A PALLIATED SUFFERING MODEL FOR HIV-INFECTED PATIENTS : A COMBINATION OF THE FOUR FOUNDATIONS OF MINDFULNESS AND WATSON'S CARING

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Thesis
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Amavasee Ampunsiriratana

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A PALLIATED SUFFERING MODEL FOR HIV-INFECTED PATIENTS: A COMBINATION OF THE FOUR FOUNDATIONS OF MINDFULNESS AND WATSON'S CARING

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ABSTRACT

This study is action research which aimed to develop a palliating suffering model among HIV-infected patients by training in establishing the Four Foundations of Mindfulness in combination with Watson's caring. The participants consisted of sixteen HIV-infected patients in community therapy, in the northern part of Thailand. The data were collected and analyzed by quantitative and qualitative techniques.

Results showed that the participants cultivated self-healing to alleviate their sufferings. Eleven cases had an increase in body weight of about 0.5-5 kilograms, decrease in complications, and increase in finger temperature. After training, the healthy factors score was higher than before training. The developed palliating suffering model was composed of 4 cycles as follows: 1) from the sufferings of life and hopelessness to vitality and merit; 2) life understanding from self realization leading to behavioral changes; 3) initiation of self-healing and discovering a candle of light; and 4) peacefulness leading to happiness in a human life and being with the Dhamma healing. The combined caring strategies included: 1) relationship with kindness; 2) self-awareness while caring; 3) competency strengthening; 4) reflection; and 5) being part of the participants' lives. The training strategies included: 1) mental preparation for healthy factors; 2) being aware of the present moment; 3) teaching and being a role model; 4) undertaking the precepts; 5) continuing the reinforcement of faith; and 6) stimulating modesty, discretion, loving-kindness, and compassion.

This study developed an advanced nurses' role to alleviate the sufferings of HIV-infected patients in order to cultivate a self-healing process. For implications, the researcher suggests that this model should be applied to nursing education, services, and research in the field of nursing and public health nursing.

KEY WORDS : CARING / THE FOUR FOUNDATIONS OF MINDFULNESS / HIV-INFECTED PATIENTS / SUFFERING / ACTION RESEARCH

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รูปแบบการบรรเทาทุกข์ของผู้ติดเชื้อเอชไอวีโดยการอบรมเจริญสติปัฏฐานร่วมกับการเยียวยาทางการพยาบาล
(A PALLIATED SUFFERING MODEL FOR HIV-INFECTED PATIENTS: A COMBINATION OF THE FOUR FONDATIONS OF MINDFULNESS AND WATSON'S CARING)

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บทคัดย่อ

การวิจัยเชิงปฏิบัติการครั้งนี้ มีวัตถุประสงค์เพื่อ พัฒนารูปแบบการบรรเทาทุกข์ในผู้ติดเชื้อเอชไอวีด้วยวิธีการอบรมเจริญสติปัฏฐานร่วมกับการเยียวยาทางการพยาบาลของวัทสัน ผู้ให้ข้อมูลเป็นผู้ติดเชื้อเอชไอวี จำนวน 16 ราย ที่อยู่ในชุมชนบำบัดแห่งหนึ่ง ในภาคเหนือของประเทศไทย เก็บข้อมูลและวิเคราะห์ข้อมูลโดยวิธีการวิจัยเชิงปริมาณและเชิงคุณภาพ

ผลการศึกษาพบว่า ผู้ติดเชื้อเอชไอวีเกิดกระบวนการเยียวยาตนเองจนสามารถบรรเทาทุกข์กาย ทุกข์ใจ และทุกข์ทางจิตวิญญาณ ผู้ติดเชื้อเอชไอวีจำนวน 11 รายมีน้ำหนักเพิ่มขึ้น 0.5-5 กิโลกรัม มีอาการแทรกซ้อนทางกายลดลง มีอุณหภูมิปลายนิ้วหลังปฏิบัติสมาธิเพิ่มขึ้นเมื่อเทียบกับก่อนปฏิบัติสมาธิ และมีคะแนนกุศลจิตหลังอบรมเพิ่มขึ้นเมื่อเทียบกับก่อนอบรม รูปแบบการบรรเทาทุกข์ในผู้ติดเชื้อเอชไอวีประกอบด้วย 4 วงจร คือ 1) จากชีวิตเต็มไปด้วยทุกข์ หมดหวัง กลับมีพลัง ตั้งใจทำความดี 2) รู้จักชีวิตจากการคิดใคร่ครวญ จึงปรับเปลี่ยนตัวเอง 3) สนใจและเริ่มเยียวยาตนเอง จนพบแสงสว่างนำทางชีวิต 4) สู่จิตสงบ พบความสุข รุกสู่การดำรงชีวิตอย่างมีคุณค่า ด้วยศรัทธาแห่งรสพระธรรม กลวิธีที่ใช้ในการเยียวยาทางการพยาบาลได้แก่ 1) สร้างสัมพันธภาพเพื่อการช่วยเหลืออย่างเอื้ออาทร 2) ตั้งจิตมั่นขณะเยียวยา 3) เสริมจุดเด่น เพื่อเน้นการพัฒนาศักยภาพ 4) สะท้อนการปฏิบัติร่วมกัน 5) เป็นส่วนหนึ่งของชีวิตผู้ให้ข้อมูล กลวิธีที่ใช้ในการอบรมเจริญสติปัฏฐานได้แก่ 1) เตรียมใจเพื่อให้เกิดกุศลจิต 2) กำหนดอิริยาบถให้ทันปัจจุบัน 3) สอนโดยทำเป็นแบบอย่าง 4) สมาทานศีล 5) สร้างศรัทธาอย่างต่อเนื่อง 6) กระตุ้นให้เกิดหิริ โอตตัปปะ เมตตา และ กรุณา

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CHAPTER I
INTRODUCTION

Background and Significance of the Problem

Being an HIV-infected or AIDS patient is a life crisis because such a person must face many problems resulting from his or her deteriorating body; HIV weakens the immune system making the person vulnerable to opportunistic diseases and eventually have symptoms of chronic illness (Flaskerud & Unguarski, 1995: 339-340). Mentally, HIV-infected persons react in different ways when they know that they are infected. Some reactions or feelings are, for example, being confused, dismayed, frightened, angry, sorry, indecisive, afraid that people around them might know about it, sad and under a lot of stress and not being able to accept it, and therefore, try to hide his or her being HIV-infected by using many methods (Thaweethong, H. et al., 1993: 23, 37; Bumpenchit, S. 1997: 151-152). In addition to physical and mental sufferings, HIV-infected and AIDS patients have to face with spiritual sufferings. This is because as the disease worsens, they can help themselves less; they cannot do their work as they usually could. As a result, they feel the loss of dignity. The rejection by family members and stigmatization, causes sorrow and pain, powerlessness, loss of self, and eventually failure in finding the meaning and goals in their life (Harrison, 1997: 9-16; Hall, 1998: 151).

Presently, even though there are advances in medicine and technology, anti-viral drugs cannot eradicate HIV virus from the body. Therefore, people who take anti-viral medicines have to take them all their life, and hence, have to also accept the side effects of the medicine. Some of these side effects are both short-term such as nausea and vomiting, and long-term such as diabetes, lipoatrophy, inconveniences resulting from having to take the medicines many times a day, drug-resistance, and being afraid that people around them might know that they have AIDS (Praphan, P. 2001: 1-3). Most importance of all is the fact that only 5 percent of HIV-infected/ AIDS patients in Thailand have an opportunity to receive a complete and continued dose of medicine and most of them are those in good economic condition. The reason

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the government cannot provide medicines to all HIV-infected and AIDS patients is that the drugs are very expensive (Chakkrit, K. 2001: 2). Hence, government and private agencies and communities must seek alternatives for HIV-infected and AIDS people (Division of AIDS, 2000: 6). In Thai ways of life, the best alternative for mental curing for this tragedy and fatal disease will be turning toward spiritual dependence, and of course, Buddhism is that light.

Nevertheless, there are a lot of HIV-infected patients who use mental mechanism to adjust themselves to circumstances affecting them when they suffer and despair of recovery from the infection. Some isolate themselves from society; some rely on sacred things; some use drugs (Thaweethong, H. et al., 1993: 23, 37, 43). Most of these are only temporary problem-solving and suffer-palliating methods (Atchara, T. 1998: 2). Studies show that HIV-infected and AIDS patients seek various methods for treatment and decide to care for themselves using a mixture of treatments and link each method of treatment towards the same goal, that is to prolong their lives and to live normally and happily. They may try to learn about the principle of karma or the past deeds, to let go and to accept the condition of life as resulting from the bad deeds committed physically, mentally and spiritually. Ninety-two point five percent of HIV-infected patients concentrate in behaving or taking up Buddhist practice such as merit making, alms offering, chanting, and meditating. Most of these activities bring them a peaceful and calm mind as well as self-encouragement (Bumpenchit, S. 1997:103; Atchara, T. 1998: 79). Applying Buddhist's Dhamma principles in promoting health such as the Four Noble Truths, meditating while doing exercise, and discussing Dhamma make patients understand the problem-solving process (Kamonmarn, V. 2000: 182).

Regular meditation helps protecting HIV-infected patients from other physical complications and so making them more confident of meditation (Siriwan, M. & Kanokporn, P. 2001: abstract). It was found that most HIV-infected patients who meditated regularly could lead a normal life and live longer than 7 years (Jamaree, S. 2001: abstract). In addition, the results of a 7-day-and-6-night Dhamma practice training during which the patients kept to Buddhist precepts, concentration, and wisdom showed that patients score higher on an overall spiritual aspect than before the

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training. The patients found spiritual changes and they felt that they were free from sense of self, were blissful, peaceful, able to concentrate, emotionally stable or mentally immune, with better health, better feeling toward life and more confident to live with others in the society (Kettawan, N. 2001: abstract). It is because of the religion would hold the human mind especially during the time of crisis in life. Religion belief will support individual toward hope and well being (Meux & Rooda, 1995: 131-141).

Nurses' role is to give holistic care to individual that covers all physical, mental, and spiritual. Religious belief is one of the important in taking care the spiritual part of individual, therefore, in order to response to the clients' spiritual needs, nurse must understand about the religious idea (Tassanee, T. 2002: 17). However, the past study about applying the religious principle in order to support individual on both mental and spiritual, found that mostly the HIV-infected clients were the one who support themselves (37.5%), followed by their cousins and friends (27.5 %), and the last was the religious leader group (7.5%). Noticeably, the HIV-infected clients did not mention any support from nurses. Moreover, Atchara, T. (1998: 88) found that the HIV-positive clients expected the support from nurses on the spiritual part as they expected that nurses should give attentive care to patients, be the good counselor, and apply the religious principle in taking care of patients.

Applying the concepts related to religious in nursing practice is one of the nursing skills, which is important to both clients and nurses, and it should not be a replacement to science and technology. The reason is, if nurses really understand the principles of Buddha teaching, nurses will develop the belief to be the good provider whose basis on truly understanding the nature of life (Tassanee, T. 2002: 28-29). Moreover, Watson (1985) said that a nurse is like a tool in healing by building relationship to transpersonal caring lead to the process of patients' self-healing.

However, there are few research studies made in regards to the application or usage of the concepts related to religion into nursing practice. Searching from many sources found only one study about the result of the training in establishing the Four Foundations of Mindfulness to the changing of spiritual aspect in the HIV-infected and AIDS patients (Ketetawan, N. 2001). It was a healing by means of applying the Buddhist Doctrine, however, until now it was not combined in the nurses' roles in

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caring and did not have the long term follow up, if the patients could or could not utilize the Buddhist Doctrine to be a self-healing method in order to relief their sufferings.

The researcher, therefore, is interested to study about what model of therapy should be liked in order to alleviate the suffering of HIV-infected patients. The model is to give training in establishing the Four Foundations of Mindfulness, the Buddhist Doctrine in combination with caring based on Watson's Theory. What are the factors that promote or oppose the process of self-healing of the HIV-infected patients? The study uses the method of action research as this method could decrease the gap among the nursing knowledge theory, practice, and research. Moreover, the result of the study could also be utilized in real life situation since the person whose subjects participated in every steps of the research, the same as a reflection of their thought, consideration concerning the problems, and practicing in order to understand together. The HIV-infected patients, therefore, could apply the Four Foundations of Mindfulness in daily life until it reaches a regular self-healing and relieve suffering by themselves.

Objective of the study

To develop a palliated suffering model for HIV-infected patients, by training in establishing the Four Foundations of Mindfulness in combination with Watson's caring.

Research questions

The main research question was:

What should be the appropriate model to palliate suffering for HIV-infected patients by training to establish the Four Foundations of Mindfulness in combination with Watson's caring?

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Minor research questions were:

1. How could the process of training in establishing the Four Foundations of Mindfulness in combination with Watson's caring, helped HIV-infected patients to cultivate self-healing process and to palliate their sufferings?

2. What are promoting factors and what are the obstacles to self-healing process of HIV-infected patients?

Framework

Two frameworks: theoretical and methodological frameworks were used in this study.

1. **Theoretical frameworks:** In this research, training were used in establishing the Four Foundations of Mindfulness in combination with Watson's theory of caring (Watson, 1985) as a guideline to caring so that HIV-infected patients could palliate their sufferings by themselves.

HIV-infected patients have physical, mental and spiritual sufferings. Most of HIV-infected patients, when having such sufferings and despair of recovery from the infection, use their mental mechanism to adjust themselves to circumstances that affects them. Some isolate themselves from society; some rely on sacred things; some use drugs (Thaweethong H., et al., 1993: 23, 37, 43). These are problem-solving methods that palliate their sufferings for only temporarily (Atchara, T. 1998: 2). While the Buddhist Doctrine or teaching of Buddha reveals about the nature and the causes of *dhukkha* (suffering) of the human being and the practice ways in order to relieve suffering or completely out of suffering. As mentioned that the Four Foundations of Mindfulness is the middle way and it is the only way that could eliminate the root cause of a bad deeds that cause suffering which comprise of greed, anger, and delusion, etc (Jumlong, D. 2002: 2-3). The principle for training in establishing the Four Foundations of Mindfulness is the process to practice consciousness to be always with the present. The body, the feeling, the thought, and the principle of nature are the foundations of practice. The significant methods are walking, meditation, and perceive the emotional or stimulation that touch to eye, ear, nose, tong, body, and mind and perceived that things are not always permanence *(Anijjang)*, suffering *(dhukkha)* and not self *(Anatdha)*. This knowledge would result

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to understanding, which will bring them out of suffering or palliate suffering by themselves.

The nurses have the duties in caring for human beings by building relationship for transpersonal caring. Nurses will transfer their physical and mental power to the patients who are in the condition of without mental balance until they reach the point where they can touch each other's mind. That is, both the nurses and the patients can perceive in response to providing and receiving of care provided, resulting in self-knowledge, self-reverence and self-healing of the patients, so that they could be cured and returned to their healthy state again. That is, there is the balance in body, mind, and spirit. Nurses themselves are delighted at the importance in themselves and their profession, the care, hence, occurs at this point. Nurses shall be successful up to this point by the use of all the factors in caring, starting from possessing the altruistic value and goodwill towards mankind. They must have knowledge and skills in their profession and understanding the principles of Buddhism. Thus, the patients could build confidence in the nurses and cultivate mindfulness, which could truly relieve suffering. This will eventually lift up their hope to want to continue to live. As they interact with the patients, nurses are sensitive both their own and the patients feelings. They build good relationships so as to cultivate rapport between them and the patients and accept the expressions of the patients both negatively and positively. In the process of caring, if there are any problems or obstacles, nurses could use constructive process of problem solving. Both nurses and patients learn and exchange experiences. At the same time, nurses must give support and adjust the environment both within and around the patients so that it lends itself to the patients to live their life and to provide for their needs. Finally, nurses must support and encourage the cultivation of spiritual forces in the existence of the patients.

2. **Methodological framework:** The researcher uses action research method's Kemmis & McTaggart (1988) and Streubert & Carpenter (1999). They advocated that the practice that can be called action research needs to have four foundational characteristics: (1) a search for solutions in practical problems; (2) collaboration between researchers and practitioners; (3) the implementation of changes in practice; and (4) the development of local theory. The researcher brought in the

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action research method to use as a guideline for training in establishing the Four Foundations of Mindfulness in combination with Watson's caring to relief the sufferings of HIV-infected persons. This is because there are clear steps in the cycle of action research: planning, action, observation, reflection and the re-planning.

1. Planning: divided into two steps as:

1.1 Reconnaissance is the step that the researcher and the participants together carry out survey and situation analysis in order to make clear to the point of study. The researcher studies the being of the HIV-infected patients who suffers and the way to relief the suffering.

1.2 Action plan is the step to raise awareness to all of the related part about the problems and need to make change, sharing the norm to work as a team, set role of each related part. The researcher and the participants together searching the way to relief suffering to the information given by selecting the way that they could apply in daily life, feel free, and increase self-esteem. Therefore, it should set the objectives to solve the problems and set the model to train the Four Foundations of Mindfulness in combination with the Watson's caring as the information gathered from the survey.

2. Action

The researcher apply the plan model of training in establishing the Four Foundations of Mindfulness in combination with Watson's caring to implement by organizing the training. After the training, the subjects should have an opportunity to apply the principle of the Four Foundation of Mindfulness to practice in daily life in order to learn and share experience with friends and members for a period of one month. The researcher do follow-up in order to give caring.

3. Observation

The researcher observed the process of change from unhealthy factors of the mind to healthy ones from the expression of ideas during the interviews, observation of manners, and performance of the consistency of practice in establishing the Four Foundations of Mindfulness during the training, by observing lecture's attention, asking questions, walking meditation, sitting meditation , and watching for any opportunistic diseases.

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4. Reflection

Reflection is an explanation of the situation which reflects the feelings of the researcher, the participants, and the HIV-infected patients. It is also an explanation of factors supporting and obstructing the training in establishing the Four Foundations of Mindfulness, techniques in caring and techniques in training in establishing the Four Foundations of Mindfulness. This is to induce self-knowledge, self-reverence, and self-healing process in the HIV-infected patients.

After reflection the practice of each training cycle and follow-up, the researcher will improve the next training based on the problems they found and perform follow-up in order to enhance ability of the subjects to develop their potential, learning, and modify self-healing by appropriate and sustainable methods. The indicator to evaluate the self-healing of the subjects is the decrease of the sufferings in physical, mental, and spiritual aspects.

Re-planning involves the solving of problems so that the HIV-infected persons can build their own potential, learn and adjust the way to healing themselves to make it suitable and sustainable. The indicators that can be used in the evaluation of the self-healing process are sufferings in their body, mind and spirit.

Both parts of the framework must be used concurrently, using the methodological framework as the main with the theoretical framework, concentrating on the process in changing unhealthy mental factors to healthy ones, resulting in self-healing. The researcher believes that both parts of the framework can help develop self-healing in HIV-infected patients to relief sufferings. In terms of **physical sufferings**, there should be fewer cases of physical complications, and weight gain should occur. In terms of **mental sufferings**, there are increasing numbers of healthy factors and decreasing numbers of unhealthy factors. **Spiritual sufferings** will increase in all three aspects: (1) *Ability in searching for meanings and purposes in life* that HIV-infected patients can accept uncertainties of the future, have hopes, and aims to live their life meaningfully with the diseases; (2) *Inner strengths* that HIV-infected patients can make use of their potential to benefit themselves and others so they feel stronger; (3) *Interconnections* that HIV-infected patients can interact with self

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(self-reflection), friends, family, and community. At the end of the study, the model model of relief the sufferings in HIV-infected patients by training in establishing the Four Foundations of Mindfulness in combination with Watson's caring will be obtained. The summary of the framework of the research is shown in Diagram 1.

Definitions of variables

1. HIV-infected persons refers to the persons who are informed that their blood test positive with HIV. They can be in both stages of asymptomatic and AIDS-related complex or ARC states.

2. Sufferings mean the conditions that are hard to bare or the impossibility to maintain to previous condition. They are divided into 3 types:

2.1 Physical sufferings means physical discomfort because the body organs and the body system of the subjects are damaged from disease pathology. It causes various abnormal feelings that can be divided to the period of disease as:(1) infection period without signs that mostly found as weakness, rashes, fever, and sore throat; (2) infection period with signs related to AIDS that mostly found as fever, cough, skin disease, body weight decrease, lymph node enlargement, and oral fungus.

2.2 Mental sufferings means the negative reaction of mind when perceived of own HIV-infection. It is the difficulties to deal with this status and to face with problems such as scared, astonished, unbelievable, confused, dismayed, panic, angry, sad, denial, and indecisive.

2.3 Spiritual sufferings refer to the feelings of deep down inside the subjects who cannot live their life normally. These include failure in all three aspects: (1) *Ability in searching for meanings and purposes in life* that HIV-infected patients cannot accept uncertainties of the future and hopeless; (2) *Inner strengths* that HIV-infected patients cannot make use of their potential to benefit themselves and others so they feel weak; and (3) *Interconnections* that HIV-infected patients cannot interact with self (self-reflection), friends, family, and community.

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3. Training in establishing the Four Foundations of Mindfulness refers to the process in training the mind to be at the present time by using body, feelings, thoughts, and the principle of nature as the basis for training that consists of:

3.1 Mindfulness regarding body. This is the mindfulness on the inner self to see things, as they are, to see movements, respiration, and changes in the body at one moment.

3.2 Mindfulness regarding feelings. This is the mindfulness on the feelings: happiness, sufferings or indifference.

3.3 Mindfulness regarding thoughts. This is the mindfulness on different thoughts that occur in each person's mind.

3.4 Mindfulness regarding ideas. This is the mindfulness on the true state of existence, the seeing of birth and extinction of concrete and abstract entities.

4. Watson's caring refers to the process in which nurses offer themselves to help HIV-infected persons who are suffering by establishing relationship and interacting until they can reach each other's feeling and touch each other's mind; as a result there is a integrate of natural conditions of the person balancing the body, mind and spirit. This eventually results in the patients' self-knowledge, self-reverence and self-healing, and the delightfulness of the nurses in the value in themselves and their profession.

5. Self-healing refers to HIV-infected persons who received the training in establishing the Four Foundations of Mindfulness in combination with Watson's caring and bring to use in daily life until relief sufferings. In terms of **physical sufferings**, there should be fewer cases of physical complications, and weight gain should occur. In terms of **mental sufferings**, there are increasing numbers of healthy factors and decreasing numbers of unhealthy factors. **Spiritual sufferings** will increase in all three aspects: (1) *Ability in searching for meanings and purposes in life* that HIV-infected patients can accept uncertainties of the future, have hopes, and aims to live their life meaningfully with the diseases; (2) *Inner strengths* that HIV-infected patients can make use of their potential to benefit themselves and others so they feel

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stronger; (3) *Interconnections* that HIV-infected patients can interact with self (self-reflection), friends, family, and community.

6. A palliated suffering model for HIV-infected patients refers to the process of concurrent the training in establishing the Four Foundations of Mindfulness in combination with Watson's caring to palliate suffering for HIV-infected patients.

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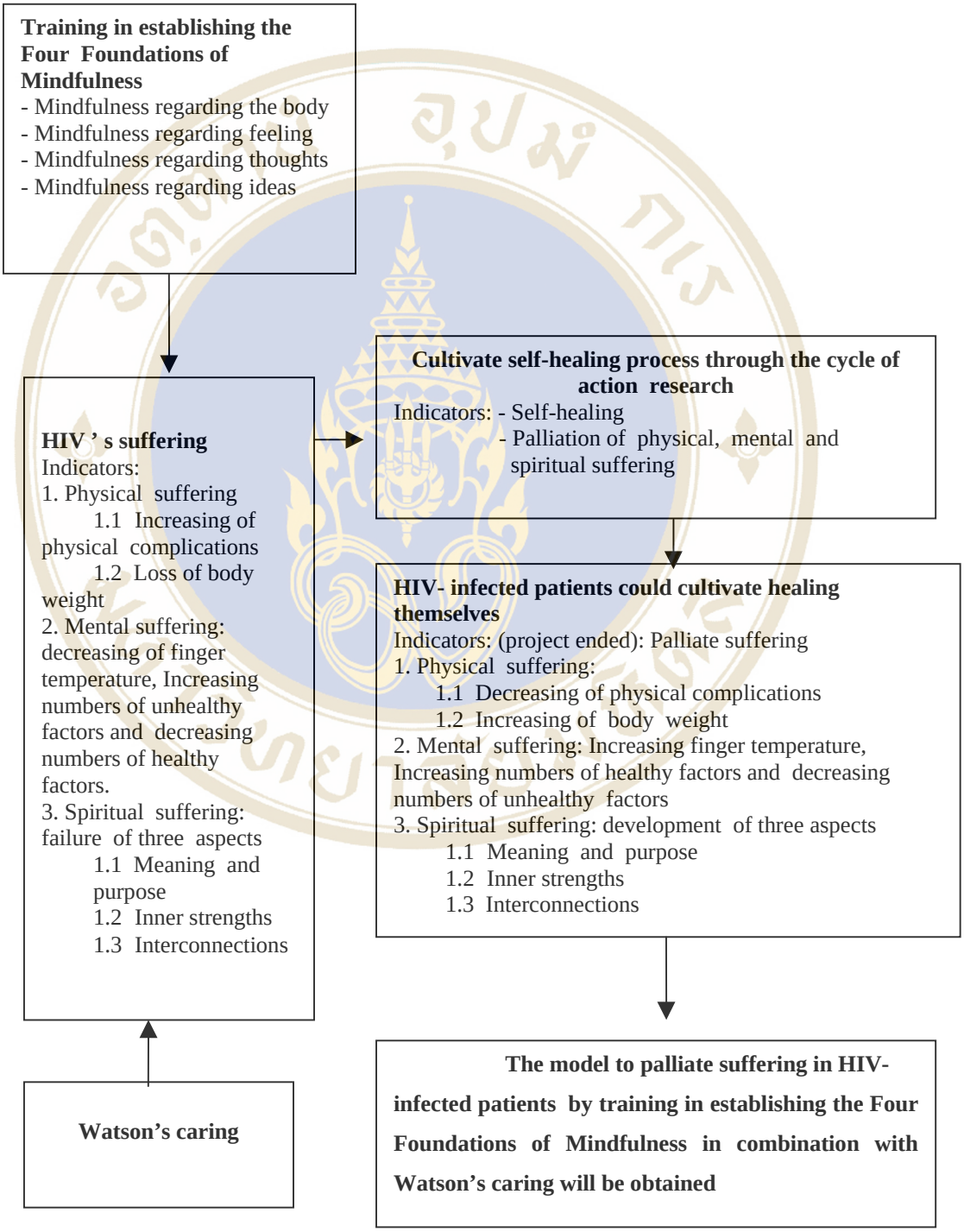
Figure 1: The develop model to palliate suffering for HIV-infected patients by training in establishing the Four Foundations of Mindfulness in combination with Watson's caring



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CHAPTER II
LITERATURE REVIEW

This research, investigated a model of relieving the suffering of HIV-infected patients through training by establishing the Four Foundations of Mindfulness, given in concurrent with Watson's caring. Related literature and research were reviewed and presented as follows:

1. Suffering
   - 1.1 Concepts of suffering
   - 1.2 Suffering in Buddhism
   - 1.3 The sufferings of HIV-infected and AIDS patients
   - 1.4 Evaluation of suffering
2. Psychoneuroimmunology in HIV-infected and AIDS patients
3. Relieve of the suffering
   - 3.1 Relieve suffering through training by establishing the Four Foundations of Mindfulness.
   - 3.2 Relieve suffering by Watson's caring
4. Evaluation of the relieve suffering
   - 4.1 The evaluation of healing process by measured relieve physical suffering
   - 4.2 The evaluation of healing process by measured relieve mental suffering
5. Action research
6. Establishing trustworthiness

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1. Suffering

1.1 Concepts of suffering

From the analysis of the concept of suffering, it could be summarized that the features of suffering were individualized, subjective and complex.

The writers said that the feature of individualized suffering was the distinct experience of individual that depended on individual perception or interpretation. Moreover, suffering is difficult to measures or evaluate. It could be observed from the body responses such as grimacing, wry face (Engelbrecht, 1989 cited in Rodgers & Cowles, 1996: 1048-1053).

Kahn & Steeves (1986: 623-631) said that the suffering was the individual experienced perceive themselves received threatening about themselves, existing, or being that caused to personal identity damage. Some people might experience pain while some people might not. It depended on meaning and perception in relation to the suffering or depended on the amounts, levels, or types of pains. This concept was similar to Cassell's concepts (1982: 639-645) in that the individual life threatening was the cause of suffering. The personal identity changing could make individual feels susceptible and not only from real situation but also on their imagination. Thus, the pain might cause suffering if the person imagined that the pain would be much more or kept continue. Beecher (1957 cited in Kahn & Steeves, 1986: 623-631) gave meaning of suffering as the second component of the pain experienced in which, the first component was the feeling about themselves and the second component was the responsiveness of individual to that feeling.

The individual and subjective nature of suffering contributed to the overall complex. Since suffering could not be readily observed or measured, it had a unique mystery and abstractness, which made it seemed particularly complex. This complexity was compounded by the observation on suffering of physical, cognitive, affective, social, and spiritual components (Rodgers & Cowles, 1996: 1048-1053). Moreover, Zborowski (1969 cited in Kahn & Steeves, 1986: 623-631) said that the response to pain, the cause of suffering was different on each cultural value.

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Antecedents

With regard to the antecedents of suffering, the concept typically was used in situations where there was a sense of profound loss or a threat of loss, especially where the loss or threat concerned the self or personal identity (Cassell, 1982: 639-645; Kahn & Steeves, 1986: 623-631). Most commonly, suffering was discussed as being preceded by physical illness, disability, and disfigurement (Bradbury & Catanqer, 1989 cited in Kahn & Steeves, 1986: 623-631). Pain was discussed frequently as a common precursor of suffering (Copp, 1990b: 35-39). Occasionally, certain social problems were acknowledged as preceding suffering: such problems included the loss of employment, homelessness, poverty and displacement or disassociation from society in general (Cassell, 1982: 639-645).

In focusing specifically on the antecedents of suffering, it was particularly enlightening to note the limited discussion concerning characteristics of the person that must exist for suffering to occur. Because meaning and individual perception are such important of suffering, some authors discussed that a person needs certain related capacities to experience suffering (Steeves & Kahn, 1987: 114-116).

Consequences

The outcomes or consequences of suffering are equally interesting, as they include a change in values and an altered sense of reality. Most often, the consequences are discussed as negative in nature. Coping mechanisms and resources are taxed beyond their effectiveness, and there may be withdrawal, dysfunction, and radically decreased quality of life for the suffering person (Bradbury & Catanzora, 1989 cited in Rodgers & Cowles, 1997: 1044-1053). In spite of the negative interpretation attached to the threat and the consequences of suffering, there may be positive outcomes as well. Personal growth, strength, increased religious conviction, altered values and visions, and the nurturing received from others all were described as potential positive outcomes (Cassell, 1982: 639-645).

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Surrogate terms and related concepts

One of the most significant observations about the concept of suffering in this regard is the interchangeably use of the surrogate term of 'pain' as a means to express ideas about suffering. As noted previously, a person seeking literature on suffering will be referred to the major heading of 'pain' in main indexes. However, it is clear from the definition of suffering emerged through this study that pain and suffering are not the same, although there is likely to have relationship between the two (Rodgers & Cowles, 1997: 1048-1053).

Suffering is the state of anguish of one who bear pain, injury, or loss (Copp, 1990: 35). Related concepts of separation, shame, and stigma are briefly described as partial cases of alienation of the sufferer that also show the pervasiveness of the phenomenon (Younger, 1995: 53-72). In addition, many synonyms illustrate the affective nature of suffering: discomfort, anguish, distress, torment, pain, heartache, misery, anxiety, and affliction (Morse, 2001: 47-59).

1.2 Suffering in Buddhism

Suffering in Buddhism means an abnormal condition, one that is out of the ordinary, undesirable, and unable to offer real peace and happiness (Varadhammo, V. 1995: 52) The word "suffering" is very important in Buddhism. The broad meaning in the Buddhist Doctrine has divided suffering *(Dukka*) into 3 categories and described as follows: (Payutto, P. A. 2001:89-90).

1.2.1 *Dukkhata*: the state of being subject to suffering, painfulness, stress, and conflict. It is the common understanding of physical / mental suffering, or calls *Dukkhavedana* (painful feeling). The common suffering is occurring when contact with unpleasant object or the state of distress (Payutto, P. A. 2001:90). Varadhammo, V. (1995: 52-53), stated that the physical suffering arises when one of the six sense organs has contacted with an undesirable object. For example, the eye has contacted with an unpleasant form; the ear has contacted with a unpleasant sound; the nose has contacted with an offensive or foul odor; the tongue has contacted with an nauseating taste; the body has contacted with a sharp or rough object; the mind has contacted with an unpleasant thought or memory. This type of contact creates suffering of the eye, ear, nose, tongue, body and mind, which is physical suffering.

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When contact occurs within the six sense organs, three types of feeling arise: a pleasant feeling, an unpleasant feeling, or an indifferent feeling. Pleasant and unpleasant feelings are also physical suffering.

1.2.2 *Viparinama Dukkhata:* suffering result of variation or the happiness change. The happiness transforms to suffering because of the change process by itself.

1.2.3 *Sankhara Dukkhata*: suffering result of conflict, oppression, unrest, imperfection; unsatisfactoriness; on state of being liable to suffering. It is the most important of suffering (Payutto, P. A. 2001:90). However, Varadhammo, V. (1995: 53) stated that spiritual suffering arises from within the deep mind. Unlike physical suffering which may arise in six ways or doors of senses, there is only one door from which spiritual suffering can arise. For example, hunger is physical suffering. When the feeling of hunger arises, anger also arises. However, hunger is physical suffering but anger is spiritual suffering.

From the literature review, it found that physical suffering originates from 'contact' with the six sense organs. Spiritual suffering occurs from 'desire' and 'attachment' at the moment of contact and feeling in accordance with the Law of Dependent Origination *(Paticca- Samuppada).*

Paticca-Samuppada is the "Heart" of Buddhism, expressing the way suffering arises or does not arise. The Law of Dependent Origination reveals the Law of Nature leading to suffering and the Law of Nature for maintaining the mind in the state of no-suffering. Every cause and supporting factor in this aspect of the Law is the process of action and reaction, or cause and effect; "Depending on This, arises This". It is not concerned with an individual person. Therefore, no meaning is given to the concept of "I" (Varadhammo, V. 1995: 58).

The law of Dependent Origination which leads to the arising of suffering in the short form. Persons will begin by using the eye senses' organ first. The cycle of Dependent Origination in this case will proceed as follows: Contingent upon the convergence and interaction of the three factors, eye, form, and eye consciousness, then *contact* occur. Upon contacting, *feeling* arises. Upon feeling, *desire* arises. Upon desiring, *attachment* arises. Upon attachment, *being* arises. Upon being, *birth* arises. Upon birth, *old-age* and *death* arise. This cycle of birth causes suffering to arise.

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Suffering may take the form of pain, grief, sorrow, depression, lamentation, tribulation, and so on. Thus, great suffering has arisen. However, in the law of Dependent Origination leading to no-suffering in long form, *wisdom* contact will play the leading role. Everyday will start with *wisdom.* Thus, suffering does not arise in accordance with the above process (Varadhammo, V., Phra, 1995: 59-63).

1.3 The sufferings of HIV-infected and AIDS patients

Since HIV/AIDS-infected patients have all kinds of symptoms ranging from minor illness to fatal ones such as cancer and serious opportunistic diseases that can end lives in a very short period of time. The patients may suffer from physical, mental and / or spiritual problems.

1.3.1 Physical suffering

Physical suffering is the condition in which organs and systems in the body of the patients are affected by the pathological conditions of the diseases, causing various abnormalities which can be divided into three groups according to the phases of infection as follows (Kiat, R. 1998).

1.3.1.1 Infection without symptoms: In general, the period of time from the contraction of HIV to the time of showing acute symptoms is about 62 weeks. Most of the symptoms are like those of a cold, fever resulting from sore throat, or other infections. Most of the symptoms could disappear by themselves but fatigue will linger for many months. Lymph glands swell, red rashes that are not itchy and mouth sores may also appear.

1.3.1.2 AIDS-related complex (ARC) or symptomatic HIV patient: Immunity will gradually be destroyed. Generally, CD4+ T cells count will be down until lower than 500 cells per micro liter. Patients start showing symptoms such as fungus in oral cavity, herpes, abnormalities of the central nervous system, diarrhea, fever, cough, and skin diseases lasting more than one month, weight loss of more than 10% of the body weight, lymph glands grow larger than 1 cm. in at least 2 places.

1.3.1.3 AIDS: This phase is taken as the period of severe immune deficiency. It is possible to have opportunistic diseases and more cancer of some types. Symptoms often found were: (Kiat, R. 1998)

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1) Fever as a result of low immunity: Frequently found opportunistic diseases are lung tuberculosis, lung infection from protozoa, meningitis caused by fungus and AIDS itself with recurring fever for more than one month.

2) Disordered stomach or diarrhea is found in patients with very low immunity. The excretions are made three times a day and continue for more than one week. Patients usually lose appetite, lose weight, and become thin.

3) Cough: This is caused by pneumonia induced by opportunistic protozoa. Dry cough, probably with pus of blood will appear but patients are not exhausted. High fever usually occurs in the afternoon.

4) Skin symptoms: Resulting from allergy to drugs, chemicals, insect bites, and cancer of blood vessels from the spread of parasitic microorganisms in the body, for example, herpes and herpes zoster.

5) Problems of oral cavity and throat: Low immune lets fungi in the oral cavity grow with the result of white covering on the palate, tongue, and the inside of the cheek which can be scraped off, making it painful every time spicy food is taken. The fungi may spread into the throat, making it difficult to swallow, causing problems in eating.

6) Loss of appetite: This results from opportunistic diseases, AIDS virus, cancer and also from mental causes. It leads to the loss of appetite, loss of weight with rapid decrease in weight.

7) Nausea and vomiting: This results from the use of drugs, for example, anti AIDS virus drugs, drugs to prevent infection from opportunistic microorganism or brain disease such as meningitis or mental condition.

8) Weakness resulting from opportunistic infection, for example, infected lungs, tuberculosis, and fungus-infected brain from AIDS. Patients are weak, have no strength, lose weight, and have chronic diarrhea.

9) Symptoms involving nervous system resulting from opportunistic infection, for example, meningitis caused by AIDS virus, brain deterioration because of the drugs used and also mental conditions and other symptoms often found in AIDS patients, which need clinical treatment from doctors.

Since AIDS is an incurable infectious chronic disease with symptoms not predictable occurring, patients need to adjust themselves to accept different

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conditions they may be in. It may take a week, a month, or many months in different patients. Some conditions may disappear and recur according to various factors and conditions. These are physical illnesses which certainly have an effect on the mind.

1.3.2 Mental suffering

Mental suffering is the reaction to being infected by HIV. When realizing that they had contacted HIV, most patients felt it was hard to bear. It was difficult to confront all the problems, and hence, an emotionally critical period resulted. Patients in Thailand and abroad showed similar reactions. Most of them were frightened, dazed, worried, angry, confused, stupefied, and stunned. They lost their heart, disbelieved, could not come to term with it, could not decide and didn't know what to do. They were afraid that people around them would know about that condition. They were depressed and highly stressed, and tried to hide the conditions of being HIV infected in many different ways (Thaweethong, H., et al., 1995: 23,37,43; Bumpenchit, S. 1997; Allen, 1990).

The fear of death is heightened by exacerbation of the illness, negative reactions to the treatments, and the perception of increasing losses in the ability to function. For instance, an actor with severe weight loss and Kaposi's lesions on his face was fearful of losing future auditions for television commercials. His fear was not just the immediate loss of financial security, but also for the ultimate loss of his self-image (Carson, et al., 1990: 29).

1.3.3 Spiritual suffering

The HIV-infection is a transmitted disease, thus patients were separated from their families and also from the others patients when they get treatment at the hospital; isolated from the society and community that could cause low self-esteem (Peri, 1995: 68-76). At the same time, some of them experienced drug addiction or inappropriate sexual behavior, as the society disagreed, unacceptable, disrespect, condemnation, and also shall be separated from the public (Carson, et al., 1990: 28-34). This causes the HIV-infected patients to feel guilty and hate themselves while feeling frighten, anxiety, annoyed, and depressed (Harrison, 1997: 9-16). Some of them might feel that they were punished from the god because of their sins (Peri, 1995: 68-76).

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The gay participants mentioned about multiple disrespect from their families, friends in school, and religious organization both before and after contacting HIV-infection (Hall, 1998: 143-153) as some of them might feel like a stranger when they were avoided to participate church activities which cause them to be stupefied from their religion and society (Carson, et al., 1990: 28-34).

For most of us, a sense of self-worthiness and identity is acquired through our profession and personal relationships. Diseases such as AIDS results in a loss of identity, self-worth, acceptance, and often the meaning in life, which causes disharmony of the body, mind and spirit (Falskerud, 1992). The agonizing on the spiritual part is the obstacle of searching for the meaning and goal in life. Individual who feels their life have no goal is mostly to die faster than the one who has goal in life (Millison, 1988: 37-44).

Responses to the query, “What is it like to live with AIDS?” and the answer found that, it was the entire suffering of all physical, mental, and spiritual as they were associated and could not absolutely be separated. Some described their lives as tumultuous “like a roller coaster,” “a daily smack in the face,” “shattered,” and “aggressive.” Others stated that they saw AIDS as a “second career.” Nevertheless, some respondents stated that they perceived AIDS as a “challenge,” a way to “reorder priorities,” to “take better care of self,” and to cherish themselves more than in the past.

Methods that will help them find their inner strengths, determine their life’ s purpose and meaning for themselves, and enhance their experience of connectedness of self, others, and God are needed to help them survive these experiences with dignity (Belcher, Deltmore, & Holzermer,1989: 12).

1.4 Evaluation of suffering

Particularly significance was the use of the phase ‘ suffering from’ as equivalent to ‘diagnosed with’. This used was most common with (although not limited to) physician authors, and was consistent with what could be called the atomistic approach of medicine. This use of the concept of suffering draws attention away from the suffering itself and toward the underlying pathology that is the presumed cause. Consequently, it turns suffering into something that is at least

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indirectly observable, measurable, and treatable. Similarly, it may lead to overlooking suffering when there is no observable or measurable cause, and no immediately apparent form of treatment to relieve it. More significant, perhaps, is that such a use of the concept of suffering ignores the abstract, spiritual, and holistic nature of suffering as identified through this analysis (Rodgers & Kathleen, 1977: 1052; Kahn & Steeves, 1986: 623-631). However, such inquiry needs to extend beyond merely asking an individual if he or she is suffering and probing the general experience of suffering (Battenfield, 1984: 36-41).

A search of the literature revealed a neither comprehensive or final definition of suffering and its fractional subcomponents nor a tool for evaluating responses to suffering. This is perhaps because conceptual notions including suffering are never inert and easily defy structure. Writers, or confine the concept of suffering by the author or cessation of weight, challenge, or confine the concept of suffering by linguistic parameters. When dissected, its structure and function divulge little of its whole-to-part meaning and, once segmented, collated, and filed into categories, it tends to move from dynamic to static and fit only the convenience of the investigator, rather than the sufferer. Kubler-Ross (1969 cited in Battenfild, 1984: 36-41), in her classic treatise on suffering through death and dying, developed a structure with five stages: denial, anger, bargaining, depression, and acceptance. Baker and Keller (1978 cited in Battenfild, 1984: 36-41) described the dynamics of suffering as the experience of loss that they elaborated on the Kubler-Ross model and identified three stages of recovery: shock and denial, anger and depression, and understanding and acceptance. They, then, proposed the idea that human beings recover from loss through the tasks of survival, healing, and growth. Switzer (1973 cited in Battenfild, 1984: 36-41) revealed the initial impact, intensity, and immobilization of suffering and the action that could spring from hope. He believed that the resources of the sufferer “ might simply be called stability, strength, and resiliency of personality, the capacity to undergo stress, to cope with crisis.”

Battenfild (1984: 36-41) created the model to evaluate the suffering called “the response to suffering that can be examined. It was qualitative information and comprised of 3 steps, which were:

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1) Initial impact: individual who shall have various behaviors Such as immobility, shock, dulled senses, hurt, agony, disbelief, denial, evasion

2) Turmoil without resolution: fear, anger, striking-out, revolt, expression, shame, guilt, hopelessness, helplessness, despair, feeling of abandonment, separation

3) Recovery: comprises of 3 Steps, which were: (3.1) Coping: changing attitude, altering course, finding courage through others; (3.2) Accepting/ Understanding: non-resistive acknowledgement, facing limitations, resignation, stoicism; (3.3) Finding meaning: expanding self-awareness, growth, developing unity of existence with nature, developing and strengthening interpersonal relationships, reappraising and strengthening values, developing creative activities, and finding joy in suffering.

This was related to Frankl's study (1963 cited in Bettenfield, 1984: 36-41) that mentioned that the highest level of suffering is "the search of the goal in life." Hageman (1973 cited in Bettenfield, 1984: 36-41) believed that the joy is the uppermost goal of suffering.

Aspects of suffering found in research written above are still not complete but can be a guide to observe the responses to suffering. There are two ways to apply the above information as follow:

1) Using Turmoil-contentment scale: however, if doubtful about not found or not be part to begin searching for the meaning of suffering. From this premise the helper can guide a sufferer toward expanding self-awareness, developing unity with nature, strengthening interpersonal relationships, reappraising or strengthening values, developing creative activities, or finding joy. In so doing the helper will assist the sufferer in diminishing his anguish.

2) The helper can use the conceptual schema as an objective assessment guide to identify specific attitudes of the sufferer, leading him to move upward on the scale from wherever he may be through the steps of coping, accepting/ understanding, and ultimately to the apex of the process and, finding meaning.

Nurses, long accepted as comforters in time of human need, have developed and refined multiple skills, arts, and knowledge to enable them to alleviate

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physical suffering, mental suffering, and spiritual suffering. Perhaps the suffering schema, as a small addendum to their bag of tools and rules, could lend an enriched awareness to the concept of suffering and expand the nurse' s ability to aid fellow human beings to climb from a depth of turmoil to the height of a mind at peace.

2. Psychoneuroimmunology in HIV-infected and AIDS patients

2.1 The concept of psychoneuroimmunology (PNI)

The concept of psychoneuroimmunology (PNI) was first introduced in 1964 by Solomon who defined PNI as the interaction among mind, immune, and neurological systems that were susceptible to diseases or its progression. At that time the concept was not well received. However, in 1989, Lovejoy & Sission (1989: 1-2) introduced a phenomenon involving the interaction between the immune and neurological systems which communicated with each other by secreting chemicals such as neuroendocrine, neurotransmitters, and immunotransmitters. The amount of these chemicals was increased by cell receptors and sent to the body via neurological system. This might affect the immune system, and possibly make the person susceptible to diseases or its progression. The study about psychoneuroimmunology eventually has become more essential in clinical cure, for example, the study about connection and communication at the cell level, because there are increasing number of patients who cannot be cured by modern medicine such as AIDS patients.

The concept of PNI and holistic nursing seem congenial both theoretically and clinically. PNI provides the supportive empirical evidence to systems theories, which have played a major role in the nursing attempt to comprehend the interaction between the mind and the body. PNI highlights the psychosocial factors that may either inhibit or enhance the immune functions, which would help nurse perform their caring endeavors with a sharper focus. Research findings in PNI would provide the long awaited scientific foundation to holistic nursing (Nguyen, 1991: 1-9).

2.2 Mechanisms of neuroendocrine immune system interactions

PNI investigators have identified numerous mechnisms through which the CNS and immune system interact, including direct anatomical linkages and soluble neuroendocrine derived products. In response to psychobiologocal stimuli such as pain

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or stress, a number of these mechanisms may be activated, neurological fibres (especially sympathetic fibres of the automatic nervous system) have been show to directly innervate immune system tissues. These anatomical linkings may influence immunological integrity, functioning via specific receptors for neurotransmitters (e.g.catecholamines, opioid peptides and dopamine) on the surface of immune cells. Activation of the sympathetic adrenomedullary system results in the release of soluble products such as catecholamines and encephalines, both of which are known to have complex immunomodulatory effects. Stimulation of the hypothalamic-pituitary-adrenocortical system leads to the elaboration of corticotropin (ACTH), endophins and glucocorticoids. Some of these hormones have been reported to have immnopotentiating effects, whereas others are primarily immunosuppressive. Immune-derived products, with structural and biological properties identical to neuroendocrine hormones, may also be elaborated in response to certain psychological stimuli. Factors such as interleukin-1 (IL-1). ACTH, and beta-endorphin (among others) have the potential to influence the behavior of the neuroendocrine systems (Zeller, et al., 1996: 657-664).

2.3 HIV-infected and AIDS have the effects of subsystems's psycho-neuroimmunology:

2.3.1 AIDS: Immunoneurological system

AIDS is the disease in which the immune cells are infected by the human immunodeficiency virus (HIV) making the production of CD4 receptors and the immunity deficient. Immune cells consist of T helper cells and macrophages. When infected, the cells produce an abnormal number of immunotransmitters, which are slow in responding to the activation of antigen. This is slow for antigen activation especially humoral immunity, which reacts 5-21 days slower than usual when activated by the first antigen. Hence, the infected persons are susceptible to opportunistic infection and cancer. This cancer includes primary CNS lymphoma which is related to the overactive B-cell. In addition, since the blood system and the immunity reaction are interfered, AIDS patients are susceptible to infectious diseases such as herpes and there may be tumors appearing as bumps on the skin. Besides,

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immune cells abnormally secrete neurotransmitters which may cause Kaposi sarcoma, high temperature, affect intelligence and decreased the level of brain activity. (Redcliff & Burke, 1988 cited in Lovejoy & Sission, 1989: 5-6)

2.3.2 AIDS: The neurohormonal immune system

Nurons consist of nerve cell body and the surroundings of nucleus called perikaryon. The extension from perikaryon is divided into 3 parts according to their functions. They are 1) receptor portion or dendritic zone which functions to receive signals from other cells; 2) conductive portion, axon, which sends out signals; 3) effecter portion which communicates with other nerve cells or muscles or glands and immune system. This is the nerve terminal that secretes chemicals called neurotransmitters into the serum. The crucial communication of serum is to get into adrenal glands, such as hypothalamic- pituitary- adrenal axis. This hormonal milieu has an important role in adjusting hormone level and the functions of the central nervous system. Besides, it was found that the automatic nerve fibers might control the behavior of the immune cells, especially the control of the entering of T Cells to activate B Cells and the exit of lymphocyte. Since nerve fibers have two sides, immunotransmitters secreted from the immune cells inside lymphoid glands could transport chemicals directly to the central nerve system (Carlson, 1987: 64-69).

HIV infection is the infection in the areas of glial cells, microglial cells and neurons of the nervous system, causing shorter life expectancy of the patients. This results from the loss in the coordination between functions and anatomy such as deteriorating brain and dead tissue especially in the central nervous system, lateral and posterior column of the spinal cord. In clinical terms, the changes in anatomy affect on cognitive deterioration, with the symptoms of depression, hearing loss, yearning for suicide, and damage of dendrite and axon (Cornblath, 1987; Navia, 1986 cited in Lovejoy & Sission, 1989: 8-9).

2.4 Effects of psychoneuroimmunology on enhancement and depression of immune system

Concepts in PNI assert that mind affects body (for example,

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neurotransmitters and immunity are secreted by the activation of nerve cells and immune cells) and mind may affect the susceptibility to diseases under restricted condition. Factors promoting immunity are social support, positive thinking, and stress reduction (by, for example, relaxing and imagining). Factors causing immunity decrease are sleep disruption, being in the crowd, exposure to loud noise, and unemployment (Pelletier & Herzing, 1987: 27-56).

2.4.1 Effects of psychoneuroimmunology on enhancement of immune system

2.4.1.1 Meditation

Research related to complete Dhamma practice consisting of moral conduct, concentration and wisdom is rather rare. Most research findings are from other countries and relate to transcendental meditation (T. M.) which has effects either through the reticular activating system or through the hypothalamus. Both of these reduce the function of the sympathetic nervous system. The review of literature related to T.M. shows that in quasi-experimental research in normal people and patients with diseases such as diabetes, heart disease, and high blood pressure, T. M. leads to changes in systems such as nervous and brain-wave system, ultra-metabolism system, skin resistance and biochemical changes. The changes in these systems are resulted from the function of the hypothalamus and can be concluded as follows:

Because the hypothalamus coordinates the functions of the automatic nervous system and the sensory nervous system, it must be an important center of concentration (Wallace, 1970: 43-71; Ratree, S., 1996: 409; Kritaya, M., 1995: 1-2). The hypothalamus has a direct effect on the parasympathetic nervous and sympathetic systems which have direct and indirect effects on the heart rate, blood pressure and respiratory rate. The excretion of epinephrine is controlled by the sympathetic nervous system, decrease in lactase concentration, and may, therefore, be explained by various functions of the hypothalamus. Physical connection of the hypothalamus with thalamic nuclei to the central and frontal regions of the cortex can be used to explain the influence of the hypothalamus on the creation of alpha waves.

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Meditation has a direct effect on functions of the hypothalamus and when stimulated by meditation, the hypothalamus can affect the reticular activating system (RAS) which is the center controlling the body to be awake or to sleep. In addition to this, the RAS has influenced on the following: (1) sensory stimulation through centrifugal action of synapses of all sensory nervous systems; (2) the respiratory center, and 3) the function of muscles through alpha and gamma motor neuron systems (Wallace, 1970: 1751-1754; Wallace & Benson, 1971: 795-799).

Insight or mindfulness meditation is based on a tradition called *Vipassana*, which means to see clearly. Unlike other kinds of meditation through which an individual may seek to empty his or her mind or even to achieve some state of bliss or ecstasy, the person who practices insight meditation seeks to be fully present and aware in the moment.

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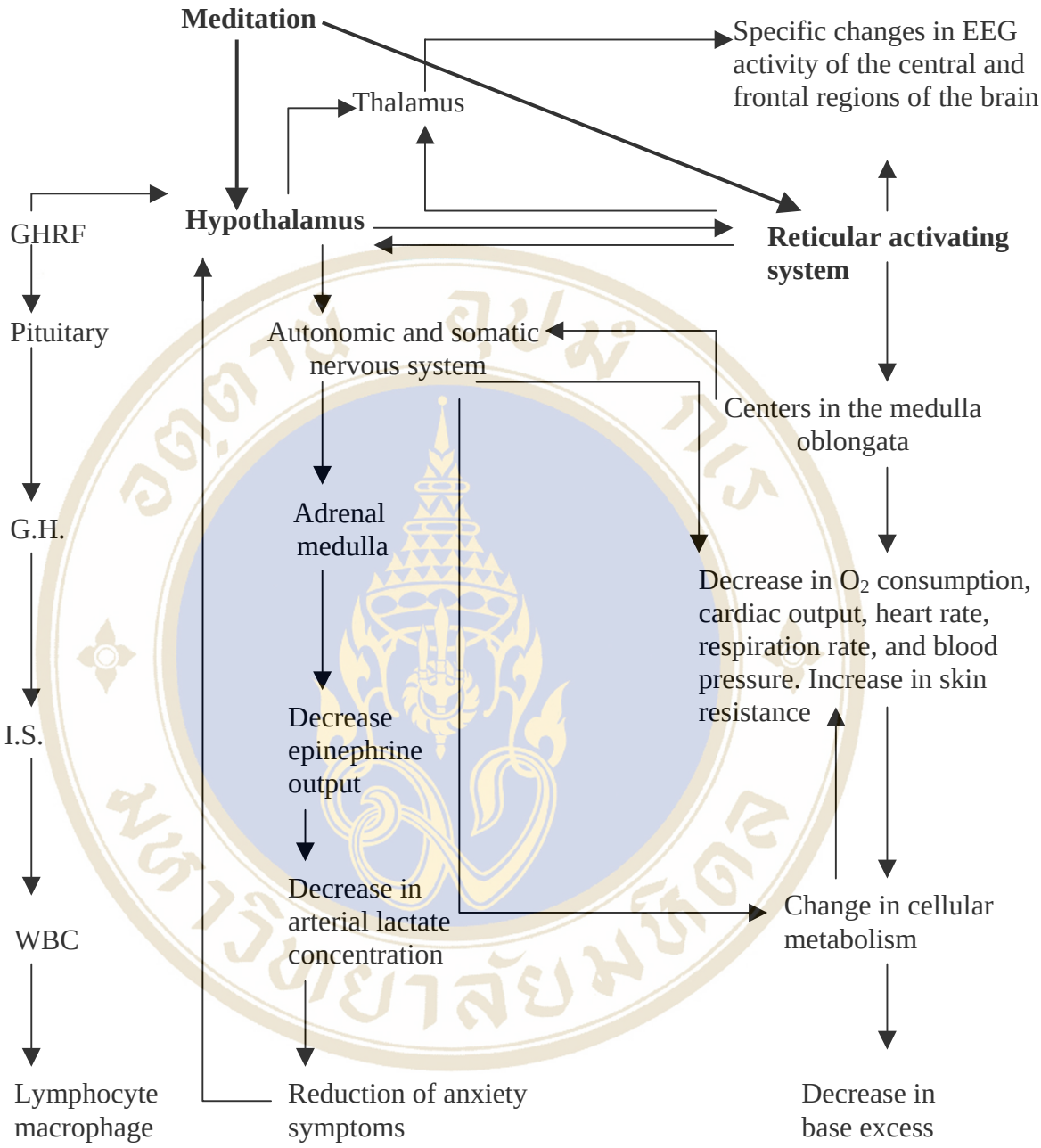

Figure 2: The change of Psychoneuroimmunology result of meditation

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This principle may sound simple, but growth in the practice takes lifetime. With all of the exercises of mindfulness, such as walking meditation, the senses perceived when there were touched by stimulator; the five senses compose of sight, smell, touch, taste and hear. There are rich in insights, revealing awareness and with physiological changes. We can move out of the place of sympathetic hyper-arousal, lowering and stabilizing our baseline and allowing the sympathetic and parasympathetic nervous systems to function in a manner that facilitates the healing of all other systems with which they interact (Pettinati, 2001: 47-56).

2.4.1.2 Socialsupport : From the study of Solomon (Solomon, 1986 cited in Lovejoy & Sission, 1989: 8-9) which studied 21 volunteer AIDS patients or those having symptoms relating to AIDS who lived a long life (3-5 years) and found that social support bore good results on the illness such as the increase of T cells. Nokes and Kendrew (1990) examined the relationship between loneliness and the development of infections over a 6-month period in 31 men with acquired immune deficiency syndrome (AIDS). Although the hypothesized direct relationship between increased loneliness and more frequent infections was not supported by the study findings, factors related to social support and vitality were found to be associated with loneliness. Kiecolt-Glaser, et al., (1997: 523-536) found that chronic stress could impair immune functions. Family caregivers of Alzheimer's disease victims, compared to control subjects, had lower percentages of total T cells. However, caregivers felt substantially less lonely when they were involved in a support group and, as a result, had significantly higher percentages of natural killer (NK) cells than those not involved with a support group.

2.4.1.3 Positive cognitions: Kobasa found that hardiness (commitment, control, and challenge as they relate to stressful events) was the support for immunity in HIV seronegative infected persons. Male subjects after 2-8 weeks of being diagnosed as having AIDS-pneumocystic carinii pneumonia had higher Kobasa's control than the group who died (Kobasa, 1982). From the study of Nicholas and Webster (1993) found the relationship between hardiness, social support, and $CD4^+$ T-lymphocyte count.

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2.4.1.3 Cognitive strategies: A study on self-care behavior of 208 male patients with HIV seropositive found that the health of those who used cognitive strategies improved. These strategies include laughter therapy for better health, affirmation, avoidance of the sight of AIDS patients, watching comedy films, visualization, and imagination (Lovejoy & Moran, 1988).

2.4.2 Effects of psychosocial factors on depression of immune system

In general, stress can cause decrease immunity since the connection between the stress and the sickness resulted in increase of cortisol level, which suppress the immune function by decreasing the amount and function of leucocyte (T-lymphocyte and monocyte subsets) and natural killer (NK) cell activity (Rabin et al., 1989., Hillhouse, et al., 1991). Decreasing the function of cytokines in order to response and obstruct of cortisol by all the factors concerning the immunology (Munck & Guyre, 1991)

Stress is sometimes defined as psychological or internal behavioral responses to stress-inducing elements. Continual exposure to stress-inducing elements, especially of those who have lending genetic traits, causes these responses to turn into pathos. Occurrences of illness and death are caused by stress the most. This is the reason why HIV seropositive patients need to avoid contact with stress-inducing events (Palmblad, et al., 1976). Lovejoy and Moran (1988) found that self-care behavior of 208 male seropositive patients to maintain their health included stress-reduction techniques which consisted of relaxing exercise, singing, sleeping, regular exercise, avoidance from working and being in stressful places, and self-care and hypnosis.

Though the research involving relationship between PNI concepts and AIDS could not control factors that influenced the rate of progression of HIV-infection, the review showed that it’s possible for nurses to assess factors that influenced life experience both in terms of quality and quantity of AIDS patients. These included stress level, quality of social support, and emotional condition. Nurses must finally help their service recipients to understand on how to live with AIDS.

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3. Relieve the suffering

Relieved the suffering and perceived that the others are suffering are very important for nurses. Currently, it is very rare either in the nursing curriculum or texts in regards to relieving the suffering or how can nurses recognize that the others are suffering (Gunby, 1996: 63-73). Copp (1990: 35-39) had asked that "why our understanding with reference to suffering is inadequate?" Nurse may be lack of understanding relating to the individual feelings on suffering; therefore, they might not perceive the experiences of the sufferers.

Cassell (1991 cited in Gunby, 1996: 63-73) said that there were three types of information that must be understood of what were inside the suffering. These information were: (1) natural truth, we must not be confuse with scientific facts; (2) we must have knowledge on individual norm which compose of the compassion, problems concern, need, fear, and interest; and (3) knowledge on the esthetics. Cassell stated that holistic was multifaceted that we could not perceive only part but unify as a whole. Donley (1991: 178-183) agreed with Cassell's opinion as he perceived that the job of nurse was touch directly with the suffering human; however, nowadays, there was decreasing in kindness, which was a part of the nurse. Donley suggested that the concepts to relieve suffering was through responding the spiritual need that was an actual admittance to the suffering, thus nurses must reach the feeling and perform the activities with the sufferer.

In this study, the researcher selected the principle of religion, the Four Foundations of mindfulness and Watson's caring, as the approach to alleviate suffering of the HIV-infected patients. The researcher expected that this approach could alleviate suffering of all physical, mental, and spiritual of the HIV-infected patients.

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3.1 Relieve suffering through training by establishing the Four Foundations of Mindfulness

Searching the cause of suffering and method of practice in order to alleviate or get rid of suffering is the main concept of Buddha teaching, which is the middle way to practice though training on the Four Foundations of Mindfulness. This is the process that can remove the root of bad thought, the cause of suffering (Jamlong, D. 2002: 2-3).

3.1.1 Components of training in establishing the Four Foundations of Mindfulness *(Satipatthana)*

Satipatthana means the Foundations of Mindfulness. In our lives, there are only four foundations that needs to be controlled by mindfulness: 1) body and behavior, 2) feelings of happiness and unhappiness, 3) varying conditions of the mind, and 4) critical thinking. If life is led with the guidance of mindfulness on these 4 foundations, it will be safe and free from sufferings. This becomes mode of progress to the Four Noble Truths (Gorcom, N. V., trans., 1995: 163-164). Besides this, the foundation of mindfulness is the tool to correct wrong understanding (vipalas 4) as follows: (Siri, K. 1990: 163-164)

3.1.1.1 K*ayanupassana satipatthana* (Mindfulness as regards the body; contemplation of the body) is mindfulness on physical happenings, for example, considering respiration, watching body movements: standing, walking, sitting, lying down, watching minor movements such as face turning, bending, stretching, and retracting. The use of mindfulness to consider body waste or decay is called *asupa,* This set of Dhamma will correct the illusion that we are beautiful, lovely, and enchanting so that we have the true view of ourselves as filthy thing full of decaying elements and ugly.

3.1.1.2 *Vedananupassana satipatthana* (Mindfulness as regards feelings; contemplation of feelings) is mindfulness on feelings, which is to consider the feelings that occur while practicing, for example, happiness, unhappiness, and

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indifference. This consideration must further include for example, pain, aches, itch, and numbness. This set of Dhamma will correct the illusion called *sukhavipallasa* in which we see visible objects and mental objects as happiness so we will know that only suffering occurs, lasts, and disappears. We do not see sufferings because movements mask the truth. For example, after sitting for a long time, our muscles ache. Hence, our body suffers and so we move our body. When we move our body, the aches are gone and we think that it is happiness. Actually, it is just the beginning of another suffering.

3.1.1.3 *Cittanupassana satipatthana* (Mindfulness as regards thoughts; contemplation of mind) is mindfulness on thoughts. This is to consider and watch the occurrence, existence, and disappearance of the mind both when it is peaceful and when it has desires—greed, anger, and delusion. When conscious about the feelings that occur at the present moment, it will be possible to destroy misunderstanding that everything is permanent, hence, seeing the real truth that everything is transient, that is, impermanent.

3.1.1.4 *Dhammanupassana satipatthana* (Mindfulness as regards ideas; contemplation of mind-objects) is mindfulness as regards Dhamma. This includes

1) Knowing that the five hindrances *(nivarana)* are causes of the five types of mind morose: sensual desire *(kamachanta)*; ill-will *(vyapada);* worries-anxiety *(uddhacca-kukkuccha);* perplexity *(vicikiccha)* and contraction-torpor (thina-midda), and then eliminating them from life, making the mind pure and bright.

2) Perceived that life comprises of the five aggregates or the so called the five attributes of life. These include: (1) corporeality is the tangibles parts such as body and all physical behavior or substance and energy; (2) feeling/sensation is the feeling of happiness, suffering, or no emotion which stimulate (contact) the five senses and mind; (3) perception is knowing or recognizing the sign or characteristic which result, is to identify that objects; (4) mental formation is an element or temperament of mind that creates the mind to be good, bad, or in the

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middle way which stimulates by intention such as faith, consciousness, conscience; and (5) consciousness is the perception of emotional of 5 sensations and mind. After understanding the five attributes of life, a person must let go of their satisfy in order to be free (Payutto, P. A. 1995: 19-22).

3.1.2 Process of change from unhealthy mind to healthy one resulting in morality, concentration, and intelligence.

According to the Higher Doctrine, the condition of mind at any moment is dictated by mental factors that are divided into *kusala* which is pure, beneficial and healthy; and *akusala* which is impure and unhealthy. Besides these two factors, there are 7 more properties in every mental condition. They are perception—plain perception of objects; remembrance—recognition about which kind of perception it is; intention—conditioned reaction which usually occur with early perception. Objects of perception, and power of the mind are the fuel that joins the 6 factors mentioned. These mental factors are the structure where healthy and unhealthy mind resides. Mental factors that combine in this structure change every moment. (Soree, P. 1993: 13-18).

3.1.2.1 Unhealthy factors

The major unhealthy factor is delusion, which mean that the unhappy mind which can lead to wrong perception in the sense object. In the Higher Doctrine, delusion is ignorance which is the basis of human sufferings and misunderstanding in the true nature of all entities. Delusion will lead to “false view” or “false theory”.

Vicikicca (perplexity) means an inability to decide or a wrong decision full of confusion which may result in feeling weak and feeble. Another unhealthy factor of the mind is *ahirika* or the shamelessness to sins and *anottappa* or fearlessness to sins. These feelings make people uninterested and do not care about the feelings and views of other people and the standard of morality within themselves. When governed by this, the person will not be careful in doing harmful things. Another factor causing unhealthy mind is “*mana*” or egoism. This will make people view everything as being there only to fulfill their desires and wants. The co-

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existence of the three mental factors: *ahirika*, *anotappa*, and *mana* (or self-centeredness) at different moments is the basis of extremely harmful deeds of a person.

Other mental factors tend to be affection—feeling of anxiety *(uddhacca)*, and worries *(kukkucca)*. They are the feelings of being unsettled, guilty, shameful, and confused. These factors cause worries which result in the disorderliness of the mind or mental disorder. The next set of unhealthy factors of the mind is related to clinging. They are *"lobha"* or greed, *"macchariya"* or avarice and *"issa"* or envy. All these are clinging of some forms. Aversion, on the other hand, is clinging on the negative side. Greed and aversion are usually found hidden in all unhealthy factors of the mind and usually co-occur or relate to delusion. The last two unhealthy factors of the mind are *"thina"* or contraction and *"middha"* or torpor. These factors cause inflexibility or stiffness of the mind. When they govern the mind, both the mind and the body of that person will be weak without strength and become useless.

3.1.2.2 Healthy factors

The process of training in establishing the Four Foundations of Mindfulness is the way to gain access to healthy factors that is to replace unhealthy factors with their counterparts. The principles driving this process are similar to the "reciprocation inhibition". Each unhealthy factor has its counterpart that can replace and disintegrate in it. When healthy factors occur in the mind, the unhealthy one will be destroyed and disappeared.

The major healthy factor is "*panna*" or insight, which is the counter part of *"moha"* or delusion. *Panna*, which means the "insight into everything as it is" will disintegrate *"moha"* which is the fundamental unhealthy factor. *"Sati"* or mindfulness is the understanding of everything all the time. *Sati* that is the pair of *panna* will help maintain *panna* and also maintain clearness in the mind for a long period of time. *Panna* and *sati* are basic healthy factors. When they occur in the mind, other healthy factors usually follow suit. The occurrence of these two healthy factors is enough to eliminate all other unhealthy factors.

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Some healthy factors will occur when there are other healthy factors. The healthy pair of factors relating to the conscience consists of *"hiri"*, modesty or the shame to commit a sin that can eliminate the shamelessness in committing sins and *"ottappa"* or discretion that is the opposite of fearlessness of sins. They will appear in the mind of a person when there are unhealthy thoughts. *Hiri* and *ottappa* usually occur simultaneously and cooperate with "*cittijukata*" or the steadiness and honesty of the mind. This will result in making the correct decision. Another healthy factor is *"saddha"* or confidence or being certain resulting from clear and correct perception. The group of these healthy factors that are *hiri*, *ottappa*, *cittijukata*, and *saddha* will cooperate to create healthy and useful deeds that can be evaluated personally and socially.

The unhealthy factors which result from greed, avarice, envy and anger are the opposite side of healthy factors of "*alobha*" or non-greediness, "*adosa*"- non-anger, "*tatramajjhata*" or the neutrality of the mind and "*passadhi*" or peace of mind which reflect the peace of body and mind resulting from the disappearing of clinging. The four healthy factors mentioned would replace the clinging or illusion, pushing or angers towards the sense materials that occur in the perception of a person.

The last group of factors to be mentioned has apparent results both physically and mentally. This group of healthy factors is *"lahuta"* or the lightness of mind, *"muduta"* –the tenderness of the mind, "*kammannata*"—the ability to work to the capacity of the mind, and *"pagunnata"* the activeness or effectiveness of the mind. If these factors exist, the person will think and act automatically, naturally, and easily. The level of movements will be at the height of his capacity. These factors will govern the unhealthy factors, namely, contraction and torpor that can result in depression and boredom. These healthy factors enable a person to adapt both his mind and body to suit the changing situation and face challenges effectively.

In the Higher Doctrine, the healthy and unhealthy factors that move as the mind power will counteract each other. When one occurs, it will eliminate the other. However, it is not necessary that the pair occur strictly together. In some cases, only one healthy factor can eliminate the whole set of unhealthy factors. For example, non-greediness alone can eliminate greediness, misery,

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jealousy, and anger. Some major factors can eliminate the whole set of counter factors. For examples, when there is delusion, there will be no healthy factors concurrently.

Training in establishing the Four Foundations of Mindfulness is a way to develop the Noble Eight-fold Path or in other words, to develop moral conduct, concentration, and intelligence. This is what the Lord Buddha said to be the only path to the existence form or elimination of suffering which is done by changing the unhealthy factors of the mind to the healthy ones every time there are can contacts such as when eyes see body, tongue perceives tastes, ears hear sound, and body feels touches. We must have mindfulness at all times to understand the present occurrences as happening. As the Basket of Discourse has recognized, it is then that suffering is possible to be eliminated (Sujin, B., 1993: 459).

