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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

RESILIENCE AND COPING: THE PERSPECTIVES OF
CANCER PATIENTS, FAMILY CAREGIVERS, AND
MEDICAL VOLUNTEERS AT KHAMPRAMONG
MONASTERY, THAILAND

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

Wipanee Suk-erb

College of Education and Behavioral Sciences
Department of Counseling Psychology

December, 2014

This Dissertation by: Wipanee Suk-erb

Entitled: *Resilience and Coping: The Perspectives of Cancer Patients, Family Caregivers, and Medical Volunteers at Khampramong Monastery, Thailand*

has been approved as meeting the requirement for the Degree of Doctor of Philosophy in
College of Education and Behavioral Sciences, School of Applied Psychology and
Counselor Education, Program of Counseling Psychology

Accepted by the Doctoral Committee

Mary Sean O'Halloran, Ph.D., Research Advisor

Jeffrey A. Rings, Ph.D., Committee Member

Jennifer L. Murdock, Ph.D., Committee Member

Lory Clukey, Ph.D., Psy.D., R.N., C.N.S., Faculty Representative

Date of Dissertation Defense _____

Accepted by the Graduate School

Linda L. Black, Ed.D.
Dean of the Graduate School and International Admissions

ABSTRACT

Suk-erb, Wipanee. *Resilience and Coping: The Perspectives of Cancer Patients, Family Caregivers, and Medical Volunteers at Khampramong Monastery, Thailand*. Published Doctor of Philosophy dissertation, University of Northern Colorado, 2014.

The purpose of this phenomenological study was to explore in-depth experiences of cancer patients, family caregivers, and medical volunteers who engaged in the treatment and services provided at Khampramong Monastery, Thailand, particularly in the areas of resilience and coping. Participants included 21 individuals (eight cancer patients, eight family caregivers, and five medical volunteers). Data collection was conducted at Khampramong Monastery (Thailand) during the summer of 2013 including interviews, field observations, and artifact collections. Moustakas's (1994) phenomenological method was used for data analysis. Bracketing (Creswell, 1998) was employed to set aside researcher bias. Standards of trustworthiness were employed throughout all phases of the research. The findings reflected the essence of the experiences, particularly coping strategies of patients that emphasized the role of acceptance and efforts to enhance meaning by helping other to relieve suffering. Resilience factors the participants developed included development of their spirituality and a renewed emphasis on positive thinking in the face of hardship. Implications for counseling psychology, mental health, and healthcare professions to further facilitate and promote resilience and coping in cancer patients and relevant units were discussed.

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In reflecting on the past few years, it is hard to fully grasp my journey, beginning in 2008 when I left Thailand for the first time to travel, study, and live. Now I am completing my journey in the United States and I am going to return to Thailand. The journey to complete my degree has ended now with this final piece of work—my dissertation. In December, I will start with another life-long learning journey. In some ways it is a journey returning to the root and in some ways it is a journey back home.

The journey to complete my degree and dissertation has taken quite some time. Throughout this journey, I have appreciated abundant support and friendship. First of all, I would like to thank my Suk-erb family. Their countless support through prayers and cheering helped me to focus on getting things done: “Mom and Dad’s hearts are always with you. Do your best. No worries.” Also, I am most grateful to my siblings, Aew, Tip, and Sark, who took good care of our parents and made us remain close together, despite my distance, via technology. Otherwise, it would have been hard to feel at peace without having anyone assume this responsibility for me.

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Before, pursuing my doctorate at UNC, I volunteered at Khampamong believing that when I graduated I would return to use my knowledge and skill to volunteer again.

Surprisingly, I returned to Khampramong sooner to collect data and that journey back has helped me to graduate. I would like to express my deep gratitude to all participants who kindly shared their valuable experience with the readers and me. Without your sharing, we would not have learned about resilience and coping, specifically from the context of Thai culture. A special thank you goes to Luangta, P'Oat, P'Yui, PaSri, and all the Khampramong Family. All any virtue and goodness that exists in this study I would contribute to all participants who unpack the experience with their expectation as their merit to the worldwide society and those contributors, supporters, friends, and family. You are respected and appreciated.

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DEFINITION OF KEY TERMS

Resilience: The ability to “bounce back” from difficult experiences. Originally, resilience was referred to as a personality trait that moderates the negative effect of stress and promotes adaptation. Definitions of resilience over the past two decades have focused more the process of adapting or adjusting during the course of adversity (American Psychological Association, 2007; Keltner & Walker, 2003; Luthar, Cicchetti, & Becker, 2000; Masten, Best, & Garmezy, 1990; Steinman, 2010). Jeser and White (2010) defined resilience as successful adaptation.

Coping: The constantly changing cognitive and behavioral efforts to manage specific external and internal demands of the situations considered stressful in order to solve personal and interpersonal problems and seeking to master, minimize, or tolerate stress or conflict (Weiten & Lloyd, 2008).

Palliative Care: An approach to providing care for terminally ill patients and nurturing their families. The central principle behind this concept is the management of terminal disease so that the patients can live comfortably with the support of their family until the end of their lives. The care not only focuses on the patients’ physical symptoms but also on their psychological and spiritual wellbeing (Marston, 2007; University of Michigan, 1980). The principle of the care is to prevent health problems and help relieve the pain and suffering occurring from

the early to the late stages of the disease as well as to do a complete assessment of current health problems including physical, mental, social, and spiritual (Narkwirotch & Chaturapatarapon, 2010). In conclusion, palliative care is patient and family centered, emphasizing a comprehensive and holistic ongoing assessment to promote best quality of life the patient can possibly have (Marston, 2007).

Khampramong Monastery: This term refers to a specific forest monastery located in Sakon Nakhon Province, Thailand. Due to the spelling issue, sometimes the monastery might be presenting to the public with slightly different spelling such as Kampramong, Kumpramong, or Khumpramong (Khampramong, 2012).

Monastery: Monastery is a Buddhism forest temple. Sometimes it is called by the original Thai term “wat.” The central concept of a monastery is the place for the Buddhist monks to live and perform religious practices (Parnwell & Seeger, 2008).

CHAPTER I

INTRODUCTION

Cancer is a significant global public health problem that accounts for one in eight deaths per day (Union for International Cancer Control, 2012) causing tremendous impact to human and economic resources (Tiwawech, Chindavijak, Tongnun, & Ishida, 2008). Researchers have estimated an increase of 75% in global cancer rates by 2030 compared with 2008 (approximately two-thirds of cancer deaths in less developed countries) with approximately 21.4 million new cancer cases per year; annual mortality rates are projected to continue rising to approximately 13.2 million deaths by 2030 (American Cancer Society, 2012; Bray, Jemal, Grey, Ferlay, & Forman, 2012). Recognizing this significance of global health problems, the annual World Cancer Day was established in February 2006 to increase awareness of this disease through educational and research programs and advocacy for change. Together It Is Possible was the 2012 theme for World Cancer Day (February 4) with a goal of decreasing the cancer mortality rate to 25% by 2025 (Union for International Cancer Control, 2012).

In this chapter, I present the background and context for this study, statement of the problem, purpose of the study, and research questions. They are followed by the research methodology, rationale, and significance of this study.

Background and Context of this Study

Cancer impacts a patient's health, finances, career, education, parenting, social life, and the wellbeing of his/her family members and caregivers (Adler & Page, 2008; American Psychiatric Association [APA], 2000; Benzies & Mychasiuk, 2008; Clukey, 2008; Greeff & Theil, 2012; Hateerat, 2006; Sangkaew, 2006; Van Duursen, 2002). Due to advances in cancer treatments, patients tend to live longer. Nevertheless, the physiological and psychological impacts play important roles in patients' lives during their journey with cancer.

The American Psychological Association recognized the growing number of cancer patients and the importance of psychological factors (e.g., resilience, coping, thriving, grief, and loss) and the role of these factors in working with such patients. Numerous studies revealed that patients benefit from medical treatments in conjunction with psychological care (Suinn & VandenBos, 1999). Jones et al. (2010) also stated that when a family member is diagnosed with cancer, the family is diagnosed with cancer as well. This means the family is profoundly affected by the consequences of cancer since family members often take on the role of caretakers of their loved one, thus affecting them physically and psychologically (Clukey, 2008; Wamaloon, Nattharungsri, Thepe-apiruk, & Ngeoywijit, 2008). However, research revealed that patients' families could also be supported by psychological interventions (Clay, 2010; Novotney, 2010).

Cancer treatments currently focus primarily on biomedical treatments and do not consistently address the psychosocial problems associated with the illness (Adler & Page, 2008). In addition to medical research on the prevention and treatment of cancer, research investigating the factors relating and contributing to the psychological wellbeing

of cancer patients and their caregivers has received increased attention. Recognizing these issues, research has been conducted to deal with cancer and its consequences (Clay, 2010). For example, resilience and coping are psychological factors being more closely examined, especially as elements defining a person's ability to thrive during cancer-related hardships despite adverse experiences and multiple risk factors. Moreover, research has grown on the living arrangements and services provided for terminally ill patients and their families, specifically discussed in the areas of palliative care and hospice (Monroe & Oliviere, 2007). Palliative care and the hospice approach include the management of a terminal disease in a manner that enhances a patient's quality of life and emphasizes he/she they can spend the rest of his/her life in a meaningful way.

Statement of the Problem

In the United States, cancer is the second leading cause of death (Murphy, Xu, & Kochanek, 2012); while in Thailand, cancer has been the leading cause of death for more than 10 years (Tantitrakul & Thanasilp, 2009). In both countries and globally, an increasing number of new cancer cases are diagnosed annually (Chantamit-O-Pas, Pichaya, Raksanaves, & Deenan, 2012). Even with advances in the treatment of cancer, more patients reported negative side effects during the course of their therapies (e.g., fatigue, hair loss, and pain) resulting in a number of psychological impacts (Greeff & Theil, 2012; Hateerat, 2006; Van Duursen, 2002).

A diagnosis of cancer impacts the entire family (Jones et al., 2010). Research revealed family members are adversely affected by this diagnosis—sometimes even more than the cancer patients—and they may require even more support than the person with cancer (Schmer, 2010). Cancer creates significant stress not only on the patient and

family members but also on the patient's support network, finances, career, and other areas of his/her life.

Research on treatments and alternative therapies, along with the psychological factors such as concepts including resilience and thriving, is receiving more attention among healthcare professionals and counseling psychologists. Resilience is a key concept in explaining and understanding the complexity of patients' responses to a devastating life circumstance (Monroe & Oliviere, 2007). The concept of resilience has been applied to many fields such as education, engineering, and public policy (Martin-Breen & Anderies, 2011).

In the psychology field, resilience is seen as a protective factor that promotes psychological wellbeing during a time of adversity. Resilience refers to the process of adapting or adjusting well to adversity; trauma; threatening and tragic life events; serious health problems; and stressors related to family, workplace, or school (APA, 2007; Luthar, Cicchetti, & Becker 2000; Masten, Best, & Garmezy, 1990; Steinman, 2010). A growing body of literature on resilience recognized the importance of a caring and supportive relationship network inside and outside the family (APA, 2007, Newman, 2002). A number of studies addressed models of resilience and factors that contribute to resilience (Keller, 2003; Martin-Breen & Anderies, 2011; Woodgate, 1999).

The ability to overcome and learn from adversity implies a vigorous constitution. Health problems are indeed sometimes the catalyst that provokes resilience (Keltner & Walker, 2003) and motivates a person to strive to overcome adversity and return to a new normal. Many studies have focused on interventions to cure cancer, exercise methods that improve patients' fitness and recovery, as well as understanding psychological

interventions and healthcare arrangement (e.g., hospice and palliative care; Monroe & Oliviere, 2007) to help patients and their support network's wellbeing (Jackson, 2007).

Hospice and palliative care approaches are similar when it comes to the most important issues for dying patients. As an adjunct or supplement to some of the more traditional care options, both hospice and palliative care protocols call for patients to receive a combined treatment of medications, day-to-day care, equipment, and bereavement counseling administered through a single program. Palliative care and hospice programs differ greatly in the location, timing, payment, and eligibility for services (Blumberg, Flaherty, & Lewis, 1982; Narkwirotch & Chaturapatarapon, 2010). In general, palliative care and hospice are approaches to provide care for terminally ill patients and their families. The central concept of palliative care and hospice care is the management of a terminal disease so patients can live and spend the remainder of their lives meaningfully whether or not they stay at their home or at the hospice.

This research study examined resilience and coping from the perspectives of participants who received services at a palliative care in Thailand. In the next section, I provide a brief history of this palliative care and overview of the services available at this monastery.

Established in 2005, the Aphinyana Aorakayasala Foundation (located in the Khampramong Monastery) is a palliative care facility that provides free treatment for cancer patients integrating Eastern and Western remedies. Dr. Prapaponpatchara, a Buddhist monk and the Abbot of this monastery, offers services to cancer patients and their family caregivers, allowing them to live and receive treatment within a loving and kind atmosphere. Patients who use these services are from diverse backgrounds (e.g.,

Thais, Japanese, Americans, Russians, and Africans). Patients are allowed to live at the monastery regardless of financial status and ability to pay for services. However, they are expected to have at least one family member to help care for them during their stay (Teerawong, Kittisaraphong, Chatkaew, & Phibanphaknithi, 2009).

The care provided by Arokayasala, Kamproamong Monastery demonstrates the potential benefit to coping and resilience, family caregivers, and volunteers. The treatment covers physical, mental, social, and spiritual care. This care includes (a) offering palliative care to cancer patients and terminal cancer patients who need care regardless of gender, race, age, and religious preference without using force or propaganda and without asking for benefits or profits in return; (b) using alternative medicines and therapies to provide holistic care to patients such as meditation, natural herbs, herbal sauna, acupuncture, breathing, diet, music, and prayer; and (c) offering daily treatment to cancer patients by a team of modern medical professionals consisting of physicians, nurses, pharmacists, as well as traditional healers (Khampramong, 2012). The number of patients has grown every year (Ekpanyaskul, 2012). In 2011, 576 patients were living in and receiving treatment at this monastery.

Khampramong Monastery is a unique treatment facility available for cancer patients and their family caregivers. It also welcomes medical volunteers to visit and provide services to patients. Unique experiences of cancer patients, their family members, and medical volunteers at Khampramong Monastery could shed light on resilience and coping, further facilitating psychological adaptation. Moreover, psychological adaptation in these areas requires more in-depth study (Leipold & Greve, 2009; Livneh, 2000).

Purpose of the Study

The purpose of this qualitative study was to explore the in-depth experiences of cancer patients, family caregivers, and medical volunteers engaged in the treatment and services provided at Arokayasala, Khampramong Monastery, Thailand, particularly in the areas of resilience and coping. The participants' experiences and perspectives were expected to contribute helpful recommendations for mental health practitioners and palliative staff to further facilitate patients' resilience and coping.

Research Questions

The purpose of this study was to understand the unique experiences whereby cancer patients, their family caregivers, and the medical volunteers develop resilience and coping strategies while utilizing cancer treatments and the services at the Khampramong Monastery. This study was guided by the following questions:

- Q1 What is the essence of the experiences that cancer patients, family caregivers, and medical volunteers have during their stay at Khampramong Monastery?
- Q2 From the perspective of the patients, family caregivers, and medical volunteers, how has their stay at Khampramong Monastery shaped their perception of cancer and its treatment, and how do they perceive these experiences?
- Q3 What are the coping strategies and resilience factors the cancer patients, family caregivers, and medical volunteers believe they have developed during their stay at Khampramong Monastery?
- Q4 What resources do participants use to bolster their resilience and coping skills?

Assumptions

I conducted this study with several assumptions. Resilience as a phenomenon is conceptualized as the accomplishment of successful adjustment through the coping

process in a certain situation and the definition of success is subjective (Leipold & Greve, 2009). In constructionist epistemology, individuals construct their reality differently. Individuals also gain some influence from the social context they live in to construct their experience (Crotty, 1998). Therefore, I assumed cancer patients, family caregivers, and medical volunteers would construct their own meaning from experiences at Khampramong Monastery. However, one can understand the shared experience through this qualitative inquiry. Moreover, the findings would provide extended understanding and helpful recommendations for professionals specifically in mental health palliative care to further facilitate resilience and coping in cancer patients.

Research Methodology

The methodology of the current study was guided by phenomenology, which seeks to identify the essences to shared experience (Patton, 1990). The goal of the study was to describe experiences of cancer patients, family caregivers, and medical volunteers who have stayed at Khampramong Monastery. The specific focus was placed on resilience and coping. This study included multiple site visits, participant interviews, and observations over the course of a month. I employed purposeful sampling utilizing criterion sampling strategies to select the participants for this study. At least eight cancer patients and one adult family caretaker of each patient participated in this study. I also interviewed five medical volunteers (e.g., doctors, nurses, alternative specialists). Numbers of participants and the completion of the interview were determined when data saturation had been met (Creswell, Hanson, Clark Plano, & Morales, 2007).

To maintain the trustworthiness of this study, I employed a triangulation method by collecting data from multiple sources and with multiple perspectives. I also recruited

an assistant to help with data analysis. I used a semi-structured interview protocol to guide the interviews with at least 20-21 participants as described above or until data saturation was achieved (Lincoln & Guba, 1985). I also collected artifacts (e.g. journals, artworks, and quotes) and observed daily activity in the natural setting. In addition, I also used participant checks and expert checks (Guba & Lincoln, 1989) to ensure trustworthiness and the accuracy of data. I employed a back translation method to check the consistency of the language and translation as I conducted the interviews in Thai/Lao language.

After each interview was completed, I transcribed it verbatim. During the data analysis, I compared themes emerging from data collection to understand the shared essence of the experiences of patients seeking this palliative care treatment, family caregivers, and medical volunteers. I also conducted a follow-up interview with the participants for clarification purposes if needed. I used a reflexive journal (researcher reflexivity; Morrow, 2005) throughout the study to set aside my own prejudice, bias, and values that might have influenced data collection and the analysis process. I kept an audit trail (Morrow, 2005) to ensure the rigor of my current study. In the findings section, I provide the reader with rich and in-depth descriptions (Merriam, 2009) of the participants' experiences as a final product of this study. A more in-depth discussion of methodology and procedures is provided in Chapter III.

Significance of the Study

Cancer is a major cause of death in Thailand and the incidence rate has been rising steeply every year (Ekpanyaskul, 2012). To provide holistic care for these patients, the management and services provided by palliative care or hospice are critical. Apart

from medical services, a number of psychological factors have helped develop patients' emotional and spiritual wellbeing. Resilience is one factor that has received increased attention in the literature in recent years. The concept of resilience is expected to be essential to the future delivery of end-of-life care and significant challenges cancer patients face (Monroe & Oliviere, 2007).

A health problem sometimes provokes human resilience (Keltner & Walker, 2003). The ability to encounter and be strengthened by adversity suggests a robust constitution (Monroe & Oliviere, 2006). Resilience is a significant psychological factor that promotes strength and recovery in trauma, child development, and cancer survivors (Werner & Smith, 1982). Studies indicated that resilience is an important psychological predictor of quality of life and coping in cancer patients (LeMarier, 2011; Strauss et al., 2007). The care and living arrangements at Kampramong Monastery are unique in showing the potential benefit of creating resilience in cancer patients.

I was particularly interested in the resilience factors and coping strategies patients, family caregivers, and medical volunteers developed during their stay at the Khampramong Monastery. It was crucial to understand how the cancer patients, family caregivers, and medical volunteers perceived their stay at this monastery and how it shaped their perception of cancer and treatment. How they made sense of their experiences contributed to developing psychological treatments that facilitated learning and developing more effective mental health and palliative care services. Coping strategies and resilience factors reported by the patients, family caregivers, and medical staff addressed what patients thought of the services and their stay. Furthermore, resources all participants used to foster their resilience and coping provided information

to maintain or improve services that supported resilience and coping. This information from participants' experiences was an important resource that contributed helpful recommendations for mental health practitioners and palliative staff to better facilitate patients' resilience and coping.

Delimitations

- Participants were eight adult cancer patients, eight family caregivers, and five medical volunteers.
 - All participants are adults.
 - Cancer patients had been staying at Khampramong Monastery for at least two weeks and were willing to share their experiences on a voluntary basis.
 - Family caregivers had been staying with the patient at Khampramong Monastery for the same timeframe.
 - Medical volunteers (nurses, doctors, alternative specialists) had experience volunteering at this monastery more than once.
- Participants were willing to take part in a series of interviews.

Summary

This phenomenological study explored the experience of cancer patients, family caregivers, and medical volunteers engaged in services and treatment at Khampramong Monastery in Thailand. In this chapter, I described the background and context of the study, statement of the problem, and significance of the study followed by research questions. Finally, I addressed the delimitations of the study. In the next chapter, I provide the literature associated with this study.

CHAPTER II

LITERATURE REVIEW

This chapter examines the current incidence of cancer and how it relates to the concept of resilience and coping in palliative care. This chapter is divided into three sections that describe information and related literature on cancer and treatment, resilience and coping, and palliative care. It begins with an overview of the various types of cancer as well as their prognoses, prevalence, and current treatments.

Cancer has a significant impact on individuals and their families, resulting in unique stresses that arise during the course of treatment and the need for effective coping patterns to deal with these strains. Therefore, I also present a review of the history and concept of resilience and coping strategies in the relevant literature. Since this research studied the experiences of adult cancer patients, family caregivers, and medical volunteers involved in palliative services at the Arokayasala, Khampramong Monastery in Thailand, general concepts and specific information about this monastery are also provided.

Cancer Overview

Cancer is a group of diseases characterized by the uncontrolled growth and spread of abnormal cells (American Cancer Society, 2012). Factors contributing to cancer development originate from numerous sources--both internal and external. Internal factors are rooted in inherited mutations, hormonal factors, immune conditions, and

metabolic mutations. External factors include tobacco use, infectious organisms, chemicals, radiation, and other environmental factors. Cancer staging is based on the size of the original tumor and whether it has spread to other parts of the body. The tumor marker (TM) system is utilized for distinguishing cancer into four stages: the earliest stage is Stage I and Stage IV is the most advanced. If the spread of cancer is not controlled, it inevitably leads to patient death (American Cancer Society, 2012).

Types of Cancer

There are more than 100 specific types of cancer. Most cancers are named for the organ or type of cell from which they originated; for example, cancer originating in the lung is called lung cancer while cancer originating in the colon is called colon cancer. In 2012, the National Cancer Institute classified the 12 most common types of cancer: bladder, lung, breast, melanoma, colon and rectal, non-Hodgkin lymphoma, endometrial, pancreatic, kidney, prostate, leukemia, and thyroid. The most common form of cancer is prostate cancer; the American Cancer Society (2012) estimated more than 1,638,910 new cases of prostate cancer may be diagnosed in the United States by the end of 2012. The least common type of diagnosed cancer is pancreatic cancer--there were an estimated 577,190 new cases in 2012.

In Thailand, cancer is a substantial health problem and has been a leading cause of death for the past decade (Tantitrakul & Thanasilp, 2009). In general, the types of cancer in Thailand are classified similarly to how they are classified in the United States and globally. Liver cancer is the most prevalent form of cancer in adult males while breast cancer is the most prevalent cancer in females (Thai Society of Clinical Oncology, 2012). As reported by the National Cancer Institute (2012), the most common types of

cancer in 2011 in order of prevalence were colon and rectal, liver and bile duct, lung, breast, and cervical cancers (Attasara & Buasom, 2012). The total number of patients who died from any types of cancer in 2011 was 58,076; liver and bile duct cancers were the leading cause of deaths, followed by trachea/bronchus/lung, breast, and cervical cancers (Attasara & Buasom, 2012).

Prevalence and Prognosis

In the United States, the five-year survival rate for all cancers diagnosed between 2001 and 2007 increased from 47% to 67% (American Cancer Society, 2012). The National Cancer Institute (2012) estimated that 12 million cancer patients were living cancer free with no remaining evidence of cancer or still undergoing cancer treatment in 2008. Although cancer can develop at any age, the risk of being diagnosed increases with age; most cancers occur in adults middle-aged or older. In 2012, approximately 1,638,910 new cancer cases were projected to occur in America and 577,190 Americans were expected to die of cancer (American Cancer Society, 2012), which is more than 1,500 people per day. Specifically, one-third of cancer deaths in 2012 were related to being obese or overweight, lack of physical activity, and poor nutrition, all of which could be prevented through diet and exercise (American Cancer Society, 2012).

New cases of cancer among U.S. males in 2012 indicated the following types of cancer: prostate (29%), lung and bronchus (14%), colon and rectum (9%), urinary bladder (7%), and melanoma of skin (5%). Among U.S. females, the most recent rates included breast cancer (29%), lung and bronchus (14%), colon and rectum (9%), uterine corpus (6%), and thyroid cancer (5%). Lung and bronchus cancer was the leading cause

of death in U.S. males (29%) and females (26%) in 2012 (American Cancer Society, 2012).

Colon and rectal cancers have been on the rise in Thailand since 2011 and are currently the most prevalent form of cancer in adult males, surpassing liver cancer, which was the most prevalent type of cancer for a decade. According to Khuhaprema (2012), the number of colorectal cancer cases found in the combined male and female population is higher than cervical cancer, which is found solely in women. These rising numbers reflect a change in lifestyle, especially in large urban areas. The number of patients with cervical cancer, which primarily originates from the human papillomavirus (HPV), has declined because better screening systems have been developed in Thailand. Liver cancer, however, remains the leading cause of death among cancer patients.

Hepatocellular carcinoma (hepatitis B virus) is a major problem in all regions of Thailand. However, in the northeast, cholangiocarcinoma accounts for the highest incidence of cancer due to unhealthy diets, especially in people who consume high amounts of raw freshwater fish, resulting in liver flukes (*opisthorchis viverrini*; Kamsa-ard et al., 2011; Smout et al., 2011; Vatanasapt, Sriamporn, & Vatanasapt, 2002).

It should be noted that in women, breast cancer remains the most common diagnosed cancer in Thailand and is similar to other countries worldwide (Attasara & Buasom, 2012; Avci & Kumcagiz, 2011; Glangkarn, Promasatayaprot, Porock, & Edgley, 2011; Takiar & Vijay, 2010). At least 4,600 Thai women are diagnosed with breast cancer each year and this number continues to increase (Department of Public Health, 2012). Currently, 13,000 to 14,000 breast cancer patients are awaiting chemotherapy treatment. Women most at risk for breast cancer include those who are at

least 50 years of age and still menstruating, consume high fat foods, eat few vegetables and fruits, or have a history of breast cancer in their families (Department of Public Health, 2012). Methods of treatment and health service available for cancer patients are provided in the next section.

Treatment and Health Services

Cancer is commonly treated through several modalities: surgery, radiation, chemotherapy, hormone therapy, biological therapy, and/or targeted therapy (American Cancer Society, 2012). All cancers involve the malfunction of genes that control cell growth and division but this does not mean all cancers develop from inherited genes. In fact, most cancers are rooted in genetic damage, which might result from internal factors such as hormones or the metabolism of nutrients within cells and external factors, including tobacco, chemicals, and radiation (American Cancer Society, 2012).

Regarding these external causes, prevention is possible. For instance, some cancers are caused by infections such as human papillomavirus (HPV) and human immunodeficiency virus (HIV); thus, potential preventative mechanisms are changes in behavior, vaccinations, or antibiotics. Skin cancer, which is diagnosed in more than two million people each year, can be prevented by protecting the skin from exposure to intense sunlight. The American Cancer Society estimated that in 2012, 173,200 cancer-related deaths were due to tobacco use--another example where changing or eliminating risky behavior could be a means of cancer prevention.

In Thailand, primary cancer treatment is provided in provincial hospitals, especially surgical care. Numerous cancer centers have been established to provide cancer treatment in every region of Thailand. In addition, patients might seek services

from university hospitals--training facilities for medical and health care professions. University hospitals represent an important referral source for cancer patients to further care. Continuous improvements have been made in areas of systematic referral and standard treatment plans for each type of cancer. Currently, university hospitals have developed their services to include more sophisticated and experimental technologies for cancer treatment such as radiation therapy units (Vatanasapt et al., 2002).

Thailand has initiated a nationwide campaign for health education with the mission of preventing cancer through scientific education and research. For example, a project was developed to educate people and promote dietary modifications for the achievement of healthier lifestyles (e.g., preventing the consumption of raw fish or meat to prevent liver cancer, anti-smoking campaigns; Vatanasapt et al., 2002). Studies revealed that regular physical exams contributed to cancer prevention and early detection, which resulted in appropriate and immediate treatment. In particular, cervical cancer and breast cancer screening programs have yielded great benefits of early diagnosis and control as well as better treatments (Vatanasapt et al., 2002).

Cancer Research

Even as numbers of new cancer cases have increased, cancer research has increased as well. The goals of cancer research have been to identify the causes of cancer as well as to develop strategies for prevention, diagnosis, treatments, and cures. Cancer research varies from molecular bioscience to clinical trials to evaluate and compare outcomes of various cancer treatments. Treatment modalities include surgery, radiation therapy, chemotherapy, hormone therapy, immunotherapy, and combined treatment modalities such as chemo-radiotherapy. Over the past two decades, the main focus of

clinical cancer research has been to highlight therapies developed from biotechnology research such as immunotherapy and gene therapy (National Cancer Institute, 2012).

The American Cancer Society (2012) is considered to be “one of the first organizations to recognize the importance of behavioral and psychological factors in the prevention and control of cancer and to fund extramural research in the area” (p. 59).

The Behavioral Research Center (BRC) was established in 1995 with the goal of emphasizing cancer survivorship, quality of life, and tobacco research (American Cancer Society, 2012). The Health Services Research (HRS; American Cancer Society, 2012) program was established in 2006 with the mission of performing high quality and influential research to improve the quality of cancer patient care. Specifically,

The HRS program analyzes cancer treatment patterns and outcomes and has examined the role of health insurance in explaining disparities in access to care, quality of care among patients with access, and outcomes such as morbidity and mortality. (American Cancer Society, 2012, p. 58).

Cancer research in Thailand is conducted by healthcare professionals and student trainees in relevant fields. Similar to the United States and worldwide, the theory behind biological treatments has advanced (Tiwawech, 2011). Moreover, interest has been growing in the field of mental health as reflected by the number of studies regarding psychological factors surrounding better care and better quality of life for cancer patients. These research studies highlight a number of factors associated with cancer patients: symptom management among cancer patients (Sangkaew, 2006); symptom management among cancer patients undergoing chemotherapy (Chantamit-O-Pas et al., 2012); relationships between types of cancer, fatigue experience and management, family support, and functional status of cancer patients receiving chemotherapy (Kongsaktrakul, 2004); effects of supportive psychotherapy group on hope of cervical cancer patients

receiving radiotherapy (Wattanabenjasopa, 2000); selected factors related to terminal cancer patients (Sansom, 2009); relationship between selected factors and insomnia in adult cancer patients (Keawphang, 2004); health needs of family caregivers of terminal cancer patients (Duandaw, 2004); factors related to the spiritual wellbeing of terminal cancer patients (Tantitrakul & Thanasilp, 2009); and ways to strengthen hope and self-esteem in cancer patients suffering from depression (Wamaloon et al., 2008).

The above research highlights the growing body of literature in Thailand on psychosocial and psychological factors that impact cancer patients. Adler and Page (2008) stated that “cancer care today often provides state-of-the-science biomedical treatment, but fails to address the psychological and social (psychosocial) problems associated with the illness” (p. 1). Therefore, it is important to understand what those impacts have on cancer patients regarding their illness.

Impact of Cancer

Being diagnosed with cancer is a life-threatening situation that prompts multiple challenges (Wenzel et al., 2002). The effects of cancer and its treatment are influenced by physical, emotional, and cognitive factors (Wamaloon et al. 2008) as well as relationships inside and outside of family, education, career, and finances (Avci & Kumcagiz, 2011). These can be narrowed down as cancer affects common physical and psychosocial stressors.

Physical stressors. Cancer patients report a number of changes to their body including hair loss, body/organ inflammation, redness, and tumorous growths as well as more specific symptoms and expression of the disease depending on the specific type of

cancer. These physical impacts are represented through health impairment, disability, fatigue, and pain (Adler & Page, 2008).

Impairment and disability. A number of studies revealed that cancer patients reported having fair or poor health (30%), other chronic medical conditions (42%), at least one limitation in ability to perform daily living activities (11%), other functional disabilities (58%), and limited ability to perform their career (in patients under age 65) due to health condition (17%; Hewitt, Rowland, & Yancik, 2003). These results are closely related to another discussion. Adler and Page (2008) reported that “one-third of those with a history of cancer who report limitations in activities of daily living or other functional areas identify cancer as the cause of their limitation” (p. 26). In addition, cognitive impairment is reported by a significant number of cancer patients (both children and adults), resulting in a limitation in performing responsibilities, daily activities, or careers (Adler & Page, 2008). These impacts cause stressors and exhaustion in many other areas of life.

Fatigue. Fatigue is by far the most common side effect in individuals with cancer. In fact, fatigue is found in approximately 70% of Stage III and Stage IV cancer patients. Fatigue largely stems from cancer-related symptoms and from the cancer treatment itself; it is not relieved by rest or sleep (Sangkaew, 2006; Van Duursen, 2002). Although fatigue might be found in healthy people, it plays a larger role for cancer patients in affecting their quality of life as well as impacting family members and caretakers. The level of fatigue varies by the type of cancer. For example, while fatigue is commonly found (50%) in patients with lung cancer, it is less common in patients with

prostate and breast cancers. Nevertheless, fatigue appears to be a common symptom found in patients in the terminal stage of cancer.

Fatigue due to chemotherapy is called chemotherapy-associated fatigue. Patients usually report feeling this type of fatigue at the beginning of their treatment. Radiation-associated fatigue is usually present during the course of therapy and does not subside until the end of treatment. Fatigue from cancer surgery and bone marrow transplantation is caused by medications such as interferon that actively change the body's chemical balance. Fatigue might also originate from other causes including insufficient sleep, depression, worry, anemia, medication, infection, neurological problems, heart and lung diseases, and malnutrition (Hateerat, 2006).

Pain. Fifty percent of patients undergoing cancer treatment reported pain regarding the cancer itself, side effect of treatment, and other illnesses; it can co-occur during the course of treatment (Adler & Page, 2008).

Psychosocial stressors. Cancer patients experience a wide range of feelings including anger, depression, hopelessness, and a sense of helplessness that often require significant adjustment; Many coping strategies could help them deal with this life-threatening situation (Livneh, 2000). When individuals are diagnosed with cancer, they are also impacted by a number of psychosocial needs including information about illness, treatments, health, and services. Many cancer patients need help coping with emotions associated with illness and treatment, while many need help in managing their illness. Material and logistical resources (i.e., transportation) and managing disruptions in work, school, and family life are important factors needing assistance as well. Last but not

least, many clients report lack of assistance in financial advice and related matters (Adler & Page, 2008).

Stress. In the literature exploring the impact of cancer (Greeff & Theil, 2012), stress was one of the most often mentioned responses that impacted the quality of life of patients and their loved ones. Cancer requires major adjustments for patients and family members (Greeff & Theil, 2012; Yang, Brothers, & Andersen, 2008). Hardships cancer patients face during diagnosis and treatment present themselves in many forms. For example, relationship strain was one factor reported by many patients (Benzies & Mychasiuk, 2008; Greeff & Theil, 2012). In addition, patients with children reported stress related to the challenges of parenting. Most cancer patients encountered financial hardships either due to their inability to work or because of the costs of cancer treatment (Greeff & Theil, 2012). However, effective coping strategies could eliminate stress and improve a patient's quality of life (Yang et al., 2008).

Quality of life. Quality of life (QOL) is among the areas most impacted by the diagnosis of cancer. The United Nations (2013) defined quality of life as “notion of human welfare (well-being) measured by social indicators rather than by quantitative measures of income and production” (p. 1). Researchers described a person who has a good quality of life as having the ability to enjoy normal life activities (Calman, 1984; Meifan, 1997; Yang et al., 2008). “The term 'quality of life' extends not only to the impact of treatment and side effects, but to the recognition of the patient as an individual, and as a whole person; body, mind, and spirit” (Calman, 1984, p. 125). Meifan's (1997) study of 81 breast cancer patients in a university hospital in China concluded that quality of life related positively with coping styles.

Coping is an important factor for cancer patients. The main focus of this study was on coping and resilience in participants receiving services at Khampramong Monastery. The following section examines the concept and relevant research on coping. Finally, literature regarding cancer patients and coping is reviewed.

Coping

Concept

Most people experience life-threatening situations at least once in their lifetime (Ozer, Best, Weiss, & Lipsey, 2003). Once individuals have been diagnosed with cancer, they immediately face a number of psychological impacts including stress, depression, hopelessness, and subsequently employ numerous coping strategies to deal with the resultant stress (Livneh, 2000). These strategies include changes in many areas of individuals' lives (i.e., the family's identity, roles, and daily functioning; Avci & Kumcagiz, 2011).

Coping with stressful life events is one of the fundamental aspects of human existence. Although stress is a common ingredient of human life, individuals cannot function well for long periods of time with ongoing and high levels of stress. Thus, it is important to identify effective ways to cope with negative life events and their unpleasant impacts (Roger & Conway, 2006).

The dynamic interactions between people and their environment as well as stress and coping mechanisms have been of interest to researchers for the past several decades (Chun, Moos, & Cronkite, 2006). Coping was defined by Lazarus and Folkman (1984) as constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands of situations considered stressful. Cognitive appraisal is “a

process through which the person evaluates whether a particular encounter with the environment is relevant to his or her well-being, and if so, in what ways” (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986, p. 992). Cognitive appraisal can be subdivided into primary and secondary appraisals. Primary appraisal focuses on the importance or impact of a stressful event on the individual. Meanwhile, secondary appraisal highlights resources or options available for individuals to utilize in dealing with stressful circumstances (Folkman et al., 1986; Livneh, 2000).

Folkman and Lazarus (1985) as well as other theory contributors and researchers (e.g., Billings & Moos, 1981; Pearlin & Schooler, 1978) perceived coping dimensions as an integration of two main perspectives--emotion-focused and problem-focused (Livneh, 2000). Recent studies have added a third dimension called avoidance-orientated coping (Parker & Endler, 1992). With regard to investigating the nature and structure of the coping relationship, researchers then began to change their focus to the hierarchical nature of coping (e.g., Krohne, 1996; Parker & Endler, 1996; Tobin, Holroyd, Reynolds, & Wigal, 1989) wherein three broad levels were indicated (Livneh, 2000): (a) coping styles reflecting global, dispositional, and macroanalytic tendencies (monitoring-blunting, vigilance avoidance, and approach-avoidance); (b) coping strategies indicated by summative scores on coping scales (confrontation, seeking social support, and planning problem solving); and (c) coping acts or behaviors reflect specific, situation-determined, or microanalytic responses, which are often identified by individual item endorsements on a coping scale.

Presently, a multicultural perspective is also incorporated to understand varying perspectives on the coping skills of people from diverse backgrounds. People around the

world differ in the ways they cope with situations. They may, for example, avoid problems, distract themselves, confront others, establish a plan, or reinterpret the situation (Folkman & Lazarus, 1985). Therefore, the coping strategies of individuals in one situation might not always apply to other situations. Even when placed in the same situation within a different context, an individual might not find the same strategies to be applicable (Johnson & Wiechelt, 2004).

Cultural values play a significant role in how humans cope with stress. Chun et al. (2006) considered constructs of individualism and collectivism to describe how culture might influence conceptual models of stress. In an individualistic culture, self is the center unit of society; therefore, an individual places emphasis on individual rights and concerns of oneself and his/her immediate family, personal autonomy, and self-fulfilling goals.

On the other hand, in a collectivistic culture, the group forms the central unit of society and binds individuals to its needs, goals, and fate; individuals are concerned about duty and obligations to the group, interdependence on other individuals in the group, and fulfillment of social roles (Chun et al, 2006). It is interesting to note that coping styles appropriate and encouraged in one culture might not be perceived as effective in another culture. For example, people from a predominantly collectivistic culture might feel reluctant to employ the coping strategies practiced by a person from an individualistic culture and a high level of assertiveness in an individualistic culture could be perceived as selfish in a collectivistic culture.

Yeh, Arora, and Wu (2006) proposed coping scales based on the values of collectivistic cultures in East Asia and developed a Collectivistic Coping Scale (CCS).

Seven domains of coping are based on the individual's family and his or her community:

(a) Respect for Authority--individuals utilize coping strategies according to community seniors, elders, mentors, or authority figures; (b) Forbearance--a coping style in which an individual uses tolerance or endurance to quietly overcome his or her situation; (c) Social Activity--a person uses social networks as a tool to cope; (d) Intracultural Coping--a coping strategy focused on individuals gaining support from network systems that share common ethnic or other cultural similarities; (e) Relational Universality--a strategy describing individuals who seek social support from people who have shared experiences; (f) Fatalism--a coping strategy illustrating a person who accepts their problems deliberately as his or her coping method; and (g) Family Support--a coping strategy individuals use to gain support from family members to cope with his or her situation.

Wong, Wong, and Scott (2006) synthesized new developments in coping perspectives based on cross-cultural research and concluded that

1. Coping has developed from reactive to proactive coping wherein proactive coping persons develop resource throughout the process of coping utilizing vicarious learning and develop better strategies to prevent further loss regarding the similar situation. The authors provided examples of this type of coping in situations where people develop a more reliable warning system for natural disaster. For example, in the case of a tsunami, establishing networks, helping each other, and building up one's inner resources (strengthening mental and spiritual health) were strategies eliminating loss and preventing damage in other life circumstances.

2. Coping has developed from instrumental to transformational coping. The authors compared coping strategies in American psychology as instrumental coping in which people change stressful situations and use problem solving as a means to cope. However, the authors urged this kind of coping has limited value when dealing with chronic problems. The authors indicated a number of transformational coping strategies were recently increasing in research related to Buddhist enlightenment, a Taoist way of nature, spiritual transformation, and existential coping.
3. Coping perspectives have shifted from individual to collective coping. This movement attempts to make sense of collectivistic culture patterns of coping regarding disaster and global tragedy.
4. Coping frameworks have shifted from cognitive to existential coping. Cognitive coping involves cognitive analysis focusing on causal attribution or discovering positive meaning of a stressful event. Existential coping, on the other hand, embraces the concept that admits the part we cannot change and discovers meaning and purpose of one's existence.
5. Coping frameworks have developed from dichotomous to dualistic thinking. The authors noted that dichotomous thinking reflects a more Western psychological point of view while holistic, paradoxical, and dualistic thinking represents the East. This difference requires further cross-cultural research to compare Eastern and Western perspectives.

Pedersen (2006) supported Wong et al.'s (2006) perspective on the more recent developments in coping that might provide better multicultural understanding. He also

claimed that “research on stress and coping are vital and dynamic movement producing more and more urgent needed findings” (p. 594). Cross-cultural research on stress and coping would help complete the jigsaw knowledge gaps in particular topics.

Cancer Patients and Coping

When individuals have been diagnosed with cancer, they encounter challenging stressors that are both physical and psychological in nature. Coping strategies could help them avoid or reduce the negative impact. Livneh’s (2000) review of the literature published between 1950 and 2000 on coping with cancer found that coping was characterized similarly as a psychological defense mechanism aimed at reducing anxiety like projection, suppression, denial, displacement, and reaction formation. The literature described coping strategies of cancer patients that were useful and effective for a successful psychosocial adaptation to the disease. Adaptive coping strategies were associated with decreased psychosocial distress and increased personal wellbeing, while negativity, unresponsiveness, passive submission, and self-blame did little to alleviate emotional distress. Livneh suggested that psychological strength and problem-solving behavior were coping strategies that provided better psychological adaptations to cancer.

Freund and Baltes (2002) claimed that individuals accomplished their goals by employing numerous strategies, i.e., they might utilize selection, optimization, or compensation. Therefore, coping played an important role in eliminating emotional distress relevant to fear of death, pain, or defacement. The oncology literature (Bray et al., 2012; Strauss et al., 2007; Vatanasapt et al., 2002) reflected a number of methods cancer patients utilized to deal with cancer including shifting functional abilities, medical implications, treatment modalities, and psychosocial reactions.

Meifen (1997) studied coping styles and quality of life among 81 breast cancer patients undergoing chemotherapy at three teaching hospitals affiliated with Sun Yat-Sen University of Medical Sciences in Guangzhou, China. The results showed the breast cancer patients employed “fair” coping styles including optimistic, confronted, and supportive. An emotive coping style was reported as the least employed by participants in this study. The results revealed the quality of life of breast cancer patients was good during the period they were undergoing chemotherapy. They perceived their physical wellbeing and spiritual wellbeing as good and their psychological wellbeing and social wellbeing as fair in this period. The conclusion of this study indicated a significant positive relationship between coping styles and quality of life of the participants.

Coping and resilience were factors that presented repetitively in cancer and palliative care literature but the terms have been used somewhat interchangeably, sometimes leading to confusion (Zander, Hutton, & King, 2010). In the next section, I discuss the concept of resilience and present literature on this topic.

Resilience

History and Concept

A significant amount of research exists on cancer patients undergoing treatment. The concept of resilience has been studied and developed in many fields and is viewed as an internal protective factor. Contemporarily, theory and disciplines in resilience have been applied in the fields of psychology and ecology. In addition, the concept of resilience is now being applied to disaster planning and management (Earvolino-Ramirez, 2007; Martin-Breen & Anderies, 2011).

The definitions and concepts of resilience differ depending on the field in which they have been developed. In the field of psychology, resilience has come to mean the ability to bounce back from difficult experiences. The study of resilience can be traced back to the 1960s when psychologists were studying at-risk children growing up in high-risk environments. Surprisingly, most of them appeared to be thriving even when they were impacted by poverty, parenting strain, hunger, or war. The themes found indicated these children were “stress-resistant,” “survivors,” “invulnerable,” or “resilient” (Center of Confidence and Well Being, 2012).

Originally, resilience was viewed as a personality trait that moderates the negative effects of stress and promotes adaptation (Glick, 2006; Luthar et al., 2000; Wicks, 2010). An individual’s resilience at any moment is calculated by the ratio between the presence of protective factors and the presence of hazardous circumstances (Van Breda, 2001). The terms *invulnerable* and *invincible* were once used interchangeably to illustrate the concept of resilience; however, these terms have recently been criticized as representing a static and unchanging characteristic. Hence, the term *resilience* is currently used to embrace the concept once referred to as invulnerable (Luthar et al., 2000).

Over the years, whether or not resilience is a trait or process has been the subject of debate; however, in the past two decades, the definition of resilience has shifted to focus on a dynamic modifiable process (Luthar et al., 2000). Specifically, Masten et al. (1990) rejected the concept of resilience as an internal attribute and proposed the concept of resilience as an adaptation or dynamic process. In accordance with those authors, Jeser and White (2010) also viewed resilience as a successful adaptation. The American

Psychological Association (2003, 2012) stated that resiliency is a process--not a destination. It requires time, effort, and dedication to attain personal improvement over one's lifetime; therefore, the term *resilience* refers to the process of adapting or adjusting during the course of adversity, trauma, threatening and tragic life events, serious health problems, and any stressors with roots in the family, workplace, or school (i.e., family disruption, discrimination, economic hardship, and violence; APA, 2007; Keltner & Walker, 2003; Luthar et al., 2000; Masten et al., 1990; Steinman, 2010). This new definition has promoted the development of resilience-based interventions and prevention programs, along with empirical studies, to evaluate the effect of such interventions (Earvolino-Ramirez, 2007; Johnson & Wiechelt, 2004; Luthar et al., 2000).

The new understanding of resilience has led to a shift away from focusing exclusively on pathology toward a better understanding of the positive aspects of human strength. The importance of resilience as a protective factor, resource, and strength has been a major contributor to the positive psychology movement. The foundation of positive psychology is based on the belief that people want to lead meaningful and fulfilling lives, cultivate what is best within themselves, and enhance their experiences of love, work, and play (Seligman, 2007).

The goal of positive psychology is to initiate a shift in psychology away from a preoccupation with repairing the worst things in life and toward building positive qualities. In accordance with this goal, treatment emphasizes nurturing the best in people rather than simply fixing what is broken (Seligman & Csikszentmihalyi, 2000).

“Psychology is not just the study of disease, weakness, and damage, it is also the study of strength and virtue. Treatment is not just about fixing what is wrong, it is about building

what is right” (Seligman, 2002, p. 4). According to positive psychology, one must not only fix what is wrong with people but find what is strong about them. It is apparent the concept and background of resilience are congruent with and support positive psychology; it is a scientific study of the strengths and virtues that enable individuals and communities to thrive (Seligman, 2007).

Resilience as a phenomenon is framed by the successful development of coping in a specific situation (Leipold & Greve, 2009). In a number of international meetings, the construct of resilience has been addressed, resulting in an agreed upon definition for resilience in the International Resilience Project: “a universal capacity which allows a person, group or community to prevent, minimize or overcome damaging effects of adversity” (Grotberg, 1995, Introduction). Many studies have been conducted in the fields of psychology, healthcare, and education since the identification of resilience as an important quality. Several studies have focused on the model of resilience as well as the factors contributing to resilience (Keller, 2003; Martin-Breen & Anderies, 2011; Woodgate, 1999).

The growing body of literature stated the primary factor in resilience is a patient having a caring and supportive relationship network inside and outside the family (APA, 2007). Studies have also shown that loving and trusting relationships provide positive role models and offer encouragement and reassurance, which help generate resilience in individuals (Martin-Breen & Anderies, 2011; Masten, 2001). Benzies and Mychasiuk (2008) conducted an extensive integrative review to identify protective factors contributing to family resilience. The results revealed three key domains comprising protective factors based on an ecological model at the individual, family, and community

levels. At the individual level, individual protective factors contributed to one's strength (i.e., locus of control, emotional regulation, belief system, self-efficacy, effective coping skills, health, temperament, gender, increased education, skills, and training). At the family level, protective factors encompassed the family structure, intimate partner relationship stability, family cohesion, supportive parent-child intervention, stimulating environments, social support, family of origin influence, and stable and adequate income and housing. Whereas, at the community level, community protective factors were derived from a number of qualities including involvement in the community, peer acceptance, supportive mentors, a safe neighborhood, access to quality childcare and schools, and quality healthcare.

Some of these factors were consistent with a study by Monroe and Oliviere (2007) in which the effects of various aspects of palliative care from a resilience perspective were analyzed using 29 papers published during a 10-day study that took place in 2005 at St. Christopher's Hospice (London). The emerging themes reflected the following aspects that contributed to resilience: secure attachments; meaning and sense; hope, coherence, creativity, and good memories; public education and community support; cultural awareness; internal locus of control; wellbeing and self-esteem; one supportive person in the environment; and learned optimism. Doungyota, Prasoetsuk, Kirdpitak, and Pinyoanuntapong (2010) conducted a similar study on the resilience component and confirmed the model of resilience functioning could be characterized by six components: physical, relational, emotional, moral, cognitive, and spiritual.

To understand the concept of resilience, Stefan Vanistendael (cited in Monroe & Oliviere, 2007) proposed the Casita model, a small house comprised of several levels, to

structure the experience regarding resilience. The foundation floor of resilience represented basic needs (e.g., food and healthcare). The basement represented networks of contacts, both formal and informal, as a bonding system between the individual and at least one person (relative, loved ones, or professional) who believed in his or her potential and truly accepted such an individual. The ground floor represented the capacity to find meaning in life and the first floor included many rooms that represented self-esteem, personal and social abilities, and a sense of humor. The attic represented openness to new experiences and a capacity to believe in the ability to overcome life-threatening situations (see Figure 1).

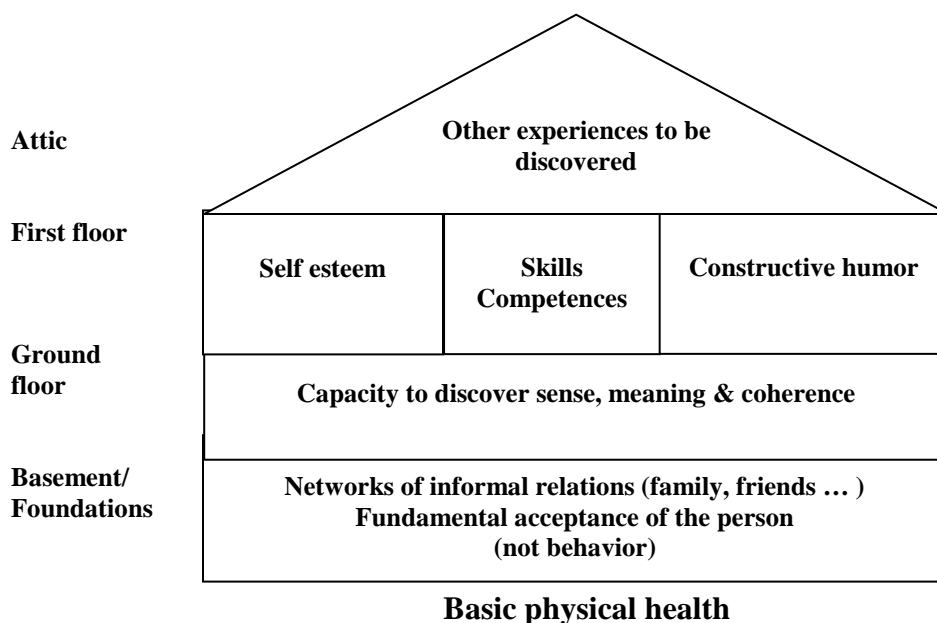


Figure 1. The Casita model—Resilience building. Source: Stefan Vanistendael (cited in Monroe & Oliviere, 2007, p. 120).

Related Concepts

Similar concepts to resilience, such as recovery and hardiness, are at times used interchangeably with resilience, causing some ambiguity. However, resilience is different from recovery in several aspects. “Resiliency describes both innate and developed abilities to withstand stress and adversity” (Allegheny County Coalition for Recovery Child and Family Committee, 2006, p. 33). Recovery is described as the shifting of a psychological state from normal to pathology before returning to a normal state. The state of psychopathology normally lasts for several months after the traumatic event has taken place before returning to pre-trauma levels. On the other hand, a more specific definition of resilience describes the ability to maintain a stable mental equilibrium throughout the duration of an adverse event (Bonanno, 2004).

Hardiness can be perceived in different dimensions: physical, cognitive, and psychological. When compared to resilience, psychological hardiness is gaining more attention. A person who possesses psychological hardiness is tolerant and accepting of others; effectively handles stress; is pro-emotional management; is even tempered, self-sufficient, and self-reliant; and feels good about oneself (Sharma, 1996).

Reardon and Aydin (1993) described a physically healthy person as one who possesses hardiness characteristics including an internal locus of control, a stronger commitment to self, and a vigorousness towards the environment. Resilience encompasses a number of positive qualities that facilitate the ability to manage stress in the face of trauma: hardiness, optimism, self-enhancement, repressive coping, positive affect, and a sense of coherence (Bonanno, 2004; Tedeschi & Calhoun, 2004). Based on

the above description, hardiness is viewed as one of the factors that contribute to resilience.

Regarding the concept of resilience and recovery, the Allegheny County Coalition for Recovery Child and Family Committee (2006) clarified that resilience could exist with or without an illness precursor. It is also considered to be one of the elements contributing to recovery. However, for recovery, the main concept is an emphasis on a sense of loss and a desire to regain. This description would be perceived as limited to individuals who have had lifelong struggles with illness.

Research in Resilience

Resilience is a significant psychological factor that promotes strength and recovery in trauma, child development, and cancer survivors. Werner and Smith's (1982) Kauai study was an early research study defining resilience. This longitudinal study evaluated 505 individuals born in 1955 on the island of Kauai, Hawaii, and who lived there until their 40s. The results revealed that among individuals who were raised in similar environments, two-thirds of the children who grew up in poverty or other adverse conditions (e.g., parental divorce, alcoholism, or mental illness) developed serious problems as adults such as depression, aggression, or any mental health problems. However, one-third of these children grew up to be competent, caring adults. The interest in resilience originated from this study.

Later studies were committed to investigating common characteristics found in resilient individuals and framing them as protective factors (Johnson & Wiechelt, 2004). The Kauai study (Werner & Smith, 1982) and similar studies (Carter, 1998; Darbyshire & Jackson, 2004) described resilience as a multidimensional concept originating from

individual personal factors such as good temperament, high intellect, and good physical health. In addition, the studies also indicated a number of positive external and environmental factors that contributed to improving a child's resilience including lack of family conflict, access to a wide variety of resources, and taking advantage of educational opportunities.

The same protective factors that led to positive outcomes for a person in one situation might not lead to healthy outcomes for that person in another situation (Johnson & Wiechelt, 2004). Conner and Zhang (2006) recognized the importance of understanding resilience as a means of developing interventions to prevent and/or treat common mental disorders whose risk factors had high individual and cultural variability in impacting significant anxiety, depression, and stress reactions. They defined factors contributing to resilience as neurobiologic, genetic, temperament, and environmental influences.

Individuals who successfully cope and adapt are able to maintain reward expectations in an unrewarding milieu, regulate fear conditioning and extinction in the face of uncontrollable stress, and maintain effective bonding and attachments following interpersonal abuse or loss. (Conner & Zhang, 2006, p. 11)

Leipold and Greve (2009) proposed that resilience might be considered an important part of the conceptual bridge between coping and development. They claimed that resilience needs to be explained by the coping process, resulting in certain kinds of development. Distinct differences exist between coping and resilience--specifically, the difference is a conceptual hierarchy rather than an empirical issue. Leipold and Greve viewed resilience as more than simply a way of coping. A person recovers or is able to escape unpleasant outcomes from traumatic situations through resilience. This includes the coping process along with personal and situational conditions. These researchers

insisted that resilience as a stabilizing constellation should be considered an important part of the conceptual bridge between coping and development. In this way, resilience needs to be defined as part of successful development.

Resilience and Cancer Patients

The capacity to deal with and be strengthened by adversity suggests a robust constitution. A health problem is sometimes the catalyst that provokes an enhanced resilience (Keltner & Walker, 2003). Several studies have been conducted on resilience in cancer patients. Research by Radina and Armer (2004) suggested the family's pattern of functioning, family resources, and stressor appraisal all influence resiliency. They also described levels of adjustment, adaptation, and crisis for women faced with lymphedema.

Strauss et al. (2007) studied the influence of resilience on fatigue in cancer patients undergoing radiation therapy and showed that fatigue is a significant problem among patients who receive radiation therapy. The results of this study revealed that resilience is a powerful predictor of a patient's level of fatigue, at least early in radiation therapy, and supported other studies showing that resilience is an important psychological predictor of quality of life and coping in cancer patients.

Greeff and Theil (2012) studied resilience in families of men with prostate cancer at a hospital's prostate cancer support group in a Western Cape health care facility, South Africa. Their results shed light on resilience as reported by husbands and wives ($n = 42$) including internal and external resources. Internal resources referred to factors residing within the individual and family, whereas external resources referred to those factors outside of the immediate family. Internal resilience resources were derived from intrafamilial support (practical and emotional support among family members), open and

honest communication, and individual characteristics (self-support, personality, and acceptance of a situation). External resilience resources included social support (extended family and friends), religion and spirituality (activities and beliefs), and professional support and knowledge (psychologists, doctors). The results of this study revealed that both men and women reported intrafamilial support as being the most crucial resource, especially during stressful periods. As for external resilient resources, more men than women rated spirituality, professional support, and knowledge as being valuable resources for their families. In addition, their findings showed that how a family adjusted was fostered by the family's internal strength and hardiness, affirmative communication, and social support experiences.

LeMarier (2011) conducted a narrative study to explore personal characteristics, influences, factors, circumstances, and services that helped childhood cancer survivors find the resilience to thrive. The researcher interviewed six cancer survivors (with a history of acute myeloid leukemia, acute lymphoblastic leukemia, non-Hodgkin lymphoma, Hodgkin's lymphoma, and Ewing's sarcoma types of cancer) who were currently in remission. Themes that emerged from this study included family diagnosis and familial support, supportive hospital atmosphere, fear of transition from the hospital into the home atmosphere, a support system made up of other childhood cancer survivors, changes in peer and community support, a new mindset based on new values and priorities, a good outcome at the expense of unfair means, and a gradual process of assistance.

Palliative Care

Concept

Recent studies have shown that Thai people live longer due to the enhanced development of healthcare services and treatment. The major cause of death has changed from infection to cancer, cardiovascular diseases such as heart disease, and Alzheimer's disease. Some patients respond well to medical treatments while others do not gain any advantage from medication. These patients are often seen as patients who have lost hope (Narkwirotch & Chaturapatarapon, 2010); however, there are still numerous ways health care professionals can deliver services to help cancer patients manage their illnesses and live a decent life. This concept is called palliative care.

In 1990, the World Health Organization (WHO) defined palliative care as care for patients with incurable diseases to prevent and relieve the pain and suffering that potentially occurs. Palliative care is holistic and covers all aspects of health: physical, mental, social, and spiritual. The primary goal of the care is to reduce patients' suffering and enhance quality of life for patients and their families until the patient dies peacefully (WHO, 1990).

Presently, the WHO (1990) defines palliative care as taking care of and increasing the quality of life for patients with life-threatening diseases and nurturing their families as well. The principle of this care is to prevent health problems and help relieve the pain and suffering occurring from the early to late stages of the disease. It also involves a complete assessment of current health problems including the physical, mental, social, and spiritual. Palliative care does not accelerate or help a patient die more quickly than the natural course of the disease and it is not intended to prolong the patient's suffering

without increasing quality of life. Life-prolonging methods in terminal patients are practiced only under a patient's request, according to their connections with significant others, or their religious beliefs (Narkwirotch & Chaturapatarapon, 2010).

The concept of palliative care as well as the hospice concept are approaches to providing care for terminally ill patients and their families. It is a way of dying rather than a place to die. The central principle to this concept is the management of a terminal disease so the patient might live comfortably until death and the family might live with them as they are dying (University of Michigan, 1980). Other principles of palliative care include the importance of death, which recognizes death as a natural process of life. The care not only focuses on the patient's physical symptoms but also on his/her psychological and spiritual wellbeing.

Palliative care principles respect the rights of the patient and family; therefore, patients and their families are invited to make decisions about and set the direction and goals for care (Narkwirotch & Chaturapatarapon, 2010). A system of care to alleviate the suffering of patients and their families continues until the patient dies. The system aids in the grieving process, which the family endures during and after the death of the patient. Palliative care is sometimes provided by a multidisciplinary team. Such teams do their best to facilitate care to the patient and family, which might be practiced in conjunction with other treatments such as surgery, radiation therapy, or chemotherapy in the early stages of the disease.

When a patient has been diagnosed with an incurable disease or illness, especially in the terminal phase, it affects the patient and the rest of the family physically, psychologically, socially, and spiritually. In addition, if the patient is the primary

breadwinner, the financial situation of the family might be impacted. Therefore, it is important to offer patients and their families with information about the illness and to invite them to be involved in the decision-making process for the direction and goals of care (Marston, 2007; Narkwirotch & Chaturapatarapon, 2010; Payne, 2007).

The delivery of palliative care is not only intended to serve the patient but is also in place to provide care to family members. It is important to recognize the dignity of patients and their families at this difficult time. In some cases, primary caregivers might not be the patient's family members; they could be a friend or a hired person. For this reason, it is imperative that the caregiver be cared for since he/she has experienced the patient's process of dealing with sickness to death. The most common health problems of primary caregivers are exhaustion during care and feelings of grief and loss after the patient dies (Clukey, 2007, 2008). The palliative care concept is characterized by the flow chart presented in Figure 2.

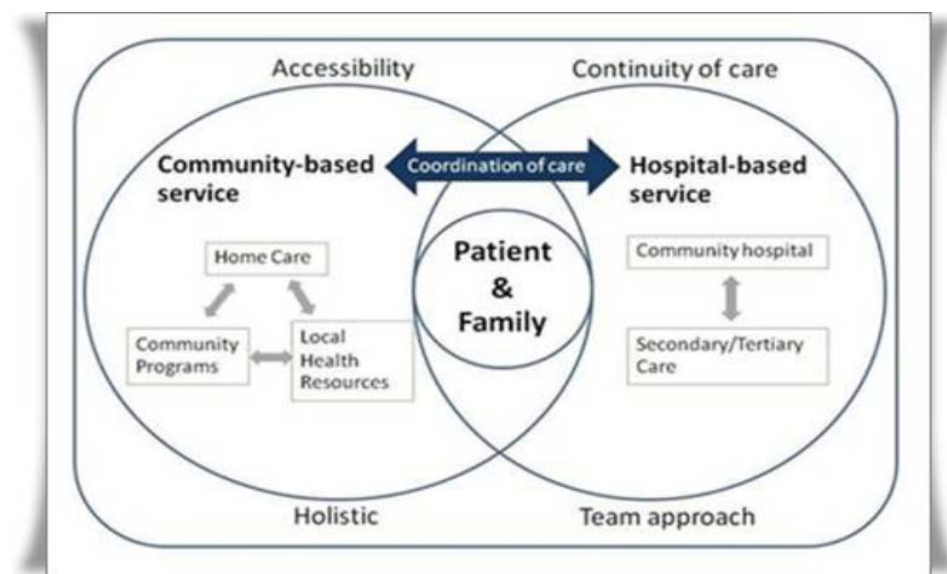


Figure 2. Model of palliative care services in community (Narkwirotch & Chaturapatarapon, 2010, Where to Direct Palliative Care section, para. 2).

The main focus of this study was to investigate the experience of cancer patients, family caregivers, and medical volunteers who engaged in the services at Arokayasala, Khampramong Monastery in northeast Thailand. In the next section, I provide information on this monastery including a brief biography about the abbot who founded the psychological healing project, the services provided by this monastery, and a review of research conducted at this monastery.

Khampramong Monastery

Khampramong Monastery (Wat Khampramong, Kampramong Temple) was established on April 8, 1986 and is located in Pannanikom District, Sakolnakhon, a province in northeast Thailand. The monastery covers an area of some 118.62 acres in an abundant tropical geography and has a graceful Buddhist pavilion at the center of the land for multipurpose activities. A large water pond was donated by His Majesty the King of Thailand (Khampramong, 2013). Located approximately 687 kilometers from Bangkok, the monastery can be accessed conveniently by plane, car, or bus. A number of cottages and mud houses were later built in the monastery area to house cancer patients and their caregivers.

Dr. Phra Paponpatchara Pibanpaknatee

Dr. Phra Paponpatchara Pibanpaknatee (Ciradhammho Bhikkhu), a 59-year-old Buddhist monk, is the Abbot of Khampramong Monastery and the president of The Aphinyana Arokhayasala Foundation. The term *Luangta Paponpat* means revered grandfather monk and is a local term used by people in the monastery. Dr. Pibanpaknatee graduated with a Bachelor of Engineering degree from Kasessart University, Thailand. After working for the government for two years, in 1979, he decided to become a monk

and practiced with revered monks in a forest monastery in the northern part of Thailand for several years. He was subsequently sent to Khampramong Monastery to help develop the monastery and community and has been there for almost 22 years. In 1996, Luangta Paponpat was diagnosed with CA nasopharynx (Topanyawut, 2010). He successfully treated himself with a combination of meditation and alternative medicine along with general treatment provided by the hospital. During this process, Luangta Paponpat was able to fully appreciate and understand the suffering of cancer patients. Therefore, he decided to help cancer patients by allowing them to stay and receive treatment at the monastery without payment. His followers (people who go to the temple to make merit) came to visit the monastery and later provided mental support to the patients and their caretakers.

In 2006, Luangta Paponpat established the Volunteer Project, which encourages people to support cancer patients and family caregivers with whatever skills they have. These volunteers include nurses, doctors, traditional doctors, healers, students, and laypeople. Activities include teaching patients and caregivers how to exercise and even dance. The atmosphere in the monastery is one of mutual care--everybody helps each other regardless of socioeconomic status, age, or gender. For almost 10 years, Luangta Paponpat not only provided care to cancer patients and family caregivers but also led the Volunteer Project. His outstanding deeds were recognized by the Sakolnakorn University where he was offered an honorary doctorate in Public Health.

Daily Activities at the Monastery

A number of activities are available for cancer patients to attend during their stays:

7:00–8:00 a.m.--Making merit. At this time, patients, their family caregivers, and the medical volunteers gather at the monastery pavilion to make merit by offering food to the monks. This is followed by practicing meditation and listening to dharma teaching. Volunteers provide many morning activities including physical exercise, breathing exercise (e.g., stretching, yoga, tai chi), and other kinds of therapy such as singing or other relaxing activities (e.g., laughter therapy, music therapy, storytelling).

8:00 a.m.--Herbal detoxification. In this hour, patients and their family caregivers engage in an “herbal medicine boiling ceremony,” which requires each person to be attentive, mindful, and forgiving. This activity is led by Luangta Paponpat, the abbot.

9:00 a.m.--Formal care. The patients meet with the volunteer doctors or Luangta Paponpat to be examined and get prescriptions. Many medical volunteers (e.g., doctors, nurses, and alternative practitioners) are involved in this process. Several universities that train medical students make appointments in advance to provide these services to patients. They contact and discuss the services with the abbot and treatment team. This activity is either a part of their training program or a way for trainees to gain experience.

After that comes personal time for patients and family caregivers. Volunteers who visit Khampramong during this time might visit patients and caregivers (pending permission from the abbot) to provide moral support. Other special services from volunteers are also provided during this time (music therapy, acupuncture, etc.).

7:00 p.m.--Evening praying. Family caregivers, volunteers, and patients who are physically and emotionally able join together in the Arokhayasarn building. After praying and meditation practice, Luangta Paponpat offers dharma teaching or

contemplative discussion. Then, everyone returns to their living cottage or mud house for further private practice or bedtime.

Arokayasala

Aorakayasala—meaning a place of care—was established in 2005 as a palliative care facility that provides treatment for cancer patients. It integrates Eastern and Western treatments including physical, mental, social, and spiritual care. Arokayasala has been called by many terms (e.g., Arokayasala, Arokayasan, Thai Herbal Nursing Home, or even Khampramong). However, local people are more familiar with the term Khampramong as it is located in the Khampramong Monastery. At present, many patients are from Thailand and the number of patients is growing every year. In 2011, 576 patients were living in and receiving treatment at this monastery (Khampramong, 2012).

