



**Self-healing Process and Nurses' Enhancement Perceived by Thai
Buddhist Widows from Unrest Situations,
Southernmost Region of Thailand**

Sujira Wichaidit

**A Thesis Submitted in Partial Fulfillment of the Requirements for the
Degree of Doctor of Philosophy in Nursing (International Program)**

Prince of Songkla University

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I hereby certify that this work has not been accepted in substance for any degree, and is not being currently submitted in candidature for any degree.

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Abstract

This study aimed to describe the healing process of Thai Buddhist widows after the sudden loss of their spouse. Grounded theory method was employed for the research methodology. In-depth interview, and non-participation observations were used to collect the data. The participants comprised of 13 Buddhist widows (key informants) who had experienced the sudden loss of their spouse and gained success to heal themselves, and 2 nurses (associated informants) who were associated with widow's healing. The first two participants were selected using the snowball sampling (suggested by psychiatric nurses), and the rest were recruited by theoretical sampling. Data were analyzed using the coding procedure and constant comparison to generate the conceptual model.

The results showed the core category of the healing process among Thai Buddhist widows which was named as "Reconciliations for Harmonious Life". This category comprised of three main subcategories consisting of; 1) Realizing the loss and learning to survive, 2) Cultivating to balance life, and 3) Fulfillment with the

new life. The process of healing was facilitated in Thai Buddhist widows by two main factors 1) internal factors: religion belief, concerning of their parent's love and future of children, self-abilities and perceived of self-abilities, 2) external factors: support from family members and friends, caring from psychiatric nurses and health care provider teams, money compensation from government.

In addition, Thai Buddhist widows reflected that their healing process was dynamic and receiving continuing support from nurses who played an important role on the healing process in each stage. Early on the first stage of the participants being exposed to the loss of their husband the nurses provided a nursing care by assessing their conditions and providing the support. In the second stage, the nurses provided several interventions through the supportive group and enhance the problem solving skills, as well as training in new skills that benefited the widows in their new careers. Lastly, the nurses took on the role as a mentor to coach the participants in gaining more self strength.

The knowledge gained from this study could be used for developing the appropriate nursing interventions in facilitating and enhancing the strength and psychological growth of widows. Furthermore, the conceptual model derived from this study is required to be tested for further research.

หัวข้อเรื่อง	กระบวนการเยียวยาตนเองและการช่วยเหลือจากพยาบาลตามการรับรู้ของ หญิงหม้ายไทยพุทธจากเหตุการณ์ความไม่สงบในชายแดนภาคใต้ของไทย
ผู้วิจัย	นางสาวสุจิตรา วิชัยดิษฐ
สาขา	พยาบาล (หลักสูตรนานาชาติ)
ปีการศึกษา	2561

บทคัดย่อ

การวิจัยนี้มีวัตถุประสงค์เพื่ออธิบายกระบวนการเยียวยาตนเองของหญิงหม้ายไทยพุทธที่สูญเสียสามีอย่างกะทันหันจากเหตุการณ์ความไม่สงบในชายแดนภาคใต้ของไทย เป็นการวิจัยทฤษฎีฐานราก (Grounded theory) รวบรวมข้อมูลการวิจัยโดยการสัมภาษณ์เชิงลึกและสังเกตแบบไม่มีส่วนร่วมผู้หญิงหม้ายไทยพุทธ จำนวน 13 คน (ผู้ให้ข้อมูลหลัก) ที่ประสบความสำเร็จในการเยียวยาตนเอง และพยาบาลจิตเวช (ผู้ให้ข้อมูลรอง) จำนวน 2 คน ซึ่งปฏิบัติงานเกี่ยวกับการเยียวยาบุคคลที่สูญเสียบุคคลที่รักและสมาชิกครอบครัวของกลุ่มผู้ให้ข้อมูลหลักกล่าวถึง ใช้วิธีการคัดเลือกกลุ่มตัวอย่างโดยเริ่มจากการแนะนำของพยาบาลตามด้วยการเลือกตัวอย่างแบบลูกโซ่ (snowball sampling) และการเลือกตัวอย่างเชิงทฤษฎี (theoretical sampling) วิเคราะห์ข้อมูลโดยอาศัยการถอดรหัส (coding procedures) ร่วมกับการวิเคราะห์เชิงเปรียบเทียบ (constant comparison) เพื่อสร้างโมเดลการเยียวยาตนเองของหญิงหม้ายไทยพุทธ

ผลการวิเคราะห์ข้อมูลได้โมเดลกระบวนการเยียวยาตนเองของหญิงหม้ายไทยพุทธ “การฟื้นคืนสู่สมดุลชีวิต” (Reconciliation for Harmonious Life) โมเดลนี้ประกอบด้วย 3 กระบวนการย่อย

ได้แก่ 1) การตระหนักรู้ในความสูญเสียและเรียนรู้เพื่อที่จะอยู่รอด (Realizing the loss and learning to survive), 2) การพัฒนาตนเองสู่ความสมดุลในชีวิต (Cultivating to balance life), 3) การเติมเต็มชีวิตใหม่ (Fulfillment with the new life) โดยพบสองปัจจัยหลักที่เกี่ยวข้องกับกระบวนการเยียวยาตนเองของหญิงหม้ายไทยพุทธ คือ 1) ปัจจัยภายในบุคคล ประกอบด้วย ความเชื่อทางศาสนา การตระหนักถึงความรักของพ่อแม่และอนาคตของบุตร ความสามารถของตนเองและการรับรู้ความสามารถของตนเอง 2) ปัจจัยภายนอก ประกอบด้วย การสนับสนุนจากครอบครัวและเพื่อน การดูแลของพยาบาลจิตเวชและทีมสุขภาพ ตลอดจนการช่วยเหลือด้านการเงินจากรัฐบาล

นอกจากนี้ผู้ให้ข้อมูลหญิงหม้ายไทยพุทธยังสะท้อนกระบวนการเยียวยาว่ามีความเป็นพลวัตรและได้รับการช่วยเหลืออย่างต่อเนื่องจากพยาบาลซึ่งมีบทบาทสำคัญในแต่ละระยะ ในระยะแรกพยาบาลช่วยเหลือเยียวยาด้านจิตใจและประเมินความต้องการความช่วยเหลือ ในระยะที่สองพยาบาลได้สนับสนุนให้เข้าร่วมกิจกรรมที่หลากหลาย เช่นกลุ่มบำบัด และพัฒนาทักษะในการแก้ปัญหา รวมถึงทักษะใหม่ๆที่ช่วยนำไปสู่การประกอบอาชีพ ส่วนระยะสุดท้าย พยาบาลให้การช่วยเหลือในลักษณะของการเป็นที่เล็งให้คำแนะนำเพื่อเพิ่มความเข้มแข็งในตนเองมากขึ้น

องค์ความรู้ที่ได้จากการวิจัยครั้งนี้ สามารถใช้ประโยชน์ในการพัฒนากิจกรรมพยาบาลเพื่อช่วยเสริมความเข้มแข็งในการเยียวยาและเกิดจิตที่ผ่องใสของหญิงหม้าย นอกจากนี้ยังเป็นประโยชน์ต่อการวิจัยในอนาคตในการทดสอบโมเดลการเยียวยา เพื่อพัฒนาองค์ความรู้ต่อไป

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I would like to express my gratitude to my excellent advisor, Assoc. Prof. Dr. Praneed Songwathana, for her scholarly supervision which enhanced my critical thinking, direction, and organization of my study along with the data collection and analysis. She always supported me while I was working on the dissertation. It was not only academic support, but also psychological support whenever I felt exhausted. Without her kindness and support, I would not have finished my PhD. Her generosity, hospitality, and optimism will always be impressive and ever-lasting in my mind.

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CHAPTER 1

INTRODUCTION

Background and significance of study

Over the past decades, manmade disasters have occurred worldwide. There are several types of disasters such as transportation accidents, terrorism attacks, and social unrest. The unrest in the three southernmost region of Thailand is a one of manmade disaster that has been continuing for over a decade.

The situation of unrest in the southern region of Thailand has resulted in a high number of deaths, especially among the main breadwinners in many families, and it also has had a significant impact on the number of widows in this region. It was approximated that there were 2,295 widows in 2012 (Panphet, & Ramansiriwong, 2012) and this has increased to over more than 2,800 in 2014 (Poozu, 2014). In addition, Pattani Province has the number of widows which is about 849, while in Yala Province it is about 657, 714 in Narathivas Province, and 75 persons in Songkhla Province (Panphet, & Ramansiriwong, 2012).

The war and other armed conflicts impact the most adversely on personal and public health, such as physical injury, psychological trauma, poor sanitation and hygiene, health infrastructure problems, and the government functions (Gasser, Dresden, Keeney, & Warren, 2004; Schaal, Jacob, Disingizemungu, & Elbert, 2010). Losing family members and significant others, and in particular the loss of beloved one is one of the causes of a consequence of manmade disaster as a suffering (Kübler-Ross, 2009; Schaal, Jacob, Disingizemungu, & Elbert, 2010; Young & Koopsen, 2011).

A previous study showed that the personal distress effects from manmade disasters has a higher impact than natural disasters (Schaal, Jacob, Disingizemungu, & Elbert, 2010), and they stated that the survivors who had experienced the loss of loved one from a violent death had a higher incidence of severe grief symptoms than those who had lost a significant other from a nonviolent death (Schaal, Jacob, Disingizemungu, & Elbert, 2010). Post-traumatic stress disorder is usually the psychological distress that occurs after being exposed to traumatic events and situations due to civil unrest (Kilpatrick, 2013). People who directly experienced exposure to traumatic events, especially a terrorist attack, presented high levels of post-traumatic stress disorder at 28.8% in the first month, which then decreased to 17% at 12 months (Santiago, et al., 2013).

Following an event of terrorism, females were more impact than males, which in this case was partly due to the loss of a loved one who was the leader of their family (Idemudia, et al., 2014; Kilpatrick, 2013; Sever, et al. 2008). This finding is similar to a study on Thai people; a high number of widows (60%) who had traumatic experienced showed high levels of emotional and social stress in the first month after the loss of a spouse (Jaeuabong, 2008; Punnara, 2006). It can be considered, that the personal distress were a significant effect due to the loss of a spouse.

Suffering experience has a significant impact on widows who exposed the sudden loss of their spouse. There are a number of reasons, firstly, widows are the majority group of sufferers that experience a higher level of distress compared to widowers (Gasser & Keeney, 2004). This is due to the household expenditure and their feelings of insecurity. Since families are usually economically dependent on the husband, the demise of the spouse

has dramatic impact on the family income (Buatchum, Kongsuwan, & Suttharangsee, 2017; Holm, & Serevisson, 2012). Secondly, the way to deal with a crisis is different between men and women depending on specific characteristics. Women have good connections with the people surrounding more than men (Crawford, & Unger, 2004), and social support plays an important role in the coping processes among women's groups (Dakhli, et. al., 2012). Thirdly, women are vulnerable of the loss, and they have different responses compared to the men (Gasser, & Keeney, 2004). For example, women expressed emotions to a considerable degree while men expressed themselves through their behavior when faced with a crisis, this is due to the difference in personality traits, and women have higher levels of extraversion, anxiety, trust, that are especially more tender-minded than males (Gasser, & Keeney, 2004). On the other hand, men have higher levels of assertiveness and slightly higher self-esteem than women (Feingold, 1994). Hence, the process of grieving and growth may differ between genders (Whitman et al. 2009).

The healing process is an active personal process that is used for personal inner strength on the journey of the transcendence (Robb, 2006) and to deal with their suffering after exposure to threatening situations or experiencing loss of a significant other. The healing process among people who suffer from a loss involves several aspects both of the interpersonal factors and external factors such as personal hope, coping skills, support systems, and the good relationships (Kübler-Ross's, 2009; Morse & Pernod, 1999).

The interpersonal factors that are usually reported are religious beliefs and practices. Religion facilitated the widows in understanding their loss and the meaning of life, and that helps women to move on from suffering to the healing stage (May, 2010;

Park, 2005). Furthermore, praying, and seeking a connection with God or attending church or a place of worship are the most common methods that the majority of survivors used to overcome their traumatic experience (Meisenhelder & Cassem, 2009; Miller, Gall & Corbell, 2011). In regard to Buddhism principles, Buddhism teaches about Dukkha (suffering) and the way to end Dukkha and that is stated in the Four Noble Truths, and the Noble Eightfold Path which are ways to lessen suffering, and people who follow this way are successful and can end their suffering (Payutto, 1995). The relationship between religious beliefs and the healing experience was also revealed by the Buddhist mothers who had suffering from the loss of their child (Wiriyā, 2008), and it also represented by those who experienced of the loss of a loved one from the tsunami (Hatthakit & Thaniwathananon, 2007).

External factors, mostly are the human environment and people surrounding such as family support, social support, sociocultural factors, the availability of resources, and health care provider, (Gasser, Dresden, Keeney, & Warren, 2004). Prati and Pietrantonio (2009) indicated that social support is positively associated with psychological growth after exposure to traumatic events. Moreover, Calhoun and Tedeschi (2004) also indicated that sociocultural factors influenced the self-healing process since the culture provides a way of thinking about death, as well as coming to terms with the death of a loved one (Backer et al., 1994). Furthermore, the coping skill and the perception of the coping self-efficacy of the victims who being experienced the traumatic events were helpful to enhance the self-healing process (Benight, & Bandar, 2004; Cieslak, 2008).

The researcher had been working with widows in Pattani province for a few years when it was observed that some widows have had success in the healing-process, but others experienced some psychological problems. In the widows' self-healing process, experiences may be different from other groups because of various reasons. Firstly, the individual's sudden exposure to a traumatic experience and not being prepared to live alone, and to shoulder the burden, leads to the re-call of past traumatic events over long periods of time. Secondly, suffering due to the loss of a loved one from a violent death would result in more severe levels of grief symptoms compared to those who lost a significant other from a nonviolent death (Schaal et al., 2010). Thirdly, many widows have to revise their role in the family and become the family leader. Finally, having no income and living in an uncertain environment with feelings of uncertainty may fuel a widow's psychological illness.

In addition, nurses and health care providers play an important role on the healing process as much as taking care of suffering patients is a fundamental role of nurses (Ferrel, & Coyle; 2008; Morse, 2001). Most nursing intervention or nursing care aims to lessen suffering, which involves the sufferer's needs at different stages of suffering. For example, during the stage of enduring, those sufferers need to recognize the situation which threatens them, consequently, nurses will provide intervention to facilitate the process, so uncertainty may be overcome. Following that, nurses assist patients to identify goals and to hope, and lastly, help them through the healing stage (Morse, & Pernod, 1999).

As mentioned previously, widows in particular are a significant group to study as to how they heal themselves after the sudden loss of the spouse. Furthermore, the role

of the bereaved women dramatically changes from housewife to the family leader. This study has focused on the Buddhist widows in Pattani province, because in this province, violent civil unrest has had the highest impact, and that is shown by the high number of incidents and the high number of widows in comparison to other provinces (Panphet, & Ramansiriwong, 2012).

In the Deep South Region of Thailand, Buddhists are a minority group, making up only 20% of the population. The remainder are Muslim, and the fact that those 20% are living in and among a large Muslim group has sometimes been ignored (Promsaka Na Sakolnakorn, & Chandaeng, 2014). Moreover, previous studies reported that affected people living in the Deep South have psychological problems from the unrest situations, such as post-traumatic stress disorder, stress, anxiety, depression disorder, among others, due to the loss of their family members and their loved ones (Damrak et al., 2005; Jaeuabong, 2008; Punnara, 2006; Salaemae, 2008).

Knowledge relating to suffering and the self-healing process among women has become more important in Thai society as the number of widows has increased during the long period of unrest. However, limited research has been conducted regarding the self-healing process of the Buddhist widows in this region. Over the past decades, most of the interventions for Buddhist widows have been by health care providers, such as psychiatric nurses, psychologists, and psychiatrists. Most of the previous interventions aimed to enhance human resilience, and the cognitive process. There have been interventions in cognitive behavior therapy (CBT), the resilience enhancement program, and supportive psychotherapy by nurses. In addition, the effectiveness of the interventions was not evaluated; the participants

were only assessed for related effects after the intervention, such as anxiety, stress, quality of life, and psychological well-being. The benefits of the study will enhance the recognition and understanding of the suffering of widows from the loss of a spouse, and could be used to create new instruments and interventions suitable to heal the suffering of widows. Therefore, exploring the self-healing process in a particular group is necessary to gain a greater understanding.

There is no report in literature indicating the number widower in particular Buddhist widows who had lost a spouse from the unrest situation, and the affected of the situation of unrest compared between widows and widowers in the southern region of Thailand. Therefore, this study focused on exploring the self-healing process among the Thai Buddhist widows.

Grounded theory was the study method, focusing on the symbolic, interaction approach. Under the philosophy of symbolic interaction, a grounded theory is an appropriate method to generate and explain the model of human experiences (Strauss, & Corbin, 1998). That was the reason to use the grounded theory method to explore the widow's experiences of healing in this study, because the self-healing process is a human process that relates with social interaction. Moreover, the facts revealed in this study contribute to a deeper understanding of the widows' healing process and the factors associated. In addition, these facts were used to develop a substantive theory of the self-healing process, and will thus contribute to better care for the widows affected by terrorism in southern region Thailand.

Objectives of research

The main aim of this study was to describe the experiences of suffering due to the sudden loss of the spouse, the self-healing process, and the perceptions of the nursing support to enhance the self-healing process of Thai Buddhist widows from the southernmost region of Thailand.

Research questions

This study endeavored to answer the following five questions:

1. How do Thai Buddhist widows describe their suffering, self-healing experienced, and the strategies that they used to heal themselves after the sudden loss of their spouse?
2. What are the contributions associated with the success of the self-healing process of Thai Buddhist widows?
3. How do Thai Buddhist widows perceive the nurses' enhancement on their healing process?
4. What are the outcomes of the self-healing process of Thai Buddhist widows?

Conceptual framework

This study focused on the self-healing process of Thai Buddhist widows who have overcome suffering from the sudden death of their spouse and family leader from the situation of unrest in the southernmost region of Thailand. The four main concepts used to guide this study were the concept of suffering, principle of Buddhism, suffering, principle of Buddhism, self-healing, and nursing interventions. Grounded theory was employed as the methodology in this study.

Suffering is defined as severe distress caused by threatening events, and it is individualized, subjective and complex with regard to a person's response to such a threat. Suffering is related to an individual's perception of the negative meaning of loss, a crisis illness, and other threatening situations (Carnevale, 2009; Morse, 2001; Roger, & Cowles, 1997). This is particularly so to the suffering according to Buddhism which explains that 'being' is suffering. Suffering is caused by different reasons, such as suffering from feeling unsatisfied, suffering from change, such as loss, illness, and suffering from a sense of belonging and a loss of belonging. Thus, the loss of a spouse is a crisis that leads to suffering, and it is the responsibility of nurses to relieve the suffering. Knowledge of suffering is most important for nurses in order to provide the appropriated nursing care and response to patient needs; nurses must understand human suffering (Ferrel, & Coyle, 2008; Morse, 2001). This study illustrated the suffering of the participants who being exposed the sudden loss of their spouse from the unrest situations.

The principle of Buddhism is the Four Noble Truths which are comprised of Dukkha (suffering), the origin of Dukkha (Dukkhasamudaya), the cessation of Dukkha (Dukkhanirodha), and the path leading to the cessation of Dukkha (Dukkhanirodhagamini). A previous study (Ampunsiratana et. al., 2005; Balthip et.al., 2016) indicated that Buddhism played an important role in healing the suffering of people. Buddhism focused only the Dukkha (Suffering) and the way to end Dukkha (Harvey, 2013; Payutto, 1995). The Noble Eightfold Path is used as a Buddhist practical guideline for Buddhist people to lessen their suffering. The literature stressed that Buddhists who are engaged in the Noble Eightfold Path find it easier to overcome emotional suffering. Moreover, followers who have an understanding

in the Law of Dependent Origination can find a life free from suffering (Harvey, 2013; Prayutto, 1995). Hatthakit and Thaniwathananon (2007) reported the experiences of Buddhist survivors who suffered from the tsunami, and they found that Buddhist concepts had a strong influence on the meaning of suffering, and its relation to the “Law of Nature.” Moreover, Zahourek (2012) and Schmidt (2004) also stressed that prayer and meditation are all mental processes and acts associated with healing suffering. This study aims to explain the Buddhist principle on the self-healing process among Buddhist widows who were experienced of suffering after their husband was killed. That affected from the unrest situations in the southern region of Thailand.

Self-healing process that is defined as a recovery process for a person to gain some understanding of their crisis and to transform the traumatic experience to normal life (Chi, 2013; Egnew, 2005; Robb, 2006). Further, it is defined as post-traumatic growth (Tedeschi & Calhoun, 2001; 2004) and categorized in four main categories: 1) increased appreciation of life; having appreciation in daily life, being more optimistic, paying attention to small things previously considered unimportant; 2) setting of new life priorities; developing a new interest, establishing a new path in life, doing better things in life, emerging new possibilities in life; 3) sense of increased personal strength; feeling of self-resilience and having more capabilities to deal with difficulties in daily life or future challenges, changing situations that need to be changed; 4) positive spiritual change; having a better understanding of spiritual matters, cultivating a stronger religious faith, having strength in confronting stressful conditions. The four categories of post-traumatic growth were used

by the researcher as a guide to assess the participants' healing states, and formulate an interview guide to explore the widows' experiences.

Nursing support to relieve suffering and to enhance the healing process are the main aim of the nurse's role. First of all, nurses must have knowledge and skills for evaluating suffering. Suffering can be observed from the physical, cognitive, affective, social, and spiritual components which exhibit several signs, such as crying and grimacing, physical pain, expression of mental anguish, feeling of fear or guilty, isolation, and an individual's questioning of mortality and religious faith. An understanding of the concept of suffering will assist nurses in recognizing and identifying the best method of nursing intervention (Daneault et al., 2004). Nurses can be involved and provide nursing care in each stage of suffering: enduring, uncertainty, suffering, and hope. However, the nursing intervention may differ depending on the state of suffering (Tetrault, & Nyback, 2010).

Definition of terms

Suffering: refers to the feeling of the Buddhist widows after experiencing the sudden loss of a spouse; their feelings were described as painful, emotionally painful, emotional distress or in Thai, *Dhuka-Jai/ Mai-Sa-Bai-Jai*.

Self-healing process: refers to the cognitive process that the Thai Buddhist widows used to heal themselves after they experienced the sudden loss of their spouse, and they used to maintain their well-being as a normal life with a peaceful mind. This study aimed to assess both the outcome and the process of the self-healing based on criteria such as appreciating daily life, feeling more optimistic, paying attention to small

things previously considered unimportant, developing a new interest, establishing a new path in life, doing better things in life, recognizing emerging new possibilities in their life, and feeling more capable to deal with difficulties in daily life or future challenges, having strength when confronting stressful conditions, having a deepest understanding of spiritual matters, and having a stronger believe in their religious.

Perceived the nurses' enhancement: refer to the widows' perception of the nurses' intervention to enhance their healing process or help them to lessen their suffering. This was described by the widows who were cared for by the nurses.

Significance of the study

Self-healing among the Buddhist widows in the southernmost provinces of Thailand has been of interest for a long time, due to the high number of widows. Currently, the number of widows affected by the unrest is nearly three thousand (Tohmeena, 2013). The findings of this study will help people have a better understand about the self-healing process and the strategies that Thai Buddhist widows have used to heal their suffering, the factors related to the success of the self-healing process, and the following outcomes of the self-healing.

In addition, the new knowledge gained from the self-healing experiences as voiced by the widows, will be beneficial for the psychological health care providers who take care of the widows in the southernmost region of Thailand. The intervention program used to promote the holistic health for new widows who have experienced the sudden loss of their spouse in this area has been developed based on the rich information from the widows in the same culture. This intervention was more appropriate

for the widows than the usual interventions, and it also facilitated the process of proactive self-healing among widows, as well as decreasing the psychological impact. Lastly, the knowledge gained was used for developing an instrument used to measure the healing process for evaluating the intervention program.

CHAPTER 2

LITERATURE REVIEW

This chapter presents a review of the literature relating to the widows and the self-healing process. First of all, this chapter was overview about the widows' state, and then the suffering and the concept of suffering. Secondly, that is self-healing and its process. Thirdly, the factors that related to the healing process, and lastly, the nursing care to relief the suffering and enhance the self-healing. Lastly, that is the Buddhism and its role on self-healing process, and the grounded theory method that researcher used as the methodology to explore the widows healing process.

The change of the state of widows

It is observable that women in developing countries are more likely dependent on the economic and physical security of their male counterpart which may consequently cause serious impact on them when having to face a sudden loss of spouse. A study on young widows in Sri Lanka showed that only few widows were able to recover from the challenge of sudden drop of household income after the passing of their husband (Edirisinghe, & Wijesinghe, n.d.). It is also found that psychological depression was a common experience among young widows where only 62% of them were able to stabilize their psychological equilibrium after 3-months passing of their spouse. Majority of the widows in the study perceived the bereavement of husbands as a complete loss of the future, while some of them faced the effects in terms of physical well-being such as weight loss and

social deprivation due to socio-cultural differences after the life changing moment. However, the impact on widows in Sri Lanka might vary from widows in Thai context, thus it is required to be explored in this study.

Sommhla and Wait (2009) stated that the demise of spouse shows severe impacts on widows in terms of high stress level and increase of anxiety due to the instability of financial crisis and the concern over the future of their family. This is similar to the study of Jaeuabong (2008) and Pannara (2006) which indicated that widows in the southern region of Thailand had a high level of emotional stress in the first month after being exposed to traumatic crisis due to their bearing of the family responsibility and suffering from the sudden loss of their beloved one and/or their family members. Losing a husband means to lose a leader of the family and consequently pushes the widow to become the family leader by no choice. The concerns of drastic drop of family income, their careers, and child caring are among the issues that troubled widows in the south of Thailand, apart from the disturbance of the unrest situation happening in the region itself (Buatchum, Kongsuwan, & Sutthirangsee, 2017).

Suffering

Meaning and definitions of suffering

Suffering is defined as a personal emotion and complicated experience which is related to one's perception of negative meaning in a threatening event (Morse, 2001). Previous studies (Ferrel, & Coyle, 2008; Morse, 2001) defined the meaning of 'suffering' as a personal inner distress associated with the loss of individuals such as loss in terms

of career, loss of ability, loss of loved ones, and loss of self that was affected to induce an emotional and spiritual distress. This idea is similar to Carnevale (2009) who illustrated that suffering is the emotional reactions to the loss in a situation and/or threatening event that can cause severe mental distress.

Daneault et al (2004) stated that suffering in the case of patients with terminal cancer can be identified in three dimensions namely; 1) the suffering of feelings in response to dealing with cancer as a threatening event, 2) suffering in being deprived and/or destabilized along the loss experiences, and 3) suffering as the threatening and weakening feelings in response to fear and uncertainty situations. Wittman et al. (2009) also stated that suffering is a psychological process triggered and sustained by an appraised threat to the self, while the types of suffering usually depend on individuals and causes that indicate the gaining in personal growth.

Suffering in Buddhism view is considered an extensive concept in that not only it occurs in three dimensions as mentioned earlier but also includes the feelings of pain, grief, and dissatisfaction (Ratanakul, 2004). According to Payutto (1995), suffering in view of Buddhism consists of three different aspects namely; 1) suffering in painfulness which refers to suffering by nature both physically or psychologically that can be possibly experienced by anyone; 2) suffering in change which refers to suffering from change, loss, or illness; and 3) suffering in formation which refers to suffering from belonging or loss of belonging. Moreover, Buddhism highlights the concepts of suffering (Dukkha) and the way to lessen suffering (Magga) in the Four Noble Truths which is the most important teaching of all. Buddhism identified suffering in three aspects namely; 1) pain

which includes that of physical pain and psychological pain; 2) impermanence of which most Buddhism belief steeped in the concept that everything is transience; and 3) being is suffering (Daneault et al, 2004).

It can be concluded that suffering is an experience of individuals in response to severe distress at both physical and psychological level. Suffering is associated with loss and threatening events which is measured by level of significance of the events in the stage of enduring, and it usually moves to the stage of suffering when the sufferer recognized it. Additionally, the literature indicated that taking care of suffering is a fundamental role of nurses. Nursing care aims not only to relieve suffering but also to help with accepting change and to promote new insight. The concept of suffering comprised of antecedences and consequences as follow;

Antecedents and Consequences of Suffering

Nursing is one of the fields that is generally associated with suffering. Rogers and Cowles (1997) refers it to exposure of threatened loss, e.g., sickness, impairment, and insecurity which are collectively identified as the “awareness of humanness.” Suffering creates two types of effects: 1) negativity as in helpless and confrontational emotions; and 2) positivity as in improved perseverance, resilience, and religious conviction (Roger, 1997).

Diehl (2003) elaborates that there are eight causes of human suffering: 1) natural circumstances; 2) global dynamics; 3) political frictions; 4) financial burdens; 5) general life difficulties; 6) grief from losses; 7) cognitive and spiritual constraints; and 8) failed life fulfillment. These causes are from four origins: natural, social, environmental, and manmade.

Morse and Pernod (1999) mentions suffering as one of the four conceptual steps of a process. This process includes 1) enduring: the stage of becoming aware without cognitive recognition which leaves the perceived occurrence incomprehensible; 2) uncertainty: the stage of recognizing where goals are set consequently, yet, without strategies; 3) suffering: the stage of acknowledging where insecure feelings emerge; and 4) hope: the stage of accepting where sufferers embrace the change, establish goals, and turn uncertainty into certainty. Tetrault and Nyback (2010) states that patients' emotions evolve as they progress through stages: suppressed while enduring; released while suffering; and more stable while being hopeful. This final stage is what many describe as seeing "the light at the end of the tunnel." There are many conditions involved to determine the degree of suffering, e.g., physical, cognitive, affective, social, and spiritual. Physical discomfort; emotional breakdowns; crying; negative gestures; expressions of negative emotions; guilt; fears; quietness; self-isolation; doubts; and religious doubts or conflicts can put different weight into the state of suffering.

Suffering in Buddhism's view

Philosophy of Buddhism

Founded more than two millenniums ago, one of the Buddhist's principles is learning to mitigate suffering, a.k.a., Dukkha. The approach, introduced by Gautama Buddha, is called "Majjhima Patipada," the "middle path" to liberation, "moderate practices," or "Magga" (Payutto, 1995). The principle was taught as part of the Buddhadhamma after Buddha's awakening (Payutto, 1995).

Buddhist principles contain a set of beliefs that human should understand the nature of change, law of nature, and ways to end Dukkha—suffering. Four Noble Truths is another core Buddhist principle to manage Dukkha. It can eliminate Dukkha through four steps: acknowledge the suffering, identify its causes, find what can end it, and take a course of action to end it (Dhammananda, 1987). According to Edelglass and Garfield (2009), Buddha’s teachings are feasible against Dukkha, and they are roads to nirvana.

Buddhist Doctrines

Edelglass and Garfield (2009) describes that Buddhist metaphysics essentially comprise four primary ideologies: impermanence (anitya), selflessness (anatta), interdependence (pratītyasamutpāda), and emptiness (śūnyatā); whereas its concept of truth comprises two levels: conventional and ultimate. Conventional truth (saṃvṛtisat) refers to the way things appear—perceived psychological constructs—attributed with values and characteristics, whereas the ultimate truth (paramārthasat) refers to the way things really are without obscurity. The concept aims to convey a message that everything can be empty of presuppositions with objective perceptions. In general, the ultimate truth is the key to nirvana.

Four Noble Truths

“Four Noble Truths” is a vital principle at the core of Buddhism and believed to be a pathway to nirvana. The principle takes four following steps to end Dukkha or suffering (Dhammananda, 1987; Payutto, 1995):

Dukkha: Suffering is an ongoing cycle of death and rebirth. Birth, aging, illness, death, grief, loss, despair, and deprived desires cause suffering.

Dukkha Samudaya: Causes of suffering are matters which are the origins of Dukkha. The causes obstruct desires from being fulfilled and bring dissatisfaction.

Dukkha Nirodha: Ends of suffering refer to matters that can eliminate Dukkha. Once Dukkha is identified, and Samudaya is recognized, Nirod is what can end the suffering.

Dukkha Nirodhagamini: Pathways or means to end suffering. By following these pathways, sufferers can mitigate the Dukkha. In general, the invented pathways to end suffering are known as Noble Eightfold Path. The path comprises eight practices: right view, right resolve, right speech, right conduct, right livelihood, right effort, right mindfulness, and right concentration.

Dukkha and Karma

Karma—law of cause and effect—and Dukkha—suffering—occur in a sequence or cycle of Dependent Origination, and Four Noble Truths provides measures to recognize, understand, and overcome suffering. Dependent Origination is a cycle of the following twelve-fold chain existing at the start to the end of suffering (Payutto, 1995):

1. Avijja: Suffering occurs among those with Avijja. It refers to a state of negligence which means when someone is unaware of the suffering, what causes it, what ends it, and what to do to end it. According to Abhidhamma, Dukkha and Dependent Origination both refer Avijja to ignorance.

2. Sankhara: This refers to conditioned or fabricated thoughts and behaviors; as well as meritorious (puññabhisankhara) or demeritorious actions (apuññabhisankhara).

3. Viññana: This refers to the six senses or classes of consciousness: eye, ear, nose, tongue, body, and intellect. This component of the twelve-fold chain is most significant as it leads to awareness and conceptualization.

4. Namarupa: It is the psycho-physical constituent of physical and psychological elements of human being, and allow feelings, perceptions, intentions, contacts, and attentions. These are contain five psychological aggregates, e.g., sensation and consciousness, whereas and Rupa contains four physical elements: earth, water, wind, and fire. Namarupa is viewed as the birth of body and mind which can take actions and start the cycle of karma.

5. Salayatana: It is the six-fold sense. The internal and external senses are paired as eye (vision), ear (hearing), nose (olfaction), tongue (taste), body (touch), and intellect (thought). Humans can suffer through these senses.

6. Phassa: This refers to the six classes of contact: eye, ear, nose, tongue, body, and mind. Contacts expose humans to senses which can trigger suffering if ones are not familiar with the process of Dukkha.

7. Vedana: This refers to positive and negative sensations: pleasure or painful which occur through either of the six contacts—Phassa. Pleasant or unpleasant feelings emerged from Vedana could either lead to satisfaction or dissatisfaction.

8. Tanha: This is the six classes of craving or thirst including craving for forms, sounds, smells, tastes, sensations, and ideas. Tanha leads to actions or karma, suffering, and rebirths.

9. Upadana: It is when the six senses and the mind cling on to or are being attached to something leading to cravings or pleasure, e.g., sense pleasure (kamupadana) and desires to preserve it.

10. Bhava: The becoming of karmic force which drives actions or behaviors based on the cravings of Tanha and Upadana. These good or bad deeds may further lead to satisfaction or suffering.

11. Jati: The birth or descent of self, appearance, and actions.

12. Jaramarana: This stage refers to the aging (Jara), deterioration, and death (Marana) to self. It is the post-birth declination and dissolution.

According to Harvey (2013), Laumakis, (2008), and Payutto (1995), Pratītyasamutpāda (Law of Dependent Origination) can be summarized into two cycles, as illustrated in *figure 1*. The two cycles represent a path to suffering and a reverse path to end the suffering cycle. Followers of Four Noble Truths would be able to prevent themselves from taking a pathway to suffering due to the awakened wisdom of Phassa (contacts) and take necessary steps to put an end to it which are presented in *Figure 1*.