> *"When contact is gone, feeling will be followed, and lust will be disappeared. When lust is disappeared, clinging will be disappeared. When clinging is gone, existence will be disappeared.*
> *When existence is disappeared, birth will be ceased. When birth is ceased, aging, death, grief, lamentation and all sufferings will be ceased"*
> (See Diagram 3)

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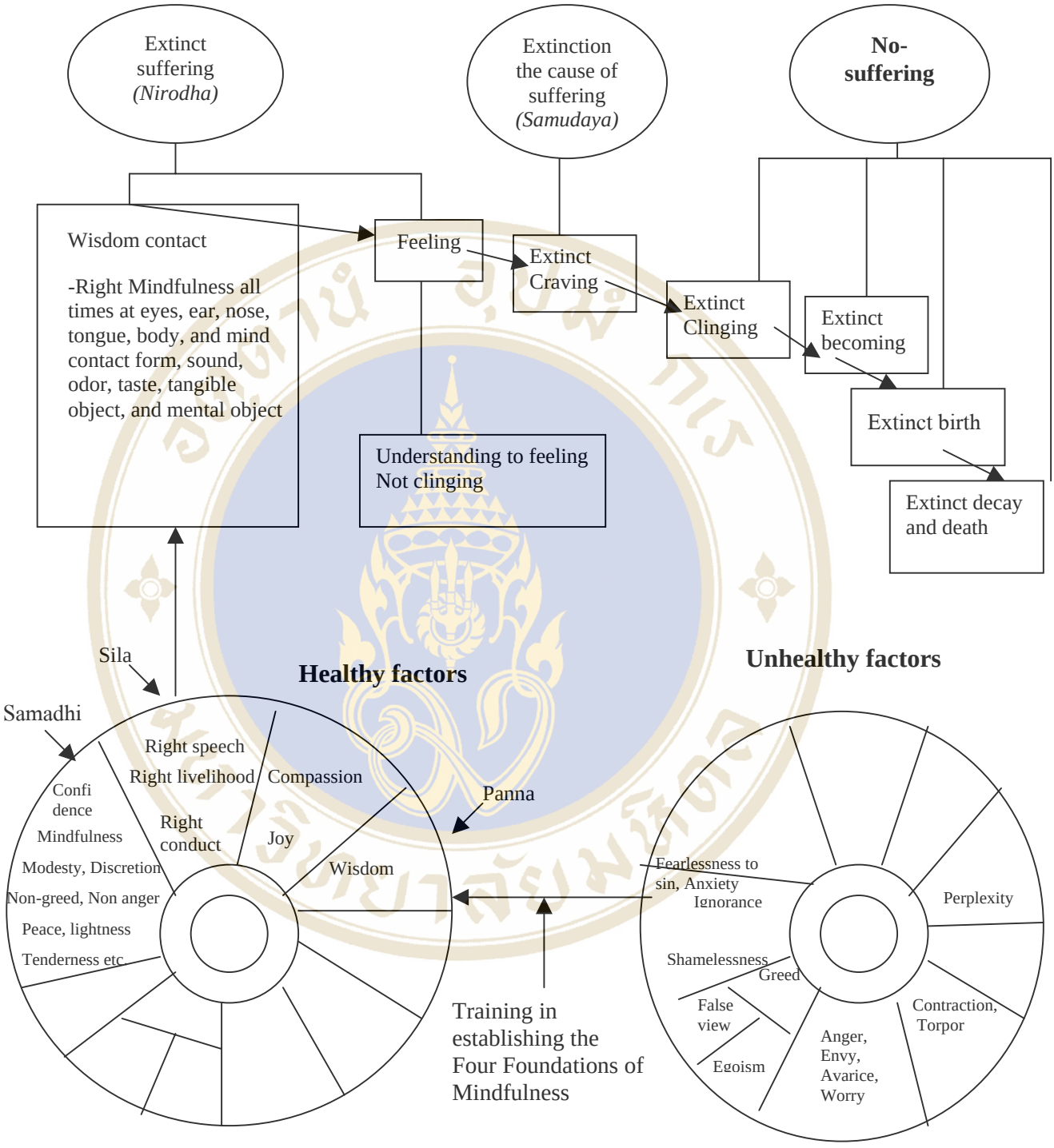

Figure 3: The training in establishing the Four Foundations of Mindfulness for relieve suffering

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3.1.3 The principle activities in the training in establishing the Four Foundations of Mindfulness.

Dr. Siri Karinchai used the principle of the Four Foundations of Mindfulness brought from the *Mahasatipatthanasutra* and from her both studies of the Scriptures *(Pariyatti)* and practice for her accomplishment and family. After it succeeded, she introduced it to the others to follow. There, it was applied on the teaching method in order to suit the training to a number of people. The main activities comprised of (1) offering things, (2) undertaking the precepts *(sila)*, (3) chanting, (4) walking meditation,
(5) sitting meditation, and (6) practicing consciousness in various position.

All these activities will be resulted in as the process of changes from unhealthy factors to be the healthy ones (Siri, K., 2000: 20-21). There were numbers of research that mentioned praying and practice of meditation were the significant activities to alleviate suffering for the patients. However, the researcher presented only the detail of the research and praying, but meditation was presented in the field of Psychoneuroimmunology (PNI). Most of the research paper said that praying was the way to communicate with God or to the holy spirits. Even among the enthusiast, praying is very useful source to encourage us to be strong inside since praying can make people feel that they are in the holy place and meeting with God (Nouwen, 1983 cited in O' Connor, 200: 33-43; Harrison, 1997: 9-16). Taylor and Ferszt (1990: 32-38) said that praying would help patients to have good emotion and be kind to those who are suffering. It could help patients to face the illness that caused there suffering and help them to be in their deep devotion, and to it relaxed in deep consciousness (Taylor & Ferszt, 1990: 32-38). From the study of Bearo and Koenig (1990 cited in Peri, 1995: 68-76) found that more than 50% of their participants prayed when they were facing physical illnesses. Baldree, et al., (1982 cited in Peri, 1995: 68-75) studied about the approach that chronic patients use to face illness and found that praying was the third top on the list that patients asked for support more than treatment AIDS patients. The participants, both men and women, said that they felt happiness on the state of transcendence while praying, meditation, and helping other patients even though they were uncomfortable on their emotional suffering,

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physical impairment, and were denied by their surrounding society (Hall, 1998: 143-153).

The one who has AIDS for a long time mostly use praying and meditation as the main activity in order to promote and uplift their spiritual (Carson, et al., 1990: 28-34). The participants who always pray shall have the highest average score to perceive health status on physical, mental and spiritually compared to the other groups (Carson & Green, 1992: 209-220). Moreover, Dossey (1995) studied the usefulness of the praying for the ones who were dying and found that if nurse could promote comfortably to pray or read religious book together with their patients, it would be much more impressive. Many patients appreciated and admired the peace of mind, at ease, and felt relax from the praying. Even God was not regarded for some religion such as Buddhism, they fully believed about the power of praying that could result for healing (Dossey, 1995). In addition, Nouwen (1983 cited in O'Connor, 2001: 42-43) said that an outcome of praying was an expansion of the heart into a world-embracing space of healing. Praying was not an extraordinary exercise but rather the "very beat of a compassionate heart… To pray for others is to allow their pains and sufferings, their anxieties and loneliness, their confusion and fears to resound in our innermost hearts." The compassion of prayer was to bring the other before God so that the other may be healed.

3.2 Relieve suffering by Watson's caring

Donnelly (1944) said that healing is a process of helping the patient or sufferer (The word patient in English comes from a word in Latin meaning to suffer) to balance his or her way of living so that it is in harmony by reviewing a belief of that person in his or her present life which is related to the feeling of his or her own happiness or suffering to add more quality to life. Healing is not treatment but it combines technology with caring, love, compassion and creativity. Healing is one way of prolonging life with understanding in being holistic of a human being. Healing takes place when we seek for being holistic and balanced. This is learning the unknown which can expand our inner potential. It is an access to the connection of being holistic and dependent on each other. A nurse is a person who contributes to the

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integrated growth—body, mind, and spirit—of a person; or a nurse is a person who helps a patient to recover from illness or to death peacefully (Dossey, 1995: 66). Quinn said that healing takes place when there is a right relationship of physical, mental and spiritual systems at a level of levels. This right relationship is a process connecting different parts of a whole resulting in highest level of power and creativity occurs in the integrated systems of the body, mind and spirit (Quinn, 1977: 13). Besides this, Weber said that the universe is a source of healing; it is not the power of the healer; the healer is a channel that allows power to go through and link with the power of the universe so that it flows smoothly through the field of power to the patient. That is to say that a healer links the universe and others similar to the flow of electricity. The healer transfers the power of the universe in a form that can be used in the patient's body, mind and spirit systems (Weber, 1985 cited in Dossey, 1995: 40).

A nurse is like a tool in healing, presenting herself to help solving problems in the healing process which results in integration of natural conditions of an individual making the patient feel safe from the pain and causing balance in the patient. The nurse must be in the presence of his or her nursing care, which means that the nurse must be attentive and focused on the connection at the moment of care provision. She or he must not hold on to the past and must not be afraid of the future. Being with the present time contributes to true healing (Mckivergin, 1995 cited in Dossey, 1997: 17, 65-81). Mckivergin classifies the presence into three levels; each level can be utilized in the nursing practice. They are as follows:

1) Physical presence is body-to-body contact. Nurses must be in the presence while giving therapeutic nursing care to the patient such as looking at the patients while examining or touching them.

2) Psychological presence is mind-to-mind contact. Nurses use themselves as a tool in giving therapeutic nursing care such as in assessing data, communication, attentive listening, writing, reflecting, advising, caring, sympathizing, and accepting. This is to respond to the needs of the client when providing help, conveniences or support.

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3) Therapeutic presence is a holistic relationship between nurses and service recipients utilizing all sources of the body, the mind, and the spirit. It is spirit-to-spirit contact. Nurses use therapeutic presence in meditation, imagination, mind opening, perception, giving love and relationship.

Watson (1985) believed that the foundation of nursing is related to humanism and; therefore proposed a theory of care emphasizing the being of human, showing the spiritual dimension as an important component of a holistic human being. The aim of nursing is to balance the body, mind and spirit of an individual so that self-knowledge, self-reverence, and self-healing. According to Watson, caring is an ideal or moral assignment to maintain the value and dignity of being humans. The caring process takes place when there is a relationship between nurses and the service recipients; both are a holistic individual of body, mind and spirit with his or her own experiences. Caring occurs when two persons understand each other. This is transpersonal caring where the caregiver and the care-receiver enter into the feeling of each other and spiritual union occurs between them. This will lead to the discovery of self inner-power and inner self-control. Each person can be beyond himself, his time, place and background. In other words, nurses enter the phenomenal field of patients and patients enter the phenomenal field of nurses. This is how the patients' dignity is upheld (Figure 4).

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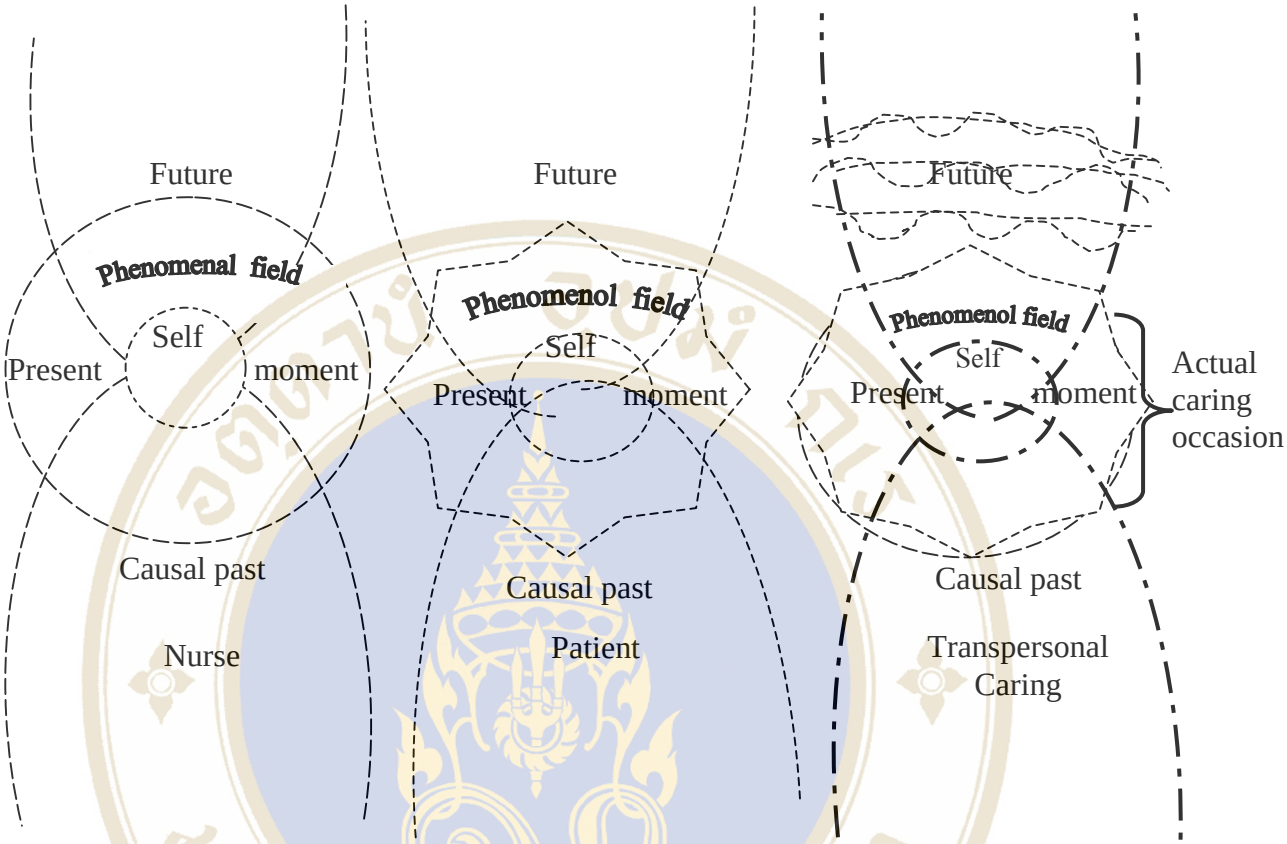

Figure 4: Process of human caring showing transpersonal caring between nurses and patients (Watson, 1988: 59).

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3.2.1 Healing HIV-infected patients based on Watson's theory of human caring

HIV-infected patients are people who suffer and need care from nurses. If nurses are equipped with knowledge, skill, commitment, physical and mental power resulting from their own philosophy, belief, culture and experience, they will transfer their physical and mental power to their patients who are in an unbalanced condition until the point that transpersonal caring takes place is reached. Both the nurses and the patients can feel the giving and taking resulting from the care which give the patients the power to heal themselves and recover to being healthy, that is being balanced physically, psychologically and spiritually. As a consequence, nurses are happy and proud of their self-value and their profession. Thus, caring takes place. For a nurse to be successful at this level of caring, Watson's 10 carative factors are needed:

Factor 1: Humanistic-altruistic system of values

Caring is based on universal value that is humanistic and altruistic values where humanistic value includes kindness, concern, sympathy, and love for self and others. Watson said that these qualities start from the very beginning of life influenced by parents and developed continuously. Besides, they can arise from the change of their attitudes and beliefs from their learning and seeing models occurring among student nurses and teacher nurses (Watson, 1985: 10).

Each individual HIV-infected patient is different in how he or she sees life and reacts to being infected differently depending on his or her value, belief, culture and philosophy in life. Altruistic values and kindness for others nurses have to others can result in behavior that shows understanding and acceptance of patients and respect for them as individuals.

Factor 2: Instilling faith and hope

Instilling faith and hope is related to altruistic value and kindness for others. In promoting other caring factors, the nurse must encourage the patient to have

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faith and hope in the nurse and the therapy so as to make them accept information from the nurse and change their attitudes and unhealthy behaviors (Watson, 1985: 14).

Harrison (1997: 9-16) stated that hope and faith were important in facing a problem or in being happy of people who are threatened by an illness, especially HIV-infected patients. Hope is the only thing that is the most important thing for staying alive. Hope is like power that gives courage and strength to the patients so that they can face the suffering.

Faith is confidence. In order to be able to develop wisdom, one must have confidence in two things: (1) confidence in their potential in developing towards the goal they desire, and (2) confidence in the method that they use in developing themselves because if they do not have confidence in the method they would hesitate and be uncertain (Suphayan, 1993: 41). Therefore, HIV-infected people have to be confident that they can develop themselves and they have to be confident that training in establishing the four foundations of mindfulness can change unhealthy thoughts to healthy thoughts and consequently leads them to less suffering.

Factor 3: Sensitivity to self and others

Watson stated that sensitivity to self and others is the basis of empathy consisting of thoughts, and feelings; experiences in clinical practice; and developing one's own potential. Developing sensitivity to self includes understanding culture, belief and personal behavior of people such as their race, social class, gender, age and others which can be obstacles to caring (Rafael, 2000: 37). HIV-infected patients who are usually with high anxiety are sensitive in accepting nurses' behavior and feelings. Nurses who are sensitive to self-perception are also sensitive to the perception of patients.

Factor 4: Helping-trusting human care relationship

Developing helping-trusting human care relationship depends on the first three factors because these factors indicate the quality of the relationship. Patients or service recipients who feel that nurses really care for them and build faith

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and hope in the nursing care will talk about their true feelings with the nurses. Watson also said that congruency, empathy, and warmth are the basis for building human care relationship which contributes to the patients' expression of true feelings (Watson, 1985: 23-24).

4.1 Congruency between nurses and patients depends on the characteristics of the nurses at the time of treatment. Nurses who are sensitive and expressive can help better the relationships between themselves and their patients. This in turns enables them to know each other better and adapt themselves to each other better, too.

4.2 Empathy is the nurses' sense of understanding the internal world of the patient and takes it as his or her own world, to understand how the patient feels and give appropriate response to him or her verbally and physically.

4.3 Warmth in the relationship between nurses and patients can help foster their relationship and develop emotional maturity of the patient. Nurses can transfer the warmth to the patients through their verbal expressions and manners. For example, in a conversation, nurses can talk in a suitable tone, with a smile and friendly manner (Watson, 1985: 23-24; Rafael, 2000: 38).

Factor 5: Expressing positive and negative feelings

Feelings have influence on thoughts, behavior, actions, and experiences. In providing care, nurses must express both positive and negative feelings to promote and accept feelings of the patients. This is to increase healing potential and to seek the meaning of existence (Watson, 1985: 24-25).

HIV-infected patients are with chronic illness and often feel that their life is threatened all the time. They have different reactions. Some may express anger, rage, and sadness and sorrow that they have a right and a need to express. Nurses who are sensitive to them are also sensitive to feelings of their patients and can sincerely accept the patients' expression of such feelings as well as forgive them and understand them.

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Factor 6: Creative problem-solving caring process

Watson uses creative thinking and reflecting in solving problems. However, he emphasizes that the process of problem -solving is not linear or logical, rather it is a creative thinking process involving many factors; it requires not only scientific knowledge but also personal knowledge, intuition, esthetics, and ethics. In addition, the entire caring process is reflective. Evaluation must be done regularly and at every step from problem assessment, caring process, and caring relationships (Rafael, 2000: 38-39).

Factor 7: Transpersonal teaching-learning

Nurses and service recipients are the learner and teacher of each other. This promotes the responsibility of the service recipients for their health; Nurses should not only concentrate in giving information but also seeking the meaning in the situation of the service recipients. Teaching and learning are based on theoretical knowledge including seeking knowledge and skills significant for developing self-efficacy. This is useful for empowerment of the service recipients taking them away from the situation of being under health control (Rafael, 2000: 39).

Factor 8, 9, and 10 are useful as a way of organizing the contents and setting a data system of the service recipients. Watson does not use diagnosis that is a decision indicating power of nurses over patients but he uses joint consideration between them in looking at the strong points, the goal and the needs of the patient. Nurses must provide opportunity for the service recipients to take part in the caring process and offer them self-determination. This helps them show their goal that is empowerment so that they are responsible for their health.

Factor 8: Support, protection, and/or correction of mental, physical, societal, and spiritual environment

Watson defines internal and external environments emphasizing stress, comfort, privacy, safety, and clean-esthetics (Watson, 1985). Later he developed a spiritual concept stating that it is part of a sense connecting and combining with all the

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senses. In this framework of thought, nurse change from creating healing of the environment to healing the environment through senses (Quinn, 1992: 26-36). Watson believes that senses can coexist and create new powers by healing the potential in the caring process (Watson, 1999) including connection with other things not only relations with humans but also things which are critical to health, survival of the earth and all living entities.

Factor 9: Human needs assistance

Watson talked about responses to human needs by adapting Maslow's work and classified responses to human needs into four categories as follows:

9.1 Biophysical needs: Nurses should respond to the biological needs of the patient to maintain his life. These responses include giving food and water as the patient's appetite decreases; taking care of the patient's cleanliness of mouth, teeth, skin, breath, and waste which may have not been normal.

9.2 Psychophysical needs: Nurses should respond to the psychophysical needs of the patient to maintain his body functions such as having activity, rest, and sexuality. Nurses should assist the patients so that they can participate in the activities, as they needs.

9.3 Psychosocial needs: Nurses should try to find strong points of each patient so that the patients can have an opportunity to do the work they can do well and show their potential. The patients will feel self-worth for their achievement and affiliation with the activities of community therapy.

9.4 Intrapersonal needs: This is to help the patients to have their own inner power or to respond to their spiritual needs.

Factor 10 Existential-phenomenological-spiritual forces

Watson stated that promoting the spiritual power of existence is very similar to self-actualization in Maslow's theory but self-actualization is realization of the action for life achievement and will occur when other human needs have been

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responded to. This caring factor focuses on the quest for meaning of individual's personal needs and the goal in his or her life (Rafael, 2000: 40).

The spirit of an individual develops according to his or her life experience when he or she is well and not well. Nurses must be ones whose spiritual dimension has been developed continuously. They, therefore, must try to find the meaning of life from their daily experience, understand life and the world, and possess intellectual power, spiritual power and physical power in order to transfer these powers to the patients. As a result, the patients can then develop and strengthen their inner self to be able to cope with the symptoms of the disease and the sufferings to maintain the homogenous existence of the inner and outer selves until the end of their time when they can peacefully leave the world. What nurses should do include assisting the patient to find the value of their past experience, the faith is religion, philosophy, and goodness leading the patient to find the core of life and understand life as well as setting the goal of life.

3.2.2 Research work applying Watson's theory in nursing practice for HIV/AIDS patients

Schroedor & Maeve (1992: 25-38) applied Watson's caring theory to develop a nursing care partnership model for nursing practice at Denver Human Caring Center. The goal of this nursing care style is an authentic caring relationship to empower both the patient and the nurse. Nurses are happy and willing to enter the transpersonal caring process and play a role of a partner. Patient can express their needs and negotiate with the nurses who are their partner. At the beginning, the nurse interviews the patient about his or her life including important things in his or her life. The interview is a phenomenal method that means an interview where the patient talks about his actual experience in life, as he or she perceives. After that, Watson's 10 factors of caring and one factor of medical care can be applied in each nursing care provided in each situation. The results of this nursing care style reveal that nurses and patients have inter-subjective, transpersonal relationship.

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Nelson-Marten, et al., (1998: 70-77) used Watson's 10 carative factors as a framework in entering interpersonal relationship and to build a relationship to help the patients by working together with them continuously until it results in healing. This develops mental growth in the patient and the nurse.

In the Thai social context, research work applying Watson's theory in nursing practice for HIV/AIDS patients is rather rare. Phayom, Y., (1994: 130-144) conducted a study to explain a caring phenomenon in nursing practice by professional nurses using Watson's caring theory as a framework of the concept of the study. The research methodology used was a qualitative and built a grounded theory. The study was on 90 professional nurses and the data were collected using a questionnaire, group discussion and an in-depth interview. The results revealed that nurses thought that caring for patients was an important key to nursing practice. Caring is an attentive care to heal the patient. "The style of the holistic care in nursing practice according to the Dhamma concepts: the mind knows while healing takes place" is developed from this caring practice. The four carative factors consist of 4 factors in caring: the readiness of the nurse in caring for the patients / their relatives who need caring; specific situations which are the condition or situation when the patient needs caring from the nurse; the process of assisting interrelationship between nurses and the patients so that the patients' problems are solved and their health needs are responded; and the result of acknowledgement of the giving and taking of care that makes the patients comfortable, empowered to heal themselves and the nurses are happy in their self-value and in the value of their profession. The results of the study can be clearly concluded that in the Thai society and culture, nurses hold on to the philosophy and faith in Buddhism about doing good deeds. Caring for patients is not only a duty but also a merit. The main concept in doing things is to have mindfulness at every moment.

From reviewing literatures related to applications of caring theories in the nursing practice, it was found that caring is an abstract that needs to be researched further, especially studies in the Thai context. Phayom, Y. (1994: 130-144) reflected that Thai nurses perceived the meaning of caring in the professional nursing practice based on a belief in Buddhist principles in which caring was not only a duty but also a

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merit making. Nevertheless, studies in nursing practice to prove that the results of studies can be applied in the real nursing phenomena in the Thai context are rather limited.

The researcher; therefore, is interested in applying Watson's caring theory in nursing healing with the concept of training in establishing the Four Foundations of Mindfulness to alleviate sufferings of HIV/AIDS patients. The training in establishing the Four Foundations of Mindfulness should last at least 7 days and 6 nights to provide time for HIV/AIDS patients who suffer physically, mentally, and spiritually to be trained, to reflect, to know themselves from the inner side and to see danger of bad deeds frequently done so that they understand things which affect their eyes, ears, nose, tongue, body and mind as they actually happen. The truths will help reduce their unhealthy factors gradually and help raise the morality, concentration and wisdom (Siri, K. 1988: 188-190; Sujin, B. 1993: 457-459). During the training in establishing the Four Foundations of Mindfulness, nurses and patients evaluate each other everyday to reflect the thought of both parties and to improve the action plan. Patients have participated in every step. The researcher thinks that action research should be conducted because the Four Foundations of Mindfulness can be used as a core concept for a cycle of action research in order to find "the knowing one" for development of work and body of knowledge (Arphorn, C. 1995: 59).

4. Evaluation of the relieve suffering

Healing takes place at various levels: physical, psychological and spiritual. Therefore, there is an evaluation at each of the three levels: 1) At the physical level, cells and tissues work together and have relationship with each other such as healing of a wound. 2) At the psychological level, temper may change to forgiveness of the past incidents and the sense expands widely. 3) At the spiritual level, there is loving experience. A person loves others without conditions or feeling isolated from society, feels that one is close to something that one respects, and feels that one has creativity (Quinn, 1997: 14). Moreover, Mckivergin (1995: 17-24) evaluated healing results covering the following dimensions: 1) The holistic result of a person physically,

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emotionally, intellectually, socially, spiritually and environmentally; 2) the ability to face problems; 3) happiness/quality of life; 4) the ability in doing one's duty; and 5) all the systems.

A nurse is like a tool in healing through the nursing process in holistic nursing approach based on the concept of psychonueroimmunology (PNI) for integration of body-mind-spiritual (McKivergin, 1997: 17-20). The close interactions between mind and immune function, there are central nervous system (CNS) and immune system interactions at many levels, molecular, cellular, tissue, organ, and whole body (Nguyen, 1991: 7) This study hence, the researcher evaluated the relieve suffering of HIV-infected patients in the body, mind, and spiritual healing process were carried out as follows:

4.1 The evaluation of healing process by measured relieve physical suffering

Research on the use of Dhamma for relieve suffering in HIV-infected / AIDS patients and evaluated relieve physical suffering were carried out as follows:

The study of Sunantha, K. (1997) and Ketthong, S. (1998) measured blood pressure, respiratory rate, pulse rate, and degree of pain by compared before and after meditation practice. Besides this, Kamonmarn, V. (2000) measured overall health status and body weight, oral candidiasis, diarrhea, fever and asthenia result of the health education program which applying the Buddhist Doctrine.

Chiralak, C. (1995) evaluated the applying principle of Dhamma and spin meditation for relieve suffering of HIV-infected and AIDS patients by Rat Rattanayano's method. The spin meditation that was different from what existed in the Thai society. A principle of moving dangerous matters out of the body using meditation and the body mechanical in self-healing and building natural immunity. Meditation had positive effects on three aspects: physical, mental, and social aspects. In terms of physical aspect, the symptoms or complications in the subjects who practiced Dhamma were improved or disappeared. These symptoms found to be better

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or completely disappeared during the 7-day of meditation training were loss of weight and appetite, herpes, enlarged lymph glands, diarrhea and fever.

4.2 The evaluation of healing process by measured relieve mental suffering

The review literature related to evaluate healing results in mental suffering could be concluded as follows:

4.2.1 Biofeedback

Biofeedback is the process of monitoring a physiological response such as heart beat, blood pressure, or muscle tension, turning the physiological signal into meaningful information, and feeding back the information. When you use the information to learn to change your heart rate, you are using biofeedback training. Because the body responds to stress and relaxation, both are under your control, and because mind → body, you have power to change your physiology. Two principles of biofeedback training: consciousness leads to control and feedback. Consciousness is the basis for self-regulation. Without being aware of the need to change and knowing how to change, a person cannot make change occure. This principle is true for all types of self-regulation – cognitive, emotional, or physiological. We introduce "consciousness leads to control" because biofeedback training is primarily a tool for becoming aware of how mental and physiological processes interact and how they can be controlled. "Consciousness leads to control" and biofeedback are dynamics in health and wellness because they enable the self- regulation of physiological and psychological states (Green & Shellenberger, 1991: 221- 222).

Temperature (Blood flow) feedback is usually the first biofeedback modality that we introduce to the client, because it is easy to learn to increase temperature, it is correlated with relaxation, and related to the amount of blood flowing through arterioles and capillaries. Blood flow is controlled by vasoconstriction and vasodilation of smooth muscles that encircle the arterioles and it is a good demonstration of mind to body. In addition, hand temperature training can be

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practiced anywhere with an inexpensive weather thermometer (Green & Shellenberger, 1991: 228- 235).

Research on the use of skin biofeedback for evaluated relieve mental suffering result of meditation such as the study of Sunantha , K., (1997) studied the effects of mindfulness on breathing *(Anapanasati)* in reducing stress and blood pressure in patients with hypertension from unknown causes; Ketthong, S., (1998) conducted a quasi-experimental research on the effects of the 4-Unbounded states meditation in patients with burns; Apatcha, P., (2000) studied the effects of meditation training to relieve anxiety among colorectal cancer patients. These studies found that their skin temperature was higher than before the experiment.

This study use the skin biofeedback is the one indicator of relieve mental suffering by compare skin temperature between before and during concentration. When the subjects saw their skin temperature by themselves and then, they used the information to learn to control them. They were continuous concentration practice for gradually increase their skin temperature.

4.2.2 Evaluation of the unhealthy factors and healthy factors

Payutto, P. A. (1995: 68-77) suggested the characteristic evaluation result of a righteous practice *(ariya vaddhi)* or Dhumma practice by evaluated to gain access to healthy factors replace unhealthy factors such as: (1) confidence in the wholesomeness, believe that we can be development *(saddha);* (2) good conduct *(sila);* (3) learning from hearing or reading *(suta);* (4) liberality *(caga);* and (5) wisdom, can solve the problems by themselves *(panna).* He also suggested the mental evaluation result of a righteous practice *(ariya vaddhi)* by observing these symptoms: (1) an enjoyment; (2) delight *(piti);* (3) tranquility *(passaddhi);* (4) peace; and (5) concentration *(samadhi).* Moreover, Buddhadasa, B., Phra., (2000: 11-129) said that the evaluation of Dhamma practice in daily life should evaluate crude, middle and delicate definements. Three defilements are roots for unwholesome states of mind, namely: attachment, anger or aversion and ignorance.

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The method of evaluation in Dhamma practice, Siri, K., (1988: 188-190) said that the practitioners should describe their characteristics of feelings and the conditions of concocted emotions that occurred during concentration practice to the vipassna teacher. The vipassana teacher will be evaluated by observed, questioned, listened and then corrected the false practices. She suggested that may be evaluation after finish of the walking and sitting meditation every time or at least one time per day. Similarly, Kummatthanajariya, U. B., (2001: 1-36) said that the practitioners specified their concentration to the observation of each of the continuous phenomena and should be described in detail about their characteristics of feelings as: (1) phenomena that occurred such as sign of swell and dissolve of abdomen during concentration and the movement of feet during walking meditation; (2) How to feel when eyes see visible objects, tongue feels tastes, nose smells smell, ears hear voice, body touches tangible things, What the though of unhealthy and healthy factors occurred? Sujin, B. (1993: 457-459) said that the real purpose of Training in Establishing the Four Foundations of Mindfulness is to learn about the true nature of seeing, hearing, smelling, tasting, toughing or thinking, and also about visible object, sound and the other objects which are experienced through the five doors and through the mind-door. These realities can be studied when they appear one at a time.

The review of literature related to meditation practice and evaluated mental suffering. Phatthaya, C. (1992) studied the effected of meditation via mindfulness on breathing on anxiety and depression in chronic kidney failure treated by using artificial kidneys. The data were collected using a questionnaire developed by Zung in 1971 to measure anxiety and a form measuring depression, also developed by Zung in 1965. It was found that the experimental group, which was trained in meditation via mindfulness on breathing, had less anxiety and depression than before the training and than the control group that was not trained in meditation via mindfulness on breathing. Similarly Ratana, T. (1987) studied the effects of meditation practice, meditation via mindfulness on breathing, on the health of Grade 10 students. The result showed that the experimental group had better mental health in three aspects: feeling of physical disorder, depression and anxiety.

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Sunantha, K. (1997) studied the effects of meditation practice, meditation via mindfulness on breathing, in reducing stress and blood pressure in patients with hypertension from unknown causes. The results of this 8- week experiment showed that after meditation, the average score for stress decreased and their systolic diastolic levels were lower than before meditation practice. Ketthong, S. (1998) conducted a quasi- experimental research on the effects of the 4-unbounded state meditation in patients with burns. Twenty subjects were selected using a specified sampling method for a 15-day experiment. The results revealed that after the experiment the average scores for anxiety and breathing of the subjects in the experimental group were lower than before the experiment. During meditation, they were relaxed, forgot their pain and had no anxiety, slept better with no nightmares, with more courage, felt more peaceful, calm and pleasant. Furthermore, Sompharn, T. (2000) studied the effects of insight development meditation on reducing mental instability in menopausal women. The data were collected using a questionnaire asking about both mental and physical symptoms. It was found that after the experiment, the mental and physical instability of the experiment group was lower than control group.

Reports on studies of applying the Dhamma in caring of HIV/ AIDS patients for relieve mental suffering were carried out as follows:

Kamonmarn, V. (2000) study about a health promotion program by applying the Buddhist Doctrine in HIV-infected patients and evaluation of mental suffering by measured the mental strength *(nivarana)* such as ill-will, dullness, anxiety, and doubt and program satisfaction.

Rat, R. used different principles of Dhamma and spin meditation for healing the HIV-infected patients. After a 7-day practice at the temple, a “tool” was given to patients to healing themselves. They had to “depend on themselves”; had a positive attitude toward AIDS and hoped to recover from the complications or even from HIV. A principle of moving out dangerous matters out of the body using meditation and the body mechanical in self-healing and building natural immunity. It

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was found that most subjects could practice Dhamma and those who reached the detached condition received more positive effects in all aspects than those who could not reach the detached condition. Meditation had positive effects on three aspects: physical, mental and social. As for mental aspects, the subjects who could reach the detached condition received the best effects: feeling relief, not making any change to things affecting them, behaving more morally, or at least, feeling calms, and more relaxed (Chiralak, C. 1995). Besides this, Wat Phra Bat Nam Phu in Lop Buri Province initiated Dharmaraknivet Project to provide care for the last-stage HIV patients using a combination of Dhamma with modern medicine. Listening to Dhamma, praying and meditating helped patients to ponder the Dhamma principles to understand life, birth, illness, and death and accept that their condition is due to the law of nature of the law of Karma (Chalermphol, P., 1996: 99).

In this study evaluated relieve mental suffering by measuring of finger temperature and the process of change from unhealthy factors to healthy factors. The data were collected using a questionnaire compared between before and after training in establishing the Four Foundations of Mindfulness in combination with Watson's caring, in-depth interview, and diary recording of the subjects reflected about their feeling.

4.3 The evaluation of healing process by measured relieve spiritual suffering

Spirituality, which comes from the Latin, spiritus, meaning "breath of life", is a way of being and experiencing that comes about through awareness of a transcendent dimension and is characterized by certain identifiable values in regard to self, others, nature, life, and whatever one considers to be the Ultimate (Elkins, et al., 1988: 10 cited in Walton, 1996: 239). Furthermore, spirituality is described as a relationship or connectedness with self, others, nature, and Ultimate other (Hungelmann, et al., 1989 cited in Walton, 1996: 239). Similarly, Burkhardt (1989: 70) described spirituality as experiencing harmony in relationship with self, others, divinity (the universe or a higher power), and environment (all life and nature). Reed

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(1992: 349-357) also identified spirituality as intrapersonal, interpersonal, and transpersonal connectedness.

A review of the literature reveals that the concept of spirit or spirituality is used in different ways by different authors. The usage of this concept falls into four main categories: 1) spirit / spirituality, 2) spiritual dimension, 3) spiritual well-being, and 4) spiritual needs. Many tend to identify this concept with religion or religious practices. However, spiritual is broader concept than religion or religiosity. Spirituality involves a reflection on and coming into relationship with one's experience. Spirituality is of the essence of one's human nature, whether or not it is expressed through religious beliefs or practices. Whenever, religion refers to a belief system- a product of rational mind. It is a social institution in which a group of people participate rather than an individual search for meaning (Burkhardt, 1989: 69-77; Carson & Green; 1992: 209-220; Carson, et al., 1990: 28-34; Mickley, et al., 1992: 267-272).

Carson, et al., (1990: 28-34) studied hope and spiritual well - being: essentials for Living with AIDS. Carson and Green (1992: 209-220) studied spiritual well being: a predictor of hardiness in patients with Acquired Immunodeficiency Syndrome. Both studies measured the spiritual well - being by the spiritual well-being scale which developed by Ellison and Paloutzian (1982 cited in Carson, et al., 1990: 28-34). They defined that " the spiritual well-being (SWB) is the affirmation of life in a relationship with God, self, community and environment that nurtures and celebrates wholeness." The SWB scale has two sub scales and thus yields three scores: (1) a total scale score, (2) a score for religious well-being (RWB), and (3) a score for existential well-being (EWB). EWB focuses on life purpose and satisfaction which RWB focuses on one's relationship to God.

Mickley, et al., (1992: 267-272) studied about spiritual well-being, religiousness and hope among women with breast cancer. She measured the spiritual well- being by the spiritual well-being scale which developed by Ellison and Paloutzian (1982) and measured the religiousness by Feagin's Intrinsic / Extrinsic Religiousness Scale (Feagin, 1964) which produced by Allport (1967). Similarly,

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Mickley and Soeken (1993: 1171-1177) studied religiousness and hope in Hispanic and Anglo-American women with breast cancer. They measured the religiousness by Feagin's Intrinsic / Extrinsic Religiousness Scale (Feagin, 1964) which produced by Allport (1967), who described two different orientations to religion- intrinsic and extrinsic. People who are intrinsically oriented view religiousness as a "master motive" in their lives and actively attempt to live out the tenets of their faith. Among those who are extrinsically oriented, religiousness is practiced to achieve goals (e.g., social status, emotional security) or is viewed as a matter of "family convenience"; it is regarded as something to be "used," not as something to be "lived."

The descriptive characteristics listed here are followed by the frequently repeated characteristics related to each one: (1) *Unfolding mystery* includes one's experience of dealing with mystery or uncertainty in life, discovering and struggling with the meaning and purpose of one's life, and can include a sense of transcendence; (2) *Harmonious interconnectedness* refers to a sense of relatedness to and connectedness with all of life or being in harmony with the universe. This include a sense of harmony with self, love of self, and self-actualization; harmony with others, which involves love, service, and forgiveness or reconciliation; and generally includes a sense of relatedness to, harmony with, or faith in God or Higher Being. Transcendence may be element of all of these but is particularly evident with the last; (3) *Inner strength* includes one's inner resources, awareness, consciousness, and sense of sacred source. It is in one's inner core, where one experiences the vital principle, essential feature, unifying force, and transcendence (Burkhardt (1989: 72).

The abstractness of spirituality and the inability to separate it scientifically into its component parts make it difficult to develop a systematic method for integrating it into the nursing process with assessment, planning, and intervention. Dossey and Guzzetta (1992 cited by Dossey & Guzzetta, 1995: 18-22) however, have attempted to do so with a spiritual assessment tool consisting of 55 open-ended questions that can be used to assess the three categories of spirituality: meaning and purpose, inner strengths, and interconnections of self, others, and God (or a higher power). The nurse who uses this assessment tool can choose appropriate questions for

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each client from the questions that are suggested. Many of these questions can be used appropriately with almost any client; a few many need to be revised to avoid offending a particular client. For example, of the 9 questions assessing a person's ability to seek meaning and fulfillment in life, manifest hope, and accept uncertainty. The next 12 questions assess a person's ability to manifest joy and recognize strengths, choices, goals, and faith.

The remaining 34 questions assess interconnections with self, others, God, and the environment. Six address self-esteem and ability to demonstrate love of connect in life-giving ways with family, friends, and social groups and to forgiver others; 12 address the capacity for finding meaning in worship or religious activities and connectedness with a divinity or the universe; and 7 assess a sense of connection with all of life and nature and a concern for the health of the environment. Most of these 34 questions are useful, but obviously not all 34 would be used at one time.

Ketetawan, N., (2001) studied the effects of Dhamma practice on spiritual change in HIV-infected and AIDS patients. The subjects consisted of 13 volunteers. The instruments for data collection using in-depth interview and a questionnaire for measuring spiritual feeling 36 items: include spiritual well-being 2 aspects; well-being in way of life 20 items such as the life purpose 5 items, optimism 5 items, not despair 5 items, and life satisfaction 5 items; happiness and calm related Buddhism 16 items.

5. Action research

Action research was a brainchild of Lewin (1952) which was further developed by Kolb (1984), Carr and Kemmis (1986). Action research is qualitative research used in developing an activity in order to find a form or practice that gives satisfactory results. Action research is different from other types of qualitative research in that it requires action in or doing an activity and improving it to get desirable results (Arphorn, C. 1991). According to Kemmis and McTaggart (1988), action research

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refers to a process of collecting problems and related situations, planning, acting, observing and reflecting on the action, and revising the action plan. Action research is a study which helps confirming the applications and limitations of theoretical knowledge; it is suitable to be used in studying practices (Holter & Schwartz-Barcott, 1993: 298-304).

5.1 Characteristics of action research

Holter & Schwartz-Barcott describe the characteristics of action research as follows:

5.1.1 Collaboration. This refers to cooperation between researchers and practitioners who are in the incident or situation. The practitioners know and understand the problem as insiders. Action researchers are outsiders who bring in knowledge and research methods while at the same time are learners in the situation of the practitioners by collecting data from observation, interviews and participation in the situation. This is what Webb (1989: 406) called participant comprehension. The difference between the researcher and the practitioner is that the researcher does not always remain in that area or situation; his role ends and he goes back to his place and his job when the research project ends. The collaboration process is about diagnosing a problem, planning and implementing actions and solving the problem.

5.1.2 Focus on practical problems or solution of practical problems. Problems in action research are determined by agreement among research participants. It is related to a specific situation and place. It is a study in a natural condition. The level of participation in determining the problem is highly important to the effects of the changing process.

5.1.3 Changes in practice. Changes in practice are the main goal of action research. The changes depend on the characteristics and problems and collaboration including interventions initiated by the researcher and the practitioner. The changes should include those in beliefs, personal value and method of practice (of the researchers' and the practitioners').

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5.1.4 The development of theory is another characteristic of action research. Theory developed by action researchers is called local theory (Argyris & Schon, 1991: 85-96) or grounded practice (Rolfe, 1996: 1315-1320). Local theory is produced by action researchers in the on explain the situation under study. Action researchers primarily use reflection to make theory explicit; that is, they help practitioners reflect on their practice as the research project progresses. Through this reflection, practitioners gain insight into the tacit forces that influence their behavior. Reflection makes the obscure obvious. It allows practitioners to uncover many factors influencing their practice and discovers which factors facilitate and which inhibit that practice. Insight into behavior frees practitioners to change their behavior, their organization, or their community. Insights gained become local theories. The research may continue in a cycle of theorizing, action, evaluating, and theorizing until the practice reaches its desired level (Streubert & Carpenter, 1999: 265-279).

5.2 Approaches of action research

Action research that has been done can be classified into three types according to their approaches in conducting the research (Holter & Schwartz-Barcott, 1993: 298-304):

5.2.1 Technical collaborative approach: This is action research aiming to test the methods of problem interventions developed from existing theories and knowledge to see whether they are practical. Hypotheses are usually set up initially. The study uses the deductive approach. The researcher has identified the problem and solutions to the problem. Collaboration expected from participants is agreement or acceptance and support in putting the method into use. The results are usually short-term changes in practice and predictive knowledge.

5.2.2 Mutual collaborative approach: The philosophy of this approach is based on historical-hermeneutic. The researcher may have a broad concept or problem in something. In the steps of research methodology, the researcher and the participants (either patients or practitioners) search for the problem arising or having a

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tendency to arise in real life and the causes of the problem and possible interventions. This is mostly inductive approach. The results are that both the researcher and the participants understand the problem and its causes from new angles and also find alternatives for interventions leading to development of new knowledge or theory.

5.2.3 Enhancement approach: This approach enhances individuals' reflection and practice with a goal of helping them to find their problems and solutions by themselves. The researcher is a facilitator who encourages the participant to think and discuss about the problems and conditions of the problem at a personal level and organizational level under a particular culture, value and conflicts. The participants' logical reflection will result in new angles in the understanding of the problems and practice that lead to descriptive and predictive knowledge. Hart and Bond (1996: 152-159) stated of the strengths of the typology presented by Holter and Schwartz-Barcott that it provided a basis on which to distinguish different action research approaches according to the researcher's underlying philosophical positions. It identified essential characteristics of action research and showed how these differ depending on the type of knowledge produced. However, the two related limitations of Holter and Schwartz-Barcott typology were, first, that it dealt with action research as if it were static and rational rather than dynamic and non rational. They seemed to assume that the project's orientation remained the same throughout its life, and, second, that it is the philosophical orientation of the researcher which primarily determined the goals and approach of the action research. Hart & Bond presented the four types of action research as follows: 'experimental', 'organizational', 'professionalizing' and 'empowering'. The types are 'ideal types' and do not claim to fit any single project exactly. Nor are the types distinct, since in practice they overlap and not fixed or static.The four types are related to three distinguishing criteria of action research. These are the 'educative base' of action research, the 'problem-focus' and the related criterion of 'improvement and involvement'.

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Educative base

The criterion of educative base of action research tends to be defined in the experimental type as re-education in order to bring about a measurable change in behavior. In the organizational type re-education and / or training aims to overcome resistance to change in situations where individuals or workgroups may feel threatened by managerial initiatives. In the professional type the concept of education takes the form of reflective practice in which the practitioner develops by grounding knowledge and action in everyday experience. In the empowering type education has shifted radically from the strongly behaviorist concept re-education in the experimental type, and takes the forms of consciousness-raising.

Problem-focus

Turning to the criterion of 'problem-focus', whereas in the experimental type the problem is defined in terms of social science interests, by contrast, in the empowering type, the problem is shaped by the interests of less powerful groups, and is emerging and negotiated. A feature of the professionalizing type is that it is professionals who identify and define the nature of the problem, although there may be some negotiation with users. In the organizational type, it is the most powerful managerial group which defines the problem, although there may be some negotiation with workers.

Improvement and involvement

These differences between types in respect of problem-focus are consistent with different ways of conceptualizing 'improvement and involvement' within each of the four types. In the experimental type the direction of improvement is towards socially engineered consensus, and at the other side of the typology, empowerment involves a process of negotiating outcomes and recognizing that there are likely to be different definitions of what counts as improvement.

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The professionalizing type users may be involved in the improvement, but there involvement tends to be main emphasis is on consensual definition of improvement, and may involve a concept to produce measurable outcomes which can be costed.

5.3 The process of action research

Action research can be described as a cyclical process with many steps (Kemmis & McTaggart, 1988): diagnosis of the problem, action plans for interventions or improvement of the practice, implementation of the plan, evaluation, and adjustment of the plan. This cycle is done with collaboration among all participants. The process of action research is different from a systematic problem-solving which takes that the diagnosis and methods have already been done and the methods and the ends are fixed (Greenwood, et al., 1993: 175-192). Action research is based on reflective practice based on Harbermas's critical social science which emphasizes self-reflection of the practitioner; knowledge development is based on the meanings given and interpreted by the practitioner. It is a democratic process without control and focuses on empowerment so that individuals can solve their problems.

The steps of action research process are as follows:

5.3.1 Planning: This is to look ahead with realization of the overall picture in which some things cannot be predicted and some are with risks. Plans must be flexible enough to be adjusted according to impacts which are obstacles. Researchers differ in their approach as to which comes first- analysis or implementation. If analysis comes first, the action research process begins with a review of the problem situation. The process then progresses to diagnosis and planning for change. Implementation and evaluation of the effects of the change follow. This conception of the action process closely parallels the steps of the nursing process. If implementation comes first, the researchers implement the change and carefully evaluate its effects. Evaluation always includes reflection to facilitate the uncovering of intentions behind behavior (Streubert & Carpenter, 1999: 265-279).

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Data generation in the planning stage might also include observation of practitioners as they carry out their work over several days. To assure objectivity, researchers who are not practitioners in the setting are the observers. Researchers also interview key players in the situation to gain a greater understanding of the intentions behind the observed actions. Additional data generation techniques might include keeping detailed diaries containing subjective impressions of interactions with practitioners and field notes of meetings. Data generated include facts and interpretations or explanations of those facts. Interpretations and explanations are authoritative and accurate because they are grounded in practice (Winter, 1989).

The researchers and co-researchers should plan to use at least three different methods of data generation so that each method can partly transcend its own limitations by functioning as a point of comparison with another. Two methods of data generation might result in polarized opinions or insights; however, a third method might allow for an interpretation that reconciles the polarization. Hence, through triangulation of data generation techniques, researchers and participants establish more meaningful problem solving (Winter, 1989).

After generating data, the co-researchers analyze the data following the specific guidelines for each data generation technique used. They analyze quantitative data using traditional statistical methods and qualitative data using qualitative methods. The constant comparative method developed by Glaser and Strauss (1967) lends itself well to analysis of the qualitative data generated in an action research study. In addition, the action plan details the intended role for each player in the planned change and describes the methods for executing the roles.

5.3.2 Action. This is deliberated and careful action. It includes analysis and practice for development from practice in the past. The practice is according to plan but not completely controlled by the plan. In real situation, there may be sudden obstacles which are not predictable. Therefore, the plan must be flexible and open for changes caused by the environments of dynamic practice. Firm decisions are required for what have been done and then actions are made on the decisions.

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5.3.3 Observation. This is preparing basic data to reflect the present. Observation must be done carefully and with plans. Observers must be open-minded because something unexpected may happen so they must be quick in making responses and consistent in recording their observation; they must record the process of the practice, the outcome of the practice (deliberately or not), the environments and obstacles of the practice. Observation is a mirror reflecting success. It is useful for improvement of the practice through intention better and instills more strategies with analytical practice.

5.3.4 Reflection. This is a discussion among the participants about what each of them has recorded in the observation, problems, and obstacles which will lead to the meanings of the situation taken place and to the preparation of basic data for planning again.

5.4 Action research in nursing

The study of nursing is based on scientific method according to a medical model emphasizing that facts must come from data which are measurable, observable, and can be tested. There are arrangement and control of factors which may be related to the study while the actual nursing practice is related to caring with interpersonal relationship (nurses and service recipients) in a social environment with constant changes. Nursing is a science of practice based on theories leading to practice. Nursing theories have to be experimented and tested in practice based on a systematic research or study (Greenwood, et al., 1993: 175-192). An important and controversial issue is how to reduce gap between theoretical knowledge and practice and research in nursing. The problem often found is that nurses cannot apply results of quantitative research or research based on scientific methods to the actual practice (Clark, J. M. & Hockey, L. (1989).

Action research in nursing holds that theories or knowledge in nursing has been developed to an extent. With the knowledge and experiences, nurses can evaluate the problems and the needs to make changes in order to maintain life and

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health of the service recipients. The service recipients who are taken as research participants participate in all steps of problem-analysis and problem-solving. The participatory process involves reflecting and pondering over the problems and the practice to reach mutual understanding. There are negotiations so that there are changes in health behavior to improve or solve health problems of the service recipients. In addition, help and care are provided directly for the problem of illness to help the patients practice according to plan. This is because nursing is a profession providing care for patients. This makes it different from action research in other branches of science.

6. Establishing trustworthiness

The basic issue in relation to trustworthiness is simple: How can an inquirer persuade his or her audiences (including self) that the findings of an inquiry are worth paying attention to, worth taking account of? What arguments can be mounted, what criteria invoked, what questions asked, that would be persuasive on this issue?

Conventionally, inquirers have found it useful to pose four questions to themselves: (1) Truth value, (2) Applicability, (3) Consistency, and (4) Neutrality. Lincoln & Guba (1999:288-331) suggested that, criteria of establishing trustworthiness as below:

6.1 Credibility

We shall suggest five major techniques: activities that make it more likely that credible findings and interpretations will be produced (prolonged engagement, persistent observation, and triangulation); an activity that provides an external check on the inquiry process (peer debriefing); an activity aimed at refining working hypotheses as more and more information becomes available (negative case analysis); an activity that makes possible checking preliminary findings and interpretations against archived “raw data” (referential adequacy); and an activity providing for the direct test of findings and interpretations with the human sources from which they have come- the constructors of the multiple realities being studied (member checking).

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6.1.1 Activities increasing the probability that credible findings will be produced. There are three such activities: prolonged engagement, persistent observation, and triangulation.

6.1.1.1 Prolonged engagement, is the investment of sufficient time to achieve certain purposes: learning the “culture”, testing for misinformation introduced by distortions either of the self or of the respondents, and building trust, it is impossible to understanding any phenomenon without reference to the context in which it is embedded. It is imperative, therefore, that the naturalist spend enough time in becoming oriented to the situation, “soaking in the culture through his or her pores”, to be certain that the context is thoroughly appreciated and understood. Just how long is that? The answer to that question is of course relative to the context’s scope and sophistication, but at a minimum it must be: “Long enough to be able to survive without challenge while existing in that culture. Prolonged engagement also requires that the investigator be involved with a site sufficiently long to detect and take account of distortions that might otherwise creep into the data.

6.1.1.2 Persistent observation, the purpose observation is to identify those characteristics and elements in the situation that are most relevant to the problem or issue being pursued and focusing on them in detail. If prolonged engagement provides scope, persistent observation provides depth. Persistent observation also has its pitfall, paralleling that of “going native” in relation to prolonged engagement.

6.1.1.3 Triangulation, Denzin (1989 cited in Kimchi, et al., 1991: 364-366) described the four types of triangulation as below:

1) Theory triangulation: This definition involves testing through research, the competing theories, rival hypotheses, or alternative explanations of the same phenomenon. Data triangulation: The use of multiple data sources

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with similar foci to obtain diverse views about a topic for the purpose of validation is considered data triangulation. Denzin listed three types of data triangulation: time, space, and person.

2) Methods triangulation: Methods triangulation is the use of two or more research methods in one study and may occur at the level of design or data collection. Denzin described two types of methods triangulation: within methods and between methods: (1) Within methods triangulation is defined as the combination of two or more similar data collection approaches in the same study to measure the same variable. The inclusion of two or more qualitative approaches such as observation and an open-ended interview to assess the same phenomenon is also considered within-methods triangulation. The observational data and the interview data are coded and analyzed separately, then compared as a way to validate the findings; (2) Between-methods triangulation is the use of qualitative measurement approach and a qualitative data collection approach in one study to measure the same unit.

3) Investigator triangulation: It is considered present when two or more "research trained" investigators with divergent backgrounds explore the same phenomenon. Investigator triangulation is considered to have occurred when: (4.1) each investigator has a prominent role in the study; (4.2) the expertise of each investigator is different; and (4.3) the expertise is evident in the study.

6.1.2 Peer debriefing: It is a process of exposing oneself to a disinterested peer in a manner paralleling an analytic session and for the purpose of exploring aspects of the inquiry that might otherwise remain only implicit within the inquirer's mind. In addition, it is the process helps keep the inquirer "honest". All questions are in order during a debriefing, whether they pertain to substantive, methodological, legal, ethical, or any other relevant matters. The task of the debriefer is to be sure that the investigator is as fully aware of his or her posture and process as possible.

6.1.3 Negative case analysis: It is interested in negative case for Protect the holistic bias. Negative case analysis may be regarded as a "process of revising hypotheses with hindsight". A single negative case is enough to require the

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investigator to revise a hypothesis. When there are no more negative cases, the researcher stops revising the hypothesis and says with confidence.

6.1.4 Referential adequacy: Videotape recordings and cinemato graphy, provide the means for capturing and holding episodes of classroom life. The recorded materials provide a kind of benchmark against which later data analyses and interpretations could be tested for adequacy.

6.1.5 Member checks: The member check, whereby data, analytic categories, interpretations, and conclusions are tested with members of those stakeholder groups from whom the data were originally collected, is the most crucial technique for establishing credibility. If the investigator is to be able to purport that his or her reconstruction is recognizable to audience members as adequate representations of their own realities, it is essential that they be given the opportunity to react to them.

Member checking is both informal and formal, and it occurs continuously. Many opportunities for member checks arise daily in the course of the investigation. A summary of an interview can be “played back” to the person who provided it if reaction; the output of one interview can be “played” for another respondent who can be asked to comment; insights gleaned from one group can be tested with another. Such immediate and informal checking serves a number of purposes: It provides the opportunity to assess intention - what it is that the respondent intended by acting in a certain way or providing certain information. It gives the respondent an immediate opportunity to correct errors of the fact and challenge what are perceived to be wrong interpretations. It provides the respondent the opportunity to volunteer additional information; indeed, the act of “playing back” may stimulate the respondent to recall additional things that were not mentioned the first time around.

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6.2 Transferability

Transferability refers to new knowledge that production of the research such as meaning the phenomenon, explanation, ideas, and theory must be transferability and applicability in the other similarity of contexts (Siriphorn, J., 2002: 115-116). The qualitative researcher cannot specify the external validity of an inquiry; he or she can provide only the thick description necessary to enable someone interested in making a transfer to reach a conclusion about whether transfer can be contemplated as a possibility. The question of what constitutes “proper” thick description is, still not completely resolved. Clearly, not just any descriptive data will do, but the criteria that separate relevant from irrelevant descriptors are still largely undefined (Lincoln & Guba, 1985: 316).

6.3 Dependability

Since there can be no validity without reliability (and thus no credibility without dependability) It is possible using the techniques outlined in relation to credibility to show that a study has that quality, it out not to be necessary to demonstrate dependability separately.

6.4 Confirmability

The major technique for establishing confirmability is, the audit trail. It is to examine the product from the process and result of research are not bias. An inquiry audit can be conducted with a residue of records stemming from the inquiry. The six Halpern audit trail categories are these: (Halpern, 1983 cited in Lincoln & Guba, 1985: 318-322): 1) raw data, including electronically recorded materials such as videotapes; written field notes; and survey results. 2) data reduction and analysis products, including write-ups of field notes; and theoretical notes, including working hypotheses, concepts, and hunches. 3) data reconstruction and synthesis products, including structure of categories; findings and conclusions; and a final report. 4) process notes, including methodological notes; trustworthiness notes; and audit trial

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notes. 5) materials relating to intentions and dispositions, including the inquiry proposal; personal notes; and expectations. 6) instrument development information, including pilot forms and preliminary schedules; observation formats; and surveys.

The auditor should see him-or herself as acting on behalf of the general readership of the inquiry report, a readership that may not have the time or inclination (or the accessibility to the data) to undertake a detailed assessment of trustworthiness. The role of the auditor is to make the inspection and verification on behalf of the reader and to attest to having done so. The role of inquiry auditors is thus exactly parallel to that of fiscal auditors, who, on behalf of a stake holder group that me not be sufficiently sophisticated to read account statements themselves or may not be able to travel to the place at which such statements and their supporting documents are kept, examines the statements and attests to their accuracy and fairness. The auditor must be someone who has sufficient experience to be trust worthy, whose judgments can be accepted as valid, and who is a disinterested party.

The techniques discussed in the preceding ages, one final technique should be mentioned that has broad-ranging application to all four areas and provides a base for a number of judgment calls the auditor must make, for example, extent to which the inquirer's biases influenced the outcomes. That technique is the reflexive journal, a kind of diary in which the investigator on a daily basis, or as needed, records a variety of information about self and method. With respect to the self, the reflexive journal might of information about the human instrument.

The Denver Nursing Project in Human Caring (DNPHC) is a nurse-managed outpatient center providing integrated care and services for persons living with HIV / AIDS, their family members, and friends. Programs and services of the center are based on Watson's theory of human care nursing. The ongoing challenge to operational authentic caring has resulted in life satisfaction and quality of life (Neil, 1994: 36-40).

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In this study, the instruments for data collection were recording form for individual characteristics, questions for in-depth interview is semi structure form for measuring spiritual feeling include 3 aspects: (1) meaning and purpose of life; (2) Inner strengths; (3) Interconnections.

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CHAPTER III

METHODOLOGY

The action research, a selected learning qualitative enquiry, such as surveys, interviews, documentary, informants observation, focus groups, was to develop a model to alleviate the suffering of HIV-infected patients by training in establishing the Four Foundations of Mindfulness in combination with Watson's caring. The reason to use this kind of method was to look at HIV/AIDS early history and developed a self-healing model, and brought people together to learn from each other experience. The problems of informants were shared, experienced, and exchanged of ideas by colleagues and informants (HIV-infected patients). Therefore, this study, a group was proposed to set up a study meets with interested informants, such as a researcher, a sub-district health center officer, and a secretary of the foundation. A pilot study was set up to help establish the responsibilities of HIV/AIDS patients, and the researcher. Then, the Four Foundations of Mindfulness in combination with Watson's caring was proposed, discussed and modified. Ethical issue was considered and permission sought from Mahidol University. The last step was a continuous cycle of reflection model of self-healing was developed.

The expectation of this study was to develop a sustainable self-healing of the HIV-infected patients in order to palliate their suffering and develop the knowledge and ability of the researcher in applying theory or concepts to use with patients. The researcher had conducted a study in the level of joint implementation between the researcher, trainers, HIV-infected patients, caregivers, administrator (foundation secretary), and sub-district health center officers. All of the informants had mutually explored the problems and had planned to solve the problems, to implement, and to reflect of implementation. The significant indicators of self-healing and alleviating of suffering of the HIV-infected patients were reducing the physical and mental suffering, increasing body weight, reducing unhealthy factors, and reducing spiritual suffering of a result of three aspects: (1) Increasing the ability to search the meaning

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and the purposing of human life: The HIV-patients had hopes, and had a meaningful of life, and accepted the uncertainties of the future in order to live with the diseases; (2) Initiating the inner strengths: The HIV-infected patients should be used their potential and got the benefit of the training until the mind is cultivated stronger to help themselves and the others; (3) Improving the relationship and interconnection to self (self-reflection), friends, family members, and the community.

Research methodologies were presented as follow: studying site, population and sampling technique, research instruments, an action research processes, information and data collection, analysis data, establishing the trustworthiness, translating action research process, and ethical considerations.

1. Studying site and the context of community therapy

The community therapy is located farther from Bangkok around 200 kilometers and far from the main road of Bangkok-Nakornsawan around 1 kilometer. There is a laterite road to reach the community. This community therapy was found in January 1, 1997 with a total area of 63,200 square meters (4,000 square meters is for building, and 54,400 square meters is for planting crop and agriculture), which was supported by the office of the communicable disease control area-1, and was donated from the people. It could admit around 30 patients. The objective of these community was to help the HIV-infected and AIDS patients who were neglected from the family and was stigmatized from the community.

1.1 Infrastructure: patients' housing composed of 15 beds for men and 15 beds for women. There was a section for severe cases (not yet opened). The kitchen was built at the south of this building, which was divided into 4 parts for a cook, a messing hall for patients, a bed room for a caregiver, and a store room. The kitchen was next to a front building. The front building had the Buddha image that was placed at the central part while the other side of building was divided into five bedrooms for patients and their families. This room was provided as a common room for chanting, meeting, watching television, and visiting area. There was a yard between the front building and the patients housing.

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The Southern area of the community had a gardening kitchen and had a small pond. There were camachile trees in the garden, and was a crematorium and lodging for visitor as monks. The eastside of the community therapy were the shops and the grocery stores of the community people. The North and the West side had camachile, mango, and guava trees, etc.

1.2 Community management: the community therapy is managed by the Sunthon Foundation (assume name) where it is located at Wat Phai, (assume name). The secretary of the foundation is a monk who takes a responsibility on admitting the new patients, co-ordination, and looking for a donation. The foundation's budgetting is donated and supported by the office of the communicable disease control area-1, Bangkok, and is donated from This and sometimes from the foreign organizations.

The admission of HIV/AIDS patients into the community therapy depended on the registerred criteria as follows: (1) Patients were taken to Wat Phai (assume name) and their relatives had signed an endorsement at the foundation. The foundation secretary had admitted the patients; (2) The patients had to move the name list out of their housing document to be a member of the community therapy in order to get a 30 bath medical card form the health center and a district hospital.

The community therapy was generally managed by two staffs, which took responsibilities, such as, cooks and caregivers. The informants were assigned to take many responsibilities, such as, cleaning a mess hall, cleaning dining area, cleaning toilets, picking the fallen leaves trees around the building, cleaning of patient house, and burning of garbage.

For the other job were assigned, such as, taking care of the severe cases, cleaning the corpse of dead patient. The responsibilities of the healthy HIV/AIDS were also assigned as follow: (1) taking care of the severe patients- the HIV-infected patients who was healthy enough should be a caregiver for the others who had severely symptoms and could not walk; They were assigned to cook food, wash the clothes, help friend to take a bath, and wash or clean friends' body. For the severe cases, the relatives would pay the money to the community caregiver for caring their relatives. A community caregiver would get a payment around 2,000 Baht/month. For HIV/AIDS cases who without relatives, there were the volunteers who would

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take care without any payment; (2) cleaning the body; when the severe patients were passed away, four HIV-infected patients were assigned to clean the body of death. They would get a payment about 100 baht per time and per case. Their jobs included washing or cleaning the corpse body, changing of clothes, placing the body into the coffin and burning at the crematorium, preparation for the burning ceremony, and picking up the bones or ashes on the next day morning; (3) burning of the body: when someone passed away, the caregiver would summon the monk to pray for a died case. In case of there was no monk in the community; the caretaker would invite another monk's who lives nearby the temple to pray instead. Patients without relatives were sometimes supported by somebody who wanted to help them for the funeral ceremony and some were supported by the community therapy to pay for a funeral ceremony. The researcher had an opportunity to attend the funeral ceremonies and found that monks praying in Bali language, then they pouring the water to the ground, put the burning flowers, and burning the body. The monks had not given a Dhamma to the relatives or to others patients.

1.3 Medical and food services: at the beginning of the study, the researcher came to the community therapy. There was a routine caring tradition that the caregiver would accompany patients to check up at the Bumrasnaradura's hospitol once per month for getting the medical services. However, when the Government started giving a social security policy as a "30 Baht medical treatment" since February 2002, the foundation changed and reorganized a caring system step by step of treatment. The patients, who had no severe illness they would receive a basic health care services at a health center, which was next to the community therapy. In a severe case, the health center had a limitation of facilities, was referred to the district hospital but once a month. For food services, the cooks had prepared food three times a day and equally provided food for all out of charge.

1.4 Communication to the external community: the community caregiver would not allow the patients out of the community therapy except there was the relatives came to pick them up or sometimes asked for a permission to get home by signing on a home visiting paper. Therefore, the patients would have an opportunity

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to get home once a month for receiving treatment at hospital. An external communication, there was a community telephone services for the patients who wanted to communicate with their friends and relatives. There also was a telephone machine at the house of the village leader, if the patients' relatives called, it would be announced via the village communication for patients to get the call. The community staffs would not allow the patients to use a private mobile phone to contact the outside people as to prevent the consequence problems.

2. Population characteristics and sampling technique

The populations in this study were HIV-infected patients who had the symptoms related to HIV and AIDS patients at Takam community therapy (assume name). The samples of this study were HIV-infection men and women. The purposive sampling was used to recruit the informants by following the criteria:

1. Acquired HIV-infection with a symptomatic or slightly symptomatic of HIV as reported on 501/1 of the Ministry of Public Health report.
2. Age ranges 20-40 years olds for both men and women.
3. Living a normal life with slight symptoms of illness and no problems.
4. Willing to participate in the study with understanding the informed objectives of the project with perception that they have the rights to withdraw or refuse to participate in the study. They also signed the informed consent.

3. Research Instruments

3.1 Instrument for caring

3.1.1 The researcher as an instrument.

3.1.1.1 The pre-intervention stage, I has prepared myself to receive a training on the Four Foundations of Mindfulness by using the curriculum of Dr. Siri Karinchai. The training was conducted for a total of seven sessions. I was trained until my faith was cultivated and became stronger. As, proven by myself, the curriculum of the Four foundations of Mindfulness was the method that could palliate the suffering. It could change the unhealthy factors to be the healthy factors. The

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state of a present mind would apply to all of daily activities that used for the training. The training composed of chanting, radiation of loving-kindness, walking meditation, and sitting meditation. To prove if the training was succeed, the practitioner should tape a finger thermometer at a finger. The finger temperature would increased at least 2-4 F° after training in a room temperature without drinking warm water or any intervention.

3.1.1.2 The intervention stage:

1) Self-healing of the researcher

The period of data collecting, the researcher had assessed the physical health and had in-dept interviewed the HIV-infected patients about 1–1 ½ hour session per person, then took a break about an hour for having lunch. Before continuing an interviewing in the afternoon, I did look for a quiet place or a private room to heal myself through meditation for a 10-20 minutes session in order to cultivate an inner strength and maintain the balance of physical, mental, and spiritual. After finishing any training session and researching at the Takam community therapy (assume name), the researcher had improved the meditation experiences by involving in the training on the Four foundations of Mindfulness which was organized by the temple for a 3 days and 2 nights session.

2) Healing to get an information from HIV-infected patients: there are tools used for caring such as: (2.1) a recording form for physical examination; (2.2) sphygmomanometer, stethoscope, body thermometer, and 2.3) the researcher with a consciousness three levels.

The researcher in the process of action research was a tool for healing. I firstly did offer myself and establish a relationship to the informants to get information. For making a good relationship to get the data, I, a researcher must have a fully conscious, intention to ask, and had a concentrate, and aware to share data on the time. It should not focusing on the past, no fear on the future in order to perform a genuine healing. Therefore, to get an accuracy information and provide a healing to informants, the level of consciousness could divide into three levels (Mckivergin, 1995 cited in Dosssey, 1997: 21-23; 65-81).

- Physical presence is the physical to physical contaction: the researcher must have a presence of mind during performing the study.

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Physical examination of the informant should be assessed, such as, measuring temperature, taking blood pressure, recording pulse, checking heart beat, observing their behavior, and touching, etc.

- Psychological presence: is the mind-to-mind contaction. The processes of caring was provides by a researcher, such as, oral interaction, listening carefully while the participant was talking, reflecting, offer counseling, giving a comfort, giving a help, giving a support, and giving a sympathy in order to response to the need of the informants.

- Therapeutic presence: is the spirit to spirit touching: The researcher had participated together with HIV/AIDS patients for evening chanting. After finishing an interviewed, the informants were invited to practice meditation for about 15 minutes or more, depending on their intention. A loving-kindness was radiated to forgive themselves and the others, to many peoples, and to the members of community therapy who passed away, and still alive.

3.2 Instruments for training on the Four Foundations of Mindfulness

3.2.1 The Four Foundations of Mindfulness trainers

The researcher had invited the trainers to give a training for HIV-infected patients at the community therapy. The trainers were a monk and a woman who had about 5 to 7 years experienced as meditation teacher on the Four Foundations of Mindfulness. Moreover, they also had an experienced to organize the meditation curriculum of Dr. Siri Karinchai. Furthermore, a trainer, who is the priest, also had an experienced and had completed the course of the basket of the Higher Doctrine *(Abhidhammapitaka)*.

3.2.2 A manual of the Four Foundations of Mindfulness training was developed. It composed of the contents of teaching which explained the meaning , usefulness, and technique to practice of the Four Foundations of Mindfulness. It had also suggested about the limitation and the benefit of the technique that should and should not perform. The manual explained about breathing exercise (prana), the result of meditation to the health of the HIV-infected, and the verses of chanting.

3.2.3 Finger thermometer, a 45 cent weather thermometer, is used for relaxation training. Temperature is reported in Fahrenheit degrees. The bulb of

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thermometer is taped to the skin of HIV-infected patient before, during, and after training on the Four Foundations of Mindfulness. The room temperature should be assessed and recorded before taping to the skin. The skin temperature will increase while relaxation during meditation. Temperature (Blood flow) feedback is correlated to relaxation, and related to the amount of blood flowing through arterioles and capillaries.

3.2.4 A camera, a tool to record the picture of the activities, was taken while practicing the walking meditation, sitting meditation, and the others activities during training.

3.2.5 VDO tape was a tool for teaching. It was produced by Young Buddhists Association in Thailand. A video composed of the concept of Buddhism, the law of karma, Pra Nai Bun (kindness of parent).

3.3 Instrument for gathering information

3.3.1 A closed and open ended questionnaire for asking the general characteristic of the samples; It composed of a set of question for getting an information about gender, age, marital status, educational level, income, and source of income, time duration to perceived the result of infection, period of illness, bare the blood result, and experienced in Dhamma practice of the informants.

3.3.2 A sign and symptom assessment form. The symptoms of three stages of HIV/AIDS infection, such as, stage with asymptomatic, the stage of symptomatic related to AIDS, and the AIDS stage were recorded. The form was developed from the literature reviews in regards to the division of stages of HIV-infected by Kriet Rakrungtham (1998).

