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The Influence of Buddhist Concepts on Patients and Their Support Networks in  
Chinese Hospice Care

Master's Thesis

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I have written this Research paper/Master Thesis independently. Any ideas or data taken from other authors or other sources have been fully referenced.

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### Introduction

The focus on the indispensable spiritual care for both patients and those who care about them in the hospice care stage has a profound impact on pursuing a peaceful dying process to improve the quality of death (Schultz et al., 2017). For the sake of this, hospice care which is associated with Buddhist concepts has already been advocated in some areas like Taiwan, Japan, Korea (Glass et al., 2010), America (Watts, J. 2012), Australia (McGrath, 1997), and New Zealand (Egan et al., 2011), etc. Nevertheless, the current body of evidence on this matter is lacking in mainland China<sup>1</sup>. The reason for this is likely to be the lack of investigation into the impact of Buddhist concepts on individuals facing terminal illnesses and those who care about them within the context of hospice care in contemporary China. Therefore, the topic of this research will focus on the influence of Buddhist concepts on terminally ill patients and those who care about them during the hospice care period in the context of China.

Hospice care has become a term to treat terminally ill patients since the 1960s in London with the help of Cicely Saunders who was a medical staff member as well as a Christian social worker. In 1967, she founded the St. Christopher's Hospice unit, dedicated to providing care for a larger number of terminally ill patients following three fundamental principles: pain management, a setting that incorporates family or community engagement, and involvement of spirituality. (Coward & Stajduhar, 2012) Thus, as regards patients grappling with terminal illnesses, they not only have to endure physical pain but also face emotional and spiritual distress (Liu et al., 2021).

Based on various Buddhist concepts, Buddhist practice offers a way to circumvent *suffering*<sup>2</sup> and its associated afflictions (Masel et al., 2012). This is because the *Four Noble Truths*<sup>3</sup> arose from suffering and aimed to mitigate it (Bhikkhu, 2013; Nakasone, 1993; Rinpoche, 1999; Dhammavajiro, Vaisopha & Srinonyang 2020).

On the other hand, studies show that despite most of the Chinese do not convert to Buddhism (Colijin, 2018; Leamaster and Hu, 2014; *Measuring religion in China*, 2023), mindfulness meditation, chanting Buddha's name are the ways that could bring about peaceful death or peaceful dying process in the Chinese (Hong Kong) hospice care context.

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<sup>1</sup> In this thesis, China refers to mainland China.

<sup>2</sup> See Nr 9.

<sup>3</sup> "1st truth: the truth of suffering (duḥkha) 苦諦; 2nd truth: the truth of the arising of suffering (samudaya) 集諦; 3rd truth: the truth of the cessation of suffering (nirodha) 滅諦; 4th truth: the truth of the path to the cessation of suffering (mārga) 道諦". See Digital Dictionary of Buddhism (Abbr: DDB) entry 四聖諦

Studies based on conducting interviews and case studies revealed these results ( Bruce,2012; Hui & Leung, 2012; Lin & Guo 2020; Yang, 2016). These findings supplemented (Kongsuwan et al., 2012)'s results of conducting interviews directly with family members in Thailand hospitals, that a peaceful dying process, which belongs to good death quality contains five attributes "1) Knowing death was impending 2) Preparing for a peaceful state of mind 3) Not suffering 4) Being with family members and not alone 5) Family members were not mourning" (p.154). However, according to these backdrops, no mention was made of how other Buddhist activities or concepts were likely to be manifested by terminally ill patients or those who care about them to face a peaceful dying process in the context of China.

Moreover, although Coward and Stajduhar (2012) mentioned that the term hospice care originated in London in a Christian context emphasizing spiritual care, however, there was no mention of the possibility that a model for hospice care might be in the Buddhist context and may have existed even before the concept was introduced by Cicely Saunders. If this were known, it could lay the groundwork for understanding the impact of Buddhism on hospice care in China from a historical background and enhance the relationship between Buddhist concepts and hospice care.

Furthermore, in Buddhist teachings, suffering is central as a primary concept and gave rise to the *Four Noble Truths* of Gautama Buddha, not to mention many derived Buddhist concepts (Nakasone, 1993). Among the reviews of literature, few writers have been able to dawn on any Buddhist narrative stories behind suffering, but exploring this thread can provide a better understanding of the *Four Noble Truths* and thereby the relationship between suffering and other Buddhist concepts.

Last but not least, most reviewed articles mainly adopted a qualitative research approach via case studies, and data collection through interviews and ethnographic fieldnotes, which shows its usefulness in investigating the topic (Bruce,2012; Hui & Leung, 2012; Kongsuwan et al., 2012; Lin & Guo 2020; Yang, 2016). However, there's a lack of other methods, such as conducting research based on both historical material and internet data. Because social sciences may utilize the narratives found in historiography which could serve as substitutes for an absent overarching historical account, thereby increasing the depth of research (Lustick, 1996), and the Internet stores mountains of information ranging from inquiring health advice to finding treatments for illnesses by users (Chu et al., 2017). Additionally, due to the taboo nature of discussing death in Chinese culture (Xu, 2007), and

considering the limitations of time and cost involved in this research, employing a methodology to collect data from the terminally ill and those who care about them in person becomes less practical. Netnography is ideal for capturing participants' unabashed expressions of deep emotions and sensitive topics (Kozinets 2002, 2010).

Considering the limited explorations within the historical Buddhist context regarding hospice care and its connections with the Buddhist concept of suffering and other concepts such as *enlightenment*<sup>4</sup>, *samsāra*<sup>5</sup>, etc, this research will aim to identify the hospice care model and its relationship with the core Buddhist concept *suffering* and other Buddhist concepts by using historical materials. Furthermore, given the lack of research concerning what and how Buddhist concepts were presented by terminally ill patients and their support networks in contemporary China, alongside the absence of methods employing online data, this paper will seek to explore how dying patients and those who cared about them discuss and utilize various Buddhist concepts for a peaceful dying process during the hospice care period via netnographic approaches.

Therefore, the following steps are set to achieve the above research aims by using the qualitative research method with the data set from four classical Chinese Buddhist scriptures and three Chinese hospice-related online forums. The objectives are:

- 1) to identify the narrative story of the core Buddhist concept of suffering and to trace the hospice care model from Buddhist scriptures;
- 2) to observe and collect the Buddhist concepts written by terminally ill patients and their support networks from three Chinese hospice-related online forums;
- 3) to analyze how these Buddhist concepts were presented by terminally ill patients and their support networks to face a peaceful dying process in three Chinese hospice-related online forums.

The corresponding research questions are:

- What is the narrative story of the core concept of *suffering*, and how was the model of hospice care portrayed in three Chinese translated versions of Buddhist scriptures?

In the context of contemporary China:

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<sup>4</sup> "Illumination. As the mind's original nature: perception, wisdom, awakening. The original essence of the mind is completely free from mistaken discriminated thoughts and is equal throughout all awakened and deluded states without distinction or change." See DDB entry 覺

<sup>5</sup> "This is the expression of the ancient Indian idea that all living things repeatedly pass through life and death. Like a continually spinning wheel, sentient beings are reincarnated 輪轉 and die without end. In Buddhism, one is said to transmigrate through the triple realm 三界 (desire 欲界, form 色界 and formless realms 無色界) and the six destinies 六道 (god 天上, demigod 修羅, human 人間, animal 畜生, hungry ghost 餓鬼, hell-being 地獄)". See DDB entry 輪迴

- What Buddhist concepts were presented by terminally ill patients and those who cared about them during the hospice care period in three Chinese hospice-related online forums?
- How did terminally ill patients or those who cared about them use Buddhist concepts to help face death peacefully in three Chinese hospice-related online forums?

It is noteworthy that individuals who have formally taken the three refuges<sup>6</sup> and pledged allegiance to institutional Buddhism can be recognized as Buddhists in China (Leamaster and Hu, 2014; *Measuring religion in China*, 2023). Considering the notably low rate of identification with Buddhism among the Chinese (Colijin, 2018; Leamaster and Hu, 2014; *Measuring religion in China*, 2023), and when it comes to the percentage of secular individuals, after comparing many international studies, China consistently ranks high on global lists (*Measuring religion in China*, 2023; *Religion Prevails in the World*, 2017), therefore, the scope of sampling in online forums was limited to non-Buddhists.

Based on these premises, this thesis will contribute to addressing the current research shortage in this field and provide real-world value to the development of hospice care in China.

In the next chapter, the existing literature will be reviewed to identify definitions of hospice care, Buddhist concepts concerning death and dying, and the Buddhist affiliation status quo in the context of China. In chapter two, the methodology will be detailed, the adoption of the qualitative research approach will be justified, and the broader research design will be discussed, including its benefits and limitations. In chapter three, the results will be objectively presented and the discussions will be based on the research aims and research questions. In the last conclusion chapter, the findings, contributions, study limitations as well as future research perspectives will be explained.

**Keywords:** Buddhism; Chinese Buddhist scriptures; Hospice (palliative) care; Netnography; Suffering

**CERCS codes:** H190 Non-Christian religions; H640 Languages and literatures of South and South-East Asia, Chinese; S220 Cultural anthropology, ethnology; S290 Social medicine

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<sup>6</sup> “To venerate the Three Treasures of Buddhism (the Buddha, the Dharma, and the saṃgha)”. See DDB entry 歸依

## 1. Literature Review

This chapter serves to establish a theoretical background pertaining to the topic *the influence of Buddhist concepts on the terminally ill and those who care about them in hospice care in the context of mainland China*. By reviewing, analyzing, and synthesizing the practitioner and academic literature, terminologies and conceptions like hospice care as well as some Buddhist concepts (displayed in footnotes) will be made clear. In addition, the acknowledgment of death due to the recognition of life's impermanence holds great significance in Buddhism (Masel et al., 2012), therefore, this chapter will simultaneously encompass the efforts to identify previous empirical studies relevant to noting the process of peaceful dying from a Buddhist point of view in hospice care. Following this, the literature review will delve into the status quo of Buddhist affiliation in the contemporary Chinese context. This is to uncover some clues about the ideological background of Chinese people who use Buddhist concepts. In this regard, the methodologies employed by previous researchers will also be briefly reviewed to recognize a more persuasive research gap. (see Figure 1).

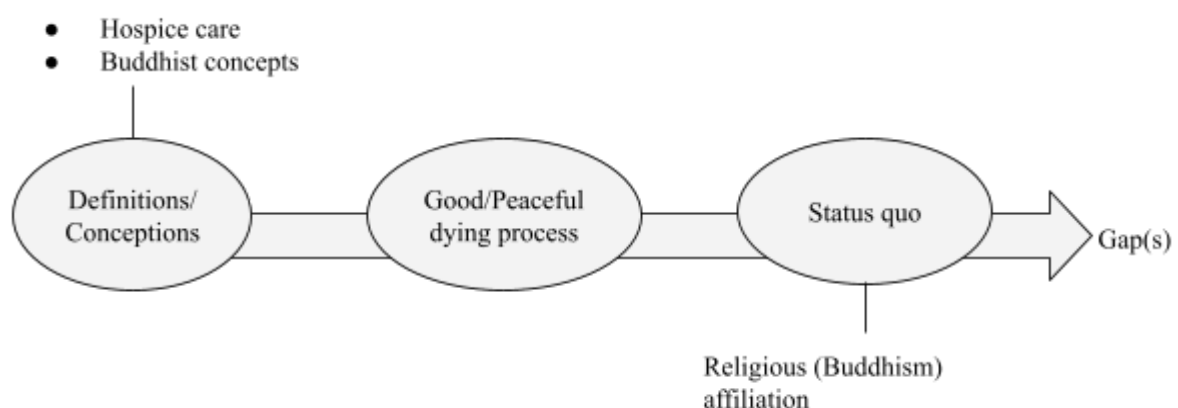


Figure 1. Literature review structure.

Source: Compiled by the author

After extracting and comparing the descriptions of hospice care from different types of published resources, Hui et al. (2013) defined *hospice care* as “a predominantly community-based program that provides interprofessional multidimensional care for patients with terminal illness (i.e., expected survival <6 months) and their families, working in conjunction with volunteers to provide services ranging from symptom management to bereavement care” (p.682-683). With the evolution of this specialized healthcare service,

another globally accepted term “palliative care” was created around 1975 by Dr. Baulfor Mount to promote his hospice program in Canada (Hanks G, 2008). In general, most scholars consider the definition provided by the World Health Organization (WHO) to be a universally accepted one for palliative care<sup>7</sup> today and concur that palliative care is provided to patients with limited life expectancy due to illness, but without finalizing the patients in the treatable condition is included or not ( Hui et al., 2013). In light of this, Billings (1998 ) and Lamers (2002) emphasized that “hospice care” could be regarded as falling within the scope of “palliative care”. However, Cheng (2023) mentioned the Chinese definition of hospice care, which encompasses medical and nursing care, pain and symptom control, psychological and spiritual support, and bereavement counseling to offer support to patients throughout their journey, both before and following their passing. Though this care service is confined solely to hospital settings in China, there is no clear distinction between the use of the two terms in the Chinese language context, as “palliative care” is often used with or replaced by “hospice care”. 临终关怀 *Linzhong Guanhuai*, 安宁护理 *Anning Huli*, 姑息治疗 *Guxi Zhiliao*, 舒缓疗护 *Shuhuan Liaohu*. These Chinese-translated words ultimately express this mixed usage denotation pattern without systematic division. (Cheng, 2023) Bosma et al. (2010) and Hui et al. (2013) acknowledged that various cultural definitions of these concepts do exist, namely, the term “hospice palliative care” in hospice settings is confined to research that focuses on cultural interpretation and provides a fresh angle by situating these terms within the context of one another.