Administered by Dr. Phra Paponpatra Pibanpaknatee, the abbot of Khampramong Monastery, the Aphinyana Arokhayasala Foundation (AAF) was officially established and located at Khampramong Monastery in 2009. The primary mission of this foundation is to provide holistic palliative care for cancer patients regardless of gender, race, age, or religious background. This mission supports and promotes volunteer opportunities for people from many professions who are interested in helping the patients and their families. The treatments at the monastery have been integrated using the current medical model and traditional local wisdoms and remedies. The atmosphere of delivering care centers around fostering mutual care and support among all members of the treatment teams, which include volunteers (Dr. Phra Paponpatchara, doctors, nurses,

mental health practitioners, and volunteers from other different profession) and family caregivers.

Arokhayasala aims to become a resource for the further development of Thai traditional medicines and alternative therapies. Arokhayasala is a resource for medical, nursing, public health research, and development for those interested in understanding and applying this approach to cancer. It is also an educational resource for generating a new body or expanding an existing body of knowledge for students and those interested in cancer treatment. In addition, Arokhayasala is considered a place where organizations, agencies, and individuals interested in terminal care can carry out studies and training. Arokhayasala has participated in academic conferences and seminars with the faculty of medicine at Chulalongkorn University, the faculty of nursing at Khonkaen University, and many other leading educational institutions in Thailand and abroad (Khampramong, 2012).

Research

Arokhayasala, Kampramong Monastery attracts not only patients and volunteers but also researchers. Many studies have been conducted at this monastery. A research study on the outcome treatment at Khampramong Monastery (Teerawong et al., 2009) found that patients rated their treatment high in satisfaction and agreed that the cost, even with external transportation costs and visits for medical care outside of the facility, were inexpensive compared to other care options. The research concluded that Arokhayasala is a beneficial alternative that emphasizes spiritual health at a price patients can afford (Teerawong et al., 2009).

Topanyawut (2010) conducted a qualitative study on the life and work of Phra Paponpatchara, the abbot, specifically on his experience in psychological healing. The study focused on the history since 2006 when the abbot originally started the program of psychological healing for cancer patients and their families after he suffered and recovered from nasal cancer utilizing the practice of dharma and contemplative meditation to relieve his physical and psychological suffering. Four types of psychological healing are provided by Arokayasala, Khampramong Monastery including general basic support and arranging family care, arranging time to talk about understanding the truth of life, providing a sense of loving kindness to the patients and suffering persons, and bringing the patients and suffering persons to dharma practice. The findings revealed that during a period of six years of psychological healing, Dr. Phra Paponpatchara perceived psychological healing could be integrated into two dimensions: (a) understanding psychological healing (healing suffering could be learned through understanding the truth of life and understanding the meaning of life); and (b) understanding the truth of life from the patients (i.e., mind affected the body and all human beings die eventually; use the best of today).

Other studies conducted at this monastery included factors related to the spiritual wellbeing of terminal cancer patients (Tantitrakul & Thanasilp, 2009), the effect of chanting on pain management (Trakoolngamden, 2011), quality of life (Sansom, 2009), nutrition and eating behaviors of cancer patients (Suwittawat, 2011), and the effects of music therapy and exercise (Awikunprasert, Vongjaturapat, Li, & Sittiprapaporn, 2012). Currently, numerous studies are being performed with regard to the treatment this

monastery provides (e.g., experiences of patients who receive Buddhist willpower therapy or Panawat and the effect of meditation therapy on patients' stress).

Khampramong Monastery has provided a number of services that promote palliative care for cancer patients. Meanwhile, it is a resource where practitioners from a variety of fields can carry out their study to advance the knowledge about cancer patients, alternative care, and other relevant factors to better serve cancer patients and support them through their journey with cancer. Khampramong Monastery is a unique monastery that delivers holistic palliative care and provides mental comfort in addition to medical treatment and alternative therapies for thousands of cancer (Phetdee, 2009; Sukyingcharoenwong, 2010) without asking for financial compensation regardless of socioeconomic status (Teerawong et al., 2009).

Summary

Cancer is a significant global health problem. Medical research on the prevention and treatment of cancer and research investigating the psychological factors relating and contributing to the psychological wellbeing of cancer patients and caregivers has been receiving more attention. In the next chapter, I provide a research methodology to understand resilience and coping of cancer patients, family caregivers, and medical volunteers engaged with the services and treatment at Khampramong Monastery, Thailand.

CHAPTER III

METHODOLOGY

Introduction

The purpose of this study was to describe and analyze the unique experiences of cancer patients, family caregivers, and medical volunteers in developing resilience and coping strategies while using the cancer treatments and services provided by Khampramong Monastery, Thailand. This study was guided by the following questions.

- Q1 What is the essence of the experiences that cancer patients, family caregivers, and medical volunteers have during their stay at Khampramong Monastery?
- Q2 From the perspective of the patients, family caregivers, and medical volunteers, how has their stay at Khampramong Monastery shaped their perception of cancer and its treatment, and how did they perceive these experiences?
- Q3 What the coping strategies and resilience factors the cancer patients, family caregivers, and medical volunteers believe they have developed during their stay at Khampramong Monastery?
- Q4 What resources did participants use to bolster their resilience and coping skills?

This chapter provides a description of the research methodology and procedures including theoretical and methodological frameworks, research methods, data collection, and analysis. Finally, the criteria for rigor are also addressed.

Researcher's Stance

Cancer has been the leading cause of death among the Thai population for over a decade (Tantitrakul & Thanasilp, 2009). It is a public health problem that affects not only the well-being of patients and their families but also the stability and the development of the nation. As an international student from Thailand, I began pursuing my doctorate in the Counseling Psychology program at the University of Northern Colorado in August 2008. However, in March 2008, I visited Khampramong—a monastery in Thailand that provides free treatment for cancer patients. Having a chance to volunteer and provide moral support to cancer patients and their family caregivers, I was struck by the loving atmosphere among cancer patients, family caregivers, and the volunteers at the monastery as they were willing to help and support each other with the ability they had without expecting any compensation. Thus, I decided to go back to this monastery in July 2008 to volunteer and learn more from these people.

Due to my experience volunteering at Khampromong Monastery, I developed an interest in studying the unique experiences of cancer patients, family caregivers, and medical volunteers. I was particularly interested in the resilience and coping strategies patients, family caregivers, and medical volunteers developed during their stay. It is hoped the information from participants' experiences will help the mental health personnel, medical practitioners, and palliative staff further facilitate patients' resilience and coping by providing helpful recommendations. To focus on the individuals' experiences, I conducted this study using qualitative research methods.

Qualitative Inquiry

Merriam (2009) defined research as “a notion of inquiring into, or investigating something in a systematic manner” (p. 3). Research is driven by an intellectual interest in a phenomenon with a desire to learn more about said phenomenon. A fundamental part of this research was to study the experience of how cancer patients, family caregivers, and medical volunteers believed they developed coping strategies and resiliency stemming from the services provided at Khampramong Monastery.

Qualitative research is “an umbrella concept covering several forms of inquiry that help us understand and explain the meaning of social phenomena with as little disruption to the natural setting as possible” (Merriam, 1998, p. 5). Moreover, “qualitative researchers are interested in how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences” (Merriam, 2009, p. 14). The nature of the present inquiry focused on quality and essence with the goal of describing, understanding, discovering, meaning-, and hypothesis-generating (Merriam, 1998).

Merriam (2009) highlighted the purposes of qualitative research are “to achieve an understanding of how people make sense out of their lives, delineate the process (rather than the outcome of the product) of meaning-making, and describe how people interpret what they experience” (p. 14). Cancer patients, family caregivers, and medical volunteers have gone through a number of changes while using or providing services at Khampramong Monastery. Understanding their experiences as sources of rich resources can provide insight into how these people developed resilience and coping strategies in dealing with cancer. Findings from this study would shed light on how to provide the

best care and support the psychological wellbeing of patients and volunteers, particularly with regard to resilience and coping strategies. Hence, qualitative inquiry, given its focus on people's experiences and the meanings they formulate with regard to those experiences, can build a complex and holistic picture of human experience (Merriam, 2009). Morrow and Smith (1995) claimed that qualitative research methods are particularly well suited to exploring revealed meanings that people give to their experiences. A specific framework within qualitative research helps the researcher guide the inquiry and makes sense of the research experience.

Research Model

To conduct this qualitative study, I will employ Crotty's (1998) research process model to guide my study. Crotty highlighted four elements in the qualitative research including epistemology, theoretical perspective, methodology, and methods. The below figure illustrates the elements in my current study based on his model.

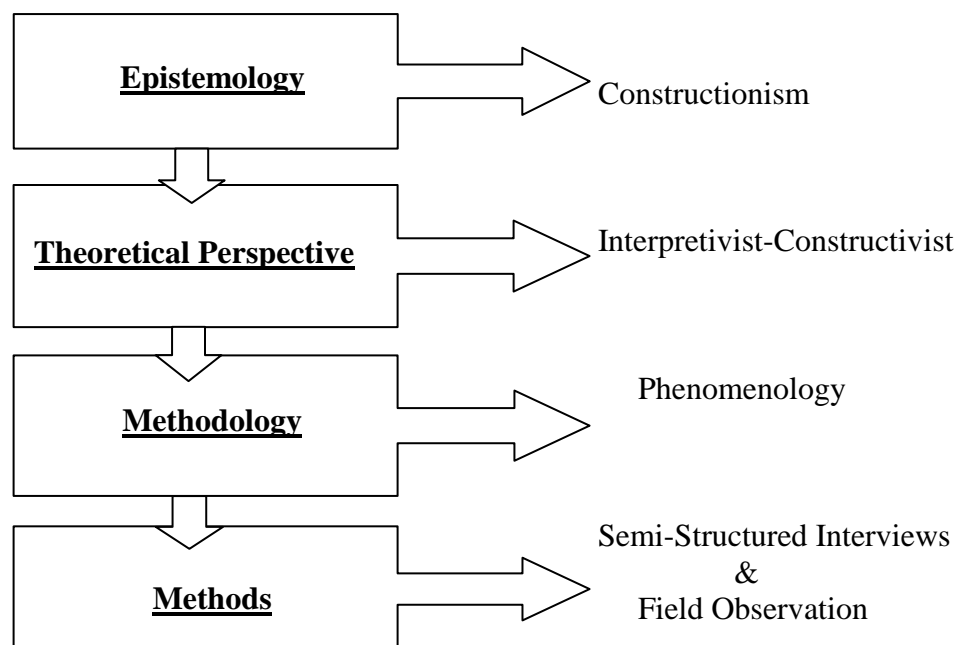


Figure 3. Elements of research (adapted from Crotty, 1998).

Epistemology

Epistemology is closely related to a theoretical perspective or framework since the concept is intimately linked to a theory (Creswell, 2003). Epistemology--the study of the nature and justification of knowledge (Schwandt, 2001)--provides a theoretical framework for what knowledge is and how people comprehend whether or not they know about something (Crotty, 1998). Consequently, this “theory of knowledge” (Hesse-Biber & Leavy, 2006, p.12) informs methodology in a qualitative study.

Throughout this phenomenological study, I employed a constructionist epistemology to investigate how cancer patients, family caregivers, and medical volunteers used their own understanding of their experiences while receiving treatment at Khampramong Monastery to create meaningful systems. Emerging at the end of the 19th century, constructionism was developed by Hegel and Marx with later contributions made by Mannheim, Berger, Luckmann, Brentano, and Husserl (Crotty, 1998). In constructionism, notions of truth and reality are minimized since constructionists believe that ideas about the world are constructed in the human mind (Heppner, Kivlighan, & Wampold, 1999). In fact, people construct multiple realities from their experiences (Lincoln & Guba, 1985). According to constructionism, people do not develop universal interpretations, and hence, there is no one single truth.

Crotty (1998) asserted, “Meaning is not discovered, but constructed. In this understanding of knowledge, it is clear that different people may construct meaning in different ways, even in relation to the same phenomenon” (p. 9). Constructionists believe an object itself does not have any meaning; instead, people give meanings to the object through their own experience (Crotty, 1998). Therefore, the meanings for the same

object might be different depending on different individuals' perspectives. Given a constructionist epistemology and within the context of a review of the literature about cancer and resilience (e.g., Jeser & White, 2010; Jones et al., 2010; McTighe, 2009), I assumed cancer patients in the current study would differ in the ways they constructed the meanings from their illness, resulting in relevant adjustment and coping. Cancer itself does not convey any specific meaning; however, once an individual is diagnosed with cancer, he or she feels and reacts to their illnesses differently depending on what the meaning the person got from the diagnosis.

Within a constructionist perspective, it is important to mention a similar term: "constructivism." Both terms share similar concepts; thus, they are sometimes intentionally used interchangeably. However, while constructionism focuses primarily on the influences of societal constructions, constructivism prioritizes the individual's process of creating meanings (Crotty, 1998). Thus, constructivists focus on the meaning-making activities of an individual and each person's unique experiences without being overly concerned with broader societal context (Crotty, 1998). Constructionists, on the other hand, believe knowledge and reality are constructed through the interactions between human beings and their world. According to Schwandt (2001), individuals absorb data and form abstractions, concepts, or schemas to understand their experiences. They test and modify those constructs continually as they encounter new experiences. Humans develop their knowledge and transmit their meaningful, constructed realities within an essentially social context (Crotty, 1998). Hence, when individuals create a meaning in their lives, they are influenced by social context including culture, language, tradition, and customs.

Wertz (2005) noted that “counseling psychologists require high-fidelity knowledge of persons that maximally respects the experience and situational contexts of those they serve” (p. 176). Therefore, it is crucial that the research conducted in this field address and develop the knowledge of individuals’ social and historical context to help explain and predict human action (Heppner et al., 2005). Consequently, in this study, I was interested in investigating the meaning-making of each participant regarding his or her experiences at Khampramong Monastery. Constructionists believe individuals not only construct knowledge within one’s own experience but also through interactions with other individuals in his or her social context (Jha, 2012). Given that social context is important and influences an individual’s construction process, I explored the ways in which cancer patients, family caregivers, and medical volunteer teams construct their understanding and foster resilience and coping strategies from their own experiences. Interview questions and observations highlighted how participants created meaning from their lived experiences.

At Khampramong Monastery, family caregivers are the closest support network for cancer patients and they were involved with the patients’ adjustment processes (Tantitrakul & Thanasilp, 2009). In the course of contact with patients, family caregivers who stayed at the monastery with the patients might gain reflexivity by perceiving and experiencing how their loved ones coped and developed resilience while adjusting to their illnesses. The caregivers’ experiences might shape their perspectives of how they perceived cancer treatment and coping as well as affecting their own resilience. Moreover, medical volunteers were influenced, directly or indirectly, in a number of

ways by both patients and family caregivers; these influences affected how they created meaning from these interactive phenomena.

Theoretical Perspective

In general, theory is an account of social reality; however, some of its elements are broader than what has been investigated empirically (Hesse-Biber & Leavy, 2006). Within the context of a study, the theoretical perspective plays an important role in guiding research. Crotty (1998) defined a theoretical perspective as “the philosophical stance informing the methodology and thus providing a context for the process and grounding its logic and criteria” (p. 3). However, these are terms researchers use interchangeably with similar definitions. Heppner et al. (1999) used the term “worldviews” to refer to “the philosophical foundations that guide the understanding of the world and how inquiries are made to further that understanding” (p. 236). Gliner and Morgan (2000) used the term *paradigm* coined by Thomas Kuhn (cited in Gliner & Morgan, 2000) and later described by Lincoln and Guba (1985) as a system of ideas or a way of thinking about and conducting research.

Considering a theoretical perspective (worldview/paradigm/framework) as a set of assumptions about the social world that provides a philosophical and conceptual framework for research, the researcher thus constructs a basic set of beliefs that guides action (Denzin & Lincoln, 2005). The theoretical perspective describes the researcher’s view of the nature of reality (ontology), how reality is discovered or perceived (epistemology), the place of the researcher’s values in the study (axiology), and ways knowledge is obtained through assumptions (methodology). The framework also helps guide research assumptions and the selection of instruments, participants, and methods

(Ponterotto, 2005). In conclusion, the theoretical framework influences the researcher's perspective of the world and reality as well as directs how inquiry and findings are to be achieved.

It is imperative to understand the different paradigms or theoretical perspectives that exist in qualitative research as these set the context for the study and determine how the research is evaluated (Ponterotto, 2005). In this study, I employed an interpretivist-constructivist theoretical perspective (Morrow, 2005), a theoretical framework often used in qualitative research (Tuli, 2010) emphasizing reality as subjective and influenced by the context of the situation (Ponterotto, 2005). Essentially, the interpretivist-constructivist perspective understands human experience with the assumption that reality is socially constructed. Interpretivism-constructivism assumes each reality/experience is hidden and can be brought to the surface through deep reflection; it is facilitated through researcher-participant interaction via the interview (Ponterotto, 2005). Hence, in the process of inquiry, researchers place greater emphasis on participants' perspectives of the phenomenon being studied rather than their own interpretations. Moreover, researchers are aware of the impact of their personal background and experiences (Mackenzie & Knipe, 2006).

Methodology

This study was conducted using phenomenological methodology. Phenomenology involves describing what participants in a study have in common as they experience a phenomenon (Creswell, 2007). This methodology is designed to consolidate experiences of individuals undergoing a particular phenomenon to a description of its universal essence. Therefore, the researcher's task is to depict the

essence or basic structure of participants' experiences (Merriam, 2009) including what participants have experienced and how they have experienced it (Creswell, 2007).

Phenomenological research is the study of people's conscious experience of their life-world (Merriam, 2009), identifying everyday experience (Schwandt, 2007), and is, therefore, subjective. A phenomenological study describes the meaning of experiences of a phenomenon for several individuals and the researcher reduces the experiences to a central meaning or "essence" of the experience (Moustakas, 1994). Phenomenology highlights the assumption of "an essence or essences to shared experience" (Patton, 1990, p. 70). For example, core meanings are mutually understood by those who experience the same phenomenon (Merriam, 2009). The primary goal of this study was to "reduce individual experiences with a phenomenon to a description of the universal 'essence' or the 'core meanings'" (Creswell, 2007, p. 58). Researchers employ numbers of steps to reach this objective including identifying a phenomenon, collecting data from the individuals who have experienced it, and developing a combined description of the essence (what and how) of the experience for all participants (Creswell, 2007).

According to Moustakas (1994), after the data are collected from several individuals who have experienced the phenomenon, researchers analyze the data by reducing the information to significant statements. After the researchers combine the statements into themes, they write a textural description of the individuals' experiences; a structural description of the conditions, situations, and contexts of their experiences; and a combined statement of textural and structural descriptions to convey the essence of the experience. Heppner et al. (1999) explained essence of experience: "the exhaustive

descriptions could provide the readers an understanding of the essence of the lived experiences and represent a unifying structure of a phenomenon” (p. 271).

There are two approaches to phenomenology: hermeneutic and transcendental or psychological phenomenology. The hermeneutic approach as proposed by Martin Heidegger (cited in Schwandt, 2007) is descriptive and interpretive; in other words, researchers typically make an interpretation of the meaning of lived experiences. Transcendental phenomenologists, on the other hand, find a phenomenon that interests them and reflect on essential themes. Finally, they highlight the description of the phenomenon as a final report.

Proposed by Edmund Husserl (cited in Creswell, 2007), transcendental or psychological research focuses specifically on the description of the experiences rather than on the researcher’s interpretation. Researchers use the “epoche” method wherein they attempt to set aside their experiences to achieve a fresh perspective on the phenomenon (Creswell, 2007). Using the epoche concept, researchers identify a phenomenon of interest and then attempt to bracket their own experiences. Bracketing is the method by which the researcher sets aside his or her own assumptions about the world (Schwandt, 2001). This process helps the researcher ensure his or her beliefs do not influence the participant’s response (Cluett & Bluff, 2006).

As the focus of phenomenological study is placed on understanding the phenomenon from “the perspectives of the person or persons being studied” (Willis, 2007, p. 107), I employed a transcendental phenomenological approach, placing the greatest emphasis on cancer patients, family caregivers, and medical volunteers’ experiences rather than on my own interpretation. Therefore, throughout the process of

this study, I kept a journal to reflect on any of my attitudes, beliefs, knowledge, and perspective that could influence the core meaning derived from the participants' experience.

Research Methods

Participants

Participants included adult cancer patients, family caregivers, and medical volunteers. Building upon Polkinghorne's work in 1990, Creswell (2007) suggested that the researcher "interview from 5-25 individuals who have all experienced the phenomenon" (p. 81). Hence, eight adult cancer patients (including five female and three male), one caretaker from each patient's family (including four males and four females), and five medical volunteers were recruited for this study for a total of at least 21 participants. The interviews were conducted until the content of the responses achieved saturation--no more new themes emerged from data collection (Creswell, 2007).

Sampling. I employed purposeful sampling to recruit participants. Patton (2002) noted, "The logic and power of purposeful sampling lies in selecting information-rich cases for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance for the purpose of the inquiry" (p. 230). This method of selection provided holistic data from which to form rich and thick description. In addition, to recruit participants, I used a criterion sampling strategy (Creswell, 2007) as it allowed me to select participants who met predetermined criteria of importance (Patton, 2001).

To increase the productivity of the interview and minimize the strain on patients, inclusion criteria included only patients diagnosed with Stages I-III of cancer or those

who were able to communicate freely with minimal symptom interference. Participants also included a family caregiver for each cancer patient staying at the monastery. In Thai culture, when a family member becomes ill, other family members become involved with the treatment team by providing support in taking care of the patient. Caregivers who accompany cancer patients staying at Khampramong Monastery typically are husbands, wives, parents, daughters, sons, siblings, or other relatives. However, these people usually take turns staying and taking care of the patients since they have to leave for other responsibilities (e.g., career, family). The criterion for inclusion in this study required that the family caregiver had stayed at the monastery as long as the cancer patient had.

Since research conducted at Khampramong Monastery (Teerawong et al., 2009) indicated that the average length of a patient's stay for the treatment was 30.5 days, criterion sampling strategy was conducted with cancer patients who had been staying at the monastery for at least two weeks, thus allowing cancer patients and their family caregivers time for adjusting to the living arrangement and services at Khampramong. Moreover, it allowed me to conduct the interviews and participant checks while the patients and their family caregivers were still residing and receiving services at the Monastery.

Medical volunteers included nurses and nontraditional or indigenous practitioners (i.e., Thai medical doctors, Buddhist healing, chiropractor, etc.) who had volunteered at the Monastery more than once. I conducted interviews until I reached saturation and no more new themes emerged.

Setting

Qualitative research involves an interpretive, naturalistic approach to the world, i.e., studying persons in their natural settings and attempting to make sense of or interpret phenomena in terms of the meanings people bring to them (Denzin & Lincoln, 2005). I conducted this study at Khampramong Monastery, and I stayed at the monastery during the time of data collection, while participating in the Monastery's daily activities. In general, medical volunteers visited the monastery for a short period of time (one to seven days) and then returned, at their convenience. Given this, I offered participants the option to be interviewed at other locations outside of the Monastery. I accompanied two medical volunteers to their lectures at medical schools in different provinces to conduct both interviews and observations.

Procedures

To create an opportunity to conduct research at Khampramong Monastery, I contacted the abbot of the monastery and discussed my interest in May 2012 (see Appendix A). I received an approval letter from Dr. Phra Paponpatchara Pibanpaknatee, the abbot and president of the Aphinyana Arokhayasala Foundation (AAF), allowing me to conduct research at the Monastery (see Appendix B). After my proposal was approved by my dissertation committee, I submitted an application to the university's Institutional Review Board (IRB) to obtain permission to conduct the study. After receiving IRB approval (see Appendix C), I submitted a letter describing criteria for the recruitment of participants to the abbot of the Monastery (see Appendix D).

Data Collection

Merriam (2009) described the process of data collection:

The researchers gather data to build concepts, hypotheses, or theories rather than deductively testing hypotheses as in positivist research. Qualitative researchers build toward theory from observations and intuitive understandings gleaned from being in the field. Bits and pieces of information from interviews, observations, or documents are combined and ordered into larger themes as the researcher work from particular to general. (p. 15)

The purpose of collecting data within a constructionist framework is not to determine whether the findings are consistent with a conjecture; rather, the data lead to directions of inquiry that investigators have not yet anticipated (Heppner et al., 1999). To investigate constructed realities, conscious engagement is needed and social context (i.e., tradition, ceremonies, and languages) is the relevant factor. Therefore, investigators cannot be totally objective. The investigation process is achieved through the interaction between participant and researcher (Gliner & Morgan, 2000) while analysis includes participants' views that emerge as the study develops.

In qualitative research, the "researcher is a primary instrument for data collection and analysis" (Merriam, 2009, p. 15). As the primary investigator of this phenomenological study, I first developed guideline questions and then used semi-structured interviews to collect data. The interview protocol included a mix of structured and open-ended interview questions designed to explore the participants' experiences of the monastery's services (see Appendix F for interview protocols).

Research data collected from multiple sources help to obtain a rich and confirmatory variety of data (Creswell, 2007; Merriam, 2009). In gaining thick and rich description of coping and building resilience, I interviewed the participants from numerous perspectives including cancer patients, family caregivers, and medical

volunteers. In order to receive interview data with a sufficient quality to produce worthwhile findings, researchers engaged with participants in more than one single meeting in which the researcher engaged the participants and establish trust and opening relations (Polkinghorne, 2005).

The majority of the cancer patients and medical volunteers were from northeastern Thailand. They were able to seek the services more easily due to the short distance to the Monastery. Typically, local people use Lao dialect in their daily communication. Thus, to build rapport with the participants, I used the Lao dialect to conduct interviews. I also conducted field observations during my six- week stay at the Monastery to observe how participants lived their lives at Khampramong (e.g., routines, hobbies). Artifacts were collected and daily activity observations were conducted during the period of data collection. Schwandt (2007) described an artifact as “a product of human workmanship or handcrafting” (p. 9). Artifacts could include a picture, a tool, a text, knitting, monument, or any other thing a person created. Artifacts are an important resource for data collection in qualitative research as they carry meaning and provide a contextual story for those who create or possess them. During the data collection process, I asked participants to bring any artifacts (e.g., journals, etc.) they were comfortable sharing. I asked for permission to take a photo of the artifacts and returned the original ones to the participants . These artifacts were analyzed and combined with other observations. Field notes and any other relevant documents were included. I applied this data collection method because it offered me the opportunity to obtain in-depth data from interviews, observations, and impressions collected during face-to-face interactions, as well as through archival data, so follow-up was possible.

After participant interviews were scheduled, I reviewed each participant's consent form (see Appendix E) with him or her prior to beginning the interview. This form disclosed the purpose of the study, the process of maintaining confidentiality (i.e., participants' data were confidential; data were kept in a locked file for two years, and only my advisor and I had access them), the benefits and foreseeable risks, the length of the interview, further follow-up if necessary, data collection, data analysis (i.e., digitally recorded interviews, transcription of recordings, file keeping, date at which data would be destroyed), how data were analyzed, contact information should participants have questions, and the participant's signed informed consent.

The majority of the participants informed me they were willing to use their real names in this study. They said they wanted to make a contribution to society for people to learn about cancer and their experiences. Furthermore, they believed sharing their experiences would bring them merit for what they could provide to society. I validated their willingness with appreciation. In accordance with IRB standards regarding confidentiality, I encouraged participants to choose a pseudonym. However, because the Abbot identity was obvious and could not be masked, he was very willing to use Luangta-- a term of respect people used to call revered monks. He consented to the use of this name in this study.

Data Analysis

The goal of data analysis is to make sense of the data (Merriam, 2009). This involves consolidating, reducing, and interpreting (i.e., meaning making). "Data analysis requires the ability to think inductively, moving from specific raw data to abstract categories and concepts" (Merriam, 2009, p. 17). It is important to keep in mind

Rossman and Rallis' (1998) suggestion that "phenomenological analysis requires that the researcher approach the texts with an open mind, seeking what meaning and structures emerge" (p. 184). In this current study, I employed Moustakas' (1994) phenomenological method of data analysis. This heuristic process of phenomenological analysis includes the following elements: the researcher's involvement in the world of the experience (immersion); an awareness, intuitive or tacit insights, and understanding (incubation); an active knowing process to expand the understanding of the experience (illumination); reflective actions (explication); and bringing together to show the patterns and relationships (creative synthesis).

To achieve these processes, I made several attempts. In the immersion process, I immersed myself with the research questions to fully understand the studied phenomenon. To achieve incubation process, I allowed my inner works and space for awareness (intuition) to comprehend the understanding as new insights. For the illumination process, I reviewed all the data obtained in order to increase my awareness, understand the hidden meanings, and encourage the emergence of the shared themes until they reached a saturated point. In the explication process, I made an effort to capture the different layers of meaning surrounding the phenomenon. Finally, in creative synthesis, I integrated those findings to illustrate the pattern and relationship of the themes, taking into account a real and fresh experience of the participants who lived through the phenomenon.

To conduct data analysis and to obtain the core experience of cancer patients, family caregivers, and medical volunteers at Khampramong, I included the listing and preliminary grouping of the interview data from participants. This process included a

preliminary grouping of data using words and sentences from the transcripts including participant descriptions of their experience represented through artifacts they shared. Next, I conducted a data reduction process in which I read each transcript repeatedly. Statements that did not follow the semi-structured questions, as well as repetitive and vague answers, were eliminated. The remaining statements became the core of the experience (invariant constituents). I then clustered and assigned themes to the invariant constituents. Subsequently, I finalized identification of the invariant constituents and themes by application validation (Moustakas, 1994).

The overall analysis is based on the experience of the people who lived through the phenomenon rather than relying on researchers' interpretations. Phenomenological data analysis proceeded through the process of reduction, the analysis of specific statements and themes, and a search for all possible meanings. Thus, the researcher is aware of prejudices, viewpoints, or assumptions regarding the phenomenon under investigation (Katz, 1987) and sets aside all prejudgments by bracketing his or her experience (Creswell, 1998). However, any human instrument has shortcomings and biases that might have an impact on the study. Rather than trying to eliminate these biases or subjectivities, it is important to identify and monitor them as they might be shaping the collection and interpretation of data (Creswell, 2007).

Regarding this last point, Denzin (1989) suggested steps to accomplish bracketing. First, the researcher locates key phrases and statements within participants' personal experiences or self-stories that speak directly to the phenomenon in question. After that, the researcher interprets the meanings of these phrases as an informed reader and obtains the subject's interpretations of these phrases if possible. Then, the researcher

inspects those meanings for what they revealed about the essential recurring features of the phenomenon being studied. A tentative statement or definition of the phenomenon in terms of the essential recurring features identified is offered. The researcher then portrays the texture of each theme by giving a description of an experience. Finally, development of structural synthesis (containing the core of the experience and the true meanings of the experience of deeper meanings for the individual) is achieved.

To bracket my own assumptions, I maintained a reflective journal and used it during the theme analysis process. I also included discussions with two peer reviewers, both of whom have doctorates in Counseling Psychology and have coursework and publications in qualitative research. My research advisor had a similar background and acted as the expert checker who read all transcripts and reviewed all the themes emerging from this study.

The Researcher's Role

In qualitative research (Creswell, 2007), the investigator's role is that of a research instrument. In the process of collecting data, I was the main investigator in every aspect including completing and submitting IRB documents for approval, collecting data, analyzing data, and writing the report. I employed the "observer as participant role" in which my observations "are known to the group" (Merriam, 2009, p. 124). This approach allowed me access to many people and a wide range of information; yet the level of information revealed was still determined by the group members being investigated (Merriam, 2009). To unpack participants' experiences, I used an interview protocol to guide the interviews based on their subjective viewpoints and to minimize the influence of my thoughts and personal opinions in order to be nonjudgmental.

In general, a phenomenological analysis of the perception of lived experience involves two perspectives: the participant who experiences the phenomenon and the researcher who is interested in the phenomenon and has been in contact with it. Based on Husserl's (1970) work, the researcher committed to "return to the things themselves" (p. 252), by which the researcher engaged in a process called phenomenological reduction that involved continually returning to the essence of the experience to derive the meaning in and of itself (Merriam, 2009). I was aware of my experience being infused into both the engagement in the interviews and the analysis of the data. This process, called reflexivity, includes a critical self-reflection on biases and is important in establishing the validity of the study (Schwandt, 2001). Hence, throughout the study, I maintained a self-reflective journal to keep a written account of my own reactions, biases, etc. This effort was designed to contribute to the accuracy of the study as well as to address the level of subjectivity present in the study.

Rigor in Qualitative Research

Trustworthiness

Quantitative research uses the terms *validity*, *reliability*, and *generalizability* to address the quality of a study. In qualitative research, trustworthiness is the standard for determining the quality or the "goodness" of the study. It can be "assessed on the paradigmatic underpinning of the research and the standard of the discipline" (Morrow, 2005, p. 250). The four types of trustworthiness include *credibility*, *transferability*, *dependability*, and *confirmability* (Creswell, 2007; Lincoln & Guba, 1985).

Credibility. Credibility refers to the idea of *internal consistency* (i.e., how we ensure rigor in the research process and how we communicate to others that we have

done so; Corbin & Strauss, 2008). This term is parallel with internal validity in quantitative study. The process of enhancing credibility involves numerous methods: prolonged engagement with participants, persistent observation, researcher reflexivity, participant checks, triangulation, and thick descriptions (Morrow, 2005). To establish the validity of the study, reflexivity is an important process of critical self-reflection on one's biases, theoretical predispositions, and preferences (Schwandt, 2001). I kept my own journal for self-reflective purpose. In this process, I strove to remain aware of my own biases and prejudices that might interfere in the study.

Participant check (member checking) is the process of soliciting feedback from the respondents on the inquirer's findings in order to verify findings and interpretations as true or plausible (Creswell, 2007). I incorporated participant checks to maintain the plausibility of the emerging findings. After I received the emerging themes from the analysis process, I shared the themes with the participants. I asked whether or not they agreed with these themes. If they had different ideas, they were welcome to provide feedback.

Triangulation ensures the integrity of the findings (Patton, 1990). It involves using multiple data sources, researchers, theoretical perspectives, and multiple methods to examine a conclusion from more than one viewpoint and confirm emerging findings (Schwandt, 2001). I collected information from multiple sources and methods including interviewing, observation, site visits, and artifacts. The interviews were conducted with cancer patients, family caregivers, and medical volunteers. I recruited peer reviewers who had experience conducting qualitative research. We compared and discussed the themes to obtain the essence of participants' experiences. Furthermore, in the role of

expert checker, my research advisor read transcripts and themes and discussed them repeatedly with me to finalize the themes that emerged in this study.

Transferability. Transferability is similar to the concept of *external validity* or *generalizability* in quantitative research. It refers to the extent to which the reader can generalize the findings to other contexts with enough information. Through this process, the researcher provides the applicability of the research finding beyond the particular research context. This method can be accomplished by the researcher providing in-depth information on descriptions of research context, processes, participants, and researcher-participant relationships addressed in the study (Merriam, 2009). To achieve this process, I provided the final report for the audience with a thick and rich description that included enough information for the study and its context.

Dependability. Dependability is similar to the concept of reliability in quantitative research. Illustrating the consistency of the study across time, researchers, and analysis techniques, this concept ensures the process of the study is explicit and repeatable for other researchers (Merriam, 2009). To achieve dependability, researchers employ numerous strategies: tracking the emerging research design, maintaining an audit trail (chronology of research activities and processes) that can be examined by peer researchers, and tracking influences on data collection and analysis.

An audit trail is a systematically maintained documentation process that includes an organized collection of materials: the data generated, statements of theoretical framework, explanations of concepts and models developed to make sense of the data, descriptions of procedures used to generate and analyze data, statements of findings or conclusions, process notes, personal notes, and copies of instruments used to guide

analysis of data (Schwandt, 2001). To ensure dependability, I kept an audit trail in which I documented my research procedures. A reflective journal was also used to ensure I was aware of my own presumptions and set them aside during the data collecting and analysis process.

Confirmability. The principle of confirmability acknowledges that research is never objective. The ultimate goal of confirmability is for the reader to confirm the adequacy of the findings (Morrow, 2005). Therefore, techniques to accomplish this method include the utilization of a number of procedures also used to address dependability, e.g., an audit trail and the researcher's management of subjectivity.

In this process, I kept an audit trail as explained earlier. In addition, the methods I employed to ensure reflexivity and maintain research subjectivity included epoche, phenomenological reduction, and bracketing. Epoche is a process by which the researcher clarifies his or her preconceptions about the phenomenon. It is the initial step in phenomenological reduction (Moustakas, 1994). This method was achieved during the process of data analysis wherein my research team (peer reviewers and expert check) and I set aside as many preconceived experiences as possible to best understand the experiences of participants. Phenomenological reduction is the process by which "the researcher brackets out the world and presuppositions to identify the data in pure form, uncontaminated by extraneous intrusions" (Patton, 1990, p. 408). Finally, bracketing, the process of setting aside one's assumptions about the phenomenon under study (Schwandt, 2001), was maintained to ensure subjectivity. I kept a journal to document my personal perspectives in an effort to minimize them so they did not pose any influence on the participant's essence of experience.

Summary

In this chapter, I provided a description of the research methodology starting with qualitative research elements, procedures, and methods to ensure the trustworthiness of this study. Taking the constructionist epistemology and interpretivist-constructivist theoretical perspectives, I conducted a phenomenological study to understand the essence of the experiences of cancer patients, their family caregivers, and medical volunteers, specifically focused on resilience and coping. A semi-structured interview was the primary method for data collection. I also conducted field observation at Khampramong Monastery for one month with the purpose of absorbing and gaining sufficient data for the emerging themes. In the next chapter, I present the findings of this study.

CHAPTER IV

FINDINGS: EXPERIENCES OF CANCER PATIENTS, FAMILY CAREGIVERS, AND MEDICAL VOLUNTEERS

In this study, I depicted the experiences of cancer patients, family caregivers, and medical volunteers during their stay for treatment at Khampramong Monastery. In particular, I explored how these participants developed coping strategies and resilience practices during their stay. I resided at the Monastery for five weeks during the data collection process in June and July 2013 to conduct interviews and to perform field observations. I also followed two of the medical volunteer participants for a week to interview them and to observe lectures they gave to medical students in Bangkok, the capital city of Thailand, and in other provinces. Using semi-structured interviews as a guideline, I interviewed a total of 21 participants including eight cancer patients, eight family caregivers, and five medical volunteers.

I employed phenomenological methodology to conduct this study. Phenomenology helps researchers describe shared human experiences (Merriam, 2009). Using Moustakas' (1994) phenomenological method of data analysis, I sought to understand each individual's description of their experience, known as textural-structural descriptions, and then explored the common structure of the shared experience referred to as composite description. This chapter provides background information on each participant: demographic information, cancer diagnosis, and experiences at the

Monastery including a discussion of the artifacts participants shared. Next, I outlined the textural-structural descriptions for each cancer patient, the individual caregivers from each cancer patient's family, and the medical volunteers. The composite description is presented in the next chapter.

To enhance the trustworthiness of the findings, I conducted member checks by phone and email, offering them individual textural-structural descriptions for feedback. Four of the patients provided me with information. Two medical volunteers and one family caregiver replied and agreed with the theme interpretation. In addition, during the interviews, I summarized and reflected back to the participants the potential emerging themes. The participants clarified whether or not the summaries were accurate reflections of their narrative and experience. After the process of transcribing and translating, two other counseling psychology researchers who had expertise in qualitative research methodologies and I independently analyzed the findings. I triangulated the themes until no new information emerged. Finally, as an expert check, my research advisor reviewed the transcripts and all themes that emerged from this study.

Cancer Patient Participants

Diamond

Background. Diamond is a 43-year-old female Buddhist originally from northeast Thailand. She completed elementary education (grade 6) and worked as a farmer. Starting in 2007, Diamond began to have stomachaches. She went for a medical appointment at a university hospital in a nearby province and discovered she had abnormal leucorrhea and cervical cancer. In 2008, she was informed she also had a tumor and in 2010, she learned she had osteosarcoma. Diamond had a hysterectomy, 30

courses of chemotherapy, and 25 radiation therapy treatments. These had severe side effects including burns she described as making her feel like a “grilled fish.” She also experienced significant weight loss and became very weak, which was exacerbated by other stressors in her family.

Diamond has a daughter who initially was her main caregiver because her husband, Compass, was working in Bangkok. He returned home only during the planting and harvesting seasons. Diamond said that not long after she found out she had cancer, her daughter left for university. She also noticed changes in her daughter’s behavior (i.e., not returning home to visit the family and often asking for money). Eventually, her daughter dropped out of university and went to live with her boyfriend and later she had a baby. Diamond was devastated by both the progression of her illness and that her daughter had left university and home. Compass decided to quit his job and return home to take care of Diamond. Diamond said there were two things that helped her survive: her daughter and her parents. Diamond hoped one day her daughter would return home and that then she also would have the opportunity to care for her own elderly parents. Diamond has strong Thai culture values and family ties where children are expected to take care of their parents when they are older. She said, “As a daughter, I should not die before my parents. I need to live for them.”

After receiving treatment at several hospitals, one of her physicians encouraged her to consider alternative medicine as she had exhausted all efforts available through conventional medicine. A nurse gave her information about Khampramong and given her serious medical condition, Diamond decided to seek treatment at the Monastery. When I interviewed her, she had been receiving treatment there for two years with her

husband acting as her main caregiver. Diamond said that during their stay, they returned home several times, from a week to as long as three months, to visit their parents and so Compass could work on their farm.

Description of the experience. After I interviewed Diamond, she shared her diary with me. She said Luangta, the abbot, suggested that she keep a journal, which became her record detailing her journey through cancer at Khampramong. It provided a list of her symptoms, how she dealt with them, and the outcome.

View of cancer--Having cancer is not dying. Diamond's feelings toward cancer changed. She viewed cancer as less frightening than she did in the past. Moreover, she said she developed better ways to deal with this adversity: "Cancer is not unbeatable. We still can live with it and thrive. We must keep a cheerful mind. Don't be serious. Just let go. Some people who have different diseases die as even people who do not have cancer eventually die."

Perception of treatment at Khampramong.

First impressions and faith. Diamond shared her first impression when she arrived at Khampramong Monastery: "I felt good...peaceful...warm... and supported, I felt that this was the right place for me." When she attended the Herbal Medicine Boiling Ceremony, she described her strong feelings: "It's very miraculous, especially during the time when they rang the bell (part of music therapy integrated in this ceremony)."

Holistic treatment. Diamond described the treatment at Khampramong Monastery as holistic since it addresses physical, mental, and spiritual dimensions. She also highlighted activities that reflected this approach. Physically, she participated in stretching, yoga, and aerobic dance. She ate only healthy foods based on traditional Thai

medicine recommendations. Mentally, she tried to relax and to reduce her stress.

Spiritually, she prayed and practiced Buddhist dharma principles such as forgiveness.

Positive recovery environment. Diamond reported having more freedom living at the Monastery than when she received treatment at the provincial hospital. While in the hospital, there were restrictions regarding family members staying with the patients. At the Monastery, families are encouraged to stay with the patient as much as possible. Diamond said, “Staying here is much different than staying in the hospital. I can walk anywhere I want. We just live like normal people. When I want to talk, I just go and visit other people.

Friendship. Diamond described the friendship and the support in the Monastery: “When anyone here is dying, there will be an announcement for us to gather around and pray... I went with the others to pray and to support them as well. We chanted *I Ti Pi So* (the chant recognizing the gratefulness of the Lord Buddha).” She received support from other cancer patients who lived close to her cottage: “Lily, another patient, came to help me. Sometimes, she came over to cook for me, and she asked me what I needed help with.”

Sharing. Diamond said that sharing among the patients, families, and volunteers was one of the most significant foci at Khampramong. She described how Compass helped other people at the Monastery and she fully supported him:

My husband helped other older people to carry heavy pots of medicine. They offered him money but he refused to take it. Then when they had food or other things to share, they brought them to us. People from outside heard about the Monastery and brought things to donate. It is a simple way to make merit. Some people had their relatives come to visit and they brought a lot of vegetables to share. Here at Khampramong, we are always sharing.

Perceiving positive outcomes. Diamond believed she would experience a positive outcome from the treatment at Khampramong and she discovered she recovered more quickly than when she was at home:

My condition was gradually improving. When I first came here, I used to be very sick. I took the herbs that Luangta prescribed and then I took a nap for about two or three hours. When I woke up, it was just like a dream as my sickness was gone. I did not have a headache and the swelling had gone down. When I first came, I could not stand on one leg and now I can.

Providing care with emotional support. Based on her experience, Diamond felt that the most important thing in taking care of cancer patients is to care about their mind:

Mind to mind is the most important. It is important to talk to the patients tenderly. If you are harsh and never smile, they will feel down. The patients are already suffering.... Showing care is important too by asking, "Where does it hurt? What would you like to eat today?"

Challenges.

Cancer burden. Although she spoke of the many gains she had experienced as a result of having cancer, Diamond also recognized the hardship of living with this illness: "Having cancer is very difficult and filled with suffering. I do not want anyone to have a tough time like me. Whatever you can do to avoid getting cancer, you should do so.... Having cancer also wastes a lot of time and money."

Adjustment to a new living arrangement. Diamond explained that it was difficult to adjust to her new life when she first moved to the Monastery. She felt lonely because she did not know anyone. To help her cope with her loneliness, Diamond spoke with her parents on the phone. Later, she decided to socialize with the others so she joined group activities such as aerobic dance.

Pain. Diamond reported that she had severe pain from time to time: "When I first came, my hip hurt. My muscles were very tight. I had a hard time sitting on the floor

with legs tucked back to one side (the way to sit during chanting).” However, Diamond said that because of the treatment, the pain was not as serious.

Fatigue. Diamond noted that when she first came to Khampramong, she lost her appetite: “I could only eat two spoonfuls each meal.” She lost weight and was very tired. She coped with this by thinking about her parents and that gave her the motivation to get well: “I had a poor appetite but then I thought about my parents’ faces telling me that I must eat and live for them.”

Learning and growth.

Be in the present. During her treatment, especially in times of great distress, Diamond learned to cherish the present and tried to make the best of it. She summed this up by saying, “Do the best you can in the moment.”

Personal changes. Diamond said that receiving treatment at Khampramong Monastery brought about changes in her personality: “Previously, I was a hot tempered person. Now I am a lot calmer. I do not flare up or get stressed as easily as I did before.”

Increased focus on compassion and altruism. Diamond noted that living at the Monastery taught her to be more compassionate and to give back to those around her. Diamond discussed how her husband took care of her and volunteered in the Monastery. She described how she supported him in his work: “He just goes and helps people because they are distressed and I understand that. We don’t take (any compensation) from those we helped. That is because whenever we help someone here we know we are helping Luangta.”

Awareness of cancer prevention. Through her own treatment, Diamond learned about how cancer can be prevented by avoiding risk factors and living life carefully: “I

am concerned about people who live their lives carelessly. I want to tell them to be cautious around chemicals and watch what they are eating.” Diamond also warned her husband of risky behaviors: “I always tell him not to drink alcohol and to use a mask when he works in the garden spraying fertilizer. I also encouraged him to avoid uncooked food.”

Preparation for death. Diamond said that having cancer and getting treatment at Khampramong helped her to overcome her fear of death and to live her life with meaning: “When we have cancer, we know our time is limited so that we can prepare for death. I do. I make more merit and do my best each day. Last time when I went home, I made a will so my land would be shared with my family so then if I die, it will not cause problems later.”

Ability to accept and live with cancer. Diamond believed that staying at Khampramong Monastery helped change her perception of cancer. She initially had difficulty accepting her cancer diagnosis but activities at the Monastery helped her gradually open her mind and accept her illness. She described this experience in the following way:

The first time I heard about cancer, I did not want to listen. I received a book about cancer from a nursing student who had been a volunteer at Khampramong. After I read the book, I hid it as I did not want to see the word “cancer.” When I went to the hospital, I avoided the signs saying “cancer” as I could not accept it. When I first came to Khampramong, I did not want to hear or sing the songs here that mentioned the word cancer. However, after I was here for two weeks, I got used to it (cancer) and was able to accept it more...I felt happier.

Resiliency factors and resources.

Strong will. Diamond emphasized the importance of developing a strong will to survive and to be persistent in the treatment: “I just thought that I must fight and

overcome it. When I saw other people, I thought I must live. I am already here, I must do my best. Having a strong mind is the most important. If we are down, we cannot move on.” Diamond recalled when she first came to the Monastery, she learned she had to drink six to eight cups of herbal medicine a day. Sometimes she would feel discouraged. However, she would encourage herself to keep going: “When I first came here, I saw lots of medicine in my basket But I thought, “wait, I have cancer. It is not a normal disease. I must drink all this, so I encouraged myself.””

Treatment recommendation compliance. Diamond said she had a strong belief and faith in her treatment. She was persistent in taking the herbal medicine and followed the other treatment recommendations--taking care of her body, mind, and spirit: “Besides praying and talking to people, I joined the group activities and took the herbal medicine consistently.”

Hope. Diamond noted that one of the resources that helped her was hope. Diamond mentioned a time when she was discouraged and relied on hope to move forward. She told me about her experience when her daughter decided not to finish college and instead left home to live with her boyfriend. It was during this time that Diamond was battling cancer and she said the only thing that helped her cope with this was holding on to the hope that her daughter would return to her: “I thought that one day she must return to me, that’s why it helped me to live until that day...I kept waiting with hope. My wish came true. She came back.”

Gratitude. One of the key internal resources that helped Diamond strive to live and overcome cancer was her obligation to convey gratitude to her parents. Diamond strove to survive to meet the obligation to support her parents.

My parents do not have anyone except my brother and me. My brother lives in a province far away. As I have to be with them, they were hopeful that they could rely on me and live with me. Therefore, I need to endure this. As for my husband, he can survive without me. I do not have to worry. But I am still worried about my parents. They are important so I must live for them. I worry what they would do if I died. I really care about them.

Karmic perspective. Diamond said the treatment awakened a karmic perspective that encouraged her to think about her life in terms of cause and effect: “I tried to think that what happened was because of my own past deeds.” Based on this perspective, Diamond believed that having cancer was karmic--a consequence of something she had done in the past. Believing this helped her accept the past, focus on the present, and hope for a brighter future.

Luangta, a spiritual leader. Diamond described Luangta as the center of her mind. At first, she was reluctant to speak to him when she met him, saying she was concerned that she might somehow say or do something disrespectful. However, once he initiated a conversation with her, she felt relaxed and comfortable. She illustrated her feelings as follows:

I was so tense because I did not know how to talk to a monk. However, when he talked to me, he asked, “How are you, daughter? Where does it hurt?” He asked me about my family and my background. He asked me if I was scared and he told me to be brave and to strive to get better. Then I was not scared anymore. I felt much better. He said that lots of other patients have illnesses more severe than me. I felt very relieved and empowered.

Encouragement and support. During her treatment, Diamond received emotional, physical, and spiritual support. Encouragement and support are the most important things that all patients need: “We need to comfort the patients. We should not aggravate the patients. We must encourage them to thrive.”

Family support. Diamond mentioned that her family was an important support. Her husband was her main caregiver and he was very supportive. He helped with many of the household chores and other work because he wanted her to get as much rest as she could.

Besides taking care of me, he helped with boiling the main herbal medicine and then warming it up and bring it to me. ...Sometimes, he brought lots of vegetables. He tried to find ones that were good for me... When I woke up, everything was already prepared, and then he did the dishes.

Learning from long-term cancer patients. Diamond learned from other cancer patients and used them as role models to help her thrive while living with cancer. She said, “There are long-term cancer patients here who support me and provide good suggestions.”

Coping strategies.

Minimizing. Diamond said she used minimizing to help her accept cancer: “When I came to Khampramong Monastery, I saw many people had cancer. Some were even much more severe than me. So, I thought that cancer is not that frightening.”

Generalization. Using generalization helped Diamond to accept cancer and be less afraid of it: “Now I see cancer is normal. Everyone dies, even those who are not diagnosed with cancer.”

Positive thoughts: Cancer appreciation. Another approach Diamond employed to help her cope was by making meaning of her experiences with cancer and finding positive elements with the diagnosis. One of the positive things was that it helped her to improve her relationship with her husband: “Cancer brought us closer together. Before my husband worked in the city while I was in countryside. We did not have a chance to be with each other that much.” She said that cancer also led her to stay close to the

temple: “Cancer brought me to the temple. If I didn’t have cancer, I would not have come here. I used to go to the temple to make merit but I never thought of staying in a Monastery like this.”

Making friends with cancer: talking to cancer. Diamond shared the way she would talk to her cancer to help with her pain: “I told my leg...don’t give me that much suffering. Please be still and peaceful. If I die, you die too. We both will get burnt and you will die with me then. That’s what I say to my cancer.”

Socializing. Diamond said that when she was in pain and thought about it, the pain increased: “If I stayed with that pain thinking it was painful, it was even worse. I needed to get up and do something else. Then my mind stayed away from the pain and I forgot about it.” Diamond learned to shift to different activities when struck with pain:

One night I was very tired but I was not able to sleep. In the morning, I just lay on the bed. As that day was Luangta’s birthday, volunteers gathered to make noodles to share for his birthday. They had karaoke. The patients and everybody else came to eat and sing. At first I wondered whether or not I should go as I was so tired. However, when I decided to join them and to dance, my exhaustion disappeared, so I learned not to let myself be physically and emotionally weak. When I started to do things, I felt much better.

Treatment adherence. Diamond reported that by being involved in her treatment and attending activities, she felt less homesick and worried: “The time went by so fast. I participated in every activity. My mind was here and so I was not even worried about my parents or homesick at all.”

Spiritual practice.

Mindfulness meditation. Diamond said she used meditation to help her cope with pain. She explained that when she could not do sitting meditation, she lay down and

recited '*Buddho*' (the name of Buddha). Praying and chanting were both activities she employed to help her focus or meditate.

Extending loving-kindness. Previously, Diamond was very angry with her daughter's husband and it took her time to be able to forgive him. She said that while living at the Monastery she learned to overcome this anger and to extend loving kindness to others including this man: "Luangta said that whoever you hate; just extend loving kindness to them. I did that to that man (her daughter's husband) who took away my daughter and then abandoned her."

Letting go. Letting go is another coping strategies that helped Diamond deal with her cancer and stress. She said she let go of unwanted feelings, worries about the future, fear of death, and her pain.

Sweet Water

Background. Sweet Water is a 66-year-old Buddhist female in the last stage of lung cancer. She is from northeast Thailand. She completed basic education (grade 4) and was a farmer. When Sweet Water arrived at Khampramong Monastery, her daughter (Cutie) informed the staff that the doctor said Sweet Water would probably live only six months. However, at the time of the interview, it had been two years since that diagnosis. In June 2014, Sweet Water passed away peacefully. She lived for three years after her diagnosis and completed the last chapter of her life with dignity.

Description of the experience. Sweet Water showed me the garden in front of her cottage at the Monastery. She said that when she was stronger, she grew vegetables and herbs. She shared her produce with others in the Monastery. Sweet Water told me that recently she smelled gas from the canal beside her cottage and she stopped

gardening. She explained that a month ago a group of student volunteers came to stay at the Monastery and helped with many projects including cleaning the canal.

Unfortunately, no one realized that the layer of rotting leaves under the water created bad gases. Because Sweet Water had lung cancer, the bad smell from the canal affected her more than others. However, she did not complain to the students as she recognized their intention was to help the Monastery: “It is because of my condition that I am so vulnerable.”

View of cancer: Cancer is not scary. Sweet Water said that during her stay at Khampramong, she learned to accept cancer and to live with it. She said her acceptance began before she came to Khampramong but by living in the cancer community, she developed more hope: “Now, I do not fear cancer.”

Perception of treatment at Khampramong.

Holistic treatment. Sweet Water described the holistic treatment provided at Khampramong Monastery: “Living in this Monastery, we have Luangta who helps us physically, emotionally, and spiritually. He supports us with food, shelter, herbal medicine, and space for us to make merit.”

Positive recovery environment. Sweet Water credited the environment at the Monastery as facilitating her recovery. She listed a variety of activities she joined in such as aerobic dance, *Om* vocalizing, laughter therapy, Tai Chi, and morning and evening prayer: “I am content when I pray or chant. I have my daughter to be my caretaker and my friends to check in on me. I do not have to worry about other things outside.”

Support and encouragement. Sweet Water mentioned the support and encouragement she received from the community and that Luangta helped instill hope in

her.: “Luangta is always supportive. He always encourages me and tells that I can get better. He told me that other patients, who had more serious conditions, could still recover. Therefore, I could live until I am 100 years old.”

Perceiving positive outcome. Sweet Water reported her condition has been improving during her stay: “My symptoms are improving little by little and the pain is going away.”

Friendship. She had many friends at the Monastery and they all supported each other: “When my friends (cancer patients) who faced the same situation visited me, I felt good, connected, and understood.”

Sharing. Sweet Water viewed sharing as a way to provide both physical and mental support. Both the giver and the receiver feel happier. It was not limited to sharing food, but also to sharing ideas: “I like to share food with others. I also remind them what foods are good to eat and what things to avoid. When I give, I feel good.”

Challenges.

Pain. Sweet Water reported that pain was a common symptom but she had learned about alternative techniques during her treatment to help cope with pain instead of relying on pain medication.

Fatigue. Sweet Water felt fatigued at times. However, she was confident her symptoms were under control and taken care of by following the recommended treatment and by taking the herbal medicine.

Learning and growth.

Ability to accept and live with cancer. Sweet Water noted that she accepted and learned to live with cancer: “I think I am able to live with it till the end of my life.”

Awareness of cancer prevention. Sweet Water learned a lot about cancer. Her recommendation to people who did not have cancer was to avoid risk factors and to be aware of their diet: “I want to tell them to avoid eating red meat and drinking alcohol; otherwise, they might get cancer. If they get it, they will have it forever. They should be careful.”

Resiliency factors and resources.

Strong will. Sweet Water highlighted how a strong mind helped her face life’s challenges calmly and mindfully: “The mind is very important. It is like we have a mental shelter or refuge.”

Merit based perspective. Sweet Water said she believed in a concept of merit (in Thai ‘*boon*’). In Buddhism, this refers to the goodness, merit, and virtue that lead people to good results. She believed that by making merit (i.e., offering food to the monk, praying, chanting, and extending loving-kindness), it helped to prolong her life. It was merit that helped her to live through this difficult journey. Sweetwater also appreciated the care she received from her daughter: “I think it is because of my merit that my daughter cares for me. And because of this, she will also receive great merit. I hope her life will be bright because of her virtue.”

Treatment recommendation compliance. Sweet Water told me she always followed the Monastery schedules and the course of treatment that included taking good care of her mind, body, and spirit: “I pray or chant, exercise, and take the medicine. These are my routines so that I may live with cancer.”

Spiritual principles (dharma). Sweet water explained that the source of strength that helped to prolong her life was from her spiritual practice: “I went to the temple, listened to dharma talks, prayed, and practiced letting go. That is why I am still alive today.”

Luangta, a spiritual leader. Sweet Water respected Luangta. She perceived him as the spiritual leader who showed the way to stay free from suffering. He also provided support and taught how to live life meaningfully.

Luangta is just like our father, a holy father. He gives us direction. When we become sick or worse, he visits and helps. We can trust and rely on him like a doctor. Luangta teaches us how to think. He encourages us to strive with cancer. He says if we become cancer free that is wonderful. If not, just stay friendly and peaceful with each other. When I listen to his teaching, I feel courageous.

Family (daughter). Sweet Water valued her daughter as a source of strength to help her keep fighting cancer: “I want her to have a mother as her mental shelter. I also have my daughter as my refuge as well. She is the one that takes care of me and wants me to live.”

Coping strategies.

Pain management. Sweet Water dealt with her pain by using herbs combined with mindfulness meditation by praying *Buddho*: “When I had pain I applied herbs and recited the word ‘*Buddho*’.”

Making friends with cancer: Talking to cancer. Sweet Water said that she talked to cancer as she would to her child or friend. She told her cancer to sit with her peacefully and not make her suffer or feel pain:

If we are good friends, we can live peacefully together. If you do not want to live with me anymore, please go. I will make merit for you if I have anything that I owe you. If you decided to live with me, please do not make me suffer...I told

cancer not to exploit me. If I die, the cancer will die too. If I get cremated, the cancer will be burned too. If I could not breathe well, I told cancer to let me breathe more easily. This way we can live together in peace.

Spiritual practice. Sweet Water mentioned using prayer daily: “I prayed in the morning and evening. I feel great about this routine as I feel close to the Buddha... Then I meditated and extended loving kindness to others living here. When I lay down to rest, I recite the word *Buddho* until I fall asleep.”

Chanting and praying. Sweet Water chanted regularly. One of the psalms was *Chinnabunchorn*, a chant inviting Buddha and his followers to be a strong holy armor to protect the chanter from evil. Sweet Water excelled at both the Pali and Thai translation versions. In addition, she also chanted *Yodprakan Tripidok*, a chant admiring the virtue of Lord Buddha in which she chanted in Pali and read the translation in Thai: “Chanting makes me feel great, I stay close to the Buddha, so that I will embrace good things. I have respected him all of my life.”

Letting go. Sweet Water emphasized that the ability to let go was crucial in dealing with life crisis or serious diseases: “Life is either good or bad, everyone ends up dead anyway. Therefore, I let go and do not think about it too much.”

Treatment adherence. Sweet Water persistently followed the treatment recommendations and advised other patients who wanted to be healthy to also follow these instructions: “What I tell the others to encourage them is to thrive and never give up! Be persistent with making merit, praying and chanting. Joining the group activities that Luangta provided and it will help you to feel better.”

Joseph

Background. Joseph is a 69-year-old male Catholic cancer patient. He finished basic education (grade 4) and has worked as a farmer his whole life. Joseph is from Sakon Nakhon, a province in northeast Thailand. In the past, he had gone sightseeing at Khampramong Monastery. After he found out he had liver cancer, his wife (Teresa) encouraged him to visit the Monastery without letting him know she was actually taking him there for treatment. Teresa told him they would take a trip to see the big fish in the reservoir at the Monastery. Since that day, Joseph has lived here for nearly two months. Teresa is his primary caregiver while his daughters and other family members visit on weekends.

Description of the experience. Joseph allowed me to interview him and Teresa, at the same time telling me he was not a good speaker. His answers were very brief and to the point. Joseph assumed that Teresa knew and remembered all essential information. Joseph and Teresa shared the same artifacts: Christian quotes from Psalms written down on two pictures of doves and two rosaries. He explained that the quotes helped him gain strength and praying the rosary helped him focus and feel close to “God the Father, God the Son, and God the Holy Spirit.”

View of cancer: Cancer is not scary. Joseph said that he did not view cancer as scary because he was aging and sensed that death would be coming so it was easier for him to accept his cancer diagnosis: “Cancer is not scary. I am old. I am not scared.”

Perception of treatment at Khampramong.

Positive recovery environment. Joseph mentioned a number of support factors at Khampramong Monastery that created a positive environment for his treatment: “I

receive encouragement from the doctors and Luangta, everything here helps me.” Joseph also mentioned the support and friendship from other cancer patients and their families from Thailand and some from other countries: “Laotian people come here as well.”

Perceiving positive outcome. Joseph reported that his symptoms had improved: “The symptoms I had in the past are not present now.” Because he was feeling better, he wanted to be an example and to provide encouragement for others to seek treatment at the Monastery. He was emphatic in saying, “I will tell them that I am recovering because I am getting treatment at Khampramong Monastery. I will encourage them to get treatment here because it is free and Luangta is so kind.”

Challenges: Discomfort. Joseph said that he did not experience pain except feeling uncomfortable with bowel irritation: “For me, I have a little irritation in my belly but it is not painful.” Joseph reported symptoms improved during treatment at Khampramong.

Learning and growth.

Increased focus on compassion and altruism. Since Joseph experienced suffering, he has had increased empathy and compassion and he wants to help other people. He mentioned that another Christian patient had asked him for food because his caretaker (uncle) was away from the Monastery running errands. Joseph and Teresa cooked food for him: “He doesn’t have a relative here to feed him now, so we have to help him.” Joseph said he helped this patient not because he was a Christian but because he is a human being and person facing the same fate as he was (having cancer).

Awareness of cancer prevention. Joseph mentioned that his stay at the Monastery had raised his awareness of cancer prevention and he had learned about risk

factors and best practices: “I will tell others that my treatment included eating vegetarian food. Here I do not eat meat.”

Resiliency factors and resources.

Hope. Joseph mentioned that the encouragement he received from Luangta helped to instill hope in him. He said that when he heard the monk say, “We can conquer your cancer,” his mind became full of power.

Spiritual principles (dharma). Joseph mentioned that the source of his strength came from spiritual practices and spiritual principles: “Dharma is important. Morals have helped me to be able to cope.”

Faith. Joseph spoke about Luangta with respect and faith. He was impressed with Luangta’s generosity. He also believed that Luangta had the ability to treat him.

Family support. Joseph mentioned that he received physical and emotional support from his wife and his children. Teresa cooked for him and got the herbal medicine from the Arokayasala Building when he could not go there himself. She accompanied him to activities so he could join the others. Teresa stayed with him all the time even when his children visited him at the Monastery on weekends.

Encouragement. Joseph recognized the value of encouragement: “Giving encouragement to the patients is important”. He mentioned that Teresa encouraged him to take the herbal medicine, which helped him fight the disease. She also cooked foods that were good for his condition and encouraged him to eat by describing the food in favorable terms. Joseph spoke of his appreciation of this support: “I get encouragement. I know that they (family) are with me striving together.”

Coping strategies.

Minimization. Joseph mentioned employing minimization in which he compared his symptoms with others who had worse conditions: “There are other patients who have *more serious* cancer than me.” Joseph said that telling himself this helped him to cope with cancer and to keep up his courage.

Knowledge of cancer. Joseph noted that it was important to know about cancer and to be aware of one’s own condition: “When I understood my condition, I could fight since I knew what to expect and how to deal with it.”

Making friends with cancer: Talking with cancer. One technique Joseph practiced at the Monastery was making friends with cancer. He talked to his cancer and told his cancer not to spread to the other parts of his body. At times, he also asked his cancer to just slowly fade away from him.

Spiritual practice. Joseph said that he prayed the Psalms and decades of the rosary: “We pray before we go to bed and again when we wake up.” While praying, Joseph and Teresa focused on this activity, indicating that it helped them to center.

Treatment adherence.

Exercise. Joseph said he exercised by walking in the morning. He said he felt more comfortable engaging in this activity.

Healthy diet. Joseph noted that he has been careful to consume healthy foods and avoid certain foods that could worsen his condition: “Cancer patients must refrain from eating unhealthy foods: “Do not eat meat and reduce other unhealthy food intake.”

Practicing a moderate path. Joseph said that he had a better appetite when his wife encouraged him to eat. However, practicing the moderate path in every

circumstance was one of the strategies he recommended: “It is also important so I eat moderately because I have to take the herbal medicine too.”

Little Girl

Background. Little Girl is a 53-year-old female with breast cancer (Stage 2-3) and lymphoma. She chose this name with humility, comparing herself to a little girl who began a new life after getting cancer and is still learning. Little Girl is a Buddhist, originally from northeast Thailand. She has a bachelor’s degree in science and worked as a primary school teacher before receiving treatment at Khampramong Monastery. Little Girl discovered she had breast cancer in 2001. She received a biopsy to remove the infected lymph nodes but she has not undergone a mastectomy. The doctor suggested she undergo six courses of chemotherapy and 28 courses of radiation therapy. However, she refused treatment. Little Girl decided instead to care for herself following alternative options she discovered in her independent reading. She received traditional Thai medicine at several hospitals in the northeast. In 2008, the seventh year of her treatment, her symptoms worsened. Her left arm became swollen, she discovered larger lumps in her breast, and severe pain spread to her back.

In 2009, Little Girl decided to pursue treatment at Khampramong Monastery and stayed there for seven days. She took herbal medicine, practiced meditation, monitored her food closely, exercised, and listened to dharma talks from Luangta. Then she decided to take the herbal medicine but to continue the treatment at home. When Little Girl finished the second pot of herbal medicine, her symptoms showed improvement. Swelling and pain in the hand, arm, and breast were gone. Her wounds from the surgery

were improving. She continued taking herbal medicine until finishing the seventh pot and then she stopped.

However, when she stopped being cautious about the food she was eating, her symptoms worsened. Little Girl decided to return to the Monastery because she was suffering increased pain and her cancer had spread. At the Monastery, she resumed treatment and consumed many doses of the herbal medication. Patients normally consume about one cup of the herbal medicine before each meal three times for 10 days. After, Little Girl had consumed 20 pots of herbal medication, her symptoms dramatically improved. Then she asked Luangta for permission to build her own cottage so she could stay at the Monastery. Luangta approved and he named the cottage “A New Life.” When I interviewed her, Little Girl had been living at the Monastery for four years. She consistently took herbal medicine and looked after herself. By this time, she has consumed more than 70 pots of the herbal medicine. Little Girl is a very good example of a patient who recovered from the most advanced stages of cancer. She volunteers and travels around Thailand with Luangta and his team to share her experiences.

Description of the experience. Little Girl showed me the special dresses she created, which represented the artifacts of her treatment at the Monastery. She wore these dresses during the Monastery’s special events. Little Girl found that when she dressed in different costumes such as her angel dress, a “Miss Cancer” dress, or a student uniform, it made people happy and also helped her to relax. These artifacts represented Little Girl’s journey in her battle with cancer. Little Girl also shared a small journal listing the places she has traveled with Luangta and his team for presentations: “This helped me to be organized. I had lots of experiences traveling around and sharing my

story. I am lucky.” Little Girl showed me a CD containing songs she composed about her life. The songs are very well known at the Monastery and they attract an audience any time she sings them: “I attained all of these skills after I got cancer.”

View of cancer.

Cancer is not scary. Little Girl did not view her cancer as frightening. To adjust her perspective of cancer she noted that she utilized the generalization technique thinking that others have cancer as well and everyone gets sick at one time or another. These perceptions helped her deal with this process: “Eventually everyone dies. Cancer is not so scary, because people die of other causes as well. Sooner or later we will all die.”

Cancer appreciation. Little Girl has changed her perception toward cancer and appreciated the lessons she learned from having cancer, which helped her gain important insights: “I want to thank my cancer for showing me the truth of life. Without it, I would still be endlessly running after desire, passion, hunger, and anger.”

Perception of treatment at Khampramong.

Holistic treatment. Little Girl was grateful to Luangta for his treatment methods at the Monastery as they covered all aspects of wellbeing:

If you have cancer, I recommend that you come to Khampramong. Luangta is so kind, teaching us ways to let go and be in peace. He said curing diseases is not only about the body, but the mind and soul as well have to be cured. Think of curing cancer, think of Khampramong.

Perceiving positive outcome. Little Girl appreciated the Monastery and Luangta describing that they offered her a new life: “Now I do not suffer. I survived. It is a miracle. This place helped me to live. This is the place that gave me a new life. I feel content and happy I can live with cancer with happiness every moment.”

