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Chapter 5. Spiritual care in an interfaith context: Implications for Buddhist, Muslim, and Hindu spiritual care in the Netherlands[18]

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Abstract

This chapter considers the implications of the multicultural and multifaith society of the Netherlands for the way in which spiritual care takes shape. We focus specifically on the Buddhist, Islamic, and Hindu perspectives in this regard, as they represent relatively 'new' denominations in the field of spiritual care and form interesting cases to investigate the implications of providing spiritual care in an interfaith setting. For each of the denominations the developments of spiritual care in the Netherlands are described, followed by a description of the characteristics of spiritual care as seen from these denominations, and a discussion of the implications of working from a denominational background for providing spiritual care to clients with a different religious or spiritual orientation. In the comparison of the three perspectives both similarities and differences are identified that help us to deepen our understanding of the implications of religious and spiritual diversity for the way in which spiritual care takes shape in the Netherlands.

Introduction

The religious and spiritual landscape in many Western societies has changed over the past decades: from a landscape in which many, or even most, people adhere to a religious—often Christian—tradition, to a situation in which 'being religious' no longer is the default-option and a secularized worldview has become dominant (Taylor, 2007). In addition to processes of secularization, the landscape has become pluralized, with people with a variety of religious, spiritual and cultural backgrounds living together, including people who combine elements from various religious traditions (Berghuijs, 2017; Pew Research Center, 2009; Vertovec, 2007; Woodhead, Partridge, & Kawanami, 2016). For spiritual caregivers or chaplains—often working in secular institutions (e.g., the military, healthcare institutions) while at the same time

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[19] This chapter is written by all authors, but each author also has a specific focus: Anke I. Liefbroer is the main author of the 'Introduction' and 'Discussion' (sections 1 and 5); Stef Lauwers is the main author of 'a Buddhist perspective' (section 2); Pieter Coppens is the main author of 'an Islamic perspective' (section 3), and Bikram Lalbahadoersing is the main author of 'a Hindu perspective' (section 4).

formally ordained or authorized by a religious institution (Doolaard, 2006; Swift, 2013)—questions arise concerning what the specific religious ordinations entails and how this relates to spiritual care provision to a spiritually diverse client population. In this chapter, we consider the implications of this diversified religious and spiritual landscape for the way in which spiritual care takes shape in the multicultural and multifaith society of the Netherlands.

As in other Western European countries, people from secular as well as a diversity of spiritual and religious backgrounds live in the Netherlands: around half of the Dutch population does not (or no longer) adhere to a religious tradition (51%), and others belong to a variety of Christian denominations (24% Roman-Catholic; 15% various Protestant denominations), Islam (5%) (CBS, 2017), or other, smaller, religious traditions, such as Hinduism (0.6%) and Buddhism (0.4%) (CBS, 2015). Here, we focus on these three latter traditions, which can be considered three relatively 'new' religious denominations represented in the field of spiritual care.

Historically, spiritual care in Dutch institutions used to be mainly provided by Protestant, Catholic, and Humanist spiritual caregivers. However, over the past decades, other spiritual caregivers were employed in state-funded institutions as well, both those affiliating with other denominations as well as those without formal affiliation. Specifically, spiritual caregivers from religious traditions previously not formally represented—e.g., Buddhist, Islamic, and Hindu spiritual caregivers—started providing spiritual care and educating spiritual caregivers to become authorized chaplains for these 'new' denominations (Doolaard, 2006; Ganzevoort, Ajouaou, Van der Braak, De Jongh, & Minnema, 2014; Liefbroer & Berghuijs, 2019). Also, in response to processes of secularization and professionalization of spiritual care as a discipline, spiritual caregivers started working as unaffiliated (i.e. not formally authorized/ordained by a religious or Humanistic institution) spiritual caregivers.[20]

These historical developments are reflected in the way in which spiritual care provision is organized in practice, although there are differences between work settings in this regard. In healthcare settings, for instance, Protestant, Catholic, Humanist, as well as unaffiliated spiritual caregivers mainly seem to work in a territorial mode (i.e. providing care to all patients in a certain department), whereas Buddhist, Islamic, and Hindu spiritual caregivers are more likely

[20] Unaffiliated spiritual caregivers are often recognized by the Dutch "Stichting RING-GV", which examines spiritual caregivers' competence. Although this organization does so independent of spiritual caregivers' own religious or spiritual orientation, recognition by the "Stichting RING-GV" is seen by the organization of spiritual caregivers in the Netherlands (VGVZ) as equivalent to religious or Humanistic authorization.

to work in a categorical mode in these settings (i.e. providing care to patients with the same religious or spiritual orientation) (Liefbroer & Berghuijs, 2019; Van Buuren & Van Dijk, 2006). By contrast, within penitentiary institutions all job positions are allocated along denominational lines and spiritual care is mainly provided in a categorical mode to clients with the same religious or spiritual orientation as the spiritual caregiver has (Ajouaou & Bernts, 2015; Bernts, Ganzevoort, Leget, & Wojtkowiak, 2014; Eerbeek & Van Iersel, 2009; Liefbroer & Berghuijs, 2019). In this chapter, we will consider the developments in each of the main spiritual care settings (healthcare, prisons, the military), since the way in which each setting organizes the spiritual care provision has consequences for the way in which spiritual caregivers position themselves in this context and for the way in which they perceive spiritual caregiving to a diverse patient population (Liefbroer & Berghuijs, 2019).

Education for the Buddhist, Islamic, and Hindu spiritual caregivers recently started at Vrije Universiteit Amsterdam, containing both faith-specific (40% of the curriculum) and generic courses (60% of the curriculum). In 2014, when the curricula for these denominational spiritual care programs were being developed, several colleagues reported on specific aspects of spiritual care provision from these various traditions (Ganzevoort et al., 2014). Now, five years later, we aim to reflect on the developments that have taken place over the past years, and to further explore the implications of spiritual care provision from these three denominations for providing spiritual care in an interfaith setting, i.e. when providing spiritual care to clients from a diversity of spiritual or religious orientations. In addition, we aim to compare these three perspectives to identify similarities and differences, thereby deepening our understanding of the implications of religious and spiritual diversity for the way in which spiritual care takes shape in the Netherlands.

In the following sections, we first describe for each of the denominations—Buddhism, Islam, and Hinduism—how this form of spiritual care was developed in the Netherlands. Second, we describe the characteristics of spiritual care as seen from these denominations. The core aspects of spiritual care from each tradition are explored, as well as the roles the spiritual caregiver takes when providing spiritual care and the practices that are typical for spiritual care provision by each denomination. Third, we discuss what the implications of working from a denominational background are for providing spiritual care to clients with a different religious or spiritual point of view. Finally, in our discussion section, we compare the perspectives and look at similarities and differences between them, and discuss the implications for practicing spiritual care in an interfaith context.

