Exploring the Utilization of Buddhist Practices in Counseling for Two Different Groups of Service Providers (Monks and Psychologists) in Cambodia

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The suffering of Cambodia has been deep.
From this suffering comes great Compassion.
Great Compassion makes a Peaceful Heart.
A peaceful Heart makes a Peaceful Person.
A Peaceful Person makes a Peaceful Community.
A Peaceful Community makes a Peaceful Nation.
And a Peaceful Nation makes a Peaceful World.
May all beings live in Happiness and Peace.
--Samdech Maha Ghosananda, Cambodia

The above quotation sets the objective we advocate and work for in Cambodia.[3]

Introductory analysis

Background and current situation:

Cambodia's history of political unrest, socioeconomic struggle and traumatic genocide under the Khmer Rouges (KR) has disrupted and destroyed many grown structures of resources, such as the foundations of sufficient health care, education and deeper knowledge of Buddhist and Hindu, animistic traditional practices and cultural legacies. Normal patterns and habits of daily life have been torn apart and resulted in low indicators of development. Cambodia was ranked 137th out of 182 countries according to the United Nations Human Development Index (2009) and struggles still with providing a minimum of health services and standards especially in the field of mental health. Problems such as poverty, lack of gender parity, mistrust and suppressed anger, domestic violence, child and sex-trafficking, substance abuse, and other issues which continue to undermine movements for national reconciliation, are common (Human Rights Watch, 2010; Humeniuk, Ali, & Ling, 2004; UNIAP, 2008; van de Put & Eisenbruch, 2002). Preliminary results from a nationwide survey conducted by the Department of Psychology (DP) at the Royal University Phnom Penh (RUPP) in August 2011 show a high percentage of people worrying about their daily survival and how to pay back debts

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[3] This paper presents a joint project from the Department of Psychology (DP) at the Royal University of Phnom Penh (RUPP) and the Transcultural Psychosocial Organization (TPO) in Cambodia. To fathom Cambodian Buddhist resources for psychosocial work in the face of the immense need of help regarding the upcoming trials for case 002 at the Khmer Rouge Tribunal interviews with eight monks in and around Phnom Penh have been conducted. From this, an ample literature research and discussions with different stakeholders the development of a training curriculum for monks and materials for the master's program at RUPP emerged. They aim to integrate Buddhist practices and mindfulness skills and Western basic interviewing and counseling techniques and are presented in this paper as well.

as well as a high incidence of aggressiveness. Additionally, the still widespread confusion about and inexplicability of how these atrocities could happen and who is to blame for them seems to frustrate many and lead to amplifying somatic symptoms (see also: Perry, Oum, & Gray, 2007).

In 2006 the special tribunal sponsored jointly by the United Nations and the Kingdom of Cambodia known formally as the "Extraordinary Chambers in the Courts of Cambodia" (ECCC) but commonly referred to as the "Khmer Rouge trials" was established to try the main responsible KR leaders. With the pending trials regarding case 002 at the ECCC, non-governmental organizations (NGOs) such as the Transcultural Psychosocial Organization (TPO) are confronted with a number of no less than 3866 recognized civil parties that urgently need psychological preparation to prevent re-traumatization during the hearings. Most of these applicants come from rural areas where there is hardly any psychological support available.

But help is not only urgently needed in this area, but also in the field of severe mental disorders such as psychotic disorders, which are subject to stigmatization and helpless actions of putting the ill into cages or on chains. Often families spend their whole savings and belongings on ineffective treatments without being referred to an appropriate service.

Resources in mental health:

During the Pol Pot era (1975-1979), it is estimated that approximately 2 million Cambodians died. Only 50 physicians out of 1,000 before 1975 survived this period, with no mental health professionals among them (Stewart, Yuying & Phan Chan, 2010). Furthermore another million of Cambodia's population was killed during the period of civil war prior to and following the KR era (Berthold & Gray, 2011). The United Nations Development Program estimated in 1989 that no more than 300 qualified persons of all disciplines were left to serve the country (Bit, 1991). Cambodia had never developed concepts and a system of mental health care until 1993 and depression and trauma resulting from the long lasting civil war largely went untreated. The culture has not provided socially accepted ways of expressing and releasing anger and frustration supported by the belief that such emotions do not fit with Buddhist principles. At the same time Buddhist principles seemed to foster an acceptance of suffering as the expected order of life (Bit, 1991).