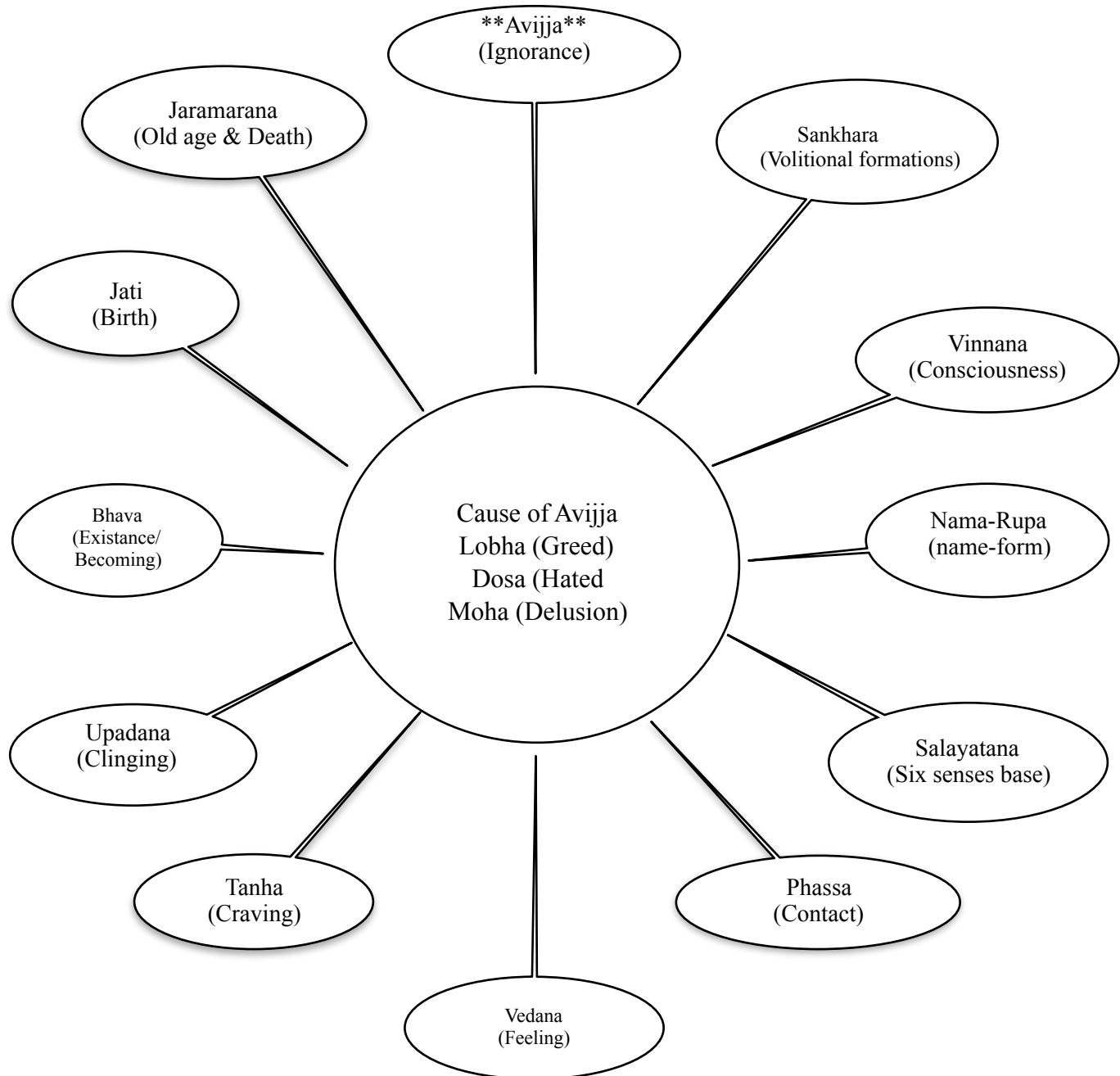


Figure 1 The cycle of the Dependent Origination: drawing: by researcher (The way to formulation the suffering started at Avijja and turn right, and the reverse way is way to stop suffering)

Law of causes and effected of Dukkha (suffering) in Buddhism

Buddhism mentions suffering is a Dukkha (Payutto, 1995). Buddhist describe the law of suffering as a cycle of continuing of twelve situations named “The cycle of the Dependent Origination” which presented in *Figure 1*.

The Laws of Nature

In Buddhism, there are three marks of existence which are the three universal commonalities of things (Payutto, 1995):

Aniccata: Things are impermanent, unstable, and uncertain. Generally, things shall emerge, decay, and die out.

Dukkata: Things are subject to suffering, pain, and dissatisfaction which constantly emerge and fade away. It is when a being resists and avoids not getting undesired circumstances that cause Dukkha (suffering).

Anattata: Things are non-self and uncontrollable. No self, soul, or essence is unchanging.

Nirvāna: This is the ultimate path to true peace in Buddhism and a spiritual condition that is free of Dukkha (Bhikshu, 2004). Similarly, Kirthisinghe (1999) describes that Nirvāna is when all miseries and pleasures are absent despite facing desires and cravings, and all karmas and rebirths end. To achieve Nirvāna, Buddhism emphasizes health and healing through spiritual practices (Bhikshu, 2004). The path to Nirvāna or Enlightenment requires effortless moral (sīla), spiritual (samādhi), and intellectual (paññā) practices, which is collectively known as the “Noble Eightfold Path.”

The Noble Eightfold Path

Categorized into three sections, the path leads a non-extreme life—“Middle Path.” It guides followers with a Buddhist way to end suffering (Dhammananda, 1987; Payutto, 1995).

1. *Wisdom* (panna): The category includes “right view” (samma ditthi) and “right intention” (samma sankappa). Right view refers to the knowledge of Four Noble Truths, Law of Karma, and Dependent Origination. Those with the right view, maintain appropriate conducts; avoid inappropriate behaviors (bad karmas); and develop right intentions (Dhammananda, 1987). Right views and intentions promote positive moral practices.

2. *Moral Virtue* (sila): Sila contains three of the eight divisions: “right speech” (samma vaca), “right conduct” (samma kammanta), and “right livelihood” (samma ajiva). Right speech, a.k.a. a pathway to social harmony, includes sound verbal actions such as telling truths, speak politely, and no gossiping. Right conduct, a.k.a. a pathway to trustworthy relationships, includes respects of lives, properties, and personal relationships. Right livelihood, a.k.a., an essential pathway to sustainable living, includes making a living by ethical and non-violating means.

3. *Meditation* (samadhi/mental cultivation): Samadhi includes the remaining three divisions: “right effort” (samma vayama), “right mindfulness” (samma sati), and “right concentration” (samma samadhi). Samadhi psychologically empowers those who practice it, encourages self-control, and fosters the awareness of truth which is a pathway to peace and enlightenment (Dhammananda, 1987). Right effort fosters positive attitudes

and willingness to follow the Buddhist's path which promote less unwholesome and more wholesome thoughts in mind. Payutto (1995) suggests that "right effort" is in close connection with "right mindfulness" which can help reduce suffering. Daily practice of "right effort" could yield a better pre-determined action, feeling, and thought. Finally, "right concentration" is the rehearsal stage in the course of developing the mindfulness.

The role of Buddhism in the self-healing process

Self-healing refers to a spiritual practice to unify the person's wholeness (Young, & Koopsen, 2011). Consistently, Egnew (2005) and Robb (2006) indicates that self-healing cures the traumatized or suffered minds. One of the aims of Buddha Dhamma is to help humans cope with suffering (Dhammananda, 1987). It teaches followers about suffering (Dukkha) as well as how to put such suffering to an end using ultimate truths in "Four Noble Truths" and the practices known as "Noble Eightfold Path."

As elaborated in many books (Dhammananda, 1987; Prayutto, 1995), "Four Noble Truths" include 1) Dukkha (suffering): dissatisfactions that come forth in three different forms including physical or mental agonies, changes (e.g., decays and diseases), and rebirths; 2) Dukkhasamudaya (the causes of suffering): the discoveries of what originate such suffering; 3) Dukkhanirodha (cessation of suffering): the identifications of reliefs purposely to end the suffering which essentially deal with the craving mind, free it suffering, rebirth, and reach nirvana; and 4) Dukkhanirodhagamini (measures to end the suffering): the course of actions to reduce Dukkha. Followers of Noble Eightfold Path are taking a road to become suffering-free. In conclusion, the eight divisions of Noble Eightfold

Path include 1) right view; 2) right intention; 3) right speech; 4) right action; 5) right livelihood; 6) right effort; 7) right mindfulness; and 8) right concentration.

Noble Eightfold Path is considered fundamental for Buddhists to eradicate suffering. The path offers practical strategies to achieve mental awakening and enlightenment. It is the backbone of a Buddhist lifestyle. In Buddhism, loss, suffering, and grief should be considered typical to life and Noble Eightfold Path, as suggested in Payutto (1995), should be taken so that the practices can lessen the detrimental effects. Noble Eightfold Path will gradually lead the self-healing through three of the following dimensions:

To begin with, Payutto (1995) recommends that with right views and intentions, the abundance of knowledge will be readily available for use. It would not be excessively burdensome for those with the right views to see ultimate truths and respect the law of karma. Furthermore, those respecting such law tend to follow it by doing good things such as making merit, and refrain from engaging in harmful conducts. Also, those with right views understand that there are three facts to life: things are impermanent, non-self, and in accordance with the "*Law of Dependent Origination.*" These facts are consistent with the law of Cause and Effect, which in turn, suggests that ignorance leads to suffering. Individuals with the right views tend to also have the right thoughts (Dhammananda, 1987). Right problem-solving strategies, goals, and aspirations are the components that define the right thoughts. Individuals who advance their way into this spiritual path tend to become loving, kind, harmless, compassionate, generous, and selfless (Dhammananda, 1987).

Individuals with the right views and thoughts tend to possess an in-depth understanding of past traumatic experiences and employ the right mindset and perceptions to cure the suffering. Many studies suggest Buddhism plays a vital role in self-healing processes. For instance, Hatthakit and Thaniwathananon (2007) explains that Buddhist tsunami victims who were struggling and suffering from the catastrophic disaster were able to cope with it positively, harmoniously, and productively. It was further elaborated that these survivors believe in the "Law of Nature" and "Law of Karma" and the teachings influenced the way they interpreted and lived with suffering. Because the survivors followed Buddhist principles, i.e., having right views of the "*Law of Karma*" and the "*Law on Nature*," they interestingly put an end to the suffering peacefully and morally.

The next dimension of the three is moral virtue or Sila, which includes three out of eight divisions of Noble Eightfold Path: right speech, action, and livelihood. While right speech and right action deal with showing respects of others, right livelihood aims to create harmonious living among all. As asserted by Dhammananda (1987), harmony will make the society safer and livable.

The last dimension is meditation or mental discipline (Dyane/Samadhi). It also consists of three divisions of Noble Eightfold Path namely right effort, mindfulness, and concentration. According to Dhammananda (1987), these are the right approaches to enhance one's wisdom through spiritual training. Right efforts cultivate positive attitudes and willingness in people's actions. It also plays a significant role in eradicating unwholesome thoughts and steering individuals towards wholesomeness. Right mindfulness is one of the crucial practices in Buddhism to fight against the suffering cycle. Right

concentration is the mental product of right mindfulness which leads to Enlightenment, a state of mind where there is no more suffering which demonstrates healing process in relation against suffering in *Figure 2*.

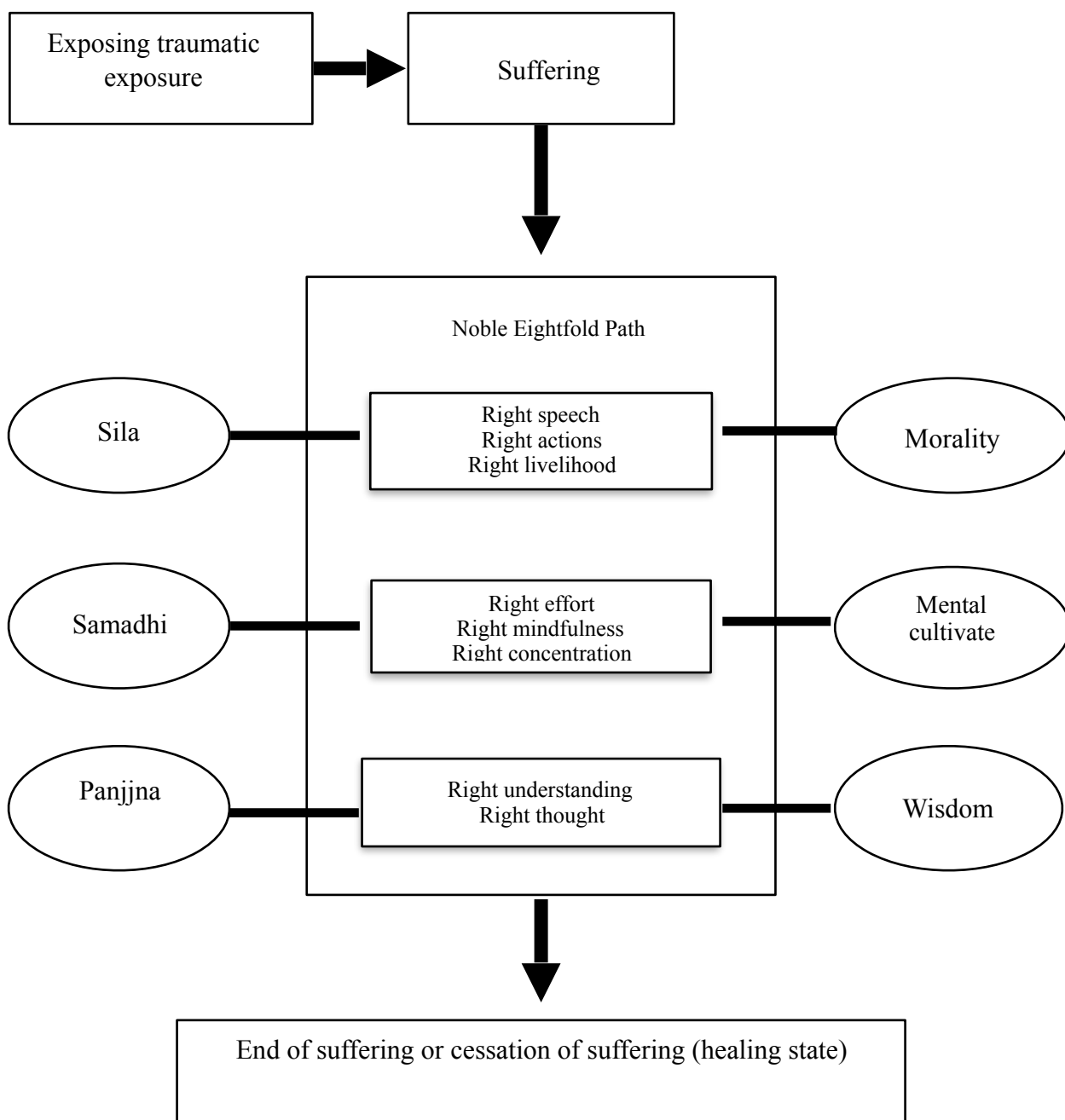


Figure 2 The process and relationship between the suffering, Noble Eightfold Path, and end of suffering: by researcher.

Zahourek (2012; p1) states that “Healing is one of life’s great mysteries with spontaneous or unexpected recoveries from illness” and reports that mental practices such as prayer and meditation contribute to healing. Congruently, Schmidt (2004) also reveals that mindfulness, compassion, and intentions are all associated with healing. Loizzo et al. (2010) states that a mindfulness-based session of 20-week self-healing was productive for women with breast and other gynecological cancers. Consistently, Tacon (2006) reported some significant effectiveness after utilizing a mindfulness-based eight-week program (MBSR) in reducing anxiety, depression, pain, and distress among women with breast cancer.

A study in Thailand, Ampunsiriratana et al., (2005), combined the core principles of mindfulness meditation and the caring theory of Watson into a self-care model to treat 16 purposefully selected patients with HIV/AIDS. The findings revealed that the patients could utilize self-healing to lessen their physical and mental suffering after receiving proper meditation training. This study also attempted to illustrate a suffering model with four cycles: from the suffering and hopelessness to vitality; from the self-understanding to behavioral transformation; from the discovery of hope to start of self-healing; and from the appreciation of happiness and peaceful life to living with Dhamma.

To conclude, Buddhist followers and practitioners, who regularly observe Eightfold Path and Middle Path of non-extreme life, are equipped with skills and mindsets to mitigate suffering. Believers of Law of Nature and Law of Karma will use the concepts of “right view” and “right intention” to deal with grief more harmoniously because losses of loved ones are perceived as an inevitable natural life process. Finally, by respecting

the Law of Dependent Origination, a circle of causes and conditions, individuals will be able to live a suffering-free life (Payutto, 1995).

Self-healing

Self-healing is a process that people use to heal their suffering, and it has an outcome in the personal growth of an individual. The concept of self-healing, and factors associated with self-healing are described as follows;

Concept of Self-healing

Self-healing is the human cognitive process that people use to overcome their crisis experience. Moreover, the literature has indicated that the loss of loved ones, family members, a job, and social status are crisis events in people's lives. People who grief or suffer normally undergo a self-healing process and post-traumatic growth.

Definition of self-healing

In regards to self-healing in previous studies, self-healing is similar to several terms such as self-transcendence or self-transformation (Elizabeth, 2008; Matthews, & Cook, 2009; Lancaster, & Palframan, 2009; Mihalache, 2008), and post-traumatic growth (Calhoun, & Tedeschi, 2001; 2004; 2011; Tedeschi, 2011; Ramos, & Leal, 2013; and Benetato, 2011). However, most of these terms are similar and are related to psychological healing and are based on the spiritual level. For instance, Elizabeth (2008) explained self-transcendence as a quality inherent process that humans use as an instrument to find the meaning and goal of life when they faced with changes in life (Calhoun, & Tedeschi,

2001; 2004; 2011) and gained good outcomes after going through emotional distress due to exposure to traumatic events.

Egnew (2005) identified self-healing into three themes which consist of; the relationship between body and mind through the culture and significant others named “*Wholeness*”, recognition the relation of good living and whole connection with others named “*Narrative*”, harmony between body, mind and spiritual “*Meaning of spirituality and willingness*”, and defined “*self-healing*” as a human development of a sense of personal wholeness that involves physical, mental, emotional, social and spiritual. This was agree to Zahourek (2005) who was defined self-healing as the characteristic shared between healing and transforming intentionality, it includes new found meaning in connection, wholeness, transformation, and spirituality. A similar study (Robb, 2006) was also defined self-healing as an active personal process, using of personal strength and re-building for further increase self-awareness. In addition, this study identified the self-healing process in three sequences consisting of: the harmonious and rebalancing of inner personal, increased belief in their own ability (self-efficacy), and self-harm, that is a negative consequences from failure self-healing.

Another study has explained healing in two ways: the physical level and mental level. The physical level is described as following a healthy diet and a healthy lifestyle with restfulness and the mental level has been described as self-healing which takes full responsibility for oneself for happiness and healthiness, and releasing any habit, behavior, job, persons, attitudes or emotions that are the barriers of self-healing. It also emerges in self-discipline, forgiveness to their own self and others, allowing and

surrendering (Wisely et al., 2010). In addition, self-healing does not suppress suffering, but cultivates emotions after one has been exposed to traumatic experiences. Furthermore, the study indicated that most sufferers need more time to heal themselves.

Table 1 Definition of self-healing and related terms

Author/Year	Definition
Ai, et al. (2005)	Ai, et, al. defined “healing” as common forms of “post-traumatic advantages” that revealed of the perceiving personal changes in four categories: changes of self, changes in relationships, changes in perception of their views such as philosophy of life, personal values, or goals of life, and future changes such as increased in coping experiences and self-care.
Egnew (2005; 2009)	Egnew illustrated “healing” as a personal experience to overcome suffering or traumatic experiences.
Sun (2014)	Sun identified two factors to promote “healing process” consisting of: living within sheltered life and friendly environment, and having the support systems, and also stated that a negative experiences of family predicaments, living in difficulties, and the re-emergence of stressors, should be results to disrupted healing process.
Elizabeth (2008)	Elizabeth defined “healing” as the terms of “self-transcendence” which is a dynamic process that could influence the coping strategy. It is a holistic perspective of health and healing in nursing science. The health disciplines have considered “self-transcendence as a subjective experience, and related to the philosophy of religion. Furthermore, they indicated that self-transcendence is influenced in finding meaning and purpose in life.

Author/Year	Definition
Reich and Michaels (2011)	They stressed that healing is not only synonymous of curing, but also includes “knowing, doing and being, it is a life long journey, and that is the process of bringing together of oneself at deeper levels of inner self towards a harmonious life.”
Robb (2006)	“Self-healing” is a cognitive personal process that upon the use of an energetic of individual reveal in the re-channeling of the human innateness, and plays an important role throughout the journey of transcendence. Self-healing have been identified into three consequences which consist of harmonious rebalancing of energy, an increased belief in the ability of self (self-efficacy), and the self-harm which is the unsuccessful rebalancing that results in negative outcomes.
Chi (2013)	Chi identified the healing and recovery process in five phases consisting of; 1) self-awareness: gained insight and responsibilities in life and fear of death, 2) interrelatedness of life: to seek a support from professionals, friends and family, 3) cyclical nature of human emotions: feelings of stress and psychological disturbance, 4) adjustment: adjustment patterns disturbance, lacking of attention, and 5) acceptance: gaining accepts in reality in life
Wisely, et al. (2010)	Healing can be defined as both physical healing and psychological healing. The physical healing is relation to a healthy food, healthy lifestyle, and enough rest while psychological healing involves the personal responsibility, commit with oneself, happiness, and health.

It can be concluded that self-healing is an active personal process that people use to deal with and overcome traumatic experiences. It works on a deeper level of the mind

that is individually subjective, and a developed sense of harmonious life that involves body, mind, emotional, social and spiritual aspects. The self-healing process can affect both the positive psychological changes that is the self-awareness, interrelatedness of life, and the negative psychological changes, that is self-harm such as depression disorder, post-traumatic stress disorder, and other psychological problems.

Positive social support and social networks can facilitate the resolution of post traumatic stress disorder while the negative interactions contribute to the traumatic symptoms (Charuvastra, & Cloitre, 2008). Furthermore, the literature (Connerty, & Knott, 2012) indicated the activities to promote positive psychological and lifestyle were relationships with the several aspects such as self-awareness, self-understanding, and spirituality, and included helping others who experienced in a similar situations through volunteer work and completing projects. Meaningful activities could be produced a positive feelings, happiness, and achieved successfully healed themselves (Connerty, & Knott, 2012).

Moreover, Holm and Severinsson (2012) indicated that self-healing correlated with social support, self-concept, self-esteem, self-regulation, locus of control, coping skills, and resilience factors. In addition, another study (Zoellner et. al., 2008) indicated that after exposure to traumatic events some survivors developed psychological illnesses such as anxiety, stress disorder, depression disorder, post traumatic stress disorder, and drug abuse. On the other hand, some survivors had a positive psychological change or self-healing. For example, an increased appreciation of life, a setting of new life priorities, a sense of increased personal strength, and positive spiritual change.

According to the concept analysis of self-healing, self-healing was identified in the following areas of antecedence, attributions and consequences as outlined as below;

Antecedents of Self-healing

The antecedents of the self-healing process are physical imbalances such as crisis illness, chronic illness, organ transplant, and other physical abuse, and psychological imbalances or traumatic experiences such as life crisis, traumatic exposure, and loss of a loved ones. For this study in particular it looked at the psychological traumatic experiences among widows who had lost a spouse during the unrest situation in the southernmost province of Thailand. Roob (2006) classified the antecedents or a prior situation of the self-healing process into four categories consisting of: 1) imbalance of energy, 2) belief in ability to self-heal, 3) willingness or desire to rebalance, and 4) adequate energy supply.

In conclusion, the antecedents of self-healing consist of 1) Physical imbalances such as crisis illness, chronic illness, organ transplant, and other physical abuses, 2) Psychological imbalances such as life crisis, traumatic exposure, loss of beloved one, in the face of wars, unrest situations, and terrorism, 3) Spiritual distress such as the feeling of loss, and the feeling of vulnerability.

Attributes of self-healing

From the literature review, the researcher determined the attributes of self-healing to describe the outcomes of self-healing in four categories which consist of:

1. Increased appreciation of life: having appreciation in daily life, being more optimistic, paying attention to small things previously considered unimportant.

2. Setting of new life priorities: developing a new interest, establishing a new path in life, doing better things in life, emerging new possibilities in life.

3. Sense of increased personal strength: feeling of self-resilience and having more capabilities to deal with difficulties in daily life or future challenges, changing situations that need to be changed.

4. Positive spiritual change: having a better understanding of spiritual matters, cultivating a stronger belief in religious, having strength in confronting stressful conditions.

Furthermore, the researcher used these four categories to assess and include the participants who joined this study.

Consequences of self-healing

The consequences or outcome of the self-healing process have emerged in both positive and negative psychological changes. Survivors who have a successful self-healing process present with positive change. Furthermore, some of the survivors who are not successful in struggling with a traumatic experience have a negative psychological change or undergo psychiatric problems.

A positive psychological change consists of: a personal growth, an increase in belief in ability of self and leading to increase self-efficacy, stronger conviction in their religious beliefs, increase in religious practice, a harmonious and rebalancing in life, and positive spiritual change. The survivors who undergo a positive psychological change have some characteristic differences from survivors who undergo negative psychological change, such as appreciation in daily life, more optimistic, pay attention to small things previously considered unimportant, develop a new interest, establish a new path in life,

do better things in life, emerge with new possibilities in life, feel self-reliant and have more capabilities to deal with difficulties in daily life or future challenges, have a better understanding of spiritual problems, have a stronger belief in religious, and have strength in confronting stressful conditions (Tedeschi, & Calhoun, 1996; Tedeschi, & Calhoun, 2004; Tedeschi, & Calhoun, 2011; Zoellner, Rabe, & Karl, 2008). Moreover, Wiriya et al. (2008) reported the consequences of healing among Buddhist mothers emerges in four themes consisting of; being sufficiently alive, living for old Karma, continuing to do more good deeds, and having a deeper understanding of life.

A negative psychological change; is the negative outcomes after survivors have been exposed to traumatic events, and have not succeeded in the self-healing process, which results in psychological problems such as anxiety, stress disorder, depression disorder, post-traumatic stress disorder, drug abuse, and self-harm (Robb, 2006; Schaal et, al., 2010).

Self-healing: Concept analysis

The concept of self-healing in this study was analyzed and conducted by the researcher based on Walker and Avant (2005). Three components of self-healing were identified under paradigm of antecedents, attributes and consequences which are shown in the *figure 3*.

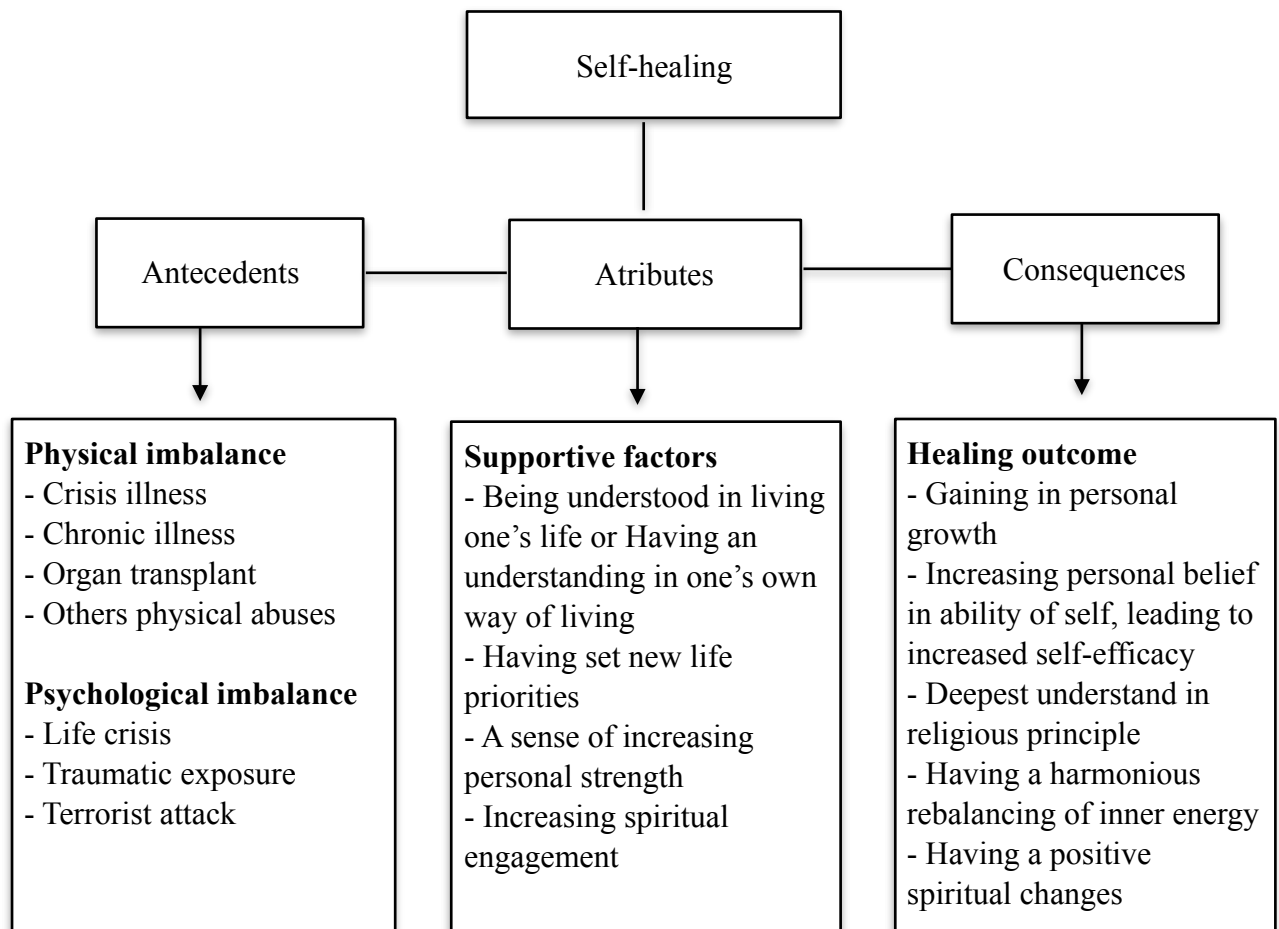


Figure 3 Self-healing concept analysis: antecedents, attributes and consequences; by researcher

Process of self-healing

Self-healing is a cognitive process which revealed as a psychosocial growth after exposed the life crisis (Tedeschi, 2011), and it associated with three concepts comprised of: wholeness, narrative, spirituality. Self-healing is a personal subjective experience, and it involved a reconciliation of the meaning that attributes to lessen a stress situations by his or her perception of wholeness (Egnew, 2005). Self-healing

usually conducted by the individual themselves, without external help (Egnew, 2005). Self-healing related to one's personality which was used to protect and heal a personal health from an illness or threatening situations (Zehngut, 2012).

Andersen et al. (2006) conducted a thematically analysis on a large number of participants who were recovery from loss and illness, and four key component were identified to illustrate the recovery process consisting of: finding and maintaining hope, searching for a purpose in life, and taking responsibility themselves. These are performed throughout the five stages of the recovery; *moratorium*: which is a time of isolation from others, feelings of despair and failure, *awareness*: which is a stage of realized the loss, *preparation*: which is a stage of taking stock of the inner strengths, and start to seek a coping skills, *rebuilding*: this is a working stage towards a positive identity, having a new mindset and taking control of themselves, and lastly, *growth*: which is a stage of living with a fully meaningful of life, acknowledge by self-regulation of their conditions which is emerging of a resilience, and having a positive sense of self.

Previous studies have tried to explore the process of self-healing in different people who have been successful in dealing with life crisis events, such as chronic illness, crisis illness, organ removal, organ transplant, and among people successful in dealing with the loss of a loved person from traumatic events which are described as follows;

Firstly, regarding dealing with a suicide attempt among Chinese people (Sun et al., 2014) represented that the healing process was relevant in two ways; achieved in healing process: survivors who living in a warmth environment and having caring systems results in promoting the self-healing, on the other hand, disrupted healing process: survivors who

have had negative perceive-self experiences, living in unpleasant family, difficulties environment and induce stressors are induce failure in healing process. Chi et al. (2013) identified that person who experienced of suicide attempt used twelve months to heal themselves throughout five phases of the recovery consisting of: 1) self-awareness; realized their responsibilities, 2) seeking support from professional, family and friends, 3) re-experiences and realized the causes of stressor and emotional changes, 4) changes in adjustment patterns, realized their emotional, leaved from stressors, and then, facing reality, and 5) acceptance: accepted the reality of life. Whiles, Jeeakul (2013) explored the psychological experience and self-healing process among Thai victims who experienced of a homicide, and illustrated that the healing process revealed in three strategies consisting of: *thinking process*: victims learned to accept the situation and tried to set a goal for the future, *religion as a recourse*: they used religion to guide themselves toward acceptance and lastly, having an impact from community support to heal themselves.

Secondly, regarding dealing with a crisis illness, the self-healing process emerged in many themes. For instance, Lancaster and Palframan (2009) described the process of self-healing using the term of “self-transformation” among people exposed to major life events such as crisis illness, major injury to close family members, and domestic abuse. It was reported that spirituality played a role within coping and the transformational process consists of nine categories comprised of; *Openness*: consists of three subcategories: openness to the transcendent, openness to others, transformation is gradual, *Transforming experience*: consists of six subcategories; death experience, fear, feeling lost, life falling apart, no way out, overloaded, *Model of coping*: consists of two subcategories: avoidance

and acceptance coping, *Transforming action*: consists of five subcategories: *Letting go*, beliefs, seeking trust, self-awareness, support beyond the self, *Supporting incidents*: consists of one subcategory; supporting events along the path, *Spiritual expression*: consists of two subcategories: serving others, respect towards others, *Spiritual growth*: consists of seven subcategories: stronger belief, deepened spirituality, expansion of awareness, fuller life, passivity towards life, positive self-worth, and self-realization, *Spiritual coherence*, consists of three subcategories: finiteness of life, life as serene and tranquil, life as more meaningful, and lastly, *The role of spirituality*: consists of two subcategories: spiritually as subtle and unfolding or supportive.

Thomas and Retsas (1999) reported the developing of spiritual perspective that strengthens people with terminal cancer to approach the life and death. It explained that the finding of meaning of spiritual though a process of transacting self-preservation helped people overcome suffering. This process consists of three stages: taking it all in, getting on with things, and putting it all together. They conducted self-preservation through deep understanding of themselves, having a higher levels of spiritual growth. Whiles, Rummagosa (2010) defined the coping behavior of women with multiple sclerosis which indicated that women cope with their illness with a proactive coping and self-healing process, using three strategies: living one day at a time, focusing on positive experiences, and lastly, redefining values, through self-independent, social support, and self-competency.

Chio et al. (2007) indicated that the healing process in Taiwanese with terminal cancer consists of four themes: 1) Being empowered through encouragement from family members, friends and/or other patients, 2) Feeling released through patients practicing

beliefs of letting go and living in the moment, 3) Gaining a positive view of life meanings through searching for religious explanations and other explanations, and 4) Being self-transcendent through helping other cancer patients. Another study, Chokumnurd (2009) identified the processes of self-healing among Thais allergic respiratory symptom in five themes which consist of; 1) perceived positive effects, 2) powerful and harmonious inner energy, 3) mindfulness and self-awareness, 4) understanding self and others, and 5) promoting and achieving a state of balance and harmony.

Thirdly, according to the self-healing process to deal with the death of a spouse or family member, Mossin and Landmark (2011) indicated that the widows used ten to fifteen weeks after a spouse's death to realize themselves, before engaged in self-healing, and one main theme; "*maintaining presence*" and four sub-themes was identified to explain the self-healing consisting of: to find one's place, to know, to support each other, and to eliminate. In addition, Holm and Severinsson (2012) conducted a systematic review relations to the emotional and self-management of widows which published between the years 2000-2010, reported that most of the widows in those studies described their healing process in one main theme named "a struggle to perceive meaning in the meaningless" which described in three themes consisted of: 1) numbing and struggling to manage their feelings, 2) feeling sorrow and seeking the ways to maintain emotional, relationships and purposeful activities, and 3) the process of develop and self-regulation influenced by their resilience. Furthermore, Miller et al. (2011) explained the healing process in people with life stress, such as career-related stress, very difficult labor, infertility, romantic relationship ending, lifelong struggle with anxiety, stillbirth in the first pregnancy, and a teenage

daughter's heart transplant; the self-healing of people with these types of life stress emerged in the three overarching themes consisting of: 1) contextual information on the nature of the significant life event, 2) the spiritual architecture of prayer with a sacred object, and 3) a spiritual relationship with the sacred, and indicated that prayer and fully supports effected to reduce the stressor of participants.

Whiles, Zehngut (2012) explored the Collective Self-Healing Process among Israeli Palestinians indicated that 40% to 60% of people who have experienced trauma were able to overcome the trauma by themselves without the professional support. The Collective Self-Healing Process (CSHP) identified in three phases: 1) the pre-resolution phase; 2) the post conflict and pre-reconciliation phase; and 3) the post conflict and reconciliation phase. Three phases of Collective Self-Healing Process consisted of five main theoretical factors consisting of: 1) *conflict*, conflict is a barriers in healing, 2) *social, economic, and political domains*, are highly influences to the self-healing, 3) *time*, this study compared between generation that directed faced with situations and younger generation shown that younger generations were less influenced and less harm from the traumatic events, 4) *place of residence*: the Collective Self-Healing Process is more sensitivity in the interstate conflict, and 5) *support from others*: Collective Self-Healing Process is often conducted with the support of others such as an international organization from other countries, financial or professional support is in particular.

Moreover, another research (Stige et al., 2013) explained that the process of the recovery experience among mothers in cases of dealing with traumatic experiences from childhood trauma, after having received stabilization therapy indicated that the positive

changes had been developed and emerged in five interrelated main themes. There are consisting of; 1) finding new ways to understand themselves, 2) moving from numbness toward inner energetic, 3) becoming an advocate of one's own needs, 4) increased a sense of self, and 5) living with feelings of distress and choices. Furthermore, Stige et al. (2013) also indicated that the recovery process is an active role of survivors themselves.

