

# GEMS

for your well-being



**BUDDHIST GEM FELLOWSHIP**  
Growing People, Inspiring the Future

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## Foreword and Introduction

It is my honor to be given this opportunity to write the introduction to this eBook. When we began the journey to train volunteers to provide effective help to people in need, there was a need to find good resources to train our volunteers; both the reading materials as well as the right speakers to share their respective areas of expertise. So, this eBook is really a good capture of the practice wisdom of the many good hearted volunteers who came forward to volunteer their time and efforts to share with the participant of our various levels of training programs.

Over the years, the syllabus and content of the various levels of training modules had been through revisions and updates to ensure relevance of the topic and issues and skills needed by the volunteers. The content of these articles reflect the real life capability of the speakers who have taken time and effort to share their understanding and experiences in the various topics captured in this eBook. It is by no means exhaustive as the number of trainers list had been long and varied. Hopefully the content of this e-book allows us to do justice to the work that had been put in by these volunteers.

The Gem Helpline is indeed a fully voluntary effort of all the organizers, trainers, volunteers and helpers; past and present as well as the coming future. These volunteers began with the journey of wanting to help people and in this arena of helping people to solve their personal and interpersonal problems, it is never a simple solution of giving the right advice. We have found that many of these people in need who seeks help, had been given lots of “help”, yet they don’t seem to have resolved their issues and concerns. The reason is simple, most help given are not very helpful if these help do not address the need of the person seeking help. Hence, these training programs are designed to ensure that the volunteers are given the right tools and methodologies to be effective helpers.

The training programs began with the intent of helping the helpers to know and understand themselves and their motivations to help. Developing self-awareness and self-mastery is indeed the cornerstone of the effective helping process. After understanding and mastering self, it is about equipping the helpers to understand the people in need and their immediate surroundings. The approach to understanding others is about empathic listening and asking the right questions so as to be able to appreciate the context of the person in need. And the

resolution process is a respectful manner of exploring the solutions with the person in need and enabling the person in need to own their solution so that they will be empowered to take self-directed resolutions. Therefore, the development of these volunteers to be effective helpers is indeed a journey. That explains why the program is usually over a period of a few months and the participants develop personal insights and appreciation of the helping process.

Not all trained volunteers finally became official helpers in our help line. We fully understand this reality as different volunteers with different personal challenges in different stage of their life can give that much of themselves to help others. One thing we are certain of is this; many of our volunteers would have developed new ways of communicating and supporting their loved ones when these people approach them for help in their normal day to day interactions. Many of our trained participants shared that they benefitted by being less judgmental and more empathetic and spends more effort to understand others by asking more questions; both at the diagnostic stage of evaluating the cause of the problems as well as exploring the potential solutions to the problems.

It had been indeed a wonderful journey, reflecting the 30 years of history of training volunteers to help people more effectively. We wish to thank all the organizers, volunteers and trainers and all our supporters in making the last 30 years journey a meaningful and happy journey to all those involved in the journey. Saddhu, Saddhu and Saddhu.

*Keek Seng Bee*

*November 2022*

# Building Healthy Couples Relationship

*Bawany Chinapan  
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Healthy couples' relationship is important for a happy marriage and family well-being.

At our deepest level, we desire to have someone to love and who can love us in return, someone with whom we can share laughter, friendship, work, care and support throughout the good as well as the hard times in life. Life is not a bed of roses and journeying with a partner or spouse has its many ups and downs where there is a constant strive for balance or stability in any relationship. Drawing upon the insights of family systems theory we view the tension between relatedness and separation as being an ongoing and inevitable struggle for all human beings, resulting in a circular and reflexive process of both seeking and reacting against intimacy and vulnerability in the couple's relationship.



Over time, unhealthy communication patterns emerge where one or both partners fail to listen respectfully, share honestly, or show interest in the other.

Many couples enter into a relationship with a variety of expectations, both overt and covert and if these are not met, they are likely to build resentment along the way. Many sources of these expectations come from the home background (family of origin), parents' marriages, ethnic and/or cultural beliefs and value systems and influence from mass media. Over time, unhealthy communication patterns emerge where one or both partners fail to listen respectfully, share honestly, or express an interest in the other.

Therefore, when couples' feel ignored, or feel that their partner doesn't understand or care about what they're communicating, there's a risk that they will eventually stop talking to each other. Walls begin to rise, and they may even begin living emotionally separate lives. This happens gradually and opens the door to arising conflicts because the needs of the relationship are not being met by either party. Have you ever felt that you cannot connect with your spouse or partner and that your emotional needs are not being met? These could be signs of emotional abandonment and we may not be aware of how much it could impact us as time goes by.

As couples go through their marital life cycle; from their symbiotic stage, where they are so much in love with high levels of nurturing and the relationship is stimulating and exciting, they may not be so lucky to reach the mutual interdependence stage where their relationship could develop into a bond that is deep and mutually satisfying (Bader & Pearson, 1988 as cited in Crawly & Grant, 2009). Trouble does not brew in the symbiotic stage as the first two years of being with loved ones are exciting with a lot of physical and emotional intimacy or closeness. Feeling alone in a marriage may start after this stage for many couples when reality seeps in and when the oxytocin and vasopressin hormones settle down! You may no longer feel the sentiment behind the vows you made at your wedding, 'to have and hold for better and worse, in sickness and health...to love and cherish till death do us part!

Often, I see couples coming in stating that they are somewhat lonely in their marriage. They seem to have so much going in their lives and yet feel this void when it comes to their partner or spouse. These seem like a common phenomenon explored in couples' sessions regardless of if they are in their twenties, thirties, or fifties. If you are in a relationship, ask yourself if ever you felt alone in that relationship. If the answer is yes, then you are not alone. Studies show that forty per cent of married individuals complain of feeling lonely often or sometimes.

Common for couples to point a finger at their spouse or partner to change. Oftentimes, we ask ourselves, who needs to change. The answer is *you*. Only you can change and take charge of that change and not force change onto others. A Couple is a system as they impact each other emotionally. Hence, when one initiates change it moves the direction of change to the other as the other reacts to the change. This is the power of the system where the interactional pattern is looked at from the basis of interconnectedness and interdependency. No man or woman stands alone!

Therefore, how we respond or react to our spouse or partners matters in a relationship. Do you know that in communication, only 7 per cent of meaning is conveyed by verbal content, 38 per cent by tone, and 55 per cent by body language? It is more pertinent to *how* we speak than the actual words. Dr Perper's work shows how important non-verbal cues are in an emotional setting. Any relationship is an emotional one and how you turn and tune your face when you listen to your loved ones helps convey more love and make them feel loved. It is not a surprise that the better the conversation, the better is the relationship. What you say to your spouse or partner each day has a constant effect on how you feel. John Gottman and his research group discovered that those fleeting seconds of turning in the direction of one another elicit a connection that is essential to a happy relationship. Such as if you hold out your hand to your partner or spouse and she or he ignores that gesture, it hurts you. Similarly, if you say 'hello and your partner or spouse responds with warmth and asks you how your day was, it makes you feel good. These bids and how a partner or spouse responds either make or break a relationship in the long run. This is very similar to what Dr Sue Johnson; founder of Emotional Couples Therapy talks about emotional responsiveness in couples' relationships.

Gottman in his four decades of study on relationships has concluded that listening to certain patterns of communication in couples, could predict as to whether the couples will stay together or will divorce. He discovered four patterns which predicted trouble in couples' communication. Gottman calls it the Four Horseman of the Apocalypse (Gottman; 2015):

#### *Personal criticism*

When partners use criticism to voice out their complaints towards their spouse or partners by blaming the problem on the partner's character flaws, it brings out defensiveness. It is critical

to distinguish between a person's identity and actions. Words like "you are so self-absorbed" "will only inspire resentment and not care.

### ***Defensiveness***

It is the counterpart to criticism and goes hand in hand with contempt. It is remarkable how arguments can escalate when one person is critical and the other defensive. No one likes to be criticized and the trick is to avoid fighting back. The best way is to ask an open-ended question, such as "What makes you say that?"

### ***Contempt***

Contempt is an indication that the other person has cut off emotionally. They no longer care nor enjoy the partner or spouse's company. Hence, they do not value the other person or even respect them. This is a far more dangerous sign towards relationship demise. Partners or spouses who are contemptuous also act superior and punctuate criticism with a sneer and a sense of disgust. A spouse or partner listening to contempt daily shreds their immunity system and happiness.

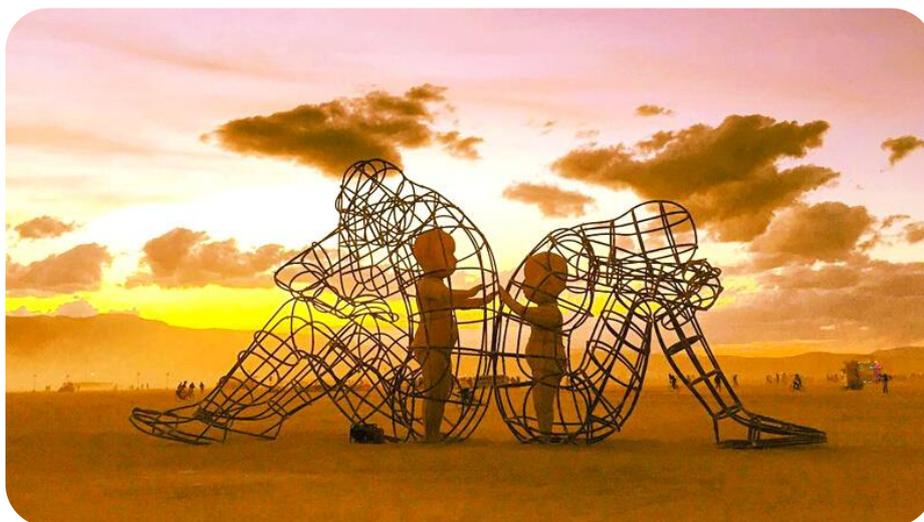
### ***Stonewalling***

This is more of a passive-aggressive form of an attack by simply ignoring the other person. Stonewalling or shutting down is a way of being nasty without responding or reacting. Gottman and Levenson in their research found that when in conflict, the physiological arousal of the partner with a heart rate above 100 beats per minute, usually shuts down all verbal responses, diverts their gaze, turns their body away and blocks their partner. Hence, it literally becomes a stone wall.

Apart from his study on couples' relationships, Gottman also found that couples who show emotional disengagement, lack responsiveness and have low levels of positive emotions in conflict do divorce within an average of 16.5 years (Gottman: 2015). A healthy relationship needs rich bank accounts of positive interaction to survive and thrive. Conflict is an important indicator of what is not going well in couples' relationship and how they manage conflict is an important indicator of thriving relationships.

## **Making relationship work**

Listening to your spouse or partner makes them feel understood. Feeling heard and understood makes couples feel connected. Emotional connectedness is what all couples yearn for in their relationship. As Sue Johnson in her book, “Hold me Tight” (2008) demonstrated the importance of emotional connectedness and emotional responsiveness. When you feel your spouse or partner does not hear you and is emotionally unavailable or unresponsive, you feel alone and lonely. She said losing connection with loved ones threatens the very sense of our security. Neuroscientist, Jaak Panksepp of Washington State University calls it the “primal panic’. Couples that have lost their love connection will either become needy and clingy in an effort to seek their partner's attention and assurance, or they will withdraw and become distant in an effort to comfort and protect themselves. These couples are disconnected emotionally and do not feel emotionally safe with each other. What I experience in sessions with my couples is that they are arguing or having conflicts because they are protesting over the emotional disconnection. As Sue Johnson puts it in her book “Hold Me tight” (2008) underneath the distress partners are asking if; “*Can I count on you, depend on you? Are you there for me? Will you respond to me when I need or call you? Do I matter to you? Am I valued and accepted by you? Do you need me, rely on me?*” (p.29). She stated that the anger, criticism, and demands are really crying to their partners/spouses and drawing their mates back in emotionally and re-establishing a sense of safe connection.



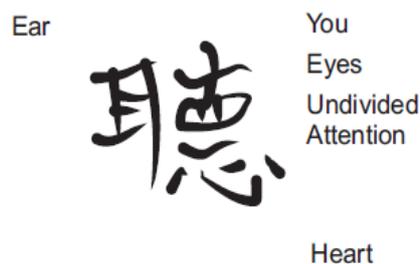
*This beautiful picture reminds us of the importance of human connections. If we allow our innate need to connect as of a child without the ego, emotional connection becomes easier* When marriages fail, it is not the increasing conflicts but the decreasing affection and emotional responsiveness that is the best predictor. The demise of marriage begins with the

growing absence of responsive intimate reactions and, the conflict comes later. Hence, listening to the needs of the partners/spouse helps in the emotional connection that is so needed in any relationship, even more so for a healthy marital relationship. The question of how you listen is important. Research shows that every time a couple has positive communication there is a deep emotional connection. As partners respond empathetically to each other, specific nerve cells, called mirror neurons (prefrontal cortex) are activated. Physicists speak of ‘resonance,’ a sympathetic vibration between two elements that allow them to suddenly synchronize signals and act in new harmony. The sense of connection is expressed not just in feelings, but in our very cells. Reflective listening helps couples to listen and reflect or paraphrase what the partner or spouse states first before replying.