In 1994 the International Organization for Migration (IOM) and the University of Oslo in cooperation with the Ministry of Health in Cambodia initiated the first training of psychiatrists after the Khmer Rouge regime. Up to now 49 psychiatrists (11 females according to information from the University of Health Sciences that has set up a training program and 45 psychiatric nurses have been trained and work in mental health facilities and/or private practice in Cambodia (information from Ministry of Health). In addition mental health care has also been integrated into primary health care by the Ministry of Health since 2002 with 297 trained physicians and 270 trained nurses. Mental health outpatients services are available at 45 out of 84 referral hospitals nationwide and at 18 out of 967 health centers (Stewart, Yuying & Phan Chan 2010). Psychiatric education doesn't however include extensive training in counseling and psychotherapeutic skills. Educational trainings comprising an undergraduate and master's program are well established at the Departments of Psychology and Social Work at RUPP. However psychologists are so far not often involved in governmental institutions such as hospital care although the Cambodia's Ministry of Health is currently planning this.

The DP at RUPP exists since 1994 and offers an undergraduate and masters program to meet the great need for well-trained psychologists and counselors in

Cambodia's rural and city areas. The vision includes setting up a cooperation-network with a wider range of governmental and non-governmental institutions to bundle energies and enhance sustainability and efficiency. Over 660 students have graduated with a Bachelor's degree in psychology from the undergraduate program at RUPP. Since 2008, the Department offers a Master of Arts in Clinical Psychology and Trauma Treatment which provides an educational environment in which graduate students can learn advanced concepts and principles of psychology, psychotherapy, counseling and the methods of scientific inquiry into the behavior of individuals, groups and society. The goal is to train psychologists with a special focus on trauma/therapeutic approaches with a strong integration of traditional Cambodian cultural ways and forms of support. From the first promotion 13 students have successfully graduated with a master's degree and many of them are working in private practice and as program coordinators and counselors in the field of trauma and mental health. Some have started setting up a mobile team serving other provinces. The second cohort of students started its studies in February of 2011. The department aspires to reach excellence in research and education.

In addition to the DP at RUPP, limited clinical services are provided by some other organizations. The largest number of individuals seen by NGOs is probably served by TPO. TPO is a well-respected local non-governmental organization founded in 1995 which provides culturally appropriate psychological services to Cambodian individuals, families and communities who are subject to long-term stress and trauma. The organization runs an outpatient clinic in Phnom Penh and implements several community mental health programs at community grassroots levels. Following a multi-disciplinary approach, TPO's outpatient clinic in Phnom Penh includes psychiatrists, psychiatric nurses and clinical psychologists. The clinic offers the following services: counseling services, psychiatric consultations, one-time consultations and Testimonial Therapy for KR survivors. In 2010 TPO's outpatient clinic provided services to 601 new clients, 61 percent of which were female. The number of consultations has significantly increased from 591 in 2005 to 5070 in 2010. TPO further provided 545 phone-counseling sessions and around 100 face-to-face counseling sessions in 2010. TPO also provides ongoing psychological and psychiatric services to inmates in Phnom Penh's prisons and to victims of human trafficking.

Several other organizations such as Social Services of Cambodia (SSC), Maryknoll, Enfants et Development, Pour un sourire d'enfant and the Caritas Child and Adolescent Mental Health Clinic (CCAMH) are providing mental health care in smaller and bigger amounts.

As almost all fifteen Cambodian and expatriate mental health professionals from a qualitative study on mental health care in Cambodia noted that the entire population is underserved with mental health services with a particular lack in treatment of children, women, rural populations, persons with disabilities, sex workers, street children, prisoners, and persons struggling with substance abuse one can see the importance of the work done by the above mentioned organizations in the field of mental health in Cambodia (Stewart, Yuying & Phan Chan, 2010).