In comparing the self-healing process between the differences of cause of loss or suffering, there is a different process involved. For the survivors of a suicide attempt, the environment and family support are important factors. However, people who have experienced a crisis illness or are victims of terrorism indicated that religion, family support and social support are important. In addition, Seligman and Csiksgentmihalyi (2000) indicated that people having a high level of optimism lead to have better emotional, successfully healed, and having better physical health. However, the researchers did not illustrate the time of the recovery process.

The duration of the self-healing process after exposure to traumatic experiences has not been clearly presented in previous studies. However, it showed the period of healing after having been exposed to traumatic events has been shown as the amount of time that the researchers have worked on their research (between 3 months and over 12 months) such as Keene and Prokos (2008) indicated that the duration of care-giving to predict the depressive symptoms six months after a death. In addition, all of these research studies have not indicated the duration of time of the self-healing process. One research by Shakespeare and Barrington (2012) reported the average time spent on self-healing since having been exposed to the trauma was 25.87 months. However, the stage of self-

healing is not only dependent on a time, but it also related to type of the loss, and the individual's personality are influence on the self-healing process.

This study explored further time spent on the self-healing process that the participants used to heal themselves. Furthermore, this study explored the strategies that widows used to overcome their suffering, in particular for widows exposed to the sudden death of a spouse in the southernmost part of Thailand. In addition, self-healing is a personal process and is related to several factors which may be different from other widows' experiences of the self-healing process.

Factors associated with self-healing process

A previous study has indicated that the self-healing process is related to several factors such as social support, self-concept, self-esteem, self-regulation, locus of control, coping skills, and resilience factors (Holm, & Severinsson, 2012). Furthermore, researchers have explained that social support is the most important factor in the self-management or the self-healing process and it may help the participant to develop a sense of well-being, and lead the individual to solve problems experienced by such survivors. In addition, Charuvastra and Cloitre (2008) indicated that the social network provides a feelings of safety and certainty, and this may helped traumatic survivors successful in regulating their emotions, in particularly of concerning fear, anxiety, and mistrust. Factors associated with self-healing are illustrated as two factors: 1) internal factors, and 2) external factors.

1. Internal factors

The interpersonal factor is the human sphere that is related to human belief and individual psychological aspects, such as, religious beliefs, religious practice, and self-efficacy.

Religious beliefs and religious practice

Religious beliefs and religious practice play the most important role in the self-healing process. Ampunsiratana et al. (2005) indicated that the foundations of mindfulness meditation and Watson's caring theory showed effectiveness in promoting positive psychological health, self understanding, and positive behavior changes. Furthermore, Hatthakit and Thaniwathananon (2007) who explored the suffering experiences of Buddhist tsunami survivors indicated that the survivors who practiced Buddhism had a good understanding of the "law of nature" and responded to the disaster in a more harmonious way. Furthermore, the survivors believed that the person's good or bad outcome is dependent on the acts they perform according to the "law of karma." Moreover, Wiriya et al. (2009) identified five ways to heal suffering after exposed the unexpectedly loss of a child among Buddhist mothers in Songkhla province, Thailand, it consisting of; 1) the mothers transforming their relationship with the dead children, 2) elevating the deceased child to be a very good child capable of going to heaven, 3) making merit in order to pass the benefit onto the child, 4) self-healing through understanding and cultivation of mindful, and 5) seeking support from others. The four themes of the consequences of healing were also identified which consist of, 1) being sufficiently alive, 2) living for old Karma, 3) continuing to do more good deeds, and 4) having a deeper understanding of life.

Studies undertaken in Western countries have explored the healing process that is related to religion and these studies have indicated that religion is a supportive factor of self-healing. For example, Thomas and Retsa's study (1999) described the spiritual meanings among the people with terminal cancer and indicated that spiritual meaning was established through a process of transacting self-preservation by discovering a deeper level of understanding the self. Furthermore, Park (2005) indicated an association between the religious beliefs and the role of religious beliefs in the coping process; this has an influence on finding meaning following people's loss.

Whiles, Prati and Pietrantonio (2009) conducted a meta-analysis and identified three factors associated with post-traumatic growth such as optimism, social support, and coping strategies and indicated that religious coping and positive reappraisal coping are strongly correlated with growth, 2) social support, seeking social support coping, spirituality, and optimism were moderately related to the positive changes, and 3) acceptance coping indicated the smallest significance in growth. Furthermore, this study indicated that age and gender are the significant predictors of religious practicing, and indicated that the religious coping is stronger relation with post-traumatic growth in the older people compare to the younger, and was stronger relations in women than men. Moreover, Liegh (2009), who explored the recovering way among women who experienced of trauma from the war in Sierra Leone, explained that the process of recovery is facilitated by social norms, and also reported that a spiritual relationship is used as a tool of post conflict rebuilding which indicated that the spiritual relationship is the most important role between trauma and recovery and this leads to individual and social transformation.

As a recovery tool this is widely accepted among Sierra Leonean women. Furthermore, Reutter (2012) and Schaal et al. (2010) confirmed that the role of both religiosity and spirituality are effective coping resources.

Another study by Miller et al. (2011) indicated that prayer with a sacred object that related to a significant life stressor was more advantageous for positive emotions, such as producing a feeling of calm, and/or peace, and Miller also stressed that usually prayer is required to maintain these positive emotional changes. In addition, the researchers explained that participants access a sense of meaning from their prayer with sacred objects, and life meaning, purpose and new sense of self appears to develop after years of prayer and reflection on a stressful event. Moreover, Loizzo et al. (2010) indicated that the twenty-week contemplative self-healing program developed based on mindfulness meditation was more effective on the quality of life of women with breast and gynecological cancers. Results indicated that clinical symptoms were significantly improved in the emotional and functional domain, emotional social role, and mental health status domains by SF-36. In addition, there were significant improvements in A.M. cortisol and a reduction in resting heart rate. Moreover, both results from the studies undertaken by Reutter (2012) and Schaal et al. (2010) confirmed that the role of religiosity and spirituality serve as valuable coping support. These results of personal resilience factors should be included in the therapeutic process and should be acknowledged by mental health professionals.

In conclusion, religious beliefs and religious practice play an important role in the self-healing process. They may increase positive thinking and mindfulness, encourage peace of mind and provide forgiveness.

Perceived coping self-efficacy

Self-efficacy is people's judgments of their capabilities to organize their behaviors, and provides motivation, well-being, and accomplishment of the person (Peterson, & Bredow, 2013). A few studies have indicated that self-efficacy plays an important role in supporting factors. For instance, Benight and Bandura (2004) established the role of perceived coping self-efficacy in several types of survivors after exposed traumatic experiences such as, natural disasters, terrorist attacks, sexual and criminal assaults. They indicated that perceived coping self-efficacy provided a focal mediator of post-traumatic recovery. Furthermore, Cieslak et al. (2008) studied the mediator effects of coping self-efficacy between negative cognition and post-traumatic distress in both groups of adult female victims of child sexual abuse and survivors of motor vehicle accidents. They concluded that coping self-efficacy plays the most important role in treatment processes and the enhancement of coping self-efficacy might benefit the recovery processes.

Butcher-Winfrey (2009) also indicated that self-efficacy was associated with self-healing. Participants in that study gained the ability to look honestly at themselves, admit their mistakes and learnt from their experiences. In addition, self-efficacy is another factor that is related to the self-healing process, the people who believe in their self-efficacy can deal and overcome their suffering better than the sufferers who have no self-efficacy.

2. External factors

Regarding the external factors from the review of relevant literature, many of the external factors influencing the self-healing process are family support and social support, cultural beliefs, availability of resources and types of resource loss.

Family support and social support

Feminist theory described the ways that women use to overcome emotional crisis and traumatic experiences in different ways. Previous studies have indicated that social support and good connections with one's environment plays an important role in women's self-healing process and this is different from men (Crawford, & Unger, 2004; Dakhli et. al., 2013; Polman, & Nicholls, 2012). Women have specific characteristics such as a good personality that includes altruism, gentleness, and are not naturally aggressive, these helped women deal with suffering differently from men. Family support and social support provided many positive consequences including promote health behaviors, personal capability, coping skills, a sense of well-being, self-worth, and also decreased levels of anxiety and depression (Crawford, & Unger, 2004).

Furthermore, Samhlaba and Wait (2008) also supported the influence of social support on the self-healing process, and indicated the significant relationship between social networks and coping and adjusting among widows who being exposed the loss of a spouse, and indicated a significant positive correlation between depression scores and problem solving coping scores. Furthermore, there was a positive significance between depression scores and social support-seeking coping scores. In addition, they found that there was a significant positive correlation between perceived social support and

problem solving coping strategies. The study indicated that more participants overcame their depression symptoms by using a problem solving strategy and they received social support from significant others and vice versa.

Meisenhelder and Cassem (2009) assessed stress and coping skills that related to mental health and spiritual outcomes at two months after the 9/11 terrorist attack in the U.S., and indicated that sharing a time with family and friends, spiritual coping attitudes, prayer and attending a religious service are strongly related to positive spiritual outcomes. Furthermore, Ke et al. (2008) illustrated the external support and resources domain influence on the self-healing process among the survivors of suicidal, and six concepts revealed to illustrate the self-healing process which consist of: 1) a good role model, 2) religious support, 3) positive family support, 4) healthy and appropriate teaching strategies for children, 5) effective courses and programs that facilitate positive change, and 6) support of a social network. Sun et al. (2014) explored the context that had an impact in self-healing after a suicide attempt, and also identified several factors to enhance the healing process: living within safety environment such as a protective environment, a secure environment, a friendly environment, and facilitate atmosphere of healing that provided by family, friends, and mental health professionals, support from people surrounding, religious support, and far from stressors environments, these are the enhancing factors for healing and recovering among person who experience of suffering from a suicide attempt.

Ai et al. (2005) studied faith related to positive psychology over a three month in 453 graduates and undergraduate students after being exposed to the terrorist attack

on September 11, 2001, in the United States. The results showed that participants used various types of prayer to cope with suffering, then a structural equation model shown that a linkage of spiritual support and positive attitudes mediated the effect of faithful-based, and shown a higher levels association of negative emotional with using of prayer to cope to lessen a emotional distress.

Sociocultural Factors

It is undeniable that cultural beliefs have more influence in gender role. Particularly the Thai cultural, they belief that “the husband is the leader and women follow their husband’s lead.” Up to the present, the equality status between women and men in the family role is in a process of change, and sociocultural belief has an influence on the women’s role. The sudden loss of a spouse has more effect on the widow’s social role and her family role. The sudden loss of a husband results in a role change from the housewife who has been cared for and supported by her husband to taking on the role as the family leader and much of the burden such as family expenditure, and child caring. Death is a universal phenomenon, but it creates different responses in different cultures. Every culture provides a way of thinking about death and of responding to death for its members and there are norms within a culture about the kinds and intensity of emotions that are appropriate for death (Backer et al. 1994).

Regarding the cultural factors on post-traumatic growth, Calhoun and Tedeschi (2004) assumed that the post-traumatic growth process was influenced by sociocultural factors because of the important role of a social network on the growth process. Interestingly, Chio (2007) indicated that nurses who are concerned with cultural issues for caring of

spiritual suffering and the healing process can be guided to provide a nursing care to meet the needs of patients.

The social networks and religious leaders in the study by Mays emphasized a quick, positive grieving process (Mays, 2010). This explained that their teachings provided intellectual matter to stimulate a widow's burning desire to understand her husband's death and her subsequent identity in God's world. Furthermore, religious teachings and social networks assured the widows that their spouses were now in a better place where one day they would reunite. Religious teachings also tried to shape the grieving process and the widows developed their own grieving process by preserving small objects, writing memoirs, having hope to reunite with their spouses in heaven, and looking to God as their new patriarch, and thus, widows maintained their identity as a wife as long as they could (Mays, 2010).

Availability of Resource and Type of Resource Loss

Due to the association between resource loss and post-traumatic growth, Hobfoll et al. (2006) reported the relationship between resource loss and the probability of PTSD, and the probability of a depression disorder (after September, 11 exposure) and that the resource loss includes both tangibles, economic, and perceived resources; a sense of hope was the predictor of post-traumatic outcome such as the probability of PTSD and probability of depression. Furthermore, Dekel and Hobfoll (2007) indicated the resource loss on Holocaust survivors in Israel continuous exposure to terrorist attack which showed that the resource loss was associated with higher distress levels. Moreover, this study also indicated that the survivors who lost their beloved one or children had a higher level of PTSD symptoms

than those who had not lost a beloved one or children. However, previous studies suggested that the relationship between resource loss and post-traumatic disorder, and post-traumatic growth needs to be studied more to confirm this relationship.

Assessment method of the self-healing

The self-healing process is a personal mechanism after having been exposed to traumatic events for regaining a normal life or psychological well-being. People who have success in overcoming their suffering have had self-healing or positive psychological growth. On the other hand, people who do not experience success to heal or cannot cope with their suffering are at risk for developing psychological problems or mental illness.

Regarding previous studies, no instrument has emerged to assess self-healing directly, but post-traumatic growth has been measured, and most studies have been assessed by using “The Post-Traumatic Growth Inventory” to measure psychological growth after participants had been exposed to traumatic events. “The Post-Traumatic Growth Inventory” was developed by Tedeschi and Calhoun (1996), it consists of the five factors; Relating to others, New possibilities, Personal strength, Spiritual change, and Appreciation of life. These are used to guide researcher to develop the interview guide to select participants into this study. The quality of the instrument was reported as Person correlation of $r = .98$, percentage of the variance = 62%, and the reliability of test-retest is $\alpha = .90$. The instrument consists of 21 items, and is divided into five factors comprised of;

1. Relating to others; it consists of seven items, percentage of the variance at 17%, reliability alpha was .85

2. New possibilities; it consists of five items, percentage of the variance at 16%, reliability alpha was at .84

3. Personal strength; it consists of four items, percentage of the variance at 11%, reliability alpha was at .72

4. Spiritual change; it consists of two items, percentage of the variance was 9%, reliability alpha was at .85

5. Appreciation of life; it consists of three items, percentage of the variance at 9%, reliability alpha was at .67

A short form of the Post-traumatic Growth Inventory was developed five years ago (Cann et. al, 2010). It consists of 10 items, and is divided into five factors with 64% of variance, and individual factors explained as between 8.5 and 17.9%. The reliability coefficient alpha was reported as being equal to .86.

Nurses' enhancement to relieve suffering and promote self-healing

Understanding human suffering and knowing how to assist those who are suffering is an important goal of nurses (Ferrel, & Coyle, 2008; Morse, 2001) as nurses are the caretaker of suffering. Moreover, understanding and responding to patients' needs are a responsibility of nurses (Morse, 2001). This opinion is supported by Ferrel and Coyle (2008) who also indicated that caring for those who suffer is the fundamental role of nurses, and they pointed out that providing relief to suffering is the core business of nursing care.

The taking care of patients' suffering, and enhancing the patients to heal themselves has been pointed out by much research (Morse, 2001; Ferrel, & Coyle, 2008). According to the nurses' role in the suffering of patients, nurses can be involved and provide nursing care in each stage of suffering, but this may differ in nursing implementation and the goal of nursing. Suffering is individual and subjective. Having an understanding of the concept of suffering will enhance nurses to recognize and identify the nursing intervention to promote a patient's healing. Daneault et al. (2004) suggested that having an understanding of a sufferer's threatening situation or of a patient's feelings is important when deciding which intervention to provide.

Moreover, most of the nursing interventions to relieve suffering are based on the nurse-patient communication, and good relationships and trust are necessary for good caring (Arman et al. 2004; Daneault et al. 2004). This is particularly so in the patients' needs in the enduring state, they need to recognize what they are, and they need to build their inner strength for struggling with the suffering in a crisis stage. Providing gentle care and comfort from nurses can enhance patients to maintain and control the situation. Moreover, nurses can enhance patients through reducing stressors and enhance them to move to the next stage. The appropriate strategies for caring in the enduring stage are avoiding physical contact, offering short comments on how well the patient is doing and providing assistance, and appropriate caring in the stage of suffering is empathy, physical support which are touching and hugging, listening and talking (Tetrault, & Nyback, 2010).

Nurses provide nursing care to relieve physical problems, to lessen psychosocial problems, and spiritual distress (Ferrel, & Coyle, 2008). Furthermore, Egnew (2009)

illustrated that the acceptance can help patients to transform their suffering. Nurses can assist those who are suffering by normalizing the patient's feelings and responses to his/her illness, show empathic understanding which can lead patients to have an increased acceptance, find meaning, make new connections to the world, transform suffering, and experience healing. Moreover, Marshall et al. (2010) indicated that the therapeutic communication of nurses and family members can be lessen physical, emotional, and spiritual suffering. Whiles, Chi (2013) indicated that nurses can facilitate people to gain insight in relation to the reality, and learn to achieve coping skills to deal with their stress.

It can be seen that enhancing the healing process after the experience of suffering is a vital role of nurses, thus therapeutic conversation is one instrument that can be used for developing the healing process and to transform a patient's suffering.

The interventions to promote the self-healing and outcome measures

According to the literature reviews, there were several types of interventions to enhance psychological well-being and to also prevent mental illness among people who have been exposed to traumatic experiences from crisis events. The researcher analyzed twenty-five interventions that were found in the previous studies searched from the databases; ProQuest, CINAHL, ScienceDirect, Crochrane library, and AHRQ. These can be simplified into the following four groups 1) the intervention based on cognitive behavioral therapy (CBT) was nine papers, 2) the intervention based on counseling psychotherapy was six papers, 3) the intervention based on the psycho-education was three papers, and 4) the

intervention based on the contemplative psychotherapy was five papers, and two other interventions.

1. The intervention based on the Cognitive Behavioral Therapy (CBT) and CBT combined with other interventions

Cognitive behavior therapy (CBT) is a pragmatic action-orientated treatment approach that has become widely used in psychotherapy for major mental disorders (Wright, 2006). The goal of Cognitive Behavioral Therapy is to change patterns of thinking or behavior that are behind people's feelings of discomfort implement to prevent post traumatic stress disorder (Beck, 2011). According to the cognitive behavior therapy, as found in previous literature, there are several model of interventions such as the ABC model of CBT-REBT (Malkinson, 2010), group cognitive behavioral therapy (Cramer et al., 2011), CBT combined with supportive counseling (SC) (Bryant, et al., 2006). The outcome assessments to evaluate the effects of a CBT intervention consist of 1) depression symptoms measured by using the Hospital Anxiety and Depression Scale (HADS-A), Beck Depression Inventory (BDI), Hamilton Rating Scale for Depression (HRSD), Beck Depressive Interview-II (BDI:II), 2) anxiety symptoms measured by State-Trait Anxiety Inventory, Beck Anxiety Inventory, and, 3) PTSD severity measured by Clinician-Administered PTSD Scale (CAPS), PTSD Symptom Scale-I, PTSD Diagnostic Scale, Clinical Global Improvement Scale, PTSD Checklist 17 items, Post-traumatic stress reactions (PTSR), and 4) other assessments by using different instruments such as the Expectancy of Therapeutic Outcome, Peri-traumatic Distress Inventory, Peri-traumatic Dissociative Experiences Questionnaire, Mindfulness assessed by the Kentucky Inventory of Mindfulness Skill (KIMS), Health Status: Physical and Mental component

scores by using the Short Form-12 Questionnaire, Dysfunctional thoughts: Shortened Automatic Thoughts Questionnaire, Social support: Shortened Medical Outcome Study Social Support Survey, and Complicated Grief. It can be seen that the assessments after having applied the intervention were psychological well-being assessments. There were no self-healing assessments.

2. The intervention based on counseling psychotherapy

Counseling is the skill and principle used to develop self knowledge, emotional acceptance and growth, and personal strength (Corney, & Jenkins, 1993). Counseling is a collaborative effort between the counselor and client. Professional counselors helped clients identify goals and positive solutions to lessen the causes of emotional disturbance, then helped them to develop communication and coping skills, enhance the self-esteem, and promote behavior and mental health (Dryden, 1999). Currently, the counseling used in different patterns such as Face-to-face counseling (Gamble et al., 2005), and Mental Health Counseling (Naved et al., 2009) have been used to develop the psychological well-being and caring of clients with a mental disability. Moreover, the measure outcomes that have been used to evaluate the counseling effectiveness consist of The Center for Epidemiological Studies Depression Scale (CESD), Edinburgh Postnatal Depression Scale (EPDS), Depression Anxiety and Stress Scale-21(DASS-21), The PTSD Checklist Civilian Version (PCL) which is a 17-item questionnaire, and The SF-12 Health Survey (SF-12), Maternity Social Support Scale (MSSS), All of these measurements were evaluated by the qualitative method.

3. The interventions based on psycho-education

Psycho-education is a treatment modules derived by professional, that is integrates and collaborates between psychotherapeutic and education. Psycho-education is based on traditional medical models and aim of the treatment (Lukens, & McFarlane, 2004). They are psycho-education useful to enhance psychological well-being such as a Self-help booklet, DPM-Based Intervention (Dual Process Model: DPM), and Psycho-educational lectures.

The several assessment methods were used to assess the effectiveness of the intervention such as; 1) assessed anxiety and depression assessed using The Hospital Anxiety and Depression Scale (HADS), Hamilton Depressive Scale (HDS), Edinburgh Postnatal Depression Scale (EPDS), Depression Anxiety and Stress Scale-21(DASS-21), 2) PTSD is measured by the Post-traumatic Diagnostic Scale (PDS), Clinical Administered PTSD Scale (CAPS), The PTSD Checklist Civilian Version (PCL), 3) Coping styles are assessed by the Inventory of Daily Widowed Life (IDWL), Coping Strategies Scale (CSS), 4) stress symptoms are measured by the Acute Stress Disorder Scale (ASDS), 5) Quality of Life is assessed by World Health Organization Quality of Life Measure (Brief Version) (WHO-QOL-BREF), and The SF-12 Health Survey (SF-12).

4. The interventions based on contemplative psychotherapy

The interventions to enhance well-being are not only psychological based, but are also based on the different types of alternative treatments. Examples of interventions based on alternative treatment include Healing Touch (HT) (Aken, & Taylor, 2010), Mindfulness-based cancer recovery (MBCR) (Carlson et, al., 2013), Mindfulness Based

Program (MBSR) (Tacon, 2004), Contemplative self-healing program (Loizzo et al., 2009), and Mindfulness-Based Stress Reduction (MBSR) (Sedaghat et al., 2011).

The measured outcome to assess the effectiveness of the intervention consists of several evaluation outcomes such as 1) mood; assessed by the Profile of Mood State (POMS), 2) stress; measured by the short form of the Symptoms of Stress Inventory (SOSI), Weekly Stress Inventory (WSI), The Perceived Stress Scale (PSI), 3) quality of life; measured by The Functional Assessment of Cancer Therapy-Breast (FACT-B), Functional Assessment of Cancer Illness Therapy General Scale (FACIT-G), 4) Social support; assessed by the Medical Outcome Study Social Support Survey (MOS-SSS), 5) State anxiety; assessed by using Spielberger's state-trait measure of anxiety (STAI), Hospital Anxiety and Depression Scale (HADS), 6) Depressive symptoms; assessed by the Center for Epidemiologic Studies Depression Scale (CES-D), 7) Pain; assessed by the short-form McGill Pain Questionnaire (SF-MPQ), 8) Symptoms of distress; measured by the 10-item version of Symptom Distress Scale (SDS), Mindful Attention Awareness Scale (MAAS), and the evaluation of the experiential process can be performed by the grounded approach.

5. Other interventions relating to promote healing process

Gartlehner et al. (2013), who reviewed the literature of the effective interventions to prevent PTSD that were relevant from January 1980 to July 2012, identified eight different psychological interventions that provided to prevent a post-traumatic stress disorder in people after experienced of the psychological traumatic exposure, revealed several interventions such as, debriefing, cognitive behavioral therapy (CBT), supportive counseling, cognitive therapy, and medical treatment. The findings indicated a low to

moderate strength of evidence, and there were insufficiencies in the study methodology. However, they indicated that cognitive behavioral therapy (CBT) was the most favored and has been shown to be effective in preventing and decreasing PTSD symptoms. In addition, the measure outcomes used to evaluate the effectiveness of the intervention were the incidence of PTSD and severity of PTSD symptoms (Gartlehner et al., 2013). Moreover, Sasol's study (2007) illustrates the therapeutic model for healing emotional trauma which consists of four steps: 1) acknowledging the existence of trauma, 2) providing a safe space to work through the trauma, 3) symbolizing the trauma, and 4) allowing emotions and dealing with the emotions.

In addition, most of the previous interventions were aimed at relieving anxiety symptoms, depression symptoms, and other symptoms that are related to post-traumatic stress disorder after exposure to a traumatic experience. Furthermore, Holm and Severinsson (2012) suggested that the way to enhance growth and self-development of women's emotional states was by allowing them to understand themselves in another or different way as the self changes and evolves over time (Holm, & Severinsson, 2012).

The interventions to promote in healing in Thailand are mostly provided by The Department of Mental Health, Ministry of Public Health has developed a manual that is used as an intervention for widows of unrest situations, communities at risk of unrest, and a health care provider manual to prevent post-traumatic stress disorder (PTSD) and relieve emotional suffering among the survivors affected from the troubling situation in the southernmost provinces of Thailand and other crisis events. This intervention has been developed based on psychological theory, however, it is still not

clear whether it has been effective because the effectiveness of the intervention manuals has not been evaluated. Traumatic events in the southernmost provinces in Thailand have happened over a long period and have affected many women with the loss of a loved one in many families, thus the benefit of this study provides new knowledge to support new appropriate interventions to enhance the women in dealing with the traumatic experiences and to protect them from any psychological disorder. However, the self-healing process is more specific and personal. Furthermore, it depends on human beliefs, cultural support, and other psychological factors.

Grounded Theory Method

The reviewed of grounded theory focused on ontology, epistemology, and the essential grounded theory which used to guide in the methodology of this study. Grounded theory is the appropriate qualitative approach used to explore the social processes that emerge within the human (Strauss, & Corbin, 2015), and it is a popular method for researchers in the disciplines of psychology, education, and nursing. Aims of grounded theory is to develop the theory by a particular method such as theoretical sampling, coding, theoretical sampling and the constant comparative until theory saturation. The underlying philosophical framework or root of a grounded theory is symbolic interactionism (Chen, & Boore, 2009). Grounded theorists attempt to analyze the symbolic meanings such as artifacts, clothing, positions, and words that people used for interact with each another. Grounded theory describes and explains the human behavior, and is accordingly a

methodology for developing theory from grounded in data, that derived by the systematic approach and analysis (Strauss, & Corbin, 1998).

Grounded theory method can be classified into three groups consisting of 1) Glaserian grounded theory “Classic theory” (Glaser, & Strauss, 1967), 2) Straussian grounded theory (Strauss, & Corbin, 1998; Strauss, & Corbin, 2014), and 3) Constructivist grounded theory (Chamaz, 2000). Glaserian grounded theory aims to generate a hypothesis explaining the relationship between the concepts, and substantial theory, whereas the Straussian grounded theory provided to develop a conceptual model describing the social phenomena, and constructivist grounded theory used to emphasizes a theory.

Ontology of Grounded Theory

Traditional grounded theory is based on the belief of critical realists, in which there is a reality independent of our thinking that science can study (Glaser, & Strauss, 1967). On the other hand, the Straussian grounded theory (Strauss, & Corbin, 1998) and Constructivist grounded theory are based on the belief from a relativist perspective. It is believed that some element or aspect of the experiences or culture is dependent on some other elements.

Strauss and Corbin (1998) have clearly explained that they do not believe in the existence of a preexisting reality out there, but it is always interpreted. Whereas, Glaser (1978) stated that the relativist is an ontological that leaves behind the traditional grounded theorists’ subscription to the discovery of truth that emerges from the data illustrated a real reality (Glaser, 1978).

Epistemology of Grounded Theory

The epistemology of grounded theory is combined between objectivist and subjectivist. The traditional grounded theory is employed based on objectivist which represented by the systematic and rigorous of the research methods. Whereas, Straussian grounded theory and constructivist grounded theory value a subjectivism. Subjectivist indicates that the informations are subjective and dependent on the feeling of the person. Grounded theory try to conduct a systematic research methods, and values in the feeling of human experiences. The epistemology should provide the process of data collecting, theoretical sampling, coding procedures, constant comparative analysis, conceptualizing, interpreting, and formulating the substantial theory. Strauss and Corbin (1998) indicated that during the analytic process, the researchers should gain knowledge and experiences to form new interpretations about the phenomena being studied, under the theoretical sampling to test the hypothesis by the memo record.

Data Collections Analysis in Grounded Theory Method

Regarding the data analysis employed in the grounded theory method, this is interrelated between the data analysis and data collection as illustrated in the Figure 4 (Strauss, & Corbin, 2015). Since the grounded theory method is a qualitative method that aims to generate theory from data, in the initial stages of data collection the raw data are transcribed and analyzed, and the concepts emerge from the data during analysis. Furthermore, the concepts derived from the initial analysis are used to guide new data collections, and each set of data collected is followed by data analysis. Eventually, the

process of each data collection is followed by data analysis until theoretical saturation (Corbin & Strauss, 2015).

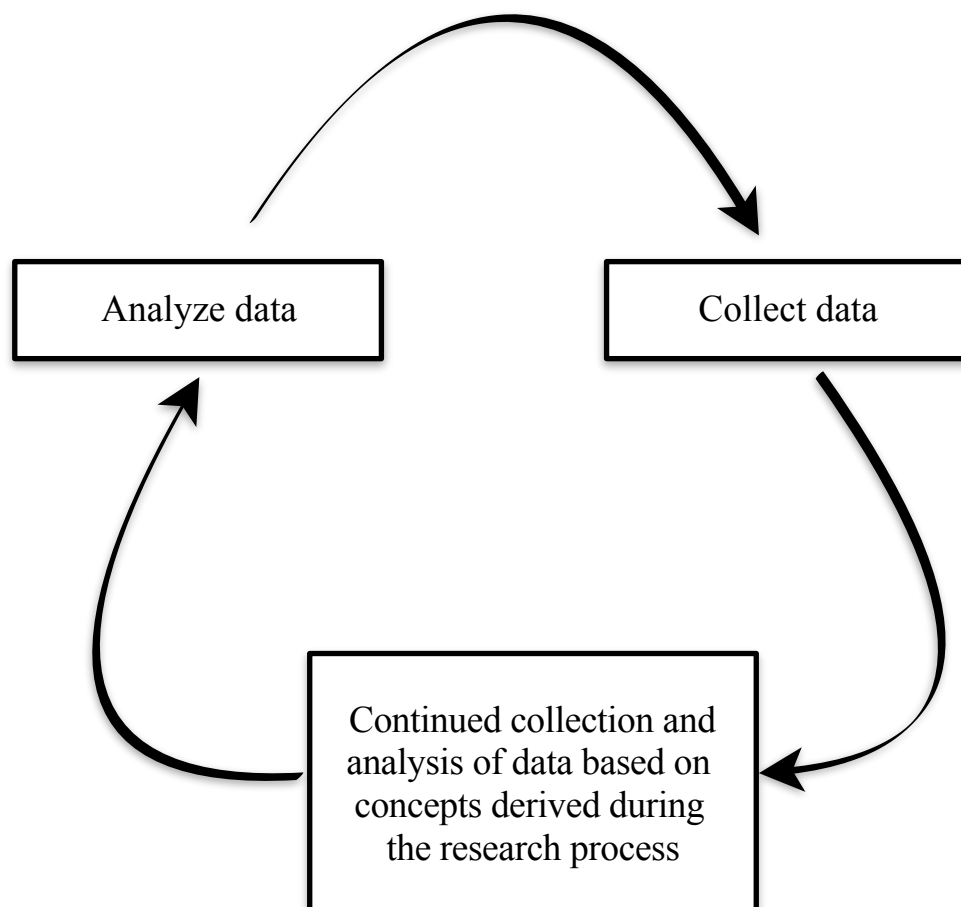


Figure 4 The interrelationship between data collection and analysis. *Basic of qualitative research: Techniques and procedures for developing grounded theory* (p. 97), by J. Corbin and A. Strauss, 2015, NY: SEGE.

Essential for Grounded Theory Method

The essential grounded theory method is reviewed and presented in eight aspects; theoretical sampling, theoretical sensitivity, constant comparative methods and asking questions, theoretical coding, coding data, selective coding, memo writing, and theoretical saturation.

1. Theoretical sampling

Theoretical sampling is the purpose of the data collection that is related to the concept of study that researchers want to learn from places, people, and events that will maximize opportunities to develop concepts and their properties, and identify relationships between concepts (Corbin, & Strauss, 2008; Corbin, & Strauss, 2015). Theoretical sampling is the process of data collection for generating theories, and for guiding the researcher to decide what data to collect based on the emerging concepts along with the properties of concepts that emerged from previous data (Strauss, & Corbin, 1998). The logic of theoretical sampling determines the grounded theory which is different from other types of qualitative inquiry. Grounded theorists create tentative interpretations, then return to the field and gather more data to check and refine their categories. These are explained as below:

Sampling in open coding; this stage will create a name and categorize the phenomena. Furthermore, keeping open sampling of those participants, places, and situations will provide the greatest opportunity for discovery. It will be employed after collecting the data from the first participant. The researcher will use the new concept that emerged from the first data to select the following participants.

Rational and variational sampling; this is a sampling to identify the significant variations from derivative data. The aim is to look for categories related to subcategories to further develop a category's property and dimensions. The researcher will be looking for incidents that demonstrate a dimensional range or a variation of a concept and the relationship among the concepts. Rational and variational sampling are used for identifying the significant variations from the derivative data.

Sampling in selective coding; this will be employed after the discovery of the core category and related categories in order to verify the core category for any additional new data and previous data. In this study the self-healing process will be conceptualized and the concepts and/or statements generated that represent this rigorous constant comparison process will become part of the substantial theory.

2. Theoretical sensitivity

According to the researcher's ability to generate the concepts from the data, and the ability to give meaning to the event happenings in the data, theoretical sensitivity is necessary in this process. The researcher needs to possess two abilities to develop theoretical sensitivity. They are tolerance to confusion while conducting the data analysis, and being able to gain some insight in the area of study. Furthermore, the researcher needs to be able to conceptualize and organize, to make abstract connections, and to be able to critical think in different ways. To gain theoretical sensitivity, the researcher needs to go to the research setting with as few predetermined ideas as possible.

3. Constant comparative methods and asking questions

In conducting constant comparative methods by asking questions to generate the theory, this method will help the researcher to have a better understanding of the data derived from the interviews (Strauss, & Corbin, 1998). In addition, constant comparative methods are systematically used to collect data and to validate a concept for generating theory. The researcher performed constant comparative methods by asking questions in this study.

Corbin and Strauss (2008) illustrated that the pragmatism and symbolic interactionism are the philosophies that underpin of Straussian grounded theory methods. On the other hand, Charmaz (2000) began to think about grounded theory using constructivist as a methodological lens.

Constant comparisons are the analytic processes to compare the different codes of data for similarities and differences (Corbin, & Strauss, 2008). There is the method to generate theory through systematic and explicit coding and analytic procedures, comparing incident with incident as the researcher moves along with the analysis for similarities and differences (Glaser, & Strauss, 1967). The process involves three types of comparison: 1) comparing between the incidents to validate the conditions, 2) generating primary concepts and hypotheses by comparing the conditions, then, 3) comparing the concepts to new incidents to formulate the properties of theory. The purpose of constant comparative is to ensure the saturation and verification concepts, and identify the properties of the concepts, and formulate new concepts. The substantive theory is developed through five steps of grounded theory processes which consist of; 1) collecting data, 2) generating concepts,

3) concept development, 4) concept modification and integration, and 5) the last step is the reporting of the findings (Broussard, 2006).

4. Theoretical coding

Conceptualized data throughout coding procedures is a particularly foundation of grounded theory. The data are analyzed and coded, using the constant comparative method, to test and compared between generate initially substantive and later theoretical categories until theoretical saturation. The codes are conceptualizes the underlying pattern of a set of empirical indicators within the data. Then, empirical coding will be conceptual and grouped into concepts, which then becomes the theory that explains what is happening in the data. Theoretical codes conceptualize through the relation of other concepts and hypothesis. Theoretical codes help the researcher maintain the conceptual level in writing about the concepts and their interrelations. The researcher continues interviewing, coding, theoretical sampling, and memo writing until she/he has sufficient data and memo banks to move on.

5. Coding data

Coding is the first process of data analysis in grounded theory. Coding consists of at least two phases, which are initial coding and focused coding. Line-by-line coding influences the researcher to play with the data. Grounded theorists may also gain concepts through identifying in vivo codes from participants' statements. After grounded theorists have established the significance initially, then they focus on selective coding from amounts of data. Grounded theorists examine and focus on the codes to evaluate which ones best explain or interpret the empirical phenomenon, then they generate the tentative theoretical.

