

RESEARCH BRIEF

# Lived Experience of Buddhist Spiritual Caregivers from the Gilanadhamma Volunteer Group

Paveesuda Nutsathapana  
Mahidol University, Salaya, Thailand  
paveesuda.nut@gmail.com

The Gilanadhamma Volunteer Group was formed in 2008 by monk students in the Master's Degree Program in Life and Death Studies at Mahachulalongkornrajavidyalaya University, which is one of the two biggest Buddhist universities in Thailand. These monk students were motivated by the altruistic wish to benefit laypersons by applying what they had learned in their program. As a result, they formed a group and visited a hospital to work as volunteers and give Buddhist spiritual care to patients. Initially, the group was known as "the Monk Volunteer Group." Four years later, they named their group "Gilanadhamma Volunteer Group."

The name is a combination of two Pali terms, "gilana" and "dhamma." The Pali term "gilana" is related to "sickness" or "sick person" (Payutto, 2019, pp. 54–55). The Pali term "dhamma" has several meanings, which range from "nature" to "truth" to "doctrine" to "righteousness" and to "virtue" (Payutto, 2019, pp. 156–157). Together, they mean in this context Buddhist instruction for the sick. As the doctrinal basis of their mission, the group refers to the doctrine on the good qualities of resident monks, *Avasika Dhamma*. An element of this doctrine is *Gilanasatuppadaka*: "to visit the sick and rouse them to mindfulness and awareness" (Payutto, 2016, p. 185).

The first hospital that the Gilanadhamma Volunteer Group contacted then was Siriraj Hospital. The group's

offer was welcomed because the Hospital had seen an urgent need to give spiritual care to its patients. As a result, the project "Clinic Phra Khun Chao" (Monk Clinic) was launched. Upon patients' requests, monks from the Gilanadhamma Volunteer Group paid them visits and gave them counsels based on the Buddhist perspective. Ten rounds of counseling were provided per month.

After that, other hospitals that gave precedence to the provision of spiritual care along with physical care invited the Gilanadhamma Volunteer Group to organize similar projects. These projects were named, for example, "Bedside Dhamma" at King Chulalongkorn Memorial Hospital and "Dhammic Treatment Clinic" at Vajira Hospital. Spiritual care was offered to both non-palliative and palliative patients. There have been nine hospitals and institutes where members of the monk volunteers from the Gilanadhamma Volunteer Group are working. (See more information on the group's website: <http://gilanadhamma.org/past.php>.)

The group's wide achievements have attracted scholarly studies. Thavornkochakorn (2015) studied a process through which monk volunteers in the Gilanadhamma Volunteer Group offered Buddhist spiritual care to patients. The process is comprised of steps to build trust, identify underlying emotional causes, listen to concerns or confessions, rouse awareness, and offer Buddhist instructions. These steps

were governed by a framework defined by the doctrines of Ariya Sacca (the Four Noble Truths), Ariya Magga (the Noble Eightfold Paths), Trisikkha (the Threefold Training), and Bojjhanga (the Enlightenment Factors).

Apart from this particular study, which focused on the used spiritual care process, other studies featured training research. These studies were conducted by Suwanmethee (2018), Pornpitchanarong and Guttavir (2018), Suwanmethee and Pornpitchanarong (2019), and Nanappadipo (2019). They aimed to obtain lessons learned from the success of the Gilanadhamma Volunteer Group and, on that basis, develop and test programs to train monk instructors and Dhamma disseminators. Apart from Buddhist teachings, modern techniques from the field of education, behavioral psychology, and human resource development were incorporated into the program designs and training.

Although the above studies are important for developing the practice of spiritual care based on the experience of the Gilanadhamma Volunteer Group, they focused only on the external and manageable dimensions. The internal and grounding dimension is neglected. This dimension is based on the monk volunteers' own understanding of themselves as Buddhist spiritual caregivers and as socially engaged Buddhist monks. The understanding was gained through the lived experience that they had when they provided spiritual care to different patients over the years. On this understanding, the practice and its achievements were grounded.