A Buddhist perspective

A brief history of Buddhist spiritual care in the Netherlands

The Ministry of Justice played an important role in the establishment of Buddhist chaplaincy in the Netherlands. There had been cases of Buddhists volunteers visiting Dutch prisons prior to 2000, but what is by many people considered as the official beginning of Buddhist chaplaincy in the Netherlands was a Turkish prisoner with a Muslim background asking a prison director for a Buddhist chaplain to talk about some Buddhist books he had read (interview Meindert van de Heuvel in Van den Berg-Mulder, 2010, p. 127). His request was initially refused, since in prisons only Roman-Catholic, Protestant and Humanist chaplains were available at that time. However, on 21 August 2000 the "Complaints Committee Krimpen aan de Ijssel Prison" told the director that a Buddhist chaplain had to be found. Eric Soyeux, a Rigpa volunteer, went to visit the Turkish prisoner and described his spiritual care provision as follows: "Soon we meditated together (…). After some time, my client invited other inmates, so gradually I had a meditation group of about seven people. I often showed a video with teachings of Sogyal Rinpoche. We regularly sang the Vajra guru mantra, which created a peaceful atmosphere. I tried to establish a meditation practice and if that succeeded I tried to follow up with regular Rigpa teachings. We did a lot of talking and I was seen as a person of trust, prisoners could share their experiences." (Hoek, 2012, translated by Stef Lauwers). When Soyeux's client, the Turkish prisoner, found out that Soyeux was not paid for his visits like the Christian and Humanist chaplains he went to court again, and won (Centrale Raad voor de Strafrechttoepassing/Administration of Criminal Justice, court case number 00/1737, 8 January 2001). Since then, the Buddhist volunteer was considered a chaplain and had to be financially supported.[21] Van der Sande, in his report on the recognition of the Dutch Buddhist Union as endorsing organization for Buddhist chaplains, notes that from that date on the Ministry of Justice started corresponding with the Dutch Buddhist Union (Hogendoorn, 2015, p. 2).

The second important step in the establishment of Buddhist chaplaincy is that in 2004 a centralized organization for chaplaincy services within the Dutch prisons became active and Buddhist chaplains were able to enter. In 2008, the Dutch Buddhist Union was, on a temporary basis, recognized as the endorsing committee for Buddhist chaplains in prisons (Bernts, Van der Velde, & Kregting, 2012a, p. 5). The head of the Dutch Buddhist Union was appointed head of Buddhist chaplaincy in prisons. A Buddhist Endorsement Committee was established on 3

[21] Soyeux, in the same interview, mentioned that this decision created tension with Christian and Humanist chaplains: "Who is he? We need a degree but he, just like that, becomes a chaplain" (Hoek, 2012, translated by Stef Lauwers).

April 2009 (Bernts, Van der Velde, & Kregting, 2012a, p. 43). Two already active Buddhist chaplains, on the condition of earning a master's degree in religion in the near future, and three new, already academically qualified, Buddhist chaplains (including one of the authors of this article), started January 2011 as the new Buddhist chaplaincy team in prisons. Four chaplains had a background in Zen, and one in Tibetan Buddhism. For permanent recognition of the endorsing committee, a study into whether the Buddhist Union represented most Buddhist in the Netherlands was conducted. Also, the demands for chaplains with a master's degree and the establishment of a Master education trajectory for Buddhist chaplains at a Dutch University had to be met. In 2011, the Vrije Universiteit Amsterdam asked the ministry of Education, Culture and Science for a "Special facility Buddhist seminar education trajectory". This Buddhist seminary had to establish the formation of Buddhist chaplains in a joint venture of the Vrije Universiteit and the Buddhist Endorsement Organization. The request was honored in 2012 and in December 2012 the license recognizing the Dutch Buddhist Union as endorsing organization became permanent.

The third step in the history of Buddhist chaplaincy in the Netherlands is this establishment of the education trajectory at Vrije Universiteit Amsterdam. First, a curriculum committee was set up, and members of the University and the Dutch Buddhist Union were involved. A bachelor's, master's and a post-academic endorsement trajectory were gradually deployed. The bachelor's students had to take part in the Bachelor in Religion and complete 60% general and 40% Buddhist courses. The master's students had to register in the Master Spiritual Care Buddhist trajectory, consisting of 60% general and 40% Buddhist courses. Meanwhile, the curriculum committee had established a post-master program that could give extra weight to the Buddhist chaplaincy education and was imperative for endorsement. Ten courses were offered, in the first year (2014-15) in a full-time mode, and from 2015-16 in a part-time two-year program. The two-year program offered students more time for introspection and reflection and added to their maturity as Buddhist chaplains. To take part in this 60 ECT two-year post-academic program, students are required to have a Master in Religion (preferably option Spiritual Care Buddhist trajectory at Vrije Universiteit) or a comparable degree.

Currently, in Summer 2019, Buddhist chaplains not only work in prisons, but in other settings as well. Graduates of the Buddhist endorsement trajectory at the Vrije Universiteit are employed as general chaplains in psychiatric, hospital, elderly and juvenal care. Also, the Dutch army currently started vacancies for Buddhist chaplains.

Characteristics of Buddhist spiritual care

Content of Buddhist spiritual care

While the first volunteers offered spiritual care very much related to their own Buddhist tradition, from 2011 this changed. The endorsement committee stated that Buddhist chaplaincy in the Netherlands should not be related to a specific Buddhist tradition (VU, 2019). In practice, the specific background of each Buddhist chaplain can still be traced in the way he or she operates, but Buddhist chaplains at this date are making a serious effort to work client-centred and to use a variety of skills based on materials from various Buddhist and secular mindfulness traditions. The education program at Vrije Universiteit supports this diversity as much as possible, but also has to rely on available books and articles that are often American and zen-b(i)ased. In the following, we will briefly describe the content of Buddhist spiritual care based on this literature.

From the start of the education program, Bernie Glassman's "the three tenets"—"Not-Knowing", "Bearing witness", and "Doing the Actions that Arise from Not-Knowing"—proved an important concept (Glassman, 1998; Nakao, 2017). Students use these three tenets as a way of approaching clients. Even if a chaplain has visited a client numerous times before, by following these tenets every contact can be open and new. Joan Halifax's "Being with Dying" (2008), Andrew Bein's "The Zen of Helping" (2008) and also articles such as Mikel Monnet's "Developing a Buddhist Approach to Pastoral Care, a Peacemaker's View" (2005) are commenting on the tenets as beneficial for Buddhist (spiritual) care. The tenets are very much in line with the 'theory of presence' (Baart, 2002) that is often used in Dutch spiritual care, but offer a more contemplative approach as the foundation of the first two tenets is rooted in meditation practice. In the third tenet—"Action" or "Doing what needs to be done"—the chaplain uses mindfulness and wisdom to see what particular needs the client has, and these needs are then met with "Upaya, skillful means" using the abundance of the dharma in its broadest sense. This 'toolkit' of the Buddhist chaplain is filled with beneficial stories, ritual, and meditation techniques from the various Buddhist traditions. Opinions differ concerning whether a Buddhist chaplain should be able to use materials from non-Buddhist traditions if beneficial for the client. Some claim that from a Mahayana point of view this should be possible (White, 2014).