6. Selective coding

Selective coding is the process of integrating and identifying the theory. Integrating categories involves organizing all the concepts to only those variables that are related to the core variable in sufficiently significant ways as to produce a parsimonious theory. Integration occurs over time, beginning with the first steps until the final writing.

7. Memo Writing

Grounded theorists illustrate memo writing as the intermediate stage between data collection and writing a draft paper. This contributes to general concepts and categories of grounded theory. During the data analysis, researchers are not only interested in the data, but also they examine and conduct comparisons, and asking questions is involved. Lastly, the concepts became to stand for meaning and suggest the possible relationships between concepts (Corbin, & Strauss, 2015).

Corbin and Strauss (2015) identified five types of memo writing which consist of: 1) opening data exploration, 2) identify the properties and dimensions of concepts or categories, 3) comparisons and asking questions are conducted to compare between codes and categories, 4) exploring the relationships among conditions, actions/interactions, and consequences, and 5) developing the story line. Memo writing gives an opportunity for researchers to stretch their thinking as they interrogate their data.

8. Theoretical Saturation

Theoretical saturation is another grounded theory strategy that has found its way into the general relations of qualitative methods. Theoretical saturation means the adequate of data to determine by no new or relevant data. Doing much of theoretical

sampling is devoted to enrich the theoretical saturation, and theoretical categories are required for the achievement of the conceptual model.

The figure illustrates the methodology of grounded theory used in this study. It has been developed by researcher based on Strauss and Corbin (1998; 2008), and Corbin and Strauss (2008; 2015) presented as follows;

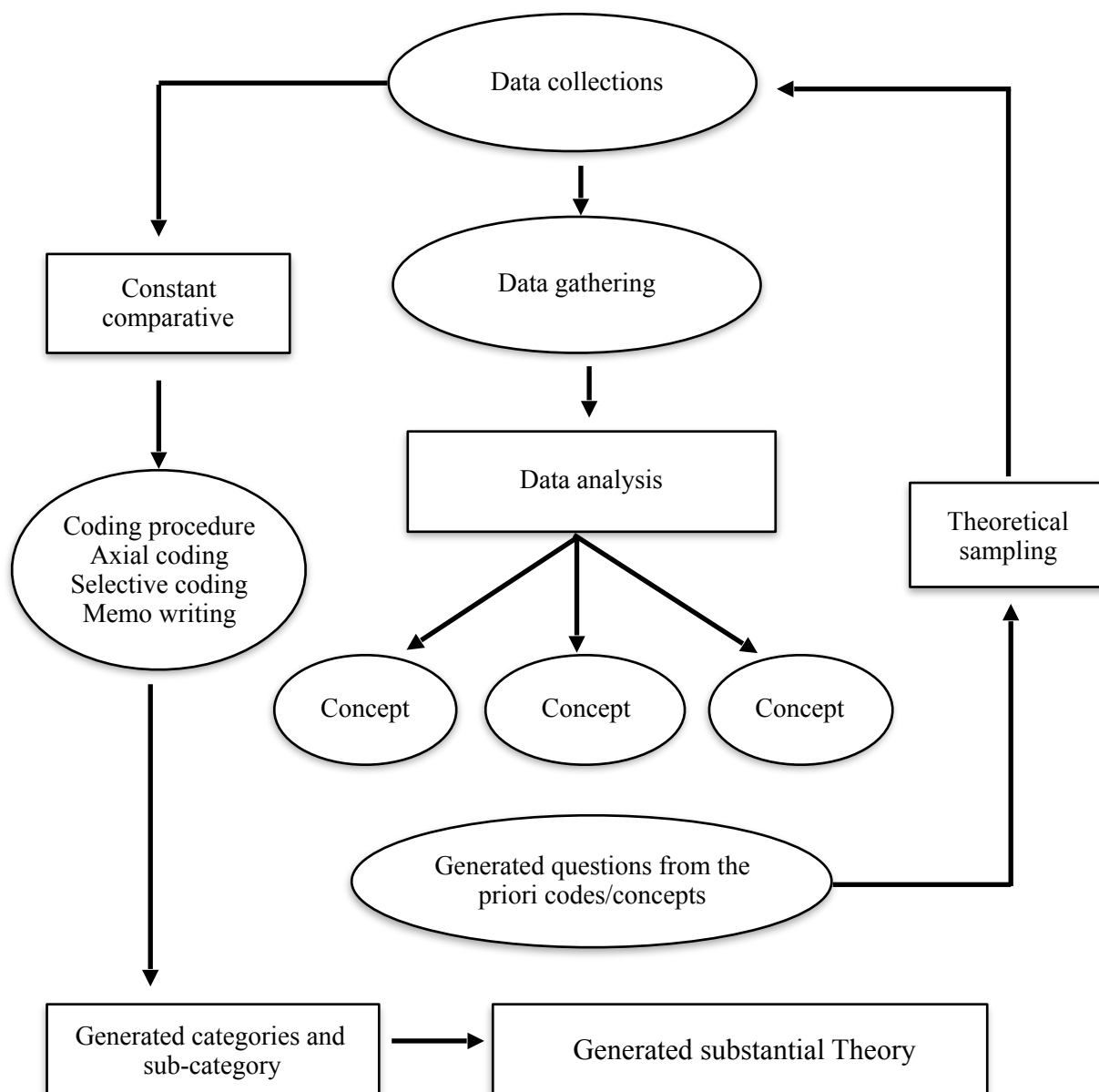


Figure 5 The methodology of grounded theory used in this study: by researcher

This qualitative study aimed to explore the phenomenon of self-healing and the grounded theory principles were employed as the methods to develop a theoretical model that provides an understanding of how the Thai Buddhist widows under study solved

problems due to their loss of the spouse and how they moved into proactive coping through the self-healing process.

Stories and metaphors from participants' interviews can help healthcare providers understand the meaning of the participants' self-healing. Health education approaches that use stories and metaphors to facilitate and support individual self-healing have been suggested in this study. Moreover, the substantial theory from this study supports the health care policy to formulate the strategy to promote the psychological well-being in the widows who have been exposed to traumatic experiences in the area.

Summary

This chapter describes the literature reviews related to the self-healing process. This is in regards to the grief and loss which is the human response to the suffering emotion. Grieving is the normal reaction following a person's loss. The self-healing process is the process that humans use to overcome their grieving. Several factors are associated with the self-healing process such as religious beliefs and religious practice, self-efficacy, family support and social support, and cultural beliefs. Most of the previous studies mentioned have focused on general psychiatric disorders such as stress, anxiety, depressive symptoms, and other psychological effects among widows and the other population. However, the research studies related to the self-healing process were mostly found to have been undertaken in western countries which may not have a bearing on Thai people. In addition, the self-healing process is a process of personal growth and is dependent on several factors which may differ in the Thai context.

Grounded theory would be an appropriate method to explore the self-healing process. The self-healing process is a human process used to heal oneself, which requires social interaction and the philosophy of the grounded method is the symbolic interaction. Moreover, the philosophical and principle of grounded theory have been reviewed to employ in this study. The concepts and categories will formulate through the process of coding procedures, theoretical sampling and conceptualization until reaching the theoretical saturation.

CHAPTER 3

METHODOLOGY

This chapter describes the research methodology employed in this study, including the research design, study setting, participant recruitment, data collection, theoretical sampling, data analysis, and the trustworthiness of the study.

Research design

The grounded theory method, based on the philosophy of the Straussian grounded theory (Strauss & Corbin, 1998), was employed as the methodology in this study. Grounded theory was developed based on symbolic interaction which is a theoretical perspective used to understand individuals as they go through the learning processes, managing their health problems in different ways (Jacelon, & O'Dell, 2005). Grounded theory is the most common method among nursing researchers who explore life experiences (Annell, 1997; 2007). It is a suitable methodology if the researcher is keen to explore and explain the psychosocial process and an individual's behavior which could change over time (Roudsari et al., 2014). That is congruent with Jacelon and O'Dell (2005) who stated that the grounded approach involves the meaning of the human phenomenon and the symbolism of social interaction. Therefore, the grounded theory method is quite appropriate for nursing researchers, since, most nursing studies are related with social interaction; hence it was used by the researcher to explore and conceptualize the information relevant to the self-healing process of the participants.

Straussian's grounded theory (Strauss, & Corbin, 1998; 2014) was employed as a research method. This study aimed to generate a conceptual model describing the self-healing process of Thai Buddhist widows who had experienced the sudden loss of their spouses from the situation of unrest in the southernmost region of Thailand. Becoming a widow and losing the leader of the family immediately caused severe emotional distress. The participants, who were the Buddhist, spent considerable time to heal themselves by using different healing strategies such as psychological support and economic support from family and the government, venting with close friends, and received psychological support from healthcare providers. Furthermore, the participants spent different about time on the healing process that was depended on the support from others and their personality. Since the self-healing process is a cognitive process that is almost associated with support and interaction in social contexts, the grounded theory approach was used in this study. It provided the strategies to explore the healing process and associated contexts among the Thai Buddhist widows after the sudden loss of the spouse.

The philosophical foundation of grounded theory is based on interpretive and inductive methods and has been used to generate the hypothesis and substantive theory for this study. Furthermore, the grounded theory method clearly provides the process of the data collection and data analysis methods. Purposive sampling snowball sampling, and theoretical sampling were selected for this study. Then the coding procedure and constant comparative analysis were used as the data analysis method. While conceptualizing and interpreting were employed during data collections and analysis for generating the substantial theory.

The grounded theory method is particularly recommended for use to describe and understand the human process and social phenomena. This study employed the grounded theory method to explore the women's healing strategies after experiencing suffering from the sudden loss of their spouse.

Study settings

Pattani province was selected as the study setting, since Pattani province had the highest impact and highest in number of widows affected by the sudden loss of beloved one from the situations of unrest in comparison to the other provinces (Panphet, & Ramansiriwong, 2012). Therefore, the healthcare providers (psychiatric nurses and psychologists) who take a responsibility in the area were contacted to participate in the study. After the participants had given their consent to be interviewed, the researcher visited the participants at their home and/or at the Health Care Center, and sometime at the researcher's office wherever it was safe and convenient, and comfortable for both participants and researcher.

Participant recruitment

Regarding the participants' recruitment, three sampling techniques, purposive sampling, snowball sampling, and theoretical sampling were employed to select the participants into this study. Participants recruited into this study were thirteen Buddhist widows who had an experienced successfully healed themselves and lived in Pattani Province, and they had willingness to share their experienced for the studying. The

Buddhist widows who could describe their healing experiences and to enhance the understanding of the healing process under the research questions were selected.

Researcher provided an informations about the study such as the objective of the study, the advantages of the study, and asked for voluntary participation to join in the study. After the widows agreed to participate in this study, the researcher approached and invited them to fill an informed consent form, before the interviewing was started.

To ensure the participants had no psychological symptoms, and had a new purpose in their lives, they answered the simple questions shown below:

1. Please describe to me, “Have you had satisfaction in your daily life, recently?”

If participants say, “Yes” the researcher explored more deeply used the trigger questions, such as, “Please explain in the detail of your situation and your feelings, currently.” However, if the participants say “No” or they had not the idea to answer the questions, researcher was made it clear, using the communication techniques for the interviewing and proved more to receive the informations.

2. Please describe to me, “What is the important thing or what are the priorities in your life?” Or, “Do you have new opportunities in your life?”

3. “Do you now have the confidence to handle difficult situations?” or “Do you think you are strong and much more resilient to deal with crisis events, now?”

The first participant was purposive sampling, informed by a psychiatric nurse who worked at the District Hospital in Pattani Province. Then, the inclusion criteria (as below) was used to confirm that the participants had successful self-healing or in the

process of the self-healing, and was met the inclusion criteria, then the in-depth interview was started.

Those of the Buddhist widows recruited into this study were selected as they met the inclusion criteria which consisted of:

1. They had the sudden loss of a spouse more than six months ago, since a previous study indicated that almost all survivors needed at least 6 months to overcome their suffering (Djelantik, Smid, Kleber, & Boelen, 2017). Furthermore, the literature also indicated that the most of participants had a successful in healing themselves more than two years after their loss (Boerner et al., 2005; Djelantik, Smid, Kleber, & Boelen, 2017; Khongthong, 2012). Thus, six months after the loss is a more appropriate time to explore the healing experience.

2. They had an experienced of healing themselves and had a good experience to overcome the suffering, acknowledge by having a new hope in life, appreciating daily life, feeling more optimistic, paying attention to small things previously considered unimportant, developing a new interest, establishing a new path in life, doing better things in life, recognizing emerging new possibilities in their life, and feeling more capable to deal with difficulties in daily life or future challenges, having strength when confronting stressful conditions, and had no severe emotional distress or psychiatric symptoms.

3. They did not show psychiatric symptoms during the study or the data collections.

4. They were willing and interested to cooperate and to reflect on their experiences for this study.

Then, snowball sampling and theoretical sampling were employed to select the following participants. For example, after the researcher did the data analysis that was derived from the first and second participants, the priori hypothesis was revealed to explore more and to confirm that the religious was relation with the self-healing process or not. Following that, the next participant who strongly believed and followed Buddhist principles was selected for the next interview and to test the hypothesis.

The participants in this study were both key participants and associated participants. The key participants in this study were the Buddhist widows who being experienced of sudden loss of a spouse during the unrest situation in the southernmost province in Thailand, and four of them have successfully healed themselves while nine participants were on the healing process: seven participants explained that they nearly to overcame the suffering, approximately eighty and ninety percentage to heal themselves, and three participants explained that they were sometime suffered when faced another event which made them recalled to the loss of economic problems. The associated informants in this study were two psychiatric nurses who were referred by the participants.

Research instruments

The data were collected using a variety of research instruments which consisted of the demographic form, the semi-structure interview guides, audio recorder, and field notes. That was guided by Strauss and Corbin (2008; 2015).

1. Demographic Data Form: this was designed to collect demographic data consisting of predisposing situation, duration of time after being exposed to the trauma until the time of interviewed, level of education, age, family income, cultural beliefs,

the family background, the relationship with her husband before he passed away, and present marital status. This information may relate with the self-healing process. The demographic data form was developed from previous studies as presented in appendix 2 (Wiriya, 2008; Mellors et al., 2001).

2. *Interview Guides*: semi-structure interview guide were used for conducting in-depth interviews to explore the suffering and self-healing strategies that the participants used to heal themselves. The questions were focused on the self-healing process that the participants used to overcome their suffering (appendix 1). Furthermore, the interview guide was modified during the data collection based on the data from the previous information.

3. *Audio recorder*: The digital audio recorder was used to record the conversations during in-depth interviews. Then, the researcher was transcribed the information from the recordings and written down immediately in the data record form in both of verbal and non-verbal of the participants. These were used to plan and prepare the trigger questions for the next interview that was generated based on the data analysis used of the coding procedure, according to Strauss and Corbin (1998). The information was transcribed and de-identified for analysis during the data collections and the data analysis of the study until data saturation.

The interview guide was verified and approved and confirmed by three experts in the area of psychiatric care before being used in this study. The first expert is a psychiatrist who has experience of nearly ten years in working with widows in southernmost region of Thailand. The second, a professor who has expertise in psychiatric nursing, and third,

psychiatric nurse who completed a master degree in psychiatric nursing and had experience of about ten years in working with widows affected by the sudden loss of their spouse from the unrest in southernmost region of Thailand.

Researcher as the instruments in this study

The researcher used herself as the instrument for this study. The researcher's background is Thai Buddhist and she believes in Buddhism, and usually uses Buddhist principles to guide her daily life. Moreover, the researcher had experiences in conducting quantitative research related to the Buddhist teachings while she studied for her Master degree in Developmental Psychology Science, and her thesis was selected for the Excellent Award from the Faculty of Anthropology, Srinakharinwirot University. In addition, she has experience as a psychiatric nurse for about twenty-two years at Suansaranroym Psychiatric Hospital (between 1988-2010). At that time, she studied and trained in psychiatric nursing for one year at Somdej Chaopraya Psychiatric Hospital. She was trained in various courses in the field of psychiatric nursing, such as a psychotherapeutic counseling course, Satir's counseling, and other courses related to psychiatric nursing. Although, this was the researcher's first time conducted a qualitative study, she trained herself on the interviewing techniques under intensive advise of her thesis supervisors. The researcher has learned a great deal about qualitative approaches, involving interview techniques and how to analyze data due by coding procedure related to the grounded approach, by doing a pilot study.

Participants' protection

The research was approved by the Institution Review Board (IRB) of the Faculty of Nursing, Prince of Songkla University. Furthermore, informed consent was obtained from the participants in the informed consent form before the in-depth interview. The participants who participated in this study were asked to share their stories and self-healing experiences after being exposed the sudden loss of their spouse. The researcher provided an opportunity and an amount of time for the participants to share about their experiences of suffering, and the ways that they used to deal with their suffering, and their perception of the nurses interventions to promote their healing process. Furthermore, the address and telephone number of the researcher was made available for the participants, if they needed some help at a later time or if they wished to talk about the interview. Lastly, the researcher gave information about the objective, the research strategies, the benefit of this study, and the right to withdraw from the study at any time.

The therapeutic communication skill of the researcher was used to make a warm relationship before the interview started, such as getting started an interviewing with the small talk and asked the participants to talk about their recent situation in the general area that they were comfortable to talk, then involved to explore about the situation of loss and their healing experienced, when the participants had ready to talk. Importantly, the researcher was concerned and be careful about the ward during the interviewing. The researcher was always protected the participants from any risk and harm by the active listening technique (by this ways researcher could understand the feelings of participants and helped and protected them for the risk and prevented them from any harm) and gave them an opportunity

to stop if they needed, or pause if they were not ready to talk. Furthermore, the researcher summarized the interviews and asked about their feelings before leaving them and offered some help if they needed. Anyway, during the interview and after the interview, it was not represent the harm or any risk came to the participants.

Data collection procedures

This research initially used purposive sampling and proceeded to theoretical sampling, as suggested by Corbin and Strauss (2008). The collection of data was started after the proposal had been approved by the Nursing Faculty Committee, and the informed consent had been signed before the data collection. The data collecting process was followed the strategies as outlined below:

Preparing phase; The researcher prepared herself in both knowledge and interviewing skills, and also prepared the setting. This phase is represented as follows:

1. The researcher visited the people who had experience of working with the widows in Pattani province in both government and non-government organizations such as nurses and psychologists, and leader of the widows who lost their spouse. The researcher made good relationships with them for the effective cooperation to select participants, and to conduct the pilot study.

2. The researcher reviewed the literature that was related to the widows, suffering, widows' suffering and how they overcome the suffering from the loss, and the knowledge that was in relation to the self-healing process. Furthermore, she developed a deeper understanding in the grounded theory method. Moreover, she usually discussed her research

with her advisor many times to gain the best understanding. Lastly, she developed a theoretical framework as the guide of this study.

3. The researcher then trained herself by conducting a pilot study that involved in-depth interview training and field note writing. She interviewed two widows in the training process, and learned to analyze the data by using a coding procedure and constant comparison, then wrote a report which was submitted and discussed with her advisor. She learned and gained more about the approaching strategy to explore the participants, coding procedure in data analysis, and generated the trajectory of the widow's life, since they experienced the sudden loss of their spouse until they succeeded to heal themselves. Lastly, the researcher always discussed with her thesis supervisor for more understanding. Then, the researcher was written the proposal and underwent a proposal defense, and gained approval before the working phase.

Working phase; in this phase researcher performed the following steps;

1. The researcher approached the participants and built warm relationships and rapport, after having been introduced by the psychological healthcare providers (psychiatric nurses) who have a responsibility to take care of them at the mental health clinic in the public hospital. The participants were asked for informed consent and signed the form before the interviews.

2. After that, an interview guide was used as a trigger tool to explore the participants' feelings and their self-healing strategies that they used to heal themselves, after being exposed the sudden loss of their spouses.

3. The digital audio recorder was used to record the information of the participants after obtaining the participants' permission. The researcher observed the participants' behaviors, noting both verbal and non-verbal communication that was presented during the in-depth interview.

4. The interview started with the small talk to make a warm relationship, and the open-ended question was used as a trigger questions to explore more deeply.

5. The digital audio recordings were transcribed, then analyzed used the coding procedures, and probing questions, and theoretical sampling were generated for the next interview and following participants for validation and confirmation with the priori data.

Following this, the initial data were analyzed to find the emerging concepts, then the participants were recruited through theoretical sampling by previous concepts until the data saturation or no new data emerged.

Data analysis

The data analysis aimed to discover the emergent concepts related to the self-healing process of Thai Buddhist widows affected by the sudden loss of a spouse. Following procedure consisting of; the coding procedure; open coding, axial coding, and selective coding, and constant comparative method was employed for the data analysis, followed by concept formation and modifying concepts. The knowledge acquired by the Thai Buddhist widows experiences was revealed as the core category of the self-healing process.

Researcher was concerned about transcribing the information from the audio record. After, transcribed the information, researcher was always validated with the participants, and two advisors. Particularly to translate to English when no equivalent

words researcher provided in the Thai word with English definition, and also validated by two advisor, so that study abroad was more helpful for translation. Because, researcher was always explained the meaning with my supervision and asked for the most appropriate meaning. However, gramma checked and validated by back translating into Thai language and verified with the original data.

Overall, five steps of the grounded theory approach were employed in this study which consist of: collecting data, coding procedure, concept formation and development, concepts modification and categories formation (Broussard, 2006). Coding procedures and constant comparison was used through the analysis of the data until theoretical saturation by the criteria; 1) no new or relevant data emerged, 2) the categories were well developed, and 3) the relationships among categories were well established and validated.

Coding procedures

The coding procedure guided by Strauss and Corbin was used in this study. There are three steps of coding: open coding, axial coding, and selective coding.

1. Open coding

Open coding was the first step of data analysis. The information from the participants, field note observations that related to the self-healing process were explored by in-depth interviews with open-ended questions that focused on the research questions. After that, all the data were transcribed and were analyzed though coding procedure line-by-line, paragraph-by-paragraph until all of the data were coded. The open coding was done by searching the key words that emerged from the data. Furthermore, the researcher

generated the categories from open coding that emerged from the data, and named the concepts, sub-categories, categories, and core category.

2. Axial coding

Axial coding was done by linking between the emerging concepts of the self-healing process and categorized of all concepts using the paradigm model, including phenomena, and conditions, actions/reactions, and consequences. The researcher was grouped similar concepts that emerged from the step of open coding, and to the conceptual categories that reflected commonalities among discrete codes.

3. Selective coding

The codes and the categories and related concepts were examined to verify the core category that represented the integrating and refining categories. Selective coding was carried out over time from the beginning until obtained the theoretical saturation, and the final writing. The researcher constructed and generated a set of relational statements of the self-healing process that can be used to explain the self-healing process of the Thai Buddhist widows. The categories used in selective coding was illustrated the core categories were; 1) realizing the loss and learning to survive, 2) cultivating to balance life, and 3) fulfillment with the new life.

Constant comparative analysis

Constant comparative is the method of data analysis in a grounded study guided by Strauss and Corbin (1998, 2015) was used in this study. Constant comparative was used to analyze and compare new information or new coding with previous information or coding in order to identify codes, sub-category, categories, and relationships between and within

categories and a central phenomenon or core categories that related to the self-healing process. Moreover, memo writing was done during coding and constant comparative analysis. The researcher wrote down her ideas about the codes, concepts, categories, and the conceptual model, thus the conceptual idea was generated for the conclusion.

Trustworthiness of the study

Trustworthiness is defined as the honesty of the data collection (Lincoln, & Guba, 1985). It can be achieved through four criteria: credibility, dependability, confirmability, and transferability. To enhance and evaluate the trustworthiness of the research procedures and findings of this qualitative study four criteria as above were performed in data collections and data analysis, and reported the findings which presented as below;

1. Credibility

To enhance the credibility or modifiability in this study, the researcher has employed the several techniques such as prolonged engagement. Data was collected over 8 months period. The researcher conducted the in-depth interview approximately 2-3 times, and 90-120 minute each time, in order to have an in-depth understanding of the cultural background and views of the participants by in-depth interviews and observation. Moreover, the triangulations techniques such as data triangulation and investigator triangulation were used for enhancing the modifiability of this study. The researcher provided the reasons, in the researcher's view compared to the view the theory holds, how and why the core category was selected. Furthermore, the researcher explained if the collection were sudden or gradual, on what grounds the final analytic decisions would be made. Moreover, the researcher proved the information with the new data to verify the

concepts and categories. After that, the hypothesis was modified to explain the relationship between the related concepts in the final analytic decisions made.

2. Dependability

Dependability or relevance are significant points of the phenomenon being studied. To enhance relevance or dependability of study, the researcher used partial control over the structure and process by using of member checked. The researcher returned the information to participants had checked their information after transcribed from the audio recorder, and asked them for correction and add some idea more if they needed. The researcher explained some of the hypotheses that were associated to the conceptual relations and what grounds were needed to formulate and validate. Furthermore, the researcher had achieved relevance to deal with the main concerns as in the way that the participants struggled with their problems, and allowed the concepts and categories to be revealed from the data.

3. Confirmability

The confirmability or workability of the grounded theory is comparable to objectivity or confirmability, and it was achieved by using the theoretical sampling and theoretical sensitivity of the researcher. The researcher defined the findings of the categories using the theoretical sampling and constant comparative technique, then the interpretations of those findings have been linked to the data. After theoretical sampling, the researcher represented the data to formulate categories and prove it. Moreover, the concepts and hypothesis were explained and used to predict the main concern of the participants.

4. Transferability

Transferability was used to enhance the fittingness of this study. The informations represented the data saturation in thirteen participants. The researcher was presented the data collecting method and criteria of the participants recruitment of this study from the different background and the theoretical sampling were employed to validated and test the priori hypothesis. Moreover, the data analysis was employed along the study, and this included the process of induction, deduction, and verification. Furthermore, the variety of techniques such as theoretical sampling, and constant comparison were used with prolong engagement in numerous participants from different characteristics. Lastly, the researcher provided the explanations: What were the major emergences? What were the events, incidents, or actions that pointed to some of these major categories? And how representative of the data did the categories prove to be? Furthermore, constant comparison analysis was used during coding and formulating concepts through the concept indicator model. Moreover, the generated conceptual model and substantive theory could fit and be grounded in the data.

CHAPTER 4

RESULTS AND DISCUSSION

This study aims to describe the impact of the sudden loss of spouse as the suffering and the self-healing process of Thai Buddhist widows due to unrest situations in the southernmost region, Thailand. In addition, this study assesses the perception of widows regarding the role of nurses in enhancing their healing process.

The findings of this study were presented in two main parts: 1) demographic and characteristic of the participants, and 2) self-healing process among the Buddhist widows who being experienced the sudden loss of a spouse from the violence. Then, the discussion was illustrated.

Findings

Demographic and characteristic of the participants

The participants were from various backgrounds. They were different in age, education, occupation, duration of marriage, number of children, family income, and period of the loss of their husband, as shown in the table below;

Number of Widow	Age (Years)	Education	Occupation		Duration of Married (years)	Family income/ Monthly		Number of children caring	Period of losing (years) (On the interviewing Date)
			Before loss of spouse	After loss of spouse		Before loss of spouse	After loss of spouse		
W1 ning	54	Primary school	Housewife	Gardener	25	~15,000	~7,000	3	3+
W2 kae	59	Primary school	Hawker	Hawker	25	~20,000	8,000 (+indebteness)	3	11
W3 tal	37	Secondary school	Housewife	Public employee	6	~20,000	12,000	0	2+
W4 tui	64	Secondary school	Housewife	Landlord & grocery owner	30	~30,000	~15,000	0	4+
W5 job	60	Secondary school	Temporary government employee	Volunteer for widows of government remedy project	27	30,000	~15,000	1	10

Number of Widow	Age (Years)	Education	Occupation		Duration of Married (years)	Family income/ Monthly		Number of children caring	Period of losing (years) (On the interviewing Date)
W6 meaw	46	Secondary school	Housewife	Temporary government employee	12	20,000	15,000+	2	9
W7 kung	51	Secondary school	Housewife	Employee of government remedy project	17	10,000	0/ 4,500 (+indebteness)	2	9
W8 jai	54	Secondary school	Food selling	Food selling	10+	~20,000	~15,000	1	10
W9 aoy	45	Bachelor's degree	Housewife	Employee of government remedy project	18+	~40,000	~10,000 (+indebteness)	3	5
W10 nid	43	Secondary school	Food selling	Food selling	22+	~20,000	~15,000	3	9

Number of Widow	Age (Years)	Education	Occupation		Duration of Married (years)	Family income/ Monthly		Number of children caring	Period of losing (years) (On the interviewing Date)
			Before loss of spouse	After loss of spouse		Before loss of spouse	After loss of spouse		
W11 suneer	61	Bachelor's degree	Public employee	Business owner & public employee	32	~30,000	~20,000	2	9
W12 mod	50	Bachelor's degree	Government officer	Government officer	20	~40,000	~35,000 (+indebtens)	2	9
W13 ya	54	Secondary school	Government officer	Government officer	26	~30,000	~15,000 (+indebtens)	2	7+

Thirteen Buddhist widows, who lived in three districts in Pattani Province which consist of Muang-Pattani District, Nong-Jik District, Sai-Buri District, and one widow who moved from Tanyoungmus district, Narathiwat Province were included in the study. The age of the participants ranged between 37 to 67 years (on the interviewing date). Regarding the education background, three widows had studied until primary level of school, eight of them until secondary level of school, and only two of them had completed bachelors degree.

Almost of the participants were changed in their occupation after being exposed the sudden loss of their spouse: seven of them changed their occupation; two participants who were grocery shop owners became private company employees, one participant became a landlord, one participant left her old job and became a volunteer work for the government remedy's project to help other widows, two widows ran a private business, and another one participants became a police officer replacing her husband's position as a policeman.

The majority of the family's income was supported by the government as a compensation for their husbands' dying (about 400,000 bath each family). Furthermore, some of them, who worked as volunteers for the district remedy organization received approximately 4,500 bath/month. However, some participants were able to earn enough income, some had to borrow money from others for household expenses due to lack of appropriate income source after the death of their husband. Although, four participants reflected that their income was adequate for the family expenditure, while three participants (W2, W10, and W13) expressed that the family income was not enough for the family's expenditure, and they had to take out loans, then they were suffered from interest's loan.

Furthermore, one participants reflected that her family problems as deterioration of health status (W2) and children's higher tuition fee for schooling, while the other two participants (W10 and W13) stated that their children higher tuition fees were the main reasons for the need to borrow money.

Thirteen Buddhist widows who participated in this study described their background and their stories about their loss and the strategies that they used to cope and strive to overcome their suffering from the sudden death of their husband as follows:

W1

W1 is a widow who lost her spouse during the unrest situation from Tanyonglimor, at a district in Narathiwat province, and joined the Resilience Quotient Enhancing Program in Pattani province, held by Deep South Coordination Center (DSCC). The DSCC aims to heal female bereaved members from conflict in the southern provinces of Thailand. The conversation with W1 took place twice. The first conversation was casual and related to her personal background. During the second appointment with her which took place on the next day, the researcher gathered in-depth information. The researcher encouraged her to talk about daily routines, such as migration from Narathiwat province to Pattani province and her living situation at the present.

She lives with three grandchildren in Narathiwat province. She has one thirteen-year-old grandson who suffers from mental retardation, he lost his father during the conflict's situations, and his is mother abandoned him, further adding to her burden. Furthermore, she had another one granddaughter to care, due to his father getting divorced,

and one grandson who works as a soldier (chasseur). The latter one also lost his father during a conflict situation in the Southern Thailand. Regarding daily routines, she goes for rubber tapping around midnight but as her rubber plant is five to six kilometers away from home. Sometime, she rides a bicycle with friends or asked her grandchild carry her to work. She thought that it was a terrible to go for work due to live in the dangerous area, although, she is scared to go out but she did for her family's surviving.

She recalled her traumatic experiences and expressed that it happened three years ago, but she still feels depressed, nowadays. Her husband was an assistant village chief. When she heard a gunshot, she did not expect that her husband was killed. She was informed about the death of her husband with caution because of her health problems. However, she went into shock after hearing about the death of her spouse. She was diagnosed a heart disease and treated with the Balloon angioplasty a year before the incident. The degree of her suffering became greater when she saw her husband's dead body.

She said with teary face that she would rather had died instead of her husband, and felt much more hopeless, at the time. She explained that almost of the families in the village also lost their family leaders and manpower. She feels unsafe despite rangers patrolling the village. After her bereavement, she has been trying to adapt to a widow life with the help support from her family, religious traditions, and social interactions. The support from her family members helped she relief from grief in many ways. At present, she does the fabric weaving for the royal project under Her Majesty Queen Sirikit, for her living expenses.

One of her main healing methods was following religious practice. She embraced and followed the Buddhist principle as a part of her daily life. She performed various religious rituals such as making merit, donating for poorly people, meditating, pouring water of dedication, and praying for her husband's next world and good rebirth. She accompanied with other bereaved members went for pilgrimage in India where she learnt to accept the loss as the truth, this also helped her to overcome sorrow. So, doing meditation helped her calm down from suffering and realized that she should be a leader for her family, then she began to maintain good physical and mental health.

Interacting with people helped her to recover from spiritual suffering. Spending time with friends made her feels better because she can communicate, share experiences, and support each other. Researcher asked her to compare degrees of grief at the earliest period of bereavement to now, and she replied that she was still a little painful in her mind during those days. However, she currently described that it declined from eighty percent to fifty percent, now. She often engaged herself in several activities and interactions so that she could keep away the feelings of sadness.

W2

W2 is a middle-aged woman, 59 years old. On the day of interview, she rode her carrier cycle to meet the researcher at the office. The conversation started with informal, talks about her currently daily life and personal background. She told that she got married to a fisherman, and had four married daughters. Recently, she lived at a Rotan Batu widows' village in Narathiwat Province, and sometime she is temporarily staying with her daughter at Pattani Province for cancer treatment with chemotherapy

and radiation. She currently earns a living by selling salted fish and also receives 4,500 baht monthly as a compensate from Thai government and plans to return to her home in Rotan Batu, Narathiwat Province after finished the cancer therapy.

Her husband was killed by gunshot more than 11 years ago (on March 2004) while she was going out to sell Thai vermicelli at the harbor. She heard a gunshot, but she did not think that was her husband had gunshot. After being told by her daughter about his death, she was shocked and cried with painful. Shortly afterwards, she had worried that it would be a hard time without her husband. However, she had tried hard and adjusted herself for a new life with support from family and Public Health Care team. She continued to sell goods, so she can meet people while she was selling goods, and she avoided being in sorrow and grief.

She described that Buddhism has contributed greatly in healing from bereaved experiences in addition to support from the Thai government. She also accompanied by other widows visited India to practice the Dharma, pray and meditate. Furthermore, she described that praying and meditation enhanced her happiness in Thai known as “Sa-Bai-Jai.” She ordained as a nun in her free time to deal with her ‘suffering’ (Dukkha).

She told that going to work or sell goods was helpful for her pain relief because she had a chance to interact with people, when she was going out. In addition, talking with her husband bone ashes and taking him with her wherever she went, helped her felt more comfortable and safely, and relieved her painful, as well. Moreover, she was exposed to distress cause by the health problems and her third daughter who is a drug addict. Then, she took the responsibility to support her grandchildren. Despite many

obstacles, she has support from friends and family to help her move on with her life. Nowadays, she participates in several activities to keep her away from over thinking and stress.

W3

W3 is 37 years old whose characteristics are friendly and cheerful. The researcher made an appointment with Tarn at CS hotel where she works as a laundrywoman. During the conversation, she expressed that she felt more comfortable now, and her grief has been recovered by hundred percent.

Her husband and her daughter were killed by bomb and gunshot together. In an early stage, she could not accept her loss while staying with her parents in Buriram province for three months. However, she realized that she could easily fall into deep grief without jobs and sufficient income. She decided to return to Pattani province and got a job at the hotel, recommend by the Southern Border Provinces Administrative Center (SBPAC).

She explained her healing from traumatic events by adopting Buddhist teaching into her daily life. She ordained as a nun for nine days, at five to six months after the loss, and she found that it did not work well, she was still pain. Nonetheless, she told that being a nun kept her away from traumatic distress or difficulties situations, and provided her a chance to make great merit for her husband and daughter's souls, and had changed her thinking in the right ways, and had a new hope. Instead of falling into sadness, she encouraged herself to be more positive so that her husband and daughter's

soul can be reborn peacefully. Whenever, she feels unhappy, she usually pray and meditate, it helped her felt more better. She used to discuss the Dhamma with a nun and a nun suggested her to pray for the biggest deeds that it should help her get a peaceful-mind. She believed that practicing the Dhamma is the best thing that she can do for her husband and daughter who were passed away. Nowadays, she is so proud of herself that she can pray and chant “Chinnabanchon Katha” very well without the book. After being a widow, she expressed that she has learned to be stronger and braver to confront the difficulties by herself. She also stated that sharing positive attitudes with others helped her to learn some idea from others who faced a more difficult than her and they still live with a good life. This helped her realized that she shouldn’t give up for a good future plan, and establish a new hope of her living.