When reviewing the definition of hospice care, the relevance of spirituality has remained unaltered despite changes in cultural contexts. However, hospice care is not exclusive to individuals with religious affiliation (Billings,1998; Bosma et al., 2010; Cheng, 2023; Coward & Stajduhar, 2012; Hui et al., 2013; Lamers, 2002). Coward and Stajduhar (2012) further argued that although the term hospice care emerged in a Christian context, there is no evidence to suggest that it must exclusively belong to a particular religious tradition. “Religious tradition” encompasses both the organized structures of religion and the personal experiences within that tradition, meaning that an individual's spirituality is molded by the interaction between the institutional framework and their unique personal experiences (Coward & Stajduhar, 2012). It is notable that in Mahāyāna Buddhism, the concept of

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<sup>7</sup> “Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment, and treatment of pain and other problems, whether physical, psychosocial, or spiritual.” Source: <https://www.who.int/news-room/fact-sheets/detail/palliative-care>

*Buddha-nature* could indicate this spiritual care model, as Lin and Guo (2020) noted that Buddha-nature essentially represents the equality of all sentient beings and their potential to attain Buddhahood once they meet two causes. “眾生佛性亦二種因：一者正因，二者緣因。正因者謂諸眾生，緣因者謂六波羅蜜 [The Buddha-nature inherent in all sentient beings arises only from two causes: one is the direct cause, and the other is contributing cause. The direct cause refers to the causes and conditions of all sentient beings, the contributing cause denotes the practice of the six perfections]”.(CBETA2023.Q4, T12, no.374, p. 530c15-17) It appears to be discussing the two kinds of causes related to Buddha-nature involves both internal efforts 正因 (sentient beings themselves) and external conditions 緣因 (practicing the six perfections) (Lin & Guo, 2020). These six perfections 六波羅蜜<sup>8</sup> indicate that efforts need to be made via the practices to set free from *suffering*<sup>9</sup> (Lin & Guo, 2020). However, Lin and Guo (2020) disagreed with the use of the term “Spiritual Care” within the Buddhist perspective, claiming that Buddhism centers around emotions and examines the composition of life through the five skandhas (aggregates)<sup>10</sup>, developing a form of care called “Care of Awareness”<sup>11</sup>.

Moreover, in Buddhism, The *Four Noble Truths* are foundational principles and a framework for understanding the human condition and how to transcend suffering. More specifically, concepts such as *karma*<sup>12</sup>, *impermanence*<sup>13</sup>, *saṃsāra*<sup>14</sup>, *no self*<sup>15</sup>, *rebirth*<sup>16</sup>, and *detachment*<sup>17</sup>, etc, are interwoven with these truths, offering a more comprehensive view of

<sup>8</sup> “Six perfections or Sanskrit(Skt): Six pāramitā. They are the pure practices of the bodhisattva, which are all carried out with an attitude of detachment from personal gain, based on the wisdom of emptiness”. See DDB entry 六波羅蜜

<sup>9</sup> “(Skt): duḥkha. In Abhidharma works, there are two commonly-seen broad connotations: one is the suffering seen in contrast to joy 樂; the other is the notion that 'all is suffering' 一切皆苦. The former is the case of the suffering in everyday sensory experience 苦受, including physical suffering 身苦 and mental suffering 心苦(憂); the latter is related to the notion of impermanence, in that everything, including joy, will ultimately pass into extinction”. See DDB entry 苦

<sup>10</sup> “Five skandhas. The collection of the five compositional elements of our existence. The five skandhas are a classification of matter and mind into five categories, which are form, feeling, perception, impulse, and consciousness”. See DDB entry 五蘊

<sup>11</sup> It pertains to the principle of the Four Foundations of Mindfulness, a method of practice(Lin&Guo,2020).

<sup>12</sup> “Action. Deeds and their effects on the character, especially in their relation to succeeding forms of transmigration, which are included in the three divisions of intention 意, speech 口, and bodily action 身, each of which can have the moral quality of wholesome 善業, unwholesome action 惡業, or indeterminate action 無記”. See DDB entry 業

<sup>13</sup> “(Skt): anitya. All things are impermanent, their birth, existence, change, and death never resting for a moment. Everything is in constant motion and change”. See DDB entry 無常

<sup>14</sup> see Nr 5.

<sup>15</sup> “(Skt):anātman. The lack of existence of an inherent self, soul, or self, from the standpoint of Buddhist analysis. The empirical self is merely an aggregation of various elements, and with their disintegration, it ceases to exist; therefore it has no ultimate reality of its own.” “The anātman, that is, the no-soul doctrine of the Buddha occurs in the Mahāyāna school as śūnyatā or voidness. Nāgārjuna elaborated the concept of śūnyatā.” See DDB entry 無我

<sup>16</sup> “In most cases, this term is seen used in reference to the attainment of rebirth 輪迴 in a positive sense, such as rebirth into a pure buddha-realm, or into heaven, etc. In colloquial writing however, it can refer simply to the notion of death. It is most commonly seen used in Pure Land 淨土 texts, indicating rebirth into Sukhāvātī 極樂淨土, Trīṃśikā Heaven 三十三天, Tuṣṭita Heaven 兜率天 or some other pure realm based on virtuous behavior and religious practices in the present lifetime”. See DDB entry 往生

<sup>17</sup> “(Skt): vairāgya. To be free from the desire of the desire-realm”. See DDB entry 離欲

how suffering arises and how it can be overcome in the context of Buddhist teachings and practice. (Bhikkhu, 2013; Dhammavajiro, Vaisopha & Srinonyag, 2020; Nakasone, 1993; Rinpoche, 1999) Against this backdrop, the Buddhist view of life and death was constructed and developed based on the concepts of *impermanence*, *no-self*, and *samsāra* (Hui & Coleman, 2012; Lin & Guo, 2020; Nakayama, n.d; Velasco, 2015).

Attitudes toward human suffering also provide a key to understanding the religious dimensions of a good death or dying process in the end-of-life stage (Wright & Clark, 2012). The terms “good death” and “peaceful death” or “peaceful dying process” in the Buddhist context are often used interchangeably to refer to the same experience (Bruce, 2012; Van Der Geest, 2004; Vig & Pearlman, 2004). Based on this viewpoint, Kongsuwan et al. (2012) identified five core qualities that will affect the peaceful dying process from the perspective of bereaved family members from Thailand (hospitals) by using qualitative research methodology guided by Colaizzi’s (1978) phenomenological data analyzing approach and with the collection of data from interviews (as cited in Kongsuwan et al., 2012). They are: “1) Knowing death was impending 2) Preparing for a peaceful state of mind 3) Not suffering 4) Being with family members and not alone 5) Family members were not mourning”. (Kongsuwan et al., 2012, p.154)

Although Confucianism, Buddhism, and Daoism have exerted significant influence on how the Chinese perceive the idea of a good death and the practice of hospice care, Kongsuwan et al. (2012)’s findings closely coincide with the research carried out in Chinese context (Hui & Leung, 2012; Wang et al., 2023). In Hui and Leung’s (2012) research, qualitative methodology based on narrative analysis of data collected from literature, interviews as well as memories was employed. Wang et al. (2023) by conducting a systematic review through qualitative studies and added that being remembered after death may also be one of the factors contributing to a peaceful dying process. However, there are more barriers for patients in the Chinese context to become aware of their impending death. This refers to their attitudes towards death and the concealment of prognostic truth from family members or medical professionals. (Hui & Leung, 2012; Mak, 2001) In addition to that, in terms of (2)(3), (as cited in Kongsuwan et al.; 2012) patients (including Buddhist patients and those who are interested in Buddhism) sometimes are encouraged to chant the name of Amitābha Buddha to alleviate distress and negative emotions, and *zhunian* 助念<sup>18</sup> is performed for them

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<sup>18</sup> “If the patient is too weak to do the recitation or the family think that stronger mental power is needed to help the patient head toward Pure Land after death, they can invite a Help Chant Group, made up of devout Buddhists, to provide *zhunian*, a long and continuous chanting”. (Hui & Leung, 2012, p.159).

even during their final moments upon their families' request (Hui & Leung, 2012; Lin&Guo,2020; Yang, 2016). This tends to support Lin and Guo (2020)'s argument that the simplest hospice care practice for ordinary people(non-converted) should be the recitation of Buddha's name of the Pure Land Sect.

To understand the influence of Buddhist concepts on Chinese terminally ill patients and the people who care about them, one cannot ignore the current Buddhist affiliation status quo in present-day China. "The Chinese government officially recognizes five religions: Buddhism, Catholicism, Islam, Protestantism, and Taoism. Affiliations, beliefs, and practices closely associated with these religions are typically described as *zongjiao* 宗教 (*religion*). Confucianism, as well as folk beliefs and practices, are not typically considered *zongjiao*" (*Measuring religion in China*<sup>19</sup>, 2023, p.5). By comparing, analyzing, and categorizing the questions of surveys conducted by four<sup>20</sup> Chinese academic groups together with two<sup>21</sup> main Chinese governmental official data, this report used statistics graphs to demonstrate that the estimates of the percentage of Buddhists in China vary significantly depending on the criteria used (*Measuring religion in China*, 2023). Even in this case, "Fewer than 1 in 10 Chinese adults formally identify with Buddhism" (*Measuring religion in China*, 2023,p.54). However, it does not mean that most people in China do not engage in Buddhist beliefs and/or practices. For example, burning incense to pray for merit from Buddha (Shaoxiang baifo 烧香拜佛). Additionally, findings like there was never a clear-cut definition of what "to be Buddhist", and certain concepts in folk religion and Buddhism are mixed-used by individuals in some cases. For instance, the bodhisattva Avalokiteśvara (观音 Guanyin) originated from Buddhism, yet in Chinese folk religion, it is a symbolic deity that helps to give birth to a male baby. (*Measuring religion in China*, 2023) Colijin (2018) further demonstrated this point that Buddhism and Chinese folk religions sometimes have blurry boundaries by drawing on his on-site fieldwork in contemporary Southern Fujian province. His narrative analysis was from three case studies synthesized from his direct observations of discourse and interactions among research participants and interviews which he employed as a complementary data collection method (Colijin, 2018). Although *Measuring religion in China* (2023) and Leamaster and Hu (2014) believe that distinguishing the identity of Buddhists in China may be difficult due to its blending with Chinese folk religions, it can be confirmed that Buddhists

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<sup>19</sup> Pew Research Center: "This report benefitted from the feedback of six eminent scholars, who have asked to remain anonymous ".( *Measuring religion in China*, 2023, p.3)

<sup>20</sup> "Chinese General Social Survey (CGSS), the China Family Panel Studies (CFPS), the China Labor-force Dynamics Survey (CLDS) and the World Values Survey (WVS)."( *Measuring religion in China*, 2023, p.4)

<sup>21</sup> "China's State Council and the National Religious Affairs Administration"( *Measuring religion in China*, 2023, p.4)

who have undergone commitment rituals, especially those who have formally taken the three refuges and committed to institutional Buddhism, can be identified as Buddhists with religious affiliation.

One significant aspect evident in prior studies is the prevalent use of qualitative methodology, particularly through the practice of conducting ethnographic fieldwork to gather data via interviews or case studies (Bruce, 2012; Hui & Leung, 2012; Kongsuwan et al., 2012; Lin & Guo 2020; Yang, 2016). However, the advent of online communities has greatly changed the dynamics of expressing grief (Coop & Marlow, 2019; Moss, 2004; Snowden, 2016). In the context of Chinese culture, discussing death remains taboo (Xu, 2007), prompting the utilization of netnography to capture participants' candid expressions of profound emotions and sensitive subjects (Kozinets 2002, 2010, 2013). Dekhoda et al. (2020) argued that mining available social media data could offer valuable insights, guiding future research in recognizing and addressing obstacles related to providing optimal end-of-life care.

Thus far, Coward and Stajduhar (2012) noted hospice care originated in a Christian context without mentioning the possibility that a model for hospice care might have existed in the Buddhist context before the concept was introduced by Cicely Saunders. Nakasone (1993) explained the relationship between suffering and the Four Noble Truths without exploring the narrative story behind it. If this were known, it would provide a clear basis for understanding the relationship between Buddhism and hospice care.

*Measuring religion in China* (2023) and Coiljin (2018) noted that very few Chinese people admit to having a religious affiliation, but that doesn't mean they never participate in Buddhist activities, worship Buddha or Bodhisattvas, and even consider these practices an integral part of their lives. However, in Hui and Leung (2012), Mak (2001), and Wang et al. (2023)'s studies, there's no detailed explanation of participants' religious affiliation. It is necessary to clarify the current status of Buddhist beliefs among the Chinese population, as to narrow down the research scope can avoid ambiguity in understanding and enhance the research accuracy.

Kongsuwan et al. (2012)'s finding of five fundamental attributes of the peaceful dying process from the perspective of family members closely corresponds with the study results in the Chinese (Hong Kong) context (Hui & Leung, 2012; Wang et al., 2023). Bruce (2012) and Yang (2016) supplements that chanting "Amitabha Buddha" is also a way to attain a peaceful dying process in hospice care in China (Hong Kong) from both volunteers' and family

members' angles, however, no mention was made of how other Buddhist activities or concepts were likely to be manifested by Chinese terminally ill patients or the people who care about them and how these behaviors assist them in dying peacefully. More importantly, their research did not take place against the backdrop of mainland China.

Therefore, the unexamined gaps are following: 1) The absence of a hospice care model, and Buddhist narratives linking the core concept of suffering to other Buddhist concepts and hospice care in Buddhist scriptures 2) no mention was made of how other Buddhist activities or concepts were likely to be manifested by terminally ill patients or their support networks in the context of China via online data corpus, and 3) how do terminally ill patients or those who care about them present Buddhist concepts for a peaceful dying process in online communities will be further explored in following chapters.

## **2. Methodology**

### **2.1. Research Design**

Interpretivism, as a fundamental philosophical standpoint in research paradigms, allows researchers to delve into a deeper understanding by investigating the experiences and perceptions within a specific social context and allows them to examine behavioral aspects rooted in participants' experiences, treating the research context and its circumstances as unique, taking into account the associated factors and the participants involved (Husam & Abraham, 2020). This thesis explored perceptions associated with Buddhist views toward a specific group of people within a particular context to gain a profound understanding of the value of their behavior. As argued, the amalgamation of experiences involving both subjects and objects results in valuable discoveries (Moustakas, 1994), and this "in-depth" quality (Husam & Abraham, 2020) highlights the qualitative methods that are most suited. Besides, to gain profound background information concerning the relationship between Buddhist concepts and hospice care, a step to trace and analyze the ancient Buddhist scriptures will be included in this thesis. Sofaer (1999) pointed out that qualitative methods have this special "inherent" value, unlike quantitative methods, in certain occurrences, like historical events, possess such extraordinary characteristics that by the time people want to quantify them, they have either altered significantly or ceased to exist. Thus, qualitative research does not solely fulfill the objective of description; it also facilitates the transition of inquiry toward more significant explanations (Sofaer, 1999).