Such understanding drawn from lived experience is essential to obtain insights into their practice. In addition, based on these insights, further development of guidance, training, and education can be done in such a way that resonates with the spiritual caregivers' direct experience (Wright, 2002; Deal & Grassley, 2012). Therefore, this study is conducted to understand the monk volunteers' lived experiences and learn directly from their perspective. Findings will shed light, in the Thai context, on Buddhist spiritual care, in particular, and socially engaged Buddhism, in general.

## Methods

Data were collected from three members of the Gilanadhamma Volunteer Group. One of them belongs to the band of founding members. Another now shares administrative responsibilities in today's volunteer

group, and the third one has a member of the group for five years. With their long experience and deep involvement, these informants could provide rich data of the Buddhist spiritual care by the volunteer group. Through in-depth interviews, the narratives were collected to capture details of the informants' lived experiences effectively. Up to six in-depth interviews were conducted with the informants to ascertain data saturation.

According to Havanon (2009), telling and listening to stories is one of the most prominent human characteristics. Human thoughts and beliefs, dreams and hopes, memories, and self-understanding are all based on narratives. Through stories, people communicate and understand each other. Also, by this means, they understand situations. Narratives are vital because they enable people to organize and give uniform meaning to diverse details of their experiences. Especially, it helps people revive and re-frame their past experiences, which leads to self-understanding. Moreover, human beings do not only tell stories but they are also influenced by and try to live in accordance with their own stories. Therefore, through their narratives, the informants' inner life and its influences on their actions can be understood.

The narratives' rich details were analyzed using the method of reflexive thematic analysis developed by Braun and Clarke (2006). This method is suitable for research on lived experience (Braun et al., 2019), and it can also effectively handle narrative data (Lainson et al., 2019). According to Braun and Clarke (2006), the thematic analysis consists of six phases: data familiarization, initial code generation, theme searching, theme reviewing, theme defining and naming, and report production. I proceeded through the six phases by first thoroughly reading the informants' transcribed narratives several times to immerse herself in the content.

When I started to see possible patterns among these narratives, initial codes were generated for potential themes, and data extracts were simultaneously coded. After that, the codes were collated to form different themes. The obtained set of candidate themes were reviewed and refined against the narrative data. These candidate themes were accepted, modified, or excluded based on whether they formed coherent patterns. I re-read the narratives to consider whether the collection of themes that passed through the refining process reflected the overall meanings of the narratives. Then,

the resulting themes were named, and a report was written to show a coherent analytic account of the interrelated themes supported by rich extracts from the narrative data.

## Results

The data analysis revealed three themes that described the lived experience of the monk volunteers working as spiritual caregivers in hospitals. These themes are linking and passing along, touching with heart, and learning and growing. Details of each theme are presented as follows.

### *Theme: Linking and Passing Along*

The theme recurred in different forms in the informants' narratives. Mainly, it signifies the volunteer work as a link between the past and the present through which the spiritual mission of Buddhist monks is passed along.

One informant related that his lay acquaintances said to him, "what you and your team are working on is considered to be a social innovation or something like that." To this, he said in agreement, "I was grateful that they had such a view." The idea of novelty also appeared in a narrative told by another informant who said,

Volunteer work is a new dimension. Volunteering in Bangkok, as I see it, is the new dimension of monks' roles... [before becoming a volunteer] I have been giving sermons and teaching Buddhism to students. Instruction and sermon are monks' common duties. But, the volunteer work, I think, is novel.

However, when these informants told further about their experiences, it was found that they believed the new thing they were doing could be traced back to the Buddha's time or words. One of them said, "We see it as the same old thing that the Buddha did. It became the Buddhist monks' way of practice. We simply revive it. We are happy doing it the way we do now." Along with these details, stories were told of spiritual cure that the Buddha gave to Gisa Kotami and Patacara, who were traumatized by the death of their loved ones. Another informant indicated, "Actually, it is a mission of the Buddha's disciples, with the Buddha as the role model.

The Buddha wished his disciples to go out and benefit people." The other accordingly said,

Monks' social service is actually a duty that is specified in the Tripitaka. It is called Avasika Dhamma, the dhamma for monks staying in temples. That is, when laypersons get sick, monks must pay them visits to return them to mindfulness.