W4

W4 is an energetic middle-aged woman, was willing to share her experiences with the researcher at the first meeting. She was originally from Bangkok, who was an orphan and had been raised by an adoptive family. In her teens, she misbehaved and decided to run away from home. Without parents, she had learned to rely on herself and grew up to be a strong-minded. She earned her living by having several temporary jobs before moving to Pattani province where she met her husband who working at a harbor office. She had been married approximately 30 years before her husband passed away. She has no her own children, but she has two stepsons from her husband’s a first wife.

She started her story with her plan to enjoy a married life with her husband after his retirement within the next six months before he killed by gunshot. At the time, she knew her husband was shot and referred to the hospital, she went to see him at the hospital, immediately. On hearing about his death, she was numb and shocked. She remembered that she stroked her hand, soaked with her husband's blood, to her chest, and kept saying that he would be with her forever. At the time, she felt lonely because she stayed alone, had no one else in her family. She still misses him every day, sometimes she talks to him as if he was still with her until nowadays. She expressed that she felt more comfortable and happy to talk with him, even though she knew he was passed away.

She received financial and mental supports from her husband's colleagues that they helped her relief grieving. She referred to a one officer from the subdistrict administrative organization who gave a lot of mental support, whenever, she feels depressed, she called her and offload her feeling of sorrow, she always helps her relieve distress. W4 has learned to deal with problems by herself, and few helped from her stepsons who sometimes visited her at home. She complained that at the time of interviewed her spiritual anchor is still hurtfulness, and it kept her alive, due to she wanted to know who was the murderer who killed her husband, and she needs to ask him a reason why killed him. She also express that being a widow has taught her to be stronger and independent, for instance, she practiced and learned driving and shooting in order to protect and take care herself. Because, she still live in the situation of unrest.

As a Buddhist, W4 also adopts religious principles as resolution for her grief. She usually makes a merit and good deeds every morning by prays and offers the food

for a monk. Furthermore, she expressed that she having trustworthy friends helped her to deal with her loss and grief. She said that her grief was partially eased, although she sometimes cries during interviewed. Because, she still miss her husband. However, she is able to handle her daily life very well, and feeling proud of herself. Lastly, she expressed her gratitude towards the researcher for giving her an opportunity to be part of this study.

W5

She is a cheerful woman, 60 years old. Her husband was passed away by gunshot nearly to 10 years ago (November, 2004). They were married for 27 years, before the incident. She worked as a housekeeper at a Technical College, whereas her husband was a soldier at a military camp in Pattani Province. She and her husband have two sons: 25-years-old and 21-years-old, at the time.

She clearly remembers and recalled that her husband was got shot in the morning while he rides motorcycle getting back to his work after dropped her at her work place. She heard the gunshot and saw her husband fall down. Immediately, she ran to her husband and took him to the hospital. Unfortunately, he was already dead from the gunshot wound.

The sudden loss of her husband made her suffered from a nervous breakdown. She felt all the negative cognitions, such as, guilt, fear, grief and desperation, and blamed herself for his death. She had been worried for a few months and thinking that her husband's relatives would blame her for his death. She was afraid that she could not answer her sons about their father's death. Ten days after his funeral ceremony, she took a

leave from her job and stayed at home because she was deeply sad. The degree of grief was more intense when she was alone. She was obsessed with her negative thoughts.

Consequently, she resigned from her job because she wanted to avoid going to the same place where her husband was shot. After resigning from the old job, she worked as a volunteer for rehabilitation services administrated by subdistrict administrative organization. She also receives 4,500 bath of benefit supported by Thai government monthly. Working for the rehabilitation services, she collaborates with other women who are widowed by violence in the southern region, Thailand. During field trips in rural areas with several voluntary groups, she met many victims who suffered from the loss of family members and they were more difficulty than hers. Some of them could not earn money to raise their children. Then, she compared herself to those victims and realized that how lucky she was. Accordingly, her life was changed to gain mental growth and became more positive.

W5 described her emotional changes from the beginning of the bereavement to the present and how her grief has been completely healed. Although, she experienced a suicide idea, but she had never a suicide attempt, she still had world-weary feelings. Recently, she can be living on her own and collaborate with women's network to help and support other victims. By joining voluntary works, it rewards her with happiness and positive thoughts, which helps her deal with the problems. She reflected on this traumatic event and felt it encourages her to be stronger and wiser including gaining happier life.

W6

She is a 46 years old woman who grew up, and got married twenty years ago at Narathiwat Province. She currently works as the temporary officer for a district police station, in Pattani province. She lost of her husband by gun shot, approximately eight years ago: in 2007. Four year before that, she used to get a serious injury as a result of a bomb in Narathiwat province and left many scars on her body that took a year to recover. Her husband's parents were worried about them and suggest to move from Narathiwat to Pattani, since then. Unfortunately, after moving to Pattani province he was gunshot one year later.

She has two sons (at the time of her husband's death, the older one was 9 years old, and the younger one was 2 years old). At the time of interview, the older one is ready applied to study in the university, and another one is studying in a public high school. She explained with smiling face about her sons that they are a good boy, they always make her feels more happier. Nowadays, she also working in various jobs, besides the job at a police station, she worked as a community security, to earn more income for household expense.

She recalled the day of his death and reflected that her husband was on duty as a driver for patrolling team. After that, she heard a bad news from her friend that the team was attacked and the driver was shot. She couldn't believe it and she asked herself that it was a dream?. Then, she called on his phone. Actually, her husband always answers her call quickly, but there was no response from him on that day. After that, she told her children to go to bed, and went to the police station. She found her husband in his last breaths and promised him that she will take care of the children very well.

After his death, she continued to stay at a house for officer at the police station. She expressed that she was mentally unstable after her husband was shot. She felt sorry for her sons because they used to cry for their father all the time. Also, she didn't have time to cry from her distress, because she had to manage his death ceremony and took three months to get better by the support of her sister in law who lived with her. She took care of her sons as well, and sometimes talked to his photo when she missed him to make her feel better.

Four months later, she can go out and participate with friends under the support of police officer or husband's boss. Since she had no educational background and no work experience, she was encouraged to finish high school before becoming a temporary officer in the police station. She joined with the widows' supporting group at the district hospital and sometimes joined with the widow activities group at another remedy district office. Talking to her friends, nurses and psychologists was her way to express her bad feelings. When she feels better, she goes to work at the district office to earn 4,500 Baht for expense. In addition, she received 500,000 Baht from government for building house on her land because she wished to have her own house to live permanently.

She explained that religious practices such as making merit, sometime sitting in a quiet place and reading religious books also helped her to relieve from distress. Those make her awakening and conscious to do the right things. She described that besides her relatives, other departments such as medical team, district rehabilitation and police department played an important role in relieving her grief. She seemed very thankful.

W7

W7 is a middle-aged woman with a plump body and smooth expression, first met with a smile and friendly greetings. She started the conversation with a general talk about her daily life. She has two children and currently lives with her young son (daughter is married and has separated to settle down with her husband). After the loss of her husband by gunshot eight years ago: in 2007, she works for the district's healing project, from which she receives 4,500 Baht a month. In daily activity, she goes to clean up the temple near her home with few friends and this makes her happy, and relieves her boredom and loneliness. Furthermore, she always makes a merit at the temple that makes her always feeling good. She looked very happy when she talked about it, and was reflected by her expression, eyes and voice tone.

She said that before her husband was shot to death, he was a bookstore employee. Her husband had survived from the first attack by a gunshot before, and the wounds were healed. She told her husband to escape from the area at that time, but he refused to leave their house. When a bad news came, she was shocked and deeply saddened that she cried all the time. At that time, she stayed in her home, and did not want to talk to anyone. Shortly afterwards, she met a friend whose husband was also been shot. She was introduced to work a project at a University, Pattani Campus that it gave her opportunity to earn enough income for her family expense. She also grew some vegetables and sold it for earning income, so her feelings of stressed was gradual decreased while she was working in the farm.

Approximately 10 months later, she joined the volunteer work group at the district's healing project and earned 4,500 Baht a month. She used to meet a psychiatrist as sometimes she used to feel lonely and was crying. The psychiatrist gave the medicine to relieve stress. She takes those medicines occasionally when she could not sleep. She worked for the district office about 4-5 years, but stopped working because of her health problems. However, she still did a volunteer work; cleaning the temple near her home, and gets 4,500 Baht a month, nowadays. Her son also has scholarships under the healing project. Working in a temple with friends, who have also lost husbands, helps her feels more comfortable. When she meets a friend and talks with them, and the atmosphere at the temple is more quietness. It helped her feels better from the suffering when she went for work and met her friends, and also support each other.

Due to multiple health problems resulted she get worried about her son's studies, if she could not stay longer to take care him. She then started with her mental remedy, she said that working and talking with friends, and reading prayer books every night with her son will soothe her mind. In addition, doing more charity under the name of her husband is another way for her to feel better because she feels like she has done well to her husband. She hopes that he will receive the merit.

She said that her son was a good boy which makes her happy. She feels good to have a son as a friend, chatting every day. They do household activities together which doesn't make her feel lonely. However, she has many ailments, including diabetes, high blood pressure, high cholesterol, and liver enlargement. She had swollen body and has to take medicine and go for a regular check up her blood sugar and fat levels were not

controlled. During the conversation, the researcher noticed that she was relaxed and expressed stories without feeling uncomfortable. So, she explained that her situation has changed a lot, nowadays. She compared and explained that at that time she was very distressed and felt really bad, but now she feels better by 80%, and she has a new hope. Lastly, she wants to live a longer life and stay with her son. For this, she will take care of her own health.

W8

She is a 54-year-old woman with a nimble gesture, eloquent and self-confident, was born in a local town , Pattani province. After her father died, she was only 3 years old, her mother had a new husband and brought her to the live in the city. She grew up in the city but after graduation, she came back to a hometown district, which is her grandparents' home and also of close relatives. She had been married twice, first with her ex-husband for about ten years and had two daughters. After they separated, she started a new family with current husband (who died) but had no children together and were not married. Therefore, the compensation money from the government for him was given to his parents, not for herself. She has a small amount of money. She has two daughters, both of them are married and have children. Nowadays, she is staying with her elder daughter, and two grandson.

Her husband was shot to death 10 years ago. She recalls that she was very upset and scared during the first 2 months. She told that her husband was shot while they were riding motorcycle together. Her husband tried to hug her and protect her body which soaked with her husband's blood. After the incident, she afraid to stay in

that area, she could not dare to go away. She felt frightened and was paranoid all the time. She was confined only at home in the earliest day and had a feeling scared every time when the car ran after her. She began to adapt because she had to work and earn a living for survival.

She recalled, someone from the Prince of Songkla University (Pattani Campus) team often came to visit her at home. They also provided a necessary things in daily life for her, which mostly used in the kitchen. Nowadays, she sells food and noodles at home, in a small store in front of the house. Her store has a lot of customers. She said that income is good enough and can be saved in a village bank which earns an interest of 4,000 Baht per year from it.

She felt a lot better because she had a good support from friends who raised her conscious and taught her to be calm and patience. Although she rarely goes to the temple, all support she had helped her to fight a fear and reduce suffering after losing her husband until today.

W9

W9, who is tall and active women. She is 45 years old, at time of interviewed. Her hometown is in Supanburi Province (central part of Thailand). After graduation in a Bachelor degree, she got marriage and moved to Sai-Buri district, Pattani province where is her husband's hometown. She said that her husband was a good man who looked after children well and took good care for her, approximately nineteen years. Besides that, she praised her husband that he was always gentle and nice to her. They had no difficulty

with income or family relationship. Her husband work for his own business: buying and selling fish for the fish factory and fishing farm. She was a housewife, and sometime slightly worked for her husband, but mainly took care of her children and her husband's parents. She has three children, two daughters and one son. They were studying at school or university as their age.

She revealed that she lost her husband five years ago. Her husband was shot while driving back from his work in a car, and also burnt after he was shot. Her husband had just bought the car and paid the installments for only three years that put her in the large amount of debt (more than one million Baht). She just paid the car debt off last year. She told that at the beginning of her loss, she was totally blind. It was like the object which flying in the air. She cannot realize and had no idea to do thing because she was blurred and distressed. She felt like she had no support and felt tired to do anything. After the loss, she ignored taking care of herself and ignored everything about beauty (she used to love being a beautiful woman and looked nice before).

She couldn't find way to solve her several problems, that was. A cause of her experienced of a suicide idea. She planed to kill all family members by giving them poison in food. However, her thought changed because of her children who took care of her very well and stayed with her all the time. She saw how much her children love her that gave her a new thought. After she got some encouragement to live for children, she looked after her beauty and exercised more often. But she always thought about what work she would have in order to generate income. Because the money government gave her was almost spent for paying car debt. After her husband's death, she took

over the fish business, but she was corrupted by her workers. She had more debt to pay. She said that one single woman couldn't handle the work. About two years, there was a problem with fishing ship that decreased her income sharply. In some months, she got no payment and she has to live with only reimbursement 4,500 Baht from government. Fortunately, her children got a scholarship which she thinks that she would be very relieved when her children graduate and work.

Besides this, she narrated about her mental recovering. She reflected that her children were taking care of her and encouraged her to move on. Sometimes, she talked to herself in front of mirror to relieve. She learnt some method from training course and learnt that there are some people who had a worse life than hers. Three years after her loss, she tried to do things by herself and decided to rent a house in urban area. Because of her worry about children's safety, she wanted to find out jobs and safe place to stay after facilities in house were sold to cover expense. She plans to do business, but couldn't find good locations. However, she is so proud to have her son to complete a high school in this year and her oldest daughter who tends to graduate in the university, and the youngest one who always gets scholarship to study. Now, she is connecting with her old friends in Supanburi Province and plan to open a small business there. In addition, her feeling about her husband has become better after she worked as a volunteer in rehabilitation project at temple and sometimes was able to make merits in festivals.

W10

She is 42 years old. She was married 15 years before her husband was shot (he was shot and passed away, 9 years ago, in 2008). Her husband also used to be a volunteer terrorist fighter. Many people warned him about the danger, so he quits his job. But, he was killed two months later. She has three little daughters when her husband passed away. The oldest one studied in high school, the second one was at primary school, and the youngest one was at pre-school. Now the oldest one has just graduated and she is ready to find jobs. The middle one and the youngest one are at the final level and third level of secondary school in Pattani province.

Nowadays, she is making and selling dessert's at home, sometimes she sells for wholesale. She has a good income and is getting more customers. In addition, she provides service (dessert) during the coffee break for meetings. She takes her dessert to wherever her customer orders from. Moreover, she gathered up friends to help and create a bigger income. She seemed happy and very proud of herself especially when she was helping friends to earn more income.

Besides selling retailed dessert, she opened a small food shop at her house in the morning and evening. Because of her good cooking many customers come to her place, she plans to expand her food shop, next time. Moreover, she attends the rehabilitation project and gets 4,500 Baht per month. She has no time for relaxation, but she is quite happy to work because it helped her to forget her worries and suffering. On some days, her children come back early and help her out to work. She loves them, they are good girls, and she need to do everything for their future.

After the loss of her husband she started doing everything by herself, making her much stronger. Nowadays, she totally changed compared to before her husband passed away, as she has to think and make decisions for everything by herself. She has become more confident and so proud of herself. She never tells about her difficulties to anyone (At this point, she started to cry). Because, she have not any relative there. Her parent was already passed away many years ago. The first two months following his death, she cannot do anything. She didn't want to eat and lost a lot of weight. She felt depressed, didn't need to talk with each other, stayed at home and lay down looked at the ceiling, all of the day and night. She didn't have any plan for the future due to the sudden loss of the key person in her family. She used to prepare dessert but she didn't want to sell them. Nowadays, those feelings have disappeared since she accepted and understood in the law of karma, as she explained her feelings.

Every day after bringing the children to school, she always goes to the temple to prepare the meal for monks. That is a merit making for her husband, and made her mind calm down from feeling suffer. Sometimes, she sits alone in a quietness place at the temple, and studies Dhamma on the book. The lessons in the temple could teach her to be more conscious. Because, she likes to go to the temple since she was a child. She thought she didn't waste time with distress because of this. After that, she became the president of a pray club in the district. She believes that making goodness will contribute in helping her recovery.

The health care provider used to visit her at home, and invited her to attend a program at the hospital. Attending the group activities, she participated with each other

who lost their family members and many widows' friends who also lost their husband. She was appreciated cuddling up and sharing experiences with the others, it made her feel calm and more easy to accept the situation. She was impressed with the medical team coming to her house. The help from the team helped her recover so fast and stay as normal living again. The rehabilitation programs helped her recover from distress, create friendship, and had given her good careers. She learnt many things which she never learnt before she joined the groups. She became more confident after she finished the groups.

Sometime, when she was very distressed, she went away and shouted at the far forest. She feels better after doing that. And sometimes, she looked at stars and thought of her husband. It took her more than six months to adapt and do everything by herself. She was to compensate when she was feeling think of her husband by took care of the trees that her husband planted, and she also planted more. She expressed that she was feeling much happier to do that, and felt like she was doing something for him.

She stated that the most important thing which helped her get through her grief and suffering was her children. She tried to do everything such as earning income for family expense, and did her best as a mother in the responsibility role. That had help her changed and moved on. She reflected herself that she is without emotional distress and she is much happy, nowadays. The crisis turned to be an opportunity for her and her children to learn new things. She also stated that her children are the best thing in her life, nowadays.

W11

She is a 61 years old women. She has three children; the eldest son is male and the rest are female. All children were graduated and they are now working. Currently, she lives in Pattani with her younger daughter and two grandchildren. At meeting, she was talkative, beaming, and her eyes did not reflect any kind of sadness. But when we talked about her husband, she had tears in her eyes. She said that tears did not come from sadness, but because she missed her husband who was a very good person. He cared for her and her children very well.

She was a teacher at secondary school in Pattani Province, and she retired early a few years ago (while she was about 42 years old). Then, she worked as a public relations officer for a private hospital in Pattani province. She could not work long time because the hospital closed down. Then, she invested in the fishing business with friends and ran this business for 10 years. After that, she decided to dissolve this business when she couldn't earn any profit due to shortage of fish. Later, she, with her friends started to run a business on duck and chicken farming. She has been in this business since then. She said that this business is profitable enough because it has regular customers. In addition, she also works as an accountant for a private company in Pattani Province. She never let herself loose, she was always employed.

She talked about being a wife of a border patrol officer and stated that she had already prepared herself for losing him but since the time she decided to marry him. Many times, her husband had patrol duty and leave home about two months. Thus, she had already chosen him, so she must understand and accept the truth about what might

happen. She always told herself and taught her children about the uncertainty of life. They must live together even if they do not have her husband. In addition, she recalls that she is a person who studies and practices Dhamma, regularly. Thus, when exposed to the loss and the suffering that takes place in her mind, she tries to apply the principles taught by the Buddha to bring herself out of suffering as soon as possible. That is for her children and her future.

She was exposed to the loss of her husband ten days after his mother's funeral ceremony. It made her felt much more sorrow, cause of facing the loses two times, shortly. (She had a little whiny voice and continued). At the time, when she heard her husband's was shot. She immediately prepared for the loss and went to the hospital. She told herself that it was depending on his old karma if he passed away, at that time. After her husband passed away she had arranged the best funeral ceremony for him. After the funeral ceremony, she was in the depth of suffering and had much more loneliness for a few months.

In addition, she gave her opinion about death as everyone must die one day, we cannot deny the dying. She strongly believes in the 'Law of Natural' as the Buddhism teaching. That is 'Everything that happens is according to the prescribed dictum, to be birth, aging, pain and death are common things that everyone will exposed' Thinking like this made her lessen from distressed. After her husband passed away, she began planning a new life. She could do it because she is usually the one who handles everything in the house, whether it's a young child studying or a payment for home. She also earns income from business and work.

Mostly, she was healing by herself, her friends and relatives have a few support. She believe that she is the most important thing to heal herself. She used to feel lonely, tired and did not want to do anything. She told herself that she had died. I have to accept the truth of his death. However, she felt like he was still with her when she looks at his photos and some places at home.

She said that she has never had a health care provider at her home. She believed that she had to rely on herself first, before asking for others' help. In addition, she also said that philanthropy has a great impact on the mind, it helped her more relaxed and comfortable. In addition, one part of the important support came from encouraged between three children. Now, she is conventionally happy and does not have any trouble.

W12

She is a 50 years old women who lost her husband in the crisis incidence, from gunshot 9 years ago (in 2007). Presently, she is working as a nutritionist in the hospital. She has two sons when her husband was killed, they were just 10 and 6 years old. She had to take care of the children alone after her husband passed away. Fortunately, her parents gave some support for her family, and she stayed close to her parent's home. She could ask for help from parent anytime as she need. At the time of interview, the first son is studying in the first year of undergraduate level, and the youngest son studying at the local secondary school in Pattani province.

She had a much more emotional since being exposed to the sudden loss of her husband. However, she realized that she needed to live for her children, and she has

many things to do by herself after husband passed away. Actually, she has encountered the experiences of loss many times in her life such as loss of her second child 30 minutes after delivery, cause of congenital abnormally, loss of her younger sister, and loss of her first boyfriend. Continuously, exposing the loss made her feels much more depth in suffering. Moreover, losing her husband made her felt severe grief and much more difficulties due to misunderstandings and gossip from her colleagues in her office, included the feeling as suppression of the previous suffering and from the sudden loss of her husband.

At the time, when she saw her husband dead body at the emergency department she was in shocked (tearful in her eyes when she talks about the death). Being exposed to the sudden loss of her husband cause her in trouble from money loan interest and bearing a lot of the household expenses (cause by dramatically decreased income). However, she tried to solve the problems and start to prepare herself for moving on. She thought that she will do everything as the best for her children and herself. She can not express her sorrowful feelings, not even to cry for the husband's dying, at the time. She thought that she need to be stronger for her children. As at the time her first son was more sorrowful when he heard the news of the father's death. If she expressed more sorrow or suffering her children would feel more hopelessness than her so that she did in different things as made her busy such as busy with the funeral ceremony, connected with husband's family in Changrai Province, and concentrated with her responsibilities, after loss of her husband.

Sudden loss of her spouse made her encounter many problems in her life such as mental health problem, economic problem, uncomfortable and uncertainty, and she

felt much insecurity in life, due to she stayed alone, in the earlier of the lost. Then, she moved to her parent's home for a while, about two months until she felt more comfortable and she has more confidence to stay alone, she returned to her home. Her parent still contributed the money to her and her children education's expense which was helpful to solve the economic problem.

In terms of her recovery, she was exposing much more suffering from the lost, and she feels lonely and abandoned relatively. The strategy she often used to cope with her feeling was talking with her husband's photo, which help her more comfortable and releases her suffering. In addition, she faced the problem from her work which cause her bad feeling and affected her health. Because, sometime she leaved the job by her sickness. Eventually, she got hypertension from the long term being over-stress and grieving symptoms. Then, she visit a psychiatrist, and took some medicine for two months. After that, she had a request to move to another department, and then moved to the Internal Security Operations Command (ISOC) about three years, before back to the old job again, when she felt more confidence and had a more stronger, and to be ready for a new life without her husband. She believed she can faced a trouble by herself and enable to solve some problems or protect herself.

She believed that the love from her sons, parent, and sister helped her overcome both difficulties and mental distress in every aspect, including financial support which help her to stay. She received support during the difficulties. Due to her responsibility of two sons she decided to move forward for them. In addition, she spent time by doing a good deed and making a merit as much as she can such as offering food for a monk every

morning, and praying at night. She believed that making a merit and pouring water to his spirit “Buhn” (Thai’s culture, believed that doing a merit helps person gaining “Buhn” and “Buhn” which could transfer to dying’s spirit being in the good place or a “Heaven”)

Nowadays, she lives a normal life. She has no distress like a few years ago after the lost. She thinks that everything happens according to the old karma as taught in Buddhism. She believed that “Everyone get results in their life based upon how they do”

W13

She is a friendly small woman with yellowish-brown skin and soft voice tone. She work as a nurse aid at out patient department in a public hospital in Pattani Province. Her husband also work in the same place in the maintenance department. She has two sons, the eldest son is 24 years old who is staying in the prison as a result of drug use. The younger son is 19 years old who is now studying in Pattani Technical College. Her both children would rather obstinate and rarely obey her, after the loss of her husband. It made her feel very bad and so tired with both sons’ behavior. She hope to gain more happier if her children are being good boys.

She lost her husband from gunshot six years ago (in 2010). She was in shock when she heard that her husband was gunshot and dead immediately. At the time, she had suffered of his sudden death, and felt unable accept his dying, and could not bear with the terrible events, and responsibility as a family’s leader. She had lot of an emotional distress in the earlier stage of the loss. She could not do anything by herself, and she

won't to talk with others. She felt deeply depress and unable to eat, it causes she lost her weight about ten kilograms in few months.

Her mother moved to stay with her for a few year until her suffering was relieved. She felt better while her mother stayed with her and talked together when she needed a support. She always talked and drained with her mother when she had much stress and felt uncomfortable about her living conditions. Because her two sons were too young at that time. The oldest son was studying in secondary school (Grade 4) while the youngest son studying in grade 1. Her sons had much sorrow cause by the sudden loss of their father, they hardly went to school. Then, their GPA dramatically drop until the oldest son was dropout from the school. Facing the sudden loss of her husband and her family problems made she had more suffered and distressed about two years.

She used several ways to overcome her suffering such as go out for a dinner with friends, talking and draining her feeling with her close friends, doing good deed, and making merit by offer a food for monk, praying, reading Dhamma on books, and practice meditation. She stated that praying helped her got a better sleep. Sometime, she invited her son to worship together which helped her gained more happier and stronger. After the first son was in the prison, she reflected that her youngest son returned to take care her again, and he often talk with her more than a few years ago. That made her suffering was dramatically relieved. However, she used to see a psychiatrist and take some medicine for a while about two or three months until she got better from the sleepless and relieved from the depressive symptoms. Furthermore, she stated that talking with close friends is another way that she used to relief her emotional distress.

At the time of interview, she accepted every worsen situations that happen in her life. She still work at the hospital so that working harder and the busy time helped her lessen her suffering and emotional distress. She expressed that she did everything for her sons and gaining a new life. She belief that everything that was happened were depended on her own karma so that doing a good deed will make her more happier. So, she thought that she has many persons who will support her if she needed such as her parent and relatives, her children, and the good friends. Thus, she will spend her life as good as possible for them. Money supported from the government about 500,000 baht was expense for the new house and her children studying. She had a money loan and paid for the interest every month, because, her salary was not enough for monthly expense.

The healing process among Thai Buddhist widows from the southernmost region, Thailand

As the situation of unrest still continues in the southernmost region of Thailand, it has had a serious impact on people there. Widows in particular who have experienced the sudden loss of a beloved one, now have to strive to regain a harmonious life. This study aimed to describe the suffering and the healing experiences among Thai Buddhist widows who have lost their spouse due to the situations of unrest. Most of the Thai Buddhist widows (the participants) in this study spent time to release as well as recover from their suffering and/or their emotional distress until they found harmony.

The participants realized and reflected that the sudden loss of a breadwinner had caused a crisis in their life: everything dramatically changed after becoming a widow.

Their large burdens were described as new tasks to be with new responsibility, such as taking care of their families by themselves without the support from a husband. These tasks included taking care of their children, earning an income for the family, staying in an area of unrest under duress due to the poor economic environment and lack of support if they moved out. These factors made them feel uncertain and insecure about their lives. A few widows had suicidal ideas in order to escape from their serious problems.

However, all participants worried about their significant others, in particular their children. This drove the widows to live and move forward with a new life goal. They then started to solve many difficulties by themselves with the support from others such as health care teams, and other organizations both government and non-government. With that support and time spent to realize their loss, they were triggered to move forward with new hope. Eventually, the participants were able to overcome the suffering stage, achieve harmonious life by themselves, and grow psychologically.

Four participants (W5, W6, W10, and W11) in this study reflected that they had successfully healed themselves and experienced happiness in their new lives as a result of enough support from every sector. However, nine of them were still in the process of self-healing with new hope and had a good plan to overcome their difficulties at the time of interview. The healing process sometimes fluctuated between the second and third processes due to health problems, family problems, and economic problems. For example, a widow (W12) who considered herself to have economic problems, had received good care and economic support from her parents and sister, in addition to her salary, thus helped her to relieve her suffering and attain psychological growth. Another widow (W13) had

family problems caused by her son, who was in prison for drug trafficking. Notwithstanding, she has another son who takes care of her, and she received good support from her old family (parent and siblings). The self-healing process is a personal, but there are many associated factors which were represented in the data, such as care from the health teams (psychiatric nurses, psychologist) which included support from Village Health Volunteer (VHV), family support, good social support from local people, and economic support from the government. They worked and cooperated as a team to heal the people affected from the situations of unrest.

Overall the process which the participants used to heal themselves is named **“Reconciliation for Harmonious Life”** described as following;

Core category: “Reconciliation for Harmonious Life”

“Reconciliation for Harmonious Life” is the core category of the self-healing process which was identified from the participants’ information from this study. This process revealed three periods which are represented by three main categories: 1) Realizing the loss and learning to survive (illustrated in Table 3); 2) Cultivating to balance life (Table 4); and 3) Fulfillment with the new life (Table 5). Furthermore, nine subcategories are used to illustrate the core category which consist of: 1) Realizing the impact of the loss; 2) Releasing emotional distress and learning to survive; 3) Accepting the loss and gaining inner strength; 4) Searching for a new purpose in life; 5) Seeking ways to overcome suffering; 6) Appreciating the new life; 7) Developing an altruistic attitude; 8) Managing self to fulfill a good life; and 9) Living with harmonious life. These are illustrated in *Figure 6*.

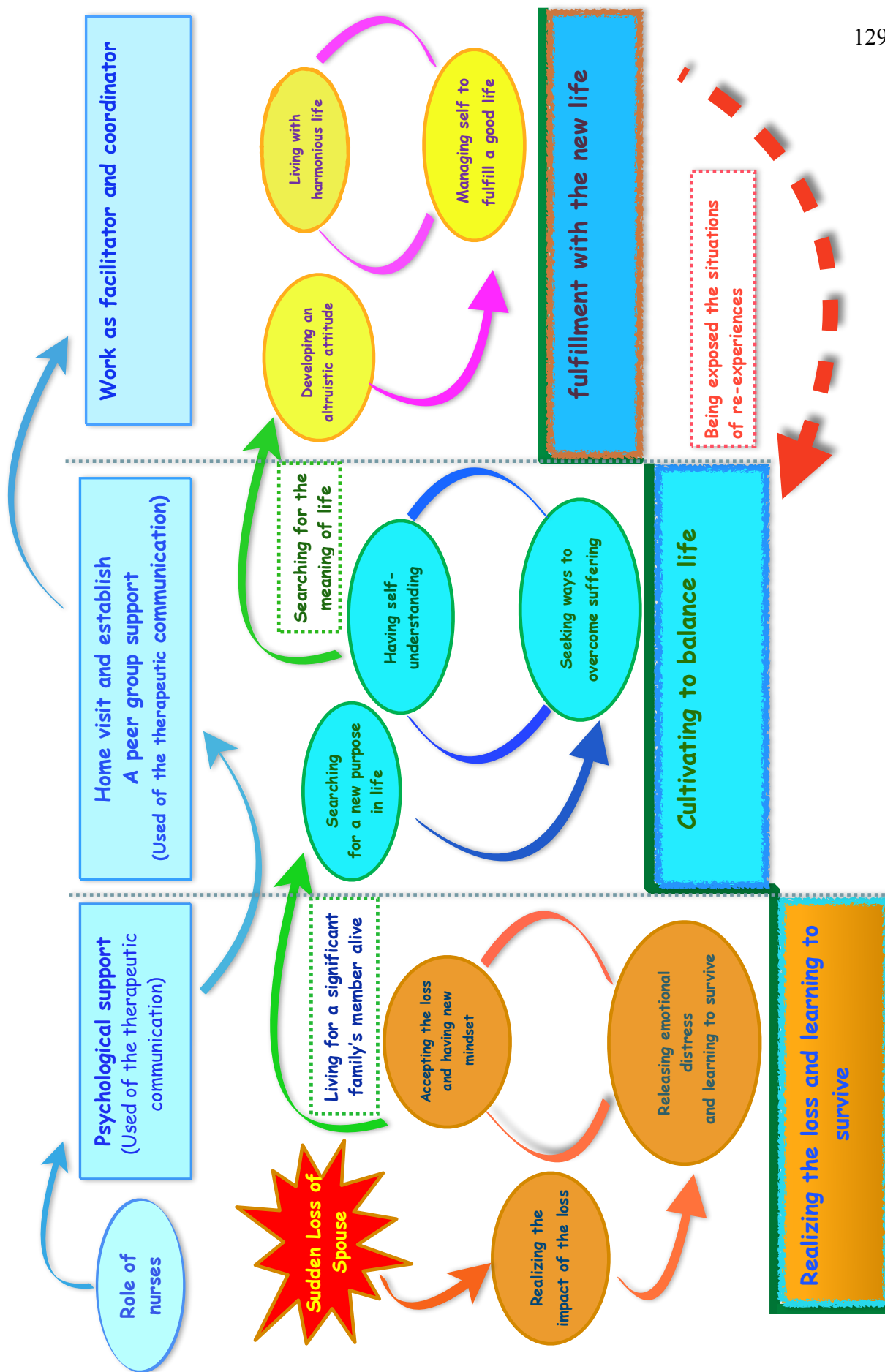


Figure 6 Model of Reconciliation for Harmonious Life

“Reconciliation for Harmonious Life” acknowledges that the participants had overcome the period of suffering, had no evidence of any psychological illness, and brought about psychological growth (accepting the loss, attaining self-understanding, gaining inner strength, living in harmony), these are emerging from the data of this study. Furthermore, the participants who had successfully healed moved beyond healing so and were involved in volunteer work for the new survivors who had experienced loss of family members from the situation of unrest. They reflected that they were more happier when they helped others. Almost all of participants explained that they had overcome their difficulties from the support from many sectors which also included others in their environment, thus they needed to return the help for others in that situations.

Three categories and nine subcategories which are illustrated the core category **“Reconciliation for a Harmonious Life”** described as following;

Category 1: Realizing the loss and learning to survive

The category *“Realizing the loss and learning to survive”* is the first category of the core category of the self-healing process *“Reconciliation for a Harmonious Life”* which describes the experiences of Thai Buddhist widows suffering after experienced the sudden loss of their loved one. Thai Buddhist widows took amount of time to learn to overcome the suffering and made their life more comfortable to move on.

The category *“Realizing the loss and learning to survive”* is comprised of three sub-categories. The first sub-category named *“Realizing the Impact of the Loss”* which is the condition of the category. The second sub-category named *“Releasing the emotional*

distress and learning to survive” and consists of the actions/interactions (strategies) that the participants used to confront their emotional distress and difficult situations. Finally, *“Accepting the loss and gaining inner strength”* which encompasses the consequences. The conditions, actions/interactions (strategies), and consequences of ‘Realizing the lost and learning to survive’ category are described in *Table 3*.

Table 3 Realizing the loss and learning to survive: Conditions, Actions/reactions, and Consequences

Conditions	Actions/Reactions	Consequences
<p>Realizing the impact of the loss</p> <p>1. Facing the dramatic changes in life 1.1) Increased household responsibilities 1.2) Feeling of uncertainty and insecurity of the family members 1.3) Decreased family-income</p> <p>2. Being exposed lack of dignity and lack of respect</p> <p>3) Previous experience of life crisis</p>	<p>Releasing emotional distress and learning to survive</p> <p>1. Releasing emotional distress: Immediately reactions to the loss</p> <p>2. Learning to gain more comfortable 2.1) Avoiding and ignoring people who raise painful memories 2.2) Demonstrating self-capabilities and self-independence 2.3) Working harder to release tension 2.4) Going to the temple for quietness (quiet place)</p>	<p>Accepting the loss and having new mindset</p> <p>1) Lessening emotional disturbance</p> <p>2) Readiness to move on</p>

Conditions: Realizing the impact of the loss

This sub-category illustrated the conditions “*Realizing the impact of the loss*” is associated with “*Realizing the loss and learning to survive*”. The participants had suffered and were striving with their ‘*Suffering*’ after experiencing the sudden loss of their husbands. The sudden loss of the head of the family dramatically changed their lives. Each healing experience was depended on the individual widow’s background and the supporting and/or hindering factors which were related to the healing process such as previous crisis experiences, the family’s economic status, and the number of children.

The subcategory ‘*Realizing the impact of the loss*’ is illustrated by three concepts which consist of: 1) Facing the dramatic change in life, 2) Being exposed lack of dignity and lack of respect, and 3) Previous experience of dealing with crisis situations.

