence of '(con)spirituality' (the intersection of spirituality and conspiracy theories) during the Covid-19 pandemic (Halafoff, Marriott, et al. 2022; Halafoff, Singleton, and Fitzpatrick 2023; Ward and Voas 2011). These events reveal spirituality's complexity, in its potential to both contribute to and undermine health and wellbeing (Halafoff, Singleton, and Fitzpatrick 2023).

The skilful branding of buddhish service providers demonstrates flexibility and ambiguity, that skirts the language and imagery of spirituality. The results of the service mapping task reveal a range of terms used to present buddhish care, including 'holistic care', 'natural care' and 'mindful end-of-life support'. For some, this branding is an intentional move made in response to patients' and families' unfamiliarity, discomfort or mistrust with religion *and* spirituality. Annie Whitlocke related that she prefers to use simple, everyday language like 'relaxation' instead of 'mindfulness' or 'meditation'. When chatting to families in the hospital tearoom, for example, she might encourage people to close their eyes and dwell on something pleasant, whether that be walking their dog along the beach or making strawberry jam. Similarly, the marketing of some service providers does not explicitly acknowledge any Buddhist influence but may include mandalas or lotus flowers.

Indeed, while spirituality is sometimes eschewed, natural imagery and fostering a connection with nature appear central components of buddhish end-of-life and death care in Australia. Our interviewees recalled how, in contexts where mindfulness was thought to be counterproductive or harmful to patients, attention could instead be placed on nature-based images and sensations. Focusing on the body, particularly the dying body in pain, can be a negative experience. As Venerable Lhangsam of Cittamani Hospice recalled:

> Mindfulness is a very tricky question.... 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, directing one's attention to external stimuli, like sounds of rain falling, whale songs, or the forest was perceived to be more beneficial. Several interviewees further highlighted the importance of the physical environment around the dying person. This includes sitting in a garden, feeling the sun's rays on the skin, or petting a companion animal. Venerable Tsultrim, of Karuna Hospice, drew a direct correlation between the quality of one's mental state and one's environment, "because your roof, your house is very confining, and it's constricting your capacity to also have an open, spacious mind in this process [of dying]". If nature cannot be accessed directly, then digital versions may prove useful. Ven. Tsultrim recalls one young man who watched surfing videos on YouTube following her advice. Although, she cautions:

> … be mindful then that you're not doing it from a position of loss. Do it from a position of immersion in this as a continuing sort of experience. I also really encourage people to get out while they can. If you can do a bush walk or get to the beach and just sit on the beach and just look at the expanse of the blue ocean and the sky. Do that right up until you can't. Because it will make a difference …

This positions death as a site of expression of a broader emerging trend in studies of worldview diversity, articulated as "deep green religion" (Taylor 2010), "reverential naturalism" (Bramadat 2022) and "relational naturalism" (Halafoff, Singleton, and Fitzpatrick 2023). As noted above, 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). Indeed, natural imagery was occasionally used to summarize the entire character of some patients' worldviews. Dr Angela Plunkett recalls:

> I used to ask people, do you have a spiritual belief or something, and I remember this man saying to me, "my church is out on the bay, in a tinny [small aluminium boat] with a fishing line".

Once again, our study reveals a grounded, sustaining, relational connection to the natural world among Australians that can be felt to be religious or spiritual, but need not be either (Halafoff, Singleton, and Fitzpatrick 2023).

The Heart of Buddhish Deathstyle

This research found evidence for the influence of Buddhism in an emerging deathstyle 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, as predominantly Christian or secular. End-of-life and death care professionals also find buddhist texts and teachings on suffering, and the inevitability of death, and compassion, as beneficial, practical, and relatable tools for helping patients and their families through the dying process. Of course, how and why these services are perceived and valued by dying people and their families is a question for future research.

The buddhish influence, while pervading, is not always obvious, given its subtle articulation by practitioners and nascent recognition within mainstream institutions. The elements of buddhish deathcare are viewed as compatible with, but distinct from, faith-based care *and/or* spiritual care *and/or* biomedicine. By occupying this 'middle way' between the biomedical, religious, and spiritual, buddhish care appeals to a wide range of Australians. Our study thus advances our understanding of both worldview complexity and contemporary Western death culture, demonstrating how buddhishness can be *both and neither* secular/religious/spiritual and traditional/modern/postmodern at once. This further illuminates the sensibilities and sensitivities that Buddhist and buddhish service providers navigate when providing care to those facing death and the unique application of Buddhism, they perform in doing so. Further, while the fast-expanding wellness industry has been concerned with promoting healthy lifestyles and prolonging long life, we suggest death and dying as

under-explored sites for studying emerging spiritual, aesthetic, and non-religious movements. These include movements centred on the value of relaxation and rest as a form of resistance to neoliberalism (Hersey 2022) and attention to ways of 'dying well together'.

Our definition of buddhish death via opposition may appear to leave the 'heart' of buddhish deathcare rather empty. However, through our interviews we have found the opposite to be true; buddhish end-of-life and death care is full of heart. Indeed, it invokes what is known as 'the heart drop' in Tibetan Dzogchen Buddhism (Halafoff 2022; Longchen 2001: 101). Being with suffering and honouring the process of dying can be heart-breaking, but it may allow, as Buddhist Leonard Cohen expressed, citing the poet Rumi, "for the light to get in", in other words, to be enlightening. The heart drop and glimpses of this light of awareness, are typically difficult to describe, but are deeply – majestically – experienced and felt, in connection with death. As an anonymous spiritual care provider expressed:

> … So where we're talking about witnessing the pain in others and being present to it and being present to vulnerability and the interactions really that go beyond words.
>
> It can be very difficult for people to put language to the nurses saying, 'I was in that room, [the] patient's [was] dying, and they reached out and held my hand. I didn't say anything. They didn't say anything. They had tears in their eyes. I had tears in my eyes.' How … do they put language to that? And my word is sacred. That's a sacred moment. They're comfortable to use that word in that moment because it makes sense and it's relatable. It's beyond words. It's majestic, or it's a word like that, and I think that's okay.

This research reflects the perspectives of professionals working in buddhish end-of-life and death care in Australia. However, the ongoing personal and professional impact of the adoption of buddhish or Buddhist practice on this workforce could be further explored. Additionally, future research could explore what values and practices dying people and their families draw on from Buddhism, and what they found to be beneficial or problematic. As the population of Australia ages and its worldviews become more diverse, the number of people seeking out buddhish, spiritual, or other forms of nature-based care outside of the current provision of secular, Christian or multi-faith support is also likely to increase. It is vital to develop the institutional capacity to care for this population and to understand the lexicons, aesthetics, and worldviews they rest comfortably with as they are guided through one of life's biggest moments: death.

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