Buddhist particularities in Cambodia

Bit (1991) noted that "The merging of classical Buddhist thought with animistic and Brahmanist traditions produces patterns which are quite atypical of Buddhism as practiced elsewhere" (p. 21). This has led to a diffusion of helpful powers and arbitrariness of spiritual protection, further promoting the widespread fear stemming from the experience of almost total paralysis by fear and terror during the nameless, faceless and ever-present danger of the KR regime (Bit, 1991). In addition, Cambodia has seen

the merging of various different cultural influences from India, China, Thailand, Lao and France which has proceeded without an in depth adaptation (or rejection) of previous beliefs and thus has resulted in a co-existence of partly contradictory norms and values. A habit to submerge deep differences inside surface similarities has emerged and in turn, has led to a subsequent loss of the capacity to analytically connect theory with outcome, actively make choices and has increased the readiness to trust in and (in psychological terminology) "identify with the oppressor" in Cambodia (Bit, 1991). Theravada Buddhism in Cambodia has developed in a somewhat isolated vacuum with hardly any ties to developments in other Buddhist countries. In this process other influences have partly offset the ascetic requirements for laity and strict concepts and principles of traditional Buddhism. "Buddhism has been used by every ruler in the modern times, from Sihanouk, Lon Nol to Pol Pot and the present regime to legitimize their political control. In the process, the integrity of Buddhist principles as the spiritual foundation of Cambodian culture has been sacrificed." (Bit, 1991, p. 35). In addition, the KR era has led to a great loss of educated monks and a certain discontinuity of practice.

Cambodia's Cultural Context in the Field of Mental Health

Approximately 85% of Cambodians live in rural areas and whilst the urban population becomes increasingly open to western views and concepts of psychology, mental disorders in the countryside are often attributed to the involvement of ancestral spirits or the Buddhist concept of Karma: determining the state of one's well-being based on acts in a previous lifetime. Until recently there were no professional counseling services available in Cambodia. Cambodians therefore often seek the assistance of monks, traditional healers, *kru khmer*, or mediums to alleviate their symptoms through prayer and blessing ceremonies, healing techniques such as "coining" or "cupping", or communication with ancestral spirits (Bertrand, 2005; van de Put & van der Veer, 2005; van de Put & Eisenbruch, 2002). Many rural Cambodians only have access to traditional modalities of healing (Berthold & Gray, 2011). "Monks…, with their perceived high level of moral development, often serve as life-long mentors to their parishioners, advising them on all matters of life decisions and personal behavior" (Bit, 1991, p.74).

Cambodian nationals inside and outside the country have been found to develop several culture bound syndromes. Some examples are the "weak heart" syndrome (khsaoy beh doung), which resembles a mix of PTSD and panic disorder and involves the belief that "excessive bodily wind" causes a breakdown in functioning of the heart, caused by psychic distress and bodily fatigue and the "wind attack" (khyâl), which is comparable to a panic attack (Hinton et al. 2002, Hinton & Otto, 2006, Hinton et al. 2010). Cambodia's long history includes an authoritarian submissive nature, uncritical acceptance of a strong leader who takes over decisions and therefore an over-responsiveness to external social pressure has evolved. Thus negotiation and communication skills, active listening skills and the search for consensus seem to be underdeveloped. Disputes that aren't satisfactorily resolved by power often lead to a deep sense of distrust and resentment that may block many future attempts at communication.

Qualities such as introspection, independent thinking, creative imagination and compassion are not traditionally valued and supported in the Cambodian culture, yet they inherently emerge out of Buddhist practice and have been discovered and utilized in many western approaches in cognitive behavioral therapy during the last decades.

The DP's and TPO's cooperation project

The idea of integrating pagodas and Buddhist monks into the mental health care systems emerged in the context of the psychosocial work with KR survivors in times of

case 002 at the KR Tribunal (ECCC). TPO and its partners are not able to deal with such a high number of traumatized survivors. Community-based support structures are highly needed. Monks and nuns are central resource persons for rural, older Cambodians, but often do not have much knowledge in mental health and counseling. The analysis described above as well as many practical experiences at our institutions have brought up some important themes relevant to treating Cambodian clients. These include:

- a lack of collaboration between different stakeholders and professions (Stewart, Yuying & Phan Chan, 2010)
- an enormous lack of mental health services especially in rural areas and a missing system of appropriate referral for severely mentally ill
- a huge challenge to ensure psychological support for 3866 civil parties and the population in general during the upcoming trials in case 002 (Pham, Vinck, Balthazard & Hean, 2011; discussion at the workshop on "Reparation and Rehabilitation of Victims of Severe Human Rights Violations", on the 20th of September 2011 by Rehabilitation and Research Centre for Torture Victims and TPO)
- a mentality of widespread mistrust and deep-rooted habits of keeping thoughts and feelings to oneself- stemming from the horrifying experiences of the past
- cultural factors impacting mental health treatments in Cambodia, including cultural norms against sharing private information with a stranger, avoiding "losing face"; maintaining social roles; cultural stigma; imbalanced hierarchy of therapeutic relationship (Stewart, Yuying & Phan Chan, 2010)
- Western concepts of mental health , which often employ a biomedical approach, not fully applicable within a culture that often does not distinguish between the mind and the body, and incorporates spiritual beliefs much more into the concept of well-being
- a need to develop culturally appropriate ideas for a community mental health approach and a mix of "Western" and "Eastern" mental health treatment theories and techniques that would fit the Cambodian context" (Stewart, Yuying & Phan Chan, 2010, Hinton, Hinton, Eng & Choung, 2011)
- monks with their perceived high morality being among the first to be addressed for help by the Cambodian population
- a wide variety and sources of helpful beliefs and practices inherent in Buddhist concepts of mindfulness and awareness for psychological stabilizing interventions discovered and utilized by many third wave cognitive behavioral psychotherapies

From these key points we derived the following hypotheses:

- There probably is an insufficient awareness of, and a missing connection to, the above mentioned Buddhist resources in the monks' communities and in professional counselors and psychiatrists in Cambodia at present.
- Informing, educating and practically training these groups of possible key players in mental health about these resources may connect with the traditional culture in Cambodia and be acceptable, applicable and fitting to the Cambodian context.
- Training monks in basic mental health issues and counseling skills may help to diminish the huge gap between demand for help and available resources at the moment and utilize a potential that yet is in limited use.
- It may strengthen identity, role and self-confidence of monks rendering them more competent and flexible in addressing their clients/ parish's needs.

- It may link the Buddhist movement and society back to the worldwide Buddhist movements and developments.
- Master students in psychology will also be linked to culturally fitting, but also modern and advanced useful therapeutic skills and interventions, connecting them to the special situation and traditions in Cambodia.

We believe in the healing power of sharing and communicating. Our programs and curricula therefore focus on training master students and monks in a more balanced type of therapeutical relationship allowing the client to feel accepted, respected, valued and supported, on psycho-education and encouragement to share stories and information many Cambodian clients experience already as very relieving and on the development of self awareness and awareness raising practices derived from Buddhist practices and the so called "third wave" of cognitive behavioral therapies.

In January 2011 the DP at the RUPP and TPO started a joint project exploring the links between Buddhism and Psychology/Counseling.

Objectives:

- to uncover overlapping interests and areas of intervention and explore needs via a series of interviews with Cambodian monks
- to explore the use of Buddhist practices and concepts in western psychotherapeutic approaches and transfer knowledge
- to find ways to reintroduce and strengthen communication and listening skills in the Cambodian society to enhance conflict resolution
- to create a training curriculum for monks on Buddhism and Counseling
- to support the empowerment of monks by a Buddhist network and encourage monks to engage in services such as group meditation for their parish
- to transfer knowledge about Buddhist resources for psychotherapy to Cambodian psychologists via a course in Buddhism and Psychology as part of the MA in Clinical Psychology and Trauma Treatment at RUPP (see: www.masterpsych-rupp.webs.com)

Methodology

The chapters of Methodology and Results will be divided into 3 parts: part A refers to a pilot study, in which Buddhist monks were interviewed, part B refers to the development of the monks' training curriculum and part C refers to the development of the master's curriculum at the DP/RUPP.

