

SPIRITUALITY AND RELIGIOUS BELIEFS AMONG SOUTH-EAST ASIANS

P.Philip Tan, Ph.D., Department of Social Work, California State University, Long Beach

The author of this narrative is an immigrant from Singapore, but it is here in the United States that he became acquainted face to face with Cambodians; fellow South-East Asians. The author first describes his interactions with his new Cambodian peers, and later describes how religious beliefs and spirituality are used by the elderly Cambodians he met to enhance their mental health – beliefs which reminded him of the worldview espoused by his cousins in Singapore, where spirituality and religious faith is central.

Soon after I moved to Long Beach five years ago, I discovered that this exceptionally diverse Southern California city is home to the largest concentration of Cambodians living in the U.S. and, in fact, anywhere outside of Cambodia. As I became familiar with the area, I found myself shopping at Cambodian markets, having my hair styled by a Cambodian barber, and having a number of students in my classes who were from Cambodia or whose parents had been refugees from Cambodia. I soon got used to seeing Khmer letters (derived from ancient Hindu scripts) on store fronts in the Cambodian neighborhood. I also heard Khmer being spoken intermittently and from time to time saw Cambodian women dressed in sarongs which reminded me of my mom, aunts, and grandmother back in Singapore where I was born and grew up before coming to the U.S. 20 years ago. I had learned in secondary school that the ancient Khmer Kingdom dominated much of mainland South-East Asia 1,000 years ago and that Angkor Watt, originally a Hindu edifice, is the largest religious structure in the world. But it is here in America that I became acquainted personally with Cambodians, fellow South-East Asians, for the first time, and became pleasantly surprised to find that elements of their culture reminded me so much of the culture I was surrounded by when I was growing up.

Being raised in South-East Asia in the 1970s, I was also well aware of Cambodia's tragic history, the Pol Pot regime, and the Killing Fields. Although I was acquainted with the Domino Theory, I always felt secure, reinforced by the media and the adults around me that it would never be completely realized since Thailand, a buffer between us and the communist states of Indochina, was staunchly non-communist. Any immediate experience of war or threat of war was thus alien to me. I grew up in a peaceful and prosperous part of South-East Asia. There was political stability, the economy was booming, and the city modernizing and internationalizing. By contrast, I found through personal contacts that the lives of my Cambodian peers had been profoundly scarred by war. My Cambodian acquaintances, however, seldom spoke of the horrors they encountered. Only from time to time do glimpses of the horrors they experienced surface. The following are examples of such glimpses I had.

During my first semester at Long Beach, I had a rather vocal and contentious Cambodian student in one of my classes. One evening we discussed U.S. immigration policy regarding refugees. When the Vietnam War was mentioned, the Cambodian student described why he had immigrated to the U.S. and discussed briefly about the Killing Fields. After learning about the Killing Fields, some students in the class coaxed him to describe

something tragic that he had witnessed personally. Although reluctant at first, he yielded to his classmates' request. He then described how while escaping to Thailand he saw a woman, a member of his group, smothering her infant child to death in the jungle. He explained that the mother had no choice if she wanted to be part of their escape group. If the infant cried unexpectedly, the group's location would have been exposed to the Khmer Rouge and the soldiers would have killed everyone in the group. The horror of this brief revelation caught me and the class unexpectedly. We were dumbfounded for a few seconds.

Through the years of living in Long Beach, I have become a close acquaintance of my barber. We exchange stories whenever I have my hair cut. She would always have something to say about her three grown sons. The eldest was born in Cambodia before the Killing Fields and is now a high school teacher, the middle was born in a refugee camp in Thailand and is now a law student, and the youngest was born after the family resettled in the U.S. and is about to graduate from high school. Periodically I would also ask my barber about her life in Cambodia. On one visit she reminisced about how she had never envisioned herself being a barber or owning a business, let alone making a life for herself and her family in the U.S. As that conversation continued I remember her talking about the Killing Fields. Soon she was describing how her two daughters succumbed to sickness and starvation and how helpless she was. She said that she had to choose between feeding her daughters and her eldest son. I remember being very surprised and rather uncomfortable. As she is so full of self-confidence, I could not visualize her in such a dilemma. She was unemotional when she recounted how her daughters died; however, she mentioned that her husband had been so devastated that he has never been able to function properly or to work since.

On another occasion, when I was advisor to the Asian Pacific Islander student organization for our department, I had asked an undergraduate Cambodian student about what living in the Cambodian neighborhood in Long Beach was like. She said that she lived at home, so I was under the impression that her parents were conservative and would not allow her to live away from home. However, somewhere in the conversation I found out that she and her teenage sister lived by themselves most of the time as her parents, who were in their 60s, frequently returned to Cambodia where they would spend several months out of a year. I could understand her parents wanting to be in Cambodia as I knew that some elderly Cambodians had immigrated back to Cambodia because they felt alienated living in the U.S. What was puzzling to me then was her parents' age. I thought it unusual that her parents started a family so late in life. She then explained the circumstance pointing out that she had four other siblings who were 20 years or more her senior but had all perished in the Killing Fields. Her parents, however, survived and after immigrating to the U.S. established another family which included her and her younger sister.