Therefore, the informants saw that their work as volunteer spiritual caregivers linked the past and the present. In addition, it allowed the spiritual mission to be passed along from the ancient to the modern generations of monks.

The analysis showed another layer of details in the narrative data that signified another aspect of the past. This aspect was represented as the Thai pre-modernized period, some of whose characteristics were seen to still be preserved in rural areas. According to the informants,

Monks used to have an intimate relationship with communities before the change due to modernization. Then, monks and communities became separated. There has been a wall between temples and communities. The common space slowly faded away.

If we think back [to the time before the country's modernization], we will see that monks' roles covered several aspects. They were teachers. Monks had the role of teaching people literacy. People gathered and studied at temple pavilions... Monks played the doctor's role too. [They were] traditional doctors trained to use herbal medicine. Sick people came to see these monks... Another aspect was monks' spiritual guidance. Another was their roles in the events of birth, sickness, and death. These were all covered. People facing these events went to temples... Monks used to have significant roles.

Despite the mentioned change, it was stated:

Monks and people in rural areas are still very close. They mutually rely on each other. Temples are the center of communities, and monks cultivate morality in community

members. Moreover, if these members have any troubles, the monks never hesitate to offer help whenever they can.

It is evident here that the role as volunteer spiritual caregiver provides a linkage between monks and communities. It also allows monks' traditional roles to be passed along into the modern context. The following passage is a good illustration of these points.

When I go on stage at different places to give a speech on what we have done, I am usually told afterward by the audiences that [the Buddhist spiritual care] is wonderful and should be available in hospitals. Many said that their relatives had just passed away. Had they learned about such service, their relatives would have had an opportunity to make merit or listen to dhammas. These voices are heard. Even monks who learned about such service said that it was great and should be available in all hospitals because it would be the role that allowed monks to be with people in communities, to cure spiritual suffering in hospitals

The volunteers' spiritual care role in linking the past and the present and passing along the spiritual mission was also considered to be vital as it was seen to be related to the relevance and survival of Buddhism in today's world, the passing along of the religion to later generations.

If monks still stay put in the same places, that is, their temples, they will certainly not survive. People will eventually forget them... because less people go to temples. Many people in the world today have a negative view of them.

### ***Theme: Touching with Heart***

During the analysis, the term "heart" scattered throughout the interview transcripts. One informant said,

As a whole, patients in the hospitals are cared for in two dimensions. That is, the physical dimension, the healthcare personnel are responsible for this. Monks' service is related to the caring of the dimension of the heart and

spirituality, the dimension that we need to work with by using our heart, touching with our heart.

According to the informants, this type of service requires the strength of heart because "monks who enter this path have to have their heart ready to work with sufferers, experience their grief, distress, hopelessness, and departure" and "the monks need to serve with humanistic heart, and humane heart...recognize the patients as fellows in the samsara...practice the Brahmavihara [loving kindness, compassion, sympathetic joy, and equanimity]." With the heart of such qualities, the monks "have to reach out to the patients' heart, listen to them with sincerity and patience, with no judgments, with the least conditions, or even better no conditions at all." A sense of comfort and security results from this and allows "the [monks'] heart to touch the patients' heart." Thereby, trust is created and provides a safe space for patients to wholeheartedly participate in counseling with the monks.

Not only do the patients benefit from the communication between hearts, but the monks also receive positive outcomes. When their hearts touched the patients' restored, comforted, or relieved hearts, they empathically experienced joy and felt a transfer of positive energy.

When I meet patients who say to me, "meeting you makes me happy," I feel successful, greatly encouraged...the patients are happy talking with me. That gives me power, that is, deep satisfaction and delight. When I see that the patients and their relatives are happy, I am delighted.

When I saw a patient's smile, even a little one, I become joyful because it means that, despite his great suffering, he can still smile. It means power, or something like that starts to grow in his heart.

[The service] is highly valuable for monkhood. When I return to my place, I am filled with happiness because I have done things to contribute to society in return. It is value, encouragement for work, joy, and delight.