1. *Facing the dramatic changes in life*: The loss of the family’s breadwinner had a dramatic impact on the participants and their families. The participants realized the changes they faced especially the sudden loss by violence or a terrorist attack, which was perceived as a crisis by all the widows. Each widow took a different amount of time to come to terms with the dramatic changes in their life and their family. They needed significant time to recognize and realize their situation and the impact. Some widows took at least six months while other widows took more than six months to one year to realize and recognize themselves after the sudden loss of their spouse.

Three sub-concepts were identified in relation to the “*Facing the dramatic changes in life*” concept: 1.1) Increased household responsibilities; 1.2) Feelings of uncertainty and insecurity of the family members; and 1.3) Decreased family income.

1.1 Increased household responsibilities; According to Thai culture, a man is expected to be the family's leader and take on a high level of responsibility for his family. Most of the participants in this study were housewives who lived in rural areas; they were dependent on their husbands. After their spouse had passed away, the widows became the family leader and had to bear more responsibility in their new role now they had lost of their spouse. The sudden loss of the family leader brought a lot of changes to the widows' lives. As the participants described:

"...Becoming the new family leader I found that it was so hard to take on the responsibility such as taking care of three children who were in school, paying for the car lease, a lot of household spending..."(W9)

"...When my husband was alive, he did everything for me and three daughters. The sudden loss of my husband affected my life, I faced the most difficult situations. Because, I cannot ride a motorcycle to deliver desserts, this affected my career. I didn't know how I could cope with any problem without him... I became the new family leader and bore a lot of responsibility. My three daughters are studying. One is in secondary school, the next one is in a primary school, and the youngest one is in kindergarten...I'm so tired, at the time..."(W10)

1.2 Feeling of uncertainty and insecurity of the family members: Most of the Buddhist widows who participated in this study reflected feelings of uncertainty and insecurity, not only in their lives but also their families' lives. In the past, their husbands had taken on the major role to protect and meet all family members' needs,

so they felt confident in regards to safety as well as being comfortable. However, the sudden loss of the family's leader affected the widows and their children who suffered deeply from being deprived of their father, and they experienced uncertainty in their lives and they could see no future. Some of them were afraid to stay in their old house yet they could not move out because of the loss in income. Moreover, shootings and bombings were still happening, people and soldiers were injured or killed daily. This situation caused the widows and their children to experience uncertainty in their daily life if they were still living in the southern border area.

"...After my husband passed away, I was worried about my children's safety. Because, they were going to a school which is located in Pattani city, every day. Moreover, situations of unrest still frequently happened. One day, some of the school vans were bombed and some students were injured and died. After that, I decided to rent a small house in Pattani city near to their school for their safety, and sometimes I stayed with them." (W9)

"...I need to move out, because I felt uncertainty in my daily life. I thought staying in the southernmost region was not safe for me and my children. Anyway, I can't do that because I don't have enough money for a new living place, and there is my home town. My relatives are still living there..." (W10)

1.3 Decreased family income: At the initial time of this study, nine of the thirteen Buddhist widows were unemployed, because they had been housewives while their husband was still alive, therefore, they were not earning an income, although four of

the widows had a job and had an income for family expenses. The immediate loss of their spouse caused a dramatic decrease in the family income, and this was the another cause of their suffering. Regarding the decreased family income, the participants reflected their difficulty managing household expenditure after their sudden loss. The participants expressed their troubles:

“...The sudden loss of my husband caused an immediate crisis in my life. I faced a lack of income, and suffered from the interest owing on my loans. That made me bear too much responsibility. So, due to lack of income, I worked harder to earn money. Then, my third daughter became a drug addict as a result of the lack of time to care for her. The sudden loss of my spouse affected me too much...” (W2)

“...I did not work before my husband passed away. My husband took care of everybody, and the family income came from him only. It was unlucky, the sudden loss of my husband had too much impact on our family income, because of the interest on a bank loan as well as a car lease, and three children were studying in primary school and secondary school, while I did not have enough money for family expenses....”(W9)

“...Although his salary was less than mine, it was important for our family expenses. After my husband passed away, I suffered as the income was not enough for household spending. There were many problems that came to me,

I could not manage, my luck is the support I got from my parents and my sister...” (W12)

2. Being exposed lack of dignity and lack of respect: Becoming a widow seems to cause a serious situation for women in Thai culture, particularly those living in the rural areas. The participants perceived that the local people had changed and they did not accept and respect them as the time when their husbands were alive. There was gossip, and there was a negative view upon the status as widow. The participants reflected that they did not like the community’s views or actions toward them as one widow said, *“I think they do not respect me as a person” (W6)*

The participants expressed their feelings on this situation in two aspects: they had experienced a lack of dignity and the feeling of disrespect. Almost all the participants reflected that their neighbors regarded them in negative ways, and did not trust and accept their ability. Furthermore, the participants reflected that now, people treated them as being vulnerable. Furthermore, the participants reflected that people treated them as being dependent on others, thus, they were not respected. As one of the participants expressed:

“...Many around me were gossiping about me. ‘See, she will sell her car, house, and leave Pattani province, and she will remarry soon. I thought that they didn’t respect my dignity when they said that. I suffered from their gossip, and I felt they did not trust or accept my ability. I can take care of myself and my children. Anyway, I tried to present myself but I could not stop their gossip until they accepted that I’m not as bad as they thought. Nowadays, I have more ability to take care of myself and my family without my husband....” (W4)

“So, becoming as a widow was not easy, many did not respect my dignity. I felt that most of the men didn’t respect me as a good woman. I felt they harassed me and they tried to take liberties with me when they had the opportunity. I thought they did not respect me as a person. That’s my feeling. One man asked me to be his lover. So, I was very scared of that man who did not respect my dignity. Furthermore, after my husband passed away, the customers who bought our fish on credit didn’t pay the money back to me, because they thought that a widow like me can’t ask them to pay....” (W9)

3. Previous experience of life crisis: This concept illustrates the relation of previous traumatic experiences that affected the healing process. This was reflected by the participants who had experienced previous traumatic situations; they had lower levels of suffering compared to the participants who had not had a previous traumatic experience. In addition, the recovery period was shorter for them than participants who have never been exposed to traumatic events. As the participants said:

“...I thought of death and dying as a normal event in our life. The first time I was exposed to loss was when I lost my father, and then I lost my mother. I learned that many will die one day, even me, we cannot be in denial. Actually, I was exposed a greater suffering from the sudden loss of my husband. Anyway, I could solve that problem by myself, because I understand everyone will die and that I have learned from the previous experience of losing family members...” (W10)

“...It was easier to accept the sudden loss of my husband. Because, I have experienced the loss of family members. I experienced my second son dying a few minutes after delivery, caused by his abnormality. A few years later, I lost my sister who had Dengue fever. I feel strong enough to overcome the present life crisis...Anyway, few month later I had psychological problems, the psychiatrist explained that it was caused by my previous experiences of loss and that it wouldn't be resolved until the last time the symptoms emerge. But, I got well after treatment, a few months...” (W12)

In addition, the previous loss of loved ones or significant persons affected the healing process in two ways, both enhancing and hindering the self-healing process. Widows who strongly believed that dying is natural as in Buddhism, drew strength from their belief and so found it easier to cope with their new crisis. On the other hand, the widows who did not receive good care would suppress their emotional distress or their suffering, thus symptoms of traumatic distress occurred when they were exhausted and could not control themselves. This issue will be discussed in the discussion chapter.

Actions/Reactions: Releasing emotional distress and learning to move on

The subcategory *“Releasing emotional distress and learning to survive”* illustrated the actions/reactions which the participants reflected. They used several strategies to lessen their suffering and to overcome their crisis situations at the time. The subcategory *“Releasing emotional distress and learning to survive”* is represented in two main concepts which consist of: 1) Releasing emotional distress, and 2) Learning for comfortable life.

1. Releasing emotional distress: This is the reactions to the loss. The participants reflected that they needed to transfer their suffering to someone who was ready to listen and accept their feelings. *“Immediate reactions to the loss”* was identified to illustrate the reactions of participants due to the sudden loss of their spouse. The participants reflected that the sudden loss of their spouse caused a severe life crisis, and could not accept the conditions.

The participants expressed their emotional distress such as feeling shocked, deep pain, deep sorrow, feeling despair for the future, hopelessness, feeling loneliness, feeling fearfulness, feeling guilty, and angry at the terrorists. Furthermore, almost of them reflected that they had experienced confusion, and further, loss of the perception of reality — they could not accept the death. At that time, they lost of interest in doing thing in their daily lives. They needed to release their emotional distress but they had no one to listen to them. The various emotional distress/suffering that destroyed their self at that time, are represented below:

Feeling painful: The participants expressed that the sudden loss of their husbands resulted in a high level of suffering or a deep pain in their mind. As one participant reflected that she felt like her future was immediately in despair at the time, and she was feeling hopelessness (W9); her husband was all of her future and she was dependent on her husband. Dealing with the sudden loss of her husband was the most troubling time she had ever experienced in her life.

“...On hearing my husband had been shot and had died I was shocked, and the degree became greater when I saw my husband’s bleeding body. I felt like my

heart was breaking and going into failure. I didn't believe he had passed away. I could not accept his death. I felt like I was having a heart attack, and it stopped working for a minute. I cried so much. I couldn't control myself because of the suffering that filled my mind (Dukkha-Tor-Ra-Man-Jai, as said in Thai). That's the depth of pain in my mind. At that time, my sorrow could not be explained by words. Because, I lost the key person of my family. He was everything in my life. I didn't know how to move forward...(W1)

"...My husband was killed by gunshots and they burnt his body in his car. I can't remember his dead body. I have been deep in pain and suffered from that situation. I can't realize anything in my life. My husband's sibling did everything for me. I did not either care for myself or eat. Many times, I thought I would die with him. I did not want to live alone. I used to plan to kill myself and my children during the early of the loss. I took an amount of time, more than one year to heal myself and I strove with feelings of terror and emotional distress..." (W9)

Anger at the terrorists: This is the feeling of the participants in reaction to the killers. The participants reflected that they felt much anger for the terrorists who had killed their husbands. They thought the terrorists had deprived their beloved ones, and had left them alone with an empty life. They reflected that their loss affected everything, and their lives had now dramatically changed. As they expressed:

“...I was angry and hated the terrorists who had killed my husband. Honestly, I can't accept and forgive the killer; I really hated the terrorists, at the time. Actually, they had no reason to kill him. My husband didn't do anything wrong to them. I don't understand why they killed him. Sometimes, I need to ask the one who killed my husband, if his family members or his beloved one had been killed in sudden death, how they would feel. I hated them (terrorists), I used to think I wanted to return the pain to them...” (W1)

“...At the time, I thought I can't forgive the terrorists who killed my husband. I needed to see them and ask them 'why you killed my husband, he didn't do anything wrong to you and your family'. This is my reason why I need to stay alive. So, I had much bad feeling and hatred for the killer and the terrorists who had serious conflicts with the government and caused the death and injuries of a lot of people in this area...” (W4)

Feeling guilty: In regards to feeling guilty, those participants in particular expressed their feelings in two ways. Firstly, they reflected that they had not taken good care of their husbands before they passed away. Actually, they felt that they needed to return good care and good things and spend a pleasant time with him. Unfortunately, the sudden loss of their husband resulted in the widows having feelings of guilt, because they had not done something in return for their husbands. After that, they tried to compensate by practicing a merit making and pouring water for his spirit

(following the Buddhist belief), as well as taking care of his parents as best as they could, and taking good care of the children. As the participants reflected their feelings:

“...I suffered from my over-thinking, because I had too many guilty feelings. I think I did not give him good care when he was alive. He was my good husband. He had taken the best possible care of me and my children. We had a good life because he was working hard to take care of us. I needed to provide him with good care, but I didn't do that...” (W11)

“...To compensate my guilty feelings, I did good deeds and made merit for his spirit. Furthermore, I usually taught my children about their good father and told them to pay respects to their father. Every year, on Songkran day, I always invite my children to clean the place that holds his ashes to remember him and pay their respects to him...” (W6)

Secondly, some participants had a feeling of guilt because they thought that they were the cause of their husbands' deaths. That is particular to the widows who lost their husbands while the husbands were doing something for them. One widow lost her husband after he had taken her to her place of work, and she saw him get shot in front of her. She recalled that day and reflected her feeling as:

“...I thought his dying was my fault. If he had not taken me to my workplace, he would not have been shot and killed. So, after my husband's cremation ceremony, I didn't contact his parents and relatives because I felt a lot of guilt.

I thought they would blame me as the cause of his death. Thus, I tried to take good care of his parents to lessen my guilty feeling...” (W5)

“...At the time, I had much feeling of guilt because I did a bad thing to him. Because on that day, my husband and I had argued before he was killed. I thought if I reminded him with good words he would have believed me and wouldn't have gone out, so that was the cause of his death...” (W10)

Feeling loneliness: The participants reflected they had significant feelings of loneliness after the sudden loss of their spouses. This was because while the husband was alive, he was a good family leader and he took care of everything. Furthermore, their husbands always helped them in making decision to solve any problems that arose in their lives. After their sudden loss, the participants experienced much loneliness, so during those times they always talked to their husband's picture, talked with their children, and did something with their close friends such as go out for dinner to lessen their feeling of loneliness.

“...When I opened the door and saw his stuff I thought of him too much and I felt the most loneliness while I stayed alone, I missed him too much, at the time...” (W5)

“...At the time, I had much sorrow and feeling loneliness. I felt like I stayed alone in the world, I had nobody. My family future was blindness. I felt like I was floating in the air without direction. I did not do anything. I needed to

die with my husband while I had a feeling loneliness. I didn't need to stay alone..." (W9)

Fearfulness and wanting to move out: The participants expressed their fearful experiences due to their spouse dying from a severe act of violence. One widow (W9) shared that a terrorist had killed and then burned her husband's body in a car, and another widow (W8) said that she was riding a motorcycle with her husband when he was shot. Most participants had suffered a lot from the daily feelings of fear and insecurity because the violent situation continued on every day, and still continues to this day. Actually, most of the widows who participated in the study reflected that they were scared to stay there (in the southernmost area) and they wanted to move to another place. However, they were not able to do that because they did not have enough money and also the area they lived in was their hometown which had many relatives for support. The participants reflected the feeling of fearfulness as:

"...I had temporary deafness I could not hear for nearly a year. Because I was sitting on the motorcycle when he was shot. His blood was soaking over my body. It was the most fearful experience. I could not realize or recognize anything. In the early days of the loss, I stayed at home and wouldn't go anywhere because I was very fearful. Every time, when I heard a motorcycle I panicked, I'm really afraid..." (W8)

"I wanted to move out, because I was scared to stay there. I was concerned about the safety of my life and of my children. My husband was killed by a gun and his dead body was then burnt. They were so mean to him, as it was a violent

killing. When I saw his dead body I could not recognize his face. I was in shock and was most fearful and scared to stay there. I did not have any words to describe my feelings at the time...”(W9)

2. Learning to gain more comfortable life: This is the second concept represented in the actions/reactions which illustrated the widows' ways that they tried to move forward to fulfill a new life goal during the difficult situation.

Neighborhood gossip was one cause that induced the participants to have severe emotional distress as well as having to live with the stigma of widowhood. They learned to cope with their neighbors' gossip until they were ready to move on. The participants had to deal with emotional distress when they encountered negative attitudes or negative words from other people talking. The participants reported that their strategies to solve the negative attitudes and misunderstandings of people surrounding them involved two ways: 1) Avoiding and ignoring people who raise painful, and 2) Demonstrating self-capabilities and self-independence.

2.1 Avoiding and ignoring people who raise painful: This concept illustrated the way that the Thai Buddhist widows in the study resolved their feelings when they felt annoyed by people asking and nagging for details about their husband's death. Actually, they did not know how to explain the truth to people who asked, then they described that isolating themselves from others at the time was an appropriate way to deal with that problem. Moreover, in the crisis period most of the widows reflected that they did not need to talk anymore with others. They needed to stay alone and think about 'what was happening' and 'how to move on by herself.' As two widows reflected their feelings:

“...I got more upset when I heard the people misunderstood and gossiped about me with their negative views. Anyway, I always ignored their gossiping, and talk to myself as ‘You’re not that person, you do better things, so that I tried to think and told myself positive things such as ‘I was a good wife and I am a good mother, and I have abilities to take care of myself and my children.’ Actually, I don’t care about other gossip or what others think, but, I don’t need my children misunderstanding me. Therefore, I avoided talking with people who did not understand me. So that I didn’t need to explain anything to them. My reason when explaining was not working at the time, because they did not trust me, ignoring is the best way, I think...” (W9)

“...I heard somebody say about me that ‘she is a young women, she will remarry soon. She cannot take care of her family’. I had a lot of anger towards those who thought and talked about me in a negative way from their misunderstanding. That was threatening to my feelings, but I wouldn’t reply or explain to them, so I used another way, that was ignoring their gossip. That helped me lessen my suffering or stress, at the time...” (W6)

2.2 Demonstrating self-capabilities and self-independence: This concept was used to illustrate the actions/reactions or the ways that the participants used to solve their problems so that others did not think they were vulnerable people. They needed to show others that they had the capability to take care of themselves, and they could stand by themselves. So, they needed to show that they could overcome multiple barriers on their

own. The participants who were housewives were more dependent on their husbands, but after the sudden loss of their husband, this spurred them on to do many things by themselves, such as repairing any electrical problems around the house, as well as carrying out general maintenance repairs in the home. Doing something that a widow had not done before resulted in the widow feeling proud of herself. As one widow expressed:

“...I found that I can do many things by myself which I have never done before my husband passed away. Actually, I didn't know I have some skill until my husband passed away, and I tried to do many things by myself. I achieved doing many things by myself, and showed others my abilities, what things I can do and I wanted them to accept my abilities...” (W3)

“...I tried to present to others the good things that I can do, such as I can take care of my family and my sons the best. Then, I tried to study until I finished a secondary degree and got a good job at the police station. Nowadays, I have nearly finished a bachelor degree. I hope I will get a promotion for a higher position...” (W6)

“...I learned that working and doing many things that I had never done before helped me feel so proud of myself, and got acceptance from others. Then, I tried to learn new skills while I attended the group therapy at the hospital and worked for the remedy district center. Nowadays, I have gained abilities in several skills,

such as cooking and many types of handicrafts, and I earn a lot from my skills.

Then, many people accept me...” (W10)

2.3 Working harder to release tension: Working not only demonstrated the ability of participation, but also provided a good income for family expenditure. In addition, working harder was another way that the participants used to heal themselves to lessen the emotional distress or suffering, as the participants reflected:

“...After I realized and accepted that my husband and my daughter had passed away, and they wouldn't come back to life, I started to think that I need to do something to make myself busy to lessen my emotional distress...In order to lessen the emotional distress, I decided to return to Pattani Province and look for a new job. From my experience, working is one way to lessen my suffering...”(W3)

“...I found that working harder helped me to lessen my suffering from thinking of my husband and helped me to overcome the emotional distress...”(W10)

2.4 Going to the temple for quietness (quiet place): This concept illustrated the Buddhist way in Thai culture — when exposed to suffering (Dukkha) Thais will mostly go to the temple to lessen the suffering. Buddhist teaching on the healing process relates to the concept *“Learning to gain more comfortable life”* and that relates to the subcategory *“Releasing emotional distress and learning to survive”*. Almost all the participants reflected that they went to the temple because they needed a quiet place to think about their situations, and escape from confusion. They were greatly confused and could not realize anything at that time. Moreover, going to the temple was helpful in lessening

their suffering and giving them some hope to move on. It allowed time to meet a monk at the temple, and the monk taught them about “Dukkha”. Namely, “Dukkha” is non-permanent, “Dukkha” is a natural to every life, and dying is our own karma and everyone lives for the end of life one day. So, the atmosphere at the temple allowed them indulge in retrospection and attain realization, thus enabling them to move on. As the participants reflected:

“...When I have a feeling of suffering and loneliness I always went to the temple. Actually, I needed a quiet place to realize the situation. Anyway, I read many proverbs which are taught in Buddhism and it resulted to lessen my distress such as ‘Everyone will die at the end’, and ‘Birth-Aging-Illness-Dying’ are the nature of life and many will be exposed. ...and sometimes I look at the place of cremation and I accepted that dying is normal to life and I will be there one day. Thinking about this made me understand the truth and accept his death...(W7)

“...At the time, I didn't know how to manage everything my life. I always went to the temple every morning or when I had a spare time. Because I'm a Buddhist and I thought religion should help me lessen the Dukkha (suffering). Thus, going to the temple could help me lessen suffering. Furthermore, I needed privacy and time to sit down in a quiet place and realize my situation, that was another reason why I went to the temple, at the time. Then, I went to the temple every day to clean the temple, sit under a tree and read some Buddhist texts that

helped me recognize something, for example 'Dying is the natural law of life' 'Everyone needs to help themselves first before calling for help from others' and many words. Those words helped me rethink and return to move forward again...' (W10)

Consequences: Accepting the loss and having new mindset

The subcategory “*Accepting the loss and having new mindset*” is the subcategory to illustrate the consequences of the category “*Realizing the loss and learning to survive*”. This concept represented the feeling of the participants who had overcome their emotional distress, and they were ready to move on to the next step of the self-healing process. Furthermore, this concept showed that the participants accepted their husband’s death, and they were ready to cope with many troubles, and they sought a new goal of life. After the participants realized the truth of death and accepted that their spouse had passed away, they recognized that they could not change anything. Then, they tried to tell themselves that they needed to move forward for a good life for themselves and their significant others such as their children, their parents, and others who loved them. The subcategory “*Accepting the loss and having new mindset*” is illustrated by two concepts; 1) Lessening emotional disturbance, and 2) Readiness to move on.

1. *Lessening emotional disturbance*: This concept illustrated that the participants had between six months and one year to overcome the suffering stage, until they felt more comfortable and ready to strive with a lot of difficulty in life. On the other hand, some spent more than one year to lessen their suffering. After the participants realized the situation of the loss and released their emotional distress, they reflected they had a

more comfortable feeling. They described their feelings when they lessened the emotional pain as follows:

“...After the funeral ceremony, and three months of merit making for my husband’s and my daughter’s spirit, I felt more comfortable (Sa-Bai-Jai), even though I still had a bit of suffering...”(W3)

“...I realized that I have an important responsibility and that is to take care of my three daughters. After that, I returned to my former career, baking and cooking Thai desserts to sell at home and also for deliveries to the shop...anyway, I always go to the temple when I have spare time, this made me more comfortable and I felt so good (Sa-Bai-Jai)...(W10)

“...I used a few months to cope with the loss of my husband. Then, I felt that I’m more comfortable and ready to move forward for my good future and my children...”(W11)

2. Readiness to move on: This concept illustrated that after most participants spent considerable time to realize and learn about their situations of loss, which affected their emotional distress, they then felt more comfortable, and were ready to move on with a new life goal for themselves and their children. This concept is used to explain the widows’ feeling when they were ready to move forward. As the participants reflected:

“...I told myself after having realized and learned that I cannot endure suffering for a long time, that I wanted to move forward for a new life. That was not only me, but my parents and many people surrounding me, including my relatives

and close friends. They would be happy with me if I was happy... Three months later; after the funeral ceremony, I decided to go back to Pattani Province again and got a new job at the ... hotel in Pattani and work there until now... ” (W3)

“...I decided to leave my old job. Then, the psychiatric nurse who was working for the widows invited me to attend the remedy project, visiting the people affected by the situations of unrest. Working for this project enhanced my understanding that many people are exposed to difficult situations and that is not only me. After that, I was ready to move forward. Furthermore, helping others is better for me to understand difficult situations, and move to the next step of the healing process...” (W5)

“...I’m now strong enough to move forward, because my first daughter will finish her bachelor degree this year, and my second son will finish secondary school. I’m so happy about their success, and I am less concerned about them. Thus, I will focus on my career for earning enough for the family’s expenses...” (W9)

Nursing’ enhancement in the process “Realizing the loss and learning to survive”

The participants perceived the nurses interventions to enhance or heal themselves as manifesting in two aspects. Firstly, almost all participants reflected that nurses and the healthcare provider team helped them to lessen their feelings of sorrow, at the time. Secondly, some of the participants could not reflect upon the nurses interventions to enhance their

self-healing process. They explained that they did not go to the hospital, and they had not received any help from the nurses or the health care providers.

Those participants who had received help, explained that the health care provider team included a psychiatric nurse who visited them at home two or three times a few months after their loss. They were also invited to join the group activities at the hospital, as the participants said:

“...A few months after I lost my spouse, I received the caring from nurses and health team at home. They visited me at home, they were so kind and were hospitable to me when they came to my house. They asked me about my daily life. I was most appreciative when they gave me a warm hug, I felt like everything was fulfilled. I was so happy that they were willing to listen my sorrow. I could talk about my feelings to her, always...” (W1)

“...I received good support from psychiatric nurses at the hospital, I went to the hospital to consult about my symptoms. However, she gave me valuable advice to lessen my sorrow. Moreover, she was willing to listen when I needed release. Many times after I talked with her I felt more comfortable (Sa-Bai-Jai) ... (W5)

“...The health care provider team and community health volunteer visited me at home two or three times. Then, they invited me to join the group of widows and other victims at the hospital who had lost family members. The nurses helped me ease my worries I faced at the time. The suffering was released after talking

with the others. Furthermore, talking with the nurses and other victims who had empathy made me more comfortable...” (W8)

Regarding two participants (W3, W11) who had not received care: one explained she did not need to meet the psychiatric teams, because she never had a psychiatric illness, while the other participant expressed that she didn't need support from the others, because she had good support from her family. As they said:

“...I don't know what and how the nurses helped me at the time. Anyway, I was asked by the community health volunteer if I wanted a visit from the psychiatric health care team or not. At the time, I thought I didn't have any psychological illness, so why would I need to receive care from the psychiatric team. I didn't understand, and I denied the home visit...” (W3)

“...I don't need care from the health care team or from the psychiatric nurses. I thought that I could take care of myself. Actually, I know myself and I could care for myself, I believed that following the Buddhist teaching such as practice the good deeds (Tam-Bun), reading Dhamma books, and listening Dhamma by monk. I believed that by doing a good deed and making merit affected my husband's spirit to stay in the good place, and I feel happier by doing that...” (W11)

Although some of the participants did not recognize the nurses intervention and did not need care from psychiatric nurses and/or health care provider teams to heal themselves. However, the nursing interventions are still important for the widows to realize their situation of loss, and enhance their self-healing process to move forward until successfully

healed. Psychiatric nurses, who were the associated participants in this study, also reflected that they gave some interventions which should have enhanced the participant's self-healing. At the hospital, emergency department of the hospital the widows were received with compassion, help was women offered regarding the husband's dead body. Following that, they expected a visit them at home, whether in a few months or when the participants were ready. Nurses and health care providers (nurse, psychologist, social worker, and village health volunteer) supported and intervened after the widows' psychological evaluation. Mostly, the interventions were used to heal their suffering and solve their problems, such as supportive psychotherapy and giving information, and being available if the widows had need. As two psychiatric nurses who were referred by the participants said:

"...A psychiatric nurse's role started at the emergency department while the injured person or the corpse arrived at the hospital, if the situation occurred in working hours. On the other hand, if the situation occurred out of working hours, we would meet the widow and family in the funeral ceremony...That was to show that we were there for her if she needed some help, nothing more. At that time, the nurse only gives a warm touch, and helps the widows to manage many things about the remedy from the District Remedy Project and the compensation from the government.." (N1)

"...At the time I didn't intervene. I only stayed with them as a friend, I only gave a warm touch and a hug, that is good enough at the time. That is what I learnt from my experience. I thought that at the time the women are still confused and

didn't need to talk with anyone. Most of them want a safe environment, and one who is ready to understand them...” (N2)

Category 2: Cultivating to balance life

After the participants accepted the loss. Then, they realized that they had a readiness to move on with a hope and new life goal. They went out and tried to seek several strategies to deal with the terrible situation. They used an amount of time to cultivate their inner strength until they could heal themselves, and this occurred in the second period of the self-healing process.

“*Cultivating to balance life*” is the second category which illustrates the core category “*Reconciliation for Harmonious Life*”. This category illustrated ‘what and how’ the participants used several healing strategies to heal themselves. The participants used a more than a year striving with their difficult situations, and cultivated their inner strength through the self-healing process to heal themselves until they overcame their suffering and successfully healed themselves. Several strategies that the participants had used related to different sectors such as support from their family who were still alive, such as their parents, children and relatives, also, close friends, healthcare providers (psychiatric nurse in particular), including the government officer from the Remedy Project. The participants reflected that the religion (Buddhism) also played an important role in the self-healing process.

The category “*Cultivating to balance life*” is composed of conditions, actions/reactions, and consequences. These are represented in three sub-categories which in turn consist of: 1) Searching for new purpose in life (conditions); 2) Seeking ways to

overcome suffering (actions/reactions); and 3) Accepting the new life and having self-understanding (consequences). Hence, nine concepts represent these subcategories as shown in *Table 4*.

Table 4 Cultivating to balance life: Conditions, Actions/Reactions, and Consequences

Conditions	Actions	Consequences
<p style="text-align: center;">Searching for new purpose in life</p> <p>1. Concern significant others 1.1) Concern the parents' feelings 1.2) Concern the future of their children</p> <p>2. Understanding the principle of the Buddhist's teachings (Dhamma)</p> <p>3. Focusing on moving forward</p>	<p style="text-align: center;">Seeking ways to overcome suffering</p> <p>1. Sharing suffering with significant persons 1.1) Sharing with family and relative 1.2) Sharing with close friends and widows' group 1.3) Gaining comfort from husband's personal items</p> <p>2. Seeking support from others 2.1) Psychological support from family's members and others surrounding 2.2) Economic support from the government</p> <p>3. Seeking solace in Buddhist's teachings to lessen the suffering (Dukkha) 3.1) Making merit and doing good deeds 3.2) Following the Buddhist teaching</p>	<p style="text-align: center;">Accepting the new life and having self-understanding</p> <p>1. Deep understanding the nature of life as the Buddhist teaching</p> <p>2. Living with hope and peaceful mind</p> <p>3. Forgiving a person who hurt them (terrorist)</p>

Conditions: Searching for new purpose in life

The first subcategory “*Searching for new purpose in life*” represents the conditions of “*Cultivating to balance life*” this subcategory relates to the core category “*Reconciliation for the Harmonious Life*”. The subcategory “*Searching for new purpose in life*” illustrates the different reasons why participants returned to confront and strive against their crisis. Concerning significant others, such as their parents and their children, they are the most important reason consequently they fuel the participants to cope with difficult situations and emotional suffering, and this resulted in the crisis being overcome. In addition, going to the temple (the first process) made the participants realize and get hope for a new life, and then that guided them to move forward to the second period of the self-healing. They sought solace in Buddhist principles as a way of life to strive with the suffering and to gain peace with new hope. Furthermore, the support from others such as close friends, health care providers, support from the government and non-government organizations also helped the participants to move forward and achieve success in healing themselves.

“**Searching for new purpose in life**” is illustrated by three concepts which consisted of: 1) Concern for significant others in life; 2) Learning to practice the principles in Buddhist teachings (Dhamma); and 3) Focusing on moving forward.

1. Concern significant others in life: This concept explained the reason why the participants returned to cope with their terrible situations. Since, they were down and some of them could not realize anything, and needed to escape from the area, moreover some participants were suicidal. However, they took some time to think and realize that they have the significant others who are still alive, then they needed to return and face

the difficult situations for them. So, they tried to seek a new life with the new hope, and needed to live for their significant others. The concept 'Concern for significant others in life' explained the subcategory "*Searching for new purpose in life*" which is related to the category "*Cultivating to balance life.*"

The Buddhist widows who participated in this study reflected that they had considerable concerns regarding their significant others who are living and that was the cause related to their decision making to move forward and cope with the crisis in their life after being exposed the sudden loss of the spouse. The significant others who the participant were concerned about were their parents and their children. Therefore, two sub-concepts were identified to illustrate the concept "*Concern for significant others in life*" which consist of; 1) Concern about parents' feelings, and 2) Concern about the future of their children.

1.1 Concern the parent's feelings: The participants explained that the significant persons that influenced their decision to strive with their difficulties was their parents. They illustrated that the bonding between family members, particularly their parents was more important for the self-healing process. Because, they loved their parents and did not need to make them disappointed and sorrowful, and the participants perceived the feelings love of their parents. On the other hand, they knew that their parents loved them and were willing to help them pass difficulty. They then returned to cope, and had a willingness to solve many difficulties with the support from the their parents and family members. Mostly, participants reflected that good relationships and good support from parents both

psychologically and economically was effective to enhance their self-healing process. As the participants explained:

“...At the time, I was confused and could not realize and manage everything in my life, and some time I had an idea of suicide due to suffering from the sudden loss of my husband and my daughter at the same time. One day, my cousin asked me ‘Why didn’t look at your parents, they worried too much about you, and why don’t you make them more comfortable and help them lessen the worrying’ Their asking reminded me and influenced me looking back and realized that I have other people to take care of, I have many things to do, and I have another responsibility to my parents, why was I still in deep sorrow? After that, I returned to seek the ways to overcome many difficult situations and back to work...” (W3)

“...After the funeral ceremony, my mother worried about me so much due to the loss of my husband and my health. Then, she moved in and stayed with me for a long time, at my home in Pattani province. I thought that my mother provided the best care and hospitality which made me happier (SA-Bai-Jai). After that I was more concerned and interested in taking care of myself and told my mother not to worry too much about me. I wanted her to lessen her worries about me. I tried to present myself that I can take care of myself. After that, I tried to take care myself by several strategies and my suffering gradually decreased and I healed in a few months, later...” (W12)

1.2 Concern the future of their children: This concept explained the participants' worrying about the future of their children that resulted them return to cope and strive against the crisis. They wanted to give them the best care to compensate for the loss of their father. The participants reflected that they wanted to protect their children from dangerous situations since they were staying in a dangerous area where people are still being killed every day. The participants wanted their children having a healthy and wealthy life. That was significant for their decided to fuel themselves to overcome the crisis. As the participants said:

"...I know sudden loss of a father made my sons face a feeling of suffering and disappointment. Many times, I have seen my sons cry, but they did talk to me about their feelings. I don't know how to take care their feelings. I always supported them as much as I could. I tried to work hard for their comfort, and for their good future..." (W6)

"...At the time, I felt suffering and I didn't need to stay alive. I had an idea of suicide and I planed to kill myself and my children together. Fortunately, I didn't commit to that plan because of some words of my daughter I rethought about their future. Because, they told me they loved me and they needed to help me solve every difficult situation and move together. As she said, "I love you mom, we will pass this situation and we will go to a new life" Her words made me realize that my daughter was still looking to her future. Why had I planned to kill her? I cried hard, then I returned to strive against the difficulty and planned to move forward for a good future of them and myself, as well..." (W9)

“...I always suppressed my feelings of suffering when I was with my daughter. Because, I didn't want to make them suffer. I was working harder at the time for my three daughters to have a comfortable life. That was not only for the family income, working harder helped me lessen my suffering, as well...”(W10)

2. Understanding the principle of Buddhist's teachings (Dhamma): This concept illustrated the subcategory “*Searching for new purpose in life*” which are the conditions of the category “*Cultivating to balance life*”.

In order to illustrate the association between the healing process and the religious beliefs of the Buddhist widows in this study, most participants explained that it was the way of Buddhism that enhanced them to return to the struggle with the suffering and difficult situations of daily living after the sudden loss of their spouse. The participants in this study reflected that they went to the temple when they had a feeling of suffering (*Dukkha*), because they believed that going to temple helped them escape from the terrible situations, and the *Dhamma* or Buddhist teaching could help them find a good way to lessen their suffering and move forward.

Under the Thai traditional ways of life, Buddhist practitioners always go to the temple when they have suffering (*Dukkha*). In addition, going to the temple made the widows learn more about the *Dhamma* from a monk and they read proverbs that are on the tree or the buildings. They read a lot of valuable proverbs related to the *Dhamma* teachings that are written on the trees or temple buildings such as “*Dying is a nature of life*” “*Dukkha*” is not permanent, it changes time by time”. It helped them to rethink and realize what had happened in their life. Moreover, reading the *Dhamma* and the proverbs

including listening to *Dhamma*, and talking with a monk helped the participants gained more understanding of the Buddhist teachings (*Dhamma*) which helped them decrease the suffering in their minds.