Challenges.

Pain. Like other patients, Little Girl mentioned that she had pain from time to time. She noted that sometimes she had intense pain and had no tools to help her endure it. However, during the course of treatment at Khampramong, Little Girl learned several techniques to deal with pain.

Fear of death. Little Girl struggled early in her treatment as she was afraid of death. She worried about how long she would live and that made her depressed and stressed. However, she mentioned that the treatment at Khampramong helped her overcome this fear by accepting the truth of nature and learning to prepare for it.

Learning and growth.

Ability to accept and live with cancer. After receiving treatment at Khampramong, Little Girl said that her most important experience was learning to accept that she had cancer and being able to live with it. She shared her perceptions about cancer as she tried to find meaning in her sickness:

Being diagnosed with cancer is not always bad luck. There is always good fortune in bad signs when we don't take it too seriously. Be supportive and positive to whatever happens. Follow prescriptions and instructions. We have to have faith and to concentrate on what we choose to do.

Opportunity to grow and attain more skills. Little Girl found strength after facing her pain and the possibility of death. During this journey, she developed new skills. She found she could be creative in designing costumes. Little Girl also composed songs describing her journey with cancer. These songs were recorded and she sang them and performed traditional dances during music therapy sessions so she was well-known in the Monastery and in the broader community.

Personal changes. Little Girl reported personal changes. She said that in the past, she was a serious and strict person. However, after having cancer and receiving treatment at Khampramong, she learned to be more relaxed and let go of stress. She said that this helped her cope and increased her ability to survive.

Spiritual growth. After surviving cancer and being able to live more meaningfully, Little Girl expressed gratitude to her cancer for helping her to see the real value of life:

I used to be very competitive and wanted to be rich and well-known. Cancer taught me to realize that nothing is stable. We can take nothing to the next life. The best thing to do when we are alive is to behave well. Helping other people when we can, and supporting family members are things that are worth doing.

Taking a moderate path. The experience of receiving cancer treatment at Khampramong helped shape how Little Girl viewed the truth of life and how to live her life. Based on her own experience, she suggested that people become aware of living a healthy life and following the concept of the moderate path taught by the Buddha:

You should not become attached to anything too much or become too serious about things as that will make you stressed. When you are stressed, you welcome illness and disease. In conclusion, you should be careful and live your life following the Buddha's teaching by taking a moderate path without being too tight or too loose.

Death mindfulness. Little Girl suggested that we all have to prepare for death:

It is a must for all patients to embrace the fact that we are all dying, that our day is coming a bit earlier so we should be ready to go. When the time comes, we won't suffer, and our family won't suffer. It is the truth for everyone, every religion and race. Embrace this and do what we believe in.

Increased focus on compassion and altruism. Because of the treatment at Khampramong, Little Girl cherished her new life and made the best of it. Moreover, Little Girl found that as she attained skills, she could use those skills to help others:

Especially, when I feel healthier like now, I can help other people. I can make a contribution by living usefully. I can pay it forward by volunteering. For example, I lead the chanting and attend group activities. I provide suggestion to new cancer patients and their family caregivers telling them how to cope with pain and what types of food to eat. If I have some food, I share it.

Resiliency factors and resources.

Strong will. Little Girl mentioned that to be able to endure cancer, our mind has to be strong and determined: “If we feel discouraged, we need to strengthen our mind as soon as possible.”

Self-reliance. Little Girl promoted autonomy and self-sufficiency. She encouraged people to help themselves first rather than relying on people or other things such as painkillers. This perspective was influenced by the dharma teaching from Luangta.

Luangta said that we cannot rely on help from other people all the time. People can help us, however, we are the only person we can really rely on, especially in critical times in our life. When we are dying, no one can help when we reach that point. We need to make it ourselves, so then we can truly get through this process with a peaceful or happy mind.

Spiritual principles (dharma). Spirituality influenced Little Girl in her treatment. She gained strength and was able to cope with cancer by employing methods based upon spiritual principles:

We need to have faith in our religious principles like faith in *Buddha*, *Dharma*, and *Sangkha*. Believe in the concept of sins and merits, the round of existence, and reincarnation. These give us ideas on how to live our lives, and change our attitude towards life. It can help us enjoy living in our present world whether or not we have cancer. If we believe in reincarnation, it helps us forgive easily.

Luangta, a spiritual leader. Little Girl discussed Luangta with much respect, saying he was the center of her mind. She received teaching, moral support, and encouragement from him:

If the Luangta did not teach me, I could not have let go of my problems. I might not have been able to cope with my stress. If I couldn't have let go, I would not have survived... Luangta encourages us to fight, saying we won't survive if we don't fight. The only way to survive is not to give up and to pray.

Family support. Little Girl mentioned how her daughter supported her when she needed private time to deal with pain: "My daughter put up a sign saying 'Mom is practicing silence'. People would not interrupt when they saw the sign." Little Girl mentioned that she had support from both her own and her husband's family. They cooked for her and provided her with massages when they visited. They asked about her symptoms and checked to see what she wanted. Little Girl said encouragement and mental support were abundant from her family.

Karmic perspective. Little Girl also mentioned beliefs about cause and effect or actions (sins or merit). If she did bad deeds, the results made her miserable. Every morning, Little Girl checked to see if her symptoms were getting worse. If they were, she thought that her past deeds or sins were coming to test her. She then used the practice of silence to help her cope.

Coping strategies.

Pain management. Little Girl mentioned learning about pain management techniques from Luangta who told her that to endure pain and deal with it, she must make meaning of the pain and see it as a test. Luangta recommended meditating and talking to her cancer when she had pain so that she could cope without immediately using a pain killer: "Luangta told us to rely on ourselves first. When I first felt the pain, I didn't take any painkillers because he said it only blurred the pain and did not take it away. Once we use it, we will need it all the time, and we will start relying on it."

Making meaning of the pain: Pain is a test. To be able to cope with pain, Little Girl changed her view toward it. She perceived pain as a test from past deeds or past karma. Viewing it in this way helped Little Girl to tolerate the pain. She viewed this as her time to pay back. She thought that the best way to pay back was through doing good deeds: praying, meditating, asking for forgiveness, and sending good wishes:

When it is very painful, I know that it is the results of my past actions coming back to test me to see if I can pass through this pain. People are surprised how I got through such awful pain. Luangta said that it was because I bravely dedicated all my energy to meditations all night long for two nights in a row so that I could beat it.

Mindfulness meditation. Little Girl shared her experiences of dealing with pain by practicing sitting meditation for long periods of time. During these meditations, she recited *Buddho*, which helped her center. She thought about Luangta's teaching, which was to fight the pain by doing meditation. Little Girl said that if she died during meditation, the pain would end and she would be reborn in a better condition. She did not let go of the pain in her body but focused on practicing having a still mind. As her mind concentrated, her body was numbed and the pain disappeared: "At first I felt so much pain especially after midnight. I felt numb all over starting from my legs, then my shoulders and neck. However, when I told myself that pain is impermanent, the pain started to go away." Little Girl said that when she meditated, her mind became peaceful. She did not even get distracted by the mosquitos or feel itchy. Little Girl reported no need to use the restroom when her mind was focused during meditation:

Luangta taught us to fight on our own before turning for help. Even though we are in pain or itchy, calling for help is only a temporary solution. The best assistance we can rely on is ourselves. ...Luangta said when we command our body not to feel anything our mind will feel more peaceful. Though my body feels numb, I am happy.

Making friends with cancer: Talking to cancer. Little Girl elaborated on the process of talking to her cancer. She prayed first and then talked to the cancer as a friend. She called herself ‘Mom’ and called cancer ‘Child’. Talking to her cancer, Little Girl shared her feelings and pains with it. She asked cancer to understand and be kind to her. She threatened cancer about the consequence of causing pain, asked for forgiveness if the cancer was the result of her past deeds, and also shared loving kindness with her cancer:

At first we were told to pray and to give good wishes to our cancer to look at our own feelings and to see if the pain was still here. I told my cancer that the longer we (cancer and me) live, the more pain and suffering we face. The earlier we leave this life (with cancer), the sooner we will not suffer anymore. This life causes much pain for us and our family. End the pain now so the family can be free from taking care of us. When Mom (Little Girl) dies, you child (cancer) die as well. When they burn my body, you little cancer will be burnt too. You are only a parasite; you do not have enough merit to be born as a human. If you cause my death, you will have even more sin. You have to stay in hell though... How about staying with me calmly and giving me no pain and let me sleep? When Mom feels stronger, Mom will pray, meditate, pass on loving kindness, or do other merits and then send this merit to you. If you support me and I can make merit, you will receive it too. I forgive you for all the pain you caused and I pray for you to be born in your next life. I pray for you cancer. Listen, as you were born inside me, you can never live your own life. How about receiving this merit, leaving me and being born as a full body to have your own life? If I have killed anything for my living, then please forgive me. I pray for those I killed and I will not kill again anymore.

Little Girl shared her first experience utilizing this method to deal with pain; she spent two nights talking to her cancer. Through this, she understood her cancer more. Little Girl appreciated Luangta’s method and found that when she was mindful using this approach, she felt content and suffered less: “Maybe it was my goodness and faith that I believe that I’m ready to go (die), and I don’t want to stay in pain any longer, so it makes me feel less pain.” She added that she used meditation and talking to her cancer more often after she moved to her new house at the Monastery. Little Girl said that when she felt weak, she meditated to help her concentrate. Little Girl believed by doing so her

cancer cells line up in an appropriate order: “When we feel happy, then antibody cells work better.”

Spiritual practice.

Silent practice. Little Girl learned the silence practice strategy from Luangta. It is a type of mindfulness meditation. Silent practice means not speaking, being centered, and focusing on the mind. She shared that one of the benefits of practicing silence was that it helped her cope with pain. These activities included taking private time and employing spiritual practice that created a centered mind. As practicing silence is one of the merits, it helped her center and receive forgiveness from those whom she exploited:

If I can't do sitting meditation (due to pain), I read and study, or use sleeping meditation instead. When working silently, it makes me focus better than saying it out loud. I try to do everything by not doing anything else but to pray and meditate, so that my past actions will be forgiven.

Letting go. Little Girl emphasized letting go as one of the keys to deal with cancer. She said she learned this helpful method from Luangta: “If it was not for what Luangta teaches, I could never let go of all my problems and stress. If I could not have let go, I would never have survived.”

Preparation for death. Little Girl emphasized the truth of life--that death is part of its cycle. She encouraged people to accept this truth and to understand that everyone eventually dies. Accepting it and facing it bravely will help cancer patients cope and suffer less throughout the process:

We all have to accept that death comes to all, no exception. Then we can embrace death with no fear of suffering from cancer. The fact is that sooner or later people without cancer pass away as well. What we need to think about is how to go in peace, with less suffering. First tell this to ourselves and embrace it, and then tell everyone around us to accept this fact. We all die, just understand how to make it less painful for us and for others.

Treatment adherence. Another technique that helped Little Girl cope was by living a healthy life and taking care of herself holistically. She emphasized that physically, cancer patients should be mindful and eat healthy foods and avoid unhealthy ones. Emotionally, people must maintain healthy emotions by letting go of all their problems and stress. Little Girl said that if she could not let go, she would not live as well. People can have a peaceful mind by employing spiritual practices.

A Man Behind the Mountain

Background. A Man Behind the Mountain is a 57-year-old male cancer patient who has been in treatment for brain cancer at Khampramong for six months. He is a Buddhist, originally from northeast Thailand, and earned a diploma in Physical Education. He has a career in agriculture and owns a rubber tree plantation. He said most of the time he is strong enough to take care of himself. His wife, West, takes care of their family and works at their farm but she also comes to the Monastery one to two times per week to take care of and to support him.

Description of experience. A Man Behind the Mountain did not have any artifacts to represent his experience because he said that everything in his six months reflected his experience as he consistently followed the treatment recommendations. He attended the central activities regularly except that he was unable to read due to headaches: “I proudly shared my experience with the other patients with hopes of encouraging them.” He said people always asked him to sing during music therapy and he was always happy to do that. A Man Behind the Mountain viewed Khampramong like a college for cancer patients in which patient must be disciplined so they can graduate:

We all have to learn about cancer, and those who graduate are disciplined people who learn how to live with it. Those who are not able to adjust usually leave

within a week but they come back in a few weeks. They have to learn to adjust their lifestyles so that they can live here.

View of cancer.

Having cancer is not dying. A Man Behind the Mountain explained, “At first, I felt like others, with a viewpoint of an uneducated person, that anyone who has cancer will die.” However, after experiencing the treatments at the Monastery, he learned that he had the ability to make healthy decisions that would prolong his life and that he could live with cancer, not simply die from it:

We will all die one day. But having cancer is not necessarily going to make you die earlier. Instead of dying in a year, you can prolong your life a few more years. When we do not feed unhealthy food to cancer, it will often be gone and we will become healthier.

Cancer appreciation. After A Man Behind the Mountain experienced healing from the treatment at the Monastery, he recognized the benefits gained from his struggle with cancer: “I think it is good to have cancer. I think it helps people to behave better.”

Perception of treatment at Khampramong.

Holistic treatment. A Man Behind the Mountain noted that the treatment at the Monastery was holistic--attending to mind, body, and spirit:

Healing cancer has a cycle. Medication is not the only cure for cancer, meditation is another. You have to be focused, otherwise your blood will become acidic and I will do anything to prevent that. Taking vitamin C is another way to lessen the effects of cancer, so I take it. I also pray and meditate about the actions I did in the past.

Positive recovery environment. A Man Behind the Mountain believed that the environment at the Monastery supported his recovery. He discussed the use of herbal medicine and access to fresh vegetables and good quality food: “Besides taking

medication, I also encouraged myself to eat healthy vegetables. At the Monastery, I can find fruits and vegetables that grow naturally.”

Perceiving positive outcomes. A Man Behind the Mountain reported experiencing positive outcomes during his treatment at the Monastery. He believed in the treatment so much that he encouraged others to seek similar treatments: “I would recommend Khampramong Monastery because I have seen people getting better more often than those who went for chemotherapy... Patients should visit here first. If they do not get better here, they still have a chance with chemotherapy.”

Challenges: Headaches. A Man Behind the Mountain said he experienced headaches, which were the one obstacle that impeded his participation in treatment activities. The majority of the time he could attend every activity except reading the chanting psalms from the book: “I memorized the chanting psalms because I could not read them from the book because when I did, I got a headache.” So A Man Behind the Mountain could recite the psalms without looking at the book.

Learning and growth.

Ability to accept and live with cancer. A Man Behind the Mountain said that his experience at Khampramong Monastery impacted his perception of what cancer means. Previously, he viewed cancer as a dreadful and desperate illness. However, his attitude toward cancer has shifted from ignorance to acceptance.

Awareness of cancer prevention. He learned to be aware of risk factors that lead to cancer. He emphasized that he felt the main cause of his cancer was rooted in the food he ate and his lifestyle choices:

Mostly cancer is caused by what we eat... We should not hurt ourselves by eating carelessly. Be wise and be careful... We cannot tell who has cancer and

who does not but we can predict it from their eating habits. Burned or grilled meat is risky. I told my son not to eat much of it. It may take a long time to cause cancer but then when it shows itself, it may be too late. So we should be aware what to eat.

Avoiding risk factors. A Man Behind the Mountain shared the importance of avoiding harmful factors such as smoking: “Cigarettes also cause cancer. I quit smoking when I was 25 years old because they have toxic substances. Even smoke from cooking can be harmful, so if possible, avoid all kinds of smoke.”

Healthy diet. In addition to avoiding risk factors, he advocated for having a healthy diet and avoiding unhealthy foods: “Now, I eat only well cooked food. I tried to avoid MSG and raw meat. When you take salty food, your body will be unbalanced. If you eat food like this, it will be very hard for your body to recover again.”

Personal changes. A Man Behind the Mountain said that he used to live a fast-paced lifestyle. However, since coming to the Monastery, this part of his personality has changed. This change also happened to his wife who came to take care of him: “A hot-tempered person like me has to learn to speak and to act slower than I used to. Like my wife, I walk away from hot-tempered people and keep myself cool and calm.”

Resiliency factors and resources.

Strong will. A Man Behind the Mountain highlighted that having a strong will was important to maintaining his motivation to get well: “I will do anything to prevent cancer from returning.”

Faith. His faith in his treatment was heightened when he saw other patients getting better: “I would recommend Khampramong to others because I have seen people getting better more than those who went for chemotherapy. However, you must come with faith. If you do not believe in the course of treatment here, you should not come.”

Hope. He hoped he could live longer and overcome his illness. He believed there were ways to live longer and healthier: “When we take good care of ourselves, it reduces the possibility of cancer.”

Encouragement and support. A Man Behind the Mountain received encouragement from his wife and their children. Also he said he received support from other patients, their families, and from volunteers.

Family (wife). Recognizing the importance of his family motivated him to strive to live: “My wife came here to take care of me. Sometimes she stays for a week. Then she has to return home and work on our rubber tree plantation. I feel sorry for her. I want to get better and go back home to work on our farm.”

Learning from the long-term cancer patients. He stressed that it was important to learn from role models: “I am still learning by talking to everyone who got better. How they live, what they eat, etc.” He also learned from the example of the patients who ignored the instructions of how to live with cancer.

You have to be aware of meat, especially raw meat. An old man in my neighborhood had chemotherapy 10 years ago. At that time he was strong enough to work outdoors. However, when he was careless and had raw meat salad again at a social event, he collapsed at the table. This is very strange.

Coping strategies.

Knowledge of cancer. A Man Behind the Mountain shared that he was curious to learn about and to understand his cancer as a way to know how to cope with it:

I feel that I must know how cancer is living inside me. What it likes and what it doesn't. I realize that cancer goes with sweet, not sour. It likes meat and extreme emotions. I used to be emotional, but now I try to slow down my emotions and take control of them.

Treatment adherence. When learning to live with cancer, A Man Behind the Mountain emphasized the importance of persistence and discipline: “We have to be more disciplined to live. Those who live longer are those who are strict and disciplined. You have to be picky in your eating habit. If you cannot choose, you will fail to defeat cancer.”

Making friends with cancer: Talking to cancer. He learned to establish a good relationship with cancer so he was able to live in harmony with it: “We should not be angry when we have cancer but we should make friends with it. If we die, cancer will also die. If it dies first, chance of survival will be high.” A Man Behind the Mountain adopted the technique of talking to his cancer. At times, he asked cancer to be tender and not to spread further.

Spiritual practice. He said he employed spiritual practices to help him cope. He shared his belief about karma and he used praying as a way to analyze his past actions. In doing this, he would look at his past deeds with love, kindness, and forgiveness. He also made merit regularly and helped other people. All these were considered actions of spiritual practice.

Mindfulness meditation. A Man Behind the Mountain practiced meditation to help center his mind and balance his body: “Medication is not the only cure to cancer. Meditation is another. You have to be focused, otherwise blood will be acidic.” He also recited ‘*Buddho*’ : “When I recite ‘*Buddho*’, my mind is not distracted.”

Praying and chanting. He reported engaging in praying and chanting rituals and found this activity helped him manage his pain: “Chanting helps you concentrate. The pain gradually goes away while praying. It is weird, but true.”

Taking a moderate path. A Man Behind the Mountain said he followed the teaching from Luangta regarding the need to live his life on a moderate path. He also followed the treatment instructions and attended to the elements of good health including a healthy diet, positive emotions, fresh air, and physical activity.

Srithong

Background. Srithong is a 63-year-old Buddhist female cancer patient from northeast Thailand. Srithong finished basic education (grade 4). She is a seamstress and has worked in her family's business for more than 30 years. Srithong reported that she has cervical cancer. Ris, her son, is her main caregiver. She had been receiving treatment at the Monastery for one month when I interviewed her.

Description of the experience. Srithong did not have any artifact to share. She allowed me to interview her and her son at the same time. She said she did not have any secrets she did not want to share in front of him and assured me that if she had anything personal to add, she would tell me in private.

View of cancer.

A karmic view of cancer. Srithong shared that Luangta taught her about how karma is related to cancer: "That's what Luangta taught. He said that cancer is from past sins, maybe in past lives." Believing that having cancer was a consequence of her past deeds, Srithong tried to do her best and not commit any further bad deeds and tried to follow the five precepts in Buddhist teaching. Srithong said, "I just encourage everybody to make merit and to refrain from destroying living creatures because it is a sin... This is what Luangta taught. I refrain from doing immoral acts."

Perception of treatment at Khampramong.

Faith. Srithong reflected that having positive experiences at the Monastery instilled hope and reaffirmed her faith: “When I get treatment here, I am more hopeful... We must be courageous and listen to what Luangta teaches.”

Friendship. Srithong said that by residing at the Monastery she received support from other patients, family caregivers, volunteers, and Luangta of the Monastery. She stated, “Living here, I feel warmer and more hopeful.”

Sharing. Making merit is one of Srithong’s goals and while living at Khampramong, she was able to help other patients and families as a way of meeting this goal. She mentioned sharing food with a deaf patient, and being a source of support for a patient whose family lived far away. Srithong noted that sharing is a common culture at Khampramong. When she helped other people, she felt good about herself: “We have to help each other. I help the deaf person and another lady as they do not have anybody. I am happy when I help.”

Perceiving positive outcomes. Srithong reported that she experienced positive outcomes from the treatment she received. She said she felt more content, hopeful, peaceful, and courageous.

Challenges

Homesickness. Srithong had never left her husband for a long time, so staying at the Monastery for a month resulted in homesickness. But, her husband called to cheer her up almost every day. Srithong’s husband had to take care of the family’s business. Therefore, they all agreed to have Ris, their son, be at the Monastery to care for her. Srithong also missed her grandchildren and her parents. She learned to cope with

homesickness by turning it into a motivating factor for her to get better: “If I am at home, I might feel better. I can be surrounded by my family members. That makes me motivated to take care of myself and to be stronger so that I can return home.” Srithong reported that when she finished the fifth pot of herbal medicine, she hoped to return home.

Learning and growth.

Ability to accept and live with cancer. Srithong shared that her perspective on cancer had changed since she began receiving treatment at Khampramong: “In the past, I heard that cancer patients will die within six to eight months. However, now I accepted that I have cancer but I am ok with it. As long as I can live, it is my merit. I leave it up to fate.”

Spiritual growth. Srithong said that by staying at Khampramong Monastery, she had opportunities to participate in spiritual practices such as chanting, praying, and listening to dharma talks. Srithong also mentioned how this growth influenced her behavior at the Monastery and would continue to influence her behavior when she returned home: “I just make merit and move on my mind. When I go back home I plan to do the same thing. I can still go to make merit (by offering food to the monks) and practice dharma at the nearby temple.”

Preparation for death. Srithong shared that she had a spiritual awakening related to death and dying. Srithong said that the teaching from Luangta, which emphasized that anyone could make up their mind, they would pass away peacefully: “Listening to Luangta’s teaching has helped me prepare to die... I hope when I die, I will just go

without suffering...I just want to go peacefully. I have already prepared everything for my family and relatives.”

Resiliency factors and resources.

Strong will. Srithong emphasized that developing a strong will helped her cope with cancer: “We must make up our mind to thrive with cancer. Even we might not be cancer free, we still can live with it.”

Luangta, a spiritual leader. Srithong respected Luangta and perceived him as her spiritual leader. She followed his instructions and his dharma teachings: “We must be courageous and listen to what Luangta teaches.”

Gratitude. Srithong held the traditional Thai value of the importance of taking care of her parents until the end of their lives. This motivated her to take care of herself and to strive to overcome her illness: “I plan to be able to take care of my parents. I do not want to die before them. I try to encourage myself this way.”

Coping strategies.

Generalization. Srithong compared her symptoms with other patients and their progress and this helped her to strive: “When we see other patients’ conditions we can make up our mind to accept our situation and move on.”

Acceptance. Srithong explained that to be able to cope with cancer, one must accept having cancer. She suggested the cancer patients made merit and making up their minds to accept this fact and move on: “Just make merit and train your mind to accept cancer...I thought that it was fate. I just try to accept that as long as I can live, it is good enough.”

Spiritual practice. Srithong explained that she listened to the dharma talks that focused on teaching her how to cope. She also prayed and chanted regularly: “Dharma that we heard from Luangta and chanting all help. Dharma practice, listening to dharma helped me to accept my fate.”

Treatment adherence. Srithong noted that one of the important elements of thriving at the Monastery is to be persistent and be compliant with the course of treatment: “I encourage others to take their herbal medicines as prescribed. I say the same things to any new comers.”

Nicholas

Background. Nicholas is a 67-year- old male cancer patient who is Buddhist. He originally comes from central Thailand. Nicholas finished basic education (grade 4) and works as a farmer. He had been diagnosed with terminal stage liver cancer. The doctor advised that even if he underwent surgery, he would probably only live for one to two months. Thus, the doctor advised him to return home and enjoy the rest of his life with family. Next, he went with his wife and children to see a well-known doctor who practiced alternative medicine in a nearby province. After the appointment and paying the expense, the doctor told him to return home, saying no further treatment could be provided. While they drove home, his daughter in Dubai phoned to ask what had happened. When she heard about the result, she decided to search on the internet and she found Khampramong, which provided cancer treatment for free. She asked her dad if he would like to try Khampramong and Nicholas agreed. On his first day at the Monastery, he met with Luangta for a check-up. He was hopeful when Luangta told him, “You must

recover.” When I interviewed Nicholas, he was cheerful. He had been receiving care at the Monastery for eight months with his wife, Rainy, as his main caregiver.

Description of the experience. Nicholas shared with me that the Buddha statue represented his journey through cancer. After he felt better, he decided to donate money to help build a Buddha statue, *Buddhachinarat*, which means the Buddha of Victory. This statue was built and placed at Arokayasarn for everyone to worship. Nicolas shared his delight after having made this contribution:

When I helped to build the Buddha statue, I became more energetic. My mind, my eyes, everything was brighter. It was a merit that I built the Buddha statue. People looked at me and they all said I did not look like a cancer patient because I was very cheerful.

View of cancer: Having cancer is not dying. Nicholas said that he was told that with his condition, he might live only two months. But his symptoms improved and he had been staying at the Monastery for eight months. He learned that not everyone who has cancer was dying: “When you get cancer, it does not mean you are dying. It was not as scary as I previously thought.”

Perceptions of treatment at Khampramong.

Perceiving positive outcome. Nicholas believed in the course of treatment at Khampramong, he felt he had been ignored at the other cancer institutes he had previously gone to: “Here, I recover fast. Some people who came at the same time as me did not begin to recover within five to seven days like I did... I was feeling strong within two months. It was a miracle! I told myself, I am good now.”

Nicholas also instilled hope in other patients using himself as a model. He told them, “Don’t be sad. Everyone with liver cancer is not dying. If you get treatment from Luangta, you will live. I have liver cancer and I am still alive.”

Integrative alternative treatment. Nicholas emphasized choosing the best course of treatment based on one’s condition. He mentioned that individual conditions could lead to a variety of options for care. Individuals are free to choose the course of treatment: “If you are young and strong, getting radiation therapy and chemotherapy could be the options. However, if you are old like me, you should not do radiation therapy since we are not strong. You should come to Khampramong.”

Hope. Nicholas admitted that it was exhausting traveling across different provinces in Thailand to seek alternative treatment for his cancer. Choosing Khampramong was his last option. Nicholas was uncertain if he would be admitted to receive treatment or if his condition was curable. He described the light-hearted feeling when Luangta conducted the checkup and told him that he would get better: “I was very glad to hear Luangta say that I would get well. Oh! Wow! It is stuck in my mind. I was suddenly relived and felt full of courage.”

Positive recovery environment. Nicholas discussed his appreciation of the treatment at the Monastery as he realized he was recovering, in part, due to the positive environment that facilitated his recovery: “I think the doctors, the caregiver, and general environment helped me to recover faster.”

Friendship. Nicholas recognized the care and support he received from the volunteers. He mentioned his impression when the volunteers joined the activities with the patients without caring for their titles: “I like how you and the other

volunteers who come here are friendly. This is another medicine. You join the activities with us without any hesitation and that is a good support for us. I remember all of these kindnesses.”

Challenges.

Pain. Nicholas described that within a few days after he arrived at the Monastery, he experienced severe pain especially in his knees. During that time, others, including his wife, joined him for evening prayer at Arokayasarn: “I was in so much pain. It was painful in every position whether I was sitting standing or lying down. It was hard to tolerate. I thought that I might die.”

Learning and growth.

Ability to accept and live with cancer. Nicholas noted that his perspective about cancer had shifted from fear of cancer to acceptance of cancer. He was able to live with the cancer, especially when he saw other patients at the Monastery getting better.

Pain management. Nicholas reflected on the experience of dealing with pain. During the course of his treatment, he learned techniques from Chiropractor, one of the medical volunteers to deal with it using mindfulness meditation and by focusing on reciting *Buddho*. This technique helped him to deal with the severe pain in his knees. “Doctor Chiropractor (pseudonym) told me to pray *Buddho*... I prayed *Buddho* in different positions (sitting or lying down), but I was still in pain. I kept reciting *Buddho* until I passed out. When I woke up, all the pain was gone.”

Persistence. Nicholas said that to be compliant with the course of treatment, one must be determined and persistent: “We need to be determined. Don’t just follow your desire. If you are not persistent, it is hard to recover.”

Resiliency factors and resources.

Strong will. Nicholas defined strong will as the ability to strive and not give up. Admitting that one has cancer is hard. Based on his experience, he knew that his condition was quite hopeless. Nicholas shared his techniques to help him resist becoming discouraged by using self-encouragement. He encouraged others, saying, “Don’t be sad. Be courageous. Be strong. Tell yourself to strive. Don’t be scared.”

Spiritual principle (dharma). Nicholas spoke of his respect toward everyone involved with his treatment. He displayed gratitude to *Buddha*, *Dharma* (teaching of Buddha) and *Sangha* (the community of monks) in the chanting called *Saggattawa*. Nicholas chanted every time before he took the herbal medicine. He also recalled the virtue of holy spirits like angels, as well as medical researchers, Luangta, and all of the people who helped to develop the herbal medicine formulas:

Before you take the medicine, you need to chant *Saggattawa* for three rounds following *Namo*. If you know how to chant *Itipiso* you should chant that too. Then you should think of an angel and make a wish or pray about any pain inside. Next, you think about the revered monk and thank Luangta that he searched for the medicine for treatment. Think about the virtuous way that Luangta treats everyone. Then I wish them to bless me to get better.

Family support. Nicholas recognized the importance of support from his family as they went through this challenging time together. He said his children took him for checkups and that was when they found out that he had cancer: “They consulted with each other and took me to different places that provided treatment for cancer patients but none of them admitted me.” Nicholas added that he almost gave up after he was rejected from a well-known alternative cancer care center but his children did not give up. Nicholas said he was lucky for his family’s support and that they never turned away from

him: “I am happy that my family cheers me up. This has helped me to be more courageous.”

Support and encouragement. Nicholas emphasized the importance of support and encouragement as it was one of the “medicines.” He said that in addition to the support he received from his family, he also received encouragement from outsiders. He mentioned support from volunteers and other community people around the cancer village: “When you come to visit me like this and encourage me with smile, I feel much better...I am lucky. Everyone I met encouraged me, gave me a hug, and told me that I would be cancer free. Then they blessed me and wished me well. It made me feel so cheerful.”

Treatment recommendation compliance. Nicholas emphasized the importance of having faith and belief in the treatment as the way to help people get motivated to recover quickly: “Whatever the doctors and the all medical volunteers tell you, you must believe it. That is the most important thing so that you will be aware of to recover from your cancer fastest.”

Coping strategies.

Positive thoughts. One of the side effects Nicholas had during the treatment was lack of appetite. He reported using his imagination to increase his appetite: “When you lose your appetite, you must encourage yourself by thinking or imagining that you are eating something delicious like *Larb* (a spicy salad). Then, you will enjoy eating.”

Treatment adherence. Nicholas had a sense of purpose in wanting to be healthy and was aware of the need to be persistent and recommended persistence in following the course of treatment. Nicholas maintains his health by being mindful of the elements of

good health taught at the Monastery: nutrition, fresh air, positive emotion, excretion, and rest.

Taking herbal medicine consistently. Nicholas followed the course of treatment listed in the manual stating he needed to take herbal medicine consistently. Nicholas finished the fifth pot of the herbal medicine as recommended in the manual. He recommended to other patients to be consistent in taking their herbal medicine.

You need to be persistent with taking the herbal medicine. We come here to get treatment not to be sightseers. You cannot come only one day and then return home. You must stay here at least until you finish the fifth pot of the herbal medicine. You won't see any difference after the first or second pot. But after the fifth pot, you will start to gain your energy back and you will gradually get better. You won't better in a single click. You need to be persistent.

Healthy diet. Nicholas consumed healthy foods that are appropriate for his condition and he also avoided unhealthy food as recommended in the treatment at the Monastery:

Luangta and other volunteers told us to be careful to not eat unhealthy food. Meat is the most dangerous. Example of dangerous food is some kinds of fish like eels and tilapia. Avoid sweets. If you eat sweets, the cancer grows fast. They told me and I remember. I never eat them. People like to eat this food and sometimes I crave them too. We must be disciplined in order to cure ourselves. That's what I want to tell others.

Spiritual practice.

Praying. In addition to taking medicine consistently, Nicholas thought about revered teachers and all the Holy Spirits before taking his herbal medicine: "I thought I must be well. If it's not the time to die, I must survive. Then I bowed to the *Indra*, *Brahma*, and the revered monks. I pray like that." Then he asked them to come and support him and to bless him so he could be stronger. He motivated himself by thinking that he was already well: "Finally, I think that I am cured."

Humility and respect. Nicholas shared that he had his own ritual in taking medicine. He extended his appreciation with respect toward all contributors like the medicine master and Luangta:

In addition to chanting *Suggattawa* before drinking the herbal medicine, I thought about all the teachers and Luangta. I thought about their goodness for searching for a medicine to treat the patients. I asked them to bless me so I will recover. I thought this to myself regularly.

Merit based focus. Nicholas noted that one of his coping strategies was helping to build a Buddha statute to place in Arokayasarn's building as the main statute for worship. Nicholas was delighted when he thought about his contribution. He believed this was one of his merits that helped him get better.

Socializing. Nicholas joined the circular dance during group activity in the evening. He was one of the few patients who voluntarily joined in dancing. He said, "I like to join group activity as I feel supported; it helps make me less stressed, I am more energetic when I dance with others."

Saiyud

Background. Saiyud is a 70-year-old Buddhist cancer patient. She is from central Thailand. Saiyud finished basic education (grade 4) and worked as a farmer. She was diagnosed with Stage IV cervical cancer. She had received conventional treatment with 31 courses of radiation therapy. Saiyud has resided at the Monastery for three years. During her stay, she has returned home five times--from four days to two months. Saiyud is a remarkable case at Khampramong Monastery as she has recovered and has been a good role model for other cancer patients. Saiyud's brother, Pea, is her primary caretaker.

Description of the experience. Saiyud did not have an artifact to share.

However, she demonstrated an *OM* vocalization and encouraged me to vocalize *OM* with her: “I do it (*OM* vocalization) every day. I also lead the vocalization in the morning after the chanting activity.” Saiyud had a good sense of humor. Besides having the ability to accept and live with cancer, she found humor in having cancer. Saiyud shared a joke and metaphor depicting her experience. The word *cancer* in Thai is pronounced similarly to the term for *pointing*. Saiyud joked, “Don’t be afraid of cancer. Cancer is just *pointing the gun* at you, *not shooting* yet. At Khampramong, Luangta protects you with a fence (holistic treatment). Cancer cannot shoot you. We must fight it.”

View of cancer: Cancer is not scary. Saiyud reported that others in her family have had cancer as well. Therefore, she was not that frightened when she was diagnosed. Residing at Khampramong helped Saiyud accept cancer and it also helped her live happily with it. She mentioned that it took time for her to feel this way: “I am happy that I have cancer. I do not have despair as I let go of everything easily.”

Perception of treatment at Khampramong.

Holistic treatment. Saiyud described the combination of the treatment she received, which encompassed dimensions of mind, body, and spirit. She reported having medicine to take care of her body as well as physical activities like exercise (yoga, tai chi, stretching). She was also involved in group activities that included therapy methods like laughing therapy, dancing, and music therapy. She also joined the morning and evening prayers as part of spiritual practice activities: “I did sunbathing. We have been told not to get too much sunlight. However, in the morning when the sun is not so strong, it is okay.

The herbal medicine helps 50%. But the other half comes from dharma meditation, making merit, praying, etc.”

Positive recovery environment. Saiyud described that her living arrangement at the Monastery helped her to recover from her symptoms faster: “I stayed at the second floor of the building. Every morning, I sat in the balcony watching K (another cancer patient) lead aerobic dance. I enjoyed watching them while sunbathing every morning.”

Perceiving positive outcome. Saiyud said that when she first arrived at the Monastery, she was very weak with a burned, atrophied body, and a bald head, from the previous radiation therapy. However, with care and the support she received, especially from Luangta, she felt like she had a new life at the Monastery: “Luangta visited me. He touched my head tenderly and asked with mercy, ‘Will you survive?’” Saiyud described that when she first came to the Monastery, she was very thin: “I lost all my hair and my arms were so skinny. It was just like I was dead. ...I was reborn here...I believe this is merit. One is from meditation, the other one is Luangta’s medicine.” Saiyud reported that her condition has improved: “I can eat now. But when I first came, I lost my appetite. At first, I could not take herbal medicine because it made me vomit. Later on, I was able to do it...My health is improving; not 100% nor 1,000% but 10,000%. It has been changed in a positive way.”

Challenges.

Adjusting to herbal medicine. Saiyud described the challenges she faced when adjusting to herbal medicine: “Initially I had a hard time taking herbal medicine. After I received the medicine and tried to eat, I vomited all the medicine. However, I did not give up. I kept doing it, until I didn’t vomit anymore.”

Learning and growth.

Ability to accept and live with cancer. Saiyud was able to accept that she had cancer but she looked at the positive side of having it even though she was aware of the consequences of the disease. Her ability to “let go” helped her live peacefully with cancer. Saiyud’s view was that whatever happened was for the best. It was her merit: “I can tell that I have merit in having cancer. However, the person who does not have cancer also has merit as that person does not suffer from the disease.”

Death mindfulness Saiyud learned to be mindful and to accept death as part of the human life cycle and to prepare for it: “It is normal that when we are born, everybody will have some diseases, and die. Whether a person dies peacefully or in suffering, all will eventually die. That is the teaching of Luangta that death is not predictable. He helped us to think about it and prepare for it.”

Increased focus on compassion and altruism. Living at the Monastery, Saiyud regularly joined in the group activities. As she was recovering from cancer, she also had a passion to pay it forward by volunteering to help others. She did not expect anything in return other than the rewards inherent from helping others, which she viewed as merit: “Luangta asked me, if I become cancer free, what I would contribute? I told him I will massage people for free. I will massage whoever needs it either patients or cancer-free people. I like to massage, therefore, I will massage them for merit.” Saiyud said she offered massage if anyone wanted it. Saiyud enjoyed helping the other patients: “I like to give massages ever since I haven’t had cancer.”

Personal changes. Saiyud reported that she let go of things easily and this removed stress from her life. She recalled the teachings of Luangta that we should act

with humor: “I remember everything he taught. He told me to act like a crazy person (not to be serious). He checked in with me, ‘Are you still crazy?’ I said ‘yes’! He always checked in with me like that.”

Opportunity to grow and attain more skills. Saiyud was committed to the treatment. She was also creative in combining the techniques she learned to deal with cancer and to regain her health. She practiced them on her own every day. Then she was invited to lead other cancer patients as a role model. During the evening ceremony, Luangta facilitated the sharing of experiences among patients and encouraged her to share her experience and the techniques she used: “I shared with them my secret that I vocalized ‘OM’ sound three times. Then I recited ‘I’ve already won’ three times. Finally, I demonstrated three rounds of laughter therapy. All of these helped extend my lung strength as well as my abdomen.” Saiyud also had the opportunity to present her experience in some of the lectures Luangta provided.

Increased karmic perspective. Receiving treatment at Khampramong, Saiyud learned about the course and effects of actions. She said Luangta asked if she violated any of the precepts and he taught her to practice dharma so that her mind could be free: “Luangta interviewed me about sins I have committed. I told him that I killed fish and frogs for food. In first pregnancy, I had a miscarriage. Then Luangta told me the miscarriage was because the dead animals wanted revenge.” After Saiyud disclosed and confessed her actions to Luangta, she felt relieved and she wanted to do good deeds and not violate the precepts. She wanted to make merit, expecting a brighter future: “I could tell from my experience that I was making merit. Sitting meditation, praying, and always making merit little by little, these are suggestions I would tell others to do.”

Resiliency factors and resources.

Faith. Saiyud said that she had faith ever since her first day at the Monastery, immediately believing she would live: “I was 100% confident since the first day I came. I believed that I would survive.”

Strong will. Saiyud emphasized that it was important to have a strong and persistent mind, as the mind is the source of strength for dealing with cancer: “We need to be mindful...Making up my mind to be happy took a long time. Once I decided to come to Khampramong, I thought that I would survive.”

Treatment recommendation compliance. Saiyud said she brought all of her medical records and the medicine that was prescribed for her by the hospital. After Luangta reviewed them, he asked her if she would be willing to stop taking other medicine, except iron, and then continue with only herbal medicine. Saiyud shared that she was not reluctant to follow his suggestions as she believed in the course of treatment Luangta recommended.

Humility and respect. Saiyud was humble and respected everyone at the Monastery. Saiyud shared that there were many holy symbols in the Monastery. She worshiped the holy statues and made merit by cleaning these places. She provided an example:

I went to water the *Bodhi* tree for a month without realizing that there was a dead body buried underneath it. After I was told, I felt badly that I might have crossed over this burial place disrespectfully. I went back to that place and humbly asked for forgiveness. I also introduced myself and the purpose of coming here to treat cancer. After stating my reasons, I asked that person to wish me well.

Luangta, a spiritual leader. Saiyud felt a lot of respect for Luangta. She was grateful for receiving dharma teaching and encouragement from him. She viewed him as a spiritual leader: “My mind thinks that Luangta is full of loving kindness.”

Humor. Saiyud said that Luangta had a good sense of humor. His jovial outlook created an atmosphere where every encounter was enjoyable. Dealing with cancer, he encouraged his fellow humans to be humorous and to create an environment free from stress. He also encouraged her to develop a sense of humor. She shared a story: “I told Luangta that if I knew how to read, I could have been ordained a nun. However, as I am not literate, I cannot. Luangta told me no need to be ordained. Just act humorously as cancer is scared of humor.” Saiyud also shared a humorous conversation she had with Luangta that depicted her and Luangta’s sense of humor:

I told Luangta, if someone told me that being naked could cure cancer; I will be the first one to do so and would walk around the temple for three rounds (as to worship). Then Luangta told me, “Oh! If you do so, the police will catch you.” I told him, “I don’t see any police.” Then Luangta laughed heartily.

Support and encouragement. Saiyud stated that she received encouragement from others in the cancer community. She liked dancing, singing, and chanting “OM” and she felt she could do that without judgment from others. They said, “Don’t be scared and shy.” Saiyud added that Luangta supported her to continue doing what she found made her happy: “When I shared this with Luangta, he encouraged that whatever I do to be happy, just keep doing it.”

Family support. Saiyud expressed that she was lucky that she received support from her family. She said that other people told her that she had much merit so she would receive what she needed.: “Whatever I needed, my family would always support...

Luangta suggested I helped build the Buddha statue. After I decided to do it, I told my family, and they transferred money to me without any reluctance.”

Coping strategies.

Generalization. Saiyud reported using generalization to help her cope with her feelings when she first knew that she had cancer: “Why be frustrated? It is normal. Many people have cancer. It is not only you, people all around Thailand and even foreigners have cancer too.” Saiyud said that she was not down when she knew she had cancer. Her thought was focus on how to survive.

Pain management. Saiyud reported dealing with pain using mindfulness meditation by reciting *Buddho*: “I prayed *Buddho... Buddho... Buddho*.” The focus on reciting the word finally helped release her pain.

Making friends with cancer: Talking to cancer. Saiyud said that another technique she employed was talking to cancer:

I told my cancer “Junior Chub (she named her cancer), do not make Mom suffer. Please help, release my pain. As I am still alive, I continue to make merit for you. Please help in releasing pain. I love you whether you are a boy or girl. I love you as if you were my baby.” I talked like this. Then my pain was gone.

Saiyud said that she also talked to cancer as a method to help her fall asleep when she found it difficult to sleep. She told her cancer, “It’s late honey, we need to sleep.”

Treatment adherence.

Healthy diet. Eating a healthy diet and avoiding certain foods that are unhealthy or even injurious for cancer patients are suggestions prescribed by the treatment. Saiyud said that sometimes she felt cravings for eating foods that are unhealthy, like instant noodles, especially when her brother, her caregiver, cooked for himself. Saiyud shared this incident with Luangta: “One day my brother cooked instant noodle and it smelled so

good. I wanted to eat some.” I remember the word Luangta said, ‘If you eat it, get ready to die,’ then I stopped.” After hearing his warning she never wanted to try it again.

Self-encouragement. Saiyud said she encouraged herself to be courageous. She said that she kept repeating this thought as her internal motivation: “You must be courageous and cheerful...Think that you will survive. I think like that over and over.” Saiyud said that she liked vocalizing the mantra *OM* as it helped strengthen her lungs. In the morning, people in the Monastery who lived close by her would always hear her vocalization and recitation for victory: “After I said *OM Pai Sattcha Ye* (the worship of the Buddha of Victory and Healing), I said, ‘*I have won*’ three times. This helped instill my courage.”

Spiritual practice. Saiyud shared that one of the coping techniques that helped her to feel well was doing spiritual practice. Saiyud said she committed to offer food to the monks regularly after she dreamed about the monks making the alms round: “I offered food to the monks every day. I saw an image of the monk in my mind with five monks doing the alms round. That was only once. Then I made a commitment to offer food to the monks every day.” Another spiritual activity Saiyud did regularly was praying. Praying *Buddho* was recommended as part of mindfulness meditation to help her mind become still and clear. Saiyud was consistent in employing prayer to help her deal with many situations. Additionally, following the precept, she always used prayer for protection or blessing:

I do the good deeds. Before I returned home from the Monastery, I would inform all the holy spirits that I respect. I informed them that I would leave to visit my home and asked them to bless me. When I was at home, I did the same thing as when I stayed at Khampramong. I still kept praying and asking the holy spirits to protect me and prevent all diseases.

Mindfulness meditation. At Khampramong Monastery, Saiyud emphasized doing mindfulness meditation for many purposes including improving her state of mind and helping with sleep: “Sitting meditation helped improve my state of mind...If I couldn’t sleep, I just recited *Buddho...Buddho...* Not long after that, I then passed out.”

Praying. Saiyud shared that she always recalled the holy power of the Buddha, his teaching, and his fellow monks. She did this by praying and then asking those powers and all other holy spirit to bless her and wish her well:

I pray *Buddho, Dharmo, Sangkho* ...Then I make a wish for me to be better and get cancer free and get out from all impurity... I went to do homage for *Guanyin*, and monk statutes. I asked them to help protect and prevent me from getting disease. Wherever I did a homage, I made a wish and told about what I did to the goddess of nature like earth, angels, and all holy spirits.

Dance. Saiyud shared that one activity she especially enjoyed was dancing. She viewed dancing as an exercise or as stretching. She also combined dancing with mindfulness meditation: “I am not a traditional dancer. I just want to dance. In the past, I did not feel like that. Then, I started doing traditional dance while reciting *Buddho* in my mind.” Saiyud also performed dancing as a worship in which she practiced a respectful ritual before she danced:

Before I started dancing, I told the goddess of earth, that I would dance. I let them know about my intention. I found out that my mind was peaceful. ...In my mind, I just wanted to dance and show the angels... Before I danced, I asked for forgiving saying that if I did anything that was not appropriate, to excuse me. I told them who I am and my intention. ...I just do what I like and it did not harm anybody. I just do what makes me feel happy...my mind knows that it’s not wrong so I follow my heart...I danced in the cave where the statute and the images are. I danced to worship them.

Individual Caregiver Participants

Compass

Background. Compass is a 45-year-old Buddhist. He is the husband and caregiver for Diamond. He is originally from a province in the northeast of Thailand. Compass finished basic education (grade 6) and worked as a welder and farmer. He quit his job to take care of Diamond at the Monastery. They both have stayed there for three years. At first, he volunteered to help with anything he could. However, as the Monastery services grew, he asked Luangta for a job. He worked for the Monastery mowing lawns, cleaning, and performing general maintenance.

Description of the experience. Compass did not have any artifacts to represent his experience. However, he mentioned a documentary TV show: “A Man Searching for Mankind” in which he was interviewed. Compass felt proud about this and said, “They interviewed me and asked me about my experiences. They also showed my picture when I dressed up and acted like a crazy man.” He asked me to look at this documentary on the internet saying, “You will see me and maybe understand me better when you watch this show.”

View of cancer: Wanting to rescue. Compass said that when he found out that this wife had cancer he was sad but had no time to deal with his feelings. He said that his main focus was thinking how to help her.

Perception of treatment at Khampramong.

Teamwork. Compass shared that at the Monastery, everybody was mutually supportive. Each person considered the other people at the Monastery as family and helped each other in any way that they could. He reported that working as a team was

crucial: “We worked as a team. I sometimes helped with mowing the grass, picking up the trash, repairing electrical wiring, welding, or fixing the roofing. I do almost everything.” Compass said that when he first came, he did not know what to do or how to help: “Other people persuaded me the first time to help. I helped do it with one of the caregiver and I have kept on doing until now... Whenever, Luangta had anything for us to do, we just told each other and went to help as a team.”

Friendship. Compass talked about friends he made during his stay and how important it was to socialize with others. Giving and getting support from others has been important for him:

I made friends from different buildings. We visited each other and chitchatted. ...Here it is very warm and supportive. We get good suggestions from each other. We help each other. When newcomers are here, we can help them by sharing our experience... I make suggestions to them, like what is helpful and what they should do to support the patients. Some people, especially the newcomers, do not know how to behave or what to do.

Sharing. Compass reported that sharing was a part of the culture at Khampramong. He described how he was willing to help others without expecting anything in return: “When we had food, we brought it to share... We are willing to volunteer as well.” Compass also told the story of a man who came from Chiangmai, a province in the northern part of Thailand, who built a house at the Monastery and when he returned home, he donated it to the Monastery: “When his family member died, he returned to Chiangmai and offered this house to Luangta for other cancer patients to use.”

Perceiving positive outcome. Compass shared that during their stay at the Monastery, he noticed improvement in his wife’s condition: “I did not think about it that much. When I was at home, I had so many things to worry about but here at the temple, I am content. I just help Luangta and take care of my wife.” Compass said that when they

first came to the Monastery, he did the majority of the work around the home such as cooking, warming the herbal medicine, and other household chores. However, when her symptoms improved, she was able to care for herself and to help: “In the past, I warmed the medicine and cook for her before I left for work. Now she makes it herself. She is much stronger.... I am so glad she is stronger and is able to take care of herself more so that she can thrive.”

Challenges: Dealing with negativity. Compass shared that he had a very difficult time accepting that his wife had cancer and it was difficult for him to remain optimistic: “If you find out that your loved one has cancer, it is hard to accept, very hard. Sometimes you might secretly cry... Having a fatal disease makes it hard to keep our minds positive.”

Learning and growth.

Opportunity to grow and attain more skills. Compass indicated that staying at Khampramong Monastery to take care of his wife offered him the opportunity to attain more skills by helping with the Monastery’s work and volunteering. He learned to do the work of an undertaker when the person who normally did that job was ill: “The first time, Luangta told me how to do it. The family caretaker of the dead patient asked me if I was scared. However, I was not.” Compass learned to do many things around the Monastery to help Luangta and also patients and their families. Sometimes he was called during the night to come help others take care of things such as changing oxygen tanks and he was always willing to help.

Value changes. Compass reported that his values had changed since coming to the Monastery. He reported that he is less materialistic and has developed a new appreciation for his family:

We can make money anytime. We just have to live our lives. I do not expect to be rich. When I die, I cannot take anything with me. I need to take care of my wife first and to be here to support her. Even if you have lots of material things, when you are sick, those are not important.

Personal changes. As the primary caretaker who spent most of his time in the Monastery looking after his wife, Compass reported that he has been positively impacted by his wife's treatment. Compass said that his wife's cancer changed his views on drinking and his use of alcohol:

I do not drink like I did in the past and I do not socialize that often. If I go out, I return home quickly because I wanted to take care of my wife. I was concerned that she might be in pain or need something. Also I did not want her parents to have to worry too so I just took care of her by myself.

Compass's wife also noted changes in Compass' alcohol use: "He told her that when he was here he could quit drinking more easily and that he wanted to stay longer to make sure he could do it."

Awareness of cancer prevention. Compass discussed his awareness of cancer prevention. He learned to live a cautious life and tried to be healthy. He shared the method of cancer prevention he learned: "Try not to get a fatal disease by avoiding risk factors. Do not eat raw meat because when you get sick, you will be miserable."

Increased focus on compassion and altruism. Compass said that he has become more compassionate since living and working at the Monastery. He reported that he was grateful for the opportunities to volunteer and give back to the Monastery that cared for him and his wife:

We volunteer. It is a way I can make merit. I feel great that sometimes Luangta allows me to help out. The Monastery is big. We need to help taking care of everything. I am willing to do anything here. When I help Luangta, I feel contented and sleep well. I just do my best.

While I was interviewing Compass, Diamond, his wife, added, “He also planted bananas and other crops... Any time people came to ask for help, he just went. He helped a lot. Sometimes they did not have enough wood so he went to find some for them.” She also mentioned that he helped with cremation and making funeral arrangements: “He volunteered in different activities and enjoyed doing so. I asked if he wanted to go back home and he said no.”

Death mindfulness. Compass revealed that another strategy he developed while staying at the Monastery and taking care of his wife was how to prepare for death. He mentioned Luangta taught them to prepare for death and to be mindful about it. Also, other patients and caregivers who came to visit his wife and him also discussed this practice: “They always encourage her not to be scared of cancer, everyone has to die someday. Don’t be afraid of anything. Thinking this way we feel more cheerful.” As Compass became more mindful about death, he became better able to make meaning of his life: “I get ready for death every day. When I sleep, I do not know if the next day, I will wake up. Therefore, I do the best I can.”

Resiliency factors and resources.

Strong will. Compass described how his wife’s illness inspired him to strengthen his will and to face their struggles with courage: “I just thought that I must fight and overcome it. I was patiently telling myself that I must pass through this process.”

Faith. Compass described his experience at the ceremony where the herbal medicine is boiled and the patients and their families all attend to chant, to focus, and to

pray for healing. During the time of chanting, a bell is rung and Compass noted that hearing that bell was very moving for him. He reported that when the Luangta chanted *Chayanto* (a chant about the Buddha's victory over obstacles and his mercy for others), he felt power in the room: "I believed in it. It was very holy. My hair stood on end."

Hope. Compass recognized how strong his hope became during the Herbal Medicine Boiling Ceremony. He said that he prayed for his wife to thrive with cancer: "At that time, I prayed and wished her to live. If she could not get cancer free, at least please help her live and be able to help herself with minimal things. I wanted her to get better so we could live together for a long time."

Merit-based focus. Compass worked to live his life in a mindful and compassionate way. He did not take living for granted and he wanted to make the most of his existence: "When I wake up and get to work and help more people, I feel grateful that I still live so that I can take care of my wife and help other people. It must be my merit or virtue."

Encouragement and support. Compass discussed the emotional and physical support he provided for his wife: "I just support her. I told her not to be down as I will be beside her and support her. I tell her all the time." Compass believed his support and encouragement helped his wife survive and move through difficult times: "Basically, I never neglected her. I have been taking care of her continuously. I think anyway that I will do it until one of us is dead. It means, I cannot leave her until one of us dies. I will be her mind power... I will not leave... I will fight until the end." Compass also highlighted the importance of encouragement as a way to provide comfort to the patients:

“We need to comfort the patients. We should not aggravate the patients. We must encourage them to thrive.”

Compass discussed different ways he provided support for his wife in their daily lives such as preparing ingredients and food, herbal medicine, providing care when his wife experienced pain, and doing the household chores:

I cook rice, do the dishes, warm up herbal medicine and serve it to her. I serve her water and help rub her leg with the towel (for soothing pain)... Some people asked me if I wash the clothes, especially underwear for my wife. I do not mind. I do whatever I can. I do not want her to work hard.

Learning from the long-term cancer patients. Compass reported how learning from other patients and caretakers who were committed to the treatment and who showed improvement was a helpful part of living in the Monastery: “W (a senior cancer patient) always came over and checked in to see if my wife was doing ok. She told me not to rub my wife’s leg too hard with warm towel but to just place the towel tenderly and I saw that my wife seemed relieved.”

Coping strategies.

Spiritual practice. Compass shared how he coped by his spiritually practices. He believed that virtue-based deeds would bring him a good life. Compass reported helping various people in them Monastery and that was part of his virtue practice: “Make lots of virtue or merit. Help other people.”

Treatment adherence. Compass reported that he and his wife followed the treatment schedule consistently. He said that each day went by fast when adhering to the Monastery timetable, which prevented them from wasting time thinking about nonsense: “I think her persistence helps her cope.”

Cutie

Background. Cutie is the 32-year-old daughter of Sweet Water. She is a Buddhist and originally from northeast Thailand. Cutie completed a bachelor's degree in accounting. For several years, she worked as a banker in Bangkok. Cutie said she decided to resign from her job after she received a call from her mother telling of her intention to get services at Khampramong Monastery but was unsure about how to meet the requirement of having a family member to care for her. Cutie decided right away to resign from her job and be the caregiver for her mother. She told me that her boss resisted her decision and asked her to just take a short leave of absence. Cutie said that the doctor had told her that her mother might only live for six months, which is why she would do anything she could for this last opportunity to help her mother. Fortunately, after the treatment at Khampramong Monastery, her mother has lived for two years since the diagnosis.

Description of the experience. Cutie said she did not have an artifact to share that reflected her experience. The following was her response:

I did not do anything. I did not journal. I just thought about every moment and contemplated how I could payback the Monastery for everything. Once, I cooked lots of food to share with the whole community. It was in my idea and I was happy thinking about it. Sometimes, I thought about writing a book, but I do not have much free time yet. However, I often think about my future career and I am inspired to do something that is related to healthy food and health care in general.

Cutie constructed a plan to use the skills she had for her future career. Based on this, her experience, and dharma practice, her passion of giving back was integrated into her future life goals:

I want to have my own restaurant where I can do something I like, and at the same time will be useful to society. I do not expect to make lots of money but to make good food for people to eat. I want to decorate my restaurant with good dharma

books and play dharma songs. I want to share with people how to prepare healthy food, and how to take care of their mind. I would like to apply dharma to my future job. I want to help more people here or anywhere else. Living my life, I will be more cautious. I will certainly live my life with dharma to achieve my goals and to be helpful in society.

View of cancer.

Cancer appreciation. Cutie admitted that she was shocked when she heard that her mother had cancer. However, she tried to overcome it and looked at the positive side:

I tried to think I am lucky to get a chance to care for my mother because she is comparable to the greatest monk. I think that having a chance to take care of my mother is my good fortune. I try to be positive and stay away from the question “why me”? I think it is a good deed for me so that I can make merit. Also, I have a chance to meditate and be a grateful daughter.

Perceptions of treatment at Khampramong.

Providing care with emotional support. Cutie emphasized taking care of the patients’ minds as well as providing physical support like preparing food. She shared that her way of doing this was to observe the patient’s expression and to talk with them:

You should care about the patient’s mind which is more important than the medicine. Medicine should not be the primary focus. For me, I care most about the patient’s state of mind, their feeling and emotions which I can tell by watching their facial expressions and their actions. We must be with them and help cope by talking with them and listening to what they have to say.

Perceiving positive outcomes. Initially, Cutie had questions about the treatment methods. After three months, she saw an improvement in her mother’s symptoms, which raised her hopes: “After three months, I took my mother for a checkup at the hospital and the size of her tumor was smaller. It was like a miracle! The cancer had not spread. After that, I accepted the methods Luangta used to treat his patients.”

Challenges.

Adjustment to living and the course of treatment. Cutie disclosed that at first she wondered about the activities provided at the Monastery: “I wonder why they slept late, why they had to listen to sermons late at night. I thought that it was too much for the patients.” Cutie said that she was really careful about food she prepared for her mother. She cooked it by herself to make sure it was clean. She also prepared fruit juice for her mother four or five times a day. She also read and searched for information on the internet: “Whatever people said would help take care of cancer patients, I did it.” The only thing she found easy to do was the praying activities: “We did not have to change much as my mother also knew how to pray.”

Burnout. In addition to providing care to her mother, Cutie also volunteered to help at the Monastery. Sometimes, she reported feeling burnout, especially when the Monastery ran short on staff, especially during farming season: “Local staff stepped up to do our farm work.” Cutie stated that she had to cover many positions and wondered if the Monastery could not manage this, it would have a negative impact in the long run.

Coping with grief and loss. Cutie shared that she felt very vulnerable when her mother’s symptoms worsened. However, the stay at Khampramong helped her adjust and overcome her concerns and be centered again. After her mother was diagnosed with cancer, her father was also diagnosed. Cutie used the experience of taking care of her mother to care for her father and at the same time was able to deal with her own loss and grief:

When my mother’s symptoms worsened, I was somewhat depressed thinking about what I should do with my life. In the past, I would live a lavish lifestyle. Now I am more centered. The experience I have had here can be used outside of the Monastery. For example, last year my father died from lung cancer. He had

smoked and so my mother had breathed second hand smoke. ...I chanted for my father when he was dying. I used it to center myself at the hospital or when I was at home. I tried to control my emotions instead of letting my distress impact people around me like the doctors or nurses. I tried to stay focused to help me overcome this crisis.

Learning and growth.

Awareness of cancer prevention. Cutie said that some people were not educated about cancer prevention as they thought cancer was genetic and so they lived their lives carelessly:

It is true that some of the cases seem to be genetic as they have a history of cancer in their family. However, they still can avoid other risk factors. If they are careless, it will certainly happen to them. We should care about eating healthy food, staying away from stress, and letting go of things. We do to live in the present. The future is the outcome of the present.

Opportunity to grow and attain more skills. Cutie used her own experience of being a caretaker when she volunteered at the front desk at Arokayasala Building. As Cutie had direct experience in taking care of cancer patients, she knew key aspects that caretakers should be aware of. But Cutie was careful before providing suggestions. She would observe and explore what might be helpful for the caretaker to know and then would provide suggestions: "I might talk with them about the important of having a strong will, and encouraging and caring for the patients as well as helping them to cope with loss." Cutie was involved in conducting orientations and other administrative duties. She explained her work:

Sometimes, I asked patients if they were scared about death and I treated them like my own relative by giving them information and explanations... Yes, and sometimes I provided answers on the phone when people called. We talked until a relationship had been built and they asked for consultation or more opinions.

Increased focus on compassion and altruism. Cutie said that after she noticed the positive results, she returned to the Monastery with more hope and motivation to do

good things in return. She believed that merit helped her mother live: “After we came back again, I did whatever would make good merit such as giving food to others, sweeping, washing the building--whenever I cooked food and shared it with others. I did everything.” Cutie also used her skills and knowledge to help others with consultation:

I saw people as human beings who were sometimes unaware. I helped them by using sincere and simple words and encouraged the patients and the family caregivers explaining that they would be miserable until they felt some relief and less stress. You know what, I do not flatter myself. However, a professor, other volunteers, and even patients who were around and heard my conversations used to come to me and hug me telling me that I had helped Luangta a lot.

Personal changes. Cutie attended all the activities with her mother. She listened to the teaching of Luangta and that helped her to be mindful and focused on the present:

I also listened to sermons or Luangta’s teaching and absorbed dharma. When I lived in a big city I had to rush to work or school. Sometimes, I was in a bad mood. Now, I live my life in the present and am mindful about my activities. I accepted Luangta’s teaching and it has helped shift my thinking. Sometimes it helps me center my feeling. Sometimes it helps me calm down.

Self-reliance. From her experience being a caretaker, Cutie recognized the importance of self-improvement and being independent: “We cannot rely on other people to take care of us all the time. In the future, we might be ill. But sickness is temporary. We should learn from what we have encountered in the past to improve ourselves. Whether or not you can do it, you still must try.”

Resiliency factors and resources.

Strong will. Cutie noted the importance of strong will and of persistence in dealing with challenges. She highlighted that it is essential to encourage oneself to strive through adversity:

We must believe and be faithful with whatever we are doing. We must let go of the future. Whether or not we will survive, it does not matter. We still have to face it anyway. Therefore, we must learn how to be with ourselves and bravely face our challenges. Even if it might be painful, we must still keep living. Never give up.

Spiritual principles (dharma). Cutie recognized the importance of Luangta's dharma teaching. The Dharma in the books she read helped her accept the truth of life and get through this tough time: "Sometimes Luangta's teaching clearly answered what I had in my mind. When I listened to his sermons, I learned about the truth of life." Cutie viewed dharma as the nature of being. She concluded that she valued dharma as the most crucial thing. Therefore, in all circumstances, dharma was important:

From the whole big picture of my experience, dharma is the most important. Dharma is nature. Therefore, we need to learn to be with nature. The nature is the truth of our living. We need to know about how to eat to prevent cancer. We should eat more fruit and vegetables. We should be with nature as much as we can and practice dharma. Whether we get cancer or are cancer free, these things are still important and will lead us to good things. Any time we are faced with challenges or barriers, we must bring our mind back to dharma and nature for true healing.

Luangta, a spiritual leader. Cutie said that when discouraged, she thought about the goodness of Luangta and his contributions:

I think about his devotion to humanity. His goodness is more than I can describe. I think that as we take his medicine for free, I will do good things in return. When I die, I will not feel regret because I don't just take but I also do good things as well. His favor and goodness is the foundation.

Cutie also learned from Luangta's dharma talks. She considered them when she encountered challenges in taking care of her mother. She mentioned that his dharma teaching helped her understand the truth of life and that she could grow spiritually: "Some people might only listen to Luangta's teaching and did not understand what he taught. As for me, I absorbed his teachings and thought a lot about what he taught."

Gratitude. Cutie recognized the virtue of her parents. She thought about her mother's goodness and her duty as a daughter to pay back her gratitude and help her

thrive. Cutie felt grateful to have a chance to perform a daughter's duty to care for her parents, wishing she would receive the good things in return:

I feel good. I think I have done a good thing as a daughter, which is what I am supposed to do. I also hope that in the future, my child will care for me like this.... Yes, I am proud of myself but as a human I have done good deeds and sometimes I have made mistakes so I have both bad feelings and good feelings. However, as it is the duty of a daughter, I think I have done the best that I can.... As long as I have the opportunity, I will do it. This way, I will not feel any regret later.

Coping strategies.

Spiritual practice. Cutie elaborated that the time at the Monastery encouraged her to perform spiritual practice. She said she was interested in spirituality and liked to read dharma books. When she faced a hard time, she could employ dharma principles to practice and this was different from the past when she only recognized quotes or dharma teaching:

Now everything is real and sticks deeply in my mind. I have to be thoughtful to get through this tough time. I do not get attach to anything: rewards, compliment, or love of things. These are not stable. When I die, I cannot take any of these things with me.

Merit-based focus. Cutie mentioned making merits and making a wish was a way for her to cope with her stress and help her mother: "If I was stressed, I would make merit-wishing good luck. Anytime I could help, I was willing to do it wishing the merit would help my mother."

Support and encouragement. Cutie explained how she supported her mother by spending time together, hugging, and making her mother cheerful: "I hugged, cuddled, and chitchatted with her... I always hugged and bowed to her with respect. However, when she got cancer, I hugged and gave her support more often." She said that providing

support and encouragement not only helped strengthen the relationship and bond between her and her mother but also created mutual encouragement, which helped her as well.

Hen

Background. Hen is a 54-year-old Buddhist, originally from a province in northeast Thailand. He is the husband of Little Girl. Hen earned his high school diploma (M5) and has worked as a policeman. He is the main caretaker for his wife. Hen has been with Little Girl at the Monastery for four years.

Description of the experience. Hen said that he did not have anything to represent his experience except pointing to the house: “Maybe this house ‘A New Life’ can reflect the journey my wife and (I) have been through fighting with cancer. Luangta gave us a new life.” Hen planned to become a monk for at least three months to convey his gratitude to Luangta and his parents, and through merit obtain a better future for his wife.

View of cancer.

Frustration. Hen stated that when he first knew his wife was diagnosed with cancer, he was so frustrated and stressed. However, he felt his responsibility was to fight back and tried whatever people said would be helpful. When they heard about Khampramong Monastery, they consulted with each other and decided to try it.

Cancer is not scary. Staying at Khampramong Monastery, Hen shared that he learned to accept and build the feeling of control over cancer saying, “Cancer is not a big deal.”

Perception of treatment at Khampramong.

Friendship. Hen felt that Khampramong Monastery revived his wife. He admitted that everybody was afraid of having cancer. However, when it happened, everyone needed moral support to get through this tough time. Hen felt a bond and connection in the Monastery among all the patients and their families. He believed in the importance of support and caring in relationship as a healing power and he saw that as a culture fostered at the Monastery saying, “We have to be supportive of each other. It’s the bond of love and a caring relationship that cures the disease. I think we are so lucky that we have such a strong bond in our culture here.”

Sharing. Hen described the care and supports in the Monastery by sharing: “We are like family, sharing everything, not only to our own family, but to other families as well. It is like we became friends and family here.”

Perceiving positive outcome. Hen saw improvements in his wife’s symptom during her treatment at Khampramong Monastery; “There is no guarantee that it (cancer) will be completely gone . I am not a doctor, but as far as I can see, I call it a recovery.” Seeing his wife getting better, Hen shared that he was much relieved as well; “My wife feels better and feels she has recovered, and I feel good for her. It changes my feelings; no more frustration and stress.”

Challenges: Worries over spouse. Hen mentioned that early on in his wife’s treatment, she was still struggling to accept it and came to fear death, which worried him: “About two to three years ago, she was stressed about her death, not knowing how long she would live. I heard her say that every now and then and she often said that she was hurting.” Hen said that being the caregiver was hard and he and others worried about the

patients because they loved and cared about them: “I think that the caregivers are much more concerned for the patients than the patient are for themselves. We worry about them all the time.”

Learning and growth.