The monks' hearts were also filled with joy when they observed the way the patients were cared for by their loving families. The informants were inspired by this and developed a method to bridge the patients' and their families' hearts. Each party was encouraged to speak about the good qualities of the other. It was proven to be effective. They saw that many patients became joyful and smiled upon hearing kind words from their relatives. Related to this, one informant said, "suffering patients' smiles are like the sky that becomes clear amid their unhappiness."

Because the monk volunteers worked wholeheartedly, they were also prone to emotional injuries when they met failures. One informant related his experience of caring for a terminally ill patient who was incapable of any conversation. Then, the informant stated,

"I talked one-sidedly while trying to sense him with my heart...making myself calm. With calmness, I stayed at the bedside and chanted for the patient...Later, this feeling was left in my heart that it hadn't been done. I wish I could have helped him more...The idea was running in my head. I tried to imagine how I could have done it better."

All informants had similar experiences, especially at the beginning of their volunteer work. Later, their hearts were strengthened with equanimity and renunciation. Despite that, they still faced distress and discouragement. Because of the emotional burnouts and distress, the Gilanadhamma Volunteer Group developed a mechanism to take care of its members. Each takes care of the others the way they take care of their patients. A safe space is provided for counseling, deep dialogues, and exchanges of lessons learned. One informant stated, "We are very sensitive to each other. If one of the members seems blue, we will quickly ask whether he would like to share what he feels." Thus, even among the group members, they touch each other with their hearts.

### ***Theme: Learning and Growing***

The analysis of the narrative data showed that the informants learned and grew both in professional and spiritual terms. As former students in the Master's Degree Program in Life and Death Studies, they found

that spiritual care gave them opportunities to practice what they had learned.

Studying in class, I gained a lot of knowledge. But, when I visited patients in hospitals to give them spiritual support, I gained a deeper understanding...It was not easy to work with the suffering patients. When I preached [to general audiences] about suffering and happiness, I talked about what I had learned from books or [available] practical suggestions. But, when I really met the patients who were dying and in deep distress, I found I could apply them for spiritual care. How to apply is not an easy question. I am grateful for the patients to give me chances to learn.

The real practice—the involvement with people, the learning from the real things—is best. It gives us the best skills. We find it to be passionate since it allows us to see real sufferings, real solutions, real smiles...We see them right there. Their suffering is relieved right in front of our eyes. It is like going on stage after continual practice. We face immediate challenges, diverse cases. Just like doctors who diagnose new diseases. New learning occurs every time.

As they learned more from direct practice, they developed into professional Buddhist spiritual caregivers who know how to take care of different patients.

I observe that what has been changed is the process, the skills to run the process when I stay with patients. [The skills] have been gradually developed. These days, I can access patients' feelings, perceive their feelings. I start to be able to detach from details in stories they tell... and look beyond to see how the conversation we are having will benefit the patients then, what the purpose should be for staying with them then.

The direct experience also gave them opportunities to grow spiritually. The informants reflected on their level of spiritual development when their direct experience made them raise questions about their own



skills if they were to face a similar kind of suffering one day.

I have seen real lives...understood them deeply. The more I see patients, their relatives, nurses, or doctors who suffer, the more I realize Buddhaddhamma [the Buddha's teachings]. The more I tend to terminally-ill patients who can't let go, the more I am disturbed with the doubt. If that day comes, how would my relatives or I myself be able to let go? The awareness motivates my self-cultivation.

In addition, the informants started to understand in the existential level the Buddhist teachings that they had been familiar with. These teachings are about the nature of human life defined by the three characteristics: changes, dissatisfaction, and helplessness. As a result, they realized the Buddha's last teaching on Apramada (vigilance). That is, monks should remain vigilant of the transient nature of life and seriously practice self-cultivation.

The volunteer work makes it clear to me what the word "life" means. Life is filled with joy and sorrow. It is subjected to change and decline. This makes me vigilant. Though I studied the dhammas about the nature of life...as a human being, I still took pleasure in life. But, when I met patients, some of them were younger than me, I learned how to live, to have Apramada, to appreciate the value of life.

