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Spirituality and Resilience in Cambodia: A Trauma-informed Perspective

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Abstract- A vast number of children and young people globally face the harsh realities of war, genocide, natural disasters and other such tragedies. Yet there is limited research and few published studies that look specifically at how spirituality can be utilized as a trauma-informed approach to promote resilience and wellbeing for young people. Earlier research conducted with teachers and clinicians working with traumatized children at Hagar International Cambodia indicated a convergence of trauma-informed themes. In particular, a religious and spiritual approach to resilience was identified as one of the key factors for children in their recovery from trauma (Wyatt, et al, 2017; 2018). Hagar is a faith-based human rights organization providing advocacy services for women and children who have survived the most extreme cases of human rights abuse (Hagar International, 2015). This research continues with young people who have been supported by Hagar, exploring the protective factors that promote wellbeing and resilience.

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Spirituality and Resilience in Cambodia: A Trauma-informed Perspective

Zoe Wyatt [α] & Mike Nowlin [σ]

Abstract- A vast number of children and young people globally face the harsh realities of war, genocide, natural disasters and other such tragedies. Yet there is limited research and few published studies that look specifically at how spirituality can be utilized as a trauma-informed approach to promote resilience and wellbeing for young people. Earlier research conducted with teachers and clinicians working with traumatized children at Hagar International Cambodia indicated a convergence of trauma-informed themes. In particular, a religious and spiritual approach to resilience was identified as one of the key factors for children in their recovery from trauma (Wyatt, et al, 2017; 2018). Hagar is a faith-based human rights organization providing advocacy services for women and children who have survived the most extreme cases of human rights abuse (Hagar International, 2015). This research continues with young people who have been supported by Hagar, exploring the protective factors that promote wellbeing and resilience. It is expected that for these young survivors of trafficking, gender-based violence and abuse, that religion and spirituality may offer a framework for life that bring meaning to individuals in the face of adversity. This article brings together current research and practice, in an exploration of spirituality and resilience for trauma survivors in Cambodia.

I. Resilience in a Cambodian Context

There has been minimal inquiry into how resilience is defined by varying populations outside of a Western framework and little is known about how the current construct of resilience applies to non-western populations, particularly within marginalized groups (Boyden & Mann, 2005; Ungar, 2004). Furthermore, there is a divergence of resilience research that is contradictory to adversity reactions detailed in the research of Western cultures. For example, the Western sense of autonomy in mental health support (ie. going to see a therapist), rather than the protective wall of community found in much of rural Asia may impact as to how PTSD symptoms are experienced. Ungar (2008) argues that the characteristics of resiliency differs significantly from culture to culture, largely impacted by the length of time exposed to adversity and the individual's capacity to locate adequate support, within a culturally meaningful environment that promotes wellbeing. Limited research exists on how marginalized youth in low and middle income countries, particularly those who are or have been involved in the sexual exploitation, are able to bounce back from adversity, when many have not experienced the quality of care and attachment necessary to promote essential development in their young lives. Moreover, it is argued that whilst health professionals working with trauma survivors may have access to psychosocial guidelines that operate in the West, they often fail to recogise cultural explanatory models that are being used by survivors towards building personal and group resilience (Overland, 2013).

The ill-treatment of children needs to be seen in the context of Cambodian history and culture, the devastation caused by the Khmer Rouge (KR) regime (1975-79), intergenerational trauma and the complex current socio-economic climate which does not lend itself to a simple explanation (Wyatt, et al, 2016). The devastating outcomes of the genocide inflicted by the Khmer Rouge regime and then the twenty years of international isolation that followed continue to have broader societal implications (Bockers et al, 2011; Field et al, 2013). This is largely due to half the population being under the age of 25, which causes numerous problems and leads to unrest, unemployment and higher levels of migration (US State Department, 2017). Cambodia continues to be a vulnerable nation for human trafficking, as a source, transit and destination country for traffickers (United Nations, 2017). This vulnerability and the increase in human trafficking can be contributed to a number of factors including poverty and high-unemployment (especially for adolescents and youth), increased sex tourism, a socio-economic imbalance between rural and urban populations and a lack of basic education and safe migration (Reimer et al, 2007). Cambodia is one of the poorest countries in Asia and 28.3% of the population survive on less than $2.30 USD per day (World Bank, 2017).