These three encounters are examples of how I have come to realize how devastating the Killing Fields were to the people affected by it. I can also understand why survivors suffered from post traumatic stress, and that many, in fact, continue to experience some of these symptoms today, 25 years after the Killing Fields occurred.

Because of the diversity of Long Beach and my curiosity and interest in spirituality and religion, I would visit various religious congregations in my free time. One of the congregations I have visited is a Cambodian Buddhist temple nearby. I have gotten to know several devotees since my first visit. Many of them are elderly. Some of these individuals would stay at the temple on festival days.

They seemed the most devout of the congregation. As I became acquainted with the abbot, he told me about the long-term psychological harm the Killing Fields had on many of the elderly devotees, who seemed to have suffered most as their lives were so disrupted.

When I spoke to the elderly Cambodians myself, I usually asked them about their religion. They were eager to tell me about their religious practices, as they were deeply religious. They often described the ethics they found in Buddhism and how Buddhist principles helped to explain their suffering or explain the meaning of their lives. One elderly woman, for example, told me that Buddhist principles helped her to distinguish between good and bad. By following those precepts, she saw herself performing good deeds. Another woman I spoke with explained what Karma meant to her. Her goal was to reach Nirvana but she did not expect to get to it from this life. She only hoped that she would get to a better stage in the next life.

I also found that they extensively used prayer, religious devotions, and rituals to help them with their difficult memories and post-traumatic stress. One lady explained that she was very depressed when she first arrived in the U.S. She recalled having recurrent nightmares. She claimed that she comes to the temple every day and meditates now and that meditation alleviated her stress.

Having been raised in South-East Asia, it seems natural to me that the elderly Cambodians I spoke with were deeply religious and had used Buddhism and its ethics and precepts to help them cope with their lives. Reflecting on my conversations with them, I recall the centrality of religious faith and spirituality to my extended family. On a visit to Singapore, I found one of my cousins, whom I grew up with, was experiencing a major depressive episode. We spent a considerable amount of time together. Through my conversations with him, I learned

the circumstances and events which led to his depression. I also learned that he was taking antidepressants and receiving counseling from a psychologist. The subsequent year when I returned to Singapore I was eager to meet my cousin and to find out how he was. As usual, I visited and spent much time with him. On this visit, I found that he was well. He was relieved and thankful that his depression was behind him, and felt strongly that it taught him to be more compassionate toward others who suffered from depression or other mental conditions. He was also quick to indicate that he felt that religious faith and fervent prayers helped him most in dealing with his depression. In addition, he told me that he did not think he benefited much from the medication he took or the counseling he received.

On another trip home, I recall a conversation I had with another cousin about our 90-year-old aunt. This aunt had been in a coma for several months but continued to hang on to life. Because of my aunt's age and because she had been ill for several years, my cousin's as well as my sentiments were that it would have been kinder if she had passed away and need no longer suffer in this world. With humor I recall my cousin, who had recently converted to Christianity, tried to ameliorate the sadness we felt for our aunt and about life, suffering, and death in general by reasoning that this aunt had not finish paying her dues from her last life and, thus, continued to live despite her physical condition, as this was her Karma.

As illustrated, religious faith and spirituality are central to the lives and hence to the mental health of many South-East Asians. Social workers and other mental health professionals who have South-East Asian clients should be cognizant of this close relationship. Unlike in the Western worldview, the South-East Asian worldview advocates a more intimate link between mental health and spirituality. Accordingly, spirituality, prayer, and religious devotion may be very important to them.

Many turn to these as a resource to help them cope with depression, post traumatic stress, and other mental health concerns, or just to explain the mysteries of life. These individuals find great comfort and turn to the explanations provided by their religious moral systems to explain suffering. Relief and cure to them are enhanced through purification and by the use of prayer, rituals, devotions, and charity. In the West, we are beginning to rediscover this connection. Consequently, social workers and other mental health professions should also have an understanding that religious practices vary according to culture, even when the religion is the same. Buddhism among Cambodians, for example, may look very different from that practiced by European

American converts in the U.S. Likewise, Catholicism among Vietnamese immigrants may look very different from that practiced by Americans with Irish or Italian ancestry. The worldview espoused by each culture significantly dictates the place of spirituality and religious faith in the lives and to the mental health of individuals.

P.Philip Tan, Ph.D., is an Associate Professor in the College of Health and Human Services, Department of Social Work, California State University, Long Beach. Comments regarding this article can be sent to: ptan@csulb.edu.



Copyright of Reflections: Narratives of Professional Helping is the property of Cleveland State University and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.