The spiritual growth that the informants had did not come only in the form of existential insights, it also led to other inner development.

I learned to detach from myself, observe my own dissatisfaction, and develop calmness. I learned to be quick to observe what is going on in my mind. The process of giving spiritual care to patients taught me to leave aside my prejudices [since] I had to stay with them with mind wide open, without any judgment.

As a whole, the informants saw that the practice of spiritual caregiving was a new context for the Buddhist self-cultivation practice that true monks should pursue.

Caring for patients in the hospitals is a pursuit of our own value. It fulfills our monkhood...It cultivates us as the givers.

What we are doing is, in turn, internal work that leads to the practitioners' spiritual growth, mindfulness of our own mind. Each patient visit gives us inner work. We face challenges. Will we be able to help? Will we be able to give them relief? Will we be able to address their spiritual problems? Another set of challenges is inner. We have to be in control. The concern and anxiety from our effort to help patients, these disturb the caring process...Upon observing their relatives' satisfaction, we are encouraged to develop ourselves to be true monks. The true monkhood requires practice in retreat. We just can't. So, we practice by working, practice mindfulness.

## Discussion

When considered against the above analysis, three remarkable points are identified in the directly related previous research conducted by Thavornkochakorn (2015), Suwanmethee (2018), Pornpitchanarong and Guttavir (2018), Suwanmethee and Pornpitchanarong (2019), and Nanappadipo (2019). First, according to these authors, the work of the Gilanadhamma Volunteer Group was classified as a form of "active" Buddhist dissemination or an expansion of Buddhist dissemination into new territory. From this, it can be said that the longstanding debate in the field of Buddhist Studies is overlooked about the status of socially engaged Buddhism. However, this issue was addressed in the theme Linking and Passing Along.

Next, although the above authors also mentioned the fruit of self-cultivation that members of the Gilanadhamma Volunteer Group experience, they considered it to be a by-product of the work. They did not take it into account in the process of their training designs and, therefore, did not incorporate the Buddhist self-cultivation practice as part of the training programs. Nonetheless, the unification of patient care and self-cultivation practice was featured in the theme Learning and Growing. Lastly, these authors never addressed the distress and burnouts that the members of the Gilanadhamma Volunteer Group had to deal

with while these symptoms were apparent, as shown in the theme Touching with Heart. These three points are discussed below.

First, there has been a question, as Loy (2003) put it, “What is specifically Buddhist about socially engaged Buddhism?” (p.16). According to King (2009), some scholars believe that it is not an authentic but “distorted Buddhism” (p.8) because social engagement and activism of the movement clearly shows that it is the product of westernization. On the contrary, Loy (2003) and King (2009) believed that it is a valid form of Buddhism. Both agree that Buddhism has always been socially engaged. In addition, although both emphasize the indispensable role of the Buddhist doctrine as the defining feature of the movement, King (2009) included the elements of motivation by compassion, non-violence, and activities as an expression of Buddhist self-cultivation practice. Also, she stated that social withdrawal, which is seen to be the mark of Buddhism, is actually only a “minority option” (p.10) for monks.

Likewise, the Gilanadhamma Volunteer Group informants considered their social engagement as spiritual caregivers to be authentically Buddhist. However, unlike these two scholars, they emphasized the gap between the socially engaged attitude among Buddhist monks in the past and their social disengagement resulting from modernization in the present. As a result, they perceived their work to be a significant mission of linking between the past and the present to revive and inherit the Buddhist commitment of social engagement. In agreement with King (2009), they saw in the spiritual care an opportunity to express their compassion and practice self-cultivation. However, they highlighted that these were also the pursuit for true monkhood.

Second, in the same way as King’s (2009) above view of social engagement as an expression of self-cultivation, the informants saw their work as the place of their practice. Kuah-Pearce (2014) studied socially-engaged Buddhism in China and had similar findings. Her three case studies showed that voluntary works were transformed into “Buddhist spiritualism” (p. 28). As a result, Buddhist virtues were integrated into the volunteers’ daily life, which led to the inner cultivation of compassion and gratitude. Apart from the Buddhist virtues, the belief in the Law of Kamma (deed) provided a basis for the transformation. The volunteers, therefore, had both worldly aim for spiritual

development and otherworldly aim for rewards through good deeds.