In order to deeply understand Buddhist teaching, the participants tried to seek and use the Buddhist way to find solace. By reading *Dhamma* on a book, it helped them to recognize themselves and they learned to move on as they said:

“...Due to reading the Dhamma, praying every day, talking about Dhamma with a monk and being ordained as a nun for a time, I realized that Dhamma is a part of my healing, it help me realized that dying is the nature of life. Suffering happens for a time, and it is not a permanent feeling, so life needs to move forward. So, understanding the nature of life like this helped me lessen my distress levels. Then, it helped me find new hope. I went back to my job again...” (W3)

“...Actually, I love to read the Dhamma.. Because, I realized that Dhamma made me understand the world. Dhamma teaches that everything and everybody in the world is not permanent, they will be gone one day. Good or bad happens every day, it depends on one’s own karma. I learned that thinking like this helped me lessen the distress in my mind about my husband passing away. Furthermore, reading and listening to the Dhamma helped me more in understanding the meaning of life and recognizing the way to move forward, after being exposed the sudden loss of my spouse. Understanding the Dhamma teachings helped me lessen the feeing suffering, I think...” (W11)

3. Focusing on moving forward: This is the last concept to explain the conditions “*Searching for new purpose in life*” which is related to the category “*Cultivating to balance life*”. Due to the suffering from the sudden loss of their husband, the widows realized that they spent much more time with their emotions, and they had a lot of difficulties in their lives, and finally they returned to live with the family members within a few months and were concerned on how to have a new life and how to move forward by themselves. Most of the widows needed a new life for themselves and their family members including their children and parents. Looking for a new life facilitated the widows to return to the struggle of daily living. As the participants reflected:

“...I need a new life. I am concerned about my children. They’re still studying so they use a lot of money for studying. Although, they got some financial support from the government, but it’s not enough for them. I tried to work my old job, but it did not work because I was broke from fish selling. I needed to find a new career that could be more beneficial so I tried to seek some help from others for a new life. Now, I have a plan to open a small shop. I think I have a skill in selling. I hope I can do the best for that...(Talking with smile)...(W9)

“...When I had a look at my three daughters, I recognized that they are so young they need to grow up for a good future, then, I talked to myself “why didn’t I fight for them, for their good future? You need to be stronger and do something for them”. After that, I returned to prepare myself for a new goal, and retired to my old career, so that I tried to learn new skills to develop my career such as

new cooking style, and selling food in front of my house for more income. Selling food and tea at breaks for meetings let me help other widows to join me to earn some money...” (W10)

Actions/Reactions: Seeking ways to overcome suffering

The second subcategory “*Seeking ways to overcome suffering*” illustrates the actions/reactions of the category “*Cultivating to balance life*”. This subcategory illustrated by three main concepts; 1) Sharing suffering with significant persons, 2) Seeking support from others, and 3) Seeking solace in Buddhist’s teaching to lessen the suffering (Dukkha).

1. *Sharing suffering with significant persons:* This concept explained the way and the person that the participants used to offload their emotional distress or feelings of suffering. The participants reflected that talking and offloading on others helped them release their suffering and they felt happier after offloading any uncomfortable feelings to someone that they trust. However, the participants stated that they were always offloading and sharing their feelings with their family members, close friends, and they spent a time to reminisce about a valued time when their husband was alive observing the husband’s belongings such as his clothes, his photos, or his watch. So, they selected different people to offload the different feelings, according to their feelings of comfort in sharing.

Participants reflected that sharing with three groups of people had different effects and aims. For example, the stories that they vented with family members were associated with their private lives such as economic status, feelings of discomfort, and the new life goals because they needed some help from their parents and/or relatives. On the other

hand, the participants wanted to talk with their children about their father when they missed him, and they needed to recall the good times they had while he was still alive, and they talked about him when they needed to teach their children about how good their father was. Lastly, talking about their husbands helped ease the suffering and they felt happy while they were talking about him. Those were the significant others that the participants in this study needed to talk to or offload on, to help them feel happier.

Three sub-concepts associated with “*Sharing suffering with significant persons*” were identified, consisting of; sharing with family and relatives, sharing with close friends and the widows’ group, and gaining comfort from their husband’s personal items.

1.1 Sharing with family and relatives: This concept illustrated the association that affected the sharing of suffering and/or the offloading of uncomfortable feelings on others which helped the participants release bad feelings. In the earlier stage of the loss, the participants who were involved in this study reflected that the sudden loss of their loved one was psychologically painful, and they needed to offload on somebody that they trusted such as family members, parents, and relatives. Interestingly, they found that venting or talking with each other helped their suffering to gradually decrease over time, and they felt more comfortable after offloading. As one participant reflected:

“...Actually, I was afraid to talk and express my feelings to others, but I needed to offload on those who I really trusted to lessen my sorrow/suffering. I thought that by offloading the suffering with each other mean that I was throwing my suffering (Klarm-Mai-Sabai-Jai) into the garbage.

Because, I realized myself that after I had offloaded my feelings of suffering, I felt more comfortable...” (W5)

“...I would often talk about my husband with my children when I missed him. I told my children about the good things that he did when he was still alive. I needed my children to love and respect their father. I want to them that their father is a good model for them to follow. Actually, I and my children were much happier when we talked about their father; we felt like he was still with us, anytime...” (W6)

“...During the time, my mother moved in to stay with me I felt more comfortable. Because, every time when I felt terrible such as some emotional distress due to the loss of my husband, or I worried about my son, I offloaded my bad feelings on her; after that I felt more comfortable, and happy to move forward...” (W13)

On the other hand, a few participants reflected that they did not need to express or offload their feelings and/or their any of their difficulties with others. They hoped that they could solve the problems by themselves. They explained that they did not need to bother others and they did not want to make others worry about them, and they did not need others involved in their private life. As two participants said:

“...I don't like to talk with others. I thought solving any problems was my responsibility. I need my private space, I don't need others involved in my life. Because, I don't know who I can trust, and I don't need to make others worry about me. Keeping to myself helped me to recognize some problems and it was

easy to solve them by myself because I have no parents. They passed away when I was young. Actually, I don't need to bother my siblings or relatives. They have their own problems to solve...(W10)

"...From my view, others can't help me to overcome distressful situations, I need to solve these by myself first. I have read a valuable message that's 'You need to help yourself first before asking for some help from others'. Because, that's my responsibility, if we ask for some help from others we will return to them (Nee-Bhun-Khun). I don't like to be Nee-Bhun-Khun with others. Another way, I know my problems more than others thus I can solve them by myself...(W11)

1.2 Sharing with close friends and the widows' group: This concept represented the benefit of offloading uncomfortable or bad feelings with friends which helped the participants lessen their suffering. However, the conditions that they vented with friends was different from the first concept '*Sharing with family and relatives.*' When sharing with friends, they mostly talked about their daily life and the condition of the family while venting with a family member. However, they stated that their close friends and the widow's group understood their situation and gave them good support which helped them get happier, and feel more comfortable after sharing and offloading with them. In addition, sharing or venting with close friends is often used for offloading their suffering. Since, the widows said that offloading on each other helped them release the feelings of suffering and they felt more comfortable as the participants expressed:

"...From my experience, talking with close friends who I trusted helped me lessen my distress and made me more comfortable. I think, talking to others

was like putting my suffering or emotional distress into the bin. Then, I had a more peaceful mind. Thus, when I have distress or feel uncomfortable I need to share and offload with others...(W1)

“...My colleagues at working place supported me a lot when I got distressed and cried at work. Mostly, they talked to me and offered themselves to listen to a lot of things that I offloaded on them. Then, they told me to ask them for some help if I needed it. They always appreciated helping me and listening to me ...(W3)

“...It’s still clear in my mind when I recalled the night of heavy rain. I was scared and had much fear of the thunder storm. I thought that if my husband were still alive he would have given me a warm hug. I was thinking too much of my husband, and I cried a lot. Then I called my close friend and talked with her to lessen my feelings of fear and thought of my husband until I went to sleep. Actually, I needed only one friend to listen to me when I had much stress or fearfulness, or felt very bad, and my friend she did that. She was only listened my feelings that I drained. I made I known she accepted my feelings...” (W4)

1.3 Gaining comfort from husband’s personal items: This concept illustrated the strong bond between the participants and their husbands. They always missed their husband, although they were not suffering or in pain. The sudden and unexpected loss made the participants feel as though their husband was still alive with them. Furthermore, the participants felt that keeping some of his personal items with them helped them

think less about their husband, and made them feel more comfortable and gave them more confidence in their daily life. As the participants reflected their experience:

“...Many times when I felt upset or had a terrible time in my life, I always talked to my husband’s photo. I needed to offload my feelings to him. After that I felt more comfortable...” (W1)

“...When I feel lonely and suffer from thinking about him I usually hug his photo and talk to the photo. Talking to his photo calms me down and lessens the distress and suffering in my mind...(W5)

“... I keep two items of his clothing at home until now. Because when I miss him I look at his clothes and talk to him. Then, I feel like he is still with me, so I feel more comfortable when I do that...” (W7)

2. Seeking support from others: The concept “*Seeking support from others*” is the second concept to illustrate the actions/reactions of the sub-category “*Seeking ways to overcome suffering*”. This concept demonstrated the support from others that is related to the healing process among the Buddhist widows who participated in the study. There were two kinds of support which consist of the psychological support which they received from family members, the health care provider, and the widows’ group, and financial support that they received from their older family members (parents) although it was only a little support, but the most of financial support was received from the government. Two sub-concepts were identified to illustrate the concept “*Seeking support from others*” which

consisted of; 1) Psychological support from family members and others surrounding, 2) Economic support: From the family and the government.

2.1 Psychological support from family members and others surrounding; Most of the Thai Buddhist widows who participated in this study reflected that they were always received the psychological support (Prob-Jai) from people around them while they being confronted the emotional distress and the difficulties situations in life due to the sudden loss of their spouse. They needed moral support from others who they trusted such as family members, close relatives, and close friends and/or the widows' group. They thought these others understood their feelings and could provide good support.

Psychological support by family members: The family members who played an important role in the participants healing process consisted of their parents, their children, and their close relatives. Their parents were the most important ones who were concerned and gave more support to the widows, particularly their mothers. This was mainly because in the first stage of the loss most of the widows did not want to participate with other people surrounding them. They needed to stay at home and participate with their family members to support each other in the early stages of the loss. That was a reason why the parents and family members played an important role in moral support for the widows in the crisis period. Moreover, the parents not only gave them psychological support, but also they were the most important ones who encouraged the widows to return to the struggle of daily life using several strategies until they overcame the suffering and the terrible situation as the participants said:

“...My sister-in-law moved in to stay with me for a few months until I was ready to take care of myself. During the time that she stayed with me, I felt more comfortable. Because I could release my tension or my mental distress with her...”(W6)

“...During the time while I was still confused and could not take care of myself, my husband’s sibling supported me in everything both psychological support and economic support. At the time, I thought if I did not have them to take care of me I wouldn’t have known what I was to do to overcome the worsening situations, and what was happening in my life...”(W9)

“...When I had emotional distress or was confronted with trouble I usually went to my parents’ home and offloaded on them. Many times I felt happier when they gave me a caring hug. I think the support from my beloved parents, my sister, and my two sons are most important in healing myself...”(W12)

Furthermore, the participants also reflected upon their experiences of their children’s support which helped them to heal their suffering. The participants described that they always talked together with their children about their husband/the children’s father, and they got much happiness every time while talking with their children about him. Moreover, the widows taught their children to respect their father as if he was still alive and to be concerned in doing good deeds. Most of the participants who have younger children reflected they gained more happiness when they spent their spare

time with their children and they talked together about their father. As the widows W6 and W9 reflected their experiences:

“...My two sons always support me when they know that I have mental distress so that they try to make me happy (Sa-bai-Jai) by talking about their father when we had a happy time while he was alive. They always do good things, and they are concerned about my feelings. I am proud of them, because they are good boys. I’m so happy for them...(W6)

“...One day, I had the idea of suicide and planned to kill myself and my children together. Interestingly, my middle child came to me and gave me a hug, and talked with me. Immediately, I changed my thoughts, because she made me realize that I had to stay alive for them for their future. They needed a good future and that is my responsibility to them. After that, I often spent my spare time with them and we talked and supported each other, and planned for our future. Nowadays, I am more happier in my daily life...”(W9)

Psychological support from close friends and the widows’ support group: The widows received and appreciated the psychological support from their close friends and the widows’ group to heal their suffering as the widows reflected their experiences:

“...I loved to talk with my friends because I have no family or relatives to talk with. My parents passed away when I was young. From my experience, talking with friends helped me to lessen emotional distress (Khlam-Mai-Sabai-Jai). So, many times when they gave me a warm hug, and it made me

feel very happy. I think I would lack confidence to move on if I did not have their support...”(W1)

“...I recognized that my suffering was disappeared when I was talking with my friends. Thus, when I had a bad feeling or confronted emotional distress I usually went to talk with my close friends or went and joined the widows’ support group at the hospital... ”(W5)

“...I realized that when I joined and talked with my friends, I was so happy, at the time. Because they have given me good support when I confronted difficulties or felt uncomfortable...”(W7)

2.2 Economic support from the government: This is the sub-concept that illustrated the concept ‘Seeking support from others’. The participants who experienced dramatically decreased family income reflected that they needed financial support from others to cover the family expenses.

As the participants reflected themselves that being exposed to the sudden loss of their husband was a big problem for the family’s living standards. Many of them had to deal with the family’s expenditure so they tried to solve the problem by loaning money from others which affected the interest of the loan and this caused more suffering. Then, they received financial support from the government (approximately 40,000 baht) to compensate for each family, and some participants who had no job could earn four thousand baht monthly from the District Remedy Center. However, that was not

enough for family expenses so they looked for a good job and the District Remedy Center supported the participants by training them in work skills.

The participants reflected that the financial support that they received mostly came from the government and their parents as the participants described:

“...The sudden loss of my husband affected my family as we had no income. I received support from the government but it was not enough. Then, the project by her Royal Highness Queen Sirikit in handicraft meant I could earn from this job at home. That’s better for me and my family. I thank you so much for their support...”(W1)

“...I had no career when I returned to my hometown. I didn’t know how to move forward. Then, a government officer visited me at home and gave me some money for compensation due to my loss from the unrest situation, and they asked me for some help. After that I returned to Pattani province again for work. After I had a job I felt more comfortable because I had enough money for expenditures and can give some to my parents...”(W3)

“...The government support to compensate for each family is about forty thousand. Then, they provided a training course for a new career. I learned a lot and I used the new skill for my job, nowadays...”(W10)

“...Many times if I have any financial problem my parents always gave me money. Although, I didn’t asked them for some help. Because, they understand

and know my situation. Nowadays, my parents and my sister pay for my oldest son's study fees, and some of the electricity bill for me. As they need to support me economically, they know I have a financial deficit. They need to share with me, if I did not have them I don't know what my situation would be like..." (W12)

3. Seeking solace in Buddhist's teaching to lessen the suffering (Dukkha): This is the third concept illustrated in the sub-category "*Seeking ways to overcome suffering*" that is related to the category "*Cultivating to balance life*". The Thai Buddhist widows who participated in this study reflected that Buddhism played an important role in their healing process. Two subconcepts were identified consisting of: 1) Making merit and doing good deeds, and 2) Following the Buddhist teaching.

3.1 Making merit and doing good deeds: This sub-concept represented that the Buddhist teachings and the Buddhist lifestyle associated with the self-healing process of the Thai Buddhist widows is a part of Thai culture. Thai Buddhists believe that merit making and doing a good deeds help a person release selfishness and feelings of attachment. This lessens suffering (*Dukkha*). By this way, a person can attain the non-self and gain peace. Buddhist widows who participated in this study reflected that after the sudden loss of their spouse they had much emotional distress. They could not realize anything so that they recognized that performing good deeds and making merit could help them to find peace of mind. They did this by going to the temple to offer food to the monks, and they donated to others who were poor or did not have enough. They tried to do good things every day. They thought that making merit and performing

good deeds would lessen their suffering, and it would also help their husband's spirit stay in heaven. As the participants expressed their experiences:

"...I often visited the victims who had lost a beloved one or their family member. I think that is a good thing that I can do something for others. Every time when I visited them, I supported them and helped them feel better. Then, I felt so happy by helping others to find happiness. Furthermore, I helped some families by cooperating with the District Remedy Center and other organizations for their children's scholarship. I think helping others helped me get happier..."(W5)

"...I went to the temple every day, offering food for the monks. After that I looked for a quiet place and sat there for a long time to rethink what happened in my life. I recognized that sitting in a quiet place at the temple helped me experience a peaceful feeling. While I was going to the temple, I performed good deeds by helping somebody clean the temple. Doing a good deed made me so happy and I did not think about my loss, at the time. That is better for me, to lessen suffering....Furthermore, going to the temple helped me train myself about Dhamma, I practiced, such as praying and meditating, these helped me felt better from the suffering (Dukkha)"(W10)

"...In order to lessen the suffering, I always went to the temple and talked with the monk, did good deeds, and I always meditated. I spent between three and

four months to manage my emotional grief after the sudden loss of my husband. Then, I realized that the negative emotions gradually decreased when I went to the temple and read the books on Dhamma...Dhamma in Buddhism helped me realized that the suffering is a normal rule of life and everybody will experience suffering. I had much sorrow in the early stage of the loss and it gradually decreased after a few months. Buddhism teaches me 'Dying is a law of nature, all people will die one day, it depends on their own Karma.' This knowledge helped me accept his death and forgive the killer..."(W11)

3.2 Following the Buddhist teaching: This concept focused on the participants understanding of and faith in the Buddhist teachings such as believing in the “*Law of Nature*” and “*Law of Karma*”, then they increased their practice, such as praying, reading the *Dhamma*, listening to the *Dhamma*, and meditating. Doing this helped the participants lessen the feelings of attachment to their late husbands which related to their suffering, and this way helped participants forgive the people who hurt them (who killed their spouse). As many participants reflected, they went to the temple and learned more about *Dhamma* in the Buddhist teaching. After that, most of them performed *Dhamma* according to Buddhism by praying every day, listening to the *Dhamma* from a monk/radio, reading the *Dhamma*, talking about the *Dhamma* with a monk, friends and others who were interested to talk, and sometimes they meditated – this practice lessened their suffering as well. Furthermore, understanding the concept of the “*Law of Nature*” helped the participants realize and accept that the death of their husband was a normal situation that was following the “*Law of Nature*”. As the participants expressed:

“...I always pray before going to sleep, because prayer helps me sleep better and not have nightmares compared to the early stage of my loss. At the time, I often had nightmares...” (W1)

“...Nowadays, I pray and meditate every day, I’m so happy (Sa-Bai-Jai) while I follow the Buddhist teachings. I felt the suffering was disappearing from my mind...”(W5)

“...I pray every day before going to sleep. I perceived that prayer made me calm from any emotional distress and brought me happiness. Furthermore, I changed dramatically from being an impetuous person to a calm person after praying which is a part of my usual life...”(W3)

Consequences: Accepting the new life and having self-understanding

The sub-category “*Accepting the new life and having self-understanding*” this is the sub-category which largely involves the second category “*Cultivating to balance life*”. This category describes the feelings of participants and the perceptions of themselves after striving against the suffering and difficulties. Three concepts were identified to illustrate the sub-category “*Accepting the new life and having self-understanding*” which consist of: 1) Deep understanding the nature of life as the Buddhist teachings, and 2) Living with hope and peaceful mind, 3) Forgiving a person who hurt them (terrorist). These concepts illustrated the success of widows in healing themselves through several

healing strategies until they accepted the truth of their husband's death and returned to normal living, and a balanced life again.

1. Deep understanding of the nature of life as the Buddhist teaching: This concept illustrated the widows learning and gaining more experience from striving with the loss. The participants reflected that they learned and used several ways according to the Buddhist teachings to heal themselves. Then, they had a realization and more understanding of the principle of the Buddhist teachings. They understood that everything which happened to people in life is by the "*Law of Nature*", and suffering or "*Dukkha*", and everything in the world is not permanent. This concept is explained in the "Four Noble Truth", that they going to the end one day. So, their husband's death follows the "*Law of Nature*". The Buddhist widows reflected that they learned and gained understanding about human life from Buddhist teachings and that lessened their suffering and gave them hope, as the participants reflected:

"... I learned a lot from the loss. During the suffering, I often went to the temple and talked about the Dhamma with a monk and nun. Then, I read books on Dhamma, and prayed every night before going to bed. After that, I gained more understanding about the Buddhist teachings and human life. This understanding helped me gain acceptance (Prung) and gain peace of mind..."(W3)

"...Doing meditation and other solaces following the Buddhist teaching such as reading the Dhamma, listening to the Dhamma from a monk and the radio made me understand the cycle of human life. So that, the understanding of the

life and 'Law of Nature' in the Buddhist teachings helped me lessen the suffering from the loss of my husband, and I'm so happy, nowadays, because I accepted the law of karma and I have forgiven..."(W10)

2. Living with hope and peaceful mind: This concept illustrated the troubled striving with in the widow's life, and it resulted in the Buddhist widows having more understanding of life.

The participants learned and gained many life skills that they never had before their sudden loss, such as solving the family's financial problems, coordination and connection with government officers, interacting with lawyers, and extending their network of new friends. This concept illustrated the stage when the widows had emotionally calmed down. They lived a simple life and were happier in their normal daily life without suffering from their loss so that they could face any new terrible situation with a peaceful mind. As the widows expressed:

"...Everything had already passed, I learned a lot from the situation. Nowadays, I can things that I have never done by myself before such as maintenance on the electricity in my house, interacting with the government officers, and I have a new social group such as widowed friends, and new friends at my new work place..."(W3)

"...I would like to state that I'm cleverer, nowadays, I don't suffer much from everything. Because I have grown up and learned a lot from the loss. I learned to struggle and manage life's problems. I can move forward through any

difficulties in my life. Furthermore, I can help others surrounding me to overcome their difficult situations. I have a peaceful mind, nowadays. I face the problems with a conscious mind, I have less of an emotional response. I think I have grown a lot...”(W5)

“...I’m ready to move for my new life goal, but I have concerned about my youngest child. Because, he is studying in the last year of the secondary school. I have a plan that next year everything will go well after he enters and studies in university. I will begin a new career. I planned for a small supermarket or selling something such as groceries. I believe I will do the best for me and my children...(W9)

“...Nowadays, I’m so happy with a simple life. I have accepted the loss and my life nowadays (‘Tam-Jai’ or ‘Prung’ in Thai). I don’t need anything more than this. I hope that if my two sons are continuing as good boys, I will be more happier. I have accepted the loss. My family and I will move forward to a new life goal and good future without him. Even, I’m still working hard. I’m always miss him, but I have accepted the loss, and I’m ready to move on...” (W12)

3. Forgiving a person who hurt them (terrorist): This concept represented the positive changes of the widows’ feelings. In the earlier stages of the loss, the widows hated Muslim people because they perceived that the terrorist who killed their husband was a Muslim. However, the widows learned over time that if they were still angry or

hated the killer they could not find peace of mind. Then, they decided to forgive the terrorist. After having forgiven their husband's killer, they reflected that it was easier to attain a peaceful mind, and they felt happier. The widows also illustrated that they realized the truth of death and dying, and it is dependent on one's own karma. The loss of their husband's life was due to their husband's karma, and in his previous life he had performed actions that resulted in his violent death in this life. Furthermore, they explained more about the benefit from helping others (both Buddhist and Muslim widows) which helped them understand that many women had experienced the sudden loss of their husband, and it was not only them. The Buddhist widows reflected that forgiveness was their challenge for happiness as the widows said:

"...At the first time, I had much anger towards the terrorist who killed my husband. I was not happy and felt too bad about them when I thought about the situation. Then, I realized that if I felt much anger I had more suffering while the terrorist didn't know or didn't suffer. I recognized and learned of this idea while I read a book on the Dhamma, and listened to the Dhamma. The Dhamma of Buddhism help me realize and lessen the terrible feelings. Lastly, I tried to forgive them and I am more happier, nowadays..." (W1)

"... I realized that forgiving the killer made me happier rather than hating them. I observed myself while I felt angry I was not happy and had too much suffering. After that, I tried to throw the worst emotional feelings out from my mind as the Buddhists say Ploi-Wang (Letting it go), then I found

happiness. I thought that it's better if I do good things for my happiness.

The terrorists will receive bad things from their own karma...(W3)

Nursing enhancement in the process “Cultivating to balance life”

Nursing interventions played an important role to enhance the self-healing process in the process of “*Cultivating to balance life*”. Most of the participants felt stronger and were ready to meet with the nurses and health care provider team. The participants were in the stage of seeking the ways to move on, and they tried to seek help from others. In the process “*Cultivating to balance life*”, the participants explained that they were able to calm down from the suffering and seek help from others, with the support from nurses and health care teams who visited them at home. In the process “*Cultivating to balance life*”, nurses were able to bring the widows up from the feeling of suffering, and enhance them to cope with suffering and other emotional distress. In addition, nurses encourage their ways to move on with a new hope.

In order to lessen the suffering, the special approach from nurses and the health care provider teams are needed, particularly by the supportive interventions of psychiatric nurses. The participants received a good support from the nurses and the health care provider teams reflected that they had a better progress and achieve in self-healing than the others who had not received support. They received various support such as the psychological care, coordination to receive the compensations from the other organizations. Moreover, the Buddhist widows who had successfully healed from the nurses support showed some psychological growth since they could help other new widows or new

people who had similar experience of the sudden loss of their spouse or their significant other. They were invited others to join group therapy, provide good support for the new sufferers from a loss, and share their own experiences of success in self-healing.

The widows reflected that the risk of mental illness was low after they received specific interventions from the health care team. Nurses and the teams visited them at home, and provided good psychological care by asking them about their feelings and willing to listen their stories, giving warmth touch which made them feel more happiness. Four of the participants (W1, W2, W5, and W7) reflected the good outcome from the visits by the nurses and health care teams who gave them a smiling face and warm behaviors. Some felt like floating in the air (she expressed with a smiling face, and happy to talk). The participants reflected their experiences about the care from nurses as follows:

“...I love the healthcare team. They visited at home and gave a good care of me both physically and mentally and checked my health condition (I have a heart disease), and I loved it when they gave me a caring hug that made me feel so good, it like I was floating in the air with happiness. They talked with me using nice words, such as keep fighting with a warm smile and hospitality caring, and they appreciated listening to me about anything, always with a full smile on their face, and they always respected my feeling. I love them, I don't know what would have happened if I had not received their visit and help...”(W1)

“...Anytime, when I had the most suffering I didn't how to solve it. I was always went to the hospital because I knew I can talk and vent my feelings with nurses,

and sometime, I needed some medicine to help me feel better from the insomnia. by the advice from a nurse, after I was talking with her. So, talking with a psychiatric nurse at the hospital helped me lessen a suffering and got a good advice to take care of myself as well. She gave me good support with warmth relationship by touching, gave me a warm hug, and offering herself to help me if I need some help, anytime. I always felt better after talking with her. After I got well from the suffering, she invited me to join the District Remedy Center to work for other victims of the situations. I'm so happy with the new job. Actually, that is a volunteering work. I mean it has no income, but I love this and I feel happier working.” (W5)

“...I received a lot of help from the health care team. They not only helped me release my distress, but they taught me new skills. For example, they helped me returned to strive with the crisis again for a new future (after spent amount of time for suffering)...They visit me at home and gave me a good relationships with warmth touches. Their hugs helped me felt better. Then, after I got well from suffering, they invited me joined the groups activities. Joining the groups helped me release my suffering. Because, during the group I always vent my feelings to my friends who experienced a similar loss. These helped me lessen my suffering. Furthermore, I learned many new skills from the groups included life skills and occupation skills such as a new solving skills, and new occupation skills; handicrafts skills, cooking skills. Then, I used my new skills such as cooking

desserts with the new style for developing my career; right now. That was very good for me and my family...” (W10)

Actually, Nurses (Psychiatric nurses) work with the health care provider teams; such as psychologist, social worker. They were not only provided good psychological support but they also evaluated the widows in regards to their mental status and risk of mental damage and severity for appropriate interventions. If the widows had any warning signs or symptoms related to the severe mental illness, they were referred for special treatment such as meeting with the psychiatrist for some medicine to lessen the distress or symptoms for a short period, and/or receiving a cognitive behavioral therapy from a psychologist, or psychological support therapy from psychiatric nurses as psychiatric nurses explained;

“...Actually, the hospital team went to represent and express condolences to the victim’s family during the funeral ceremony. Then, the home visit by the health care team started when the widows and family were ready to meet with health care provider team. Mostly, the home visits started at two or three months after the loss...” (N1)

“...I visited them at home for evaluation their mental state, and asked them about their need. Mostly, after the evaluation if revealed some psychological problems such as severe insomnia, mild to moderate depression symptoms, or high score in the PTSD screening. I invited them to the hospital for the specific

care and treatment such as CBT by psychologist, and/or got a medicine for less their symptoms...” (N2)

The participants have overcome the feelings of suffering and grieving from their loss, and they gained positive growth. Moreover, most of the participants expressed their need to spend time for helping other victims who were affected from the unrest situations. Furthermore, the life of widows had not stopped growing, they needed to fulfill a new life after gaining a successful healing themselves as the participant said, “...I received a lot of help from others and I needed to change and return it to the others who had suffered from a loss like me...” (W5). The participants who had successfully healed tried to move forward for a flourishing life, in order to gain more self-worth as presented in the third category of the self-healing process.

Category 3: Fulfillment with the new life

The category “*Fulfillment with the new life*” is last categories of the self-healing process which contributes to the core category “*Reconciliation of a Harmonious Life*”.

“*Fulfillment with the new life*” identified to illustrate the self-healing process that the participants presented their growth after they had overcome the suffering and had succeeded in healing themselves. Almost, participants who overcame suffering were able to create a new mindset and establish new goals in their lives with their children. The occupation skills and searching for the new job were developed to gain their happiness and the good future of their children.

Furthermore, the participants reflected their need to fulfill and gain more happiness in their life, after they themselves gained successful healing. Although some participants

(W6, W7) faced with the trouble in daily life, they felt better than earlier. The participants considered that understanding in the Buddhist principle such as the “*Law of Karma*” and “*Law of Dukkha*” (suffering), and the “Four Noble Truth” acts as a source of support and shaped their mind to help others.

“...Nowadays, I tried to join with the volunteer group to help others when I have a free time for that. Because, I know that they had a much more suffering, similar to my experiences of suffering after being exposed the sudden loss of my husband. So, helping others who are in the difficult conditions helped me gain happiness, as well. Many time, I visit, talk with them and listen to the stories that made them suffer; I think it could help them release their suffering (Dullha/Kluam-Mai-Sabai-Jai). By that ways, I always feel happier when I helped other, and that is better for my mentality, as well...” (W6)

“...I am still striving with my difficulty, but they had less severe compared to the earlier time after the loss. I think I can help other, even though it is not much help. Because I think helping others is the biggest thing in doing the good deeds that would result in my happiness... (W 7)

Most of the participants sought ways to improve their living skills in daily life, and need to gain the quality of their life. They needed others accepted in their abilities to solve the problem and difficulty by themselves, and were not perceived as vulnerable persons. Furthermore, abilities in helping other widows who were exposed the loss of loved one or loss of the family members from the situation of unrest were thought as

ways of doing good deeds. By this conception, the participants engaged a group and supported each other to enable heal themselves and others who survived from the lost of a loved one from unrest situations.

Three subcategories were identified to illustrate the category “*Fulfillment with the new life*”. The first subcategory named “*Developing an altruistic attitude*” was identified to illustrate the conditions followed by the second subcategory of “*Managing self to fulfill a good life*” to explain the actions/reactions of the self-healing process that the participants used to fulfill their life, and lastly the subcategory “*Living in harmony*” encompasses the consequences. The conditions, actions/reactions, and consequences, of the category “*Fulfillment with the new life*” are presented in the *Table 5*.

Table 5 Fulfillment with the new life: Conditions, Actions/Reactions, and Consequences

Conditions	Actions/Reactions	Consequences
<p>Developing an altruistic attitude</p> <p>1. Believing in the “<i>Law of Karma</i>”</p> <p>2. Willing to help the new widows with their loss</p>	<p>Managing self to fulfill a good life</p> <p>1. Looking for a permanent career</p> <p>2. Being involvement in the widows’ self-help group</p> <p>3. Engaging in social activities</p>	<p>Living with harmonious life</p> <p>1. Gaining in self abilities</p> <p>2. Living with inner strength</p> <p>3. Following Buddhist’s way as a part of life</p>

Conditions: Developing an altruistic attitude

This sub-category “*Developing an altruistic attitude*” illustrated the conditions which based on three conception codes of 1) Believing in the ‘*Law of Karma*’, and 2)

Willing to help the new widows with their loss. The participants defined themselves as the Buddhists who were required to improve their life and create a new mindset to live more valuable and do the best for themselves and others surrounding them. This concept represented the widows' psychological growth and ways to learn from the loss and cope with difficult situations. The widows realized in their good experiences to share with the new widows who had also experienced loss since they understood what happens and how the situation of loss affected the widow's mind.

Regarding the beliefs of Thai Buddhists, they are mostly associated with the Buddhist teachings such as belief in '*Karma*', and the '*Law of Nature*'. These beliefs influenced the widows' life and supported them in maintaining the functions in future. Furthermore, they learned to have higher attitude in terms of forgiveness to those who killed their husband. Three concepts were identified and explained.

1. *Believing in the 'Law of Karma*; This concept illustrated the reasons why the participants wanted to do good deeds and make merit ("*Thum Buhn*" in Thai) that resulted in lessening their suffering or emotional distress. They believed that doing good deeds not only helped others but also the outcome of "*Thum Buhn*" will be sent to her husband's spirit and help him stayed in the good place (or heaven). Moreover, they felt happier (Sa-Bai-Jai) when they helped others. By doing a good deed and making merit helped them to have a better understanding in the other's minds. As one widow often reflected that she felt happier when she could help others by participating with the Remedy team to visit other widows who had more difficult life than her. These situations made her gain better understanding of ways to heal other women both Buddhist and Muslim to overcome these

difficulties by themselves and realize that she was not only one to have the suffering. Understanding others who had more difficulties, it helped the widows to understand the nature of life and human cycle which is taught in Buddhism as “birth, aging, illness, and dying is a natural law for human” This understanding enhanced the widows’ strength and engagement with a peaceful mind, and enable them to continue doing good things for others. As the participants reflected;

“...Nowadays, I am willing to help others as much as I can, and I work as a core person of the survivors who affected by the unrest situation. I believe that helping others is the best good deeds that I can do to improve my feelings and I feel happier by helping others. I think the happiness is from the giving, as the Buddhist teach me “Giving and helping others who had a suffering is the best good deed...”(W5)

“...I realized that doing good deeds and making merit helped me find peace in my mind. Furthermore, I believed that making merit and pouring water will send the good things for my husband’s spirit to stay in a good place, and it has a good effect on me and my children. Nowadays, I go to the temple and offer food for the monks every day as part of my usual routine in life, so that I’m more stronger and happier now...”(W10)

2. Willing to help the new widows with their loss; After the participants had successfully healed themselves, they were willing to share, listen and help the new widows who were exposure to the same loss. The participants believed that they are able

to provide a better support for the new widow, and help them to overcome the suffering. Because, they understood the widow's conditions and their feelings of the loss, and they had a healing experiences to share with the new widows, as the participants said;

"...I used to have the severe suffering or emotional distress (Kluam-Dukkha-Tora-Man-Jai), and I understood that situations. I thought that I can use my successful experiences to help the others who exposed to the similar loss like me. With a good help and support from several people, I also had more successful in healing myself. Thus, I needed to return the good things to other people..." (W5)

"...I needed to help others who exposed to the loss situation. Because, I understand that they faced much more distress and difficulties. I could share good experiences and support them. Furthermore, helping the others would help me gained much happier from doing my good deeds, and "Buhn" from helping others should be sent to my husband's soul to gain happiness and go to the heaven..." (W6)

The willingness of the participants could help them develop their altruistic attitude to help others. So, this attitude was then resulted in lessening the suffering of the participants.

Actions/Reactions: Managing self to fulfill a good life

The subcategory "*Managing self to fulfill a good life*" illustrated the actions/reactions that under the category "*Fulfillment with the new life*". The participants described the ways they managed to maintain the good daily life and fulfill their life, after they had overcome the suffering. Due to poor economic, the participants find ways to support and

secure the family by seeking a permanent job to earn more income. In order to fulfill the new life, some participants joined the group and some engage in social activities by volunteering to help others. Abilities to help others would help the participants gain their happiness as well as more value as others accepted and respected them. Three concepts were identified to illustrate the “*Managing self to fulfill a good life*” which consist of; 1) Looking for a permanent job, 2) Being involvement in the widows’ self-help group, 3) Engaging in social activities.