Netnography as a qualitative method is widely used in different research contexts (Costello, McDermott & Wallace, 2017). In this thesis, terminally ill patients and the people who care about them constitute the focus of research participants. Due to reality, letting them openly talk about the topic of death during the hospice care period is challenging, as throughout the history of thought on death, the prevailing perspective suggests that the fear of death is an inherent trait (Moore & Williamson, 2003), let alone death remains a significant taboo in Chinese culture, often considered the foremost topic to avoid discussing (Xu, 2007). However, “netnography as having a ‘voyeuristic quality’ mainly because it can be used to study stigmatic phenomena, situations, conversations, or encounters, which might otherwise be more difficult to study face-to-face” (Kozinets, 2015, p. 88, as cited in Costello, McDermott & Wallace, 2017, p.3). This argument refers to the idea that netnography is suitable for handling personally sensitive topics, such as the sensitive atmosphere in this thesis, which is about observing the emotional experiences and thoughts of dying patients and those who care about them in the face of death during hospice care. The speeches and languages used in these online communities are cases worth observing (Kozinets, 2010, 2013). Moreover, netnography's chief focus on online community interactivities and social media designs disregards the correspondence between online and offline identities, differing from vis-a-vis group studies, could be the key reason for that ‘prying element’ (Costello, McDermott & Wallace, 2017), as the online site offers a relatively secured space.

Furthermore, Kozinets (2002) featured that netnographic approaches come with an unnoticeable nature. Pollok et al. (2014) commented on the “unobtrusive and noninfluencing monitoring of the communication and interaction of community members to gain practical insights into their usage behavior” (p.2, as cited in Costello, McDermott & Wallace, 2017, p.3). Despite observing online communities through netnographic techniques that may be regarded as a faster and more economical research approach (Addeo et al., 2019), capturing unprocessed and genuine emotional expressions and manifestations is also one of the purposes of this thesis.

Plus, selecting a research design, such as resolving the inclusion of offline and online data collection or prioritizing simultaneous or allochronic interactions, relies on the researcher's intentions and the attributes of the targeted group (Wilkerson et al. 2014). Considering the limitations of research time, cost, distance, and the sensitive target groups, namely, the dying patients and those who care about them, the choice of collecting data through an online data corpus is comparably reasonable.

The logical reasoning under the qualitative framework of this study includes both inductive and deductive processes. The inductive approach is a process of drawing general conclusions or theories from specific observations or data; whereas, deductive reasoning involves testing a theory by starting with an established theory or generalization, and then examining whether the theory holds true in specific instances (Hyde, 2000). The pragmatic method integrates empirical induction and theoretical deduction to advance knowledge production (Fernando, 2008).

Religious (Buddhist) studies should begin with the inductive method, which involves the investigation of sources in the original languages, i.e. Sanskrit, Tibetan, and Chinese (Heiler, 1973). This viewpoint aligns with the first research goal of linking the hospice care model and Buddhist concepts via textual analysis of Chinese Buddhist scriptures.

On the other hand, netnography as an inductive approach involves examining various phenomena to identify the potential for building theoretical propositions or generating detailed interpretations and categorizations. The analysis of netnographic data follows an inductive approach. (Kozinets, 2013) In this thesis, thematic categorization through coding procedures explores what and how Buddhist concepts were presented to specific groups of people, consistent with Kozinets' perspective.

The pragmatic method applies to Buddhist reasoning of the Four Noble Truths (Fernando, 2008). Supported by the above empirical inductive research, this paper employs a Buddhist narrative story to explore the correlation between death, suffering, and other Buddhist concepts (such as *enlightenment*) with hospice care. This process includes effectively substantiating the theoretical underpinnings of the Four Noble Truths. Additionally, using online forums to observe how patients and their support networks create calmer end-of-life processes by acknowledging the pain and reflecting also constitutes the reasoning process for deducing the Four Noble Truths. Moreover, as Buddhist concepts about death and dying fall under the concepts of *Impermanence*, *no-self*, and *samsāra* (Hui & Coleman, 2012; Lin & Guo, 2020; Nakayama, n.d; Velasco, 2015), Buddhist concepts extracted from three online forums will be attempted to be divided into each category.

## **2.2. Sampling Strategy**

### **2.2.1. Ethical considerations**

The historical Buddhist texts for this study were collected from the digital database CBETA (Abbr from Chinese Buddhist Electronic Text Association). The main goals of this database have been to convert the Chinese Buddhist canons into a searchable digital format

and provide it to the public for free (Schlütter, 2014). According to the copyright statement<sup>22</sup> of the database, scriptures should be quoted, reprocessed, and published without changing the substantive content, and the quotation and version information must be attached to the finished product. It is also not available for commercial use. (CBETA,2023) This thesis is for the purpose of academic discussion. The descriptions and version information of the quoted scriptures will be indicated in the reference list.

As for the access response for the research approach of netnography, Kozinets (2002) mentioned in the netnographic method chapter that could be considered equivalent to ethical issues in terms of conducting online ethnography in this step. As guidelines regarding informed consent in online fieldwork research as well as the utilization of data obtained through these methods are still in the developmental phase, researchers should individually recognize the potential risks to participants (Konken & Howlett, 2023). Kozinets et al.( 2014) mentioned when dealing with archived data like in a post forum while treating web content as published material because it is publicly published, researchers still need to consider ethical issues to obey pseudonymous identities or to create further pseudonyms to reduce the risk and harm to the web user. In general, publicly accessible groups are still categorized as public, the netnographer must be cautious regarding any Terms of Use agreements acknowledged upon joining (Kozinets et al., 2014). However, Eysenbach and Till (2001) and Kozinets (2002, 2010) argue if the privacy condition was not specially mentioned, obtaining informed consent is unnecessary when data is collected anonymously from online communities or in the public domain. (as cited in Dekhoda et al., 2020) This is the case for the Baidu Tieba forums in this study. Simultaneously, the anonymity of members was ensured by removing their names throughout the research process.

### **2.2.2. Non-probability sampling**

A *sample* refers to a portion of the population chosen to be reflective of the broader population, as the perfect strategy to collect data from the whole population is not practical (Acharya et al., 2013; Taherdoost, 2016). There are five basic stages to help in the process of conducting sampling, “1) clearly define target population 2)select sample frame 3)choose sampling techniques 4) determine sample size 5) collect data 6) access response rate” (Taherdoost, 2016,p.3). In this thesis, the terminally ill and the people who care about them will be my priority target population. However, it is not feasible to choose all these kinds of populations, so I moved to the next step to specify my sampling frame to a population drawn

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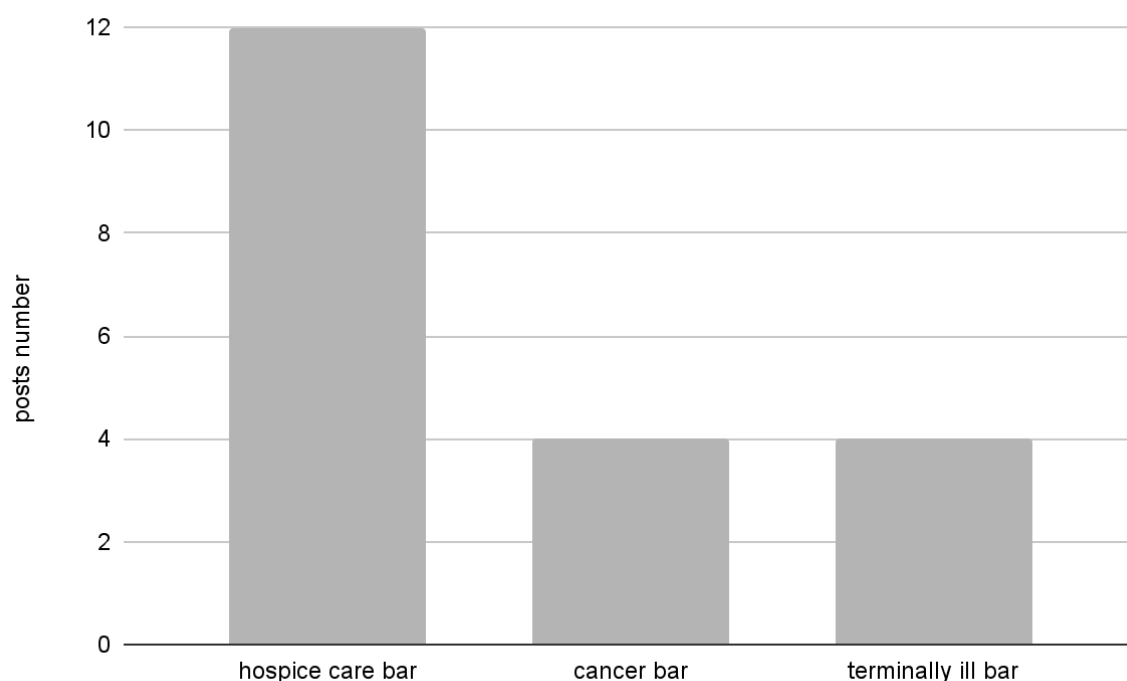
<sup>22</sup> Resources:<https://cbeta.org/copyright.php>

from the Chinese-themed online community, namely, Baidu post bar (百度贴吧 Baidu Tieba). Forums named after terminal illness, and hospice care will be my target frames, and considering the increasing number of Chinese hospice patients with cancer (Zheng et al., 2015), an online cancer forum will also be included to draw on my sample. However, not everyone who frequents these online forums bar aligns with the research topic focusing on the influence of Buddhist concepts on the terminally ill and their support networks in hospice care. Therefore, selecting an appropriate sampling technique becomes crucial. There are two types of sampling, probability sampling (random) and non-probability sampling (non-random) (Taherdoost, 2016). Based on the theme-limited population, this research would go for the non-probability sampling method. This is because qualitative research is frequently linked with non-probability sampling methods, it concentrates on small sample sizes, aiming to explore the experience and intention of the sampler rather than making statistical inferences about the broader population (Acharya et al., 2013; Rai & Thapa, n.d.; Taherdoost, 2016). According to Kozinets (2002), netnographic sampling might be purposeful rather than representative, enabling the inclusion of marginalized or elusive groups. Homogeneous sampling is one type of purposive sampling (non-probability) technique that often occurs when the research question is specific to the characteristics of a particular group of interest, allowing for a detailed examination (Rai & Thapa, n.d.). As the last two research questions contain qualifying phrases like Buddhist concepts, the terminally ill, the people who care about them (their support networks), and hospice care, the choice of this type of purposive sampling (homogeneous sampling) will be used to achieve the goal.

Furthermore, in an interpretive paradigm, the significance of the qualitative sample size relies solely on the project's nature and purpose (MacCarthy, 2023). The sample size for this research is confined to the posts that include the key terms or narratives related to Buddhist concepts in three thematic forums (post bars). As the total number of posts in the hospice care post bar and cancer post bar is a relatively small amount, the occupied page numbers are also limited, namely, the hospice care bar (total page number is 6, with 16 posts on each page); cancer bar (total page number is 45, with 39 posts on each page, last page 1 post). Therefore, all the posts in these two forums have been viewed completely. After purposeful review (title or post contents that are not related to Buddhist concepts or narratives were excluded), there are 12 relevant posts in the hospice care forum and 4 in the cancer forum.

Due to the substantial volume of posts in the terminal illness forum, amounting to 387

pages, I focused on examining the top 10 pages. My criteria included prioritizing posts with a considerable number of replies from users. Given that posts in the hospice care forum averaged around 6 pages, and the valid number of posts in the cancer forum was 4, I used these figures as the minimum reference points. Specifically, I selected pages in the terminal illness forum that met or exceeded six pages and valid posts that met or exceeded four. Ultimately, to align with the research aims and questions, I filtered out posts that did not meet these criteria. As a result, the top 10 pages were identified containing at least 4 valid posts for further examination. (see figure 2).



*Figure 2.* The number of valid posts after selecting.

Source: author's calculations

It is worth emphasizing that in addressing the first research question in this study, based on the argument of Newell (2010) that retracing Buddhist information necessitated referencing historical Buddhist literature. The narratives found in historiography are often used in social science research as alternatives to a master background narrative that is not easily available (Lustick, 1996). Since China is the research area in this paper, the Chinese translation of Buddhist scriptures was mainly selected in terms of resources. Hence, I purposely selected representative Buddhist scriptures containing narratives about the core Buddhist concept of suffering and descriptive extracts from representative Chinese Buddhist

texts indicating hospice care in preparation for information gathering.

After determining the target population (and Buddhist texts), sampling frame, sampling method, and sample size, the subsequent stage involves gathering data.

### 2.3. Data Collection

#### 2.3.1. Buddhist scriptures

One of the aims of this thesis is to identify the hospice care model and its relationship with the core Buddhist concepts of suffering and other Buddhist concepts from a historical context. As Buddhist scholars heavily rely on Buddhist scriptures to comprehend the fundamental teachings of the Buddha and the basic principles of the religion (Gethin, 1998), and to help better understand this relationship from a historical context, the Chinese-translated versions of Buddhist scriptures are mainly selected to answer “*What is the Buddhist narrative story behind the primary concept of suffering, and how were hospice care prototypes portrayed in the Chinese translated version of Mahāyāna Buddhist texts?*” These scriptures include *Fobenxingjijing* 佛本行集經 (Abhiniṣkramaṇa sūtra), *Za A Hanjing* 雜阿含經 (Saṃyukta Āgama Sutra), *Fayuan zhulin* 法苑珠林 (A Forest of Pearls from the Dharma Garden) and *Sifenlü shanfan buque xingshichao* 四分律刪繁補闕行事鈔 (Emended Commentary on Monastic Practices from the Dharmaguptaka Vinaya).

It is notable that the Sūtra of the Past Activities of the Buddha T.4, no.193 *Fobenxingjijing* 佛本行集經 (Abhiniṣkramaṇa sūtra), which was translated by Jñānagupta 闍那崛多在 Sui 隋 dynasty (587-591AD), is the most comprehensive collection of biographies of the Buddha available in Chinese.<sup>23</sup> Therefore, it can provide a more comprehensive narrative detailing the suffering experienced by Siddhartha Gautama.