Awareness of cancer prevention. Because on Hen’s experience taking care of his wife, he was able to share his awareness of cancer prevention including avoiding risk factors like consuming unhealthy food and alcohol:

For those who are healthy with no cancer, I suggest you take good care of your health and steer clear from all unhealthy things. For myself, I stopped eating meat as I learned that meat is food for cancer. If we can give up and avoid eating meat and drinking all alcohol, it will be very good for us. For those who are living with cancer, I would like to encourage you to live your life and don’t give up.

Increased focus on compassion and altruism. Hen described the strength his wife developed from being at Khampramong Monastery, the compassion she felt, and how it gave her new life. She had also learned skills and was able to give back by being a volunteer:

As my wife was recovering from cancer, she wanted to dedicate her time to sharing helpful tips with other patients. These tips were basically about diet coping strategies and how important and the importance of moral support is for the patients.

Hen said his wife composed songs to share her experience and to show her appreciation of the Monastery and of Luangta. They were both concerned about the lack of space in the Monastery so they asked if they could build a new house so there would be more space for the people there. He said, “I feel the need to support all of the patients. I felt sympathy for my wife when she was feeling sick and I felt the same for all of the other patients as well.”

Personal changes. Hen said that taking care of his wife and staying in the Monastery helped him learn dharma principles. As his wife practiced spiritual principles, he practiced them as well. Hen shared that he liked to drink alcohol before he came to the Monastery. However, now he refrained from drinking as that was one of the Five Precepts of Buddhism. He said he now felt more contented and that also helped to support his wife. He reported seeing changes in his wife as she became less serious and strict.

Resiliency factors and resources.

Faith. Hen stated that religious beliefs helped to release stress in both patients and family caregivers. He said that in staying at the Monastery, they were now content and calmer: “It was worth trying to get treatment at Khampramong as my wife as well as many others are getting better. Having faith in our religion does help.”

Supportive relationship. Hen learned that understanding, love, and a caring relationship were all equally important: “If we are connected in a relationship, we want to take care of each other in both good times and bad times. We learn the importance of kindness and sympathy in our relationships. The heart comes before the brain.”

Perceiving positive outcome. Hen reported he was motivated when his wife showed improvement. When he noticed positive outcomes like “she looks different and more cheerful,” it encouraged him to support her more.

Luangta, a spiritual leader. Hen disclosed that he revered Luangta and recognized that Luangta helped prolong his wife’s life. As he stayed in the Monastery to care for her, he also learned spiritual principles from Luangta. He said that all of these things helped improve him personally.

Coping strategies.

Treatment adherence. Hen mentioned the importance of following the treatment instruction including consuming a healthy diet and being healthy both physically and emotionally: “Most patients here are strict about their diet. They exercise and control their stress. They monitor what is good for their body and not for the cancer.” Hen shared that his wife wanted to eat a variety of fruits so he helped her choose different kinds of fruits and vegetables. He also mixed and switched them around so his wife did not get bored with the same menu: “I find many TV programs and gourmet books that are very helpful in suggesting new menus.”

Support and encouragement. Hen said that encouragement and support were crucial. He supported his wife by taking care of her diet, providing moral support by focusing on being positive, and using humor to help her reduce her stress: “The most important thing is moral support. We don’t say much about cancer. Instead, we talk about fun stuff, truth of life, funny stories, and no stressful things.” Hen highlighted: “What I see as most helpful for her is a good diet, and not to let her feel frustrated.”

Music. Hen said that he loved to sing local and country songs for his wife to cheer her up. Also his wife was good at composing songs, creating lyrics, and singing them so they spent a lot of time doing this together.

Teresa

Background. Teresa is a 57-year-old Catholic and the wife of Joseph. She is from northeast Thailand. Teresa finished basic education (grade 4) and works as a farmer. Teresa is the main caretaker for her husband who had resided in the Monastery for 53 days at the time I interviewed them. Besides taking care of Joseph, Teresa

volunteered for many things at Khampramong. She helped clean the Monastery, warmed and distributed herbal medicine, and did a variety of other activities. When Joseph was able to attend, Teresa accompanied him to group activities. However, when he was too fatigued, she stayed at the cottage and prayed with him while listening to the dharma talks via teleconference.

Description of the experience. Teresa shared some Christian quotes that were written on two pictures of doves. She also shared highlights from Psalms:

I brought my Christian prayer book from home. I hold a rosary when I pray. My husband and I pray before going to bed and when waking up... We pray to the Father, the Son, and the Holy Spirit. We invite the Holy Spirit to stay with us and to bring love to lighten and protect us.... I ask God to be with us and give us strength to be able to overcome disease.

Views of cancer: Cancer is not scary. Teresa said that before she came to Khampramong Monastery, she viewed cancer as a very serious disease: “We will probably die like the doctor said... within one, two, or three months. It is a horrible disease.” Her stay at the Monastery helped give Teresa a new perspective toward cancer: “When I came here, I saw that it is common to have cancer and it is not a horrible disease.” Theresa also developed an increased ability to cope with cancer: “If you die, the cancer will die with you. Therefore, do not worry, do not feel down.”

Challenges.

Teresa described several challenges she encountered when she first came to the Monastery. However, those challenges have diminished during her stay.

Dealing with negativity and discouragement. Teresa felt discouraged when she first learned Joseph had cancer but this changed while she was at the Monastery:

I felt very discouraged before coming here. Negative thoughts made me disheartened. Sometimes I thought too much and this led to fear. Sometimes, I

worried if his symptoms worsened that he might die and then what would I do? Since staying here I have given up these thoughts and I am not miserable. I have made up my mind to not worry.

Burnout. Teresa mentioned that she held all of the responsibility and carried it alone. She thought that if she handled everything herself, it would not burden her husband. However, she did suffer: “I carried it all alone. I could not express anything. Worrying might make my husband more depressed. Therefore, I chose to hold it all inside myself. However, sometimes it was hard not to think about it, but he (Joseph) never saw me cry.”

Reluctance. Teresa initially felt uneasy about how to talk with the monk. However, his easy going manner helped her feel comfortable and welcome: “The first time, I was scared. I felt vulnerable because of my husband’s illness. I was afraid I might do something wrong. I did not know how to pay respect to the monk. I had never interacted with a monk as I am a Christian.”

Perceptions of treatment at Khampramong.

First impression and faith. Teresa described her first impressions when they arrived at Khampramong Monastery:

As soon as we came here, I felt sure we had made the right choice. After we finished with registration and came to the building, we felt great... Everything has been good since the first day. We have seen good doctors and nurses like Nurse Oat. She is the best and the volunteers are all very nice.

Equal treatment. Teresa’s reluctance was diminished with the hospitality she received from Luangta:

Luangta is generous. He said it does not matter whether we are Buddhist, Christian, or Muslim, he will heal everyone. He did not differentiate. I wrote on the form that we are Christian. He is an open-minded person. He also shared that he grew up with a father who went to a Christian boarding school in Ratchaburi.

This made me feel relieved and connected to him. When Luangta told us all of this, we felt lighthearted.

Integrative alternative treatment. Teresa explained they made the decision to come to Khampramong for cancer treatment for her husband because conventional treatment was not an option for him:

We came here because the doctor said that he did not have any medicine to treat my husband. Chemotherapy or surgery could not be done because the cancer had spread to his liver. If he had a surgery, he would die within two months. Surgery was too risky for his condition.

Teresa said that she met with one of the doctors at the church who suggested she take Joseph to alternative treatment due to his limited options:

The doctor said if Joseph could not get modern medicine to treat the disease, why not choose herbal medicine as it might show improvement and hope for recovery. The doctor also said that my husband's case would be easier to treat because he did not get any chemotherapy or radiation therapy before.

Holistic treatment. Teresa believed in the treatment provided at the Monastery as it dealt with all aspects of life: "Everything around here is part of the treatment. Luangta not only treats our bodies but also our beliefs and feelings."

Positive recovery environment. Teresa said that cancer patients needed to rest; thus, she thought it was better for her husband to stay at the Monastery: "If I take him home, he will work so I brought him here so he can rest." Teresa shared that at the Monastery, she learned not just from Luangta's daily teaching but also from the other patients.

Friendship. Teresa viewed friendship as important. Even though others were from different places, they all shared the same struggle: "We support each other, we have a reciprocal relationship." She mentioned that at the Monastery, Luangta supported patients and their families as he would his own family: "Sometime, he said, 'If you have

financial problems, you can come and see me.”” Teresa said that besides Luangta, other volunteers, patients, and their families came to visit them regularly as well.

Sharing. Teresa mentioned that staying at the Monastery provided a feeling similar to staying at her own home. Sharing was part of the culture that helped people here feel connected-- like they were from the same family. Teresa described how she shared food with others: “Yesterday, I went to pick up cassia leaves and made a soup to share in the building. All the patients and caregivers enjoyed eating it.” She added that when her children came to visit, they brought food for Teresa and Joseph to share with the other cancer patients and their families.

Providing emotional support. Teresa believed that providing emotional support as a part of the treatment team was important:

You should never discourage the patients and caregivers with impolite or harsh words. They are already suffering enough. Take care of them generously, not just doing it because it is your duty. Patients with cancer will be more cheerful if they find doctors who are like this. The feelings of the patients are dependent on the attitudes of the doctors and nurses.

Perceiving positive outcome. Teresa felt relieved after the second week because Joseph did not cough or have a fever any more. Moreover, she observed symptoms improving, especially when he took the herbal medicine: “He felt better. His physical health is also better.” Perceiving such outcomes, Teresa noted that she also felt more encouraged.

Learning and growth.

Awareness of cancer prevention. Teresa was aware of the factors related to cancer and recognized the importance of prevention. She noted that cancer patients should avoid certain foods and should consume less meat; otherwise, they could end up

having additional health problems. She mentioned that caretakers need to be observant in order to properly support patients: “We need to understand what foods are good for the patients and to monitor what they eat so they will recover quickly.”

Spiritual growth. Teresa said that cancer did not make her feel depressed because she learned and accepted it as part of the nature of living (birth, aging, sickness, and death): “At this point, I have no fear because I know the truth of life. We are born but one day we will die, though we do not know when. However, if we are sick, we should try to get any treatment that is available.”

Increased focus on compassion and altruism. Teresa shared that facing tough times helped increase her passion to help others. Giving was part of her and her family’s tradition. Teresa demonstrated this while she stayed at the Monastery: “I have a friend here that I cooked for and he recovered within a week. We helped him because he could not help himself. If I can do something to help, I will. This is charity.”

Resiliency factors and resources.

Strong will. Teresa was emphatic that the family caretaker be strong and cheerful: “We should encourage the patient to be strong and to strive to get better.” Teresa learned to be calm in dealing with cancer in the family: “I learned that we should not worry. When you know that you have cancer, you should be calm and centered. Don’t get alarmed.” She saw herself as having a strong mind and not fearing death.

Hope. To deal with frustration, Teresa encouraged people to be hopeful during the treatment: “Please be strong and full of hope! Even if you are told that you will live only two or six months, you must believe that you can live longer. There is always a place for treatment; we need to be hopeful and courageous.”

Spiritual principles (dharma). Teresa recognized the importance of her religion as her mental and spiritual shelter that helped her accept reality and move on: “My religion helps. The dharma principle gives us peace of mind and lessens our suffering. It helps us not to adhere to things or become too much attach to our body. We come from the soil, and then return to be the soil.” Teresa shared that while staying at the Monastery, her husband was able to pray while also receiving medication. She brought her (Christian) prayer book from home to pray while at the Monastery. She viewed it as helping to improve her mental health.

Luangta, a spiritual leader. Having a different religion than others in the Monastery did not create conflict with treatment or living at the Monastery. When she arrived at the Monastery, Teresa recalled her first contact with Luangta:

Luangta said that since my husband had not done any chemotherapy or other treatment, we should not get frustrated. If my husband did not recover, the worst case is death so why be scared? Then we all laughed. Luangta told my husband, “Why will you live only six months? Would you like to live 12 months?” My husband said, “Yes.” Then Luangta said, “When you have lived for 12 months, then you will increase it to another 12 months, ok?” And that is how he encouraged my husband, from the first day, to strive to get well.

Humor. She illustrated Luangta’s humor that helped her feel better: “Every part of the monk’s teaching stayed with me, even his laughing. That’s why I said everything at Khampramong works as a remedy.”

Encouragement and support. Teresa supported her husband by cooking, cleaning, and reheating medicine. Because the patients only ate vegetarian food, Teresa created a greater variety of delicious food for her husband to encourage him to eat more. She said, “The encouragement is in the seasoning.” She also encouraged her husband to be strong and to strive to get better. I told him to be patient: “This disease is severe and

needs to respond to the medicine the monk prescribed for you. You have to be patient, do not give up.”

Treatment recommendation compliance. Theresa emphasized that once you make the decision to get treatment at Khampramong, you must be persistent and follow the instructions listed in the book provided on the first day during the orientation by Luangta.

Learning from the long-term cancer patients. Teresa learned from the example of other patients and caregivers utilizing the moderate path in co-existing and dealing with cancer: “Everything at Khampramong helps. Especially when you look at the other patients who were supposedly not going to recover, but they did. Seeing this, we felt encouraged as well.”

Family support. Teresa noted that family support was an important source of strength and gave her energy: “It is good that at least I have my children who always give me encouragement. They told me to relax and to let it be, otherwise my blood pressure would go up. They frequently warned me about this.”

Coping strategies.

Cancer appreciation. Teresa overcame discouragement when she learned her husband had cancer while trying to make meaning of this bad news. She tried to focus on what could give her hope. This included an appreciation for the treatment available at the Monastery where she could engage in spiritual practices without worrying about day to day stressors: “I don’t think it is unfortunate. I think I am lucky. Having cancer is lucky. Therefore, don’t feel discouraged.”

Spiritual practice. Teresa said that spiritual practice was her primary coping strategy. The techniques she used including meditating, praying, extending loving kindness, and practicing letting go.

Meditation. Teresa said meditation was not limited to Buddhists. She shared that she and Joseph also meditated by thinking about the Father, the Son, and the Holy Spirit. Then they asked those holy powers to give them strength to overcome cancer.

Praying. Teresa said that she prayed to God to give her strength. She said, “We (Teresa and Joseph) pray to the Father, the Son, and the Holy Spirit. We invite them to stay with us and to bring love to lighten and to protect us. I ask Him to be with us and to give us strength to be able to overcome this disease.” Teresa said they prayed regularly before bedtime and when they got up: “This helped us to gain back energy and strength.”

Extending loving kindness. Teresa shared that both she and her husband helped people when they needed it: “If we see people who have a problem, we want to help them. Even if we do not have much money, we still want to help.” By helping and extending loving kindness, Teresa felt happy saying she had done the right things for God.

Letting go. Teresa mentioned that negative thoughts made her miserable. She used the technique of letting go of the negative thoughts, her misery, and worries: “At Khampramong, I can overcome my negative thoughts by practicing letting go. I feel more content.”

Treatment adherence. Teresa noted that caretakers needed to be persistent and to encourage the patients to follow the prescribed treatment: “If you are not willing to

cooperate, don't come. It wastes time and the monk's medicine. You need to be disciplined throughout the treatment."

Teresa shared an example of a lady who had lung cancer and her mother was her caretaker. The mother provided food and drinks that were not recommended (i.e., meat and soda). She said,

They didn't follow the discipline here, thus they could not blame Luangta's treatment. The patient didn't help herself. If you want to come here, you have to be really practical. If you are careless, the disease will recur. The drugs are not effective for treatment if you are not careful with what you are eating. Do not be convinced by others who say that another medicine (from outside) is better and then secretly bring that medicine for the patients to take. You must stick with what the doctor here prescribes for you.

Healthy diet. Teresa emphasized that consuming a healthy diet and avoiding unhealthy food were important. She prepared the food for her husband regularly: "We should make a variety of good food for the patients and encourage them to eat. You must alternate the types of food so the patients will not get bored."

Making friends with cancer: Talking to cancer. The patients utilized talking or making friends with cancer as a coping strategy and Teresa said she also employed this technique to help her cope and to support her husband: "I talk to the cancer—'Stay calm. Do not be stubborn, do not misbehave, and do not hurt him. If you (cancer) hurt him and if he dies, you have to die as well.' Tell it, always tell it like this."

Journal. Teresa used journaling to cope. Every day, she noted each activity that she did doing them for God: "I record our good deeds in my diary so God knows what we do, that we pray and listen to his word."

West

Background. West is a 45-year-old Buddhist from northeast Thailand and the wife of A Man Behind the Mountain. West completed grade 6th and is the owner of a rubber tree plantation. She is in charge of everything while her husband is receiving cancer treatment at the Monastery. During the six months of his treatment, West commuted to and from home to the Monastery to assist her husband. West is the only family caregiver I interviewed by phone. On the day we had planned for our interview, West was not emotionally ready and she asked to reschedule the interview. When we did the phone interview, West used *Lao Phu Thai* dialect to communicate. She shared her burdens and cried during the interview.

Description of the experience. West did not have artifacts to represent her experience. West shared that she felt vulnerable while discussing her struggle with me and apologized for crying during the interview:

My heart is mourning inside but I have to smile when I am with my friends. This is a very tough and stressful situation for me because of the extra responsibilities and obligations for example dealing with our debt. I also have to take care of my grandchild whom my daughter neglects and does not support financially. Sometimes I wish that I could be the one who suffers from cancer and let him (husband) be the one who takes care of our family (crying).

View of cancer: Having cancer is not dying. West shared that she had a hard time accepting her husband's cancer diagnosis. She said, "Previously, I thought that cancer was a deadly disease." However, once her husband received treatment at Khampramong Monastery, he looked differently in a positive way: "He seemed more cheerful so then I tried to accept this deadly disease." She said that although she still feared cancer, she had more hope that the cancer was treatable and her husband might live longer.

Perceptions of treatment at Khampramong.

Affordable care. West said that her family's finances were limited, "so we cannot afford to pay million baht for chemotherapy." She said that this practical treatment at the Monastery was a better option for her family.

Positive recovery environment. West said that the positive environment at the Monastery helped: "The good environment here, is a major key in the healing process." West noted that the treatment at the Monastery helped her husband get better and that had a positive impact on her. She said that if she had less household responsibilities, she would prefer to stay at the Monastery longer as she was carefree there. West stated that participating in her husband's treatment at the temple was tiring sometimes but she felt hopeful about his condition. She had no break at home with the farm and the responsibilities as head of the household. West viewed Khampramong as the place that gave her a break and taught her to let go.

Perceiving positive outcome. West discussed the improved symptoms in her husband, for example, his appetite was better and he had less stress. West stated,

He enjoys eating very much. Sometimes I had not finished cooking so he ate only rice without side dishes. He also enjoys staying here at the Monastery and doesn't want to go home because at home he cannot stop thinking about his cancer which will give him a headache. When he stays at Khampramong, he is getting better physically and mentally.

Challenges.

Dealing with negativity and discouragement. West shared that she is still having a hard time accepting her husband's illness. She admitted that she tries to be positive but struggles with depression and worries over her husband.

Concern about spouse. West noted that her depression worsened when seeing her husband suffer from cancer: “My heart had so much pain, like walking on a thousand thorns, but I have to keep that emotion within me. I do not want my friends and others to worry about me.” West said that she tried to be calm but was worried that her husband’s condition would be worse if she expressed how she really felt: “I tried to be as calm as I could in order to reduce my husband’s anxiety and worries.”

Burnout. West shared that her level of stress was elevated after her husband was diagnosed with cancer. Traditional roles were reversed between West and her husband. As the head of the house, West had to deal with other burdens like finance and managing their debt. Moreover, other family demands exhausted her even more such as taking care of their grandsons. West was overwhelmed; sometimes she wanted to switch roles with her husband and be the patient and let her husband be in charge of the family.

Learning and growth.

Awareness of cancer prevention. Taking care of her husband, West also learned to avoid unhealthy food: “I told him not to eat grilled food and fried food especially with re-used oil.” West was careful about eating a healthy diet:

Normally we add water into the rice cooker, but here we added a potassium solution (made from vegetables) to increase the mineral content. I also told him when he was working on the farm not to use herbicides because they could harm him and when he wanted to work with fertilizers, he had to protect himself with gloves and a mask.

Empathy. Having faced a tough time when her husband developed cancer, West developed empathy for other people: “I do not want anyone to get sick.” But if someone already has cancer, she said, “I would recommend that they seek treatment at

Khampramong. Cancer is a costly treatment in a hospital using Western medicines and that is a significant barrier for people with limited income like us.”

Increased focus on compassion and altruism. West contributed her energy to work for the Monastery by doing things like cleaning the bathrooms. She had a firm belief regarding the concept of merit: “I want to just make merit... Today my husband and I cooked rice as an offering for the monks as well as for our friends.”

Resiliency factors and resources.

Strong will. West said she was distressed but she did not give up: “I am sad but I will continue carrying hope for myself and my husband. I am striving with him.”

Faith. West said that her belief in the course of his treatment was one of the factors contributing to her husband’s survival: “It was his practice in this Monastery. If he did not receive the treatment at the Monastery, his situation might have been more challenging.”

Hope. Since West saw her husband getting better, she had more hope that he would live longer: “It is more hopeful when we are here (Khampramong). I hope that he will be with us for more than 10 or 15 years.”

Spiritual principles (dharma). Dharma talks from Luangta were a source of strength and resilience for West: “Now I feel more relieved and able let go of my worries.”

Luangta, a spiritual leader. West emphasized that Luangta, who is the spiritual leader of the Monastery, was the center of her willpower: “It is an honor and a privilege to be here with him. He provides great moral support and encourages positive thinking...

When I listen to his teaching, my heart is lighter and I become more aware of things around me.”

Encouragement and support. West encouraged A Man Behind the Mountain by saying, “Strive and live with the cancer in peace. You must be alive!” West realized that caretakers also need encouragement and support as well. Every day she wakes up at four o’clock in the morning to prepare food for her husband and to make merit by offering food to the monk. West said that A Man Behind the Mountain tried to support her as well by taking care of himself when he was stronger: “When I come here, I help with laundry and cooking. He can help himself as well but I see that he still needs my help.”

Coping strategies.

Spiritual practice. West recalled one of the benefits of staying at Khampramong as a caregiver because it allowed her to join her husband in attending the regular Monastery activities. She said that she performed spiritual practices like listening to dharma talks, meditating, praying, and chanting: “These activities make me content and grounded.”

Meditation. West shared that before she came to take care of her husband at the Monastery, both of them had a lot of work to do. She said that her mind was busy all the time. West noted that while at the Monastery, they were both able to concentrate on meditation, which resulted in a more calm and peaceful mind.

Praying and chanting. West said that on Buddhist holy days, she attended chanting the prayer ceremony with others.

Listening to dharma talks. West recognized the benefit of listening to dharma teaching for her feeling and to give her positive thoughts so she tried to join the group

activities to listen to dharma talks from Luangta as often as she could: “It’s better than staying in the room and being miserable. I felt content and carefree when I listened to dharma.”

Treatment adherence. West believed that cancer patients needed to follow the treatment instructions and caregivers needed to have this knowledge to be able to support their family members. She mentioned there was a time when her husband was careless and did not follow the advice and ate prohibited food and so he got worse:

Once when we went back home, he ate a prohibited vegetables (*Cha-om and Naw; vegetables that contain high sulfur*) and he suddenly fell down. He had a severe headache I thought that he was going to die in bed. I had to massage him with cold compress to make him feel better so that we had to get back here (Khampramong) again.

Self-encouragement. West admitted that she was depressed over the fact that her husband had cancer but she tried to look at the positive side of the situation to keep herself optimistic: “I am sad but I try to keep my mind cheerful.”

Ris

Background. Ris is the 41-year-old son of Srithong who is from a province in northeast Thailand. Ris is a Buddhist. He earned a diploma in computer sciences. Ris was born in a family that has its own dressmaking business. Ris worked there as a tailor. Once his mother was diagnosed with cancer, he accompanied her to the Monastery as the primary caretaker while his father took care of the family business. Ris shared that he sometimes receives financial support from his brother and sister because they are not able to reside in the Monastery full time to take care of Srithong. Apart from taking care of his mother, Ris volunteered to help with any other errands for the Monastery staff or to support other people who share the same building. He also helped other cancer patients’

families commute from his building to the central pavilion for morning and evening ceremonies in his truck. He attended every activity with his mother and sometimes led the chanting ceremony. Because of his generosity, Ris was recognized as the chief of the building.

Description of experience. Initially, Ris said he did not have any artifacts to share about his experience. When I asked him about the guitar in his room, he proudly said, “I brought it from home. I like to play music and sing.” Ris said he did not expect that he would be able to play the guitar at the Monastery as this might not be allowed. However, his mother told him to bring it just in case he got bored. When Ris first arrived, he did not know anybody. However, another volunteer knew he could play the guitar and she encouraged him to use his skills during the music therapy activities. Ris said that playing the guitar helped him connect to other people and to get recognition. This encouraged him to volunteer in other activities as well using his skills in music: “I am proud and I feel worthy with this contribution at Khampramong.”

View of cancer: Cancer is not scary. Ris admitted that before he came to the Khampramong Monastery, he feared cancer. He said his fear was magnified when he went to the hospital and saw cancer patients who were suffering. Ris noticed that since he stayed at Khampramong Monastery, he had developed a new perception toward cancer and an ability to cope with it: “The experience here at the Monastery really changed my view about cancer. That fear has become smaller and smaller. I am also aware that I know how to deal with cancer if I have cancer someday.”

Perception of treatment at Khampramong.

Faith. Ris shared his impression with Khampramong Monastery and wanted to tell others about this resource, saying,

I want to tell my friends about this place. I want them to let the community know about this at Khampramong. I want people to know about the treatment. If the sophisticated moral people come here, 80-90% must like this place. Maybe only 10% might not open their mind to this type of services.

Friendship. Ris noted his impression about the support and friendship around the Monastery: “When we see each other, we greet and talk in a friendly manner. If we were outside, we might not behave this way. I feel good. Everyone seems to be from the same family.”

Sharing. Ris shared that helping and sharing were the culture at Khampramong. He said, “We cook and share the food.” He helped others however he could: “Like the new lady who just came, I helped her to boil her herbal medicine. I help whoever needs it, like to carrying the big pots of medicine.”

Teamwork. Ris shared that when he first started helping, he only talked to a few people. Eventually though, he got to know more people and they came to him to ask for help. When he grew plants for the Monastery other people came to help and they worked as a team: “Whenever I asked for help, they always came and helped.”

Positive recovery environment. Ris perceived that the treatment at Khampramong covered many aspects of care with a supportive community: “There are plenty of things to do to be happy and peaceful here. I think this is a good community. People outside can support by making merit as well.”

Affordable care. Ris highlighted that he agreed with the management of the services with an affordable care cost. As Luangta provided this space for treatment without expecting any compensation, the patients were relieved from financial strain:

I think 80% of people who come here must be OK with this approach. I consider that it is good that we do not have to worry about the cost of treatment. Everything is free. We just have to make our own food. If we want to make merit or if we have money and want to donate, we can do so. It is welcomed but it is not a requirement. If we do not have money, we can do something else to make merit like making meditation, or be ordained as a monk, or help with the Monastery's chores.

Challenges.

Adjustment to a new living arrangement. The initial challenge Ris faced when he first came to the Monastery was the living environment. Ris said that he did not know anyone; therefore, he felt lonely. Luckily, Ris was an extroverted person so it took him just a short time to make friends and become known by others: "Later on I do not feel lonely. At Khampramong, we can become friends quickly, especially since we are dealing with the same challenge from cancer. In addition, the spirituality has a healing effect on most of us."

Over concern for his mother. Ris shared that his mother got worried easily as she was thinking too much about her condition: "I noticed when she seemed dizzy and tired that meant she had been thinking too much." Ris hoped his mother would enjoy the stay at the Monastery and let go of her worries: "I want Mom to be happy and healthier. She is good at singing...so I want her to join the group activities and show her skills. I hope she will not worry too much about our family at home; just accept it, and let it be."

Learning and growth.

Awareness of cancer prevention. Staying at the Monastery helped Ris learn about maintaining a meaningful life and become aware of cancer prevention. Ris stated that he learned a lot from other patients when he socialized during group activities. Ris tried to avoid risk factors and live his life in a healthy way. He admitted that he still smoked and consumed meat but he was more cautious and did it in moderation.

Spiritual growth. Ris reported that he was positively influenced by the dharma teaching with regard to his thinking process and decision making: “I have changed a lot in the way I think and make decisions. The dharma that I learned will be a helpful resource when I leave Khampramong. I am sure it will be very useful for leading the rest of my life.”

Opportunity to grow and attain more skills. Ris reported that his skills improved in many areas. One skill he learned during this time was cooking: “Prior to coming to the Monastery, my cooking skills were none existent. Now that I have learned to cook I feel confident to cook and to share with others.” Other activities Ris got involved in included leading chanting and playing the guitar during entertaining hours after praying. Ris was also recognized as the chief of the village due to his outstanding leadership in helping people. All these experiences helped increase Ris’s self-esteem:

I am becoming more aware of my own values and this has made me feel good. It is hard for me to put it in words to explain what I mean by being valuable. I have gained many precious golden lessons from here. I am only here for one year, but it is like I graduate from University.... When I help my community and the temple, I am happy.

Self- improvement. Ris described how the unique environment at Khampramong Monastery helped to spread positive influences to everybody:

It does not only cure the patients but also the caregivers. It helps us improve our humanity, cognitively, socially, etc. We learn to live in a community as a whole and together we improve our conditions. We help and support each other in a loving-and kind fashion, which is difficult to find in other types of treatment centers outside of this temple. Therefore, it is very useful to be here, taking care of my mom.

Ris said that he has found changes for the better in his way of thinking and his emotions: “Anyone who used to behave negatively when they first came here eventually see to get better.”

Resiliency factors and resources.

Strong will. Ris said that it was important to be strong and less fearful of cancer. He said that based on his experience taking care of his mother, he had been developing the courage to deal with cancer in a better way.

Spiritual principles (dharma). Ris mentioned that he learned to share experiences with other people at the Monastery: “The way we share and encourage each other is very beneficial to our situations. We came from different regions and grew up differently so we are more likely to have different viewpoints but this is how we learn from each other.” In the evening, Ris listened to Luangta’s dharma talks as a regular practice: “It was just at the right time. While Luangta was teaching us, the majority of us thought about the stories we had heard during the day. Luangta’s teaching helped me to become more contemplative.”

Luangta, a spiritual leader. Ris was very respectful to Luangta. Ris said that listening to the dharma teaching from Luangta was helpful; he wished his mother would take in Luangta’s teaching and become less worried:

Listening to dharma talks from Luangta every day is very beneficial. I want my mom to digest what Luangta has taught. Everything he taught seemed valuable

and made a lot of sense to me. When I followed his principles, like helping others, I got help from others in return.

Humor. Ris described how Luangta's laughter always generated and led patients and family caregivers to stay away from stress. He described laughing as one of the methods to help improve health conditions: "I like when Luangta laughs. It is very funny and that chases away our stress. If we are cheerful, our immune systems will get strong and the cancer component will be weaker."

Encouragement and support. Ris mentioned that encouragement and support were helpful to both cancer patients and family caregivers in overcoming their struggles: "Living together at Khampramong Monastery is good in the way we support each other." Ris shared that he got support from outsiders such as his father and that made him feel not so lonely. As a caretaker, Ris supported his mother by making her food and sharing the food with other members at the Monastery: "Encouraging and supporting each other; like Luangta said eventually, everyone becomes a doctor."

Coping strategies.

Spiritual practice.

Mindfulness meditation. Ris stated that he had been ordained as a monk when he was younger so he was familiar with the meditation practice. Ris also stated that he really enjoyed meditating: "When I have to do so, I do not have to adjust much." With meditation, he said he could stay centered and work through his situation.

Praying and chanting. Ris said that, praying, chanting, and meditating are all regular practices for a monk: "Therefore, I know how to chant. I can do it easily and join the activities with my mom."

Letting go. Letting go was one of the methods all patients were encouraged to use to deal with their stress. Sometimes Ris was overly concerned about his mother: “I told her to let go. Do not worry about anything... just let go.” However, he realized sometimes he needed to let go of this expectation and concern about her as well.

Treatment adherence. Ris tried to adhere to the schedule of the Monastery and comply with the treatment course to help both patients and caregivers cope. He said that he accompanied his mother to the morning and evening activities including making merit, chanting, exercise, music therapy, and every other group activity. Being actively involved in these activities helped Ris benefit from his time at the Monastery more valuable.

Making friends with cancer. Making friend with cancer was one of the techniques taught at Khampramong. Especially because caregivers have to stay close with the cancer patients and because cancer cannot be cured right away so the best way is for them to also learn to live with cancer. Ris admitted that in the past, he used to be scared of cancer. However, spending time taking care of his mother re-shaped his perception toward cancer--from negative to positive. Ris tried to look at the other side of cancer: “We must think that cancer is a friend. We must still be pleasant and think that it is not a severe disease.” Ris said thinking this way helped in building a sense of control, which reduced his fear toward cancer.

Self-encouragement. Individuals must be able to use self-encouragement to overcome tough times. He shared his secret: “Don’t give up. Always have courage and hope.”

Rainy

Background. Rainy is the 68-year- old wife of Nicholas and originally from a province in the central part of Thailand. Rainy is a Buddhist. She completed fourth grade as her basic education and then started working as a farmer. Rainy explained that her reading skills are limited so she simply enjoyed the chanting and the peace and quiet. At the end of the interview, Rainy told me she missed her hometown and that she and Nicholas planned to visit their home for a short period of time and then return to the Monastery.

Description of the experience. Rainy shared that she did not have an artifact to represent her experience. Rainy was not very talkative so her answers were very brief. While I was interviewing her, she was preparing palm leaves to make small baskets as a gift for volunteers and her friends in the Monastery before she returned home. She asked, “Can this represent my gratitude and the friendship I have experienced at Khampramong?”

View of cancer.

Wanting to rescue. Rainy reported that she felt numb when hearing her husband’s diagnosis of cancer. Rainy stated that she and her family members were not familiar about cancer and its treatment. Rainy made some effort to educate herself by talking to other cancer patients while her husband was receiving Western treatment in a hospital. Her husband’s condition seemed to worsen after being discharged from the hospital. Rain shared that she seemed to be lost--not knowing where and how to get help. Then as a last option, her children decided to take their father to seek an alternative doctor. Four family members travelled around the central of Thailand in search of a

famous alternative doctor. However, Rainy reported seeing her son upset and crying as no further treatment could be provided to his father: “My children consulted with each other and then our daughter from Dubai called, asking if we wanted to try Khampramong in the northeast as a last resort. Why would we not try it? Otherwise he would only live for two months.”

Having cancer is not dying. Rainy shared that she did not feel much about the word “cancer”: “I feel so and so.” She believed in the effectiveness of herbal medicines prescribed at the Monastery, saying that those who took them could prolong their lives: “If you (cancer patients) can take herbal medicine, you will not die. The patients who died were not persistent in taking their herbal medicine.”

Perceptions of treatment at Khampramong.

Positive recovery environment. Rainy described the atmosphere at the Monastery as bringing her comfort. It was like staying at home: “If you come to Khampramong, you will feel good. Living at Khampramong is just like being at home. It is just like a home in the forest.”

Perceiving a positive outcome. Rainy said that she never thought her husband’s cancer would improve. Rainy stated that she felt hopeless after the doctors told her he had only two months to live: “If he did not come here, he would be dead already.”

Challenges.

Illiteracy. Rainy stated that she attended most of the routine schedule with her husband. The only activity she could not fully follow was the chanting and the singing from the book provided. Rainy said that she went to school but her ability to read was

limited: “Even though I can’t read, I still want to join him to do the evening chant. I enjoy listening to their chanting and singing.”

Adjustment to a new living arrangement. When Rainy and Nicholas first came, they lived in the building where many patients had to share their limited space with others in the same room. Rainy said that she had a hard time sleeping because of the noise from others like coughing or sneezing. At that time, the building was crowded with cancer patients and their caregivers. She stated that she could not find a place to take a nap during the day time so that her first couple days were difficult. Later on, they were moved to a different building and that helped her sleep.

Homesickness. Rainy said she felt homesick while staying at the Monastery: “Sometimes it is lonely here. I miss my home. Nothing is like home. My own house is close to the road so it gets a lot of dust. If I were there, I would need to clean my house very often. The last time I returned home, I spent three or four days cleaning it.” Rainy was not a talkative person so when she visited other people, she tended to be a listener.

Learning and growth: Awareness of cancer prevention. Rainy said that staying at Khampramong made her aware of cancer prevention--that one should eat healthy foods and avoid unhealthy ones like salty food and foods that contain monosodium glutamate.

Resiliency factors and resources.

Strong will. Rainy recognized the importance of having courage to help both cancer patients and caregivers get through the tough time: “You must be courageous so that you can get through this situation.”

Encouragement and support. Rainy said that she was willing to help support her husband regardless of the difficulties. Since her husband came to Khampramong, his symptoms improved and he has been getting stronger. So now he does not have to rely on her to do everything for him: “He goes to get the herbal medicine by himself. I just cook for him, wash clothes, and clean the room.” Rainy shared that not only was her husband able to take care of himself but he now provided support and encouragement for Rainy. Rainy received support from the other caregivers and volunteers when they came to visit her husband or when she attended group activities. All of these helped her to feel much better.

Coping strategies.

Spiritual practice. Like other people in the Monastery, Rainy stated that she learned to meditate by reciting *Bhuddho* along with praying and chanting. Rainy practiced group meditation with her husband--once in the morning and once in the evening. Moreover, she found it helpful when she practiced it by herself right before bedtime: “Before going to bed, I tend to pray or chant. It helps me to stay grounded and to sleep better.”

Treatment adherence. Rainy believed that for people who have cancer, they can still survive by being persistent with the course of treatment ,especially by taking the herbal medicine:

I saw patients who had a hard time consuming herbal medicine and they gradually got worse. I was not sure what difficulties they were having with the herbal drink, but I kept encouraging them try it little by little. Then hopefully, they will be able to take all of the herbal medicine some days. Also, the cancer patient needs to be careful to ensure a healthy diet. They could put their health at risk if they consume unhealthy food whether it was intentionally or not. No one can help you if you don't want to get better. You have to do it by yourself. If you will not take the herbal medicine, even Luangta cannot help you.

Rainy recognized the persistence of her husband in following the treatment recommendations: “He is consistent about taking the herbal medicine and chanting and praying. He goes to dance and he is good at it. He also makes merit by offering food to the monks during alms rounds.” Seeing her husband’s commitment to the treatment helped boost her motivation to care for and to support him: “When I saw him making effort to thrive, I was so happy. He was wise in following whatever the doctor and Luangta taught him.”

Pea

Background. Pea is the 62-year-old brother of Saiyud. He is originally from a province in central Thailand. Pea completed fourth grade for his education and worked as a farmer. Pea is a Buddhist and has been residing in the Monastery for two years to take care of Saiyud, his sister. Pea also volunteers to help with any work needing to be done in the Monastery.

Description of the experience. Pea is an introverted person who appears to be a listener and only answered when he is asked something. Pea did not have any artifacts to describe his experience except for a small cottage where he stays with his sister. He shared his experiences at Khampramong while he was taking care of his sister: “When I was at home, it sounded scary when people talked about cancer because it was a definite link to death. But when I am at Khampramong, things have been changed in a positive way so the scare is no longer here.”

View of cancer.

Cancer is not scary. Pea shared that he used to have a great fear of cancer: “People who are diagnosed with cancer do not usually live very long; the chemotherapy

has painful side effects. There seems to be no real cure.” As the primary caretaker for his sister, Pea got a chance to educate himself about cancer and then he developed a different perception of it: “When I am at Khampramong, it (cancer) is not that scary anymore.”

Cancer appreciation. Pea explained that because his sister had cancer, it brought him to the Monastery where he has had many valuable experiences. Here at Khampramong, Pea developed a new understanding of cancer and its treatment. Pea was grateful to be part of the cancer treatment program.

Perception of treatment at Khampramong.

Holistic treatment. Pea described how he felt good staying at the monastery. One of the reasons was because he had a chance to perform spiritual practice on a regular basis as part of the holistic treatment at the Monastery. Also he could maintain his health by doing volunteer work that required physical activity: “I chant and pray and get to work out by working.”

Perceiving positive outcome. Pea said that he saw that people who got treatment get better including his sister: “Everyone appeared to be getting better.”

Challenges: Worried about sister (patient). Pea reported facing a challenge before his sister received treatment at Khampramong and early in her cancer treatment. Pea shared that when he found out his sister had cancer, he went to visit her at the hospital. He mentioned feeling sad and worried about her, seeing she was suffering and skinny. He said he sympathized with his sister; however, he did not talk to her as she could not talk due to her condition and medical appliances. When his sister’s symptoms were in remission, he still felt worried.

Learning and growth.

Awareness of cancer prevention. Pea noted that his stay at the Monastery increased his awareness of cancer prevention. He learned about healthy and unhealthy lifestyles from his sister. Pea said that this knowledge enabled people to prevent cancer or it gives them the ability to live longer if they are diagnosed with cancer: “Food, exercise, good emotions, praying, and listening to dharma all help.... For food, you should eat vegetarian food... organic vegetables...no meat. You can eat fish...and egg... but it must be cooked.”

Optimism. Pea said that all we need to do is make up our mind to be cheerful. Pea also explained that positivity and negativity co-exist in any circumstances so we should look at the positive side and keep that in mind: “Living that way helps us enjoy our lives and better able to face all the ups-and-downs of life.”

Resiliency factors and resources.

Family support. Pea described his support to his sister: “I help with everything. My sister tends to make a small side dish for herself. She steamed different types of vegetables or boiled some mungbeans to eat with rice but she didn’t eat much of the side dishes.” He said he felt relieved seeing his sister get better because of his support. Pea said his sister’s children also supported them (Pea and Saiyud) by checking up on them and sending some money when it was needed.

Encouragement and support. Pea valued Khampramong Monastery as a supportive environment for the recovery. They had friends who were cancer patients, family caregivers, and volunteers who showed unconditional love and support to each other: “If you just stay home, you will not have friends to encourage you to fight against

cancer.” Pea noted that encouragement is an essential factor to motivate cancer patients and their caregivers for their battle with cancer—the battle where the line is between being dead and alive.

Treatment recommendation compliance. As a primary caretaker who also participated in the cancer treatment at the Monastery, Pea noticed that the key component to help cancer patients thrive with cancer is the ability to be persistent with the course of treatment including physical, emotional, and spiritual components: “I encourage them to strive with the course of treatment by listening to dharma and chanting.” Pea reported that he liked to join most activities when he had time: “When I am free I join the chanting group but if I have to work, I miss the group activities.”

Coping strategies.

Treatment adherence. Staying at the Monastery, Pea noted that not only did he take care of his sister by following the treatment recommendations but he also integrated the recommendation into his daily practice and this helped him stay healthy. Pea was aware of the importance of consuming a healthy diet. Pea said that he ate organic and vegetarian food and avoided any red meat and uncooked food: “One example is that you can eat fish and eggs, but they must be well cooked.”

Socializing. Pea stated that socializing was another vital factor that helped improve his state of mind. When he felt bored or lonely, he spent time with his sister or visited other patients and their caregivers. Socializing not only improved his emotional state but he also learned more skills such as the proper forms for cremation, how to make flower arrangements for funerals, and how to prepare for the Herbal Boiling Ceremony.

Spiritual practice.

Chanting. Pea said that “chanting helps me to cope...I take turns with my sister. If she goes to chant, I just stay at the cottage and practice chanting.”

Listening to dharma talks. Pea shared that listening to dharma talks from Luangta was one of the significant coping strategies that helped overcome his fear of cancer. His teaching emphasized the truth that sickness is a natural part of the life cycle. Luangta consistently reminded the practitioners to accept the nature of life and the importance of self-care: “Listening to Luangta’s teaching really transforms our fear of cancer. We feel much more comfortable talking about cancer now than before.”

Individual Medical Volunteer Participants

Young Melon

Background. Young Melon is a 44-years-old and a Buddhist originally from a province in central Thailand. She completed a master’s degree in Management in Social Development. Young Melon previously worked as a freelance journalist in Bangkok. However, after being diagnosed with Hepatitis C and later with liver cancer, she received cancer treatment at Khampramong Monastery and decided to commit herself to life-long work as a volunteer. At the Monastery, Young Melon respected Luangta and committed to worship the Lord Buddha. Young Melon also has a master’s degree in Buddhism and talked about one of the topics she learned: “It’s about healing patients at the terminal stage, patients in critical condition, using Buddhist principles. So I spent time with the patients one by one, working with them to practice meditation. I found out that if you have an illness, the body has ability to recover by itself.”

Young Melon is the only volunteer interviewed who did not have a direct medical background; however, she is a nontraditional or indigenous practitioner. She has resided in Khampramong for three years. Young Melon's expertise is in Buddhist healing.

Description of the experience. I interviewed Young Melon at the meditation walking path while we picked melons that grew along the path. It was while doing this that Young Melon chose her pseudonym. She described herself as a young melon growing to become a resource for humanity. For her artifact, Young Melon chose several articles she wrote that reflected her experience as a volunteer helping cancer patients and their families:

Volunteering is my inner journey. I have a lot of valuable experience from outside world. At the beginning, I thought I was so important. I thought I was "the one" who would help this place. When I heard complaints that some people had misunderstood me, I was hurt. I felt like they were attacking me. Later, my perspective changed when I realized that No! I am not "the one." I do not mind people ignoring me. I learned that when people talk about me, they talk about their perspective toward me. It is not really the way I view myself. When I notice that someone does not like me, I feel ok. Dharma teaches me this.

View of cancer.

Positive view of cancer. Young Melon shared that prior to coming to Khampramong, she viewed cancer as a frightening disease as "it is difficult to treat." However, having experience as a patient and volunteer, she noticed that people in the Khampramong community came to live with cancer in peace: "At Khampramong, I saw the way that patients can tolerate and live with cancer."

Cancer appreciation. Young Melon stated she found support and encouragement from others when she was diagnosed with cancer: "I just got to know how much people love me, either my friends, my relatives, and even old friends who I had been out of contact with for a long time.... I just realized that life is so beautiful."

Perceptions of treatment at Khampramong.

Perceiving positive outcomes. Young Melon stated that when she had been at Khampramong for one month, her condition improved so she decided to extend her stay:

After a few weeks, I noticed that I was stronger and healthier as I could walk and ride a bicycle. I could cook by myself. I went to the hospital to follow up and found out that my liver condition was getting better, so I thought that was proof that the herbs at Khampramong Monastery worked well to improve my liver function. That's when I decided to stay at the Monastery longer

Positive recovery environment. Young Melon viewed Khampramong as a supportive resource for cancer patients as well as for their families, caregivers, and volunteers: "Everything around here you can use to cure your cancer. You do not need lots of money for operations or chemotherapy."

Place for learning and growth. Young Melon perceived Khampramong as a place for reconciliation and becoming grounded: "It is very helpful. It is open to all people regardless of religion, race, nationality, and economic status. Everyone here is equal." She encouraged people to volunteer at Khampramong so they could learn and grow spiritually: "Use your wisdom properly. Use your intelligence to help others without any expectations. It will also help you grow and improve yourself. You will become less self-focused and grow in your spirituality."

Luangta, a spiritual leader. Young Melon learned from every person in the Monastery, especially the patients and Luangta:

I truly believe in the enlightening path in Buddhism. Here, Luangta elaborated on dharma from Lord Buddha in which I am very interested. Regarding the Buddhism principles, I have found it difficult to understand the principles so it has been a challenge for me to practice. Here, Luangta digests the principles and simplifies dharma for me so that I can easily understand it. I deeply respect Luangta. He has great compassion and important skills to help others to alleviate their pain from cancer.

Holistic treatment. Young Melon believed that the treatment provided for the cancer patients at Khampramong shared similarities with the way other diseases were treated:

Eating good nutritious food, exercising, developing perspective, practicing dharma, using alternative therapies like music therapy, chanting, using group healing, and taking a holistic approach are all helpful. Everyone is sick in some way. Some are physically sick. Some have emotional sickness like stress or depression. I can counsel ordinary people who may not know if they have diseases, or not yet. If they use the methods that we use to treat cancer patients at Khampramong, they can avoid sickness. I do not want them to worry about the future. I just ask them to be mindful in the present time so as to improve their own future.

View of volunteer experience.

Compensation for cancer recovery. Young Melon said that initially she came to Khampramong for cancer treatment. After ceasing treatment, she discovered that her condition had worsened so she decided to return to the Monastery: “It was then that I decided to change my life. I was willing to devote my life to being a volunteer in gratitude for my recovery from Hepatitis C and liver cancer.”

Increased focus of compassion and altruism. After returning to the Monastery, Young Melon’s condition improved significantly. She thought the “exchange by volunteering” made the difference in curing her cancer: “It is my calling (inner inspiration) that prompted me to be here to help other people. At that time, I made the decision that if I continued to live I would volunteer to help other people.” Young Melon viewed her experience as a cancer patient as contributing to help relieve other patients’ suffering. She viewed this as “giving forward.”

Self-worth. Young Melon said she felt connected to the Monastery because she too had been through tough times as was the case with other patients. She thought that

because of her experience, she was uniquely equipped to respond to the needs of the patients and their families:

When I think about how I can help the patients, I think I can be a helpful person. I am able to help them in many ways. I have a car and I can drive. I know the healing process. I understand the needs of the family and can help them. Even though I am not a doctor or nurse, I can still help others to heal. I understand their feelings. And I try to help them based on my ability.

Opportunity to grow and attain more skills. When Young Melon returned to the Monastery after having been home, she became much healthier. She noted that she was able to use her knowledge from her graduate training where she studied Buddhism to help cancer patients at the Monastery: “It’s about how to heal terminal patients and critical condition patients using Buddhism principles.” Young Melon reported spending time with each patient individually and working with them to practice meditation exercises. As a cancer patient herself, Young Melon had direct experience dealing with cancer and she intended to use her personal experience to help others:

That is the reason why I am here. I found out I can help other patients when they are in need. Some of the patients do not know how to deal with the pain physically and mentally. Therefore, it is helpful for them to speak with someone here who has had the same experience, someone who understands how to deal with pain without hatred. It helps them to talk with someone who has accepted cancer and made peace with it, so that they can calm down

Volunteering is a holy work. Young Melon said that due to her illness, she had to be at the Monastery anyway: “My destiny leads me to be here due to my health condition.” She decided to stay at the Monastery although she knew that staying might be a challenge sometimes. Young Melon viewed her volunteering as merit work: “It is a miracle; a holy work.” She said that when she provided support to the patients, she had more energy and better health in return: “All the staff at the Monastery worried about my

health condition. However, I do not feel sick when I work. It is a miracle; when I stop working, I get sick.”

Teamwork. Young Melon recognized the importance of teamwork: “I am just one of them like a tree in the forest. This makes this foundation stronger. It does not matter if I am recognized by the others or not. I just work for work. I sow a good seed for the good fruit.”

Self-journey. Young Melon perceived being a volunteer as a learning process: “It is not a good or bad time. I learn the good things and am happy with them. I experience the bad things and leave them behind. I work because I know what my work is accomplishing.” Young Melon viewed what she encountered at the Monastery as a lesson for her to grow and to live with her cancer in a positive manner: “I work for the inside world (inner-truths) instead. I think the inner word is more important than the outside. I learn how to confront my own self and how to regulate my emotions. It is a process of growing. I learn about myself and my habits.”

Challenges.

Expectation and disappointment. Young Melon felt upset when she asked for help from other staff or volunteers and was rejected. She said that previously she worked at a big company and expected people would be responsible and prompt in helping. Young Melon said she spent practiced emotional regulation to deal with her anger.

Criticism. Young Melon shared that at times she was criticized by the patients’ and their family members. She had a hard time dealing with criticism because it impacted how she viewed herself. Young Melon consulted with Luangta and he suggested using spiritual and psychological elements: “Luangta taught me that when

people say bad things about you, it does not mean you are the bad person. You need to stay still and reconcile what you have done. You should know yourself best.”

Learning and growth.

Perspective changes. Young Melon said that being a volunteer and staying at the Monastery had reshaped her view of the world around her: “My perspective about life has already changed. Now I am the one who does not attach to anyone or anything.”

Personal changes. Young Melon noted that when she was diagnosed with cancer, she learned more about herself with regard to taking and giving. Young Melon said that when she first returned to the Monastery as a volunteer, she was a confident and straightforward person who could easily ignore other people: “I learned that people should not be selfish. If you are kind to other people, you will be kind to yourself as well.” She shared that Luangta’s teaching and his compassion had a deep influence on her perspective about life and people: “Luangta always said that we should be selfless... In the past, my ‘self’ controlled me.... I am still learning to change. Even though I am not there yet, I am in the process. Cancer has changed my life.”

Flexibility in application. Young Melon said she could not do sitting meditation for long. She knew that part of the meditation was to help her focus; therefore, she applied meditation in her daily activities. Young Melon was formerly a professional writer and one of her volunteer activities was to write articles and books. She could focus with this type of work: “Doing things helped me stay focused (easier than sitting meditation).”

Creativity and flexibility. Sometimes volunteers work together as a team. Young Melon disclosed that sometimes she did not agree with Luangta as she had her own

perspective or mindset. However, working with Luangta, she learned to be more flexible and creative: “I learned to employ and integrate a variety of ways to help people without sticking to only a certain method. I learned to be flexible.”

Autonomy. Young Melon was impressed that while being a volunteer and working for Luangta, she still had a lot of freedom: “Luangta never expected me to do anything but I willingly used my abilities to work for him and to help other people as much as I could.”

Self-improvement. Young Melon shared that her perspective on life had changed due to being a volunteer at Khampramong:

I used to be a city girl, a workaholic, and I socialized often. Then I came here after being diagnosed with liver cancer. The Monastery is closed to the outside world. I do not have contact with other people. I live my life like a nun or a monk now. I pray every day and I have been improving myself to be a nicer person. I try not to get angry easily or to act out in hostility. In the past, if people did not behave politely to me, I tried to teach them a lesson. However, here I have turned into a calm person and am less self-focused.

Resiliency factors and resources.

Meaning making. Young Melon noted that staying at Khampramong transformed her life in just a few weeks. She reported that practicing meditation was the key in the healing process. Young Melon thought maybe it was her destiny to help others after she found out she got better while helping others: “When the patients showed improvement, I felt good. Everything on earth operates in a reciprocal fashion. It gave me the chance to learn from them and be stronger to help myself and to help other people at the same time. I got healed as well.”

Learning from long-term cancer patients. From her experience, Young Melon viewed that even liver cancer had a variety of conditions and/or symptoms. She believed

cancer patients could understand and accept reality even when they were experiencing great pain. One helpful resource for cancer patients and their relatives was to be able to learn from long-term cancer patients: “I have an example of a patient who suffered greatly from severe pain, but she could cope with it by meditation. She shared her technique with others by referring to her personal experience.”

Spiritual principles (dharma). Young Melon shared that true healing originated from learning and understanding the dharma principles:

I want to share a good example where some cancer patients who were expected to die soon have since recovered after more than one or two years. Patients can prolong their lives with love and happiness when they understand dharma and accept the nature of life (birth, growing old, sickness, and death).

Young Melon stated that people can learn to heal themselves using both the inner guide and the outside environment: “If we practice dharma by letting go of ‘self’ and accept life as it is, that will alleviate the pain both mentally and physically.”

Optimism. Young Melon said that she gained insight about the importance of being positive: “If we try to be positive about everything, even having cancer, we can still enjoy our lives even though we are sick.”

Coping strategies.

Spiritual practice.

Mindfulness meditation. Young Melon sometimes visited patients to help them use meditation techniques to get through pain and to coach them through the pain:

Meditation is a way to relieve the pain that is better than some other kinds of medicine. Some patients tried traditional medications but it did not work or it did work but only for a short period of time. When the pain returned, they did not know how to deal with it without medicine. When they took lots of medicine, they encountered the side effects, sometimes experiencing even more pain but in a different way. When they practiced meditation, they felt better. They could befriend themselves, which is more important.

Extending loving-kindness. Young Melon reported using love as a tool to cure cancer, for self-soothing, and for passing on to other people that she dealt with: “I give love to my cancer so that I can give love to the others. I learn to love myself more as time went by. As I shared more love with other people, then I focus less on myself.”

Letting go. Young Melon had previously lived her life with a set of standards and expected people to work collaboratively. As a volunteer, when she asked for help and was turned down, she would get angry. However, she learned to cope by letting go and not taking it personally: “I learned that no one can hurt me except my own negative thoughts. This is my process of growing.”

Humility. Young Melon felt sad when she received negative responses and met with ignorance or misunderstanding when she was volunteering: “Sometimes, when someone did not like me, I was hurt.” Young Melon compared her struggle with Buddha’s history as a method to cheer herself up again: “I thought that even the Lord Buddha had people against him. For me, I am just an ordinary person. Sometimes, I do bad things and sometimes good things. It is no wonder that sometimes I would get a negative response.”

Listening. Young Melon believed that attentive listening was helpful in dealing with her own illness:

You can recover from the illness if you do the appropriate things such as meditating, resting, or relaxing. You should know when you need to stop, or move forwards or backwards. Then you can deal with anything in the world, especially your health because you listen to yourself attentively.

Young Melon also applied this skill when she worked with other people. She shared that she learned about attentive listening in one of her classes called Buddhism and Counseling: “The key thing highlighted in this class is listening attentively. I helped

patients in many conditions by listening closely to them and hearing what was on their mind.”

Making meaning. Young Melon mentioned there was a lot of work at the Monastery: “However, if we enjoy, it is fine.” She thought that volunteers who came to Khampramong shared the same passion for helping others. Making meaning of her work helped her to overcome challenges she faced: “I work as a base for Luangta so he can help these people. This is the meaning of being a volunteer here.”

Making friends with cancer. Young Melon used the method of “making friends with cancer” and this was a very helpful coping strategy: “I think we should deal with cancer like a friend, like other diseases as well like heart disease, diabetes, and high blood pressure. We should deal with them properly and with loving kindness. Cancer needs love as well.” For patients already severely ill, Young Melon convinced them to “*be with themselves*”:

Take time to be with yourself and do not worry about anything else outside. Be a friend with yourself and your cancer. Just stop and meditate, you will understand your condition well. I found out that if you are in a certain stage of illness, the body can recover on its own. You will understand the reality of life and be at peace. You will be happier or at least less stressed.

Sandy

Background. Sandy is a 39-year-old advanced practice nurse (MNS, APN) volunteer who specializes in surgical nursing. She is originally from a province in the west of Thailand. Sandy is a Buddhist. She had an upper level position as a nurse in a hospital for many years. Sandy first came to visit Khampramong for three days as part of her practicum when she was working on her master’s degree. She was impressed with

the supportive atmosphere and creativity Luangta used to help cancer patients and their family caregivers.

After completing her practicum, she returned to the Monastery as a volunteer while she wrote her master's thesis on spirituality. Due to her interest in spirituality, her impression of Khampramong, and the vision of Luangta, Sandy decided to resign from her job as a nurse and to move to Khampramong. She also accepted a position as a lecturer at a university in the area. In addition to her work, she is dedicated to volunteering and helping Luangta to promote the growth of the Monastery. At the time of my interview, Sandy had been volunteering at the Monastery for five years.

Description of the experience. I interviewed Sandy during a trip we took with Luangta to a medical school in Bangkok where she was giving a lecture. When I asked about artifacts that represented her experience, Sandy shared her research about spirituality that she conducted and developed while a volunteer at the Monastery. Her research poster was displayed whenever Luangta gave a public lecture. Luangta always included information about research and other activities taking place at the Khampramong in his presentation. To help Luangta with the lectures, Sandy produced several multimedia presentations that also included her research. Sandy found pleasure in creating these presentations:

I reflected on my contact with the patients and their families on the music videos. I had the ability to make presentation slides so I searched for meaningful songs and inserted them into the presentation. In some presentations, we presented the *Bhuddachayunti* event at the Royal plaza. A foreigner walked by and saw the presentation. The foreigner wanted to see the English subtitles, which were not very good. But the foreigner asked us to hug her because she was so moved by the presentation that she was crying. It gave me feeling that if we could reach out to her, the presentation would reach any audience.

Sandy also gave me an article she had written that will be published in the handbook given to patients when they receive treatment at Khampramong:

This article will soon be published in the handbook for patients who are preparing to receive treatment at Khampramong. The topic I chose is “Cure Cancer with Love and Mercy.” It reflects my experience and the knowledge that I gained from working with patients and their families at Khampramong.

View of cancer: Improving cancer knowledge and treatment. Sandy said that when she worked in the hospital, she viewed cancer as a deadly disease: “The second time someone received chemotherapy treatment, we knew in our hearts that the patients’ suffering would increase by giving them the drugs.” Sandy said she was surprised the patients at the Monastery still had a good quality of life and could extend their lives. She also described a case she saw: “Usually patients who have liver cancer normally do not survive for more than three to six months. However, some of the patients here at the Monastery live for more than three years.”

Perceptions of treatment at Khampramong.

Faith. The first time Sandy went to Khampramong was during the herbal medicine boiling ceremony:

We were so lucky to have the opportunity to attend the Herb Boiling Ceremony. The patients had faith in the treatment. They sat together, prayed, and meditated.... They held the drug up high over their heads and made a wish for getting better.... It was so holy!

One of the most impressive scenes for Sandy was the morning alms-round activity where patients, family caregivers, and volunteers gathered around to offer food to the monk: “It was a great picture....they had a lot of faith. This is a religious city. I was surprised to learn that people here made a habit of making merit.”

Perceiving positive outcome. Sandy shared her observation that patients looked fresher after taking the herbal medicine. Sandy tried it herself and realized its efficacy:

The herbal medicine that I took is called Nam *Sabaan*; it tasted bitter, and I did not see any immediate result. The medicine, according to Luangta, is for a good sleep to prepare for when we have a long trip back home. Additionally, I suffer from migraines. When I took it, I had a good sleep and woke up fresh. I could travel for a long trip back home without feeling tired.

Patient oriented. Sandy was impressed by the patients at Khampramong from the first time she visited the Monastery:

Most of us agreed that the patients here looked different than those who are receiving cancer treatment at the hospital. Here, they looked happy, socially engaged, and peaceful. In contrast, the patients in one of the hospitals looked dejected and seemed afraid of the doctors. They did not have the courage to talk with the nurses.

Sandy thought the patients and others at Khampramong were unique: “The patients here looked forward to attending the laughter therapy sessions and enjoyed them. When they did music therapy, they treated it like a singing contest. We were surprised that the patients looked so joyful even though most were quite sick.”

Karmic perspective. Sandy said that her bond with the patients began as soon as she came to the Monastery to do her research. Sandy shared what patients told her with regard to self-reflection and self-awareness from the perspective of karma:

The patients told me that they believed that they got sick because of some sin or wrongdoing they did in the past or in their former lives. Some people told personal stories about their past including in-depth information. It was important to learn from the patients.

Place for learning and growth. Sandy shared her observation that Khampramong had reshaped the experience of people who resided there and promoted positive change. She found those patients and their families, as well as the volunteers, and others involved

with the program had developed a greater a sense of purpose. They also were more virtuous and had become kinder:

Both the patients and their relatives developed greater capability of their mind and of their spirit. They appeared to improve their minds after they began treatment at the Monastery. Their self-focus was likely to decrease. The majority would take better care of and be kinder to each other. People could not resist the kindness of others. People who previously carried prejudices and had little tolerance were transformed from negativity to positivity by the goodness being practiced around them. Because of this, the patients at Khampramong received additional support, which helped weaken the power of their cancer. The people developed their minds in a healthy and meaningful way, which was very important for the healing process.

Luangta, a spiritual leader. Sandy said it was hard for her to reach patients' spirituality. However, she saw the possibilities in Luangta's approach. She adhered to all the strategies she learned from Luangta including the importance of involving the patient's family in the treatment:

When there were patients who were about to die, Luangta would show them how to ask for forgiveness from their relatives and he would give the patients time to say goodbye to each other. It was really difficult for me or others to help someone reveal their inner thoughts, but Luangta could do it. Because Luangta is a monk, he has the power of a leader as well as holding the patients' trust more than other people so when Luangta leads, everyone opens their minds.

Facing death with dignity. Sandy said Khampramong was the first place where she was successful in initiating the process whereby patients and their families could perform the final ritual of saying goodbye and be mindful by preparing for the last day of life. Luangta encouraged family members and the patients to express their sincere apologies to each other before saying good bye: "We saw patients, who were dying, smiling at their relatives when the time was coming to the end. It was a miracle." Sandy noted that an important part of the process was to help the patients overcome their fear of death: "The patients should learn how to live and thrive with cancer and they also have to

be prepared for death and should get through their fears by accepting and confronting it. This is one of the most important things about being human.” Sandy added that spiritual and dharma practice also helped with the process of dying:

The important thing is dharma, and this applies to the dharma of every religion. The Christians have God, the Muslim have Allah, and the Buddhist have Buddha. However, in the end, the final over-arching understanding of dharma is the truth of nature. That is why we send off people we love and return them to nature smoothly and with dignity as human beings.

View of volunteer experience.

Self-journey. Sandy noted that becoming a volunteer made her happy and also helped her discover herself at a deeper level: “It changed my life. First, as a nurse, I no longer follow the routine rigidly, I am more creative.... Being a volunteer is an activity that you do with your mind. The mind teaches us to learn about it.” Sandy said that when working with different people, everyone had different viewpoints. Sandy said she learned how to interact and live with them: “The most important thing in being a volunteer is to learn how to live harmoniously with other people.”

Teamwork. Sandy emphasized that learning the importance of teamwork with the patients and volunteers created greater productivity and more effective work outcomes:

If only one volunteer works alone it is still useful but it will likely have less impact on the outcome. Working as a team is much more powerful and effective. When teamwork is solid, it encourages the patients, relatives, and everyone else to come and join us. We need teamwork to form a power of unity.

Integration. Sandy noted that Khampramong was welcoming to volunteers as everyone had abilities that could be useful in helping patients and their families:

We need the volunteers from every field who have the compassion to help. Some volunteers worried that they lacked skills in the medical field, but they still wanted to support the patients at Khampramong. The Monastery welcomes anyone to become a volunteer.

Self-worth. Sandy viewed the volunteer experience as an opportunity to help patients learn from their experiences. Sandy noted that the rewards and outcomes of this contribution were happiness: “Volunteering makes me feel valuable. I feel I still have a lot to contribute to life and make it more meaningfully. It started when I first came here and when I returned, I thought that if I had a chance, I would move here.”

Creativity and flexibility. One experience Sandy had as a volunteer was freedom since Luangta encouraged her to think outside the box: “Use your creativity. You can think outside the box as long as it is beneficial to the patients and their family caregivers.”

Influence on job performance. Sandy had doubts when she first applied some approaches in her work at the hospital that she learned at the Monastery. Surprisingly though, she reported that as her colleagues began to see the positive outcomes, they gradually opened their minds to these approaches:

I did something like having the patient and caregivers express their feelings, their appreciation to each other. When the time was coming near to the end, the patients were calm, and their relatives had a chance to say goodbye. It was such an impressive moment and the relatives thanked us for that. That meant they felt they had done something for their dying relatives.

Challenges.

Challenge in application. Sandy applied the skills and methods she learned at the Monastery such as encouraging and allowing the family to say goodbye to the patients along with praying and chanting for them. Others in her profession did not agree: “Some still have doubts whether praying provides a positive effect for the patients. They need empirical evidence to support these ideas. Therefore, praying or chanting for the patients is not widely accepted in the regular hospitals, either when they are alive or after they

die.” For example, after a patient passed away, within two hours, the nurses had to send the patient’s body to the morgue but there were no limitation or restrictive guidelines in caring for the patients’ body after they had passed away. Sandy elaborated on the differences in practice between the Monastery and the hospital:

It (at Khampramong) gives me some time to do preparations and to pay respect to the body of the patients. I embalmed the patients’ bodies with care and respect. I was also asking for the forgiveness from the patients and their relatives in case I might have treated them unintentionally in a disrespectful way before they died. In contrast, in the hospital when a patient died, it meant the job was done. There was no follow-up. After I had become a volunteer at the Monastery and then returned to the hospital, I began to do these activities and it changed the perspectives of my colleagues.

Adjustment to new living arrangement. Sandy’s experience was quite unique.

After she decided to resign from her good position as a nurse in a city and moved to stay at the Khampramong Monastery, Sandy got a job in a university hospital in a remote area near the Monastery. She reported having a hard time adjusting to this new chapter in life after making this decision:

I felt depressed when I started to volunteer here early on after I moved. My life was different than when I commuted here weekly to volunteer. Moving in to live in a new place, I had to make adjustments. Things that I had never done before, now I had to deal with them. I felt discouraged. I cried every day while I was driving to work in the morning at the university, which was about 20 miles away from the Monastery. It was the only time that I could have free to myself. Other times, I worked for the patients until around nine or ten p.m. then, I went to bed.

Sandy shared that after one month, she was able to adjust to the new environment a little better. She described the factors that helped her adjust was the bonding with the patients and their family members: “When I felt lonely, I had patients who needed me.”

Learning and growth.

Integrative alternative treatment. As a nurse, Sandy was trained in the field of Western medical principles. Herbs and Thai traditional medicine are different schools of thought. Sandy noted that when she went to Khampramong, she had many doubts and questions about the method of treatment at Khampramong, especially in the use of herbal medicines. She assumed all herbal medicines contained steroids so when she was involved as a volunteer, she tried to prove her assumption. However, this led her to find out more about the effectiveness of herbal medicine and then she finally began to understand and support this course of treatment: “At first I thought they had fooled us by putting in steroids and wondered when they put it in, as we never saw it.”

During her time of volunteering, Sandy learned to appreciate the process of preparing herbs and the art of taking herbal medicine:

Since we prepared the herb, we had to do it carefully and we had to recite a mantra or prayer. If we saw during the process that an herb was contaminated by fungus, Luangta told us to cut it off and throw it away. Then we had to clean and dry the herbs all over again. If the herb was really bad, we had to throw all of it away. I learned that Luangta bought some of these herbs so when we threw them away, we threw away money. I wondered how Khampramong could give the herbs to the patients for free.

Patients are teachers. Sandy appreciated the patients and treated them like family:

Every time I go to lecture or present the research, I will acknowledge that the patients are my teachers. If the patients did not give me an opportunity to do the research, I would never have known how complicated it is. There are many things to discover.

Sandy shared that she learned from the patients that illnesses helped them realize their goals and grow spiritually:

In contrast, many healthy people do not know what the goals of their lives are, so they should learn from these cancer patients. Some people live their lives purposelessly or carelessly. All they focus on are themselves. It would be challenging if people would start to focus outside of themselves or to help others with a pure heart. It would not be beyond one's ability to do so.