In addition to Glassman's three tenets, Jennifer Block's principles of Buddhist chaplaincy (2012) are important in the education program. Block also starts with one of the tenets, "the willingness to bear witness", and then adds:

"The willingness to help others discover their own truth, willingness to sit and listen to stories that have meaning and value, helping another to face life directly, welcoming paradox & ambiguity into care and trusting that these will emerge into some degree of awakening and the last principle: creating opportunities for the people to awaken to their True Nature".

For rituals, the eight categories of Gil Fronsdal's "Rituals in Buddhism" are used. Harvey's "An introduction to Buddhist ethics" (2000) is the main manual for Buddhist ethics, and for leadership and community building students read "A thousand hands, a guidebook to caring for your Buddhist community" (Nathan & Fisher, 2016) and "Waking up from war: a better way home for veterans and nations" (Bobrow, 2015).

Relating to "Mindfulness", in the sense of John Kabat-Zinn's mindfulness-based stress reduction/mindfulness-based cognitive therapy (MBSR/MBCT) eight-week program, also became an important part of the Dutch chaplaincy discourse (Van Baarsen, Oldenhof & Kruijne, 2016). As MBSR/MBCT became very popular in the Netherlands over the past years, a lot of clients asking for a Buddhist chaplain have a background in mindfulness. To be able to provide spiritual care to these clients, the education program consists of three major courses on mindfulness. In the Master's program there is a Buddhist elective course "Multidisciplinary reflections on Mindfulness". In the post-academic trajectory students participate in a MBSR-trajectory which focuses on literature by Bhikkhu Analayo "Satipatthana, the direct Path to Realization" (2004) and by David McMahan "The Making of Buddhist Modernism" (2008), thereby reflecting on the Buddhist roots of the program.[22]

Roles of the Buddhist spiritual caregiver

In the general spiritual care program at Vrije Universiteit the book "Zorg voor het verhaal/ Caring for the story" (Ganzevoort & Visser, 2007) is used as the basic manual. Ganzevoort & Visser (2017) describe three roles of the pastoral caregiver: the witness (representative of tradition), the helper (professional role), and the companion (or friend). In trying to find a Buddhist counterpart for these roles and to include the three major Buddhist traditions we

[22] In the Netherlands MBSR is often used in general or denominational chaplaincy. As most Buddhist chaplains are trained mindfulness teachers, educated by external institutions (mostly at Radboud University Medical center), questions by candidate Buddhist chaplains were raised if this teacher training could not be included in the program at Vrije Universiteit. Until now this has not been the case.

identified: spiritual friend (kalyana mitta), bodhisattva (helper), and spiritual warrior (the chaplain as a critical mirror, the tradition as counter culture).

First, there is the role of the Buddhist chaplain as a spiritual friend. In Angutarra Nikaya, Mitta Sutta 7.35, a spiritual friend—kalyana mitta—is described as follows:

> *"Monks, a friend endowed with seven qualities is worth associating with. Which seven? He gives what is hard to give. He does what is hard to do. He endures what is hard to endure. He reveals his secrets to you. He keeps your secrets. When misfortunes strike, he doesn't abandon you. When you're down and out, he doesn't look down on you. A friend endowed with these seven qualities is worth associating with."*

Most students recognize a lot of what a chaplain does in the description of these seven qualities. The 'keeping your secrets'-part is seen as very important. Chaplains create a safe haven and have the right and duty to keep silent about what people tell them. (Buddhist) chaplains should never reject clients and feel the obligation to use everything in their power to help.

Second, and relating to this power to help, the Buddhist chaplain is described as bodhisattva. In Mahayana tradition the bodhisattva is a being that compassionately refrains from entering Nirvana in order to help and liberate others, and will continue doing so until all living beings are saved. It is often used as a metaphor for Buddhist chaplaincy by American authors, especially if they are Zen- or Tibetan Buddhism-inspired (Fronsdal, 2012; Meyeonghbeop, 2016; Elliot, 2012).

The third model focuses on the chaplain as a spiritual warrior. The term spiritual warrior is used in Tibetan Buddhism for the bodhisattva fighting greed, anger and delusion (Maguire, 2017). This is a particularization of the bodhisattva ideal, just as Tibetan Vajrayana is also a part of Mahayana. Here the spiritual caregiver can take the role of a counterpart, e.g., against a harmful belief a client may have or, at a macro-level, against a non-beneficial system. Another possibility is to replace the metaphor of spiritual warrior by wounded warrior (Kittisaro & Thanissara, 2014, p. 181-205).

Working with these three models, students should be aware of their personal preference while at the same time looking for what a particular client or system needs. For this mindfulness, wisdom, and compassion are necessary (Beroepsprofiel BZI).

Practices of Buddhist spiritual care

Buddhist chaplaincy is very much based on the idea of the 'client central and the tradition as supportive' (Sudholter, 2018). This seems to imply a demand-driven rather than a supply-driven approach. In reality, in prison and healthcare, supply-driven group programs in meditation and mindfulness were initiated and soon became very popular. As mindful yoga is part of the MBSR courses and appears to be much appreciated by clients, it is worth mentioning that some Buddhist chaplains act as yoga instructors as well. Buddhist chaplains in the penitentiary system all have part-time jobs working in more than one prison. In addition to meditation and mindfulness group activities, individual pastoral care is provided (Sudholter, 2018).

Implications for interfaith spiritual care

Buddhist chaplains in the Netherlands from the beginning have been working with clients from a variety of denominations. It is stated above that the first official client was a prisoner with a Muslim background and that a lot of clients come from secular mindfulness programs. Although the number of official Buddhists in the Netherlands is small, Buddhism is considered by many people as a secondary source of religious inspiration (Boeddhistische Unie, 2018). Buddhism is often associated with relaxation, compassion and friendliness. Because of this, the Buddhist chaplain is popular also among non-Buddhists. In prisons, Buddhist chaplains are often asked by non-Buddhist clients for help with stress reduction. Meditation and mindfulness are considered by many as very helpful (Sudholter, 2018). In healthcare settings, Buddhist chaplains all work as general chaplains without much problem. Their specific Buddhist knowledge is considered as an additional aspect they can use in their spiritual care practice. Apart from meditation and mindfulness, the arrow sutras from the pali canon (Sala Sutta, Sanyutta Nikaya 3.8 and Cula Malunkyovada Sutta, Majjhima Nikaya 63) are experienced to be very helpful in serving non-Buddhist clients. Translated in popular jargon these sutras state that "pain is unavoidable but suffering is optional" and that all questions about a "why" are a part of this unfruitful suffering. In some mindfulness courses this theory is already included.