The choice of *Za A Hanjing* 雜阿含經 (*Saṃyukta Āgama Sutra*) primarily stems from its status as an early compilation of scriptures within the Buddhist tradition, believed to closely embody the teachings of the Buddha during the inception of Buddhism. Moreover, this scripture presents relatively straightforward content and covers themes pertinent to hospice care. (Yin, 1971,1983) Plus in my quest to uncover potential early indications of hospice care within Buddhist literature, I aimed to select at least one scripture dating as far back as possible. Therefore, I consider this scripture to be an ideal source for gathering relevant information in the context of this study.

*Fayuan zhulin* 法苑珠林 (A Forest of Pearls from the Dharma Garden) was instrumental in shaping the Buddhist perspective on medicine and healing in China

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<sup>23</sup> See DDB entry 佛本行集經.

(Köhle,2021), and a visionary perspective on monastic nursing and hospice care within the Chinese Samgha was put forth in *Sifenlü shanfan buque xingshichao* 四分律刪繁補闕行事鈔 (Emended Commentary on Monastic Practices from the Dharmaguptaka Vinaya) (Salguero, 2015); thus, these two commentaries are also included in my data collection.

The above Chinese scriptures were digitally sourced from the Chinese Buddhist Electronic Text Association online reader (CBETA)<sup>24</sup> platform. Firstly, by searching for the Chinese titles of the aforementioned scriptures on this platform, then accessing specific scriptures and observing their tables of contents to identify chapters or sections relevant to the research topic. During this phase, references from Beal (1875) and Chen (2015) were consulted as guides. Subsequently, by generally reading, comprehending, analyzing, and selectively filtering chapters or sections pertinent to the research themes, I ultimately delineated the scope of text information in target volumes (chapters, sections).

### 2.3.2. Online forums

To address the last two research questions, I chose the *Linzhong Guanhuai Ba* (hospice care forum), *Juezheng Ba* (terminally ill forum), and *AiZheng Ba* (cancer forum) on Baidu Tieba ([www.tieba.baidu.com](http://www.tieba.baidu.com)) as my sources for data collection. Baidu Tieba is a popular Chinese online community that uses the forums as a virtual space to enable members to participate in discussions around specific topics (Zhao et al., 2021). The reason for choosing Baidu Tieba is its exclusive forums which, compared to other Chinese social media like Weibo, Xiaohongshu, and Weixin groups, offer distinct advantages: firstly, the forums focus on purely discussing highly related topics indicated by forum names; secondly, it allows easy access for everyone without requiring approval from the forum owner; thirdly, it provides greater flexibility and openness, enabling users to join discussions at any time and easily revisit or browse posts and content based on posting time and titles. Lastly, each thread and its replies are accompanied by a provincial IP address. These factors significantly boost the efficiency of information collection and authenticity as well as ensure the threads and comments do not only occur in one area of China.

The study of social online communities can be approached in two ways: an active participative approach, which closely resembles traditional face-to-face methods, or a purely passive observational approach, where the netnographer merely observes the community of interest (Dekhoda et al., 2020). Participating actively in an online community as a researcher is not always suitable when the community discusses sensitive or risky subjects (Costello,

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<sup>24</sup> CBETA Online Reader: <https://cbetaonline.dila.edu.tw/en/>

McDermott & Wallace, 2017). Monitoring online communities from a distance ensures that the analysis takes place within the community's natural context, without any bias that could arise from the researcher's involvement or experimental setup (Alavi et al., 2010). Therefore, the method used in this study was to conduct observations without interference to reduce the influence of the researcher.

“Three general types of data are available for collection in netnography: archival data, elicited data, and field note data” (Kozinets et al., 2014, p. 266). Given that most of the data posted in these forums were in textual form, the focus for gathering and analyzing rested on textual data. It is worth noting that before data gathering, these forums had been occasionally explored by randomly viewing some posts for half a year. During this period, I participated in comment replies and posted threads without revealing the researcher's identity. Reflective field notes were also taken upon observing the atmosphere and context in the threads. Although this amount of notes is not rich, it can provide some explanatory evidence for subsequent discussions.

Archival data consists of information gathered from the web, excluding any data created or prompted by the researcher (Kozinets et al., 2014). Before repeatedly browsing and collecting Buddhist-related concepts on these three forums, the researcher had acquired fundamental knowledge of Buddhist terminologies. Hence, gathering archival data efficiently tends to collect ‘natural’ data without relying on subjective engagement through conversation. Moreover, it enables me to review and verify content in the threads at any time for subsequent classification and storage. Furthermore, Kozinets (2013) maintained that gathering archival data focused on preserving netnographic data in digital formats that can be categorized or elaborated by both human researchers and data analysis software applications. As my data selection scope is small and limited to a specific subset of individuals within three forums, I employed manual data collection which can help in the determination of what data should be saved rather than simply taking notes and passing by while using software programs to help organize prolific data. I recorded the related data by copying and pasting the content or keywords from the posts to a Microsoft Word document and saved most of them as data files. Though there are some other ways like capturing screenshots with the Windows 7 snipping tool, or taking photos directly from the phone, however, these techniques could make obstacles in terms of reprocessing the words again which is also time-consuming.

In the process of collecting data, I first looked through all the posts in the hospice care bar, cancer bar, and the terminally ill bar. In addition to identifying Buddhist terms and

narratives related to Buddhism within the posts, I filtered out any information that did not pertain to my research questions. For example, I excluded posts lacking evidence indicating whether the poster or responder was a patient or someone who cared about them (family members, friends, volunteers, medical staff). Fortunately, this is often discernible from the words they used and via the context. Another issue is determining whether these individuals have Buddhist affiliations. Based on the Buddhist affiliation status quo of the Chinese population mentioned in previous studies (Leamaster and Hu, 2014; *Measuring religion in China*, 2023), unless they are explicitly mentioned in the post as having converted to Buddhism, they are considered non-religious converts in posts. Subsequently, as shown in *Table 1*, there are 12 posts valid in the hospice care bar. The cancer bar and terminally ill bar each have 4 posts that meet the requirement. This results from utilizing the 'favorite' function on Tieba to star-mark posts meeting the specified criteria, accompanied by notes indicating the respective forum names. The purpose of saving and marking is to examine whether, under this selection criteria, every forum could have relevant information. If no useful information had been obtained from certain forums, the forum selection strategy would have been modified. Finally, after four consecutive manual confirmation calculations using the calculator, the data corpus was limited to 136 pages and 7,928 responses from these 20 posts. The specific distribution can be seen in *Table 1*.

Table 1

*The detailed numbers under each valid post in the hospice care bar, cancer bar, and terminally ill bar.*

Forum name	Posts nr*.	Replies nr.	Pages nr.
Hospice care bar	12	141	12
Cancer bar	4	555	11
Terminally ill bar	4	7232	113
Total nr.	20	7928	136

*Notes.* \* nr is the abbreviation of number.

Source: author's calculations

The next step in the second round is to extract Buddhist-related terms and narratives from the title to these replies under each thread. This time, the dataset was copied and pasted

into a Microsoft Word document by dividing them into pure terms and contextual paragraphs. This depends to some extent on the style of how the netizens in forums reply. For example, some of them used to post a big paragraph while others tended to reply simply in a few words or just a single word. Eventually, 66 replies were selected as quotations. Subsequently, the corresponding web links bounded with the title names and forum names were copied and pasted into the same Word document to ensure the source.

## **2.4.Data Analysis**

### **2.4.1.Textual analysis**

Although the interpretation of ancient texts is challenging as researchers may hold different understandings of identical texts, resulting in bias in the analysis (Derrida, 1976), Sharf (1995) maintained that a different perspective on the interpretation of Buddhist texts is required. By employing textual analysis, researchers can examine the nuances of Chinese Buddhist scriptures, including linguistic features, historical context, doctrinal interpretations as well as cultural elements (Lopez, 1995).

Since the first research objective is to trace and identify the narratives of suffering and the hospice care model within Buddhist scriptures, in addition, the source texts are classical Chinese and contain Buddhist terminologies, the textual analysis will adhere to the translation principles proposed by Napper (1995) and Wilson (1995) for Buddhist scripture texts. Napper (1995) advocated for a translation method of Buddhist texts to maintain a literal and precise representation, while also prioritizing the clarity, brevity, and readability of the English rendition, at the same time, western philosophical analysis should be avoided. According to Wilson (1995), analysis (philological, historical, and philosophical) is indispensable in translation, but it should be limited to the introduction, footnotes, or annotations. Furthermore, the translation and explication will occur directly based on the referenced Buddhist scripture contents. Lastly, the texts were translated from classical Chinese into English by utilizing the professional *Digital Dictionary of Buddhism* 電子佛教辭典<sup>25</sup>(DDB) and referring to seminal publications by Beal (1875) and Chen (2015) to ensure accuracy during the translation process.

### **Narrative Story of *Suffering* in Buddhism: Śākyamuni's Four Encounters**

In the light of Fobxingjijing 佛本行集經 (Abhiniṣkramaṇa sūtra), Gautama Buddha was once a prince living in his palace until he encountered human suffering in the shape of four different figures outside the palace. The four personifications of human suffering

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<sup>25</sup> Digital Dictionary of Buddhism: <http://www.buddhism-dict.net/ddb/>

experience indicate that it was this that led Śākyamuni, as a prince, to have an awareness of suffering (*duḥka*) and the impermanence of life. These sights finally compelled him to begin his spiritual journey as an ascetic, which eventually brought about his enlightenment. According to the data collection steps, such descriptions can be found in this sutra in section “16. 出逢老人品 [Encountering the old]; section 18. 道見病人品 [Meeting a sick person on the Road]; section 19. 路逢死屍品 [Encountering a Corpse on the Road]; section 20. 耶輸陀羅夢品 [The Dream Yaśodharā<sup>26</sup>]; section 21. 捨宮出家品 [Great departure from the palace and ordination] and section 22. 剃髮染衣品 [Shaving the Hair and Dyeing the Robe]” (CBETA: T0190, section 16,18-22).

- **Encounter the old** “爾時，太子從座而起，至輦<sup>27</sup>乘所，登上寶車上已....從城東門，引導而出，欲向園林觀看福地。是時作瓶天子<sup>28</sup>於街巷前，正當太子，變身化作一老弊人，僵僕低頭...唯仰杖<sup>29</sup>力...取杖為正，如是相貌，在太子前，順路而行 [At that time, the prince was sitting on his ride, and immediately passing through the East gate of the city wall. He desired to visit the gardens under the route guidance and wanted to examine the beautiful trees and flowers. At this time the Devaputra T'so-Ping appeared as an old man before the eyes of the prince in the street. With his body bent down and head bowed, he carried a monk staff in his hand to support his weak limbs. When the prince approached, he was standing opposite the prince]”. (CBETA 2023.Q1, T03, no. 190, p. 720a23-b3)
- **Encounter the sick person** “是時太子，即乘寶車....從城南門，漸漸而出...爾時，作瓶天子即於太子前路，化作一病患人，連骸困苦...臥<sup>30</sup>糞穢<sup>31</sup>中，宛轉呻喚，不能起舉，欲語開口...乞扶我坐 [At that time, the prince got onto the chariot<sup>32</sup>, took his seat and proceeded through the south gate of the city, and slowly advanced towards the gardens outside (the city). At this time Devaputra T'so-Ping incarnated as an excruciatingly ill man in the way, just in front of the prince. He was lying down in the dirt (excrement) with a groaning sound and unable to rise due to weakness, he talked in pleading tones... ‘Please, raise me to sit’]”. (CBETA 2023.Q1, T03, no. 190, p. 722b10-17)
- **Encounter the corpse** “太子坐車，威神大德，從城西門出，向於外觀園林。時作瓶

<sup>26</sup> The wife of Śākyamuni.

<sup>27</sup> [niǎn], transport, carriage.

<sup>28</sup> Śuddhāvasadeva. Also: Devaputra T'so-Ping. (He appeared to Śākyamuni when he was a prince, leading him to leave home). See DDB entry 作瓶天子

<sup>29</sup> 杖 zhang4: crutch, walking stick.monk staff.

<sup>30</sup> 臥 wò: lie down.

<sup>31</sup> 糞穢 (fèn huì): excrement.

<sup>32</sup> Horse name: Kantaka.

天子於太子前，化作一屍<sup>33</sup>，臥在床上，眾<sup>34</sup>人舁<sup>35</sup>行 [The same preparations and precautions like the previous tours, the prince went forth from the west gate. The Devaputra T'so-Ping appeared before the prince as a corpse lying on a bier<sup>36</sup> with two people carrying it on the road]”. (CBETA 2023.Q1, T03, no. 190, p. 723a21-23) The following sentence also describes the intense grief and sorrow experienced by family members and relatives of this dead man:

“別有無量無邊姻親，左右前後圍遶哭泣...或有搥胸，或復拍頭交橫兩臂...或出種種悲咽音聲，淚下如雨，大叫號慟，酸哽難聞 [They surround the departed individual, crying and expressing their sadness, and pound their chests, beat their heads, hold their arms in distress, and produce various sounds of lamentation, shedding tears abundantly, crying loudly, and expressing their grief and sorrow profoundly]” (CBETA 2023.Q3, T03, no. 190, p. 723a21-28). In fact, after each encounter, the prince returned to the palace and sat deeply in thought in his seat (Beal, 1875). According to written records, the deepest reflection that lasted for six days occurred after seeing the corpse. “爾時，作瓶天子見太子出觀死屍，迴厭離世間五慾之事，還宮內坐，經六日後，復更如是 [This time, Devaputra T'so-Ping witnessed Śākyamuni's reflection about the five desires in the worldly world after beholding a corpse. That is, when he returned, he sat and pondered for over six days without getting an answer]” (CBETA 2023.Q1, T03, no. 190, p. 723c26-29).

