Consultative Seminar Series (Session 3): Executive Summary

Title: Consultative Seminar on Buddha's Teachings and Mental Well-Being: A Dialogue

Theme: Self-Care for Carers: Contemplative Practice for Psychological Caregivers

Date/Time: 18th July, 2026. 2:30-5:30 pm

Convened by: Mental Health Team, Atish Dipankar Dhyan Kendra (ADDK), Kolkata

1) Context and Purpose of the Gathering

The third session of the Consultative Seminar Series, “Buddha's Teachings and Mental Well-Being: A Dialogue,” focused on a dimension of care that is often less visible: the care of caregivers themselves. The discussion brought together mental health professionals and participants who engage with suffering in different capacities, exploring how carers can remain present, compassionate, and professionally responsible without becoming consumed by the emotional weight of their work.

The session continued the series' movement from individual therapeutic care, to communities of care, and finally to the person who provides care. Rather than presenting self-care as a fixed set of techniques, the discussion considered suffering, compassion, identity, boundaries, and the carer's place within relationships of care. Buddhist teachings were approached as resources for reflection alongside psychotherapy, clinical experience, personal narratives, and contemplative practice.

2) Opening Framing: From Caring for Others to Caring for the Carer

Dr Saoni Banerjee, speaking on behalf of the ADDK Mental Health Team, situated the gathering within the larger series and its engagement with Buddhist ethics, wisdom, mindfulness, and transformative practice. She highlighted the quiet but demanding labour involved in holding space for suffering and emphasised that care for oneself and care for others are interdependent. The session was framed around a simple but far-reaching question: how does the carer care for oneself while remaining genuinely available to another?

3) Session Structure and Panellists

The session included opening reflections, facilitated breakout-room discussions, plenary dialogue, panel responses, a guided meditation, and a vote of thanks.

• Dr Chetna Duggal: Associate Professor, therapist, and supervisor, with experience in mental health training and student well-being.

• Dr Suvarna Joshi: Psychotherapist whose reflections connected the “Wounded Healer” perspective with self-compassion, Buddhist practice, and embodied self-care.

• Dr Pallavi Banerjee: Psychotherapist and Buddhist practitioner who reflected on the Four Noble Truths and the Mahayana practice of equalising self and others.



The session was moderated by Dr Anuttama Banerjee.

1) Panel Initial Remarks

Dr. Chetna Duggal

Chetna explored the meaning of "care," drawing on words such as "dhyan," "khayal," "parwah," and "sambhal" to illustrate attention, concern, and holding. Using the image of a "loi," she described care as something that may be experienced before it is consciously named. Her reflections on grief highlighted the liminal space between a "before" and an "after," with solitude and contemplation creating room for changing identities.

Dr. Suvarna Joshi

Suvarna reflected on the "Wounded Healer" and the possibility that personal woundedness can become a source of compassion when approached with awareness. She described the limits of an exclusively analytical mode of working and emphasised self-compassion and loving-kindness. Her reflections on Vipassana highlighted the relationship between bodily experience and the mind's tendency to intensify suffering through continual narration.

Dr. Pallavi Banerjee

Pallavi drew on the Four Noble Truths as a framework for understanding suffering and on the Mahayana practice of equalizing self and others. She emphasised that therapists may contribute to healing without being solely responsible for its outcome, alongside the importance of personal therapy, supervision, supportive relationships, and institutional responsibility.

2) Breakout Rooms and Shared Reflections

Participants moved into facilitated breakout rooms to reflect on the panel discussion and relate its themes to their personal and professional contexts.

3) Breakout Themes: Resonances and Challenges

Resonances

• The "veranda" resonated as an image of space for solitude, reflection, and emotional processing.

• Participants connected with the recognition that suffering is part of human life and that the caregiver is only one part of a larger network supporting healing.

• Mindfulness, self-compassion, and the "Wounded Healer" generated reflection on remaining connected to oneself while caring for others.

Challenges

• Processing difficult encounters without carrying their emotional weight into personal life.



• Recognising when personal woundedness contributes to therapeutic understanding and when it requires further attention.

• Integrating mindfulness into ordinary routines rather than treating contemplative practice as separate.

• Balancing self-care, professional responsibility, and sustained availability to others.

4) Representative Questions

Questions raised by participants focused broadly on:

• Managing professional stress and maintaining boundaries without becoming emotionally detached.

• Understanding the wounded self and remaining with grief without becoming defined by it.

• Applying impermanence, emptiness, non-attachment, and compassion in everyday caregiving.

• Cultivating mindfulness while responding to urgent, emotionally demanding, or uncertain situations.

The questions were treated as contextual and ongoing rather than as problems requiring universal solutions.

5) Panel Responses

The panellists collectively emphasised that sustainable transformation emerges through continued practice, reflection, and a willingness to remain with uncertainty.

• Chetna highlighted grief, changing identity, solitude, and presence, emphasising that presence does not require perfect compartmentalisation.

• Suvarna emphasised listening to wounded parts of oneself, cultivating self-compassion, and allowing identities beyond professional roles to remain alive.

• Pallavi highlighted solitude and mindfulness, and the Buddhist understanding that the therapist is one part of a larger network of causes and conditions.

Across the discussion, personal well-being and professional care were understood as deeply interconnected. Sustainable caregiving requires both inner awareness and appropriate relational and professional support.

6) Closing

Dr. Anindya Chatterjee concluded the session with a short guided meditation on compassion. Participants were invited to settle attention on the breath and then cultivate wishes for health, safety, freedom from suffering, and freedom from creating the causes of future suffering. These



wishes were gradually extended from oneself to family, friends, colleagues, clients, students, and all sentient beings.

The session concluded with a vote of thanks from Dr. Sanchita Ghosh on behalf of the ADDK Mental Health Team. Gratitude was expressed to the panellists, moderator, guide, and wider team for sustaining the consultative seminar series. This session reinforced that the caregiver, like the person being cared for, remains a human being living within uncertainty, change, suffering, relationship, and possibility.

Together, the three sessions traced a movement from therapeutic care, to community care, and finally to the care of those who provide care. The series closed not with a single model of self-care, but with a commitment to continued attention, compassion, reflection, and contemplative inquiry.

Acknowledgement

The Mental Health Team acknowledges the use of Zoom AI Companion for transcription and ChatGPT for summarising and structuring draft reports. The draft was subsequently reviewed and edited by members of the Mental Health Team of ADDK prior to finalisation.