3.3.3 The unhealthy factors and the healthy factors recording form is ae A literature reviewing created form . It was reviewed of five hindrances *(nivarana)* which was an article to impede in practice meditation such as sloth -torpor *(thina-middha),* uncertainty *(vicikiccha),* worries-anxiety *(uddhacca-kukkuccha),* illwill *(byapada).* Besides this, rapture and happiness, when the HIV-infected can practice meditation until reach where peacefulness takes place in the mind result to rapture and happiness. It comprised of eighteen questions including of the passage with positive meaning for the total of four items as including of item number 1, 16, 17, 18 and the

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passage with negative meaning for total of 14 items as item number 2-15. The assessment format assigned the questions of the feeling inside the mind using of rating scale 5 levels as:

Highest	means the one who answer highest agree with that question
High	means the one who answer highly agree with the question
Moderate	means the one who answer moderately agree with the question
Mild	means the one who answer mildly agree with that question
Disagree	means the one who answer disagree with that question

The criteria to give a score for a positive scaling question was ; most positive question 4 points, high 3 points, moderate 2 points, mild 1 point, and disagree 0 point respectively. The criteria to give a score for a negative scaling question was ; most positive question 0 points, high 1 points, moderate 2 points, mild 3 point, and disagree 4 point respectively.

3.3.4 A guiding paper for in-dept interview on the spiritual aspect: the researcher created a guiding paper from a literature reviews. There were 3 categories.

3.3.4.1 The ability to explore the meaning and the purpose of human life. It was ability to accept an uncertainty of life that might be occur periodically as a human being, and had a hope and a purpose to live with their illness, and with worthwhile.

3.3.4.2 Inner strengths: it was an ability of individual to bring their inner competency to help and apply to themselves and the others.

3.3.4.3 Interconnections: It was an ability as a self-reflection to make a relationship and/ or communicate to the others ,such as, friends, family members, and the community therapy.

3.3.5 Physical examination form

3.3.6 The form of finger temperature recording

3.3.7 A manual as a guide for evaluating the principle of nature *(Sabhavadhamma):* It composed of the questions about the feeling while walking and

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sitting meditation and awareness of the stimulant that contact eyes, ears, nose, tongue, the body, and mind.

The researcher created the forms 3.3.5-3.3.7 from the review literature.

3.3.8 Tape recording

3.3.9 The scale of body weight measurement: It is an accuracy tool. The researcher measures the body weight of informants before the breakfast one time per month.

3.3.10 Stethoscope and sphygmomanometer: They are accuracy tools.

4. Methodology of action research

To operate an action research, the important indicator of action research processing was the researcher's ethics and morality. A researcher was the most important tool to gather the information. The ethics that researcher should be done were a full of sympathetic mind, sincerity, and a high morality in order to protect the patient's right all the process of action research.

The processes an action research were divided into four steps as follows:

4.1 Planning

The planning step was divided into two sub-steps including the reconnaissance and action plan

4.1.1 Reconnaissance

Because the study was a sensitive issue concerning HIV-infected, the place of study thus was typify. The researcher itself was not a staff of the community therapy, therefore, it was necessary to learn and get into the cultural of organization as firstly as an outsider and became familiar as a part of them in later on. It was also had to take time to search for things behind the phenomenon that might be illusion from the beginning (Lincoln and Guba, 1985: 302). The researcher, therefore, had applied the method into the field as per following step:

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4.1.1.1 Formal approach into the field: the researcher had an opportunity to be as a trainer in giving a training which was organized by the center of communicable disease control area-1 and had participated in the daytime and nighttime activities of the whole project. The information of a participating was used as the primary data in order to evaluate the need of HIV/AIDS patients, initiate, and look for a model of training

4.1.1.2 Semi-formal approach to the field: the researcher had joined the ceremony for leaf offerings to the priests at the Foundation of Suntorn (assume name) organized. While attending the ceremony, the researcher had observed the phenomenon and presented the role of the participant for the community therapy such as the role of the foundation secretary who had organized the ceremony and received the donations. A sub-district health center officer who works at the health center took a responsibility to welcome the guest as the owner of the place. The housekeepers or two caregivers had welcome the guest and had prepared the food. The leader of the member took a responsibility as a moderator. For the other members who can easily walk to take responsibility of general job and accept donations.

4.1.1.3 Informal approach to the field: the researcher have been the community for a period of 4-5 days per time of a total four times within a 2 month period in order to get informations as naturally. The researcher had observed the participations to activities from the morning to the evening and the nighttime, such as, walking with community members in the morning about 5-6 people, having food together, and chanting with all the members in the evening. Moreover, the researcher also observed and participated in a special activities that was happened sometimes such as picking the fruits from the garden for selling, cleaning the corpse of the dead body, and having participated in the funeral ceremony of the dead member.

From approached informally and participated daily activities with the informants , the researcher had got the different phenomenon and had taken pictures to compare the formal and informal approach, such as, knowing the

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frustration on their life, the medical welfare, and food donating, and also the feeling when they received a donation in the day of offerings leave for the priests and other occasion. The informants felt that they had no prestige, they had to wait for donation even they were still healthy, sufficiency and able to work to earn money like the others, but society would not give them a chance. One of informants said that *"thank you for the kindness of all your donation, however in my deep feeling, I would like to be myself, to have self esteem, I would like to facilitate myself with my ability, I feel that I still can work but, why the society would not give us a chance"*. Moreover, an almost informants felt unsatisfied of the changes on medical care. They had no need to get the medical care from the health center and the district hospital instead of Bomraj Naradoon hospital.

Moreover, talking to a participant about their daily life, the researcher also had met the two caretakers and the priest, the foundation secretary. The researcher, therefore, had known the limitation of the budget for management. The foundation received a limited budgeting and supporting from the government; thus, a donation of money and materials from the kind people were necessary in order to pay for caring an invalid number of the HIV-infected patients that the community therapy could not rejected or denied if the HIV/AIDS patients asked for helping. Moreover, some relatives left the HIV-infected person and all of the responsibility to the community therapy, thus the consequence problem was there was a shortage to access to the necessity health care for the HIV-infected patients and had no a healthy food supplied. The other problems of the community were from the HIV-infected behaviors were as follows:

1. Refuse to access the necessary health care because of there was a limited budgetting and had no own transportation of the community therapy, the caretaker had hired a truck, which the owner is a nephew of the cooker and always was hired. It was accompanied with HIV-infected to get a treatment at the health center and the hospital every month. However, if some patients had a severe sick on the day off a regular schedule to get treatments, they had to hire a truck by themselves or if they had no money and no relatives, they had to wait until the schedule day. A hired truck had no seat for twelve people, so, the caretaker would set

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a priority and considered if who should get a treatment first and the rest could ask for drugs. For a severe cases, they had to get rest at the community and wait for passing away.

2. Food service: the community therapy is located further about 30 kilometers from the market, thus the cooks had to hire a truck to buy foods and stuffs twice a week. Meats are stored inside the freezer while vegetables are placed outside. The researcher had observed that the vegetables was not good preserved in a proper condition, so it had no food value and vitamins. The cook had prepared food in a limited budget. Some of patients had a sore throat, high fever but they had to have the same food recipe as the other members, they had no choice to select or request the soft meal for them.

3. Major Problems from the HIV-infected themselves: Almost the HIV-infected were using stimulants, drugs, and doing an irritate behaviors in order to palliate their suffering, such as, smoking, drinking alcohol, taking amphetamine, and /or fighting to each other even these behaviors are not allowed and against the rules of the foundation. This patients' behavior resulted in an increasing a workload of both caretakers, as they should take care, prepare food, control behaviors, and coordination to the HIV-infected' s cousins, and also coordination to the organization such as health services, district office, and etc.

Moreover, the researcher had interviewed people who had been next to the area of community therapy and participated with the faith ceremony at the village leader house, the researcher also had an opportunity to talk to many informants in the ceremony. The researcher, therefore, perceived the people's feeling, and negative thought about the HIV-infected in the community therapy as follows:

1. There was no relationship between community people and the HIV-infected patients.

In a period of two months, the researcher had been there sometimes. The researcher found that there had no any people in a village who had lived very close to the community therapy came to visit the patients except the person who took a responsibility to work with the community. The researcher asked a store owner in the village who lived next to the community therapy and found that the store never

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sold any stuffs to the HIV-infected. As in the past, when they sold things to the patients, the store had no customers to buy stuffs even give them free things. The researcher had interviewed the customers or people around the community. They told the researcher that after the community therapy has been set, the death cases were burnt everyday. Consequently, they believed that the dust from the burnt of the HIV-infected would spread HIV virus into the air, water, as a pollution

2. Stigmatization; People had disgusted to ride the same transportation with the HIV-infected patients.

They had no public transportation passing the community therapy even it is located far from the main road of Bangkok-Nakornsawan for about one kilometer, even the HIV-infected pays twice of the bus fair. Therefore, if they had to leave the community therapy, they had to take a van at 2:00 AM, as this time the people would not notice and mostly sleeping. The researcher was also took the same transportation to Bangkok. The private truck usually had given services in bringing the HIV-infected patients to get medical care and bringing the caretaker to buy food at the market is usually the same truck whose owner is the nephew of the cooker or caregiver.

The researcher, after perceiving the problems from both caregiver, foundation secretary, and the frustration of the HIV-infected, the researcher therefore had organized a focus group discussion to acknowledged the general problems concerning their life and suffering as an HIV-infected including ways to palliate suffering of individual. After that, an in-dept interview was performed to add some points that some of the informants shy to tell out in front of the others. All information was analyze afterwards, which could be summarized concerning the suffering of each of the HIV-infected as (the detail presented in Chapter 4)

1. Physical suffering: such as skin rashes, itchy skin, abdominal pain result from vaginal candidiasis, soreness tongue and mouth, tiredness, and diarrhea.

2. Mind suffering: such as questions with topics, stress, feeling hurt, confusion, frustration, oppression, conflict, afraid to tell the truth with family, and lack of people's true love.

3. Spiritual suffering: such as feeling guilty as thought because of their sin, hopelessness, denial from the family and society, feeling no relationship and

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arrogant with the father, no equity at hospital services, and some of them have low self-esteem.

Most of informants palliate suffering by using stimulant or drugs, such as smoking, drinking alcohol, taking amphetamine, gambling, playing all night, and making love with the new lady. There were fighting among married couples; the wife of both families always hurt themselves. There was a informant who had a proper behavior to palliate pain. For example, he/she felt sympathy to the others, no complication, no stimulants or drugs, spend the leisure time to help the cooks in the kitchen and chores inside the community therapy.

The other needs and inquiries were they would like to learn about AIDS and Dhamma. They would like to have a nurse or volunteer working in the community therapy and teach the verse of Dhamma.

The researcher, afterwards, understood and concern to the situations, thus the primary data from focus group, in-dept interview, were set for the next step of action research, the action plan.

4.1.2 The action plan

Action plan composed of the stimulation to involve all awareness of the problem and set up the role of each unit.

At this step, the researcher must make all units to feel aware to the problems, need to change by sharing their experiences and share the value of work, collaboration, and supportive atmosphere, which is the basic necessity to promote motivation and commitment to change (Webb, 1989: 403-410). Therefore, the researcher, the foundation secretary, the caregiver, health officer, and the representative of the informants together think that how can palliate the suffering of the HIV-infected patients under the limited budget, no specific drug for treatment, lack of support from both family and society. There is no the health officer to work at the community therapy and many of the HIV-infected are on drug dependency to palliate suffering which consequently often fight between themselves.

All involving units agreed that the suitable model to palliate suffering should be an easy model without complication and the HIV-infected can regularly practice by themselves in everyplace and time, low cost, and the method should make them feel

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free which is also significant to make them more confident. Therefore, the principle of Buddhism about the Four Foundations of Mindfulness in combination with caring is considered a method that helps the HIV-infected to be self-healing and actually palliate suffering.

The researcher, therefore, invited two specialists on the training of the Four Foundations of Mindfulness to act as a consultant and trainer, which comprises of a priest and layman that designed together the detail of activities in training the Four Foundations of Mindfulness in combination with Watson's caring as presented in Appendix.

4.1.2.1 Set up the roles of each unit who were involve in the research

It would create good implementation if the role of each unit was set up before taking action

1) Role of researcher: offering themes concerning the suffering of the information givers on their physical, mental, and spiritual including all limitations to the trainer, the caregiver, the foundation secretary, the representative of the information givers. The themes offered in order to make plan, set the training activities related to the problems and the needs of the information giver, observed their practice and promoted the freely thought reflection of all involving unit. Evaluation of the all process and outcome of the changes resulted from the training including regular recording and analysis information.

2) Role of the trainers as the specialist on training of the Four Foundations of Mindfulness: provided consultation concerning the activities in training, reflection, and evaluation on the practice of the information giver. Moreover, the priest trainer took the role in teaching the verses of Dhamma with various topics, which could be applied to palliate suffering (detail in Appendix). For the layman trainer took the role of demonstrating the walking meditation, sitting meditation, radiation of loving-kindness, and the humbly apologize ritual.

3) Role of caregivers: prepared food, took care of the living patients, promoted comfort concerning the place of training as they were the house owner, participated in training when available, reflected thought concerning the

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behavioral changed of the information giver after completing the training as the caregiver should approach closely to the information giver.

4) Role of the foundation secretary: to participated in coordination of the plan to follow up the HIV-infected patients with the researcher and together promoted comfort concerning transportation, consultation about problems in carrying-out the training, participated in reflection of thought.

5) Role of Sub-District Health Center Officer: prepared of first aid material, basic medical checked up to the information giver, participated in training when available, participated in reflection of thought with the researcher concerning the skill of physical examination and complication assessment of the HIV-infected patients.

6) Role of the informants: awareness and perception of their own actual problems, participated in setting goal to palliate suffering with the researcher, prioritied ranking of problems in order to solve, observed complication of themselves, participated in training, and applied the principle of the Four Foundations of Mindfulness to practiced in daily life and recorded their state of mind in the record book, and suggested the training activities.

4.2 The action

The researcher performed training of the Four Foundations of Mindfulness in combination with Watson's caring for a total three phases, the first phase was planned for a 4 nights and 5 days session with a total of 13 informants. The activities composed of chanting, radiation of loving-kindness, walking meditation, sitting meditation, acceptance of the Buddhist commandments, giving lecture on the principle of the Four Foundations of Mindfulness, the concepts of Buddhism, based of meritorious action *(Punnakiriya-vatthu),* the law of karma, Phra Nai Bun (the kindness of parents), Five Aggregates *(Panca-khandha),* and the humbly apologize ritual. The resulted of the training found that there were 6 informants had a correctly practice and well done in a progress training. The rest of 4 informants could not participate the training in every class due to confuse and had various obstacles (the detail about the method using in the Four Foundations of Mindfulness and Watson's caring, results of

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training, promoting factors, and obstacles, the researcher were presented in Chapter 4).

One month after completed the first session training, the researcher had performed a follow-up training and continuing a left 2 sessions, and combining a caring technique. Each session was a 1 month period. In order to gave time for the informants to applied the principle of the Four Foundations of Mindfulness on their daily life until they had learned and shared experiences to the others.

It was also will have a sufficient time to evaluate of palliate suffering. After knowing that each informants palliate suffering but the suffering was still there including there was three new members would like to participate in the group and the one old member was moving-out, one had asked permission to go back home. Therefore, the researcher had organized a second phase of training within 6 nights and 7 days for a total of fourteen informants, used the same principle with some modification on the activities as a reflection from the informants. There were also some additions on the subject of Dhamma concerning the Noble Eight-fold Path and increasing the time for walking meditation to be 6 periods, expanding the time to perform activities on morning time at the yard area as most of the informants suggested that in the morning has good weather or atmosphere to perform better meditation. For the activities on apologies, the researcher had added concerning the forgiveness between couples since they were close to each other, if the leader of family could apply the Four Foundations of Mindfulness within the family will be better in supporting the mind of the family members. The result of evaluation showed that the old cases of informants, which was 11 cases could practice the correct activities on the entire training and well progresses, but the three new cases could only take short period meditation.

One month after completed the second cycle of training, the researcher followed up the caring of the 3rd time, where it found that the old cases of informants could practice, the process of self-healing occurred, the suffering decreased for all physical, mental, and spiritual. However, the new cases of informants still were in suffering, thus, the researcher organized the third phase of training within 3 days and 2 nights in order to revised and enhanced the confidence of the new informants and

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encouraged them to regularly practice including practice to be a leader. There were total of 12 informants. Again after finished training about one month, the researcher had followed-up the caring of the fourth time, and found that all the information givers could relieve the suffering and could apply the Four Foundations of Mindfulness on their daily life, therefore, research would be discontinued.

4.3 Observation

During training, the researcher observed the individual practice activities correctly either observed their face expression, bearing, regular participation, paying attention, inquiries, chanting, walking meditation, and sitting meditation, including their response while watching Video movie about their mother obligation, praying for good wish, and forgiveness ceremony. Moreover, the researcher observed the physical signs and complication such as fever, itching, cough, tiredness, etc. If any of informants showed abnormal signs, it would give aid immediately.

4.4 Reflection

After completing the meditation on each cycle, the researcher had reflected the level of meditation by measuring the temperature on their fingers, including inquiries concerning their feelings, what principle of nature occurred *(Sabhavadhamma),* perception if any changed within themselves, what made them better to practice, and what were the obstacles to practice.

After each of the informants daily reflection, the researcher and trainer had together reflected in order to bring-up all information to modify the activities in relation to the situation and to promote each informants progress of practice.

The last day of the training was an open opportunity to each informants to watch the video recording that recorded them while performing during training in order to assessed themselves on their practice and used that information to consider the necessary changed. Afterward, gave an opportunity to each of them to reflected concerning their feeling perceived about their changed, the impressed and not impressed experiences about the training, the changed of physical, mental and spiritual comparison before and after training including the suggestion about the training activities.

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Moreover, the researcher and the caregiver had reflected concerning the suitable place to practice activities such as clean area, comfortable, food preparation, and drinks that promotes good health such as good food, quality drinking, and good taste with enough quantity.

After completing the daily information collection, the researcher analyzed the data by listening to the tape recorded, to check information, and log-in the situation record form and transfer the information from the daily record to notebook and gaze for the main words, group organized, interpretation, and conclusion as a temporary concept and prepares questionnaires for next interview.

After reflecting on each training cycle and follow-ups, the researcher had brought the problems and obstacle for re-planning and re-practice, observation, and reflection. The researcher kept doing this cycle until it could assess that the information givers could perform self-healing until it could relief the suffering and thus, could discontinue of research as showed in the figure 5.

5. Data generation

The researcher consulted the informants and informants about what were the techniques should be gathering data in order to reach the maximum usefulness for the study, accuracy data as a real situation and at the same time would not be intrusive (Streubert and Carpentet, 1999: 256-257). The researcher, therefore, had used the techniques as follows:

5.1 Focus group discussion: the researcher had performed focus group discussion in order to known the general problems while staying at the community therapy and the sufferings of the HIV-infection included the practice to relief suffering of the individual.

5.2 Interview: after the focus group was discussed, there were some points that some of informants could not shows while in the group specifically mental and spiritual suffering. The researcher had informal in-depth interviewed by using the a guide of question, for example, How's your life changed after being an HIV-infected

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person?. Using the open-end question such as how and why to do in-depth interview to the unclear answer until the researcher found deeper information and not a new one. The time to performed the in-dept interview was about 1-1 ½ hours per person.

5.3 Observation: the researcher had performed interviewing by observing their behaviors such as the position, the response, facial expression, and voice. During training, the informants were observed the processes of meditation; walking, siting, and other activities. Observation had also focused on the relationship to other people in the community therapy, when the researcher did follow-up and stay overnight, and participated in the activities with the caregiver.

5.4 Field note: the researcher asked for a permission to the patients to take notes in-front of them by using the codes and record the event that occurred, their feeling, and using tape recorded while doing interview. After finished, the researcher had listened from the recorded tape, to check the information as called a technique of triangulation including of the aspect of the data, the techniques in gathering data's, and individually register the complete information in the record form of each day. After word, the analysis for the daily data will take place together with preparing the questions for the next data collecting.

Moreover, the researcher had recorded the feeling on doing research (personal note), methodology note, and theoretical note.

5.5 Questionnaire: the researcher had assessed unhealthy and healthy factors by using the questionnaires of both pre and post-training comparison on each cycle.

5.6 Diary recording: since performing the mindfulness in order to made changes in the process of unhealthy factors to healthy factors it would take a long time to assess clearly on the changes. The researcher could not observe the changing state of mind of the informants every time, thus, the researcher had requested kindly the informants to recorded their own state of mind each day and wrote in the record note. They should record both the unhealthy factors such as greed, angry, upset, worried,

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afraid, jealous, etc, and the healthy factors such as peaceful mind, consciousness, concentration, kindness, forgiveness, etc.

5.7 Measuring finger temperature: during training while taking meditation of each cycle, the researcher would taped a thermometer to measured the temperature of individual and compared the temperature before and after taking meditation. After completing the training and the researcher left the community therapy, the researcher had requested kindly to the representative to measure the finger temperature of each member while performing meditation.

5.8 Measure of the body weight: The informant's body weight was measured at the beginning the project at the first month, second, third, forth, fifth, and sixth. Their body weights were individually compared each month.

5.9 Video tape recording: while training, the researcher had asked for permission to record informants behaivor in a videotape in order to get the evidence and the detail behavior concerning the walking meditation and while performing the meditation of individual. This completed record was used to evaluate the progress of individual practice. It found that the informants didn't not practice correctly, the researcher would assist to review and modify technique.

5.9 Photo recording: while training and visiting, the researcher had asked the informants for a permission to take a photograph about the training process and environment of the community therapy.

6. Data analysis

6.1 Qualitative data analysis

6.1.1 All audio-tapes of interviews were transcribed verbatim. The researcher then read all the transcripts of informants carefully to maximize the understanding of all the data from the first interview.

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6.1.2 The researcher organized the data and identified implicit and explicit meanings of the transcripts. Then the researcher shared the implicit meaning contained in the data with the informants for clarification during the next interview.

6.1.3 After the transcripts from several cases had been read with back and forth movement between the whole text and parts of text, the researcher then looked for regularities and patterns in the data. Categories were generated from the data, and transcripts were coded.

6.1.4 As categories were defined, the exemplars provided support for the identification of common themes. Each theme consisted of common meanings of the palliate suffering from at least eight of the informants. The researcher then cited constitutive patterns and illustrated the relationships of categories to one another. The interpretation of the data was the explaining concerning the meaning of data in the deep level rely on the concepts / principle / related theory which connection, comparing or cut down in order to get important conclusion and specific, build up the conclusion to palliate suffering of the HIV-infected patients by using the Four Foundations of Mindfulness in combination with Watson's caring.

6.1.5 The first draft description with paradigm cases of the meaning of the palliate suffering among HIV-infected patients was written in Thai language and shared with informants to insure accuracy.

6.2 Quantitative data analysis

6.2.1 General data: analysis using frequency and percentage calculation.

6.2.2 Form to assess the negative and positive mind: comparing the score between pre and post-training the Four Foundations of Mindfulness by using Mann-Witney U-test.

7. Establishing trustworthiness

In order to create the gathered data to be trustworthiness, the researcher selected the criteria in evaluating the qualitative research using the criteria of Lincoln and Guba (1985:289-331) and Sanelowski (1986:27-37) which composed of

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credibility, transferability, dependability, and confirmability as the following methodology:

7.1 Credibility

7.1.1 Researcher had knowledge and understanding about the topic of the study, understanding concerning the culture of Buddhism. The researcher was born and grows under a Buddhist family and always practices the Buddhist ways including participation in training on the Four Foundations of Mindfulness under the curriculum created by Dr. Siri Karinchai total 7 times. Moreover, the researcher had prepared on the knowledge aspect by studying the Basket of the Higher Doctrine *(Abhidhammapitaka)* course for 30 hours, obtain a course on the qualitative research with 3 credits, and prepares the skill and technique for collecting information such as the observation techniques, in-depth interview, and field record by participated in field practice under the supervision of the advisor.

7.1.2 Prolonged engagement in order to build trust: the researcher went to the community therapy of the first period before organized training about 4 times with 4-5 days/time and the interval of each time about 2 weeks. Thus, the researcher took the total of 2 month to learn about the organization cultural and to understanding the problems under the situation (Lincoln & Guba, 1985L 289-331). The phase of implementation, after word, was the training on the Four Foundations of Mindfulness with Watson's caring and follow-up, which it duration about 6 months. Thus, total duration was about 8 months which was enough to consider concerning the theme as Meyer (1993: 1066-1072) said that to do the operational research, the researcher must take time for about 6 month to understand the true phenomenon. Moreover, to maintain the new behavior that replaced the previous, it will take around 6 months as this duration, the individual will attempt to prevent to going back to the previous state (Prochaska, 1992: 1102-1114).

7.1.3 Persistent observation of phenomenon: in the process of collecting data, the researcher involved in the special activities and daily activities on early morning until evening. The researcher observed concerning the communication, language including behavior to practice the activities during the training and records in field notes right a way.

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7.1.4 Member checks: after writing the first draft report, the researcher was submitted it to the representative members to review concerning the information and interpretation validity as the informants knowledge, understanding, and practices. Moreover, the researcher used a multiple interviews to each informant to be able to clarify when there was an important issue gathered from the in-depth interview.

7.1.5 Triangulation

7.1.5.1 Data triangulation was the data collection from many sources and single-out one issue in order to create the validation. Denzin (1989) said about data triangulation comprised of three types as time, place, and person. In this study, the researcher used to the time triangulation, interviewed and observed the phenomenon on different date and time, used to the person triangulation by collected data of individual levels such as in-depth interviewed and collected data of the group such as group discussion.

7.1.5.2 Method triangulation: was divided into: (1) Within-method was the data collection of two techniques or more than in order to measured the same variable. In this study, measured variable on palliate physical suffering through body weight measure, physical examination, and in-dept interview. To measure the mental suffering, standardized questionnaire, in-depth interview, and diary recording were applied. To measure the spiritual suffering, it used the in-depth interview and diary recording were done; (2) Between-method was the measuring of both quantitative and qualitative in the same data such as measuring the meditation by using both finger temperature, and in-depth interview.

7.2 Transferability

The qualitative research could not build the external validity as the quantitative research. However, it could carry out by setting-up hypothesis together with explanation concerning time and context of the study and explanation of the detail concerning that phenomenon (thick description) and clarify things that were not relate to the study and segregate to studying points (Lincoln & Guba, 1985: 316-318). In this study, the researcher attempted to explain the phenomenon concerning the suffering and palliate suffering including of the healing process of the informants in

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every detail that could be explained in order to see the difference between before and after training of the Four Foundations of Mindfulness with Watson's caring.

7.3 Dependability and conformability: beliefs that if there was a qualification of 1 item it could be said that the research study had a dependability and conformability, especially the triangulation technique and reflexive journal (Lincoln & Guba, 1985: 318-319).

Quantitative data had tested the quality of the tools by testing the validity and the reliability as follows:

Step to constructed the handout of the Four Foundations of Mindfulness and the form to evaluated the healthy and unhealthy factors:

1. Written hand-out of the foundation of mindfulness and the form to evaluation the healthy and unhealthy factors by reviewed literature and textbook in regards the topic and submitted to the advisor and the specialist on the mindfulness as included of the priest and the layman five people in order to ensure the suitable of contents and language. The researcher, therefore, utilized the result as a guide to modify the handout to suitable in both contents and language.

2. The modify handout of the Four Foundation of Mindfulness had been pre-tested and read by three of the HIV-infected who had the same characteristic with the information givers in order to test the tool if they could understand and if it could be use as a guideline to practice the mindfulness by themselves. The researcher modified it again after test.

3. The form to evaluated the healthy and unhealthy factors had been tested validity by doing pre-test by fifteen cases of the HIV-infected and AIDS patients who had the same characteristic with the sample. After word, calculated the reliability of the questionnaire by used Cronbach's Alpha Coefficient analysis (Uwadee, R. et al., 1996:127-129). The reliability of the evaluation form was 0.70.

8. Translation process

All analyzed data and indicated data were transcribed into English. Due to differences of tone and expression between Thai and English, many Thai words and

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expression were difficult into translate adequately in English. Therefore a linguist was consulted about the transcription system and the English translation was compared and validated with the Thai transcript by the advisors and a bilingual nursing colleague who had experience studying in America for more than 5 years.

9. Ethical considerations

Prior to conducting the study, the proposal, interview guide, and the consent form were reviewed and approved by the Faculty of Graduate Studies, the Faculty of Public Health and the department of Public Health Nursing, Mahidol University.

A complete explanation and written description regarding the purpose, the method, the potential risks and benefits of participation in the study, and the protection of confidentiality were given to individuals who met these criteria for participation. The individuals were given the opportunity to ask questions and to decline or agree to participate in the study. Those who agreed to participate were asked to sign a consent form or to tape-record their verbal consent. (Appendix B)

Informants' names were not attached to their data. Instead, a code number was assigned to each informant, in place of using the individual real name. Nevertheless, a list linking the code numbers and the informants' names was documented. This list, which was accessible only to the researcher, as well as the tapes containing interview data, were stored in a secure file cabinet and were destroyed after the data were no longer needed for the purposes of the study.

The informants were instructed that there were no known risks involved in participation in the study. There were neither monetary payment nor any direct benefit to them. However, they might learn more about their experiences of living with HIV infection / AIDS, discovery the process of self-healing to relieve suffering, and help to contribute to the develop model of caring and establishing the Four Foundations of Mindfulness in combination to palliate suffering among HIV-infected patients.

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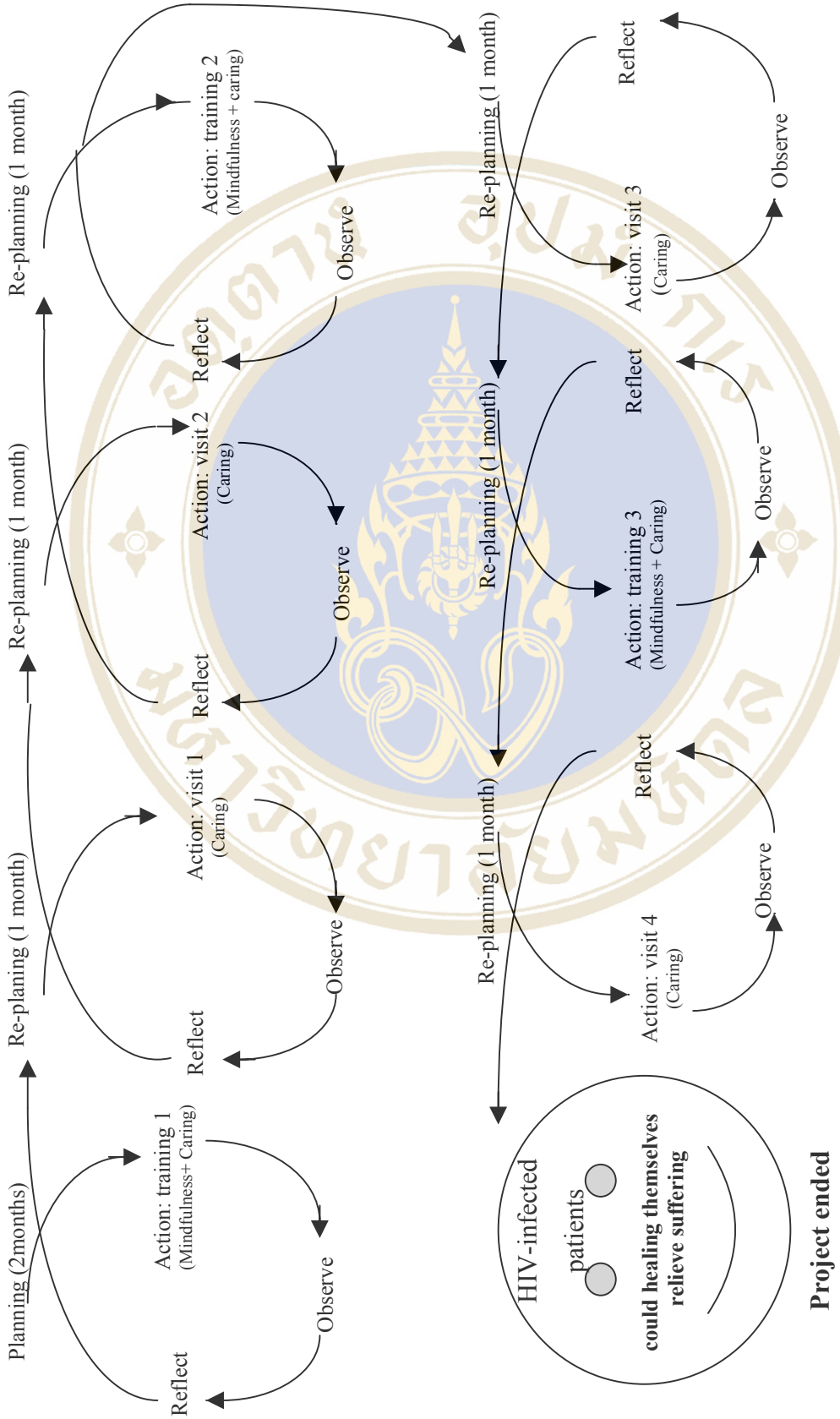

Figure 5: The action research process for the develop model to palliate suffering by training the Four Foundations of Mindfulness in combination with Watson's caring

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CHAPTER IV

RESULTS

This research study aimed to develop a model of caring and establishing the Four Foundations of Mindfulness in combination with Watson's caring to palliate suffering of 16 HIV-infected patients at Takam community therapy (assumed name). The researcher selected an action research as a method to study in the level of mutual collaboration approach between the researcher and HIV/AIDS patients (Holter & Schwart-Barcott, 1993). The caring theory was combine to develop a model. The research results were divided into 4 parts as follow:

1) Characteristics of the informants, life styles, and behaviors before being the HIV/AIDS patients;
2) The suffering and the techniques to relieve suffering before training establishing the Four Foundations of Mindfulness in combination with Watson's caring;
3) Processes to relieve suffering by training in establishing the Four Foundations of Mindfulness in combination with Watson's caring; and
4) A model of caring and establishing the Four Foundations of Mindfulness in combination to palliate suffering of HIV-infected patients as the following:

In order to protect the rights of the informants, the name of the informants in this study would be proposed names.

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Part 1. Characteristics of the informants, life styles, and behaviors before being the HIV/AIDS patients;

Part 1.1 Characteristics of informants

The informants in this study was 16 HIV/AIDS patients who voluntarily participated in the action research from Takam community therapy (assumed name). There were 4 females and 12 males. Their age ranged from 20 years old to 41 years old. All of informants were Buddhism, 8 cases were single, 7 cases were married and 1 case was divorced. The educational level, 2 cases was not finish a bachelor degree, 3 cases were certified at a secondary school level, 10 cases was an elementary level, and 1 was not finish a elementary school level. Before getting infection, 5 cases were employed as labor, 2 cases were bar/club worker, 2 cases were prostitute, 4 cases had no work and were addicted people, and 3 cases were drugs seller. The current sources of income (while living in the community therapy), 4 cases was supported by cousin about 600-1,000 baths /month, 5 cases was sometimes supported also by cousin, 2 cases was self finding as a construction worker and took care the patients in community, and 5 cases had no income. They were infected in the period of 1 year up to 11 years. There were 12 cases shown the signs of AIDS related and 4 cases were a symptomatic patients. There were 8 cases told the result of a positive blood testing to the family, 5 cases told somebody in the family , and 3 cases were not told anybody. There were 2 cases used to be monk for week to 3 months, 1 case was a novice for 2 weeks, 4 cases used to train the Four Foundations of Mindfulness, and 9 cases never had experienced to practice Dhamma. Characteristics of them are shown in Table 1.

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Table 1 Characteristics of the informants classified by demographic data

Demographic data	Number (n = 16)
Sex	
Female	4
Male	14
Age (Years)	
20-30	10
31-40	4
41-50	2
Religion	
Buddhism	16
Current marital status	
Single	8
Married	7
Divorced	1
Educational level	
Not finish elementary level	1
Elementary level	10
Secondary level	3
Bachelor's degree (not finish)	2
Occupation (before HIV-infected)	
Employee	5
Bar, club official	2
Prostitute	2
Non occupation (Drug addiction)	4
Narcotic selling	3
Sources of income	
Supported by relatives usually	4
Supported by relatives sometime	5
Therapeutic community employee	2
Without income	5
Told the result of blood test to their family	
Told to every body in family	8
Told to somebody in family	5
Did not tell to anybody	3
Basis of the Dhamma practice	
Were priest	2
Was novice	1
Training the Four Foundations of Mindfulness	4
Never have any experienced to the Dhamma practice	9

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Part 1.2 Life styles and behaviors before being the HIV-infected patients

The majority of the informants had similar personal history. There were 9 cases had separated parents, then ran out of the school and house, and had been and traveled with friends. There were drug addicted and became a thief or a robber. They were arrested and finally got HIV infection. There were 10 cases had experienced in jail once. Four cases had single parent. They ran out of school, drug addicted , and finally got HIV infection. One woman knew clearly that she got HIV-infection from her husband. The history, life styles, and behaviors of informants were presented individually as following:

1. Mrs. W

W was a women and was the fourth child who had a separated parents. She was born at Petchaboon Province, Thailand. Her father and her mother had remarried with another. She was dropped out of the elementary school because she had to take care younger brothers and sisters and did housework while the older brother had no responsibility to do like her did. She ran out of house. She used glue since she was 15 years old and was in jailed for 15 days. She met N then he took her to Bangkok . They had been together and had accidentally worked as a heroin sender and seller. She thought that because of she came from a rural area with low education, the employer gave her a free house in order to play tricks on her to be a sender and a receiver of heroin. W and her husband wanted to have a kid, so she designed to quit heroine while her husband was injecting heroine and used a same needle together with the others heroine addicted friends. Finally she was HIV infected person in 1997. She received HIV from her husband

2. Mr. N

N was a man who had a separated parents. His father had remarried and his mother also had a new husband too. He had been with grandmother and an uncle which was a strict Chinese's family. He was taken care as a Chinese boy and was sent to study an international school after finished elementary school. He was expected to be a good Chinese boy with a good behavior. He never got an allowance to join a new year party and to play with friends. He thought that he had no right to do

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everything what he wanted to do because his family didn't understand his needed. Moreover, the house had a strictly rule. The grandmother and his uncle loved to talk about his father as a man who never took care a son. His father was a drunken and was not home. He felt suffering from the family problems.

He had finished a school level and decided to use heroine. He bought heroine from a seller who was next to his house. He began injecting heroine and also been a heroine sender and receiver. He was paid a small money and heroine for himself. He did send heroine to the customer by riding his motorcycle. Whenever he needed more heroine, he had to work harder in order to get more heroine. Sometimes, he used a same needle together with another heroine addicted friends. Finally he had a sign of HIV infected, weight lose, high fever. He was checked blood and found that he was HIV infected person.

3. Mr. Am

Am, a man, a youngest son, 21 years old, had an older sister and a separated parents. He had been in Bangkok with his father who had a new wife after separated many years. He ran out of a high school level 1 and left home to prove that he had ability to earn himself. He earned himself and self supported to continue studying in a high school level 2 to 6.

Am began using amphetamine since 1999 while he was a 1st year student in a college. He used to work as a DJ in a Pub and a Bar for gays. He had a highly income from working, and got 3,000 baths per night but he had no plan to save money. His money was easy came and gone. He paid his money out for football gambling, drinking, having sex with many sex partners who were students. He, finally, received HIV infection accidentally. His mother took him to a temple and had been there for 4 months. He ran out of the temple because he used amphetamine and was checked by the policeman. He began using amphetamine, drinking alcohol, and having sex with anew partner. He had thinking hallucination and thought that there was someone wanted to hurt him. He came back to visit his mother and she again took him to the same temple. His mother had insisted and begged to the monk to accept him. He was there for a short period the started taking amphetamine again as easily to buy. He, finally, was arrested when he was buying amphetamine. He was jailed for1

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year and 6 months. After getting a freedom, his mother took him to a temple and the temple sent him to the community therapy as HIV/AIDS patients.

4. Mr. L

L is a single man, age 27 years old. He had separated parents, and his father had a new wife and his mother had a new husband. L began using drugs and was abused since he was a student at a high school level 3. After finished a high school, and became a thief and a robber. He robbed the stuffs from many factories at Samutprakarn province, such as, steel factories, and sold out to get money. He was a member of a robber gang. L got about 200 baths/night from selling a stolen things.. They paid money to play and to buy heroin. He needed more a three dosage of heroine injection a day.

In 1997, he was arrested and was jailed during 1997- 2001. When he was out of jail he again became a drug addicted. He was very thin, had body weight decreased, and had enlarged of lymph node both sides of the neck. He had shocked then his aunty had taken him to a hospital and was checked and found that he was an HIV infected.

5. Mr. J

J, the last child, was a 34 years old man who had separated parents. He had been with his mother who had taken care for 6 kids. He had finished a elementary school level , traveled with his friend, and had no a permanent job. He was a heroine addicted and used a same needle together with the others addicted friends. J, a homeless man, without job, was a motorcycle robber and was jailed in 1983 for 3 years. After getting a free, he went to be a monk for 3 months. His mother was very happy and proud of him. During a period of being a monk, he had met a good priest who made him appreciated and felt happy. However, when he left the priesthood, J had continued using heroin. In 1995, his heroine addicted friend passed away with a feature of HIV infected. J, later on, had a decrease of body weight and had a cough. He went to check his blood and found that he was an HIV infected person. He had been at the community a year and fell in love with Non, who was a divorced HIV infected woman.

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6. Miss P.

P, a single woman , 20 years old, a fatherless when she was young. Her mother had a new husband and became an amphetamine seller. P had seen her mother sold amphetamine when she had been studying in a elementary school. She ran out of a high school to earn herself and worked at a restaurant. Her friend gave her a free amphetamine for the first trying. She was an amphetamine user and a seller, and was arrested. She got a pregnant and was blood tested at the ANC and found that she was a HIV infection. After having a delivery for 15 days, she was sent to the community therapy. She had been there a year and fell in love with an infected man, A who got a divorced and decided to be with each other outside the community. They rent a house , A did work as a labor while P was a housewife and took care her kid. They had been the outside for 2 months and came back to the community because Mr. A had a severe illness.

7. Mr. A

A, a young man, 27 years old, who had a separated parents when he was 9 years old. He had no chance to continue a study after finished a elementary school. He had earned money himself and had taken care a brother who was studying at a high school. until he was certified. A was getting married and had a kid. He decided to leave his wife resulted from she was a gamble and was an amphetamine seller. A went to work at a construction company which it sold a constructions materials. His work had growth up in the construction company. He had a dream to get a promotion on the job, and had a dream to look after his daughter to get a bachelor degree. He went to check up at a hospital after getting weight loss and easily getting tired and found that he was HIV infected . He said, I had sex with a woman once after separation. How I got that infection? My dream is gone.

8. Mr. S

S, a single man, 42 years old, was born in a warm family at Uthai Thani province. He had 6 brothers and a sister, a big family, and been together including grandparents and an aunty. He had a lot of friends and began a glue inhaler when he was 18 years old then marijuana and opium He used to inhale an opium then began

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to use heroine before going to work at Libia with a good income for 2 years. He came home and continued using heroine. He used to worked in many companies in a short period and resigned due to drug addiction behavior A last job was a driver of the united nation organization for a year with a saving money about 40,000 baths. He bought a car and worked as a taxi driver in a short period then came back to use heroine.

S gave a reason why he was a drug addicted even he had a warm family as "it is because of I feel lonely and selfish as I have no wife and children, I want to be happy and cannot find the way, thus I decided to take drug and when I recognize, it is already late. Currently, if I see it, I cannot stop my needed. I did not have future because of drugs." He told that he had ever used a dirty needle to inject heroin even it was thrown in a trash. In 1992, he was in jailed for 2 years and 4 months while he was buying heroine, then he got a freedom and continued injecting heroine again. In 2001, he had a sign of fungus infection on the tongue, enlarges of lymph node, and had diarrhea. He went to a hospital and was checked his health and got a result of HIV infection

9. Mr. Ch.

Ch looked like a lady and was born at Nakornratsima province. He was the first son with a 2 younger brothers He had finished a elementary school 6. Ch talked about his personality as *"My personality look like this since I was young, the father had threaten him and make a loud noise. My father did not like my personality and I feel inferiority."* He ran out of home after finishing a elementary school and came to Bangkok. He worked at a movie theater in a short period, he, then, became an a staff of a gay massage house and got a salary about 6,000 baths/month. Before working as a massage worker, he had visit a gay club with his friend and had seen lot of gay invited him to travel in this place and he saw many of his friends with the same personality work here, thus he decided to work here in the period of 6 years.

In May 2000, he became thinner, rash, cough, and fever, thus, he went to see the doctor "when the doctor told that I was Syphilis and HIV-positive, I was shock and don't know where to go. I want to go back home but afraid that my family will shy and I don't want to make my parents feel unhappy". After that, Ch contacted to

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the Bangboon house but cannot live for longer since this place accepts only the immediate case, Ch thereafter, live at Pakjai house and also not for long, moved to Paikhew temple, and finally in the community therapy.

10. Mr. Ni.

Ni, a man from Nakornratsima province, 36 years old, was a gay living with HIV/AIDS. Ni, a gay, was the 3rd child and 4 brothers and sister. He felt that his family did not understand. He ran out of home after finished a elementary school 6, and went to work at Bangkok as a house-made at the golf club. In 1990, he got sick and had a high risk behavior as a gay man. In 1993, he tried to give up a gay life styles but it was gone for 3 years then he began to live with a gay behavior and had sex with his boy friend. In 2000, he had a rash around the face and nose area and went to see a doctor to check up. He was checked him blood but the result was not clear. He was repeated blood checked at the Niranam clinic and was a HIV-positive gay man. Even though, he knew that he was a HIV infected man but he still working He never told everybody about his illness, stopped working, had an abnormal of breathing. He went to a social welfare to get a support then he was sent to be a case at the community therapy. Since Ni he had been working at Bangkok, he never visited his parents for 3 years. At the present, his parents still not know that Ni got HIV infection except his younger sister.

11. Non

Non, a last child of 4 children, was born at Songkla province. She had no good impression about her father as a written diary *"since I was born, I never obtained a warm feeling from my father but the mother do love me very much because I am the last child.* She did not like to study and often ran away from the school and went out as an owl bird at a night time. Her mother and an older brother felt worry about her behavior until the last time, she said *"I had traveled as a night lady days by days and didn't go home, my mother had started crying and got fainting then turned to be a psychosis."*

Non went to work at a clinic as a nurse assistance a year. The doctor, the owner of the clinic, had a bar at Pattaya and asked her for working there as a

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receptionist in order to get more money. Non had met a foreigner and became a sex partner. Her, when the foreigner went home, later on became a prostitute. Not too long, she had been with a Thai man and had a daughter. She still working as a prostitute and got HIV infection without any sign of a sickness. She went to routine check up and was reported that she was a HIV infected woman. More over, she was rejected from the husband family and never took care her daughter as a mother should be done. Non had been at the community therapy and met a new HIV-infected there. has. They had been together about 6 month. Her boyfriend was discharged from the community due to alcohol consumption. Non, a gain, had a new boyfriend as HIV-infected at the community. She thought that she was an attractive lady and had a sexy feeling so any men liked her as a thing she said, *"I think, I am a charmer thus I always show my charming . I accepted that I am a higher sex driver person."*

12. Mrs. M

M, 30 years old woman, a widow after getting a wedding for 7 years. She had worked together with her husband as a construction worker. She was abused frequently during pregnant. Her husband was a heavy alcohol drunken, smoking, playing gambling, and taking amphetamine. He hurt her quiet often. After delivery, M and a child went home and had been with her mother at Cholburi province and never contacted to her husband.

Her kid, was born as a normal child with good health. He grew up, was 5 years old, and got suffering from skin abscesses at the of legs and arms. He had fever and got convulsion, sometime. He then passed away when he was 7 years old after studying at a elementary school level for 2 days and then passed away of HIV infection.. M, therefore, went to blood checked and found HIV-positive without any signs. After her child passed away, M felt suffering as her said, *"I never thought that my child got infection, I feels sin in my mind until now. It is never gone."* M had been in this community and always assisted to the cook, she had living with HIV for 11 years and never showed any signs.

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13 Mr. An

An, the first son, age 32 years old, had separated parents. His father had a new wife while he was studying at a high school. He had insecure life as a visitor of father's house and been a visitor of mother's home. His father was not allow him to stay with mother and also his mother was not allow him to stay with his father. His parents had economic problems and helped him pay a semester fee, thus he had studied and earned himself while he was a student of a certificate program on fine arts. After finished a fine art program, he needed to study on a higher level but he had no opportunity to do that due to he had no supported from his parents. An was sad and got angry to his parents. His life was not good enough outside the world. He had been back home to see if his parent being well. He had no room for living. It was a renting room. He had got home a few times in a 3 years period. An began a drunken and had sex with a girl who was a gang. Unfortunately, he had fever, got tried, and had enlarged lymph node, thus he went to a hospital to check his blood and found that he was a HIV-infected man.

14. Mrs. Pu

Pu was born at Pitsanulok province. She left home to work and earned herself when she was 13 years old. Pu, a first job, was an employed at a store, then a tobacco factory for 3 years. She went to Bangkok and was a worker at a sewing company. At the beginning period, she got a 70 baths per day until she had improved a skill, then the employer gave higher salary of 100 baths per day.

She got married and had a plan to save more money to have a kid for 3 years. Four years later, her husband passed away of electric shock while she got pregnant for 4 months. She felt sad and suffer to life An ex sister asked her to stay with her until getting delivery. She was a worker at a sewing company again, earned, and looked after her kid. She had no choice to earn money, sew clothes, did laundry, and sold food. She did work hard to get more money, had tired, had no time to relax and rest enough.

She moved to live with her sister at Pitsanulok province and got a new job as a seller in the market. She felt that her life was getting better than the past and had a saving money. She worked as a seller for 9 years and decided to re-marry. Unlucky

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her, one year later, a new husband passed away of HIV infection. She was caring her husband for 3 months, and had HIV infection. She said this was my sad thing and a failure life planing. She, then, went to the community therapy.

15. Mr. K

K, a son. and had never met his parents since he was born. He had been with the grandmother who was called "Mom" and an ante as anolder sister." K finished a elementary school 6, later on, he ran out of the house as a lonely boy who had no one else in his life. He said, I had no parent when I was born. He became a homeless and did work on the street to clean the windscreen, sell the lei of flowers. He had no house, slept on the footpath, had no money, asked for food sometimes. He had been a homeless more than 5 years.

K, later on, had a friend who was an opium addicted. He was an opium addicted for 2 years and needed a high dosage of opium, then he was a heroine and opium user. He had been with friends an was an opium user for 10 years. He told that *"I drunk alcohol after heroine injection, feel free, feel comfortable, and had no need to think of anything. I needed it. After drug used, my behavior is changed as I did respect the adult. Today I am a thief, a rebellion, a robber*. He was in jailed for 2 years and he could quit heroine. Getting a freedom, he had injected heroine twice a day. Became a thief, robber, and was jailed for 3 years and 4 month.

K thought that he got HIV infection when he was jailed and got a tattoo on his body by using a same needle of an HIV Infected person. He never had sex with any women. *"when I was in jailed , my old friends were doing tattoo on their bodies, I did it after an older prisoner who was died of HIV infection did.* K gave a reason to paint the body that It was a very stressful situation when he was jailed, tattooing would reduce stress resulting of his body was hurt.

16. Mr. Som

Som, a 40 years old man, was a soldier. He was off work due to heroine addiction. He earned by riding a motorcycle. If he had no customers, he would got home to inject heroine with nobody had seen him. He had a life style of drug addicted for long time and was jailed 4 times. He could not stop using heroine. He got married

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with one kid. His wife did not know that he used heroine. He had a heroine gang as a motorcyclists. He had going on injecting by using a same needle with his friends. Two years later , he felt tired, got coughs, had fever, and had weight loss. He went to see a doctor to check his blood, no luck he had HIV positive. He didn't tell his wife that he was an HIV infected. He did lie to her that he had a lung disease and need to get a treatment at another village. He went to the community therapy..

Part 2: The suffering and the techniques to relieve suffering before training establishing the Four Foundations of Mindfulness in combination with Watson's caring

From a preliminary investigation through focus in group, in-depth interviewing, participatory observation, and physical examination, it was explored that all of the informants had physical, mental, and spiritual sufferings.

Physical Sufferings

The informants had suffered and felt uncomfortable resulted from pathological of disease and physical complications. For example, skin rashes, abdominal pain from the vaginal candidiasis, soreness tongue and mouth resulted of an affliction of the mouth and oral candidiasis, weakness and tiredness. The physical complications were reported as follows:

1. Skin rashes

Four out of sixteen informants had skin rashes caused by scabies and fungi.

1.1 scabies and fungi

"I have scabies all over my body. I try to take a bath very often, but the itching is still there." (L, 22 March 2002).

Results of physical examination: the informant had scabies and pustules around his face, body, arms, and legs. He also had oral thrush, ulcers, fungus around his ears and head, an affliction of the mouth, and had a wheezing sound at both lungs.

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1.2 Itching around penis caused by scabies and swollen penis

"My penis is very itchy and swell. I don't know if I have scabies?." (N, 3 February 2002)

Result of physical examination: had oral thrush, scabies around penis, and penis swollen but had no abnormal breathing sound at both lungs.

1.3 Skin itching caused by papules

"My papules is different from the others. They have water and very itchy. When I drink, they appear all over my body." (S, 3 February 2002)

1.4 Itching at the feet caused by black skin lesions

"I have this black skin lesions on my feet. They are itchy but I don't have vesicle." (Ni, 12 February 2002)

2. Abdominal pain resulted from vaginal candidiasis

"I want to talk to you, but I think we should talk in the kitchen. I don't want to talk in the group. I have womb pain. I went to the hospital and the doctor told me that I have vaginal candidiasis. He gave me medicine for 7 days and check for the cancer cells. The result will be out in a month." (P, 3 February 2002)

3. Soreness the tongue and mouth

L and N told the researcher that they have soreness tongue and mouth result to not comfortable eating. The physical examination: It had been found that they had oral thrush and thrush ulcers; their mouths and teeth were not properly cleaned.

"My tongue sore. I couldn't eat. My wife painted gentian violet at my tongue but not relieve."(N, 2 February 2002)

4. Tiredness

Four of the informants feel tired when they cough- J, Non, A, and Ni. The first three had been diagnosed to Tuberculosis. They had been taking medication for 5-6 months. All of the three smoked about a pack of cigarette a day. For A, after the complete period of medication and reexamination, his lungs showed no abnormal sign.

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But he still getting tired easily when they were doing work hard because he had to help constructing a building for the therapeutic community.

4.1 Tired when coughing

“I fell tired when I cough, but I don’t have sputum. I smoke continuously because of think a lot. Smoking helps me to relax.” (J, 22 January 2002)

Result of physical examination: There is a sound when he breathes; his lungs have stridor sound.

4.2 Tiredness when doing hard work

“Now I work at the construction site everyday. I feel tired when I work. I had just finished three months of anti Tuberculosis medications.” (A, 20 January 2002)

Result of physical examination: There is sound when he breathes and has crepitate sound at both lungs.

4.3 Tired because of getting fever and had intense cough

“I have low fever in the evening. I have a lot of cough but I don’t have sputum. I feel tired when I cough.” (Non, 23 February 2002)

5. Weakness caused by getting diarrhea three times after taken meal

"After the meal for a while, I have diarrhea three times. I don't know if it is because the drinking water is not clean" (Am, 20 January 2002).

Mental sufferings

Almost all of the informants had this suffering due to variety of causes. For examples: stress, confusion, fear of telling the truth to the family, and feeling of insufficient love. These symptoms were discussed in the following subsections.

1. Doubting

1.1 Doubts about meditation practice

"Before the training, I read the book written by… try to do it. I

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was curious why my body always waved and why it is said that Qigong is also a form of meditation." (A, 20 January 2002)

1.2 Doubts about vaginal candidiasis and birth control

" My vaginal candidiasis is gone now, but I still want to take medicines for a while, can I ? I wonder how can the disease in my blood go into to vagina. Is it in the cements.?"

"If I take the birth control pill without using condom, will that prevent the HIV-infected? Some take injections but I think that is not good; it should come out with menstruation, it should not remain inside." (P, 2 February 2002)

1.3 Doubts about diarrhea and sexual behavior

"My friend told me that if we have black diarrhea, I am in the last phase. Is it true? I also have that symptom after meals? If I have sexual activity while I put on the condom, I will be increase infection ?. " (Am, 21 January 2002)

1.4 Doubt about syphilis

"I use to take syphilis medicine. The doctor told me that I must be follow up after six months of medication. I haven't gone to see the doctor yet. From my reading, I found that the patient will have rash but they are not itchy and if we don't take medication, we will die. Is it true.?" (Ch, 3 February 2002)

1.5 Doubt about CD4

"Teacher…if the CD4 is decreased, will it ever increased again? Days ago, my friends said that is the CD4 is decreased, we will die. There is no coming back." (N, 2 February 2002)

2. Stress

2.1 Stressful, lack of advice, and desire to take drug

"I get bored easily. All that I can think of is to take

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Amphetamine. I have become my habit. I am so stressful. No one gives me any advice. I am bring the disease to my wife. That's why we fight very often." (N, 22 January 2002)

3. Feeling hurt

3.1 Feeling hurt to husband

"P feels that A (Husband) does not love her child (the child of P and her ex-husband) which can be inferred from the expressions "A. does not love my child. Some times he curses on him. I don't know if I am being too paranoid. I don't care about it any more. I can take care of him myself". (P, 2 February 2002)

3.2 Feeling hurt to family

"I want to leave my family since I finished my M1. While I was studying M1-M6, I never asked for money from my mother because she looked down at me. She did not believe that I can be an architecture. When my GPA was 3.60, I show it to my mother. She did not pay any attention. She threw it away. She never appreciates any of my works that had been awarded and all the certificates that I received. My father left us for another women years ago." (Am, 20 January 2002)

4. Confusion

4.1 In determination

"When the doctor told me that I am infected, I was so confused. I don't know where to go. I didn't want to go to my office because I am afraid that my friends would know it. I couldn't go home because I didn't want them to feel ashamed about me. I didn't want to make my father and mother worried. I walked form clinic to a university without any purpose." (Ch, 21 January 2002)

4.2 Afraid that the family cannot accept it

"Whenever I am alone, I think a lot. I am afraid. I see someone die. Every one is abnormal. I don't know how to tell my family. I don't want to tell them that I am here. I afraid that they will not be able to accept it." (N' 3 February 2002)

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5. Oppression

"Sometimes I want to take of my child to live with me but my mother in-law doesn't allow that. If I really live with my child, its is going to be difficult. I will need my sister's help. She already has a family to support. Also, I never told any of my pregnant." (Non, 20 January 2002)

6. Confliction

P could not decide if she should raise her child by herself or to give the child to the public childcare center.

"I am unable to decide if I should send my child to the center; there, my child will be taken care of for free. In a month, this hospital will stop giving free mild. I don't know where will I get the money if I were to raise my child by myself; but, if I send my child to the center, I am not sure if there will be someone to look after my child." (P, 20 January 2002)

7. Afraid to tell truth to the family

"I want to get better, so that I can visit my family just for once; if the papules show up, I don't know what to do. I don't want to let my parent know about this. I chose to marry my husband (N). I we die. My parent will suffer because they will have to organize the funerals and other things." (W, 3 February 2002)

8. Unable to find true love

This results in distrust and aggressive attitude toward men. It also result in self-torture.

"I think I must have gotten the disease from my customers. I used to have a husband whom I love so much. I lived together for five years and had a kid. Now he married to his new wife. After that I was an escort for a foreigner for a while. When he left I became and escort for another foreigner. When I met my new husband, who is also HIV- infected, I think he did not love me like the others." (N, 20 January 2002)

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Spiritual Sufferings

Spiritual suffering refer to the feelings of deep down inside the informants who cannot live their life normally. Even though such feelings have been occurring for a long time, they cannot be gotten rid of easily. For example, feeling guilty for disappointing the mother. This has led the informants to think about *Karma*. The informants feel despaired. They will also be separated from the society and family. Someone is not proud to his father. Besides this, someone being treated inequity from health service system and being looked down. One informant who is prostitutes and receives HIV-infected from customers, she feels that no one really love her. Furthermore, one informant who her son died caused by HIV-infected, she feels guilty for long time.

1. Feeling guilty

1.1 Feeling guilty for causing the dead of her children

"When I was at Wat Phai Kiew, my baby was five month old. My child was thin and did not eat a lot. The baby also refused to take any medicine. When I saw that, I was so sad. This is my sin which will be with me forever". (M. 20 January 2002)

1.2 Feeling guilty for disappointing family

"Because of me, my mother has to suffer. She cried many times. I stole a motorcycle and the police caught me. I was in jail for 3 years. My mother visited me. When I was HIV-infected, she looked for a place for me. She came with me to Wat Phai Kiew; when she go back she did not have enough money. The social welfare offer had to give her money to go back. When I think about this, I feel so sorry for my mother." (J, 2 February 2002)

2. Caused by karma

Because the informants have been suffering for a long time, they believed that actions committed in the past such as to be troubled parents lead to them to be miserable and experience suffering now.

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2.1 Karma-related sickness

"I believe in karma. This is really a karma-related sickness. It's so suffering". (S, 26 February 2002)

2.2 Believe that the karma has finally caught up with the informant

"I think that my bad action has finally caught up with me. I made my mother sadness. She had nervous breakdown because I refused to go home".(Non, 22 January 2002)

"I don't know when will this karma ends. If it happened and I die, I would be so happy." (Non, for diary March 2002)

2.3 Karma circle

"I think this is a bad karma circle. My mother's work is a sin so is the money she earned. But I under stand her. This money is used for our education. I don't want to sell drugs anymore. I realize that we have done a lot of bad karma. My mother sell, I am addicted. I don't want my children to be part of this bad circle." (P, 21 January 2002)

3. Hopeless

Some of the informants found their dream shattered when they have been HIV-infected. Some of them feel that they are left behind because their parents broke up. They are no longer has any will to live.

3.1 Shattered Dream

"I had an ambitious dream that I will work until my child get a degree. I saw my senior who work with me supports his child's education until his child got a degree. Sometime they go to KFC. I think that's happiness. One day I felt tired, so I went to see a doctor. He said that I had HIV-infected. I stop going out at night for a long time. I am afraid to tell this to anyone. My dream is shattered." (A, 22 January 2002)

3.2 Lack of will to live

"Before I arrived, the bus passed a temple, but I did not pay any

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respect. I am no longer want to live. I have been left alone. My father and mother are separated. I don't miss them, they left me." (L, 22 March 2002)

3.3 Stop thinking, just wait to die

"*I don't think anymore. I am waiting to die. I can live here until I die. I don't interaction with other, I just do my painting job." (Am, 21 January 2002)*

4. Rejected from family and society

4.1 Rejected from members of family

Some of the informants explained that, since their addiction, other members of family do not welcome them. When they got infected by the HIV, their family express even more intense displease. Some of them cannot enter their house; others cannot find jobs.

4.1.1 Not welcomed by members of family

"I am very serious about my family. I have a brother and a sister. They rejected me. When I hear what my sister says, I think a lot again. They hated me when I was addicted, and now that I have HIV-infected, they hate me even more." (J, 3 February 2002)

4.1.2 Unable to get a job

"When I left the institution, I went to look for a job at my previous workplace. The persons who used to be nice to me refuse to take me. When I ask my father whether I could help him to cut eucalyptus, he refused me and told me that he was afraid of my bleeding. I know what he mean." (A, 21 January 2002)

4.2 Rejected by the society

The informants feel that the infection of HIV is not only unwelcome by their family, but also disgusted by the society. They are being looked upon with mistrustful eyes. They cannot live in the society. This makes their suffering last in their mind as long as they live.

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4.2.1 Being looked upon as social garbage.

"Everyone that is infected and come to live here feels that he is the social garbage. Even their relatives reject him when they know about the infection. I can't live a normal life. This suffering will last as long as my life." (Non, from the diary February 2002)

4.2.2 Being looked upon as a freak

"I want the society to understand us, not look at us as monsters or social waste. One day at the hospital, after finishing our noodles and left, the owner threw hot water all over the table and chairs that we sat." (Non, 22 January 2002)

5. No longer proud and disconnected to father

"When I was young, I used to be afraid of my father. When I grew up, I was not afraid of him anymore. I saw my father went to a restaurant. There were a lot of women with short skirts come to serve us. I always saw that. So, I decided that when I grow up I will work to make a life unlike my father." (Am, 3 February 2002)

6. Being treated inequity in the hospital service

"I don't want to go to hospital if it is not really necessary. I can notice their faces, their gesture when examining my health. I feel that they do that because its their duty. They will examine ordinary patients first and the HIV- infected patients later. When I go in the doctor didn't really check much. He just simply gives us the prescription. When I go out to collect my medicine. They just quickly hand me the medicine without telling me how to use them." (N, 20 January 2002)

7. Low self image

W. thinks that because she came from rural area with low education, her employer to deliver drugs in exchange for free accommodation cheated her.

"At first, I don't know it. He told me to pick up a package from a lady from a flat. I didn't know what it was. When I came back to my room and open the package, they are all heroine. I am from rural areas without education like other employees of his." (W, 2 February 2002)

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Part 2.2 Reliving of suffering prior to the receiving of Dhamma and caring

Most of the informants alleviate their sufferings by using drugs and alcohol. Ten out of sixteen informants drugs addiction. One of them not only takes drugs, drinks, and smoke, but also involves in gamble and promiscuity. Two of the informants quarrel to reduce their suffering almost every day. Only one of the informant- infected 11 years ago-use the proper means of alleviation: no drugs, therapeutic community services, not attachment, and not others activity which high risk behavior.

1. Smoking and Drinking

"I drink and drug addiction. If I have money I will take it again. I can't stop. Even when my mother ask me to stop until she cried, I still didn't. Now I smoke a pack of cigarette a day." (Am, 2 February 2002)

"When I used to live outside, my health was deteriorating because I smoked a pack of cigarette each day and drank a bottle of alcohol. I always thought about how to feed my family. I didn't know what to do so I drank until I felt as sleep. This is my second time in the therapeutic community but I still smoke 10 cigarettes a day. Every time I go out, before I go to hospital I always stop for alcohol first." (A, 23 January 2002)

"I admit that I have no self control. When I was at a rehabilitation center in Bangkok, the rules were strict. I could not drink and smoke. But when I got out, I started drinking and smoking again."(J, 2 February 2002)

2. Amphetamine / Heroine addiction

S explains the reason for addiction even though he has a warm family.

"I was drug addiction because of loneliness and selfishness. I don't have wife and children. I want to be happy. I don't know what to do. So I take drug. When I take it I have happiness. Now I can't live without them." (S, 3 February 2002)

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"After having been told that I am infected, I was very serious. There was no one to advise me. My friends were not good, they introduce me to drugs addiction. So, I take injections very frequently. I think people are not born with bad habit. I didn't want to take drug but there was no one to talk to." (N, 2 February 2002)

"When I was at the temple….before I came here, I used to smoke one pack of cigarette and two 2 tablets of amphetamine. If I didn't, I would not have energy wash clothes." (L, 20 March 2002)

3. Quarrel with husband and hurt herself

"I got in to fight with N again (husband) because he take pill. He promised me that he would not take it again. I am so sad that he would not listen to me. So, I used a broken mirror to cut my arms. I feel relieved when I bleed." (W, 3 February 2002)

"When I was with J, I quarrel with him a lot everyday. When we fought, I wanted to hurt myself. I knocked my head against the wall." (Non, 3 February 2002)

4. Gambling and changing partners

"When I was studying. I also worked as a DJ at many pubs and gay bars. I got a lot of money. Sometimes 3,000 baths a night, but I never save. I spend it right away. Sometimes I won the football gambling about 30,000-40,000 baths. I gave it to my mother. But the last time I lose 60,000 baths." (Am, 23 January 2002)

"I lie to girls that I have problems with my family. I didn't have money for the accommodation and asked her if she could let me stay with her, I did this over and over again. Some of them were students or earn women." (Am, 2 February 2002)

5. Relaxation, therapeutic community services, no risk behaviors

"My husband and I live in different worlds. I passed away already. Firstly, when I was infected, I was very angry to him, but now I don't think about it anymore. I just want to continue doing this job. When I do this I don't think about my sickness anymore. I think I can live because I don't take drugs, don't drink, don't smoke, don't

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want to have a new husband, and don't get myself involve with the disease anymore. I have lived with HIV-infected for 11 years, and nothing serious happened." (M, 2 February 2002)

Needs for suggestion and recommendations

1. Desired to learn about AIDS and Dhamma

"If you ask me what do I want to do now? I want to learn more about AIDS so that I can look after myself and to tell the others about it. I also want to learn about Dhama so that I can help my family even though the do not want me anymore." (P, 3 February 2002)

2. Desired for nurse or volunteer and Monks to teach Dhamma

"I want to have a nurse and a small health office so that I can go when I have mind health problem. But when I have severe health problem, I will go to the hospital. Or it would also be good if I could have a volunteer. I am willing to cooperate. I also want to have a monk to teach Dhama at least once a month. But I don't want a monk that talk big and smoke." (P, 3 February 2002)

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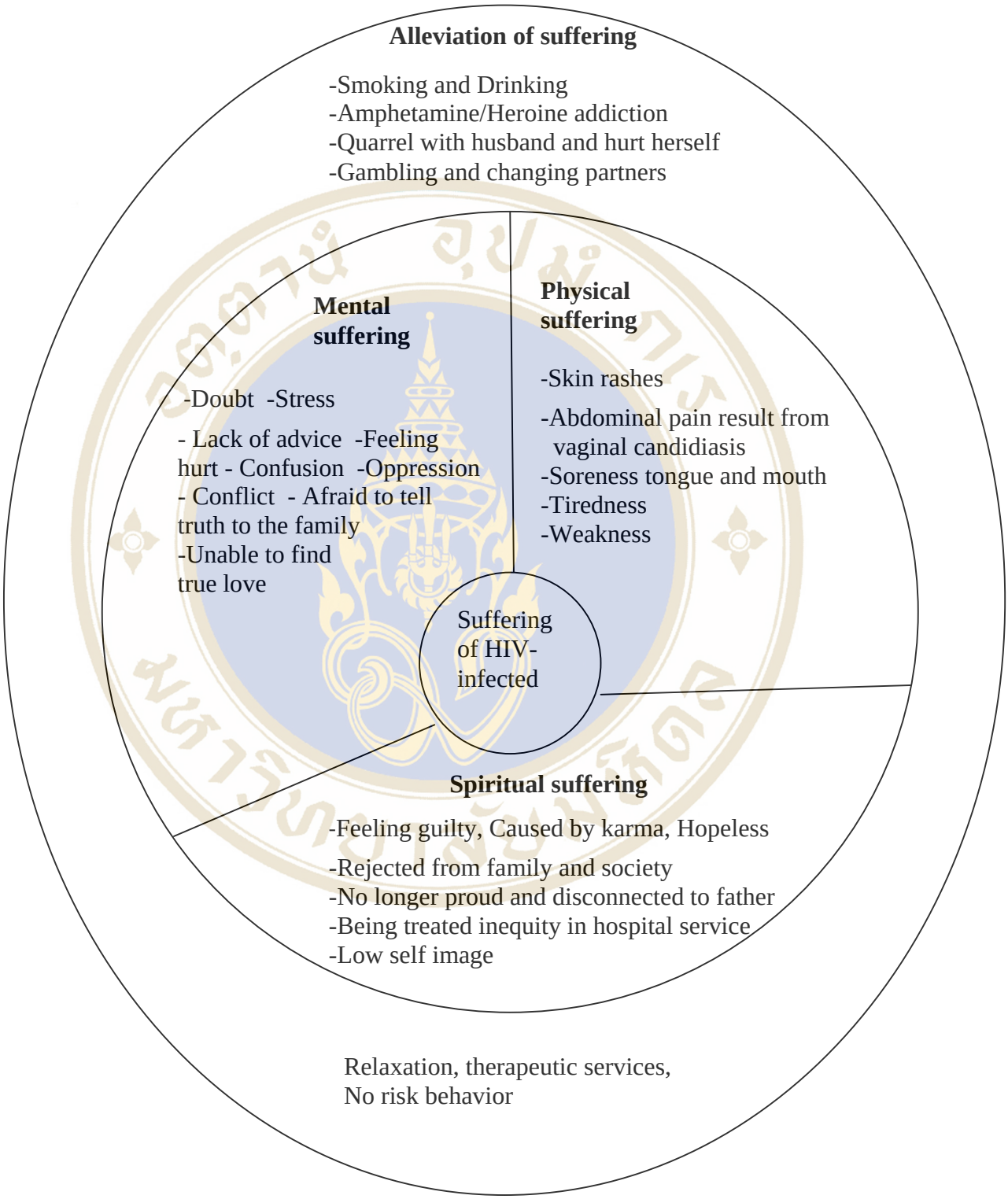

Figure 6: Alleviation of suffering prior to the receiving of Dhamma and caring

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Part 3: Process to relieve suffering by training in establishing the Four Foundations of Mindfulness in combination with Watson's caring.

After training of the Four Foundations of Mindfulness in combination with Watson's caring, the informants had processes to relieve physical sufferings, mental sufferings, and spiritual sufferings. These processes could be divided into two parts: (1) process to relieve suffering that was measured by the quantitative data; and (2) process to relieve suffering that was measured by the qualitative data.