Self-improvement and spiritual growth. Sandy said that being a volunteer helped her both learn about and improve herself: "It is like developing my mind and spirit. First, I knew what the goal of my life was, about my commitments, and my purpose for being a volunteer. Second, I learned how to work with other people." Sandy shared that in the past, she was not a very tolerant person:

When things did not go as I expected, I would not always accept and deal with them wisely. I might yell or lose control of my emotions. Working at the Monastery helped me develop my mind as I learned by cooperating with other people from different fields. My friends would say "unbelievable" because I have changed a lot.

Opportunity to grow and attain more skills. Sandy felt happy when she went to the Monastery: "I cannot say why when I come here I feel happy. Maybe because I can use my knowledge and develop new skills." Sandy was a nurse and her responsibility was to take care of patients. Previously, she doubted how she could provide care to patients like her own family or how to overcome feelings of irritation when patients asked for help so often. She wondered how to let go of her feelings when she could not help patients. She thought a lot about these questions during her volunteer time; Sandy viewed this as an opportunity to gain more knowledge and skills. In addition, Sandy learned more about her strengths and skills when she worked as a volunteer and for Luangta:

I learned more about myself. I knew that I was good at cooperation. I gained more skills taking care of patients and found out that I am good at building rapport with patients. I could talk to patients to calm them down. When the patients were suffering pain, I could support and lead them in their meditation.

Sandy also learned to find pleasure in making PowerPoints and other multimedia presentations that she provided for Luangta's lectures. Her work resulted in compliments from many people, which further highlighted the work at Khampramong and her own experiences.

Resiliency factors and resources.

Learning perspective. Sandy said she wanted the patients to look at their situations as an opportunity to learn from their illnesses: "It is important to overcome hardship. We can learn from the patients when they are facing a hard time. It is challenging to live with adversity happily. If the patients can do it, they are teachers or role models for others."

Spiritual principles (dharma). Sandy concluded there were various approaches to help patients and their families move through adversity. The key factor was dharma:

Dharma can help the patients to get through the worst point of their lives. Luangta understands the nature of life as he derived it from dharma teaching. He guides the patients to use the meditation and focus on their minds. The volunteers have to understand the nature of life when dealing with patients and their families.

Preparation for death. Sandy recognized the importance of how cancer patients and family face their own deaths or their loved one's death: "Eventually everyone will die. The challenges are how to overcome our fears and get through this process gracefully. In my perspective, this is a very important thing in a human's life."

Coping strategies.

Treatment adherence. Sandy was greatly inspired when she saw patients making a commitment to take herbal medicines, especially when she saw this helped improve the physical health of the clients and their psychological health as well:

I talked to the patients who took herbal medicines and who got better. The patients had to take the medicine around a hundred times. Who would be able to follow this treatment regimen if they did not have faith or belief in it or if the patients themselves did not experience relief?

Making friends with cancer. Having volunteered at the Monastery for five years, Sandy recognized an important treatment technique used with the cancer patients and applicable for other people. As Luangta said, “I want them to look at cancer as a friend and live with it with loving kindness. If they die, the cancer will die too. However, if the cancer does not spread, they can overcome it.”

Accepting death as a natural truth. Sandy perceived an important thing to do was to practice meditating on death or the death mindfulness: “This is the lesson that Luangta regularly teaches. Luangta teaches us to see death as natural life event.” Sandy elaborated:

When children are born; we feel happy. In contrast with death, we overlook it. We do not talk about what it is like after you die or we do not help patients understand or accept death. It is really tough. However, this is the most important moment for every person because everyone has to face it eventually regardless of race, ethnicity, or socioeconomic status. Here, we think of what we can do to be considerate of the patients and what we can do to make the patients feel peaceful in the process of dying and at the moment of death.

Perceive patients as family member. Sandy provided advice regarding things she perceived as important in working with patients and their families: “The main thing is how to always think about and treat the patients as human beings who we love and who are like our relatives.”

Flexibility. Sandy noted that each patient required a different approach. However, she suggested the volunteers should let go of the prescribed routines and follow the patients’ decision even if they choose their own way and do not want to comply with the treatment and leave:

If their minds are open, the patients will accept, believe in our suggestions, and change, or they will tell you what they need. In some cases, we might have to let go if the patients do not open their minds. In the case where the patients are not cooperative, we have to let them go. It is all about choices.

Self-encouragement. Sandy described the challenges she discovered when she undertook her volunteer activities. Sandy shared that sometimes she encouraged herself to try and see problems as a fun experience: “We have to get through this. If you ask whether or not I manage my life well, the answer is I do not. I always have problems. I think that no one dies without problems. I mean we have to fight all our lives.”

Spiritual practice. Sandy believed that what helped individuals with cancer get through life’s adversity was the ability to find the center of their mind that would serve as a spiritual shelter: “Some people do not believe in any religion and do not like dharma but it is important for these people to have something to rely on.”

Luangta

Background. Luangta is a 59-year-old Buddhist monk originally from a province in the west of Thailand. He has a bachelor’s degree in engineering. After working for the government for two years, he was ordained as a monk and practiced in a forest Monastery for several years. Luangta came to Khampramong Monastery almost 30 years ago to develop the Monastery and its community. In 1996, Luangta was diagnosed with nasopharynx cancer. After exhausting conventional medical treatment, he successfully treated himself with a combination of meditation and alternative medicine he learned from a traditional Thai medicine textbook.

During this process, Luangta was able to fully appreciate and understand the suffering of cancer patients. Therefore, he decided to help cancer patients by allowing them to receive treatment at the Monastery without receiving any payment regardless of

socioeconomic status, age, or gender. Over the course of his 10 years of work with cancer patients and their family caregivers, Luangta has received wide recognition from many educational institutions and has been honored by many organizations (e.g., an honorary doctorate of Public Health and the recognition of local medical doctors).

Description of the experience. I followed Luangta and a few other volunteers and patients to their lectures provided at several medical schools. Luangta allowed me to interview him and to use his called name “Luangta” throughout the study. Luangta shared with me his PowerPoint presentation from the International Conference on Complementary Nursing. The topic was *End of Life Care and Complementary Therapies: A Buddhist Perspective*, which highlighted treatment at Khampramong.

Luangta shared his impression of that conference:

The feedback was great and we gained more interest than was expected. The Khampramong model was presented in the religious or spiritual section. The foreigners were surprised about what we have done. The foreigners specifically had more knowledge in the area of lab and empirical science so it is natural that they are more likely to be the experts in the lab. But for us, we do it in real life.

Another work that could be used as an artifact for Luangta is Arokayasala--the model of holistic care that provides care to the world with loving kindness. Luangta described his feeling for Arokayasala:

I feel good about it. Now Arokayasala is becoming well-known. Many in the medical profession that know about us adopt our methods for use in hospitals. Some use the herbs and people in the medical fields have begun to pay attention to what we have done. We have countless nurses who have visited us. Some doctors still stick to their own ways; that’s fine. Someday, they might realize the benefits of our approach.

View of cancer.

Improving cancer knowledge and treatment. Luangta shared that, in the past, he did not know about cancer and did not have an interest in it. However, when he was

diagnosed with cancer and went through every step to cure himself, he understood the struggles and burdens patients faced: “When I got cancer myself, I experienced pain and started to understand other patients. I experienced everything: bleeding, swallowing like a bullfrog. Those I have experienced.” From this developed his inspiration to help others.

Cancer appreciation. Luangta shared his positive views toward cancer. He perceived cancer as being a precious thing that helped him confront and get over his fear:

I look at it (cancer) as art. I think I am happy that I have cancer. If I did not get cancer, I would not have had a chance to teach people. I would not experience when the mind was out of the body. I would not learn how to separate the mind and the body.

Opportunity in crisis. Luangta shared that as he had faced cancer himself and learned how to cope and to deal with it, he looked at this experience as a way to help other people by using his direct experience:

Suddenly cancer patients from here and there came to Khampramong. It made me think that we had to do something about the way we take care of our bodies. These patients who were waiting pushed me to move sooner to create a place for them, otherwise there wouldn't be anywhere for the therapy.

Perception of treatment at Khampramong.

Perceiving a positive outcome. Luangta said he developed the herbal medicines from the treatise name *Petch Nam Nuang*—Diamond of the first water: “I got it in my 4-5th year of the monkhood before I moved to Chiangmai. This is only my possession. I finished reading it in one night.” Luangta noted that he started studying it when he had cancer:

After I finished reading the treaties, it all became clear to me. It gave me knowledge and insight, the knowhow, the relevant anatomy, and everything. I read and then I synthesized. After I finished boiling five pots of herbal medicine,

I just drank it. I had no choice. This was my last option. If I had to die, I would just die.

Luangta shared the effectiveness of the treatment at Khampramong based on the experience he had himself: “It is not just that I believed but because it is real I believed. It was proven. After I finished drinking the fifth pot, I was not bleeding. I did have cancer but not any cancer cell could be detected. I proved it by myself.”

Holistic treatment. Luangta experienced modern medical methods to treat his cancer. He also discovered the limitations of those treatment methods: “The healing system have to be balanced between medical science and natural science. Too much science will not be suitable for patients and besides we cannot afford it either.” Luangta illustrated the care provided at Khampramong:

It is a holistic approach including dharma, herbs, foods, location (environment), and emotion. All of these are important. If we only give the patients medicines but do not take care of their food or their lives, medicine alone cannot help. The patients have to live their lives moderately and in balance. Do not work too hard; that would die. Take care of the patients using a holistic approach. The results might be varied depending on many factors but it is important.

Equal treatment. Luangta mentioned the diversity in the Monastery where people from different backgrounds are welcome for treatment and support. The reason for this is to offer treatment to everybody, to welcome the support of volunteers without discrimination, to create a culture of helping, and to promote humanitarian activities beyond the borders of the Monastery:

Many patients from Taiwan, China, and Hong Kong come to Khampramong. There shouldn't be any discrimination among religions. That's so old-fashioned! There should be no barrier against other religious beliefs. The Christian team came to the temple and helped make meals and donated a large amount of money. It is a very beautiful example of humanity. Health concern is for everyone regardless of their religions, I dare say.

Affordable care. Luangta was aware that financial issues were one of the obstacles keeping cancer patients and their family caregivers from seeking treatment. To reduce the stress of finances, Luangta provided services without requesting fees:

Some people are stressed because of financial issues. Some people decided not to get treatment because they are concerned about the cost. Some people have financial problems at the same time when they have cancer. That's why I don't want them worry about it when they come to me.

Teamwork. Luangta highlighted the collaboration and teamwork among professionals and families to help treat patients. The final decision was left for patients to decide whether or not they were satisfied with the course of treatment:

There should be decision-making that involves doctors, nurses, patients, and their family members. We have to talk through what the course of treatment is about as well as how to live with cancer. We cannot tell whether the alternative program, Thai traditional medicine, alternative treatment, or the conventional treatment is the best. However, we hope that they accept and are satisfied with the discussion about the course of treatment.

Flexibility in approach. Luangta emphasized the importance of flexibility in the approach provided to patients: “For the cancer case, you cannot make absolute suggestions. It is case by case as each individual is different. Cancer patients have different etiologies, environments, family structures, and their mental states as well as their past deeds (past karma).”

Merit-based focus. Luangta stated that he would like patients to learn to be givers and to increase their efforts in making merit and to focus on virtue: “Some of them never make any merit. Some had had abortions, some had killed other people. When they stated that they might have been cruel to others, their state of mind was in an uncomfortable stage. Focusing on virtue helped soften their minds.”

Role model of holistic care. Luangta shared his feeling of satisfaction regarding the growth of the quality of care provided by Khampramong. During the past nine years the Monastery has stood for alternative integrative care, the method of treatment has drawn attention from many places. People from a variety of backgrounds have come to visit and learn about the model of treatment used at the Monastery. Many of them later returned as volunteers. Luangta concluded that action speaks louder than words since more people are embracing the Khampramong model.

Importance of caretakers. Luangta valued the importance of caregivers. Therefore, he established the model of care by having caregivers act as the primary support for the cancer patients. However, sometimes caregivers could experience burnout due to their struggles during the period of care. Therefore, the model of treatment aimed to educate and support the caregivers as well:

Caretakers are important. Sometimes care takers do not accept anything and want things to be their own way. They don't really understand what the patients really need. Sometimes we have to take care of the caretakers as well until they can understand and know how to support the patients. We help them accept and follow the patients' needs.

View of volunteer experiences.

Opportunity to grow and attain more skills. Luangta noted that his years of experience helping cancer patients and their families improved his skills to an advanced level: "I am certainly skillful. Previously when I saw the case, I had to spend lots of time analyzing the scientific results like blood or lab results." Moreover, his expertise was recognized and he was invited to attend a medical conference. Luangta confidently shared his knowledge and skills with different professions:

They showed me cases about cervical cancer, breast cancer, etc. They used English language for communication. I was the only monk. They looked at me in

doubt, not knowing that I was invited to be there. I summarized all my experience. Later they invited me to teach the doctors and we signed an agreement with the Medical Department at KCU and TU, and Faculty of Nursing, Chulalongkorn University, and even with people from Japan. It is like they came to learn what I could teach them.

Mind emphasis. Luangta highlighted the importance of focusing on the patients and their families' minds. Luangta stated that volunteers need to be aware all the time and to be sensitive to the patients' state of mind:

When we are in contact with the patients, we need to be aware of their suffering and then find out specifically how we can help. By truly understanding the person's mind, we will then know how to best approach them. Sometimes we do not have to rush. Find out what patients really need.

Luangta emphasized that as volunteers begin to realize what patients are struggling with, they can help with loving kindness and a humanitarian mind without asking for anything for compensation.

Valuing knowledge. Luangta emphasized the importance of knowledge to help prevent cancer as well as to be able to handle and cope well with it. He said that he had given away more than 50,000 books when he was giving his lectures. His purpose was to increase an understanding of cancer and how best to take care of oneself. He said he did not expect anything in return other than the feeling of happiness you get from giving:

When I come to give a lecture, I think about the value of the knowledge that I pass on to the audience. The benefit is that when people have knowledge, they can survive. For us who work on this, what we receive in return is merit or virtue. We feel delighted when we help people. However, some people attempt to make merit by building a religious chapel for about 100 million or a thousand million. Did those things end anyone misery? I help people by giving them back their lives. I don't care who they are. I do not build with materials. Do I look miserable when you see me here?

Challenges.

Criticism. Luangta reported that he was criticized when he started helping people. Based on the practice of Buddhism, some people thought that it was not

appropriate for a monk to be involved with lay people and to deal with worldly issues:

“For me, at first it was tough. I had to be patient because I did some things differently from others and I received lots of attacks and criticism.” However he dealt with those

issues by sticking with his goal of helping others and letting go of those distractions:

“People’s lives are more important than this nonsense. We have to look at the big picture so you can get through these situations.”

Physical burden. Luangta shared that sometimes his burden was physical as he had muscle cramps from time to time: “I even had muscle cramps sometimes during my lecture. It was very painful. The audience did not know. This morning, I have it again in my leg. It’s painful.”

Boundary. Luangta faced challenges because he was dealing with lots of needs while being on a tight schedule. However, because he valued the lives of the patients and their mind, he tended to go beyond his own needs sometimes:

Sometimes, I lecture outside of the Monastery. After I arrive at the airport, it takes another two hours to reach the Monastery. Some patients passed away. The family just brought the dead to wait for me to say goodbye before they returned home. Why do they have to wait for me? Are these people important? Money is not important at this point. They kept waiting and I had to see them even though I was tired from traveling. I chanted for them to the spirit and even gave them money or donated a robe for making merit. Isn’t this more than making merit?

Nondiscrimination. Luangta shared that once there was a criminal who came to get cancer treatment. He decided to provide care for this person as he viewed that it was his responsibility to offer care and it should not be limited:

He used to kill people in the past, but he did not do any bad things when he was at the Monastery so that I did not inform the police. Even if people are killers, I still provide them treatment. We are like doctors. We have no excuse, we just help. If they want to kill me, it’s their sin (wrongdoing). I treat everybody the same. We need to be forgiving. This is so powerful.

Learning and growth: Increased focus on compassion and altruism. Luangta

highlighted the need to consider the benefit of the whole nation:

We need to consider the benefit of our country, our religion, and the monarchy who are grateful to us. This is the land where we were born. We have received the virtue and benevolence from our revered teachers. We should pay them back by doing good things. If we plan to give, just give without asking anything in return. As long as I have, I will give myself, I am enough. I do not have to have money, I am already happy.

Resiliency factors and resources.

A sense of purpose. One of the factors that helped Luangta thrive and be resilient was his sense of purpose. He encouraged patients, family caregivers, and volunteers to maintain one's goal and stick with it: "I use my brain and my skill for the benefit of the whole person. Thus, our dedication helps heal the world." Luangta elaborated on his goal:

If you set the goal for your life, just set out to give or to help. Don't only want to be rich. For me, I set the goal of wishing for the patients to be rich and that all Thai people would be happy. Even if I am poor or suffering, it does not matter. I wished that other people would be happy and clever and live full lives. If everyone is suffering, it is hard for them and it impacts the nation. Don't just take your own profit and be selfish. The whole system will be destroyed by this attitude. Nowadays, it is messy because of people's greed. Hypothetically, if you have a billion, it is just only you. It must be used in a way so that many people become rich and so that you can share your happiness.

Humor. As reported by patients, caregivers, and volunteers, Luangta was a good model of how to have humor. He highlighted humor as one of the coping strategies everyone could employ to deal with stress and elevate the symptoms of depression: "Laughing is one of the therapies. It can treat stress. Some people do not laugh and become too stressed; they do not open their mind and they become stuck with their misery. If patients laugh, they don't become worried."

Coping strategies.

Persistence. Luangta shared that like with any big project, people sometimes made wrong assumptions or misinterpreted his aspirations. The way he coped with it was to use his actions to prove his aspiration and to continue to be persistent:

When some people get criticized, they get discouraged. They are afraid to step out and do things differently. Therefore, if you are doing a big project, you must be persistent. You cannot worry about little things such as how people think about you.

Treatment adherence. Luangta noted that in a holistic approach, the mind needs to be very persistent:

If your mind is not strong, whatever you face, you will get discouraged and want to return home. Some people are influenced by what other people say. Some suggested taking other medicines. This way does not work. They come to an end and we have no way to help any more as they chose their own path.

Spiritual practice.

Mind and body separation. One of the techniques taught in the Monastery was called mind and body separation to help deal with pain. The principle behind this method was to be mindful with one's condition along with a practice of letting go. Luangta reported using this technique while he was dealing with acute pain during his cancer treatment:

It was very helpful when my mind reached the letting go stage; let go both suffering and also happiness. The doctor and the nurse thought that I was dead already. They were frustrated and tried to bring me back. I experienced my mind being out of the body and then returning. I realized that with death I would not feel the pain and my mind stopped feeling pain and suffering. I felt neutral.

Extending loving kindness. Luangta shared that his mission was to treat everyone who came to Khampramong, cancer patients, caregivers, and volunteers, with loving kindness and a humanitarian heart:

I contact them with a human heart and with loving kindness. Through everything, I support them with finances, food, shelter, etc. I just treat them like a father with his children. It's just like brotherhood or like teacher to student. I give without expecting anything in return. Even though I support them, sometimes later on they come to complain or to scold me; that's their business, it's not mine.

Taking a moderate path. Luangta taught his followers to employ Buddhist principles of taking a moderate path to achieve a balanced life: "If you do not have cancer, you still need to be mindful, and be moderate. Live a moderate life."

Coping with a craving mind. Luangta shared methods to deal with any life misery by focusing and dealing with one's craving mind. He gave examples of people who have never been happy with life because they focused more on getting their happiness from having material things; he explained the solution was to start by dealing with one's desires. Luangta noted this was the reason he modeled the treatment at Khampramong to emphasize that our minds should be focused on more than materialism:

If, for example, they said they are unhappy with their car, then they fix the car. Why don't they solve the craving mind? So, if they want a car, when they see a new model come out, they want another one again. Buddha taught us to be satisfied and be moderate. Even if the car is very luxurious, the use is the same or not so much different. The difference is only the value you put on it.

Mindfulness meditation. Luangta taught his followers to use meditation to bring peace and wisdom to their lives. He said he also used this method to help cope when he was attacked with physical burdens like muscle cramps or fatigue:

The method I used to deal with this incident was to focus and to manage the stream of mind using meditation. I used meditation to cope with pain and to help boost my strength. I do walking meditation and if I am too tired, I just take a rest. Sometimes I even meditate while I lecture.

Chiropractor

Background. Chiropractor is a 39-year-old Buddhist female volunteer from northeast Thailand. She earned a bachelor's degree in public health and previously

worked as a nurse. Chiropractor visited Khampramong as a caregiver for her father. During that time, she learned to appreciate dharma and absorbed the teachings from Luangta. She began to volunteer, using her skills to help patients. Later, her mother was diagnosed with cancer as well so she returned to the Monastery to take care of her mother. She shared that she has had good opportunities to develop her skills as Luangta supported her as she engaged in further training such as acupuncture, massage, and chiropractic skills. Chiropractor is passionate about improving the health of caretakers to eliminate their exhaustion and burnout. She has volunteered at Khampramong for three years.

Description of the experience. Initially, Chiropractor could not think of an artifact to share. Then I asked about the massage seat I noticed before the interview, which she uses in her treatment. Chiropractor chose to use this seat as a representation of her passion for helping those who spend their time taking care of cancer patients: “They need to receive care as well.”

View of cancer: Improving cancer knowledge and treatment. Chiropractor used to be afraid of cancer. However, residing at the Monastery, both through taking care of her parents and volunteering, she had developed a new perspective toward cancer:

Previously cancer was very scary for me. If anyone had it, he or she would certainly die. However, since coming to Khampramong, I have made up my mind to accept cancer. It is lucky to have cancer. Cancer is a warning sign. It can increase your awareness. You still can be happy while you have cancer. Since it happened, you should learn to live happily with it...and be careful with your life.

Perception of treatment at Khampramong.

Affordable care. Chiropractor believed the way Khampramong provides service without charge helps reduce the patients’ and families’ emotional strain: “You do not

have to worry about the expense. You do not have to suffer more. This can help you feel relieved about the expense because you have Luangta to support you so you can live with cancer even though you do not have much money.”

Holistic treatment. Chiropractor described the treatment as holistic, supporting all aspects of healthy being: “The approach is holistic.... Healthy food, good emotion, exercise, praying, and herbal medicines are all helpful.”

Place for learning and growth. Chiropractor shared her observation that not only can patients get better but caretakers can grow stronger depending on how each individual participates in what is offered: “Luangta and dharma are very helpful. Activities like music therapy, exercise, chanting therapy, praying. All these help.”

Providing care with emotional support. Chiropractor emphasized that providing mental and emotional support for cancer patients along with discussions to help them understand and accept the truth was as important as the medicine:

When you visit patients, you should consider providing mental health support for them not only giving them medicine. You should help support them and help them understand and get motivated to fight and to strive. You should help build their courage. The important thing is the mind, their mental health, and their spirituality.

Increased focus on compassion and altruism. Chiropractor said that after being at the Monastery for several days, she thought she could help. So she decided to volunteer: “I think everyone should help with whatever one can.”

View of volunteer experience: Self-journey. The ultimate experience Chiropractor gained from volunteering at Khampramong was learning about herself. She learned from observing how each individual behaved and compared that with dharma

principles. Then she used these observations as a way to improve herself and to increase her motivation to help others:

Here I can see how human being is being. Some volunteers have inflated egos and are proud of their abilities. For me when I see that, I tried to reconcile and compare it to dharma and learn from that. This experience helped me understand dharma, self-actualizing. I learned how to use my abilities to help other people and that is the meaning of being.

Challenges: Expectation and disappointment. Chiropractor described her feelings the first time she decided to volunteer:

I was so stressed because I expected the other people to understand what I understood. My strong passion is to spread my knowledge. I wanted them to know that when they were here, they should not push themselves to recover too soon. If they have truly learned while they were at Khampramong, they will get other benefits, not only body, but their mind and soul as well.

Learning and growth.

Spiritual growth. Chiropractor shared that the experience of taking care of her parents who were diagnosed with cancer and also volunteering at the Monastery helped her practice her spirituality:

I've never been able to practice in any temples. All I have learned is from Luangta here. When I listen to his teaching, I think I am lucky that I understand the dharma he taught. After the experience of being a volunteer, I learned to just let go, not to rush, or become too attached to desire.

Opportunity to grow and attain skills. Chiropractor mentioned that a year after her father passed away, she took her mother to begin treatment at Khampramong and discovered she was skilled in caring for cancer patients. She described her confidence in her skills: "I can see the difference in terms of my skill in caring for the patients. I am more professional." Chiropractor also had the opportunity to attain other skills. She noticed previously that there were not many people volunteering, especially in public health. Later, the number of patients, their caregivers, and volunteers had increased.

Seeing the growing number, Chiropractor became interested in massage as she thought it could be helpful to support caregivers: “I thought that it (massage) is hard work but it can help people. Therefore, I was motivated to get the training so that I could return to Khampramong and help more people and support free of charge.”

Resiliency factors and resources.

Spiritual principles (dharma). Chiropractor noted that her embrace of the principles of dharma helped her cope with life, especially during the time she dealt with cancer in her family. Chiropractor employed the principle of the fourth noble truth (Right Action) to help her accept things as they were and be able to move on with life:

According to the Buddhism principle of impermanence, everything is constantly changing. Everything is transient and impermanent. Birth, growing old, illness, and death make up the fourth noble truth. That’s it; do not think too much and don’t get stressed out.

Luangta, a spiritual leader. Chiropractor mentioned that the source of her strength and hope came from Luangta. She mentioned utilizing his teaching to help improve her well-being and her ability to cope:

The main resource here is Luangta and his teaching. We employed his teachings by integrating them with the principle of wellbeing: food, exercise, environment, and air. Luangta gave us new lives. When you get cancer, you do not see any solutions. Luangta is the light to help you out.

Coping strategies: Spiritual practice. Chiropractor explained that she listened to dharma talks and joined group activities regularly, which helped her focus and learn from those dharma teachings: “I listened to Luangta’s teaching from MP3. In the evenings about 6 pm., I always joined the group to chant and pray.”

Letting go. Chiropractor practiced “letting go” in order to overcome feelings of pressure that arose from her expectations toward clients. She wanted to get over her

expectations and let things be as they are: “I decided to let go of this feeling.”

Chiropractor led Tai Chi classes and she wanted patients and their families to join. When they did not, she felt disappointed. However, she decided to let that go and did the best she could saying, “At first I was miserable because I wanted them to understand the benefits of tai chi. Then I learned to just do my best. There could be someone who benefit from this...even if only two or three people attend, I still lead the Tai Chi class.”

Praying and chanting. Chiropractor said that during the time she took care of her parents, she used chanting and praying to support herself and her parents. This was especially true during her father’s critical stage. This chanting also helped her cope and center: “I prayed or chanted for my parents every morning and evening. I prayed 24 hours. When my father almost passed away, I was beside his bed and prayed *Itipiso* four days, 24 hours. It was maybe more than 100,000 rounds. I did not count.”

Making meaning. One of the techniques Chiropractor had learned and employed to help her cope was looking at the positive side of cancer. She shared that she learned this technique from Luangta: “Luangta teaches us that we can be grateful for cancer as it leads us to the temple (or dharma). If you do not have cancer, you will not go to the temple to see and learn from Luangta.”

Grandpa of Earth

Background. Grandpa of Earth is a 54-year-old Buddhist man. He is originally from central Thailand. Grandpa of Earth finished his Bachelor of Arts in business and nutrition. He works as a freelance lecturer. He had been in contact with Luangta and later developed an interest in traditional Thai medicine. In an effort to learn and develop his knowledge and skills, he has traveled around Thailand. Grandpa of Earth has

volunteered at Khampramong for six years and works closely with Luangta. He was a key person in helping Luangta develop the herbal medicine recipe for cancer treatment. He experimented and developed an effective herbal medicine under Luangta's supervision.

Description of the experience. Grandpa of Earth did not bring an artifact to share but mentioned the herbal medicine formula, which is in the treatment manual, as his contribution during volunteering. He described his experience as a volunteer as a journey to understand life and spoke about how much he appreciated this experience:

I think I am lucky that I have a chance to learn both, worldly dharma (*Logiyadham*) and enlightened dharma (*Loguttradham*). I was a very successful businessman. Then I went bankrupt due to the economic crisis and I became very ill. These experiences helped me understand more about life. I came here and got to know Luangta. Then I stopped struggling with my inner conflicts and led a more balanced and higher quality life. Now, I find happiness inside me. I do not search for happiness from material things or outside of myself. I am lucky to find happiness from a peaceful mind.

When I asked him to choose a fictitious name, he came up with Grandpa of Earth and elaborated:

I have an aspiration to be the good soil of earth. I will use the rest of my life to pass on knowledge and wisdom to help the new generation. I want to pass on ideas to preserve national wisdom to improve our country. If we can develop this knowledge, we can help our country tremendously by saving medical costs, human health, society, economy; we will help people enjoy a better quality of life.

View of cancer: Knowledge of cancer and treatment. Grandpa of Earth noted that his experience shaped his understanding about cancer--that it was not totally incurable. This understanding helped him to support patients so they would be able to live with cancer happily:

In the course of treatment now, I truly understand cancer. I can educate patients about this disease and help them accept it. This disease is not incurable, we can control it. The patients can live with it depending on their persistence. It does not

mean that when you have it you will die right away. I encourage them and help them to learn how to live with it happily.

View of treatment at Khampramong.

Holistic treatment. Grandpa of Earth believed the treatment approach at Khampramong was holistic in covering all aspects of wellbeing including mind, body, and spirit. Grandpa of Earth shared that in the past, people questioned whether the herbs could really cure them. The treatment at Khampramong confirmed this:

We proved that herbs can really cure the disease and it can be put in the public health system as evidence-based. This is a stunning discovery that even diseases that are hopeless for treatment with conventional methods can be cured by herbs and holistic treatment. In Thai traditional treatment is called “Dhammanamai” (living life congruently with nature and dharma); it includes mind, body, environment, and all other holistic aspects like society, family system, and ways of living. Things like that are all covered in this treatment regime.

Integrative care. Grandpa of Earth said that Luangta’s treatment approach had been developed cautiously and with commitment:

Initially we used herbs 50% and Western medicine 50%. Later we did more research and experimented from the medicine encyclopedia and further developed the methods. Now almost 100% of the medicine for treatment is based on Thai traditional medicine, primarily herbs. Western medicine is used for immediate pain if needed.

Grandpa of Earth noted that one of the unique treatments at Khampramong was the restoration of traditional Thai medication: “In the past, there was nowhere one could have a full system of alternative or Thai traditional medication like Khampramong. It’s true that they had these clinics in the hospitals, however, it was not a full traditional Thai system.”

Live happily and die gracefully. Grandpa of Earth noted that the main goal of the treatment at Khampramong is to help the patients and their family caregivers live happily. However, if patients do pass away, the caretakers and volunteers share the same duty by

supporting the patients in completing their last mission with dignity by getting through this process peacefully and mindfully.

Flexibility in approach. Grandpa of Earth said each case is unique so we have to treat each case by case:

In some cases, we have more of a challenge. There was a person who was very scared of death. Luangta talked about death a lot. The patient listened to it many times and was made aware that he was still alive. Then he began to question his fear. Then this patient was more mindful having listening to Luangta's teaching many times.

Providing care with emotional support. Like other volunteers, Grandpa of Earth reflected that Luangta highlights the importance of the mind. The method of treating cancer patients at Khampramong highly emphasizes an individual's mind:

Luangta always places emphasis on the mind. The treatment method is focused on maintaining the quality of the mind. The mind is the boss and the body is the assistant. The way Luangta treats patients helps upgrade the individual's state of mind. As their mind begins to accept, it is easy to receive treatment and to recover.

Teamwork. By employing integrated methods to help the patients and their families, volunteers have to work in a multidisciplinary team for consultation. Grandpa of Earth said, "Luangta works in a team with the physicians (conventional practice). If we need to do injections, the nurse will do them. However, we have to consult among physicians, Thai traditional doctors, and Luangta are involved in each case." Grandpa of Earth added that then the team consults with the patients and family caregivers for their final approval. Teamwork takes place inside and outside of the Monastery.

Perspective shift. Grandpa of Earth noticed that the treatment methods at Khampramong first helped shift the perspective and understanding toward cancer. As the

patients and their family understood this better , their sense of confidence and control increased and they were better able to deal with cancer:

I help educate both patients and their caregivers about cancer and helps shift the perspective regarding cancer. We just help whatever way we can when we see patients suffering but they want to live and stay free from suffering. In a proper time, Luangta and skilled volunteers will help them change their perspective to see the truth of life.

Organized system. Grandpa of Earth said he had observed that Luangta was well organized and kept good records of all of the treatments: “He has created a good system. He has records of all the patients like OPD or IPD card. He collected and organized all the data throughout the course of the treatments.”

Positive recovery environment. Grandpa of Earth said Luangta made the atmosphere of living at Khampramong like home--filled with warmth and support. This helped cultivate the recovery and healing of the whole community: “In Eastern ways, care and relationship within the family and generosity are the keys. This is a small community facing the same situation (cancer). Therefore, they understand each other and support one another.”

View of volunteer experience.

Autonomy. Grandpa of Earth highlighted a sense of freedom when he volunteered and worked with Luangta. He shared that most of the time he could use his abilities to test the effectiveness of the herbal medicine. He received good challenges from Luangta from time to time by assigning him new questions and experiments. Grandpa of Earth viewed this way of working as allowing him room to work independently and use his ability, resulting in professional growth:

Luangta let me work independently under his supervision. I always reported, consulted, and discussed cases with him. After a while he began to give me

assignments. He said, “Look! Doctor, when the patients have the symptoms like these, how would you treat or cure them?”

Volunteering is my life. Grandpa of Earth shared that having been a volunteer for years, he saw volunteering as his identity:

I feel that it is my life now. I want to share and help those who are suffering and looking for help. I do not think that I am neither a (Thai traditional) doctor nor a volunteer. I am willing to come here as I see people who are suffering and that gives me the impulse to help. I help because my deep feeling asks me to do so.

Increased focus on compassion and altruism. Grandpa of Earth saw value in his contribution and hoped his contributions would continue to have beneficial effects: “I think what we have done will be fruitful in the long run as it benefits wellbeing, both mentally and physically. This will help improve the quality of personnel, resources, economics, and will help save people’s lives. We can help people.”

Duty to support patients. Grandpa of Earth prescribed the herbal medicine and also provided support if he noticed patients were worrying. He shared that the ultimate goals for the caretakers and volunteers were similar—to support the patients in all conditions (live happily and die gracefully and with dignity):

If we see that not only are the patients’ bodies are very weak but their emotional state is very fragile. Instead of using medicine as the main key, I will switch to take care of the patient’s mind and use the medicine only for supportive purposes. I will try to help them to be alert and if they pass away, I hope to help them pass away with peace. Luangta said that it is the beauty of being (how the patients complete their last duty—to die gracefully) with support from volunteers and caregivers.

Challenges.

Working too hard. Grandpa of Earth shared that when he first came to the Monastery, he tried to do many things to cure the patients: “Because I want them to be

cured, I then got so stressed.” He mentioned feeling the burden of his responsibility to cure everyone: “It took time for me to learn and to let go of the feeling of responsibility.”

Process of acceptance. Grandpa of Earth said many people learn about cancer and are scared of it: “My challenge is how to help them to accept it and not to worry. When you have this disease you cannot get stressed. Otherwise, the symptoms will return. We must help them learn not to be stressed and cope with it.”

Learning and growth.

Opportunity to grow and attain more skills. Grandpa of Earth shared that before he came to Khampramong Monastery, his understanding about cancer was not comprehensive: “Previously, I did not understand how cancer spread. I did understand from the conventional perspective.” However, when he came to the Monastery, he learned about each type of cancer and specific herbal medicines to treat each cancer: “Luangta has a central herbal medicine and he has supplementary herbal medicines depending on the type of cancer.” During this process, Grandpa of Earth shared that he had an opportunity to work closely with Luangta to develop and experiment with an herbal medicine recipe to be used effectively with each type of cancer: “I view Khampramong as the teacher from whom I gain more knowledge and skill. Luangta taught me a lot. I grew professionally as a traditional doctor, both spiritually and psychologically. I learned to accept the truth of life.”

Self-journey. Grandpa of Earth perceived that from the experience of being a volunteer, he had been practicing for his spiritual growth, especially to be a *selfless* person: “I learned to decrease my ‘self’ and be more selfless. I place more focus on the patients and value them, not me.”

Patient-oriented. Grandpa of Earth expressed his passion to help cure patients:

“My ultimate goal is the patients.” He said that early in his volunteer work, he worked hard to save the patients’ lives. However, it might not be a good option for the patients:

Previously, I helped them as part of my duty. However, I have learned and seen the truth. Sometimes there are limitations to what we can do. If we try too hard, the patients will become exhausted and their bodies cannot tolerate that. Later, I understood the nature of the patients more. If the patient cannot be cured, I have to do the best I can and learn to make up my mind to accept it.

Increased knowledge of cancer and treatment. Grandpa of Earth noted that his cancer comprehension and skills improved as he did not just focus on curing the patients any more: “I have developed my understanding about mind and spiritual aspects along with the physical knowledge. My knowledge and comprehension are more holistic.”

Self-improvement and spiritual growth. Grandpa of Earth noted that he appreciated his experience as a volunteer as he had opportunity to grow internally and externally including advancing his knowledge and skills and enhancing his spiritual growth. Grandpa of Earth had been a successful business man. However, after the economic crisis, he became very ill. He viewed these crises as helping him understand life and grow. He came to understand that working closely with Luangta and helping others helped stop his inner struggle and created a more balanced and higher quality life:

When you work to help people without conditions and expectations of compensation, your mind will be content. I am not a desire-free person. However, I see myself growing in term of the knowledge and skills in this field and I am also growing spiritually.

Resiliency factors and resources.

Spiritual principles (dharma). Grandpa of Earth shared the source of resilience that could help people handle life adversities was dharma principles, especially the understanding about the truth of life:

One of the tools is Buddha's teaching about the truth of life. If people can accept the truth of life (birth, growing old, illness, and death), they will suffer less. We just help them to understand and accept the truth. As they suffer less, our work can then begin and the patients will gain the greatest benefit for themselves.

Preparation for death. Not only did the patients and caregiver discuss how to prepare for death, Grandpa of Earth also shared that he wished his good deeds would prepare him to die with peace and full consciousness: "My last wish is that when I die, I will die peacefully. With my merit, I wish when I die, I die with consciousness."

Luangta, a spiritual leader. Grandpa of Earth emphasized the importance of Luangta as he led patients, their family caregivers, and volunteers to thrive with life's adversities:

The key person is Luangta. He is the spiritual leader. Luangta teaches us case by case. He teaches based on each person's state of mind. He is like the psychologist. He knows how to teach and help us based on who we are. The way Luangta has done this is indirect teaching. He does not teach Buddhist principles dryly; he performs it. He teaches about suffering to the people who are really suffering (both patients and their caregivers). His teaching covers mind and body.

Having the experience of working for years with Luangta, Grandpa of Earth learned from Luangta how to work with others from diverse backgrounds. A crucial point that kept him working with Luangta was because of the vision and the great aspiration Luangta envisioned—to help all humanity: "Luangta treats everyone equally. He does not care whether they have high positions or power. He said that Khampramong gives without conditions. I believe in his goals. His vision is very extensive."

Awareness of cancer prevention. Grandpa of Earth shared his observation that "now many people have 'Office Syndrome' in which they have tense muscles, migraine headaches, and so on. Because their lifestyle conflicts with nature leads them to have diseases such as cancer." Being aware of the course leading to disease, he made

suggestions for increased wellbeing including dharma practice and exercise: “If people practice five precepts in Buddhism, we can prevent bad things in our lives. If we do physical work, we will be healthy.”

Coping strategies: Spiritual practice. Grandpa of Earth shared that Luangta used meditation as a tool to create peace in the individual: “If they (patients) pass away, they pass away with peace. Luangta embraces all religious practices so patients can have encouragement and strength in their own way.” Grandpa of Earth said that the ways of spiritual practice were based on an individual’s religion and belief. The main focus was to help boost an individual’s courage and strength: “We let people from different religions pray and meditate in the way their religion teaches them so they have things to hold on to. If they believe in Allah or God and that helps them have courage, just encourage them to do so.”

Letting go. Grandpa of Earth shared techniques to cope with miserable feelings by letting go: “Whatever we face here just let go, so that you will not be miserable. Just let go and preserve our mind to be happy in any conditions.”

Accepting the truth of living. Grandpa of Earth said that sometimes he worked hard to extend the patients’ lives. However, he said that he learned from Luangta to just follow reality by not fighting with it as the patients would suffer:

In some cases, medicine can help the patients to live but the patient is still suffering; therefore, Luangta taught me not to prolong and make the patients’ lives contrary to reality. Later on, the patient will suffer more. Some patients choose to die peacefully. They do not want to use medicine to extend their life. Luangta said let it be naturally. Everything is dharma. We are all in the same cycle: birth, growing old, getting sick, and death. If we find that patients are already in a critical stage, do not use our judgment over the patients; let them make the decision by themselves.

Taking a moderate path. Grandpa of Earth observed how people's lifestyles could lead to health problems:

Nowadays, people spend their lives materialistically. Some people spend their whole life making money, gaining admiration, or living rigidly. The extreme way of living--drinking alcohol, smoking, socializing, ignoring rest, being a workaholic, leads to disease. When you have a disease, you suffer. All those material things you sought will not be counted anymore. I found 80-90% of sickness results from extreme ways of living. If I look deeper into the old ways of acting (karmic perspective), I find that what they did in the past pays off.

Grandpa of Earth recommended that individuals employ the moderate path and lead a balanced life for wellbeing and to prevent any kinds of disease.

Conclusion

In this chapter, I provided information on the participants' demographic background and described their views of the artifacts they shared during the interview. Then I listed each individual participant's themes and relevant quotes. In the next chapter, I present the overarching themes among cancer patients, family caregivers, and medical volunteers.

CHAPTER V

FINDINGS: COMPOSITE EXPERIENCE

The purpose of this phenomenological study was to understand the experiences of cancer patients, their family caregivers, and the medical volunteers at Khampramong Monastery, particularly in the area of resilience and coping. In Chapter IV, I reviewed each participant's experience through a textural-structural description (Moustakas, 1994). In this chapter, I elucidate the shared experience among those patients, their family caregivers, and the medical volunteers; this shared experience is referred to as the composite experience (Moustakas, 1994). At the end of this chapter, I discuss the similarities and differences among these three categories of participants' composite experiences of resilience and coping.

Cancer Patients' Overarching Themes

In this section, I provide the overarching themes among eight cancer patients beginning with demographic information, followed by the similarities among the participants' descriptions of their experiences including their artifacts. I then present the overarching themes on the following categories: view of cancer, perception of treatment at Khampramong, challenges, learning and growth, resiliency factors and resources, and coping strategies the cancer patients employed.

Demographic Information of Cancer Patients

The age range of the eight cancer patients (three males and five females) was from 43 to 70 years old ($\bar{X} = 61$ years, $SD = 9.37$ years). Among the eight, seven are Buddhist and one is Catholic. With regard to socioeconomic background, seven cancer patients were from a low socioeconomic background (e.g., finished basic education and worked as farmers). There was only one exception--a female who had earned a bachelor's degree and worked as a primary school teacher. The duration the patients stayed at the Monastery for treatment ranged from 53 days to four years with an average of 1.3 years. All were of Thai ethnicity: six from northeast Thailand and the other two from central Thailand. Of the three males, two were diagnosed with liver cancer while the other was diagnosed with a brain tumor. Three females were diagnosed with cervical cancer and one also had osteosarcoma and lymphoma. The other two were diagnosed with lung and breast cancer, respectively. In addition, the patient with breast cancer was also diagnosed with lymphoma (see Table 1).

Table 1

Demographic Information of Individual Cancer Patients

Pseudonym/ Gender	Age	Religion	Education	Occupation	Length of Stay	Origin	Note
Diamond (F)	43	Buddhist	Grade 6	Farmer	2 years	Northeast	Cervical cancer, osteosarcoma, lymphoma
Sweet Water (F)	66	Buddhist	Grade 4	Farmer	2 years	Northeast	Lung cancer
Little Girl (F)	53	Buddhist	BS (Science)	Primary school teacher	4 years	Northeast	Breast cancer, lymphoma
Joseph (M)	69	Catholic	Grade 4	Farmer	53 days	Northeast	Liver cancer
A Man Behind the Mountain (M)	57	Buddhist	Diploma (PE)	Farmer	6 months	Northeast	Brain tumor
Srithong (F)	63	Buddhist	Grade 4	Tailor	1 month	Northeast	Cervical cancer
Nicholas (M)	67	Buddhist	Grade 4	Farmer	8 months	Central	Liver cancer
Saiyud (F)	70	Buddhist	Grade 4	Farmer	2 years	Central	Cervical cancer

Description of the Experience

Artifact description. The patient participants described their experiences of treatment at the Monastery through the artifacts they shared (see Table 2). Two participants did not bring artifacts to represent their experiences but one provided a verbal description. Among the artifact representations, three themes emerged: journey through cancer, spirituality, and opportunity to grow and attain skills.

Table 2

Artifacts Reported by Cancer Patients

Name of Participant	Artifacts
Diamond	Journal
Sweet Water	Garden
Little Girl	Dress, floral bouquet, journal
Srithong	None identified
Nicholas	Buddha statue

Note. A Man Behind the Mountain, Saiyud, and Srithong did not provide artifacts.

Journey through cancer. A common theme among the five participants who shared artifacts was the journey to thrive and live harmoniously with cancer. Diamond shared her journal in which she kept a record of her symptoms and coping strategies. Little Girl used a journal as well; she recorded trips as she accompanied the abbot and his team for lectures including lists of tasks for which she needed to prepare. Nicholas shared a Buddha statute, symbolizing his ability to get through this journey with faith and reminding him that his life now is a bonus as he did not expect to live for long. Similarly, Sweet Water was told she would probably live for six months. Fortunately, after receiving treatment at the Monastery, she is still alive two years after her diagnosis; her garden represented her journey.

Spirituality. Four participants shared aspects of their spirituality, representing their inner strength, which was a healing source to help them thrive with cancer. Nicholas shared that the Buddha of Victory statue helped bring back his courage to strive to live a healthier life. Additionally, gardening represented a spiritual source for some

participants. Sweet Water meditated while gardening; this helped her connect to a greater healing source. Joseph shared his Christian quotes from the Psalms written on two pictures of doves and his two sets of rosary beads. He explained that the quotes brought him strength and built his faith in God. His rosaries helped him stay centered and connected to the Father, the Son, and the Holy Spirit. Lastly, Little Girl used her spiritual ritual to bring blessing and wellbeing by her artifact--a floral bouquet used in the Medicine Boiling Ceremony.

Opportunity to grow and attain additional skills. Three patients shared their artifacts representing their treatment experiences at the Monastery and the skills they developed during their stay. Little Girl displayed the costumes she created and wore during the Monastery's activities: "I like to dress up as it makes people happy to see me in different costumes." She also showed me the CDs she had composed; those songs were based on her insight and experiences on her journey battling cancer. Little Girl attained those skills after she had cancer. Saiyud was another patient who possessed an "Om" vocalization skill and a good sense of humor. She said she led vocalization in the morning group prayer activity. Moreover, she was often invited to share her humorous stories in the evening group activity while A Man Behind the Mountain was often asked to sing for the group.

View of Cancer

Cancer patients reported that their views of cancer transformed from very negative to optimistic and positive. The majority reported that cancer did not scare them because through cancer, they were able to confront their fears and develop healthy coping skills to work through the fear of dying. Therefore, they appreciated cancer for the

positive opportunities and those coping behaviors they learned and developed through the healing process. In summary, without cancer, they would not have had a chance to challenge themselves and accept the nature of life, e.g., we are born and we will say good bye to this life someday. All cancer patients reported that their views toward cancer had changed. Four participants viewed cancer as no longer scary. Little Girl composed songs describing her cancer battle with pride. She was grateful that cancer helped change her personality and enhanced her perspective to live a more moderate and meaningful life. Saiyud, on the other hand, made fun of having cancer: “Cancer is just pointing; it’s not shooting yet.”

Regarding their perception that having cancer is not dying, Diamond accepted that she had cancer and thrived. She reported being less frightened and no longer avoided the word “cancer.” A Man Behind the Mountain highlighted that people can thrive through having cancer by being persistent and determined. He also appreciated cancer as it helped him be more aware of living his life fully. Diamond expressed gratitude to cancer because it strengthened her relationship with her husband. She appreciated that he quit his job to take care of her. Overall, it was common among the patients to look at their cancer from a new perspective—one that enhanced their capacity to look at their situation from a holistic viewpoint. As a result, they were able to develop an inner strength and adjust to their condition with peace and gratitude.

Perception of Treatment at Khampramong Monastery

When cancer patients described their perceptions of the treatment at Khampramong, they emphasized its effective treatment, holistic approach, cherished

friendships, and a sense of community as everyone faced how to relate to cancer and their efforts to overcome it (see Table 3).

Table 3

Perception of Treatment at Khampramong Reported by Cancer Patients

Perception of Treatment at Khampramong	Description
Effective treatment	Patient experienced and noticed positive results from the treatment especially (a) symptom improvement, (b) enhanced ability to cope with pain, (c) improved sleep, (d) increased appetite, (e) less fatigue, (f) physically stronger, (g) emotional relief, and (d) increased hope for recovery.
Holistic approach	Holistic treatment including (a) treatment encompassing mind, body, and spirit and (b) positive recovery environment including factors contributing to good health (nutrition, pure air, positive emotion, exercise, excretion, and rest).
A sense of community	Friendships and supportive relationships cultivated in cancer village including helping each other, encouraging, supporting, and sharing.

Effective treatment. All eight patients highlighted positive outcomes regarding treatment at Khampramong including improved symptoms, increased ability to cope with pain, improved sleep, increased appetite, less fatigue, feeling physically stronger, emotional relief, and increased hope. For example, Diamond said that when she was at the Monastery, she recovered quicker than when she was at home. Little Girl shared that the treatment at Khampramong gave her a new life. She reported enhanced skill in pain management and increased ability to manage cancer. Sweet Water reported her symptoms had improved positively. She was leading a harmonious life with cancer for three years instead of the six months her doctor predicted. Similar to Sweet Water,

Nicolas reported improvement and had already lived for eight months and not the two months his oncologist had assumed. A Man Behind the Mountain, Little Girl, and Nicholas noticed the effectiveness of the treatment and confidently asserted that others should use the services at the Monastery. Little Gild, A Man Behind the Mountain, and Joseph suggested others should seek services at Khampramong as they found their symptoms had tremendously improved. Similarly, Srithong felt more hopeful and courageous after receiving treatment at Khampramong.

Holistic approach. One of the most salient themes emerging from treatment at the Monastery was the holistic approach; treatment provided covered the dimensions of mind, body, and spirit. Six patients clarified their perspectives reflecting each aspect. Regarding the mind dimension, six patients reported receiving psychological support and encouragement from family caretakers and from the community (i.e., other patients, family caregivers, and volunteers). Regarding the body dimension, six patients reported having on-site activities to support and keep them physically healthy including the herbal medicines and physical activities (e.g., yoga, Tai Chi, aerobic dance, and other exercises). Concerning the spiritual dimension, six patients reported spiritual practice and listening to dharma talks daily. Five participants acknowledged that Khampramong was a positive recovery environment. They emphasized six elements for maintaining good health including nutrition, fresh air, positive emotion, exercise, excretion, and rest.

A sense of community. One of the most profound perceptions of Khampramong was the friendship and a sense of community. Five patients noted that sharing was a common part of the culture at Khampramong Monastery. It was not limited to material items such as food or money but also experiences, suggestions, and contributions. The

patients mentioned the support they received at this critical time of their illness was essential to their healing. Diamond found meaning in the gatherings to pray for weak and dying patients. Three participants highlighted collaboration (helping each other similar to being in the same family). They declared their unity as a kin who faced the same destiny as they fought with cancer.

Challenges

In the overarching theme of physical stress, participants disclosed the challenges they encountered after discovering they had cancer. Six participants highlighted physical stress and listed a number of struggles and challenges they encountered after being diagnosed with cancer. This stress included constant and chronic pain, fatigue, or lack of energy. For example, Joseph was improving; however, he still reported occasionally having an irritated bowel system. Saiyud and Nicholas reported feeling very weak and fatigued when they first came to the Monastery. At times, they still had difficulty falling asleep. However, throughout the course of the treatment, they found herbal medicine and pain management skills they learned at Khampramong were helpful to deal with their symptoms. Little Girl and Diamond shared that at times they faced severe pain and fatigue no one could help. They both utilized the mindfulness meditation they learned during their treatment and mastered it until they were good role models.

Learning and Growth

The Patients highlighted areas of learning and growth as a result of their battle with cancer (see Table 4). This included the ability to accept and live with cancer, knowledge of cancer and its management, and self-improvement.

Table 4

Learning and Growth Reported by Patients

Learning and Growth	Description
Ability to accept and live with cancer	Accept and live with cancer harmoniously and to die peacefully including (a) acceptance using adaptive thoughts, (b) symptom management, (c) cultivating a new normal, and (d) preparation for death.
Cancer knowledge and management	Gaining knowledge about cancer including (a) its cause, (b) symptoms, (c) treatment, and (d) elements for good health.
Personal improvement and growth	Patients reported changes in the following areas: (a) a sense of new opportunities from cancer battle, (b) increase in a sense of connection, (c) increase in a sense of personal strength, (d) a greater appreciation for life, and (e) increase in spiritual life.

Ability to accept and live with cancer. Patients perceived they had learned and grown through their cancer battles. Seven described the ability to accept and live with cancer harmoniously. For example, Diamond learned to adjust her perspective toward cancer and to be consistent in complying with the treatment regimen. She emphasized employing adaptive thoughts like minimizing or generalizing helped her to accept cancer and move on. Sweet Water highlighted that spiritual practices and holistic treatment at the Monastery helped cultivate peace to live from a friendly perspective with cancer “till the end of life.” By using adaptive thoughts and making meaning of having cancer, Little Girl was able to accept and learn to deal with her illness. Similarly, A Man Behind the Mountain admitted learning from other patients who were recovering and were determined to thrive with cancer. His persistence in treatment adherence reflected his

ability to overcome and thrive with cancer. Nicholas, on the other hand, mentioned encouragement from the Abbot who instilled him with hope. He courageously put forth effort to recover and prolong his life. Saiyud and Little Girl conveyed an ability to live harmoniously with cancer by making friends and talking to cancer as if between a mother and child. Not limited just to the ability to live with cancer on friendly terms, these participants also emphasized their mindfulness of death and prepared for the end of their lives. Their battle stories illustrated their ability to live with cancer and to die gracefully.

Cancer knowledge and management. Four cancer patients reported gaining knowledge about cancer and being aware of cancer risk factors and prevention methods. This knowledge included general cancer facts (cancer types and symptoms). For example, Joseph mentioned that he felt in control when he had knowledge about his symptoms and conditions. Knowing this helped him let go of the doubt, be more able to accept reality, and try to do the best he could with his diagnosis. Man Behind the Mountain emphasized the importance of learning and understanding cancer to be able to : maintain good help like avoiding diet or extreme emotions contributing to worsening cancer symptoms. Similar to A Man Behind the Mountain, Nicholas recommended that cancer patients avoid unhealthy food such as meat and sweets. Other patients also mentioned their awareness about risk factors and causes of cancer, thus passing on cautions to loved ones and others to better prevent cancer. Diamond disclosed that she warned her husband to avoid consuming alcohol and protect himself when he had contact with chemicals and fertilizers. Sweet Water recommended that people be mindful about food consumption and to avoid red meat and alcohol. Similarly, Joseph encouraged

people with cancer to eat vegetarian food, avoid meat, and also recommended treatment at Khampramong.

Self-improvement and growth. Four cancer patients reported changes that shed light in the area of their personal improvement and growth. This growth depicted a sense of new opportunities from battling cancer including an increased sense of connection, enhanced sense of personal strength, a greater appreciation for life, and increased spiritual life.

Two participants enthusiastically declared they had attained new skills after receiving treatment at Khampramong. Little Girl learned to compose songs, design costumes and perform, as well as to manage pain. Saiyud reported enhanced *Om* vocalization skills and developed a good sense of humor after receiving treatment. All participants were knowledgeable about distinguishing food appropriate for their conditions and what types of food to avoid.

Four participants highlighted an increased sense of community while residing at the Monastery. Diamond shared that she received care from other long-term cancer patients while Sweet Water mentioned visiting and mutual support among the cancer community members. Srithong and Nicholas noted their symptoms had improved due to the encouragement and support they received.

All participants noted enhanced personal strength. Diamond, Little Girl, Sweet Water, Saiyud, Nicholas, and A Man Behind the Mountain provided very clear examples of persistence, the ability to cope, manage pain, and thrive with cancer. Moreover, Diamond appreciated that cancer helped strengthen her relationship with her husband

while Little Girl was grateful to cancer because it helped her discover the meaning of life and an ability to live life more peacefully.

All patients reported an increased spiritual life defined as an increased focus on compassion and altruism, death mindfulness and preparation for death, and personal changes. For example, Diamond and Little Girl shared that they were less serious and strict with their lives and had less expectations of their husbands. Similarly, A Man Behind the Mountain and Joseph were aware and tried to maintain a positive attitude. All participants reported living their lives spiritually on a daily basis.

Resilience Factors and Resources

The patient participants highlighted several factors that helped bolster their resilience and overcome adversity. The resources involved internal and external resources (see Table 5). Internal resources that cultivated resilience included strong will and self-encouragement. External resilience resources included having Luangta as a spiritual leader, encouragement and support from family and community, spiritual principles (dharma), and available treatment recommendations (treatment manual).

Table 5

Resilience Factors and Resources Reported by Patients

Resilience Factors and Resources	Description
Internal resilience resources	Internal resources that helped boost individual inner strength and courage included (a) strong will, and (b) self-encouragement stemming from faith, hope, merit-based focus, gratitude, humor, and treatment recommendation compliance.
External resilience resources	External factors and resources that facilitated cancer patients to thrive and overcome cancer included (a) Luangta, a spiritual leader; (b) family; (c) encouragement and support; (d) spiritual principles (dharma); and (e) treatment manual.

Internal resilience resources. Seven participants emphasized internal resources to bolster resilience and help them deal with life crises. All participants emphasized strong will and self-encouragement as key inner strengths that helped them keep up their hope and courage. Sweet Water described strong will as having a strong mind that helps people have a shelter or refuge to deal with any circumstances. Saiyud elaborated that a strong mind, persistence, and determination were characteristics of strong will and these qualities helped her thrive with cancer while she received treatment at Khampramong. Little Girl noted that it was important to strengthen one's mind as soon as possible if he or she is feeling discouraged. It is important that cancer patients maintain their strong will in managing a challenging time. Diamond discussed feeling discouraged when she first came to Khampramong and learned she had to drink six to eight cups of herbal medicine per day. However, she said her strong will helped her adhere to the treatment recommendations. Nicholas defined strong will as the capacity to fight and not accept defeat. He also used self-encouragement to help him achieve this quality. Similar to others, A Man Behind the Mountain emphasized that strong will helped him maintain his internal motivation to be healed. In addition, Srithong confirmed that strong will helped her cope and cultivate her hopes.

Self-encouragement was multidimensional. Many patients listed faith, hope, gratitude, karmic perspectives, merit-based focus, treatment compliance, and humor as their internal key resources that enabled them to stay center. These factors also catalyzed their motivation to overcome the challenges of their illness. For example, Diamond described her hope to see her daughter again and how this wish strengthened her resolve to live. A Man Behind the Mountain, Nicholas, Saiyud, and several others emphasized

that their faith in their treatment and recovery drove their internal strength. Also, being faithful to and compliant with treatment recommendation provided them with the principles and direction to encourage them. Sweet Water, Srithong, and Diamond utilized a karmic perspective to help them make sense of and accept the course of their illness. In addition, they developed sincere gratitude to their parents or Luangta as a powerful force encouraging them to stay alive so they could pay back the kindnesses they were blessed with.

External resilience resources. External resources were significant to all participants. All agreed that Luangta was their spiritual leader who provided them with a mental refuge. Despite her reluctance in her first meeting, Diamond said his caring and encouragement helped her feel relieved and courageous. She followed his dharma talks to lead her life and cultivate positive personal changes for her and her husband. Having a different religion was not an obstacle to a spiritual connection and relationship. Joseph disclosed his respect toward the abbot, saying that the dharma talks the abbot taught did not conflict with his Christian beliefs. Sweet Water, Saiyud, Srithong, A Man Behind the Mountain, Diamond, and Nicholas highly respected Luangta and viewed him as the father or a holy father who encouraged them to thrive physically and emotionally. Luangta also provided dharma talks to help them understand life and nourish their soul to live a meaningful life in the face of adversity.

Besides Luangta, four participants mentioned the importance of their families who helped them thrive. In Thai and Buddhist culture, parents are revered and valued as the greatest and purest monks. Therefore, children are expected to take care of their parents to pay back their virtues. Diamond said that her daughter and elderly parents

were the sources of her motivation to live. She fought to survive as that would give her the opportunity to see her runaway daughter and to take care of her parents. Likewise, Srithong also strove to live so she would have opportunity to do her daughter's duty to care for her parents. Nicholas described how much he appreciated the support received from family: "My family supports me well and I am courageous.... I am lucky. I am blessed by the caretakers and cancer patients. I am more cheerful. I don't know where my energy comes from. I feel stronger." Sweet Water described her daughter as an external resource. She wanted to live for her daughter and, at the same time, she perceived her daughter as her greatest support.

In addition to family, four participants highlighted the importance of the encouragement and support they received from their family caregivers, volunteers, and other cancer patients. Lastly, they highlighted the treatment manual, which provided recommendations and guidelines for practice to survive cancer.

Coping Strategies

Coping strategies played an important role in helping cancer patients overcome and even thrive with their hardships. The strategies patients employed included spiritual practice, treatment adherence, and cancer acceptance and management. Table 6 lists coping strategies reported by cancer patients.

Table 6

Coping Strategies Reported by Patients

Coping Strategies	Description
Spiritual practice	Listening to dharma talks, mindfulness meditation, praying, chanting, extending loving kindness, letting go, and humility.
Treatment adherence	Taking prescribed herbal medicine, consuming a healthy diet, and avoiding unhealthy food and risk factors.
Cancer acceptance and management	Positive outlook on cancer, making meaning, making friends with cancer by talking to cancer, pain/symptoms management, and recreation.

Spiritual practice. All eight participants described incorporating spiritual practices to help them cope. These practices included praying and chanting, listening to dharma talks, practicing mindfulness meditation, letting go, and extending loving kindness. Sweet Water gave a clear example of a patient who employed chanting and praying in her daily activities. As she mastered chanting in both the Thai and Pali languages, she made her mind still as she focused on chanting the psalms. Joseph reported that he prayed to God, the Son, and the Holy Spirit, which helped him focus and maintain his courage. Diamond noted that besides regular central activities, she joined others to pray and chant as it provided support to others who had entered this critical stage in their lives. A Man Behind the Mountain memorized the Psalms so he did not have to look at the chanting book because it lessened his headaches. Little Girl and Diamond often practiced mindfulness meditation, especially to deal with their pain. Nicholas and Saiyud conveyed their humility to the Holy Spirit, masters of medicine, and

angels in the Monastery. Nicholas prayed and recalled the contributions of the medicine masters with appreciation before taking medicine and then he prayed for his wellbeing. Saiyud expressed her humility by asking permission from and informing the angels about her intentions before she performed worship dance. She wanted her dance to be homage to the goddess and angels, hoping they would bless her. Little Girl, Joseph, and Saiyud extended loving kindness to cancer. They talked to cancer like their own children and made friends with it.

Treatment adherence. All cancer patients described their treatment adherence, which included persistence following the recommendations prescribed in the treatment manual they received during orientation. Although some patients (i.e., Diamond, Nicholas, and Saiyud) initially felt discouraged or had a hard time adjusting to the herbal medicine, they took the medicine consistently. Each participant was mindful about food consumption. They consumed only healthy, macrobiotic, or vegetarian food. In addition, they strictly avoided certain types of food that were not good for their symptoms based on Thai traditional medicine or Ayurvedic practice. Little Girl and A Man Behind the Mountain highly recommended that other cancer patients follow the treatment recommendations since both of them had previously carelessly violated the rules. For both, their symptoms worsened and it took a long time to recover. Saiyud shared that she wanted to violate the food consumption practice by eating instant noodles. However, Luangta told her she could do so but she would become sick and might die. Saiyud decided to follow his advice.

As well as consuming only healthy food and avoiding unhealthy foods, all patients tried to avoid chemicals and risk factors that could interfere and worsen their

symptoms. For instance, A Man Behind the Mountain stopped using chemicals or used a mask when he worked on his rubber plantation. He also stopped drinking alcohol and stayed away from strong sunlight. He ate organic vegetables and used charcoal to wash them before cooking.

Cancer acceptance and management. Overarching themes among coping strategies shed light on the skills cancer patients employed to accept cancer and manage cancer symptoms. To be able to accept cancer, most of the participants tried to make sense of their sickness. Srithong employed a karmic perspective to help her accept cancer as an outcome of her past deeds. Others like Little Girl and Diamond developed a new attitude toward cancer through their treatments. They also learned from other patients that cancer was not scary. Throughout treatment, they learned to look at the positive side and developed gratitude for what they had gained during their battle. For example, Diamond appreciated that her relationship with her husband was improving while Little Girl was grateful about her new healthy way of living her life spiritually.

All participants disclosed that through having cancer, they came to understand cancer and make friends with it. For example, Joseph, Little Girl, and Saiyud utilized a technique to talk to cancer and to deal with pain and insomnia. Little Girl gradually accepted death and viewed it as one of the natural truths. This helped her coexist with cancer more comfortably. At the same time, she could shift her focus to preparation for death instead of spending time and energy with denial or distress.

Family Caregivers' Overarching Themes

In this section, I discuss the overarching themes among the eight family caregivers. The section begins with demographic information and is followed by a

discussion of the commonalities among the participants' descriptions of their experiences taking care of their family members. It includes a discussion of their artifacts, description of how they view cancer and the treatment provided, significant challenges they encountered during the period of their stay, and their learning and growth. Then I present the overarching themes reported by a majority of the participants by capturing resiliency factors and resources and coping strategies they developed and employed during their stay.

Demographic Information of Family Caregivers

The age range of eight family caregivers (four females and four males) was from 41 to 68 years old ($\bar{X} = 46.5$; $SD = 11.87$) and all were Thai. Among the eight caregivers, seven were Buddhist and one was a Catholic. Similar to the patients, the duration the caregivers stayed at the Monastery for treatment ranged from 53 days to four years with an average of 2.1 years. Six caregivers were the patients' partners. Two caregivers were the patients' children and the last one was the patient's sibling (brother). This information is summarized in Table 7.

Table 7

Demographic Information of Individual Family Caregivers

Pseudonym/ Gender	Age	Religion	Education	Occupation	Length of Stay	Origin	Note
Compass (M)	45	Buddhist	Grade 6	Former welder, farmer	> 2 years	Northeast	Diamond's husband
Cutie (F)	32	Buddhist	Bachelor of Arts	Former banker	2 years	Northeast	Sweet Water's daughter
Hen (M)	54	Buddhist	High school (M5)	Police	4 years	Northeast	Little Girl's husband
Teresa (F)	57	Catholic	Grade 4	Farmer	53 days	Northeast	Joseph's wife
West (F)	45	Buddhist	Grade 6	Farmer	6 months	Northeast)	A Man Behind the Mountain's wife
Ris (M)	41	Buddhist	Diploma	Tailor	1 month	Northeast	Srithong's son
Rainy (F)	68	Buddhist	Grade 4	Farmer	8 months	Central	Nicholas's wife
Pea (M)	62	Buddhist	Grade 4	Farmer	2 years	Central	Saiyud's brother

Description of the Experience

Artifact description. Only four family caregivers shared artifacts to support the description of their experiences taking care of their family members at Khampramong (see Table 8). Among the artifact representations, two broad themes emerged: a sense of community and ability to accept and live with cancer.

Table 8

Artifacts Reported by Family Caregivers

Name of Participant	Artifact
Compass	TV Show: A Man Searching for Mankind
Teresa	Christian quotes
Ris	Guitar
Rainy	Woven basket

Note. Cutie, Hen, West, and Pea did not provide artifacts.

A sense of community. Among the four artifact representations, friendship and a sense of community were highlighted. Rainy shared the woven basket she made from palm leaves. She gave the baskets to volunteers and patients as an expression of her gratitude. The guitar Ris brought to the Monastery turned out to be a great device for him to develop relationships.

Ability to accept and live with cancer. Similar to patients, family caregivers reported their ability to accept and live with cancer in order to support family members diagnosed with cancer. They emphasized that it was important for the caregivers to have knowledge about cancer and treatment methods at the Monastery so they could provide proper care to the patients. The TV show Compass shared represented his life at the Monastery. He harmoniously adjusted to the activities provided at the Monastery. He let go of his ego to dress and act funny. Instead of feeling ashamed, he reported feeling proud of himself and glad people liked his acting and recognized him. Last but not least, Christian quotes shared by Teresa provided her with a source of strength, helping her to accept the course of her husband's illness as she strove to support him in his journey.

View of Cancer

Family caregivers shared that their perceptions toward cancer changed during the time they were with patients getting treatment (see Table 9). They felt frustrated initially, yet were motivated to help their family member diagnosed with cancer. Likewise, family caretakers reported a positive view toward cancer because by providing support to cancer patients, they were able to develop healthy coping skills to work through their fears of dying. They appreciated cancer for the positive opportunities and the coping behaviors they learned and gained through the healing process.

Table 9

View of Cancer Reported by Family Caregivers

View of Cancer	Description
A new perspective	A new view on cancer included (a) wanting to rescue, (b) cancer is not scary, and (c) cancer appreciation.

Three family caregivers were overwhelmed and wanted to “rescue” their family member after realizing the family member had cancer. Compass said he did not have time to deal with his own emotions but focused on how to save Diamond’s life (his wife). On the other hand, Rainy was prepared to know that her husband, Nicholas, had cancer. She said she was not informed directly by the doctor about her husband’s condition; she heard about it from her children. Rainy did not report feeling shock but wanted to rescue her husband. She said all she could think about was to take him to get treatment. Hen

was frustrated after hearing his wife had cancer. However, as the head of the family, he shifted his focus quickly to help her in any way he could.