II. The Construct of Resiliency

There has been minimal inquiry into how resilience is defined by varying populations outside of a Western framework and little is known about how the current construct of resilience applies to non-western populations, particularly within marginalized groups (Boyden & Mann, 2005; Ungar, 2004). Furthermore, there is a divergence of resilience research that is contradictory to adversity reactions detailed in the research of Western cultures. For example, the Western sense of autonomy in mental health support (ie. going to

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see a therapist), rather than the protective wall of community found in much of rural Asia may impact as to how PTSD symptoms are experienced. Ungar (2008) argues that the characteristics of resiliency differs significantly from culture to culture, largely impacted by the length of time exposed to adversity and the individual's capacity to locate adequate support, within a culturally meaningful environment that promotes wellbeing. Multiple studies conducted on trafficked victims found that within collectivist cultures such as Cambodia, it is necessary that interventions adopt a holistic, interdependent and interconnected approach to health and wellbeing (Perrin, e al, 2001: Berry, 2006; Armendariz, et al, 2011; Overland, 2013). Particularly for those who are, or have been, involved in the sexual exploitation are able to bounce back from adversity, when many have not experienced the quality of care and attachment necessary to promote essential development in their young lives.

Moreover, it is argued that whilst health professionals working with trauma survivors may have access to psychosocial guidelines that operate in the West, they often fail to recogise cultural explanatory models that are being used by survivors towards building personal and group resilience (Overland, 2013). Overland (2013) conducted research into the phenomena of resilience of KR survivors, of which certain themes emerged from participants: social integration and a strong work ethic both build self-reliance, whilst religion, spirituality and culture provide a knowledge base and framework for understanding of these traumatic events. The stories of trauma survivors are important as few empirical studies of underlying resiliency factors has occurred within a population of young Cambodians who have a predominately Buddhist cultural tradition. In Overland's study of trauma and resilience using biographical accounts of KR survivors, the definition provided for resilience was: "those who appear to be doing remarkably well" (Overland, 2010, p.34).

This term was drawn from Antonovsky's (1987) earlier work on how people manage stress and 'stay well' in the face of adversity. Notably, Antonovsky's sense of coherence (SOC) has been used as an explanatory variable in multiple studies (Stru¨mpfer, 1995; Friborg, et al, 2003; Greene, 2015) whereby the survivor's ability to 'stay well' is dependent on their lens on the world. Perhaps for many Cambodians it is a matter of survival mode rather than "doing well" in society. Antonovsky argues that these core concepts of "doing well" is rationality, understandability, consistency and predictability must be present, so that life may become manageable, as it is meaningful (Geyer, 2013). How can this be applied in a Cambodian context where trauma and psychological disruptions are both complex and far reaching? Also taking into consideration, the current political and economic factors such as the KR trials and inability to secure a stable household income in Cambodia, would potentially be re-traumatizing for many, post the KR regime and living through 20 years of international isolation (Greene, 2015).

III. Children and Young People of Hagar International Cambodia

Despite significant trauma in their young lives, many of the children Hagar has supported have developed the ability to bounce back from severe adversity, cultivated the capacity to deal with adverse situations. Researchers globally have investigated resilience in children and young people to learn about the processes that support positive adaption and inform practice and policy in the process (Masten & Cicchetti, 2016). As resilience research has advanced, common factors associated with resilience emerged which included individual attributes of problem solving skills, self-regulation capabilities, sense of meaning in life, hope, faith and optimism all played a role (Wright, et al, 2013; Masten, 2018). In earlier research (Wyatt, et al, 2017) conducted with Hagar's teachers and clinical team into their own self-care working with trauma, hope, faith and spirituality was a common theme emerging during the interview process. Participants were a mix of Buddhist and Christian religions, yet it was evident in many interviews that spirituality played an important part in participants' emotional wellbeing; even though there were no specific interview questions about faith. Participants spoke about love and sharing their 'light' with the children, whilst others talked about reading and finding hope in the Bible after a challenging day (Wyatt, et al, 2018). One commenting that "God and faith is very important for me, this is how I take care of my spirit" similarly, other participants linked faith to feelings of calm and taking care of themselves emotionally with statements such as "I go to church… sometimes I cry but I turn to Jesus for help" and "I go to the pagoda and I feel calm" (Wyatt, et al, 2018).

IV. Religion in Cambodia

Traditionally Cambodia has been a spiritual country, with a unique complex blend of Hinduism, Buddhism and Animism (referred to locally as the Khmer religion). The early influences of Hinduism provide the Khmer with gods, Theravada Buddhism an ethical framework and animism an abundant spirit world (Coggan, 2015). All three together make up the rich tapestry of Cambodian spiritual life (Eisenbrunch, 1994). Since the time of ancient Cambodia, the search for harmony between the local animistic foundations, philosophic-spiritual contributions and the adoption of Theravada Buddhism has been evident (Keyes, 1994; Kent, 2008). Animism plays an integral role and is the cornerstone of folk Buddhism. The influence of animism is not just evident with Cambodian Buddhists, but also