Therefore, listening with the heart, undivided attention, ears, and eyes as per the Chinese character 'to listen' helps couples to feel heard and understood. This is the basic skill of active listening that is taught in any counseling program for better communication. The art of listening

is so important in any relationship-building! Important to bear in mind that the letters that spell 'listen' also spell 'silent'!

## “TO LISTEN”



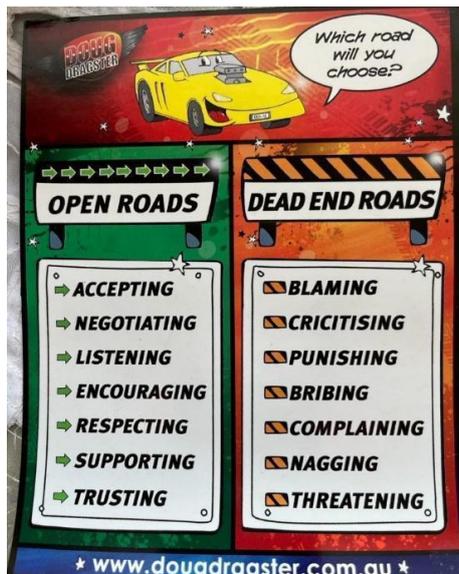
As we are listening, attending behavior is very important to translate the message through the body that we are listening. Looking at the person and having good visual eye contact with vocal qualities that convey warmth, authenticity and interest is crucial. Body language which is part of non-verbal communication is crucial in couples' communication.

Your attention to the other is powerful and is a form of energy. Nowadays, it is increasingly normal for couples to spend time ‘together’ while talking on the phone, using social media, messaging or surfing. Have you seen couples or families having dinner in a restaurant

together and yet each is busy on their phone? We fail to do the simplest thing of being there physically and emotionally. Giving attention to our loved ones is the psychological presence that is needed for any human connection. It starts with our undivided attention. When you pay more attention, the richer is your relationship with your loved ones. Happy couples are good at listening. Listening is also a sign of respect and expressing admiration for each other. Listening is also responding to bids of attention for each other!

Howard Markman Ph.D., one of the most respected couples' researchers and couples' therapists in the US talks about the importance of couples listening and communicating back what they have understood in the Speaker-Listener Technique to help better equip couples to be able to voice their thoughts. He reiterates the importance of listening and giving space to the other without interrupting or rebutting and paraphrasing to convey an understanding of the message delivered by the partner or spouse. The speaker has the floor where he or she will start the conversation and the listener listens to paraphrase. The couple will switch roles and the listener will have the floor to be the speaker. Giving space and being attentive to the partner or spouse, conveys respect and inevitably makes the 'speaker' feel understood by the 'listener'. An important pointer is not to mind-read your partner or spouse and point a finger when you are the 'speaker'. Speak for yourself using the "I statement" by taking responsibility for what you feel and how you feel rather than pointing blame towards your partner or spouse.

William Glaser, the founder of Choice Theory, discusses the decision you make to employ through practising connecting habits, to produce positive communication, which pulls people closer and fosters relationships. Couples can use these seven connecting habits; accepting, negotiating, listening, encouraging, respecting, supporting and trusting rather than blaming, criticizing, punishing, bribing, complaining, nagging and threatening to build better relationships.



Research in positive psychology tells us that couples who are highly aware of their partner's strengths tend to be far more satisfied with their relationships, and much less likely to separate or divorce (Kauffman & Silberman, 2009). Couples who are in a rut, or those who are already satisfied with their relationships, can both benefit from strengths-focused activities. Focusing on their partners' or spouses' strengths rather than their weakness enhances the relationship. This also avoids criticising and placing blame, but appreciates the positives that a partner or spouse brings to the relationship. This is also consistent with the idea of complementarity in romantic partnerships, when partners complement one another by playing complementary roles and contributing complementary strengths.

However, according to Gary Chapman, if you don't speak a person's primary love language, that person will not feel loved, even though you may be speaking the other four of the love languages (Gary Chapman, 2015). Gary Chapman, author of "The 5 Love Languages" speaks of the communication of love in couples' relationships. All connections are formed on the basis of some form of communication. The way an individual communicates their love is unique to them. Whether it's with a significant other or among friends, knowing your and others' best form of communication can help create healthier and happier relationships.

He states that we need love before we fall in love and so long as we are alive, we need love. We need to fill our love tank and if we do not speak the primary love language of loved ones, we may not communicate the love as how they need it. What is at the heart of marital desire is the need to feel loved by one's spouse. Love is emotional in nature and it nourishes your heart and makes you feel good inside. But being in love is always a short span as we

maneuver through the marital life cycle. Being in love is so much of the symbiotic stage and this dies off when couples return to the reality of work and family. Hence, by knowing one's love language and catering to that love language makes love communication alive for couples.

### **5 different ways of expressing and receiving love.**

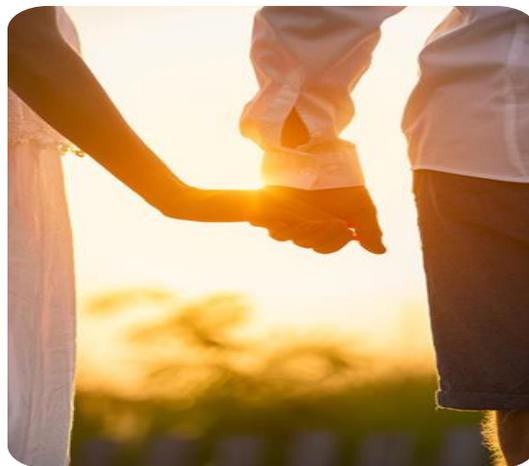
If words of affirmation are your primary language of love, it helps to ponder on what would you most like to hear your spouse say to you daily. If quality time is your love language, then what is it in your marriage that detracts from spending quality time? If receiving gifts is your love language, your spouse may reflect on ways to give gifts even if finances are tight. If acts of service are your primary love language, then there could be many ways of involving house chores and some non-house chores that you may indulge in to show your love to your spouse. If physical touch is your primary love language, then recall some nonsexual "touching times" that enhanced intimacy. What made these times-special? This continuous sense of filling up the love tank for each other nourishes the relationship. Chapman reminds us of the importance of doing by highlighting the actions that need to be taken to show love. Couples' relationships need to be nurtured and not be taken for granted! It is a two-way street. What matters most is what we 'do' about it.

Expressing admiration on a regular basis, such as noticing beauty, and kindness and complementing each other nourishes the couples' relationship. Happy couples do pay attention to, comment on the good things in life, pay compliments and express gratitude. One way to affirm & provide positive feedback is to specifically express gratitude for all that the partner has done that day, for the spouse, and the children, even if it is a routine task (Fischer & Hart, 1991). Gratitude is a conscious, positive emotion that one can express when feeling thankful for something, whether tangible or intangible. Gratitude allows us to recognize our connection with others and acknowledge their roles in our lives. This practice builds stronger relationships between partners and families as it leads us to an active recognition of our interdependence. Hence, it has an amazing power to enhance the relationship and assure couples of their mutual love and support.

As a Family Therapist, I have seen many families starved of love and affection and an inability to demonstrate affection as it runs through the generations of parents who have learned never to show affection. The pillar of family lies in the couple's relationship and a

healthy couple's relationship determines the well-being of the entire family. Many times, I recommend they start by touching and hugging as a show of affection. Studies reveal that the brain hormone, oxytocin associated with pair bonding is released with touches, hugs or when a mother and her newborn baby bond, which has a long-term influence on relationships. Dr. Paul Zak recommends 8 hugs a day to release oxytocin. It is the best way to release the happy hormone (Oxytocin) and create couple and family bonding. Simply holding the hands of loved ones in moments of distress does have a calming effect on our central nervous system. No doubt that having a loving partner act as a buffer against stress, pain or shock. As psychologist Jim Coan (2006) asserts, the people that we love are the 'hidden regulators' of our bodily processes and emotional lives.

Many studies have shown that a higher-quality relationship predicts not only better health but stronger recovery from illnesses and a longer lifespan. No man or woman stands alone - the value of interdependency! There's no question that the quality of relationships affects our physical health as well as emotional well-being. The quality of marriages directly correlates with the quality of parenting. Thousands of studies show that the quality of parenting determines the future trajectory of children's lives (better marriages predicts better outcome for children). It is never too late to start nurturing your relationships!



# Communicating From The Heart from a Non-Violent Communication Approach

*Choy Boon Ling*  
*CNVC Certified NVC Trainer*

## INTRODUCTION

We do communicate daily, whether verbally or non-verbally but do we really “communicate with others” or “*talk at people*”? How many times have we heard people say, “*If only they can communicate with each other, the problem would not be so big*”?

How we communicate can bring about harmony or disharmony. The interesting thing is that the way we communicate is by no means our choice but by conditioning. If you were to reflect for a moment on situations where you were upset or frustrated, you can hear the way you communicate is similar to what we hear our parents or elders used to say to us. We are also conditioned that there is Right or Wrong, Good or Bad. So if you are not right, you must be wrong. This puts a lot of pressure on constantly being good and right. This pressure affects how we communicate.

However, this does not mean we cannot change the way we communicate. This pattern can be changed if we are mindful of the way we communicate.

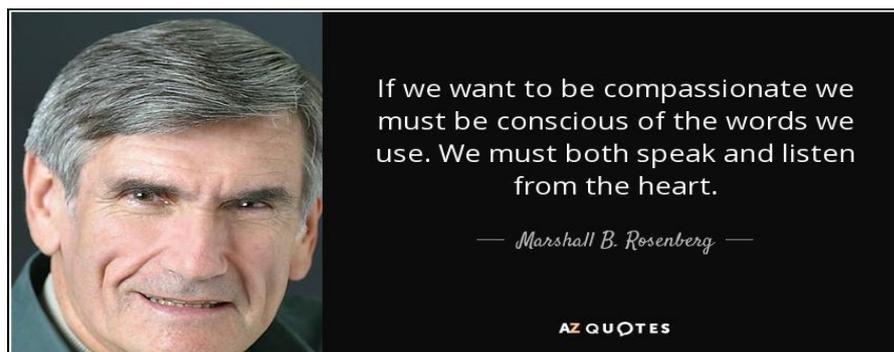
For example, a parent may worry about their child not performing well in school and would like to support their child to improve. Some parents may scold the child for coming home with low test scores and comparing the child to their sibling or other kids who are doing well with the idea that this would motivate the child to improve because this was what the parent experienced when they were young. We learned that scolding or comparing is the way to communicate to bring the results that we want. We may get the results but at the expense of connecting from the heart with the child.

Hence to me, if we truly wish to “*communicate with*” someone, putting our heart into it is essential. Communicating from the heart is about communicating compassionately (or non-violently) and mindfully. One of the ways that I found helpful in communicating from the heart is through the *Nonviolent Communication (NVC)* approach that is taught all over the world by Dr. Marshall B. Rosenberg. Dr. Marshall Rosenberg wrote the book *Nonviolent*

***Communication: A Language of Life*** and this book sold millions of copies and was translated into many languages.

Two questions that he asked most in his life are “*What happens to disconnect us from our compassionate nature, leading us to behave violently and exploitatively?*” And “*What allows some people to stay connected to their compassionate nature under even the most trying circumstances?*” He found out that the crucial role of language and our use of words affect our ability to stay compassionate.

“NVC guides us in reframing how we express ourselves and hear others. Instead of being habitual, automatic reactions, our words become conscious responses based firmly on an awareness of what we are perceiving, feeling, and wanting. We are led to express ourselves with honesty and clarity, while simultaneously paying others respectful and empathic attention” (Rosenberg, 2003, p.3)



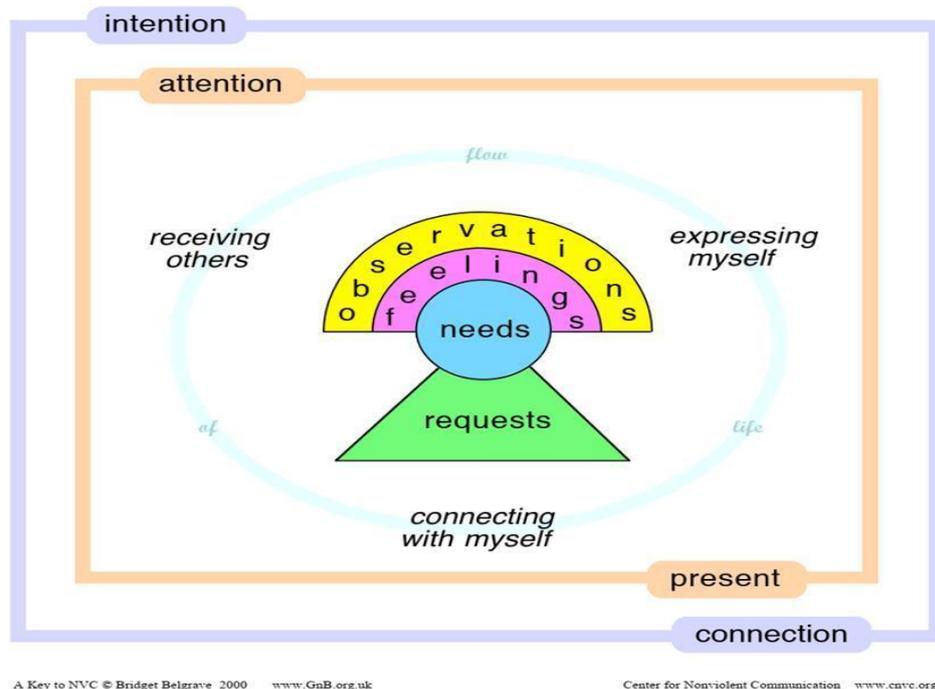
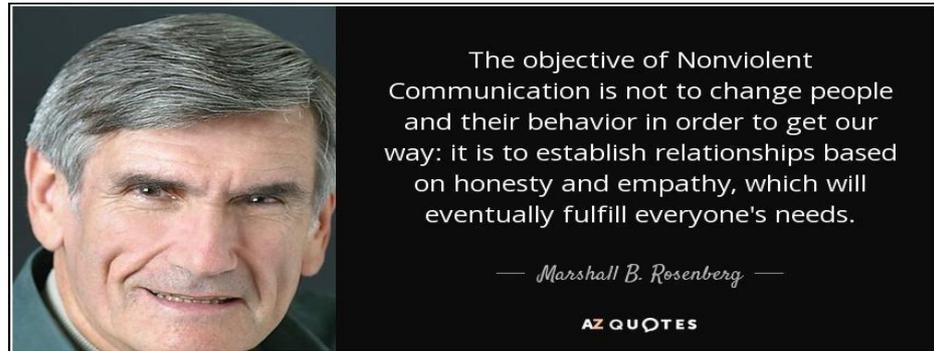
## **COMMUNICATION MODEL**

A very important ingredient to communicate from the heart is our intention. How does intention play a role in communication? Our communication intention is very important because it will influence our mindset, speech patterns, words we use, our tone, volume, speed, and pitch.