In the education program at Vrije Universiteit Buddhist staff also work in an interfaith setting. Last year, an introductory lecture on Buddhist chaplaincy was given in the general spiritual care course. After the internship period, students from various denominations mentioned that 'the three tenets' explained in this course proved very helpful in approaching clients during their chaplaincy internship. Also, the seven qualities of the spiritual friend as a metaphor for what a chaplain can be, received a positive response from students from non-Buddhist traditions. A month after the lecture, a student mentioned that he had used the seven

qualities in his inauguration speech as a Protestant minister. Topics as empathy fatigue and secondary trauma, part of the Buddhist program, were also found very interesting by other students. In the general master's program an introduction and seminar on Buddhist ethics is given to all chaplaincy students. Buddhist staff also take part in the supervision of all spiritual care students during their internship period.

An Islamic perspective

A brief history of Islamic spiritual care in the Netherlands

Islamic spiritual care in the Netherlands is primarily present in three domains: healthcare, penitentiary institutions, and the army. The history of Islamic spiritual care in penitentiary institutions is the oldest, with an officially embedded civil service history starting in 2008, preceded by a period of 10 years of voluntary and freelance work of Imams in prisons (Ajouaou, 2014, pp. 23-4). The history of Islamic spiritual care in the army starts in April 2009, when two Imams are officially appointed (Michalowski, 2015, pp. 46-7). The institutional embedding of Islamic spiritual care in these government organs was made possible by the establishment in 2004 of *Contactorgaan Moslims en Overheid* (CMO), an official representative of the Dutch Muslim communities towards the Dutch government (Boender, 2014, pp. 255, 264). To work as an Islamic spiritual caregiver at the Ministry of Justice or Defense an official recognition by CMO is needed. This recognition is granted on the basis of a couple of prerequisites, among which formal, like a relevant university diploma and the will to keep following education, but mostly religious prerequisites like proven religious knowledge, personal and public piety, and a proven history of decent behavior and integrity (CMO).

On Islamic spiritual care in healthcare institutions no concrete historical data are prevalent in academic studies, but it has a similar prehistory of freelance and voluntary work. It has a more institutionalized presence since 2001, when the Dutch professional organization for spiritual caregivers in healthcare (VGVZ) established an official branch for Muslim spiritual caregivers. This was the result of a VGVZ-committee on 'multicultural' spiritual care in the 1990s that explored the need for Hindu and Muslim spiritual caregivers in healthcare institutions (Karagül, 1999; Van den Akker & Van Wersch, 2003). In healthcare settings official recognition by CMO is not always necessary and depends on the particular demands of the institution.

On university level, the VU Master of Spiritual Care offers the only Islam-specific track in the Netherlands, thus being the main deliverer of Islamic spiritual caregivers to named institutions with recognition by CMO. Students of the Islam-track follow the general curriculum

in an interfaith setting, consisting of two courses in the theory of Spiritual Care, a course in Hermeneutics, a course in Comparative Ethics, and Supervision. They thus are from the very beginning of the curriculum trained in interfaith skills. Besides these courses in an interfaith setting, they follow two courses specifically with the students of the Islam-track: *Theory of Islamic Spiritual Care* (TISC), and a master seminar in which they relate practical matters of their internship to the theory learned during the Master program.

A specific challenge for the field of Islamic spiritual care in the Netherlands, and perhaps also globally, is the relative lack of academic studies on the practice of the field and of a proper theorization of that practice. To date there is only one encompassing study in the Netherlands, that combines both a study of the practice of Islamic spiritual caregivers in Dutch penitentiary institutions as well as a theorization of the field of Islamic spiritual care in this regard (Ajouaou, 2014). It thus still largely is a field that is developing itself through practice alone. This has ramifications for the way it is taught in the course *Theory of Islamic Spiritual Care* (TISC) in the VU master program: the literature prescribed is not firmly rooted in a separate Islamic discourse on spiritual care particular to the Dutch situation, comparable to existing handbooks that Christian chaplaincy traditions have managed to bring forth over the decades (Doolaard, 2006; Ganzevoort & Visser, 2007; Heitink, 1998). The creation of such a handbook for the Islamic context therefore forms a priority for the field. The course literature currently is improvised from studies on international developments in the field, Islamic primary and secondary sources on belief, ethics and spirituality, and Dutch sources on Christian chaplaincy. In what follows, we describe the curriculum of the Islam trajectory within the master Spiritual Care at VU, and how it aims to cater for the particularities of the field. We discuss the content, role and practice of Islamic spiritual care and its implications for interfaith spiritual care based on the contents of this course.

Characteristics of Islamic spiritual care

Content of Islamic spiritual care

According to the so-called Hadith of Gabriel, a famous narration in which archangel Gabriel visits Muhammad and his Companions to teach them the core of their religion through a set of rhetorical questions to Muhammad, Islam consists of three domains: the ethical-practical domain of religious rituals, duties and prohibitions (*islām*), the domain of religious beliefs (*īmān*) and the domain of inner spiritual life (*iḥsān*) (Nawawī, 2007, pp. 31-48). The content of Islamic spiritual care, one may argue, consists of all these three domains, and may also take its model for the 'therapeutical' relationship between caregiver and client from the pedagogical

relationship between Gabriel and Muhammad in said narration. The course TISC in the VU Master, a 6ECTS-course consisting of 12 gatherings, is structured around these three domains. The three meetings in the course on the domain of religious duties and prohibitions (*islām*) focus on both Islamic rituals and ethical thought. The two meetings that deal with the domain of religious beliefs (*īmān*) focus on the question of theodicy in the work of Islamic spiritual care. The two meetings on inner spiritual life (*iḥsān*) in the course put the 'spiritual' into Spiritual Care, so to speak, and consists of an application of core themes of Islam's spiritual tradition in the practice of spiritual care. The application of this emic paradigm creates a sense of recognition among Muslim students in the curriculum. It avoids a reliance on purely etic academic concepts, and invites students to engage in the curriculum on their own terms and values, within a further thoroughly academic setting.