- **Encounter the holy man** “太子知時，即坐車上，威德尊重，從城北門引駕而去。「爾時，作瓶天子以神通力，去車不遠，於太子前，化作一人，剃除鬚髮<sup>37</sup>，著僧伽梨<sup>38</sup>，偏袒右肩，手執錫杖<sup>39</sup>，左掌擎鉢<sup>40</sup>，在路而行 [The prince, having set out on his tour, with the coachman's company and respect, went to the city from the north gate. At that time, the Devaputra T'so-Ping embodied as a mendicant, not far in front of the chariot, with a shaven crown and wearing a saṃghāti robe, with his right shoulder bare, in his right hand a monk staff, in his left hand holding a mendicant's alms bowl, and going at his pace along the road]”. (CBETA 2023.Q1, T03, no. 190, p. 724a11-15)

“是時太子至已諮問彼出家人，作如是言：『尊者大士！汝是何人？』...報太子言『太子！

<sup>33</sup> 屍 shī: corpse.

<sup>34</sup> 眾-zhòng.

<sup>35</sup> 舁 (yú): to carry, to lift.

<sup>36</sup> A movable frame on which a coffin or a corpse is placed before burial or cremation or on which they are carried to the grave.

<sup>37</sup> 须发 [xū fà]: beard and hair.

<sup>38</sup> 僧伽梨: saṃghāti (a monk's patchwork robe).

<sup>39</sup> 錫杖: monk's staff (traditionally carried while on long journeys or climbing mountains).

<sup>40</sup> 鉢 [bō]: alms bowl.

我今名為出家之人。』太子復問：『仁者！何故名出家人？』彼復報言『太子！我見一切世間諸行，盡是無常....太子又言：『...汝若能觀一切諸行是無常法，能知如是，乃至善與一切眾生無怖畏者，乃至心能不起殺害於諸眾生，又能活命施其隱。』 [At that time, the prince approached and inquired of the renunciant, saying, 'Venerable Sir, who are you?' the holy man said, 'Prince, I am now known as a renunciant.' The prince further asked, 'Kind sir, why are you called a renunciant?' The renunciant replied, 'Prince, I have seen that all actions in the world are impermanent. The prince said, 'If you can perceive that all actions are impermanent phenomena and understand this truth, to the extent if you are capable of not instilling fear in all sentient beings, and if your mind is free from causing harm to any living beings, then you are indeed a practitioner who is capable of making sentiment being into peace]'. (CBETA 2023.Q3, T03, no.190, p. 724b3-15)

- **The intention of being a recluse** “車匿<sup>41</sup>！我見出家有如是利，故割斷彼，來入山林，莫復更為生死所拘，我今欲求解脫生死 [Chandaka! I saw the benefits of being a monk, so I resolved to cut off connections with secular life and entered the mountains and forests. I will no longer be bound by life and death. Now I want to be free from life and death]” (CBETA 2023.Q1, T03, no. 190, p. 734a12-14).

The four sights of Buddha hold great importance as they deeply impact Siddhartha Gautama's spiritual expedition. The initial three encounters acquainted him with the harsh realities of aging, illness, and mortality, thereby emphasizing the inescapable nature of human suffering. These experiences stimulated Siddhartha to reflect upon the transient essence of existence. During the fourth encounter, Siddhartha met a monk who motivated him to the ascetic way of life and the pursuit of spiritual enlightenment. This encounter inspired Siddhartha to seek a path beyond the sufferings he had witnessed earlier. Together, these four encounters played a vital role in shaping Siddhartha's understanding of existence, motivating him to embark on the journey towards enlightenment and the eventual establishment of Buddhism.

### Traces of Hospice Care in Buddhist Texts

Compassion and caring for the sick and dying are recurring themes in various Buddhist teachings and texts. Some scriptures record that the Buddha often performed

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<sup>41</sup> 車匿Chandaka, Śākyamuni 's coachman.

Buddhist practices for the dying to help release their excruciation. (Chen, 2015) The texts below come from 1023, Volume 37, of the *Za A Hanjing* 雜阿含經 (Saṃyukta Āgama Sutra), illustrating the Buddha's compassion and his ability to comfort and guide his followers, even in times of illness and impending death.

- “如是我聞：一時，佛住<sup>42</sup>舍衛國<sup>43</sup>祇樹給孤獨園<sup>44</sup>。時，有尊者<sup>45</sup>叵求那<sup>46</sup>住東園鹿母講堂<sup>47</sup>疾病困篤。尊者阿難<sup>48</sup>往詣佛所...白佛言：「世尊！尊者叵求那住東園鹿母講堂，疾病困篤，如是病比丘多有死者。善哉！世尊！願至東園鹿母講堂尊者叵求那所，以哀故！」...世尊默然而許，至日晡時<sup>49</sup>，從禪覺，往詣東園鹿母講堂，至尊者叵求那房，敷座而坐，為尊者叵求那種種說法，示、教、照、喜；示、教、照、喜已，從坐起去。尊者叵求那，世尊去後，尋終。當命終時，諸根喜悅，顏貌清淨，膚色鮮白 [Thus I have heard: one time the Buddha was staying at a park near Śrāvastī. At the same time, a venerable monk named Phaggunā living in a monastery in the eastern garden was severely ill. Ānanda<sup>50</sup> approached the Buddha to convey Phaggunā's terminal condition and requested that the Buddha can visit him out of compassion. The Buddha agreed and, in the late afternoon, went to visit Phaggunā after waking from meditation. He sat down in Phaggunā's room and expounded the Dharma by employing methods that involved demonstrating, instructing, enlightening, and bringing delight to him. After completing his actions, the Buddha got up and left. Following the Buddha's departure, Phaggunā passed away peacefully. At the time of his death, all his senses were joyful, the countenance was pure, and the complexion was fresh and white]”. (CBETA 2023.Q3, T02, no. 99, p. 266c9-20)

The Buddha also admonished his disciples to actively engage in end-of-life care with wisdom and compassion. Also in the *Za A hanjing* (Saṃyukta Āgama Sutra) 1122, Volume 41, we can see,

<sup>42</sup> “In Mahāyāna sūtras, often “the Buddha was staying at...” see DDB entry 佛住.

<sup>43</sup> Śrāvastī 舍衛: name of a city situated north of the Ganges.

<sup>44</sup> “A park near Śrāvastī 舍衛, named Jetavana Anāthapiṇḍada-ārāma”. See DDB entry 祇園.

<sup>45</sup> a venerable monk, a monk in high position. See DDB entry 尊者.

<sup>46</sup> Name: Phaggunā.

<sup>47</sup> “Mṛgāramātuḥ prāsāda. The monastery 'built by Mṛgāra's mother', a monastery near Śrāvastī 舍衛城 in which Śākyamuni Buddha used to stay regularly”. See DDB 鹿子母堂.

<sup>48</sup> Ānanda, one of Buddha's disciples.

<sup>49</sup> late afternoon. See DDB entry 晡(BŪ)時.

<sup>50</sup> See nr 48.

- “佛告難提<sup>51</sup>:「若有智慧優婆塞<sup>52</sup>, 當詣餘智慧優婆塞、優婆夷<sup>53</sup>疾病困苦者所,以三種蘇息處<sup>54</sup>而教授之言:『仁者! 汝當成就於佛不壞淨, 於法、僧不壞淨。』以是三種蘇息處而教授已, 當復問言:『汝顧戀父母不?』彼若有顧戀父母者, 當教令捨, 當語彼言:『汝顧戀父母得活者, 可顧戀耳, 既不由顧戀而得活, 用顧戀為?』 彼若言不顧戀父母者, 當歎善隨喜, 當復問言:『汝於妻子、奴僕、錢財諸物有顧念不?』若言顧念, 當教令捨, 如捨顧戀父母法;若言不顧念, 歎善隨喜 [The Buddha tells Nandi: 'If there is a wise male lay disciple, he should visit otherwise male or female lay disciples who are afflicted with illness and suffering, (knowing that their lives are approaching an end). He should impart three methods to bring them in calm. First, he should instruct them to firmly believe in the Three Jewels to attain the purity in mind- the Buddha, the Dharma, and the Sangha. Then, he should teach them not to be attached to their parents, wives, children, servants, or possessions]”. (CBETA 2023.Q4, T02, no. 99, p. 298a16-27)
- “當復問言:『汝於人間五欲顧念以不?』若言顧念, 當為說言:『人間五欲惡露不淨, 敗壞臭處, 不如天上勝妙五欲。』教令捨離人間五欲<sup>55</sup>, 教令志願天上五欲。若復彼言心已遠離人間五欲, 先已顧念天勝妙欲, 歎善隨喜, 復語彼言:『天上妙欲無常、苦、空、變壞之法, 諸天上有身<sup>56</sup>勝天五欲。』 [Furthermore, if the patient is attached to the five desires in the human realm, he should explain that these desires in the human realm are impure, foul, filthy, and not as excellent as the delightful desires in the heaven realm. He also should instruct them to relinquish desires associated with the five senses of the human realm and to aspire for the pleasures of heaven realms. If they say their minds have already distanced from desires associated with the human realm, and first expressing joy and satisfaction in the heaven realm, then further instruct them: ‘The pleasures in the heaven realms are also impermanent, which are subject to suffering, emptiness, and change. The pleasures of the physical existence of a living being in celestial realms surpass those of the heaven realm’]”. (CBETA 2023.Q4, T02, no. 99, p. 298a27-b5)

<sup>51</sup> Nandi, one of the disciples.

<sup>52</sup> “Skt.Upāsaka: an adult lay male disciple; a layman”. See DDB entry 優婆塞.

<sup>53</sup> “Skt.Upāsikā: an adult female lay disciple.a laywoman”. See DDB entry 優婆夷.

<sup>54</sup> method of calming.see DDB entry 蘇(sū)息處.

<sup>55</sup> “Five kinds of desire that arise from attachment to the objects 五境 of eyes, ears, nose, tongue, and body”. See DDB entry 五欲

<sup>56</sup> “physical existence of a living being”. See DDB entry 有身.

- “若言已捨顧念天欲，顧念有身勝欲，歎善隨喜，當復教言：『有身之欲，亦復無常、變壞之法，有行滅<sup>57</sup>、涅槃、出離<sup>58</sup>之樂，汝當捨離有身顧念，樂於涅槃寂滅<sup>59</sup>之樂上、為勝。』彼聖弟子已能捨離有身顧念，樂涅槃者，歎善隨喜。「如是，難提！彼聖弟子先後次第教誡、教授，令得不起、涅槃，猶如比丘百歲壽命，解脫涅槃」[If they say they are at this level, first expressing joy and satisfaction, then instruct them: 'Even the pleasures of a physical existence of a living being are impermanent and subject to change. There is a superior joy in ending these formations, attaining Nirvana and renunciation. You should relinquish the volition of the physical existence of a living being (body) and find joy in the bliss of Nirvana, considering it more advanced.' Thus, that noble disciple, having relinquished a bodily form, finds joy in Nirvana.' Thus, Nandi, this noble disciple is gradually instructed and guided to attain the state of Nirvana, like a monk with a lifespan of a hundred years, attaining Nirvana]”.(CBETA 2023.Q4, T02, no. 99, p. 298b5-12)

Last but not least, some Buddhist texts imply that end-of-life care is part of its discipline. For example, Tang Vinaya masters wrote commentaries and reference works that indicate the mindset of hospice care. *Daoshi's* (道世) chapter ( *Sufferings of Illness, Chapter 95* ) in *Fayuan zhulin* 法苑珠林 (A Forest of Pearls from the Dharma Garden) discussed end-of-life matters, including receiving the illness and caring for them: “寺西北角日光沒處為無常院。若有病者安置在中，堂號無常多生厭背 [In the northwest corner of the temple, where there's no sunshine, is the courtyard called *impermanence*. Whenever comes the patients, they were arranged to stay there to perceive the impermanence of Dharma, thereby dispelling the death anxiety]” (CBETA 2022.Q4, T53, no. 2122, p. 987a10-11). In Daoshi's fellow monk *Daoxuan* (道宣)'s work *Sifenlü shanfan buque xingshichao* 四分律刪繁補闕行事鈔, writes “瞻病者，燒香散華，莊嚴病者，乃至若有屎尿吐唾，隨有除之，亦無有罪 [Those who take care of the patient should burn incense and scatter flowers for them, and order monks to recite mantras and Buddha names. If the patient spits and urinates, the cater should remove them at any time, this does not offend the Vinaya]” (CBETA 2022.Q4, T40, no. 1804, p. 144a20-21).

<sup>57</sup> “The extinction of compounded formations on to escape saṃsāra”. See DDB entry 行滅.

<sup>58</sup> Renunciation.

<sup>59</sup> to become tranquil.

Quotes from the *Saṃyukta Āgama Sutra* touch upon concepts such as *compassion, meditation, Buddha-dharma*<sup>60</sup>, *detachment, impermanence*, and the pursuit of *Nirvana*. The roles of these concepts were manifested through narrations of Buddha's teachings to his disciples and the dying monks or nuns. Specifically, the texts explore Buddha's guidance for dying patients, helping them overcome *attachment* to loved ones and possessions and find the joy of *Nirvana* through recognition of the *impermanence* of physical existence. The Vinaya masters' commentaries underscored end-of-life care as a religious discipline, emphasizing the significance of creating an environment that promotes the awareness of *impermanence* and *chanting the mantras of Buddha names* to dying patients.

#### 2.4.2. Qualitative Content analysis and Thematic analysis

QCA (Qualitative Content Analysis) and TA (Thematic Analysis) are similar in their research philosophies, data gathering, both descriptive and interpretive aspects of data analysis, and investigations of various data sources to identify potential themes. QCA has the potential for both qualitative analysis and quantitative data quantification, whereas TA predominantly focuses on a purely qualitative examination of the data. Quantifying data in QCA focuses on the significance of recurring codes or themes' frequency within transcriptions for category or theme development. (Vaismoradi & Snelgrove, 2019)

QCA and TA fall under the qualitative descriptive design. Both approaches emphasize description and interpretation, making them suitable for researchers prioritizing detailed description over abstract interpretation. (Vaismoradi & Snelgrove, 2019) Unlike the grounded theory or the IPA (Interpretative Phenomenological Analysis) which is wedded to a theoretical structure (Braun & Clarke, 2006), this thesis aimed not to develop a theory but rather to identify themes that extract participants' everyday behaviors and reactions to hospice care occurrences. Vaismoradi and Snelgrove (2019) underlined that these theme-development approaches offer a base for formulating healthcare interventions.