Part 3.1: Process to relieve suffering that was measured by quantitative data

This study evaluated the process of relieve physical and mental suffering of the informants by quantitative technique. The researcher would elaborate further on this process in the following sections.

1. The relieving of the physical suffering

The processes to relieve the physical suffering in the informants were evaluated by the body weight and the physical complications assessment as follows:

1.1 An evaluation of relieving of the physical suffering by measured body weight

The researcher had measured the body weight of the informants before launching the project at the 1st, 2nd, 3rd, 4th, 5th, and the 6th month training session. The results of the measuring found that:

The first month after training found that the informants' body weight was changed, 9 cases had an increased about 0.2- 2 Kilograms, 2 cases had decreased. However 2 cases had no changed of body weight. There were 4 cases had an increased in 0.5- 2 Kilograms body weight at after the second month training session.

The third month after the training: a informant had 0.8 Kilograms increased in body weight, 3 cases had 1 Kilograms decreased , and 9 cases had no changed of the body weight.

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The forth month after the training: The informants 7 cases had 1.8- 5 Kilograms increased of the body weight , 3 cases had 0.5-1 Kilograms decreased , and 4 cases had no changed of the body weight.

The fifth month after the training: The informants 4 cases had 0.8- 5 Kilograms increased in the body weight, and 8 had no changed of the body weight.

At the ended of a sixth month study: 11 cases had 0.5-5 Kilograms increased in body weight when compared to before study while a rest five cases had 1-2 Kilograms decreased in body weight. The researcher had further elaborated on these results in the Table 1.

1.2 An evaluation of relieving of the physical suffering by the physical complications assessment

Physical complications assessment was to evaluate the relieving of the physical suffering of the informants before and after training at the 1^{st} , 2^{nd}, 3^{rd}, 4^{th} ,5^{th}, and 6^{th}, month training session as follow:

The relieving of the skin syndromes or the physical complications, such as, scabies and the rashes were assessed. Before training there were 4 cases had scabies and they were 2 cases had decreased in skin rashes after a first month training session. There was 1 case had papules before training and it was disappeared after a 4^{th} month training session.

The results of respiratory tract complications after training. There were 2 cases got a severe tired before training. After training, the symptom is alleviated. There were 5 cases had lung crepitating before training and it gradually decreased until disappeared after 5^{th} month training session. The mouth and throat problems, an affliction of the mouth and oral candidiasis is disappeared after a 3^{rd} month training session. Many physical complications, such as diarrhea, abscess, toothache, vaginal candidiasis, and bleeding per vagina were relieved after training. The persistence symptoms, cough with sputum, tired, fever, and beri beri. The details of the study are shown in Table 2, Table 3, and Figure 6.

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Table 2: The body weight of informants before and after training

Name	Before training	1st month training	2nd month training	3rd month training	4th month training	5th month training	6th month training	Results within groupompare with b training		
								Increase	Decrease	Equal
1. A.	51	52	52.5	52.5	52.80	53	53	3	-	-
2. Ch.	50	50.5	51	51	51	52	52	2	-	-
3. Non.	38	38.2	38.2	39	39	39.5	39.5	1.5	-	-
4. P.	42	42.5	42.5	42.5	42.8	42.8	42.8	0.8	-	-
5. Am.	42	42.5	42	42	41	41	40	-	2	-
6. N.	45	45.5	45.5	45.5	46	Had migrated		1	-	-
7. L.	48	50	52	52	53	53	53	5	-	-
8. J.	48.2	49	49.5	50	51	51	51	2.8	-	-
9. W.	53	53	53	53	53.2	Had migrated		0.5	-	-
10. M.	42	42.5	Got home	42.5	42.8	42.8	42.8	0.8	-	-
11. Ni.	40.5	Had no participation		40.5	40	40	39.5	-	1	-
12. S.	45	44	44	44	Got home	43.9	44	-	1	-
13. Pu.	47	47	46	Had migrated				-	1	-
14. Som	60	59	59	59	Had migrated			-	1	-
15. K.	45	Had no participation		45	45.50	45.50	46	1	-	-
16. An.	60	Had no participation		60	60	60.20	60.50	0.50	-	-
Summary	Increased	9 cases	4 cases	1 case	7 cases	4 cases	3 cases	11 cases	-	-
	Decreased	2 cases	4 cases	3 cases	3 cases	-	2 cases	-	-	5 case
	No changed	2 cases	5 cases	9 cases	4 cases	8 cases	7 cases	-	-	-
	Total	13 cases	13 cases	13 cases	14 cases	12 cases	12 cases	-	-	-

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Figure 6: Graphic presentation of the body weight of the informants before and after training

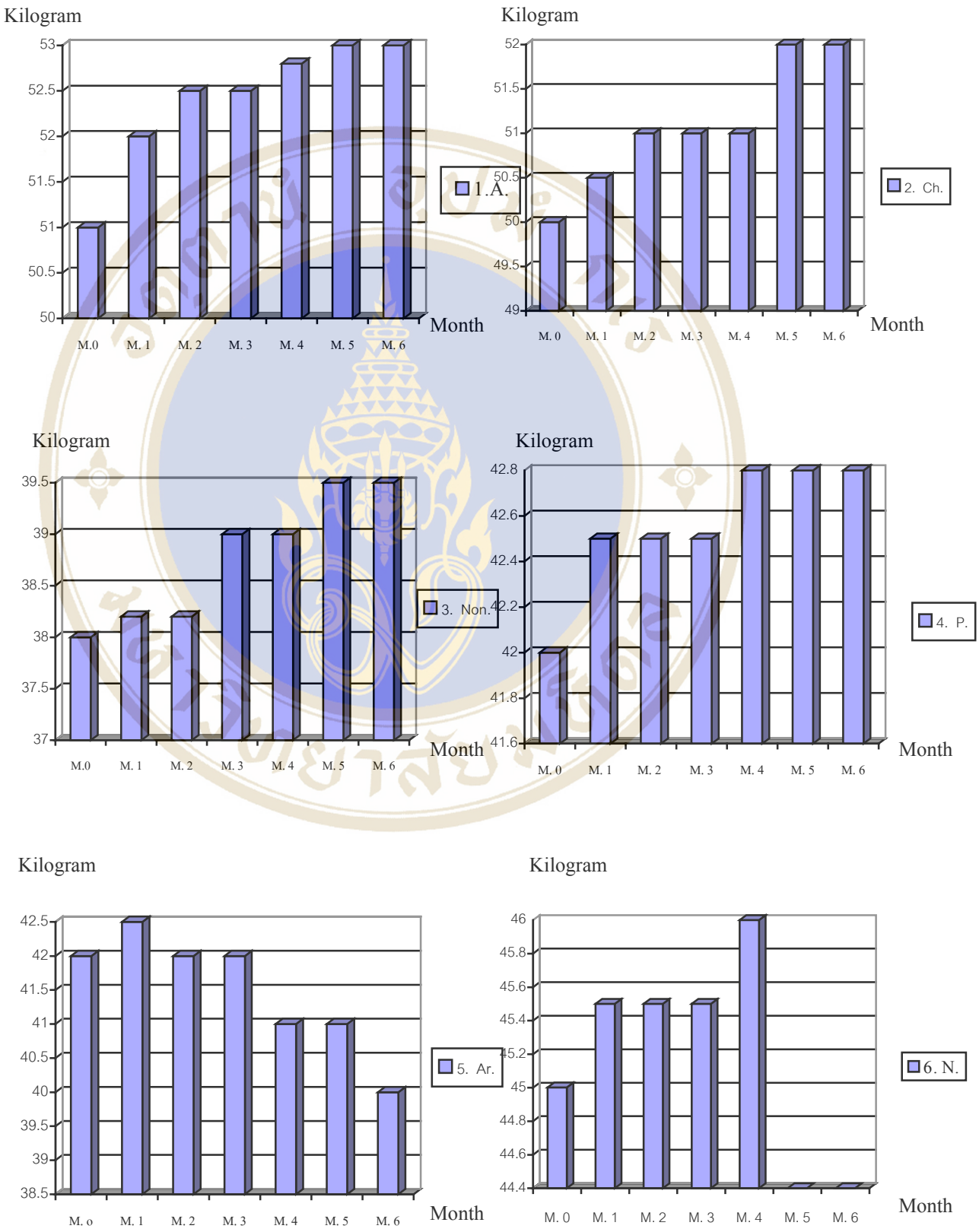

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Figure 6: Graphic presentation of body weight of the informants before and after training (continued)

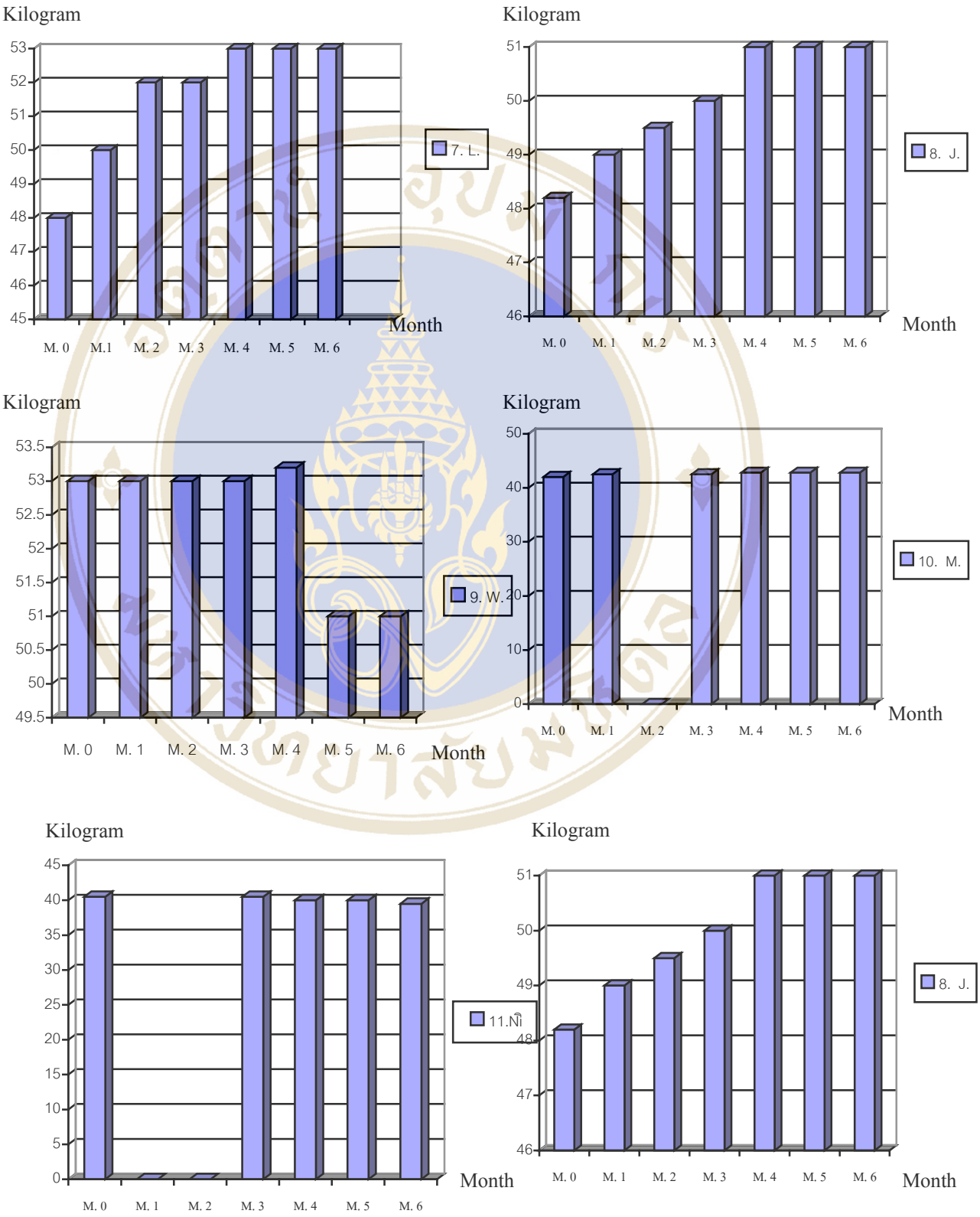

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Figure6: Graphic presentation of the body weight of the informants before and after training (continued)

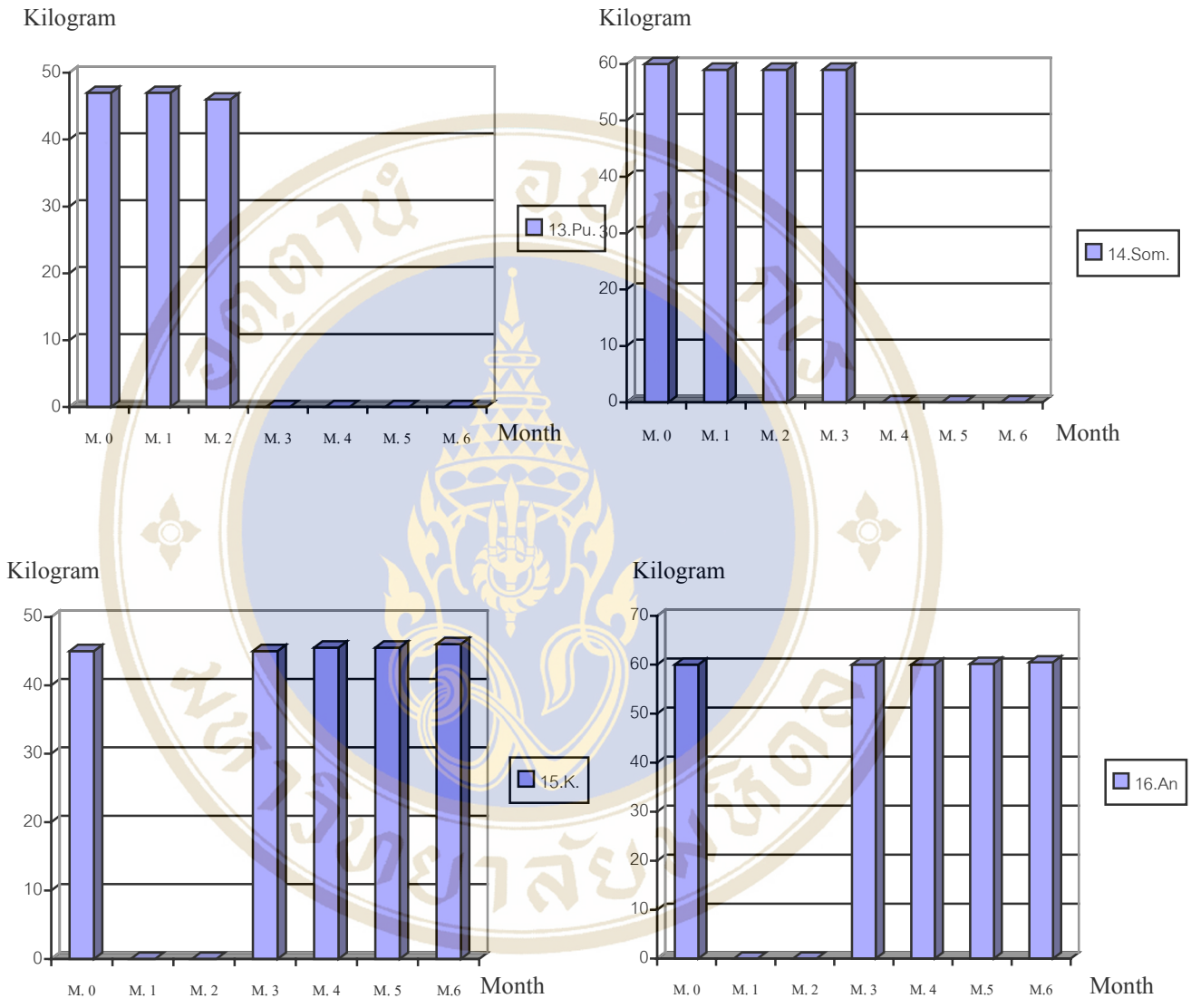

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Table 3: Physical complications of the informants before and after training distributed by type of complications and rank of the complications

Rank	Type of complications	Before training	Training (Month)					
			M. 1	M. 2	M. 3	M. 4	M. 5	M.6
1	Abscess	-	-	1	-	-	-	-
2	Toothache	-	1	-	-	-	-	-
3	Skin symptoms							
	- Skin lesion	1	1	1	1	1	1	1
	-Scabies / skin rash	4	2	2	2	2	2	-
	-Papules	1	1	1	1	-	-	-
4	Respiratory syndromes							
	- Tired when doing hard work	2	-	-	-	1	1	-
	- Cough, no appetite, weakness	2	-	-	-	-	-	-
	- Crepitate at lungs	5	4	2	1	1	-	-
	-Cough with sputum, tired	1	1	1	1	1	1	1
5	Diarrhea > 3 times /day	1	1	-	-	-	-	-
6	Oral and Throat problems							
	- An affliction of the mouth	1	1	1	-	-	-	-
	-Oral thrush and throat ulcers	2	1	1	-	-	-	-
7	Fever	2	1	1	1	1	1	1
8	Beriberi	1	1	1	1	1	1	1
9	Bleeding per vagina	-	-	-	1	-	-	-
10	Vaginal candidiasis	1	-	-	-	-	--	-

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Figure 7: Graphic presentation of physical complications of the informants before and after training

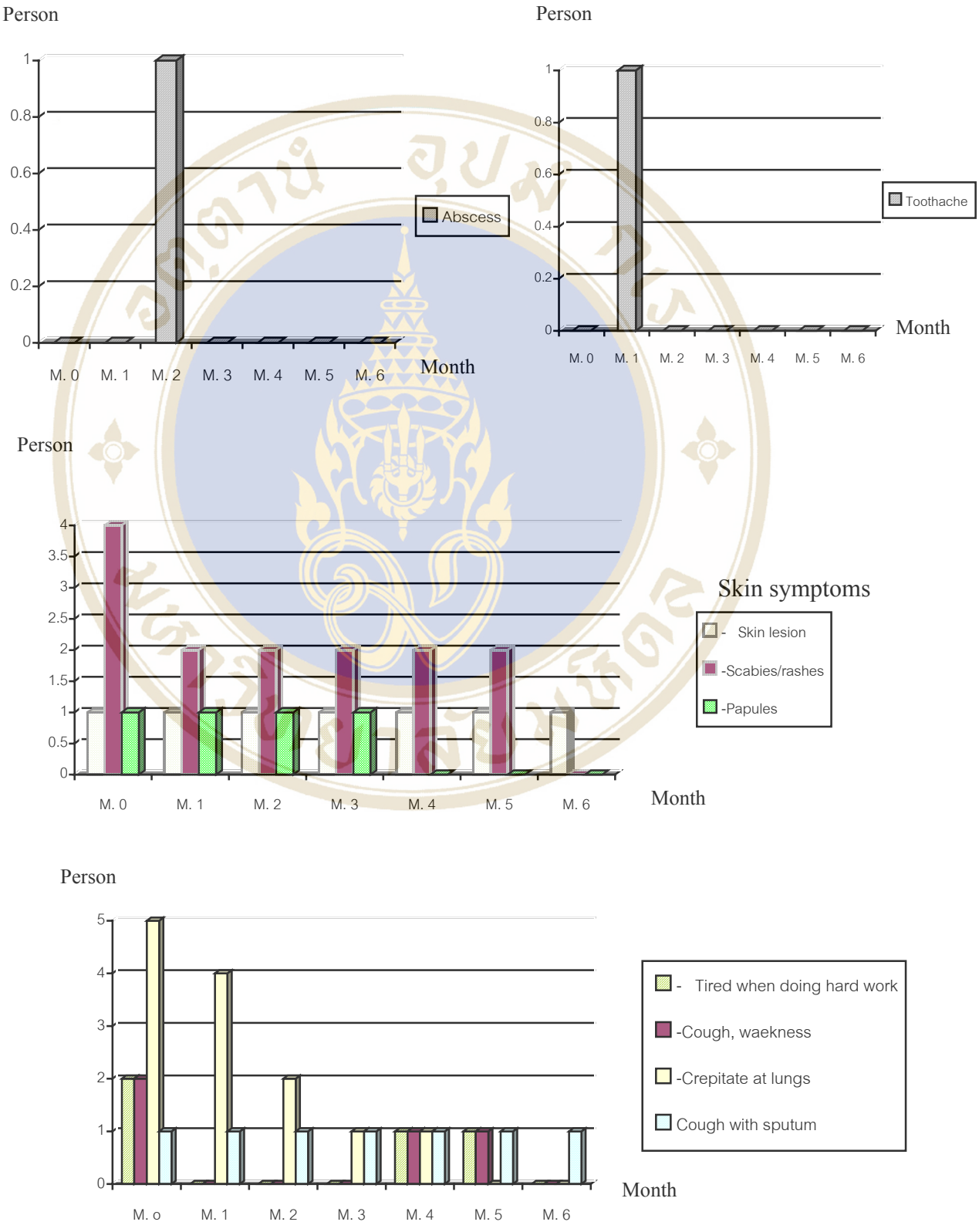

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Figure 7: Graphic presentation of physical complications of the informants before and after training (continued)

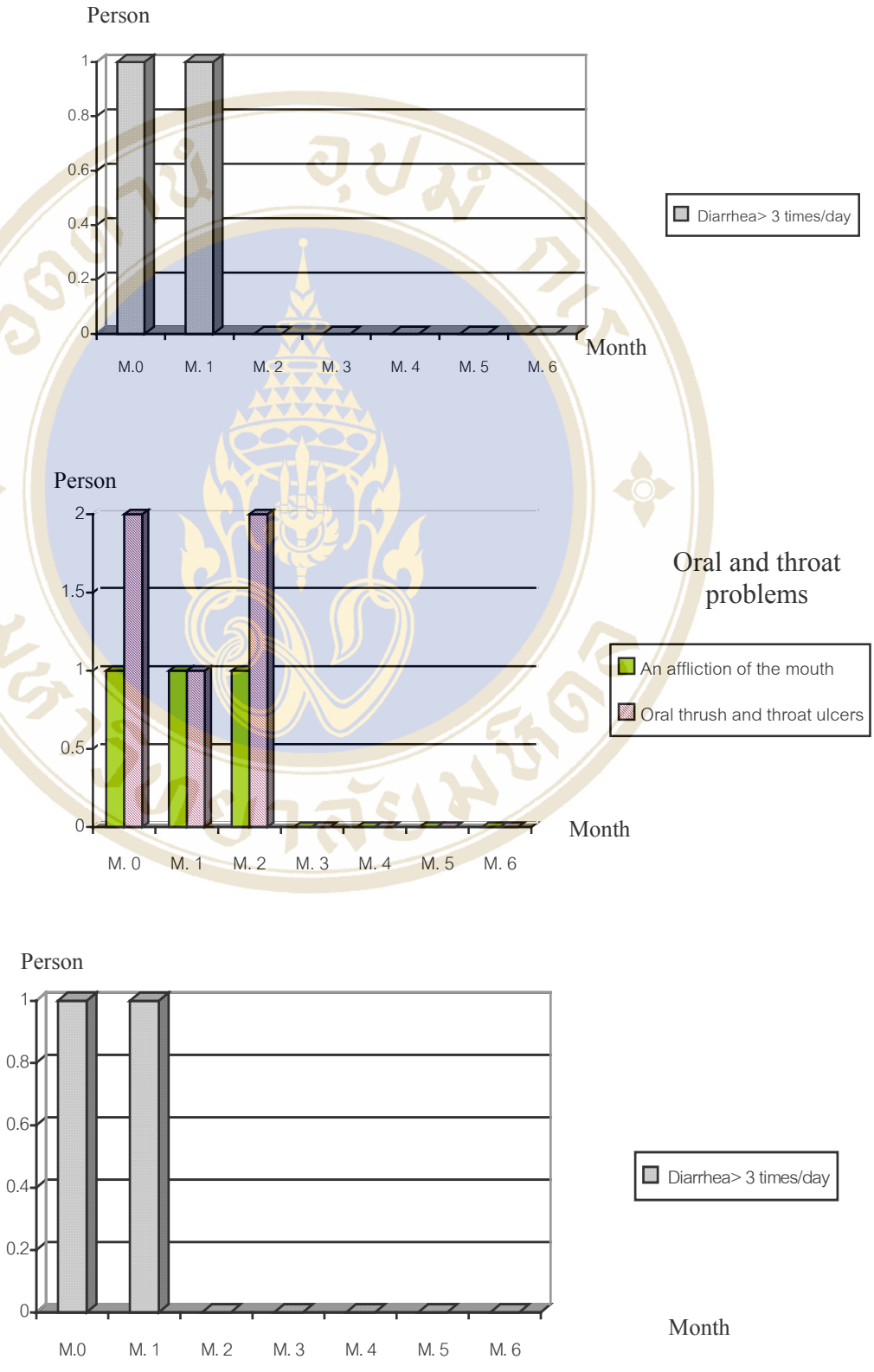

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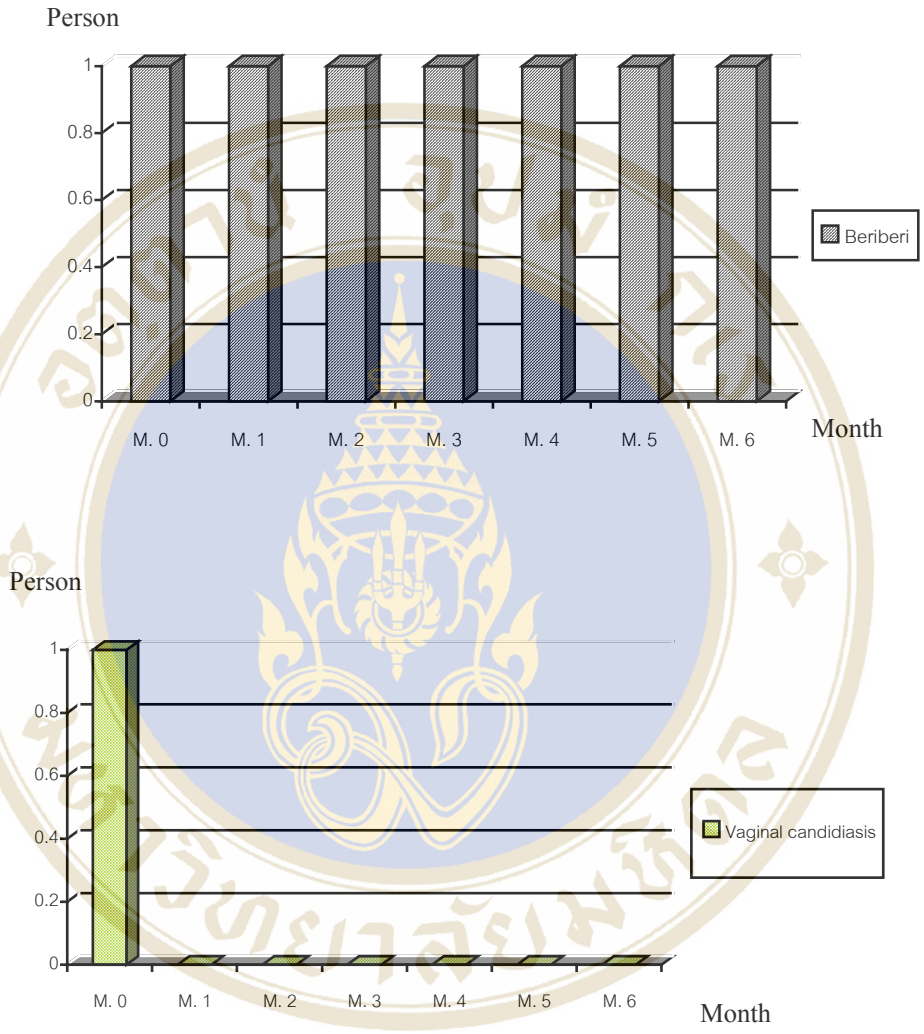
Figure 7: Graphic presentation of physical complications of the informants before and after training (continued)



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2. An evaluation of relieving of the mental suffering

The researcher had evaluated the relieving of the mental suffering both the quantitative data and qualitative data by measuring finger temperature and the healthy-unhealthy factors scores assessment by quantitative data; the in-depth interview and the informants' diary recording by qualitative data. The researcher had elaborated on these the quantitative data in the following sections and the qualitative data in the next sections.

2.1 An evaluation of relieving of the mental suffering by measuring the informant's finger temperature

This study had compared the informant's finger temperature before and after meditation on the first, second, and the third phase of the training in establishing the Four Foundations of Mindfulness and when the researcher had visited the informants. The total 12 times of finger temperature were measured throughout the study. The results showed that the informants had an increase in finger temperature as follows:

The first phase of the training: The measuring of the informant's finger temperature in the first, second, and the third phase found that the case number three, eight, and ten had an increased in finger temperature about 2-4 degree Fahrenheit respectively.

The first visiting after the training: The measuring of the informant's finger temperature in the forth and the fifth times found that a case number nine and case number had an increased in finger temperature about 2-4 degree Fahrenheit respectively.

The second phase of the training: The measuring of the informant's finger temperature in the sixth, seventh, and eighth times found that a case number ten, twelve, and the number nine had increasing of the finger temperature about 2-4 degree Fahrenheit respectively.

The second visiting after the training: The measuring of the informant's finger temperature in the ninth and tenth times found that a case number nine and number eleven had an increased in finger temperature about 2-4 degree Fahrenheit respectively.

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The third phase of the training: The measuring of the informant's finger temperature in the eleventh and twelve times found that all of the informants had increased in finger temperature about 2-4 degree Fahrenheit .

The comparison of the informant's finger temperature found that there was an individual difference, the informants who was trained would gradually increased in finger temperature such as case number one to number nine. However, the case number ten to number sixteen who were sometimes doing meditation or incomplete participation all of the three phases had a little increased in finger temperature. The details were shown in the Table 4.

2.2 The evaluation of relieving of the mental suffering by measuring the healthy-unhealthy factors scores

This study had compared the informant's scoring of the healthy-unhealthy factors before and after training at the first, second, and third phase of the training in establishing the Four Foundations of Mindfulness. These scorings revealed that after training, the informants had a higher scores of the healthy factors than before a training. The details were described in the Table 5.

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Table 4: The finger temperature of the informants before and after meditation distributed by name, training phase, and time of training

Name	Phase 1						Visit 1				Phase 2						Visit 2				Training 3			
	Time1		Time2		Time3		Time4		Time5		Time6		Time7		Time8		Time9		Time10		Time11		Time12	
	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.
1. A	84	91	88	94	84	94	90	96	90	97	90	96	92	96	90	98	92	98	92	98	92	96	94	99
2. Ch	97	96	96	98	92	92	94	96	92	95	92	94	90	94	98	100	92	94	92	95	93	97	94	97
3. Non	96	96	97	97	94	94	96	96	94	96	98	99	92	94	88	93	90	90	90	92	93	97	94	97
4. P.	96	96	94	95	93	95	94	96	96	97	92	96	92	94	92	97	95	96	94	96	90	92	95	97
5. Ar	96	96	94	95	93	95	94	96	96	97	92	96	92	94	92	97	95	96	94	96	90	92	95	97
6.N.	96	97	88	92	89	92	90	95	95	97	92	94	90	96	95	97	94	97	96	98	-Resident change-			
7. L.	90	90	97	97	92	94	94	94	94	97	94	97	96	100	96	97	92	95	96	97	90	93	94	97
8. J.	92	92	92	94	89	91	96	98	96	98	92	93	92	96	94	100	92	95	93	96	92	98	95	97
9. W.	96	96	95	95	90	92	95	98	94	96	90	93	88	95	96	97	90	92	92	95	-Resident change-			
10. M.	98	98	96	98	86	90	96	98	96	96	Got home						94	96	95	98	92	96	94	98
11. Ni	Had no participation										90	94	90	95	98	100	90	94	90	92	90	94	94	98
12. S.	98	98	97	98	88	92	92	94	92	94	92	94	101	103	96	98	Got home -				94	94	95	97
13. Pu	97	98	85	88	84	84	84	86	90	92	Immigrated													
14Som	98	98	96	98	85	92	- Got home -				94	98	96	98	96	96	- Resident change -							
15 K.											90	90	92	93	91	92	90	92	88	88	92	97	94	99
16 An											92	92	92	93	92	96	90	90	92	96	90	96	92	96
Total	13 cases						12 cases				14 cases						13 cases				12 case			

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Figure 8: The finger temperature before and during meditation of the participants beginning to the ended

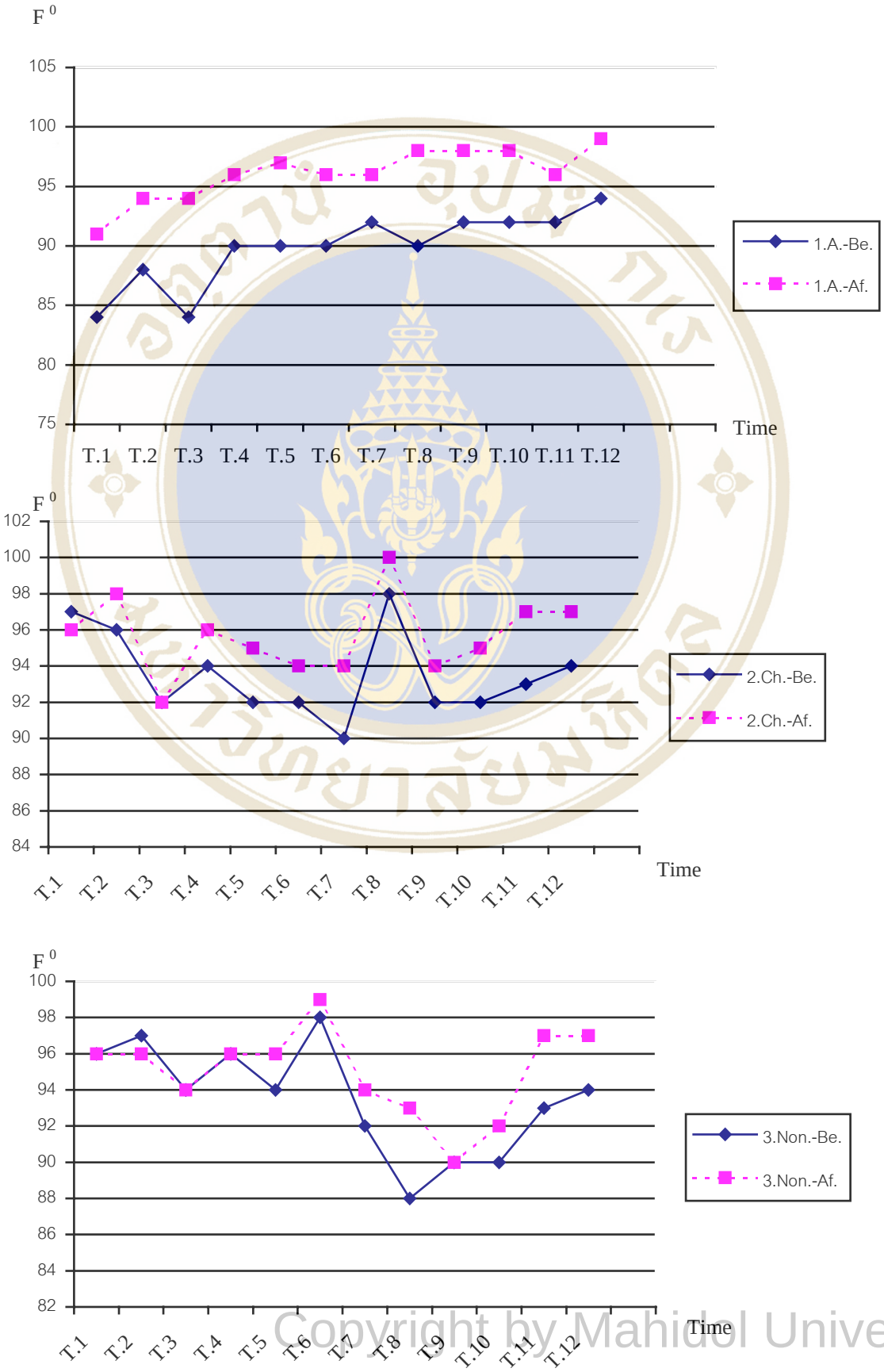

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Figure 8 : The finger temperature before and during meditation of the participants beginning to the ended

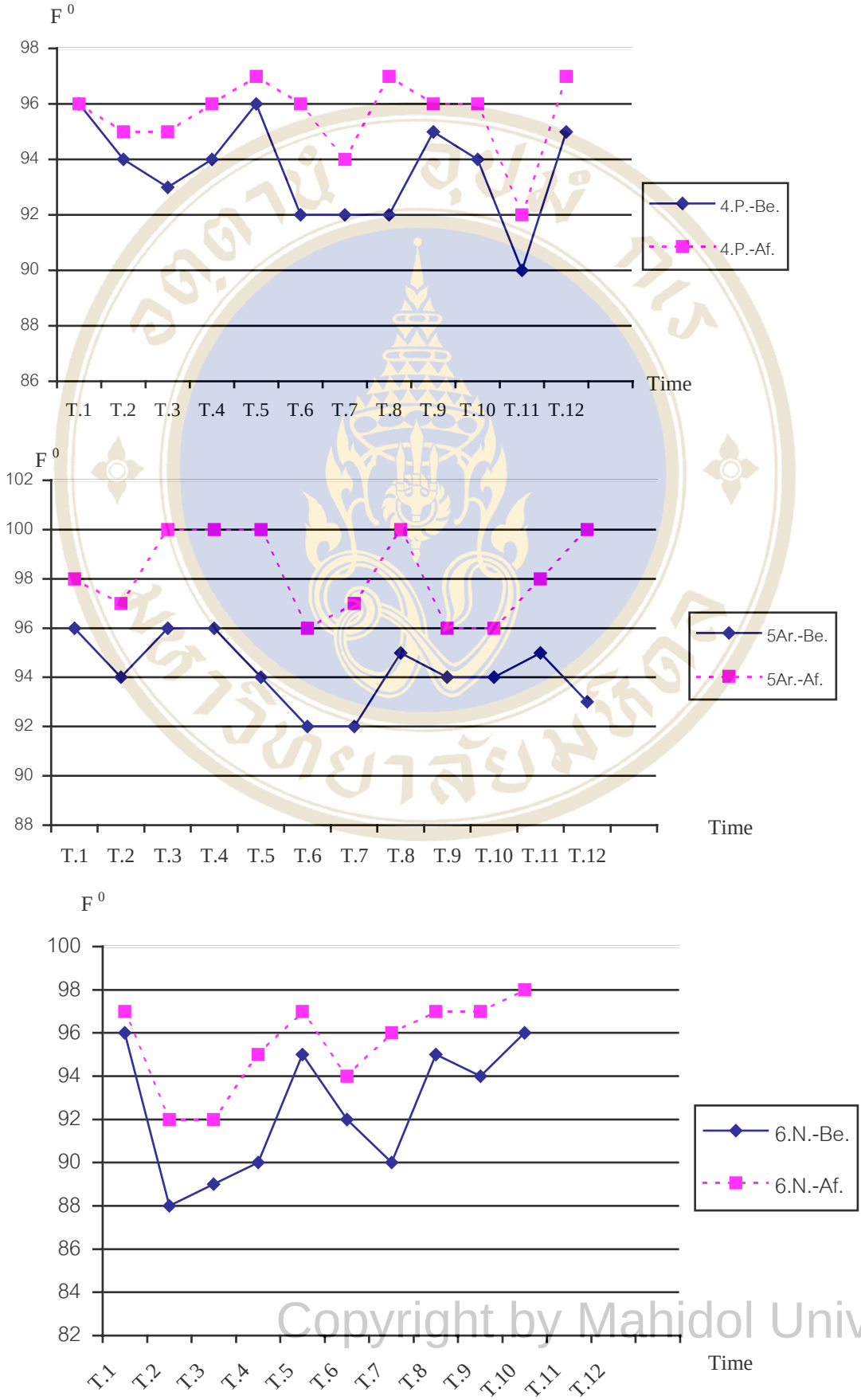

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Figure 8: The finger temperature before and during meditation of the participants beginning project to the ended

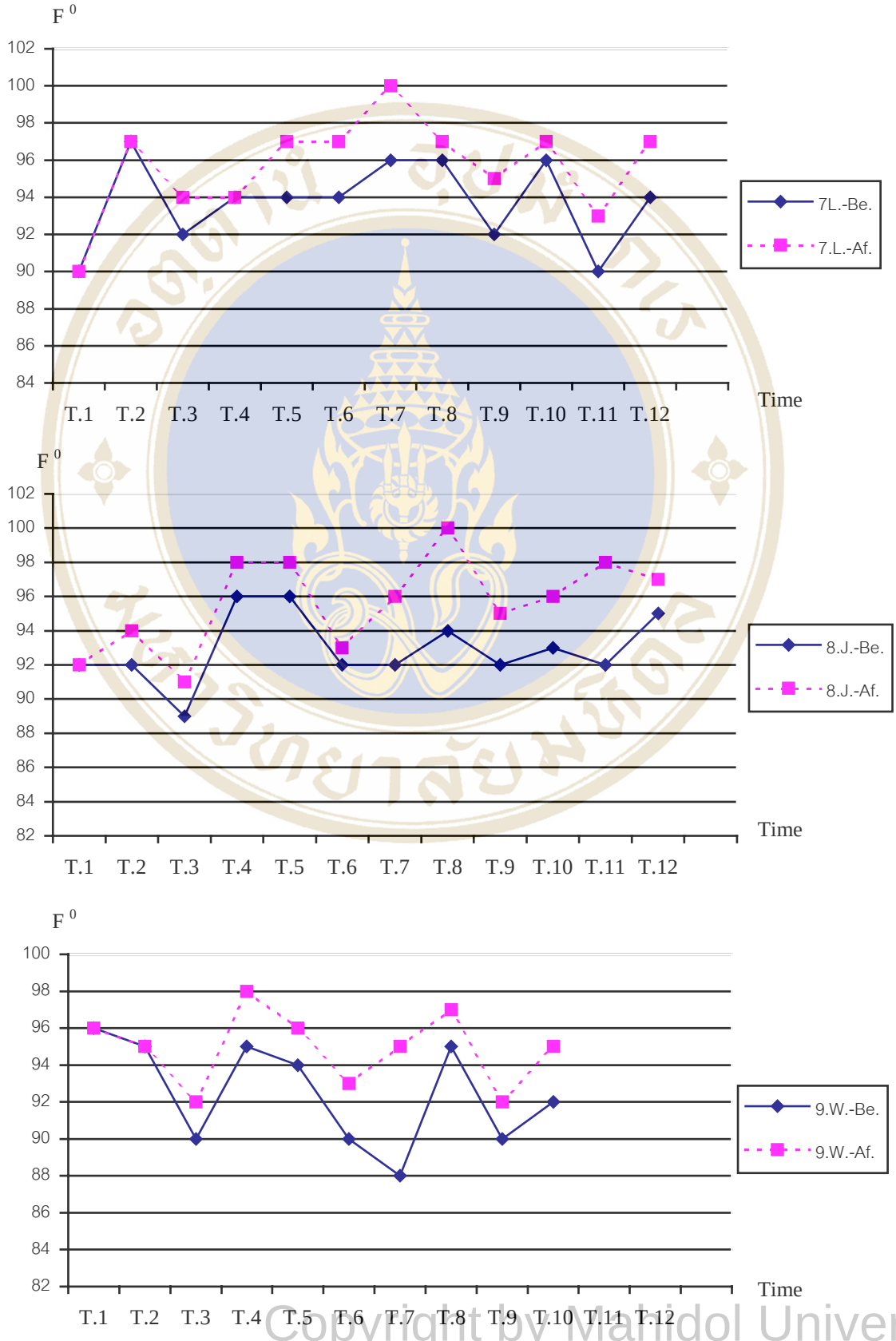

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Figure 8: The finger temperature before and during meditation of the participants beginning project to the ended

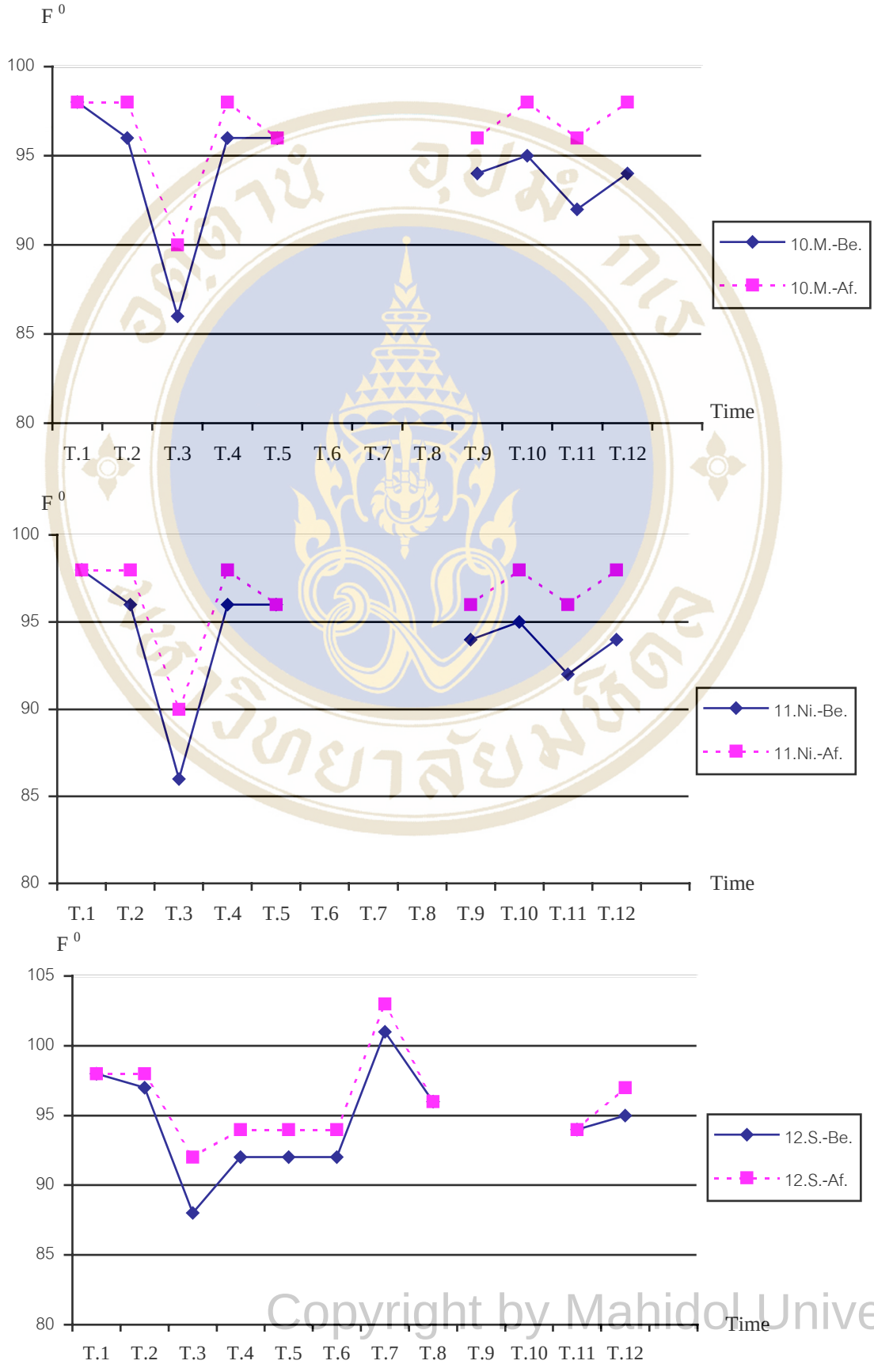

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Figure 8: The finger temperature before and during meditation of the participants beginning project to the ended

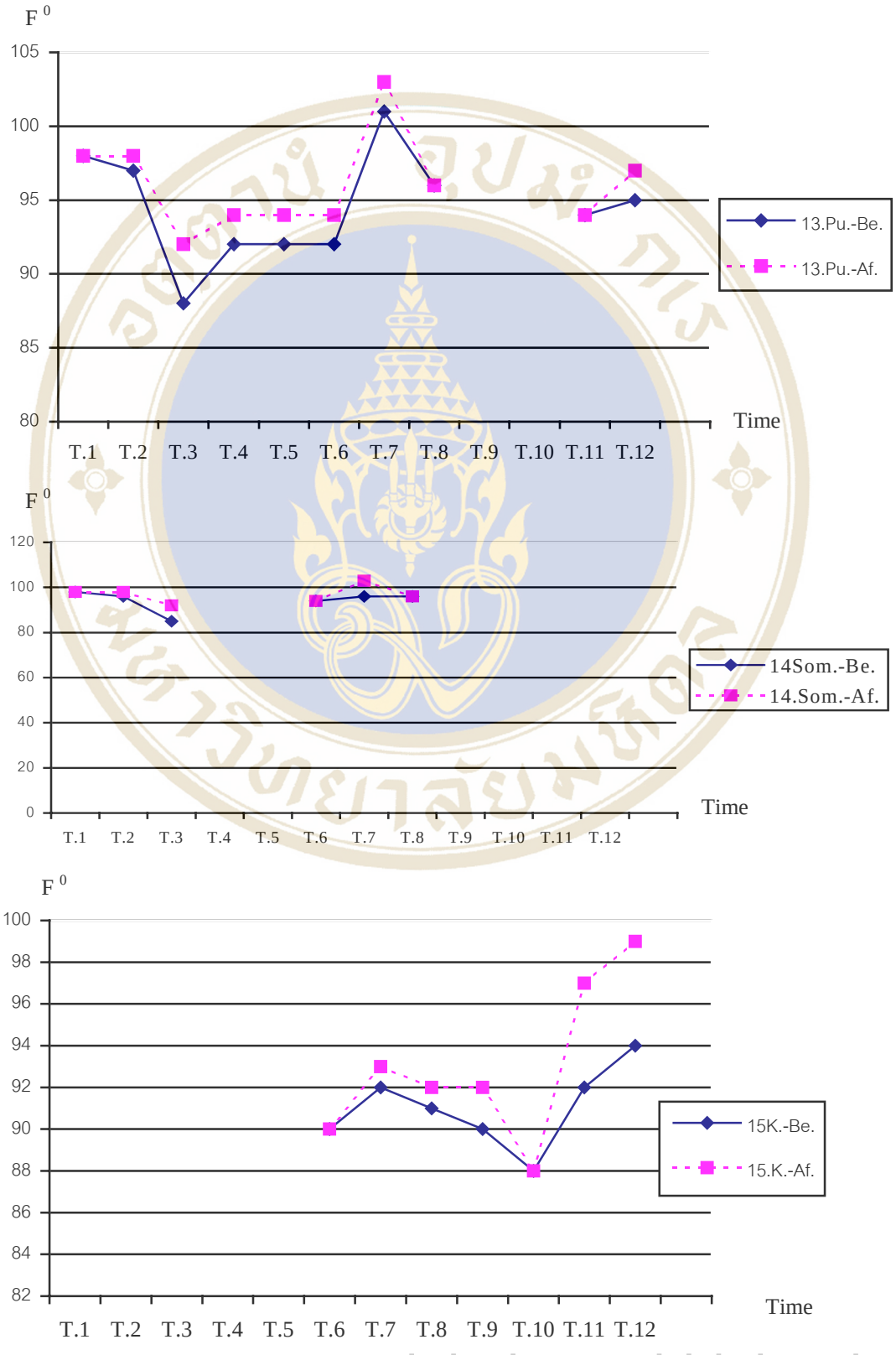

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Figure 8: The finger temperature before and during meditation of the participants beginning to the ended

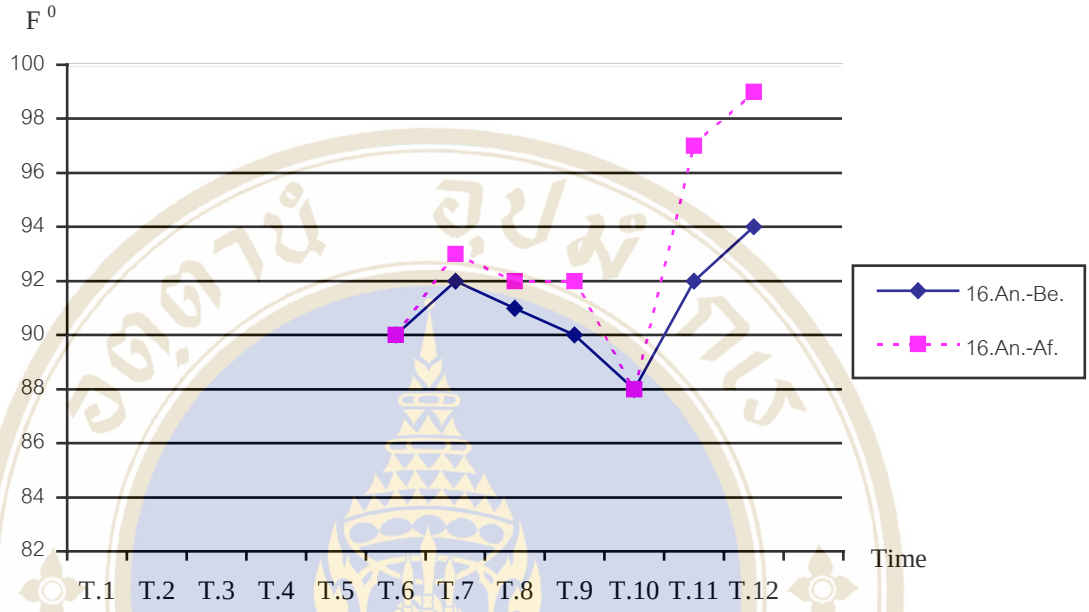

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Table 5: Healthy and unhealthy factors scores of the informants before and after training

Rank	Name	Training 1		Training 2		Training 3	
		Before	After	Before	After	Before	After
1	A.	49	67	53	67	59	68
2	Ch.	42	52	44	51	42	51
3	Non	10	18	6	40	24	55
4	P.	50	50	38	43	46	57
5	Ar.	48	60	49	68	56	66
6	N.	39	48	55	62	Immigrated	
7	L.	41	51	43	56	41	52
8	J.	29	31	35	39	41	43
9	W.	24	54	30	37	Immigrated	
10	M.	44	60	Got home-		44	61
11	Ni	Had no participation		30	53	49	65
12	S.	43	48	42	43	44	54
13	Pu.	24	37	Immigrated			
14	Som	38	45	42	59	Immigrated	
15	K.	Had no participation		38	42	47	51
16	An.	Had no participation		35	40	38	46
Total		13 case		14 case		12 case	

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Table 6: Comparison of healthy-unhealthy factors scores of the informants before and after training

	N	Mean Rank		Z	P-value
		-Rank	+Rank		
Before training 1.	13	6.50	0.00	-3.061	<0.002
After training 1.	13				
Before Training 2.	14	7.50	0.00	-3.301	<0.001
After Training 2.	14				
Before Training 3.	12	6.50	0.00	-3.063	<0.002
After Training 3.	12				

From Table 6: data analysis to compared healthy-unhealthy factors scores of the informants before and after training found that after training , the informants had healthy factors scores had significantly higher than before training.

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Figure 9: Healthy and unhealthy factors scores of the informants before and after training

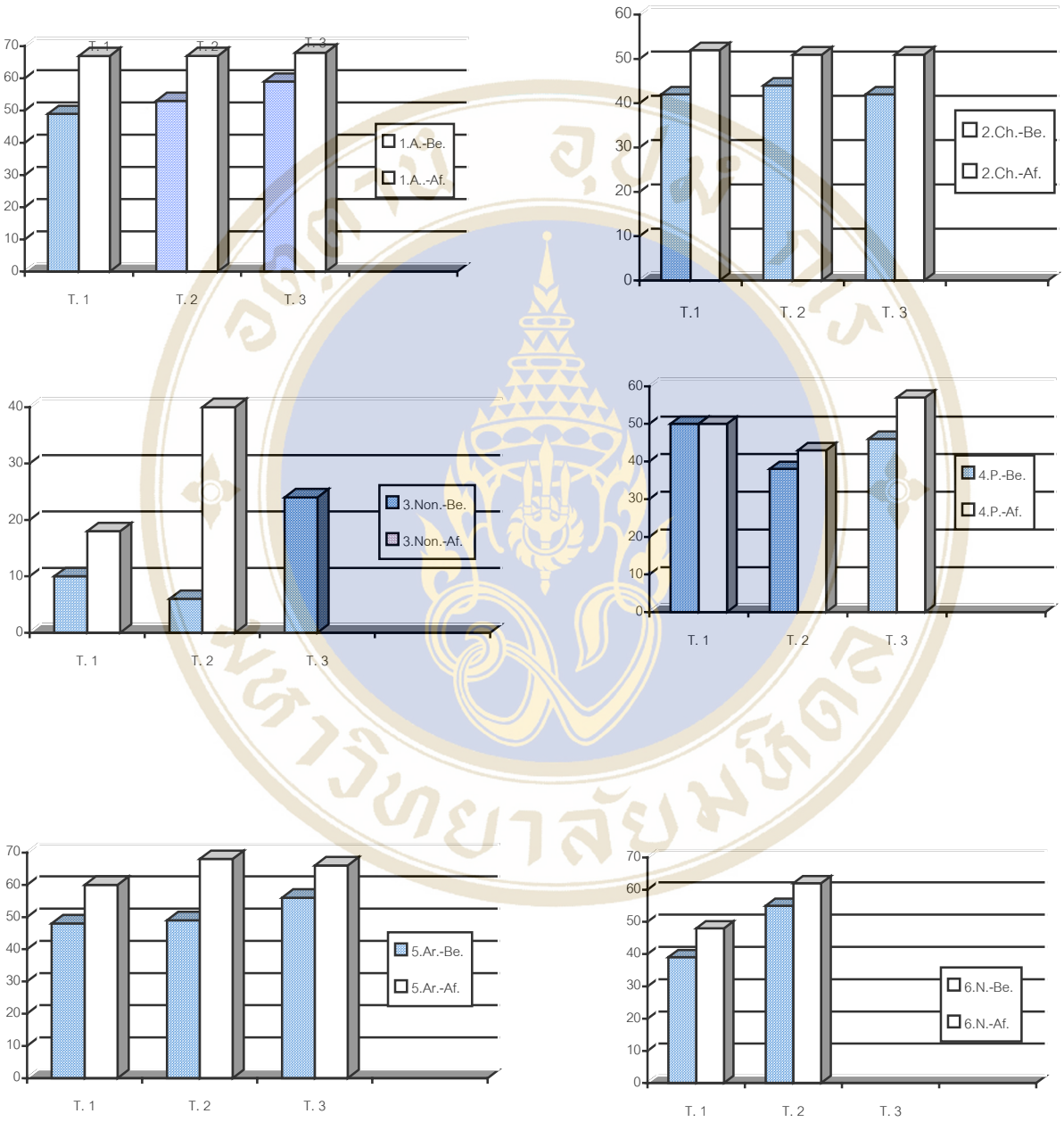

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Figure 9: Healthy and unhealthy factors scores of the informants before and after training (continued)

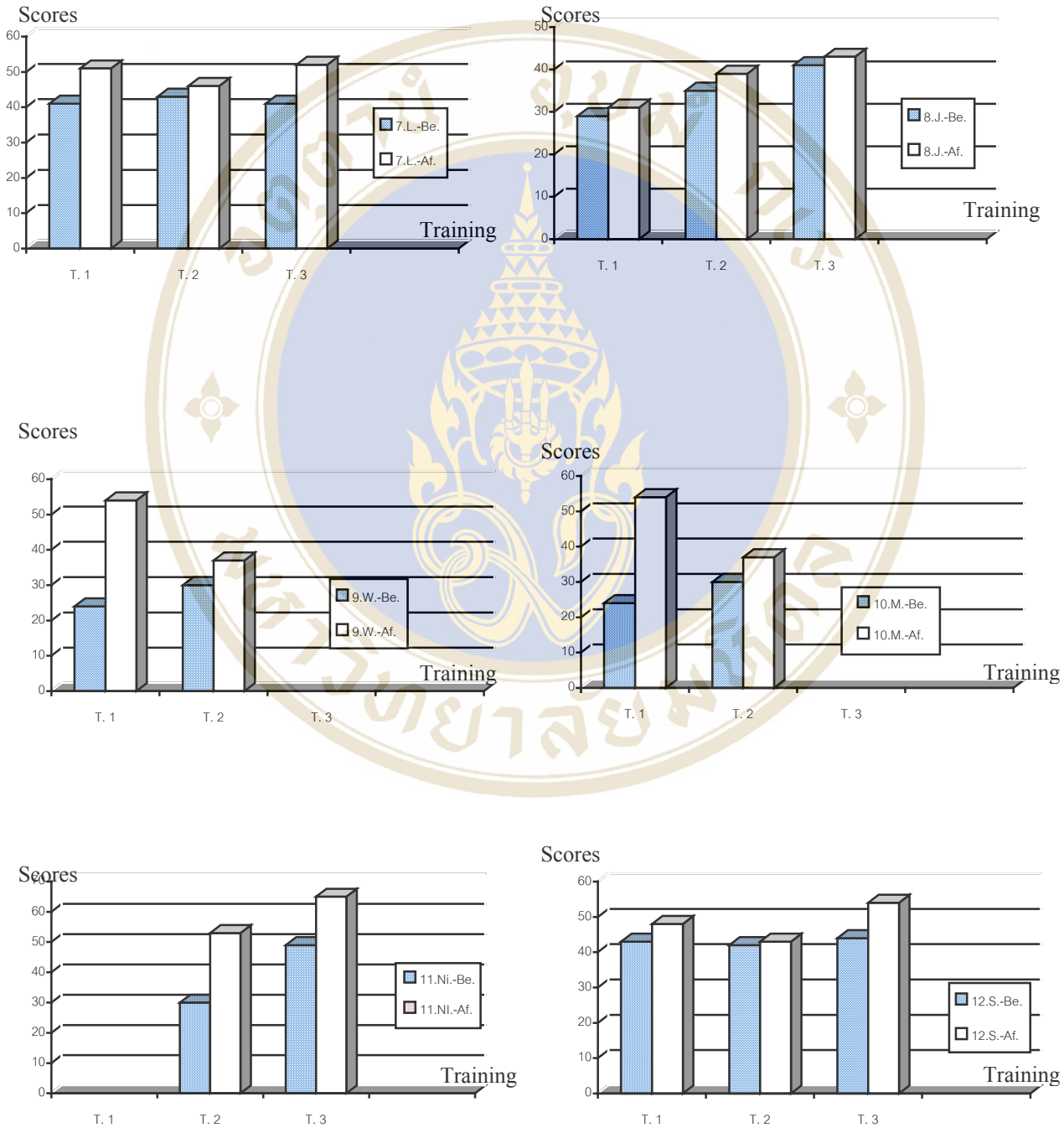

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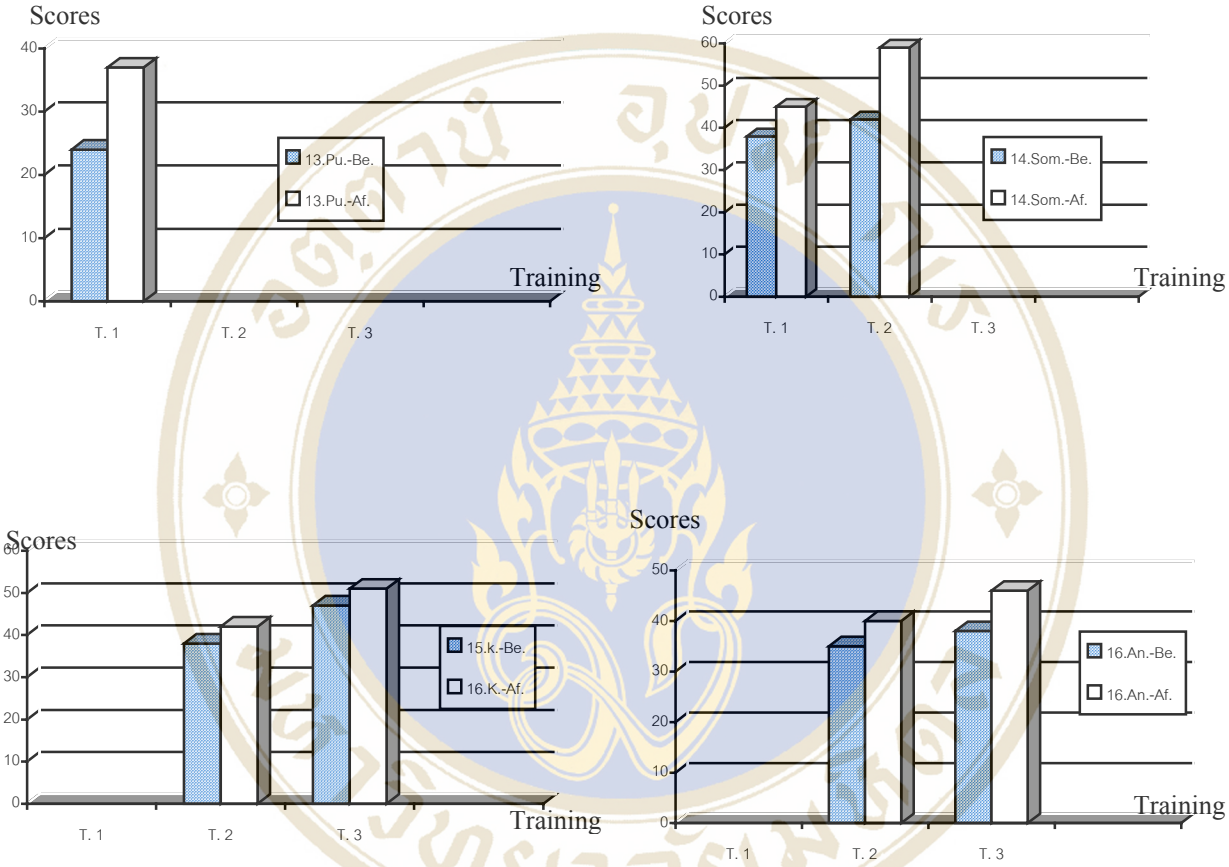
Figure 9: Healthy and unhealthy factors scores of the informants before and after training (continued)



From Figure 9: data analysis to compared healthy-unhealthy factors scores of the informants before and after training found that after training, the informants were increased in individually healthy scores.

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Part 3.2: Process to relieve suffering that measured by qualitative data

This study evaluated the process of relieve suffering that measured by qualitative data such as by in-depth interviewing, participatory observation, and the informants' daily recording. This process as a whole of the relieve suffering. It was divided into four cycles: The first cycle begins with suffering life and hopelessness to vitality and merit; the second cycle begins with life understanding from self realization leading to behavioral changes; the third cycle begins with self-healing and discovering a candle light; and the last cycle begins with peacefulness leading to the happiness in a human life and being with the Dhamma healing. The researcher will elaborate further on these cycles in the following sections.

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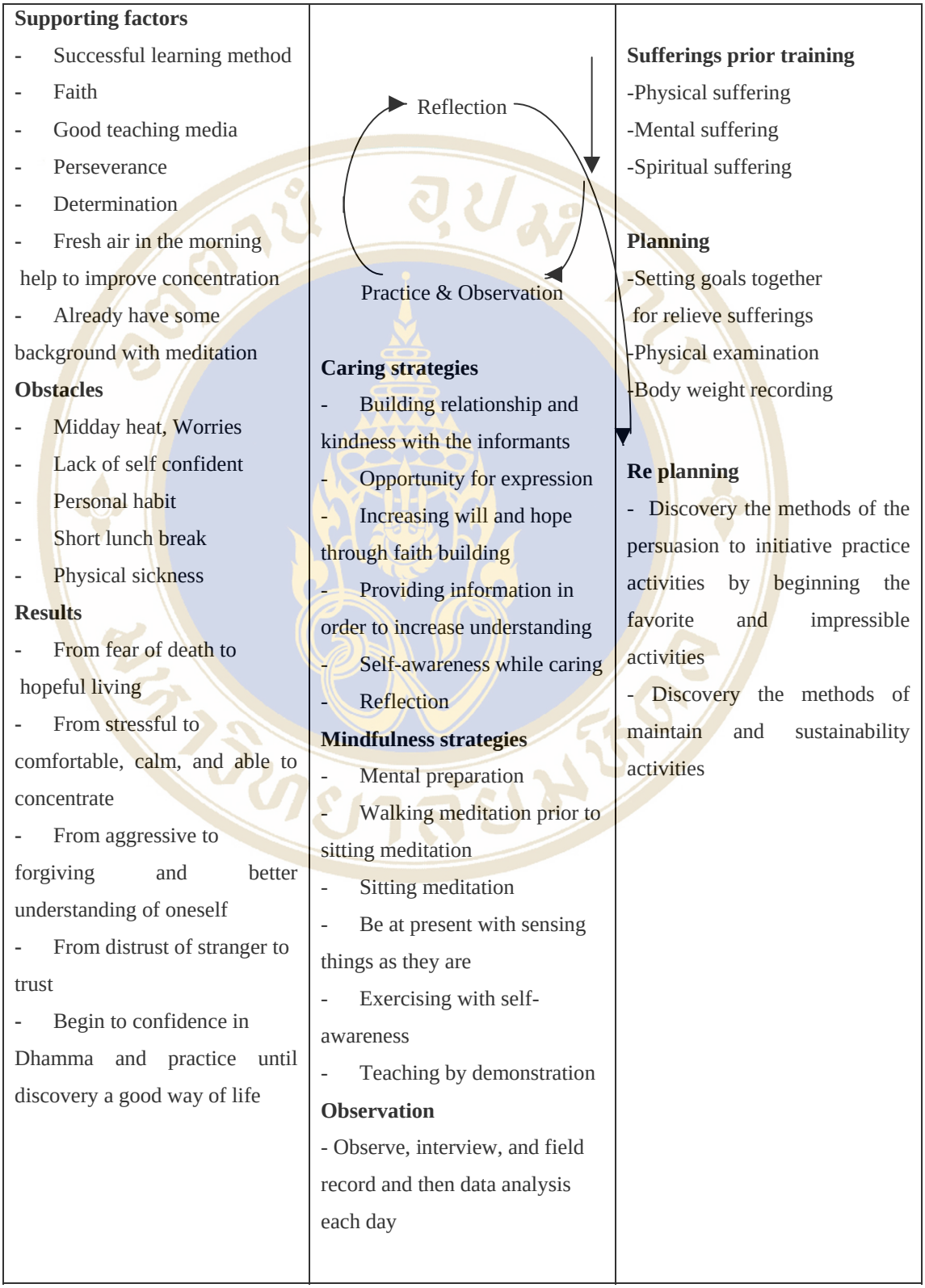
Figure 10: Cycle 1 From suffering life and hopelessness to vitality and merit (prior training until the first training ended)



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Cycle 1: From suffering life and hopelessness to vitality and merit

Caring strategies

1. Building relationship and kindness with the informants

Almost of the informants have low self-esteem, feel that they have been neglected and no one understand them, or being an innocent country people, the researcher needs to build relationship and establish sense of kindness with the informants.

Having a good relationship is a good starting point, which will lead to the success in establishing self-esteem of the informants. The informants would feel that they are welcomed and receive warmful relationship. This will create trust and sense of reliance; this they can talk about their problems to the researcher. The researcher is willing to listen to their symptom of sickness and other problems, and also response to their question in a kindliness manner. The researcher also expresses understanding and willing to help the informant in every way possible.

2. Opportunity for expression

Each of the informants has their mental sufferings-a secret, which will not be revealed to an outsider. By establishing good relationship, the informants are more inclined to express their feeling. The researcher must be sensitive to her feeling for the basis to understand the others better. Sympathy and respect are to be visible, regardless of personal opinion. For example, W fight with her husband every day because she thinks that her husband is the reason for the infection; N and J quarrel and N will hurt herself by knocking her head against the wall. The researcher must not express any annoyance and give the informants sufficient times to express their feelings. When this is done, the researcher can engage in building psychological support for the will to live. Once step 1 and step 2 are accomplished, the informants will have faith in the researcher and willing to follow the recommendation suggested by the researcher and feel hopeful.

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3. Increasing will and hope through faith building

In order to strengthen the informants' will-to-live even thought they are HIV-infected, they must first have faith in the researcher. The researcher must be confident in the possessed skills and knowledge, which will manifested into the researcher's confident. This will increase the informants' trust in the researcher. The research must possess sufficient knowledge about mindfulness meditation, its process, and the ensuing result from such practice that would happen to the HIV-infected informants. In addition, the researcher must also be confident that he/she is capable of achieving the desired objectives and truly believe that the practice of mindfulness meditation will help to relieve sufferings and to increase the will to live.

4. Providing information in order to increase understanding

The researcher has assessed the informants' symptoms related to HIV infection and their knowledge about mindfulness meditation; it has been found that many of them lack of knowledge about the complication of HIV-infected such as vaginal candidiasis, birth control, diarrhea, syphilis, and immune system. For the understanding about the method of mindfulness meditation, some of the informants- P, L, and Am- have undergone a meditation training and have become a novice for two weeks; the other informants never have any experience about meditation before. Some of them have become a monk - N and J- but never really confident in Buddhism.

The researcher explain all relevant information which the informants do not know. Objectives of mindfulness meditation in daily life have also been discussed. Elaboration on the preparation, relevant activities of the training, the mechanism of meditation has influence to the function of body system, and the resulting benefits are also provided. The informants are provided with ample opportunity to ask questions. Mindfulness meditation manuals are hand out to all informants.