Roles of the Islamic spiritual caregiver

TISC starts with two meetings on the discussion of defining the field of Islamic spiritual care and legitimizing it from the perspective of Islamic tradition(s). Although traditional roles of Islamic leadership certainly contain elements of it, the term spiritual care in itself is alien to Islamic tradition. Students are challenged to find conceptual common ground with other terms and concepts of spiritual leadership in Islam, like the mosque-imam, the Mufti, the giver of guidance (*murshid*) or the inviter to religion (*daʿī*). Seminal in this discussion is understanding how the more complex institutional environment radically changes the role of the spiritual caregiver compared with the traditional mosque-imam. Following a scheme of Asim Hafiz (2015), students learn to reflect on how the practice of Islamic spiritual care is seated in four different associations of the spiritual caregiver: the vocational, the professional, the religious/communal associations, and the educative/reformative association (Hafiz, 2015, p. 90). Because of this plurality of associations the role of normativity becomes different compared to the traditional mosque-imam, whose work is only defined by the religious/communal association. It changes from a more directive to a more hermeneutical, question-based approach. Also, the responsibilities towards non-Muslim institutions change the way religious norms may be expressed and practiced as a spiritual caregiver (Hafiz, 2015; Ajouaou, 2014).

In the context of rituals and ethics (*islām*), the educative/reformative association of the spiritual caregiver becomes prominent, which may be considered a novelty in Islamic tradition (Hafiz, 2015, pp. 91-2). Islamic spiritual caregivers are pioneers in many ways, and necessarily take upon them a role as educators and reformers, both within their profession, but also towards

the religious communities in which they are rooted. They come across ethical dilemmas that a traditional Islamic leader would not be confronted with in the same manner, and have to contextualize Islamic rituals in new institutional contexts. This means that Islamic spiritual caregivers need to constantly and thoroughly educate themselves and others in Islamic practical ethics to be able to proactively deal with their specific cases, and that they need a good set of interfaith and interpersonal skills to be able to communicate their ethical advices to their non-Muslim institutional environment, and actively involve this environment in their ethical deliberation process. Finding the right balance between all these roles and factors is the main focus in the course. The interfaith courses on Hermeneutics and Comparative Ethics in the curriculum are a very good addition to this process of ethical deliberation in a predominantly non-Muslim environment.

Practices of Islamic spiritual care

The domain of religious duties and prohibitions (*islām*) is where arguably the practice of Islamic spiritual care becomes most visible. In our course extra attention goes to the institutional embedding of the spiritual caregiver, according to earlier mentioned scheme of Hafiz (2015). It partly focuses on rethinking the practice of rituals in Islamic spiritual care in its specific contexts (e.g., Friday prayer in prison, Islamic 'alternative' rituals in the context of mental healthcare), but most attention is drawn to the contextualization of Islamic ethics. Students learn to reflect on how assistance in ethical decision-making of their clients takes place in the complex relationship between the four different associations of the spiritual caregiver. In their task as ethical advisors, Islamic spiritual caregivers have to be sensitive not only towards the wishes of their clients, but also to the norms and values current in their religious community, to the ethical demands and professional code of their vocation as spiritual caregivers, and to the laws to which the professional institution is bound, as well as the practical implications of their ethical advice for this institution.

In the domain of religious beliefs (*īmān*) the focus is on the question of theodicy in the work of Islamic spiritual care. An important practice for the spiritual caregiver is to offer support to clients in their experiences of contingency, crisis or trauma. Such experiences may lead to a crisis in one (or more) of three assumptions of a theodicy-triangle: (1) the assumption that God is Almighty and that the world therefore is meaningful; (2) the assumption that God cares and the world is therefore benevolent; and (3) the assumption that the person him/herself is good and valuable and that inflicted evil is not a form of divine punishment (Ganzevoort & Visser, 2007, pp. 307-12; Janoff-Bulman, 1992). Students become acquainted with Islamic

models of theodicy and their applicability in the domain of spiritual care (Ghaly, 2014; Jackson, 2009). Through discussion of a couple of concrete cases in the context of healthcare, the army and prisons, students evaluate together what the guiding practice of the spiritual caregiver may be in a theodicy-related crisis of faith caused by trauma, which theodicy models have 'therapeutic' value and can offer a form of consolation, and whether the preservation of faith is a task of the caregiver.

Implications for interfaith spiritual care

One could argue that Islamic spiritual care is currently developing as a field strongly rooted in its own tradition aiming at clients of its own particular denomination, against the rising trend of interfaith spiritual care (Liefbroer & Berghuijs, 2019). On a short term it seems unlikely that interfaith spiritual care will become more prominent in Islamic spiritual care: in the army and prison the primary aim remains the presence of an Imam to fulfill the religious rights of Muslims, and also in healthcare institutions tradition-specific care seems to remain highly relevant (Ajouaou, 2014; Michalowski, 2015). Despite a high level of intra-religious pluralism, which is a challenge in itself for the Islamic spiritual caregiver, there is thus far no clear sign of an increase of secularization or multiple religious belonging among the Muslim population of the Netherlands (Huijnk, 2018). Interfaith spiritual care and the corresponding set of skills needed is however still very urgent because of the interfaith setting in which the Islamic spiritual care activities are undeniably taking place: the plurality of associations of the Islamic spiritual caregiver necessitates that he/she can work in an interfaith context, even if mainly working with Muslim clients. One could thus argue that this complex set of associations makes the work of an Islamic spiritual caregiver interfaith by definition: even if the client base still primarily consists of Muslims, one operates in an environment with many (non-)religious and spiritual orientations and constantly has to be sensitive about this and navigate one's own values and presuppositions through the challenges of such an environment.

The applicability of Islamic spiritual care in an interfaith setting further seems to have two main challenges: the challenge to make spiritually inclined Islamic traditions suitable for caregiving to non-Muslims, and intra-religious controversy about the Islamic validity of these traditions among Muslims. Concerning the first challenge, one can state that the domain of religious rituals, duties and prohibitions (*islām*) is less suitable as reservoirs for interfaith spiritual care practices compared to other denominational forms of spiritual care. The domain of religious beliefs (*īmān*) may have something to offer to non-Muslims through certain aspects of the theodicy question. Given the universality of the questions related to theodicy and the

concept of 'shattered assumptions', one may argue that this is a typical topic that could also be tackled in the interfaith curriculum of the master, and a topic in which the Islamic spiritual caregiver can also be of high relevance to non-Muslim clients. In conversational practice related to these themes, the Islamic spiritual caregiver may offer comfort and solace to a non-Muslim client by operationalizing Islamic perspectives on theodicy that can be universalized.

The domain of inner spiritual life (*iḥsān*) has the most potential in this regard, and may very well be 'universalized' without losing its rootedness in the Islamic tradition. This needs further exploration, both in academia and in practice. Islam's discursive tradition has a very rich body of wisdom literature, analyzing humanity's inner spiritual life and offering suggestions for 'the purification of the soul' (*tazkiyyat al-nafs*) with a centuries-long praxis, mostly associated with the Sufi tradition. The language of this literature is clearly embedded in Islamic tradition and practice, but also universal in its appeal: the writings of Rumi for example are a best seller in the USA, and also the works of Farid al-Din Attar have found their way to a much larger non-Muslim audience. For Islamic spiritual caregivers working in an interfaith setting, this would be a very suitable repertoire to make a significant part of Islam's discursive tradition relevant for non-Muslims as well.