For example, when a couple is arguing, each tries to get the last word in and to prove the other person is wrong and they are right. Hence, they intend to win. So, for a person to win, the mindset would be more aggressive to prove they are right, and the other person is wrong, the words used would be harsh and the volume would be louder and louder. In this case, the more the couple “communicate”, the situation will get worse until one party or both parties just give up or one party gives in.

As Marshall says, “If we stay with the principles of NVC, motivated solely to give and receive compassionately and do everything we can to let others know this is our only motive, they will join us in the process, and eventually, we will be able to respond compassionately to one another” (Rosenberg, 2003, p.5).

In short, to “communicate with” others, we intend to **CONNECT**.



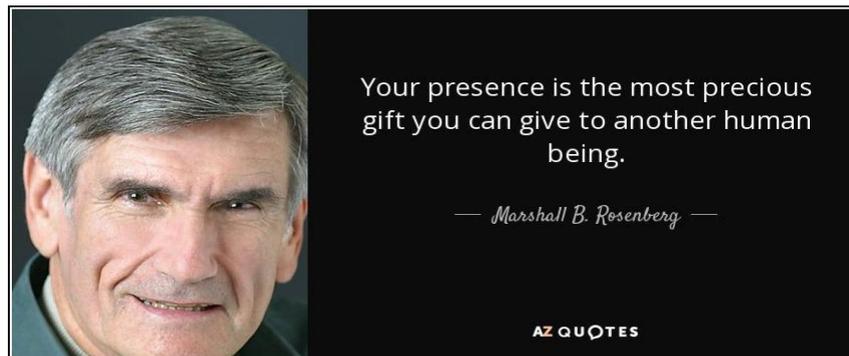
The picture above explains NVC in a nutshell.

The **outer purple frame** outlines that to communicate compassionately, we first start with our **INTENTION** which is for **CONNECTION**.

In the **inner orange frame** is where we put our attention. So to communicate with someone, we put our **ATTENTION** on the **PRESENT** moment. This means that we are mindful and open in our attitude to listen to both ourselves and the other person and not get caught up in

past perceptions or stories. When our attention is on the present moment, we become open to outcome and curious about what's happening.

I am sure we have experienced or heard conversations where it can start with a little issue of not cleaning the dishes and it can end up with rehashing incidents that happened a long time ago that are unrelated to cleaning the dishes. What happened is that the parties concerned are disconnected and their attention is on the past and wanting to prove someone wrong.



So, once we are clear of our Intention and Attention, we can use the NVC model that consists of the component of **OBSERVATIONS, FEELINGS, NEEDS,** and **REQUESTS** to help us to communicate compassionately. The communication can be in the form of:

- a. **Expressing Myself** means to **Express Honestly** what is happening with us or to share what is in our mind compassionately using the four components of NVC.
- b. **Connecting with Myself.** This is what we call **Self Empathy.** Self Empathy is where we empathise with ourselves (noticing what is happening in our body and mind and acknowledging it) or in other words take care of ourselves when we experience something difficult or even joyful.
- c. **Receiving Others.** This is where we listen to the expressions of others and we **Offer Empathy** to them. It is about receiving someone with our heart.

## THE FOUR COMPONENTS OF NVC

The four components of NVC are to help us focus our consciousness on the direction of communicating from the heart. It can be considered a structure that can guide us in our communication and the use of the components are not rigid nor is it mandatory to follow the sequence that it is presented.

The four components are **OBSERVATIONS, FEELINGS, NEEDS, and REQUESTS.**

**OBSERVATION (O)** is where we observe what is happening in each situation. We observe what others are saying or doing. We can also observe what we are saying and doing. When we observe, we are using our 5 senses – seeing, smelling, tasting, hearing, and touching.

The key point is that when we articulate the observation, we articulate it without any judgment or evaluation.

For example, you notice your subordinate arriving at the office 3 times this week at 9:15 am when they start work time is 9 am.

If you said to the person, “*You are always late to work, you have no sense of time management and you are lazy....*”. This statement is an evaluation

If you were to say to the person, “*I saw that you arrived at work on Monday, Wednesday, and today at 9:15 am.....*”. This statement is a clear observation

Imagine when we start a conversation with an evaluation of a person being lazy or have not a sense of time, the door to communication and connection is shut. Who would like to be judged and blamed?

A conversation that starts with an observation that is devoid of any judgment helps to start a conversation in a non-judgmental way and this leaves the door open for communication and connection to take place.

The **FEELINGS (F)** component is where we state or share a feeling about what we observed. Are we feeling worried, scared, sad, happy, etc? When we can express our feeling when we communicate, we let the other person know how we are instead of keeping everything inside and hoping people will know.

There are instances that I hear that expressing feelings is not good because it shows a person is weak. In actual sense, the more we suppress our feelings and emotions in the bid to look good, we may end up exploding when we are triggered and then there will be regret and remorse.

In NVC, when we express Feelings, we are genuinely expressing what we are feeling and not our thoughts. If we mix up feelings and thoughts, we will most likely be caught up in a story.

How would we know a person is expressing THOUGHTS and NOT Feelings?

When we hear the other person express in the following ways, we can sense they are expressing a thought, e.g.

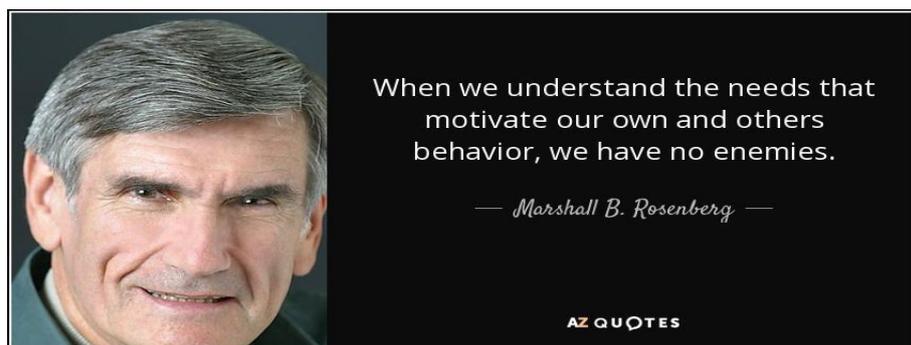
- “I feel like he does not respect me”
- “I feel that she is too fat”
- “I feel people shouldn’t do this kind of thing and it’s not right”
- “I feel misunderstood and ignored”
- “I feel neglected”

To express a feeling, we can say it in this way. E.g.

- “I feel sad...”
- “I am feeling delighted .....”

The **NEEDS (N)** component is about expressing what is important to us that is connected to the feelings we had identified. Other than using the word Needs, we can express it in terms like; I value..., I love it if ..... etc.

Needs are Universal in nature as in everyone on this planet and what we do daily is to meet our needs. For example, if you feel hungry, your need may be for food or if you are trying to meet a work deadline, most likely your need is for cooperation, efficiency, and support.

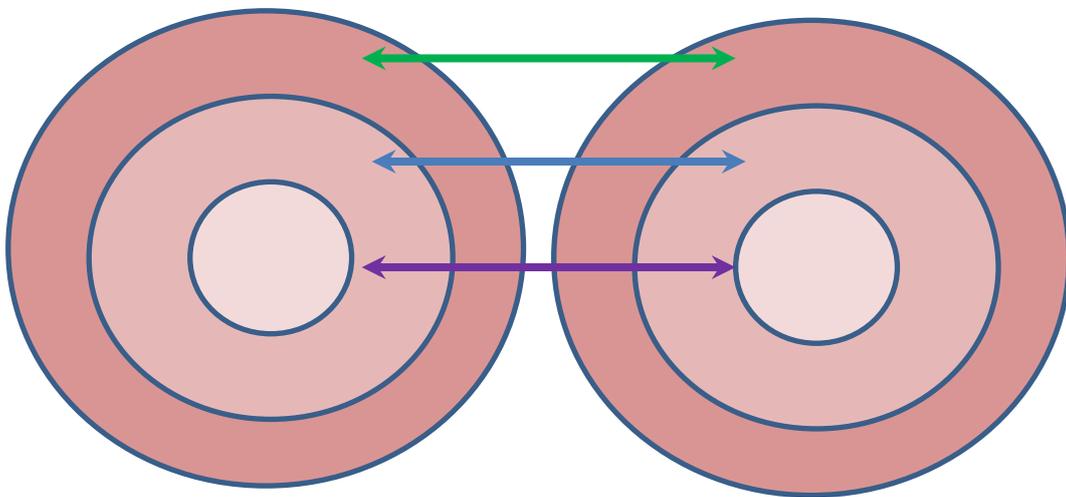


Does having NEEDS make us needy? This is a question I get asked a lot. My answer to this question is NO because needs are natural to us in our daily life. For example, why do shower? For each person, the need that is met by taking a shower will be different, for some showering meets the need for cleanliness, for others relaxation, for others beauty, another

comfort, for it is fun. So, two (2) people may be taking a shower but the needs it fulfilled can be different.

Our needs are not stagnant, it changes as we experience life and interact with others. So it is normal for our needs to change throughout the day. It is also normal if we have different needs even if we are together.

For example, for a couple who wishes to go out for dinner, person A may need rest and is open to eating anything so he can come home to rest, whereas person B may need fun and adventure and wish to try new food places or new types of food.



If the couple communicated from the level of thought, the conversation may sound like this:

Person A: *“Let’s eat quickly and come back home.”*

Person B: *“You are no fun; you should be more adventurous.”*

If the couple communicated from the level of feelings, the conversation may sound like this:

Person A: *“I feel tired out and you should understand how hard I work for the family.”*

Person B: *“You are always tired; you don’t care about how I feel. It’s always about you.”*

At these 2 levels, the possibility of getting into a fight would be high.

If the couple communicated from the level of NEEDS, they may have more understanding of each other and can come up with some strategies that would work for both. The conversation may sound like this:

Person A: *“I feel tired out today as I rushed out a report for the boss and I would like some rest tonight.”*

Person B: *“I have been cooped up at home doing my work and like some fun and adventure and was thinking of trying out this new place Susan told me about.”*

There is more understanding, connection, and empathy in this conversation where both express their feelings and needs. The conversation will turn to finding ways to meet both their needs. For e.g.

Person B: *“Looks like you like some rest, and I would like to have some fun. It's 6 pm now, I wonder if you would like to take a nap till 7 pm and see if you are up to going out with me to check out this new makan place after your nap.”*

Person A: *“I think that a good idea, if I am not up to it after my nap, we can plan to go out tomorrow instead, how's that for you?”*

When we communicate from the level of NEEDS, we tend to see that everyone has needs and they are doing their best to meet their needs just like us, empathy for their person can come in naturally too.

**REQUESTS (R)** are concrete actions we request to enrich life. Several factors will help us to make a clear request. Requests that are made following these factors are clear.

1. Requests are connected to needs
2. State the request in positive language
3. Be specific so that there is clarity
4. Time-bound
5. It is do-able by the person
6. Open to outcome

For example, which requests below is a clear request?

- a. “Please buy some dinner for me tonight ya.” OR
- b. “I am feeling a little unwell and would like some comfort. Would you be ok to buy a pack of fish head bee hoon soup for my dinner tonight from stall 60 at the food court next to your office when you come home from work?”

In NVC, making a request does not mean we will always get a YES. So, we are open to the outcome of receiving a NO. If we cannot take a NO from our request, this would indicate that we are making a DEMAND. Being able to hear a NO opens the opportunity to understand

why the person is saying NO. Remember that the person is saying NO because our request is not meeting their NEEDS and it's not because they are out to make our life miserable. This clarity is important so that we can stay with our intention to CONNECT.