Part A:

A working group of TPO interns, the master's coordinator and the German advisors to the programs at the DP at RUPP and TPO created (based on the above mentioned hypotheses) a qualitative semi-structured interview to explore the practices, needs and interests of monks. The interviews included the following topics: knowledge about mental illnesses, previous experiences, Buddhist ceremonies and customs, interventions and overlap with psychology. They were either translated into English simultaneously by a translator, or recorded, translated and later transcribed. The interviews with 8 monks in and around Phnom Penh were completed between 4th and 22nd of February 2011 at the following pagodas: Wat Botum, Wat Choeung Ek, Touol Sangke, Wat Samrong Andek by DP and TPO interns and staff. The researchers explained the purpose of the study and asked the monk's permission to interview him about his experience with clients, practices and interests. The interviews took between 45 minutes

and 1.15 hours. The answers were coded and evaluated with a qualitative data-analysis, using Microsoft Office Excel 2007.

Part B:

After a brainstorming meeting attended by a Buddhist member from Paññāsāstra University of Cambodia and coordinating member of the Buddhist Coalition for Social Development (BCSD), that works closely with three centers (Santi Sena in Svay Rieng, Prom Vihearthor in Kah Kong, Samakithor in Battambang) the Alliance for Conflict Transformation (ACT) and another major Buddhist network called Buddhists and Khmer Society Network (BKSN), the coordinator of the master's program, the GIZ (civil peace service of German international cooperation) advisors to the DP and TPO and a freelance Dutch psychologist it was agreed to create a training curriculum for monks which should be integrated into a wider training in peace building and conflict transformation already existing. This offers a good gateway for the DP and TPO to approach some people already aware of the broad possible areas for social engagement.

A working group of the DP master's coordinator and advisor and TPO staff met regularly to work on a curriculum for the training of monks as multipliers and distributors of basic psychological knowledge and practices such as listening and communication skills as well as Buddhist awareness and mindfulness skills with some external consultation of Buddhist players and foreign consultants. Further discussions of contents and structure took part via e-mail and Skype sessions.

Part C:

The coordinator of the master's program and lecturer of the future course in Buddhism and Psychology and the German advisor to the master's program conducted a vast literature research on the topic and included their own work experience (e.g. with several years in DBT) as well as results of discussions with colleagues. From this they created materials in form of figurative illustrations to visualize the theoretical background, roots and concepts of Buddhism and some "third wave" cognitive behavioral therapies. Also a collection of interesting and useful practical exercises were compiled.

Results

Part A:

We will present the results question by question. The answers we have noted, are representative of the answers that the majority monks provided.

1. **What do you know about mental illness?** Four out of 8 monks stated that mental illness occurs because of suffering related to the Khmer Rouge, as well as anger and revenge. Two other monks replied that mental illness is due to past traumatic events. A variety of explanations for mental illness were mentioned: poverty, society, economy, politics and war, parents, rape and sexual violence. It is noteworthy to mention that some monks replied that mental illness/trauma affects people in their daily life and decreases their daily functioning.

2. **How does Buddhism view people with mental illness?** Here monks gave **contradictory answers**. On the one side, people with mental illness cannot influence their illness, their suffering is due to Kharma and their mistakes in their past life. On the other side, people can influence their lives and well-being through doing good. Then they will receive good things in return. It was also mentioned that there is no

healing practice for mental illness in Buddhism. Three out of 8 monks replied that Buddhism sees mentally ill people as humans with a disturbed mind.

3. **Why do people come to you/What problems do they tell you about?** Most people come to the monks in order to seek causes for their problems, they want advice and emotional support and want to receive a solution for their problems. Four out of 8 monks said that people come to them because of relationship problems, and 3 out 8 monks replied that people seek advice related to alcohol problems. Other issues noted were domestic violence, mistakes/sins, death, birth, job problems and depression.

4. **What is the role of Buddhist ceremonies in regard to mental health problems?** The majority, 5 of 8, said that Buddhist ceremonies have an educative effect on people. 5 out of 8 monks replied that the ceremonies, especially meditation, relieve stress and negative feelings, bring happiness and help to clear the mind. Ceremonies also help strengthen social networks and have a transformative effect.