5. Self awareness while caring

Self awareness is the main strategy that the researcher employ during the research period. The researcher must ensure that this self awareness are observed in every action performed in relation to the surrounding environment, and its impact on the informants. Self assessment to keep tract with the researcher's feeling must be

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performed. All of these practices will ensure that the researcher can perceive herself and all the informants with minimal biases which will result in acceptance and trust from the informants.

6. Reflection

Many informants told that their family neglected them, after the session of Dhamma discussion: “Phra Nai Bun” (kindness of the parent), the researcher provide opportunity to all of the informants to reflect upon their claim that they have been neglected by their family as well as their claims that no one understand them. In addition, solutions to such problems are also discussed. The researcher herself also practice self-reflection about all the activities performed by informants- for example, walking meditation, sitting meditation, etc. In addition to participatory observation, the researcher also measure the informants’ finger temperature; the finger temperature will increase when the informants relax, and decrease when they stress and anxiety. The researcher will inform informants about their finger temperature in every session of practice. Information on personal feelings and opinions of the informants will also be collected at the end of the day. The researcher asks all informants to reflect upon their meditation experience and the teaching provided by the trainer. In the last day of training, informants are given opportunities to express their feelings, suggestion, recommendation, in order to evaluate the result of the project.

The applying theory to the training in establishing the Four Foundations of Mindfulness

The researcher apply observational learning process which is a part of the cognitive social learning theory’s Bandura (Bandura, 1989). Bandura believe that most of learning that take place fit into four learning process: (1) Attention process which states that a person cannot learn without paying sufficient attention; (2) Retention process which states that the person will not be affected (learn) from the observed unless the learner can remember the characteristics of the observed; (3) Production process which states that all memory must be translated into actions; (4) Motivation process which states that the learning of individuals and their subsequent actions are contingent upon their received motivation. These concepts are consistent with the

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concept of action research that individuals can learn through the process of observation and reflection upon experience.

The researcher asks informants to observe the following action performed by the trainer: (1) how the trainer pay respect to the Buddha statue; (2) walking meditation; and (3) sitting meditation. After the demonstration which perform slowly and sequentially, all the informants are told to perform such activities themselves. This will ensure that the informants can remember and act upon the memorized information.

Strategies for the training in establishing the Four Foundations of Mindfulness

1. Mental preparation

During the period of the training in establishing the Four Foundations of Mindfulness, the researcher request informants to receive the virtue having livelihood as eight *(Ajivatthamaka-sila)*, which will facilitate concentration and peaceful mind; in addition, before meditation, the trainer will lead all informants to chant with self-awareness mind. This will prepare mind and body of the informants for cultivate the healthy factors such as confidence, mindfulness, and concentration.

2. Walking meditation prior to sitting meditation

During training, the trainer asks the informants to walk directly in a short distance about 3-4 meters with self-awareness. The trainer will begin by demonstrating the stance and relevant manners which are to be observed- for example, sensing the temperature of the floor, feeling the move of palms and feet, etc. The sensing practice starts by trying to acknowledge the movement of the feet- lift, laid, lift , laid. Then , while standing, the informants focus their sensing at the top of their head down to the tips of the feet- and to be repeated 3 times. These practices aim at keeping the informants' mind at that present moment, not to wander away.

In the later days, walking distance will gradually be increased; this gradual increase will help the informants to increase their concentration and self-awareness.

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3. Sitting meditation

Sitting meditation on the floor require the heart to work less than sitting that perform on the chair. On-the-floor sitting meditation will keep the head and neck straight, keep the meditator's spine in correct position, reduce retention of the varicose vein at the legs, and increase function of nervous system from the brain to coccyx for control the overall of body system. In addition, according to the oriental believe, spine is the channel of which prana- life and spiritual energy- will flow. The correct posture of spine will also increase the functioning of endocrine gland which are lined in accordance to the spine position.

While performing sitting meditation, body must be kept erect and mind must be in control. The meditator must concentrate on the point which is about two inches above the lower stomach. Focus on breathing should be done in relaxing manner in relation to the movement of abdomen- expanding and contracting. Whenever the mind begin to wander, the meditator must recite to himself / herself: thinking, thinking; and then bring the concentration back to the breathing and movement of abdomen.

4. Be at present with sensing things as they are

All of the movement must be realize and all the sensory experience- eyes, ears, nose, tongue, body, and mind- must be acknowledged in real time. In the first round of training, the trainer will ask informants to focus on major movements such as standing, walking, sitting, lying down, for example.

5. Exercising with self-awareness

Every morning, the researcher will organize field exercise activities, beginning with slow exercise during which self-awareness must be observed. At the latter stage of the session, the informants will perform walking meditation, sitting meditation, simple prana exercising, and certain simple yoga exercise suitable for them.

The breath is viewed as an invisible body which is as important as the visible body. The invisible body's function is not just to exchange air; in oriental belief, breathing is an air element-or air prana- which is the life force that links mind and body together; it also helps to balance mind and body.

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6. Teaching by demonstration

The trainer will start the session by demonstration. Then all the informants will be given opportunities to follow the demonstration. This will ensure that the informants have direct experience through following the demonstration. Active learning repeatedly is an important ingredient to ascertain that the required skills-paying respect, walking mediation, sitting meditation, and the practice of self-awareness- are internalized into informants.

The researcher employs group training as well as individual training. Those who are unable to follow the procedures will be provided with supplementary opportunity to practice individually under close supervision of the trainer. The informant will meditate together with the trainer, focusing on the movement of abdomen -extension and contraction. At the end of the meditation session, the trainer will lead them to blessing for oneself and others, and then de-meditation process.

Results of cycle 1: From suffering life and hopelessness to vitality and merit

Before the training in establishing the Four Foundations of Mindfulness in combination with Watson's caring, every informant has physical, mental, and spiritual sufferings. After the 5 days 4 nights of the training, it has been founded that there are positive changes: (1) from fear of death to hopeful living; (2) from stress to relaxation and calm; (3) from anger to forgiveness and awareness of oneself and others; (4) from mistrust stranger to trustful; and (5) from disbelieve to confidence in Dhamma and then practice until discovering a candle of light. These results are elaborated below:

1. From fear of death to hopeful living

Before the training, some of the informants felt hopeless about their lives because they had seen the deaths of their friends; this repeated event had led to the fear of death of the informants. After the meditation, they have changed their perceptions from fearful to understanding and hopeful livings. They want to continue practicing meditation.

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1.1 Day 4-5: from anger, worried, and fear of death to hopeful living

"I feel relaxed and all my worries are gone when I meditate. Deep breathing makes me relax."

"I used to get angry easily, paranoid, and afraid of dying. After I met the monk, he gives us hope. If we really try, we can change our perceptions. He is not an HIV- infected but he has hope on us; then why shouldn't we? If I have no children, I would have more time to do this." (P, 29 arch 2002)

1.2 Day 6 (After the training): Appreciate to the caring and feel like someone pull us up the hell

"We were living in hell. If I haven't met you, I would not have been this happy. I have learned to meditate and you are willing to listen to my problems. I feel relieved and relaxed. Some problems I can't tell to anyone but you listen to me." (P, 29 March 2002)

1.3 From thinking about committing suicide to realization of hope

"I am happier now. I try to join the group again. I want to have more of good conducts , but this is the best I can do under this condition. I had severe illness for about 4 times. But now I think that I will not give up. One day there might be a cure. It's better than committing suicide. " (L, 29 March 2002)

1.4 From hopelessness to willing to repay for the kindness

"The second saddest event in my life is when the doctor told me that I am infected. I thought that I have lost everything. All that happen is because of my bad karma. But when I am here I meet mother Kimlai whom I give as much respect as my real mother. I want to be her follower if I am cured, but that's not possible. If I don't have any burden, I would have worn white cloth and practice Dhama more intensely." (Non, 25 March 2002)

1.5 From feeling unlucky to feeling lucky

"At first, I thought that I am so unlucky, but when I think about

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the blind and try to close my eyes, I can't see anything. I think I am luckier than them. I also saw polices beat prisoners and they are put in a crowed room, I think I am also luckier than them. That's why I feel happier." (Ch, 28 March 2002)

2. From stressful to comfortable, calm, and able to concentrate

Prior to the training, informants exhibits stress and anxiety. After the completion of the training, the informants' feel better. They are able to concentrate and aware of them selves all of the time.

Based on the observation carried out by the researcher, the practice of mindfulness which begins from different activities. For example, N feels that walking meditation helps him to concentrate and his mind stops wandering; A is impressed with some of the exercise that he can sense about his concentrating mind; L likes to meditate in the open air in the morning because I feel peaceful; P notice the change in her mind from being stressful to peaceful; A begins his meditation soon after he wakes up. Whenever he pay respect to an image of the Buddha he feels appreciated. His characteristic has also changed from aggressive to more gentle.

2.1 Feeling better peaceful and comfortable

"I try to meditate every hour because I feel better when I do it, especially when I do it in the open air. First I though the meter move up because of the heat, but when I cover it with the other hand it still go up. I feel peaceful and I can concentrate better." (L, 28 March 2002)

2.2 Exercising helps to calm the mind and increase concentration

"When I decide to meditate in the open air on the fourth day I could do it well. It was so peaceful. When the ant bites me I can sense that and then I am back to meditation again. The most impressive things that occurs to me is that some of the exercise helps me to sense my mind better. I truly know that I am meditation. I can concentrate better." (Am, 28 March 2002)

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2.3 Light, calm, and able to adapt

"On the second day, I feel light and calm. My brain is clear and I don't get much headache." (M, 28 March 2002)

2.4 From paranoid to concentrating mind

"When I meditate, I focus on the movement of my body. I forget about other things. I can focus my mind and I can concentrate.' (Ni, 28 March 2002)

2.5 From stressful to peaceful

"Before the training, I was so stressful because I had a fight with my friend. I also think bout my past. But when I meditate and focus on what I am doing my mind comes back." (P, 29 March 2002)

2.6 Begin to concentrate after awaking up, paying respect helps meditation

"I begin to meditate since I wake up. When we have a break, I write down what the trainer told us during the session. When I pay respect to an image of the Buddha I feel appreciated. I felt as if there is a monk saying to me that I am doing the right thing. Now when I pay respect I do it with all my heart." (A, 28 Mach 2002)

2.7 Extended lungs and relax

"After the training I feel relaxed and I don't think a lot. I can breath more deeply and I feel light and relaxed." (A, 28 March 2002)

2.8 Change in characteristic and weight increase

"When I left the training hall, I walk slowly. I feel that I have changed. I am more gentle now." (A, 28 March 2002)

"I feel better, happier. My weight increase about 3 kgs. I think about 70% of myself has changed. I have had enough of bad doings, now I will start doing the good things." (L, 28 March 2002)

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3. From aggressive to forgiving and better understanding of oneself

All of the activities during the training help to change the informants' attitude from being aggressive to forgiving and better understanding of oneself. Meditation, chanting, and blessing for oneself and other living beings help them to realize about others who are also suffering and reduce their anger.

3.1 Listening to Dhamma and asking for humbly apologize ritual result to increase self awareness and forgiveness

"The mother Kimlai told me that we must think before we speak and do anything. During humbly apologize ritual, I have a chance to ask for forgiveness from mother Kimlai. I now realize that all that she has been telling me is because she worries about me. I have made a mistake and I am willing to do anything to make up for it". (Non, 28 March 2002)

3.2 From anger and curse to calm and peaceful

"Previously, when someone says something about me and I can't do something about it, I curse. After the training. I feel calmness and awareness of what I am doing. I can forgive and not anger to others." (Ch, 28 March 2002)

3.3 From hateful to mindful and forgiving

"I used to live with a friend. He brought a girl to sleep with him, which is against the rule. The girl is not mindful. I hated him. But now that I put myself into his shoes. I can forgive him, and it's very relieving."

3.4 Chanting and blessing helps to reduce anger and improve understanding of oneself

"At the eve of the meditation, the trainer will lead us to blessing. The sentence about the living cycle of all being-birth, age, sick, and die- is very enlightening to me. I realize that we all suffer the same cycle, so I am no longer gets angry that easily." (Ch, 28 March 2002)

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"I think that master's translation of the chanting is very good. I like the part that dedicates to father, mother, and those that we have done something to. After chanting, I feel relieve. When I wake up in the morning I am so relaxed. The most profound change that occurs to me is that I am calmer than before. I don't think about small, nonsense things anymore. My physical condition improves too." (M, 28 March 2002)

4. From distrust of stranger to trust

Ch tells the researcher that he used to be afraid of stranger because someone has told people about his weakness, and he feels ashamed about it. From the researcher's observation, he always keeps his head low when he walks. He will only lift his head to answer questions, then his head is lowered again. However, after the training, he told the researcher that he trusts the researcher.

"I admit that I am afraid to tell about myself to anyone because I feel that they don't understand me. But when I look at the master I know that he means no harm. I used to have bad experience because someone told people about my weakness. That's why I afraid of stranger." (Ch, 28 March 2002)

5. Begin to confidence in Dhamma and practice until discovering a candle of light

A said that he never had faith in Dhamma before. After the first day of training, he began to respect the trainer. That's why he was willing to follow his instruction. In the fifth day of training, he was able to meditate more quickly with better concentration. He realized , this was the path that he must follow. He would keep doing what he had learned. P said that, in morning after the last day of training, when she woke up she felt happy and alive. She felt like she had done a great deed to herself.

5.1) Like chanting

"I like everything that the master told us. But I like chanting the most. I have to admit that I am not fit for meditation." (N, 28 March 2002)

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5.2) From disbelieve to faith

"I feel that it takes me just a very short moment before I enter deep meditation. I realize that this is the path that I must follow. I write this in my diary but at first I dare not let the master read it. But later I change my mind. This is what I write: I will continue doing what I have learned here. This is like a guiding light to me. One day when I pass away, the others can learn about what I have learned." (A, 28 March 2002)

5.3) Feeling of freshness and happiness result to great deed

"The next morning after the last day of training, I wake up and feel the freshness of weather. The birds are singing. This is a sing of new day for me. I am so happy because I feel that I have done for myself a great deed. In addition, I have a chance to ask for forgiveness from my father and mother." (P, March 2002)

Reflection of the training and practice

The reflection from the first cycle has indicated that there are supporting as well as retarding factors faced during the training in establishing the Four Foundations of Mindfulness in combination with Watson's caring. These factors are discussed below.

Supporting factors

There are several supporting factors that help the informants to have proper meditation and self-awareness. Some of the informants read relevant materials before the actual training. When he encounters difficulties, he presses on. During the breaking periods, he takes note about of the experience learned during the training period. After the training, he read the given materials again. In addition, when there is a free time, he rehearses what he has learned by himself. He also converses with the trainer regularly to clarify his doubts. One of the reasons for his doings is that he trusts and has faith in the trainer. Visible teaching media also stimulate informant to think critically about his wrong doings and want to ask for forgiveness. The factor that accounts for the positive outcome is the informant's perseverance. His determination

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for continuous practice had led to a clear vision about self-healing. The other factors are that some of the informants have prior experience about meditation; thus they already have positive perspective toward the practice. The last factor is the environment-fresh air in the open field in the morning provides conducive environment for meditation.

1. Successful learning method

1.1 Preparation

Prior to the training period, the informant has read relevant materials and asks the trainer: *"I read the book written by…..and try to follow instruction in the book. My body waves when I meditate. Why? And why the author says that Qigong is also a form of meditation." (A, 22 March 2002)*

1.2 Trail

"When I meditate, I feel so uncomfortable. But I think I will just give it a try. On the second day, it's so hot. I don't know if I should continue. But I did." (A, 22 March 2002)

1.3 Taking notes

The informant write in the diary that *"During the break, I quickly write down what I have learned from the trainer. I try to follow all the recommendation. This I my guiding light. One day, when I pass away, the others can learn from my writing". (A, 22 March 2002)*

1.4 Reading training manual, rehearsal, and question

"I has just spent half an hour to rehearse what I have learned today. Then I proceed to practice walking meditation and sitting meditation for about five minute. Then my friend told me that the master wants to see me. So I recite to my self "Rest…..Rest"

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"I read two books. The first one is from Mother Siri. The other one is the mindfulness meditation's manual. The latter one has pictures. I rehearse walking meditation of step 1, 2, 3, and 4. I don't know if I can proceed to step 5 and 6". (A, 22 March 2002)

1.5 Rehearse

"When I have free time I try to recite virtue having livelihood as eight (Ajivatthamaka-sila) so that I can control myself. When I want to curse someone, I can restrain myself." (A, 22 March 2002)

2. Faith

2.1 He is the real monk

"When I first saw the master, I though he is just a new monk and come to look after us. But when he teaches I know that he is the real monk. In the funeral, there are five monks chanting, but he is the most outstanding one." (A, 22 March 2002)

2.2 Knowledgeable and precise

"The most impressive things about the master is that he is so knowledgeable. Everything that he says is straight to the point. For example anger. I am just like what he says." (P, 28 March 2002)

2.3 Demonstration of the practice.

"When I pay respect to an image of the Buddha. I feel so relieve doing so. I am happy when I concentrate on paying respect process. My mind is calm." (A, 28 March 2002)

3. Teaching media

"When I watch the video about "Phra Nai Bun" (The kindness of parent), I think about my father and mother. I am indebted to them so much." (M, March 2002)

4. Impression of the humbly apologize ritual

"The most impressive thing is the humbly apologize ritual. This makes me

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realize who live me the most. They are my father and mother. I have been neglecting them for so long." (P, 28 March 2002)

5. Perseverance

"When I see that some of us left the training, I get worried. But told myself that I have had bigger problems before. I use a laborer, carrying heavy things all day. This is nothing compared to that. So I push on. On the third day, I tell you that I can do it. I am very glad."(A, 22 March 2002)

6. Determination

"My next plan is to continue to meditate even when the master left. He doesn't ask me to do so. This is up to me. If I do it, I am the one who will get the benefit. I will cherished what I have learned."(A, March 2002)

"I talk to my friend that we should change the way we pray. We should incorporate the practice of mindfulness meditation into it. I think that's really work. I am waiting for the next training."(A, 22 March 2002)

7. Fresh air in the morning help to improve concentration

"The morning air is very fresh. It's helped to improve concentration." (M, S, 29 March 2002)

"I feel better, especially when I perform sitting meditation in the morning. The finger temperature increases a lot. It's so peaceful." (L, 28 March 2002)

8. Already have some background with meditation

"I have been to meditation training in a temple before. It lasts 7 days. I had to wake up at 5 am and eat two meals a day. When I was in jail, there was some training as well, but the session last about 2-3 hours." (L, 29 March 2002)

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"I was a Dhamma practice for 7 days when I was 16 years old. Because my health status was poor when I was a kid. My mom had promised to secret beings that if I got well, she would put me to become a nun. While I was a Dhamma practice, I had to wake up at 4.30 am to chant. I lived in a cave. It was quiet and peaceful." (P, 22 March 2002)

"I can deal with all the activities throughout this training. I had some basic about this. My mom had taken me to two temples, each for 7 days. That was when I was secondary school. But I didn't really do it then. I felt that I was being forced." (Am, 29 March 2002)

Obstacles

Some of the informants explain that are some difficulties which prevent them from learning effectively. For examples, the heat in the midday, worry about not telling the true to the family- Ch, etc. For N, he worries about his dealing with the court, which is still in the process. In addition, he does not have a lot of self confident; whenever the trainer is near by while he meditates, he will feel tensed. J says that he cannot do it well because his personal habit that he doesn't like to take any work seriously and never succeed in doing anything. Some say that the lunch break period is too short. For P and W, their children are the major difficulties.

1. **Midday heat**

"I think that the master's teaching is excellent but I had never done this before. When I encounter the midday heat, I become upset." (J, 29 March 2002)

2. **Worries**

2.1 Worry about living expenditures

"While I perform sitting meditation, I am worried about my living expenditures. I want to tell my family about my sickness, so that I will not have to worry about this anymore. But I don't want them to worry about me. Whenever I

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think about this problem, I get headache. I don't know what to do." (Ch, 29 March 2002)

2.2 Worry about being trial

"I can not put 100% effort into this because I am being trial now. I also have a bad habit. Every day after lunch I normally sleep. I also have toothache. Altogether, I have become lazy." (N, 29 March 2002)

3. Lack of self confident

"I get nervous easily and afraid to be in front of the crown. When I meditate and the trainer comes close to me, I get tensed." (N, 29 March 202)

4. Personal habit: not used to doing serious work

"My personal habit is that I don't like to do anything seriously. I never work at any place for long because I get bored with the job soon. When I come to this training, I can't do it well either." (J, 29 March 2002)

5. Worry about children

"If I don't have to worry about my children, I think I can try harder." (P, 29 March 2002)

"I am paranoid and I miss my child. I am afraid that my child will get into fight with someone." (W, 29 March 2002)

6. Short lunch break

"Normally, I will sleep after lunch. But this training has very short lunch break, so I get sleepy." (N, 29 March 2002)

7. Physical sickness

Physical sickness is also one of the main retarding factors for mindfulness meditation, which prevents the informants from achieving satisfactory level of concentration. For example, N has toothache, Ni has cough, S has itchy skin, and Am has painful caused by abscess of axillary lympnode and has fever, and L has

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tiredness and diarrhea several times in the first few days of training. As he says, *"I try to do my best, but I still can't."*

Lesson learned from Cycle 1

The lesson learned from circle1 is that in order for the informants to have better concentration. There are three determining factor: (1) factors related to the informants; (2) factors related to the process of training; and (3) factors related to the researcher as a healer.

1. Factors related to the informants

The informants must have appropriate learning method that will ensure the success of training. For example, A has read relevant materials before coming to the training. He also takes notes. Whenever he has doubts, he will consult the trainer and read the manual. He also put what he has learned into his daily activities. As a result, he can achieve satisfactory level of concentration in a short period of time.

2. Factors related to the process of training

2.1 Trainer

Trust in the trainer is an important factor which induces the informants to follow the instruction. Good trainer who can demonstrate that he is knowledgeable about the issues and has proper teaching skill- through demonstration and imitation process- will stimulate effective learning of the informants.

2.2 Teaching media

2.2.1 Teaching manual has clear explanation with proper graphical presentation. This helps the informants to have better understanding of the training and able to rehearse the lessons by themselves.

2.2.2 Video which is the visual teaching aid is used selectively in congruent with the learning objectives to be achieved under a given time limit. It can also arouse the informants to thinks critically about themselves.

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2.2.3 Activities during training period

Activities during the training should be rich and sequential. This training begins by paying respect to an image of the Buddha. Then proceed to chanting and small exercise before starting the meditation sessions. The session ends with the humbly apologize ritual.

It can be seen that when the informants follow this sequence, they start to confidence *(saddha),* mindfulness *(sati),* concentration *(samadhi),* modesty *(hiri),* discretion *(ottappa).* They want to require an obligation, loving-kindness, compassion, and understanding of oneself and others. These positive changes give them hope for living. The researcher has observed the transformation of unhealthy factors to healthy factors. The unhealthy factors which lead to mental and spiritual suffering such as worry, anxiety, fear to die, fear the stranger, anger, and ill-will. When this 5-day 4-night training in establishing the Four Foundations of Mindfulness in combination with caring, the healthy factors gradually replace unhealthy factors. The end of the training is that some of the informants have changed their personality and improved physical conditions- relaxed, gaining weight, etc. in addition to have changed psychological conditions- calmness and happiness.

Factors related to the researcher as a healer

Being a good healer- willing to listen to their problems and keep these problems as secrets- have resulted in the trust of the informants toward the researcher. Having aired out their problems, the informants also feel more relaxed.

The lesson learned from the first circle has been used to design the second training circle. Some of the learning method used by the informants that prove to be effective have been instituted into the second cycle.

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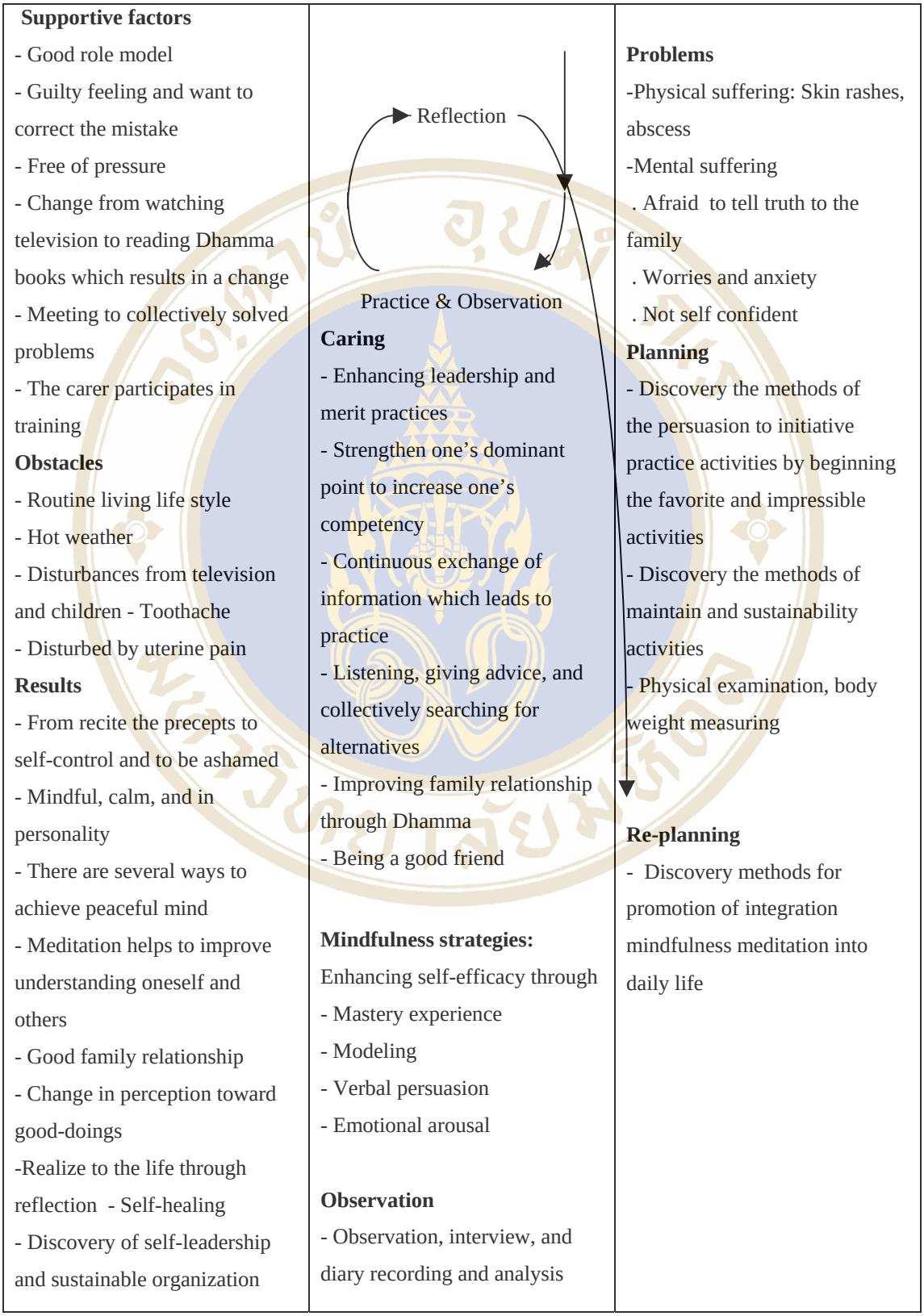
Figure 11: Cycle 2 Life understanding from self-realization leading to behavioral changes



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Cycle2: Life understanding from self realization leading to behavioral changes

Caring strategies

1. Enhancing leadership and merit practices

After the first training ends, the researcher and trainers leave the field. The researcher re-visit the field again a month later and has found that “A” has been selected to be the new leader- the previous leader has left the field. He has been selected out of the reason that he has practiced the meditation consistently and his improvement is visible to everyone. Everyone accepts and admires him. The researcher congratulates him for this and gives him advice on leadership. He would be the main driving force of sustaining the meditation group.

The researcher has also seen progresses of others informants and let them know that about what the researcher has seen out of them. “A” has been the inspiration. His progress has stimulated others to follow his practice. They value themselves more highly now. “A” and “L” have succeeded in reducing the number of cigarettes smoked per day from 10 to 5. “A” explains that this is because he has to meditate. So he doesn’t have much time to smoke. Whenever he feels like smoking he will recite “no smoking.. no smoking” and drink water instead. “L” says that. After the training, he wants to get rid of all bad doings of his. He wants to be a new person. He cannot stop smoking and drugs but he is trying to.

2. Strengthen one’s dominant point to increase one’s competency

All of the informants have their dominant points, but have been overlooked by others. They never use the potential to their full capability. Their infections are also seen by the society as undesirable. They are seen as bad people. The informants also feel worthless about themselves, lack of love and trust, and never succeed in anything.

The researcher tries to look into every informants, searching for their inner strengths and encourage them to bring that out. This will improve their self-esteem. To accomplish this, the researcher asks them to the jobs that they are comfortable with. For example, W cannot perform sitting meditation for a long period of time because she cannot control her thoughts. The researcher recommends her to weave a garland and give that to an image of the Buddha and other informants before chanting

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in the evening session. J, Am, and L are talented in arts. The researcher assigns them to decorate the boards and writing signboards. The researcher asks them to perform mindfulness while they are working. Everyone is happy about his /her works and feel proud to be complemented. S admits that his lacks of concentration and cannot perform sitting meditation. The researcher recommends him to perform simple meditation. For example, practice of self-awareness while jogging- the activity that he does everyday.

3.Continuous exchange of information which leads to practice

Some of the informants- for example, A and P- have achieved considerable progress. They tell this to the researcher with pride and enthusiasm. Some -Am-also benefits from the practice of self-reflection about life; the training has change his thinking. He is now more responsible and more determined to get things done.

Ch says that he chant and read Dhamma books instead of watching television show. His anger and hatred are less. He is more understanding, more forgiving, and more mindfulness. N has changed from a shy person to be more confident. He also tells the researcher eagerly that the court does not convict him. He believes that this is because of his good doings- chanting and meditation. He has never felt so relaxed and comfortable like this before. He uses to wait for the time to go for a drug, but now he waits for the time to pray. In his words “from disbelieve to something to be waited for.”

4. Listening, giving advice, and collectively searching for alternatives

The researcher listens to all of the informants’ problems both the group and individually. In group problem, the researcher and the informants jointly discuss about the way to coordinate the meditation, so that everyone can do it at the same time and how to stimulate them.

For personal problem, some of the informants cannot sit-meditate for a long time. For example, L complains that when he meditate, the insects come to disturb him. The researcher recommends him to wear a long sleeve shirt. P has a young child, which disturbs her when she meditates. N and J still quarrel but less

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frequently. The researcher listens to everyone's problems and jointly search for alternative solutions. After that the participant will be given time to meditate and think before deciding for himself/herself which alternative is to be chosen. This way, the informants will learn to deal with problems by themselves later with an aid of Dhamma practice.

5. Improving family relationship through Dhamma

Some of the informants are couple- W and N, J and N. they still quarrel often. The researcher points out to them that if the members of the family follow the Dhamma principles together, the will be peace in the family. If they do this everyday, anger will be less and the happiness will replace conflicts among members of the family.

There has been a drastic change in A and P's family. They are the role model for the other two families because A has been practicing consistently. P used to think that A doesn't love her child. But now she has seen him touching her child with love. She hears him say "Sleep, be a good boy…". This makes her happy and she admires him so much for his dedication to Dhamma until he gain acceptance from everyone.

5. Being a good friend

Because the practice of the Four Foundations of Mindfulness takes time before visible result can be noticed, the informants might get bored when they cannot see the result so soon. Thus the researcher visit them regularly to give them support and encouragement to carry on with the practice.

During the visit, the researcher repeatedly encourages everyone to daily recording about his / her progression, both unhealthy and healthy factors. The researcher also encourages to them to apply the practice to daily activities.

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Relevant concepts applied to Cycle 2 (Follow up visit)

In the second circle, the researcher applies Self-efficacy concept (Bandura, 1989) to the informants. The researcher believes that if the informants acknowledge that they have some potential, they will find the way to manifest that potential. A person who realizes about his/her potential will display greater perseverance and will succeed eventually.

Bandura (1989) has proposed four factors related to the concept of self-efficacy:

1) The experience of mastery is believed to be the most effective way to increase one's perception about one's ability. This will enforce one's believe that he/she can do it. In order to realize this, the participant must be equipped with proper skills, which will ensure such outcome. Once this potential has been realized, the person will not give up easily when doing something.

2) The use of demonstration of modeling and receive satisfactory result makes the observer feels that he/she can also achieve the same result if sufficient effort is devoted to that activity.

The researcher asks A- the most progressed among informants- to be the model for the others. Because they overall characteristics are quite similar, the others feel that they can also do it. For example, N and Am who are close friends to A, feel that they can do it too. Subsequently, Non and J, also follow N and Am.

3) The use of verbal persuasion to enforce the believe that the person really has such talent to succeed. In order to succeed, one must be able to combine his / her development of capability with others' experience.

When the researcher assign task to each of the participant, each job is cut into smaller parts, which can be done with less effort; thus the informants can achieve them easily. Once each part of the task has been completed, the researcher complements them. Later, the task assigned will gradually be more difficult. Encouragement for meditation is also given to them. Some of them offer to perform the task that they prefer first. For example, N likes to pray but cannot sit-meditate. He begins by praying and gradually increase the time spent on sitting meditation.

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4) Emotional arousal is used to increase the perception of one's potential. The researcher tries to create warm and friendly atmosphere for the informants, so they would feel free to practice their meditation.

Result of cycle 2: Understanding of life from reflection, which leads to a change in behavior

Daily perform of receive the virtue having livelihood as eighth *(Ajivatthamaka- sila)* makes the informants feel appreciated and have better control of themselves, which increase their concentration. The blessing at the eve of each meditation session deter them from commit the sin. All of them have experienced peaceful mind at certain stage of their practice. For example, some begin to feel peaceful since paying respect to an image of the Buddha; others after the chanting. All of them have greater respect toward other's life. Better understanding among family members is also visible. When the husband follows the Dhamma principle and meditates regularly, there has been less fight in the family. The wife, thus, encourage him to continue.

When each of them has learned to reflect upon their doings meaningfully until the wisdom is formed, they choose to heal themselves. For example, N says that, after praying, he feels calm and relaxed. He believes that what he has been doing is good for his life. He wants the others to follow. For A, he has discovered the way to sustainable self-healing. He also recommends his techniques to others.

1. From recite the precepts to self-control and to be ashamed

Am explain that receiving the precepts everyday, he appreciate about the practice more and more. He has better control of mind and body. He also has greater respect toward others livings and fear of the sin.

"After A has received the precepts everyday in the morning, I feels appreciate for it more each and everyday. In the first few days I am just simply reciting the words. When I see an ant, I killed it. When I see animals, I hurt them. When I see my friends, I talk nonsense with them. Now I rarely do that. I don't get angry that easily. My friends think that I have changed. I don't tell anyone, I just keep

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it to myself. Now I can't kill a mosquito because I feel ashamed to do so. I think Sila is the basis of being a human. If everyone has Sila, this world would be peaceful." (Am, 21 April 2002)

2. Mindful, calm, and change in personality

Many of the informants have noticed changes that occur to them physically and psychologically. Their anger and confusion are less that before. They are able to have better control of themselves. Their ability to concentrate improves and able to let go of things that are not critical. They are now focusing on keeping their awareness and trying to do good things. In addition, for the case of L, there have been positive changes in his physical condition: his weight increases, his skin condition is better, and his face is more alive.. As he says *"I am happy. My weight increases about 3 kg. I think I can change my self about 70% already. I will stop doing bad things and focus on doing something good."*

2.1 From greed and sadness to peaceful and relaxed

" Receiving the precepts and blessing for oneself, others, and all living creatures that I have done everyday helps to keep my concentration and awareness. I am not so angel as I used to be. My mind is calm and relaxed. Even though I still have problem with my physical condition, my mind is not going to give up." (P, from the diary, 1 , 2 , and 3 April 2002)

"This makes me realize that life is short. They have shown me that this is the way that I should follow. I don't have much time. If I don't practice, my unhappiness begins to recur again. This is so different from the day that I practice Dhamma (P, from the diary, 31 March 2002)

2.2 Better self-awareness and higher concentration

"After joining to receiving the virtue having livelihood as eighth (Ajivatthamaka-sila) at 9 a.m. and sitting meditation until 10 a.m., I think I have changed a lot. I am able to concentrate and have better control of myself. I make less mistakes. I am calmer now." (Am, 21 April 2002)

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"Prior to this, when I say something wrong, I never think about it. Now I think before I say something. I have better control of myself." (Ch, 22 April 2002)

2.3 From self-indulging and short-tempered to calm and in control

"The most benefit that I receive from the training is the emotional side of myself. I used to be self-indulging and short-tempered, but now I have better control of myself. When I start to get angry I will ask myself "what has he done to make me angry?" Sometimes when I read the Dhamma book, I realize that I am the one who cause the trouble." (Non, 23 April 2002)

2.4 Improvement on physical and psychological conditions

The participant has told the researcher that his physical as well as psychological conditions have improved.

"I have improved both my physical and psychological conditions. My weight had increased about two kg. I don't giving in doing some thing that easily anymore. After the master has left, I chant everyday. Sometimes I get annoyed in doing it and think about the time that this praying would be over because I am sleepy. But before I go to bed I still chant one more time." (L, 21 April 2002)

2.5 From curious to let-go

"One other thing that I can improve is my gossip habit. In the past, when I knew that someone talked about me behind my back, I would investigate until I found out who did it. But now I just let that pass me by ." (Am, 21 April 2002)

3. There are several ways to achieve peaceful mind

The researcher has found that there are several ways which can make the informants feel calm, peaceful, and concentrated. These are (1) performing the ritual to pay respect to an image of the Buddha slowly; (2) Walking meditation; and (3) making flowers to give to the Buddha.

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3.1 Paying respect to an image of the Buddha: from meaningless action to favorite activity

"The thing that I like the most is paying respect to an image of the Buddha with mindfulness meditation. I had never knew how to do it correctly before. I just knew it during the training." (P, 22 April 2002)

3.2 Chanting help to relaxed

"Chanting makes me relaxed. Every night I chant and bless to my family. I also ask for forgiveness from those whom I have done something wrong to them." (Ch, 22 April 2002)

3.3 Walking meditation helps to achieve calmness and concerted action

"The other thing that I like walking meditation. I think it helps me to calm myself faster. Whenever I am distracted, I will be off-balance. This help me to perform my action in concerted fashion." (P, 22 April 2002)

3.4 Practice of meditation through making flower.

"If I think that I am not ready to meditate, I will make flower. This also helps me to concentrate too. When I am distracted, the needle will hurt my fingers. I give my flower to my friends too. I like making flower more than sitting meditation." (W, 23 April 2002)

4. Meditation helps to improve self-understanding and understanding of others

At the eve of the meditation session, the trainer will lead informants to blessing for themselves, their families, and all beings. After the end of the training period, this practice has helped them to improve understanding of themselves and others. They also place greater value to the others' lives and reduce anger.

4.1 The blessing improves understanding of oneself and others

"I have learned a lot from the training. My temper is better now. I place greater value toward others. I think about others more." (M, 22 April 2002)

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4.2 The blessing helps to reduce anger

"The blessing is very useful. It helps me to reduce my anger. I don't thing about getting angry that much anymore." (Ch, 22 April 2002)

5. Better relationship within the family

The positive changes are not limited to the individual level; they are also changes in the relationship among members in family. For example, family's W, N and family's Non, J.

"I had a fight with N again because I saw him taking sedative medicine. But I forgive him in the nest morning because he didn't fight with me like he used to. I also thing think that he is my husband anyway." (W, 23 April 2002)

"After the training, I can control myself better. I used to fight with Non everyday. When we are about to fight, I will try to calm myself." (J, 23 April 2002)

6. Change in perception toward good-doings

W has changed her attitude toward good-doings. She used to think that it a hard thing to do; but now she has changed her mind.

Before the training: *"Doing good things are hard. These good doings will only be acknowledged when we die. And if we can't keep doing good thing trough out our lives, then why don't we all just burn in hell." (W, 3 February 2002)*

One month after the training: *"I want him (her husband-N) to quit taking drug and focus on doing therapeutic community services. Because this is similar to doing good things in the temple." (W)*

7. Better understanding of life through reflection, which leading to enlightenment and able to solve problems by oneself

7.1 Observe, listen, and read prior to self-reflection until enlightenment is achieved

"I used to think that Dhamma is a thing for old people. But when I have time to think about it carefully, I realize that it is the truth. After reading

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Dhamma book, I have realized that there are many things that I have done wring in the past. The book also gives me guidance about what I should or should not do. I don't fight with anybody anymore" (Ch, 22 April 2002)

"Recently, I am searching for the answer of my life. I have discovered a lot from reading and following the teaching of Bhudda. Before my mother forced me to read, but now I read it voluntarily." (Am, 21 April 2002)

7.2 Understanding life through self-reflection

"I think I have change internally. I am so calm that sometimes I think I have become an inactive person. The thing that I like the most is that I have discovered the meaning of my life. This is the thing that I have never think about in the past." (Am, 21 April 2002)

8. Individualized method to self-healing and healing of others

When N has discovered the way to heal himself, he feels calm, relax, and comfortable. This reinforces his belief that chanting and mindfulness meditation will improve his physical and psychological conditions. Thus he wants the others to follow the practice.

8.1 Discovering of self-healing method: chanting and meditation

About two weeks before the trial, N has joined the morning meditation session, which has been led by A; he also joined the evening session of the program. This helps him to calm and confident. He was ready for the coming trial. A night before the trail, he had to sleep at Phai Kiew temple.

"While I was at Phai Kiew temple, my friends there didn't chant or meditate at all. But I was confident enough to do it alone. I didn't feel ashamed at all. Every time I do it, I feel relax and comfortable." (N, 22 April 2002)

8.2 When practice self-healing, the anger and stress reduce. Thus the practice is recommended to friends who are in critical condition.

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"K (a friend) is sick. I talk to her and tell her that he should chant. I believe that chanting helps a lot. Now a day, I am calm and relaxed. I don't get angry anymore." (N, 22 April 2002)

9. Discovery of self-leadership and leadership with others which lead to sustainable organization

A's dedication to the practice of Dhamma has given him considerable result and has become his habit. His achievement has led him to be elected by his friends in the group to be the leader. They are also willing to corporate with A. A beliefs that their willingness to follow him is because of the positive changes that occur to him. Techniques that A follows are the followings:

9.1 Self-leadership

9.1.1 Continuous improvement

"I practice walking meditation everyday from 5.30 am. Then I proceed to sitting meditation in the field. I can increase my sitting duration from 15-20 minutes in the beginning to 1.30 hour now. I follow the master's instruction carefully. At the eve of the meditation session, I always perform blessing to all being." (A, 21 April 2002)

9.1.2 Habitual the practice

"The day that I am busy looking after the patients and I can't meditate, I feel as if something is missing from my life. My friends would ask me to chant and they always wait for me." (A, 21 April 2002)

9.1.3 Paying respect, chanting, meditate, and blessing result to delight many times

The participant tells that daily activities that he performs are paying respect, chanting, meditate, and radiation of loving-kindness.

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“ One day when I was meditating, I saw the image of my self in the past and the consequence of my past bad-doings. It’s was so suffering but I can’t open my eyes. Its like something forces me to. When I could finally open my eyes, I has been about one and a half hour since the beginning of the meditation session.” (A, from the diary, 4 April 2002)

“When meditating, it was quiet. I heard nothing, only the smell of Chinese stick even though there was no stick around.” (A, from the diary, 27, 28, 29, 30 April 2002)

9.1.4 Dedication leads to peers acceptance

“Because the previous leader has left, all the members choose me to be the leader. I fell that since I begin to practice Dhamma, they listen to me and more willing to corporate. When the master left, they ask me to perform all the religious rituals.” (A, 21 April 2002)

9.2 Leadership techniques

A part from his dedication, A also has other techniques which help to maintain the sustainable activities of the group.

9.2.1 Improvement of existing procedures

“I change the time of evening chanting session to be earlier. It starts at 16.30 pm. The chanting has also changed. All of these lasts about 45 minutes.” (A, 21 April 2002)

9.2.2 Leading by example

“I meditate everyday and I try to persuade everyone to do so. Now some do it at 9.00 am. There are about 5-6 of us. I will lead the session. Am and N never miss it. They say that they will follow my lead. N says that the he feels that his blessing really reach those he intends to.” (A, 21 April 2002)

9.2.3 Gradually adding new activities

“I will lead slowly beginning with paying respect to an image

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of the Buddha, chanting, meditation, and blessing and then paying respect to the King. I slowly add new things. Everyone says that this is a good practice." (A, 21 April 2002)

9.2.4 Self-evaluation and evaluation of others

During the meditation session, A will take the task of measuring for his friends' finger temperature. Everyone improves and the measurement increases.

"When they meditate, I measure them. They are improving. After that I will meditate." (A, 21 April 2002)

Reflection on the practice

The reflection on cycle 2 has founded that there are several supporting factors as well as obstacles to the success of healing through the practice of mindfulness meditation and caring.

Supporting factors

From observation, the researcher has founded that in order for the informants to have continuous practice, several of these factors must be present. Insider can be a good role model. This insider can be group leader, family members, or friends. The opportunity to reflect upon their doing also stimulate the informants to evaluate and improve upon their past experiences. For some- Ch, and Am- the reading habits also help them to have better understanding of the knowledge and practice which will lead to the discovery of wisdom. In addition, solving problems in group lead to unity among the members. Everyone feels that they have contributed to the group. Lastly, the carer who participate in the activities also helps to ensure the sustainability of the group.

1. **Good role model**

1.1 Admiration of the leader

"A can remember all the chanting. He also translates them for us. Everyday he knocks the bell and exercise. He says these helps him to feel better." (M, 22 April 2002)

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"For A, I have to admit that he really does well. He continues to do is even after the master has gone. It has become his habit. I am glad that he can be who he is now. I am not that dedicated." (J, 23 April 2002)

1.2 Admiration of husband

"A does it everyday since 5.30 am. The practice prana (breathing exercise). He has mastered it now. At 9 am, he will carry out the morning religious routine. And he does it again at night. His friends say he looks more lively now." (P, 22 April 2002)

2. Guilty feeling and want to correct the mistake

"Teacher, I know that there will be another training. I would like to make it up next time. We are not very happy. We are afraid that you will get mad because we can't appreciate what you try to give us." (N, 22 April 2002)

3. Free of pressure

N thinks that he feels pressured during the training. Now there is no one to monitor, he feel much relieved. He practices it voluntarily.

"I told A that when the trainer left, I feel like doing it with my friends and feel more relaxed. This is because I get nervous easily. I am very shy and afraid to be in front of a lot of people. I get tensed every time the master comes near me." (Non, 22 April 2002)

4. Change from watching television to reading Dhamma books which results in a change

Ch likes to read. Before the training he reads magazines and spend his leisure time watching television. After the training, he changes to reading Dhamma and ahs experienced the following changes.

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4.1 Stop fighting with others

"I used to quarrel with my friends. I think a lot about it. But after the training, I don't spend my leisure time watching television anymore. I read Dhamma books. If I wants to talk, I will talk to grandmother and play with children. I talk to my friends only when I have to. This way I won't have to fight with anybody." (Ch, 22 April 2002)

4.2 Hope

"This book has a lot of good points. There are a lot of good poems. Some of these give me hope for a better day." (Ch, 22 April 2002)

4.3 Grateful of father and mother

"In addition to reading, I also have time to think about what my father and mother have done for me. I have never thought about it before. A few days ago, I called them. My mother cried. I have come this far but I haven't told them about the infection." (Ch, 22 April 2002)

5. Meeting to collectively solved problems

"Today we have a meeting. We talk about 3 issues: 1) growing vegetable so that we can save our expenses and receive more nutrient; 2) procedures for receiving medication so everyone can have access to it; and 3) development of caring community." (L, from the diary 2 April 2002)

6. The carer participates in the training

The researcher found that the carer who acts as a caregiver joins all the activities that the informants do.

Obstacles

The obstacles that have become hindrances to the success of the meditation: (1) routine living life style, which depresses the informants' felling. Hot weather; (2) hot weather; (3) disturbances from television and children; and (4) physical sickness.

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1. Routine living life style

"This morning is the same as every other morning: eat and sleep. That's all our life is: wake up, bath the baby, clean up. I am depressed again." (P, from the diary, 2 April 2002)

2. Hot weather

"I wake up late again today. I had a nightmare last night. I couldn't sleep well. I am so tired. The weather during the day is so hot. I don't want to do anything." (P, from the diary, 10 April 2002)

3. Disturbances from television and children

" When I meditate and there is noise from television and children, I will open my eyes. That's why I can't meditate for a long time. I want to shut down all my sensory organs." (L, 21 April 2002)

4. Disturbed by uterine pain

"I am disturbed and irritated today. I don't know if it is because I lift heavy jar. I had bleeding per vagina. I get angry with everything anybody says." (W, 23 April 2002)

5. Tooth ache

"I didn't join the session today because I have severe tooth ache. I could not concentrate. The day that I meditate, I feel calm. When I don't, my mind start to confuse." (P, from the diary, 4 April 2002)

Lesson learned from cycle 2 (the second follow up)

Having a dedicated leader who can achieve visible changes is a good motivation for others to follow; especially when the leader is the insider who is the member of the same context. This coordination among group members will result in greater chance of sustained group because there is no forcing from the outsider.

When all of the informants have the Five Precepts *(Sila)*, confidence, and concentration, they will cultivate modesty *(hiri)*, discretion *(ottappa)*, loving-

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kindness, compassion, and the others of healthy factors follow. They do not want to do bad things. This improved metal conditions also helps them to appreciate gratitude of their parents and want to serve the therapeutic community. The peace within individuals will manifest into peaceful social group. This differs from the condition existed prior to the training.

One participant who does not display much progress is S- he can't meditate for a long duration. This may be because after the training, S goes back to his house. Living in a therapeutic community where the Dhamma practice is missing retard him from pursuing further practice where there will always be someone to watch over and wake him up every 6.00 am.

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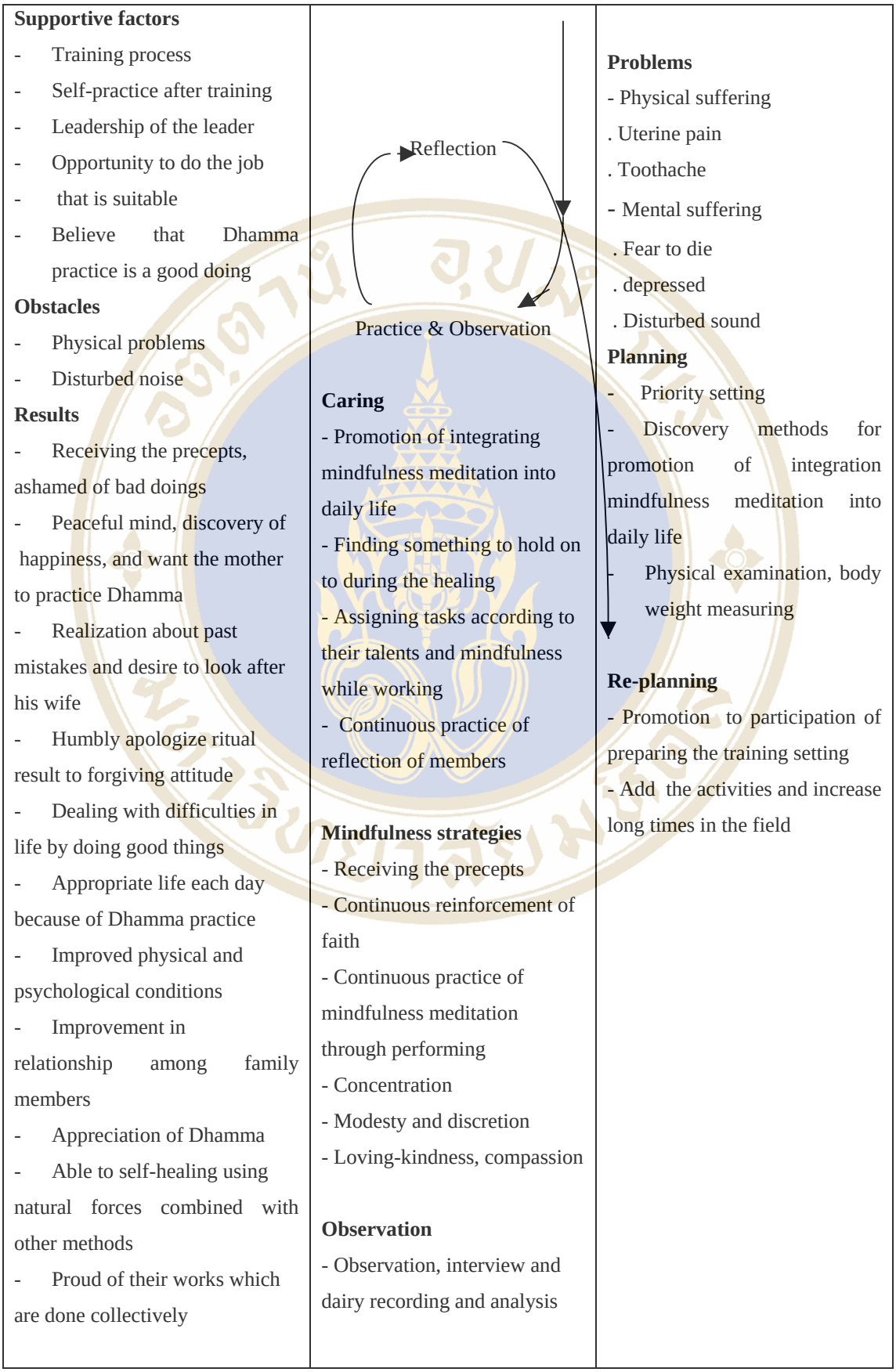
Figure 12: Cycle 3 Initiation of self-healing and discovering a candle light



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Cycle 3: Initiation of self-healing and discovering a candle of light (training 2 until the third follow up)

Caring strategies

1. Promotion of integrating mindfulness meditation into one's daily life

Mindfulness meditation can be practiced while one carries out daily activities. This is done by keeping self-awareness of one's action being performed. I doing so, the practitioner's awareness will be sharpened. Unhealthy factors - origins of suffering- will gradually be eliminated. In the beginning, the participant who cannot perform it individually will do so in group, with group leader and the researcher. The training will be about 4-5 times daily until it has been habitude. For those with family and small children, they are encouraged to take their children to join the activities. Daily schedule of the practice will be formulated- morning and evening, for example.

2. Finding something to hold on to during the healing

The researcher requests all informants to find something that they can hold on to so that they can continue practicing meditation and changing their behavior. For example, for those who feel attached to their mothers, the researcher asks their mothers to join them. J is very close to his mother and sister. When the researcher asks them to join, he feels motivated and concentrate on the practice. He finally tells the researcher that *"my mother is very happy to see that I am doing this training. Before she left, I saw her tears. It's not because of her sadness, but I think she was happy to see me the way I am now."* J can concentrate better and his meditation has progressed. He wants his mother to join him again.

3. Assigning tasks according to their talents and mindfulness while working

The researcher has assigned each participant to do the job according to their talents so that they can display their capability and learn to work in team. They will also learn to adapt to cope with others. While working, they are urged to carry out mindfulness meditation.

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When the researcher and the training team have left, they conduct a meeting among themselves to find the way to improve their living condition. Some of them suggest that they should grow vegetables for themselves so that they can have nutritious foods and save their expenses. Each of them is to look after 1-2 plots of vegetable until the vegetables are of the right ages. They are proud of what they produce.

4. Continuous practice of reflection of members

The collective reflection which is carried out continuously with the researcher and among informants about the progress in their meditation. The researcher reports finger temperature measurement of each of them. The researcher also asks about their feeling after walking and sitting meditation, using open-ended question such as how, what, for examples. The reflections will help the informants to be aware of the progress they have made. It also helps to pinpoint the difficulties that have to be solved. For example, Non, J, and N could not do well during the first phase of training but they could do better in the second phase; this can be seen from the measurement of their temperatures. When the researcher inform them about their progresses, they are very happy. They have more self- confidence that they can do better next time.

Strategies for the training in establishing the Four Foundations of Mindfulness used in cycle 3 (Second phase of training)

The researcher has formulated training strategies based upon the previous phase of training based on the reflection about factors that would help the informants to have better confidence, mindfulness, and concentration more quickly, cultivate modesty *(hiri)*, discretion *(ottappa)*, appreciation toward parents and all beings, loving-kindness, compassion, joy, and improved self-understanding. The strategies are as follows:

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1. Receiving the precepts (*Sila)*

1.1 Control of saying and action through out the training in order to achieve internal calmness

During the training, the researcher encourages all of the informants to receiving the virtue having livelihood as eighth which is the code for ordinary people. Compared to the Five Precepts, here are three additional practices to be observed: no senseless talk, no sarcasm, no curse, and keep careful of body. These restraints help them to calm their minds faster and meditate better.

1.2 Daily receiving the precepts *(Sila)* as promises to be kept

Through out the training, the researcher asks informants to receiving the precepts *(Sila)* as their daily activities. This starts before the beginning of walking meditation and sitting meditation. This repeated receiving are equivalent to making promises that have to be kept. It helps to remind the informants about what should or should not do, which are in accordance with the teaching of Buddha.

2. Continuous reinforcement of faith

2.1 Faith in performing religious rituals achieved through explaining objectives of such religious rituals

For the informants to have faith and confidence in the process of mindfulness meditation, they must first have faith in the rituals, process and activities that they have to perform. Thus the trainer must provide sufficient explanations on the objectives of such activities. For example, why do we have to light candle and sticks, why saying and body movement must be observed carefully, or when they are at the funeral the trainer will explain to them the meaning of chanting being performed.

2.2 Faith in trainer

Faith in trainer is an important motivation for the informants to be willing to follow the demonstration and teaching. From the first reflection, the informants have faith in the trainer because the trainer is knowledgeable, straight to the point, and observable demonstration.

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3. Continuous practice of mindfulness meditation through performing action

3.1 Keeping oneself at present while paying respect to an image of the the Buddha

The informants are urged to observed closely the action they are performing. Each process of paying respect must be awared of.

3.2 Immediate acknowledgement of sensory stimulus

Everyday there are many sensory stimulus that one will experience- seeing, feeling of temperature, softness, hardness, smell, and taste, for examples. If one cannot realize what is being sensed, unhappiness and suffering may result. For example, when seeing or hearing something that one dislike, irritation- unhappiness- might occurs. Being able to sense what is being experienced will help one to control one's mind; thus preventing negative thinking from occurring in one's mind.

3.3 Mindfulness practice through counting

Counting can be used as an aid to the practice of mindfulness meditation- for example 4, 6, 8, 10, 12, and 14 counting of movement. In the four-step counting the process are as follows: 1) count "one" when right hand is in the air; 2) count "two" when right hand touches right knee; 3) count "three" when left hand is in the air; and 4) count "four" when left hand touches left knee.

For the six-step movement, the processes are as follow: 1) count "one" when right hand is in the air; 2) count "two" when right hand touches right knee; 3) count "three" when right hand touches upper part of right leg; 4) count "four" when left hand is in the air; 5) count "five" when left hand touches left knee; and 6) count "six" when left hand touches upper part o f left leg.

Doing these repeatedly will become habits of the informants. They will be more sensitive to stimulus. The concentration on body movement also helps to keep the mind from wandering.

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4. Concentration

4.1 The trainer vocally lead participant into meditation

The walking and sitting meditation begin by the demonstration of trainer. While performing demonstration, the trainer will also recite the action being performed so that the informants can hear it. For example, during walking meditation, the trainer will recite “right lift, walk, left lift, walk” repeatedly. While doing this, the informants are asked to concentrate on each step of the movement. To help the informants, the trainer will lead them vocally. When the informants are familiar to the process, they can perform it independently.

This vocal guidance will help the informants to concentrate and keep group action in concert.

4.2 Repeated practice daily

Keeping concentration on one thing at time help to achieve inner peace. The most important thing is that trainer must have expertise and able to select appropriate meditation strategy for each of the informants so that they can reduce their sufferings and slowly be in control of their wandering mind. In the first few days of training the informants may feel dozy, curious, against, and irritated at the trainer. Thus they have to perform the action repeatedly to familiar themselves with it. The time spent in each session will also be extended gradually.

4.3 Conducive location and surroundings

Practicing mindfulness meditation in clean, peaceful, and airy surroundings will help to improve concentration, especially for the beginners whose awareness of stimulus is not sensitive enough; physical illness is also a hindrance of concentration. The researcher realizes the significant of these factors, so the training place for the second round is changed. The researcher choose the location and set up surrounding environment based on reflection from the first round of training, which has discovered that morning air is fresh and lively; thus the morning session of meditation is extended.

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5. Modesty *(Hiri)* and discretion *(ottappa):* video about karma and giving birth

The viewing of video about karma induce the informants to have hiri-modesty and ottappa-discretion; they feel more ashamed of doing bad things both implicitly and explicitly. This quality is only present in human being. The watching of process of giving birth of a mother aims at making them to realize the pain and difficulties that a mother has to go through to have a child and raise that child. Thus father and mother are to be appreciated. Even the infected persons can still do something for them by practicing meditation.

6. Loving-kindness, compassion: blessing for oneself and other beings

Regular conduct of blessing for oneself and all other beings will reduce one's false view, egoism and aversion. This will improve ability to concentrate. Many informants explain that such practice help them to feel relaxed and calm. They want other patients to do it as well.

Results: Initiation of self-healing, discovering a candle of light

After three month of mindfulness meditation, the informants begin to heal themselves and family. This starts by daily receiving the precepts *(Sila)* until it has become their habit, which prevents them, from committing bad karma. The practice of controlling body and conversation are also another supporting factors for the improvement of meditation. They have achieved certain level of meditation mastery, their minds are calmer and relaxed; they value meditation more highly that before. Some of them want their family to experience same kind of happiness. After watching video about giving birth, they want to do something good for their mother. The parts of rituals that focus on asking for forgiveness stimulate them to learn to forgive. Whenever there is a difficulty, one must press on and keep doing good things. All of the above practices combined will improve the informants' physical as well as psychological conditions.

In addition to individual level improvements, there are improvements at family level as well. P and A explain that they used to feel as if they were in hell. But now they are very happy that they can finally find the guiding lights. N and W were

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drug dealers; after practicing Dhamma, they have changed their lives completely. They are no longer obsessed with sexual activities. After several phases of repeated training, the informants have deepen their understanding of Dhamma. They are able to carry out self-healing practices independently. In addition, they can also help their friends, which make them realize about the true happiness that cannot be purchased.

1. Receiving the precepts *(Sila)*, ashamed of bad doings

Daily receiving the precepts *(Sila)* helps the informants to be in control of their saying and actions. Ch explains that, after the training, he and his friends still practice receiving the precepts everyday. There is less quarrel among them. Am explains that he was angry that someone talk something bad about him, but the has no engaged in a fight as he used to. N thinks observation of Sil is like making a promise to himself not to do bad things; doing this everyday will make one feel ashamed of doing bad things.

1.1 Be in control of sayings and body action

1.1.1 Strict receiving the precepts *(Sila)*

"Since the master has left, I have never broken my Sila. I try receiving the Eight Precepts (8 codes) but it is too strict for me." (Ch, 27 April 2002)

1.1.2 In control of anger

"I was very angry this morning because someone had talked something bad about me. My friend told me to calm down. Next morning I forgive him and I hope things will get better someday." (Am, 19May 2002)

1.1.3 Knowing rights and wrong, unwilling to fight

"I spend my leisure time reading Dhamma book. I think my thinking is better now. I can know what is right and what is wrong. I think the others also doing the same thing because there is less fight among us now a day. (Ch, 24 April 2002)

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1.2 From being able to control action and sayings to being in control of mind

1.2.1 From purposeless praying to making meaningful promises

"Before, when I pray, I will just keep saying what I have to say without paying attention to any of it. I don't even care to know its meaning. But now, when I pray, I feel as if I am making a promise. Sometimes when my friends go out, I wan to join them; but I can't because that will break my promise." (N, 19 May 2002)

1.2.2 Daily receiving the precepts *(Sila)* becomes self correction

"Since I start practicing Dhamma, my life is better. Before, when I go out, I will look for a drink. But now we receiving the precepts (Sila) everyday, I feel ashamed to do that again. I have to admit that someday I still break the promise. When I come back, I start doing it again." (A, 19 May 2002)

2. Peaceful mind, discovery of happiness, and want the mother to practice Dhamma

Some of the informants- A, for example- thinks that every session of training provide valuable lessons for him. He wants to seize every opportunity to learn. N, who likes to pray, explains that praying makes him feel calm and happy. When he meditates, he feels concentrated and peaceful.

2.1 Valuable lesson

"On the fourth day of training, when I was meditating in the field, the ant bit me. I recite to myself "pain, pain" then back to meditation again. I am very lively when I wake up this morning. I want to seize this opportunity to get as much knowledge as possible. I am 27 years old now, but I have never had this kind of knowledge before." (A, 19 May 2002)

2.2 Chanting is calm and peaceful

"Whenever I chant with concentration. I feel happy after chanting. I can talk happily with any body. I don't fight with someone anymore. Sometimes my

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wife hurts me until I bleed but I don't fight with her. I will just walk away." (N, 19 May 2002)

2.3 Calm and happy, want his mother to practice Dhamma

"When I meditate, I feel calm and happy. I want my mother to have this kind of training too. What she has been doing is to go to the temple to listen to Dhamma teaching but never meditate. I think meditation can help her to cope with problems." (J, 19 May 2002)

3. Realization about past mistakes and desire to look after his wife

From the activities during the training, especially the video about giving birth, has stimulated the informants to think about their mothers who have to go through a lot of pain and suffering to raise children. What they can do in return for their mothers' kindness is to practice Dhamma.

For Am, there is a change in his thinking. After the training, he feel more grateful for his mother and wants to meditate and practice Dhamma for his mother, instead of stealing money to give to her.

3.1 Grateful for father and mother, knowing the way to repay their gratitude

"I think about my father and mother since I was told that I was infected. I didn't know how to repay for what they have done for me. I don't want to make them sad." (N, 19 May 2002)

3.2 Conscience-smitten

"I miss my mother when I saw the video. I have a child, I was so painful when I was giving birth. My mother has six children, she must be very painful. I used to ask for a lot of things from my mother. Now I don't want anything any more. It's good enough that she has given me my life. I used to feel unhappy when I see rich children. But now I know how difficult it is for my mother to raise six children." (W, 15 May 2002)

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3.3 Feeling guilty and want to look after his wife

A part from practicing Dhamma for his parents and child, N also look after his wife.

" Sometimes W curses me, I am sad. But I know that she got the disease from me. I used to take drugs but not anymore. I want to look after W because she has no one else. I am not so worried about my child because my father can take care of my child." (N, 19 May 2002)

3.4 Changing way of thinking, grateful for father and mother, want to practice Dhamma instead of robbing and stealing

"I am grateful for what my mother has done for me. When I was in jail, I thought about her but I didn't know what could I do for her. Like I told you, I want to rob to get some money for her to repay her debt. Now I have changed my mind, she told me that all she wants is that I practice Dhamma. What I am doing (meditation) is the only thing that I can do for her, not for myself." (Am , 20 May 2002)

4. Humbly apologize ritual result to forgiving attitude

4.1 Desire to ask for forgiveness and want to forgive the child

"When we are performing forgiveness rituals, I think about what my mother ahs done for me. I am waiting for the day that she will be released from jail and visit me. If my step father comes with her I will buy two garland of flowers to give them and ask them for forgiveness. Even if they don't forgive me, at least I have tried. I realize that I should not beat my child anymore." (P, 20 May 2002)

4.2 Forgiveness ritual as a way to learn to forgive

"I used to disregard about what I had done. After I have learned to perform forgiveness ritual, I have a chance to ask for forgiveness from mother Kim Lai for not listening to her. I also ask for forgiveness from J. I am calmer now. But I still make mistakes. I went out for a drink with my friends days ago." (Non, 21 May 2002)

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5. Dealing with difficulties in life by doing good things

Since the first training until now, some of the informants display greater willingness to do good things everyday. This will help them to live valuable lives. They feel that they have discovered themselves. Their physical and psychological conditions have improved. When they receive suggestion from the carer, they will think critically about it and alter their behavior accordingly. For example, some try to learn how to meditate more successfully.

5.1 Listening to suggestion, change in behavior, and focusing on doing good deeds

"Since the day that you told me that I should think before I say something because what I say may hurts myself or someone else, I think about that seriously. I know that you warn me out of good intention. In the next morning I start to change my attitude. I plan about what do I have to do in the next morning." (L, 12 May 2002)

5.2 Determined to do good things as a way to value life

"Now I have found myself. I think my health improves a lot. When my mind is better, I will try to do more of good things. Whatever I can do to help, I will do. I want to live a meaningful life everyday. I had never thought about doing good things before the training. Now good things are the only things that I want to do each day." (L, 20 May 2002)

5.3 Thinking and reevaluating past behavior

After the first day of training, N says to the researcher that *"I want to thank you for the training. I know that you always see me with unhappy face. I promise you that next time that you see me I won't have that unhappy face anymore." (N, 12 May 2002)*

5.4 Learning leads to progress

"In the morning of second day, I can meditate quite well. I think I can concentrate better. Before, I can only notice quietness and peacefulness but now I can

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recollect my awareness better. When I hear something, I can become aware of that quickly. It doesn't disturb me when I meditate anymore. When the ant bit me I can let go of that quickly. I can see things in more detail. When I want to do something, I will learn about it. Now that I am trying to meditate, I must learn about meditation." (Am, 20 May 2002)

6. Appropriate life each day because of Dhamma practice

After three months of continuous training until it has become their habit, N thinks that his life has changed from meaningless to purposeful. This is because he has no free time during the training. The activities start early in the morning and last all day long. There is no time to search about the others' mistakes like before. P has a small baby who needs a lot of attention, but she still try to join the session for half and hour to an hour. For A who is the group leader, practice prana training every morning; then he walk-meditates and sit-meditates. He also stimulates other s to practice.

6.1 From meaningless life to meaningful life

"I don't have much free time now a day. When I wake up and finish my personal business in the morning, A knocks the bell and I have to join the group for the meditation practice. At 3 p.m., we burn the garbages. At 4.3 p.m., we continue the session again. Now I have no free time to sit and search for someone's mistakes. Now I don't quarrel with anybody. My life is just right now." (N, 12 May 2002)

6.2 Allocate time for Dhamma practice

"Since you have organized the training, I have learned to do good things. After the training A (her husband) will ring the bell at 9.00 am everyday for us to practice Dhamma. I join them because I want to meditate and want to measure my temperature. I want to know how good I am in this. I might be busy all day long, but if we have a short free time to meditate, we can be calm and peaceful." (P, 12 May 2002)

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6.3 Prana practice (breathing exercise) and meditation

"Since the master has left. I practice Dhamma every day. I think about her kindness every time. I feel as if she sends her wishes to me to give me support when I practice prana and meditation. I always feel this recently." (A, 12 May 2002)

7. Improved physical and psychological conditions

L is one of the informants who think that his physical and psychological conditions have improved. He gains weight of about 1.5 kg and reduce the number of cigarette per day from 10 to 3-4. He also totally quits taking amphetamine. He is able to enjoy morning air and conducive surroundings. L is also able to enjoy the taste of foods that his mother prepares for him. He spends his free time doing therapeutic community services.

7.1 Able to enjoy surroundings and foods

"The air is very lively as usual. I can hear the birds singing. Soft morning sunlight helps me to feel better. Thanks the nature for these wonders. Late in the morning, I help the therapeutic community with J. The result of our work is quite good. I am happy with what I do. The lunch is delicious. The evening session has less people, but I am still trying." (L, from the diary, 7 May 2002)

7.2 Improvement of appearance

"Not I can quit taking drug completely. I am reducing my cigarettes. I try to quit it too. I have had enough of this. When I can here, my look was so terrible. Now, I am better in every way. I have gained weights of about 1.5 kg. " (L, from the diary, 20 May 2002)

8. Improvement in relationship among family members

N's family has changed considerably. They used to be drug dealers. After the training, N practices Dhamma every day. N explains that when he prays he no longer thinks about sex. Now he quarrels less with his wife. W is happy that her husband continues to practice Dhamma.

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A and P's family has experienced positive changes. P toll the researcher that the previous situation was like living in hell. Now that they have guiding lights, she admires her husband for his maturity and kindness toward her and their child.

8.1 From selling drugs to practicing Dhamma and less sexual desire

8.1.1 From selling drugs to practicing Dhamma

"After the master has taught us about the counting of 4, 6, 8, 10, 12, 14 steps, N teaches our child. The child can do it. I told him that 4-step is enough." (W, 19 May 2002)

8.1.2 Less sexual desire

"When I chant every day, I think less about having sex. Since the first training, I never sleep with my wife. Before I can't live without it." (N, 21 April 2002)

8.1.3 Less quarrel

The participant tells the researcher that his relationship with his wife has changed *"I don't have a lot of problem with people, not even with my wife. Sometimes she starts the fight, but I don't fight with her. I will just walk away." (N, 21 Aril 2002)*

8.1.4 Teaching Dhamma to the child

"After the master has taught us about the counting of 4, 6, 8, 10, 12, 14 steps, N teaches our child. The child can do it. I told him that 4-step is enough." (W, 19 May 2002)

8.2 Discovery of guiding light

P explains about the changes that happen to her family that *"It was like we were in hell and the Holy Spirit give us light. I want to practice it. Before A never pay any attention to my children. Now after he finish his meditation, he would go to talk to our children until he sleeps. He talks to our child to be good. He is very mature now." (P, 21 April 2002)*

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9. Appreciation of Dhamma

From the second phase of training, Am fell appreciated with the Dhamma. He thinks about his father and mother and wants to ask for their forgiveness. I am no longer sad about the infection because this is the reason for the discovery of Dhamma. All that he wants now is to continue practicing Dhamma for his mother.