The limitations should also be acknowledged. Researcher biases may impact data collection, analysis, and interpretation in QCA(TA), potentially bringing out inferential conclusions and reducing the study's significance in contributing to knowledge (Kolbe & Burnett, 1991). Besides, during the iterative process of coding data, the researcher's prior knowledge, experiences, and previous research on the study phenomenon determine in development of fresh insights into themes (Erlingsson & Brysiewicz, 2013). Moreover, the

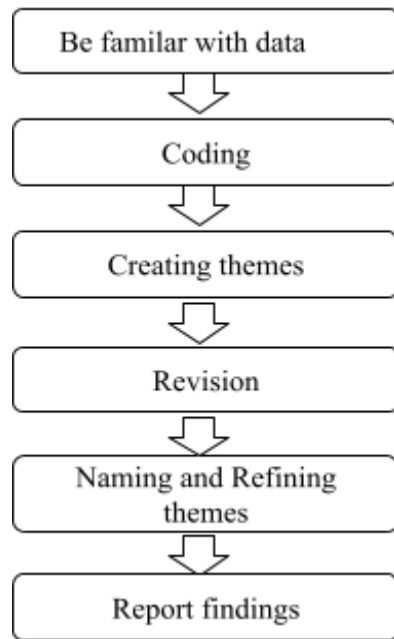
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<sup>60</sup> "Buddha's teachings. The term also refers to the principles underlying these teachings, the truth attained by the Buddha, its embodiment in his being—Buddhism." See DDB entry 佛法

quality of the theme inventions might be time and effort consuming which affects the level of innovativeness demonstrated (Vaismoradi & Snelgrove, 2019).

The process of tagging and categorizing digital data bears a resemblance to the coding and sorting task in data analysis, as in netnography, data collection and data analysis are interwoven with each other (Kozinets, 2010). Given that all the original data was in Chinese language, the first step was to translate all 66 valid replies into English and then to mark all the Buddhist concepts among them by using a yellow highlighting pen in the Word document. The operation for reliability in this step was based on the fundamental accumulation of Buddhist concepts from specialized courses and by consulting the professional Digital Dictionary of Buddhism and experienced scholars. To answer the research question of *What Buddhist concepts were presented by terminally ill patients and people who cared about them during hospice care in the three online Baidu post bar forums*, the following step was to put the selected Buddhist concepts dataset into a separate file for uploading into a word clouds generator that was created by the Chemistry-Biology-Pharmacy department at ETH Zürich. ([https://wordclouds.ethz.ch/.](https://wordclouds.ethz.ch/)) (see Figure 6 in the *result* section)

As these dense concepts are read in different sizes based on presence frequency, the next question will address how these concepts help the patients or those caring about them facing death in hospice care period in the context of three Chinese online forums. A fundamental basis in theme analysis is necessary to go into the intricate and subtle realm of qualitative data analysis (Braun & Clarke, 2006; Saldana, 2013; Willig, 2014b). The act of dividing the data set into meaningful portions and then reassembling them into cohesive thoughts and ideas is the essence of thematic analysis (Braun & Clarke, 2006). Therefore, in this section, Braun and Clarke's (2006) necessary procedures for coping with data were implemented. (see Figure 3).



*Figure 3.* Process of thematic analysis.

Source: Compiled by the author according to (Braun & Clarke, 2006).

Due to the reasonable size of the data, I chose to analyze it manually (Kozinets, 2010; Mkono, 2013; Wu & Pearce, 2014). Firstly, valid quotations from replies were read and re-read. At the same time, they were divided into three types, namely, single words or phrases, one or several sentences (s), and long paragraph narratives. Then each relevant data was affixed with codes. Because of personal habits, I wrote these codes down on paper to facilitate taking reflective notes in the margins and applied the codes to additional textual units (quotations) that share the same notion or idea. I made the repetition obvious to help spot themes or patterns. Other than that, I proceeded to abstract and compare them forth and back to identify similar patterns and distinct differences, or to check if they have any relationships. Once the disparate codes could be analyzed as shared with similar features and patterns, they were grouped under a potential theme with a keyword that is related to the research question. After reviewing, the themes were named in light of the overall analysis clues as well as the research aims and research questions. (see Table 2).

Table 2.

*Themes, subthemes, and codes from quotations.*

Themes /Subthemes	Codes
Theme 1 Belief	
Sub-theme 1 Engage in Buddhist-related activities	Read Buddhist best seller Chant mantra Remembrance of the Buddha's name Meditation Burning incense in the temple Mind practice/cultivation Post Buddhist verse Mindfulness in pain management Post Buddhist pics in the thread Practice mental status Self -practice Releasing animals for merit
Sub-theme 2 Recognition of Buddhism	Positive effects of mindfulness Power of mind Buddhism address fundamental problems Recognizing impermanence Meditation as corrective practice Believe in karma Behavior changed due to family illness Belief as a choice during illness Recognition of Buddhist Dharma
Theme 2 Understanding of Buddhist philosophical concepts	Intermediate state in Buddhism The role of delusions and causes The relationship between fear and ignorance Dualism Non- attachment Living in the present Eight kinds of suffering To relinquish of attachment Views on reincarnation
Theme 3 Reflection on life and death	Contemplation of life circumstances Philosophical reflection on existence

Theme 4 Attitude towards death	Accept pain and illness Coping with the fear of death
Theme 5 Seeking guidance	Seeking spiritual connection Guru Seeking wisdom Role model
Theme 6 Linguistic features	
1)Suggestion	I suggest to ... Seek for suggestion
2)Inquiry	Do people have an afterlife? Where can I find the chant-helping group?
3)Express desire /expectation	Wish to avoid reincarnation Want to have rebirth Aspiration for spiritual practice Hope no suffering anymore
4)Express gratitude /bless	Thanking Blessing

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Source: Compiled by the author.

### 3. Results and Discussion

This chapter first strives to present the analyzed data objectively and subsequently explains how findings help to line up with the research questions and research purpose. Then interpret the results by structuring the layout in the light of research questions and assessing findings compared to the literature review.

As indicated previously, a qualitative method by analyzing historical Buddhist scriptures and the data from three Chinese thematic online forums in contemporary China was used to answer the research questions.

- What is the narrative story of the core concept of *suffering*, and how was the model of hospice care portrayed in three Chinese translated versions of Buddhist scriptures?

In the context of contemporary China:

- What Buddhist concepts were presented by terminally ill patients and those who cared about them during the hospice care period in three Chinese hospice-related online forums?
- How did terminally ill patients or those who cared about them use Buddhist concepts to help face death peacefully in three Chinese hospice-related online forums?

### **3.1. Buddhist concepts of suffering and hospice model**

Sequential relationships were found between death, suffering, and Śākyamuni's enlightenment by identifying and translating biographies of the Buddha from a classic scripture *Fobenxingjijing* (*Abhiniṣkramaṇa sūtra*) 佛本行集經 (Jñānagupta, 587-591AD). This Sutra recorded the narrative story of the Buddhist primary concept of *Suffering* originating from four encounters with Śākyamuni. Namely, encountering the old, the sick, the corpse, and the recluse. The storyline tells that these four encounters, especially seeing the dead, accelerated Gautama Buddha's process of enlightenment. The Four Noble Truths, a fundamental teaching in Buddhism, which symbolized Śākyamuni's enlightenment, articulate the nature of suffering (*Duḥkha*), its causes, cessation, and the path leading to its end and serve as the foundation for various other Buddhist concepts (Bhikkhu, 2013; Nakasone, 1993; Rinpoche, 1999; Dhammavajiro, Vaisopha & Srinonyang, 2020). Therefore, the discovery in this study supplements a clearer logical connection to (Bhikkhu, 2013; Nakasone, 1993; Rinpoche, 1999; Dhammavajiro, Vaisopha & Srinonyang, 2020)'s research statement in terms of the role of the Four Noble Truths, linking the witnessing of death, reflection on suffering, the emergence of the Four Noble Truths, and the subsequent derivation of other Buddhist concepts. (see Figure 4). This narrative thread provides an intelligible statement for a better understanding of fundamental Buddhist ideologies and also lends a more robust logical support to the two main themes of this research: Buddhist concepts and hospice care that is embedded with death and suffering.

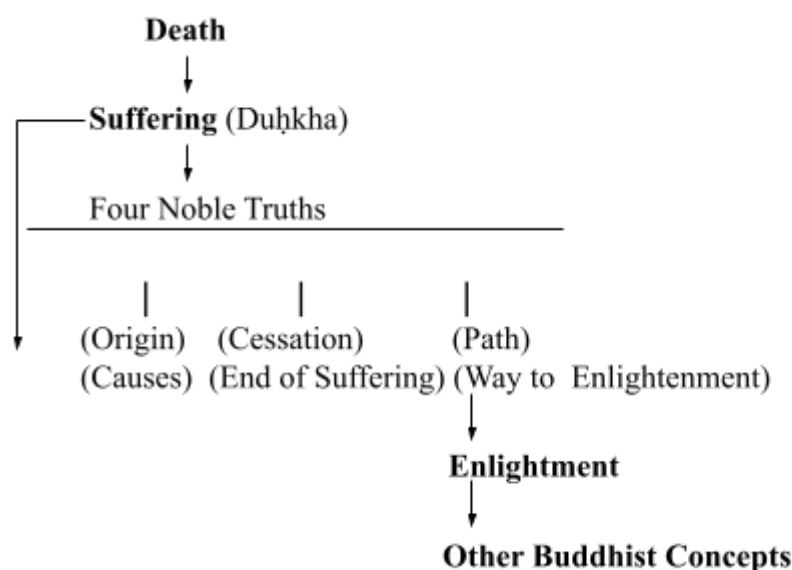


Figure 4. Narrative thread from Death to Other Buddhist Concepts.

Source: Compiled by the author

Furthermore, the early model of hospice care was identified in *Za A Hanjing* 雜阿含經 (Samyukta Āgama Sutra) (Guṇabhadra, 435-436AD) after translating, analyzing, and interpreting the classical Chinese Buddhist texts. Excerpts from narrative texts in volume 37 and volume 41, rich with Buddhist concepts like *compassion*, *impermanence*, *detachment*, *nirvana*, *rebirth*, etc, were aimed at providing care for dying Buddhists within monastic settings. Other than that, hospice care was also recorded as a part of Vinaya (religious discipline) as described in the commentaries work *FaYuan Zhu Lin* 法苑珠林 (A Forest of Pearls from the Dharma Garden) ( Dao, 668 AD) and *Sifenlü shanfan buque xingshichao* 四分律刪繁補闕行事鈔 (Emended Commentary on Monastic Practices from the Dharmaguptaka Vinaya) (Dao, 626–630 AD) in Tang dynasty. The discovery of incorporating hospice care into monastic vinaya implies the significance of the hospice care model within Buddhism. This finding is related to its corresponding inherent Buddhist concept of *karma* (Bhikkhu, 2013; Rinpoche, 1999; Salguero, 2015). At this point, the relationship between the hospice care model and Buddhist concepts is further connected. (see Figure 5).

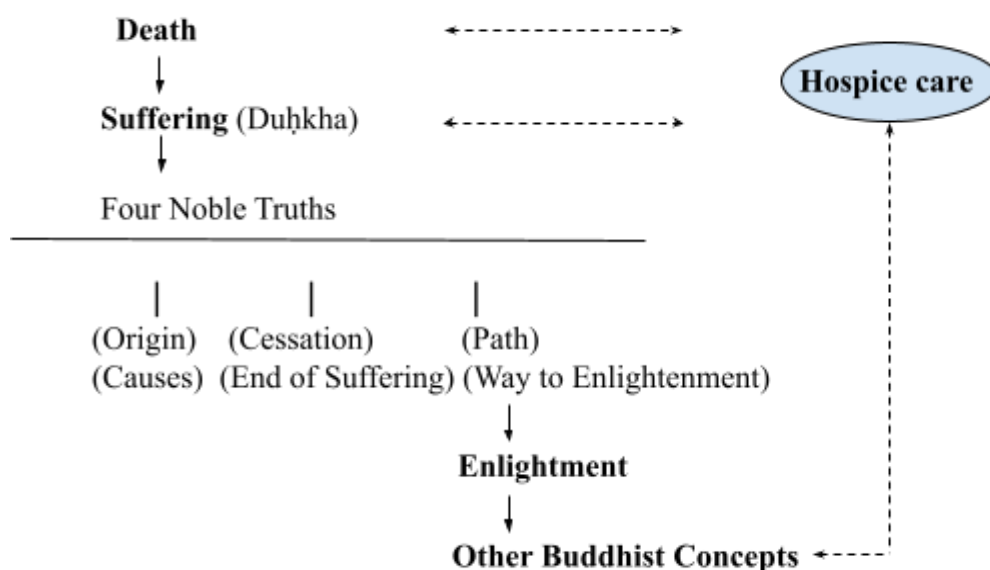


Figure 5. Conceptual framework of hospice care and Buddhist concepts in Buddhist context.

Source: Compiled by the author

The above findings are similar to those of Coward and Stajduhar (2012) who argued that the concept of hospice care has included a religious dimension from its origins and is not limited to any single faith. On the other hand, despite the findings indicating the hospice models in Buddhism, one point of divergence is that the embryonic form of hospice care found in the Buddhist narratives only took place within monasteries, and that care was only for Buddhists. This contrasts with previous findings on the definition of hospice care, as none of them stated that hospice care was (is) exclusively served to religious groups (Billings, 1998; Bosma et al., 2010; Cheng, 2023; Coward & Stajduha, 2012; Hui et al., 2013; Lamers, 2002). Moreover, it differs from the definition of hospice care occurring in hospital settings in mainland China (Cheng, 2023).