## **PUTTING IT ALL TOGETHER**

When we are clear about our intention, our attention is on the present moment and we understand the 4 components of OFNR, we can use the components to communicate from the heart. The 3 ways are:

- a. **Expressing myself or expressing honestly.** Expressing ourselves in a way that connects and from our hearts helps others understand us. This is different from expressing ourselves using blame, criticism, diagnosis, analysis, or comparison. Expressing ourselves in this way turns people away and will lead to disconnection. Expressing ourselves does not mean we become brutally honest either. An example of expressing honestly is between a mother and son who is responsible for changing his pet cat's litter 2 times a week, but he had not done so.

*"I notice the cat litter has not been changed this week and it's starting to smell. I can smell it when I was cooking just now (**Observation**), I feel a little disgusted and uncomfortable (**Feeling**) and would like cleanliness and comfort (**Needs**), I wonder if you could change the cat litter before 8 pm tonight?" (**Request**)*

When we express ourselves honestly, we are NOT going to make the other person wrong or find fault, but we put our attention on what we observed, how we feel about what we observe, and what needs are important for us, and we make a request. We are taking responsibility for what we say.

- b. **Connecting with myself.** This is what we call **Self Empathy**. Self Empathy is a way for us to take care of ourselves when we face challenges or joys in our life. It is a way for us to acknowledge how our feelings and needs are related to what we are experiencing so that we can have some understanding and not stay stuck in certain emotions or perceptions which can be painful. Our self-empathy can be done internally within ourselves.

For example, Person A was rushing to cook for the family and in the rush, she burnt the fish she was frying and did not put salt in the stir-fried vegetable.

When this happens, it is easy for Person A to blame themselves and say things like. *“I should manage my time better”* or *“I am a terrible cook, no wonder my kids don’t like my food”*. When we blame ourselves, we pull our energy down and we will end up feeling miserable.

To support ourselves in a more balanced way, we can offer ourselves some Self Empathy that can be like this, *“I feel so upset and frustrated knowing the fish is burnt and vegetable is unsalted. (we breathe and be with/acknowledge our feelings) My needs are to contribute to the well-being of my family, for some understanding, kindness, and space.”*

When we acknowledge what we are truly experiencing and the needs that are important to us, we give ourselves some understanding and empathy. This will help us to not go down the path of self-blame. From this offering of Self Empathy, we can have the space in our minds and hearts to find more helpful strategies if a similar situation occurs in the future. In short, we are communicating with ourselves from the heart.

**Receiving others.** This is where we listen to the expressions of others and we **Offer Empathy** to them. People tend to share what is happening in their space when they interact with others. How we respond is important as it will determine whether there is a connection or disconnection.

Some of the responses that may lead to disconnection are:

- a. Give unsolicited advice – *“Let me tell you what to do ....”*
- b. Offer a positive remark – *“Cheer up, it’s not as bad as you think....”*
- c. Pity the person- *“You poor thing....”*
- d. Criticise the person – *“I told you this would happen but you did not listen to me ....”*

All the above is based on the idea of “fixing” the other person. It is NOT empathy

*“Empathy, on the other hand, requires focusing full attention on the other person’s message. We give the others the time and space they need to express themselves fully and to feel understood”* (Marshall, 2003, p 92).

When we wish to offer empathy to others, we not only listen to the words, but we listen for their Observations, Feelings, and Needs and what they are requesting to enrich life. We are listening beyond words. Below is an example of a conversation between two friends

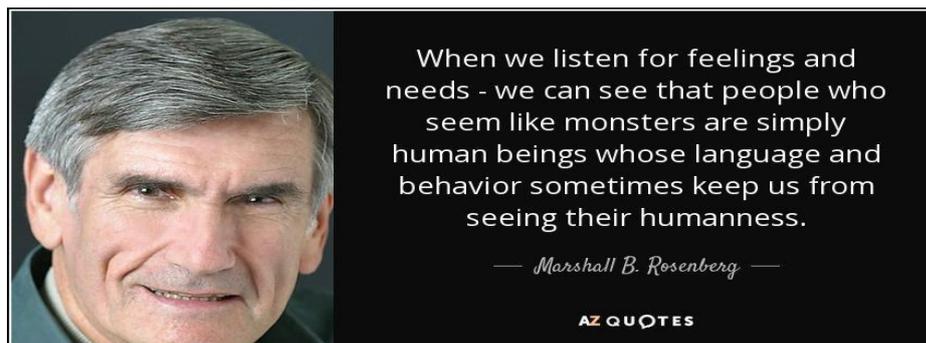
Person A: *“You are always making your own decision and never give me a chance to have my say.”*

Person B: *“Are you feeling upset because you would like some communication and choice?”*  
**(Offer Empathy)**

Person A: *“Yes... if you have shared with me your plans to go window shopping, I would have worn more comfortable shoes. Now my feet hurt.”*

Person B: *“Yeah...I guess it is frustrating for you and you would love to be included in the planning of our day so that you can take care of yourself better and enjoy our time together. I wonder if you would like to take a break and have some coffee and cake now? My treat.”* **(Offer Empathy)**

In this example, Person B holds the intention to connect, and her attention is on the present moment she listens to Person A and offers empathy to Person A based on what she hears in terms of observations, feelings, needs, and requests expressed by Person A. This is an example of communicating from the heart and maintaining connection.



## CONCLUSION

Communicating from the heart using the NVC approach is a skill that can be learned through constant practice and the way forward is to apply the principles and components in our daily communication to build our capability and capacity to hear others from the angle of observations, feelings, needs, and requests.

As in learning anything new, we will stumble, fall and our efforts may be met with spectacle eyes of our intention and actions. But we trust in our intention to connect and build connections with others and keep practising to be able to communicate wisely or with wise speech.

As we constantly do that, we start to build a consciousness of nonviolence/compassion where our old patterns of defending, attacking, or withdrawing in the face of judgment and criticism are slowly replaced. We will perceive relationships in a new light when we use NVC to hear our own deeper needs and those of others. We can see that not only our relationships will transform but our heart too.

So, is it something do-able? The answer is yes because many people around the world in various countries, culture and religion are practising NVC and is experiencing shifts in their life. Their ability to be empathic to themselves and others had lead fulfilling and enriching relationships. Let me end with a quote from Marshall Rosenberg.

*“Through its (NVC) emphasis on deep listening – to ourselves as well as others- NVC fosters respect, attentiveness, and empathy, and engenders a mutual desire to give from the heart”*  
(Marshall, 2003, p. 4).

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# In Pursuit of Happiness: A Personal Development Journey for Helpers to Develop Positivity Sustainably

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## **Introduction**

Helping people to help themselves is a great aspiration. Not many people have the capacity and capability to help others continuously on a sustainable basis. The idea of developing positivity – building a happy emotional repertoire and filling ourselves with positive thinking and feelings - will help us to be more infectious and resilient in facing our own problems or when confronted by problems of people whom we try to help.

Psychologists since the time of Sigmund Freud have been focusing on helping people with social, emotional and psychological problems. Most research has been focused on people with problems. However, for the last twenty years, there was more research on positive psychology; notably the work of Barbara Frederickson. Together with ideas and concepts shared by Daniel Goleman on emotional intelligence, we have a lot more literature on helping people to cultivate happiness and positivity.

For Buddhists, positive emotions have always been a big part of the practice as advocated by various Buddhist traditions. Today, psychological research and the teachings of the ancient sages converge on the practice of cultivating happy emotions.

## **Amygdala Hijack**

Daniel Goleman introduced the concept of Amygdala Hijack - an emotional response which is reactive, lacks rationality and inappropriate to the situation at hand. Amygdala hijack happens when our reaction is prompted by emotional responses, where we do not use our thinking faculty in responding to the situation appropriately. Hence, many people reacted to situations without thinking and we then say : “we have no choice”.

Actually between stimulus and response, there is a space and within this space lies the choice. But in Amygdala Hijacks, this space is not given sufficient time to trigger the thinking faculty to balance our reactive behaviours. Hence, the first step to manage ourselves is really the ability to avoid amygdala hijacks take control of our behaviours.

How? Slow down our reactions. Learn to breathe and reflect before reacting. When we are under stress and duress, do not say or do or respond. Stand back, relax, breathe and reflect, and you can then create the space for choice. Now that you have less amygdala hijacks, you have given yourself more options for choice.

## **The Happiness Habit**

One of the keys to achieving a more positive emotional state is to understand the option of positive emotions. Barbara Frederickson spent a huge amount of her effort in defining positive emotions and happiness. She uses the loving kindness reflection as one of the experiments to help her subjects cultivate happy thoughts and feelings with great effect.

In the Buddhist practices, there are four key positive emotions which can help the cultivator achieve a better perspective to their lives namely Loving Kindness, Compassion, Sympathetic Joy and Equanimity. Loving kindness is about wishing others to be well and happy without prejudices and with unselfish friendliness. Compassion is about empathizing with the sufferings of others and willing to help others get rid of their sufferings. Sympathetic Joy is about being happy with others' success and happiness. Equanimity is about having a balanced and unshakeable state of mental equilibrium (whether we are being praised/blamed, achieve gain/loss, experiencing pain or pleasure and fame/disrepute)

So, cultivating these four higher-order emotions is a way to build a default whenever we are experiencing external environmental challenges. By doing so, we keep happiness as a default and not be negatively impacted by these external challenges. So, cultivating the sitting down and inward-looking habit is a way for us to start to build a stronger positive emotional repertoire to deal with the external challenges.

## **The Cultivated Happy Life**

How do we cultivate these four positive emotions?

1. Practice slowing down. When the world out there is moving faster, slow down internally and be more mindful that we are susceptible to all the negative reactions. Slow down, breathe, note the emotions arising and reflect, and then respond

appropriately. By doing so, we free ourselves from doing the wrong things. Thus doing things right.

2. Whenever we have free time, practice the four positive emotions. Regularly reflect the thoughts of wishing one self well and happy as well as others; reflect the suffering of others and wish them to be rid of these sufferings; take joy for others' happiness and well being; and finally remember to be balanced with our emotions and be able to objectively see things as they are.
3. Associate with the wise and positive people for they will affect our thoughts and feelings. Therefore more positive people who are wise will tend to help us to be wiser and be more positive.

# Lockdown and Depression in a Byooin

*Loi Hui Kong  
Management Trainer*

***‘Though my body is ailing, my mind will be healthy.’***

***Nakulapitu Sutta SN22.1***

Long before the present pandemic, some three decades ago, I was experiencing restrictions like what we are undergoing during the Movement Control Order (MCO), - compulsory wearing of facial masks, social distancing, vaccinations, etc. I was “caught” in a similar situation like the MCO, which I called “Hospitalisation Movement Control Order or HMCO”. The MCO was therefore, for me, a sort of *déjà vu*, albeit on a personal level.

Nevertheless, it was also a great learning lesson for me when I fell ill and was warded for about six weeks at the *Takamatsu Shiritsu Byooin* (高松市立病院 Takamatsu Municipal Hospital), Japan. Byooin (病院) is Japanese word for hospital. I was then a postgraduate research student back in 1990. Looking back, the HMCO was a blessing in disguise as I did learn more about the local customs and culture than what I could have learnt at the Kagawa University, where I was undertaking my research.

Much like our present pandemic, a lockdown and a crisis were a deadly mix for depression to set in. And it did for me. It was during that period that I felt depressed, due not only to my sickness but to a host of other concomitant factors. Fortunately, I was able to overcome it before it took its toll on me, perhaps due to my good karma.

It began inconspicuously during mid-summer in August when I felt lethargic and experienced shortness of breath for about a week. I thought it was the heat and the rushing around on family matters; attending lectures and also doing occasional part-time work. Consequently, I did not pay much attention to my health till I had no appetite for food and had slight fever. However, each time after I went to see the nearby private doctor, my fever subsided. It may be the placebo effect of seeing an elderly medical doctor.

The doctor subsequently diagnosed that I could be suffering from pneumonia, which, if left untreated, would have debilitating consequences on my lungs and overall health. I was to be admitted immediately. However, I wanted a second opinion to be sure of my condition as the costs of hospitalisation at the private hospital can be prohibitive, though I was covered by

three insurance policies. So, I went to the local Takamatsu Municipal Hospital, a public facility, for check-up; and was subsequently hospitalised for about six weeks. My condition was diagnosed to be pleurisy, an inflammation of the lungs due to bacterial infection.

The Japanese system of health care is more towards prevention than curative. Once one is warded, one is there for as long as it takes to recover; and it can be years, with the cost mainly covered by insurance. This was the situation of my two ward mates in the six-bedded room where I was admitted. The patient in his late 60's had been warded for more than six months and the other had been there for almost nine months. Later, during mealtimes at the common dining room, I met an elderly lady in her late 80's, who had already been warded for two years. This finding stressed me further, adding to my concerns about health and family, namely my wife and baby daughter, who now had to fend for themselves in a foreign country.

After a series of X-rays, tests, scans, medication and injections, I got better but had occasional fever. My stay at the hospital stretched from days to weeks. I became restless and felt depressed with worries of my own health and well-being, in addition to worries about my wife and daughter. I also pondered how not to let my mother and family members back home in Malaysia know about my hospitalisation, as it would worry them unnecessarily.

### **Worries And Anxieties**

Each day, I would look down from the eighth floor where I was warded and see the happy faces of primary school children at a local school directly across the street from the hospital. I felt stuck in the ward. As I was only conversant in basic Japanese, initially I did not talk much to my two ward mates. Worse still, the doctor attending to me, Dr. Kamei, knew only basic English, and I did not have enough vocabulary for parts of our anatomy. The small dictionary which I had was of limited use.