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within the Khmer-Christian community. Recent statistics suggest there is still a relatively low percentage of Cambodians (2-4%) that identify as Christian, although an increasing number of registered Christian churches located in Phnom Penh area (Unicef, 2017). Even though Christianity is not considered a major religion in Cambodia (World Faith Development Dialogue, 2012), foreign evangelistic churches claim their numbers are growing rapidly and whilst actively seeking converts, it has been argued that the new religion in Cambodia is Christianity (Cormack, 2014). It appears that for some Cambodians prayer to a Christian God can operate like magic, whilst churches offer a sense of community and mutual help, that some argue is absent in traditional Khmer society (Cormack, 2014; Coggan, 2015). Furthermore, the attraction by some Khmer towards Christianity may also lie within a potential employment network; as many churches and Christian-based NGOs offer free education and English lessons.

V. The Link Between Faith and Resilience

There has been ample research conducted into religion and faith as protective factors that promote wellbeing and resilience. A review of spiritual practices in at-risk adolescents identified three prominent spiritual themes that were related to strengthening resilience: (a) experiencing a personal relationship with a higher power of their understanding, (b) finding a sense of meaning and purpose in life, and (c) incorporating personally significant spiritual practices (Williams & Lindsey, 2010). Werner (1993; 2001) studied Hawaii Islander children who practiced various religions (including Christianity and Buddhism) and were persistently resilient from an early age. What emerged in the research, was often spontaneous accounts of religion and faith in reference to coping and resilience (Werner, 1993; Williams & Lindsey, 2010). It is in the human capacity for meaning making in the midst of overwhelming suffering and adversity, where belief in a power greater than oneself is present, may be important for bolstering resilience (Hinton et al, 2011; Masten, 2015). These belief systems may also protect self-efficacy in the face of lost control with faith and spiritual practice being the cornerstone that help trauma survivors move forward with their lives. Masten (2018) found that religion may also improve wellbeing by promoting healthy behaviours and granting access to religious social support. Krause (2008) concurred with findings that spiritual practice is linked with an improvement of physical health, by directly lowering levels of stress cortisol in the body through mindful meditation. Anand (2009) found that Buddhism enabled resiliency through faith in the karma doctrine that "facilitates acceptance of a tragic situation" (2009, p.818). Highlighting that it's not only religion but also other spiritual beliefs, that help people through traumatic experiences (Rumbold, 2007; D'Souza & Kurvilla, 2006). With various dimensions of religious practice demonstrated in the research which linked wellbeing through participation in religious activities, social identity, divine sense of control and religious social support (Elliot & Doane, 2014). Religious institutions have been found to be protective factors for young people post-trauma. It has been found that social connectedness through church and other religious activities, influences youth from poor communities more than doctrine does (Armitage et al, 2012). Researchers have also found that that church attendance can have a positive effect on the physical, social, and emotional health and wellbeing of individuals (Armitage et al, 2012).

VI. Faith, Healing and Psychotherapy

The intersection between the faith of Hagar staff and the traumatised children they work with becomes intertwined with attachment theory. Through the relationship the children build with trusted Hagar staff, they may seek to emulate the same faith, thus developing a further protective system of attachment. Attachment theory was initially described by John Bowlby's (1982) work based on the many traumatized children post-WW2 that were separated from or lost their caregivers. Bowlby viewed attachment as a protective system critical for human survival and the bond between child and caregiver serves the function of safety, emotional security and learning (Bowlby, 1982). It has been well-documented that even the presence of at least one good relationship post-traumatic event/s can buffer the devastating impact on a child's developmental progress and ability to form adult attachments later in life (McGloin & Widom, 2001; Collishaw, et al, 2007; Alink, et al, 2009). Attachment plays a lifelong role in human adaption and may also serve as cultural conduits, transmitting religious, spiritual and cultural practices that may foster resilience over the course of a child's development (Alink, et al, 2009). Studies of children of war highlight the importance of religious practice, particularly practices involving reciting scripture and sharing a philosophy of life that promotes peace (Masten, 2015).

Post-trauma, children may look towards trusted adults who may become spiritual mentors, as they embody desirable characteristics. Through the varied lenses of religion and spiritual practice, children may find solace after the trauma they have experienced. This is evidenced in the self-reported 'knowing' that many Christians have, that there is a "positive rhythm and pattern in the universe, guided by a Supreme Being who cares for us" (Hayward & Elliott, 2009, p.197). Whilst in Buddhism, attachment is discouraged and dwelling on pain without an action plan rarely leads to relief

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(Thompson, 2006). This is contradictory to many psychotherapists belief that one must dig deep into pain to release it. However, it has been argued that ruminating on pain only makes pain larger (Schieman, 2011). Digging deeper sometimes leads to only a bigger hole and has the potential to embed memories of trauma further, essentially doing a great deal more harm than good. Pause for reflection and prayer, allows the individual to transfer focus from their wounds to how those wounds might cause some greater growth or insight (D'souza, & Kuruvilla, 2006). Stepping back from a problem, meditating, acknowledging it and attempting to understand its interconnection to the world outside allows an individual to chart a new course of action and leave their pain in the past ((D'souza, & Kuruvilla, 2006).