The reasons might be that Za A Hanjing 雜阿含經 (Saṃyukta Āgama Sutra), in which the models of hospice care were found, belongs to the early Buddhist canon, is also an anthology of gāthā<sup>61</sup>. The main emphasis of these texts was on the teachings associated with Gautama Buddha and the guidance provided to the monastic community (Saṃgha). Consequently, the descriptions of hospice care within monastic settings might indicate the particular audience of these texts, which were the monks and nuns. Moreover, during the era when these texts were written, the target audience for Buddhist teachings was also the

<sup>61</sup> A verse praising the merit of the Buddha.

monastic community. Hence, the emphasis on hospice care within monasteries and for Buddhists could be traced back to the intended audience and the practical considerations of the time when these teachings were conveyed and documented. (Yin, 1971) Another significant aspect might be that in Chinese history, hospitals affiliated with Buddhist monasteries for treating lay people were ordered to be established by Empress Wu Zetian (624 -705 AD) between 701 AD and 705 AD (Köhle, 2021). However, the texts *FaYuan Zhu Lin* 法苑珠林 (A Forest of Pearls from the Dharma Garden) (Dao, 668 AD) and *Sifenlü shanfan buque xingshichao* 四分律刪繁補闕行事鈔 (Emended Commentary on Monastic Practices from the Dharmaguptaka Vinaya) (Dao, 626–630 AD) were compiled before 700 AD. Despite this, these pieces of evidence illustrate the importance of considering the social and cultural contexts when exploring the Buddhist influence on hospice care.

### 3.2. The findings of the Buddhist concepts in three Baidu post bars

The findings of the Buddhist concepts from three Baidu post bars<sup>62</sup> were generated in the form of a Word Cloud. (see Figure 6). The larger the font size, the more frequently it appears from the selected data. *Meditation, attachment, Namó Amitābha*(recitation), *afterlife, reincarnation, rebirth, delusion, karma, impermanence, appearance, non-existence*, etc were found popular from the observations in online forums.

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<sup>62</sup> Recourses: *LinZhong Guanhuai Ba* [Hospice Care Bar]. (n.d.). Retrieved from <https://tieba.baidu.com/f?kw=%E4%B8%B4%E7%BB%88%E5%85%B3%E6%80%80&ie=utf-8>; *JueZheng Ba* [Terminal illness bar ](n.d.). Retrieved from <https://tieba.baidu.com/f?kw=%E7%BB%9D%E7%97%87&ie=utf-8>; *Ai Zheng Ba* [Cancer Bar] (n.d.). Retrieved from <https://tieba.baidu.com/f?ie=utf-8&kw=%E7%99%8C%E7%97%87>



Table 3

*The findings of Buddhist concepts based on the three principles of Buddhist views on life and death.*

Impermanence	Non-self	Samsāra
<ul style="list-style-type: none"> <li>● Impermanence</li> <li>● Appearance</li> <li>● Delusion</li> <li>● Suffering</li> <li>● Emptiness</li> <li>● Inverted dreams</li> <li>● Conditioned existence</li> <li>● Ultimate nirvana</li> <li>● Living in the present (Mindfulness)</li> </ul>	<ul style="list-style-type: none"> <li>● Non-existence</li> <li>● Detachment</li> <li>● Original nature</li> <li>● Mind nature</li> <li>● Form (Rupa)</li> <li>● Sensation (Vedana)</li> <li>● Perception (Sanna)</li> <li>● Mental Formations (Sankhara)</li> <li>● Consciousness (Vinnana)</li> </ul>	<ul style="list-style-type: none"> <li>● Rebirth</li> <li>● Afterlife</li> <li>● Karma</li> <li>● Reincarnation</li> <li>● Pure Land</li> <li>● Karmic conditions</li> <li>● Past life, present life, future life</li> <li>● Intermediate state</li> <li>● Mental body</li> <li>● Hungry ghosts realm</li> <li>● Yogācāra, Tiantai, Mādhyamaka (philosophical schools related to rebirth)</li> <li>● Meditation</li> <li>● Guru (spiritual teacher guiding rebirth practices)</li> <li>● Life liberation</li> <li>● Rewards/merit accumulation</li> <li>● Be observed/be transcended</li> <li>● Namo Amitābha</li> <li>● Samsāra</li> <li>● Causations</li> <li>● Attachment</li> <li>● Merit accumulation</li> <li>● All-Buddhas (those who have transcended samsāra)</li> <li>● Bodhisattvas (those who work towards enlightenment for all beings)</li> </ul>

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- Eight sufferings (associated with samsaric existence)
  - Human realm
  - External objects (as part of the samsaric experience)
  - Consciousness (within the cycle of saṃsāra)
  - Delusion/dualistic distinctions
  - Practitioner/observer within saṃsāra
  - Connection to practice/attachment in saṃsāra
  - Causes and conditions
  - Liberation from suffering
  - Powa
- 

Source: compiled by the author from the data set.

Meditation comprises the intentional nurture of mindfulness by navigating the mind's focus toward a specific item, thought, or activity. This practice aims to enhance attention and awareness to ultimately achieve a state of clear thinking, emotional stability, and calmness. (Cahn & Polich, 2006; Goleman, 1988; Jevning et al., 1992; Walsh & Shapiro, 2006) As the most frequently used term in these three post bars, this finding implies its operability in hospice care period. At the same time, the finding adds more support to what we have known with Lin & Guo (2020)'s 'care of awareness' as described in Buddhism's hospice care instead of Coward and Stajduhar (2012)'s 'spiritual care' in the context of Christianity.

The Pure Land School of Chinese Buddhism employs the practice of chanting the six-character phrase 'Namo Amitābha (Amituofu)' 南无阿弥陀佛 as a practice method. This practice aims to attain rebirth in the Western Pure Land, a realm of ultimate bliss. (Shan, n.d.) "Namo Amitābha" became the second most popular term in this finding indicating the result is similar to what Hui and Leung (2012), Yang (2016), and Lin and Guo (2020) demonstrated that chanting the name of Amitābha Buddha in mainland China as one of the mainstream

ways to alleviate distress and negative emotions by terminally ill patients and those who cared about them in hospice care period.

The remaining concepts are a relatively new finding in terms of this study, as they were not elaborated in the previously reviewed research with respect to hospice care under the influence of Buddhism in China. It might be a result of the development of hospice care in mainland China is currently still in its early developmental phase ( Huang, 2015; Li et al., 2022; Ling et al., 2020; Wang et al., 2023 ), let alone the present high-quality research related to Buddhism standing of hospice palliative care (Wang et al., 2018 ). Furthermore, the limited research articles that touched upon hospice care or good (peaceful) death or dying process in the Chinese context were mainly from the perspective of patients' families or volunteers as well as medical staff (Cheng, 2023; Chen et al., 2023; Hui & Leung, 2012; Yang, 2016). It indicates that these sampling choices can lead to neglect of the dying patient's most private and authentic thoughts, namely the possibility of using Buddhist concepts to alleviate suffering.

### **3.3. Ways for facing a peaceful dying process**

Based on Buddhist concepts, six themes, and two subthemes were summarized from the quotations<sup>63</sup>, revealing how terminally ill patients and those who cared about them navigate toward a peaceful death and dying process during hospice care period in three Chinese online forums. This suggests that the influence of Buddhism on terminally ill patients and those who cared about them was reflected in the different ways they approached Buddhism while facing the end-of-life situation to achieve a peaceful death or dying process.

#### **Theme 1: Belief**

Patients and the people who cared about them in the three post bars expressed belief in Buddhist teachings based on Buddhist concepts. This inclination contains two subthemes: either through behavior, participation in Buddhist-related activities, or understanding the philosophical concepts of Buddhism.

#### **Subtheme 1 Engaging in Buddhist-related Activities**

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<sup>63</sup> Recourses: *LinZhong Guanhuai Ba* [Hospice Care Bar]. (n.d.). Retrieved from <https://tieba.baidu.com/f?kw=%E4%B8%B4%E7%BB%88%E5%85%B3%E6%80%80&ie=utf-8>; *JueZheng Ba* [Terminal illness bar ](n.d.). Retrieved from <https://tieba.baidu.com/f?kw=%E7%BB%9D%E7%97%87&ie=utf-8>; *Ai Zheng Ba* [Cancer Bar] (n.d.). Retrieved from <https://tieba.baidu.com/f?ie=utf-8&kw=%E7%99%8C%E7%97%87>

Many dying patients and the people who care about them wrote down behaviors concerning Buddhist activities that they had during hospice care:

- “Releasing animals for merit”
- “Remembrance of the Buddha’s name”
- “To read Buddhist philosophy book”
- “I’ve been trying a natural therapy lately, somewhat similar to meditation. Zen practice.”
- “After my dad fell ill, I became superstitious and started visiting temples to pray to the Buddha and bodhisattvas and burning incense.”
- “When the pain comes, just stay in that sensation, then relax. The pain will be subdivided, and you will find that pain is momentary, not continuous. Repeatedly stay and relax.”

Dying patients or those who cared about them tended to help themselves face death calmly by participating in some Buddhist activities. This finding is at almost the same level in terms of what *Measuring religion in China* (2023) claims. That is, despite most Chinese do not identify themselves as Buddhists, this does not affect their engagement in Buddhist-related activities. However, in *Measuring Religion in China* (2023), the mentions were mainly limited to the belief in Buddha or Bodhisattva and the related behavior of going into temples to burn incense and worship them, rather than mentioning other Buddhist activities as shown in this study. This might result from close support with another argument that Buddhism and Chinese folk religions are mixed-used (*Measuring religion in China*, 2023; Colijin, 2018). The image of Bodhisattva Avalokiteśvar (观音 Guanyin) is a clear example. Although originating from Buddhism, she is worshiped in folk culture as an all-powerful deity, believed to bless individuals with safety and fertility (*Measuring religion in China*, 2023). Instead, observations from the online threads revealed that terminally ill patients and those who cared about them engaged in a wider range of Buddhist practices as a psychological adjustment and spiritual comfort during hospice care. Releasing animals is for accumulating merit; reading Buddhist best sellers is to promote a positive attitude toward facing death; reciting the Buddha’s name aims to be reborn in the Western Pure Land to attain enlightenment; Chan/Zen meditation is a method for cultivating mindfulness to help control awareness. However, all these behaviors cannot occur without a basic recognition of Buddhism.

### **Subtheme 2. Recognition of Buddhism**

Based on the observational records, although some patients and those who cared about them did not show they had taken refuge in institutional Buddhism in China, they recognized Buddhism and Buddhist teachings:

- “I also hope to embark on the path of practice from now on.”
- “I have studied to become a psychological counselor and delved into philosophy, and I found that only Buddhism addresses the most fundamental questions.”
- “I want to experience the impermanence of life and not waste time anymore.”

A possible explanation for this might be that the impact of Buddhist concepts on the terminally ill or those who cared about them is also reflected in their acceptance of Buddhism while facing death. Embarking on practice, discovering Buddhism as a useful tool for addressing life's challenges, and finding motivation to cherish time – these phenomena imply that Buddhist teachings have provided them with positive experiences in coping with life and death. These findings add a new dimension to Buddhist-related behaviors adopted in the plight of Chinese terminally ill patients and those who cared about them, as *Measuring Religion in China* (2023) and Colijin (2018) did not emphasize their results regarding whether people tended to recognize Buddhism or not when they were in predicament. This discrepancy could be attributed to the report *Measuring Religion in China* (2023) which was conducted via a quantitative approach that tends to limit exploration and may struggle to capture subjective experiences, emotions, or perspectives that individuals have. And Colijin's (2018) study focused more on the general relationships of religions rather than simply Buddhism.

### **Theme 2 Understanding of Buddhist Philosophical Concepts**

Replies or threads also embodied the understanding of Buddhist philosophical concepts of some patients and the people who cared about them. Some words and speech they posted included:

- “Nothing is permanent.”
- “The excessive reluctance to let go and the overwhelming attachment to loved ones may hinder a peaceful departure.”
- “Like illusions and dreams, like Gandharva City, Its appearance arises, abides, and ceases; such is its nature.”

- “The body, family, and financial possessions are ultimately things that need to be relinquished.”

They expressed these Buddhist philosophical concepts, implying a tendency to make use of them as a means of comfort during hospice care. “*Nothing is permanent.*” This speech conveys the idea that everything in life is momentary, and in a constant state of flux. There exists the transitory nature of existence and the certainty of change. By internalizing this concept, patients and those who cared about them can build up a more accepting and flexible mindset that enables them to cope with death. This also situation aligns with that the Buddhists were arranged in the yard called impermanence in *Fayuan zhulin* 法苑珠林 (A Forest of Pearls from the Dharma Garden) to perceive the truth of impermanence.

“*The excessive reluctance to let go and the overwhelming attachment to loved ones may hinder a peaceful departure.*” This statement embodies the Buddhist concept regarding attachment and its impact on an individual's decisions, particularly during the final stages of life. The terminally ill patients and those who care about them hold a deep attachment to their loved ones and material possessions can bring on emotional turmoil and create obstacles in achieving a serene death.

“*Like illusions and dreams, like Gandharva City, Its appearance arises, abides, and ceases; such is its nature.*” This analogy suggests that the patients or those who care about them start to understand the impermanent nature of the world. A comparison is drawn between life and illusions or dreams, and Gandharva City in Buddhist verse, which is a symbol of evanescence, stressing that concepts like impermanence, and detachment can be ignored due to sticking to illusions.

“*The body, family, and financial possessions are ultimately things that need to be relinquished.*” underscores the understanding of the inevitability of letting go of worldly attachments. This thought is consistent with the descriptions from *Za A hanjing* (Saṃyukta Āgama Sutra) 1122, Volume 41, stating that possessions, relationships, and even the physical body are impermanent and will eventually be relinquished. Only by renouncing the attachments can one achieve inner peace and liberation while in the dying process.

These voices also indicate that some Chinese terminally ill patients and those who cared about them actually not only have a basic knowledge of some Buddhist philosophical concepts but also that they might only want to face death through pure Buddhist teachings rather than Hui & Leung (2012) and Wang et al. (2023)'s incorporating other beliefs such as

Taoism, folk religions, or Confucianism. This might be because most authors Colijin (2018), Hui and Leung (2012), and Wang et al. (2023) or report *Measuring religion in China* (2023) tend to generalize overall phenomena when discussing the religious inclinations of Chinese people (and their views on death and life), overlooking the specific individual needs of minorities, especially the private and genuine feelings of the first-person experience. Hence, this discovery holds the potential to provide Buddhist-related support to Chinese terminally ill patients and the people who are concerned for them, who solely seek to employ Buddhism as a means for personal redemption.

### **Theme 3 Reflection on Life and Death**

Online comments also included the reflection and contemplation about life and death when facing a dying disease.

- “Perhaps there were too many misdeeds in my past life”
- “All conditioned phenomena are like a dream, a mirage, like dew, like lightning. Thus, should feel like this.”