From the 19th century onwards however, this spiritual tradition has become increasingly problematized within Islamic tradition, due to the rise of Islamic reformist movements with anti-mystical inclinations (Jackson, 2012, pp. 12-27). A major challenge for theorists of Islamic spiritual care is to 'translate' this rich discursive tradition into a common language that is acceptable for a large segment of Muslims, Sufi and non-Sufi, in the first place: secondly, to make the relevant aspects of Sufism for spiritual care acceptable for a non-Muslim audience as well. Research on to which extent this is already happening in the practice of Islamic spiritual care is an important priority for the field.

Within the context of our education program, the final three meetings of the course TISC are a first step in that endeavor of 'translating' Islam's controversial mystical tradition to a larger audience. The last part of the seminal work of Ganzevoort & Visser (2007) consists of chapters that deal with some basic emotions and spiritually transitional experiences relevant to chaplaincy work, substantiated with Christian theological perspectives. Students are challenged to analyze these Christian theological perspectives for compatibility with Islamic teachings, and to present their own vision on these overarching themes from their perspective as Islamic spiritual caregivers. They thus present their vision on topics such as anger and violence, anxiety and desire, guilt and shame, loss, trauma and sadness, substantiated with their personal explorations of Islamic theology and its spiritual tradition. Through this approach they help

create an independent Islamic discourse on these matters, meanwhile also becoming familiar with Christian perspectives on these grand life themes which significantly contributes to their interfaith skills. Given the universality of these experiences of contingency and related emotions, this may very well be operationalized in an interfaith setting. This approach offers our students a conceptual common ground when offering care to non-Muslims from different persuasions in their future profession as Islamic spiritual caregivers.

A Hindu perspective[23]

A brief history of Hindu spiritual care in the Netherlands

Hindu spiritual care in the Netherlands has first developed within hospitals and penitentiary institutions and later also within the context of defense. It started when Christian chaplains felt that they were unable to provide spiritual care to Hindu clients as they did for Christian clients, because they lacked knowledge of the Hindu tradition and had no religious authority. So, Hindu priests (pandits) were attracted from their own network or well-known Hindu organizations and were asked to provide spiritual care to these Hindus. These pandits were trained in the work of mental care in hospitals or in penitentiary institutions and appointed on a freelance basis. Since this type of spiritual care provision happened on an individual basis and there was no consultation between the different priests (who were working in different hospitals and prisons), every Hindu priest applied his/her own approach (Van Dijk, 1998; Lalbahadoersing, 2015; Rambaran, 2015).

In practice, this meant that the pandit, traditionally trained to conduct the rituals on occasions like marriage, birth of a child, or death of a person, was able to continue his religious work in the institutions in an adapted way. The adjustments mainly concerned that there was no open fire available in the penitentiary institutions or hospitals for sacrifice rituals and the various ingredients for sacrifices were often not available. Furthermore, since pandits started following spiritual care courses on conversation techniques and counseling, the provision of Hindu pastoral counseling was initiated. After the recognition of the Hindu Council of the Netherlands (HRN) as a sending agency for Hindu spiritual caregivers in penitentiary institutions in June 2009 (Bernts, Van der Velde & Kregting, 2012b), the Hindu Council of the Netherlands began a more structured process of professionalizing Hindu spiritual care.

[23] This article is based on an earlier publication by Bikram Lalbahadoersing in *Tijdschrift Geestelijke Verzorging* (2015, issue 78), titled ‘Een filosofisch kader voor hindoe geestelijke verzorging’ [‘A philosophical framework for Hindu spiritual caregiving’].

The start of Hindu spiritual care in defense has a clearer mark. In 2004, the Hindu Council of the Netherlands was recognized by the Ministry of Defense as a sending institution (Rambaran, 2015). One of the most prominent activities of Hindu spiritual care in defense is yoga (Snel, 2018; Keultjes, 2018; Bijl, 2019). This started as early as 2004 when a first yoga workshop was organized by the Hindu Spiritual Care Department. There was a lot of interest and many workshops were offered in the following period. Due to the high demand for yoga, several yoga teachers were trained in 2016 and there is a network of defense personnel who practice and teach yoga.

In the meantime, there have hardly been any scientific studies or publications on Hindu spiritual care in the Netherlands, which in part explains the variety of individual approaches in this new field. Since May 2019 a professor for Hindu studies has been appointed at the Vrije Universiteit Amsterdam, which will stimulate academic reflection on the theory and practice of Hindu spiritual care.

Characteristic of Hindu spiritual care

Content of Hindu spiritual care

In 2010 a Head of Hindu chaplaincy was appointed at the Ministry of Justice. One of his tasks was to develop a method that Hindu chaplains should use in their work with prisoners. As a first step, the team of Hindu spiritual caregivers in the prisons took the initiative to formulate several principles for their own field of work, so that there was a framework from which Hindu spiritual caregivers could provide spiritual care (Lalbahadoersing, 2015). For this exercise, they first looked at the common cultural elements that the Hindu community in Suriname—from which most Hindus originate in the Netherlands—had embraced, such as the Hindi language, public celebrations of religious festivals, solidarity with their own temples and marrying within one's own community.

However, there were also differences between the Surinamese tradition and the contemporary Dutch context. A great deal of knowledge about Hinduism became available in the Dutch or English language, as a result of which highly educated laymen were given access to information that was previously only accessible to those familiar with the Hindi and Sanskrit languages. Consequently, there was an increase of interest among laymen in the fundamental philosophical concepts of the Hindu tradition. Hindu chaplains therefore soon realized that the development of Hindu spiritual care required a framework containing the four philosophical concepts that form the basis of Hindu life: way of life, growth of consciousness, solidarity, and karma (Rambaran, 2015).

The first principle for Hindu spiritual care is that the spiritual caregiver pays specific attention to the entire way of life of the client or conversation partner (Rambaran, 2015, p. 106). Hinduism as a religion has various forms, as there are Hindus who believe in a personal God, while there are also Hindus who hold an impersonal image of God. Since Hinduism has no central authority, Hindus have traditionally had much freedom to make personal choices, and there is a lot of diversity amongst Hindus. This is also translated in the rules of life Hindus follow. For example, it may be that one Hindu only wants to eat vegetarian food one day a week, while another wants a vegetarian diet every day, or only during religious festivals. This diversity does not mean that people do not commit to these rules: it puts heavy pressure on a Hindu's conscience if he/she is unable to comply with the 'self-chosen religious rules'. That is why Hinduism is called a "way of live".