During the treatment process, four family caregivers perceived that cancer transformed their perspective to see cancer from a more positive and less fear-ridden view. This was largely due to witnessing a significant improvement in their family member's condition. Two family caregivers developed an appreciation for cancer by making meaning of it and looking at it from a positive perspective. Cutie was grateful. Due to her mother having cancer, she could meet the obligation to take care of her mother during a time of need. She was proud of her ability to do this. Similarly, Pea was grateful for the opportunity to care for his sister: "I am lucky cancer takes me to the temple." Pea accompanied his sister to all activities. He said he learned from those activities and began to perform spiritual practices.

Perception of Treatment at Khampramong

Table 10 summarizes the views of family caregivers about the treatment at Khampramong. Similar to the patients, their perceptions emphasized the effectiveness of treatment, a sense of community, and ready availability of services.

Table 10

Perception of Treatment at Khampramong Monastery Reported by Family Caregivers

Perception of Treatment at Khampramong	Description
Effective treatment	Noticed positive results from treatment in their family member, especially (a) symptom improvement, (b) ability to cope with pain, (c) sleeping better, (d) increased appetite, (e) less fatigue, (f) physically stronger, (g) emotional relief, and (d) increased hope for recovery.
A sense of community	A feeling of belonging as part of the group and supportive relationships including helping each other, encouraging, supporting, and sharing.
Ready availability of services	Services provided that aided psychosocial health care included (a) positive recovery environment, (b) holistic treatment, (c) affordable care, (d) integrative alternative treatment, and (e) equal/non-discrimination treatment.

Effective treatment. Seven family caregivers reported improvement in their family members' conditions. For example, Compass was relieved to see Diamond recovering as evidenced by her ability to cope better with pain using meditation. She was better able to care for herself, had improved sleep, increased her appetite, and gained physical and emotional strength. After witnessing improvement, Compass was motivated to do everything he could to facilitate and support her recovery. Similarly, Cutie noted her mother, Sweet Water, made a huge improvement within three months of treatment. Hen also claimed that his wife was healing well after receiving treatment. He described her improvement as being healthier physically, emotionally, and spiritually. He also

noticed she was more hopeful and less frightened of death. Hen said his wife's improvement helped eliminate his frustration and stress.

A sense of community. Four caregivers were impressed by the feeling of community and friendship they experienced after arriving at the Monastery. Compass emphasized the importance of mutual support that was rich and lively at the Monastery. He socialized with other patients and families in supporting one another. This friendship extended to newcomers by helping them to adjust. Compass emphasized that the culture at the Monastery emphasized sharing whatever they had with others in the cancer community. All caregivers volunteered to help out in any way at the Monastery in an effort to make the community a nice place to live (e.g., cleaning, picking up the trash, and growing and taking care of the plants).

Ready availability of key services. Four participants described that treatment at Khampramong represented ready availability of key services. This includes those who served all aspects of psychosocial health for patients' diverse backgrounds. West mentioned that she chose to get treatment at Khampramong because it was affordable and she did not have to worry about financial compensation. Teresa highlighted non-discrimination and integrative alternative care services at Khampramong. Because she was a Christian, she was initially reluctant to make contact with the monks. However, her hesitation was diminished when Luangta did not turn her down. Instead, he built rapport with her by sharing that he had previously studied at a Christian boarding school.

Challenges

Family caregivers identified the challenges they encountered after realizing that their family member had been diagnosed with cancer. Table 11 presents psychosocial stressors commonly reported by the family caregivers.

Table 11

Challenges Reported by Family Caregivers

Challenges	Description
Psychosocial stressors	Adverse effect when a family member was diagnosed with cancer including (a) psychological distress (i.e., worries, overly concerned, anxiety, depression), (b) burnout, (c) homesickness, (d) coping with grief and loss, (e) negativity and discouragement, and (f) adjustment.

All family caregivers reported adverse psychosocial stressor effects when their family member was diagnosed with cancer. Compass, West, and Teresa expressed that they were dealing with negativity (i.e., fear that spouse might pass away and relevance) and discouragement. Three family caregivers also disclosed the challenge of dealing with negativity and discouragement. Compass said he had a hard time accepting that his wife had cancer saying, “It was hard to remain optimistic when our loved ones have a fatal disease.” Teresa mentioned that at times she was discouraged by her own negative thoughts and was fearful what her life would be like if her husband died. She was also concerned that her husband might be discouraged if she disclosed her vulnerability; so

she decided to keep it to herself but later experienced burnout. Several caregivers reported their deep concern about the patients (their spouses or parents). For example, West felt depressed about this situation. She reported being burned out from taking responsibility of the household by herself, wishing she could change places and get cancer instead of her husband. Pea, on the other hand, was worried seeing Saiyud, his sister, in bad shape after her cancer diagnosis. Thus, he was willing to accompany her to the Monastery to take care of her. Hen reported concern when he saw his wife was in pain and her fear of death. Ris noticed that his mother was very worried and homesick. He wished for her to enjoy the treatment and let go of her worries about the family at home. Four participants mentioned they had a hard time adjusting to their new living arrangement and the course of treatment early in their treatment. However, they adjusted better after making friends with others and saw improvement in the family members.

Learning and Growth

Family caregivers noted that by accompanying patients for treatment at Khampramong, they gained knowledge and grew in some areas. Table 12 shows the areas of growth including knowledge of cancer prevention and management and changes in worldviews and lifestyle.

Table 12

Learning and Growth Reported by Family Caregivers

Learning and Growth	Description
Cancer knowledge and management	Gaining knowledge about cancer: (a) cause, (b) figures and symptoms, (d) treatment, and (e) elements for good health.
Personal improvement and growth	Changed perspective on (a) cancer, (b) meaning of life, (c) karmic perspective, and (d) changes in lifestyle (i.e., increased compassion and altruism, taking a moderate path, mindfulness, and preparation for death).

Cancer knowledge and management. All family caregivers noted the importance of having knowledge about cancer, being aware of cancer prevention factors, and possessing skills to support patients during a time of need. Teresa emphasized that the caregivers needed to have knowledge about cancer care so they could provide proper care. Teresa, Cutie, Pea, and Compass had knowledge about the type of healthy diet suitable for patients. They cooked for patients following those guidelines. Cutie became skilled in caring for her parents when they were diagnosed with cancer.

Personal improvement and growth. Seven caregivers disclosed that seeing their family members receive treatment at Khampramong influenced their worldview and resulted in lifestyle changes. They reported taking a moderate path, focusing on the present, increasing compassion and altruism, and being mindful of and preparing for death. Cutie, Compass, Pea, Hen, Teresa, West, and Ris said the holistic treatment at the Monastery helped patients recover and cultivated growth and improvement in family caregivers. Cutie gained insight about dharma and planned to incorporate it in her career.

Pea, Ris, and Teresa appreciated the “positive” side of cancer such as providing opportunities to practice in the temple and learning and appreciating life. Ris found the dharma principles he learned while caring for his mother at influenced his decision to improve his habits. Compass and Hen noted they were more flexible with life and consumed less alcohol. Moreover, their values shifted from materialistic to cherishing authentic happiness and inner peace.

Besides taking care of patients, all caregivers volunteered at the Monastery. The motivation was to pay back and give forward. From this, they reported growth in their levels of compassion and altruism and were driven to help without expectation of compensation. Compass, for example, noted a time when he was asked to help with the body of a person who had died: “I helped with whatever they needed me to do. I helped put the dead person in the coffin. I prepared the wood for the cremation... When I help other people, I am happy.” Ris helped with growing plants and lifting heavy pots during the Herbal Boiling Ceremony. Cutie, Teresa, and Compass also volunteered at Akrokayasala including cleaning, warming herbal liquid, and distributing medicine. West spent times cleaning the bathrooms at the Monastery.

Resilience Factors and Resources

Similar to the patients, family caregivers reported employing internal and external resources to cultivate their inner strength and bolster their resilience in order to help them get through this difficult time (see Table 13).

Table 13

Resilience Factors and Resources Reported by Family Caregivers

Resilience Factors and Resources	Description
Internal resilience resources	Internal factors contributing to resilience included (a) strong will and (b) self-encouragement stemmed from faith, hope, merit based focus, gratitude, humor, and treatment recommendation compliance.
External resilience resources	External factors contributing to resilience included (a) encouragement and support, (b) spiritual principles, and (c) Luangta, a spiritual leader.

Internal resilience resources. Six family caregivers noted the importance of having a strong will and self-encouragement as important internal resources to boost their resilience and be able to cope with lives adversity. Cutie emphasized having a strong will: “We must learn how to be with ourselves and bravely face our challenges. Even if it is painful, we must still keep living. Never give up!” Similar to patients, family caregivers strove to make sense of adversity and live through challenges. Most caregivers recognized the importance of hope, faith, merit-based focus, humor, and treatment compliance to help them remain courageous through the challenges they encountered. Compass and Hen reported that faithfulness to the treatment provided at Khampramong brought hope their spouse would recover. Specifically, Compass and Teresa mentioned that compliance with the treatment schedule helped them stay grounded. Furthermore, Teresa noted her faith toward God helped her center. Also, she, Hen, and Ris recognized that having a humorous perspective helped lighten their heart and remain positive.

External resilience resources. Six family caregivers identified using encouragement and support as their external resource to build up their resilience. For example, Teresa considered that encouragement and support from her children and the Luangta were crucial, especially to fight against her negative thoughts and be strong again. She reported having more energy to support her husband and facilitate his recovery. Teresa creatively cooked a variety of healthy foods for her husband and enhanced the tastes of the food to increase his appetite. Likewise, Hen and West recognized the importance of encouragement and support; thus, Hen supported his wife by sharing fun stories and pleasurable times together while West encouraged her husband to persevere.

Five family caregivers mentioned Luangta, the Abbot of the Monastery, as the primary external resource that helped them remain courageous, hopeful, and centered. All participants respected and revered Luangta. They recalled his contributions and personal qualities that helped them to stay strong. Despite differences in religion, Teresa accepted Luangta's ability as a spiritual leader. West, Cutie, Teresa, and Ris highlighted the importance of dharma principles that helped them to understand the truth of life and be able to live through life adversities to the best of their ability.

Coping Strategies

Family caregivers reported employing coping strategies to help them deal with the stress and challenges they encountered while being a caretaker for their family member. Table 14 presents coping strategies commonly employed by family caregivers including spiritual practice and treatment compliance.

Table 14

Coping Strategies Reported by Family Caregivers

Coping Strategies	Description
Spiritual practice	Performing spiritual activities including (a) listening to dharma talks, (b) mindfulness meditation, (c) praying, (d) chanting, (e) extending-loving kindness, and (d) letting go.
Treatment compliance	Compliance with the treatment manual and recommendations.

Spiritual practice. Seven family caregivers noted employing spiritual practices to help them cope. Teresa shared that she and Joseph prayed together asking God, the Son, and the Holy Spirit to give them strength. They also extended loving kindness to cancer to help them overcome the negative feelings to cancer, instead making friends to live harmoniously with it. West, Cutie, and Ris highlighted that they listened to dharma talks and incorporated them into their daily lives. They reported using mindfulness meditation, praying, and chanting to help them center themselves. They then reconciled the truth of living--that everyone will encounter the same things in their lifetime (birth, aging, getting sick, and death)--and learned to accept and let go of their worries.

Treatment compliance. Similar to the patients, family caregivers found it was very important that they also followed the treatment recommendation. However, the dimension of following treatment was slightly different. For cancer patients, they strictly adhered to the treatment. For family caregivers, they flexibly followed the treatment recommendation by supporting the family member they cared for by following the treatment. For example, Compass learned about the vegetables and fruits that were good

for his wife's conditions and avoided the restricted ones. Then he helped prepare these ingredients for his wife. Not only Compass, but West, Teresa, Cutie, and Ris also noted that sticking with the treatment schedule (i.e., time to take medicine, offering food to the monk, time for group activity) helped them stay focused on the treatment instead of wasting their time worrying about other things.

Medical Volunteers' Overarching Themes

In this section, I report the overarching themes among the five medical volunteers. Following the demographic information, I discuss the commonalities among the volunteers' artifact descriptions reflecting their experience involving the Monastery services, views of cancer and treatment provided, and how they perceived their volunteer experience including challenges and learning and growth. I then discuss the overarching themes noted by a majority of the participants pertaining to the resiliency factors and resources along with coping strategies

Demographic Information of Medical Volunteers

The age range of the five medical volunteers was between 39 to 59 years old ($\bar{X} = 47$; $SD = 9.08$) and all were Thai ($n = 5$; three females and two males). All five participants were Buddhist. The duration of their volunteer experience at the Monastery varied from three to nine years with an average of 5.2 years. Two participants held bachelor's degree, two had master's degrees, and one had an honorary doctoral degree. All participants except one (Young Melon) had backgrounds related to the medical field (either Western or Eastern). However, Young Melon was an indigenous practitioner as she herself had been through the process of healing and she also had expertise in applying Buddhist practice for pain management and healing (see Table 15).

Table 15

Demographic Information of Individual Medical Volunteers

Pseudonym/ Gender	Age	Religion	Education	Occupation	Volunteer experience	Origin	Expertise
Young Melon (F)	44	Buddhist	MNM (Social Development) MA (Buddhism)	Freelance, journalist	3 years	Central	Buddhist healing
Sandy (F)	39	Buddhist	MNS, APN (Advanced nursing)	Lecturer (Thai Medicine)	5 years	Central	Death and dying/ Thai medicine/
Luangta (M)	59	Buddhist	B.S. (Engineer) Honorary Ph.D. (Public Health)	Monk	9 years	Central	Buddhist healing/ Thai medicine
Chiropractor (F)	39	Buddhist	B.S. (Public Health)	Nurse, alternative practitioner (chiropractor)	3 years	Northeast	Nursing/ chiropractic/ indigenous healing
Grandpa of Earth (M)	54	Buddhist	B.A. (Business) BE (Nutrition)	Freelance, lecturer	6 years	Central	Thai medicine

Description of the Experience

Artifact description. All the medical volunteers shared artifacts to symbolize their experience volunteering at Khampramong (see Table 16). Among the artifact representations, two themes emerged: (a) improving cancer knowledge and treatment and (b) opportunity to grow and attain more skills.

Table 16

Artifacts Reported by Medical Volunteers

Name of Participant	Artifact
Young Melon	PowerPoint presentation and articles
Sandy	PowerPoint presentations
Luangta	PowerPoint presentations/Arokayasala
Chiropractor	Massage bed
Grandpa of Earth	The herbal medicine formula

Improving cancer knowledge and treatment. All participants presented artifacts that depicted their understanding about cancer and knowledge of treatment provided at Khampramong Monastery. Young Melon shared her article highlighting the main point of treating cancer with love and mercy. Likewise, Sandy and Luangta highlighted the point that Khampramong helped patients live harmoniously and happily even with cancer. If they die, they are prepared and mindful in completing the last stage of life with dignity and peace. Grandpa of Earth presented the book containing the herbal medicine formula he researched, experimented with, and developed to treat cancer patients. Chiropractor gained knowledge from taking care of her parents and volunteers and the value of relaxation. Therefore, her massage bed symbolized the care she provided to support both cancer patients and family caregivers to help them relax and energize to strive in overcoming cancer.

Opportunity to grow and attain more skills. All volunteers shared artifacts that represented skills they acquired during their time volunteering at the Monastery. Sandy

learned she was good at creating PowerPoint presentations that captured the atmosphere of the Monastery and learned how to take care of cancer patients. Young Melon learned about pain management integrating Buddhism principles and was confident in walking the patients through this time of suffering using this method. Luangta noted that he was skilled in taking care of cancer patients. He said that by looking at the patients he was able to make a quick diagnosis and develop a treatment plan that integrated both Eastern and Western methods of treatment. Chiropractor decided to pursue her skill further (i.e., chiropractic, massage, etc.) with the intention of helping more people, especially caretakers and volunteers so they would be healthy enough to provide quality care to the patients. Grandpa of Earth emphasized his confidence and advanced skills in treating cancer patients. He also learned to accept the truth of living and prioritized the patients' needs.

View of Cancer

Medical volunteers mentioned that volunteering at Khampramong influenced their perspectives on cancer. Table 17 lists their views on the improvement in knowledge of cancer and its treatment and their new perspectives on cancer.

Table 17

View of Cancer Reported by Medical Volunteers

View of Cancer	Description
Advanced cancer knowledge and treatment	Medical volunteers described their increased knowledge about cancer and its treatment.
A new perspective of cancer	Developed positive views toward cancer including (a)cancer appreciation and (b) viewing opportunity in crisis

Advanced cancer knowledge and treatment. Four medical volunteers described that they had gained advanced knowledge of cancer and its treatment. They reported learning more about cancer and its treatment through their time volunteering. Besides their backgrounds in the medical field, Sandy, Grandpa of Earth, and Luangta reported advancing cancer care by integrating traditional Thai medicine. While Sandy reported learning and integrating holistic approaches from Khampramong, Grandpa of Earth and Luangta were able to develop their knowledge with herbal treatments for the best treatment of cancer. Luangta also noted that he improved his skills caring for cancer patients.

A new perspective on cancer. Luangta expressed his appreciation toward cancer and viewed cancer as an opportunity to learn and grow in a time of crisis. As he had cancer, he was able to learn new skills to survive it. During this journey, he gained skills to help others not only by treating cancer but by cultivating virtue and spiritual growth in patients, caregivers, volunteers, and others involved in treatment and services. At the same time, he had strengthened the sharing culture to create a nice community for the wellbeing of the nation. Young Melon was also grateful for cancer because she found what the meaning of life was and is able to live her life meaningfully by volunteering to pay back for her recovery.

Perception of Treatment at Khampramong

Table 18 presents medical volunteers' perceptions of treatment at Khampramong by describing the treatment, place for learning and growth, and the integrative holistic approach.

Table 18

Perception of Treatment at Khampramong Reported by Medical Volunteers

Perception of Treatment at Khampramong	Description
Effective treatment	Medical volunteers perceived and noticed positive results from the treatment of patients especially (a) symptom improvement, (b) enhanced ability to cope with pain, (c) improved sleep, (d) increased appetite, (e) less fatigue, (f) physically stronger, (g) emotional relief, and (d) increased hope for recovery.
Atmosphere of learning and growth	Perceiving Khampramong as a place providing knowledge of cancer treatment and learning about the truth of life (dharma principle).
Ready availability of key services	Services provided to aid psychosocial health care including (a) positive recovery environment, (b) holistic treatment, (c) affordable care, (d) integrative alternative treatment, and (e) equal/non-discrimination treatment

Effective treatment. Four medical volunteers stated that the treatment at Khampramong was effective as evidenced by their observation of patients' improved conditions and reports from patients and their caregivers. Young Melon was a patient at Khampramong previously and had a positive treatment outcome as the result of treatment for Hepatitis C. She decided to return to the Monastery to volunteer in gratitude for her treatment. Grandpa of Earth worked closely with Luangta to develop herbal medicine formulas. Luangta tested the effectiveness on himself first before administering to patients. Seeing the improvement in patients' conditions and the effectiveness of this method, Sandy then was more open to alternative integrative treatments provided at Khampramong. Furthermore, she integrated this treatment approach in her work at the

hospital by arranging time for family members and the patients to express their gratitude or apology toward each other. This ritual was performed for past transgressions to create a peaceful mind for the terminal stage patient and to support him or her to pass through the end of life smoothly and peacefully.

Atmosphere of learning and growth. Four volunteers appreciated Khampramong and valued it as a place that helped cultivate their growth and learning. Young Melon, Grandpa of Earth, Sandy, and Chiropractor said they had grown not only in terms of their professional development but also in their life skills and spiritual growth. They embraced the experience as a resource for them to learn and understand life through their work with other volunteers, patients, and family caregivers. Chiropractor said she had never intended to embrace spiritual practices. However, while taking care of her parents at Khampramong, she learned dharma from Luangta and employed dharma principles to improve herself. She had opportunities to advance her skills in providing care to the patients. She mentioned that the Abbot helped her to gain knowledge in massage, chiropractic, and other alternative treatments to help support the caregivers and volunteers.

Ready availability of key services. Three participants noted that the treatment at Khampramong encompassed all dimensions of care including aspects of mind, body, and spirit. Moreover, the treatment approach is flexible and open to various treatment modalities for patients and caregivers. Young Melon observed that the treatment model could be applied to other kinds of healing because it is a global model. Sandy, Grandpa of Earth, and Luangta mentioned that this treatment was patient oriented, involving family caretakers as a part of the treatment team along with medical volunteers. Luangta

emphasized that Khampramong was insistent in its holistic affordable cancer treatment that integrated both Eastern and Western practice regardless of financial compensation, socioeconomic status, and religious backgrounds.

Challenges

The following table lists the challenges reported by medical volunteers during their work at Khampramong including personal attitude and self-care.

Table 19

Challenges Reported by Medical Volunteers

Challenges	Description
Personal attitude	Personal attitude and set of standard that medical volunteers experienced as their challenges including (a) expectation and disappointment, (b) method of cares and flexibility in approach, and (c) criticism.
Self-care	All aspect of personal needs including mind, body, and spirit including (a) boundary, (b) adjustment, (c) physical emotional, and (d) spiritual needs .

Personal attitude. All medical volunteers discussed the challenges they encountered including their expectations and disappointments about living arrangements, working with others, and feedback from patients and their families. Sandy and Luangta dealt with criticism from some patients, family caregivers, or others who disagreed with the treatment method. Young Melon felt discouraged when she was misunderstood and criticized by the patient's caretaker. Grandpa of Earth, Sandy, and Young Melon had expectations of what should and should not be done at the Monastery and those

expectations resulted in stress. Later in their time as volunteers, they learned to be more flexible and valued their patients as very beneficial.

Self-care. Three medical volunteers highlighted the importance of self-care.

Luangta reported muscle cramps and exhaustion due to his demanding travel and lecture schedule. However, as he valued his patients' time, he always made time to meet with them after the trip even before he rested. Grandpa of Earth worked very hard to prolong his patients' lives. This took a toll on him as he has such high expectations of himself. He finally learned to let go of this excessive responsibility and prioritize his patients' needs. Sandy resigned from her job at a major hospital in the city and moved to volunteer at Khampramong. She disclosed having a hard time adjusting to the living arrangement and heavy work load when she first arrived. Later she learned to set boundaries for better self-care and encouraged herself to reconcile her goal in life.

Learning and Growth

Medical volunteers emphasized the learning and growth they gained from their volunteer experience at Khampramong as listed in the Table 20. The table includes the meaning of volunteerism as well as personal and professional growth.

Table 20

View of Volunteer Experience, Learning, and Growth Reported by Medical Volunteers

View of Volunteer Experience and Learning and Growth	Description
Meaning of volunteering	Volunteers created meaning from their volunteer experiences: (a) self- journey, (b) self-worth, and (c) volunteering is a holy work
Personal and professional growth	Perceiving growth both personally and professionally including (a) opportunity to grow and attain skills, (b) importance of teamwork, and (c) creativity.

Meaning of volunteering. All volunteers appreciated and found meaning in the experience of volunteering. Young Melon, Sandy, and Chiropractor viewed their volunteer experience as a self-journey where they learned to understand themselves and gained valuable experience. Young Melon and Sandy felt valued because of the contributions they made and that increased their self-worth. Specifically, Young Melon learned to let go of her ego and was humbled by her experience. Young Melon perceived her volunteer as a holy work she did as an act of worship to the Lord Buddha and to pay back merit in gratitude for her recovery from illness.

Personal and professional growth. All volunteers expressed that through their work they had the opportunity to cultivate their personal and professional growth. In addition, they gained new skills from in treating cancer. Four volunteers articulated the importance of teamwork amongst themselves and also patients and their family caregivers. Young Melon, Sandy, and Grandpa of Earth learned to be flexible in their approaches and learned to be creative while working with Luangta.

Resilience Factors and Resources

The medical volunteers reported internal and external resilience factors and resources as conveyed in Table 21.

Table 21

Resilience Factors and Resources Reported by Medical Volunteers

Resilience Factors and Resources	Description
Internal resilience resources	Internal factor contributing to resilience included a sense of purpose.
External resilience resources	External factors contributing to cultivate resilience included (a) Luangta, a spiritual leader and (b) Dharma principle.

Internal resilience resources. Four medical volunteers listed a sense of purpose as their internal resiliency resource. Luangta mentioned he was criticized by some people about being a monk and providing cancer treatment to lay people as if he were a doctor. They also questioned him about his role and the effectiveness of the methods used at the Monastery. Luangta came to terms with what he saw as his purpose and used this as motivation to pursue his goals in helping humanity out of the stream of suffering. He determined it is his purpose in life to heal human suffering. His vision and mission was significant enough for him to continue in his work. Sandy and Grandpa of Earth found Luangta's visions and missions aligned with their personal goals. They dedicated all of their efforts to help support his project. When they encountered discouragement, they reconciled their goals, which gave them encouragement and energy to move on.

External resilience resources. All medical volunteers (with the exception of the Abbot) agreed that Luangta was their spiritual leader and that he gave them courage to volunteer and overcome their tribulations. All volunteers noted that the spiritual/religious influence from Luangta's dharma talks and from other sources helped them accept and be mindful of the natural truth of human life (birth, aging, illness, and death) so they could let go of their worries, concerns, and dissatisfactions.

Coping Strategies

Medical volunteers employed several coping strategies as listed in Table 22 encompassing the broad themes of spiritual practices and adaptive thoughts.

Table 22

Coping Strategies Reported by Medical Volunteers

Coping Strategies	Description
Spiritual practices	Performing spiritual activities including mindfulness meditation, extending loving kindness, letting go, accepting death as a natural truth, taking a moderate path, and praying and chanting
Adaptive thoughts	Using adaptive thought to overcome discouragement and negativity including (a) meaning making and (b) acceptance

Spiritual practice. All medical volunteers emphasized employing spiritual practice to cope including mindfulness meditation, praying and chanting, letting go, practicing the moderate path, and extending loving kindness. Young Melon learned that she was easily distracted with sitting meditation so she integrated writing in a journal

with meditation. This way she could use writing as a tool to focus herself and meditate at the same time. Luangta practiced mindfulness meditation during his lectures and found it was helpful even when he had muscle cramps. Sandy, Chiropractor, and Grandpa of Earth joined praying, chanting, and mindfulness meditation with the patients during their central activities to boost their energy and center them. Grandpa of Earth also learned to change his lifestyle to follow the moderate path in Buddhist teaching. This included leading his life in a balanced and simple fashion.

Adaptive thoughts. Three medical volunteers said they employed adaptive thoughts to deal with their challenges. Grandpa of Earth, Sandy, and Young Melon learned to twist their perceptions and look at the positive meaning of the situations and find value in them. Young Melon mentioned a time when she was criticized; she overcame the situation by comparing and contrasting with the Buddha's story. She learned to let go and found significance from her challenge. Sandy reconciled her problem she encountered and tried to motivate herself, knowing that all people have problems. That helped renew her energy and encouragement. Grandpa of Earth was able to deal with his stress of working too hard to save the patients' lives. He learned to adjust his perception about treatment delivery to comply with the patients' needs and not his own expectations.

Comparison of Overarching Themes from Cancer Patients, Family Caregivers, and Medical Volunteers

In the previous section, I discussed common themes from each participant's group. In the following section, I compare and contrast the similarities and differences among the common themes reported by cancer patients, family caregivers, and medical volunteers.

Similarities

Similarities among the participants' experiences receiving treatment and services at Khampramong Monastery are listed in the following table. The themes emerged in the areas of their experience description, view of cancer, perceptions of treatment, challenges, learning and growth, resilience factors and resources, and coping strategies (see Table 23).

Table 23

Similarities Among Cancer Patients', Family Caregivers', and Medical Volunteers' Descriptions

Common Theme	Similar Descriptions
Description of the experience	Opportunity to attain more skills
View of cancer	A new perspective of cancer
Perception of treatment at Khampramong	Effective treatment A sense of community Ready availability of key services
Challenges	None similar
Learning and growth	Cancer knowledge and management
Resilience factors and resources	Internal resilience resources External resilience resources
Coping Strategies	Spiritual practice Treatment adherence

Description of the experience. A similarity emerged in the theme of skill attainment between cancer patients and the medical volunteers. The artifacts and descriptions of the experiences shared by cancer patients (e.g., composed song CDs, *Om*

vocalization) and by volunteers (e.g., PowerPoint presentation, herbal medicine formula) signified that the participants grew and attained skills through cancer treatments and services provided at Khampramong.

View of cancer. Cancer patients and family caregivers shared similarities in how they perceived cancer. Throughout the treatment at Khampramong, both cancer patients and their caregivers developed a more positive view of cancer. They also learned that having cancer did not mean immediate death; instead, if they followed the treatment recommendation, they could prolong their lives and coexist with cancer. The significant similarity among these three groups of participants was their appreciation toward cancer. Due to the learning and growth they gained, they were able to overcome and adjust to live with cancer.

Perception of the treatment at Khampramong. The patients, family caregivers, and medical volunteers agreed about the effectiveness of treatment at Khampramong. While the patients reported improvement, their caregivers and medical volunteers reported their observations about the significant changes they noticed in patients during treatment.

Both patients and family caregivers shared similar reflections on the treatment at Khampramong. They agreed that the Monastery promoted a sense of community in which people bonded by supporting, encouraging, and helping each other. Sharing was a common cultural practice at Khampramong—everyone shared food and energy (helping each other). They also provided suggestions and ideas, not only to the newcomers but to everyone in a time of need.

All participants noted that treatment at Khampramong was readily available with key services encompassing elements to nurture psychosocial health care. These services referred to a positive recovery environment at Khampramong, holistic and integrative alternative treatment, and affordable, equal, and non- discrimination care.

Challenges. Challenges were unique to each participant. Because there were no similarities, the unique themes of physical stress, psychosocial needs, personal attitude, and self-care are listed in a different section.

Learning and growth. Cancer patients, family caregivers, and medical volunteers all highlighted increased cancer knowledge and its management. As patients lived through this experience, they gained more insight about their symptoms. They learned cancer management skills (i.e., acceptance, pain management, meditation for centering, and peace of mind) from the treatment manual, treatment providers (volunteers), and also from long-term cancer patients. Likewise, family caregivers and volunteers gained more knowledge about cancer from their life experience while they were in contact with the patients. They also learned management skills from the treatment manual and recommendations along with direct experience taking care of and supporting the patients.

Resilience factors and resources. Internal and external resilience resources were similar among the patients, family caregivers, and medical volunteers. For internal resilience, both cancer patients and family caregivers highlighted a strong will as their internal key to cultivating an inner strength. Medical volunteers described internal resource as a sense of purpose (which is described in a different section). Self-

encouragement was noted by all three participant groups as an internal factor and a resource that helped them overcome adversity or hardships they had encountered.

External resilience factors and resources reported by patients and family caregivers were consistent. Luangta, family, encouragement and support (from caregivers and community), spiritual principles (dharma), and the treatment manual were all important. However, medical volunteers provided descriptions of external resources slightly less because they only listed Luangta and spiritual (dharma) principles.

Coping strategies. Cancer patients, family caregivers, and medical volunteers unanimously highlighted employing spiritual practice as a central coping strategy. The description of spiritual practice was identical among these participants including listening to dharma talk, praying and chanting, extending loving kindness, letting go, and taking a moderate path.

Cancer patients and their family caregivers were similar in the way they both listed treatment adherence as a coping strategy. To overcome their hardship, the treatment manual provided guidelines for them to cope with the adversity from cancer. Therefore, relying on the treatment recommendation and adhering to the treatment (e.g., consuming healthy foods and avoided unhealthy ones, avoiding risk factors, taking medications as prescribed, and taking care of one's own mind and spirit) provided them with the ability to cope and thrive with cancer.

Differences

Different descriptions of the experiences among the cancer patients, family caregivers, and medical volunteers are presented in the Table 24.

Table 24

Differences Among the Cancer Patients', Family Caregivers', and Medical Volunteers' Descriptions

Patients' Descriptions	Caregivers' Descriptions	Volunteers' Descriptions
Description of the experience <ul style="list-style-type: none"> • Journey through cancer 	Description of the experience <ul style="list-style-type: none"> • A sense of community • Ability to accept and live with cancer 	Description of the experience <ul style="list-style-type: none"> • Improving cancer knowledge and treatment View of cancer <ul style="list-style-type: none"> • Advanced cancer knowledge and treatment Perception of treatment at Khampramong <ul style="list-style-type: none"> • Atmosphere of learning and growth
Challenges <ul style="list-style-type: none"> • Physical stress 	Challenges <ul style="list-style-type: none"> • Psychosocial stressors 	Challenges <ul style="list-style-type: none"> • Personal attitude • Self-care
Learning and growth <ul style="list-style-type: none"> • Ability to accept and live with cancer 		Learning and growth <ul style="list-style-type: none"> • Meaning of volunteer • Personal and professional growth
		Resilience factors and resources <ul style="list-style-type: none"> • Internal factors: a sense of purpose • External factors: Luangta and dharma
Coping Strategies <ul style="list-style-type: none"> • Treatment adherence 	Coping Strategies <ul style="list-style-type: none"> • Treatment compliance 	Coping Strategies <ul style="list-style-type: none"> • Adaptive thoughts

Description of the experience. Several differences existed in the description of the experience as evidenced by the artifacts the participants shared. Among patients, artifacts such as the journal and the Buddha statute represented the journey the participants had taken through cancer. This was a unique experience among the patients. While among family caregivers, their artifact representations and descriptions of their experience shed light more on their sense of community. They viewed it as a crucial quality to engage the group to receive and gain encouragement and support among them. The ability to accept and live with cancer was unique in the family caregiver description of their experience. This reflected that the family members adjusted to accept cancer and at the same time were able to cope with cancer in order to support their family member in overcoming it. Medical volunteers' descriptions of their experience were represented from the artifacts they shared, shedding light more on their improved cancer knowledge and treatment. This was held in common with the contribution they made to facilitate both cancer patients and their family caregivers.

View of cancer. A slight difference existed in the view of cancer. Treatment at Khampramong positively impacted how participants viewed cancer. The medical volunteers, in particular, viewed working with cancer as an opportunity to enhance their professional and personal growth. Despite this, the medical volunteers stated they were also aware about the natural truth of living (birth, aging, illness, and death).

Perception of treatment at Khampramong. The participants' view of the treatment provided at Khampramong was congruent. Only a slight difference was reported by the medical volunteer participants but they also agreed that the atmosphere at the Monastery aided their learning and growth. Medical volunteers saw Khampramong

as a place where they could gain more knowledge and work to advance cancer treatment, learning through working, and gaining insight on the dharma aspect in the truth of life.

Challenges. Challenges reported by patients, family caregivers, and medical volunteers were different. Patients reported struggling with physical stress regarding their cancer symptoms and condition. The caregivers, on the other hand, encountered challenges in the area of psychological needs because they were very concerned about the patients and their struggles with this responsibility. The family caregivers reported more psychological distress because of worries and concern about the family members they were caring for. They also reported dealing with their own anxiety, depression, exhaustion, homesickness, negativity, discouragement, and the feeling of grief and loss, especially with terminal stage patients they cared for.

Learning and growth. Minimal differences between patient participants and medical volunteer participants existed in the area of learning and growth. While patients noted their ability to accept and live with cancer, medical volunteers reported they had learned and grown in the way they found meaning in volunteering.

Resilience factors and resources. Although resilience factors and resources were similar among each participant group including internal and external resilience resources, a slightly difference existed among medical volunteer participants. The volunteers reported that for internal factor and resources, they viewed a sense of purpose as their key strength to help them remain persistent to reach their goal or mission. For external resources though, they viewed Luangta as their spiritual leader and valued dharma principles. Similar to other groups of participants, medical volunteers did not list encouragement and support from the family significantly.

Coping strategies. Differences existed in the area of coping strategies reported by patients, family caregivers, and medical volunteers. While the patients listed treatment adherence as one of their coping strategies, the family caregivers listed treatment compliance as their method of coping. Actually these terms were very similar. However, they differed in the action the participants contributed to the treatment. While patients committed to strictly adhering to the treatment, their family caretakers acted as supporting agents who facilitated the patients in following the treatment recommendation. On the other hand, the medical volunteers stated they employed several coping strategies to overcome their discouragement and the negativity they encountered during their volunteer work, which included meaning making and self-encouragement.

Conclusion

In this chapter, I reviewed the composite descriptions and aimed to elucidate the essence of the phenomenon that emerged among patients, family caregivers, and medical volunteers who engaged in the treatment and services at Khampramong Monastery. Following the discussion of similarities, I examined distinctions among the three categories of the participants' overarching themes.

In Chapter VI, I discuss the findings and theoretical applications followed by the implications for the mental health field, cancer treatment, and service providers. Lastly, I review the limitations and provide suggestions for future research direction.

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CHAPTER VI

DISCUSSION

This phenomenological study explored the experiences of cancer patients, family caregivers, and medical volunteers, primarily in the areas of resilience and coping, who engaged in treatment and services for cancer provided at Khampramong Monastery. This chapter includes a summary of the study and a discussion of the findings. Following the implications and limitations sections, I discuss future research directions.

Summary of the Study

Cancer has been the leading cause of death among Thai populations for over a decade (Tantitrakul & Thanasilp, 2009) and the incidence rate increases annually (Ekpanyaskul, 2012). Cancer affects patients and their families, impacting health, finances, work, education, parenting, social structure, and the wellbeing of family members and caregivers (APA, 2000; Benzies & Mychasiuk, 2008; Clukey, 2008; Greeff & Theil, 2012; Hateerat, 2006; Sangkaew, 2006; Van Duursen, 2002). Cancer treatment has traditionally focused on biomedical treatment without adequate and consistent attention to psychosocial problems associated with the illness (Adler & Page, 2008). Recognizing this, research has more recently focused on cancer and its consequences (Clay, 2010). Resiliency and coping strategies are important to examine in order to understand the patient's ability to thrive during cancer-related challenges. Research has also examined services provided for terminally ill patients and their families, specifically

in the areas of palliative care and hospice (Monroe & Oliviere, 2007). However, writers in the field emphasized that further research on adaptation to cancer is warranted (Leipold & Greve, 2009; Livneh, 2000). This study investigated the following questions:

- Q1 What is the essence of the experiences that patients, family caregivers, and medical volunteers have during their stay at the Monastery?
- Q2 From the perspective of the participants, how has their stay at the Monastery shaped their perception of cancer and its treatment, and how do they perceive these experiences?
- Q3 What are the coping strategies and resilience factors the participants believe they have developed during their stay at the Monastery?
- Q4 What resources do participants use to bolster their resilience and coping skills?

Twenty-one individuals participated in this study including eight cancer patients, eight family caregivers from each patient's family, and five medical volunteers.

Among the eight patients, five were females and three were males with an age range from 43 to 70 years old. The male patients were diagnosed with liver cancer or brain tumors, while the females' diagnoses included cervical cancer, osteosarcoma, lymphoma, lung, or breast cancer. All participants were Thai who identified as Buddhist except one who was Catholic. Seven patients were from low socioeconomic backgrounds, had finished basic education (grade 6), and worked as farmers. One participant had completed a bachelor's degree and was a primary school teacher. These patients' length of treatment at Khampramong Monastery ranged from almost two months to four years.

Among the eight caregivers with an age range from 32 to 68 years old, four were female and four were male. These caregivers were patients' spouses, siblings, or children. These caregivers' education levels ranged from completion of basic education

(grade 6) to a bachelor's degree. Most caregivers were farmers; one was a policeman and one was a banker. Ethnicity, religious orientation, and duration of stay were the same as the patients.

Five medical volunteers participated. Three were females and two were males with an age range from 39 to 59 years old. All participants were Thai and Buddhist. Two participants had earned a bachelor's degree, two had master's degrees, and one had an honorary doctoral degree. All participants were trained as traditional medical practitioners (two also had a background in nursing and public health), except one who was an indigenous practitioner specializing in Buddhist practice for pain management and healing. The duration of their volunteer work ranged from three to nine years.

Data collection took place from June to July 2013. I resided at the Monastery for field observation, conducted semi-structured interviews, and collected artifacts. I recorded the interviews on a digital audio recorder, transcribed them, and translated them into English. For the data analysis, I employed Moustakas' (1994) method of highlighting significant statements or quotes that captured each participant's experience of receiving or involving treatment at Khampramong. I grouped and labeled statements and quotes to create a textural-structural description of each participant as presented in Chapter IV. Then I used each participant's themes to create the composite experience or overarching themes among patients, caregivers, and medical volunteers as presented in Chapter V.

I employed several methods to ensure the trustworthiness of this study including triangulation, saturation, member checks, peer and expert checks, researcher reflexivity, thick descriptions, and an audit trail (Guba & Lincoln, 1989; Lincoln & Guba, 1985;

Merriam, 2009; Morrow, 2005). To attain triangulation, I collected data from multiple sources. I interviewed cancer patients, caregivers, and medical volunteers. I conducted field observation and attended all activities with the participants and resided at the Monastery for the entire data collection period. I also sought information from the participants' description of their experiences through artifact representations. After transcribing all interviews, a research assistant and I read all 21 transcripts independently to examine the themes and a textural-structural description for triangulation. Eight transcripts were translated from Thai to English using expert translators who were fluent in both Thai and English. These transcripts were read for textural–structural common themes by the two peer reviewers who were trained in qualitative research. The findings were compared and triangulated with my findings. In addition, an expert check was conducted by my research advisor who read the transcripts, textural-structural descriptions, and composite experiences.

Additionally, I conducted member checks by emailing individual textural-structural descriptions and common themes to three participants who provided me their email addresses. They reviewed all information, agreed with the themes, and did not add or delete information, although they were encouraged to provide such changes. In addition, all other participants had clarified the potential themes with me during the interviews as I summarized and reflected back to them in order to ensure I had completely understood their responses and meanings correctly.

Throughout this study, I kept an audit trail including all documents, contacts, field notes, pictures of artifacts, as well as how the textural-structural and composite descriptions were developed. I also kept a reflexive journal throughout this study and

used it to bracket my own assumptions and thoughts during the themes analysis process, which I shared with my co-researchers and expert checkers. In my final report, I maintained thick and rich descriptions reflecting my time in the Monastery including my field observation and interviews with participants. I also accompanied two volunteers and two patients to lectures for several days.

Discussion of the Findings

In Chapter IV, I presented the common themes that emerged from individual participant's textural-structural description. In Chapter V, I presented composite experience, or overarching themes, among cancer patients, family caregivers, and medical volunteers. In this section, I discuss the research findings, highlighting the participants' experiences of the treatment at Khampramong including resilience factors and coping strategies they developed during their stay.

Research Question One

What is the essence of the experiences that patients, family caregivers, and medical volunteers have during their stay at the Monastery?

Unique experience. Based on the descriptions of the unique experiences of cancer patients, their descriptions shed light on the journey through cancer and their changing understanding and growth in terms of spirituality. In terms of the experiences reported by the caregivers, the following themes were noted: a sense of community and the ability to live with their loved one's cancer. Lastly, medical volunteers described the essence of their experience as emphasizing their improved knowledge of cancer and its treatment. Unique challenges were discussed among the patients, family caregivers, and medical volunteers. The patients reported physical stress, the caregivers mentioned psychosocial stressors, and the caregivers noted personal attitude and self-care.

Patients' experiences.

Journey through cancer. The patients' descriptions of the experiences captured their cancer journey including how they perceived their illness, overcame and thrived with their challenges, and lived harmoniously with cancer. Their journey also reflected the skills, learning, and growth the patients attained through this experience. Specifically, some patients also expressed appreciation of their survival and viewed life after cancer recovery as a bonus. A number of studies supported the themes from these research findings as they too investigated people with cancer and their journey learning from such adversity. Leydon, Bynoe-Sutherland, and Coleman (2003) conducted a retrospective qualitative study with 33 British adults with cancer and their journey toward a cancer diagnosis in order to understand the participants' experience. Seventeen individuals (5 men and 12 women) participated in semi-structured interviews. In addition, three focus groups were conducted with 16 participants to explore participants' perceptions of the National Health Service, barriers to utilizing primary care, and the financial and social costs of treatment. The resulting five key themes reflected difficulties found in the journey toward a cancer diagnosis, fear of what might be found, symptoms or concerns about communication with healthcare practitioners, making sense of difficult experiences, the role of family in treatment decisions, and the impact of gender on perspectives of health-seeking behavior. The findings highlighted the importance of considering the "cancer journey" as involving the journey leading up to the cancer diagnosis.

A phenomenological study by Weitz, Fisher, and Lachman (2012) investigated the experience of eight women from a large mid-Atlantic city with Stage I or II breast

cancer who engaged in mindfulness-based stress reduction (MBSR). More specifically, the findings of this “lived experience” shed light on (a) the cancer journey including how participants shifted their perceptions, (b) the treatment journey involving the participant’s experience of mindfulness-based stress reduction, (c) the journey toward recovery, and (d) the journey toward self. Similar to the present study, the researchers concluded that the diagnosis of cancer could cultivate positive psychological changes. The MBSR supported participants living in the present, able to face death, and eliminate the fear of recurrence.

Sherman, Rosedale, and Haber (2012) conducted a constant comparative analysis grounded theory study with 15 women diagnosed with early-stage breast cancer. The findings revealed that a breast cancer diagnosis was a crucial life event catalyzing change. The participants acknowledged that breast cancer was a part of life, which led them to learn how to live with it by creating a new life after diagnosis. The findings indicated the women came to view surviving as a process occurring over time. The respondents experienced support, assumed an active role in self-healing, and gained a “new normal.” They developed a new way of being in the world on their own terms and experienced growth through adversity that went beyond just survival. The study demonstrated that the interventions not only eliminated negative outcomes but promoted ongoing healing, adjustment, and resilience over time.

Similarly, the journey through cancer in this study demonstrated that patients strove to make sense from their illness by employing personal strength and outside resources to deal with this threatening life challenge. Throughout this journey, they learned and grew in many areas, which was consistent with the findings from other

researchers (Cordova, Cunningham, Carlson, & Andrykowski, 2001; Stanton, Bower, & Low, 2006), indicating that stressful life events can sometimes lead to positive outcomes including more genuine personal relationships, an increase in the appreciation of life, improved personal strength and resources, enhanced spirituality, and improved authentic life priorities and goals.

Spirituality. Five patients shared their descriptions of the experiences that captured the important aspect of spirituality: how they utilized their inner strength and the connection to outer greater sources as healing resources to be used to overcome cancer. The Buddha image, spiritual quotes along with spiritual practice, and the patient's pleasure in doing daily activities reminded them of their experiences battling cancer. Spirituality was revealed as a significant theme in a number of studies focused on life-threatening situations including cancer and end-of-life care (Ando, 2012 ; Best, Butow, & Oliver, 2014; Johannessen-Henry, Deltour, Bidstrup, Dalton, & Johansen, 2013; Lim & Yi, 2009; Park, Cho, Blank, & Wortmann, 2013; Wynne, 2013).

Park et al. (2013) examined predictors for the fear of recurrence (FOR) and its relationship with psychological wellbeing among 250 adult (18-55-years-old) cancer survivors. Demographic and psychosocial factors (social support, optimism, hope, religiosity/spirituality) were investigated at baseline. Coping was investigated at Phase I including problem-focused, acceptance, positive reinterpretation, appraisal social support, and avoidance coping. A total of 167 participants participated in a one-year follow-up investigating FOR and psychological wellbeing. Although there were many findings, the primary emphasis focused on spirituality. Results emphasized that spirituality was the

only predictor of perceived risk of cancer recurrence regardless of the effect of race or general health concern.

This was similar to a study of Korean Americans and Koreans who survived breast and gynecologic cancer. Lim and Yi (2009) studied the relationship between religiosity, spirituality, social support, and quality of life (QOL) among these groups. The result revealed that both religiosity and spirituality were relevant differently with some QOL outcomes. Specifically, the study implied that people with religiosity and spirituality expressed fewer symptoms of anxiety and depression, and yielded better emotional wellbeing and general health perceptions. Likewise, Johannessen-Henry et al. (2013) supported their hypothesis regarding the importance of spirituality in a cross-sectional design from 1,043 survivors of various cancers. The results indicated that spiritual well-being was positively correlated with better emotional adjustment and less distress.

Many other researchers supported this finding. Wynne (2013) claimed that spirituality assisted people in making sense of their experience, to find comfort, especially at the end of life, and to improve coping and quality of life. Best et al. (2014) highlighted the importance of improving the spiritual support of cancer patients as spirituality impacts decision-making, especially at the end of life. Furthermore, he mentioned that many other researchers and theorists found high levels of spiritual well-being were associated with a better quality of life, better coping, and better adjustment to diagnosis, disease, and symptoms. Spiritual well-being also played an important role as a protective factor against depression, hopelessness, and desire for an expedited death.

Ando (2012) studied factors related to spirituality using a life review method to interview patients in Japan. The finding revealed four dimensions predicted spiritual well-being in terminal cancer patients: human relationships, memories and life satisfaction, pleasure in the past and daily activities, and integrative or non-integrative life review.

It is noteworthy that spirituality in the context of Thai culture, specifically in Khampramong, is unique. One of the main core concepts about spirituality is a belief a higher power created and controls all life (National Network to Eliminate Disparities, 2014). The findings from this study illustrated the extent of activities individuals performed as their spiritual practice. This included praying and chanting in a regular Monastery group prayer activity. Many patients reported they chanted and prayed on their own, before drinking herbal medicine, before returning home, or anytime they needed something to hold on to as their shelter or refuge. Several patients mentioned praying to angels, the goddess, or asking holy spirits to bless them with health and wellbeing. Other spiritual practice activities included extending loving kindness, taking a moderate path, and listening to dharma talks. The spirituality at Khampramong might be seen as a unique phenomenon brought about by the blending of beliefs and perspectives from various religious sources such as Buddhism, Hinduism, and Christianity along with people's personal beliefs and values. All patients stated this was a powerful resource that brought back their strength.

Physical stress. As mentioned above, patients also reported challenges they faced during their illness. All patients reported suffering with the physical stress including pain and fatigue, especially early in their treatment. However, throughout treatment at

Khampramong, they reported improvement of their symptoms and were also able to cope and manage better with these physical stressors. This finding supported cancer literature concerning physical stress such as pain and fatigue (Adler & Page, 2008; Bray et al., 2012; Greeff & Theil, 2012; Hateerat, 2006; Kongsaktrakul, 2004; Narkwirotch & Chaturapatarapon, 2010; Strauss et al., 2007; Trakoolngamden, 2011; Van Duursen, 2002; Vatanasapt et al., 2002).

Half the patients in this present study did not undergo chemotherapy or radiation therapy. Their pain and fatigue derived from their cancer symptoms. The other half, who had undergone chemotherapy therapy before coming to Khampramong, reported pain and fatigue along with additional side effects such as burns and hair loss. Based on the patients' description (i.e., Joseph, *A Man Behind the Mountain*, and Nicholas), those who had not received chemotherapy recovered faster with the herbal treatment at Khampramong and suffered less than those who had undergone chemotherapy. Management of these symptoms is discussed in the section on coping strategies.

Researchers have highlighted patient needs concerned with requiring assistance with material and logistical resources such as transportation; managing disruption to work, school, and family life; and needing assistance with financial advice and related matters (Adler & Page, 2008). The oncology literature also emphasized a common hardship cancer patients faced during diagnosis and treatment included strained relationships (Benzies & Mychasiuk, 2008; Greeff & Theil, 2012).

The patients in this study lived at Khampramong along with a family member whom they considered supportive. This living arrangement was beneficial for the patients as they received abundant care and support. Several patients reported their

relationship (whether it was with their spouse, a sibling, or a parent-child relationship) had become closer or improved. Moreover, having this caregiver close helped eliminate their concern on managing material and transportation issues, disruption in the family, and other issues listed above. This allowed them to focus on their treatment. This finding implied that the model of care at Khampramong eliminated, to a large extent, many psychosocial stressors; the result was no patients in this study listed them as challenges beyond the physical stress. The exception was the one participant who mentioned homesickness (Srithong).

Psychosocial stressors. Among the family caregivers, psychosocial stressors were listed. This study indicated there was an adverse effect when a family member was diagnosed with cancer, which included psychological distress (e.g., worries, becoming overly concerned, anxiety, and depression), burnout, grief and loss, homesickness, negativity and discouragement, and adjustment issues. This finding was consistent with literature associated with the psychosocial needs of family caregivers (Livneh, 2000).

Family caregivers' experiences.

A sense of community. Among the caregivers who shared their experiences taking care of family members at Khampramong, most of them highlighted themes of friendship, sharing, encouragement, and mutual support throughout their stay. Although this treatment service is unique in Thailand, a number of researchers from around the world highlighted the importance of a sense of community specifically in the dimension of social support.

Shieh, Tung, and Liang (2012) conducted a cross-sectional study with 100 family caregivers of post-surgery colorectal cancer patients at a teaching hospital in Taiwan

using the Caregiver Reaction Assessment and the Medical Outcome Study-Social Support Survey. The results emphasized the importance of social support to ease burdens experienced by primary family caregivers including spouses, parents, or other family members. A recommendation was made to provide social support to help alleviate caregiver burden. Similarly, Ownsworth, Henderson, and Chambers (2010) investigated an association between functional impairments of individuals with cancer, caregiver psychological well-being, as well as the effect of social support. These 63 paid caregivers (recruited from community services in Australia) for individuals with brain tumors and 536 people with other types of cancers were asked to respond to the World Health Organization Quality of Life, Social Support Questionnaire, and the Patient Competency Rating Scale (Ownsworth et al., 2010). The findings revealed the importance of effective social support for caregivers who supported individuals with impaired functional status. In addition, the results also demonstrated the need to evaluate caregiver social support interventions in the context of cancer treatment.

The sense of community demonstrated and highlighted in this study might carry significant meaning when compared to the types of social support discussed in other studies especially from Western research based on an individualistic culture (Chun et al., 2006; Ownsworth et al., 2010). Rooted in a collectivistic culture, this concept refers to a feeling of being bonded to others in the cancer community as if they were their own family members who were facing the same life challenges brought about by having cancer (Piew-on, 2012). Besides this communality, the caregivers in this study were influenced by Buddhist culture and spirituality that emphasized the importance of giving and sharing (Piew-on, 2012; Tantitrakul & Thanasilp, 2009). The caregivers viewed

giving as one of the acts that allowed them to make merit, which is regarded as the action needed whereby a person can gain happiness and eliminate suffering.

Medical volunteers' experience. All volunteers shared artifacts and descriptions of their experiences that represented their enhanced knowledge and skills concerning cancer and its treatment. They highlighted the treatment methods at Khampramong, including treating cancer with love and mercy, supporting patients and family to live harmoniously and peacefully with cancer, recognizing the importance of caretakers, and mindfully preparing for death. Furthermore, all volunteers noted they had cultivated their personal and professional growth from volunteer work: increased knowledge in developing effective herbal formulas, increased skills in pain management, and a greater ability to help patients overcome their pain by integrating Buddhist approaches. The volunteers also reported an increase in providing care to the patients integrating Western and Eastern approaches and in realizing the efficacy of using alternative and complimentary therapies. These findings were consistent with the mission of the Oncology Nursing Society wherein Braccia (2006) asserted the importance of volunteering and encouraged nursing practitioners to volunteer with society to foster their professional development, enhance their expertise and clinical knowledge in their field, and increase their leadership skills.

Shared experience. Based on the descriptions of their experiences, patients, caregivers, and medical volunteers claimed that involvement in the treatment and services Khampramong provided them an opportunity to attain additional skills. Most patients and caregivers also shared they felt they had grown and increased their awareness of cancer knowledge and management.

Opportunity to attain additional skills. The majority of participants, particularly patients and medical volunteers, noted that involvement with cancer treatment provided at Khampramong gave them opportunities to attain new skills including pain management and even artistic skills. A unique factor among patients who overcame and lived with cancer was they altered their perceptions about the illness. They adapted their behaviors, emotions, and spiritual activities to live harmoniously with cancer. Throughout this process, many patients felt they had undergone a transformation. They reported they had grown both personally and spiritually (i.e., they viewed life less rigidly, they felt calmer or more “laid back,” and they were more able to control their tempers and become less angry with others or their circumstances). This finding corresponded with research by Sherman et al. (2012), namely, the process of surviving is transformational. As previously mentioned, the program fostered new, personal characteristics; the women felt they were “becoming a better person—easier to get along with, and more tolerant” (Sherman et al., 2012, p. E264).

Similar to the patients, all volunteers recognized that assisting cancer patients and their families opened a door of opportunity to gain additional skills. Some volunteers developed insight about their capacity to serve others in meaningful ways--both practically and in ways that supported the patients’ spiritual and emotional growth. This finding was consistent with research conducted by McCorkle et al. (2012) on the perceptions of roles, practice patterns, and professional growth opportunities of advanced practice providers (APPs). This cross-sectional study utilized a self-report survey from 32 nurse practitioners and physician assistants in the cancer center of an American urban teaching hospital. All participants had advanced degrees and specialized in a variety of

oncology areas. The results revealed the respondents spent a majority of their time on essential patient-care activities in addition to clerical duties. Sixty-four percent reported their satisfaction with the time they spent with patients and case discussions with physicians. In addition, the findings indicated that APPs demonstrated a variety of patient-care activities and interventions reflecting levels of their knowledge, expertise, and competencies. This study recommended that APPs needed additional opportunities for ongoing professional development to ensure the delivery of high-quality cancer care and to empower APPs to work to the fullest extent of their abilities. This was consistent with the mission of the Oncology Nursing Society. They encourage nursing professionals to volunteer to enhance their professional development, advance expertise, improve clinical outcome, and increase their leadership skills (Braccia, 2006)

Cancer knowledge and management. Many patients and family caregivers found that receiving treatment at Khampramong changed and re-shaped their perception of cancer and its treatment and impacted their growth and learning. Throughout their experience, the patients gained insight about their symptoms and management. They learned cancer management skills (i.e., cancer acceptance, pain management, meditation for centering, and peace of mind) from the treatment manual, the treatment providers, and also from long-term cancer patients. Likewise, family caregivers and volunteers gained more knowledge about cancer while they were in contact with the patients. They also learned management skills from the treatment manual and recommendations along with hands-on experience in taking care of and supporting the patients. This might be unique for Khampramong's participants as many of their methods to deal with cancer derived

from Buddhist principles, e.g., making friends with cancer or talking to cancer and extending loving kindness.

A Greek study (Iconomou, Vagenakis, & Kalofonos, 2001) examined the needs of patient caregivers regarding their information needs, satisfaction with communication, and psychological status of receiving chemotherapy. Participants were 78 caregivers. Data were collected through structured individual interviews. The findings indicated a significant proportion of caregivers had increased needs for information with a preference for cancer-specific printed material. However, the satisfaction was negatively associated with satisfaction with the doctor's communication of information and affective behavior. The research indicated caregivers experienced levels of anxiety and depression independently of the need for information, preference for printed material, or satisfaction with communication. The results also suggested the Greek oncologists should not only try to detect the informational needs but should also be qualified to meet and understand the needs and concerns of the primary caregivers in the best possible way (Iconomou et al., 2001).

Consistent with this finding, a study by Pasacreata, Barg, Nuamah, and McCorkle (2000) also confirmed the importance of informed treatment information and education. This longitudinal study about participant characteristics was conducted with 187 cancer caregivers before and after four months attending a family caregiver cancer education program. The results yielded that perception of burden did not worsen even when caregiving tasks increased in intensity. Caregiver perceptions of their own health actually improved over time. In addition, the caregivers reported more confidence in providing care to the patients; at the same time, they able to manage their own self-care

after attending the caregiver program. Thus, ongoing education appeared to be a good support in eliminating the caregivers' burdens.

Research Question Two

From the perspective of the participants, how has their stay at the Monastery shaped their perception of cancer and its treatment, and how do they perceive these experiences?

The participants in this study claimed their stay at Khampramong shaped their perceptions as they reported having a new perspective regarding cancer. They also perceived that treatment at Khampramong positively supported everybody involved including ready availability of key services, effective treatment, and the promotion of a sense of community.

A new perspective of cancer. Patients and their caregivers developed a new perspective on cancer. Initially, most of them were fearful and had a negative perception about cancer. However, due to their extended stay at the Monastery, they came to view cancer more positively. In addition, they expressed their appreciation for this adversity and viewed cancer as a teacher from which they had learned to live a meaningful life. The participants also recognized that having cancer did not necessarily mean immediate death. Instead, they could prolong their lives by consistently following treatment recommendations. In a Western study conducted by a physician entitled *Thank God I Have Cancer*, Mumford (1998) reflected a patient's experience after having been diagnosed with cancer: "When I do, I thank God I have cancer. Without this extra time, I never would have known what love and tenderness are possible between people on this earth" (p. 159).

Research supported the findings from that anecdotal study and found similar results. Beatty, Oxlad, Koczwara, and Wade (2008) studied the concerns and needs of newly diagnosed Australian women with breast cancer. They interviewed 34 participants including early-stage breast cancer patients, oncology nurses, and volunteers who worked with cancer patients. The findings indicated that patients expressed a need to focus on their subsequent growth including “having a new perspective on and appreciation for life, having a sense of inner strength and ability to cope, learning to prioritize themselves more and taking time out, and improving some relationships” (Beatty et al., 2008, p. 341). Additionally, Henselmans et al. (2010) studied survivor centrality among 240 breast cancer survivors to discover the implications of wellbeing. The authors described survivor centrality as “the extent to which an illness is integrated into the self or survivor centrality” (p. 518). One of the findings revealed that when the participants held a more negative view of their illness, the survivor centrality was prone to signify potential problems, especially when the illness was viewed in less positive terms.

Ready availability of key services. Many participants reflected on their impressions about the treatment at Khampramong. The family caregivers and medical volunteers particularly agreed that a key positive factor of the treatment provided was the ready availability of key services. They highlighted key aspects of treatment aided psychosocial health care because it encompassed an environment that focused on positive recovery, holistic treatment embodied by integrative alternative care (complementary alternative medicine), affordable care, and equal/non-discriminatory treatment. These findings were consistent with other research conducted at Khampramong. Topanyawut (2010) conducted a case study on the life and work of Luangta at Khampramong

particularly in the realm of psychological healing. Four themes emerged: providing general support and family care, making time for discussion about the truth of life, cultivating a sense of loving kindness to the patients and other suffering persons, and bringing patients and others to dharma practice.

Several years later, Piew-on (2012) conducted a case study to investigate the management of holistic end-of-life care for end stage cancer patients at Khampramong. She collected two types of data: documentary research and qualitative research. To complete the documentary research, she investigated the texts of the Buddhist Holy Scriptures as well as modern care guidelines for end stage cancer patients. Using qualitative research, she conducted observations and in-depth interviews with 12 adult patients, 10 family caregivers, the Abbot (Luangta), and three volunteers. In her role as a researcher, she participated in the holistic care activities provided at Khampramong. Her results indicated that the method of care at Khampramong, which integrated Buddhist methods, was consistent with principles of palliative care as described in the study by Puengrassamee (1997): (a) was focused on patient and was family centered; (b) was comprehensive (covering mind, body, spirit, and socialization); (c) was collaborative and inclusive of a multidisciplinary team; and (d) was continuous (i.e., treatment was ongoing with regular evaluations).

The findings of the current study supported the concept of palliative care as practiced at Khampramong (Piew-on, 2012), which is holistic and covers all aspects of health including the physical, mental, social, and spiritual needs of the patients, their caregivers, as well as the volunteer staff. The findings also pointed to the value of promoting alternative and integrative care. The treatments integrated both Eastern and

Western approaches using the current medical model and traditional local wisdom and remedies (Khampramong, 2012). These findings also corresponded to the emerging trend in integrated care and complementary medicine (CAM). Starting from 2014, the 10- year mission of the World Health Organization (WHO; 2013) especially noted that more attention should be given to traditional and complementary medicine products and practices. This study contributed to a growing body of recently published literature on complementary and alternative medicine (Bonacchi et al., 2014; Savas et al. 2014; Söllner et al., 2000).

Savas et al. (2014) studied patients' preferences on the integration of complementary therapy with conventional cancer care. The participants included 14 female and 4 male patients attending focus groups conducted by an experienced facilitator. The findings indicated that participants had a sound understanding of the distinction between complementary and alternative medicines. Moreover, the participants valued guidance from oncology health professionals regarding complementary therapy tailored to their individual needs. In addition to medical oncologists and nursing staff, affiliated complementary therapists were considered to be appropriate sources for guidance.

Similar to the above study, Söllner et al. (2000) studied the use of complementary and alternative medicine by cancer patients. They conducted a survey with 205 cancer patients to record the use of and interest in CAM. Of the 172 participants, 24.4% reported use of CAM and 31.4% reported not having used but being interested in such methods. After conducting regression analysis, three predictors of use of or interest in CAM were younger age, progressive cancer, and active coping behavior. In conclusion,

the patients who were interested in or using CAM did not show more psychological disturbance, poorer social support, or less trust in medicine or compliance with radiotherapy than subjects without such interest. Moreover, the patients considered CAM as supplementary to standard medical methods and one way of avoiding passivity and coping with feelings of hopelessness.

Bonacchi et al. (2014) studied the use and perceived benefits of complementary therapies (CTs) in cancer patients who receiving conventional treatment in Italy. They interviewed 380 participants and asked them to complete two questionnaires to explore psychological distress and the resilience trait called a sense of coherence (SOC). The results found that 7.9% of patients were using one or more types of CTs. The most commonly used CTs were diet and dietary supplements (27.5%), herbs (10.8%), homeopathy (6.4%), and mind-body therapies (5.5%). The Italian study was characterized by a high percentage of patients who informed their physicians about CT use (66.3%) and who experienced benefits (89.6%). Also, 75.2% of the patients admitted they had used CTs in the past. Multivariate analysis revealed that young female patients, who previously used complementary and alternative medicine in the past, appeared more likely to use at least one type of CT in the future. Predictors of the use of CTs varied according to the type of CT. In conclusion, the results indicated that among psychological factors, SOC was positively associated with both past and present CT use.

A sense of coherence (SOC) in the above study referred to the central idea of why some people became sick under stress and others stayed healthy (Antonovsky, 1979). It presented as a combination that included both optimism and control. In the past when theorists viewed resilience as a trait, SOC was one of the factors seen to contribute to

resilience. Consistent with the findings about CTs, CAM, and SOC, the current study implied that the treatment at Khampramong including practices such as palliative care, holistic approaches, and integrated care helped participants to recover (Awikunprasert et al., 2012). Although the focus of this study did not clearly identify a SOC component, the presence of resiliency and coping described by a “sense of coherence” could be seen by the faith, hope, optimism, and treatment adherence described in the present study.

Effective treatment. The patients, family caregivers, and medical volunteers were consistent in stating that treatment provided at Khampramong was effective as evidenced by the improvement of patients’ conditions and recovery in multiple dimensions: physically, emotionally, and spiritually. Several researchers supported this conclusion. Piew-on’s (2012) research also indicated that those who received treatment at Khampramong demonstrated positive results. Patients reported relief from stress and the ability to enjoy the moment. Both patients and caregivers changed as evidenced by a decrease in negative thoughts. They also cultivated a deeper understanding of the meaning of life by engaging in more charitable undertakings.

Teerawong et al. (2009) investigated the effectiveness of treatment at Khampramong of 177 participants from 1,153 overall patients since 2004. Participants were divided into three groups: (a) those who left Khampramong more than four months prior, (b) those currently in treatment, and (c) patients who had recently completed treatment (no longer than a week). All those patients were or had been in treatment for at least 10 days. The results revealed that patients reported significant improvement in both treatment effectiveness and in mood state. For treatment effectiveness, the results revealed that of those patients (since 2004) who had returned home more than four

months after treatment, 65% had passed away and 35% were still alive. Of those 35% survivors, 12% reported improved health. For those who had recently left the Monastery, 52% were obviously improved and 12% had passed away. In terms of mood state, 81% of patients who left Khampramong more than four months prior to the study were satisfied while 91% of patients who had recently left the Monastery reported satisfaction. In conclusion, the results of this study demonstrated a high rate of patient satisfaction in receiving a spiritual emphasis when dealing with serious health issues. This study could also be seen as an overview of palliative care and established research-based clinical guidelines for the use of palliative care in improving the quality of life among the terminally ill.

Furthermore, a study by Soonthornchareonnon, Sireeratawong, Wongnoppavich, and Jaijoy (2013) on the development of anti-cancer medications at Khampramong attested to the effectiveness of herbal medicine. The result demonstrated that the herbal formulas used at Khampramong were significantly effective in treating cancer. As noted previously, a growing body of research attests to the efficacy of programs that attend to psychological and spiritual needs of patients in ways that are more holistic, although the research into the efficacy of herbal remedies appears to be unique to Khampramong (Bonacchi et al., 2014; Savas et al., 2014; Söllner et al., 2000).

A sense of community. Patients and their family caregivers agreed that treatment at Khampramong cultivated a sense of community. They highlighted the atmosphere where everyone at Khampramong connected to each other as if they were real family. They supported each other in all ways and sharing was significant in bonding one another in the community. They noted everyone generously shared food, produce, everything

that could be useful as well as offering help or energy when needed. People were willing to provide suggestions or opinions to help one another in times of need. The finding was congruent with Piew-on's (2012) results. Her study revealed that the treatment approach at Khampramong promoted a sense of community by fostering an atmosphere that supported the recovery and wellbeing of the residents. One factor that contributed to this was a socialization arrangement called "meeting with virtuous individuals," which had the goal of assisting those living at the Monastery in making friends and supporting one another.

This finding is unique to Khampramong. While the oncology literature around the world highlighted the importance of social support (DiMatteo, 2004; Ownsworth et al., 2010; Park et al., 2013; Shieh et al., 2012), the way in which a sense of community was developed at Khampramong through the introduction of practices such as "meeting with virtuous individuals," chanting together when patients are able, and making merit by actively providing social assistance to others who might not have as many resources is unique. One important contribution of the findings of this study would be if it could add more of a sense of the Asian, specifically Thai and Buddhist ways to provide social support including the concepts of giving and sharing. Moreover, the concept of karmic perspective and performing acts of merit empowered the participants in this study because it provided an efficacious way to support one another and to help each other get out of the stream of suffering.

Research Question Three

What are the coping strategies and resilience factors that participants believe they have developed during their stay at the Monastery?