As there were no mobile phones then, and no internet, I had no access to the outside world. This increased my misery and at times there were fleeting suicidal thoughts. Then a typhoon struck the region and there were heavy storms for a couple of days. I had no news of what was happening except when I watched the news on television in the dining room. However, I could only understand about twenty to thirty percent of what's reported. This was distressing for me, as I could not be with my family, although they were staying at a nearby apartment. In addition to typhoons, earthquakes are common occurrences. It was harrowing for me. The

earth tremors and swaying lights added to my imagined fears, though no one at the hospital was unduly anxious or disturbed.

My illness, coupled with imagined fears and trepidation made me vulnerable to many depressing moments with frightening, irrational thoughts bordering on hopelessness and helplessness. During my initial stay at the hospital, I was mostly in bed, partly due to my illness as well as being inflicted with a sick mind. I knew I was falling deeply into depression, as there were suicidal thoughts.

*Takeaway #1: Adversity or challenges in life often come one after another, probably as negative thoughts and events attract more negativity into our life. Do be prepared to mentally face such challenges as the First Noble Truth tells us that life is unsatisfactory, and there will definitely be discomfort and pain. However, if we understand that all living beings go through birth, sickness, old age and inevitably death, the effects will be mitigated. With this right understanding and awareness that life is full of challenges and unsatisfactoriness, it will go a long way to soothe the stresses of life and reduce the likelihood of depression.*

### **Helping Others To Help Oneself**

My daily Buddhist chanting of the various verses and Suttas brought some relief. However, the daily routine of waking up, check-ups by the nurses and taking medications; and being cooped up within a confined area, much like the MCO meant boredom and restlessness after some time. After the fourth week of hospitalisation, I felt much better but still had not recovered. The prospect of a long stay was not very pleasant, so I decided to make myself active by learning Japanese from a lady nurse, who was plumpish but had a cheerful disposition. However, she was busy and only came to my ward on certain days. So, I joined the weekly stretching exercises at the dining room in the evenings, which was conducted by a staff member. In the process I learnt some new Japanese words and felt better.

In Japanese hospitals, the meals are not served by staff and brought to your bed, instead, one has to go to the common dining room to queue up for the daily three meals. There was usually an assortment of things to eat, including sushi and other Japanese food and pastries, of which I had no complaints. Then I found that my ward- mate, a Tanaka San or Mr. Tanaka, who was in his 80's, could not walk over to the dining room, about 200 meters away. The nurse had to bring him his meals as he was in a frail condition. But as the staff was

usually busy, his meals often came late. I decided that I would bring him his meals, based on what he liked to eat. He was thankful and for me, I felt useful that I could do something for someone. After I was discharged, Tanaka San was still warded. He passed away some two months later. I got to know about it after I received a call from his widow who wanted to visit me at my apartment.

Mrs. Tanaka came to inform me that her husband had passed away and that before his death, he had asked his wife to pass me a woollen scarf, which would be useful for winter months, and also a batch of coloured sticky papers or post-it notes, which he said would be useful for my studies as a student at the university. I felt so touched and grateful for his kind action but was not able to communicate to his widow about my feelings. It was pathetic, as then I still had not learnt how to say “heartfelt condolences” in Japanese. I suppose when one does something with good intentions but no expectations, one does get a good outcome.

Then there was this elderly lady in her late 80’s, who had already been awarded for more than two years. Apparently, she liked the hospital environment as she lived alone. Being a chatty lady, she loved company, but I sensed most of the other patients avoided her; perhaps they were tired of her repeated stories and woes. I did notice that her daughter would come by every few days to visit her, and each time she would bring some edibles, such as fruits of the season, pastries etc. A couple of times, when I was at the dining room to watch television, she would be there too. She started to chat with me.

As she spoke with a slight local accent of the Sanuki ben or Sanuki dialect, I had difficulty understanding her. At best I could only understand about twenty per percent of our conversations. Out of politeness, I sat and listened, and nodded or bowed in agreement to her stories. Most of the time, I was blurry as to what the actual message or contents were. Obviously, she found a kindred connection with me, as she would pass me the edibles which her daughter brought. She gave them to me often as she could not consume them all. I supposed there was nobody else to give to, but I was thankful for the “freebies”, something which I did not expect. As such, I learnt a few words of the local dialect and got to eat “extra food”.

*Takeaway #2: When one feels down, with the feeling that life is unfair to oneself, take a look around and one will realise that there are others who need a helping hand, and we are in a*

*much better position than most of them. Helping others gives a good feeling and the positive effect is that our own problems and issues do not take centre stage in our thoughts. That will considerably help in our own recovery and well-being.*

In fact, the Buddha did teach us that *"He who attends on the sick attends on me,"* (Vin.i,301ff.) but what I did was but a very pale shade of what the Buddha did.

*Also, when one realises that the challenges of life are due to greed, aversion and delusion, one is in a much better position to find ways to overcome whatever roadblocks are in one's way. For me, much of the suffering was due to delusion and wishful thinking, that I must be healthy forever and falling sick happens only to others and not me. I was really delusional and out of touch with reality, which probably caused my depressive state of mind.*

### **Learning Local Culture From Ofuro Experience**

During the days of my hospitalisation, bathing in the *ofuro* or hot water bathtub was a treat. But we did not get to use it every day, possibly because someone had to thoroughly wash the *ofuro* after a day's usage. It was only thrice a week that we were allowed to use it. It was good providence that, though being the fittest and the youngest patient in the ward, I did not rush to get into the hot water tub first.

After observing how things were done there, I realised that each time, when the nurse came to announce it was the turn of our room, which was occupied by three of us and at one time four, the patient who was younger than Tanaka San would politely ask Tanaka San to go first. As Tanaka San was often too weak to take his bath, he would then ask this patient, who was in his late 60's to proceed for his bath. After he had taken his bath, he would then inform me that it was my turn. The respect for seniority is something ingrained in their culture, much like our Asian way of life, but it is religiously practised there. Of course, since I was the youngest, by the time it was my turn, the water in the *ofuro* did not look too inviting for me to take a dip inside, so I never did use it. I just showered as I felt it was cleaner, at least to me.

### **Enhancing Human Relationship: Sharing *Omiyage***

During my third week's stay, a new patient, in his late 70's or early 80's was admitted and placed in the next bed beside me. As is the usual practice of Japanese etiquette and social customs, his wife came with *omiyage* or gifts for all the other patients, namely the three of us in the room. She brought the gifts not only upon hospitalisation but for each subsequent visit. It could be a fruit of the season, a roll or small box of tissue paper, a *mochi* or a *dorayaki*, a flat pancake usually filled with red beans, etc.

When I was admitted, my wife could not come with me. It was my tutor who accompanied me. The tutor was assigned to me by the University. Being a young man, he perhaps was not aware or did not care for such niceties. Immediately my other two ward mates knew I was a foreigner, although I could pass off as a Japanese. I was then accustomed to bowing and had basic Japanese vocabulary.

The custom of *omiyage* is a good example of “emotional intelligence” practised by the Japanese to smoothen relationships and to enhance rapport amongst those whom one comes into contact with. With each gift-sharing, there would be small talk and a “bond” would start from this small act of giving. Anyway, my new ward-mate was wheezing and coughing for most of his stay and would snore. I had no choice but to tolerate his presence, as firstly, I had accepted the *omiyage* from his wife. Also, while sharing the *omiyage*, his wife had already sought forgiveness for whatever disturbances her husband might cause. As such, through the practice of *omiyage*, inconveniences were largely tolerated. This was another good lesson in human and social relationships learnt from the Japanese hospital. Nonetheless, the sad part was that this patient passed away after a few days' stay, and we were back to a three-patient room again.

*Takeway #3: In whatever circumstances they are in, the Japanese are admirable, in that they follow the customs and traditions. While being hospitalised, they still honour and respect their elders and accord them their place in society, stoically bearing the sufferings of being not well. They bring small gifts to cheer up the spirits of the patients within the same room, which convey a sense of belonging and sharing. Being of service and sharing with others, in one's own small way is part of giving and letting go of the many worries that one has in life. Give with good intentions and without any expectations of reciprocal returns, and many*

*surprising and happy moments do come when one least expects them. This act of Dana, giving and sharing is sowing the seeds of good deeds and if well tended, will bear fruits of happiness and joy.*

### **A Day's Leave From *Byooiin***

After entering my fifth week of hospitalisation, I felt very homesick and yearned to see my wife and young daughter, whom I missed dearly. Although I was getting better and stronger, I was still not fully recovered, and so would not be discharged. When talking to other patients, one of them told me that I could apply for “leave” to go home for a day; a thought which never occurred to me, as there is no such practice in our Malaysian hospital system. It is much like when we need to apply for a police permit to travel outside our district or state during the MCO.

Anyway, I spoke to one of the nurses and was informed that I need to put in my application for the attending doctor to approve. I did so, and wrote that I wanted to spend my birthday with my family. My application was approved, but with strict conditions, amongst which were to wear the face mask at all times except during meals; go out at 9.00 am and be back before 5.00 pm on the same day; and to avoid going to places except for essential services, i.e. for buying food or necessities. These were the same measures implemented during the pandemic. In this respect, I got to celebrate my simple birthday with my wife and year-old daughter, while “on leave” from the hospital.

Before I returned to my ward, local customs dictate that I must bring back some *omiyage* for my ward-mates and for a few of the nurses who attended to me. As persimmons were in season then, I bought some and distributed them to my ward-mates and some of the nurses. I felt happy that I had discharged my “obligations” and followed local customs to make others happy. I was also glad that I could share something with them. These simple acts of sharing perhaps helped somewhat in lessening the severity of my depression.

Nearing the end of my sixth week stay, I discussed with Dr. Kamei, the doctor in attendance, and requested to be discharged. I had felt much better and felt recovered. I wanted to go home to take care of my wife and young daughter. After much consideration, my request was approved but I had to sign an indemnity letter absolving the hospital from any charges should my health situation deteriorate. I also had to go for monthly check-ups at the hospital, which

I did. Thankfully, I did recover, and when I returned to Malaysia six months later, a check-up at our University Hospital showed that I had recovered well and needed no further treatment. I felt much gratitude to the doctors and staff at the Takamatsu Municipal Hospital for their care and treatment during my almost six weeks' stay there. Arigatoo gozaimashita.

*Takeaway #4: For every problem in life, there will always be a solution or way to resolve it. Be proactive and interested in looking for ways to overcome the situation. Having a positive mindset will be an advantage in addressing the challenges. Many a time, we keep our problems to ourselves, brood and worry unnecessarily; whereas a simple conversation with others and a plea for assistance can be the much-needed solution to one's issues.*

### **Some Useful Lessons**

Although I had short episodes of depression during my hospital stay, where thoughts of suicide came in, the Buddha's Dhamma was a guiding light for me throughout my hospitalisation ordeal. I was thousands of kilometres away from home and had no traditional family support and being in a foreign country was a challenge where the language, customs and culture were quite different. There was no one to offer me any counselling advice or guide, except for the few Buddhist books I had with me then. I did not have access to any mobile devices, like what we have now, and the nearest public phone was in the lobby, which I could only go with permission. I was captive on the eighth floor and only went down to the lobby when I needed to go for my X-rays and other medical examinations or check-ups. Much like our MCO, I was confined to the ward and the only consolation was that I could look out of the window and sometimes observe what was happening in the school opposite or watch the world go by.

Being confined with limited mobility is depressing, especially when I become better; and being separated from one's loved ones can be lonely and heart-rending. With only the daily routine of taking three meals, medication, chanting, etc., and chores, my mind started to play havoc as there was too much free time. Over-thinking, worries and dark thoughts clouded my mind and the clutches of the dark side started creeping in, slowly but gradually. Many a time, I wallowed in self-pity and had catastrophic thoughts. But the overriding concern of mine was my family, and that, I suppose, gave me a purpose to live on and get out of my

transient depressive state of mind. The Japanese has a word, *ikigai* 生き甲斐, that means having a purpose in life and sharing with others in ways that we can. Once we have a “raison d'être” for living, it then becomes a priority and although we occasionally get side tracked due to external circumstances, but, if we are mindful, it should be the guiding light in our life.

Having been involved in Buddhist activities since my graduation from a local university, also provided me with a good foundation to have some spiritual strength in weathering the storm, so to speak. Upon being warded, I instinctively sought refuge in the Triple Gem of Buddha, Dhamma and Sangha. I had a small chanting book, which I would chant every day. Perhaps the few short meditation retreats which I had joined, also helped in some way to guide me to be mindful and to be “self-reliant” for my own recovery. Looking around the ward, I also felt grateful that, although I was the youngest there, I was in good hands as the medical care and facilities were good. The medical staff and doctors were professional and polite, and possibly much better than Malaysia then. I also did not have to worry or be stressed about the financial consequences of my hospitalisation, which was a relief.

It was then that I realised that The Four Noble Truth provided me with a problem-solving model for resolving the challenges I faced during my hospitalisation. After I got better, I rationalised that suffering is the lot for humans; as with every birth, we will go through sickness, old age and the inevitable end of life. Having realised that the First Noble Truth applies to everyone, it was somewhat comforting that all of us share the same pathway in life but in different ways and circumstances, and I was no exception. Being aware of this inescapable part of life, the way out would be to find the cause of my suffering, and The Second Noble Truth tells us that it is due to greed, aversion and delusion.