1. Looking for a permanent career; The sudden loss of a spouse had caused the decrease of the family’s income. The participants wanted to give a good take care for their children and their family by themselves. They thought that a good career is the most important thing to make their lives more comfortable and ensure to support their family. Thus, most of the participants looked for a good job to earn more income for household expenditure. Although they received the financial support from the government, it can compensate in the short period and may not be enough for family expenses over a long period of time. They learned that economic is important for daily living, and wanted to be secured in their life. Thus, having a good job and income should protect them from difficulties. Furthermore, earning more income could help widows gain their self-worth, and be proud of their abilities. As the participants reflected themselves about their jobs;

“...I’m now working for the police station as a temporary employee, so I tried to finish my bachelor degree. Because the police station director told me that if I finish with a higher degree I will get a good position as a government

officer. With the new position, I will get more salary and better welfare from the government...”(W6)

“...I’m now looking for a good career. Because, I’m still paying attention to the bank every month. I have a plan to open a small convenience shop. But, I will start the new plan after my youngest son completed his secondary school...” (W9)

“...Working and earning income is the first thing that I did after I realized and overcome the suffering. Because, I needed to survive and complete a new goal in my life...” (W10)

2. Being involvement in the widows’ self-help group; After the widows achieved in healing themselves, they cooperated with the hospital and the Remedy District Centers to run a widows’ self-help groups as a part of friendship for sharing their feelings, their healing experiences, and to support each other. A few widows became a leader of the widows’ self-help group to advise and negotiate the new widows, and helped them connected with the government officers and non-government officers for caring and supporting them. The widows who took on the leader’s role of the widows’ group are the participants who had a success in healing themselves and some participants who had already passed the period of crisis or severe suffering. The widow self-help group generally set up to provide the new suffered widows to offload or venting their suffering (*Kluam-Mai-Sabai-Jai*) and support each other. The participants often shared their experiences and the ways to lessen the

suffering, and how to seek the support from others. As the participants who had a successfully healing shared their experiences;

“...I’m now working as core person for conducting a widow’s self-help group at the hospital. From my view, working as a volunteer made me learn a lot of skills, and providing support for the victims who are affected by the unrest situation. It helped me find peace in my mind. Anyway, the psychiatric nurses and health care team at the hospital still guide me in ideas to help other widows. I do concerned about the widow’s group and offered myself for this project. I’m so happy to do that...” (W5)

“...Nowadays, I am still going to join with the widow’s self-help group, sometime. I have a full time work. However, I always joined when they have some important events. When I attended the group, I gave them about the ways to take care our self and the ways to lessen the suffering such as supporting their feeling, accompanying them to go to temple to make a good deeds, and do meditation... Anyway, I gained more happiness by helping others...” (W6)

3. Engaging in social activities; The participants who achieved self-healing needed to help other new widows and other survivors who being exposed the loss of beloved one or family members, because they have had the same experience, and they know how to support them. Furthermore, they willingness to help others by involved into the volunteering work such as joining with the remedy teams and working in the community, and joining the widows’ group at the hospital to run a widow’s self-help group.

The participants worked and cooperated with the government officer and district remedy teams to support other victims who had lost a family member with the compensation from both government and non-government organizations. The participants reflected that working as a volunteer not only helped others, but also gained a lot of new skills to fulfill their abilities and their feelings. In addition, a peace of mind was occurred when they helped others. They felt so proud of themselves while other people gain happiness. The participants who passed the period of suffering and help others reflected their experiences.

“...Nowadays, I work as a volunteer for the District Remedy Center when I went out with the officer to visit the victims at home. I saw the poor widows and many who had suffered from the unrest situations. I learned a lot from that way. Moreover, working as a volunteer gives me an opportunity to help others which are the good deeds that I did many times. I hope that by doing good deeds this will return to me and my husband’s spirit living in the good place...” (W5)

“...I didn’t do something more as the volunteer, but I helped many people who were exposed to the difficult situations when I have a chance to help them. I helped them by giving a little financial support, and sometimes I donated food and something for the remedy team to support others, because I busy with my career on my chicken farm, nowadays...” (W11)

Consequences: Living with harmonious life

The sub-category “*Living with harmonious life*” illustrated the consequences of the category “*Fulfillment with the new life*”. The participants were successful in healing

themselves and gaining more abilities in independent living with inner strength. This concept illustrated the life journey of the Buddhist widows from overcoming the suffering to gaining of harmonious life. Three concepts were identified to describe this sub-category comprising of; 1) Gaining in self-abilities, 2) Living with inner strength, and 3) Following the Buddhist way as a part of life.

1. *Gaining in self-abilities;* The widows driven themselves through several healing strategies in dealing with the sudden loss of their spouse in order to regained a normal way of life. They also learned various strategies to gain most of their abilities, as the participants said;

“...I gained a lot of my skills after the loss of my husband. Nowadays, I can repair my house by myself. I can go everywhere by myself. I can drive the motorcycle for food delivery so that I’m so proud of myself..” (W10)

“...I’m so proud of myself, because I can take care of my sons. I’m working hard so I work at the police station during the day, then I work as a community solider rescuer as a night shift, and I am studying to finish my bachelor degree for a new position and for a higher salary...”(W6)

2. *Living with inner strength;* The participants who achieved self-healing are so proud of themselves in that they confronted a lot of life barriers and they passed through them by themselves. They have learned and gained in their problem-solving skills. As the participants reflected their experience;

“...I have passed the most difficult situations in my life. I hope I can face every crisis event by myself, next time. Since, I learned a lot from this loss situation. I am not afraid of any trouble situations in the future...” (W3)

“Nowadays, I’m sure I am really healing and settling down. I passed a lot of life barriers due to the sudden loss of my husband, ten years ago. Anyway, I still miss him (my husband) and think of him, but I am not suffering. Because, I have a stronger bonding with him (she expressed with tear and smile). I learned a lot from the lost...”(W5)

“...I have confronted the worse situations in my life and I have passed them. I think I can manage any difficult situations in the future. Nowadays, I’m a good family leader, I think. So, I can do every thing by my self...”(W10)

3. Following the Buddhist ways as part of life; As Thai Buddhist, most participants spent their life performing ritual in the Buddhist practice which helped them to overcome the suffering. Praying every day as an example, helped the widows achieve a peaceful mind. The participants often prayed and meditated when they had *Dukkha* (Klam-Mai-Sabai-Jai) and then gained a peaceful mind immediately. By following the Buddhist teachings, it is believed as doing a good merit. Moreover, the good merit that they did every day helped them gain “*Bhun*” (Buddhist belief that in making merit one gains *Buhn*), and this was sent to the spirit of their husband to help him live in the good place (Heaven).

“...Nowadays, I pray every night before sleep. Because I learned that praying helps me undergo a peaceful mind and good sleep. During the time of suffering I learned about the benefit of praying and meditation practicing. I can pray the Chi-Na-Banchorn Gatha without the book, nowadays...(W3)

“...I learned a lot from the loss. I had more understanding of Dukkha (Suffering) as taught in Buddhism. Nowadays, I pray and meditate every day as I can. It made me lessen from Dukkha as well ”(W5)

“...I go to the temple and offer food to the monks every day as my part of life. The first reason is merit making and pouring water to send “Buhn” for my husband’s spirit, and another thing is to fulfill my feelings because I am so happy when I do it...”(W10)

Nursing enhancement in the process “Fulfillment with the new life”

In the process of “Fulfillment with the new life”, most widows gained an inner strength, because they had overcome the suffering and difficult situations although some had still a few sorrow. However, under the better conditions regarding mental health, daily life, and financial support for family expense, the participants reflected their achieving a fulfillment of the new life with feeling of comfortable and increasing the self-worth partly from nurses.

Nurses (in particular the psychiatric nurse) were involved into the self-healing process. Psychiatric nurses performed a different role to enhance the self-healing process

that was reflected by Thai Buddhist widows who were participated in this study. Almost of the participants received counseling to enable care for themselves and among members in the widow's group. They required the psychiatric nurses in some conditions, because nurses provided a good advice when they faced with the problem. In the process "*Fulfillment with the new life*" psychiatric nurses worked as a facilitator and supervisor to coach widows in moving forward to develop strategies for themselves as needed. Various conditions they needed such as counseling when they need some advice or when they faced with emotional stress (Mai-Sabai-Jai) from their daily life or any family problems, when they have the economic problems, even when they cannot make decisions for their children. As the participants reflected;

"...Nurses helped me every things, like we are in a family. Many time, when I have a problems or having a happy time I needed someone to offload or venting with them. Nurse is the first one that I always think of them for example, when I have not enough money, when my son have his problems, when I have health problems. So that, the nurses helped me or gave me a good advice to solve that problems...(W1)

"...Almost, I can take care of our group, but I have some help from nurses. Because, I am not a professional, when I have a difficult to make decision or my members of the group, the problems that we cannot solve, nurse are always needed for suggestion and operation in working or coordinating with several organizations...(W5)

“...I think nurses are need for our group, because, I felt more comfortable while I enroll into the group. Sometime, I have stress but I don't know I have and when I meet a nurse and venting with her, I felt more comfortable. Nurse listens to me and give me a good suggestion, always...” (W10)

On the other hand, nurses also reflected that they helped in improvement of self abilities in the process *“Fulfillment with the new life”*, The participants could heal themselves and run on the self-help group. However, they needed more confidence to conduct some activities which supported by nurses. As one nurse said;

“...Mostly, they could move on by themselves. Anyway, when they had a barrier to move forward they came back for some help. Moreover, some widows who felt stronger were available to help the new widows and they joined as a key person with the widow's group at the hospital...” (N1)

Summary

In this study, it was shown that the suffering and self-healing experiences, and the perception of nurses' enhancement of Thai Buddhist widows were embedded in the process of self-healing. The theoretical model explains the participants' experiences of suffering and the strategies used to striving though the suffering and undergone the successfully in healing themselves. Although, they were four participants reflected that they were successfully healed themselves, and overcome the crisis and emotional distress, and nine participants were still on the process of self-healing with the good hope for a new life goal. The model named *“Reconciliations for harmonious life”*

illustrated the process of psychosocial interaction of moving through the difficult situations due to the sudden loss of the spouse. The process identified into three periods: 1) Realizing the loss and learning to survive, 2) Cultivating to balance life, and 3) Fulfillment with the new life.

Discussion

In this study, it was found that the suffering and self-healing experiences of Thai Buddhist widows were embedded in the process of self-healing and partially supported by nurses. Although, four participants reflected themselves in the process of self-healing as successful in terms of ability to overcome the crisis and emotional distress, nine participants were still on the process of self-healing with the good hope for a new life goal.

Regarding the model, a number of factors associated with the self-healing process of the participant which are classified as internal and external factors. The external factors such as social support from their family and relative, friends, and those who had similar experiences of the loss were helpful as well as the internal factors such as the religion belief and perceived their abilities. It was discussed in each process.

Importantly, the self-healing process of the participants could not start if they did not concern their own reflection and the future of their family and children. Since, most of the participants had a responsibility to take care of the children by themselves after sudden loss of the husband, and all of their family were nuclear families: father, mother, and children.

Due to the loss of a spouse, the participants had no one to be a friend to support or offload their feelings, then, almost of them returned to their parent's home in the early phase of the loss. This made them more concerned of the love by their parent. Furthermore, they realized that they were important persons in the family who must take care for their children. This is a particular to Thai cultural role as a woman who is caring of children and husband, and take care of the parent to pay a respect for them (Chompikul, et al., 2009; Montrikul Na Ayuthaya, 2016). The concerning of the parent feeling and the future of their children led the widows returning to strive with the suffering, and seeking ways to overcome their suffering and difficult situations. Furthermore, going to the temple at the early loss was also helpful for them to understand the truth of life and death and have the positive views.

After they realized of someone who are alive, the process of self-healing was moving using several self-healing strategies and receiving support from others which helped them to overcome and gain a personal growth or successfully healed themselves. The study findings revealed a growing knowledge of literature concerning the impact of the sudden loss of beloved one who is breadwinner affected the most crisis in the women life (Schaal, Jacob, Disingizemungu, & Elbert, 2010), these influence by socio-cultural factors in the self-healing process. In addition, the support or caring from psychiatric nurses and health care provider teams, and economic compensation by the government are still important to promote the self-healing process (Songwathana et al., 2017).

The core category "*Reconciliation for harmonious life*" was discussed together with factors that facilitated the self-healing process among Thai Buddhist widows as follow.

Reconciliation for harmonious life

The self-healing process, model of “*Reconciliation for harmonious life*” is the core category was started when the widows realized their loss and suffering which comprised of three categories: realizing the loss and learning to survive, cultivating to balance life, and fulfillment with the new life. Following the paradigm of conditions, actions/reactions, and consequences, the components of the self-healing process emerging from the data of this study reflected a growing body of knowledge to guide the nurses that is in particular to a psychiatric nurses, family of the sufferers, and even the neighborhood and community concerning on the women suffering from the sudden loss of the spouse, and how did they heal themselves.

The results demonstrate how widows perceived their self-healing process and shape their practice. Widows initially felt their greatest loss and their children who must be survived. According to the literature, self-healing process is a cognitive process that is an individual and more complex, and its relations with the several factors (Robb, 2006). The healing process or the recovery process starts with the realized the loss and learned to move forward for survival. These findings are similar to the previous study (Anderson et.al., 2006). The participants used amount of time to realize and learn to overcome the loss throughout the healing process. Four of thirteen were successfully healed themselves while nine of them were still striving on the healing process with the good hope and plan to move forward. Most women learned strategies to overcome the suffering to strive with the difficult situations particularly in those who encountered an economic problem, children offender (relation to drug abuse), health problems, and re-experience by the situations of unrest.

However, the belief in their self-abilities could help them overcome the situation of distress and move forward for a good future. The amount of time to heal and realize the loss, approximately ten to fifteen months after the loss of loved one which is similar to previous studies (Holm, & Severinsson, 2012; Mossin & Landmark, 2011).

“Realizing the loss and learning to survive” this is the first category of the self-healing model *“Reconciliation for harmonious life”*. Due to the crisis of the sudden loss of a spouse, the participants felt uncertainty and insecurity of family members who left behind. They learnt about the survival for family after realizing the loss. Some had severe depression and suicidal ideas in the crisis period which were consistent with those of previous studies indicated that the loss of loved one from a violent death carries a high incident of severe grief (Idemudia et. al. 2014; Kilpatrick, 2013; Schaal, Disingizemungu, & Elbert, 2010; Sever et. al. 2008).

According to the literature, loss and threatening situations are related with human suffering (Carnevale, 2009; Diehl, 2003; Mores, 2001; Roger, 1997). The study in Israeli survivors found that those who had sudden loss of spouse and children from war showed a higher level of posttraumatic stress disorder than people who had no loss of spouse or children (Dekel, & Hobfoll, 2007). Similar to previous studies conducted in Thailand (Jaeuabong, 2008; Pannara, 2006; Sommhla, 2009), which showed their psychological crisis affected changes of women's life after experienced of the loss of spouse, and from the violence situations. Widows faced with the most suffering due to the dramatically changed in their life such as decreased in family income, lost of dignity and respect from neighborhood and others, and feeling of uncertainty, feeling

lack of respect from others. Almost of participants were housewives, who had no own income and totally dependent on husband for family life as a widow reflected 'all of their life were dependent on the husband while he was still alive'. This was consistent with Thai cultural practice in rural areas that a man is a leader of family (although few belief gradual changes, nowadays) but people live in the rural area still belief in the old traditional culture (Montrikul Na Ayuthaya, 2016).

The emotional disturbance caused by suffering from the sudden loss of the spouse in Thai Buddhist widows affected their daily life in various dimension as mentioned above. However, most of them were able to return to normal life by striving with the difficulties and overcoming the situations throughout the self-healing process. The participants who reflected successfully healed spent over two and six years after the loss. The widows' main action or pattern of response was "realizing emotional distress and learning to survive", which translated into taking responsibilities for their significant person such as parent, and children. Widows decided to move forward and fight for them by seeking ways to lessen the suffering and fulfill their women's role as mothers, daughters in the family. They started to cultivate and healed themselves.

"Cultivating to balance life" is the second category starting with the concerning about the future of significant persons in their family who were still alive. The self-healing strategies that the Thai Buddhist widows spent time to practice and cultivate to overcome the suffering comprised of three subcategories: searching for new purpose in life, seeking ways to overcome suffering, and accepting the new life and having self-

understanding. The study findings also add more knowledge on how to enhance the sufferers to heal themselves and move forward for a new life goal, after the loss of beloved one who is breadwinner.

This study findings also presented that the important way to guide Thai Buddhist widows move forward until they were being successful in their self-healing is the solace in the Buddhist practice. The strongly belief in Buddhist teachings and always follow the Buddhist practicing: meditation practicing, merit making, always do a good deeds, and the quietness atmosphere at the temple were facilitated and enhanced the Buddhist widows realized and accepted their loss. Furthermore, reading *Dhamma* on a book, talking *Dhamma* with monk, and listening *Dhamma* from monk and/or radio also helped participants learn in the “*Law of Nature*” and “*Suffering*” these practice guided the participants cultivate and lead them gaining in the understanding in the law of nature that was result them to accept the loss and forgiveness to people who killed their husband. This finding should be used to guide healthcare provider about the ways to enhance the people who exposed the loss of the loved one based on the Buddhist ways to end of the suffering.

Several factors helped the healing process of Thai Buddhist widows in this period such as the support from family and friends, caring from psychiatric nurses and health care provider teams, and religious practice in Buddhism. They were guided to move on and lessen the suffering by cultivating their inner strength. The finding was supported by the previous literature (Keene & Prokos, 2008; Shakespeare & Barrington, 2012; Wiriya, 2009) which indicated that it required time to cultivate the inner

strengths among sufferers who being exposed the loss. These shall be discussed in the part “*Factors associated with self-healing model*”.

Last category named “*Fulfillment with the new life*”, illustrated what the widows did for achieving in their new life goal after overcoming their emotional distress. The self-healing among Thai Buddhist widows continued when they were successful in healing themselves, and learnt to gave assistance to the others who had similar experiences of the loss. Three concepts identified to illustrate this category which consist of: developing an altruistic attitude, managing self to fulfill a good life, and living with harmonious life.

In order to gain “*Fulfillment with the new life*”, all widows managed their time to live a normal life as well as trying to help others. Strategies used were looking for permanent job, involvement in self help group and engagement in social activities as needed. It helped them live with harmonious life as a new life by gaining in self-abilities, living with the inner strength, and following a Buddhist practice as a part of life. The self healing with inner strength by practicing Buddhist in daily life are important in fulfillment of widows’ life. It was similar to the previous studies (Ampunsiriratana, 2005; Tedeschi & Colhoun, 2011) who indicated that stronger faith in religious is associated with the positive growth. In addition, people who are successful or recovered from the loss and have a willingness to help others who suffered from the same loss, would become healer to fulfill in their both healing in self and others (Connerty & Knott, 2012). The finding also presented that the developing of the altruistic attitude

was related with the self-healing of Thai Buddhist widows by helping them to fulfill their daily life and moving beyond their own self-healing. The forgiveness to terrorist was found consistent with the previous literature that the forgiveness helps people to overcome the emotion of suffering (Crawford & Unger, 2004), and that the altruistic personality of the women facilitated them to cope with suffering situations better than men (Crawford & Unger, 2004).

In conclusion, the model of self-healing process of this study may similar to the previous literature (Anderson, 2006) who conducted a thematic analysis on a large number of participants who success on the recovery after exposed the life crisis such as loss, and crisis illness/ Five stage of recovery process were found: isolation from others, realized the loss, dealing with situations and start to develop a recovery, develop a positive identity and new life goal, and living with a fully meaningful of life. However, this study has added more knowledge on helping others would heal of both sides as healing and to be healed in living with harmonious life and becoming a successful healing under the process *“Reconciliations for harmonious life”*.

Factors associated with self-healing model “Reconciliation for harmonious life”

The self-healing model *“Reconciliation for harmonious life”* associated with both internal and external factors. The internal factors that were associated with the self-healing process consisting of: religious belief, concerning of their parent's loved and children future, self-abilities and perceived of self-abilities. External factors that revealed to enhance the self-healing process consisting of: relationship and support

from family members and friends, caring from nurses and health care provider teams, money compensation from government. However, some external factors were found to disrupt the self-healing process included neighborhood gossip, lack of respect in their dignity from people surrounding, economic and health problems.

Internal factors

Religion belief; This is an important relevant factor that enhance the self-healing process. The most of Buddhist widows in this study indicated that religious belief is highest in promotion their healing process. At the first time after the loss, most of them reflected that went to the temple helped them realized themselves and calm down on their mind. Then, they were described that seeking of the solace of Buddhism into the healing process helped them got a peaceful in their mind and relief their suffering as well. This due to the deep understanding of Buddhist teaching about “*Dukkha*” (suffering), and ways to end of “*Dukkha*” (suffering) as in the principle of Buddhism. This finding was supported by previous study that the religious belief and religious practice played an important role to promote a positive psychological growth after experienced of loss and crisis illness (Ampunsiratana, 2005; Hatthakit, & Thaniwathananon, 2007; Reutter, 2012; Schaal, et al., 2010; and Wiriya et al., 2009). In addition, the religious is strongly associated with positive psychological growth after exposed the crisis events, particularly to a women sufferers (Prati, & Pietrantonio, 2009).

The strong relationship of the religious and the healing process or the process of recovery could be explained by the theoretical perspective of the religious in Buddhism. The practicing of the Buddhist teaching and believed in the “*Law of Nature*” and

“*Law of Karma*” are most important affected to make the mental calm down, and emerging of a good hope by merit making, learning Dhamma by listening, talking, and reading, and meditation practicing. Furthermore, the principle of Buddhism in the “*The Four Noble Truth*” has taught the sufferers (widows) gained understanding of the “*Dukkha*” or suffering is the normal affected in each person, and it could happening and solves by themselves, forgiveness and accept these law, might be helped person lessen the suffering (Payutto, 1995). The theoretical perspective in this study also revealed in the period of cultivating to balance life. The participants learned more in *Dhamma* of Buddhism and resulted in lessen their feeling of suffering. Consequently, understanding in “*Dukkha*” by the Buddhist teaching, and understand and accept in the “*Law of Nature*” and Law of Karma” helped the widows overcome their suffering and resulted in their successfully healed themselves. Furthermore, the findings were also supported by the literature (Miller et al., 2011) that praying is related to mind by maintaining a positive emotional change and producing a feeling calm down from a stress.

Concerning of their parent’s love and future of children

In the initial of the healing process, the Buddhist widows reflected that when they perceived that they had some significant person alive who loved them, particularly their parent and children. There are two things: parents’ love and responsibilities of future of children. These brought them out from the suffering or sometime experienced of suicide, and returned to cope with many difficulties in daily, performed a new mindset and new goal of life. First, as women role in Thai culture, they have been taught and

perceived that child caring and take care of parent is important. This believed should be induced them concerned about parent love and child caring, then turned to strive throughout the suffering by seeking ways to cope with the terrible life. Second, a love and support from family (not walk alone) helped them to seek ways to overcome or fight for them and they themselves must be healed. Although a few literature stated the positive social support would enhance the self-healing process (Charuvastra, & Cloitre, 2008; Holm, & Severinsson, 2012), the concerning and perceiving of the love of parent and children in this study helped the sufferers to heal themselves and move on with hope and create a new life goal.

Self-abilities and perceived of self-abilities

Perceiving of their own abilities was more affected to enhance the widows' healing process. This finding revealed the positive association between the self-abilities and perceived of self-abilities on the self-healing process. The participants also reflected their positive experiences to overcome the difficult situations and resulting in their more abilities which regarded as valuable skills in life. The various abilities were to do everything by herself, be a breadwinner of the family, help others to learn how to survive, despite of significant constraints in unrest areas. These had helped them gain more self-confidence to move forward.

The literature stated that the perceiving of the ability in term of self-efficacy is also influence in the successful of the process of recovery from the suffering (Cieslak et al, 2008; Peterson, & Bredow, 2013). The findings in this study also added some knowledge regarding the association between successful in self-healing and perceived of their abilities.

The more perceived self-capabilities is the greater feeling proud of themselves and willing to move on for a good future with a new hope would be. Thus, enhancing the sufferers gaining in self-abilities and productivities are important to enhance their self-healing process.

External factors

Support from family members and friends

Finding from this study represent an influential of the support from family members and friends on the self-healing process. These were revealed in the second category. The theoretical perspective from the data of this study shown that participants who have had enough support from family could overcame the suffering better than the participants who lack of support from family, and gaining a positive psychological growth and willing to help others. On the other hand, the participants who lack of family support spent more time in the first stage of the loss than participants who gained a lot of support. This finding was consistent with the previous literature that social support and receiving good in social connection helped the women gain self-healing (Crawford, & Unger, 2004; Dakhli et al., 2013).

This study finding could be used to guide and prepare the family to take care the family members in the loss situations from the several causes. This should be more advantage to promote the self-healing after the loss and protect the survivors from the psychological problem as well.

Caring from nurses (psychiatric nurses) and health care provider teams

The caring from nurses, particular to psychiatric nurses seems to be related to help people gaining a positive growth and successful in self-healing process. It was required and recommended by the participants although they received little support in the first period. However, data showed that nurses demonstrated some roles in the second period of the loss when they went to visit them at home, and invited them joined the group activities at the hospital.

Due to the invisible role of nurses in caring and assisting the sufferer people in the first period after the loss, the participants believed the support from nurses and health care provider could help them prepare well and moved faster to heal themselves. The participants reflected a good take care from nurses and health care team while they visited them at home, after they have been deal with the crisis and had ready to meet the others. On the other hand, two participants still misunderstood about the caring from psychiatric nurses and health care teams, one reflected that she did not needed a caring from psychiatric nurse or psychologist, because she had no psychiatric illness. Thus, nurses should be acknowledged the people about the nurses' role and the benefit from the nurses caring. Due to the literature stated that the therapeutic communications of nurses could reduced the emotional and suffering of sufferers (Marshall et al., 2010).

Finding of this study represented a weak point of the time to involve for a psychiatric nurse to give them a nursing care and made them have a right understanding about the nursing role and the benefit of the nurses support to enhance their healing. Consequently,

this knowledge should be guide nurse about how to involve and helped the people suffering in the area.

Money compensation from government

It cannot deniable that the economic is play an important role on the daily living. The most of the participants were also confirmed that the money compensated from the government helped them moved forward from suffering with economic problems after being exposed the sudden loss of the spouse. The theoretical perspective from the data shown that the participants who were not faced with the economic problem or household expense of their family gained more in self-healing than others who had have a economic problems. This represented from the thick data, and confirmed by the four participants who had successful in healing themselves, the most of them had not a economic problem. Furthermore, three participants who still on the healing process they have been healed, but by facing the economic problem resulted the returned to struggle with the difficulty again, even it was not too much compared to the suffering from the sudden loss of the spouse.

This is supported by few literature that the healing process is related with several factors, and economic is one of the important factors influenced the self-healing process. It will interrupt the healing process if they lack of economic support (Hobfool et al., 2006; Dekel, & Hobfool, 2007). However, this study was not strongly recommended about the relations between the economic support and the recovery process. Thus, the economic support from the government still needs to lessen the daily difficulties that helped the participants move forward for a successful in healing.

On the other hand, the theoretical perspective from this study showed that the self-healing was disrupted by some factors such as disrespect, lack of accept and dignity, neighborhood gossips, lack of the support: social support, economic support and psychological support. This findings also support by a previous study, the negative interaction with the social environment is a barriers of the successful in healing process (Charuvastra, & Cloitre, 2008).

Consequently, promoting the self-healing process among the women who being exposed the sudden loss of breadwinner is more complex and needed amount of time to achieve in the healing process through the several supportive factors as explanation in the discussion.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

This study described the healing process regarding the women who experienced suffering from the sudden loss of their spouse by the violence such as ‘gunshot and bombing’ in the southern part of Thailand from which the concept model was generated. The findings of the study were summarized and presented in three parts: the conclusion of findings, recommendations, and limitations of the study.

Conclusion of the Study Findings

Exposure to the sudden loss of a spouse had a high impact on the women’s lives. They mostly experienced emotional distress, and a few widows suffered acute post traumatic stress disorder and received specific treatment from a psychiatrist, over a short time period. Most of the widows took between six months and one year to realize the loss and learn how to struggle with the difficult situations.

After the widows had realization of the loss situation, they found themselves in, they did not know how to move forward. Since, they had not planned for the future by themselves. Every step in their life plan should have been with their husband. Thus, the sudden loss of their spouse made the widows feel like their future was immediately doomed. In the earlier stage of the loss, the widows could not cope anything, even following their daily routine in life was difficult. Everything was dependent on others surrounding such as family members, and relatives had to take over and provided

care. The healing process started after they accepted the loss and became concerned about their future.

The healing process among Thai Buddhist's widows was divided into three processes which comprised of: Realizing the loss and learning to survive, Cultivating to balance life, and Fulfillment with the new life.

1. *Realizing the loss and learning to survive;* this process represented how the Buddhist widows managed themselves after being exposed to the sudden loss of their spouse who was their beloved one and family's leader. This dramatically affected the women who then found themselves in a widow status. The first thing that they did to take care of themselves was to realize the situations of the loss and their conditions at that time. In this stage the family members and close friends played an important role in helping the widows to heal themselves. After that the widows tried to seek some help from others as they are ready to move forward and set a life goals.

2. *Cultivating to balance life;* the widows used several strategies to cope with the emotional distress and difficult situations due to the sudden loss of their spouse. The health care provider, particularly the psychiatric nurses played an important role in this stage. Because, even though the widows needed to move on, but they did not always have the tools or resources they needed, furthermore they needed one to guide them to move forward in appropriate ways. Moreover, the supportive from the other organizations were still important to enhance and support the widows to undergo the successful healing.

3. *Fulfillment with the new life*; this concept illustrated the Buddhist widows remaining with their healing growth. They tried to seek the ways to fulfill their feelings, because, they had the new aims in life and one of the aims was to help others. Furthermore, the widows needed to undertake more good deeds and merit making for the spirit of her dead husband, her family, and herself.

Recommendations

The implications and recommendations for the nursing practice and future research are suggested as follows;

Implications for nursing practice

The process derived in the study will support the nursing practice, particularly to the psychiatric nurses who have a responsibility to take care of the women affected by the sudden loss of a beloved one, or other family members who is their significant person. The implications for the psychiatric nurses practitioners and the health care provider teams are suggested as below;

1. The generation of a new nursing module that is more specific and appropriate for the different stages of loss and healing among the victims affected by the sudden loss of a beloved one. The module will be more beneficial for the widow's healing process. For example, the nursing intervention in the crisis period or the first stage of the loss is required of nurses to be involved as earlier as possible to help the sufferers in realizing the loss and undergoing the healing process which will prevent psychiatric problems.

2. Nurses should concern about the associated factors that influence the healing process such as economics status, family support, respect and acceptance of the widow's dignity, and neighborhood gossip. Thus, nurses could help to facilitate and lessen the barrier that affected a healing process, and prevent any severe psychological disorders as well.

3. A manual explaining the role of the family members and the community to facilitate and enhance the healing process among new widows or the other victims of the unrest situation should be developed.

Implications for nursing research

The substantive theory or the conceptual model of the healing process derived from this study can be used;

1. The concept model of the healing process among the Buddhist widows should be used to develop a conceptual framework for future study in different groups of participants who experienced of the loss of beloved one such as Muslim's widows, and other victims who experienced the same loss from different causes. The suffering of widower is also more interesting to explore and the ways they used to overcome their suffering, due to the lack of knowledge in the widowers group.

2. The study finding will support the healthcare provider to develop the intervention using the Buddhism based to promote the healing process in the person who being exposed the loss of loved one, and how to prepare the family to support the women from the loss.

3. The findings of this study could be used to develop and test the effectiveness of nursing interventions based on this model to enhance the self-healing in the women who exposed the loss of a loved one.

Limitations of the Study

This study focused on the healing process among the Buddhist widows who were affected by the sudden loss of their spouse. They were in different in the stages of the healing process, and they was a small number of participants in each stage. The limitations found in this study are presented as below;

This study was also employed in the Buddhist widows which could be limited for other groups. The generalization to the different groups of participants would be limited.

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Appendix 1: The interview guide

The questions used as the interview guide to explore the suffering and the self-healing process:

The questions used in this study will be formulated following the research questions;

- 1) Please tell me about your current situation, or recent feelings.
- 2) Please explain and compare your emotional state and feelings at the time since the loss of your spouse and the current time.
- 3) Please tell me, what was the first thing that you did in your suffering state after your spouse died?
- 4) Please explain the ways or strategies that helped you to deal with your suffering and to overcome it.
- 5) What have you done to overcome your suffering? or what is the thing that has helped you to overcome your suffering?
- 6) What is the most effective way to help you to overcome your suffering?
- 7) Who is an influential person in your positive change or who has helped you to overcome and transform your suffering?
- 8) What was the nurses enhancement that encourage you to heal your self?, and how did they do?
- 9) What are the factors influencing your practice to establish a new life, and what is the most effective factor to relief your suffering?
- 10) Could you tell me, when you felt your life had become normal again and how did you find that you had achieved positive healing?

11) How does Buddhist belief influence your way of life and healing yourself?

12) What is the outcome after having successful healing or the positive change after the loss?

Appendix 2: Demographic Data Form

The demographic data information to be gathered from widow informants consists of;

1. Age
2. Education
3. Occupation
 - Previous job before loss of spouse
 - Recent job after loss of spouse
4. Family income
 - Before your husband died
 - After your husband died
5. The number of children and age
6. Marriage status
 - Duration of marriage (date of marriage up to spouse's death)
 - Current marriage status
7. How long has it been since you lost your spouse?
8. The relationship with her husband before he pass away
9. What is your household compare between before and after loss of husband?

Appendix 3: Informed Consent Form

Self-healing process and nurses' enhancement among Thai Buddhist widows of unrest situation in southernmost Thailand

Miss Sujira Wichaidit, Ph.D Student Nurse

Faculty of Nursing, Prince of Songkla University

Mobile phone 081- 8921957

Dear Participants

I am Sujira Wichaidit, a student in the Doctor of Philosophy program, Faculty of Nursing, Prince of Songkla University, Thailand, who is conducting research on the topic of the self-healing process and nurses' enhancement among Buddhist widows who have been affected by the unrest situation in the southernmost part of Thailand, in order to gain the knowledge of the self-healing process in Buddhist widows in the southernmost part of Thailand. This is beneficial for developing the appropriate intervention to enhance the self-healing processes among widows with the same experiences. Moreover, it will provide information to develop an instrument to assess the self-healing.

I would like to invite you to participate in this research. You will take part in providing useful information. In the first meeting, the researcher will ask about your personal information, then conduct an in-depth interview about the self-healing process and the loss of your spouse and how you are healing recently. This interview will take about 45-60 minutes. The information will be kept secret and will be used only for this research with your consideration and permission before use. The interviewing is minimize risk to you. During the interview, if you feel any discomfort or stress or anxiety, you can discuss those feeling with me. Otherwise, we will move to another

topic or stop interviewing. If you prefer me, not to use the information you gave me, I will abide by your wishes. Moreover, you can also withdraw from this study at any time without any negative consequences. The researcher respects your decision. If you agree to participate in this study, could you kindly sign informed consent.

Subject's statement

The researcher has been explained to me, and I understand the research objective and research procedures. I volunteer to take part in this research, and I have had a chance to ask questions. If I have any question at any time, I can call Miss Sujira Wichaidit via her mobile phone 081-8921957.

.....

(participant signature)

.....

(Miss Sujira Wichaidit)

Researcher

VITAE

Name Miss Sujira Wichaidit
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Educational Attainment

Degree	Name of Institution	Year of Graduation
Diploma in Nursing and Midwifery (Equivalent to Bachelor of Science in Nursing)	Bangkok Collage of Nursing	1988
Diploma in Psychiatric Nursing	Somdejjaopraya Hospital, Department of Mental Health	1991
Master of Education (Developmental Psychology)	Srinakharinwirot University	2000

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List of Publication and Proceeding

Publication

Wichaidit, S., Songwathana, P., Balthip, K., & Woods, M. (2019). Healing strategies among Thai Buddhist widows after the sudden loss of spouse in terrorist attack. *Walailak Journal of Science and Technology*, 16 (4), 2019. (in press)

Oral presentation and proceeding by peer reviews)

1. Wichaidit, S. & Songwathana, P. (2016). Buffering strategies used to heal the sufferings after terrorist attack among Thai Buddhist widows. *International Journal of Evidence-Based Healthcare*, 14(1S); s40. (Oral Presentation in Changmai, Thailand)
2. Wichaidit, S., Songwathana, P., & Balthip, K. (2017). Self-healing process of recovery from traumatic experiences among Thai Buddhist widows. Presented at the conference “*Ethics, Esthetics, and Empirics in nursing: Driving forces for better health*”. Faculty of Nursing, Prince of Songkla University, July 5-7, 2017. (Oral Presentation in Hat Yai, Thailand)
3. Wichaidit, S., Songwathana, P., Baltip K., & Woods, M. (2017). Buddhist widows’ healing process after sudden loss of spouse in unrest area. Presented at the conference “*16th Annual International Mental Health Conference and 14th Annual Child Mental Health and Psychiatry Conference*”, August 2-4, 2017. (Oral Presentation in Bangkok, Thailand)
4. Wichaidit, S, Songwathana, P., & Balthip, K. (2018). Trauma healing strategies in the crisis period experienced by Thai Buddhist widows in unrest situations. Presented at the conference 6th Padjadjaran International Nursing Conference “*The role of nursing in advancing quality of care through application of conceptual models in areas of nursing practices and health*” Bandung, West-Java, Indonesia, May 23-24, 2018. (Oral Presentation in Bandung, Indonesia)