“*Perhaps there were too many misdeeds in my past life.*” This statement reflects a belief in the concept of karma and the notion of a present terminal illness suffering may be attributed to actions or misdeeds from a previous life. Hospice patients or the people who are concerned about them contemplating this idea may wrestle with regret or engage in spiritual introspection, reflecting upon their past actions and the consequences they experience in their current life. This finding infers that although the one was reflecting on why he or she was in their current situation using the concept of karma, there’s still uncertainty. Initially, the acknowledgment of the karma theory suggests an alignment with Hui and Leung (2012)'s viewpoint on interpreting karma's influence at the time of death. Namely, the concept of karma serves as a moral compass for a significant number of individuals in China, it is widely accepted that the cultivation of positive karma, which can result in a favorable rebirth, is crucial for achieving a peaceful passing (Hui & Leung, 2012). Secondly, the use of the word ‘probably’ conveys a sense of uncertainty about whether karma is the cause or not. Overall, the litigant simply regarded karma as a choice for reflecting on the circumstances. This ambivalence indicates that they are not Buddhists but opt to use Buddhist concepts for self-reflection and that Buddhism only serves as a solution or choice for certain non-Buddhist patients or those who were concerned about them.

*“All conditioned phenomena are like a dream, a mirage, like dew, like lightning. Thus, should feel like this.”* This verse highlights the fleeting and impermanent nature of all phenomena in life. In the context of hospice patients or their support networks reflecting on mortality, this principle inspires them to recognize the transient quality of existence and facilitate the development of a mindset of acceptance the death and release from suffering. This discovery aligns with the above narrative story of death and suffering in Buddhist scripture *Fobenxingjijing* 佛本行集經, where individuals undergo firsthand experiences or witness suffering in life, initiating a process of contemplation aimed at transcending this suffering. Eventually, it signifies that through introspections on suffering, patients or those who care for them progressively approach the Buddhist concept of impermanence. This gradual understanding of impermanence helps them psychologically come to terms with and peacefully accept the impending reality of death, rather than approaching death with negativity, denial, or resistance. This process of reflection guides towards positive self-redemption.

#### **Theme 4 Attitude towards Death**

Accepting and actively coping with the fear of death were depicted in some patients' replies using Buddhist philosophies grounded in Buddhist concepts:

- “To read Buddhist philosophy books which can slightly help to reduce the fear of death.”
- “If you think about it when pain and physical discomfort are really happening, our fear is useless. Live in the present. Let the pain be, let the illness be!”

Both expressions underscore the influence of Buddhist concepts of impermanence, awareness, and mindfulness on shaping attitudes toward death. By exploring Buddhist philosophy (in various books related to Buddhist philosophy), the belief that philosophical contemplation and understanding (of impermanence) may contribute to a more serene approach to mortality was signified. Additionally, when the patient directly experiences physical pain or discomfort, a conscious centered on mindfulness and living in the present moment might help combat fear. These words underline the importance of philosophical contemplation, living in the present moment, and accepting the realities of pain and illness as ways to mitigate the fear and anxieties surrounding death, rather than dwelling on fears or anxieties about the predestined future. Therefore, these insights also indicate the potential

significance of Buddhist teachings in providing psychological and emotional support for individuals navigating the complexities of fatality.

### **Theme 5 Seeking Guidance**

Some patients and those who cared about them directly mentioned that they want to seek spiritual connection when under the hospice care condition:

- “I haven't had the opportunity to meet my guru yet, but I deeply believe that it will happen.”
- “Go to Tibet and listen to those genuine practitioners to understand how they perceive life.”
- “Perhaps you will be the guiding light for my future journey and the eternal role model for me.”

Firstly, these statements reflect an inherent spiritual quest and a longing for deeper connections beyond the immediate physical realm. Despite facing the final stages of life, these individuals expressed a profound yearning for spiritual guidance and enlightenment. The mention of meeting a guru, seeking wisdom from genuine practitioners in Tibet, and considering someone as a guiding light for their future journey implies a deep-rooted desire for spiritual fulfillment and understanding. Secondly, these expressions highlight the importance of spiritual beliefs and practices in coping with the existential and emotional challenges associated with terminal illness and impending death. It demonstrates that for some individuals, spiritual connections serve as a source of solace, hope, and guidance during their final moments. This desire for spiritual enlightenment suggests a pursuit of meaning and transcendence by the patients or their supportive ones, offering a sense of comfort and purpose amidst the anxieties and fears surrounding death. Furthermore, these findings from the threads and replies in three online hospice-related Chinese forums shed light on the personal ways of seeking spiritual fulfillment. Each person's unique approach to spirituality, whether it's a longing to meet a guru, seeking wisdom from Tibetan practitioners, or finding guidance from a specific individual, marks the necessity of spiritual care in providing comfort, hope, and a sense of meaning during the end-of-life phase. Most importantly, the findings confirm the role and necessity of spiritual care or spirituality in the definition of hospice (palliative) care (Billings, 1998; Bosma et al., 2010; Cheng, 2023; Coward & Stajduhar, 2012; Hanks G, 2008; Hui et al., 2013; Lamers, 2002; WHO, 2002 ).

### Theme 6 Linguistic Features

Several comments from terminally ill patients and the people who cared about them reflected Buddhist concepts through diverse linguistic expressions, including offering suggestions, making inquiries, conveying gratitude, blessings, and expressing hopes and expectations.

- “I suggest this topic poster consider taking refuge in Buddhism, reciting the name of Amitābha Buddha, reading Buddhist scriptures, and engaging in Buddhist practices to seek rebirth in the Pure Land.” (Suggestion)
- “Where is the Miaoyin Chanting help group in Beijing ?” (Inquiry)
- “Do people have an afterlife?” (Inquiry, interrogative sentence)
- “Wishing for my next life without pain and illness.” (Blessing)
- “May Bodhisattvas bless”. (Blessing)
- “Your posts are helpful to me. Amitābha.” (Gratitude)
- “I don't want to reincarnate into the human realm again.” (Expectation)
- “I truly hope there is an afterlife.” (Expectation)
- “Wishing to be reborn in another world in the next time life.” (Expectation)

The expressions of blessings, hope for a pain-free afterlife, gratitude for helpful posts related to Buddhist teachings, helpless inquiries, and expectations for a peaceful and favorable next life stress the role of Buddhist concepts in providing emotional support and comfort during the hospice phase. Guided by these language features, I participated in leaving messages to express blessings and support, and initiated discussion threads asking how do they face death as calmly as possible, and whether they will think of Buddhism or not. Upon observing these linguistic features in miscellaneous posts and comments, along with the incorporation of field notes, it becomes evident that Buddhist concepts were frequently utilized for mutual comfort and support among terminally ill patients and their support networks in these forums. This discovery resonates strongly with the argument that every action by participants within the community in this “language game” becomes a significant observable event in its own right (Kozinets, 2010, 2013); thus, the importance of linguistic features provides a way to more quickly identify the appeals behind the verbal expressions of terminally ill patients and those who cared about them.

#### 4. Conclusion

This chapter will present a concise summary of the primary research findings concerning the research aims and research questions. It will highlight the value and contributions of these findings. Additionally, the study's limitations will be examined, and potential directions for future research will be suggested.

This study mainly aimed to identify the hospice care model and its relationship with the core Buddhist concept of *suffering* and other Buddhist concepts from the historical context. It also sought to explore what and how other Buddhist concepts were presented by dying patients and those who cared about them to pursue a peaceful dying process during the hospice care period from three Chinese online forums. Tracing historical Buddhist scriptures reveals a narrative story of four encounters of Śākyamuni that contributed to a logical connection between death, suffering, various Buddhist concepts, and hospice care. Further findings also indicate that there was a model of hospice care rooted in these Buddhist concepts in Chinese history. Findings using netnography as a research strategy indicate that these Buddhist ideas continue to influence contemporary hospice care practices from three Chinese Baidu online forums related to hospice care. These influences are categorized into six themes and two subthemes which became evident as these individuals actively sought a peaceful dying process within the framework of Buddhist concepts.

These above findings from a research perspective have contributed to achieving the research aims for this could provide more or less insights into the development of Buddhist hospice care in contemporary China. Thereby there's a possibility of enhancing the quality of the dying process and death quality for terminally ill patients and simultaneously reducing the grief of those who care about them. From a practical perspective, as the comments from the three online forums indicated that the patients or those who cared about them had physical, psychological, and spiritual demands of philosophical Buddhist concepts, the findings could offer an idea for integrating philosophical Buddhist concepts in the field of psychological counseling and the training of nurses and oncologists to help improve the quality of hospice care in China. These findings also have the potential to provide an emerging role (hospice chaplain) for professional Buddhists to guide Buddhist activities in the provision of end-of-life care. In addition, these requirements emerged as different themes have the probability of becoming a booster for the integration of Buddhist elements into Chinese death education. From a theoretical view, the findings affirm that suffering prompts introspection (Buddha, n.d.) and that the Buddhist hospice care model was relevant to the three Buddhist

concepts of *impermanence*, *no-self*, and *saṃsāra* as outlined by ( Hui & Coleman, 2012; Lin & Guo, 2020; Nakayama, n.d; Velasco, 2015). It also highlights the necessity of psychological and spiritual support mentioned in the definition of hospice care (Billings, 1998; Bosma et al., 2010; Cheng, 2023; Coward & Stajduhar, 2012; Hui et al., 2013; Lamers, 2002). However, it challenges factors for the peaceful dying process discussed in Kongsuwan et al. (2012) 's study, such as the expressed desires for the presence of family members and their restraint from crying, as well as Wang et al. (2023) 's mention which involves the wish to be remembered after death reference to the characteristic of a good death. These findings plug previous research gaps in the relationship between Buddhist concepts and hospice care by tracing the primary concept of suffering in the Buddhist narrative story and models of hospice care in Buddhist texts. They also fill in gaps in the literature by observing the presentation of Buddhist concepts across three online forums and how terminally ill patients and those who cared about them facilitate the peaceful dying process in various ways.

As the data was mainly collected from a small sample (in three online forums) with unique characteristics, I cannot make generalizations about most dying patients or their support networks in hospice care in favor of Buddhist concepts to pursue a good or peaceful dying process in contemporary mainland China. However, owing to this inherent limitation of qualitative research, I attempted to ensure representativeness in every piece of data by employing a purposive sampling strategy, thereby enhancing the intensity of the research findings. Due to geographical constraints, the prospect of traveling to China for data collection, such as conducting face-to-face interviews with family members, medical staff, and volunteers or doing ethnographic fieldwork becomes economically impractical from both a time and cost perspective. Face-to-face contact may backfire as research on taboo topics (Kozinets, 2015), thus, the choice of online research is much more reasonable. On top of that, thematic analysis was used in this research to help find the patterns (ways) of dying patients and the people who care about them toward a peaceful dying process under the influence of Buddhist concepts. The thematic analysis may be considered simplistic as it only explores patterns without delving into the underlying reasons, thus hindering a comprehensive understanding of the phenomenon.

Another limitation is the lack of corresponding academic literature related to the research topic. This scarcity may stem from the infancy of hospice care in China (Huang, 2015; Li et al., 2022; Ling et al., 2020; Wang et al., 2023), cultural taboos about discussion of death among Chinese (Xu, 2007), and language barriers in translation and understanding of

Buddhist concepts and scriptures (Pan, 2019), and the fact that Buddhism is not the dominant religion in China (Colijin, 2018; *Measuring religion in China*, 2023). To address this issue, I attempted to address some of these gaps by exploring the reference lists of a handful of relevant academic publications. While these studies do not focus on mainland China or include Buddhist concepts when talking about hospice care, they still provide valuable insights.

Limitations in research experience and bias also play a role. Therefore, I might miss literature because of accessibility issues. Or I might use a less efficient method or make mistakes when collecting and analyzing data. Besides, as this research was conducted with a qualitative method, it means bias or subjectivities might exist. That said, there's still the possibility that when I collected data just collected the data that could positively support my research aims and ignore the negative data that also may influence my result.

To overcome the methodological limitations of this study, quantitative methodology of future research could expand the target population by conducting statistics and assess whether the demand for Buddhism as a pursuit of a peaceful dying process is large enough among terminally ill patients or those who care about them in China or not. Alternatively, if qualitative research methods are considered, the means of gathering data could be more diversified, such as through documentary films or onsite fieldwork, as they are also sources for getting authentic data corpus. Furthermore, incorporating interpretive phenomena analysis is advisable as it delves into the essence of such phenomena on a deeper level. Maintaining a critical attitude throughout the research process contributes significantly to reducing subjectivities and ensures a more objective approach to the study.

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### Resümee

## BUDISTLIKE KONTSEPTSIOONIDE MÕJU PATSIENTIDELE JA NEIST HOOLIVATELE ISIKUTELE HIINA HOSPIITSHOOLDUSES

Cao Tinglu

See uurimus toob esile seosed peamise budistliku kannatamise kontseptsiooni ja hosiitsihoolduse ning teiste kohalduvate budistlike kontseptsioonide vahel ajaloolises kontekstis. Samuti uurib see läbi kolme Hiina hospitsiiga seotud veebifoorumi, millised budistlikud kontseptsioonid esinesid surevatel patsientidel ja neist hoolivatel inimestel. Ka uuritakse milliseid viise kasutati nende budistlike kontseptsioonide esitamiseks, et tagada rahuliku suremise protsess. Andmed koguti neljast klassikalisest hiina keelde tõlgitud budistlikust pühakirjast ja kolmest Hiina hosiitsiga seotud veebifoorumist. Tulemused näitavad hosiitshoolduse mudeli seost nii kannatamisega budistlikus kontekstis kui ka teiste teemale kohalduvate budistlike põhimõtetega. Lisaks kolmest hosiits-seostega veebifoorumist kogutud budistlikud kontseptsioonid moodustasid tee, mida lõplikult haiged patsiendid ja neist hoolivad inimesed järgivad rahumeelse suremisprotsessi saavutamiseks. Need leiud täidavad surmavalt haigete patsientide ja neid toetavate inimeste vahelised Budistlikest põhimõtetest lähtuvad uurimuslikud lüngad ning annavad ülevaate hosiitshoolduse arengust Hiinas.

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*Cao Tinglu*

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