5. **What are the most important beliefs and customs in Buddhism?** The majority of the monks replied that doing good (offerings, good deeds etc.) and receiving good is the most important belief in Buddhism. Following the 5 precepts (*Do not kill*, *Do not steal, Do not betray your family, Do not lie, Do not drink alcohol or other drugs* as well as the eightfold path (*right understanding, right thought, right speech, right action, right living, right effort, right mindfulness, right meditation)* is also important in this religion. The water ceremony and Buddhist chanting are other important customs described. Further important beliefs are black magic and protective symbols, although these beliefs do not belong to traditional Buddhism. They are still important today, and most monks respect these beliefs.

6. **What kind of interventions do you offer for specific problems?** First of all, most monks gave the advice to follow Buddhist principles. People with problems should do good things in order to receive good. When it came to problems involving illness (e.g. cancer) and death (e.g. suicide, death) monks advised the people to remember fugaciousness (things in this world are not stable). People who are suffering should remain hopeful and balanced and try to work hard to achieve their goals (e.g. suicide attempt).

7. **Do you feel overwhelmed sometimes?** Four out of 8 monks replied that they feel overwhelmed when dealing with people and their problems.

8. **Do you have ideas how one could integrate Buddhist beliefs and customs and Psychology? Which ceremonies could be utilized in the field of mental health?** <u>Field of mental health:</u> The majority of monks replied that it is important to explore the causes of the problem before giving advice to the person. Also, it is important to develop mind and consciousness, one monk replied that self-exploration for therapists and monks is important. <u>Buddhist beliefs and customs:</u> The majority of the monks said that following the 5 precepts is the most important belief which should be integrated in Psychology.

9. **Would you like to receive training to help you deal with mental illnesses?** All monks said that they would like to receive some training.

10. **Are there specific topics and areas related to mental health that you would like to know more about?** The monks named the following topics of interest: loss/grief, counseling, psychological development, crisis management, special illnesses

11. **Do you share knowledge on this matter with other monks/with monks from other countries?** Five out of 8 monks communicate with other monks.

Summary and Conclusions for part A:

From this small scale survey it was found that the monks' general knowledge concerning mental health is limited. Most monks did not know about specific disorders, although they now and then encounter clients with specific problems. All monks would be interested in receiving a training to gain knowledge in the field of mental health. Even though we only questioned 8 monks, the information we received was already redundant. This might lead to the conclusion, that further interviews may not be needed.

The results of the interviews also show that the advice the monks give to people is restricted to theoretical Buddhist beliefs and the monks hand out very general advice and problem solving solutions. Awareness and mindfulness exercises weren't mentioned (Hypothesis 1 was confirmed regarding monks). Since the monks reported that they do have people coming to them with a large variety of problems (e.g. alcoholism, domestic violence , depression) and also want direct advice and a solution for their problems, we were supported by our impression that it would be important to expand the monks' knowledge regarding specific mental disorders (e.g. depression, anxiety, alcohol abuse, anger management) in order to ensure in time referral to psychiatrists or counselors and also regarding counseling and Buddhist practice skills e.g. on mindfulness. This way they can be trained to give people a more personalized form of advice and help to expand general knowledge in mental health and save people from wasting money on inappropriate interventions.

Part B

As a result of part A the following curriculum was agreed upon by the research group for a training of monks:

Training Objectives	Topic
➢ To provide a concept of mental health ➢ to equip with knowledge about how to identify some severe mental illnesses ➢ to equip with knowledge about how and where to refer clients	➢ Signs and symptoms of: • Schizophrenia/Psychosis • Addictive disorder (Alcohol, drug, gambling) • Trauma Disorder • Depression • Anxiety • psychosomatic disorders ➢ Possibility of referral ➢ Resources and risk factors for mental health
➢ To teach the monks about basic psycho-education on some mental health diseases	➢ Causes of and coping strategies for psychosis, depression, anxiety. addictive disorders and trauma disorders
➢ To equip the monks with basic counseling skills to help people with minor problems	➢ Listening Skills ➢ Questioning Skills ➢ Empathy ➢ Assessment of problems and factors that contribute to the presented problem
➢ To equip monks with skills in stabilizing overwhelmed and hyper-aroused clients	Stabilization techniques: ➢ grounding techniques ➢ safe place/ inner helper imagination ➢ utilization of resources
➢ To introduce participants to Buddhist concepts with regards to western	➢ ACT (Acceptance commitment therapy) ➢ DBT (Dialectic Behavioral Therapy)

psychology	
➢ to practically train monks how to apply Buddhist practices to help people	➢ Practical exercises (Awareness, mindfulness, body scan, non-judgmental, breathing exercise (*introduction and practice in between other topic)

In order to give further insights into our Monk’s Training, Appendix A presents four of the images and exercises developed for the training.