Life-threatening situations often require significant adjustments and many coping strategies to help patients (Livneh, 2000). This is reflected in constantly changing cognitive and behavioral efforts to manage specific stressful situations needed to solve problems and be able to master, minimize or tolerate this adversity (Weiten & Lloyd, 2008). The participants in this study experienced a wide range of feelings and challenges involved in the treatment services that urged them to utilize both internal and external resources to cope with their challenges. Most importantly, these included maintaining a spiritual practice and treatment adherence.

Spiritual practice. Spiritual practice was the main coping strategy endorsed by all participants in this study. Patients and family caregivers indicated they used various strategies learned during their stay to help them overcome hardship and be able to accept and live with cancer in a friendly fashion or more adaptive manner. The medical volunteers also reported employing various strategies to help them manage and handle all the challenges they encountered during their time as volunteers: listening to dharma talks, praying, chanting, mindfulness meditation, extending loving kindness, letting go, taking a moderate path, and preparation for death.

A number of researchers and theorists reported similar results, particularly in the arena of Western spirituality. This was demonstrated in a narrative study by two nurses (Wilson & Ardoin, 2013) who were also primary caregivers to their loved ones. They described the process that occurred when professional and personal worlds meet. They highlighted the importance of spirituality as one of spiritual practice: “Take every free moment to stay in touch with God or your higher power” (Wilson & Ardoin, 2013, p. 195).

Thuné-Boyle, Stygall, Keshtgar, Davidson, and Newman (2012) conducted a longitudinal study in the United Kingdom with 155 patients newly diagnosed with breast cancer. The purpose was to investigate the roles played by the introduction of religious/spiritual coping practices for the adjustment of breast cancer patients in the first year after a diagnosis. The cross-sectional data demonstrated that using religious/spiritual resources to help in the coping process during the early stages of breast cancer played an important role in the adjustment process for patients with breast cancer. They recommended that patients have their spiritual needs addressed as they can benefit by learning about some form of religious/spiritual struggle that could serve as a barrier toward adjusting to their illness.

In addition, the themes that emerged from Sherman et al.'s (2012) study also emphasized the importance of spirituality in the treatment of cancer patients. The findings showed besides physical and emotional self-healing, women with breast cancer could “make it through” by using spiritual practices that included relying on and talking about the place in their lives of hope, faith, and prayer. Their findings were congruent with those of the current study, specifically in two dimensions: acceptance of cancer and the ability to move beyond a diagnosis and live their lives with more peace and a sense of agency. Sherman et al. noted that patients in their study used comparison or minimization to help them maintain hope—“often comparing your situation to someone else’s realizing that they have it far worse” (p. e236).

In the current study, spiritual practices included a variety of activities including praying and chanting, mindfulness meditation, extending loving kindness, the practice of taking the moderate path, letting go, and listening to dharma talks. All participants

reported positive experiences from engaging in Buddhist practices, which extended to their cognitions, feelings of affection, and behavior. Many participants reported growing spiritually, similar to other findings of research conducted at Khampramong (Piew-on, 2012; Tantitrakul & Thanasilp, 2009) specifically looking at the spiritual well-being of terminal cancer patients. Trakoolngamden (2011) reported the effect of chanting on pain management.

Treatment adherence. Cancer patients and their family caregivers agreed that treatment adherence was an essential coping strategy. They emphatically stated that the treatment manual received at orientation was a useful guideline in helping them cope and thrive with cancer. Patients reported they followed the treatment recommendations such as consuming a healthy diet and avoiding unhealthy food, staying away from risk factors, consistently taking herbal medicine, and taking care of their mind and spirit. This was congruent with findings from a study by Sherman et al. (2012) indicating that patients actively strove to care for themselves. The patients turned to a healthier lifestyle involving health promotion and maintenance. They reported being aware of proper diet, exercising, alleviating stress, and being aware of risk factors contributing to the cancer. These findings were similar to the study conducted at Khampramong on nutrition and eating behaviors of cancer patients (Suwittawat, 2011) and the effects of music therapy and exercise (Awikunprasert et al., 2012).

This finding was consistent with a study by DiMatteo (2004)--a meta-analysis of social support and patient adherence to medical treatment. The researcher reviewed literature from 1948 to 2001. One hundred and twenty-two studies were found that correlated structural or functional social support with patient adherence to medical

regimens. The study indicated that practical support bore the highest correlation with adherence.

Family caregivers recognized the important rationale for complying with treatment recommendations. Therefore, they acted as agents to support patients' adherence to treatment recommendations. Many caregivers mentioned that by sticking with the treatment schedule, their own minds were peaceful and focused on the schedule and activities rather than wasting time being distressed or being burdened by other distractions. At Khampramong, family caregivers are the closest support networks for cancer patients since they are involved with the patients' adjustment processes (Tantitrakul & Thanasilp, 2009). Therefore, they utilized similar coping strategies with the patients.

Research Question 4

What resources do participants use to bolster their resilience and coping skills?

Internal and external resilience resources. Patients, family caregivers, and medical volunteers reported similar experiences developing and employing internal and external resilience resources. For internal resilience factors, patients and family caregivers highlighted strong will as an internal resource that helped them overcome and bounce back from adversity, while medical volunteers listed a sense of purpose. Patients and their family caregivers were uniform in identifying external resilience factors and resources. Luangta, family, encouragement, and support either from caregivers or community, spiritual principles (dharma), and the treatment guidelines were all important external resilience resources and factors that contributed to the ability of patients to thrive in the face of a life-threatening event. Nonetheless, medical volunteers provided

descriptions of external resources slightly less because they only listed Luangta and spiritual (dharma) principles.

Greeff and Theil (2012) described what they labeled as internal and external resilience factors in a study of families of men with prostate cancer at a hospital in South Africa. The internal resources referred to factors that occurred inside the immediate family, while the external resources referred to the factors residing outside of the family. The internal resilience resources found in this study included practical and emotional support among family members, genuine communication, and individual characteristics (self-support, personality, and acceptance of their situation). The external resilience resources encompassed social support from extended family. The findings showed that intrafamilial support was listed by all respondents as the most crucial resource, especially in stressful situations. Spirituality, professional support, and knowledge were important external resources claimed by more men than women in this study. Furthermore, their findings showed a family's internal strength, affirmative communication, and social support experiences were indicator of family adjustment to prostate cancer. The factors the above research delineated as "internal" and "external" encompassed many of the same themes and characteristics supported by the findings at the Monastery. To name a few, spirituality (although not from a Buddhist perspective), intrafamilial support by family members for the person with cancer, and knowledge and professional support aided the patients in acceptance of their situation.

Theoretical Application: Resilience and Coping

Resilience

Process of successful adaptation. Theorists and researchers agree in defining resilience as the process of adapting or adjusting during the course of adversity, trauma, threatening and tragic life events, serious health problems, and any stressors. The general aspects of resiliency place an emphasis on individual strength in encountering and thriving during stressful or life-threatening situations such as illness and loss (APA, 2007; Keltner & Walker, 2003; Luthar et al., 2000; Masten et al., 1990; Steinman, 2010). Based on the definition by APA (2003, 2012), resiliency is an ongoing process, certainly not a destination since it requires time, effort, and dedication to attain personal improvement over one's lifetime.

This definition fits well with the experience of individuals at Khampramong. The patients used their individual strength to thrive with cancer, which had resulted in the loss of their good health and their jobs. The findings from the interviews conducted in this study reflected the process of adaptation. The patients discussed their adjustment since learning they had cancer. Many participants reported using several techniques to help them accept cancer and live harmoniously with it. Transformational change was reported as the patients embraced an adaptive view of cancer. This was demonstrated by repeated statements made by the participants such as "cancer is not scary" or "having cancer does not mean you will have to die immediately." Family members and volunteers who were involved with the treatment process all strove to overcome the stressors they encountered (i.e., psychosocial stressors like burnout, loneliness, and depression; personal attitude, and self-care). All participants emphasized utilizing internal and external resources to

cope during tough times. Eventually, they reported growth and learning throughout this process of adaptation and adjustment to cancer. Most of the participants reflected the phenomenon of resilience as discussed by Leipold and Greve (2009) who emphasized that resilience as a phenomenon is framed by the successful development of coping in a specific situation.

Factors contributing to resilience. Literature stated a primary factor in developing resilience include having a caring and supportive relationship network inside and outside of the family (APA, 2007; Newman, 2002). Other factors included (a) the capacity to make realistic plans and take steps to carry them out, (b) positive view of yourself and confidence in your strengths and abilities, (c) skills in communication and problem solving, and (d) the capacity to manage strong feelings and impulses. Studies have also shown that loving and trusting relationships provide positive role models and offer encouragement and reassurance, which help generate resilience in individuals (Martin-Breen & Anderies, 2011; Masten, 2001).

Based on the current findings, the model of Khampramong, which allows patients to have a family member care for them at the Monastery, reflects the positive factor of having caring persons inside the family. However, what is unique with the model developed at Khampramong is family caregivers actually stay at the cancer village. By living at the cancer village and having support from volunteers, the patients and family members formed a web of supportive relationships and developed many collateral bonds, i.e., patient to other patients, patients to their family caregiver, patients to other family caregivers, family caregivers to other patients who were not their immediate family member, and family caregivers to other family caregivers. Thus a wide-ranging

community and an intricate social support matrix were developed that helped everyone thrive.

The palliative care, Buddhist-based community at Khampramong generated trust as it aimed to provide care with a mission to help ease human suffering without compensation. The merit care model instilled trust and faith in the patients and family members. Moreover, its flexibility and non-discrimination policy provided patients with a supportive place to thrive and grow. Additionally, the support from professional practitioners in a multidisciplinary team provided the patients with the professional care, which helped generate confidence by ensuring they felt they were in good hands. The holistic approach helped strengthen the ability of the individuals to cope and manage painful or negative impulses that occurred in their body, mind, and spirit in a holistic and comprehensive way. The participants reported receiving encouragement and support. Furthermore, they also learned from the long-term cancer patients who served as positive role models.

In Buddhist culture, monks are very revered and respected by lay people. Therefore, it was not surprising several participants expressed reluctance to communicate with the monks as they were afraid they might use the wrong words to communicate and be considered disrespectful. Although some participants listed a reluctance to talk with the abbot when they first came to Khampramong, after rapport and trust had been built, they felt more comfortable in communicating with the monk.

Based on one of the volunteer's (Sandy) observation, she was surprised the patients at Khampramong were different than those she found in the hospital and not just in their willingness to speak to who they considered to be revered spiritual teachers. The

patients at Khampramong were very cheerful and full of courage. They were not reluctant to communicate their needs and share their stories with the volunteers. Hence, the findings from the present study were consistent with factors contributing to resilience listed by APA (2007) and other research in the field (Martin-Breen & Anderies, 2011; Masten, 2001).

Factors contributing to family resilience. The current study could be discussed from the perspective of family resilience. Key domains comprising protective factors based on an ecological model derived from extensive integrative reviews included three levels: individual, family, and community (Benzies & Mychasiuk, 2008). This study noted that on an individual level, protective factors contributing to one's strength included locus of control, emotional regulation, belief systems, self-efficacy, effective coping skills, health, temperament, gender, increased education, skills, and training.

In the current study, most of these factors emerged. Most of the participants were aware of cancer prevention and learned to take good care of themselves-- either to improve their symptoms and avoid the worsening of symptoms. They learned to avoid dietary risk factors and embrace the protective factors provided by a healthy diet. Based on the interviews from the participants in this study, treatment at Khampramong appeared to increase the locus of control for the participants through coping tools they were provided. The holistic model worked to support the participants' belief system especially in terms of the Buddhist religion. The Buddhist religious services served to empower self-efficacy and self-reliance. Patients discussed pain management skills they learned by using meditation or reciting Buddho instead of immediately using pain killers. The

participants learned about coping skills from medical volunteers and long-term cancer patients.

On the family level (Benzies & Mychasiuk, 2008), protective factors consisted of the family structure, intimate partner relationship stability, family cohesion, supportive parent-child intervention, stimulating environments, social support, family of origin influence, and stable and adequate income and housing. In the current study, several factors emerged that spoke to protective factors of resilience on the family level including family cohesion, family of origin influence, stimulating environments, and social support. The living arrangement at Khampramong required one family member to care for the patients; therefore, it promoted and strengthened relationships in the family. One couple in this study (Diamond and Compass) felt cancer brought them closer together as a married couple; before she had cancer, they were not as close. The environment at the Monastery based on the participant's perspective was positive for their recovery and rich with social support.

A unique feature of the program at Khampramong was the patients and their family caregivers were encouraged to stay at the Monastery together. During the time spent at the Monastery, they learned to appreciate and support each other physically, emotionally, and spiritually. Another crucial factor was the inclusion of family members in a ritual for patients who were terminal. This ceremony included having all family members come together to participate in a goodbye ritual for the dying patient with their loved ones, supporting them through the last stage of life. During this ceremony, the patients and family had the opportunity to express their feelings to each other including asking for forgiveness and saying goodbye. One of the volunteers reported introducing

this ceremony at the hospital where she worked subsequent to working at Khampramong. She reported positive results with patients who passed away peacefully. This was in keeping with the concept of the importance of support for patients at the end of life so they pass through the last stage of life with dignity and peace (Loggers et al., 2013).

For those who had a stable and adequate income and housing and also lived at Khampramong, financial problems did not represent a need. For others who did not have financial resources, support for living arrangements was available. Visitors also provided donations of food and groceries. The abbot supported people who struggled with finances by asking for needed donations whenever the need might arise for any patients and their family. In summary, the services at Khampramong are based on a charitable and non-profit organizational model. Again, it appears this model has not been replicated in Western cultures.

On a community level, community protective factors stemmed from multiple qualities including community involvement, peer acceptance, supportive mentors, a safe neighborhood, access to quality childcare and schools, and quality health care (Benzies & Mychasiuk, 2008). In the present study, many patients addressed their impressions of Khampramong. Living arrangements were provided for them and they could live at the Monastery for as long as they wanted without any fees. They had a schedule of activities to follow (i.e., offering food to the monks, group prayers, group exercise, and listening to dharma talks). Certainly the setting of the Monastery provided a safe neighborhood where everyone supported each other. There was peer acceptance and supportive mentors (among patients, caregivers, and medical volunteers). Patients at Khampramong were able to access quality health care available on site. In case they needed a referral,

patients had full rights to make that decision. However, childcare and school were not available at Khampramong. However, with the other factors listed above, Khampramong could be said to be representative of a resilient community.

Comparing the concept of resilience to Stefan Vanistendael (cited in Monroe & Oliviere, 2007) and using their Casita Model to structure experiences that helped to build resilience, the findings are shown as follows. Many similarities and dimensions in the Casita model were found in the workings of the treatment model used at Khampramong. Based on the Casita Model (see Figure 3 below), the foundation floor of resilience refers to basic needs (e.g., food and health care). The treatment at Khampramong represents a place that provides basic needs. The basement, which refers to a network of formal and informal contacts, is a bonding system between the individual and at least one person (relative, loved one, or professional) and is demonstrated by the model having caregivers and volunteers who support the patients and live in the community. The ground floor, which illustrates the capacity to find meaning in life, is represented in themes whereby the participants strove to make sense from their experience, illustrating their new perspective on life and being more compassionate and altruist. The first floor of this model refers to rooms that represent self-esteem, personal and social abilities, and a sense of humor. In the present study, this 'first floor' related to themes of personal and professional growth, opportunity to attain additional skills, self-worth, and humor. Lastly, the attic level in this model refers to openness to new experiences and a capacity to believe in the ability to overcome life-threatening situations. The current study found that many participants reported developing their inner strength (strong will, faith, hope, skills they learned, what they received from external resources like Luangta, and dharma

principles). All these resources served to increase the confidence they needed to live through and overcome life's adversity.

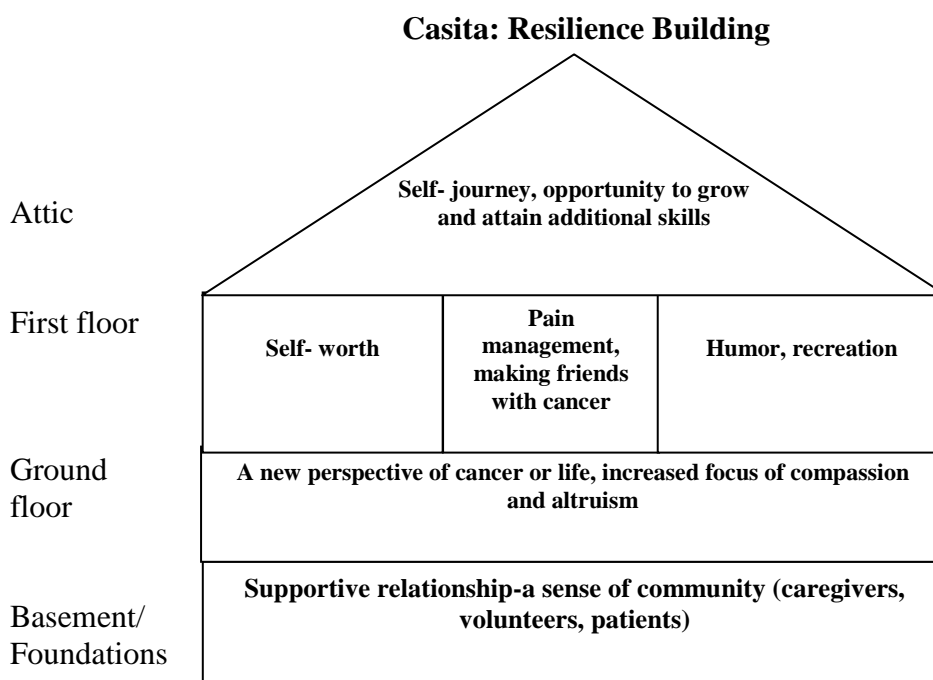


Figure 4. Discussion of theme findings compared to the Casita model by Stefan Vanistendael (cited in Monroe & Oliviere, 2007, p. 120).

In summary, the factors in the current study were consistent with a study by Monroe and Oliviere (2007), reflecting aspects that contributed to resilience: secure attachments; meaning and a sense of hope, coherence, creativity, and good memories; public education and community support; cultural awareness; internal locus of control; well-being and self-esteem; one supportive person in the environment; and learned optimism.

In addition, themes that emerged from the current study were consistent with resilience components addressed in a study by Doungyota et al. (2010). Their results

indicated that a model of resilience functioning could be characterized by six components: physical, relational, emotional, moral, cognitive, and spiritual. All of these were repeatedly demonstrated in the current study using some slightly different terms but none of them contradicted the general ideas.

Lastly, this study contributed significantly to the overall research that demonstrated support for holistic approaches highlighting spirituality and coping arising from various religious traditions. It also emphasized the importance of developing spirituality and a renewed emphasis on positive thinking in the face of hardship in line with other research in this field (Ando, 2012; Pargament & Cummings, 2010; Tantitrakul & Thanasilp, 2009; Vanistendael, 2007).

Coping

The coping literature note that most people experience life-threatening situations at least once in their lifetime (Ozer et al., 2003). Particularly for cancer patients, once diagnosed, they experience psychological issues such as stress, depression, and hopelessness (Livneh, 2000). This is in addition to the physical stress often experienced as part of the illness.

The findings of the present study acknowledged that cancer is a life-threatening situation that calls for utilizing multiple coping strategies to manage it. The challenges each participant encountered were consistent with Livneh's (2000) findings, although there were some differences among the group of participants in this study. The overarching themes reported by the patients highlighted physical stressors including pain and fatigue. This was similar to the finding by Adler et al. (2008). However, psychological burden from burnout and homesickness was reported by caregivers. This

was also emphasized in a study by Skalla et al. (2013) on the multidimensional needs of caregivers in which psychosocial needs were a significant concern. The full extent of multidimensional needs encompassed physical, psychological, social, and spiritual dimensions. It is noteworthy that the findings from the present study corresponded to the multidimensional needs found by Skalla, Smith, Li, and Gates (2013) in that the care provided at Khampramong covered all dimensions of holistic care.

Cultural values. Cultural values play a significant role in how humans cope with stress. The constructs of individualism and collectivism also influence conceptual models of stress (Chun et al., 2006). The findings in this study were congruent with the Collectivistic Coping Scale (CCS) developed by Yeh et al. (2006) and based on the values of collectivistic cultures in East Asia. This scale is comprised of seven coping domains: Respect for Authority, Forbearance, Social Activity, Intracultural Coping, Relational Universality, Fatalism, and Family Support. These subscales are discussed below along with a discussion for their relevance to the present study.

1. Respect for Authority refers to individuals utilizing coping strategies with regard to community seniors, elders, mentors, or authority figures. The findings in the present study referred to the respect for authority perceived to be present in Luangta as a spiritual leader, which in turn contributed to the development of resilience that helped them cope. Long-term cancer patients were regarded as having authority that called for respect. Some patients mentioned learning coping strategies like pain management from volunteers and thus these volunteers were also seen as persons of authority to whom one should show respect.

2. Forbearance describes a coping style whereby individuals use tolerance or endurance to quietly overcome their situations. In the current study, resilience factors including strong will and self-encouragement aligned with this scale. A subtheme of acceptance or persistence was reflected in this scale as well.
3. Social Activity refers to social networks individuals use to cope. In the current study, social activity resonated with the theme of treatment adherence, which included the subtheme of socialization.
4. Intracultural Coping refers to a coping strategy whereby individuals receive support from a network of systems sharing similar cultural beliefs and practices. In this study, intracultural coping was similar to the sense of community reported by participants at Khampramong. Most had a similar cultural background in being Thai and Buddhist, although one couple was Christian. They all experienced similarly in trying to overcome and recover from cancer.
5. Relational Universality refers to individuals seeking social support from others who share in experiences. In the present study, the theme of a sense of community aligned with both Intracultural Coping and Relational Universality scales. However, the specific characteristic presented in Intracultural Coping refers to individuals gaining support throughout their systems; while in Relational Universality, individuals have to reach out for social support from those who shared the same experience.

6. Fatalism is a coping strategy whereby individuals accept their problems as a coping method. This is very similar to findings in the current study. The theme--ability to accept and live with cancer and the subtheme of acceptance represent the same coping strategy. As participants accepted, through their treatment at the Monastery, that they had cancer, their minds became peaceful and they were able to move on with life. Participants also used other strategies to help them accept cancer. For example, some participants utilized generalization, noting that others had cancer as well. Some used minimization, i.e., “there are others whose condition is worse than mine and they are able recover.” Unique to this study was the finding that several participants including Saiyud, Little Girl, Sweet Water, and Srithong utilized a karmic perspective to help them accept their cancer. They viewed cancer as a sin or past bad deed for which they had to make amends. That helped them accept their cancer and they tried to make merit as a way to cope.
7. Family Support is a coping strategy where individuals utilize support from family members. Family support emerged as a central theme in the study by Yeh et al. (2006) and in this study. However, in this study, family support was also seen as an external resource for participants to cultivate their strength to cope with life adversity.

In conclusion, the findings in the current study supported the factors in the Collectivistic Coping Scale (Yeh et al., 2006), which was not surprising as Thai society is also considered a collectivistic culture. However, some of the themes found in the

present study were not listed as coping strategies. For example, Luangta, a spiritual leader, learning from long term cancer patients, and family support were listed under external resilience resources while strong will and self-encouragement with the subthemes of acceptance or persistence were listed as internal resilience resources. Lastly, a sense of community was listed as a theme under the participants' perception of treatment at Khampramong while ability to accept and live with cancer was listed as a theme of learning and growth.

Coping perspective on cross cultural research. New developments in coping perspectives based on cross-cultural research were synthesized by Wong et al. (2006) including coping developed from (a) reactive to proactive coping, (b) instrumental to transformational coping, (c) individualistic to collective coping, (d) a shift from cognitive to existential coping, and (e) from dichotomous to dualistic thinking.

The present findings supported the idea of proactive coping because the participants developed resources throughout the process of coping utilizing vicarious learned and developed better strategies to prevent further loss. Regarding the theme of awareness of cancer prevention, both patients and caregivers were mindful of risk factors for cancer and elements of good health. They also learned to develop skills to help them cope, i.e., making friends with cancer. Many participants reported composing their own statement to communicate with cancer. Even before taking herbal medication, they reported recognizing holy spirits or angels and they would create prayers or just converse with them by themselves in addition to following the instructions from the treatment manual.

Wong et al. (2006) compared and noted that the coping strategies used in American psychology could be labeled as instrumental coping (changing stressful situations and use problem solving); however, this had limited value when dealing with chronic problems. Therefore, they proposed a number of transformational coping strategies (i.e., Buddhist concepts of enlightenment, the Taoist way of nature, spiritual transformation, and existential coping) that can be seen as a recent trending development in more and more research. Thus, the findings from the present study served as supportive evidence of transformational coping strategies reflecting Buddhist concepts such as ways to live with nature, the importance of a spiritual practice, and the embrace of dharma--all of which could be viewed as being close to the idea of existential coping.

The findings of this study also supported dualistic thinking perspectives. Coping frameworks are developed from dichotomous to dualistic thinking. Dichotomous thinking reflects a more Western psychological point of view while a holistic, paradoxical, and thus dualistic thinking perspective represents the East. There is need of further cross-cultural research to compare Eastern and Western perspectives.

Recognizing a vital and dynamic movement of stress and coping, Pedersen (2006) and Wong et al. (2006) proposed the need for further research in light of more recent developments in coping styles and strategies with hopes of gaining a better multicultural understanding. They noted that conducting studies using cross-cultural surveys would help complete the jigsaw puzzle of knowledge about this topic. Hence, the current research, by exploring the in-depth experiences of patients, caregivers, and medical volunteers, contributed one piece to the jigsaw puzzle by providing an understanding of Thai coping strategies. Specifically, it highlighted the role of acceptance and the effort to

enhance meaning by helping others to relieve suffering or making merit as one powerful way to cope with the experience of having cancer.

Limitations

There were several limitations in this study. First, the ability to include medical volunteers who had a background in a conventional Western training (physicians) was limited. During the data collection period, two physicians were volunteers at the Monastery. However, due to high patient needs and demand on the physicians and their schedules, they were not available to be recruited for the study. Only one participant was from a conventional Western medical background. I recruited volunteers with backgrounds in Thai herbal medicine, nursing, and nutrition.

Limitations also stemmed from my data collection. Due to the fact that participants could be influenced by many factors such as thoughts, mood, and physical conditions at the time I conducted the interviews, the responses might not have captured the entire participants' experiences. Thus, I collected data by using multiple resources (interviews, observation, and artifact collection). Furthermore, an individual's experience could be different based on the time of day, whether or not he/she had just meditated or eaten a meal or had taken herbal medications, or other internal or external factors. Therefore, future use of semi-structured and open ended interviews might yield different findings, thus limiting generalizations to other participants.

Next, due to the limits in reaching participants, member checks could not be conducted with all participants. This was challenging because most did not have email accounts or internet access and there was a lack of telephone contacts. I transcribed the data after I left the Monastery; therefore, long distance contact for follow up was difficult

or impossible. I was able to conduct member checks with three participants who provided me with their emails. However, during the interview, I summarized and clarified with all participants the accuracy of their responses to make sure I accurately captured their answers. I encouraged them to make corrections and/or clarifications concerning the content of the interview with me.

Implications

Based on the findings from the current study, several implications are applicable to cancer treatment services, providers, and the mental health field.

Cancer Treatment Services and Providers

The findings of the current study conveyed participants' perspectives on the efficacy of holistic services and the importance of the role of resilience factors and resources to bolster resilience and coping for adversity (e.g., holistic palliative care, psychosocial health services, complementary health approaches, and integrative health care). The findings demonstrated that Khampramong is a role model of holistic health care integrating both Eastern and Western methods of treatments. This integrated holistic care encompassed complementary medicine (CAM), psychosocial health services using complementary health approaches, and integrative healthcare. Furthermore, a case study by Piew-On (2012) also asserted that the vision and mission of Khampramong is to deliver palliative care using integrated care and holistic treatment. The treatment promoted recovery and resiliency in not only the patients but also had a positive impact on everybody involved in this service.

The service at Khampramong is consistent with the 10-year mission of the World Health Organization (2013) in addressing the challenges and responding to the needs

identified under WHO traditional medicine. The updated strategy for the period 2014–2023 devotes more attention to traditional and complementary medicine products, practices, and practitioners than in prioritizing health services and systems (WHO, 2013, p. 76).

Similar findings were present in the study by Monroe and Oliviere (2007). They analyzed 29 papers conducted at a hospice in London in 2005. The findings revealed multiple aspects of palliative care that cultivated resilience: secure attachments, meaning and sense, hope, coherence, creativity, good memories, public education and community support, cultural awareness, internal locus of control, well-being and self-esteem, one supportive person in the environment, and learned optimism. Care delivery at Khampramong embraces all these components. Therefore, it is not surprising the patients, caregivers, and medical volunteer reported positive experiences and outcomes.

Some unique features in the care at Khampramong are distinct from those reported by Western research. Specifically, the care was provided at the Buddhist Monastery. In addition to having living arrangements on site, there was no cost; this helped to eliminate financial stress. The primary factor in resilience indicates a patient having a caring and supportive relationship network inside and outside the family (APA, 2007). This was in line with this study's finding as patients received encouragement and support from the other patients, caregivers, and volunteers. The requirement to have one family caregiver with the patient supported the theory that having a supportive person in the environment from the family is crucial (Greeff & Thiel, 2012).

In summary, the Khampramong care model responded to the needs of psychosocial health services (Adler & Page, 2008), which aimed to help in managing

illness comprehensively and eliminating any unmet psychosocial needs. The Khampramong model welcomes professional volunteers who are willing to be part of the treatment provider team. As Khampramong turned out to be the place where Thai traditional and complementary medicines were both utilized, the sphere of integrative holistic care and CAM was raised. The presence of a model of integrative holistic care made it possible for both patients and caregivers to have access to more comprehensive care and services. They would also gain benefit from ongoing education to promote their recovery and well-being (Monroe & Oliviere, 2007; Savas et al., 2014).

Mental Health Field

The findings of the current study stressed the importance of recognizing individual challenges, empowering resilience factors and effective coping strategies, and reducing barriers to psychosocial service use. Regarding individual challenges, the participants discussed physical stress (patients), psychosocial needs (caregivers), personal attitude, and self-care (medical volunteers). Physical stress referred to pain and fatigue. Therefore, it is important for mental health providers to recognize these challenges and provide support and intervention that respond to the needs of the patients. Also, mental health providers need to work interactively with physical health care providers and alternative practitioners in a multidisciplinary team to provide care to the patient as a whole person (Adler & Page, 2008).

In this study, patients mentioned alternative approaches to managing pain, which they found to be both effective and helpful: utilizing meditation, talking and making friends with cancer, Tai Chi, yoga, laughing, or dance therapy. It is important to note that all of these methods reflected emerging trends, which are evidence based and are

receiving more attention from the field of complementary medicine and integrative health care (Alternative and Complementary Therapies, 2013). It is important for the mental health field to explore the challenges patients experience and, at the same time, investigate current coping strategies patients employ. This would help in the development of new methods to deal with their challenges and to investigate and promote new ways to increase resilience and coping.

Caregivers, on the other hand, mentioned psychosocial stressors including burnout and becoming overly concerned about patients who were their family members. Treatment at Khampramong included an effort to reduce barriers to the use of psychosocial services. For instance, due to the free services, financial resources were not needed and literacy was not a barrier to treatment. Being reluctant to approach the Abbot due to fear of discrimination was eliminated by his warm and welcoming approach. Thus, caregivers reported positive impressions regarding the treatment provided. Moreover, they reported being positively influenced to participate in activities that changed and expanded their world view in terms of understanding cancer and wanting to further cultivate their own personal and spiritual growth.

The responses from the medical volunteers also noted the importance of supporting family caregivers. This was in line with the findings of Hartley (2007), which highlighted that family caregivers could benefit from counseling with the aim of fostering psychological adaptation and overall well-being so they are then able to provide proper support to the patients.

Although most of the participants noted they were mindful and aware of the possibility of impending death and were preparing for death, only one of the caregivers

mentioned grief and loss. Hence, care delivery should not neglect providing support for grief and loss counseling (Boerner & Jopp, 2010; Machin, 2007)

Counseling Psychology

The concepts and historical foundations of resilience are consistent with positive psychology— a scientific study of the strengths and virtues that enable individuals and communities to thrive (Seligman, 2007). The positive psychology movement initiated a shift away from a focus on pathology and a preoccupation with repairing psychological “damage” and toward building positive qualities (Seligman & Csikszentmihalyi, 2000). Seligman (2002) insisted that “psychology is not just the study of disease, weakness, and damage, it is also the study of strength and virtue. Treatment is not just about fixing what is wrong, it is about building what is right” (p. 4).

Counseling psychology is a discipline that emphasizes fostering human capacities, satisfaction, and well-being (Society of Counseling Psychology, 2014). For more than half a century, counseling psychology has emphasized nurturing people’s strengths and empowering them in using their resources to achieve their goals (Lopez & Edwards, 2008). Moreover, counseling psychologists have greatly contributed to positive psychology literature (Arbona & Coleman, 2008).

Harris, Thoresen, and Lopez (2007) claimed interventions that increased self-efficacy have been found to powerfully affect the attainment of counseling targets. In some circumstances, strength enhancement might be a more efficient way to reach counseling goals. They indicated that study in the field of counseling psychology still needs more evidence to prove whether infusing a focus on strengths into standard

assessment and counseling procedures would result in better outcomes, adherence, or satisfaction.

Furthermore, researchers concurred that strengths and weaknesses are personally and culturally constructed and exist within specific contexts (Harris et al., 2007). Therefore, it is important to understand how individuals specifically construct these qualities so the cross-cultural studies are warranted (Wong et al., 2006). The findings of this study provided evidence for how individuals with cancer, family caregivers, and medical volunteers from Thailand strove to face challenges posed by cancer. Specifically, the findings informed counseling psychologists about resources participants from Asian cultural contexts utilized to bolster their resilience and coping.

Future Research Directions

In this study, I investigated the experiences of eight therapists, eight caregivers, and five medical volunteers to understand their perspective of the experience of receiving treatment and services at Khampramong, particularly in the area of resilience and coping. There were more female subjects in the pool of eligible participants. The majority of the patients and caregivers in this study were from northeast Thailand and mainly Buddhist. In future research, it would be important to involve more patients from more diverse religious and ethnic backgrounds. Heterogeneity could be achieved, for example, by including equal numbers of participants from Christian, Muslim, and Hindu backgrounds.

Creswell (2007) suggested that the researcher “interview from 5-25 individuals who have all experienced the phenomenon” (p. 81). The present study included an ideal number of participants for a phenomenological study--21 participants. The majority of medical volunteers included those who practice Thai traditional medicine; two were also

nurse practitioners. Therefore, in light of the growing attention toward integrated care (Cummings, O'Donohue, & Naylor, 2005) that encourages expanding volunteer opportunities to work in multidisciplinary/integrated care (e.g., including physician, oncology expertise, and physical therapist), this study contributed and supported this work while adding findings from a diverse perspective.

Currently at Khampramong, foreign patients and caregivers (e.g., from Hong Kong, Japan, Russia, and Laos) and volunteers are from different countries (e.g. United States, Canada, Australia, and Japan; Khampramong, 2012). No doubt, different patients, family members, volunteers, and practitioners might have varying perspectives. Therefore, it would expand the findings of this research to include those from diverse ethnic, racial, religious, and national backgrounds and compare their experiences with those of local residents.

Different methods of study including ethnography that require the researcher to reside in the setting longer could be employed and would be beneficial in understanding the participant's experience and culture context in greater depth. Also, as the present research investigated resilience and coping in a qualitative inquiry, integrating quantitative methods and employing measurement/resilience scales to evaluate individual residence would provide statistical data to support whether or not participants had increased their resiliency and coping strategies.

A quantitative study by Teerawong et al. (2009) included follow up research on patients who were in treatment for at least 10 days and who departed from Khampramong. This research investigated patient improvement post-treatment. Qualitative research methods could provide a rich and deep description of participants'

experience concerning how they cultivated spiritual growth and improvement over time as well as examining factors that influenced change. Similarly, a follow up study could be conducted with the participants who left the Monastery (phase II) to compare similarities and differences in their experiences.

This study was conducted at Khampramong and was a role model of palliative, holistic, integrated care that stemmed from a Buddhist perspective. A cross-sectional or comparative study between the care provided from a variety of Eastern and Western settings would provide a broad understanding and develop knowledge and guidelines for comprehensive and sophisticated care to promote resilience and coping in the participants.

Conclusion

Many of the findings of the current study supported and corroborated research done with cancer patients in the West, especially in the area of fostering resilience and coping in people experiencing cancer. While a number of the studies conducted in the West factored in the importance of a spiritual component in helping people cope with cancer, this study demonstrated, through in-depth interviews, the importance of an on-going spiritual practice that was inter-woven throughout the treatment regimen. It is unlikely, due to the unique setting of the Monastery in Thailand and the treatment offered by the Abbot, it could be replicated in the West. However, many of the factors that fostered hope and healing could surely be implemented in Western cultures and their outcomes explored and researched.

Researcher Reflections

I first went to Khampramong Monastery in March 2008 to make a merit (e.g., offering food to the monks, donation, helping with the monastery chores, and listening to dharma talks). I remember that as I was on the way to the Monastery, I was still revising my admission essay to apply for the APA-accredited Ph. D. program in Counseling Psychology at UNC. At that time, I first learned that Khampramong provided free care for cancer patients. Before pursuing my doctorate, I volunteered and made merit at several forest monasteries in northeast of Thailand including Khampramong. Volunteer work is focused on giving and helping; however, I was struck by these experiences. I returned to Khampramong to volunteer again in August 2008 right before I came to UNC. I thought that when I graduated and had attained further skills, I would return to volunteer, using my knowledge as a counseling psychologist to help people there. On the first day of classes at UNC, I printed my cohort's names and contact information on one side of the paper; on the other side, I printed an email I had received from Luangta (to continue reading) telling about the activity at Khampramong. Initially, I did not plan to do my research specifically at Khampramong although I knew I was interested in conducting research relevant to spirituality and psychology. Throughout the course of my study in graduate school, I solidified my interests, developed a research plan for my dissertation that culminated in studying resilience and coping, and incorporated my experience as a volunteer at Khampramong. This led me to return to Khampramong sooner than I thought I would. I returned to Khampramong to help me on the way to graduating.

After I completed my proposal defense and got IRB approval, I returned to Thailand to visit my family and continued to visit Khampramong at the end of May 2013. I was very grateful to be accepted and welcomed by Luangta, other volunteers, and residents at the monastery. I had the chance to stay in a small cottage close to the lotus pond where I could privately and peacefully process my research study.

As a researcher, I employed the role as researcher as participant-observer and participated in the Monastery activities keeping a low profile manner. However, later on, I followed my calling to volunteer in as many activities as I could besides collecting data. Initially, I tried to keep a low profile as I did not want my activities to interfere with the data collection process. However, after two weeks, I realized my active involvement did not negatively impact the responses from participants. Instead, it helped in building rapport with others and resulted in more participants than expected. Through my volunteer activities as a participant-observer researcher, I learned the Monastery systems that helped me to more clearly understand the services provided and their delivery. The knowledge of those structures was invaluable when I engaged in the interview process.

Based on the experiences while collecting data and residing at the Monastery, I learned and grew personally and professionally. The experience impacted me at a transformational level. I learned from the participants in so many countless ways. The patients are like the dharma cases for me. It struck me that sometimes death and life-threatening situations create a powerful force and opportunity for us to thrive. In a healthy person, when we face challenges, sometimes we turn to the heuristic way to deal with it like turning to any resources available. However, in situations where the individual is between death or survival, the Buddhist concept of self-reliance is crucial.

Research literature suggests that supportive relationships are key in contributing to resilience and coping. However, based on my research, I learned that external supports are secondary in helping us to deal with life-threatening situations. The participants in this study indicated that strong will, persistence, mindfulness, self-consciousness, and alertness (*sati*—in Pali) are most important variables in helping them manage well in such life-threatening situations.

The method of coping and healing the patients in this study utilized is not usually utilized by the general population except in the teachings and practices of Buddhist monks. For example, Little Girl spent two days and nights meditating until she won over the pain that was striking her; her body then became more balanced and stronger. Similar to Nicholas when he could not rely on anything or anyone, the best tool for him to deal with his overwhelming pain was meditation. These experiences are rarely reported in the general population of Thailand except by the monks who practice in the forest faraway where neither doctors nor medicine can be reached. Those monks turned to spiritual practice and took it as dharma medicine. Eventually they reported miraculous recoveries. It surprised me that I found this quality of hope, peace, better coping skills, stronger emotional resilience, and deepening spirituality in the cancer patients at the Monastery.

Also, the patients were good teachers, instructing me to be aware of cancer prevention. At the same time, they were good role models for the survivor capacity. I saw them as tough human beings, especially when their bodies were weak; yet at the same time, their minds were strong. The patients reminded me about a sense of purpose and the meaning of existence for which we all strive. Many of them said they were lucky

to have cancer as they learned to be mindful about life and did the best they could in the remaining time they had to live.

I also learned to be mindful about death. In Buddhist culture, we are taught to think about death with every breath. However, sometimes I was still thoughtless about that. To be involved in this study in addition to what I learned and saw when I volunteered, it reminded me to be mindful about death. I embraced this philosophy of practice in which I see that death and dying are close and I am thoughtful about that often daily.

I learned certain care skills from caregivers. Teresa became very skilled in finding creative ways to make food appealing, which helped increase Joseph's appetite. I was impressed with the gratitude conveyed by Cutie and most of the participants. Cutie quit her job to take care of her mother. I was delighted to learn she did not have any regrets when her mother passed away. That was because she did not have any unfinished business in terms of taking care of her mother the best she could. All the family caregivers in this study learned to take care of the participants with their whole hearts. That is a good role for modeling when I work with clients as well. And I know that all that I have experienced and learned through working on this dissertation will contribute to my teaching and therapy work as a counseling psychologist.

The culture of giving and sharing at Khampramong is a testimony of beauty and power. Volunteer work there relates closely to the concept of charity or altruism. The real gain was the development of authentic happiness and self-worth. Moreover, the volunteer journey shaped all volunteers in this study to be selfless, i.e., decreasing egocentricity, which is a crucial part of dharma practice. I also learned from volunteers

and staff about techniques and methods to help deal with chronic pain such as exercise, yoga, and Tai Chi. I had the opportunity to pray and support cancer patients and their family caregivers. I also attended several funerals during my stay that reminded me about how we are all part of the natural life cycle (birth, aging, illness, death). Spiritual practice and dharma teaching were rewarding.

Giorgi (1997) highlighted the importance of consciousness as a powerful tool researchers have to increase the rigor of their study. He also noted that a thorough and rich description based on consciousness is sufficient to completely explain a phenomenon. I attempted to keep this study uncontaminated by my perspectives and based on participants' subjective worldviews. I tried to filter my own assumptions and judgments and keep the expressions from participants fresh though quotes richly displayed in the study. I tried my best to be a reliable tool to pass on the valuable message of the experience all the participants shared with me.

If goodness or merit should occur from this study, may all this virtue and contributions bring the best to all contributors including participants, research teams, friends and supporters, and also all those who engaged in so many countless ways to make this study complete. May all who read this study be positively impacted.

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APPENDIX A

LETTER REQUESTING APPROVAL

Khampramong Monastery
95 Moo 4 Sawang, A.Phanna Nikhom,
Sakon Nakhon,
47130
THAILAND

Date: May 16, 2012

Dear Phra Dr.Paponpatchara Pibanpaknatee

My name is Wipanee Suk-erb. I am a Thai doctoral student in Counseling Psychology at the University of Northern Colorado. I volunteered at Khampramong Monastery in March and July 2008 to provide mental support to cancer patients and their family caregivers. I am writing my dissertation proposal and, as I discussed with you via e-mail correspondence, I would like to ask for the opportunity to conduct a qualitative study at your monastery.

While cancer is the second cause of death in the United States, it has been the first leading cause of death among Thai populations for over ten years. In addition to medical research on the prevention and treatment of cancer, research investigating the psychological factors that relate and contribute to the psychological well-being of cancer patients and caregivers have increasingly received more attention. Having volunteered at Khampramong Monastery, I am interested in studying the unique experiences of cancer patients, family caregivers, and medical volunteers. I am particularly interested in resilience and coping strategies that patients, family caregivers, and medical volunteers have developed during their stay as they utilize services and treatment at Khampramong Monastery.

The study will include several site visits, participant interviews, and observations within a month long time frame. I am very appreciative of your time in corresponding with me on this, to date, and for considering my request. Hopefully, the information from participant's experiences will contribute helpful recommendations for mental health practitioners and palliative staff to further facilitate patient's resilience and coping.

Pending your acceptance of my proposal for research, I will submit an official letter of acceptance from you to my dissertation advisor, committee, and to the University of Northern Colorado Institutional Review Board (IRB) along with other relevant documents in the near future.

With sincere thanks,
(Wipanee Suk-erb)

APPENDIX B
APPROVAL LETTER



เจ้าคณะปกครอง

Ref. No. AFF067/2012

Khampramong Monastery
95 Moo 4 Sawang, A.Phanna Nikom,
Sakon Nakon, 47130
THAILAND

Date 18th May 2012

Dear Wipanee Suk-erb

Thank you for your interest in conducting a study on the experience of cancer patients, family caregivers, and medical volunteers at Khampramong Monastery.

Aphinyana Arokhayasala Foundation, Khampramong Monastery provides holistic care for cancer patients regardless of gender, race, age, and religion background without asking for financial compensation. The treatment perspective at the monastery fosters mutual care and support among all members of the treatment team. In addition to providing volunteer opportunities for people from many professions who are interested in offering support to the patients and their family members, we are also a training site for undergraduate and graduate students to gain insight into palliative care for terminal patients. Moreover, our foundation includes research opportunities to further understand and develop Thai traditional medicine and alternative therapies for cancer patients. We plan to establish Yannasithidhammaosotbumbud Institute in order to strengthen future research in these areas.

I would like to inform you that we are happy to have you visit and conduct a study at Khampramong Monastery. Do not hesitate to let us know if you need further information.

Best Regards,

(Phra Dr. Paponpatchara Pibanpahnitee)
The abbot of Khampramong Monastery
The President of the Aphinyana Arokhayasala Foundation (AAF)



มูลนิธิอริยคุณญาณ
อโรคยศาล
The Aphinyana Arokhayasala Foundation
www.khampramong.org

APPENDIX C
INSTITUTIONAL REVIEW BOARD
APPROVAL



Institutional Review Board

DATE: April 22, 2013

TO: Wipanee Suk-Erb, M.Sc.
FROM: University of Northern Colorado (UNCO) IRB

PROJECT TITLE: [441683-4] Resilience and Coping: The Perspectives of Cancer Patients, Family Caregivers, and Medical Volunteers at Khampramong Monastery, Thailand

SUBMISSION TYPE: Amendment/Modification

ACTION: APPROVED

APPROVAL DATE: April 22, 2013

EXPIRATION DATE: April 22, 2014

REVIEW TYPE: Expedited Review

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB has APPROVED your submission. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on applicable federal regulations.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of April 22, 2014.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact Sherry May at 970-351-1910 or Sherry.May@unco.edu. Please include your project title and reference number in all correspondence with this committee.

APPENDIX D

LETTER OF INTRODUCTION

Dear Interested Participant,

My name is Wipanee Suk-erb. I am a Thai doctoral candidate in Counseling Psychology at the University of Northern Colorado, United States. In March and July 2008 before I began to pursue my doctorate, I volunteered at Khampramong Monastery to provide mental support to cancer patients and family caregivers. Having volunteered at Khampramong Monastery, I am interested in studying the unique experiences of cancer patients, family caregivers, and medical volunteers have while staying at Khampramong Monastery. I am conducting a study on "Resilience and Coping: The Perspectives of Cancer Patients, Family Caregivers, and Medical Volunteers at Khampramong Monastery"

I am interested in interviewing following participants:

- 1) Cancer patients who have been staying at Khampramong Monastery for at least two weeks and are willing to talk to me about their experience of living here and the journey of their treatment.
- 2) A family caregiver who has been taking care of the cancer patient, and has been staying with the patient at Khampramong Monastery for at least two weeks.
- 3) Medical volunteers (nurse, medical doctor, alternative practitioner) who have volunteered at this monastery more than once.

If you consent to participate in this study, you will be asked to get engaged in an interview that will take less than two hours total and will be conducted at your convenience and privacy (at your assigned house in Khampramong, your clinic, or local library). The interview will be digitally recorded. I will take precautions to ensure your privacy and the confidentiality of your information. All digital recordings and transcripts will be kept in a locked file for two years and then destroyed. Only my advisor and I will have access to this information. Your identified information will not appear in any professional report or manuscript. Therefore, your information will be kept anonymous.

If you feel tired during the interview, you may request a break or to reschedule the interview when you are ready. I do not foresee any risks as a result of your participation in this study, except you recall unpleasant memories related to cancer. However, you may benefit by gaining insights into your experiences with resiliency and coping.

I will to reside and observe daily life at the Khampramong Monastery. I hope you will allow me opportunity to learn about and observe your routines during your stay. I will also ask if you would be willing to bring a journal (if you keep one), quotations, or other materials that represent your experiences. Your experiences and perspectives will contribute helpful recommendations for mental health practitioners and palliative staff to further facilitate patient's resilience and coping.

If you are interested in participating in this study or if you would like to learn more, please provide your name and phone number in the paper provided and return to Luangta Paponpat in which he will pass it to me. You can also contact me by 01-970- 584-4511 or by email suke8804@bears.unco.edu. I will contact you to discuss further and arrange the interview.

Thank you for your consideration!

Sincerely,

Wipanee Suk-erb, M.Sc.
 Doctoral Student in Counseling Psychology
 University of Northern Colorado

APPENDIX E

**INFORMED CONSENT FOR PARTICIPATION
IN RESEARCH**



Informed Consent for Participation in Research
University of Northern Colorado

Project Title: "Resilience and Coping: The Perspectives of Cancer Patients, Family Caregivers, and Medical Volunteers at Khampramong Monastery, Thailand"

Primary Investigator: Wipanee Suk-erb, MSc. Department of Counseling Psychology, College of Education and Behavioral Sciences

Phone Number: (970) 584-4511 E-mail: suker8804@bears.unco.edu

Research Advisor: Mary Sean O'Halloran, Ph.D. Department of Counseling Psychology, College of Education and Behavioral Sciences

Phone Number: (970) 351-1640 E-mail: sean.ohalloran@unco.edu

I am conducting a phenomenological study on "Resilience and Coping: The perspectives of Cancer Patients, Family Caregivers, and Medical Volunteers at Khampramong Monastery, Thailand." I am interested in studying your experience of living and utilizing services at Khampramong Monastery. This study will include several site visits, participant interviews, and observations within a month-long time frame.

If you consent to participate in this study, you will be asked to get engaged in an interview that will take less than two hours and will be conducted with at your convenience. If you feel tired during the interview, you may request a break or to reschedule the interview when you are ready.

I will reside and observe daily life at the Khampramong Monastery. I hope you will allow me opportunity to learn about and observe your routines during your stay. I will also ask if you would be willing to bring a journal (if you keep one), quotations, or other materials that represent your experiences. The interview will be digitally recorded. I will take precautions to ensure your privacy and the confidentiality of your information. All digital recordings and transcripts will be kept in a locked file for two years and then destroyed. Only my advisor and I will have access to this information. Your identified information will not appear in any professional report or manuscript. Therefore, your information will be kept anonymous.

I do not foresee any risks as a result of your participation in this study, except you may recall unpleasant memories related to cancer. However, you may benefit by gaining insights into your experiences with resiliency and coping. Furthermore, your experiences and perspectives will contribute helpful recommendations for mental health practitioners and palliative staff to further facilitate patient's resilience and coping. If you have any questions about the interview process, or about the details of this study, please contact me directly at the contact information provided above.

Thank you for your participation
Sincerely,

Wipanee Suk-erb

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions please and by signing or typing in your name below, you are agreeing to participate in this research. You may keep this form for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1907.

Signature of the Respondent

Date

Signature of the Researcher

Date

APPENDIX F
INTERVIEW PROTOCOLS

**Interview Protocol--Cancer Patient
Semi-Structured Interview Guideline**

1. When do you learn that you have cancer?
2. What was the process of informing you?
3. Can you please describe your feelings and responses when you were told that you have cancer?
4. Did you tell anyone about it? Who did you decide to tell and how did you tell them?
5. What did you do to deal with your cancer?
6. What treatments did you receive at that time?
7. What did you do to cope with this situation?
8. How did you decide to come and receive the services at the Kampramong Monastery?
9. What are the resources that you used to help you deal with this situation?
10. Did your perspective towards cancer change after you received treatment at the monastery? How?
11. If you could talk to other people who have cancer, what would you tell them?
12. If you could talk to other people who have not yet had cancer detected, what would you tell them?
13. If you could talk to other people about your experience, what would you say? Can you tell me what is it like to live with cancer?
14. Would you be willing to share a metaphor/ journal/ picture/ or saying that describes this experience?
15. Is there anything else you want to say?

**Interview Protocol--Family Caregiver
Semi-Structured Interview Guideline**

1. What relationship do you have with the cancer patient?
2. When and how did you learn that he/she has cancer?
3. What first came to mind when you were told about him/her?
4. What was the diagnosis of cancer like for you at that time?
5. Would you please tell me about your decision to come to the monastery with the patient?
 - a. How did your life change during you stay at this monastery compared with your previous living arrangements?
6. What did you do to provide care for your relative in this situation?
7. What is it like for you to take care of a cancer patient and stay at this monastery?
8. What are the resources you have used to help you get through this situation?
9. Did your perspective towards cancer change during your stay at the monastery? How?
10. If you could talk to other people who have cancer, what would you tell them?
11. If you could talk to other people who have not yet had cancer detected, what would you tell them?
12. If you could talk to other people about your experience, what would you say?
13. Would you be willing to share a metaphor/ journal/ picture/ or saying that describes this experience?
14. Is there anything else you want to say?

Interview Protocol--Medical Volunteer
Semi-Structured Interview Guideline

1. How did you decide to come to the Khampramong Monastery and volunteer?
2. For how long have you been volunteering at Khampramong?
3. What was your understanding of cancer before you came to the monastery?
4. What is it like for you as a volunteer at the monastery?
5. Did your perspective towards cancer change during your stay at the monastery?
How?
6. How has volunteering shaped your experiences?
7. What did you learn and how did you grow from this experience (internally and externally)?
8. If you could talk to other people who have cancer, what would you tell them?
9. If you could talk to other people who have not yet had cancer detected, what would you tell them?
10. If you could talk to other people about your experience, what would you say?
11. In your experience what have you found to help cancer patients and family caregivers to cope and be resilient?
12. Would you be willing to share a metaphor/ journal/ picture/ or saying that describes this experience?
13. Is there anything else you want to say?

APPENDIX G

DEMOGRAPHIC INFORMATION

Demographic Information--Cancer Patient

1. Chosen Fictitious Name_____
2. Age_____ Years
3. Gender_____
4. Religion_____
5. Education_____
6. Occupation_____ Annual incomes_____
7. Where are you from?_____
8. Length of stay_____
9. Cancer type:_____ Stage:_____
10. What kind of treatment did you receive prior?
11. What Kind of treatment are you receiving now at the monastery?
12. Artifact_____
13. Conduct the interview in _____ language

Demographic Information--Family Caregiver

1. Chosen Fictitious Name_____
2. Age_____ Years
3. Gender_____
4. Religion_____
5. Education_____
6. Occupation_____ Annual incomes_____
7. Where are you from?_____
8. Length of stay_____
9. Specify relationship with the patient:_____
10. Artifact_____
11. Conduct the interview in _____language

Demographic Information--Medical Volunteer

1. Chosen Fictitious Name_____
2. Age_____ Years
3. Gender_____
4. Religion_____
5. Education_____
6. Occupation_____ Annual incomes_____
7. Where are you from?_____
8. Length of stay_____
9. How many times have you been volunteering at Khampramong_____
10. Please specify area of expertise:_____
11. Artifact_____
12. Conduct the interview in _____language

APPENDIX H
PARTICIPANT THEMES

Individual Cancer Patient Themes

Name (Patients)	View of Cancer	Perception of Treatment at Khampramong	Challenges	Learning and growth	Resiliency factors and resources	Coping Strategies
1.Diamond	1. Having cancer is not dying	1. First impression and faith 2. Holistic treatment 3. Positive recovery environment 4. Friendship 5.Sharing 6. Perceiving positive outcomes 7. Providing care with emotional support	1.Cancer burden 2. Adjustment to a new living arrangement 3.Pain 4. Fatigue	1. Be in the present 2. Personal changes 3. Increased focus on compassion and altruism 4. Awareness of cancer prevention 5. Preparation for death 6. Ability to accept and live with cancer	1. Strong will 2. Treatment recommendation compliance 3. Hope 4. Gratitude 5. Karmic perspective 6. Luangta, a spiritual leader 7. Encouragement and support 8. Family support 9. Learning from long term cancer patients	1. Minimizing 2.Generalization 3. Positive thoughts: cancer appreciation 4. Making friends with cancer: talking to cancer 5. Socializing 6. Treatment adherence 7. Spiritual practice (mindfulness meditation, extending loving-kindness, letting go)
2. Sweet Water	1. Cancer is not scary	1. Holistic treatment 2. Positive recovery environment 3. Support and encouragement 4. Perceiving positive outcomes 5. Friendship 6.Sharing	1.Pain 2. Fatigue	1. Ability accept and live with cancer 2. Awareness of cancer prevention	1. Strong Will 2. Merit based perspective 4. Treatment recommendation compliance 5. Spiritual principles (Dharma) 6.Luangta, a spiritual leader 7. Family (daughter)	1. Pain management 2. Making friends with cancer: Talking to cancer. 3. Spiritual Practice (chanting and praying, letting go) 4. Treatment adherence
3. Joseph	1. Cancer is not scary	1.Positive recovery environment 2. Perceiving positive outcome	1.Discomfort	1. Increased focus on compassion and altruism 2. Awareness of cancer prevention	1. Hope 2. Spiritual principles (Dharma) 3.Faith 4. Family support 5. Encouragement	1. Minimization 2. Knowledge of cancer 3.making friends with cancer: talking with cancer 4. Spiritual practice 5. Treatment adherence (exercise, healthy diet, practicing a moderate path)

Name (Patients)	View of Cancer	Perception of Treatment at Khampramong	Challenges	Learning and growth	Resiliency factors and resources	Coping Strategies
4. Little Girl	1. Cancer is not scary 2. Cancer appreciation	1.Holistic treatment 2. Perceiving positive outcomes	1. Pain 2. Fear of death	1. Ability to accept and live with cancer 2. Opportunities to grow and attain more skills 3. Personal changes 4. Spiritual growth (Taking a moderate path, death mindfulness) 5. Increased focus on compassion and altruism.	1. Strong will 2. Self- reliance 3. Spiritual principles (Dharma) 4. Luangta, a spiritual leader 5. Family support 6. Karmic perspective	1. Pain management 2. Making meaning of the pain: pain is a test 3. Mindfulness meditation 4.Making friends with cancer : talking to cancer 5. Spiritual practice (silent practice, letting go, preparation for death) 6. Treatment adherence
5. A Man Behind the Mountain	1. Having cancer is not dying 2.Cancer appreciation	1. Holistic treatment. 2. Positive recovery environment 3. Perceiving positive outcomes	1. Headaches	1. Ability to accept and live with cancer 2.Awareness of cancer prevention (avoiding risk factors, healthy diet) 3. Personal changes	1. Strong will 2. Faith 3. Hope 4. Encouragement and support 5. Family (wife) 6. Learning from long term cancer patients	1. Knowledge of cancer 2. Treatment adherence 3. Making friends with cancer: talking to cancer 4. Spiritual practice (mindfulness meditation, praying and chanting, taking a moderate path)
6.Srithong	1. A karmic view of cancer	1. Faith 2. Friendship 3. Sharing 4. Perceiving positive outcomes	1.Homesickness	1. Ability to accept and live with cancer 2.Spiritual growth 3. Preparation for death	1.Strong will 2. Luangta, a spiritual leader 3. Gratitude	1. Generalization 2.Acceptance 3. Spiritual practice 4. Treatment adherence

Name (Patients)	View of Cancer	Perception of Treatment at Khampramong	Challenges	Learning and growth	Resiliency factors and resources	Coping Strategies
7. Nicholas	1. Having cancer is not dying	1. Perceiving positive outcomes 2. Integrative alternative treatment. 3. Hope 4. Positive recovery environment 5. Friendship	1. Pain	1. Ability to accept and live with cancer 2. Pain management 3. Persistence	1. Strong will 2. Spiritual principles (Dharma) 3. Family support 4. Support and encouragement 5. Treatment recommendation compliance	1. Positive thoughts 2. Treatment adherence (taking herbal medicine consistently, healthy diet,) 3. Spiritual practice (praying, humility and respect, merit based focus) 4. Socializing
8. Saiyud	1. Cancer is not scary	1. Holistic treatment 2. Positive recovery environment 3. Perceiving positive outcomes	1. Adjusting to herbal medicine	1. Ability to accept and live with cancer 2. Death mindfulness 3. Increased focus on compassion and altruism 4. Personal changes 5. Opportunity to grow and attain more skills 6. Increased karmic perspective	1. Faith 2. Strong will 3. Treatment recommendation compliance 4. Humility and respect 5. Luangta, a spiritual leader 6. Humor 7. Support and encouragement 8. Family support	1. Generalization 2. Pain management, 3. Making friends with cancer: talking to cancer 4. Treatment adherence (healthy diet) 5. Self-encouragement 6. Spiritual practice (mindfulness meditation, praying) 8. Dance

Individual Family Caregiver Themes

Name (Caregivers)	View of Cancer	Perception of Treatment at Khampramong	Challenges	Learning and Growth	Resiliency Factors and Resources	Coping Strategies
1. Compass	1. Wanting to rescue	1. Teamwork 2. Friendship 3. Sharing 4. Perceiving positive outcomes	1. Dealing with negativity	1. Opportunity to grow and attain more skills 2. Value changes 3. Personal changes 4. Awareness of cancer prevention 5. Increased focus on compassion and altruism 6. Death mindfulness	1. Strong will 2. Faith 3. Hope 4. Merit based focus 5. Encouragement and support 6. Learning from long term cancer patients	1. Spiritual practice 2. Treatment adherence
2. Cutie	1. Cancer appreciation	1. Providing care with emotional support 2. Perceiving positive outcomes	1. Adjustment to living and the course of treatment 2. Burnout 3. Coping with grief and loss	1. Awareness of cancer prevention 2. Opportunity to grow and attain more skills 3. Increased focus on compassion and altruism 4. Personal changes 5. Self-reliance	1. Strong will 2. Spiritual principles (Dharma) 3. Luangta, a spiritual Leader 4. Gratitude	1. Spiritual practice 2. Merit based focus 3. Support and encouragement
3. Hen	1. Frustration 2. Cancer is not scary	1. Friendship 2. Sharing 3. Perceiving positive outcome	1. Worries over spouse	1. Awareness of cancer prevention 2. Increased focus on compassion and altruism 3. Personal changes	1. Faith. 2. Supportive relationship. 3. Perceiving positive outcome 4. Luangta, a spiritual leader	1. Treatment adherence 2. Support and encouragement 3. Music

Name (Caregivers)	View of Cancer	Perception of Treatment at Khampramong	Challenges	Learning and Growth	Resiliency Factors and Resources	Coping Strategies
4. Teresa	1. Cancer is not scary	1. First impression and Faith 2. Equal treatment 3. Integrative alternative treatment 4. Holistic treatment 5. Positive recovery environment 6. Friendship 7. Sharing 8. Providing emotional support 9. Perceiving positive outcome	1. Dealing with negativity and discouragement 2. Burnout 3. Reluctance	1. Awareness of cancer prevention 2. Spiritual growth 3. Increased focus on compassion and altruism	1. Strong will 2. Hope 3. Spiritual practices (Drama) 4. Luangta, a spiritual leader 5. Humor 6. Encouragement and support 7. Treatment recommendation compliance 8. Learning from long term cancer patients 9. Family support	1. Cancer appreciation 2. Spiritual practice (meditation, praying, extending loving- kindness , letting go) 3. Treatment adherence (healthy diet) 4. Making friends with cancer: talking to cancer 5. Journal
5. West	1. Having cancer is not dying	1. Affordable care 2. Positive recovery environment 3. Perceiving positive outcome	1. Dealing with negativity and discouragement 2. Concern about spouse 3. Burnout	1. Awareness of cancer prevention 2. Empathy 3. Increased focus on compassion and altruism	1. Strong will 2. Faith 3. Hope 4. Spiritual principles (Dharma) 5. Luangta, a spiritual leader 6. Encouragement and support	1. Spiritual practice (mediation, praying, chanting, and listening to dharma talks) 2. Treatment adherence 3. Self- encouragement
6. Ris	1. Cancer is not scary	1. Faith 2. Friendship 3. Sharing 4. Teamwork 5. Positive recovery environment 6. Affordable care	1. Adjustment to new living arrangement 2. Over concern for his mother	1. Awareness of cancer prevention 2. Spiritual growth 3. Opportunity to grow and attain more skills 4. Self- improvement	1. Strong will 2. Spiritual principles (Dharma) 3. Luangta, a spiritual leader 4. Humor 5. Encouragement and support	1. Spiritual practice (mindfulness meditation, praying and chanting, letting go) 2. Treatment adherence 3. Making friends with cancer 4. Self- encouragement

Name (Caregivers)	View of Cancer	Perception of Treatment at Khampramong	Challenges	Learning and Growth	Resiliency Factors and Resources	Coping Strategies
7. Rainy	1. Wanting to rescue 2. Having cancer is not dying	1. Positive recovery environment 2. Perceiving a positive outcome	1. Illiteracy 2. Adjustment to new living arrangement 3. Homesickness	1. Awareness of cancer prevention	1. Strong will 2. Encouragement and support	1. Spiritual practice 2. Treatment adherence
8. Pea	1. Cancer is not scary 2. Cancer appreciation	1. Holistic treatment 2. Perceiving positive outcome	1. Worried about sister (patient)	1. Awareness of cancer prevention 2. Optimism	1. Family Support 2. Encouragement and support 3. Treatment recommendation compliance	1. Treatment adherence 2. Socializing 3. Spiritual practice (chanting, listening to dharma talks)

Individual Medical Volunteer Themes

Name (Medical volunteers)	View of cancer	Perception of Treatment at Khampramong	View of Volunteer Experience	Challenges	Learning and Growth	Resiliency Factors and Resources	Coping Strategies
1. Young Melon	1 Positive view of cancer 2. Cancer appreciation	1. Positive outcomes 2. Positive environment 3. Place for learning and growth 4. Luangta, a spiritual leader 5. Holistic treatment	1. Compensation for cancer recovery 2. Increased focus of compassion and altruism 3. Self-worth 4. Opportunity to grow and attain skills 5. Volunteering is a holy work 6. Teamwork. 7. Self- journey	1.Expectation and disappointment 2.Criticism	1.Perspective changes 2. Personal changes 3. Flexibility in application 4 Creativity and flexibility 5. Autonomy 6. Self- improvement	1. Meaning making 2. Learning from long-term cancer patients 4. Spiritual principles (Dharma) 5. Optimism	1. Spiritual practice (mindfulness meditation, extending loving kindness, letting go, humility, listening) 2 Making meaning 3. Making friends with cancer
2. Sandy	1. Improving cancer knowledge and treatment	1. Faith 2. Perceiving positive outcome 3. Patient oriented 4. Karmic Perspective 5. Place for learning and growth 6. Luangta, a spiritual leader 7. Facing death with dignity	1. Self- journey 2. Teamwork 3. Integration. 4. Self-worth. 5. Creativity and flexibility 6. Influence on job performance	1. Challenge in application 2. Adjustment to new living arrangement.	1. Integrative alternative treatment 2. Patients are teachers 3. Self- improvement and spiritual growth 4. Opportunity to grow and attain more skills	1. Learning perspective 2. Spiritual principles (Dharma) 3. Preparation for death	1. Treatment adherence 2. Making friends with cancer 3. Accepting death as a natural truth. 4. Perceive patients as family member 5. Flexibility 6. Self- encouragement 7. Spiritual practice

Name (Medical volunteers)	View of cancer	Perception of Treatment at Khampramong	View of Volunteer Experience	Challenges	Learning and Growth	Resiliency Factors and Resources	Coping Strategies
3. Golden Pagoda	1. Improving cancer knowledge and treatment 2. Cancer appreciation 3. Opportunity in crisis	1. Perceiving a positive outcome 2. Holistic treatment 3. Equal treatment 4. Affordable care 5. Teamwork 6. Flexible in approach 7. Merit-based focus 8. Role model of holistic care 9. Importance of caretakers	1. Opportunity to grow and attain more skills 2. Mind emphasis 3. Valuing knowledge	1. Criticism 2. Physical burden 3. Boundary 4. Nondiscrimination	1. Increased focus on compassion and altruism.	1. A sense of purpose 2. Humor	1. Persistence 2. Treatment adherence 3. Spiritual practice (mind and body separation, extending loving kindness, taking a moderate path, coping with craving mind, mindfulness meditation)

Name (Medical volunteers)	View of cancer	Perception of Treatment at Khampramong	View of Volunteer Experience	Challenges	Learning and Growth	Resiliency Factors and Resources	Coping Strategies
4. Chiropractor	1. Improving cancer knowledge and treatment	1. Affordable care 2. Holistic treatment 3. Place for learning and growth 4. Providing care with emotional support 5. Increased focus on compassion and altruism	1. Self- journey	1. Expectation and disappointment	1. Spiritual growth 2. Opportunity to grow and attain skills	1. Spiritual principles(dharma) 2. Luangta, a spiritual leader	1. Spiritual practice. (letting go, praying and chanting) 2. Meaning making
5. Grandpa of Earth	1. Knowledge of cancer and treatment	1. Holistic treatment 2. Integrative care 3. Live happily and die gracefully 4. Flexibility in approach 5. Providing care with emotional support 6. Teamwork 7. Perspective shift. 8. Organized system 9. Positive recovery environment	1. Autonomy 2. Volunteer is my life. 3. Increased focus on compassion and altruism 4. Duty to support patients	1. Working too hard. 2. Process of acceptance	1. Opportunity to grow and attain skills 2. Self- Journey 3. Patient- oriented 4. Self- improvement and spiritual growth	1. Spiritual principles (Dharma) 2. Preparation for death. 3. Luangta, a spiritual leader 4. Awareness of cancer prevention.	1. Spiritual practice (letting go, accepting the truth of living, taking a moderate path)

APPENDIX I

MANUSCRIPT FOR PUBLICATION

**RESILIENCE AND COPING: THE PERSPECTIVES OF CANCER PATIENTS,
FAMILY CAREGIVERS, AND MEDICAL VOLUNTEERS AT
KHAMPRAMONG MONASTERY, THAILAND**

Abstract

The purpose of this phenomenological study explored in-depth experiences of cancer patients, family caregivers, and medical volunteers who engaged in the treatment and services provided at Khampramong Monastery, Thailand, particularly in the areas of resilience and coping. Participants included 21 individuals (8 cancer patients, 8 family caregivers, and 5 medical volunteers). Data collection was conducted at Khampramong Monastery (Thailand) during the summer of 2013 including interviews, field observations, and artifact collections. Moustakas's (1994) phenomenological method was used for data analysis. Bracketing (Creswell, 1998) was employed to set aside researcher bias. Standards of trustworthiness were employed throughout all phases of the research. The findings reflected the essence of the experiences, particularly coping strategies of patients that emphasized the role of acceptance and efforts to enhance meaning by helping others to relieve suffering. Resilience factors the participants developed included development of their spirituality and a renewed emphasis on positive thinking in the face of hardship. Implications for counseling psychology, mental health, and healthcare professions to further facilitate and promote resilience and coping in cancer patients and relevant units were discussed.