Secondly, the Hindu spiritual caregiver strives—through a variety of religious and spiritual practices—to increase the awareness of the individual (Rambaran, 2015, p. 107). By broadening one's consciousness, people may experience a deeper connection to fellow human beings, feel more inspired by the environment, and become better in self-reflection. Increasing moral awareness, attention to norms and values, and the development of responsibility for one's own actions starts with attention to the quality of consciousness. Another characteristic of an expanded consciousness is that one can experience reality on a different level, namely on the level of spiritual experiences. The Vedas, source scriptures from the Hindu tradition, speak of "Ekam sad vipra bahudha vadanti", which means that there is one ultimate spiritual Truth about which "rishis" (seers) speak in different terms. This principle enables Hindus to open themselves to other traditions and philosophies of life.

A third characteristic of Hindu spiritual care is that it strives to strengthen the client's connection with his/her environment on three different levels (Rambaran, 2015, p. 108). Hindu texts set out a holistic approach to people and society. At the micro level, the individual tries to attain higher forms of consciousness, enabling him/her to get to know his deeper being, the Atman. At the meso level, the individual develops within a social context, where he/she learns to give space to the needs and concerns of the community in addition to the pursuit of personal happiness. At the macro level, the aim is to bring the relationship of the individual human (micro level) within a social context (meso level) into relation with the cosmos and the Supreme; the development of people and society must be in harmony with the natural environment.

Fourthly, the principle of karma plays an important role within Hindu spiritual care (Rambaran, 2015, p. 132). In the Hindu tradition, it is assumed that there is no randomness in

the universe, and the principle of karma implies that there is a causal relationship between the actions someone performs and the consequences these actions have. When the actions and consequences are closely linked, karma is often testable with everyday practice (e.g., working on a job and getting paid; refusing to complete a job and getting fired). However, sometimes the causes of consequences cannot be traced so easily by our consciousness. Hindus can then rely on testimonies from the great teachers or mystics of tradition, such as seers and saints, as it is said that they can interpret such remote links because of their expanded awareness. Although it is not up to the spiritual caregiver to explain what has caused something to happen, he/she can assist a client on his/her journey to the growth of consciousness and the ultimate realization of the eternal soul.

Roles of the Hindu spiritual caregiver

The start of Hindu spiritual care in the Netherlands meant a double translation of an age-old tradition into a modern context. Firstly, Hinduism is an ancient belief tradition that has evolved on the Indian subcontinent. Because of this, historical characteristics of Indian society are closely intertwined with the structures and customs in Hinduism. Typical is the large family system, in which grandparents, together with the children and grandchildren, form a large household. They cook together, salaries go into a joint pot and the religious rituals are also performed within the family collective. Another characteristic of the Hindu tradition is the guru. When people want to develop spiritually, they look for a guru to teach them how to do so. In the past, a student of a guru went to live with the guru and formed a temporary family with the guru and other fellow students. The religious expert or academic scholar in the tradition is the third type of spiritual counselor, who focuses on transferring information. These three separated roles—that of the wise elder, the guru, and the expert—are the three traditional forms of spiritual guidance (Lalbahadoersing, 2015).

The second translation of the age-old tradition into a modern context concerns the translation of Hindu-Suriname aspects of the Hindu tradition to the Dutch context. The Hindu tradition as practiced by most of the Hindus in the Netherlands does not directly originate from India, but from Suriname (South America). In 1863, slavery was abolished in the Kingdom of the Netherlands. However, to continue the labor on the sugar cane plantations, people from (amongst others) India were brought to Suriname. By the time Suriname became independent (1975), about half of the Hindu population moved to the Netherlands (Choenni, 2016). In the hundred years in which the Hindu community lived in Suriname, the appearance and experience of the Hindu religion underwent a radical change into a more homogeneous Hindu community

(Van Dijk, 1998). This contrasts with the enormous diversity that is found in the mother country of India. Furthermore, there was great emphasis on rituals, and the magical practices surrounding healing and incantations were given a more prominent place in the cultural experience. Some attribute this to the village religion that the workers had brought with them (Choenni, 2016; Rambaran, 2015). A final relevant change concerned life as a large minority in a multi-religious and multi-racial society. This has had a strong conservative influence on the identity experience of Hindus. The Hindu language, the public celebrations of heyday, the solidarity with one's own temples and marrying within one's own community, therefore became the collective core values for the community (Choenni, 2016).

A new type of authority bearer arose in this new situation, namely that of the Hindu priest or pandit (Bakker, 2005; Schouten, 2005; Van Dijk, 1998). Due to a lack of qualified people (hardly any clergy were imported to Suriname), the different religious needs of believers were all addressed by one and the same person. This made the pandit fulfill the roles of the guru, the scholar, and the wise elder as well as the ritualist, the magician and the cultural foreman. The Christian example of the pastor and priest may also have contributed to the contraction of the functions to a person. Meanwhile, the fulfillment and performance of this new function had a strong ritualistic approach, because most pandits at that time mainly had knowledge on performance of rituals. This meant that spiritual practices as well as knowledge of Hindu scriptures became strongly ritualized, which until now remains the common practice of Hindu priests, as their services are mostly required at rites de passage and other special moments. However, for Hindu spiritual caregivers this ritualistic approach poses a challenge, since many rituals consist of fire offerings that are usually not permitted in the official buildings in which Hindu chaplains work (e.g., in hospitals, prisons and military buildings). Therefore, Hindu spiritual caregivers started looking for alternative concepts in their own tradition by going back to the core of the different religious functions in order to form a new conceptual frame for the role of Hindu chaplain (Lalbahadoersing, 2015).

Practices of Hindu spiritual care

Hindu spiritual caregivers, working in the prison system, have been working for several years with the above-mentioned philosophical framework of four basic principles, giving meaning to activities such as meditation, mantra recitation, religious celebrations and yoga. Prisoners often say that they feel different after a yoga class; they are more relaxed and better able to sleep. “My mind refreshes after I have done yoga,” one prisoner commented (Rambaran, 2015, p. 193). Another prisoner said that after a long period of yoga he was able to sleep tight again.

Another prisoner, who had practiced yoga for the first time, called his wife to tell her that he had experienced something special and that he wanted to share it with friends and family. He also encouraged his wife to practice yoga (Rambaran, 2015, p. 195).

Ultimately, the aim is for the Hindu prisoner to adopt a way of life that triggers a growth of consciousness, because of which he/she can experience a closer connection to others and become more aware of the consequences of his/her actions. This objective is for instance reflected in the concrete activity of restoring family relationships—relationships that are important to Hindus because religion is primarily practiced in the family, and because religious values and norms are transmitted and confirmed in the same family context (Jaggan, 2016).

In addition to these practices, Hindu spiritual caregivers also provide individual pastoral counseling, for instance in healthcare settings in accordance with the practices of the other chaplains, like Christian and Humanist. In doing so, patients' expectation of the spiritual caregiver in a healthcare institution sometimes come very close to that of the traditional healer, who, with the help of prayer, assists those in need (Lalbahadoersing, 2015). If the patient feels the need to perform a ritual, the Hindu chaplain can provide a (simple) ritual. For extensive rituals, the patient is expected to call in his own family priest and do the rituals at home.