Part B and C

As a result of extensive literature review and own experiences we present some example of the information developed for the training of monks and master students:

Using Mindfulness in mental health

Mindfulness is a “hot topic” in Western psychology right now - increasingly recognized as a powerful therapeutic intervention for everything from work stress to depression - and also as an effective tool for increasing emotional intelligence.

What is mindfulness?

- Mindfulness is a mental state of awareness, focus, openness and curiosity- which allows you to engage fully in what you are doing at any moment. In a state of mindfulness, difficult thoughts and feelings have much less impact and influence over you - so it is hugely useful for everything from full-blown psychiatric illness to enhancing athletic or business performance.

The Benefits of Mindfulness

- to become more connected to yourself, to others and to the world around you
- to become less judgmental
- to increase self-awareness
- to become less disturbed by and less reactive to unpleasant experiences
- to learn the distinction between you and your thoughts
- to learn that everything changes, thoughts and feelings come and go like weather
- to have more balance, less emotional volatility
- to develop self-acceptance and self-compassion

Part C

The following presents an example from the curriculum for Master Students at the DP/RUPP:

How Mindfulness can potentially help traumatized clients

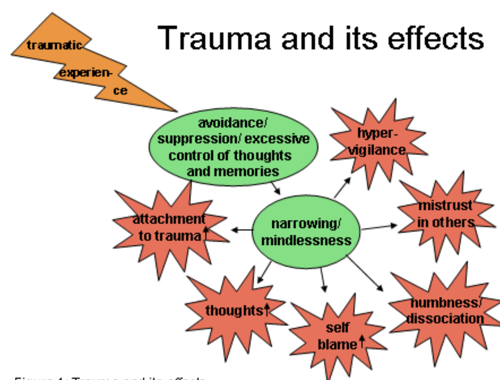

Figure 1: Trauma and its effects (Schunert 2011)

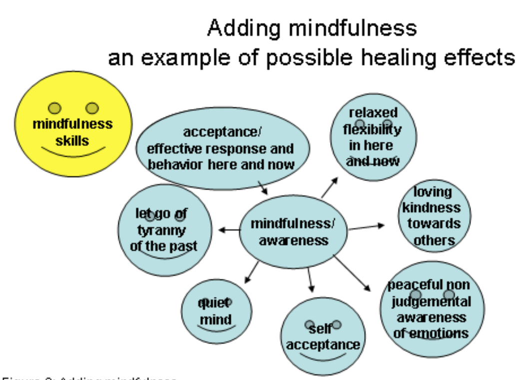

Figure 2: Adding mindfulness (Schunert, 2011)

Discussion

The project described in this paper is an ongoing process. The start of the implementation of the developed curriculum for master students is taking place in November 2011. The implementation of the training for monks will start with a pilot phase conducted by TPO staff and following further implementation with help from master psychology students. The experiences we will gather then will lead to further adjustments and fine-tuning of the trainings to best meet the needs of the two target groups (monks and psychology master students). The DP at RUPP and TPO are planning further evaluation and continuous improvement of this project.

Many factors have been found to contribute to mental health problems in Cambodia. Among these are an historically grown willingness to blindly accept authority, leaving little space for self-development and feelings of self-efficiency, a massive burden of past atrocities during the KR regime that's known as one of the most destructive and harmful experiences in 20th century besides the Holocaust (Bertold & Gray, 2011, Boehnlein &Kinzie, 2011), the following struggle to find justice and reconcile and the impact on social society and infrastructure with an enormous percentage of poor people. On top of the immense psychological needs and demands resources in mental health are very scarce again partly due to the extinction of intelligentsia during the KR period.