It somehow dawned on me that I have been deluded into thinking that I will always be strong, and I can go on forever without any setbacks in life. I have also been too comfortable with my good karma that I have been enjoying all this while. This then led me to thinking of the way out of my predicament as espoused in the Third Noble Truth. This prompted me to be more self-reliant and be active in my own recovery by being helpful to others in the ward.

I started to participate in the weekly exercises and help other patients whenever I can and became more cheerful. After all, I was confined to the ward in this lockdown and had nowhere to go, and rather than being miserable and sulking most of the time, I might as well be happy and hopeful. Thankfully, just like the Fourth Noble Truth teaches us, I was able to

get well and live to share and tell my story and recovered from my ill health. All conditions we go through in life are temporary and if one understands and follows that Dhamma, then whatever obstacle we face is surmountable.

The main takeaway from my encounter with intermittent depression during my hospitalisation lockdown is that in life, nothing is permanent, and whatever happens to us, has to do partly with our karma, but the decisions that we make on a daily basis will shape and determine our future. Depression becomes part of our life because we live such a busy and stressful life, full of worries and anxieties, and do not have time to reflect and reset our priorities as we progress in life. Life is surely uncertain, but the choice on how we want to live it, is in our own hands and what we think, we become, and ultimately it is all in our mind, as the Japanese proverb goes:

*It is a good day,*

*It is a bad day,*

*It is the same day.*

# Violence Against Women: Support Through Psycho-Social Approach

*Betty Yeoh*

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## **Introduction**

It is not uncommon that we hear or see various forms of violence against women happening, sometimes before our very eyes. Violence against Women (VAW), according to United Nations, is defined as “any action of gender-based violence that results in, or likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life<sup>1</sup>.” The World Health Organization<sup>2</sup> (WHO) estimates that 1 in 3 women worldwide have been subjected to either physical and/or sexual intimate partner violence, or non-partner sexual violence in their lifetime. In this article, the issue of VAW, including some causes and effects on the victims, will be discussed. The term “victim” is used here to describe the person harmed, injured, or suffering from the violence, as opposed to the term “survivor”<sup>3</sup>, which means the person survived the violence or abuse. Survivor is now commonly used in place of victim to give an empowered positioning to the victim. The article will also focus on how psychological and social support can assist in transforming a victim of VAW to become a survivor, allowing the impacted individual to move forward in her life.

WHO estimates that about 30% of women experienced VAW in one form or another. A question often asked is why so many women are subjected to violence. Malaysia has a population that is multi-ethnic and multi-religious. Among the different ethnic communities in the country, some continue to practice their traditional norms and cultural beliefs as well as religious practices. Gender stereotyping is often practiced by society, where women are seen

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<sup>1</sup> United Nations. Declaration on the elimination of violence against women. New York : UN, 1993

<sup>2</sup> Violence against women Prevalence Estimates, 2018. Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. WHO: Geneva, 2021.

<sup>3</sup> Survivor – a person that continues to exist, especially after suffering difficulties - <https://malaysia.search.yahoo.com/search?fr=mcafee-malaysia&type=E211MYOG0&p=survivor+meaning>

as less worthy and having lower status than men due to inequality. We have often heard from victims of VAW that they were beaten because the perpetrator said, “she is my wife and she did not have dinner ready for me”. Such attitudes amplify the gender stereotyping of women as the property of men and the role of women in the private sphere as that of caring for the family and doing all the household chores, including cooking. If we look deeper using the gender lens, it is possible to divide the cause of VAW into four levels. These four levels are society, community, relationships between individuals and the individuals themselves.

Let us look at each level to see some of the causes of VAW. We begin at the level of society. The social and cultural norms, often due to gender stereotyping, result in creating an environment that accepts or condones gender inequality or violence.

The next level is that of community. The general tolerance of sexual assault, lack of support from the police or judicial system, and poverty, make it difficult to punish perpetrators. These issues also increase the risk of VAW. For example, in some traditional Chinese communities, the birth of boys is favored over girls, even though gender equality is recognized in the country’s Constitution. There are also quotes such as “married women are like water; once poured out, it cannot be retrieved”. Such sayings sometimes prevent the married women who faced domestic violence from returning to their parents’ home for fear of bringing ‘shame’ to the family. It then puts the victim at greater risks of further abuse as she cannot leave the matrimonial home, where her perpetrator lives.

The third level is that of relationships. Close relationships like spouse, partner and colleague increase the risk of VAW if the perpetrator enjoys power (control), privilege, and permission to carry out the abuse on the victim. “Permission” is effectively given when there is no action taken to address the inappropriate behaviors such as sexual harassment or domestic violence.

Lastly, the individuals themselves, through their beliefs, attitudes and behaviors, may be at risk of VAW. When gender inequality and gender stereotyping are accepted, learned behaviors result in seeing men as strong and aggressive, and women as weak and submissive. These attitudes and beliefs support impulsive and anti-social behavior that causes VAW. At the same time, children who have witnessed violence in the family tend to become victims or perpetrators later in adult life.

It is important to know some of the provisions in the laws related to VAW as knowledge allows survivors of VAW to exercise their rights. Highlighted below are some of the laws related to domestic violence, sexual harassment and rape. For domestic violence, there is a Domestic Violence Act (DVA), 1994 which provides some form of protection for victims of domestic violence. The DVA is read together with the Penal Code; all domestic violence cases are criminal cases. The DVA provides the definition of domestic violence; however, the charges are made according to the relevant sections of the Penal Code. The DVA covers anyone who has blood or marriage connections, including adoption. The protections provided by DVA are Emergency Protection Order, Interim Protection Order and Protection Order. These protection orders apply at different stages of domestic violence and are obtainable through the Social Welfare Department and/or the Courts. Individuals can also claim compensation for medical expenses or damages incurred due to domestic violence. For sexual harassment, the country recently passed a Anti-Sexual Harassment Bill 2021 (ASHB 2021) which is pending gazette for implementation. In the meantime, the Employment Act, amended in 2012, provides a section to deal with sexual harassment at work; however, it covers only persons earning below RM2,000.00 as per the Employment Act and is applicable only in West Malaysia. Serious sexual harassment<sup>4</sup> acts deemed to be criminal acts can be addressed by the Penal Code. For civil cases, legal action for sexual harassment can be initiated through Tort of Sexual Harassment. Presently for criminal cases, the disadvantage in the use of the Penal Code is that the standard of proof is “Beyond Reasonable Doubt”, which means a very high standard of proof is needed – something very difficult to obtain in a case of sexual harassment. In the new ASHB 2021, when a case is lodged with the Tribunal for Anti-Sexual Harassment, the standard of proof is “Balance of Probability”, which means that the case would be considered and awarded based on the probability of sexual harassment taking place, which requires a relatively lower standard of proof. The awards range from an apology to payment in compensation not exceeding RM 25,000. Lastly, the laws related to rape can be found in the Penal Code. A criterion of rape is that sexual intercourse took place without the consent of the woman. It is important to know that, whether with or without consent, sexual intercourse with any female below the age of 16 years old is still considered rape, known as Statutory Rape, and punishable under the Penal Code.

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<sup>4</sup> <https://www.womenshealth.gov/relationships-and-safety/effects-violence-against-women> Office on Women’s Health, the USA government

The last area to understand how VAW impacts the victims is in the area of health. VAW can cause long-term physical and mental health challenges. These challenges not only affect the victims but also their children and family, harming their health; children may experience long-term harm. Social and economic costs include inability to work, loss of wages and homelessness. The short-term effects of VAW include injuries, unwanted pregnancy, sexually transmitted infections, trouble sleeping and nightmares. Long-term health problems include digestive problems, heart problems, irritable bowel syndrome, nightmares and sleep problems, migraine headaches and sexual problems. Apart from these physical effects, many women also have mental health issues after being subjected to VAW. This may further lead to alcohol or other substance abuse. Sexual violence can also affect a woman's perception towards her body, and she may need resources to cope with these challenges. Mental health effects from the trauma caused by VAW often include feeling negative emotions like fear, anger, confusion and feeling numb. Many women also feel guilty or ashamed due to the assault experienced. Some put on a brave front to look as if they have been not affected while others hide their problems, especially injuries from domestic violence. Long-term health effects include post-traumatic stress disorder (PTSD) due to the shock of sexual or physical assault, depression, and anxiety. Other impacts include loss of trust in others, low-esteem, low self-confidence, and substance abuse. It is beneficial for individuals, including responders and helpers who want to support victims of VAW, to understand some of the causes as well as the laws that can be used to support the victims.

All along, I have referred to the person who experienced VAW as the "victim". For me, once the victim can start to share her challenges or seek help for herself, she is moving on to become a "survivor" of VAW. It is very important that the victim/survivor is supported from the initial stage of her experience and when she starts to share the violence experienced. At the initial stage, the victim feels alone and vulnerable, and believes that there is no one who can help her. The survivor needs both psychological and social support. One of the psychological supports that can be provided by a trained lay person is Psychological First Aid (PFA)<sup>5</sup>. Psychological First Aid refers to a method of responding to people who are experiencing stress or crisis, like in a major disaster or any form of VAW such as domestic violence, sexual harassment or rape. PFA is used at the initial stage to support victims of VAW as it focuses on offering practical care to the victims. The aim of providing PFA is

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<sup>5</sup> Psychological First Aid – <https://www.apa.org/practice/programs/dmhi/psychological-first-aid>

supporting the victim to feel calm and safe, both physically and emotionally. It also aims to find ways to allow victims to cope better with their immediate needs and challenges. PFA uses the “Look, Listen, Link” (3L) action principles which I shall share briefly here.

Let us understand briefly what these 3L action principles refer to. (1) **LOOK** refers to learning more of the victim’s safety and basic needs. This can be done by looking at the body language of the victim as well as any outward signs. Does the victim look scared and fearful? Does the victim need immediate attention (for example, if there are injuries), temporary accommodation or even financial assistance? In addition, look out for other signs of trauma that needs to be attended to. (2) **LISTEN**, means that the responder should hear what the victim says from the victim’s perspective, not the responder’s perspective. For example, if the victim had to leave her house due to violence, and tells you “I have no place to go”, it means that she no longer has a home to go back to. (3) **LINK** refers to connecting the victim or survivor to the social support services needed. For example, if temporary shelter is needed, the responder can source for organizations that provide temporary shelter and make arrangements for the victim. Another social support would be to help the victim/survivor to realize that she is not alone, that there are people and organizations around to support her, for example, family members or even support groups. Lastly, do bear in mind that **PFA is NOT counselling**; it only provides immediate support. Victims/survivors who need further professional psychological support or management will be referred to mental health providers such as Counsellor, Psychologist or Psychiatrist.

According to the American Psychological Association (APA), counseling is defined as professional assistance in coping with personal problems, including emotional, behavioral, vocational, marital, educational, rehabilitation, and life-stage (e.g., retirement) problems. In simple terms, it is a form of “talk therapy” to help to cope with personal challenges.

Counselling is a process whereby the Counsellor or Therapist, will journey with the Client (the person or persons who seek counselling) to reach their counselling goal. It is conducted with clear ethics of confidentiality, using counselling theories and techniques that help the client to cope with their challenges. The counselling process enables the client to see a clearer picture of their challenges. The counsellor assists the client using various counselling approaches to resolve or cope with the challenges. Just as there are different forms of VAW, there are also different approaches in counselling, some of which are applicable to individual, couple, and family. Different forms of VAW can be managed by different counselling or

integrative counselling approaches. Some theories and techniques of counselling are shared below to show how counselling approaches can support clients who faced VAW.

Firstly, let me share how a domestic violence case can be supported through counselling. Very often, we think that only adults, as victims or survivors of domestic violence, need counselling. Domestic violence impacts on the family too, and in this case, the client was a child who witnessed domestic violence in her family. She was a female student, aged 16 years old, with good academic results until domestic violence took place in her family. She then began to lose concentration and interest in her studies. Her academic results were sliding, and her teacher referred her to see me, then the school counsellor. After the initial information gathering, the signs of domestic violence happening in the family were clear to me. She mentioned her inability to concentrate, especially when the parents started quarrelling, and also the verbal abuses she received when she tried to intervene to stop the violence towards her mother. She tried to plead with her father but ended being beaten by him for siding with her mother. A psycho-education of the “Cycle of Violence”<sup>6</sup> was explained to her, and she immediately acknowledged that was exactly what was happening at home. The Cycle of Violence is a cycle of abusive relationship that goes through (1) good times, (2) threatening or fearful times, (3) abusive time and (4) honeymoon time. She did not realize that she was witnessing and experiencing domestic violence, and blamed herself, as well as felt guilty, whenever her parents quarreled or when she was scolded or beaten. The counselling approach selected to manage this case was Reality Therapy and Choice Theory. Reality Therapy was used as it is a form of counselling that looks at behaviors as choices. She had chosen a behavior that affected her studies; her counselling goal was to do better academically. The counselling process supported the client to understand her challenges and move towards her goal. The counselling approach worked well on her. She learnt to accept her role as a child and responsibility for her behaviors. In her role as a child, she focused on her responsibility to study to improve her academic results. She also learnt not to blame herself, giving back the responsibility of managing the domestic violence to her parents but being supportive to both; this allowed her to continue living her life as a child without adult responsibilities.