Implications for interfaith spiritual care

In the characteristics of Hindu chaplaincy as described above, spiritual care provision is commonly assumed to take place in interaction between a Buddhist spiritual caregiver and a Buddhist client. However, for instance in healthcare settings, Hindu spiritual caregivers often feel the need to adhere to the format of working in a territorial manner—for all clients regardless of one's religious or spiritual orientation, in accordance with the format that is commonly used by Protestant, Catholic and Humanist chaplains. For a Hindu spiritual caregiver such interfaith spiritual care seems possible, as Hindu spiritual caregivers can provide spiritual help to anyone who asks for it. However, it should be a conscious choice by the client asking for this, and he or she should be open for Hindu spiritual care. When this is the case, the spiritual caregiver can offer any kind of spiritual care.

One of the consequences of the territorial working manner is that a 'light version' of the tradition has developed for the 'average Westerner', or non-Hindu client, and another practice has developed for Hindu believers. For example, non-Hindu clients mainly expect pastoral conversation, yoga and meditation from Hindu spiritual caregivers. The Hindu believers, on the other hand, seek more religious substantive guidance in which simple rituals play a role. In the

latter case, a worldview with a clear place for the divine aspects of the Hindu tradition is presupposed, and needs to be present and shared with both the spiritual caregiver and the client.

Discussion

In the previous sections, we have described how Buddhist, Muslim, and Hindu spiritual care takes shape in the multifaith and multicultural context of the Netherlands. As each of these 'new' spiritual care denominations are rooted in a non-Western context, the descriptions show how each denomination is challenged to 'translate' and recontextualize their faith-specific characteristics to the spiritual care setting of the Netherlands. We will compare the three perspectives in order to identify their similarities and differences, and discuss the implications for practicing spiritual care in an interfaith context.

Spiritual care from Buddhist, Muslim, and Hindu denominations seem to have developed in a similar vein. For all three denominations, official recognition and employment as Buddhist, Islamic, or Hindu spiritual caregiver was preceded by a period of ad-hoc, voluntary or freelance work, especially within penitentiary institutions and (sometimes) in healthcare settings. Subsequently, for each denomination an official representative council or organization was established that could authorize/ordain spiritual caregivers as representatives of that tradition. Such authorization required spiritual caregivers—in addition to other requirements—to complete a relevant bachelor's or master's degree, such as one of the faith-specific trajectories that were accordingly provided at Vrije Universiteit Amsterdam. Currently, spiritual caregivers authorized by Buddhist, Muslim, and Hindu denominations are (being) employed in penitentiary institutions, healthcare settings, and the army.

The specific characteristics of each denomination, however, seem to contain both similarities and differences. The faith-specific content differs between the traditions, with Buddhists focusing on concepts such as 'not-knowing', 'bearing witness', and 'doing the actions that arise from not-knowing' (Glassman, 1998), Muslims focusing on three domains of religious rituals, duties and prohibitions (*islām*), religious beliefs (*īmān*) and the inner spiritual life (*iḥsān*) (Nawawī, 2007, 31-48), and Hindus emphasizing the concepts of 'way of life', 'growth of consciousness', solidarity, and karma in their spiritual care practice (Rambaran, 2015).

Meanwhile, when focusing on the specific roles and practices of spiritual caregivers from these three traditions, we do see several parallels. In line with the roles identified among Christian spiritual caregivers as 'companion', 'counselor', and 'spiritual guide' (Ganzevoort & Visser, 2007; Liefbroer, Ganzevoort, & Olsman, 2019), from a Buddhist perspective the

spiritual caregiver may represent the roles of the ‘spiritual friend’ (kalyana mitta), the ‘helper’ (bodhisattva), and the ‘spiritual warrior’. Similarly, from an Islamic perspective the spiritual caregiver is associated with his/her vocational, professional, religious/communal role, and from a Hindu perspective the spiritual caregiver may function in the roles of the wise elder, the expert/scholar, and (as confessional caregiver) in the role of the guru, the ritualist, the magician and the cultural foreman. From a Muslim perspective the role of the spiritual caregiver as educator/reformer is added to these, and is seen in relation to the context in which spiritual caregivers work as well as in relation to their religious community.

The practices also show some parallels, as from all three perspectives the ritual dimension of spiritual care practices is emphasized. From a Buddhist and Hindu perspective this is mostly seen in relation to (group) practices such as meditation and yoga, mindfulness (Buddhism), mantra recitation and religious celebrations (Hinduism). From an Islamic perspective ritual practices such as Friday prayers form an important part of the spiritual care practice. Furthermore, for all three perspectives individual spiritual care or counseling is part of spiritual care provision. In contrast to the Buddhist and Hindu perspectives, the practice of ethical decision-making is mentioned from an Islamic perspective.

Finally, there are differences in terms of interfaith practices for each of the perspectives. From a Buddhist perspective it is emphasized that Buddhist chaplaincy originated in an interfaith setting, and that various practices (e.g., meditation, mindfulness, arrow sutras) can be helpful in spiritual care provision to non-Buddhist clients. By contrast, from an Islamic and Hindu perspective the character of providing spiritual care to adherents of the same faith tradition is primarily focused on, although from these perspectives also possibilities for interfaith spiritual care provision are noted. From an Islamic perspective, the domain of religious rituals, duties and prohibitions (*islām*) seems difficult to apply to spiritual care encounters with non-Muslim clients, but the domains of religious beliefs (*īmān*) and of inner spiritual life (*iḥsān*) may prove fruitful for spiritual care provision to non-Muslims. For Hinduism, a prerequisite is that the client needs to be open to and willing to Hindu spiritual caregiving, though a difference is made between a ‘light version’ of Hindu spiritual caregiving (e.g., providing yoga, meditation, pastoral counseling), and a version containing tradition-specific content and rituals.

Conclusion

In this chapter we have considered the implications of the multicultural and multifaith society of the Netherlands for the way in which spiritual care takes shape, with a focus on Buddhist,

Islamic, and Hindu perspectives. These relatively new denominations in the field of spiritual care have followed similar trajectories in gaining recognition as formal representatives of those traditions in addition to their Christian, Humanist and unaffiliated colleagues. Although the faith-specific content of each tradition differs, the roles and practices of spiritual care provision show several parallels in the way in which spiritual care from each of these traditions is performed. From a Buddhist perspective providing interfaith spiritual care seemed to have been common practice from its origin, whereas from an Islamic and Hindu perspective spiritual caregiving to adherents of the same faith tradition is primarily focused on, although from these perspectives also possibilities for interfaith spiritual care provision are identified. Considering these various perspectives is one of the steps needed for deepening our understanding of the implications of religious and spiritual diversity for the way in which spiritual care takes shape in the Netherlands.

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