As Cambodia lacks a developed mental healthcare system similar to that found in many Western countries, there have been efforts made to introduce more Western psychological approaches to managing the effects of trauma in Cambodia since the nineties (Aggar, 2015). This has been particularly in response to help survivors of the KR cope with residual stress (Kent, 2006; Overland, 2010). However, there are a range of local practices highlighted in Agger's (2015) work that Cambodians already draw upon to calm the mind and mitigate some of the symptoms of stress, namely, meditation and mindfulness. It is these techniques that have helped inform Western psychological practice, yet the concept of mindfulness remains grounded in Theravada Buddhist tradition. Agger's research found that Buddhist mindfulness is interwoven into the broader cultural fabric and that "practicing mindfulness is inextricably linked to other cultural notions, particularly that of merit making, and that "both bring psychological benefit to individuals" (2015, p.554). As faith in some ways is synonymous with hope; both clearly see a future beyond the present. Faith is more rooted in accepting the present as a path to the future (Thompson, 2006). However, while hope tends to focus on escaping the bad parts of the present, to get to the better times ahead. Faith in a power outside of self, whether that be God or the teachings of Buddha, allow for detachment from worry and negative ruminating thoughts, acting as a catalyst for perspective and acceptance of what is.

VII. In Conclusion: Therapeutic Reflections from the Field

As practitioners in the field we need to get increasingly more comfortable with discussions about religion and spirituality if we are to be most effective in treating the mental health and recovery needs of the traumatized and other vulnerable populations. This can prove challenging given a growing worldwide xenophobia and cultural intolerance, making conversations with possible ideological variances potentially contentious, threatening, and emotionally unsafe. It is particularly essential when working with others from a cultural context or religious background different than our own that we are able to adjust our lens to be more accepting of such ideological differences. Within the therapeutic relationship we have to create an atmosphere of respect and acceptance, helping others draw upon their religious and spiritual practices to strengthen their resolve to heal, to activate their innate resilience mechanisms, even when said practices and beliefs vary significantly from our own. To merely avoid utilising such a therapeutic tool due to our own discomfort is essentially offering an obsolete treatment modality to those seeking our help.

We understand that healing potential comes through a combination of skilled interventions, therapeutic rapport, and by coming alongside the individual to help them to outlast the hardship by unlocking their resilience. Research tells us that faith and spirituality are key drivers for resilience building, and yet we often struggle to address it in treatment, citing "I don't want to be disrespectful", or allowing our own issues about discussing religion to interfere. As a matter of practicality, it is important to ensure your assessment forms and treatment plans don't merely ask a person's religion, but dig much deeper asking abouttheir core religious constructs and practices that are most meaningful, and how they might incorporate them into treatment planning to promote spiritual health and insights. We must effectively explore how one's beliefs and spiritual practices can bring hope and meaning to the hurting, to offer a path toward growth and healing. It is also equally important to understand which beliefs and practices might actually deter their growth and healing by causing feelings of shame, regret, or failure.

The therapeutic relationship has tremendous power to change the course for those who engage with us in treatment, so we must ensure that we are using the most effective tools to promote healing. Exploration of religious beliefs and spirituality are two exceptionally powerful tools to help build resilience when strategically promoted in a safe and accepting manner within the treatment context. As clinicians we need to regularly assess our own comfort levels on said topics; find questions and exercises to sensitively engage our beneficiaries in dialogue; and to maximize the impact of services by empowering one's belief in something greater than themselves to make sense of the events in their lives. Such activities are indicative of cultural competence, and only come through continuing education, a growing self-awareness, and thoughtful dialogue with those whose religious or spiritual practices vary from our own.

About the Authors

The lead author and researcher on this project is an Australian Mental Health Social Worker (AASW) and PhD Candidate with Deakin University Australia,

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working as a trauma and addictions consultant based in Thailand with The Cabin Group. A/Prof Elizabeth Hoban of Deakin University is the student researcher's primary supervisor and chief investigator on the project, with over 20 years research experience in Cambodia. Mike Nowlin is the Executive Director of Hagar USA, former Country manager of Hagar Cambodia and over 20 years working in the child protection and human rights space.

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