For A, he explains that he before the training, he never had faith in Dhamma. Now he trusts it with all his heart. He will spend the rest of his life practicing Dhamma. He feels that his physical and psychological conditions have improved considerably. He is no longer afraid of dying.

9.1 Appreciation of Dhamma and meditation, no longer worry about dying

Am writes a letter to his mother, asking for her forgiveness:

"Dear mother, I write this letter to ask for your forgiveness. I know that I had never given anything to you in return for you kindness. I won't be able to look after you when you are old. I won't have a chance to buy you cloths. I am not sorry about the infection because it gives me opportunity to study Dhamma, to learn to meditate. Now I am not worried about my body anymore. I will spend the rest of my remaining life to practice meditation. This is the only thing I can do for you. I wish you all the happiness. If you are in pain and suffering, may such thing go away. If you are already happy, I wish you even more happiness." (Am, 21 May 2002)

9.2 From lack of faith to faithful

"I never had any respect toward Dhamma before and I never though that it would be of any help. Now I am so deeply appreciated in Dhamma." (A, 19 May 2002)

9.3 Better understanding to the Low of Conditionality *(Idappaccayata)* dedication of the practice to Bhudda and Dhamma

"I have decided that I will spend the rest of my life to practice Dhamma and dedicate it to the lord Bhudda and Dhamma. I think my overall health have improved a lot, especially my throat. My physical is better especially the respiratory system. I

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have found the right path to walk. If I have to die one day, I will not be afraid and regret because it happens to everyone." (A, 19 May 2002)

9.4 Refusal of anti-virus drug and turn to Dhamma healing

"I go to a meeting at the provincial hospital. P and I have been chosen as representatives of the place to be informed about new information on AIDS. The doctor tells us that there is a new anti-virus drug distributed for free, but he must set up selection criteria. He invites me to join. I refuse him and tell him that I am joining the mindfulness meditation project, which is in the second round now. I have improved a lot. The doctor told me that is just a personal belief. I think he never have any experience about it." (A, 19 May 2002)

10. Able to self-healing using natural forces combined with other methods

A practices physical and mental exercises every day. His yoga exercise has helped him in improving his health. Sometimes, during the practice, he can feel the heat in his palms. He also feels that his lungs are stronger. After physical exercises, he continues with mental exercises: walking meditation, sitting meditation.

P feels that her sickness has reduced after joining the morning exercise and meditation session.

10.1 Practice of prana (breathing exercise) and mindfulness meditation

"I look after the patients everyday. But first I must exercise my mind and body. In the morning, I feel that I have received energy from the earth, it's natural. I know that my lung is stronger. When I feel tired, I will exercise a little lighter."

"When I use my palms to touch on the chest and breath in and then lower my palms and exhale. When my palms are against the earth, I can feel the energy moving into my palms." (A, 12 May 2002)

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10.2 Prana (breathing exercise) and meditation result in peaceful mind, warm air within palms, and aura around the body

"When I exercise my prana every morning and sit-meditate, I feel so peaceful. I can breath easier. I can breath longer and getting tired less easily. On 1 May 2002 while I was practicing prana, I feel like there was as warm air in my palms." (A, summarized from the diary, 30 March-1 May 2545)

"This morning I practice prana, walk-meditate, and sit-meditate. Recently, I spend more time doing all these activities. It last about one and a half to two hours. Sometimes I feel warm air and light surrounding me. My body is better. My mind is better. I don't get angry that easily and never get too serious again." (A, 1 May 2002; 6 May 2002)

10.3 The practice helps to reduce physical sufferings, receiving energy from nature

"Every day at 6.00 am, I join the group for exercise and meditation. I walk meditate from step 1-5 and then I sit-meditate. I will concentrate on my breathing. Then I will give best wishes to myself and others. After that I do a little exercise. I thing my headache and dizziness are gone. It's like I have received energy from nature." (P, from the diary, 5 May 2002)

10.4 Knowing the way to peace and integration of knowledge

"This practice has helped me to find the way to peace. I don't have to fight with anybody. It also helps me to utilize my knowledge that I have learned long time ago about meditation, science, etc. I am able to integrate them." (P, from the diary, 5 May 2002)

11. Proud of their works which are done collectively.

By spending time with friends receiving the precepts *(Sila)* and looking after patients, Ch thinks that he has spend the time meaningfully: he value himself more highly now. L is proud to see his friends helping each other to prepare for the coming religious ceremony (any time of the year to leave an offering for a monk but

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especially after Buddhist Lent, *Pha-pa*) and feel grateful for their donations. P explains that when she see the vegetables grow up she is very proud that AIDS patients can do it too.

11.1 Taking care of patients help to value himself more highly

"When I join my friends for the morning session, I feel good. I spend my time purposefully. I value myself more highly now. I used to think about bad things only in the past, I am not that pessimistic anymore. I have to take care of a patient, so I have less time for reading Dhamma but I feel honored. Someone has given me value. I am stronger now." (Ch, 12 May 2002)

11.2 Proud of unity

"In the meeting about the coming ceremony, everyone is so united. I make me proud. We are hungry and tired but no one complain." (L, from the diary, 3 May 2002)

11.3 Belonging to therapeutic community

"It's great that everyone is helping each other. Now we can live for a long time. All the food that people donate will feed us for a while. Thank you everyone for the help." (L, from the diary, 5 May 2002)

"We help each other to water the vegetable plots. They are growing. We can reap them soon. This will save us some money." (L, from the diary, 5 May 2002)

11.3 Proud of their work and have a sense of belonging to the therapeutic community

"To day it rains a little. We sowed the seeds. I see everyone working like this and I am very happy. Before going to the plot, I meditate. When they grow, they will be the biggest reward to all of us. We can live by ourselves. We are quality AIDS patients." (P, from the diary, 4 May 2002)

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12. Discovery of true happiness

The informants have discovered happiness from various activities. A feels that taking care of other patient is a good thing. Even though he has no money, he can still do something good. P thinks all kind of good doings will help us to find happiness.

12.1 Happiness without money

"I am happy to be able to give something to someone. Even though I don't have nay money, I can work by looking after a patient." (A, 12 May 2002)

12.2 Happiness achieved though participation in community work

"Today we make pillars for the vegetable plots. I a kind of happiness. In the afternoon, be cut grasses in front of male and female dorms, preparing for the coming Pha-pa. Before, whenever there is a ceremony, I will just ignore it. After the practice of Dhamma, I want help every way that I can. When we know that the master is coming, we clean up the whole house." (P, from the diary, 8 May 2002)

12.3 Sensing good karma when chanting in friend's birthday party

"Today we chant a little longer because it is N's birthday. This is our blessing to him. I am so happy about the chanting today. All my tiredness is gone. I can sense the good karma." (A, 4 May 2002)

12.4 Good karma creates happiness and peaceful life

"I read an book named beauty of a thorned fabric. It make me realize that all sufferings, all bad karmas are so horrible. Good deed and good karma helps us to find the true happiness." (P, from the diary, 6 May 2002)

Reflection on the practice

The reflection on the third cycle has found that the supporting factors and obstacles which are discussed below.

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Supporting factors

The period covered is after the first visit- all informants practice by themselves- to during the second round of training. The supporting factors are as follows:

1. Training process

1.1 Teaching media: video about giving birth

"The most impressive things to me during the training is the video about giving birth. I cry. I never really recognize what are the pains and difficulties that my mother has to go through." (N, 19 May 2002)

1.2 The trainer characteristic: respectable and sincere

"Before, I never pay respect to monks because I don't have faith in them. I saw monks taking drugs. But after the training, I have realized that there are so much that I don't know. The master's teaching makes us concentrate. I need to study more. At first I though that he is an ordinary monk that only chants n the funeral. When I listen to him , I think a lot about what he says. He tells the true and his gesture is impressive." (N, 21 April 2002)

1.3 Dedication leads to success

The participant has evaluated himself: *"I think I am doing alright now. I have to force myself during the first few days. I told myself that if I were to do it, I must do my best." (N, 19 May 2002)*

2. Self-practice after training

The researcher has found that the participant that has considerable progress has practice by himself regularly even after the completion of training. The practices are (Taken from A's diary since 31 March to 1 May 2002)

2.1 Frequency of practice: 4-5 sessions each day

Early morning: prana (breathing exercise), walking meditation, sitting meditation, and blessing for oneself and others. Late morning: Receiving the precepts *(Sila)*, sitting meditation, and blessing. After noon (about 3 p.m.): breathing

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exercise, sitting meditation, and blessing. Evening: Praying, evening chanting, sitting meditation, and blessing. Night: Short praying, meditation, and blessing

2.2 Training style

The participant practices both individually and in-group according to the situation.

2.3 Evaluation method

Self-evaluate each day and record the result of practice in dairy record.

3. Leadership of the leader

After the end of the training, trainer and researcher leave the field but the practice continues because the leader has appropriate qualities of leadership. These qualities are discussed below.

3.1 Explanation, demonstration, and persuasion

"All my friends will follow everything. I ask them to recite "raise, come, and respect". After that I ask the "Is it too hard? Is it too boring?" Before paying respect, I will remind them that "We do this mindfully this is our benefits" I persuade them to follow. I think I can be a leader." (A, 12 May 2002)

3.2 Evaluation by asking, measuring finger temperature and making comparison

"When they meditate, I measure their finger temperature. At first, the temperature does not raise. N has progressed the most, faster than Am because he is more dedicated. Now he starts to bring his child to chant. But W (N's wife) is not meditate yet." (A, 12 May 2002)

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3.3 Persuade friends to practice until his wife recognize when she see the changes

"I notice that before this, W doesn't want her husband to talk with me. Now that I have changed and ask N to join me in the session. W must have seen the changes in N. They fight less often now. She wants her husband to practice with me more. She wants her husband to follow me." (A, 12 May 2002)

3.4 Higher self confidence

"All the activities are good. But the reason that I can do it because of A. Some day if he is not with us, I don't know what to do. I am not as confident as A. We need his leadership. I make mistakes when chanting sometimes but A lead us." (N, 19 May 2002)

4. Opportunity to do the job that is suitable

"I think the most profound changes in me is my self-awareness, especially if I have an opportunity to do the job that I like. I can do it without thinking about anything else. I help in writing. It's the job that I like." (J, 12 May 2002)

5. Believe that Dhamma practice is a good doing

L believes that Dhamma practice is good deeds. When the time has come, he can leave this world with fewer sufferings.

"Today my friends come to chant less. I don't know if they have been enlighten. I am trying to. I don't know how much I can do but I will try for myself. It's simple, I want to die peacefully. I have done a lot of bad things to my family and others. This is the time for doing something good." (L, 8 May 2002)

Obstacles

In the third cycle, all of the informants have displayed some progress. However, there are some difficulties, mostly are physical problems. For example, A has fever and shaky, N cough and tired, N has pain in his knee, S feel tired and dizzy. Other problems are noise from television and children.

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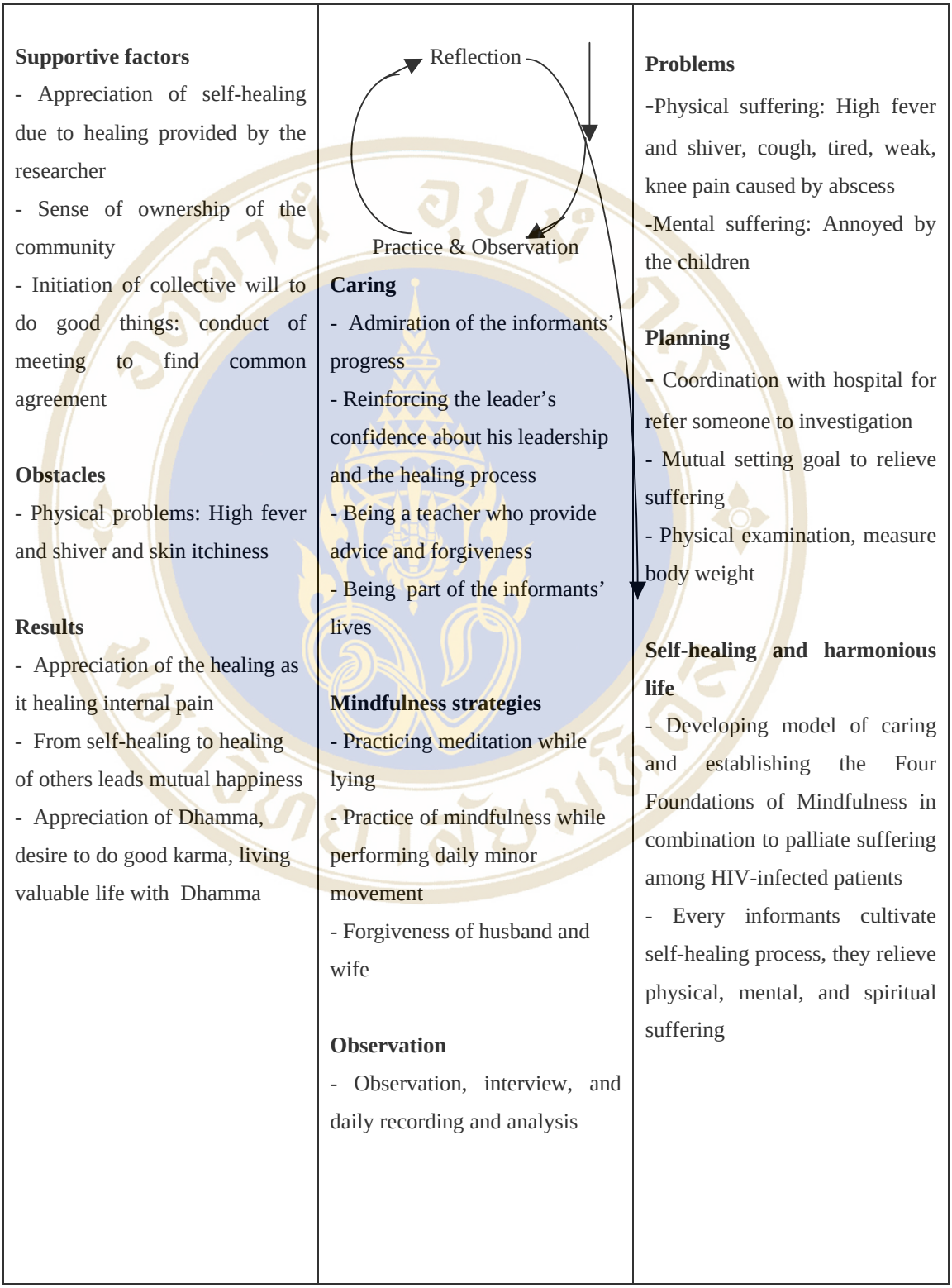
Figure 13: Circle 4 From the peacefulness leading to happiness in a human life and being with the Dhamma healing



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Cycle 4: From the peacefulness leading to discovery of the happiness in a human life and being with the Dhamma healing

Caring strategies

1. Admiration of the informants' progress and dedication to the betterment of the community

The researcher has openly admired many of the informants who have made considerable progress and display consistency and determination; these are qualities that have led to positive changes at individual level, family level, and the whole community. The practice of Dhamma has altered its practitioners to think, speak, and act more mindfully. It also improves the sense of being part of community. When their works for the community have finally been completed, they feel proud about what they have done, and value themselves more highly.

2. Reinforcing the leader's confidence about his leadership and the healing of himself and others

For the leader of the group, the researcher has reinforced his confidence of his leadership by giving him opportunities to lead the others in doing Dhamma activities, during which the researcher acts as an advisor. For the others member of the group, the researcher ask them to believe in their ability to heal themselves; the process which can only be achieved through balancing of mind, body, and spiritual.

Some of them who have experience happiness from healing themselves, they want others to have the same experience; thus, they also help their friends in the group.

3. Being a teacher who provide advice and forgiveness

The major role of the healer is to be a teacher-of-health. This is called "Guru" which means the spiritual leader; guru is the one with wisdom and able to evaluate and improve upon his/her soul as well as his/her followers; the ultimate goals of the teaching are to eliminate all suffering in life and discover of true happiness.

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The researcher has given them certain remarks on inappropriate activities. Any mistakes that have been made will be forgiven. The researcher also keeps constant contact with them even after the training is over in order to evaluate their progress.

4. Be part of the informants' lives

There is everything to be gained from sharing one's life with the other. This will help to reinforce each other's mind, body, and spirit; as a result of this increased intimacy, the informants will be able to appreciate the researcher's healing; the researcher will be able to understand the true feeling of the informants. The exchange of love and good wishes as if on is a part of the other will eventually uplift spiritual level of both informants and researcher.

Strategies for the training in establishing the Four Foundations of Mindfulness used in cycle 4

1. Practicing meditation while lying

For the informants to be able to practice the Four Foundations of Mindfulness while performing any action and very timing in daily life, the training should begin with lying. Beginning from lying, sitting, turning body, raising hands and legs, turning palms, and relaxing every part of the body one by on. In addition, concentration should be placed on breathing and movement of abdominal. Any sensory stimulus should also be acknowledged.

2. Practice of mindfulness while performing daily minor movement

To ensure that the informants can apply the meditation to their daily activities, each of them is asked to choose for themselves an activity in which the meditation will be performed- taking bath, brushing teeth, washing cloths, etc.

3. Forgiveness of husband and wife

In this third phase of training, the ask-for-forgiveness ritual has been set up as the previous training; however, in this phase, asking-for-forgiveness from husband and wife are added. It is hoped that this practice will reduce conflicts within the family.

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Results: From peaceful mind and discovery of happiness to living valuable life with Dhamma

1. Appreciation of the healing as it heal internal pain

The informants feel appreciated with the caring. They feel that someone has helped them to reduce their bad karma- a spiritual mother who provides Dhamma and healing of internal pain. She as like a teacher who teaches, admonishes, patients with their mistakes and willing to forgive. From these appreciations, the informants want to give a miniature monk as a protective her.

1.1 Reduction of bad karma

"The master and teacher have given us good things. It is up to each of us. It's like someone has hanged a bag of good karma in front of our house. I can't do it that well because I have a child that I have to look after, but I will try my best. I will remember that once in my life, someone has come to give me kindness. I have learned to think about my past doings. I also learn what is good karma. All of you have helped to reduce my bad karma. Even though I have disease, I am happier. Before, I don't know what is good karma." (P, 27June 2002)

1.2 A spiritual mother and healer who help to eliminate internal pain: providing love, care, kindness, and willing to listen to all problems without any complaint and discomfort

After the interview, P hands a letter to the researcher and ask the researcher to read it later at home. The following is what is written:

"Teacher, you have patient, kind, and truly love us. I want to tell you that I love you as my mother- a mother of Dhamma and healer of my internal pain. My sufferings are not that much anymore. You have almost healed at my internal pain. You heal me with your kindful smile. You listen to everything that I say without any complaint or annoyance. Thank you for you kindness toward P and A. I will remember what you have done for us until my last breath." (P, 28 June 2002)

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1.3 Teacher who admonish, patient, faithful, and forgiving

"I am happy that teacher Amavasee, and masters have faith in us. In the past, there are many people who come to talk to us about hope and then they are gone. Sometimes we feel like giving up. Thanks teacher Amavasee for forgiving us. We have made too many mistakes but you always forgive us. You are really patient. Actually, you should be spending your time with you brothers and sisters, but you choose to be with us, be our teacher who teach and advise us. We are happy that there is someone like you. We wish that there is more so that the patients will be happy." (Non, 29 June 2002)

1.4 Giving a miniature monk as protective her

J and Non give a miniature monk (Luang Phor Tuad) to the researcher and say that *"Lunag Phor Tuad is a southerner. I know that you are a southerner too. I have read about his history. He was a very good monk. You are a good person too. I we want Luang Phor Tuad to protect you." (J and Non, 28 June 2002)*

2. From self- healing to healing of others leads mutual happiness

M is the participant who practices self -healing for 11 years without any complications. M explained that after training session, She will read the chanting book, chant, and meditate before going to bed every night. This helps her to calm her mind. In addition, she also gives best wishes to herself, her father and mother, her relatives, and all being. She believes that her helping of the community-cooking - is a good thing. This good doing makes her happy and relaxed.

For A, he explains that when he is told that he has been infected, he do not know what to do. He live day by day purposelessly. After the training, he has understood that we can practice Dhamma in any moment of our lives. When his self healing begins to show result, A has used this experience to help his friend who is in critical condition. For those who cannot walk, he would teach them to meditate in bed until the condition improves. Eventually, his friend is able to walk again. A is very proud of himself for giving his friend a new life.

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2.1 Confidence of self-healing and not worry about complications

"After the training, I will read chanting book, chant, and meditate before I go to bed. I will start with Sor-ra-panya and keep praying until the section on worshiping father and mother, teacher, and finish with Iti-piso Burapa-rassa-ming before aunt Jon comes into the room. Them I will meditate for 15 minutes before going to bed. This helps me to keep my mind at peace. All these make me relax. I, then, do the best wishes dedication to myself, my father and mother, my relatives, and all beings. I feel calm." (M, 28 June 2002)

2.2 From purposeless daily living to self-healing

"Before, when I know that I have been infected and there is no cure, I don't know how to live my life. I never think that I would make it until today; but when I come here, all my friends support me and I feel a little better. Yet, I still live purposelessly. When I see my friends pass away or waiting to die, I think that those who pass away no longer have to suffer from the sickness. When I join the training for three times, I realize that my thinking is wrong. We can actually practice Dhamma in any moment of our life. Even simply moving our body can be a Dhamma practice. Before, my body is weak and all I do is waiting. Now I understand better." (A, 27 June 2002)

2.3 Healing friend who is in critical condition leads to discovery of true happiness and appreciation of self

"I employ the knowledge I have learned from the training to help new members and impart it to my friend who cannot walk. I told them to practice meditation with simple body movement like raising hand. I would not have been able to recommend them had I not practice it myself. For example, Po (the patient who has broken leg), after every session of Dhamma practice I go to talk to him. He understands and follow my advice. His condition improves a lot. This make me proud of my self that even a friend who can't walk can get better. I help him to walk. It's like I have given him a new life." (A, 27 June 2002)

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3. Appreciation of Dhamma, desire to do good karma, living valuable life with Dhamma

In addition to the appreciation toward healing, Ch also appreciates Dhamma teaching. He thinks that this Dhamma training has given him the knowledge about what is right and what is wrong. He has learned useful things which make him happy, comfortable, and calm. This is like receiving Dhamma medicine to heal the incurable, even though there is no cure. At least he can spend the rest of his life doing good things and live valuable life. Am who has high fever tries to join the training. He no longer regrets about the infection because it leads him to Dhamma. Even though he will get into critical condition one day, he will use Dhamma principles to aid hid lie.

3.1 Appreciation of Dhamma

"Before I meet you, teacher, when I pay respect to the Buddha, I just simply do it without thinking. Now that you have taught us about Dhamma practice, and we are like this, we really appreciate it. I used to live at one therapeutic community in Bangkok. They treated us well physically: food, snacks, video, and karaoke. Every Wednesday, a westerner will come and play games with us to make us relaxed and there is an aerobics session in the afternoon. However, after all these activities are over, we become serious again. It helps physically, not psychologically. I don't know about Dhamma, good doings and bad doings." (Ch, 27 June 2002)

3.2 From hopeless to hopeful life, desired to do good things, and live valuable life with Dhamma

"The feeling that I have when I know that I am infected is that all of my life are chattered. All of the things that I plan to do are gone. I have nothing left. I am so hopeless and I lose my will to live. But, after the Dhamma training, I thing I got a satisfactory result. I have learned a lot about new things. I am happy and calm. Everyone else does too. Thanks to all the trainer who provide us with help and Dhamma medicine. Even though there is no cure, at least I will live the rest of my life with value and do a lot of good things." (L, 27 June 2002)

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3.3 Living a Dhamma-led life, changing crisis into opportunity

"For me, even I am infected, I am no longer sad about it. Because it gives me a chance to discover Dhamma. I use to think of temple and Pali chanting as something that are hard to understand. But when I am here, I have been in this training. I have learned a lot of things. I have received the principle of living. I think I am luckier than some of the people out there who have to struggle with their lives. I think I will use that I have learned. I may not pay a lot of attention during the training, but I will use the Dhamma principle even when I get into critical condition one day. Now I think Dhamma and I are meant to be together." (Am, 27 June 2002)

3.4 From lack of faith to voluntary help

"N volunteers to lead the chanting while A is away so we don't have to stop chanting. If we stop, it will be disconnected. Now I have to train with A how to chant each chapter. A teach me these chanting. When the new members come and see what we are doing, they want to join us." (Non, 27 June 2002)

Reflections of the practice

The reflection of the practice in this fourth phase has found that there are supporting factors and obstacles as follows:

Supporting factors

1. Appreciation of self-healing due to healing provided by the researcher

1.1 Frequent visit leads to bonding

"When I met you in the first meeting, I think you just come to teach us and go like the others. After that P and I go to live out side. When we come back and find you here, we feel attached to you." (A, 28 June 2002)

1.2 Become part of our lives, as brother and sister

"We always think that you are a part of us. Everyone thinks so. The feeling when we know that you are coming is not "again". But we think of you as a part of our lives who make us realize the things that we never know before. This make us fell that you are our sister." (A, 27 June 2002)

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1.3 Different from other meeting

"*Teacher Amavasee has come here several times and talks about the training. First, we think that it would be like another training about AIDS. I never thing it would be like this. I feel good about it." (A, 27 June 2002)*

1.4 Warm support and understanding

"I used to think that you will be just like the others who come and go and only give us hope that will not be delivered. Someone promise me that I would be given tools and materials for making artificial flowers, but never show up. I think no one would actually care about us. You have given us warm and we feel connected to you. We haven't tray hard enough, not worth you dedication. I know you have to spend a lot of time an effort in order for you to understand each of us well." (P, 27 June 2002)

2. Sense of ownership of the community

"It's great that there are a lot of people who come to help this ceremony. Now we can have enough food to live for a long time. Thanks every one for the help." (L, from the diary, 4 May 2002)

"We help to water the vegetables. Now they are starting to grow. Soon we will be able to yield them. This will save us some money." (L, from the diary, 5 May 2002)

3. Initiation of collective will to do good things: conduct of meeting to find common agreement

"Before the organization of this round of training, we all meet to discuss about preparing the place for the training. All of us , including J, think that you are very good. You dedicate to us a lot. Last time J promise that he will try harder so that he can make you proud about us." (A, 28 June 2002)

"We meet to discuss about our responsibility during the ceremony. Every one is so united. I am so proud of this. We are tired and hungry, but no one complain." (L, from the diary, 3 May 2002)

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"Today we build pillars for the vegetable plots. I feel happy. In the afternoon we cut grasses in front of the male and female dormitory, the cleaning for the coming ceremony. Before the training, we do not feel anything about help the works. After the training, we are willing to help every thing that we can. When we hear that you are coming, every one eagerly helps to clean up the house." (P, from the diary, 5 June 2002)

Obstacles

All of the informants have made considerable progress. The difficulties faced in the third phase of training are mostly physical. Am has high fever and shivers. He cannot join every session. L still has skin itchiness.

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Part 4: A palliated suffering model for HIV-infected patients: a combination of the Four Foundations of Mindfulness and Watson's caring

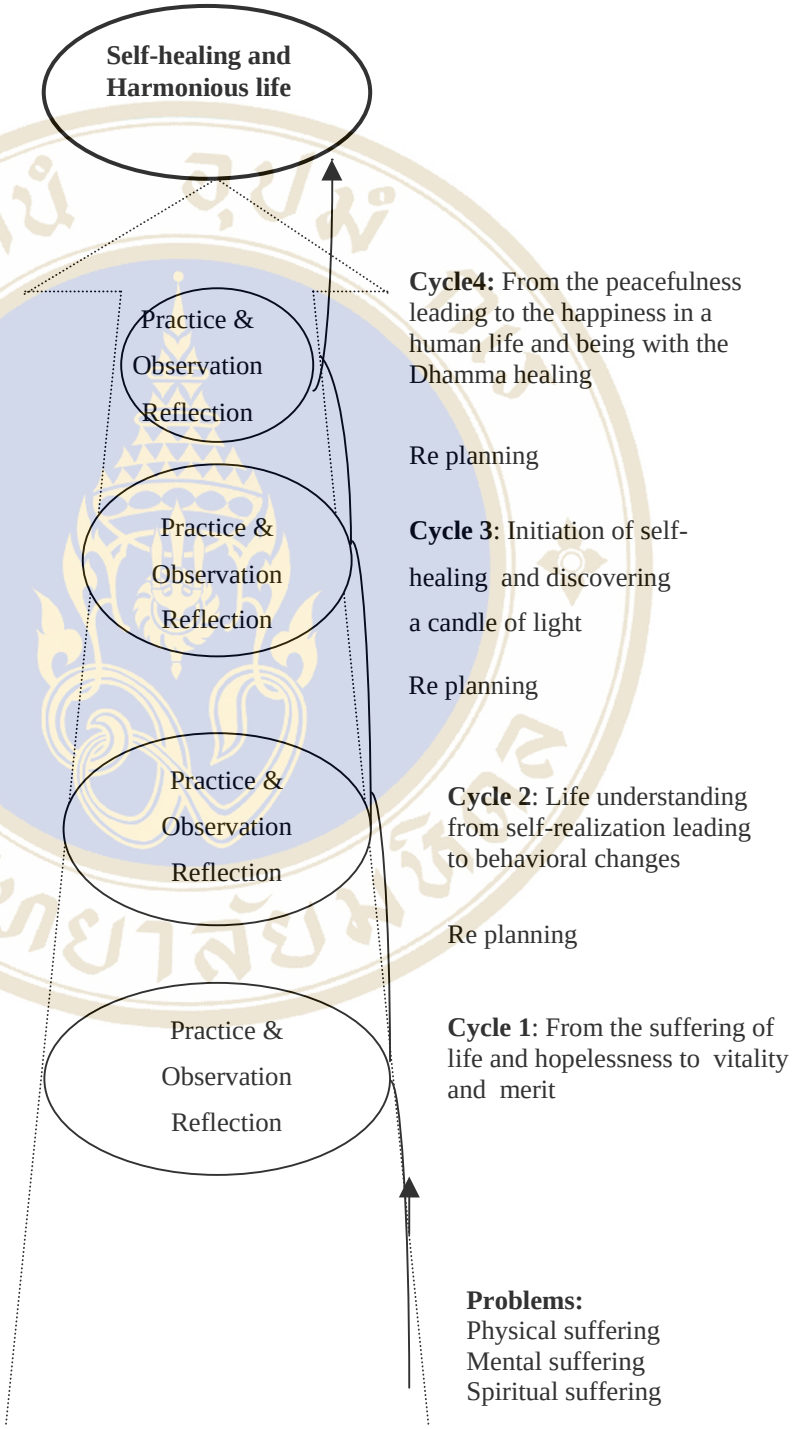

Figure 14: Summary of self-healing process to relieve suffering which result from training in establishing the Four Foundations of Mindfulness in combination with Watson's caring

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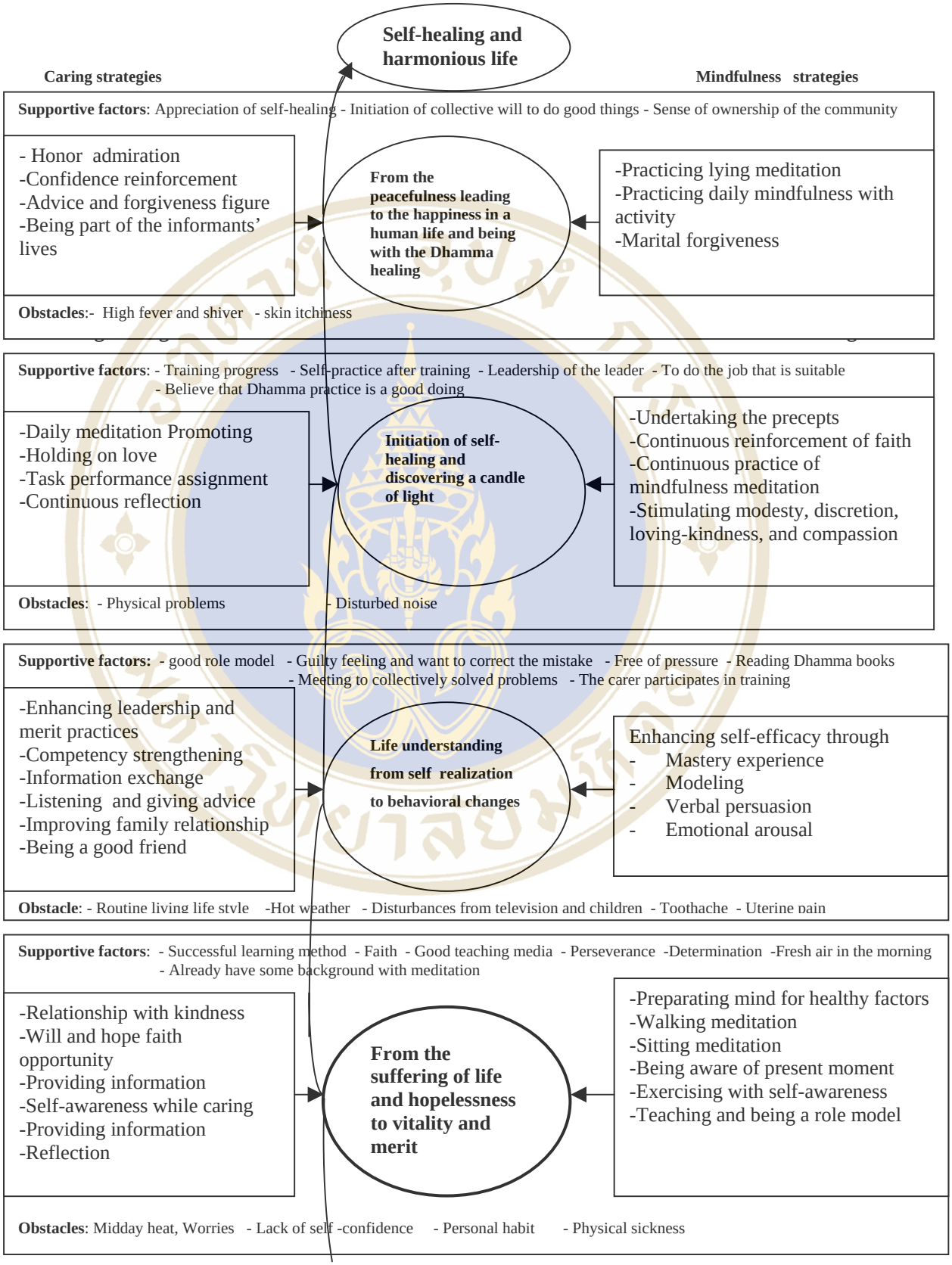

Figure 15: A palliated suffering model for HIV-infected patients: a combination of the Four Foundations of Mindfulness and Watson's caring

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CHAPTER V

DISCUSSION

This study is action research which aimed to develop a model of palliating suffering in HIV infected patients by training in establishing the Four Foundations of Mindfulness in combination with Watson's caring. The subjects in this study were 16 HIV infected patients in community therapy, in the northern part of Thailand. They were appreciated to participate in the study. The discussion of the study were divided into four parts: (1) the informants' suffering prior training in establishing the Four Foundations of Mindfulness in combination with Watson's caring; (2) the process of informants' relieve suffering by training in establishing the Four Foundations of Mindfulness in combination with Watson's caring; (3) the researcher's reflection; and (4) bodies of knowledge, which extends the applications of Watson's caring theory.

Part 1: The informants' suffering prior receiving the Dhamma and caring

From the preliminary investigation through group focussing, depth interviewing, participatory observation, and physical examination showed that there were physical, mental, and spiritual sufferings among informants. The detail were as follow:

1. Physical suffering

Some informants had physical sufferings such as skin rashes, got tired, sore tongue and mouth, the symptoms that occurred in the short period and disappeared after a week training session, such as diarrhea, abscess, toothache, vaginal candidiasis, and intermittent bleeding per vagina. In addition, the symptoms were found throughout the training, such as, cough with secretion, fatigue, fever and beriberi at the end of the hand and foot.

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1.1 Skin rashes

The 4 informants had papules and skin rashes at the beginning of studying. The etiology of papules and skin rashes is unknown and there is no specific treatment. Generally, oral antihistamine and topical corticosteriods are prescribed. In this study, the clients were prescribed with PMN Ointment and skin care. This is in accordance with Kamonmarn, V. (2000) and Chiralak, C. (1995) who found that the informants had skin symptoms which was hypersensitivity to mosquito / insect bites 88.42%, 80% respectively.

The skin manifestation is easy to notice and to be an indicator to identify HIV infection. A skin problems is a cause of anxiousness in HIV infected clients. The onset of clinical manifestation of the subjects begins with itching and has papules similar to mosquito or insect bites. It becomes to be a chronic protuberance and a dark lesion or scar. Most are found in the area of the arms and legs. In the tropical countries, these skin lesions are found in any stage of the HIV infection. For example 18-46% of HIV/AIDS patients in Africa and 27% in Thailand developed pruritic papule eruption (cite in Kiat, R. 1998: 32).

1.2 The respiratory system symptoms

The respiratory symptoms include easily tired, exhaustion, and having crepitated sound in the lungs. Two informants had easily tired and exhaustion at the beginning of project. Five informants had crepitating in lungs at the beginning of project**.**

The informants had symptoms of asthenia gravis such as easily tired, weakness and exhaustion. Generally, these symptoms were found in all stages of HIV infection. It often disturbed in a daily life, working and socializing activities. It also changed some of activities due to the physical and psychosocial problems. This was similar to the studies of Vanhams, et al. (1997) and Schacke, et al. (1997) which was found that 66% and 90% of HIV infected clients respectively had asthenia in the acute HIV infection stage (cited in Kiat, R. 1998: 24).

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1.3 An affliction of the mouth and oral candidiasis

There were 2 had affliction of the mouth and oral candidiasis at the beginning the project: It was a leading cause of malnutrition and was affected to the body, immunity to have a high susceptible to infection. Oral candidiasis is endogenous and often found in those with low immunity or poor hygiene (Patcharee, T. 1995).

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1.4 The symptoms that occurred in the short period

The symptoms that occurred in the short period and disappeared during one week after the subjects was prescribed medication such as diarrhea, abscess, toothache, vaginal candidiasis, and intermittent bleeding per vagina.

1.4.1 Diarrhea: A participant had diarrhea, was not severe diarrhea, and was remittent. He was suffering from diarrhea, dehydration, essential electrolyte imbalance, and weight loss that were affected to his health. Diarrhea caused by idiopathic HIV enteropathy, diet, bacterial or viral infections of the bowel, parasites, protozoa, chronic inflammation, and meditations (Newshan & Sherman, 1999:141).

1.4.2 An abscess, a toothache, vaginal candidiasis, and intermittent bleeding of per vagina was found. At least one symptom is report in each case.

1.5 The symptoms were found throughout the project

An individual had signs and symptoms of coughing with secretions, got fatigue, got fever, and had numbness at the fingertip and feet tips .

1.5.1 Coughing with secretions: a participant had coughed throughout the project as a resulted of Tuberculosis infection. He was taking a medication for tuberculosis. These symptoms were shown in this study that was similar to the reported of many studies, such as, Vanhems, et al. (1997); Nine, et al. (1993); Clark, et al. (1991). Schacke, et al. (1997) found that HIV infected clients had a cough in the acute HIV infection stage about 44%, 70%, 73% and 77% respectively (cited in Kiat, R. 1998: 24).

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1.5.2 Numbness: A subject had mumbness at fingertips and feet tips. Symptoms involving nervous system resulted from opportunistic infection, for example, meningitis, brain deterioration, mental conditions, and other symptoms that often found in AIDS patients, which needed a clinical treatment from doctors (Patcharee, T. 1995).

2. Mental suffering

Almost all of the informants had mental suffering such as doubts, stress, got hurt, confusion, oppression, conflict, timidity to tell truth to the family, and unable to find a true love.

2.1 Doubts: Some informants had many questions to ask the researcher about symptom of vaginal candidiasis, birth control, sexual behavior, syphilis, and CD4 level. They had insufficient knowledge and had primary and/or secondary education.

The level of education is essential of personal learning to understand about information and to develop capability for self-care practice (Jarmchury, Z. 1999). The study of Bumpenchit, S. (1996) revealed that knowledge and experience determined the culture of self- care in HIV/ AIDS. From this study, HIV/ AIDS patients who had bachelor concerned about self-care practice, looked for method of treatments, and attended to get information of AIDS.

2.2 Feeling stress, feeling hurt, confusion, oppression, conflict, timidity to tell truth to the family, and unable to find a true love.

Some informants were confused, stress, and hurt from their parents and husbands. Some of them had conflicted, could not decide, and didn't know what to do. All of the new cases were scared to tell truth to the family. This was in accordance with the review literature, which revealed if somebody had realized that they were contracted HIV, and caused emotional crisis. Most of them were frightened, dazed, worried, angry, confused, stupefied, and stunned. They lost their heart, disbelieved, could not decide, and didn't know what to do. They were afraid that people around them would know. They were depressed and had highly stressed, and tried to hide the

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conditions of being HIV infected in many different ways (Thaweethong, H, et al., 1995: 23, 37; Bumpenchit, S. 1997: 151-152; Allen, 1990: 56-60).

2 Spiritual suffering

3.1 Guilty feeling

A participant, who had a husband and son, were HIV infected. She felt guilty and felt disappointing to her mother that she got HIV infection form the husband. This result was similar to the study of Vichit, S, and et al. (1989). They found that HIV infected patients had guilty feelings related to the past experiences, which effected to their parents, relatives, and the dear person. Their guilty was a chronic stress that forced them out of the social and hides themselves to the family. Moreover, people living with HIV/AIDS were sensitive to guilt, fear, anxiety, anger, and depression that were seen as a life threatening. (Flaskerud & Ungvarski, 1995).

3.2 Caused by karma

Since the informants were dealing with a very hard period of life for a long time, they believed that they had committed, done a bad behavior, and had done a suffering things to their parents that was a cause of suffering themselves as Karma.

This study was in accordance with Bumpenchit, S. (1996: 110) who found that the HIV infected patients believed that they had *karma* and they were born to compensated a sin for bad actions in the past includes bodily action, verbal action, and mental action. The compensation of a sin includes *karma* for themselves and *karma* for the others but they must be compensated. The *Law of Karma* is not merely a Religious Doctrine but the Universal Law of Action. In Buddhism, any action that leads to suffering, causes harm to one self or others, and is a bad and shameful matter, is said to entail "*subjection to the Law of Karma*". Any action that does not lead to suffer, does not cause harm to oneself or others, but leads to the benefit and happiness of oneself and others is called "*non-subjection to the Law of Karma*". The intrinsic luminosity of the mind means it is naturally radiant, without defilement or wisdom. If Right-mindfulness and Wisdom are present, maintaining the mind in its Middle-Way, performing in a way that includes Right-thought, Right-speech, Right-bodily action,

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and Right-livelihood**,** defilement and suffering cannot arise. The person then will not be deluded into greed, affection, anger, aversion, or uncertainty, mere physical feelings. The *Law of Karma* thus starts at the moment of sense contact, which is the starting point of all behaviors (Varadhammo, V., Pra, 1996: 223-226).

3.3 Hopeless and was rejected from family and society

Some informants told that they were rejected by their family because drug-addiction and had increased in injection when they were HIV infected. Even though somebody was not drug-addicted but when he was HIV infected his father had rejected him to work together that made him disappointing. More over, somebody was abused and neglected after their parents had a divorced. They were discouraged and had no hope of life. The study was in accordance with the study of Harrison (1997:12), Siegel (1979) and Murphy (1986). They found that people lived with HIV disease had multiple assaults on their self-esteem and had experienced of an isolation and rejection. Besides this, They were victims of societal homophobia, the patient with AIDS were often condemned, and ostracized (cited in Carson, ET al., 1990: 29). Moreover, people living with HIV/AIDS had expressed many aspects of their own struggles as they were accepted as a people of HIV society. The stigmatization, the way that they had experienced through society's response, were grappled with a culture, judged, and labeled them. Consequently, this struggle had created a sense of victimization that manifested in personal feelings of helplessness, depression, and hopelessness that were especially problematic in the first 6 months after diagnosis (Hall, 1998: 147).

Part 2: The processes of relieving suffering by training in establishing the Four Foundations of Mindfulness in combination with Watson are caring.

The results of the training in establishing the Four Foundations of Mindfulness in combination with Watson's caring, found that all of the informants had the process of healing themselves for relieve suffering overall of the physical, mental, and spiritual sufferings. The researcher had elaborated in two parts: 1) The quantitative data: The relieving physical suffering which was evaluated by measuring of the body weight and

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the physical complications assessment. Measuring of the finger temperature and the scoring of healthy-unhealthy factors evaluated the relieving mental. 2) The qualitative data: The relieving mental suffering was evaluated by observation the unhealthy factors replace to healthy factors; The relieving spiritual suffering was evaluated by observation of the spiritual development in a three aspects, such as, meaning and purpose of life, the inner strengths, and the interconnections.

Part 2.1: The process of relieving suffering that measured by the quantitative data

1. Physical suffering

The process of relieving a physical suffering among informants was evaluated by the body weight and the physical complications as follows:

1.1 An evaluation of relieving the physical suffering by measured body weight.

Each of informants was measured the body weight at the 1st, 2nd, 3rd, 4th, 5th, and the 6th month training session was compared to the beginning of the project. Results of the study revealed that after training there were 11 informants had an increased in body weight about 0.5 – 5 kilograms while a 5 informants had decreased in body weight about 1-2 kilograms.

The cause of weight loss and malnutrition in HIV/AIDS were multi factorial. It was explained as an insufficient intake or poor absorption of nutrients while their bodies had increased in nutrient requirements. A decrease of nutrient intake was decrease in an appetite, nausea, fatigue, oral lesions, altered taste, and depression. They al so had a secondary infections. Diarrhea and vomiting are common causes of the inability to absorb adequate nutrients (Maddox, 1997: 522).

Some informants had increased in body weight after training in establishing the Four Foundations of Mindfulness in combination with caring because they had relaxation, got resting sufficient, decreased in the symptoms, such as, oral thrush, anxiety, worries etc. The benefits of training were they had increased in appetite and food consumption. This is the intricate bi-directional interaction among consciousness

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(psycho), central nervous and endocrine systems (neuro), and immune system (immuno) (Nguyen, 1991: 2). During concentration, however, a practitioner can achieve a new balance and a more healthy equilibrium within the autonomic nervous system. Practitioner can move out of the place of sympathetic hyper-arousal, get a lowering and stabilizing baseline and allowing the sympathetic and parasympathetic nervous system to function in a manner that facilitates the healing of all other systems with which they interact (Pettinati, 2001: 52). Furthermore, self-regulation techniques (such as chanting, mindfulness etc.) help down-regulate the HPA axis, and decrease in glucocorticoid and catecholamine levels. This in turn enhances anabolic activity, increases the body growth, repairs energy storage, and improves immune function (Lowenstein, 2002: 172). The result of this study was in accordance with the study of Chiralak, C. (1995) and Kamonmarn, V. (2000), found that the experimental groups had increased in body weight in the post test when compared to the pre-test.

1.2 An evaluation of the relieving physical suffering by the physical Complications assessment

Each of informants were physical examination at the 1st, 2nd, 3rd, 4th, 5th, and the 6th month training session, the physical complications before and after training were compared, and were described as follows:

1.2.1 The skin symptoms such as papules and skin rashes

The 4 informants had papules and skin rashes at the beginning of the project. After training, there were 2 cases had no skin rashes after a 4-month training. The etiology of papules and skin rashes is uncertain and there is no specific treatment. Generally, oral antihistamine and topical corticosteriods are prescribed. In this study, the clients were prescribed with PMN Ointment and skin care. The result was in accordance with the study of Kamonmarn, V. (2000) and Chiralak, C. (1995,) found that the experimental groups with skin symptoms were slightly decreased in the post-test than in the pre-test.

The skin manifestation is easy to notice and to be an indicator to identify HIV infection. These skin problems cause HIV infected clients to get over anxious. The onset of clinical manifestation of the subjects was itching with papules

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similar to mosquito or insect bites. It becomes chronic protuberance and dark lesion or scar. Most were found in the area of the arms and legs. In tropical countries, these skin lesions are found in any stage of the HIV infection. For example 18-46% of HIV/AIDS patients in Africa and 27% in Thailand developed pruritic papule eruption (cite in Kiat, R. 1998: 32).

1.2.2 The respiratory symptoms

An assessment showed that there were 2 informants had crepitating sound in the lungs, had tired easily and felt exhaustion at the beginning of the project. After a 6-month training, there was 1 participant had no symptom. There were 5 informants had crepitating sound in lungs at beginning of the project and they showed a disappeared of the symptom after a 5-month training.

The informants had symptoms of asthenia, such as, tired easily, weakness, and exhaustion. Generally, these symptoms were found in all stages of HIV infection. It often disturbed daily life, work and social activities. It also changed some of activities due to the physical and psychosocial problems. This was in accordance with the studies of Vanhams, et al. (1997) and Schacke, et al. (1997) which found that 66% and 90% of HIV infected clients respectively had asthenia in the acute HIV infection stage (cited in Kiat, R. 1998: 24).

This study found that the symptoms of the respiratory system slightly decreasing as a result of the training in establishing the Four Foundations of Mindfulness in combination with caring. The results of training were supported by a study of Lowenstein, (2002:160). He said that self-regulation techniques including the relaxation response, abdominal breathing, chanting, and mindfulness could improve the functions of the respiratory system. It could improve respiration rate, vital capacity, minute ventilation, and reduced the frequency and severity of asthmatic symptoms. This was in accordance with the study of Sicher, et al. (1998 cited in Lowenstein, (2002: 259). They had arranged a randomized, double-blind trail of distant healing on 40 volunteers who has advanced AIDS and found that at the 6th month following the initial assessment, the prayer group “had significantly fewer AIDS-related illness ($p<0.04$) and lower severity of illness ($p<0.02$). They had visited

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to doctors were less frequent ($p<0.01$), as were hospitalizations ($p<0.04$), and days in hospital ($p<0.04$).

1.2.3 An affliction of the mouth and oral candidiasis

There were 2 informants had an affliction of mouth and oral candidiasis before study resulted in malnutrition and affection to the body, immunity and had more susceptible to infection. Oral candidiasis is endogenous and often found in those with low immunity or poor hygiene. After a 3-month training, all had an affliction of mouth and oral candidiasis. This study showed that the subjects had increased in immunity against candidiasis when compared to before study. This was in accordance with the study of Chiralak, C. (1995) and Kamonmarn, V. (2000), found that the experimental groups had decreased the incidence of oral candidiasis in the post test when compared to the pre-test.

1.2.4 The short period symptoms

The short period symptoms had disappeared after getting a prescription in one week, such as, diarrhea, abscess, toothache, vaginal candidiasis, and intermittent bleeding per vagina were discussed as follow:

1.2.4.1 Diarrhea can be caused by idiopathic HIV enteropathy, diet, bacterial or viral infections of the bowel, parasites, protozoa, chronic inflammation, and meditations (Newshan & Sherman, 1999:141). Before training, there was 1 participant had a remit diarrhea, and had suffered from remittent, dehydration, essential electrolyte imbalance, and weight loss. After a week training, he had no diarrhea. The result of this study was in accordance with the study of Chiralak, C. (1995) and Kamonmarn, V. (2000), found that the experimental groups had a decreased diarrhea in the post- test when compared to the pre-test.

1.2.4.2 Each of participant had an abscess, a toothache, vaginal candidiasis, and intermittent bleeding per vagina. It was disappeared after getting a week prescription of antibiotics.

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1.2.5 The symptoms were found throughout the project

There was a participant had many symptoms, cough with secretion, fatigue, fever and numbness at the fingertips and feet tips

1.2.5.1 Tuberculosis is a major opportunistic disease among HIV/AIDS patients. Vanhems, et al. (1997); Nine, et al. (1993); Clark, et al. (1991) and Schacke, et al. (1997) found that 44%, 70%, 73% and 77% of HIV-infected patients respectively had a cough in the acute HIV infection stage (cited in Kiat, R. 1998: 24). In this study there was a participant had coughing throughout the study and was prescribed to get a treatment of TB.

1.2.5.2 Numbness: There was a participant had a numbness at the fingertips and feet tip during study. It was a consequence of nervous system infection as meningitis caused by AIDS virus, brain deterioration, drugs used, mental conditions, and other symptoms, often found in AIDS patients, which need clinical treatment from doctors (Patcharee, T. 1995).

2. **Mental suffering**

The results of an evaluation of relieving the mental suffering with quantitative and qualitative techniques. The quantitative technique aimed to measure skin temperature and score of healthy-unhealthy factors. The qualitative technique was measured by in-depth interview, participatory observation, and the informants' diary recording. The discussion is as follow:

2.1 The relieving of mental suffering was measured by finger temperature

This study was measuring the finger temperature before and after meditation in the first training, second, and third training, then visiting by the researcher. The measuring of finger temperature 12 times, resulting revealed that the informants were gradually increased their finger temperature.

The finger temperature of each participant was difference. The first participant to the ninth participant who were continuous practice of the Four Foundations of Mindfulness had higher gradually of their finger temperature but

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uncertainty of finger temperature in the tenth participant to sixteenth participant who were intermittent practice as Table 4.

This study showed that the informants have relaxation during meditation. When they can observe result by themselves, they easy to learn to control themselves for attention in meditation. Resulting they were higher gradually of their finger temperature. Temperature (Blood flow) feedback had increased temperature, it is correlated with relaxation, and related to the amount of blood flowing through arterioles and capillaries. Blood flow is controlled by vasoconstriction and vasodilation of smooth muscles that encircle the arterioles, it is a good demonstration of mind to body (Green & Shellenberger, 1991: 221- 240). This was in accordance with the study of Sunantha, K. (1997); Kethong, S. (1998) and Apatcha, P. (2000) found that the subjects in the experimental group were after meditation had higher finger temperature than before meditation.

2.2 The relieving of mental suffering was measured by the scores of healthy factors.

This study was measuring the score of healthy-unhealthy factors before and after training in establishing the four Foundations of Mindfulness in combination with caring in the first time, second, and the third time. Resulting found that after training the subjects had higher score of healthy factors than before training.

Training in establishing the Four Foundations of Mindfulness is the way to escape or eliminate sufferings via the process of replacing unhealthy mind with healthy mind. We calm the body and calm the mental factor until rapture and happiness arise. The five hindrances *(nivarana)* such as 1) sensual desire *(kamachanta),* 2) Ill-will *(vyapada),* 3) worries-anxiety *(uddhacca- kukkuccha),* 4) perplexity *(vicikiccha),* 5) contraction-torpor *(thina-midda)* are calmed with concentration, while realizing with insight that every hindrance is impermanent, suffering, and non-self (Varadhammo, V., Phra, 1996: 289-290). This is in accordance with Virutsetazin, K. (2000) found that the experimental groups significantly improved overall mental strength (the five hindrances- *nivarana*).

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Part 2.2: The process of relieve suffering that measured by the qualitative data

The analyzing of the qualitative data by the in-dept interview, participatory observation, and the informants' daily recording found that the informants had the relieving of suffering process overall of the physical, mental, and spiritual sufferings as a whole can not separately. The relieving of suffering process was devised to four cycles as follows:

The cycle 1: From suffering life and hopelessness to strengthen and attention to the merit

After 5 days 4 nights training session, it had been found that there was a positive output in 5 subthemes. These results were elaborated below:

1. From fear of death to hope to be living

After training, informants had a hope to be living. This was in accordance with the study of Ketetawan, N. (2001: 42), reported that after the training in establishing the Four Foundations of Mindfulness the HIV infected patients had increased the encouragement and hope. Besides this, Carson, et al., al so found that positive correlation between religious variables and hope have been documented in samples of college students (Carson, et al., 1988), individuals infected with HIV (Carson, et al., 1990: 28-34), and women with breast cancer (Mickley, et al., 1992: 167-170). Hope correlated significantly with spiritual well being in each case, with a significantly stronger relationship between hope and existential well being than between hope and religious well being.

In a study of Mickley & Soeken (1993:171- 1177) found that among Hispanic, neither intrinsic nor extrinsic religiousness was more important in predicting either existential well being or hope. However, intrinsic religiousness was a more important predictor of religious well being and total spiritual well being than was extrinsic religiousness. Among Anglos, intrinsic religiousness was a stronger predictor of spiritual well being and of hope.

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2. From stressful to comfortable, calm, and able to concentrate

After training, feeling of stress and anxiety of the participant was changed to calm, mindful and concentrate.

The results showed that mindfulness meditation was a great technique. To reduce stress and to decrease mental crises, the concentration can increase the power of life both internal and external that used to strength, maintain, and support the mind. The practitioners will be able to see the "unit" or the "moments" of the mind which occur continuously as if the truth were that continuous condition when the mind is strong or powerful enough to see them without forgetfulness. The second phase of this process or *vipassana*-true understanding- of every movement then began. When the eyes see the visible objects, tongue feels tastes, nose smells smell ears hear voice, body touches tangible things, mindfulness will help the perception to see the reality as there were. (Soree, P. 1993: 13-18). The processes of mindfulness were reported as a calm body and mind until the rapture and happiness arise. Varadhammo (1996) proposed that the five hindrances *(nivarana)* such as 1) sensual desire *(kamachanta),* 2) Ill-will *(vyapada),* 3) worries-anxiety *(uddhacca- kukkuccha),* 4) perplexity *(vicikiccha),* 5) contraction-torpor *(thina-midda)* are calmed with concentration, while realizing with insight that every hindrance is impermanent, suffering, and non-self (Varadhammo, V., Phra, 1996: 289-290).

3. **From aggressive to forgiving and better understanding of oneself**

After getting a teachings *(Dhamma)* and participating to the humbly apologize, the informants had a mindful and a feeling to forgive and attend to good actions, and require getting an obligation. Furthermore, they was blessing ritual for self, others, and all living creatures lead to self-understanding and not anger.

The results were supported by the Higher Doctrine, the way to gain and access a healthy factors, is to replace unhealthy factors with their counterparts. The principle driving this process is similar to the " reciprocation inhibition". *Sati* or mindfulness is the understanding of everything all the time. *Sati* is the pair of *panna* will help maintain *panna* and also maintain clearness in the mine for a long period. The

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unhealthy factors which result in greed, avarice, envy and anger are the opposite of healthy factors of *"alobha"* or non-greediness, "*adosa"*-non-anger, *"tatramajjhata*" or the neutrality of the mind and *"passadhi*" or peace of mind which reflect the peace of body and mind resulting from the disappearing of clinging (Soree, P. 1993:13-18).

Forgiveness and reconciliation address the deep human need and hunger for belonging. Many factors shape beliefs about forgiveness, including religious beliefs, cultural traditions, family upbringing, personal experience, and the understanding of the nature of God or Life Force. As a self-care process, forgiveness includes that which is extended to and accepted from others and also self-forgiveness. Forgiveness is a by-product of an ongoing healing process, an internal process that includes letting go of intense emotions attached to incidents from the past; it also is recognizing that grudges, resentments, hatred, and self-pity are no longer needed. When we can forgive, we release the desire to punish people who hurt us and realize that healing does not come from punishment (Burkhardt & Nagai-Jacobson, 2001: 29).

4. From disturb of stranger to trust

Before study, a participant reported that he was looking down by a friend, he felt ashamed, fear the stranger. After participated in an instilling transpersonal human caring relationship, he said that he could courage an expression of a true feelings, a secrete things, that he never told his parents. He totally accepted to the researcher. This study was similar to the study of Vilaipun, S, et al. (2002), found that after the researcher helping-trusting human care relationship with the HIV infected pregnancy who felt trust, familiar, and willing participation in the project. According to Watson said that congruency, empathy, and warmth are the basis for building human relationship that contributes to the patients' expression of true feelings (Watson, 1985:23-24).

5. Begin to confidence in the Dhamma and practice until discovering candle of light

After a 5th day training session, a participant reported he had a peacefulness mind in a shortage feeling and was very happy to have a great way to live. As the

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Watson's caring theory proposed that of instilling faith and hope (Carative factor 2); When cure is hopeless, as in the case of an HIV infected, caring became a central theme to make the relationship. A participant told that I will keeping the faith until the miracle happens." This positive outlook was supported by the nurse who shared that outlook (Nelson-Marten, Hecomovich & Pangle, 1998: 73). Also, Gorkom and Trans (1990) said that there is confidence with each wholesome moment of consciousness, for example when we study the teachings and consider them. We can verify that confidence is a wholesome reality. We should not expect to know realities as they are immediately, but we can have confidence while we develop different kinds of wholesomeness together with right understanding (Gorkom, Trans., 1990: 65-66). This faith was a healthy factor as a confidence *(saddha)* or being certain resulting from clear and correct perception. The group of these healthy factors, which are modesty (hiri), discretion (ottappa), steadiness (cittijukata), and confidence (saddha), will operate to create healthy and useful deeds which can be evaluated personally and socially (Soree, P. 1993:13-18). These healthy factors were cultivated among the informants after training.

Cycle 2: Life understanding from the reflection leads to behavioral change

After finishing a first training, the researcher and the trainers left the community therapy. A month later, the researcher had a re-visiting the community and found that all of them had experienced a peacefulness mind and had behavioral changes were discussed. These results were elaborated below:

1. From recite the precepts to self-control and to be ashamed

The informants usually undertaking the precepts results in gratitude to morality *(sila)* and to be ashamed: to control of verbal action such as not talk drivel, not false speech; bodily action such as not kill animals.

Morality *(sila),* it is provide help and definite benefits for those who practice within its framework. The benefits provide a problem-free existence within society for we no longer engage in unwholesome actions such as killing, stealing, sexual misconduct, false speech, the use of intoxicants, and so forth. Morality *(sila)* affords us the freedom to live happily in society, and through our practice, others are inspired

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to practice as well. (Varadhammo, V. Pra., 1996: 354). Some healthy factors will occur when there are other healthy factors. The healthy pair of factors relating to the conscience consists of modesty *(hiri)* or shame to commit a sin which can eliminate the shamelessness in committing sins and discretion *(ottappa)* which is the opposite of fearlessness of sins (Soree, P.1993: 13-18).

2. Mindful, calm, and change in personality

The informants said that the concentration and chanting results in feeling change from suffering, greed, anger, worries, and anxiety to mindfulness, calm, comfortable, and not worry. This study showed that feeling of the subjects before chanting and concentration meditation include unhealthy factors such as anxiety *(uddhacca),* worries *(kukkucca)*, perplexity *(vicikicca),* delusion *(moha),* greed *(lobha),* and aversion *(dosa),* etc. These unhealthy factors causing the subjects feel mental and spiritual suffering. With the practice of concentration meditation, healthy factors such as confidence *(saddha),* modesty *(hiri),* discretion *(ottappa),* mindfulness *(sati)* and insight *(panna),* etc. gradually replace unhealthy factors until we calm the body and calm the mental factor until rapture and happiness arise. This is concentration. Rapture and happiness are merely feelings or concocted emotions, a reaction of the nervous system (Soree, P. 1993: 13-18). This is in accordance with the study of Chitmanee, G. (1996) found that after concentration meditation the HIV patients feeling of calm, happiness and life satisfaction.

3. There are several ways to achieve peaceful mind

3.1 **Paying respect to an image of the Buddha: from meaningless action to favorite activity**

Some informants said that the prostration oneself to worship Buddha while focusing on the movement of the hand to put up and get down the floor with each slow purposeful step they felt mindfulness and calm quickly.

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3.2 Chanting helps to relax

Many informants felt happy after chanting every time. This was in accordance with the study of Atchara, T. (1998: 75) reported that the 28 HIV infected patients from 40 cases totally they had self- healing process by chanting. Someone chanted " Chinnabanchorn" 20 time per day it help to no time to though about their disease, felt familiar its, and accepted to deal with HIV infection. Besides this, Kolkmeir (1995 cited in Harrison, 1997: 14) points out how prayer can elicit the relaxation response.

3.3 **Walking meditation helps to achieve calmness and concerted action**

Someone appreciated to walking meditation because he felt calm quickly. According to, Pettinati (2001:51) said that for some individuals, especially those who are kinesthetic , a moving meditation is more helpful in focusing the attentive awareness at one point. Walking meditation is the act of walking while focusing on the movement of the body and the placement of the foot on the floor with each slow purposeful step. Some patients find it helpful to coordinate the in-breath with the placement of one foot and the out-breath with the placement of the other foot. While practicing walking meditation, we are walking to be aware of the self in the act of breathing and moving purposefully (Pettinati, 2001:51).

4. Meditation helps to self-understanding and understanding of others

The informants said that the radiation of loving-kindness for oneself, others and all beings lead to awareness of oneself and others. According to, the Buddhist Doctrine suggests that the loving-kindness (*metta)* is an unselfish, unselfconscious love, and willing the other is happy and security. When a person appreciated to the Buddhist Doctrine by own experience he/ she wish to be shared experience to dear person. However, this virtue begin in the depths of a person's own being and in the experience of self before they can be shared with the other (Pettinati, 2001: 54; Gummattanachariya, U., Phra, 2000: 75). In addition, the loving-kindness *(metta or adosa)* is a healthy factor that coordination with the neutrality of the mind *(tatramajjhata)* and peace of mind *(passadhi)* all of these factors are opposite of the

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unhealthy factors which result from anger, greed, avarice, and envy (Soree, P. 1993: 13-18).

5. Better relationship within the family

The training in establishing the four Foundations of Mindfulness results in the individual and family change. The families have good relationship because the couples careful speaking and rarely dispute.

This finding was congruent to the finding of Natthanun, P. (1999: 92) which also found that after finishing of training in establishing the Four Foundations of Mindfulness someone confidence *(saddha)* to Buddhism, therefore she persuaded her husband and children to participate the training program. They felt relieve anxiety, stress, and forgiveness to her husband although anger for a long time. Moreover, understanding is very gradually but the result cannot be the noticed immediately. It cannot be measured, but as understanding develops there will be more confidence. There will be more understanding of why we feel bad or why we feel happy. We will face unpleasant situations with more understanding and we will be more tolerant towards other people, we will have more understanding about their way of behavior. We will come to appreciate more and more the value of right understanding (Gorkom, Trans., 1990: 56-57).

6. Better understanding of life through reflection, which leads to enlightenment and able to solve problems by oneself

6.1 Observe, listen, and read prior to self-reflection until enlightenment is achieved

One participant realized the truth after reading Dhamma book. He has realized that there are many things that he has done wrong in the past. The book also gives him guidance about what he should or should not do.

6.2 Understanding life through self-reflection

One participant told that he has change internally. He think he like the

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most is that he has discovered the meaning of my life. That thing he has never think about in the past.

The changing which occur in the informants showed that these informants' intellectual understanding of the teachings, acquired by reading, considering and discussing could condition the arising of direct understanding, now or later on. In Buddhism there are three forms of wisdom: 1) Wisdom from hearing or reading (*Sutamaya-panna)* 2) Wisdom from thought, reflection, or contemplation (*Cintamaya-panna).* 3) Wisdom from realization (*Bhavanamaya-panna)* This third form of wisdom is the final result or benefit from the practice of meditation. Here, we come to realize for ourselves through spiritual experience that all feelings and concocted emotions are characteristically impermanent (*anicca)* suffering (*dukkha)* and non-self (*anatta)*. We realize that if attachment takes place at place at feeling, suffering will arise. But if attachment does not take place at felling suffering, suffering will not increase (Varadhammo, V. Phra, 1996: 360-361).

In each moment-to-moment caring occasion, the more potential the caring holds for he human health goals to be met through finding meaning in one's own existence, discovering one's own inner power and control, and potential instances of transcendence and self-healing (Watson, 1999:75).

7. Individualized method to self-healing and healing of others

Discovering the method of self healing conclude a chanting, concentration, and radiation of loving-kindness results in comfortable, calm, and confidence its. So the informants advisement to there friends whom severe illness. This finding congruent to the findings of Kolkmeir (1995 cited in Harrison, 1997: 14) which also found that how prayer could elicit the relaxation response and Dossey (1995) elaborates on the benefits of prayer for the dying patient. If the is comfortable with it, praying with the client or reading a favorite scriptural passage may be suggested. Some PWAs have been able to change their attitudes towards the disease. Instead of viewing themselves as victims, they see themselves as survivors. One PWAs as saying, "I stopped hating myself for being gay. I started deep meditation for two to three hours" (Bernard

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Gavzer, 1988 cited in Carson & Green, 1992: 210). Besides this, the PWAs have linked their own well being to their ability to respond to the existential challenged by AIDS. These responses might include: active participation in health care, involvement in AIDS activist organizations, participation in research, and spiritual activities such as meditation, imagery and prayer (Carson, et al., 1990: 33).

8. Discovery of self-leadership and leadership with others which leading to sustainable organization

After the researcher enhancing the perception of self-efficacy to the leader, he develops to self-efficacy. He used to the Four Foundations of Mindfulness everyday until mastery experiences. The later, he as a model to others. He initiative persuasion and emotional arousal to familiar friend and then gradually insert the new activities to others, he concerned to the liberation and resistant protection. Besides this, the leader measured own and other's skin temperature to compared before and during concentration everyday.

This study showed that realizing the interconnection of all beings in the web of life, the meditation practice becomes spacious, expansive, and inclusive. He and she are strong, yet gentle and tender. Without judging and without any sense of contradiction, he or she accepts the truth of the situation, even while working to seek justice within institutions and society. It is a willingness to enter into the inevitability of suffering, to reach the healing of the whole person and the whole society (Pettinati, 2001:55).

Cycle 3: Initiation of self-healing and discovering a candle of light

After a three months training session of the Four Foundations of Mindfulness the informants began to heal themselves and the family. The process began with a daily taking the precepts *(Sila)* until It became their daily habit. These results were elaborated below:

1. Undertaking the precepts *(Sila),* ashamed of bad doings

1.1 Being and controlling of the way of speaking and the body action: not quarrel

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Sīla means morality or normality. It is not a commandment or law imposes upon us; something we must do. It does, however, provide help and definite benefits for those who practice within its framework. The benefits provide a problem-free existence within society for we no longer engage in unwholesome actions such as killing, stealing, sexual misconduct, false speech, the use of intoxicants, and so forth. *Sīla* affords us the freedom to live happily in society, and through our practice, others are inspired to practice as well (Varadhummo, V., Pra, 1996: 354). After training, a fighting couple had changed their behaviors as a result of the Sila precepts.

1.2 From being able to control action and sayings to being in control of mind like self-contraction

Undertaking the set of eight precepts of which pure livelihood is the eighth *(Ajivatthamaka-sila*) the front of an image of the Buddha with the others everyday lead to commitment to self and a sacred thing, the subjects felt of the sin. This was supportive the concept of self-contraction which is a technique of the self-control. The self-contraction is the method of a person had commitment to be behavioral change any ways, Instead of he/ she was keeping the commit only one, he/ she demonstration for involvement by other to protect him/hers did not escape commitment (Sompoch, I. 1998: 345).

2. Peaceful minds discovery happiness, and wants the mother to practice Dhamma and 3. Realization about past mistakes and desire to look after his wife

Some informants told that after practicing concentration they were calm and happiness. Because the hypothalamus coordinates the functions of the autonomic nervous system and the sensory nervous system, it must be an important center of concentration (Wallace, 1970; 43-71; Kritaya, M. 1995: 1-2). Stimulation of the hypothalamic-pituitary-adrenocortical system leads to the elaboration of corticotropin (ACTH), endorphins and glucocorticoids. Some of these hormones have been reported to have immuno-potentiating effects. An endorphins has characteristic likes endogenous morphine, it is a neurotransmitter and hormone (Zeller, et al., 1996: 658). Besides this the hypothalamus effects on the creation of alpha waves lead to relaxation (Wallace, 1970: 1751-1754; Wallace & Benson, 1971: 795-799). Moreover, Sudsuang,

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et al., (1991 cited in Ratree, S. (1996: 409) found that after practicing meditation and achieving the level where peacefulness takes place in the mind, cortisone in the blood reduces; the respiratory rate reduces; valves of lung capacities reduce. Using cortisone as indicators, this shows that Buddhist meditation can reduce stress. It was also found that people who meditated felt peaceful and comfortable consciously long after they stopped meditation practice.

A participant reported that when he was calm and happiness by practicing concentration he invite his mother come to participation in the program, he believe that the concentration can relieve mother's suffering. According to, Pettinati (2001: 54) said that the highest virtues of the individual who practices meditation throughout his or her life are loving-kindness, compassion, joy in the joy of others, and equanimity. The word loving-kindness is stated in an attempt to translate the Pali word *Metta*. It is unselfish and unselfconscious love. Even if ultimately focused on another, however, all of these virtues begin in the depths of a person's own being and in the experience of self before they can be shared with the other.