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<sup>6</sup> Cycle of Violence happens when a cycle of events happens in an abusive relationship. The stages of violence include TENSION BUILDING, ACUTE EXPLOSION and HONEYMOON  
Source: <https://domesticviolence.org/cycle-of-violence/>

## Understanding the Cycle of Violence

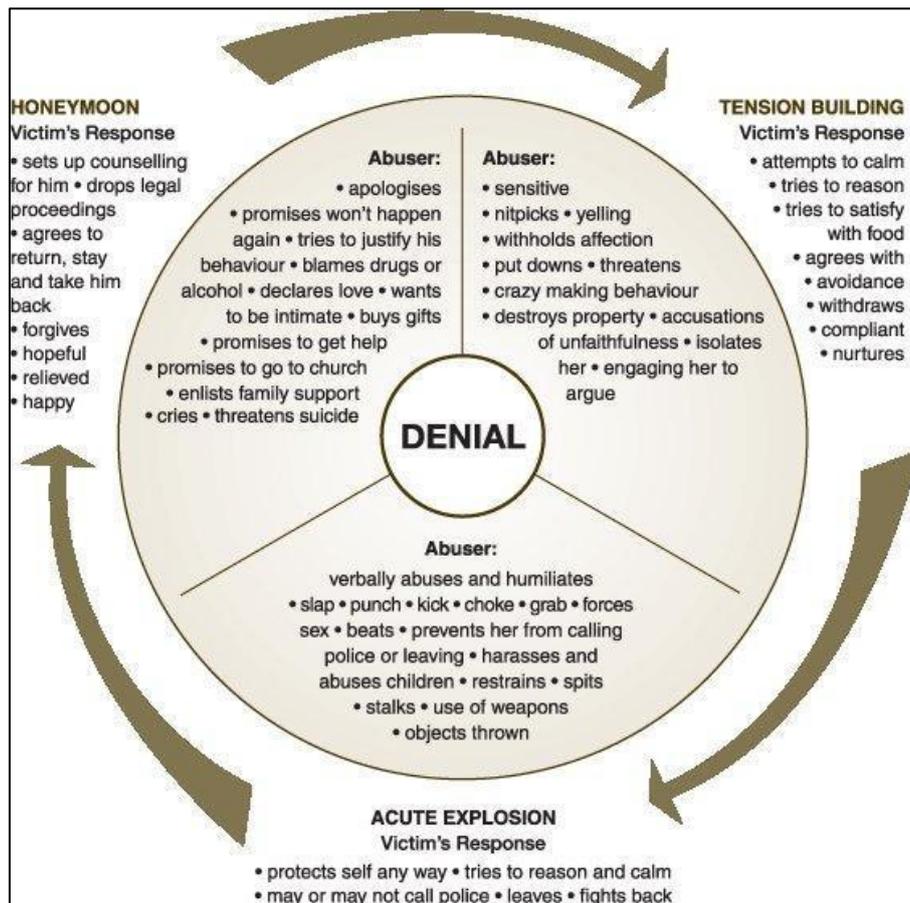


Diagram 1: Cycle of Violence.

The second case involved a client who experienced sexual harassment. The client was a foreign student who was studying along with her sister in a local university. The sexual harassment initially happened to her sister. The perpetrator was a foreign Professor who liked to make inappropriate comments about her sister, who was doing internship under him. Her sister had made it clear to the Professor that their relationship was limited to that of a professional relationship. However, he continued to sexually harass her, including calling late at night to ask her out. Later, she left her internship, and the sexual harassment stopped. A few weeks later, the client received a call from the same Professor, who had obtained her number from her sister. Although she had nothing to do with him, he claimed that he had urgent matters to discuss regarding her sister. He then began sexually harassing her with lewd verbal comments. She was afraid and asked for help. She was fearful that if she made a report to the authorities in the university, she would be asked to leave; she would then have to return to her home country, and her education would be interrupted. The counselling

approach used for this client was Solution Focus Brief Therapy (SFBT). The desired outcome was established with her. During the process of counselling, her history of success and accomplishment was discussed, and a list of her resources was established. She was asked to describe her preferred future. During this process, she was supported emotionally and also given information to access further support. In terms of intervention, she was guided to write out the details of the whole communication and incidents with the perpetrator so as to establish evidence of sexual harassment. She was also asked to develop a support system for herself in terms of safeguarding. At the end of the session, she felt more confident and empowered to do the necessary to ensure her own safety and deal effectively with any sexual harassment in the future.

The last case involved rape. The client was the daughter of a homemaker. She worked in a factory where the staff were sent home by company transport. One day, after the driver had sent the other staff home, he stopped in an alley and raped her. He threatened her not to inform anyone or he would hurt her further. Fearful of what might happen, the client kept quiet. A few weeks later, a friend of her mother noticed that something was not right with her behavior; she was also complaining about not feeling well. When she was taken for medical examination, only then did it come to light that she was pregnant. She finally revealed what had happened. After consulting medical advice, she went through an abortion as the unwanted pregnancy had impacted on her mental and physical well-being. She was introduced to counselling to deal with the trauma she had experienced. Feminist Counselling was the approach used for this client. Feminist Counselling<sup>7</sup> is working within a feminist, trauma-informed, anti-oppressive framework. The process is to make survivors of sexualized violence understand that they are not responsible or to be blamed for the violence they experienced. The understanding places the responsibility on the perpetrator, where it rightfully belongs. It reconnects the survivor with the community and supports the client towards healing from the trauma. The process was long and slow but with the support of the community (friends and family), the client slowly emerged as a survivor of the violence.

In conclusion, we have discussed some of the forms of VAW and the support that victims and survivors need to move forward. Psychological-social support was seen as the way forward to support victims and survivors of violence. Psychological First Aid was also shared as a crucial first-line support for victims of violence. Another approach is through counselling, as

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<sup>7</sup> Feminist Counselling, WAVAW rape crisis centre, <https://www.wavaw.ca/what-is-feminist-counselling/>

shared from the three cases of violence against women. It is hoped that this article will empower readers to help and encourage victims or survivors of VAW to seek psychological or social support, including counselling as long-term support.

## References

American Psychological Association

Source: <https://dictionary.apa.org/counseling>

Effects of violence against women

Source: <https://www.womenshealth.gov/relationships-and-safety/effects-violence-against-women>

Gender stereotyping

Source: <https://www.ohchr.org/en/women/gender-stereotyping>

Effects of violence against women, Office of Women's Health, U.S. Department of Health & Human Services, Source: <https://www.womenshealth.gov/relationships-and-safety/effects-violence-against-women>

# Making Informed Decisions in Domestic Violence Cases

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Domestic violence is generally considered to be one of the most under-reported social problems. Police and JKM statistics do not reflect the actual prevalence of the problem as very few cases are brought to the attention of these agencies. Victims require great strength and will to seek help from the authorities or NGOs given the various challenges, some rooted in the nature of the problem itself. Almost all the victims who approach the authorities are female even though there are many men who experience verbal and physical abuse.

A frequent complaint of the police is that victims often withdraw their reports and do not want the alleged abuser to be charged in court. From practice experience the reason for this is that victims have not made **informed decisions**. At the point of getting the Interim Protection Order, these clients have not really understood the dynamics of the abusive situation they are in and often are not completely aware of how these orders work. Informed decisions are made when clients are given the best available information on the available services and given the necessary support to understand the problem they are undergoing.

It is very important for welfare officers and counsellors to help their clients get a clear understanding of the nature of abusive relationships and the services available for victims - including the nature of protection orders. Clients who have the best available information often make better decisions – whether to pursue a process to stop the abuse or to remain in the relationship. The following are some of the issues that need to be addressed with clients.

## **Abuser psychology**

Victims need to know that domestic violence is actually about power and control. Abusers only feel good when they dominate another individual. This is the nature of such individuals in any part of the world. Boys may follow the example of abusive fathers or could be ‘spoilt’ and brought-up to feel gender superiority in majority female families. Those with abusive personalities need to dominate others, even in their work places. They easily get into disagreements with colleagues and bosses, and often end-up changing jobs or being unemployed for long periods. They are usually comfortable working alone in small

businesses. Emotionally they are insecure and a stressful situation easily triggers abusive behaviour towards others. Unemployment causes much stress and is an important indicator of abusive men. Information on abuser psychology is important to help victims understand that they are not the cause of the abuse as they often are made to believe.

### **Victim psychology**

In practice we often see female victims who grew-up in families with abusive fathers. Though strongly disapproving of how their mothers were treated, they are often drawn to and have relationships with strong and abusive men. It is a psychological phenomenon that girls are often attracted to men who are like their fathers and boys to women who are like their mothers. This could be a reason victims stay on in abusive relationships, as they are comfortable with what they are familiar with. Victims need help in understanding their own motivations in coming to clear decisions.

### **Abuse not covered by the Domestic Violence Act 1984 (DVA).**

The Domestic Violence Act lists the acts of violence where services can be provided for victims under the DVA. But there are abusive behaviours that are not covered under the law, but which nevertheless impact victims and cause tremendous distress. Welfare officers need to address and give value to these abusive behaviours even though they cannot be the basis for police action, protection orders or other services. For victims it's often the non-violent abusive behaviours that cause unbearable distress over the years. Acknowledging and discussing these experiences will help validate their complaints and help them make better decisions. The following are some examples.

**Victimization.** The victim is blamed for everything that goes wrong in the family and the abuser is never wrong in all his decisions. The victim is constantly faulted and this gives basis for the abuser to feel dominant.

**Financial abuse.** The victim is only allowed the minimum amount of money necessary for expenses. All financial decisions are made by the abuser and even the ATM card of the

victim is often held by the abuser. Sometimes money for daily expenses is denied as punishment for something that has upset the abuser. The victim is often accused of being financially irresponsible.

**Using withdrawal to control.** The abuser intentionally ignores or gives the cold shoulder when he doesn't get his way. This continues until the victim gives in.

**Passive abuse.** The abuser is always unclear about what he means or about the decisions he makes. When he changes his mind, he denies taking an earlier position. The victim has to constantly guess what the abuser is thinking. Procrastinates in doing what is requested of him like paying bills and doing marketing. Slow in responding to the health and medical needs of the victim.

**Boycotting.** He boycotts family functions or other activities to upset the victim. He can decide not to attend at the last minute.

**Social isolation.** Deliberately isolates victim from relatives, friends and even neighbours. Antagonizes them so that they keep away from the victim. This makes it very difficult to seek help and easier to control the victim.

**Pathological jealousy.** Those with abusive personalities often are very jealous of their partners. They feel very insecure and are quick to be suspicious. Occasionally there are cases of homicide - victims are most at risk when they decide to leave the relationship.

**Stalking.** As a result of suspicion and jealousy, an abuser may stalk a victim at her working place. This is very oppressive for the victim as she may be watched over from a distance when she goes out for lunch. Not going out also can trigger suspicion – is she having a relationship with a colleague in the office?

**Pet abuse.** Some abuse the family pet as a way of causing distress to the victim. If a pet is killed then it's almost certain that there is violence against family members.

### **Suicidal ideation in victims**

Victims can be made to feel desperate and helpless to the extent of considering suicide as a solution. With suicide the matter ends there, and the years of violence and abuse prior to the incident are not an issue. Victims must be given room to discuss any suicidal ideation they

have and welfare officers need to address the issues related to it. How will the children manage without you and will they be safe? There are better ways to deal with the situation.

### **Safety planning**

Taking the bold step of seeking help or leaving a relationship can aggravate the situation.

Welfare officers need to discuss safety plans in detail – where will she go, who will the victim call, do the children know the phone numbers? Some clients may have a ‘death wish’ – getting killed can end the torment and abuse. They may then may unconsciously avoid thinking of safety. This needs to be addressed by the welfare officer.

### **Understanding protection orders**

Welfare officers need to take time to explain the rationale behind the requirements for protection orders. Often victims want to be protected but do not want their spouses to be charged and jailed. Victims must clearly understand that a police report and investigation is required before applying to the courts for protection orders - and a police investigation may lead to their partners being charged in court. They must be willing to accept this possible outcome when applying for the interim protection order. The reason many victims withdraw their police reports is because of a failure to comprehend this.

### **Conclusion**

The services available through the Domestic Violence Act require victims to make decisions – difficult decisions that can often be life changing. The humiliation of being a victim, financial considerations, children, the prospect of divorce, family pressure, safety and many other issues can make it very difficult for victims to decide. Therefore making **informed decisions** is crucial – having the best possible information and support available before making a decision. The casework interview or counselling session is crucial in this matter. The above issues can also be organized in a PowerPoint presentation and the client taken through the slides at the table of the welfare officer or counsellor. Seeing the information ‘in the computer’ can create the awareness that domestic violence is a societal problem and the victim is not alone in experiencing it.

# 10 Misconceptions about Mindfulness for Mental Health

*Dr. Phang Cheng Kar (M.D.) & Dr. Song Beng Kah (Ph.D.)*



In the past few years, we have seen a giant leap in the popularity of mindfulness practice in Malaysia. We appreciate the effort made by various organizations to promote mental health through mindfulness training workshops or classes.

Amid mindfulness popularity, however, some mindfulness-related misconceptions need to be clarified for the benefit of people interested in this method. With a threefold increase<sup>8</sup> in the prevalence of mental health problems among Malaysian adults (from 10.7% in 1996 to 29.2% in 2015), it is time for the public to understand mindfulness better. We hope this article can help to curb the problem of “McMindfulness”, a term borrowed from the popular fast food chain to refer to the easily available but diluted and distorted form of mindfulness.