Keywords: Resilience, coping, cancer patients, family caregivers, medical volunteers, Khampramong, Thailand.

Introduction

Cancer has been the leading cause of death among the Thai population for over a decade (Tantitrakul & Thanasilp, 2009) and the incidence rate is rising annually (Ekpanyaskul, 2012). Cancer exerts a tremendous influence on a patient's health, finances, career, education, parenting, social life, and the wellbeing of family members and caregivers (Adler & Page, 2008; American Psychiatric Association, 2000; Benzies & Mychasiuk, 2008; Clukey, 2008; Greeff & Theil, 2012 ; Hateerat, 2006; Sangkaew, 2006; Van Duursen, 2002). More recently, an emphasis on psychosocial factors research has emphasized how patients and family deal with cancer and its consequences (Adler & Page, 2008; Clay, 2010). Resilience factors and coping strategies are now more closely examined, especially in exploring a person's ability to thrive during cancer-related hardships despite adverse experiences and multiple risk factors (Monroe & Oliviere, 2007).

Khampramong Monastery, a Buddhist temple in the northeast of Thailand, is a well-known resource available for cancer patients and their family caregivers to stay and receive cancer treatments and supports for free since 2005. Administered by Dr. Paponpatchara Pibanpagnitee, a Buddhist monk and Abbot of Khampramong, the Aphinyana Arokhayasala Foundation (AAF) was officially established in 2009 to provide holistic palliative care for cancer patients regardless of gender, race, age, or religious backgrounds. The treatment at the Monastery fosters mutual care and support among all members of the treatment teams. In addition, Khampramong provides volunteer opportunities to people from many professions who are interested in offering support to patients and their families. The Monastery is also a training site where undergraduate

and graduate students can gain insight into palliative care for terminal patients including research opportunities to further understand and develop Thai traditional medicine and alternative therapies for cancer patients. Recently, Khampramong (2012) has been upgraded to a full service hospital accredited by the Ministry of Public Health, referred to as *An Excellent Hospital of Thai Traditional and Complementary Medicine in Cancer, Sakonnakorn* with the mission to provide holistic and alternative care integrating Thai, Western, and Chinese approaches. In addition to current volunteers involved with in the service providers since Arokayasarn was established in 2006, medical staff from 18 hospitals in northeast Thailand have conducted rotations to provide compressive holistic care for patients.

Review of Literature

In addition to medical services, a number of psychological factors have been considered to benefit develop patients' emotional and spiritual well-being. Resilience is one of the factors that has received more attention in the literature in recent years. Due to advances in cancer treatments, patients tend to live longer. Therefore, the management and services provided by palliative care or hospice are crucial in providing holistic care for these patients. The concept of resilience can be considered essential to the future delivery of end-of-life care and the significant challenges cancer patients face (Monroe & Oliviere, 2007). Furthermore, writers in the field indicated that further research on adaptation to cancer is warranted (Leipold & Greve, 2009; Livneh, 2000).

Most people experience life-threatening situations at least once in their lifetime (Ozer, Best, Weiss, & Lipsey, 2003). Coping with stressful life events is one of the fundamental aspects of human existence. Although stress is a common ingredient of

human life, individuals cannot function well for long periods of time with ongoing and high levels of stress. Thus, it is important to identify effective ways to cope with negative life events and their unpleasant impacts (Roger & Conway, 2006).

After an individual has been diagnosed with cancer, he/she frequently and immediately faces a number of psychological stressors including depression and hopelessness; many individuals subsequently employ numerous coping strategies to deal with the resultant stress (Livneh, 2000). Stressors include changes in many areas of individuals' lives including the family's identity, roles, and daily functioning (Avci & Kumcagiz, 2011).

Presently, a multicultural perspective is also incorporated to understand varying perspectives on the coping skills of people from diverse backgrounds. People around the world differ in the ways they cope with situations. They may, for example, avoid problems, distract themselves, confront others, establish a plan, or reinterpret the situation (Folkman & Lazarus, 1985). Therefore, coping strategies of individuals in one situation might not always apply to other situations. Even when placed in the same situation within a different context, an individual might not find the same strategies to be applicable (Johnson & Wiechelt, 2004). Pedersen (2006) and Wong, Wong, and Scott (2006) maintained that more recent developments in the coping and stress literature might also provide better multicultural understanding. They also claimed that "research on stress and coping are vital and dynamic movements producing more and more urgent needed findings" (p. 1).

Resilience

In the field of psychology, resilience is defined as the ability to bounce back from difficult experiences (Hopf, 2010). The study of resilience can be traced back to the 1960s when mental health professionals studied at-risk children growing up in high-risk environments (Werner, & Smith, 2001). Surprisingly, most of the children appeared to be thriving even when they were impacted by poverty, parenting strain, hunger, or war. The themes found that these children were “stress-resistant,” “survivors,” “invulnerable,” or “resilient” (Center of Confidence and Well Being, 2012).

Originally, resilience was viewed as a personality trait that moderated the negative effects of stress and promoted adaptation (Glickman, 2006; Luthar, Cicchetti, & Becker, 2000; Wicks, 2010). An individual’s resilience at any moment is calculated by the ratio between the presence of protective factors and the presence of hazardous circumstances (Van Breda, 2001). The terms *invulnerable* and *invincible* were once used interchangeably to illustrate the concept of resilience; however, these terms have recently been criticized as representing a static and unchanging characteristic. Hence, the term *resilience* is currently used to embrace the concept once referred to as invulnerable (Luthar et al., 2000).

Over the years, whether or not resilience is a trait or process has been the subject of debate; however, in the past two decades, the definition of resilience has shifted to focus on a dynamic modifiable process (Luthar et al., 2000). Specifically, Masten, Best, and Garmezy (1990) rejected the concept of resilience as an internal attribute and proposed the concept of resilience as an adaptation or dynamic process. In accordance with those authors, Jeser and White (2010) also viewed resilience as a successful

adaptation. The American Psychological Association (2003, 2012) stated that resiliency is a process--not a destination. It requires time, effort, and dedication to attain personal improvement over one's lifetime; therefore, the term resilience refers to the process of adapting or adjusting during the course of adversity, trauma, threatening and tragic life events, serious health problems, and any stressors with roots in the family, workplace, or school (i.e., family disruption, discrimination, economic hardship, and violence) (American Psychological Association, 2007; Keltner & Walker, 2003; Luthar et al., 2000; Masten et al., 1990; Steinman, 2010). This new definition has promoted the development of resilience-based interventions and prevention programs, along with empirical studies, to evaluate the effect of such interventions (Earvolino-Ramirez, 2007; Johnson & Wiechelt, 2004; Luthar et al., 2000).

The more recent understanding of resilience has led to a shift away from focusing exclusively on pathology toward a better understanding of the positive aspects of human strength. The importance of resilience as a protective factor, resource, and strength has been a major contribution to the positive psychology movement (Seligman & Csikszentmihalyi, 2000) with concomitant shifts to regain a focus on human strength (Lopez & Edwards, 2008). The foundation of positive psychology is based on the belief that people want to lead meaningful and fulfilling lives, cultivate what is best within themselves, and enhance their experiences of love, work, and play (Seligman, 2007).

Resilience as a phenomenon is framed by the successful development of coping in a specific situation (Leipold & Greve, 2009). In a number of international meetings, the construct of resilience has been addressed resulting in an agreed upon definition used for resilience in the International Resilience Project: "a universal capacity which allows a

person, group or community to prevent, minimize or overcome damaging effects of adversity” (Grotberg, 1995, Introduction). Many studies have been conducted in the fields of psychology, health care, and education since the identification of resilience as an important quality. Several studies have focused on the model of resilience as well as the factors contributing to resilience (Keller, 2003; Martin-Breen & Anderies, 2011; Woodgate, 1999).

The capacity to deal with, and be strengthened by, adversity suggests a robust constitution. A health problem is sometimes the catalyst that provokes enhanced resilience (Keltner & Walker, 2003). The growing body of literature states that primary factor in resilience is a patient having a caring and supportive relationship network inside and outside the family (APA, 2007). Studies have also shown that loving and trusting relationships provide positive role models and offer encouragement and reassurance, which help generate resilience in individuals (Masten, 2001; Martin-Breen & Anderies, 2011).

Benzies and Mychasiuk (2008) conducted an extensive integrative review to identify protective factors contributing to family resilience. The results revealed three key domains comprising protective factors based on an ecological model at the individual, family, and community levels. At the individual level, protective factors that contributed to one’s strength included locus of control, emotional regulation, belief system, self-efficacy, effective coping skills, health, temperament, gender, increased education, skills, and training. At the family level, protective factors encompassed the family structure, intimate partner relationship stability, family cohesion, supportive parent-child intervention, stimulating environments, social support, family of origin

influence, and stable and adequate income and housing. Whereas, at the community level, protective factors included involvement in the community, peer acceptance, supportive mentors, a safe neighborhood, access to quality childcare and schools, and quality health care.

Monroe and Oliviere (2007) identified the effects of various aspects of palliative care contributing to resilience from a study conducted in 2005 at a hospice in London. Themes that emerged contributing to resilience included secure attachments, meaning, hope, coherence, creativity, good memories, well-being, self-esteem, along with learned optimism and sense of control. Public education, community support, cultural awareness, and one supportive person in the environment also played key roles. Similarly, Doungyota, Prasetsuk, Kirdpitak, and Pinyoanuntapong (2010) conducted a related study on resilience and confirmed that resilience could be categorized into six components: physical, relational, emotional, moral, cognitive, and spiritual.

Coping

The dynamic interactions between people and their environment, as well as stress and coping mechanisms, have been of interest to researchers for several decades (Chun, Moos, & Cronkite, 2006). Coping was defined by Lazarus and Folkman (1984) as the constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands of situations considered stressful. Cognitive appraisal is “a process through which the person evaluates whether a particular encounter with the environment is relevant to his or her well-being, and if so, in what ways” (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986, p. 992). Cognitive appraisal can be subdivided into primary and secondary appraisals. Primary appraisal focuses on the importance or

impact of a stressful event on the individual. Meanwhile, secondary appraisal highlights resources or options available for individuals to utilize in dealing with stressful circumstances (Folkman et al, 1986; Livneh, 2000).

Folkman and Lazarus (1985), as well as other researchers (e.g., Billings & Moos, 1981; Pearlin & Schooler, 1978), perceived coping dimensions as an integration of two main perspectives: emotion-focused and problem-focused coping (Livneh, 2000). Recent studies have added a third dimension called avoidance-orientated coping (Parker & Endler, 1996). With regard to investigating the nature, structure, and coping relationship, researchers then began to change their focus to the hierarchical nature of coping (e.g., Krohne, 1996; Parker & Endler, 1996; Tobin, Holroyd, Reynolds, & Wigal, 1989) in which three broad levels are indicated (Livneh, 2000) : (a) coping styles reflecting global, dispositional, and macroanalytic tendencies (monitoring-blunting, vigilance avoidance, and approach-avoidance); (b) coping strategies indicated by summative scores on coping scales (confrontation, seeking social support, and planning problem solving); and (c) coping acts or behaviors reflecting specific, situation-determined, or microanalytic responses, which are often identified by individual item endorsements on a coping scale.

Cultural values play significant roles in how humans cope with stress. Chun et al. (2006) and Wong et al. (2006) synthesized new developments in coping perspectives based on cross-cultural research and concluded:

1. Coping has developed from reactive to proactive coping. People using proactive coping develop resources throughout the process of coping where they utilize vicarious learning and develop better strategies to prevent further loss in similar situations. The authors provided examples of this type

of coping in situations where people develop a more reliable warning system for natural disaster. For example, in the case of a tsunami, establishing networks, helping each other, building up one's inner resources (strengthening mental and spiritual health) are strategies eliminating loss and preventing damage in other life circumstances.

2. Coping has developed from instrumental to transformational coping. The authors compared the coping strategies used in American psychology as instrumental coping in which people change stressful situations and use problem solving as a means to cope. However, the authors urged this kind of coping has limited value when dealing with chronic problems. The authors proposed a number of transformational coping strategies from research related to Buddhist enlightenment, Taoist way of nature, spiritual transformation, and existential coping.
3. Coping perspectives have shifted from individual to collective coping. This movement attempts to make sense of collectivistic culture patterns of coping regarding disaster and global tragedy.
4. Coping frameworks have shifted from cognitive to existential coping. Cognitive coping involves cognitive analysis focusing on causal attribution or discovering positive meaning of a stressful event. Existential coping, on the other hand, embraces the concept that admits the part that we cannot change and discover meaning and purpose of one's existence.
5. Coping frameworks have developed from dichotomous to dualistic thinking. The author noted that dichotomous thinking reflects a more Western

psychological point of view while holistic, paradoxical, and dualistic thinking represents the East. This difference requires further cross-cultural comparisons between Eastern and Western perspectives. This is line with Pedersen (2006) and Wong et al. (2006) who urged that research on cross-cultural experiences on stress and coping can help complete the knowledge gaps in particular topics.

Purpose

The number of cancer patients is increasing annually (Ekpanyaskul, 2012).

Cancer impacts both cancer patients and their loved ones. The purpose of this qualitative study was to explore the in-depth experiences of cancer patients, family caregivers, and medical volunteers engaged in the treatment and services provided at Khampramong Monastery, Thailand in the areas of resilience and coping. The participants' experiences and perspectives were expected to contribute helpful recommendations for mental health practitioners and palliative staff to further facilitate patients' resilience and coping. The following research questions guided this study:

1. What is the essence of the experiences that patients, family caregivers, and medical volunteers have during their stay at the Monastery?
2. From the perspective of the participants, how has their stay at the Monastery shaped their perception of cancer and its treatment, and how do they perceive these experiences?
3. What are the coping strategies and resilience factors the participants believe they have developed during their stay at the Monastery?

4. What resources do participants use to bolster their resilience and coping skills?

Methodology

Phenomenology

This study was conducted using phenomenological methodology.

Phenomenology involves describing what participants have in common as they experience a phenomenon (Creswell, 2007; Patton, 2002). This methodology is designed to consolidate the experiences of individuals undergoing a particular phenomenon to a description of its universal essence. Therefore, the researcher's task is to depict the essence or basic structure of participants' experiences (Merriam, 2009) including what participants have experienced and how they have experienced it (Creswell, 2007).

Phenomenological research is the study of people's conscious experience of their life-world (Merriam, 2009), identifying everyday experience (Schwandt, 2007), and is, therefore, subjective. A phenomenological study describes the meaning of experiences of a phenomenon for several individuals and the researcher reduces the experiences to a central meaning or "essence" of the experience (Moustakas, 1994). Phenomenology highlights the assumption of "an essence or essences to shared experience" (Patton, 1990, p. 70). For example, core meanings are mutually understood by those who experience the same phenomenon (Merriam, 2009). The primary goal of this study was to "reduce individual experiences with a phenomenon to a description of the universal 'essence' or the 'core meanings'" (Creswell, 2007, p. 58). Regarding the belief that experiences have a shared essence and able to be discovered; the method researchers often use for data collection is through interviews (Patton, 2002).

Researchers employ numbers of steps to reach this objective including identify a phenomenon, collect data from the individuals who have experienced it, and develop a combined description of the essence (what and how) of the experience for all participants (Creswell, Hanson, Clark Plano, & Morales, 2007). According to Moustakas (1994), after collecting data from several individuals who have experienced the phenomenon, researchers analyze the data by reducing the information to significant statements. After the researchers combine the statements into themes, they write a textural description of the individuals' experiences; a structural description of the conditions, situations, and contexts of their experiences; and a combined statement of textural and structural descriptions to convey the essence of the experience. Heppner, Kivlighan and Wampold (1999) explained the essence of experience as "the exhaustive descriptions could provide the readers an understanding of the essence of the lived experiences and represent a unifying structure of a phenomenon" (p. 271).

As the focus of phenomenological study is placed on understanding the phenomenon from "the perspectives of the person or persons being studied" (Willis, 2007, p. 107), I employed the transcendental phenomenological approach, placing the greatest emphasis on the patients, family caregivers, and medical volunteers' experiences rather than on my own interpretation. Therefore, throughout the process of this study, I kept a journal to reflect on any of my attitudes, beliefs, knowledge, and perspective that could influence the core meaning derived from the participants' experience.

Participants

In this study, a total of 21 participants included eight adult cancer patients, eight family caregivers, and five medical volunteers (see Table 1). The interviews were

conducted until the content of the responses achieved saturation, i.e., no new themes emerged from data collection (Creswell, 2007). In prior research at Khampramong Monastery, Teerawong, Kittisaraphong, Chatkaew, and Phibanphaknithi (2009) indicated that the average length of a patient's stay for the treatment is 30.5 days using criterion sampling strategy examined from the patients who had been at the Monastery at least two weeks. This time frame allowed patients and family caregivers to adjust to the living arrangement and services at Khampramong.

Table 1

Demographic Information of Individual Cancer Patients

Pseudonym/ Gender	Age	Religion	Education	Occupation	Length of Stay	Origin	Note
Diamond (F)	43	Buddhist	Grade 6	Farmer	2 years	Northeast	Cervical cancer, osteosarcoma, lymphoma
Sweet Water (F)	66	Buddhist	Grade 4	Farmer	2 years	Northeast	Lung cancer
Little Girl (F)	53	Buddhist	BS (Science)	Primary school teacher	4 years	Northeast	Breast cancer, Lymphoma
Joseph (M)	69	Catholic	Grade 4	Farmer	53 days	Northeast	Liver cancer
A Man Behind the Mountain (M)	57	Buddhist	Diploma (PE)	Farmer	6 months	Northeast	Brain tumor
Srithong (F)	63	Buddhist	Grade 4	Tailor	1 month	Northeast	Cervical cancer
Nicholas (M)	67	Buddhist	Grade 4	Farmer	8 months	Central	Liver cancer
Saiyud (F)	70	Buddhist	Grade 4	Farmer	2 years	Central	Cervical Cancer

In Thai culture, when a family member gets sick, other family members become involved with the treatment team by providing support and care of patients. The criterion for inclusion in this study required that the family caregiver had stayed at the monastery as long as the cancer patient had. Of eight family caregivers with age range of 41 to 68 years old ($\bar{X} = 46.5$; $SD = 11.87$), all were Thai. Seven were Buddhist and one was Catholic. Duration the caregivers stayed at the monastery for treatment ranged from 53 days to four years with an average of 2.1 years (see Table 2).

Table 2

Demographic Information of Individual Family Caregivers

Pseudonym/ Gender	Age	Religion	Education	Occupation	Length of Stay	Origin	Note
Compass (M)	45	Buddhist	Grade 6	Former welder, farmer	> 2 years	Northeast	Diamond's husband
Cutie (F)	32	Buddhist	Bachelor of Arts	Former banker	2 years	Northeast	Sweet Water's daughter
Hen (M)	54	Buddhist	High school (M5)	Police	4 years	Northeast	Little Girl's husband
Teresa (F)	57	Catholic	Grade 4	Farmer	53 days	Northeast	Joseph's wife
West (F)	45	Buddhist	Grade 6	Farmer	6 months	Northeast)	A Man Behind the Mountain's wife
Ris (M)	41	Buddhist	Diploma	Tailor	1 month	Northeast	Srithong's son
Rainy (F)	68	Buddhist	Grade 4	Farmer	8 months	Central	Nicholas's wife
Pea (M)	62	Buddhist	Grade 4	Farmer	2 years	Central	Saiyud's brother

Medical volunteers recruited for this study included physicians, nurses, and nontraditional and indigenous practitioners (i.e., herbal doctors, acupuncture

practitioners, etc.) who were volunteers at Khampramong and had been volunteers more than once. Five Thai and Buddhist medical volunteers were between 39 to 59 years old ($\bar{X} = 47$; $SD = 9.08$). The duration of their volunteer experience at the Monastery varied from three to nine years with an average of 5.2 years. Two participants held bachelor's degrees, two had master's degrees, and one had an honorary doctoral degree. All participants except one had backgrounds related to the medical field. However, Young Melon was an indigenous practitioner who had been through the process of healing at Khampramong. She also had expertise in applying Buddhist practice for pain management and healing (see Table 3).

Table 3

Demographic Information of Individual Medical Volunteers

Pseudonym/ Gender	Age	Religion	Education	Occupation	Length of Stay	Origin	Note
Young Melon (F)	44	Buddhist	MNM (Social Development) MA (Buddhism)	Freelance, Journalist	3 years	Central	Buddhist healing
Sandy (F)	39	Buddhist	MNS, APN Advanced nursing	Lecturer (Thai Medicine)	5 years	Central	Death and dying/ Thai medicine
Golden Pagoda (M)	59	Buddhist	BS. (Engineer) Honorary Ph.D. (Public Health)	Monk	9 years	Central	Buddhist healing/ Thai medicine
Chiropractor (F)	39	Buddhist	B.S. (Public Health)	Nurse, , alternative practitioner (chiropractor)	3 years	Northeast	Nursing/ Chiropractic/ indigenous healing
Grandpa of Earth (M)	54	Buddhist	B.A. (Business) BE (Nutrition)	Freelance, Lecturers	6 years	Central	Thai medicine

Data Collection

The primary method of data collection was semi-structured interviews directed by an interview guide. The interview was conducted at the participants' convenience and in a private setting (the patients' cottages) for a length of 60-120 minutes using a digital audio recorder. I conducted field observations during my month-long stay to observe how participants lived at Khampramong (e.g., routines, hobbies). Artifacts were collected and daily activity observations were conducted during the period of data collection. I also followed two medical volunteers and two patients to observe their lecture presentations at a few medical schools.

Procedures

Prior to data collection, I contacted the Abbot of the Monastery and discussed my interest in May 2012. After I received Institutional Review Board approval from the University of Northern Colorado, I went to reside at Khampramong for six week in June-July 2013 for data collection. After transcribing all interviews, a research assistant and I read all 21 transcripts independently to examine the themes and a textural-structural description for triangulation. Eight transcripts were translated from Thai to English using expert translators who were fluent in both Thai and English. These transcripts were read for textural-structural common themes by two peer reviewers trained in qualitative research. The findings were compared and triangulated with my findings. In addition, an expert check was conducted by my research advisor.

Additionally, I conducted member checks by emailing the participants with their individual textural-structural descriptions and common themes to three participants who were able to provide me with their email addresses. They reviewed all information and

agreed with the themes; they did not add or delete information, although they were encouraged to provide such changes. In addition, all other participants had clarified the potential themes with me during the interviews as I summarized and reflected back to them to insure I had completely understood their responses and meanings correctly. Throughout this study, I kept an audit trail including all documents, contacts, field notes, pictures of artifacts, and how the textural-structural and composite descriptions were developed. I also kept a reflexive journal throughout this study and used it to bracket my own assumptions and thoughts during the themes analysis process to which I compared the findings with my co-researchers and expert checkers.

Analyses

I employed Moustakas's (1994) phenomenological method of data analysis. To conduct data analysis and to obtain the core experience of cancer patients, family caregivers, and medical volunteers, I included the listing and preliminary grouping of the interview data from participants. This process was to conduct a preliminary grouping data using words and sentences from the transcript. Next, I conducted a data reduction process in which I read each transcript repeatedly. Statements that did not follow the semi-structured questions, as well as repetitive and vague answers, were eliminated. The remaining statements became the core of the experience (invariant constituents). I then clustered and assigned themes to the invariant constituents. Subsequently, I finalized identification of the invariant constituents and themes by application validation (Moustakas, 1994).

Findings

Themes emerged in this study that covered the areas of view of cancer, perception of treatment at Khampramong, challenges, learning and growth, resilience factors, and coping strategies. Table 4 shows the similarities among the participant descriptions of the experiences.

Table 4

Similarities Among Patients', Caregivers', and Medical volunteers' Descriptions

Common Theme	Similar Descriptions
Description of the experience	Opportunity to attain more skills
View of cancer	A new perspective of cancer
Perception of treatment at Khampramong	Effective treatment A sense of community Ready availability of key services
Challenges	None similar
Learning and growth	Cancer knowledge and management
Resilience factors and resources	Internal resilience resources External resilience resources
Coping strategies	Spiritual practice Treatment adherence

Description of the experience. A similarity emerged in the theme of skill attainment between cancer patients and the medical volunteers. The artifacts and

descriptions of the experiences shared by cancer patients (i.e., composed song CDs, *Om* vocalization) and by volunteers (i.e., PowerPoint presentation, herbal medicine formula) signified that the participants grew and attained skills through cancer treatments and involvement in the services provided at Khampramong.

View of cancer. Cancer patients and family caregivers shared similarities in how they perceived cancer. Throughout the treatment at Khampramong, both cancer patients and their caregivers developed a more positive view of cancer. They also learned that having cancer did not mean immediate death; instead, there was a good chance that if they followed the treatment recommendation, they might be able to prolong their lives and coexist with cancer. A significant similarity among these three groups of participants was their appreciation of cancer; due to the learning and growth they gained, they were able to overcome and adjusted to live with cancer.

Perception of the treatment at Khampramong. The patients, family caregivers, and medical volunteers agreed about the effectiveness of treatment at Khampramong. While the patients reported improvement, their caregivers and medical volunteers reported their observations about the significant changes they noticed in patients during treatment.

Both patients and family caregivers shared similar reflections on the treatment at Khampramong. They agreed that the Monastery promoted a sense of community in which people bonded by supporting, encouraging, and helping each other. Sharing was a common cultural practice at Khampramong—everyone shared food and energy (helping each other). They also provided suggestions and ideas, not only to the newcomers but to everyone in time of need.

All participants noted that treatment at Khampramong was readily available with key services encompassing elements to nurture psychosocial health care: a positive recovery environment at Khampramong, holistic treatment and integrative alternative treatment, and affordable, equal, and non-discriminatory care.

Learning and growth. Cancer patients, family caregivers, and medical volunteers highlighted their increased cancer knowledge and its management. As patients lived through this experience, they gained more insight about their symptoms. They learned cancer management skills (i.e., acceptance, pain management, meditation for centering, and peace of mind) from the treatment manual, treatment providers (volunteers), and also from long-term cancer patients. Likewise, family caregivers and volunteers gained more knowledge about cancer from their life experiences while they were in contact with the patients. They also learned management skills from the treatment manual and recommendations along with their direct experiences taking care of and supporting the patients.

Resilience factors and resources. Internal and external resilience resources were similar among the patients, family caregivers, and medical volunteers. For internal resilience, both cancer patients and family caregivers highlighted a strong will as their internal key to cultivating an inner strength. Medical volunteers described the internal resource as a sense of purpose. Self-encouragement was noted by all three participant groups as an internal factor and a resource that helped them overcome adversity or hardships they had encountered.

External resilience factors and resources reported by patients and family caregivers were consistent. They acknowledged the importance of Luangta, family,

encouragement and support (from caregivers and community), spiritual principles (dharma), and the treatment manual. However, medical volunteers did not mention descriptions of external resources as they only included Luangta and spiritual (dharma) principles.

Coping strategies. Cancer patients, family caregivers, and medical volunteers unanimously highlighted employing spiritual practice as a central coping strategy. The descriptions of spiritual practice were identical among these participants including listening to dharma talk, praying and chanting, extending loving kindness, letting go, and taking a moderate path.

Cancer patients and their family caregivers were similar in including treatment adherence as a coping strategy. To overcome hardship, the treatment manual provided guidelines about how to cope with adversity from cancer. Therefore, relying on the treatment recommendation and adhering to the treatment (i.e., consuming healthy food and avoiding unhealthy ones, avoiding risk factors, taking medications as prescribed, and taking care of one's own mind and spirit) provided them with the ability to cope and thrive while having cancer.

Description Differences

Different descriptions of the experiences among the cancer patients, family caregivers, and medical volunteers are presented in Table 5

Table 5

Differences Among the Cancer Patients', Family Caregivers', and Medical Volunteers' Descriptions

Patients' Descriptions	Caregivers' Descriptions	Volunteers' descriptions
Description of the experience <ul style="list-style-type: none"> • Journey through cancer 	Description of the experience <ul style="list-style-type: none"> • A sense of community • Ability to accept and live with cancer 	Description of the experience <ul style="list-style-type: none"> • Improving cancer knowledge and treatment View of cancer <ul style="list-style-type: none"> • Advanced cancer knowledge and treatment • Perception of treatment at Khampramong <ul style="list-style-type: none"> • Atmosphere of learning and growth
Challenges <ul style="list-style-type: none"> • Physical stress 	Challenges <ul style="list-style-type: none"> • Psychosocial stressors 	Challenges <ul style="list-style-type: none"> • Personal attitude • Self-care
Learning and growth <ul style="list-style-type: none"> • Ability to accept and live with cancer 		Learning and growth <ul style="list-style-type: none"> • Meaning of volunteer • Personal and professional growth
		Resilience factors and resources <ul style="list-style-type: none"> • Internal factors: a sense of purpose. • External factors: encouragement and support from family
Coping Strategies <ul style="list-style-type: none"> • Treatment adherence 	Coping Strategies <ul style="list-style-type: none"> • Treatment compliance 	Coping Strategies <ul style="list-style-type: none"> • Adaptive thoughts

Description of the experience. Several differences existed in the description of the experience as evidenced by the artifacts the participants shared. Among cancer patients, artifacts such as the journal and the Buddha statue represented the journey the participants had taken through cancer. The holy floral bouquet represented treatment adherence. This was a unique experience among the patients. While among family caregivers, their artifact representations and descriptions of their experience shed light more on the sense of community. They viewed it as a crucial quality to engage the group to receive and gain encouragement and support among them. The ability to accept and live with cancer was unique in the family caregiver description of the experience. This reflected that family members adjusted to accept cancer and at the same time were able to cope with cancer to help their family member overcome it. Medical volunteers' descriptions of their experience were represented in the artifacts they shared, shedding light more on their improved cancer knowledge and treatment. This was held in common with the contribution they made to facilitate both cancer patients and family caregivers.

View of cancer. A slight difference existed in the view of cancer. Treatment at Khampramong positively impacted how participants viewed cancer. The medical volunteers, in particular, viewed working with cancer as an opportunity to enhance their professional and personal growth. Despite this, the medical volunteers stated they were also aware about the natural truth of living (birth, aging, illness, and death).

Perception of treatment at Khampramong. The participants' view of the treatment provided at Khampramong was consistent. Only a slight difference existed as reported by the medical volunteer participants but they also agreed that the atmosphere at the monastery aided their learning and growth. Medical volunteers saw Khampramong

as a place where they could gain more knowledge and work to advance cancer treatment, learn through working, and gain insight on the dharma aspect in the truth of life.

Challenges. Challenges reported by cancer patients, family caregivers, and medical volunteers were different. Cancer patients reported struggling with physical stress regarding their cancer symptoms and condition. The caregivers, on the other hand, encountered challenges in the area of psychological needs because they were very concerned about the patients and their struggle with this responsibility. The family caregivers reported more psychological distress because of worries and concern about the family members they were caring for. They also reported dealing with their own anxiety, depression, exhaustion, homesickness, negativity, discouragement, and the feeling of grief and loss, especially with terminal stage cancer patients.

Learning and growth. Minimal differences between cancer patient participants and medical volunteer participants existed in the area of learning and growth. While patients noted their ability to accept and live with cancer, medical volunteers reported they had learned and grown in the way they found meaningful.

Resilience factors and resources. Although resilience factors and resources were similar among each participant group including internal and external resilience resources, a slight difference existed among medical volunteer participants. The volunteers reported that for internal factor and resources, they viewed a sense of purpose as a key strength to help them remain persistent to reach their goal or mission. For external resources, however, they viewed Luangta as their spiritual leader and valued dharma principles. Similar to other group of participants, medical volunteers did not list encouragement and support from the family as significant.

Coping strategies. Differences existed in the area of coping strategies reported by cancer patients, family caregivers, and medical volunteers. While the patients listed treatment adherence as one of their coping strategies, family caregivers listed treatment compliance as their method of coping. Actually, these terms were very similar. However, they differed in the action the participants contributed to the treatment. While cancer patients committed to strictly adhering to the treatment, their family caretaker acted as a supporting agent who facilitated the patients in following the treatment recommendation. On the other hand, the medical volunteers stated they employed several coping strategies to overcome the discouragement and negativity they encountered during their volunteer work, which included meaning-making and self-encouragement.

Discussion

First, I explored the essence participants have during their stay at Khampramong. The majority of patients and medical volunteers noted that treatment at Khampramong provided them with opportunities to grow and attain new skills (i.e., pain management, artistic skills). The patients made an effort to overcome and live with cancer along with altering their perceptions about the illness. They adapted their behaviors, emotions, and spiritual activities to live harmoniously with cancer. During this process, many patients had undergone a transformation and grew both personally and spiritually (i.e., more flexible, calmer, or became “laid back”). This finding corresponded with research by Sherman, Rosedale, and Haber (2012) on a grounded theory with 15 women diagnosed with early-stage breast cancer. The findings revealed that breast cancer diagnosis was a crucial life event catalyzing change. The participants recognized breast cancer as a part

of life, leading them to learn how to live with it. They experienced growth through adversity that went beyond just surviving to transformational. They were “becoming a better person—easier to get along with, and more tolerant” (Sherman et al., 2012, p. E264).

Similar to the patients, all volunteers perceived growth and the opportunity to gain additional skills. Some volunteers developed insight about their capacity to serve others in meaningful ways--both practically and in ways that supported the patients’ spiritual and emotional growth. This finding was consistent with research conducted by McCorkle et al. (2012) on the perceptions of roles, practice patterns, and professional growth opportunities of Advanced Practice Providers (APPs). This cross-sectional study utilized a self-report survey from 32 nurse practitioners and physician assistants in the cancer center of an American urban teaching hospital. The findings indicated that APPs demonstrated skill in the use of a variety of patient-care activities and interventions reflecting levels of their own knowledge, expertise, and, competencies. This study recommended that APPs needed additional opportunities for ongoing professional development to ensure the delivery of high-quality cancer care and to empower APPs to work to the fullest extent of their abilities. These findings also corresponded with the mission of the Oncology Nursing Society (ONS; Braccia, 2006) that encourages nursing professionals to participate in the advancement of their professional development and expertise, to improve clinical outcomes, and increase their leadership skills. In summary, the findings regarding the experience of medical volunteers at Khampramong shed light on the need for ongoing professional development and leadership training that would in turn improve clinical outcomes.

Uniquely, the patients' descriptions of their experiences during their cancer journey included how they perceived their illness, overcame and thrived with their challenges, and lived harmoniously with cancer. Specifically, some patients also expressed appreciation for their survival and viewed life after cancer recovery as a bonus. A number of studies supported the themes from the present findings as they also studied people with cancer and their journey in learning from such adversity. The journey through cancer in the present study demonstrated that patients strove to make sense from their illness by employing personal strength and outside resources to deal with this life-threatening challenge. Throughout this journey, they learned and grew in many areas, which is consistent with the findings from other researchers (Cordova, Cunningham, Carlson, & Andrykowski, 2001; Leydon, Bynoe-Sutherland, & Coleman, 2003; Stanton, Bower, & Low, 2006)

These studies indicated that stressful life events could lead sometimes to positive outcomes including strengthened genuine personal relationships, increased appreciation of life, improved personal strength and resources, enhanced spirituality, and improved authentic life priorities and goals (Ando, 2012). Other researchers also identified further aspects in the cancer journey that included how participants shifted their perceptions on the cancer journey, the treatment journey involving the participant's experience of mindfulness-based stress reduction, the journey toward recovery, and the journey toward self (Weitz, Fisher, & Lachman, 2012). The current study's findings were also consistent with Sherman et al.'s (2012) findings on a process of surviving breast cancer. The respondents experienced support, assumed an active role in self-healing, and gained a "new normal." They developed a new way of being in the world on their own terms and

experienced growth through adversity that went beyond just surviving. It needed to clarify that individual's journey was unique and phenomenal. The contribution from the current finding shared the common aspect that cancer is a life-threatening situation and the patients thrived to overcome and be able to live peacefully with it. Throughout this experience, the patients might utilize different resources to deal with their situation.

Spirituality was revealed as a significant theme in a number of studies focused on life-threatening situations including cancer and end-of-life care (Ando, 2012; Best, Butow, & Oliver, 2014; Johannessen-Henry, Deltour, Bidstrup, Dalton, & Johansen, 2013; Lim & Yi, 2009; Park, Cho, Blank, & Wortmann, 2008; Wynne, 2013).

Specifically, five patients in the present study shared their descriptions of experiences that captured the important aspect of spirituality: utilizing their inner strength along with the connection to outer greater realities as healing resources to be used to overcome cancer. The Buddha image, spiritual quotes along with spiritual practice, and the patient's pleasure in doing daily activities reminded them of their positive experiences in battling cancer.

Researchers and theorists indicated in a number of studies that spiritual wellbeing was positively correlated with better emotional adjustment and less distress (Johannessen-Henry et al., 2013). Specifically, the studies indicated that people with religiosity and spirituality expressed fewer symptoms of anxiety and depression but yielded better emotional wellbeing and general health perceptions (Lim & Yi, 2009). Spirituality played an important role as a predictor in the perceived risk of cancer recurrence regardless of the effect of race or general health concern (Park et al., 2008). High levels of spiritual wellbeing were associated with a better quality of life, better

coping, and better adjusting to diagnosis, disease, and symptoms. Spiritual wellbeing also played an important role as a protective factor against depression, hopelessness, and desire for rushed death. Spirituality assists people to make sense of their experience, to find comfort, especially at the end of life, and to improve coping and quality of life (Wynne, 2013). Researchers highlighted the importance of improving the spiritual support of cancer patients as spirituality impacts decision-making, especially at the end of life (Best et al., 2014). It is to be noted that spirituality in the context of Asian culture and specifically in Thailand is unique. As one of the main core concepts about spirituality is a belief about a higher power that created and controls all life (National Network to Eliminate Disparities, 2014), the findings from this study elaborated on the extent of the activities individuals performed as their spiritual practice such as praying and chanting in a regular Monastery group prayer activity. Many patients reported chanting and praying on their own before drinking herbal medicine, before returning home, or anytime when they needed things to hold on to. Several patients mentioned praying to the angels, the goddess, or holy spirits to bless them for their wellbeing. Other activities of spiritual practice included extending loving kindness, taking a moderate path, and listening to dharma talks. The spirituality phenomenon at Khampramong was perhaps due to the unique blending of beliefs and perspectives from various religions and personal beliefs. Regardless, the patients claimed it as a powerful resource to bring back their strength.

Family caregivers' most unique experiences highlighted themes of friendship, sharing, encouragement, and mutual support with others in the cancer community throughout their stay. Although this treatment service is unique in Thailand, a number of

researchers from around the world highlighted the importance of a sense of community, specifically in the dimension of social support. For example, a cross-sectional study by Shieh, Tung, and Liang (2012) with 100 family caregivers of post-surgery colorectal cancer in Taiwan highlighted the importance of social support to ease the burdens experienced by primary family caregivers. Similarly, Ownsworth, Henderson, and Chambers (2009) investigated an association between functional impairments of individuals with cancer and caregiver psychological well-being as well as the effect of social support in community services in Australia. The findings revealed the importance of effective social support for caregivers who supported individuals. A sense of community in this study might carry extensive meaning compared to social support in other studies especially from Western research or individualistic cultures. Rooted in a collectivistic culture, this concept refers to a feeling of bonding as if the others in the cancer community were their own family who were facing the same life challenges (cancer). Beside this communality, the caregivers in this study were influenced from the Buddhist culture of giving and sharing. They viewed giving as one of the acts to make merit, which was perceived as an action to gain happiness and illuminate suffering.

Many of the family caregivers found that receiving treatment at Khampramong changed and re-shaped their perception of cancer and its treatment and impacted their growth and learning. Throughout their experiences, the patients gained insight about their symptoms and management. They learned cancer management skills (i.e., cancer acceptance, pain management, meditation for centering, and peace of mind) from the treatment manual, the treatment providers, and also from long-term cancer patients. Likewise, family caregivers gained more knowledge about cancer while they were in

contact with the patients. They also learned management skills from the treatment manual and recommendations along with hands-on experience in taking care of and supporting the patients. Similar to the present findings, the oncology literature reflected a number of methods cancer patients utilized to deal with cancer including shifting functional abilities, medical implications, treatment modalities, and psychosocial reactions (Bray, Jemal, Grey, Ferlay, & Forman, 2012; Strauss et al., 2007; Vatanasapt, Sriamporn, and Vatanasapt, 2002).

Medical volunteers described their unique experiences such as enhanced knowledge and skills concerning cancer and its treatment. They highlighted the treatment methods at Khampramong including treating cancer with love and mercy, supporting patients and family to live harmoniously and peacefully with cancer, recognizing the importance of caretakers, and mindfully preparing for death. Furthermore, all volunteers noted they had cultivated personal and professional growth from their volunteer work such as increased knowledge in developing effective herbal formulas, increased skills in pain management, and a greater ability to help patients overcome their pain by integrating Buddhist approaches. The volunteers also reported an increase in providing care to the patients integrating Western and Eastern approaches and in realizing the efficacy of using alternative and complimentary therapies. These findings were consistent with the mission of the Oncology Nursing Society in which Braccia (2006) asserted the importance of volunteering and encouraged nursing practitioners to volunteer with the society to foster their professional development, enhance their expertise and clinical knowledge in their field, and increase their leadership skills.

Second, I explored the perspectives of the participants, how their stay had shaped their perception of cancer and its treatment, and how they perceived these experiences. Patients and their caregivers developed a new perspective on cancer. Initially, most of them were fearful and had a negative perception about cancer. However, due to their extended stay at the Monastery, they came to view cancer more positively. In addition, they expressed their appreciation for this adversity, viewed cancer as a teacher, and had learned to live a meaningful life. Researchers confirmed the findings of that anecdotal study and discovered similar findings. Beatty, Oxlad, Koczwara, and Wade (2008) studied the concerns and needs of newly diagnosed Australian women with breast cancer. They interviewed 34 participants including early-stage breast cancer patients, oncology nurses, and volunteers who worked with cancer patients. The findings indicated that patients expressed a need to focus on their subsequent growth including “having a new perspective on and appreciation for life, having a sense of inner strength and ability to cope, learning to prioritize themselves more and taking time out, and improving some relationships” (Beatty et al., 2008, p. 341). Additionally, Henselmans et al. (2010) studied survivor centrality among 240 breast cancer survivors to discover the implications for wellbeing. The authors described survivor centrality as “the extent to which an illness is integrated into the self or survivor centrality” (p. 518). One of the findings revealed that when the participants held a more negative view of their illness, the survivor centrality was prone to signify potential problems especially when the illness was viewed in less positive terms.

Many participants reflected on their impressions about the treatment at Khampramong. The family caregivers and medical volunteers particularly agreed that a

key positive factor of the treatment provided was the ready availability of key services; key aspects of treatment aided psychosocial health care because they encompassed an environment that highlighted positive recovery, holistic treatment embodied by integrative alternative care (complimentary alternative medicine), affordable care, and equal/non-discriminatory treatment. These findings were consistent with other research conducted at Khampramong. Topanyawut (2010) conducted a case study on the life and work of Luangta at Khampramong, particularly in the realm of psychological healing. Four themes emerged: providing general support and family care, making time for discussion about the truth of life, cultivating a sense of loving kindness to the patients and other suffering persons, and bringing patients and others to dharma practice.

Several years later, Piew-on (2012) conducted a case study to investigate the management of holistic-end-of life care for end stage cancer patients at Khampramong. She collected two types of data: documentary research and qualitative research. To complete the documentary research, she investigated the texts of the Buddhist Holy Scripture as well as guidelines of modern care for end stage cancer patients. Using qualitative research, she conducted observations and in-depth interviews with 12 adult patients, 10 family caregivers, the Abbot (Luangta), and three volunteers; she also participated in holistic care activities provided at Khampramong. Her results indicated that the method of care at Khampramong was consistent with the principles of palliative care. She utilized Puengrassamee's (1997) end-of-life care, which integrated Buddhist methods that were (a) patient and family centered, (b) comprehensive (covering mind, body, spirit, and socialization), (c) collaborative and inclusive of the multidisciplinary team, and (d) continuous (treatment is ongoing with regular evaluations).

The findings of the current study supported the concept of palliative care at Khampramong (Piew-on, 2012), which is holistic and covers all aspects of health including the physical, mental, social, and spiritual. It also promoted alternative and integrative care. The treatments integrated both Eastern and Western approaches using the current medical model and traditional local wisdoms and remedies (Khampramong, 2012). These findings also corresponded to the emerging trend in integrated care and complementary medicine. Starting from 2014, the 10-year mission of the World Health Organization (WHO, 2013) places more attention on traditional and complementary medicine products and practices. This recently contributed to a growing body of the literature on complementary and alternative medicine (Bonacchi et al., 2014; Savas et al. 2014; Söllner et al., 2000).

Consistent with the findings, the current study implied that the treatment at Khampramong put the theory of palliative care, holistic approach, and integrated care into practice and that helped participants recover (Awikunprasert, Vongjaturapat, & Sittiprapaporn, 2012). Although the focus of this study did not clearly identify a system of care, resiliency and coping could be tracked by the faith, hope, optimism, and treatment adherence in the present study.

The patients, family caregivers, and medical volunteers were consistent in stating that treatment provided at Khampramong was effective as evidenced by the improvement of patients' conditions and recovery in multiple dimensions: physically, emotionally, and spiritually. Several researchers supported this conclusion. Piew-on's (2012) research also indicated that those who received treatment at Khampramong demonstrated positive results. Patients reported relief from stress and the ability to enjoy the moment. Both

patients and caregivers changed as evidenced by a decrease in their negative thoughts. They also cultivated a deeper understanding of the meaning of life by engaging in more charitable undertakings.

Teerawong et al. (2009) investigated the effectiveness of treatment at Khampramong from 177 participants of 1,153 overall patients since 2004. In conclusion, the results of this study demonstrated a high rate of patient satisfaction in receiving a spiritual emphasis when dealing with serious health issues. This study also overviewed the palliative care role and established research-based clinical guidelines for the use of palliative care in improving the quality of life among the terminally. Furthermore, a study by Soonthornchareonnon, Sireeratawong, Wongnoppavich, and Jaijoy (2013) on the development of anti-cancer medications at Khampramong attested to the effectiveness of the herbal medicine. The results demonstrated that the herbal formulas used at Khampramong were significantly effective in treating cancer.

Patients and their family caregivers agreed that treatment at Khampramong cultivated a sense of community. They highlighted the atmosphere where everyone at Khampramong connected to each other as if they were real family. They supported each other in all ways they could and sharing was significant in bonding one another in the community. The finding was consistent with Piew-on's (2012) result. Her study revealed that the treatment approach at Khampramong promoted a sense of community, fostering an atmosphere that supported the recovery and wellbeing of the residents. One factor that contributed to this was a socialization arrangement that had the goal of assisting those living at the Monastery in making friends and supporting one another.

Although this finding is unique to Khampramong, oncology literature around the world highlighted the importance of social support (DiMatteo, 2004; Ownsworth et al., 2010; Park et al., 2013; Shieh et al., 2012), which was considered as part of a sense of community found at Khampramong. The contribution of the finding in this study could add more sense of the Asian, specifically Thai and Buddhist, way to provide social support including giving and sharing. Moreover, the concept of karmic perspective and the act of merit empowered the participants in this study to provide a sincere support to each other to help get out of the stream of suffering.

Third, I explored coping strategies and resilience factors among these participants. Spiritual practice was the main coping strategy endorsed by all participants in this study. Patients and family caregivers indicated they used various strategies learned during their stay to help them overcome hardship and be able to accept and live with cancer in a friendly fashion or more adaptive manner. The medical volunteers also reported employing various strategies to help them manage and handle all the challenges they encountered during their time as volunteers: listening to dharma talks, praying, chanting, mindfulness meditation, extending loving kindness, letting go, taking a moderate path, and preparation for death.

A number of researchers and theorists reported similar results particularly in the arena of Western spirituality. This was demonstrated in a narrative study by two nurses (Wilson & Ardoin, 2013) who were also primary caregivers to their loved ones. They described the process that occurs when professional and personal worlds meet. They highlighted the importance of spirituality as a spiritual practice that counseled “take every

free moment to stay in touch with God or your higher power” (Wilson & Ardoin, 2013, p.195).

Thuné-Boyle, Stygall, Keshtgar, Davidson, and Newman (2012) conducted a longitudinal study in the United Kingdom with 155 patients newly diagnosed with breast cancer. The purpose was to investigate the roles played by the introduction of religious/spiritual coping practices for the adjustment of breast cancer patients in the first year after a diagnosis. The cross-sectional data demonstrated that using religious/spiritual resources to help in the coping process during the early stages of breast cancer played an important role in the adjustment process for patients. They recommended that patients have their spiritual needs addressed as they might gain benefit by learning about some form of religious/spiritual struggle that could serve as a barrier toward adjusting to their illness.

In addition, the themes that emerged from the Sherman et al. (2012) study also emphasized the importance of spirituality in the treatment of cancer patients. The finding showed besides physical and emotional self-healing, women with breast cancer could “make it through” by spiritual practices that included relying on and talking about the place in their lives of hope, faith, and prayer. Their findings were consistent with those of the current study, specifically in two dimensions: the acceptance of cancer and the ability to move beyond a diagnosis and live their lives with more peace and a sense of agency. Sherman et al. noted that patients in their study used comparison or minimization to help them maintain hope—“often comparing your situation to someone else’s realizing that they have it far worse” (p. e236).

In the current study, spiritual practices included a variety of activities: praying and chanting, mindfulness meditation, extending loving kindness, the practice of taking the moderate path, letting go, and listening to Dharma talks. All participants reported positive experiences from engaging in Buddhist practices, which extended to their cognitions, feelings of affection, and behavior. Many participants reported growing spiritually, which was similar to other findings of research conducted at Khampramong (Piew-on, 2012; Tantitrakul & Thanasilp, 2009) that specifically looked at the spiritual wellbeing of terminal cancer patients. Trakoolngamden (2011) reported on the effect of chanting on pain management.

Cancer patients and their family caregivers agreed that treatment adherence was an essential coping strategy. They emphatically stated that the treatment manual received at orientation was a useful guideline in helping them cope and thrive with cancer. Patients reported they followed the treatment recommendations such as consuming a healthy diet and avoiding unhealthy food, staying away from risk factors, consistently taking herbal medicine, and taking care of their mind and spirit. This was consistent with findings from a study by Sherman et al. (2012), indicating that patients actively strove to care for themselves. The patients turned to a healthier lifestyle involving health promotion and maintenance. They reported being aware of the proper diet, exercising, alleviating stress, and being aware of risk factors contributing to cancer. These findings were similar to the study conducted at Khampramong on nutrition and eating behaviors of cancer patients (Suwittawat, 2011) and the effects of music therapy and exercise (Awikunprasert et al., 2012).

This finding was consistent with a study by DiMatteo (2004)--a meta-analysis of social support and patient adherence to medical treatment. The researcher reviewed literature from 1948 to 2001. One hundred and twenty-two studies were found that correlated structural or functional social support with patient adherence to medical regimens. The study indicated that practical support bore the highest correlation with adherence.

Family caregivers recognized the importance of complying with treatment recommendations. Therefore, they acted as agents to support patients' adherence to treatment recommendations. Many caregivers mentioned that by sticking with the treatment schedule, their own minds were peaceful and focused on the schedule and activities rather than wasting time being distressed or being burdened by other distractions. At Khampramong, family caregivers are the closest support networks for cancer patients and they are involved with the patients' adjustment processes (Tantitrakul & Thanasilp, 2009). Therefore, they utilized similar coping strategies with the patients.

Last, I explored resources participants used to bolster their resilience and coping skills. The patients, family caregivers, and medical volunteers reported similar experiences developing and employing internal and external resilience resources. For internal resilience factors, patients and family caregivers highlighted strong will as an internal resource that helped them overcome and bounce back from adversity while medical volunteers listed a sense of purpose. Patients and their family caregivers were uniform in identifying external resilience factors and resources. Luangta, family, encouragement and support either from caregivers or community, spiritual principles (dharma), and the treatment guideline were all important external resilience resources and

factors that contributed to the ability of patients to thrive in the face of a life-threatening event. Nonetheless, medical volunteers provided descriptions of external resources slightly less because they only listed Luangta and spiritual (dharma) principles.

Greeff and Theil (2012) described what they labeled as internal and external resilience factors in a study of families of men with prostate cancer at a hospital in South Africa. The internal resources referred to the factors that occurred inside the immediate family, while the external resources referred to the factors residing outside of the family. The internal resilience resources found in this study included practical and emotional support among family members, genuine communication, and individual characteristics (self-support, personality, and acceptance of their situation). The external resilience resources encompassed social support from extended family. The findings showed that intrafamilial support was listed by all respondents as the most crucial resource, especially in a stressful situation. Spirituality, professional support, and knowledge were important external resources claimed by more men than women in this study. Furthermore, their findings showed a family's internal strength, affirmative communication, and social support experiences were indicators of family adjustment to prostate cancer.

The factors the above researchers delineated as “internal” and “external” encompassed many of the same themes and characteristics supported by the findings at the Monastery; spirituality (although not from a Buddhist perspective), intrafamilial support by family members for the person with cancer, and knowledge and professional support aided the patients in acceptance of their situation.

Implications

The findings of the current study conveyed the participants' perspectives on the efficacy of holistic services and the importance of the role of resilience factors and resources to bolster resilience and coping for adversity (e.g., holistic palliative care, psychosocial health services, complementary health approaches, and integrative health care). The findings demonstrated that Khampramong is a role model of holistic health care integrating both Eastern and Western methods of treatments. This integrated holistic care encompasses complementary medicine (CAM), psychosocial health services using complementary health approaches, and integrative healthcare. Furthermore, a case study by Piew-On (2012) also asserted that the vision and mission of Khampramong is to deliver palliative care using integrated care and holistic treatment. The treatment provided promoted recovery and resiliency not only in the patients but also had a positive impact on everybody involved in this service.

The service at Khampramong is consistent with the 10-year mission of the World Health Organization (2013) in addressing the challenges and responding to the needs identified under the WHO traditional medicine. The updated strategy for the period 2014–2023 devotes more attention to traditional and complementary medicine products, practices, and practitioners than in prioritizing health services and systems" (WHO, 2013, p. 76).

Similar findings were present in Monroe and Oliviere (2007). They analyzed 29 patients conducted at a hospice in London in 2005. The findings revealed multiple aspects of palliative care that cultivated resilience: secure attachments, meaning and sense, hope, coherence, creativity, good memories, public education and community

support, cultural awareness, internal locus of control, wellbeing and self-esteem, one supportive person in the environment, and learned optimism. The care delivery at Khampramong embraces all these components. Therefore, it is not surprising that the patients, caregivers, and medical volunteer reported positive experiences and outcomes.

Some unique features in the care at Khampramong are distinct from those reported by Western research. Specifically, the care is provided at the Buddhist Monastery. In addition to having living arrangements on site, there is no cost; this helps to eliminate financial stress. The primary factor in resilience indicates a patient having a caring and supportive relationship network inside and outside the family (APA, 2007). This was in line with this study's finding as patients received encouragement and support from the other patients, caregivers, and volunteers. The requirement to have one family caregiver with the patient supported the theory that having a supportive person in the environment from the family is crucial (Greeff & Theil, 2012).

In summary, the Khampramong care model responded to the needs of psychosocial health services (Adler & Page, 2008) that aimed to help in managing illness comprehensively and eliminating any unmet psychosocial needs. The Khampramong model welcomes professional volunteers who are willing to be part of the treatment provider team. As Khampramong turns out to be the place where Thai traditional and complementary medicines are both utilized, the sphere of integrative holistic care and CAM is raised. The presence of an integrative holistic care model made it possible for both the patients and caregivers to have access to more comprehensive care and services. They would also gain benefit from ongoing education to promote their recovery and wellbeing (Monroe & Oliviere, 2007; Savas et al., 2014).

Mental Health Field

The findings of the current study stressed the importance of recognizing individual challenges, empowering resilience factors and effective coping strategies, and reducing barriers to psychosocial service use. Regarding individual challenges, the participants discussed physical stress (patients), psychosocial needs (caregivers), personal attitude, and self-care (medical volunteers). Physical stress referred to pain and fatigue. Therefore, it is important for mental health providers to recognize these challenges and provide support and interventions that respond to the needs of the patients. Also, mental health providers need to work interactively with physical healthcare providers and alternative practitioners in a multidisciplinary team in order to provide care to the patient as a whole person (Adler & Page, 2008).

In this study, patients mentioned alternative approaches to managing pain they found to be both effective and helpful: utilizing meditation, talking and making friends with cancer, Tai Chi, yoga, laughing, or dance therapy. It is important to note that all of these methods reflect emerging trends that are evidence-based and are receiving more attention from the field of complementary medicine and integrative healthcare (Alternative and Complementary Therapies, 2013). It is important for the mental health field to explore the challenges patients experience and, at the same time, investigate current coping strategies patients employ. This will help in the development of new methods to deal with their challenges and to investigate and promote new ways to increase resilience and coping.

Caregivers, on the other hand, mentioned psychosocial stressors including burnout and becoming overly concerned about patients who were their family members.

Treatment at Khampramong included an effort to reduce barriers to the use of psychosocial services. For instance, due to the free services, financial resources were not needed and literacy was not a barrier to treatment. Being reluctant to approach the Abbot due to fear of discrimination was eliminated by his warm and welcoming approach. Thus, the caregivers reported positive impressions regarding the treatment provided. Moreover, they reported being positively influenced to participate in activities that changed and expanded their world view in terms of understanding cancer and wanting to further cultivate their own personal and spiritual growth.

The responses from the medical volunteers also noted the importance of supporting family caregivers. This was in line with the findings of Hartley (2007), which highlighted that family caregivers could benefit from counseling with the aim of fostering psychological adaptation and overall wellbeing so they are then able to provide proper support to the patients.

Although most of the participants noted they were mindful and aware of the possibility of impending death and were preparing for death, only one of the caregivers mentioned grief and loss. Hence, care delivery should not neglect providing support for grief and loss counseling (Boerner & Jopp, 2010; Machin, 2007)

Counseling Psychology

The concepts and historical foundations of resilience are consistent with positive psychology—a scientific study of the strengths and virtues that enable individuals and communities to thrive (Seligman, 2007). The positive psychology movement initiated a shift away from a focus on pathology and a preoccupation with repairing psychological “damage” and toward building positive qualities (Seligman & Csikszentmihalyi, 2000).

Seligman (2002) insisted, “Psychology is not just the study of disease, weakness, and damage, it is also the study of strength and virtue. Treatment is not just about fixing what is wrong, it is about building what is right” (p. 4).

Counseling psychology is a discipline that emphasizes fostering human capacities, satisfaction, and well-being (Society of Counseling Psychology, 2014). For more than half a century, counseling psychology has emphasized nurturing people’s strengths and empowering them in using their resources to achieve their goals (Lopez & Edwards, 2008). Moreover, counseling psychologists have greatly contributed to the positive psychology literature (Arbona & Coleman, 2008).

Harris, Thoresen, and Lopez (2007) claimed that the interventions that increase self-efficacy have been found to powerfully affect the attainment of counseling targets and in some circumstances strength enhancement may be a more efficient way to reach counseling goals. They informed that study in the field of counseling psychology still needs more evidence to prove that infusing a focus on strengths into standard assessment and counseling procedures will result in better outcomes, adherence, or satisfaction.

Furthermore, researchers concurred that strengths and weaknesses are personally and culturally constructed and exist within specific contexts (Harris et al., 2007). Therefore, it is important to understand how individuals specifically construct these qualities and cross-cultural studies are warranted (Wong, Wong, & Scott, 2006). The findings of this study provided evidence for how individuals with cancer, family caregivers, and medical volunteers from Thailand thrived to face their challenges posed by cancer. Specifically, the findings informed counseling psychologists about resources participants from an Asian cultural context utilized to bolster their resilience and coping.

Future Research Directions

In this study, I investigated the experiences of eight therapists, eight caregivers, and five medical volunteers to understand their perspectives of the experience of receiving treatment and services at Khampramong, particularly in the area of resilience and coping. There were more female subjects in the pool of eligible participants; thus the female participants outnumbered the male participants. The majority of the patients and caregivers in this study were from northeast Thailand and mainly Buddhist. In future research, it would be important to involve more patients from more diverse religious and ethnic backgrounds. Heterogeneity could be achieved, for example by including equal numbers of participants from Christian, Muslim, and Hindu backgrounds.

Creswell (2007) suggested that the researcher “interview from 5-25 individuals who have all experienced the phenomenon” (p. 81). The present study included the ideal number of participants for a phenomenological study with 21 participants. The majority of medical volunteers included those who practice Thai traditional medicine; two were also nurse practitioners. Therefore, in light of the growing attention toward integrated care (Cummings, O’Donohue, & Naylor, 2005), which encourages expanding volunteer opportunities to work in multidisciplinary/integrated care (e.g., including physicians, oncology expertise, and physical therapists), this study contributed and supported this work while adding findings from a diverse perspective.

Currently at Khampramong, there are foreign patients and caregivers (e.g., from Hong Kong, Japan, Russia, and Laos) and volunteers from different countries (e.g., United States, Canada, Australia, and Japan; Khampramong, 2012). No doubt different patients, family members, volunteers, and practitioners might have varying perspectives.

Therefore, it would expand the findings of this research to include those from diverse ethnic, racial, religious and national backgrounds and compare their experiences with those of local residents.

Different methods of study including ethnography that require the researcher to reside in the setting longer could be employed would be beneficial in understanding the participant's experience and culture context in greater depth. Also, as the present research investigated resilience and coping in a qualitative inquiry, integrating quantitative methods and employing a measurement/resilience scale to evaluate individual residence would provide statistical data to support whether or not participants increased their resiliency and coping strategies.

A quantitative study by Teerawong et al. (2009) included follow up research on patients who were in treatment for at least 10 days and departed from Khampramong. This research investigated patient improvement post-treatment. Qualitative research methods can provide a rich and deep description of participants' experiences concerning how they cultivated spiritual growth and improvement over time as well as examining factors that influenced change. Similarly, a follow up study could be conducted with the participants who left the Monastery (Phase II) to compare the similarities and differences of their experiences.

This study was conducted at Khampramong as a role model of palliative, holistic, integrated care that stemmed from a Buddhist perspective. To conduct a cross-sectional or comparative study between the care provided from a variety of Eastern and Western settings would provide a broad understanding and develop knowledge and guidelines of

comprehensive and sophisticated care to promote resilience and coping of the participants.

Conclusion

Many of the findings of the current study supported and corroborated the research done with cancer patients in the West, especially in the area of the importance of fostering resilience and coping with people experiencing cancer. While a number of the studies conducted in the West factored in the importance of a spiritual component in helping people cope with cancer, this study demonstrated, through in-depth interviews, the importance of an on-going spiritual practice that was interwoven throughout the treatment regimen. It is unlikely, due to the unique setting of the Monastery in Thailand, that the treatment offered by the Abbot could be replicated in the West. However, many of the factors that fostered hope and healing could surely be implemented in Western cultures and their outcomes explored and researched.

Researcher Reflections

I first went to Khampramong Monastery in March 2008 to make a merit (e.g., offering food to the monks, donation, helping with the monastery chores, and listening to dharma talks). I remember that as I was on the way to the Monastery, I was still revising my admission essay to apply for the APA-accredited Ph. D. program in Counseling Psychology at UNC. At that time, I first learned that Khampramong provided free care for cancer patients. Before pursuing my doctorate, I volunteered and made merit at several forest monasteries in northeast of Thailand including Khampramong. Volunteer work is focused on giving and helping; however, I was struck by these experiences. I returned to Khampramong to volunteer again in August 2008 right before I came to

UNC. I thought that when I graduated and had attained further skills, I would return to volunteer, using my knowledge as a counseling psychologist to help people there.

On the first day of classes at UNC, I printed my cohort's names and contact information on one side of the paper; on the other side, I printed an email I had received from Luangta (to continue reading) telling about the activity at Khampramong. Initially, I did not plan to do my research specifically at Khampramong although I knew I was interested in conducting research relevant to spirituality and psychology. Throughout the course of my study in graduate school, I solidified my interests, developed a research plan for my dissertation that culminated in studying resilience and coping, and incorporated my experience as a volunteer at Khampramong. This led me to return to Khampramong sooner than I thought I would. I returned to Khampramong to help me on the way to graduating.

After I completed my proposal defense and got IRB approval, I returned to Thailand to visit my family and continued to visit Khampramong at the end of May 2013. I was very grateful to be accepted and welcomed by Luangta, other volunteers, and residents at the monastery. I had the chance to stay in a small cottage close to the lotus pond where I could privately and peacefully process my research study.

As a researcher, I employed the role as researcher as participant-observer and participated in the Monastery activities keeping a low profile manner. However, later on, I followed my calling to volunteer in as many activities as I could besides collecting data. Initially, I tried to keep a low profile as I did not want my activities to interfere with the data collection process. However, after two weeks, I realized my active involvement did not negatively impact the responses from participants. Instead, it helped in building

rapport with others and resulted in more participants than expected. Through my volunteer activities as a participant-observer researcher, I learned the Monastery systems that helped me to more clearly understand the services provided and their delivery. The knowledge of those structures was invaluable when I engaged in the interview process.

Based on the experiences while collecting data and residing at the Monastery, I learned and grew personally and professionally. The experience impacted me at a transformational level. I learned from the participants in so many countless ways. The patients are like the dharma cases for me. It struck me that sometimes death and life-threatening situations create a powerful force and opportunity for us to thrive. In a healthy person, when we face challenges, sometimes we turn to the heuristic way to deal with it like turning to any resources available. However, in situations where the individual is between death or survival, the Buddhist concept of self-reliance is crucial. Research literature suggests that supportive relationships are key in contributing to resilience and coping. However, based on my research, I learned that external supports are secondary in helping us to deal with life-threatening situations. The participants in this study indicated that strong will, persistence, mindfulness, self-consciousness, and alertness (*sati*—in Pali) are most important variables in helping them manage well in such life-threatening situations.

The method of coping and healing the patients in this study utilized is not usually utilized by the general population except in the teachings and practices of Buddhist monks. For example, Little Girl spent two days and nights meditating until she won over the pain that was striking her; her body then became more balanced and stronger. Similar to Joseph when he could not rely on anything or anyone, the best tool for him to deal with

his overwhelming pain was meditation. These experiences are rarely reported in the general population of Thailand except by the monks who practice in the forest faraway where neither doctors nor medicine can be reached. Those monks turned to spiritual practice and took it as dharma medicine. Eventually they reported miraculous recoveries. It surprised me that I found this quality of hope, peace, better coping skills, stronger emotional resilience, and deepening spirituality in the cancer patients at the Monastery.

Also, the patients were good teachers, instructing me to be aware of cancer prevention. At the same time, they were good role models for the survivor capacity. I saw them as tough human beings, especially when their bodies were weak; yet at the same time, their minds were strong. The patients reminded me about a sense of purpose and the meaning of existence for which we all strive. Many of them said they were lucky to have cancer as they learned to be mindful about life and did the best they could in the remaining time they had to live.

I also learned to be mindful about death. In Buddhist culture, we are taught to think about death with every breath. However, sometimes I was still thoughtless about that. To be involved in this study in addition to what I learned and saw when I volunteered, it reminded me to be mindful about death. I embraced this philosophy of practice in which I see that death and dying are close and I am thoughtful about that often daily.

I learned certain care skills from caregivers. Teresa became very skilled in finding creative ways to make food appealing, which helped increase Joseph's appetite. I was impressed with the gratitude conveyed by Cutie and most of the participants. Cutie quit her job to take care of her mother. I was delighted to learn she did not have any

regrets when her mother passed away. That was because she did not have any unfinished business in terms of taking care of her mother the best she could. All the family caregivers in this study learned to take care of the participants with their whole hearts. That is a good role for modeling when I work with clients as well. And I know that all that I have experienced and learned through working on this dissertation will contribute to my teaching and therapy work as a counseling psychologist.

The culture of giving and sharing at Khampramong is a testimony of beauty and power. Volunteer work there relates closely to the concept of charity or altruism. The real gain was the development of authentic happiness and self-worth. Moreover, the volunteer journey shaped all volunteers in this study to be selfless, i.e., decreasing egocentricity, which is a crucial part of dharma practice. I also learned from volunteers and staff about techniques and methods to help deal with chronic pain such as exercise, yoga, and Tai Chi. I had the opportunity to pray and support cancer patients and their family caregivers. I also attended several funerals during my stay that reminded me about how we are all part of the natural life cycle (birth, aging, illness, death). Spiritual practice and dharma teaching were rewarding.

Giorgi (1997) highlighted the importance of consciousness as a powerful tool researchers have to increase the rigor of their study. He also noted that a thorough and rich description based on consciousness is sufficient to completely explain a phenomenon. I attempted to keep this study uncontaminated by my perspectives and based on participants' subjective worldviews. I tried to filter my own assumptions and judgments and keep the expressions from participants fresh though quotes richly

displayed in the study. I tried my best to be a reliable tool to pass on the valuable message of the experience all the participants shared with me.

If goodness or merit should occur from this study, may all this virtue and contributions bring the best to all contributors including participants, research teams, friends and supporters, and also all those who engaged in so many countless ways to make this study complete. May all who read this study be positively impacted.

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