A comparison with the findings by Kuah-Pearch (2014) points out an interesting feature of the Gilanadhamma volunteers’ view about the practice of self-cultivation. They saw that their spiritual growth would benefit their worldly work as successful Buddhist spiritual caregivers. It was not seen as a means to otherworldly rewards. On the other hand, like those Chinese volunteers in Kuah-Pearch (2014), the informant’s sense of gratitude was evident. However, unlike the Chinese volunteers, the informants did not portray it as a cultivated virtue. Instead, it was an expression of appreciation for the patients, who allowed them to practice and deepen their knowledge and skills of spiritual care. These two points imply that the goal of professional excellence was significant for the informants from the Gilanadhamma Volunteer Group.

Third, according to White et al. (2019), the prevalence of distress and burnout has been well documented among healthcare workers, including chaplains. (See also, for example, Taylor et al., 2006; and Stewart, 2012.) The chaplains, or religious personnel, were exposed to more risks because they often develop intimate relationships with patients and their relatives in the time of crisis. As a result, to deal with harmful effects of distress and burnout, the healthcare workers and chaplains needed to devise strategies for coping and self-care through, for example, exercise, meditation, and counseling. These strategies were not only important for the workers themselves but also their patients because the distress and burnouts, which negative affected the workers, eventually led to lower quality of care (White et al., 2019).

As shown in the above analysis, the members of the Gilanadhamma Volunteer Group used the method of mindfulness as their main strategy. Highly aware of the negative impacts of distress and burnouts, they even developed strategies, such as counseling and deep dialogues, to take care of the Group’s members. What is interesting is that, according to the in-depth interview data, these members integrated the coping and self-care strategy of mindfulness into their practice of spiritual care. Therefore, they care for the patients and themselves at the same time. Of course, this does not mean that the strategy was always effective as we see that other strategies provided by the Group were

available. However, we can safely state that it must be effective enough given the success and continuity of the service offered by the volunteers.

## Conclusion

Through the thematic analysis, details were delineated of the lived experience in the provision of Buddhist spiritual care by the members of the Gilanadhamma Volunteer Group. The spiritual growth they experienced benefitted both themselves and the persons they cared for. The findings showed that these members did not simply see their work as an extension of today's monks' common practice. They considered it to be the revival of the Buddhist tradition of social engagement. Their Buddhist spiritual care bridged the gap between the past and present to allow the socially engaged commitment to pass along to today's monks. In addition, the findings showed the heart as the ground of their work. It was not with their knowledge about the Buddhist teachings and skills in counseling techniques alone that enabled them to work. Their heart motivated and kept the momentum of their efforts. When they spiritually cared for the patients and their relatives with their hearts, these monks also worked on their own hearts through the practice of self-cultivation.

As a whole, the analysis of the lived experience portrayed them as the spiritual caregivers who linked and passed along the socially engaged commitment. They worked with their hearts to tend the patients, relatives, other volunteer members, and themselves. At the same time, they continually learned about the work and their own selves towards both the spiritual and professional growth. Therefore, unlike the view expressed in the previous studies about the Gilanadhamma Volunteer Group, these monks did not see themselves as Dhamma disseminators but Buddhist practitioners or even professional Buddhist spiritual caregivers.

The above discussion showed topics that are under-researched. A recommendation is that further studies should be conducted both on the distress and burnout impacts on members of the Gilanadhamma Volunteer Group and their strategies of coping and self-care. Although the informants mentioned the distress and burnout following their work, no study has been conducted on the extent to which these affect their psychological well-being and quality of care. In

addition, as the informants pointed out the strategies of coping and self-care, details from the application of these strategies should be studied. The lessons learned can be a basis for further development of Buddhist coping and self-care strategies for spiritual caregivers.

## Declaration of ownership:

This report is my original work.

## Conflict of interest:

None.

## Ethical clearance:

This study was approved by the institution.

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