4. Humbly apologize ritual result to forgiving attitude

The humbly apologize ritual results in forgiveness the informants will be humbly apologize mother and forgive son. This is in accordance with the study of Natthanun, P. (1999: 94-95) reported that the practitioner forgave husband after the training in establishing the Four Foundations of Mindfulness. Moreover, forgiveness and reconciliation address the deep human need and hunger for belonging. Many factors shape beliefs about forgiveness, including religious beliefs, cultural traditions, family upbringing, personal experience, and the understanding of the nature of God or Life Force. As a self-care process, forgiveness includes that which is extended to and accepted from others and also self-forgiveness. Forgiveness is a by-product of an ongoing healing process, an internal process that includes letting go of intense emotions attached to incidents from the past; it also is recognizing that grudges, resentments, hatred, and self-pity are no longer needed. When we can forgive, we release the desire to punish people who hurt us and realize that healing does not come from punishment (Burkhardt & Nagai-Jacobson, 2001: 29).

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5. Dealing with difficulties in life by doing good things

When face to the obstacles in the Four Foundations of Mindfulness practice the informants was modified to appropriate for them. They will action merit for living preciously. The finding was congruent to the finding of Atchara, T. (1998) which also found that the HIV infected patients who can took activities in dairy living by themselves and their performance had accepted by others they felt self-esteem and self confidence for living with HIV infection.

In Watson's caring theory that nursing uses "special knowledge and skills" to empower the patient in the discovery of inner self and unknown strengths leading to higher awareness of self-healing techniques as embodied through the carative factors (Nelson-Marten, et al., 1998: 75).

6. Appropriate life each day because of Dhamma practice

After the informants continuous practiced of the Four Foundations of Mindfulness and participate to therapeutic community's working for 3 months they feeling of living had changed from ridiculous to precious life. This was accordance with the study of Carson, et al., (1990: 33), found that long-term survivors of AIDS have linked their own well being to their ability to response to the existential challenged presented by AIDS. These responses might include: active participation in health care, involvement in AIDS activist organizations, participation in research, and spiritual activities such as meditation, imagery and prayer.

7. Improved physical and psychological conditions

Some informants had continuous practicing concentration, undertaking the precepts, chanting, and walking meditation effect on improving of mind and body, appreciation of the beauty of nature around the therapeutic community. Besides this, they had opportunity skilful work and express their potential lead to they proud to their success. According to Kornfield (1993 cited in Peri, 1995:71) said that living fully

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centers on the preciousness of life, an appreciation of the beauty of nature, and an openness to experiencing all that life has to offer without being limited by material attachments. It is one of the ways to a spiritual life center.

Watson talked about responses to psychosocial needs (Carative factor 9): Nurses should try to find strong points of each patient so that the patients can have an opportunity to do the work they can do well and show their potential. The patients will fell self-worth for their achievement and affiliation with the activities of community therapy (Watson, 1999 cited in Rafael, 2000: 39-40).

7. Appreciation of Dhamma and then self-healing with Dhamma medicine lead to realized to the Low of Conditionality *(Idappaccayata)*

The informants said that they felt mind and body were better and received Dhumma's medicine *"Thumma osot"*. According to Pert' s research, the emotion-effecting neuropeptides (hormone-like chemicals released by nerve cells) control the migration of human monocytes in healing and disease. The limbic system, a group of sub-cortical structures of the brain- the hypothalamus, the hippocampus, and the amygdala- that are concerned especially with emotion and motivation, have 40 times more neuropeptide receptors than other parts of the brain. This suggests that neuropeptides function in the biochemical mediation of emotion. The presence of neuropeptide receptors on immune cells, as well as the ability of these cells to learn recall, and to produce neuropeptides themselves, led Pert to suggest an interactive network of information flow between the brain and the immune system, a system in which direct control of emotions may have immunological consequences (Pert, 1988: 106-111 cited in Nguyen, 1991: 1-9).

Thus the brain can communicate through the limbic system to the immune system, or the immune system can communicate to the brain through the limbic system. The brain may then have direct access to the immune system via direct CNS connections through the limbic system via emotional modulation and cognitive control. This connection between the CNS and the immune system via cognitive and emotional channels suggests that awareness or cognitive control of situational variables as well as emotional stability and personality characteristics may have direct

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immunological consequences on health (Calabrese, et al., 1987 cited in Nguyen, 1991: 1-9).

Two informants said that they felt very better. They had a good way of life, although they will dye they don't worry about that because they though that a body is non-permanence and uncertainty. They will obey to the Buddhist Doctrine. This study showed that the subjects insight to the Low of Conditionally (*Idappaccayata*). This is in accordance with the study of Hall (1998:151) one participant (HIV positive) found that "I feel like I have a peaceful existence. I don't have of regrets. I think that death is going to be an ok experience. I can have it pretty much any way I want. I don't think it will be a horrible emotional thing. For the most part I understand that when it's time it's time. I have gotten a lot of comfort from being around other people who were dying. I think just linking myself is an important part of how it's going to be. I don't feel fear anymore. I feel that death is a natural part of life".

Another man's growing spiritual, and his understanding of the meaning of testing positive is depicted in this statement. *" It is time to do something about AIDS, and to do it in the heart. I finally understood that the soul that inhibited Jesus had to have been the same soul that inhibited Buddha, Mohammed, and all the people of the world. I started seeing the connectedness of everything and everyday…. The reason I tested positive was to share with people"*. As they experienced crisis after crisis that threatened their spirituality, some informants reached a level of understanding of how the meaning of their lives helped them through crisis, inevitable symptom changes, and worsening physical health. At this point they were at peace with themselves and their death (Hall, 1998: 150).

Religiousness has been described as an important factor that influences health care by allowing the patient to accept, treat, and cope with suffering and illness (Mickley & Soeken, 1993: 1171-1172). The literature suggests that spiritual well being and religiousness be conceptually linked. Patients classified as intrinsically religious were found to have significantly higher scores on SWB than did those classified as extrinsically religious (Mickley, et al., 1992: 267).

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8. Able to self-healing using natural forces combined with other methods

One participant who continuous breathing exercise and then walking and sitting meditation effects on feeling of calm and body warmth look like aura. Because breathing affects health and well being, we nurture ourselves by becoming more conscious of our breathing. In some traditions, breath is considered the link between the physical body and the world around us, a way to connect with the universal life energy of the cosmos (Burkhardt & Nagai-Jacobson, 2001: 26). Besides this, the spiritual variable may be looked upon as an intrinsic energy source that can be expanded to influence the client's level of wellness (Neuman, 1989). The concept of an intrinsic energy force is somewhat unfamiliar to Western culture. Eastern cultures, however, have always focused on this energy or life force as essential to the individual's health. In Indian philosophies it is referred to as *prana*, in Chinese medicine the *ch'i* energy is likened to the earth's streams, rivers, lakes, and oceams. This life force flows through the individual as it does through all of nature through interconnected pathways called meridians (Connelly, 1979 cited in Peri, 1995: 70). Besides this, Weber said that the universe is a source of healing (Weber, 1985 cited in Dossey, 1995: 40).

9. Proud of they're works, which are done collectively

The informants feeling of self-esteem and strength after care the severe patients, someone proud to participate planting for consume together and appreciate to coordinate working. This study is congruence with carative factor 8: Support, protection, and / or correction of mental, physical, societal, and spiritual environment. Watson situates body within spirit within a field of consciousness that is connected and integral to all consciousness. Within this conceptualization, the nurse moves beyond creating healing environments to becoming a healing environment through the intentional use of consciousness. Watson believes consciousness can be shared, creating new energy fields with healing potential in the process (Watson, 1999 cited in Rafael, and 2000: 39).

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10. Discovery of true happiness: Happiness without money

The informants felt of happiness to care the severe patients and help the therapeutic community's work. Besides this, someone feeling of divine power after chanting for bless in the Birth day's friend.

The happiness is very important of the practicing in Buddhism. According to, the Buddhist Doctrine point out the good actions or general merits that to translate "*Boon*". " Boon is name of happiness" (Payutto, P. Phra. 1995: 529). Moreover, Three-Fold Training is the Formula of Practice used to perfect our lives and each of factors must be completed simultaneously. *Si¯la* (morality) leads to a problem-free life within society. *Sama¯dhi* (concentration) results in calming the body and mental factors lead to a calm happiness, and skillful thinking and memory. Finally, *Pan¯n¯a¯* (Wisdom) resolves the problem of spiritual suffering for the perfect life (Varadhammo, V., Phra. 1996: 364-365).

Kushner suggests that the core of finding spiritual meaning in illness and suffering is not in answering the question "Why did this have to happen to me?" but rather, "What am I going to do about it?" Each individual's search for meaning is unique. One living with AIDS stated that after receiving his diagnosis he became a volunteer with a community AIDS program, someone had worked as a stockbroker in a competitive business environment. This individual stated that living with AIDS helped him realize that having a high-power career and money was not what was important to him. AIDS had forced him to slow down and recognize the beauty around him. Now each day was a gift, and time spent with family and friends was precious (Kushner, 1981 cited in Peri, 1995: 72).

Cycle 4: From peaceful mind to discover the happiness to live and valuable life with Dhamma

1. Appreciation of the healing as it can heal the internal pain

The informants appreciated to caring that was performed by the researcher, somebody said that the researcher as a Dhamma's mother " Mae Tang Thum" and caring's mother who heal them by love, sympathy, compassion, teaching, and

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advisement. According to, Dossey (1995: 66) said that healing was not treatment but it combines technology with caring, love, compassion and creativity. A nurse was like a tool in healing, presenting herself to help, solve problems in the healing process which resulted in integration of natural conditions an individual making the patient felt safe from the pain and causing balance in the patient (Dossey, 1995: 66). Watson said that transpersonal caring not only allows for release of emotions and the evolution of the person's spiritual self or soul, but it promoted congruence between the person's perception and experience, promotes self as wa and ideal self, and harmonized within the person's mind, body, and soul (Watson, 1999:70-71). Clients in severe spiritual distress needed acceptance and understanding. A quiet compassion for the suffering allowed the person to gain strength from the nurse's presence and caring. Later in the crisis, the person should be able to transcend his or her suffering and experienced the purpose and meaning of life that one received as one became able to go on in spite of the pain and suffering (Harrison, 1997: 14).

Some informants told that the researcher as a teacher who taught and advised them. According to, Payow, K. (2003) said that a role of nurse as healer was a teacher of health who helps to improve the client's spiritual to relieve suffering.

2. Appreciation of Dhamma, desire to do good karma, living valuable life with Dhamma

After the training in establishing the Four Foundations of Mindfulness in combination with caring for 3 times the informants had appreciated to the Buddhism Doctrine effects on changing from feeling of despair to power. They would to merit for living preciously. The result was supported by the wheel of Kamma that was proposed in the Dhamma, the Bhudda's teaching. Since Buddhism bring happiness for someone through knowing realities as they are. Understanding can eliminate ignorance and wrong view. Through right understanding there will be less clinging, and that means more freedom. In Buddhism we learn about the nature of seeing, hearing, smelling, tasting, touching or thinking. We learn that pleasant and unpleasant experiences through the senses are the results of kamma, good and bad deeds committed in the past. Everything which happens in our life has conditions, through

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Buddhism we learn about cause and effect. When we understand more about conditions we can face difficult situations in life and develop more wholesome states of mind (Gorkom, Trans., 1990: 27-41).

Existential-phenomenological-spiritual forces (Carative factor: 10): Watson noted that this factor is closely related to self-actualization, but whereas self-self-actualization wa concerned primarily with the pursuit of life goals, this factor focused on a person's search for meaning in experience and purpose in life. Carative processes related to this carative factor center around being fully present with clients and helping them explore the meaning of an experience, the means by which they transcend life's predicaments, the meaning of life and death, and belief systems through which they find a sense of purpose (Rafael, 2000:40).

Part 3: The researcher's reflections

From this research, the researcher's reflections could be divided into three topics: 1) reflection on community-based action research, 2) reflection on self-healing process of the informants, and 3) reflection of self-development through the process of action research.

1. Reflection on community-based action research

The researcher believed that the healer who conducted community-based action research should have prior experience with community work and should be flexible; this was because community-based research was prone with unexpected circumstances, which is normally out of control of the researcher. Thus the researcher, and the training team, should be able to solve these unexpected problems and able to alter the plans as appropriate once the circumstances had changed.

The planning process consisted of reconnaissance about the living of HIV patients who had sufferings and the ways to deal with these sufferings. During the early phase of this research, the researcher was viewed as an outsider. It took a while before the informants and the carer of that community to trust and accept the researcher into their community. Some of the informants were unwilling to disclose their problems to anyone, especially their families and friends. The researcher should

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take time, be consistent, open, sincere, and had good relationship toward them; everyone in the therapeutic community should be given the same respect and honor as human being. All these practices had slowly improved the therapeutic community's members' trust of the researcher; then only, true information could be revealed. Many of the informants had reflected upon the researcher in the evaluation day about their feeling toward the researcher curing the early period of research and later stage of the research. P explains that "I am sorry that I used to look at you as I did to the others who come to visit us. Most of them don't really care much about us. But, for you, I think of you as my mother- mother in Dhamma. You had healed my internal pain with your smile and kindness. You are willing to listen to all my problems tirelessly. Non explains that "You are very sacrificing. You choose to spend time with us instead of staying with your family. You teach us, admonish us, and never leave us as the others did. They just come to give us hope and disappear. Ch explains that "I dare to air out all my problems to you, even the problems that I don't want to tell my parent. From my observation, you mean no harm to us." These reflections of the informants have made the researcher to realize that, while researching, the researcher is also being observed and researched as well.

The study which was conducted is real-life setting and in accordance with perceptions of the community members, provided reflection-in-context of the phenomena in detail. All of the informants had assigned their own interpretation of the events for themselves. Other researchers and academicians only had theoretical knowledge of the HIV infection. Thus, for the researcher, these informants were also the teachers of the researcher. They had given the researcher valuable information and knowledge which cannot be found in any textbooks.

This action research resembles nursing process; but the different were data collection method and analysis, which were carried out in accordance with action research. The most distinctive practice was the continuous reflection on the practice. This was suitable for the research which focused on the ways to reduce sufferings of the HIV patients, because self-healing process of the patients progressed slowly. In addition, the research should be conducted in real-life setting of the patients. This would improve the researcher's understanding of the problems. This was the remarkable characteristic of a research which links theory with real practice to analyze

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and solve problems. The researcher believed that action research should be employed in nursing service more frequently, because it was beneficial to the chronic patients.

2. Reflection of self-healing process in order to reduce suffering of the HIV patients

The researcher had founded that the informants differ in their time spend to develop their self-healing method. Some of them could apply the principle of mindfulness meditation after the end of the first phase of training by memorizing the lessons, reading the training manual, and practice the lesson right after the end of the session. Should doubts and misunderstanding occured, the participant would consult the researcher. He also evaluated himself constantly to monitor his progress. Apart of healing himself, he also persuaded his wife, his child, and his friends to practice. For some others, the researcher provided emotional support before they can initiate their self-healing process. This began by blending mindfulness meditation into their daily activity. The important thing was that the researcher should frequently visit, provided them with emotional support, and assisted them during their self-reflection. Certain practices that they could not do them properly, the would demonstrate them again. The researcher should also had patients in answering questions, stimulated them, and conducted evaluation. The researcher should also joined them in searching for the cause of their slow progress, and looked for the way to solve it together. The most attractive feature of self-reflection as a mean to develop self-healing strategy was that the participant was able to reflect and alter the plan of their action. For example, L explained that “When teacher told me that I must think before I speak and if something is not worth saying, then don’t. I went back and think it over at night. In the next day, I start to change myself. I think that she wants something good for me, otherwise she would not have said it.” The search for each participant’s talent and weakness, and strengthen each one’s talent by letting them to do the jobs that they were good at will made them proud of their achievement and valued themselves more highly. Lastly, self-healing and harmonious life of the informants reduced the sufferings until they could be happy without having to have a lot of money; the happiness came from such

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activities as chanting, meditating, taking care of the sick patients, and helping community work.

3. Reflection of self-development through the process of action research

At the beginning when the researcher choosed to do action research, the researcher believed that this was an appropriate method for the research which aimed at developing a healing process for the HIV-infected patients through the practice of mindfulness meditation. This was because the way in which action was conducted differs from other kind of qualitative researches. The difference was that, once the problems of the informants had been found, action should be taken to practice, analyze, and improve upon the practice until appropriate practice was found. When the researcher was still new to the community during the early stage of the research, the researcher felt awkward and nervous to spend several nights in the HIV-infected patient community, sleeping with the old lady who looked after the place; even though, the researcher had visited the place formally with the organization under the Division of communicable disease. The reason that that researcher choosed to stay in the community was because it provided opportunity to learn and understand about the true situation of the community. When the researcher had informed the guardian and the prospective informants about the objective of this research, the researcher conducted focus group to gather information about the informants' sufferings. After the meeting, one of the female participant came to the researcher and said that "Teacher, I wanted to speak to you. We should talk in the kitchen. I did't want to talk in front of every one." The next morning, while exercising by walking around the community, one male participant talked to the researcher that "I have something to tell you about my unhappiness. It's about my living here for the past year. Please don't tell anyone about it." At night, the researcher invited the guardians to sleep with so that we could be close to each other. The guardians accepted the invitation formally at first. They teld the researcher about the difficulties of looking after the patients. While telling this, they did stress to the researcher that "don't tell this to the patients". From all this events, the researcher thought that focus group may not be appropriate for the research. Thus the researcher changed to in-dept interview, observation, and participatory observation.

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Prior to the training, the researcher conducted physical examination of each of the participant and conducted in-dept interview with each of them while performing physical examination. The researcher also listened to their causes of the infection. The researcher felt calm and concentrated while performing the activities. The researcher also felf appreciated for their willingness to express their problems, some of which were their important secrets. For example, N explained that "I am happy that there is someone who is willing to listen to our problems. I don't think I am born-evil. I just don't have anyone to talk to. I feel relieved to be able to air out my problems." The researcher had evaluated herself that she had created relationship and trust with the informants. This had confirmed that the researcher could proceed with the research. The researcher was able to listen to them attentively and accept their information as it was without any prejudice- while listening to a participant who used to be a prostitute, drug dealers, etc. The researcher had noticed the differences the attitude of herself which had changed considerable after her training in establishing the Four Foundations of Mindfulness several times until realized to the Low of Conditionality *(Idappaccayata)*.

The result of the first phase of training in establishing the Four Foundations of Mindfulness in combination with caring was as anticipated by the researcher. There were only six out of fifteen who practice Dhamma dedicatedly trough out five days and four nights. The researcher felt upset with the result. When did reflect upon herself, the researcher had realized that her mind wasnot as stable as it should; it could still be shaken by the external stimuli. When good things happen, then happiness occurs. When bad things happen, then sadness and frustration ensue. These are called unhealthy factors *(akusala)*. Thus, the researcher went back to the temple to practice mindfulness meditation for another five days and four nights. In the third night, while meditating, the researcher was able to identify the strategy that would lead to successful research and how to visit and persuade them. When the researcher went back to the community therapy, an unexpected event had occurred. The guardian had told the researcher that "After you left, A practices it every day. In the morning did practice prana (breathing exercise) just as the master had taught. Then, he did walk-meditate and did sit-meditate in the field. Late in the morning, he received the precepts *(Sila)* in front of an image of the Buddha. In the evening, he did pray together with his

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friends." Then the guardian paid respects to the researcher (Wai) and said that "Thank you for the training. Now I ccan look after them more easily. There was less quarrel among them." All of the six informants who concentrated in the first phase of training had told the researcher that, after the training, they had practice Dharma every day under the leadership of A. In addition, the other three informants who did not pay much attention during the training also practice after the training because they had seen their leader do it every day. When they had gotten the results, they told the researcher eagerly. One of the three explained that "I feel guilty that I didn't pay attention during the training. I was worried about my trial and my tooth aches. I promise that I will do better in the second phase." Their reflection upon themselves without any influence from the researcher had made the researcher to reflect that all of the researcher's unhappiness after the first phase of training was just because of the researcher's mind which results in akusala- worries, afraid of research failure, afraid that the informants will quit before the research was completed, etc. Even though none of these events had actually occurs. In reality, none of this was actually happened. After this visit, the researcher had changed her behavior by chanting and meditating every day. The measurement of finger temperature was also conducted. Greater effort was put into keeping her mind at present. In the second phase of training, the researcher had noticed that her mind was more in control.

The result of the second round of training was appreciable. Most of the informants had made some progress. Each of them was eager to take part in arranging the training hall and in meeting to assign responsibility. While meditating, the researcher measured each participant's temperature at the finger tip and informs each of them about their result. This had improved the morale of the informants as well as the researcher. The result improved further in the third phase of training. The most visible result was the reflection of each participant at the end of the training session of the day. They had evaluated that they had made some progress as compared to the period before the training. They feel appreciated with Dhamma and caring. This also makes the researcher appreciated about her profession, which provided opportunity for her to help others.

The researcher's experience and feeling toward this research were challenging, joy, frustrating, re-empowered, and grateful for the nurse profession, respectively.

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The researcher was also able to improve her thinking and analytical skills. My observation skills and sensitivity toward others' felling had also improved. This was because the researcher must be conscious of every action being performed.

3. Reflection on using Watson's caring theory with the practice of the Four Foundations of Mindfulness

The HIV-infected patients in this community had experienced physical, psychological, and spiritual sufferings. Each one's problem was complicated. Watson's caring theory which stresses on creating trust and relationship with the informants was employed. This was aimed at inter-subjective understanding of the informants and the nurse. The nurse as like a healer who had been trained in the Four Foundations of Mindfulness can not only be conscious of the healing, but the kusala-healthy factors- could also transfer energy from the healer to the patients who were in the state of unequilibrium. This unseen connection could be felt by heart of both the patients and the nurse. This would result in attitudinal change of the patients from suffering and hopeless to empowered and determined. They would also have better understanding of their lives and able to alter their behaviors and perceptions as appropriate by employing the principle of the Four Foundations of Mindfulness to self-heal themselves during their daily activities. This would eventually lead to calm and peaceful mind and provide them with way for the HIV-infected patients to live meaningfully.

Part 4: Bodies of knowledge, which extends the applications of Watson's caring theory

This research applied Watson's ten carative factors to the healing of HIV-infected patients in order to stimulate self-healing process. The result of this research had extended the Watson's ten carative factors to stimulate self-healing process of the patients as follows:

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Factor 1: Humanistic-altruistic system of value

Watson (1985) argued that the caring was based on universal value; that was the human value and value of other person's benefit. Human value consisted of kindness, sympathy, understanding, love of self and others. In this research, it had been found that the caring of the informants, each of whom has different perception of life- has responded to the infection differently. By holding on to the principle of recognizing the other persons' value, the researcher is able to understand and accept the informants as they are.

Factor 2: Instilling faith and hope

The researcher had succeeded in persuading the informants to give trust to her. This allowed them to accept in formation provided by the researcher; it also reinforced the informants to believe in their capability to achieve the goal. It also strengthened the believe about training in establishing the Four Foundations of Mindfulness as a way to change unhealthy factors (*akusala)* to healthy factors *(kusala),* which would result in ability to self-reduce suffering of the informants.

Factor 3: Sensitivity to self and others

Watson (1985) argued that sensitivity of selfwas the basis of empathy which consists of thoughts, feeling, and experiences. In the clinical operation, the researcher had found that informants were sensitive to behavior and feeling of the researcher. For example, in the last day of first phase of training, the researcher felt upset and tired. These feeling were manifested through non –verbal gesture. Some of the informants had noticed this and reflect to the researcher later that "We felt guilty to let you down. From now on, we would be more serious." In addition, the researcher's equal treatment of all informants was also important. The researcher must find each one's talent and recognized it openly. Opportunity for them to display their talent must also be provided. Progress must be recognized and acknowledged openly, which will reinforce the participant's will to practice Dhamma.

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Factor 4: Helping-trusting human care relationship

In this research, almost all of the informants had low self-respect before the training. They felt hurt, they were not wanted by their parents; no one understood them. Thus the researcher deliberately built relationship and cared with them. This help to increase the informants' self-esteem as there was someone who recognizes their value as human being. They could express their problems , secrets, and incomforts to the researcher who always listened attentively and had a willing to help in every aspect possible. All of the questions would be answer mindfully.

Factor 5: Expressing positive and negative

Each of the informants had their own sufferings. Each of them had different way of dealing with it. Some displayed aggressive behavior, others hurt themselves. The researcher listened to them carefully and attentively without displaying any sign of annoyance. After they had expressed their problems, the researcher provided them with emotional support to strengthen their will to live.

Factor 6: Creative problem-solving caring process

Through out the period of gathering information and training, the researcher had faced various difficulties and obstacles due to uncontrollable external factors such as during the training one of the HIV patient who was not in the research group pass away, the informants must took turn to clean up the body and prepared for the funeral. The researcher had to coordinate with the trainers to consult about readjustment of training schedule. However, due to prior experience in community work of the researcher, this problems were solved without significant difficulties.

Factor 7: Transpersonal teaching-learning

Healer and the serviced were both teacher and students (Watson, 1985). This would stresses on promoting the serviced person to realize about their responsibility to take control of their health; thus instead of simply giving information, the serviced person must also searched for the meaning of the situation of himself/herself. The

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learning and teaching of this research were based on the theory of self-efficacy development (Fafael, 2000: 39). In the first phase of training, the researcher employed observational learning method which was a part of intellectual social learning theory's Bandura (Bandura, 1989). This was because the researcher shared the same believed with Bandura that most of our learning was achieved through observation of the role model which consisted of four processes: 1) attention process, 2) retention process, 3) production process, and 4) motivation process. The researcher requested all of the informants to observe the trainer during the demonstration of paying respect to an image of the Buddha, walking and sitting meditation. Then all of them must imitated the trainer's actions slowly in order to memorize each action which could later be drawn upon to when performing the action again.

In the first time of visit, the researcher applied the concept of self-efficacy (Bandura, 1989) to the informants. This was because the researcher believed that if the informants realized about their ability, they would be successful in the activities. The factors that were related to self-efficacy are 1) mastery of experience, 2) modeling, 3) verbal persuasion, and emotional arousal.

Factor 8, 9, and 10

The factors that were related to the research are 1) supporting and remedialling of spiritual surroundings, 2) spiritual responding, 3) and the reinforcement of spiritual will to live. The researcher believed that these are sensitive factors. The healer must practiced these factors constantly in order to evaluate spiritual needs of the informants and readjust surroundings to be conducive to spiritual development so as to liberate them from suffering and into well-being. The researcher's practice of the Four Foundations of Mindfulness and study of the Higher Doctrine *(Abhidhamma)*- the elements that exist in nature- such as the Low of Conditionality *(Idappaccayata),* the Dependent Origination *(Paticcasamuppada)* had increased the researcher's understanding of life, its changes, and the ultimate goal in life in Buddhist believe. The practice of self-awareness helped to recognize the impact of external stimulus upon all sensory organs; this would help the practitioner to be able to be in control of his/her mind and thinking. It would also increase willingness to do good karma. The

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researcher was able to provide this information to the informants because the researcher had practice it herself and had direct experience about it.

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CHAPTER VI

CONCLUSION AND RECOMMENDATIONS

The conclusion of this study is presented in two parts as follows: summary of the study, and implications and recommendations for future research.

Summary of the study

This study was an action research to develop the model of caring and establishing the Four Foundations of Mindfulness in combination to palliate suffering among HIV-infected patients. Sixteen HIV/AIDS patients who were supported at one community therapy, Nakornswan province were voluntarily participated in this study. All of them were trained for a 2 months and a 3 sessions in addition to normal supported. The first session, the subject was pre-trained of the Four Foundations of Mindfulness for 5 days and 4 nights together with two mentors at their community. They continuously practiced a second session of the Four Foundations of Mindfulness in combination with Watson's caring for month then the third session was given for month that at the same time and on the same day by themselves at the community. The actions, reactions, and reflections of the informants were recorded and were measured for suffering before and after training, and dept-interviewed on suffering and complications. The research instruments included a researcher, 2 mentors, and manual of the Four Foundations of Mindfulness, finger thermometer, sphygmomanometer, and stethoscope. The data collected from the informants was analyzed by qualitative and quantitative techniques. Qualitative analysis was described as the processes of model development, and the processes of training the Four Foundations of Mindfulness in combination with Watson's caring, the processes of self-healing, and exploring the promoting and inhibit factors of the self-healing processes. The quantitative data was analyzed by quantitative statistics and reported as frequencies, number, and percent.

The study was implemented in January 2002 to August 2002 at one community therapy, Nakornswan province. Informants were 12 men and 4 women, had

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primary education, were Buddhist, ranging in age from 20-41 years old, almost were single, and no occupation. The current sources of income (while living in the community therapy) showed that 5 cases had supported by cousin sometimes and 5 cases had no income. They were living with HIV/AIDS in the period of 1 year to 11 years. The majority of them was symptomatic HIV/AIDS patients and told the result of blood tested to their family. Most of them never had experienced to the Dhamma practice.

Qualitative results

A preliminary study had been investigated through focusing group, in-depth interviewing, participatory observation, and physical examination; it had been shown that all of the informants had physical, mental, and spiritual sufferings.

Suffering prior receiving of Dhamma and caring: Most of the informants reported that the way of alleviating sufferings by using drugs and alcohol. Ten out of sixteen informants were drugs addiction. One of them used drugs, drank, and smoked, but also involved in gambling and promiscuity. Two of the informants appreciated to make a quarrel to the spouse to reduce their suffering every day. Only one of the participant who was infected 11 years ago, had a process of reducing suffering in a daily life without drugs used and was not involved in the high risk activities.

Analyses of the processes of training in establishing the Four Foundations of Mindfulness in combination with Watson's Caring to relieve physical, mental, and spiritual suffering among 16 HIV/AIDS patients were divided into two parts: 1) Processes to relieve suffering that were measured by the quantitative data; 2) Process to relieve suffering that were measured by the qualitative data.

Processes of quantitative data analyses

The process to relieve the suffering of physical and mental among informants were evaluated by a quantitative technique. The researcher measured the body weight and the physical complications as follows:

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1. The physical suffering: The process of relieving of the physical suffering in the informants were evaluated by measuring the body weight and examining the physical complications as follows:

1.1 The researcher measured body weight of the informants before launching the project at the first month, second, third, forth, fifth, and sixth month. The results showed that at the ended of training, 11 cases of informants had an increase in body weight about 0.8-5 kilograms when compared to the prior and the rest of 5 cases had an decrease in body weight at 1-2 kilograms.

1.2 The researcher evaluated the relieving of the physical suffering by physical complications assessment the informants before launching the project at the 1^{st} , 2^{nd} , 3^{rd} , 4^{th} , 5^{th} , and 6^{th} month. The results revealed that the physical complications which was reported before the project launching was gradually decreased until disappeared, such as, skin rashes, respiratory symptoms, and oral and throat problems. The symptoms was shown in a short period about 1 week and was disappeared when they had continually practiced such as diarrhea over 3 times per day, abscess, toothache, vaginal candidiasis, and vaginal bleeding. Only one case had persistence symptoms of coughing, tired, got fever, and berri berri.

2. The mental suffering

The researcher evaluated the relieving of the mental suffering both quantitative and qualitative data

2.1 The researcher had measured the finger temperature, assessed quantitative data of the healthy-unhealthy factors scores, in-depth interviewed, and the informants' diary recorded by qualitative data. The relieving of the mental suffering was evaluated from the participant's finger temperature, healthy and unhealthy scores. After training the Four Foundations of Mindfulness in combination with caring, finger temperatures, and healthy and unhealthy scores before and after meditation at the first, second, and third session were compared. The results revealed that after training the informants had increased in finger temperature than before the training. The participant's finger temperature showed that there was an individual different, the participant who was regularly meditative practiced had gradually increased in finger temperature while somebody who had sometimes

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meditative practiced or incomplete participated had a small increased in finger temperature.

The healthy-unhealthy factor scores measured the relieving of mental suffering after training. The result showed that after training the informants had the healthy factor scores higher than before training.

Process to relieve suffering that measured by qualitative techniques

This study evaluated the process of relieve suffering data that was measured by qualitative techniques, such as, in-depth interviewing, participatory observation, and the informants' daily recording. This process was a whole of the relieve suffering which could not separated. The process was divided into four cycles: (1) from the sufferings of life and hopefulness to vitality and merit; (2) life understanding from self realization leading to behavioral changes; (3) initiation of self-healing and discovering a candle of light; and (4) from the peacefulness leading to discovery of the happiness in a human life and being with the Dhamma healing.

Cycle 1:

The caring strategies composed of building relationship and kindness with the informants, opportunity for expression, increasing will and hope through faith building, providing information in order to increase understanding, self awareness while caring, and reflection.

Strategies for training in establishing the Four Foundations of Mindfulness were mental preparation, walking meditation, sitting meditation, being at present with sensing things as they were, exercising with self-awareness, and teaching by demonstration.

Results of the cycle 1: From suffering life and hopelessness to vitality and merit

Before training in establishing the Four Foundations of Mindfulness in combination with Watson's caring, every participant had physical, mental, and spiritual sufferings. After a 5 days 4 nights of the training, it had been founded that there were positive changes: (1) from fear of death to hopeful living; (2) from stress to comfortable, calm, and able to concentrate; (3) from anger to forgiveness and

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awareness of oneself and others; (4) from mistrust of stranger to trustful; and (5) from disbelieve to confidence in Dhamma and then practice until discovery the good way of life.

1. From fear of death to hopeful living: Before the training, some of the informants felt hopeless about their lives because they had seen the deaths of their friends; they were repeated events had led them to fear of death. After practicing meditation, they had changed their perceptions from fearful to understanding and hopeful livings. They wanted to continue practicing meditation.

2. From stress became comfortable, calm, and able to concentrate: Based on the observation carried out by the researcher, the practice of mindfulness, which began from different activities. Someone felt that walking meditation helped him to concentrate and his mind stopped wandering; someone was impressed with some of the exercise that he could sense about his concentration mind etc.

3. From anger to forgiveness and awareness of oneself and others: All of activities during training helped to change the informants' attitude from being aggressive to forgiving and better understanding of oneself and others. Meditation, chanting, and radiation of loving-kindness for oneself and other living beings help them to realize about others who were also suffering and reduce their anger.

4. From mistrust of stranger to trustful: Someone told the researcher that he used to be scary of the stranger because he had ashamed about his weakness. However, after training, he told the researcher that he trusted the researcher.

5 from disbelieve to confidence in Dhamma and then practice until discovery the good way of life.

Supporting factors: There were several supporting factors that helped the informants to cultivate the proper meditation and self-awareness. These factors composed of successful learning method, faith, teaching media, impression of the humbly apologize ritual, perseverance, determination, fresh air in the morning help to improve concentration, and had a background of meditation.

Obstacles: Some of the informants explained that they were some difficulties which prevented them from learning effectively such as midday heat, worries, lack of self confident, personal habit, short lunch break, and physical sickness.

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Cycle 2:

Caring strategies composed of enhancing leadership and merit practices, strengthen one's dominant point to increase one's competency, continuous exchange of information which leads to practice, listening, giving advice, and collectively searching for alternatives, improving family relationship through Dhamma, and being a good friend.

Relevant concepts applied to cycle 2 (Followed up visiting)

In the second cycle, the researcher applied self-efficacy concept (Bandura, 1989) to the informants. The four factors related to the concept of self-efficacy: The experience of mastery, the use of demonstration of modeling, the use of verbal persuasion, and emotional arousal is used to increase the perception of one's potential.

Results of the cycle 2: Life understanding from self-realization leading to behavioral changes

Daily performed of undertaking the virtue having livelihood as eighth *(Ajivatthamaka-sila)* makes the informants felt appreciated and had the better control of themselves, which increased their concentration. The radiation of loving-kindness at the eve of each meditation session deterred them from commit the sin. All of them had experienced peaceful mind at a certain stage of their practice. For example, some began to feel peaceful since paying respect to an image of the Buddha, others after the chanting. All of them had greater respects toward others' life. Better understanding among family members was also seen. When the husband followed the Dhamma principle and meditated regularly, there had been less fight in the family. The wife, thus, encouraged him to continue practicing. When each of them had learned to reflect upon their doings meaningfully until the wisdom was formed, they had chosen it to heal themselves.

Supportive factors composed of good role model, guilty feeling and wants to correct the mistake, free of pressure, change from watching television to reading Dhamma books which results in a change, meeting to collectively solved problems, and the caregiver participates in the training.

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Obstacles factors: The obstacles that had became hindrances to the success of the meditation: routine living life style, which depresses the informants' felling; hot weather; disturbances from television and children; and Physical sickness.

Cycle 3

Caring strategies composed of promotion of integrating mindfulness meditation into one's daily life, finding something to hold on to during the healing, assigning tasks according to their talents and mindfulness while working and continuous practice of reflection of members.

Strategies for the training in establishing the Four Foundations of Mindfulness have been used in the cycle 3 (Second phase of training): Undertaking the precepts *(sila),* continuous reinforcement of faith, continuous practice of mindfulness meditation through performing action, concentration, modesty *(hiri)* and discretion *(ottappa):* video about karma and giving birth, and loving-kindness, compassion: radiation of loving-kindness.

Results of the cycle 3: Initiation of self-healing and discovery a candle light

After three months of mindfulness meditation, the informants began to heal themselves and families. This was started by daily undertaking the precepts *(sila)* until it had became their habit, which prevents them from committing karma. The practice of controlling body and conversation were also another supporting factors for the improvement of meditation. They had achieved certain level of meditation mastery; their minds were calmer and relaxed; they valued meditation more highly that before. Some of them wanted their family to experience the same kind of happiness. After watching video about giving birth, they wanted to do something good for their mother. The parts of rituals that focus on asking for forgiveness stimulated them to learn to forgive. Whenever there was a difficulty, one must press on and keep doing good things. All of the above practices combined will improve the informants' physical as well as psychological conditions.

In addition to individual level improvements, there were improved their behaviors to participate to the family members as well. A family of informant

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explained that they used to feel as if they were in hell. But now they were very happy that they could finally find the guiding lights (illuminating life). Another family was drug dealer, after practicing Dhamma; they had changed their lives completely. They were no longer obsessed with sexual activities. After several phases of repeated training, the informants had deepened their understanding of Dhamma. They were able to carry out self-healing practices independently. In addition, they could also help their friends, which made them realize about the real happiness that cannot be purchased.

Supporting factors composed of the period covered was after the first visit- all informants practice by themselves to during second round of training. The supporting factors are: training process; self-practice after training; leadership of the leader; opportunity to do the job that was suitable; and believe that Dhamma practice was a good doing.

Obstacle factors: In the third cycle, all of the informants had displayed some progress. However, there were some difficulties, mostly are physical problems.

Cycle 4:

Caring strategies composed of admiration of the informants' progress and dedication to the betterment of the community; reinforcing the leader's confidence about his leadership and healing of himself and others; being a teacher who provide advice and forgiveness; and be part of the informants' lives.

Strategies for the training in establishing the Four Foundations of Mindfulness used in the cycle 4: Practicing meditation while lying; practice of mindfulness while performing daily minor movement; and forgiveness of husband and wife.

Results of the cycle 4: From the peacefulness leading to discovery of the happiness in a human life and being with the Dhamma healing

1. Appreciation of the healing as it heal internal pain:

The informants felt appreciated with caring. They perceived that someone should help them out to reduce their bad karma- a spiritual mother who provides Dhamma and healing of internal pain. She appreciated a teacher, who gave her a teaching and admonishing. The patients realized of there had mistaken and will

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forgive to everyone. From these appreciation, the informants wanted to give a miniature as a protective her.

2. From self-healing to healing of others leads mutual happiness:

Somebody explained that when he told that he was infected, he didn't know What to do. He had been day by day purposelessly. After the training, he had understood that he could practice Dhamma in any moment of his lives. When his self-healing began to show result, he had used this experience to help his friend who was in critical condition. For those who could not walk, he had given them a teach to meditate in bed until the condition was improved. Eventually, his friend was able to walk again. He was very proud of himself for giving his friend a new life.

3. Appreciation of Dhamma, desire to do karma, living valuable life with Dhamma

In addition to the appreciation toward healing, somebody also appreciated Dhamma teaching. He thought that this Dhamma training had given him the knowledge about what was right and what was wrong. He had learned useful things, which made him happy, comfortable, and calm. It was receiving Dhamma medicine to heal the incurable, even though there is no cure. At least he can spend the rest of his life doing good things and live valuable life.

Supporting factors: Appreciation of self-healing due to healing provided by the researcher; sense of ownership of the community; and initiation of collective will to do good things

Obstacle factors: All of the informants had made considerable progress. The difficulties faced in the third phase of training were mostly physical.

Recommendations

From the study about process of palliate sufferings of the HIV-infected patients through the training in establishing the Four Foundations of Mindfulness in combination with Watson's caring, the researcher would like to propose those following recommendations:

Recommendations of the application of the Buddhist Doctrine together with caring to reduce suffering of the HIV-infected patients are as follows:

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1. Recommendations for nursing education and management

Nursing education is an undergraduate level and encompasses various aspects: human, health, environment, culture, beliefs, communication, and religion. The applications of western theories, which are formed within western contexts, need to be modified to suit local context. The rapid is the progress of science and technology; the greater need for concept and philosophy of Buddhism for the society. The inclusion of such concepts and philosophy into formal curriculum is to be warranted. This is because these concepts and philosophy are based on cause-and-effect relationship and systematically blend themselves to the world. The training of the Four Foundations of Mindfulness in combination of caring should be established in the nurses curriculum and used by nurses to practice it to release stress, enhance good health, prevent suffering, and they can spread to patients and the other providers.

2. Recommendations for nursing care services

Traditional health care service system in Thailand is non-profit by nature. The major groups of health providers are doctors and nurses who directly provide care for the patients. When the socio-economic condition had changed the nation's health care system need to reform, using new technology and information technology; these new technologies enable the health care providers to respond to the demand more rapidly with higher quality. However, no matter how the socio-economic changes may be, the expectation of the serviced person toward nurses is the provision of services with kindness and dedication. Nurses are members of the society. Their set of religious beliefs may be similar to or different from the clients. But if the nurses realize about the important role of religion toward themselves and others, they can apply the concepts to result in better caring. Nurses must not overlook religious needs and believes. To provide holistic caring, nurses can set up conductive environment within which the clients can practice their religious believes as they wish. This is normal practice that every nurse should adhere to. Thus, to have quality service system, the professional consciousness of kindness and dedication should be promoted. This is a major challenge for the healthcare education providers. Only if this condition has been

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fulfilled can the image of this profession, as provider of health care provider is consistent with what the society expects

Thorough understanding of Buddhism and its application with caring will help nurses to develop their thinking method so as to be better service providers. This is based on true understanding of natural way of life and love of humanity, which will lead to dedication for others. Thus the communication about professional value of nurse will be clear through thinking, bodily action. Every operational activity of the nurse is Dhamma practice whose results are happiness and peace of mind. Nurses will be happy with their work and provide quality services willingly. They should encourage, recommended, and train the Four Foundations of Mindfulness in combination of caring to all chronic patients and their relatives.

3. Recommendation for further nursing researches

In Thailand, the researches on religious and spiritual issues are limited. This is because religious belief is personal issues and sensitive. It is difficult to convey such belief to the others whom they are not familiar with. Some of them think that religious belief cannot be proven scientifically. Thus religion and caring is still an interesting issue for the nurse educators and nurse practitioners who want to conduct qualitative as well as quantitative research. For further study, HIV/AIDS patients who were trained to practice the Four Foundations of Mindfulness in combination of caring should be monitor to evaluate the regular practice and enable them to be a leader of the practice for their group, and the building up of the Four Foundations of Mindfulness in combination of caring network by them. The measurement of the results from practice of train the Four Foundations of Mindfulness in combination of caring should be also include measuring scientific indicators, such as, stress hormones, and PNI indicators. The next study should be repeated to confirm the sustainable of model and to compare to the other groups: non-HIV/AIDS, training the Four Foundations of Mindfulness in combination of caring group, and conventional supported group. The long-term changes should also measure.

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APPENDICES

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APPENDICES

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APPENDIX G Summary of the subjects healing process

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APPENDIX A

LIST OF EXPERTS

1. คุณแม่ ดร. สิริ กรินชัย
2. พระมหาผจญ ฐิตธมโม
3. พระศรีวรญาณ วิ
4. น.พ. เทอดศักดิ์ เดชคง
5. อาจารย์ วันทิพย์ ภาธีรโรจน์

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APPENDIX B

INFORM CONSENT SHEET

คำชี้แจงเกี่ยวกับโครงการวิจัย และพิทักษ์สิทธิ์ของผู้มีส่วนในการศึกษา

สวัสดีค่ะ ดิฉันนางสาวอมาวสี อัมพันศิริรัตน์ นักศึกษาหลักสูตรสาธารณสุขศาสตรดุษฎีบัณฑิต คณะสาธารณสุขศาสตร์ มหาวิทยาลัยมหิดล กำลังศึกษาวิจัยเรื่อง “การพัฒนารูปแบบการบรรเทาทุกข์ของผู้ติดเชื้อเอชไอวี โดยวิธีการอบรมเจริญสติปัฏฐานร่วมกับการเยียวยาทางการพยาบาล” เพื่อพัฒนารูปแบบการดูแลผู้ติดเชื้อเอชไอวีที่เหมาะสม สนองความต้องการของผู้ป่วย และ สามารถบรรเทาทุกข์ได้ด้วยตนเอง

การศึกษาครั้งนี้ต้องการความร่วมมือจากท่านซึ่งเป็นผู้ให้ข้อมูล ถ้าท่านเข้าร่วมในการศึกษา ท่านจะได้รับการอบรมเจริญสติปัฏฐานร่วมกับการเยียวยาทางการพยาบาล อย่างน้อยจำนวน 2 รอบ ๆ ละ 5 วัน 4 คืน หรือมากกว่านี้ ทั้งนี้ขึ้นอยู่กับปัญหาและความต้องการของกลุ่มผู้ให้ข้อมูล และจะได้รับการสัมภาษณ์ก่อนเข้ารับการอบรม ประมาณ 3 ครั้ง และหลัง จากอบรมแต่ละรอบ การสัมภาษณ์ใช้เวลาครั้งละประมาณ 60-90 นาที การสัมภาษณ์จะเกี่ยวข้องกับความรู้สึก และ สภาวอารมณ์ ทั้งก่อนและหลังการอบรม พร้อมทั้งวิธีการเยียวยาตนเองเพื่อใช้ในการบรรเทาทุกข์ของท่าน ซึ่งจะไม่ก่อผลเสียใด ๆ ต่อท่าน นอกจากจะทำให้ท่านเสียเวลา

ในระหว่างการสัมภาษณ์ คำถามบางคำถามอาจทำให้ท่านอึดอัดหรือรู้สึกไม่สบายใจ ท่านมีอิสระเต็มที่ที่จะปฏิเสธการตอบคำถามหรือข้อความใด ๆ ที่ไม่ประสงค์จะตอบ รวมทั้งยุติการสัมภาษณ์เมื่อใดก็ได้ตามที่ท่านต้องการ หรือแม้แต่การถอนตัวออกจากการศึกษา โดยท่านจะไม่สูญเสียสิทธิประโยชน์ใด ๆ และถ้ามีปัญหาเกิดขึ้นระหว่างหรือหลังการสัมภาษณ์ เช่น ความเครียด เหนื่อยล้า ผู้ศึกษาพร้อมจะให้ความช่วยเหลือเพื่อแก้ไขปัญหาที่เกิดขึ้นจนกว่าท่านจะปลอดภัย

ในการสัมภาษณ์ ดิฉันจะขอบันทึกเทปและจดบันทึกประสบการณ์ที่ท่านเล่าให้ฟัง เทปและเอกสารบันทึกการสัมภาษณ์จะเก็บรักษาไว้เป็นความลับทั้งหมด และจะถูกทำลายเมื่อการศึกษาสิ้นสุดลง ชื่อของท่านจะไม่ปรากฏบนแบบฟอร์มใด ๆ ของการสัมภาษณ์ จะใช้ชื่อสมมติแทนชื่อท่าน

ตลอดระยะเวลาของการเข้าร่วมการศึกษาครั้งนี้ หากท่านมีข้อสงสัยใด ๆ สามารถสอบถามได้จากดิฉัน นางสาวอมาวสี อัมพันศิริรัตน์ โทรศัพท์ 02-3775269

นางสาวอมาวสี อัมพันศิริรัตน์

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APPENDIX C-1 GENERAL INFORMATION QUESTIONNAIRE

คำชี้แจง กรุณาตอบแบบสอบถามเกี่ยวกับตัวท่าน โดยเติมคำลงในช่องว่าง หรือทำเครื่องหมาย ✓ หน้าข้อความที่ตรงกับตัวท่าน

1. เพศ
2. อายุ.....ปี
3. สถานภาพสมรส
   ( ) โสด ( ) คู่
   ( ) ม่าย ( ) หย่า, แยก
4. ระดับการศึกษา
   ( ) ประถมศึกษา ( ) มัธยมศึกษา ( ) ปวช.
   ( ) ปวส. ( ) ปริญญาตรี ( ) อื่น ๆ
5. รายได้เฉลี่ยต่อเดือน.....บาท
6. แหล่งของรายได้
   ( ) ญาติส่งมาให้ ( ) ค่าจ้างจากการทำงานก่อสร้างในชุมชนบำบัด
   ( ) ค่าดูแลผู้ป่วยที่มีอาการหนัก ( ) อื่น ๆ
7. ระยะเวลาที่ทราบผลการติดเชื้อ.....ปี.....เดือน
8. ระยะของการเจ็บป่วย
   ( ) ติดเชื้อแต่ยังไม่มีอาการ
   ( ) ติดเชื้อที่มีอาการสัมพันธ์กับเอดส์
   ( ) ระยะป่วยเป็นเอดส์
9. ปัจจุบันท่านเปิดเผยผลเลือด
   ( ) ไม่เปิดเผย ( ) เปิดเผยกับบางคนในครอบครัว
   ( ) เปิดเผยกับทุกคันในครอบครัว แต่ไม่เปิดเผยต่อสาธารณะ ( ) เปิดเผยต่อสาธารณะ
10. การปฏิบัติสมาธิ
    ( ) ไม่เคยปฏิบัติ ( ) เคย แต่ไม่สม่ำเสมอ ( ) เคย สม่ำเสมอ

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APPENDIX C-2 SIGN AND SYMPTOM ASSESSMENT FORM

อาการของผู้ป่วย	ครั้งที่ 1	ครั้งที่ 2	ครั้งที่ 3
1) ระยะติดเชื้อโดยไม่มีอาการ			
- ไข้หวัด เจ็บคอ			
- อ่อนเพลีย			
- ต่อมน้ำเหลืองโต			
- ผื่นแดงไม่คัน / แผลในปาก			
2) ระยะที่มีอาการสัมพันธ์กับเอดส์			
- เชื้อราในช่องปาก			
- งูสวัด			
- อุจจาระร่วงเรื้อรัง 1 เดือน			
- โรคทางผิวหนัง เช่น มีผื่นมากกว่า 1 เดือน			
- น้ำหนักลดเกินร้อยละ 10 ของน้ำหนักตัว			
- ต่อมน้ำเหลืองนอกขาหนีบโตมากกว่า 1 ซ.ม.			
3) ระยะป่วยเป็นเอดส์			
-ไข้เป็น ๆ หาย ๆ เรื้อรังนานกว่า 1 เดือนจากวัณโรคปอด หรือปอดอักเสบ หรือเยื่อหุ้มสมองอักเสบจากเชื้อรา			
- อุจจาร่วง ถ่ายเกินวันละ 3 ครั้งติดต่อกันนานเกินสัปดาห์ เบื่ออาหาร น้ำหนักลดร่วมด้วย			
- ไอแห้ง ๆ มีไข้ต่ำ แต่หอบเหนื่อยมาก หรือไอแห้ง ๆ มีเสมหะหรือมีเลือดปนแต่ไม่เหนื่อยหอบ มีไข้สูงตอนบ่าย ๆ			
- อาการทางผิวหนัง เช่น แพ้แมลงกัด มะเร็งหลอดเลือดของผิวหนัง เป็นต้น			
- ปัญหาในช่องปากและคอ เช่น ฝ้าขาวบริเวณเพดานปาก ลิ้น กระพุ้งแก้ม ร้อนตลอดเวลาที่รับประทานอาหารรสจัด กลืนลำบาก			
- เบื่ออาหาร อ่อนเพลีย			
- คลื่นไส้ อาเจียน			
- อาการเกี่ยวกับระบบประสาท			

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APPENDIX C-3 PHYSICAL EXAMINATION FORM

อวัยวะ	ครั้งที่ 1	ครั้งที่ 2	ครั้งที่ 3
Body Weight			
Heart			
Lung			
Liver			
Abdomen			
Bowel sound			
Heart rate			
Respiratory rate			
Temperature			
Blood Pressure			
Others			

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APPENDIX C-4 HEALTHY AND UNHEALTHY ASSESSMENT FORM

คำชี้แจง ข้อความต่อไปนี้เป็นข้อความเกี่ยวกับความรู้สึก ความนึกคิดอันเป็นส่วนลึกของจิตใจ โปรดกาเครื่องหมาย ✓ ลงในช่องที่ตรงกับความรู้สึกของท่านมากที่สุด

ข้อความ	มากที่สุด	มาก	ปานกลาง	น้อย	ไม่เห็นด้วย
1. ท่านรู้สึกสดชื่น มีชีวิตชีวาพร้อมที่จะรับรู้ประสบการณ์ใหม่ ๆ ต่อไป					
2. ท่านรู้สึกง่วงเหงา หาวนอน					
3. ท่านรู้สึกจิตใจเศร้าหมอง หดหู่					
4. ท่านรู้สึกท้อแท้ สิ้นหวัง ขาดกำลังใจ					
5. ท่านมีความลังเล สงสัยว่าการปฏิบัติธรรมจะช่วยให้คลายทุกข์ได้					
6. ท่านรู้สึกไม่มีความแน่นอนในชีวิต					
7. ท่านเป็นคนขี้บ่น ขี้โมโห ชอบเอาแต่ใจตัวเอง					
8. ท่านมีอารมณ์ขุ่นมัว รู้สึกหงุดหงิดคนรอบข้าง หรือเหตุการณ์ที่ไม่ถูกใจ					
9. ท่านรู้สึกโกรธตัวเอง ไม่น่าทำแบบนี้เลย					
10. ท่านรู้สึกโกรธคนอื่น					
11. ท่านอยากทำร้ายผู้อื่นให้เป็นเหมือนตัวท่าน					
12. ท่านใจลอย นึกถึงอดีต					
13. ท่านคิดมาก สับสน ว้าวุ่น เครียด					
14. ท่านรู้สึกฟุ้งซ่าน ไม่มีความสงบ					
15. ท่านกังวลใจกับสิ่งที่จะเกิดขึ้นในอนาคต					
16. ท่านรู้สึกจิตใจสงบเย็น					
17. ท่านรู้สึกเป็นสุข โล่ง เบาสบาย ไม่อึดอัด					
18. ท่านรู้สึกซาบซึ้งถึงการทำให้จิตใจบริสุทธิ์ เอิบอิ่มใจ จิตเบิกบาน					

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APPENDIX C-5 FINGER TEMPERATURE ASSESSEMENT FORM

ว.ด.ป.	เวลา	อุณหภูมิห้อง	อุณหภูมิปลายนิ้ว		อาการที่สังเกตพบ	ความรู้สึกที่เกิดขึ้น
			ก่อนสมาธิ	ขณะปฏิบัติสมาธิ		

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APPENDIX D-1

INTERVIEW GUIDELINE FOR IN-DEPTH INTERVIEW

แนวสัมภาษณ์เจาะลึกเกี่ยวกับจิตวิญญาณก่อนและหลังการอบรมเจริญสติปัฏฐานร่วมกับการเยียวยาทางการพยาบาล

1. ความหมายและเป้าหมายในชีวิต (Meaning and purpose) เป็นการประเมินความสามารถของผู้ให้ข้อมูลในการแสวงหาความหมาย และความสมบูรณ์ในชีวิต ความหวัง และการยอมรับความไม่แน่นอนที่อาจจะเกิดขึ้น
   1.1 คุณมีเป้าหมายเกี่ยวกับชีวิตอย่างไรบ้าง
   1.2 การเจ็บป่วยของคุณรบกวนเป้าหมายชีวิตหรือไม่ อย่างไร
   1.3 คุณหวังเกี่ยวกับการบรรลุสุขภาพที่ดีกว่าของคุณอย่างไร
   1.4 อะไรที่สำคัญที่สุดหรือสิ่งที่เป็นพลังในชีวิตคุณ
2. ความเข้มแข็งภายใน (Inner strengths) เป็นการประเมินเข้มแข็ง และความสามารถของผู้ให้ข้อมูลในการนำศักยภาพมาใช้ให้เกิดประโยชน์กับตัวเอง และผู้อื่น
   2.1 อะไรทำให้คุณมีความสุข และสงบในชีวิต
   2.2 ลักษณะอะไรที่คุณชอบเกี่ยวกับตัวคุณ และคุณได้นำมาใช้ให้เกิดประโยชน์ต่อตัวเองและผู้อื่นอย่างไร
   2.3 ความเข้มแข็งส่วนบุคคลของคุณคืออะไร
3. การติดต่อเชื่อมโยงกับผู้อื่น (Inner connections) เป็นการประเมินความสามารถในการมีปฏิสัมพันธ์กับตัวเอง เพื่อน บุคคลในครอบครัว ความรู้สึกเป็นส่วนหนึ่งของชุมชนบำบัด และความรู้สึกเป็นเจ้าของที่อยู่ในโลกรวมกับผู้อื่น
   3.1 คุณพอใจกับการดำรงชีวิตขณะนี้หรือไม่ อย่างไร
   3.2 คุณได้มีโอกาสสะท้อนคิด ใคร่ครวญสิ่งต่าง ๆ ที่คุณกระทำไปแล้วในแต่ละวัน
   3.3 คุณสามารถให้อภัยตัวเอง และให้อภัยผู้อื่นได้หรือไม่
   3.4 คุณมีโอกาสได้พูดคุย ปฏิสัมพันธ์กับเพื่อน ๆ บ้างหรือไม่
   3.5 คุณมีโอกาสติดต่อสื่อสารกับบุคคลในครอบครัว และบุคคลสำคัญในชีวิตคุณบ้างหรือไม่
   3.6 คุณได้มีส่วนร่วมในการทำกิจกรรมต่าง ๆ ของชุมชนบำบัดบ้างหรือไม่
   3.7 คุณได้รับประโยชน์อะไรบ้างจากการอบรมปฏิบัติธรรมครั้งนี้
   3.10 หลังการปฏิบัติธรรมแล้ว คุณจะนำหลักคำสอนของพระพุทธศาสนาไปใช้อย่างไร

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APPENDIX D-2
INTERVIEW GUIDELINE FOR PRINCIPLE OF NATURE (SABAVADHAMA)' S EVALUATION

แนวทางการรายงานในการสอบอารมณ์กับวิปัสสนาจารย์

ผู้ปฏิบัติธรรมควรบรรยายถึงสภาวะต่าง ๆ ให้วิปัสสนาจารย์ทราบ

ขณะนั่งสมาธิ

1. รู้สึกถึงอาการพอง ยุบ ของหน้าท้องได้หรือไม่
2. อาการพอง ยุบ แตกต่างกันอย่างไร
3. ขณะนั่งสมาธิมีความรู้สึก ความคิดอะไรเกิดขึ้นบ้าง กำหนดอย่างไร
4. ขณะนั่งสมาธิมีอาการอะไรเกิดขึ้นบ้าง กำหนดอย่างไร
5. ขณะนั่งสมาธิหากมีเสียงรบกวน หรือมีกลิ่นต่าง ๆ เข้ามา กำหนดอย่างไร

ขณะเดินจงกรม

1. ขณะยก ย่างเท้า สามารถกำหนดความรู้สึกตามการเคลื่อนไหวของเท้าได้ไหม
2. ขณะเดินจงกรมมีความคิด ความรู้สึกอะไรเกิดขึ้นบ้าง กำหนดอย่างไร
3. ขณะเดินในท่าเตรียม มีความรู้สึกเย็น ร้อน อ่อน แข็งอย่างไร

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APPENDIX D-2

INTERVIEW GUIDELINE FOR EVALUATION

แบบสัมภาษณ์ความรู้สึกขณะอบรมเจริญสติปัฏฐาน และหลังอบรม

1. ความรู้สึกหลังดูวิดีโอ เรื่องพระในบ้าน และพิธีขอขมากรรม
   1.1 รู้สึกอย่างไรกับพ่อแม่ หรือผู้ปกครอง เมื่อเทียบกับก่อนอบรมเป็นความรู้สึกที่เหมือนหรือแตกต่างกันอย่างไร
   1.2 อยากทำอะไรให้กับพ่อแม่บ้าง
2. ความรู้สึกหลังเข้าร่วมพิธีขอขมากรรม
   2.1 รู้สึกอย่างไรบ้าง
   2.2 อยากให้อภัยกับใครบ้าง
3. ความรู้สึกในวันสุดท้ายเมื่อสิ้นสุดการอบรมแต่ละรอบ
   3.1 รู้สึกอย่างไรบ้างต่อการอบรม
   3.2 การอบรมทำให้ท่านเปลี่ยนแปลงอะไรบ้าง
   3.3 อยากทำอะไรต่อไปกับชีวิต
4. ขณะไปติดตามเยี่ยม
   4.1 กิจกรรมต่างๆ เช่น การสวดมนต์ สมาทานศีล การนั่งสมาธิ เดินจงกรม แผ่เมตตา ท่านสามารถปฏิบัติได้หรือไม่ มีอุปสรรคอะไรบ้าง
   4.2 กิจกรรมต่าง ๆ ที่ปฏิบัติทั้งหมด ท่านรู้สึกชอบกิจกรรมใดมากที่สุด เพราะเหตุใด
   4.3 การปฏิบัติธรรมทำให้ท่านเปลี่ยนแปลงอะไรบ้าง
   4.4 ท่านนำกิจกรรมการปฏิบัติธรรมมาสอดแทรกเข้าเป็นส่วนหนึ่งของชีวิตประจำวันอย่างไรบ้าง
   4.5 การเจริญสติในอิริยาบถย่อย ๆ ท่านสามารถทำได้หรือไม่ รู้สึกอย่างไรบ้าง
   4.6 ในแต่ละวันสภาวะจิตของท่านเป็นอย่างไรบ้าง เมื่อมีอกุศลจิตเกิดขึ้นท่านรู้สึกอย่างไรและทำอย่างไรเพื่อให้อาการเหล่านั้นหายไป

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APPENDIX E THE TRAINING IN ESTABLISHING THE FOUR FOUNDATIONS OF MINDFULNESS PROGRAM

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The first phase of training in establishing the Four Foundations of Mindfulness (5days, 4 nights)

Day	Objectives	Time	Activities
1	1.the precepts eliminate crude defilement result to calm and concentration quickly, 2. to understand and confidence in the principle of four foundations of mindfulness, 3. attentive awareness in the positions (standing, walking, sitting, and eating)	9.00-1.00 a.m. 11.00 a.m.- 1.00 p.m. 1.00-2.30p.m. 2.30-3.00 p.m. 3.00-3.15 p.m. 3.15-4.00 p.m. 4.00-6.00 p.m. 6.00-7.00 p.m. 7.00-8.00 p.m.	- Orientation on the discipline of Training in Establishing the four Foundations of Mindfulness - Demonstration on the method of bowing or *kraap* - Chanted the refuges in the "Triple Gem" of *Buddha, Dhamma*, and *Sangha* and receive the precepts of virtue having livelihood as eighth Concept: The precepts cultivate crude defilement result to calm and concentration quickly. - Have lunch and rest - Explain concepts of the four Foundations of Mindfulness Concept: The presence is very important, we should understand our life from moment to moment. All realities fall away very rapidly, they cannot come back anymore. Life is only one moment of experiencing an object and then it is gone, forever. If we cling to any moment there is ignorance. - Demonstrate methods of sitting and the first step of walking meditation and then practice together - Drink a cup of juice with mindfulness - Explain concept of Buddhism (good conduct, not sin, luminous mind) Concept: Health in Buddhist perspective is relates to merit, good conduct leads to physical and mental health. - Rest - Sitting meditation and first step of walking meditation - Perform evening chanting, blessing for oneself and others Concept: Chanting result to momentary concentration, keep the precepts and confidence in the "Triple Gem". The blessing lead to not anger, love, and loving-kindness for self and others.