*With a threefold increase in the prevalence of mental health problem among Malaysian adults (from 10.7% in 1996 to 29.2% in 2015), it is time for the public to understand mindfulness better.*

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<sup>8</sup> Ministry of Health, National Health and Morbidity Survey 2015

## Definition of mindfulness by Dr. Jon Kabat-Zinn.

What is the most popular secular definition of mindfulness? According to Dr. Jon Kabat-Zinn, the famous American mindfulness teacher who created the widespread Mindfulness-Based Stress Reduction (MBSR) therapy, “mindfulness” refers to the awareness that emerges through paying attention in a particular way; on purpose, in the present moment, and non-judgmentally. Being mindful also means the *process* of paying attention to the unfolding of the inner (e.g. thought and feeling) and outer (e.g. sound and sight) experiences from moment to moment, in the “particular ways” defined by Kabat-Zinn. The therapy helps reduce stress, anxiety, depression and increases well-being if understood and practiced correctly.

Otherwise, it is not helpful and can even be harmful. We will now share with you some of the common misconceptions about mindfulness.

*Mindfulness is paying attention in a particular way; non-judgmental, with kindness, compassion, appreciation, gentleness, goodwill, and warmth. It is not just attention; it is ‘kindful’ attention to the present moment, to ourselves, others, and the world.*

### 1. Mindfulness is religious.

**No, it is not religious; it is secular and scientific.** Are you sure? Yes, mindfulness is not always religious. The concept of mindfulness originates from various spiritual traditions, in particular Buddhism. But, modern mindfulness-based therapy is delivered in a secular way without religious doctrines, rites, or rituals. The Malaysian mindfulness-based program MINDFULGym, with grants and support from the Ministry of Health and Universiti Putra Malaysia (UPM), has successfully been introduced to hundreds of people from multi-ethnic backgrounds, regardless of their religions or beliefs.

Whether associated with a secular or religious context, mindfulness practice does not necessarily involve “meditation” or meditating with the legs crossed and eyes closed. More importantly, mindfulness is mind training based on sound science and credible clinical studies worldwide. In 2013, a review of 209 scientific studies by Khoury and colleagues in the journal *Clinical Psychology Review* concluded that mindfulness-based therapy is an effective treatment for reducing stress, anxiety, and depression.

## 2. Mindfulness practice is difficult and time-consuming.



No, it might not always be difficult and time-consuming; it can be simple and practical. As in any sport, mindfulness practice (which can be seen as a form of mind sport) is of various difficulty levels. Not all of us can play badminton as well as world champion Datuk Lee Chong Wei. But that does not mean we cannot enjoy and benefit from playing badminton. The same goes for mindfulness training. For beginners, it is good enough if we can try to take a few slow, deep, and mindful breaths intermittently throughout the day to refresh ourselves and make peace with the present moment.

To be mindful is easy; remembering to be mindful is difficult. Using a phone app with the soothing sound of a bell<sup>9</sup> as a reminder to take mindful breaths periodically is useful for many people. Advanced mindfulness training is, of course, more challenging. But that is fine, as mindfulness cultivation is a life-long journey. We progress step-by-step and learn from the journey, every step, every moment – take your time – enjoying the present moment.

## 3. Mindfulness is just paying attention to the present moment.



That is not entirely correct. It is not just paying attention to the present moment but relating to it with kindness and appreciation. People who are clinically depressed often pay attention to their faults and blame themselves. Those with poor self-esteem habitually pay attention to and amplify their weaknesses. Is that paying attention mindfully? No. Mindfulness is paying attention in a particular way; non-judgmental, with kindness, compassion, appreciation, gentleness, goodwill, and warmth. It is not just attention; it is 'kindful' attention to the present moment, to ourselves, others, and the world. Relating to our current moment experience with kindness, appreciation, and gratefulness is an effective way of increasing mental wellbeing. Here is a question to test your understanding of mindfulness. Does aiming to shoot and kill a bird involve mindful attention?

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<sup>9</sup> MindBell (<https://play.google.com/store/apps/details?id=com.googlecode.mindbell&hl=en>)

#### 4. Mindfulness is blindly focusing on everything in the here-and-now.



No, it is not blindly focusing on everything in the here-and-now; it must be supported by an understanding of how the mind works. For people with anxiety disorders (e.g. illness anxiety disorder), the mind easily focuses on unpleasant bodily sensations (e.g. chest tightness, breathlessness, rapid beating of the heart). And they often

mistake them to mean that they are suffering from a severe sickness (e.g. heart attack). They automatically pay more attention to detecting alarming sensations to avoid sickness.

Naturally, they become aware of more sensations and worry more. Mindful attention training must be supported by understanding. It is not just “noting, noting, noting” the sensations blindly.

In the MINDFULGym program, mindfulness is defined as “...attention to the present moment with kindness, beginner’s mind, and *wisdom*.” We need understanding or *wisdom* to guide us on where and how to pay attention; *purposeful* attention, as Kabat-Zinn defines it. In the context of anxiety disorders, we need to understand that the brain is abnormal and tends to find faults and catastrophizes whatever we experience. In mindfulness training for coping with anxiety, we learn to calm the mind (e.g. using mindful breathing) to react less negatively to stimuli. We also learn to pay attention to the positive aspects of life, e.g. our strength, blessings, good deeds, and success.

#### 5. Mindfulness is bare awareness; you are not supposed to think or do anything.

No, it is not simply a bare awareness of the present moment; it is also remembering the good advice related to mindfulness for good mental health. In the contemporary world, mindfulness is usually conceptualized as a form of awareness or attention training. However, in traditional Pāli (a classical and literary Indian language), the word associated with mindfulness is “Sati.” Besides awareness of the present moment, “Sati” also carries the meaning of recollection or memory of advice given; as in advice given by the instructor in mindfulness training. In the context of mental health, it is remembering (thinking) and practicing (doing) all the mindfulness-related principles that are conducive to psychological well-being. For example, minimizing multitasking, letting go of the past, focusing on what



you can do now, not always taking thoughts too seriously as they may not be facts, embracing impermanence, accepting imperfection, and paying attention to the good things in life.

Just like a newbie in sports remembers advice from the coach in training, a mindful student remembers advice from the teacher in mindfulness training. In the MINDFULGym program, gentle reminders on mindfulness practice are periodically sent through the WhatsApp group to consolidate the understanding and practice of mindfulness.

*When Kabat-Zinn says, ‘...paying attention in a particular way on purpose, in the present moment, and non-judgmentally,’ he does not mean that we should avoid making judgments. He suggests we should be patient, gentle, and accepting. We try not to beat ourselves up when facing challenges in mindfulness practice and life.*

## 6. Mindfulness is making the mind blank.

No, it is not making the mind blank; it is learning how to shift attention away from unhelpful thoughts, understand our thoughts, and not be carried away by them. Mindfulness is not going into a trance, half-conscious, or passive state. On the contrary, mindfulness training helps us to be more conscious of our experiences. For people with mental health problems, having a method to free the mind from negative thoughts and feelings seems excellent. Yes, mindfulness training may help with that. But it is not done by forcefully purging or cleansing unwanted thoughts. Studies have shown that they grow when we desperately try to suppress the undesirable inner experience. When people tell us not to overthink, we often think more. “Whatever we resist, persists,” said Carl Jung.

In mindfulness training, instead of battling thoughts directly, we learn to calm the mind by shifting its attention from thoughts to body sensations (e.g. through the body scan practice). When the mind is calm, we can investigate our beliefs (e.g. I’m useless) with understanding and guidance from a therapist. Once, a patient with Generalized Anxiety Disorder came to the clinic for mindfulness-based therapy after failing to gain benefits from cognitive therapy. He shared with the therapist something insightful, “When I do mindful breathing, I’m calm. I don’t have to challenge my thoughts. With a calm mind, thoughts disappear or don’t have the

power to influence me. Once mindful, I can also pray more wholeheartedly, and that's very important to me."

## 7. Mindfulness means "non-judgmental" – do not judge!

No, it is not "non-judgmental" (avoid making judgments); it is having an open mind and making wise judgments.



When Kabat-Zinn says, "...paying attention in a particular way on purpose, in the present moment, and *non-judgmentally*," he does not mean that we should avoid making judgments. He suggests we should be patient, gentle, and accepting. We try not to beat ourselves up when facing challenges in mindfulness practice and

life. Related to that, it also means we should be aware of *fixated judgments* or assumptions that stress us out, e.g. "People cannot be trusted," "I'm useless," "I'm a troublemaker," "Nobody likes me," "Everything has to be perfect." People go to counselors to have a better understanding of their problems. Counselors must make professional judgments to support clients, and clients need to discern how to solve their problems.

In mindfulness training, we do not avoid making judgments. We learn to cultivate curiosity, open-mindedness with a mind devoid of preconceived notions in approaching problems in life. Then we can make wise decisions and generate creative solutions for the challenges in life. Interestingly, in 2010, there was a Mindful Lawyer Conference at the University of California at Berkeley School of Law. Mindfulness practice involves non-judgmental awareness. But at the heart of judicial decision-making is judgment. Here is another question to test your understanding. How can a mindful judge make judgments "non-judgmentally"?

## 8. Mindfulness practice is stress-free and relaxing.

The practice is not always stress-free and relaxing; it sometimes involves experiencing more stress for a meaningful purpose. The mindfulness-based approach is a valuable way to relax the mind and body. However, the process of mindfulness training may not always be relaxing. Practicing mindfulness can bring up old painful memories that create stress that some may not be well prepared to confront alone. It is not uncommon for people to have the wrong attitude in mindfulness practice, like the unrealistic expectation (using mindfulness) to

be totally free from stress or compulsively trying to control things in life. An unhelpful attitude naturally generates more stress. That is why mindfulness training often emphasizes, “Mindfulness is not a technique to get rid of stress; it’s an approach to help us to understand and make peace with stress.”

In situations like exposure therapy to manage social anxiety, one needs to experience *more* stress (supported by a mindfulness-based approach) for long-term happiness. That is stressful, right? But it is good stress, the type of stress that eventually leads to less stress. For people

*Even if one is keen and suited to use mindfulness to complement depression treatment, it is better to be guided by someone who understands depression well and is trained in mindfulness and psychotherapy.*

with severe mental health disorders (schizophrenia, bipolar disorders, depression with psychosis), using mindfulness as self-help is usually not helpful; it often generates more stress and confusion. A better option is to seek help from mental health professionals (e.g. psychiatrists) to stabilize the disorder. Once emotionally stabilized, *guided* mindfulness practice (preferably by a psychotherapist trained in mindfulness-based therapies) is a valuable option.

## 9. Mindfulness is the best treatment for clinical depression. No, it is not the best treatment



**for clinical depression; it is one of the treatment options for recurrent depression.** As mindfulness becomes popular, we often see such headlines in the media: “Mindfulness can control depression as well as drugs, study shows,” “Mindfulness holds promise for treating depression,” and “Curing depression with mindfulness meditation.” These headlines are often misinterpreted to mean that mindfulness is the best treatment for

depression. That is a fact, right? Well, not really. It is true that mindfulness-based therapy in the form of Mindfulness-Based Cognitive Therapy (MBCT) is being professionally recommended as one of the treatment options for people with three or more episodes of recurrent depression (Kuyken et al., 2016). However, it does not mean that MBCT is the best treatment for people with clinical depression.

The best treatment of depression depends on many factors, e.g. type and severity of depression, patient’s preference for treatment options, and experiences of the therapists. A

proper psychological assessment is necessary before deciding on the best-individualized treatment plan. Medications supported by psychotherapy may be required in certain types of severe depression. Even if one is keen and suited to use mindfulness to complement depression treatment, it is better to be *guided* by someone who understands depression well and is trained in mindfulness and psychotherapy. For example, a professional counselor or clinical psychologist who has received training in MBCT would be a better facilitator rather than a corporate mindfulness trainer or mindfulness meditation teacher who may not have a proper understanding of clinical depression.

## 10. Mindfulness is suitable and safe for everyone.



**It may not be suitable and safe for everyone; it can have negative effects.** Despite its effectiveness, mindfulness practice (especially intensive mindfulness meditation) may not suit everyone. In an online survey of 342 meditation practitioners (Cebolla et al., 2017) in European countries and North America, 87 (25.4%) reported negative effects of meditation. The negative effects include boredom; more fear, anxiety, and depression; heightened awareness of their negative traits; greater self-criticism; the feeling of being alienated from society; and lack of life orientation. In another study which interviewed 60 Western Buddhist meditation practitioners (sixty percent were meditation teachers), similarly distressing experiences was reported (Lindahl et al., 2017).

Although relatively rare, mindfulness practice can have negative side effects and these are usually more common among emotionally vulnerable people. Due to the intense emotional suffering, this high risk group is precisely the group of people attracted to mindfulness practice. Because of that, we strongly recommend that people with mental illness, if they wish to learn mindfulness for better mental health, be *guided* by someone who understands mindfulness and mental illness well.

## So, what else should we be mindful of in mindfulness for mental health?

The massive investment in mindfulness-based therapies will only see its worth when the general public adopts a correct mindset and proper understanding of mindfulness. We welcome an open discussion with stakeholders, including patients with their families and healthcare providers, on these emerging issues related to the “mindfulness industry.” Keeping

in mind that research and media publications might be biased and sensationalized, the discussion should be based on credible sources. It should be supported by robust scientific studies, clinical and teaching experience, and not in the way of picking up bits and pieces from the internet or social media. This can be achieved with the support of public education.

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*Thank You!*