Facing this situation and the fact that Cambodian concepts and beliefs regarding mental health are greatly differing from the west, a search for useful alternatives was undertaken by the DP at RUPP and TPO. This led to the idea of resurrecting, spreading and utilizing Buddhist mindfulness and awareness concepts in addition to other simple counseling tools in order to advocate general mental well-being, self-awareness, compassion and self-esteem and thus prevent and alleviate mental illness respectively. Simultanously this offered the opportunity to train monks, a group already commonly approached by Cambodians for help in the field of mental health, as possible "multipliers" or distributers of knowledge and utilize this extensive cultural resource.

Another study interviewing Buddhist monks in a large Cambodian community in the United States about their perspectives on anger regulation similarly revealed the frequent approach of monks by community members regarding psychological problems and identified Buddhist practices as possible helpful contributions to mental health (Nickerson & Hinton, 2011) The monks in this study advise the use of Buddhist teachings, meditation/mindfulness, herbal medications and holy water to relieve clients from anger.

Our pilot study confirmed the need of training for monks which generally felt a lack of preparedness to offer adequate help and response to their clients. The knowledge and application of practical mindfulness and awareness skills amongst Cambodian monks especially in contact with clients seems nearly non-existent in spite of great potential benefit. For example the propagation and broader circulation of mindfulness skills by monks via meditation groups could help to stabilize the Cambodians mental health and foster psychological well-being. Further development of this project will show whether the planned training will be welcomed and reach the expected effects or not. Follow up trainings and supervision groups shall be established if the project shows positive results.

Appendix A: Exercises and images developed for training of the monks.

An example deriving from DBT:

Affective modulation to enhance emotional awareness and and the regulation feelings

- train to communicate about feelings
- start with positive everyday feelings
- there are no wrong or right feelings
- feelings are ok, they are no actions and not harmful
- encourage verbalization of feelings
- train to recognize when one is starting to feel distressed

distance yourself (DBT)

- I am not my emotion
- I have an emotion
- I can react according to it or not

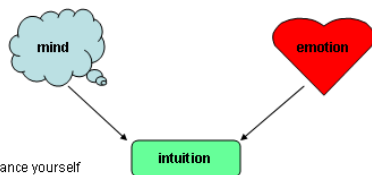

Figure 3: distance yourself (DBT)

Counseling basic concepts

Figure 4: Counseling basic concepts (Schunert, 2011)

Buddhism – Counseling similarities and differences

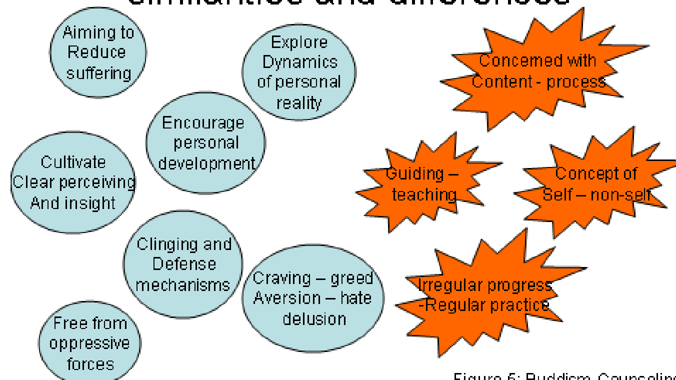

Figure 5: Buddism-Counseling (Schunert, 2011)

Exercises

The exercises designed and/or selected for the training course come from various Buddhist sources as well as other materials developed for trainings in basic counseling and interviewing skills. In Table 1 we present some of the exercise titles:

Table 1. Training exercises used in the training of monks and master's course.

Source	Name of exercise(s)
Thich Nath Hanh	reincarnation candle image, the elements in our body, grounding touching the earth with ancestors, peace contract, compassion for self and others, delusion story
DBT	letting go of emotional suffering, radical acceptance
ACT	ACT explanation flipchart role-play, Just noticing exercise, Journaling continuous reactions
A. Berzin	self-reflection on sensitivity, quiet the mind, sensitive communication
Cordova	conscious breathing
Counseling and listening skills developed by our institutions	role-play: attending and listening skills characteristics of effective counseling, self-experience, self-reflection, trust building group exercises

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