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The first phase of training in establishing the Four Foundations of Mindfulness (5days, 4 nights) (Continued)

Day	Objectives	Time	Activities
2	1. to cultivates and continuous keeps the precepts, confidence, mindfulness and concentration, 2. can be direct understanding of a mental phenomenon as only a reality and of a physical phenomenon as only a reality, can be realized as different types of realities (*Udayabbayanana:* knowledge of contemplation on rise and fall), 3. has wisdom from hearing or reading *(suta-maya-panna),*	5.00-6.00 a.m. 6.00-7.30 a.m. 7.30-9.00 a.m. 9.00-10.00 a.m. 10.00-11.00 a.m. 11.00 a.m.-1.30 p.m. 1.30-2.30 p.m. 3.00-5.00 p.m. 5.00-6.30 p.m. 6.30-7.30 p.m. 7.30-8.30 p.m. 8.30-9.30 p.m.	- Activities for daily life - " Sun Do Breathing Meditation" it starts with of 20 minutes of breathing exercises for warming, 30 minutes of the first and second step of the walking meditation, and then continues with 30 minutes of sitting meditation and blessing for oneself and others. - Have morning meal with mindfulness - Perform morning chanting: Consider to *Sankhara* (บทพิจารณาสังขาร โอวาทปาติโมกขคาถา อะภินหะปัจจะเวกขณะ) Concept: Birth, aging, illness, and death are phenomena which everyone face certainly - Walking and sitting meditation, blessing - Have lunch and rest - Walking, sitting meditation, and blessing - Evaluation - Rest - Walking, sitting meditation, and blessing - Dhamma discussion " To make merit in daily life" Concept: Everyone can make good method of merits in daily life - Perform evening chanting

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The first phase of training in establishing the Four Foundations of Mindfulness (5days, 4 nights) (Continued)

Day	Objectives	Time	Activities
3	1. to cultivates and continuous keeps the precepts, confidence, and mindfulness and then change from momentary to middle concentration , 2. to cultivates modesty *(hiri),* discretion (*ottappa*), and loving-kindness , 3. make an effort of Dhamma practice, 4. understanding to reality which arises because of its appropriate conditions, nobody can make any reality arise at will (*Bhanganana:* knowledge of contemplation on dissolution)	5.00-6.00 a.m. 6.00-7.30 a.m. 7.30-9.00 a.m. 9.00-10.00 a.m. 10.00-11.00 a.m. 11.00 a.m.-1.30 p.m. 1.30-2.30 a.m. 2.30-3.00 p.m. 3.00-5.00 p.m. 5.00-6.30 p.m. 6.30-7.30 p.m. 7.30-8.30 p.m. 8.30-9.00 p.m.	- Activities for daily life - " Sun Do Breathing Meditation" it starts with of 20 minutes of breathing exercises for warming, 30 minutes of the first, second, and third step of the walking meditation, and then continues with 30 minutes of sitting meditation and blessing for oneself and others. - Have breakfast - Perform morning chanting - the first, second, and third step of the walking meditation, sitting meditation and blessing - Have lunch and rest - the first, second, and third step of the walking meditation, sitting meditation and blessing - Drink a cup of juice with mindfulness - Evaluation - Rest - the first, second, and third step of the walking meditation, sitting meditation and blessing - Dhamma discussion "The Law of action *(karma)* Concept: All of action result to an actor in future, believe in the Law of action lead to the person have modesty and discretion. Everyone's health depend on their action (karma), hence we should responsibility in our self and social. - Chanting and blessing

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The first phase of training in establishing the Four Foundations of Mindfulness (5days, 4 nights) (Continued)

Day	Objectives	Time	Activities
4	1. to conscience-smitten (*Bhyanana*: knowledge of the appearance as terror), may be has rapture, 2. To calm down, gradually luminous mind, modesty, discretion, loving-kindness, and compassion	5.00-6.00 a.m. 6.00-7.30 a.m. 7.30-9.00 a.m. 9.00-10.00 a.m. 10.00-11.00 a.m. 11.00 a.m.-1.30 p.m. 1.30-2.30 a.m. 2.30-3.00 p.m. 3.00-5.00 p.m. 5.00-6.30 p.m. 6.30-7.30 p.m. 7.30-8.30 p.m. 8.30-9.00 p.m.	- Activities for daily life - " Sun Do Breathing Meditation" it starts with of 20 minutes of breathing exercises for warming, 30 minutes of the first, second, third, and forth step of the walking meditation, and then continues with 30 minutes of sitting meditation and blessing for oneself and others. - Have breakfast - Perform morning chanting - the first, second, third, and forth step of the walking meditation, sitting meditation and blessing - Have lunch and rest - the first, second, third, and forth step of the walking meditation, sitting meditation and blessing - Drink a cup of juice with mindfulness - Evaluation - Rest - the first, second, third, and forth step of the walking meditation, sitting meditation and blessing - Dhamma discussion "Phra Nai Bun" (the kindness of parent) - The humbly apologize ritual Concept: Gratefulness to parent is the growth of mind, gradually luminous and requires an obligation - Chanting and blessing

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The first phase of training in establishing the Four Foundations of Mindfulness (5days, 4 nights) (Continued)

Day	Objectives	Time	Activities
5	1. awareness of one reality which appears there can be direct understanding of it and thus understanding can grow, 2. has good awareness, peace of mind which reflect the peace of body and mind result from the disappearing of clinging *(passadhi),* the lightness of mind *(lahuta),* and the tenderness of the mind *(muduta),* 3. to stop the five hindrances *(nivarana)*	5.00-6.00 a.m. 6.00-7.30 a.m. 7.30-9.00 a.m. 9.00-10.00 a.m. 10.00-11.00 a.m. 11.00 a.m.-1.30 p.m. 1.30-2.30 a.m. 2.30-3.00 p.m. 3.00-5.00 p.m.	- Activities for daily life - " Sun Do Breathing Meditation" it starts with of 20 minutes of breathing exercises for warming, 30 minutes of the first, second, third, forth, and fifth step of the walking meditation, and then continues with 30 minutes of sitting meditation and blessing for oneself and others. - Have breakfast - Perform morning chanting - Dhamma discussion "Five aggregates" Concept: The Five Aggregates *(khandha),* in reality, is only one aggregate, composed of five factors: Form, feeling, perception, conception, and consciousness. Everything is impermanent and non-self, its arise when contact occurs with one of the six sense organs, and then it falls away, it is completely gone. If we cling lead to suffering. - Have lunch and rest - the first, second, third, forth, and fifth step of the walking meditation, sitting meditation and blessing - Drink a cup of juice with mindfulness - Evaluation

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The second phase of training in establishing the Four Foundations of Mindfulness (7days, 6 nights) (Continued)

Day	Objectives	Time	Activities
6	- to cultivates wisdom from realization *(bhavana-maya-panna)*	5.00-6.00 a.m. 6.00-7.30 a.m. 7.30-9.00 a.m. 9.00-10.00 a.m. 10.00-11.00 a.m. 11.00 a.m.-1.30 p.m. 1.30-2.30 a.m. 2.30-3.00 p.m. 3.00-5.00 p.m. 5.00-6.30 p.m. 6.30-7.30 p.m. 7.30-8.30 p.m. 8.30-9.00 p.m.	- Activities for daily life - " Sun Do Breathing Meditation" it starts with of 20 minutes of breathing exercises for warming, 30 minutes of the first to sixth step of the walking meditation, and then continues with 30 minutes of sitting meditation and blessing for oneself and others. - Have breakfast - Perform morning chanting - Dhamma discussion: The Noble Eight-fold Path Concept: The Training in Establishing the four Foundations of Mindfulness is very importance of insight meditation or *Vipassana Kammatthana* result to complete The Noble Eight-fold Path, it's the middle way of life which the way of relieve suffering or absolute suffering. - Have lunch and rest - the first to sixth step of the walking meditation, sitting meditation and blessing - Drink a cup of juice with mindfulness - Evaluation - Rest - the first to sixth step of the walking meditation, sitting meditation and blessing - Dhamma discussion: The Noble Eight-fold Path (continued) - Chanting and blessing

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The second phase of training in establishing the Four Foundations of Mindfulness (7days, 6 nights) (Continued)

Day	Objectives	Time	Activities
7	- to cultivates wisdom from realization *(bhavana-maya-panna)*	5.00-6.00 a.m. 6.00-7.30 a.m. 7.30-9.00 a.m. 9.00-10.00 a.m. 10.00-11.00 a.m. 11.00 a.m.-1.30 p.m. 1.30-2.30 a.m. 2.30-3.00 p.m. 3.00-5.00 p.m.	- Activities for daily life - " Sun Do Breathing Meditation" it starts with of 20 minutes of breathing exercises for warming, 30 minutes of the first to sixth step of the walking meditation, and then continues with 30 minutes of sitting meditation and blessing for oneself and others. - Have breakfast - Perform morning chanting - Dhamma discussion: The Noble Eight-fold Path (Continued) Concept: The Training in Establishing the four Foundations of Mindfulness is very importance of insight meditation or *Vipassana Kammatthana* result to complete The Noble Eight-fold Path, it's the middle way of life which the way of relieve suffering or absolute suffering. - Have lunch and rest - the first to sixth step of the walking meditation, sitting meditation and blessing - Drink a cup of juice with mindfulness - Evaluation

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APPENDIX F MANUAL OF THE TRAINING IN ESTABLISHING THE FOUR FOUNDATIONS OF MINDFULNESS

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คู่มือการอบรมเจริญสติปัฏฐาน

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APPENDIX G SUMMARY OF THE INFORMANTS' HEALING PROCESS

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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล

ลำดับที่	ก่อนเข้าร่วมวิจัย	กลวิธีที่ใช้	ผลการอบรมรอบที่ 1	ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่ 1
1 อ.	ความฝันสลาย ไม่ศรัทธาพระพุทธศาสนา -ทุกข์กาย : เหนื่อยขณะทำงานหนัก ตรวจร่างกาย : ขณะพูดมีเสียงฟืด ๆ บริเวณหลอดลม ฟังปอดมีเสียง crepitation 2 ข้าง สูบบุหรี่ 10มวน/วัน BP=100/70mmHg น.น.= 51 ก.ก. HR=88 ครั้ง/นาที -ทุกข์ใจ : สงสัยเกี่ยวกับการทำสมาธิ -ทุกข์จิตวิญญาณ : ฝันสลาย ถูกปฏิเสธจากคนในครอบครัว และสังคม *วิธีการบรรเทาทุกข์ : สูบบุหรี่วันละ 10 มวน ดื่มสุรา * ความหวัง : อยากช่วยงานชุมชน ฯ ให้ดีที่สุด * แหล่งสนับสนุน : มีแม่ ลูกสาว เป็นกำลังใจ	<u>การเยียวยาทางการพยาบาล</u> - สะท้อนวิธีการบรรเทาทุกข์ร่วมกัน - ชื่นชมในความสามารถที่ได้ทำผลงานให้ชุมชน ฯ - ให้กำลังใจ ยกประเด็นที่มีแม่เข้าใจ นับว่าโชคดีกว่าคนอื่น ๆ - แนะนำการดูแลทางเดินหายใจ เช่น การบริหารลมปราณ - อธิบายการทำสมาธิวิธีต่าง ๆ ตามที่ซักถาม <u>สติปัฏฐาน</u>: สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา -จัดรูปแบบกิจกรรมเพื่อสร้างความศรัทธา สติ หริโอตตัปปะ	จากไม่ศรัทธา สู่การปฏิบัติ จนพบแสงสว่างนำทางชีวิต วันที่1: เริ่มศรัทธา วันที่ 2 : กำหนดสติได้ตั้งแต่ตื่นนอน จากกราบพระโดยไร้เป้าหมาย สู่อารมณ์กรรมฐาน วันที่ 3: เดินลมเจ็ดฐานทำให้หายทุกข์กาย การปล่อยวางเป็นหนทางแห่งการพ้นทุกข์ บุคลิกภาพเปลี่ยนไป : เดินช้า ๆ อ่อนโยนลง วันที่ 4 : นั่งสมาธิได้นานขึ้น ดัดแปรงคำอธิษฐาน วันที่ 5: เข้าสมาธิได้เร็ว เหมือนพบแสงสว่างนำทางชีวิต วันที่ 6: รู้สึกปอดขยายออก เบา สบาย ผ่อนคลาย	♣ ไม่พูดถึงความทุกข์อีกเลย แต่ยังสูบบุหรี่ 5-6 มวน / วัน เล่าถึงความก้าวหน้าในการปฏิบัติธรรม และภาคภูมิใจที่ได้รับเลือกเป็นผู้นำกลุ่ม <u>การเยียวยาทางการพยาบาล</u> - ชื่นชมกับการได้รับเลือกเป็นผู้นำและความเสียสละเพื่อส่วนรวม - อธิบายข้อซักถามต่าง ๆ - รับฟัง และให้คำปรึกษาปัญหาต่าง ๆ ของกลุ่ม - เสริมความมั่นใจในการเป็นผู้นำโดยเปิดโอกาสให้นำกิจกรรมต่างๆ ผู้ให้ข้อมูล : ฝึกทำกิจกรรมทุกวันจนติดเป็นนิสัย	♥ตั้งใจทำ นำตัวเอง นำผู้อื่นเพื่อความยั่งยืนขององค์กร ค้นพบ : 1.เทคนิคการนำตัวเอง - ทำทุกวันจนก้าวหน้า กราบพระ สวดมนต์ นั่งสมาธิ แล้วแผ่เมตตา เกิดปีติหลายครั้ง 2. เทคนิคการเป็นผู้นำ - ปรับปรุงกิจกรรมเดิม เสริมกิจกรรมใหม่ - ปฏิบัติเป็นแบบอย่าง แล้วชักจูงผู้อื่น - ค่อย ๆ สอดแทรกกิจกรรมทีละน้อย ๆ ประเมินผลตัวเองและผู้อื่น

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
❣ เยียวยาตนเองและเยียวยาผู้อื่น ✿ เกิดการเปลี่ยนแปลงระดับครอบครัว ❄ เกิดการเปลี่ยนแปลงระดับกลุ่ม

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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 3
♣ไม่พูดถึงความทุกข์อีกเลย แต่เล่าถึงความสุขที่เกิดขึ้นจากการปฏิบัติธรรมและช่วยเยียวยาผู้อื่น การเยียวยาทางการพยาบาล - รับฟังอย่างสนใจ - เสริมกำลังใจในการเยียวยาตน เองและผู้อื่น - สะท้อนคิดร่วมกันถึงการเปลี่ยนแปลงทั้งร่างกาย จิตใจ จิตวิญญาณ จากการปฏิบัติธรรมจนพบกับความสุขจากภายใน - สาธิตและสาธิตกลับการวัดอุณหภูมิปลายนิ้ว ผู้ให้ข้อมูล : ฝึกทุกกิจกรรมวันละ 4-5 รอบ ฝึกเดี่ยวและกลุ่ม ประเมินผลทุกวัน	❣เยียวยาตนเองจนสัมผัสพลังธรรมชาติ พบความสุขที่แท้จริง สุขจากการให้ - ฝึกกายบริหาร เดินจงกรม นั่งสมาธิแล้วแผ่เมตตา ทำให้มีสติ สงบ สบาย การหายใจดีขึ้น ปล่อยวาง ใบหน้าใสขึ้น - การเดินลมเจ็ดฐาน ทำให้มีสติดี - ใส่ชุดขาวแล้วมีบารมี - รู้วิธีเยียวยาตนเอง จนปอดมีพลังและสัมผัสพลังธรรมชาติ พลังจากธาตุดิน - เยียวยาเพื่อนที่ป่วย จนพบความสุข - ค้นพบเทคนิคการเป็นผู้นำ : ทำเป็นแบบอย่าง อธิบายก่อนทำ พุดให้คล้อยตาม ประเมินผล - ชักชวนเพื่อนปฏิบัติ ครอบครัวเพื่อนทะเลาะกันน้อยลง	♣ไม่พูดถึงความทุกข์อีกเลย แต่เล่าถึงความก้าวหน้าในการปฏิบัติธรรม ฟังปอดไม่พบเสียงผิดปกติ แต่ยังสูบบุหรี่ 5-6 มวน / วัน การเยียวยาทางการพยาบาล -ชื่นชมในการนำตัวเอง และนำผู้อื่น - ร่วมกันหาแนวทางในการคงไว้ซึ่งกิจกรรมกลุ่มอย่างยั่งยืน - แลกเปลี่ยนประสบการณ์เกี่ยวกับสภาวธรรมที่เกิดขึ้น - เพิ่มทักษะการเป็นผู้นำ : ให้นำกลุ่มบางกิจกรรม สติปัฏฐาน: สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา - กระตุ้นการเจริญสติในอิริยาบถย่อย ผู้ให้ข้อมูล : ตั้งใจฟัง นำผู้อื่นบางกิจกรรม ซักถามข้อสงสัย	❤เยียวยาตัวเองด้วยธรรมโอสถ ตั้งปณิธานจะปฏิบัติเพื่อถวายเป็นพุทธบูชา ธรรมบูชา วันที่ 1 : อึดอัด และขัดใจ วันที่ 2: รู้สึกถึงพอง ยุบจริง ๆ วันที่ 3: รู้พอง ยุบมากขึ้น สติทันปัจจุบัน แต่ยังง่วงนอน วันที่ 4: สติทันปัจจุบัน สดชื่น เห็นคุณค่า อยากศึกตวงสาระ วันที่ 6: กำหนดสติในอิริยาบทย่อยได้มากขึ้น - สมาทานศีล จนละอายใจในการทำผิด - ตรวจสอบตัวเอง รีบแก้ไขข้อผิดพลาด - เข้าถึงกฎไตรลักษณ์ ตั้งใจปฏิบัติเพื่อถวายเป็นพุทธบูชา - สุขภาพกาย จิตดีขึ้น เหมือนได้รับธรรมโอสถ	♣ไม่พูดถึงความทุกข์อีกเลยแต่เล่าถึงวิธีการเยียวยาตัวเอง และผู้อื่น จนได้รับความสุขที่แท้จริง รู้สึกยินดีในตัวเอง แต่ยังสูบบุหรี่ 5-6มวน/วัน การเยียวยาทางการพยาบาล - ชื่นชมในคุณงามความดี - สะท้อนให้เห็นว่าเมื่อเราให้ความรัก เมตตาผู้อื่น ทำให้เกิดสุข สติปัฏฐาน : สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา - เน้นการเจริญสติในชีวิตประจำวัน ผู้ให้ข้อมูล : ประชุม เพื่อเตรียมสถานที่ และหาข้อตกลงร่วมกัน	❣เยียวยาตัวเอง และผู้อื่น จนพบความสุขที่แท้จริง ยินดีในตัวเอง - จากการปล่อยชีวิตให้พ้นไปวัน ๆ มาสู่การเยียวยาตนเอง - เยียวยาผู้อื่น : สาธิตให้สมาชิกที่เดินไม่ได้ จนเดินได้ มีชีวิตที่สดใส - ผลการเยียวยาผู้อื่น : รู้สึกยินดีในตัวเอง - ได้รู้สิ่งใหม่ ๆ มากที่สุดในชีวิต

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
❣ เยียวยาตนเองและเยียวยาผู้อื่น ✿ เกิดการเปลี่ยนแปลงระดับครอบครัว ❄ เกิดการเปลี่ยนแปลงระดับกลุ่ม

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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ลำดับที่	ก่อนเข้าร่วมวิจัย	กลวิธีที่ใช้	ผลการอบรมรอบที่ 1	ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่ 1
2 ช.		<u>การเยียวยาทางการพยาบาล</u> - ร่วมกับผู้ให้ข้อมูลจัดลำดับความสำคัญของปัญหา - เสริมจุดเด่น โดยการส่งเสริมการอ่านหนังสือธรรมะ - สร้างสัมพันธภาพเพื่อการช่วยเหลือ ไว้วางใจ - เปิดโอกาสให้แสดงออกต่อหน้าคนอื่น ๆ - ให้ข้อมูลเกี่ยวกับซิฟิลิส <u>สติปัฏฐาน</u> : สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา เน้นการสร้างศรัทธา สติ หิริ โอตตัปปะ - หลังดูวิดีโอเรื่องพระในบ้าน เปิดโอกาสให้แสดงความรู้สึก	**คิดให้อภัย ใจสงบ พบว่าพระคุณพ่อแม่ใหญ่หลวง** วันที่ 1: รู้สึกดี ไม่เครียด วันที่ 2: คิดถึงพระคุณพ่อแม่ อยากตอบแทน วันที่ 3: กังวล ปวดศีรษะ วันที่ 5: รู้สึกเฉยๆ กังวลบ้าง ปลงได้เรื่อย ๆ - จากรู้สึกพ่อแม่ไม่เข้าใจ เปลี่ยนเป็นสำนึกผิด คิดถึงพระคุณ - จากโกรธง่าย สาปแช่ง กลับมีสติ ใจเย็นลง ปลงได้ หายโกรธ - จากเกลียดมาก เปลี่ยนเป็นให้อภัย ใจสงบ - จากกลัวคนแปลกหน้า หันมาไว้วางใจ	♣ไม่พูดถึงความทุกข์อีกเลย แต่เล่าถึงการเปลี่ยนแปลงในตัวเองหลังปฏิบัติธรรม ผลการตรวจร่างกาย : มีผดผื่นสีชมพูบริเวณแขน 2 ข้าง ฟังปอดไม่พบเสียงผิดปกติ BP=100/70mmHg HR 78 ครั้ง/ นาที น.น. =50.5 กก. <u>การเยียวยาทางการพยาบาล</u> - สะท้อนให้เห็นว่าเมื่อเกิดปัญญาแล้ว สามารถแก้ปัญหาได้ด้วยตัวเอง - ให้ความเชื่อมั่นว่าผู้ให้ข้อมูลสามารถทำกิจกรรมต่างๆ ได้ - เสริมจุดเด่นอย่างต่อเนื่อง จัดหาหนังสือธรรมะมาให้อ่านเพิ่มเติม <u>ผู้ให้ข้อมูล</u> - เปลี่ยนแปลงการใช้เวลาว่างจากดูทีวี มาอ่านหนังสือธรรมะ - สวดมนต์ แผ่เมตตาร่วมกับกลุ่ม และทำคนเดียวก่อนนอนทุกคืน	ดู ฟัง อ่าน แล้วกลับมาใคร่ครวญจนเกิดปัญญา รู้ว่าธรรมะเป็นเรื่องของความจริง - การแผ่เมตตาทำให้หายโกรธ - การสวดมนต์ทำให้รู้สึกสบายใจ - การใช้เวลาว่างจากดูทีวี มาอ่านหนังสือธรรมะ ทำให้เกิดการเปลี่ยนแปลงคือ 1) ไม่ทะเลาะกับใคร 1) ทำให้มีความหวัง 1) ระลึกถึงพระคุณพ่อ แม่ - ดู ฟัง อ่าน แล้วกลับมาใคร่ครวญ จนเกิดปัญญา รู้ว่าธรรมะเป็นเรื่องของความจริง - มีสติในการพูดมากขึ้น

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
❣ เยียวยาตนเองและเยียวยาผู้อื่น ✿ เกิดการเปลี่ยนแปลงระดับครอบครัว ❄ เกิดการเปลี่ยนแปลงระดับกลุ่ม

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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 3
-ทุกข์กาย : - - ทุกข์ใจ : ยังไม่กล้าบอกความจริงกับทางบ้าน เสียใจที่ถูกเพื่อนล้อ การเยียวยาทางการพยาบาล - ส่งเสริมพฤติกรรมการเผชิญปัญหา โดย 1)รับฟังให้ระบายความทุกข์ 2) แนะนำให้คิดอย่างใคร่ครวญเพื่อทำความเข้าใจตนเอง 3)เปิดโอกาสให้แสดงออกต่อหน้าผู้อื่น 4)กระตุ้นการเจริญสติในชีวิตประจำวัน ผู้ให้ข้อมูล : อ่านหนังสือธรรมะแล้วจดบันทึกไว้อ่าน เพื่อเป็นกำลังใจ	**รู้ผิดชอบชั่วดี มีคุณค่าในตัวเอง** **เบา สบาย สดชื่น แจ่มใส มีกำลังใจ เคร่งครัดในศีล 5** **แต่ยังไม่กล้าเผชิญความจริง** - การอ่านหนังสือธรรมะทำให้รู้ผิดชอบชั่วดี ไม่ทะเลาะวิวาท - การดูแลผู้ป่วยทำให้รู้สึกตัวเองมีคุณค่า - ตอนเช้าฝึกกายบริหาร นั่งสมาธิ รู้สึกสดชื่น แจ่มใส - ตอนสายมาร่วมสมาทานศีล แผ่เมตตา นั่งสมาธิ รู้สึกเบา สบาย - ตั้งใจปฏิบัติเคร่งครัดในศีล 5	-ทุกข์กาย : - ผลการตรวจร่างกาย : มีผดผื่นบริเวณแขน 2ข้าง ฟังปอดไม่พบเสียงผิดปกติ BP=100/70mmHg HR 76 ครั้ง/ นาที น.น. =51 กก. -ทุกข์ใจ : ยังไม่กล้าเผชิญความจริง การเยียวยาทางการพยาบาล - ส่งเสริมความมั่นใจในการบอกความจริงกับทางบ้าน - ชื่นชมในการกล้าเผชิญความจริงระดับหนึ่ง คือกล้าโทรไปหาแม่ เขียนจม. ถึงพ่อ สติปัฏฐาน: สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา - เน้นการกำหนดสติในอิริยาบถย่อย เพื่อลดการฟุ้งซ่าน	♥สมาธิดีขึ้น ซาบซึ้งต่อการเยียวยา กล้าเผชิญความจริง สิ่งที่ทุกคนเปลี่ยนแปลงคือทะเลาะกันน้อยลง - นั่งสมาธิได้ดีขึ้น ฟุ้งซ่านน้อยลง สงบได้เร็วขึ้น - ซาบซึ้งต่อการเยียวยา กล้าเผชิญความจริง ❄ มีการเปลี่ยนแปลงระดับกลุ่ม : ทะเลาะกันน้อยลง รู้ผิดชอบชั่วดีมากขึ้น	-ทุกข์กาย : - ผลการตรวจร่างกาย : มีผดผื่นบริเวณแขน 2ข้าง ฟังปอดไม่พบเสียงผิดปกติ BP=100/70mmHg HR 70 ครั้ง/ นาที น.น. =52 กก. - ทุกข์ใจ : วิตกกังวลเกี่ยวกับการปรับตัวเมื่อย้ายสถานที่ และเปลี่ยนสถานภาพ การเยียวยาทางการพยาบาล - เปิดโอกาสให้ระบายความวิตกกังวล - ใช้เทคนิคการสะท้อนความรู้สึกนึกคิดต่าง ๆ -ประสานระหว่างผู้ให้ข้อมูลกับพระอาจารย์ที่จะรับไปอุปถัมภ์ สติปัฏฐาน : กระตุ้นการเจริญสติในอิริยาบถต่างๆ เพื่อลดความกังวล	♥พบกลวิธีในการสร้างกำลังใจ ซาบซึ้งในรสพระธรรม นำไปสู่การบวชพระ เพื่อตอบแทนพระคุณพ่อแม่ -พบวิธีการสร้างกำลังใจให้ตัวเอง - ซาบซึ้งในรสพระธรรม - จากการบวชเณรตามประเพณี มาสู่การบวชพระเพื่อตอบแทนพระคุณพ่อแม่

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
❣ เยียวยาตนเองและเยียวยาผู้อื่น ✿ เกิดการเปลี่ยนแปลงระดับครอบครัว ❄ เกิดการเปลี่ยนแปลงระดับกลุ่ม

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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ลำดับที่	ก่อนเข้าร่วมวิจัย	กลวิธีที่ใช้	ผลการอบรมรอบที่ 1	ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่ 1
3 น.	**รู้สึกชีวิตไร้คุณค่า** -ทุกข์กาย : รู้สึกเพลีย เนื่องจากมีไข้ ไอมาก ผลตรวจร่างกาย : ฟังปอดมีเสียง crepitation ทั้ง 2 ข้าง HR=84/นาที BP=90/60 mmHg น.น.38 กก. -ทุกข์ใจ: คับข้องใจ -ทุกข์จิตวิญญาณ: 1)รู้สึกสูญเสียคุณค่าในตัวเอง 2)รู้สึกผิด เชื่อว่าติดเชื้อจากผลกรรมในอดีต 3)รู้สึกขาดคนรักที่แท้จริง *วิธีการบรรเทาทุกข์ : สูบบุหรี่ ดื่มสุรา *แหล่งสนับสนุน : พี่สาวส่งเงินให้	<u>การเยียวยาทางการพยาบาล</u> - ร่วมกันจัดลำดับความสำคัญของปัญหา - ส่งเสริมการเข้าร่วมกิจกรรมกับผู้อื่น เพื่อลดการหมกมุ่นทะเลาะกับสามี - ส่งเสริมความรู้สึกมีคุณค่าในตนเอง โดย 1)สร้างบรรยากาศเป็นกันเอง และไว้วางใจ 2)ยอมรับพฤติกรรม และความคิด 3)คำนึงถึงความเป็นส่วนตัว ให้เกียรติ เอื้ออาทร <u>สติปัฏฐาน:</u> สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา -เน้นการมีสติอยู่กับปัจจุบัน เพื่อลดความฟุ้งซ่าน -ฝึกการแผ่เมตตาให้ตนเอง และผู้อื่น ทำให้ลดความโกรธ พยาบาท	จากหมดหวัง กลับมีพลัง ตั้งใจทำความดี - จากหมดหวังเป็นไปตามกฎแห่งกรรม กลับมีพลังอยากตอบแทนผู้มีพระคุณ - การฟังธรรม และพิธีขอขมากรรมทำให้มีสติ รู้จักขออภัย และตั้งใจทำความดี	-ทุกข์กาย : - -ทุกข์ใจ : กังวลใจเนื่องจากปิดบังพี่สาวว่ายังเป็นโสด ผลตรวจร่างกาย : ไม่มีอาการไอ ฟังปอดไม่พบเสียงผิดปกติ HR=76/นาที BP=90/60 mmHg น.น.38.2 กก. <u>การเยียวยาทางการพยาบาล</u> - สะท้อนการปฏิบัติร่วมกัน - แนะนำการเผชิญความจริงด้วยวิธีที่เหมาะสม - กระตุ้นให้เจริญสติในกิจวัตรประจำวัน เพื่อลดความฟุ้งซ่าน - เสนอแนะการใช้เวลาว่างให้เป็นประโยชน์	มีสติดีขึ้น ใจเย็นลง เลิกกังวลกับเรื่องอนาคต - จากอารมณ์ร้อน เอาแต่ใจตัวเอง กลับใจเย็นลง ควบคุมสติได้ดีขึ้น - เลิกกังวลกับเรื่องอนาคต

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 3
-ทุกข์กาย : - -ทุกข์ใจ : โกรธ น้อยใจ -ทุกข์จิตวิญญาณ : - ผลตรวจร่างกาย : ฟังปอดไม่พบเสียงผิดปกติ HR=76/นาที BP=90/60 mmHg น.น.38.2 กก. <u>การเยียวยาทางการพยาบาล</u> - ช่วยผู้ให้ข้อมูลทำความรู้จักกับตนเอง โดยสนใจและตระหนักเกี่ยวกับร่างกาย จิตใจ จิตวิญญาณตนเอง - แนะนำให้ลองปรับเปลี่ยนแนวคิดเกี่ยวกับตนเองใหม่ - แนะนำการมองโลกในแง่ดี - กระตุ้นการแผ่เมตตาอย่างสม่ำเสมอ เพื่อละคลายความโกรธ	**น้อยใจ โกรธ เรียกร้องความเห็นใจ**	♣ไม่พูดถึงความทุกข์อีกเลย แต่เล่าถึงการเปลี่ยนแปลงที่เกิดขึ้นกับตัวเอง ทั้งความคิด อารมณ์ และพฤติกรรม ผลตรวจร่างกาย : ฟังปอดไม่พบเสียงผิดปกติ HR=70/นาที BP=90/60 mmHg น.น.39 กก. <u>การเยียวยาทางการพยาบาล</u> - ชื่นชมการเปลี่ยนแปลงในทางที่ดี - สะท้อนให้เห็นว่าการเปลี่ยนที่เกิดขึ้น เกิดจากการคิดใคร่ครวญ จนเกิดปัญญาด้วยตัวเราเอง คนอื่นมาบังคับเราไม่ได้ - สะท้อนให้เห็นว่าการเจริญสติบ่อย ๆ จิตจะค่อยๆ ละคลายอกุศล กลับมีกุศลจิตเข้ามาแทนที่ เกิดความสงบจากภายใน <u>สติปัฏฐาน</u> : เน้นการขอขมากรรม ผู้มีพระคุณ เพื่อรู้จักขอโทษ และ ให้อภัย <u>ผู้ให้ข้อมูล</u> : กระตือรือร้นในการอบรม	อยากมีชีวิตอยู่ เพื่อชดใช้เวรกรรม พิธีขอขมากรรม ทำให้รู้จักคิดใคร่ครวญ - จากไม่เชื่อ แต่ลองทำตามผู้นำ ทำแล้วเกิดศรัทธา - จากคิดฆ่าตัวตาย กลายเป็นอยากอยู่เพื่อชดใช้เวรกรรม - พิธีขอขมากรรม ทำให้รู้จักขอโทษในความผิดพลาด - คิดใคร่ครวญ ทบทวนดูที่ผ่านมา อยากเปลี่ยนแปลงสีหน้า	♣ไม่พูดถึงความทุกข์อีกเลย แต่บอกถึงความตั้งใจจะปฏิบัติกิจกรรมต่างๆ อย่างจริงจัง เพราะเห็นการเปลี่ยนแปลงด้านจิตใจ ตั้งแต่อบรมรอบ 2 ผลตรวจร่างกาย : ฟังปอดไม่พบเสียงผิดปกติ HR=70/นาที BP=90/60 mmHg น.น. 39.5 กก. <u>การเยียวยาทางการพยาบาล</u> -ชื่นชมในความก้าวหน้าของการปฏิบัติธรรม และมีน้ำใจช่วยเหลืองานส่วนรวม - เปิดโอกาสให้ลองเป็นผู้นำในการสวดมนต์ เพื่อเสริมความมั่นใจ <u>สติปัฏฐาน</u> : การขอขมากรรมคู่สามี- ภรรยา	❤ซาบซึ้งต่อการเยียวยา อยากอาสาช่วยเหลือ เพื่อชีวิตใหม่ที่ดีขึ้น มอบพระไว้คุ้มครอง ปกป้องผู้เยียวยา - การขอขมากรรมนำไปสู่การเริ่มต้นชีวิตใหม่ - ยอมละกิเลสเรื่องเพศตรงข้าม เพื่อเปลี่ยนแปลงภาพพจน์ - จากไม่ศรัทธา สู่การอาสาช่วยเหลือ - ซาบซึ้งต่อการเยียวยา มอบพระช่วยคุ้มครองปกป้องผู้เยียวยา

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
❣ เยียวยาตนเองและเยียวยาผู้อื่น ✿ เกิดการเปลี่ยนแปลงระดับครอบครัว ❄ เกิดการเปลี่ยนแปลงระดับกลุ่ม

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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ลำดับที่	ก่อนเข้าร่วมวิจัย	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 1	ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่ 1
4 พ.	**คิดว่าเป็นกงกรรม กงเกวียน** -ทุกข์กาย : ปวดท้องน้อย เนื่องจากมีเชื้อราในช่องคลอด ตรวจร่างกาย: คลำท้องไม่มีอาการกดเจ็บ ฟังปอดไม่พบเสียงผิดปกติ HR=80/นาที BP=90/60 mmHg น.น. 42 กก. - ทุกข์ใจ : 1)สงสัยเกี่ยวกับเชื้อราในช่องคลอด และเรื่องคุมกำเนิด 2)น้อยใจ รู้สึกว่าสามี ที่ไม่รักลูกเลี้ยง 3)รู้สึกขัดแย้งในใจว่าควรเลี้ยงลูกเอง หรือนำไปฝากสังคมสงเคราะห์ - ทุกข์จิตวิญญาณ 1) สลดใจที่เห็นเพื่อน ๆ ตายทีละคน 2) รู้สึกผิดคิดว่าเป็นกงกรรมกงเกวียน * วิธีการบรรเทาทุกข์ : เขียนจม. บอกความกับแม่ ที่อยู่ในคุก *ความหวัง : อยากให้ลูกได้เรียนหนังสือ	<u>การเยียวยาฯ</u> - แนะนำเรื่องที่ซักถาม โดยเชิญสามีมาเข้าร่วมด้วย - ส่งเสริมสัมพันธภายในครอบครัว - ช่วยลดความรู้สึกขัดแย้งโดยการสะท้อนคิดเกี่ยวกับผลดี ผลเสียของทางเลือกแต่ละทางเลือก ก่อนตัดสินใจ - รับฟังอย่างตั้งใจขณะผู้ให้ข้อมูลเล่าความทุกข์ - สัมผัสข้อมือเบา ๆ ขณะร้องไห้เมื่อพูดถึงพ่อแม่ <u>สติปัฏฐาน</u>: สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา - เน้นการสร้างศรัทธา สติ หิริ โอตตัปปะ	จากความเครียด โกรธ กังวล กลัวตาย มาพบการจุดประกายแห่งความหวัง อยากตอบแทนผู้มีพระคุณ ซาบซึ้งถึงการเยียวยา เหมือนมีผู้ฉุดขึ้นมาจากนรก พบความสุขที่ยิ่งใหญ่ - จากเครียดมาก มาสู่ความสงบกำหนดสติได้ทันปัจจุบัน - จากคิดน้อยใจแม่ มาสู่ความซาบซึ้งถึงพระคุณ - อยากขออภัยในความผิดพลาด - จากโกรธ กังวล กลัวตาย มาพบการจุดประกายแห่งความหวัง - ซาบซึ้งถึงการเยียวยา เหมือนมีผู้ฉุดขึ้นมาจากนรก - สุข สดชื่น จากการทำบุญครั้งยิ่งใหญ่	♣ไม่พูดถึงความทุกข์อีกเลย แต่เล่าถึงความเปลี่ยนแปลงที่เกิดขึ้นจากการปฏิบัติธรรม ผลตรวจร่างกาย :ฟังปอดไม่พบเสียงผิดปกติ HR=80/นาที BP=90/60 mmHg น.น. 42.5 กก. <u>การเยียวยาทางการพยาบาล</u> - ชื่นชมในความก้าวหน้าของการปฏิบัติธรรมทั้งสามี-ภรรยา - อธิบายเพิ่มเติม และร่วมแลกเปลี่ยนประสบการณ์ - ส่งเสริมให้สอดแทรกการปฏิบัติเข้าเป็นส่วนหนึ่งของชีวิต -ใช้ลูกเป็นสื่อกลางเพื่อกระตุ้นให้ปฏิบัติให้เป็นแบบอย่างที่ดี <u>ผู้ให้ข้อมูล</u>: ชื่นชมสามีที่ฝึกฝนจนชำนาญ หน้าตาเบิกบาน	❤มีสติ รู้สึกสงบ พบความเปลี่ยนแปลงในตัวเอง หายทุกข์กาย เหมือนได้รับพลังจากธรรมชาติ - จากทุกข์ โลภ โกรธ ว้าวุ่น เปลี่ยนเป็นสติ สมาธิ สงบ สบาย ไม่วุ่นวายใจ - จากกราบพระอย่างไร้ความหมาย กลายเป็นสิ่งชอบ - เดินจงกรม ทำให้จิตสงบ พบความพร้อมเพรียง - ปฏิบัติทุกกิจกรรม ทำให้หายทุกข์กาย เหมือนได้พลังจากธรรมชาติ

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
❣ เยียวยาตนเองและเยียวยาผู้อื่น ✿ เกิดการเปลี่ยนแปลงระดับครอบครัว ❄ เกิดการเปลี่ยนแปลงระดับกลุ่ม

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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 3
♣ไม่พูดถึงความทุกข์อีกเลย แต่ได้เล่าถึงการเปลี่ยนแปลงที่เกิดขึ้นทั้งในตัวเอง ครอบครัว และชุมชนบำบัด <u>การเยียวยาทางการพยาบาล</u> - แสดงความยินดีกับครอบครัวที่สามารถปฏิบัติธรรมในชีวิตประจำวัน เป็นแบบอย่างให้กับสมาชิกอื่น ๆ - แนะนำให้เก็บความรู้สึกดี ๆ ไว้เพื่อเป็นกำลังใจ ในการสร้างความหวัง - สะท้อนให้เห็นการเปลี่ยนแปลงที่เกิดขึ้นระหว่างก่อน- หลังปฏิบัติธรรม - เสริมความมั่นใจ ให้ปฏิบัติต่อเนื่อง -จัดหาหนังสือธรรมะมาเพิ่มเติม	♥เหมือนเทพมาโปรด เป็นแสงสว่างนำทางชีวิต และครอบครัว - รู้จักจัดสรรเวลามาปฏิบัติธรรม ✿ เหมือนเทพมาโปรด เป็นแสงสว่างนำทางชีวิต และครอบครัว - จากทุกข์ใจ ว้าวุ่น กลายเป็นสงบ สบาย - การยึดเอาพระพุทธศาสนาเป็นที่พึ่ง ทำให้เข้าถึงกฎไตรลักษณ์ - บุญทำให้เกิดสุข สงบ รับรสพระธรรม ❄ ภูมิใจในผลงาน จากการรู้สึกร่วมเป็นเจ้าของชุมชน	♣ไม่พูดถึงความทุกข์อีกเลย แต่ได้เล่าถึงความก้าวหน้าในการปฏิบัติธรรม <u>การเยียวยาทางการพยาบาล</u> - สะท้อนให้เห็นความแตกต่างของสติ ก่อน และหลังอบรม หากเรากำหนดสติบ่อย ๆ สติจะไวขึ้น - ให้กำลังใจในการปฏิบัติอย่างต่อเนื่อง <u>สติปัฏฐาน</u> : สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา - ขอขมากรรมผู้มีพระคุณ	**สงบ มีสมาธิ สติไวขึ้น คิดถึงพระคุณแม่ อยากขอขมากรรมด้วยพวงมาลัย อยากให้อภัยลูก**	♣ไม่พูดถึงความทุกข์อีกเลย แต่ได้เล่าถึงการนำหลักธรรม และการเยียวยามาช่วยรักษาแผลใจ <u>การเยียวยาทางการพยาบาล</u> - ชื่นชมในความก้าวหน้าของการปฏิบัติธรรม <u>สติปัฏฐาน :</u> สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา - เพิ่มการขอขมากรรมคู่สามี- ภรรยา	**♥เหมือนเอาบุญมาให้ผู้ป่วย มาช่วยตัดกรรมให้เบาบาง เหมือนเป็นแม่ทางธรรม และการเยียวยา ที่ช่วยรักษาแผลใจ**

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง

❣ เยียวยาตนเองและเยียวยาผู้อื่น ✿ เกิดการเปลี่ยนแปลงระดับครอบครัว ❄ เกิดการเปลี่ยนแปลงระดับกลุ่ม

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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

5 อา.	**หมดหวัง อยู่ไปวัน ๆ** -ทุกข์กาย : รู้สึกเพลีย เนื่องจากถ่ายเหลวสีดำ 3 ครั้ง ผลตรวจร่างกาย : Bowel sound 15/ นาที นน 42 กก. HR= 80/min BP=100/70mmHg - ทุกข์ใจ : 1.สงสัยเกี่ยวกับอาการถ่ายเหลว และการมีเพศสัมพันธ์ 2. ไม่ผูกพันและไม่ภาคภูมิใจในตัวพ่อ -ทุกข์จิตวิญญาณ : หมดหวัง *วิธีการบรรเทาทุกข์ – เล่นการพนัน – เสพยาบ้า – ดื่มสุรา- มีผู้หญิงคนใหม่ไปเรื่อย ๆ – สูบบุหรี่วันละ 1 ซอง – อยากไปปล้น จี้เพื่อเอาเงินให้แม่ใช้หนี้ * แหล่งสนับสนุน : แม่ส่งเงินมาให้ 1,000บาท/ เดือน	<u>การเยียวยาทางการพยาบาล</u> -ให้ดื่ม ORS เพื่อทดแทนน้ำและเกลือแร่ที่เสียไป - อธิบายข้อซักถาม - ปลูกฝังการมีชีวิตอยู่ด้วยการทำความดี - รับฟัง ปัญหาอย่างตั้งใจ พร้อมทั้งให้คำปรึกษา <u>สติปัฏฐาน :</u> สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา - เน้นการบรรเทาทุกข์ ให้เกิดความสุขสงบจากภายใน โดยไม่ต้องพึ่งพายาเสพติด สิ่งเริงรมย์	สงบ จิตเป็นสมาธิ กำหนดสติทันปัจจุบัน วันที่1-2: รู้สึกว่าตั้งใจทำ วันที่ 3: ลังเล วันที่ 4-5: สงบมาก กำหนดสติทันปัจจุบัน ท่ากายบริหารทำให้จิตเป็นสมาธิ	♣ ไม่พูดถึงความทุกข์อีกเลย แต่เล่าถึงการเปลี่ยนแปลงที่เกิดขึ้นจากการปฏิบัติธรรม <u>การเยียวยาทางการพยาบาล</u> - ชื่นชมในการปฏิบัติจนมีความก้าวหน้า - สะท้อนให้เห็นถึงความเชื่อมโยงของการมีศีล ก่อให้เกิดสมาธิและปัญญา ตามลำดับ - สะท้อนให้เห็นการเกิดศรัทธา สติ หิริ โอตตัปปะ - เสริมความมั่นใจในการปฏิบัติธรรมอย่างต่อเนื่อง - เสริมจุดเด่น โดยมอบหมายงานที่ถนัดให้ทำ	รู้จักชีวิต จากการคิดใคร่ครวญจนเกิดปัญญา รู้ได้ด้วยตัวเอง - มีสติดีขึ้น นิ่งขึ้น มีสมาธิอยู่กับงาน - จากแม่บังคับให้อ่านหนังสือธรรมะ สู่การแสวงหาอ่านเอง - รู้จักชีวิตจากการคิดใคร่ครวญจนเกิดปัญญา รู้ได้ด้วยตัวเอง - จากการอยากรู้อยากเห็น สู่การปล่อยวาง - จากการท่องศีล สู่การสำรวมวาจา กาย ละอายต่อบาป

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
❣ เยียวยาตนเองและเยียวยาผู้อื่น ✿ เกิดการเปลี่ยนแปลงระดับครอบครัว ❄ เกิดการเปลี่ยนแปลงระดับกลุ่ม

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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 3
-ทุกข์กาย : ครั่นเนื้อ ครั่นตัว เนื่องจากมีไข้สูง -ทุกข์ใจ : รู้สึกโกรธเพื่อนมาก <u>การเยียวยาทางการพยาบาล</u> - บรรเทาอาการไม่สุขสบายจากไข้สูง - แนะนำให้กลับย้อนดูตัวเองว่าเพราะอะไรจึงโกรธ - มอบหมายงานที่ถนัดให้ทำ เพื่อได้แสดงศักยภาพ แนะนำเจริญสติขณะทำงาน - แนะนำการสวดมนต์ แผ่เมตตาทุกวัน จิตค่อยๆ ละคลายความโกรธ เป็นความเมตตา <u>ผู้ให้ข้อมูล</u> : ตั้งใจปฏิบัติทุกวัน เพื่อดูความก้าวหน้า	จากโกรธมาก กลับมาแผ่เมตตา ไม่มีเวลาคิดฟุ้งซ่าน จิตตั้งมั่นกับการงาน - จากโกรธมาก แต่ไม่ทะเลาะวิวาท กลับมาแผ่เมตตา - สวดมนต์เป็นประจำ ทำให้ออกเสียงควบกล้ำได้ชัด - ไม่มีเวลาคิดฟุ้งซ่าน ทำให้จิตจดจ่อกับการงาน - ขณะนั่งสมาธิพยายามฝึกสติให้ทันปัจจุบัน - แม้กายไม่สบาย แต่ตั้งใจปฏิบัติจริงจัง เพื่อสู้กับภัยของสังขาร	-ทุกข์กาย : ไม่สุขสบายจากมีไข้สูง T=39.5 C ผลตรวจร่างกาย : ฟังปอดไม่พบเสียงผิดปกติ BP=90/60 mmHg HR=98/min นน.42 กก. ♠ ไม่พูดถึงทุกข์ใจ และทุกข์จิตวิญญาณอีกเลย <u>การเยียวยาทางการพยาบาล</u> - ช่วยบรรเทาความไม่สุขสบายจากการไข้สูง - ดูแลให้ได้รับอาหารอ่อน ย่อยง่าน อากาศถ่ายเทสะดวก - ให้กำลังใจในการปฏิบัติธรรมต่อไป แม้กายไม่สบาย - ตั้งใจฟัง ใช้ความเงียบ พยักหน้ารับ เปิดโอกาสให้ระบายความรู้สึก - ร่วมกันสะท้อนถึงความเปลี่ยนแปลงที่เกิดขึ้น <u>สติปัฏฐาน</u>: สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา - ขอขมากรรมผู้มีพระคุณ	พยายามเรียนรู้ นำสู่ความซาบซึ้งในพระพุทธศาสนา ตั้งใจวิปัสสนากรรมฐาน เป็นการตอบแทนพระคุณแม่ - เปลี่ยนแปลงวิธีคิด เมื่อจิตซาบซึ้งถึงพระคุณแม่ อยากแผ่เมตตา และวิปัสสนากรรมฐานแทนการปล้น จี้ - ซาบซึ้งในพระพุทธศาสนาจากการวิปัสสนากรรมฐาน ปลงได้กับสังขาร จึงมีการขอขมากรรมแม่	-ทุกข์กาย : ไม่สุขสบายจากไข้สูง หนาวสั่น T=39.5 C ผลตรวจร่างกาย : ฟังปอดไม่พบเสียงผิดปกติ BP=90/60 mmHg HR=98/min นน 41 กก. ♠ ไม่พูดถึงทุกข์ใจ และทุกข์จิตวิญญาณอีกเลย แต่บอกถึงความตั้งใจเข้าร่วมกิจกรรม <u>การเยียวยาทางการพยาบาล</u> - ช่วยบรรเทาความไม่สุขสบายจากการไข้สูง -จูงใจให้พยายามเข้าร่วมกิจกรรมเท่าที่ทำได้ <u>สติปัฏฐาน :</u> จัดกิจกรรมให้เห็นว่าการทำความดี ทั้งทาน ศีล ภาวนา ทำได้ทุกวาระของชีวิต แม้กายป่วยหนัก	**แม้กายทุกข์มาก แต่อยากปฏิบัติธรรม เพื่อใช้หลักธรรมนำชีวิต พลิกวิกฤตเป็นโอกาส**

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
❣ เยียวยาตนเองและเยียวยาผู้อื่น ✿ เกิดการเปลี่ยนแปลงระดับครอบครัว ❄ เกิดการเปลี่ยนแปลงระดับกลุ่ม

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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ลำดับที่	ก่อนเข้าร่วมวิจัย	กลวิธีที่ใช้	ผลการอบรมรอบที่ 1	ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่ 1
6 ห.	**เครียดมาก ไม่มีที่ปรึกษา อยากแสวงหายาเสพติด** -ทุกข์กาย : คันบริเวณอวัยวะเพศ และอวัยวะเพศบวม แสบลิ้นเนื่องจากเป็นฝ้า ผลตรวจร่างกาย : มีเม็ดตุ่มหิดบริเวณอวัยวะเพศ มีฝ้าในปาก ฟังปอดไม่พบเสียงผิดปกติ น.น.=45 กก.BP=110/70mmHg ทุกข์ใจ : 1) เครียดมาก ไม่มีที่ปรึกษา อยากแสวงหายาเสพติด 2)สงสัยเรื่อง CD 4 - ทุกข์จิตวิญญาณ : ไม่ได้รับความเสมอภาคในการใช้บริการ *วิธีการบรรเทาทุกข์ : ทะเลาะกับภรรยา พึ่งพายาเสพติด *ความหวัง : อยากทำประโยชน์ให้ชุมชนฯ อยากให้ลูกมีอนาคต	<u>การเยียวยาทางการพยาบาล</u> - รับฟังปัญหาอย่างตั้งใจและเอาใจใส่ต่อความทุกข์ - สะท้อนปัญหาร่วมกันเพื่อหาแนวทางแก้ไข - ส่งเสริมสัมพันธภาพที่ดีในครอบครัว - ให้คำแนะนำเรื่อง CD4 และสุขวิทยาส่วนบุคล - ขณะอบรมปวดฟันมาก ให้ยาลดปวด - ประสานงานกับ ส.อ.เรื่องยารักษาหิด <u>สติปัฏฐาน</u> : สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา - เน้นการสร้างศรัทธา	**จากไม่ศรัทธาศาสนา สวดมนต์ตามกฎระเบียบ สู่ความรู้สึกชอบการสวดมนต์**	-ทุกข์กาย : อาการปวดฟันหายไป แต่มีอาการปวดเข่า เนื่องจากเป็นฝี ♠ ไม่พูดถึงทุกข์ใจ และทุกข์จิตวิญญาณอีกเลย แต่เล่าถึงความสุขที่เกิดขึ้นจากการปฏิบัติธรรมอย่างต่อเนื่อง <u>การเยียวยาทางการพยาบาล</u> - แนะนำและสาธิตวิธีการทำแผล - ชื่นชมในความก้าวหน้า และกระตุ้นให้ปฏิบัติต่อเนื่อง - สะท้อนให้เห็นการเปลี่ยนแปลงที่เกิดขึ้นหลังการปฏิบัติธรรม ทุกคนพิสูจน์ได้ด้วยตัวเอง - รับฟังอย่างตั้งใจ ยิ้มรับ เมื่อผู้ให้ข้อมูลเล่าถึงความรู้สึกจากการปฏิบัติธรรม <u>ผู้ให้ข้อมูล</u> : จากเป็นคนไม่ค่อยพูด แต่ครั้งนี้เล่าอย่างพรั่งพรู สีหน้าแจ่มใส มั่นใจ	❣ค้นพบเทคนิคการสวดมนต์ที่ทำให้จิตใจมั่นคง มีวิธีการเรียนรู้สู่การเยียวยาตนเอง และผู้อื่น - ดูหนังสือขณะสวดมนต์ จิตใจมั่นคงแน่วแน่ - ทำกิจกรรมร่วมกับเพื่อนๆ รู้สึกเป็นธรรมชาติ ปราศจากความประหม่า - ขอเลือกทำกิจกรรมที่ชอบก่อน - สวดมนต์ นั่งสมาธิ แผ่เมตตา พาสู่ความโล่ง สบาย สงบ - จากไม่ศรัทธา กลายเป็นสิ่งรอคอย - จากคิดมากอยากแสวงหายาเสพติด สู่การคิดปล่อยวาง -เมื่อเยียวยาตนเองแล้วไม่เครียด สบายใจ จึงนำไปชี้แนะเพื่อนที่ป่วยหนัก

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
❣ เยียวยาตนเองและเยียวยาผู้อื่น ✿ เกิดการเปลี่ยนแปลงระดับครอบครัว ❄ เกิดการเปลี่ยนแปลงระดับกลุ่ม

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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 2	ผลการอบรมรอบที่ 3
-ทุกข์กาย: ปวดเข่าเนื่องจากเป็นฝี ♠ไม่พูดถึงทุกข์ใจ และทุกข์จิตวิญญาณอีกเลย แต่เล่าถึงการเปลี่ยนแปลงทั้งตัวเอง และครอบครัว ผลตรวจร่างกาย: ฝ้าในปากหายไป ฟังปอดไม่พบเสียงผิดปกติ น.น. =45.5 ก.ก. HR= 72/min BP=110/70mmHg <u>การเยียวยาทางการพยาบาล</u> - ชื่นชมที่นำลูกและภรรยาเข้าร่วมปฏิบัติธรรม - ส่งเสริมการสอดแทรกการปฏิบัติธรรมในชีวิตประจำวัน - เสริมภาวะผู้นำเพื่อเพิ่มความมั่นใจในการนำลูก และภรรยา <u>ผู้ให้ข้อมูล</u> : ปฏิบัติทุกวันโดยเริ่มจากกิจกรรมที่ชอบก่อน	**❣จากชีวิตไร้สาระ เป็นชีวิตที่ลงตัวในแต่ละวัน นำครอบครัวปฏิบัติธรรม ไม่หมกมุ่นเรื่องเพศสัมพันธ์** - จากชีวิตไร้สาระ เป็นชีวิตที่ลงตัว - มีความก้าวหน้าในการปฏิบัติธรรม ด้วยการค่อย ๆ เพิ่มกิจกรรม ✿ ชีวิตครอบครัวเปลี่ยนไป : จากครอบครัวค้ายาเสพติด กลับมาคิดปฏิบัติธรรม ไม่หมกมุ่นเรื่องเพศสัมพันธ์	-ทุกข์กาย: ปวดเข่าเนื่องจากเป็นฝี ♠ไม่พูดถึงทุกข์ใจ และทุกข์จิตวิญญาณอีกเลย แต่ยังไม่สามารถร่วมฝึกลมปราณในตอนเช้า เนื่องจากต้องช่วยภรรยาซักผ้า ผลตรวจร่างกาย: ฟังปอดไม่พบเสียงผิดปกติ น.น =46 ก.ก. HR= 72/min BP=110/70mmHg <u>การเยียวยาทางการพยาบาล</u> - เสนอแนะให้ปรึกษากับภรรยาลองปรับเปลี่ยนเวลาในการทำงานบ้าน -ชักชวนให้ภรรยาเข้าร่วมกิจกรรมในตอนเช้าด้วย -สะท้อนให้ภรรยาเห็นประโยชน์ของการที่ผู้นำครอบครัวปฏิบัติธรรม นำมาสู่ความสงบสุขในครอบครัว <u>สติปัฏฐาน</u> : สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา -การขอขมากรรมผู้มีพระคุณ	❣สวดมนต์จนกลายเป็นคำมั่นสัญญา การแผ่เมตตานำมาซึ่งความสุข ปลุกความซาบซึ้งในพระคุณพ่อแม่ คิดจะดูแลภรรยา อยากพาคนอื่นทำความดี มีการปฏิบัติธรรมที่ยั่งยืน - จากสวดมนต์อย่างไร้ความหมาย กลายเป็นคำมั่นสัญญา - ห้ามใจตัวเองได้ กลายเป็นคนกลัวบาป - ก่อนสวดมนต์มีความตั้งใจ สวดแล้วสงบสบายใจ รู้สึกดี มีความสุข อารมณ์เย็น - การแผ่เมตตา นำมาซึ่งความสุข เมื่อตัวเองสุขแล้ว อยากทำเพื่อคนที่รัก - การสวดมนต์ ฟังธรรม นำไปสู่การคิดทำความดี เพื่อตอบแทนผู้มีพระคุณ ✿รู้สึกผิด คิดดูแลภรรยา ไม่มั่วยาเสพติด - จากไม่มั่นใจ เปลี่ยนไปสู่ความกล้า อยากพาคนอื่นทำความดี - อยากให้มีการปฏิบัติธรรมที่ยั่งยืน	ขอเปลี่ยนที่อยู่

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
❣ เยียวยาตนเองและเยียวยาผู้อื่น ✿ เกิดการเปลี่ยนแปลงระดับครอบครัว ❄ เกิดการเปลี่ยนแปลงระดับกลุ่ม

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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ลำดับที่	ก่อนเข้าร่วมวิจัย	กลวิธีที่ใช้	ผลการอบรมรอบที่ 1	ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่ 1
7 ล.	**หมดหวัง รู้สึกถูกทอดทิ้ง** -ทุกข์กาย 1) คันจากตุ่มหิดและเชื้อรา 2) แสบลิ้นจากฝ้าบริเวณลิ้นและในปาก 3) เจ็บมุมปาก จากแผลปากนกกระจอก ผลตรวจร่างกาย : นน. 48 กก. - มีเม็ดตุ่มหิดและตุ่มหนองบริเวณใบหน้า ลำตัว แขนขา - มีฝ้าขาวบริเวณลิ้นในช่องปากหนา มีแผลปากนกกระจอก - มีเชื้อราบริเวณใบหูและศีรษะ - BP 100/70 mmHg HR 80/min - ฟังปอดมีเสียง Stridor -ทุกข์ใจ : เครียดมาก - ทุกข์จิตวิญญาณ : หมดหวัง รู้สึกถูกทอดทิ้ง * วิธีการบรรเทาทุกข์ : พึ่งพายาเสพติด สูบบุหรี่วันละ 1 ซอง เสพยาบ้าวันละ 2 เม็ด ถ้าไม่เสพไม่มีแรงซักผ้า	<u>การเยียวยาทางการพยาบาล</u> - ขณะอบรมถ่ายเหลวประมาณ 5-6 ครั้ง ให้ดื่มผงน้ำตาลเกลือแร่เพื่อทดแทนการสูญเสียน้ำและอิเลคโตรไลต์ - วัดสัญญาณชีพทุก 4 ชม. สังเกตอาการผิดปกติ - แนะนำเรื่องการรักษาความสะอาดช่องปาก และสุขวิทยาส่วนบุคคล - หลังดูวิดีโอเรื่องพระในบ้าน เปิดโอกาสให้แสดงความรู้สึกต่อพ่อแม่ <u>สติปัฏฐาน</u> : สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา - เน้นการสร้างศรัทธา สติ หิริ โอตตัปปะ <u>ผู้ให้ข้อมูล</u> : แม้กายไม่สบายแต่พยายามเข้าร่วมกิจกรรม	**จากความรู้สึกถูกทอดทิ้ง สู่ความสำนึกผิด คิดทำแต่ความดี** วันที่ 1 : มองเห็นคุณค่าพยายามทำแต่ไม่สำเร็จ วันที่ 2: จากคิดฆ่าตัวตายกลับกลายเป็นความหวัง วันที่ 3-5: รู้สึกดีขึ้นมาก สงบสบาย วันที่ 6 (เสร็จจากอบรม) - ดีขึ้นทั้งร่างกายและจิตใจ หยุดทำความชั่ว จะทำแต่ความดี - จากรู้สึกถูกทอดทิ้ง สู่ความสำนึกผิด	-ทุกข์กาย : ผื่นคันทุเลาลง เชื้อราบริเวณใบหูลดลง ฝ้าในปากลดลง แต่มีอาการไอ มีเสมหะ หลังจากดื่มสุรา นน. 50 กก. ♠ไม่พูดถึงทุกข์ใจ และทุกข์จิตวิญญาณอีกเลย <u>การเยียวยาทางการพยาบาล</u> - กระตุ้นให้ดูแลรักษาสุขวิทยาส่วนบุคคลอย่างต่อเนื่อง - กระตุ้นการฝึกลมปราณอย่างต่อเนื่อง เพื่อบริหารระบบทางเดินหายใจ - ชื่นชมที่สามารถลดบุหรี่ได้ เสริมความมั่นใจในการเลิกบุหรี่และยาเสพติดอื่น ๆ - สาธิตการทำสมาธิวิธีอื่น ๆ เช่น การนับเลข <u>ผู้ให้ข้อมูล</u> : ทำทุกวันไม่ย่อท้อ	❤ดีขึ้นทั้งร่างกายและจิตใจ รู้สึกสดใสด้วยสายใยธรรมชาติ ตั้งความหวังอยากทำความดี พอใจเมื่อเห็นเพื่อน ๆ ร่วมสวดมนต์ - ดีขึ้นทั้งร่างกาย และจิตใจ ไม่ย่อท้อ น้ำหนักเพิ่มขึ้น - ไม่เครียด ตั้งใจจริงจิตนิ่งมาก - ตั้งความหวัง อยากทำความดี ด้วยการสวดมนต์ นั่งสมาธิ - รู้สึกสดใส ด้วยสายใยธรรมชาติ ❄พอใจในความพร้อมเพรียงกันสวดมนต์

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
❣ เยียวยาตนเองและเยียวยาผู้อื่น ✿ เกิดการเปลี่ยนแปลงระดับครอบครัว ❄ เกิดการเปลี่ยนแปลงระดับกลุ่ม

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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 2	ปัญหาและกลวีที่ใช้	ผลการอบรมรอบที่ 3
-ทุกข์กาย : คันตามผิวหนัง ผลตรวจร่างกาย : BP 100/70 mmHg HR 80/min ฟังปอดไม่พบเสียงผิดปกติ สูบบุหรี่ลดลงเหลือวันละ 5 มวน ♠ไม่พูดถึงทุกข์ใจและทุกข์จิตวิญญาณอีกเลย แต่รู้สึกมีความสุขกับความงามของธรรมชาติ ภูมิใจในผลงาน และความสามัคคีกลุ่ม <u>การเยียวยาทางการพยาบาล</u> - ชื่นชมในผลงานที่ทำ - ให้กำลังใจในการเลิกบุหรี่ แนะนำให้ใช้เวลาว่างให้มีประโยชน์ - เปิดโอกาสให้ทำงานที่ถนัด เพื่อให้แสดงศักยภาพ - กระตุ้นการกำหนดสติขณะทำงาน	♥❄สัมผัสความงามของธรรมชาติ อร่อยกับรสชาดของอาหาร ภูมิใจในผลงานตัวเองและผลงานกลุ่ม	-ทุกข์กาย : คันบริเวณผิวหนัง ผลตรวจร่างกาย : ตุ่มหนองแห้งลงมาก แต่ยังมีอาการคัน ไม่มีอาการไอ ฟังปอดไม่พบเสียงผิดปกติ นน.52 กก.สูบบุหรี่ วันละ 5 มวน ♠ไม่พูดถึงทุกข์ใจและทุกข์จิตวิญญาณอีกเลย <u>การเยียวยาทางการพยาบาล</u> -ร่วมกันค้นหาวิธีที่จะทำให้นั่งสมาธิได้นานขึ้น - ชื่นชมในการมุ่งมั่นทำความดี - ส่งเสริมความเชื่อในความสำเร็จแห่งตนเพื่อให้เลิกบุหรี่ <u>สติปัฏฐาน</u> : สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา - เน้นการจัดกิจกรรมให้เห็นว่าการทำบุญ ทั้งทาน ศีล ภาวนา สามารถทำได้ทุกขณะ	**♥มาครั้งแรกหน้าเหมือนผี แต่กลับดีขึ้นในทุกด้าน เมื่อพบอุปสรรคปรับเปลี่ยนวิธี มุ่งมั่นทำความดี เพื่อชีวิตที่มีค่าแต่ละวัน**	- ทุกข์กาย : คันบริเวณผิวหนัง ผลตรวจร่างกาย : ตุ่มหนองแห้งลงมาก แต่ยังมีอาการคัน ไม่มีอาการไอ ฟังปอดไม่พบเสียงผิดปกติ นน.53 กก. สูบบุหรี่ วันละ 5 มวน ♠ไม่พูดถึงทุกข์ใจและทุกข์จิตวิญญาณอีกเลย ได้รับการยอมรับและชมเชยจากผู้ดูแลทั้ง 2 คน ว่าเป็นคนขยันช่วยเหลืองานส่วนรวมดีมาก	**♥จากสิ้นหวังกลับมีพลัง สร้างสรรค์ความดี อยู่อย่างมีคุณค่า ด้วยยาแห่งธรรมะ**

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
❣ เยียวยาตนเองและเยียวยาผู้อื่น ✿ เกิดการเปลี่ยนแปลงระดับครอบครัว ❄ เกิดการเปลี่ยนแปลงระดับกลุ่ม

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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ลำดับที่	ก่อนเข้าร่วมวิจัย	กลวิธีที่ใช้	ผลการอบรมรอบที่ 1	ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่ 1
8 จ.	**รู้สึกผิดที่ทำให้แม่ผิดหวัง** -ทุกข์กาย : มีอาการเหนื่อยหอบขณะไอ ผลตรวจร่างกาย : ฟังปอดมีเสียง stridor BP=100/70mmHg HR 84/min นน.48.2 ก.ก. -ทุกข์ใจ : - - ทุกข์จิตวิญญาณ : รู้สึกสูญเสียคุณค่าในตัวเอง เนื่องจาก 1)ถูกตีตราเกี่ยวกับประวัติของภรรยา 2)ถูกปฏิเสธจากบุคคลในครอบครัว 1) รู้สึกผิดที่ทำให้แม่ผิดหวัง *วิธีการบรรเทาทุกข์ : พึ่งพายาเสพติด *แหล่งสนับสนุน : มีแม่ และพี่สาวมาเยี่ยม 1 ครั้ง/ เดือน	<u>การเยียวยาทางการพยาบาล</u> 1) ส่งเสริมการรับรู้ถึงคุณค่าในตนเอง - สร้างบรรยากาศของความเป็นกันเอง อบอุ่น และไว้วางใจ - คำนึงถึงความเป็นส่วนตัว ให้เกียรติ 1) ให้กำลังใจที่ตั้งในปรับเปลี่ยนพฤติกรรมใหม่เพื่อตอบแทนพระคุณแม่ <u>สติปัฏฐาน</u> : สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา - เน้นการสร้างศรัทธา สติ หิริ โอตตัปปะ	**ยอมรับว่าดี แต่หงุดหงิด**	- ทุกข์ใจ : ขาดความเชื่อมั่นว่าตัวเองสามารถปฏิบัติสมาธิได้เหมือนคนอื่น ๆ ♠ทุกข์กาย และทุกข์จิตวิญญาณหายไป น.น. 49 ก.ก. <u>การเยียวยาทางการพยาบาล</u> ส่งเสริม self-efficacy ให้ผู้ให้ข้อมูลเชื่อมั่นในความสามารถว่าตัวเองสามารถทำได้ โดย - นำปฏิบัติสมาธิในช่วงสั้น ๆ ก่อน เมื่อทำได้แล้วค่อย ๆ เพิ่มเวลา (Mastery Experiences) - ให้ดูผู้นำเป็นแบบอย่าง (Model) - Emotional arousal ขณะให้การดูแล บรรยากาศเป็นกันเอง เป็นอิสระ - ชื่นชมเมื่อทำได้ (Persuation)	✿สัมพันธภาพในครอบครัวดีขึ้น ซาบซึ้งกับผู้นำ เชื่อว่าการปฏิบัติธรรมนำผลดีสู่ชีวิต คิดว่าผู้เยียวยาต้องมีธรรมะ - สัมพันธภาพในครอบครัวดีขึ้น : มีสติในการพูด ทะเลาะกันน้อยลง - ซาบซึ้งในผู้นำ อยากทำตาม - เริ่มเชื่อว่าการปฏิบัติธรรม นำผลดีสู่ชีวิต - คิดว่าผู้เยียวยาต้องมีธรรมะ

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
❣ เยียวยาตนเองและเยียวยาผู้อื่น ✿ เกิดการเปลี่ยนแปลงระดับครอบครัว ❄ เกิดการเปลี่ยนแปลงระดับกลุ่ม

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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 3
-ทุกข์ใจ : ฟุ้งซ่านในบางครั้ง ♠ทุกข์กาย และทุกข์จิตวิญญาณหายไป น.น. 50 ก.ก. การเยียวยาทางการพยาบาล - ร่วมกันสะท้อนคิดหาสาเหตุการฟุ้งซ่าน และหาทางแก้ไข - เสริมจุดเด่น โดยการเปิดโอกาสให้ทำงานที่ถนัด เช่น การจัดบอร์ด ฯ - แนะนำให้ฝึกเจริญสติขณะทำงานเพื่อลดความฟุ้งซ่าน - ชื่นชมในผลงานเมื่อทำสำเร็จ - สร้างความรู้สึกร่วมเป็นเจ้าของชุมชน และฝึกทำงานร่วมกับผู้อื่น ผู้ให้ข้อมูล :ตั้งใจทำงานที่ได้รับมอบหมายดีมาก เพราะเป็นงานที่ชอบ	**จากฟุ้งซ่าน มาสู่การมีสติ จิตจดจ่อกับงานที่ชอบ**	-ทุกข์จิตวิญญาณ : รู้สึกกลัวตาย เนื่องจากเห็นเพื่อน ๆ อาการทรุดลง และตายไปทีละคน น.น. 51 ก.ก. ♠ทุกข์กาย และทุกข์ใจ หายไป การเยียวยาทางการพยาบาล - ร่วมกันค้นหาสิ่งที่ผู้ให้ข้อมูลผูกพันที่สุด เพื่อเป็นสิ่งยึดเหนี่ยวจิตใจ - เชิญชวนแม่ และพี่สาวเข้าร่วมอบรม เพื่อให้ผู้ให้ข้อมูลมีกำลังใจในการปรับเปลี่ยนพฤติกรรม - สะท้อนการปฏิบัติ เพื่อประเมินความก้าวหน้าเป็นระยะ ๆ -อธิบายและสาธิตเพิ่มเติมส่วนที่ยังทำไม่ถูกต้อง สติปัฏฐาน : สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา - - เน้นการขอขมากรรมผู้มีพระคุณ ผู้ให้ข้อมูล : ตั้งใจทำทุกกิจกรรม ดีใจที่แม่เข้าร่วมอบรม	**❤จากกลัวตาย กลายเป็นการปล่อยวาง นั่งสมาธิแล้วจิตใจสงบ พบกับความสุขแท้ จึงอยากให้แม่เข้าปฏิบัติธรรม เพื่อนำไปสู่การบรรเทาทุกข์**	-ทุกข์ ใจ : รู้สึกผิดที่ตัวเองทำไม่สำเร็จตามที่ตั้งใจ และกังวลเกี่ยวกับพฤติกรรมของเพื่อน ๆ น.น. 51 ก.ก. ♠ทุกข์กาย และทุกข์จิตวิญญาณหายไป การเยียวยาทางการพยาบาล - สะท้อนให้เห็นว่าเราไม่สามารถแก้ปัญหาคนอื่น นอกจากต้องแก้ไขที่ตัวเราเอง - อธิบายให้เข้าใจว่าการกังวลเป็นอกุศลจิต เป็นอุปสรรคในการทำสมาธิ - เพิ่มความเชื่อมั่นว่าสามารถทำได้ดีขึ้น สติปัฏฐาน : สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา - เน้นการทำความดี ขณะมีชีวิตอยู่ -ขอขมากรรมคู่สามี-ภรรยา	**❤จากวิกฤต เป็นโอกาส ตั้งใจทำความดี เพื่อชีวีที่มีแก่นสาร อยากให้พระคุ้มครอง ปกป้องผู้เยียวยา**

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
❣ เยียวยาตนเองและเยียวยาผู้อื่น ✿ เกิดการเปลี่ยนแปลงระดับครอบครัว ❄ เกิดการเปลี่ยนแปลงระดับกลุ่ม

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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ลำดับที่	ก่อนเข้าร่วมวิจัย	กลวิธีที่ใช้	ผลการอบรมรอบที่ 1	ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่ 1
9 ว.	**รู้สึกมีคุณค่าในตนเองต่ำ** -ทุกข์กาย : - ผลตรวจร่างกาย BP110/70mmHg HR 80/min ฟังปอดไม่พบเสียงผิดปกติ น.น. 53 ก.ก. -ทุกข์ใจ : ไม่กล้าบอกความจริงกับทางบ้าน -ทุกข์จิตวิญญาณ :มองภาพลักษณ์ตัวเองต่ำ เนื่องจากคิดว่าเป็นเด็กบ้านนอก ไม่ได้เรียนหนังสือ ซื่อ ๆ จึงถูกหลอก *วิธีการบรรเทาทุกข์ : ทะเลาะกับสามี ทำร้ายตัวเอง *ความหวัง : อยากให้ลูกเรียนหนังสือ มีอนาคตที่ดี	<u>การเยียวยาทางการพยาบาล</u> - ขณะเดินจงกรมมีอาการคลื่นไส้ ปวดศีรษะ อธิบายอาการดังกล่าวว่าอาจเกิดขึ้นได้ในวันแรก เพราะยังไม่คุ้นชินกับการทำกิจกรรมช้า ๆ - ส่งเสริมภาพลักษณ์ต่อตัวเองในทางบวก โดย สะท้อนให้เห็นว่าคุณค่าของคนอยู่การทำดี ขณะติดเชื้อก็สามารถทำความดีได้ - เปิดโอกาสให้คิดและตัดสินใจว่าถ้ายังนั่งสมาธิไม่ได้ลองฝึกสมาธิด้วยวิธีอื่น เช่น ฝึกร้อยพวงมาลัย <u>สติปัฏฐาน</u> : สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา - มุ่งเน้นการเกิดศรัทธาต่อพิธีการ หรือศรัทธาต่อวิทยากรอย่างหนึ่งอย่างใดก่อน	**รู้สึกชอบแต่ยังทุกข์กาย และทุกข์ใจ**	-ทุกข์ใจ : โกรธสามีที่ไม่เชื่อฟัง ยังไม่สามารถเข้าร่วมสวดมนต์เย็นได้ทุกวันเนื่องจากเป็นห่วงลูก น.น. 53 ก.ก. ♠ทุกข์กาย และทุกข์จิตวิญญาณหายไป <u>การเยียวยาทางการพยาบาล</u> 1.เสริมแรงจูงใจเพื่อให้ปฏิบัติสมาธิทุกวันแต่ยังทำไม่ได้ จึงส่งเสริมให้ฝึกสมาธิโดยการร้อยพวงมาลัย 2.ส่งเสริมให้ใช้วิธีบรรเทาความโกรธ ด้วยวิธีสร้างสรรค์ -ยอมรับความคิด และพฤติกรรม -ให้ความสนใจ ให้เวลาระบายความทุกข์ - ย้อนกลับมาดูตัวเองว่าโกรธเพราะอะไร 3.ส่งเสริมสัมพันธภาพในครอบครัวโดยใช้หลักธรรม	**จิตจดจ่อขณะร้อยพวงมาลัย เปลี่ยนใจทำความดี ทะเลาะกับสามีน้อยลง**

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
❣ เยียวยาตนเองและเยียวยาผู้อื่น ✿ เกิดการเปลี่ยนแปลงระดับครอบครัว ❄ เกิดการเปลี่ยนแปลงระดับกลุ่ม

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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 3
♣ไม่พูดถึงความทุกข์อีกเลย แต่เล่าถึงความภาคภูมิใจที่ลูกปฏิบัติธรรม <u>การเยียวยาทางการพยาบาล</u> - กระตุ้นผู้ให้ข้อมูลและสามีปฏิบัติธรรมต่อเนื่อง เพื่อเป็นแบบอย่างกับลูก - แนะนำการปลูกฝังคุณธรรม จริยธรรมว่าต้องเริ่มตั้งแต่วัยเตาะแตะ - สะท้อนให้เห็นความแตกต่างของความสงบสุขในครอบครัว ก่อน และหลังอบรม <u>สติปัฏฐาน :</u> สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา - เน้นการขอขมากรรมผู้มีพระคุณ -ฝึกสติในรูปแบบต่าง ๆ	**♥✿จากครอบครัวที่ขายยาเสพติด เปลี่ยนความคิดมาปฏิบัติธรรม พร้อมใจกันนำลูกสวดมนต์ นั่งสมาธิ**	-ทุกข์กาย : ไม่สบายกายเนื่องจากปวดมดลูก มีเลือดออกทางช่องคลอดกระปริดกระปรอย น.น. 53.2 ก.ก. ผลตรวจร่างกาย : คลำหน้าท้องไม่มีอาการกดเจ็บ (tenderness) - ทุกข์ใจ : รู้สึกหงุดหงิด เครียดมาก <u>การเยียวยาทางการพยาบาล</u> 1)บรรเทาความรู้สึกหงุดหงิด โดย - ฟังอย่างตั้งใจ ให้เวลาได้ระบายความทุกข์ - เบี่ยงเบนความสนใจ โดยเสนอให้ทำกิจกรรมที่ชอบ - ชื่นชอบในผลงานเมื่อทำสำเร็จ เพื่อให้เกิดความภาคภูมิใจ 2) บรรเทาอาการปวดมดลูก 1) ให้ความสนใจต่อลูกของผู้ให้ข้อมูลซึ่งเข้าร่วมกิจกรรมด้วย	**จิตจดจ่อ พอใจที่สามีปฏิบัติธรรม สำนึกผิด คิดถึงพระคุณแม่**		ย้ายที่อยู่

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
❣ เยียวยาตนเองและเยียวยาผู้อื่น ✿ เกิดการเปลี่ยนแปลงระดับครอบครัว ❄ เกิดการเปลี่ยนแปลงระดับกลุ่ม

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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ลำดับที่	ก่อนเข้าร่วมวิจัย	กลวิธีที่ใช้	ผลการอบรมรอบที่ 1	ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่ 1
10 โม	**เป็นบาปทางใจ ที่ไม่ลบเลือน** -ทุกข์กาย : - - ทุกข์ใจ : ยังไม่กล้าบอกความจริงกับพี่น้องบางคน - ทุกข์จิตวิญญาณ : รู้สึกผิดที่ทำให้ลูกติดเชื้อและเสียชีวิต ผลตรวจร่างกาย : น.น.= 42 กก BP100/70mmHg HR 70/min ฟังปอดไม่พบเสียงผิดปกติ * วิธีการบรรเทาทุกข์ - ปล่อยวาง ไม่โกรธแค้น ไม่รับเชื้อเพิ่ม ไม่คิดจะหาสามีใหม่ ไม่สูบบุหรี่ ช่วยเหลืองานส่วนรวม	<u>การเยียวยาทางการพยาบาล</u> 1) เปิดโอกาสให้ได้ระบายความรู้สึกที่มีต่อเหตุการณ์เสียลูก 1) ใช้เทคนิคการสื่อสารเพื่อการบำบัด - การใช้คำกว้าง ๆ เพื่อเริ่มต้นการสนทนา - การใช้คำกล่าวนำเพื่อกระตุ้นให้ผู้พูดพูดต่อไป 1) ชื่นชมในการดูแลตนเองดี ไม่มีภาวะแทรกซ้อนเลย และการเสียสละช่วยเหลืองานส่วนรวม <u>สติปัฏฐาน</u> : สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา - หลังดูวิดีโอเรื่องพระในบ้าน เปิดโอกาสให้ระบายความรู้สึก	**- จากปวดมึนศีรษะ มาโปร่งโล่ง สบาย หายโกรธ เข้าใจตัวเอง คิดถึงพระคุณแม่** - วันที่ 1: มึนศีรษะ - วันที่ 2 : โปร่ง เบา สงบ ปรับตัวได้ - วันที่ 3 : นั่งสมาธิได้ดี คิดถึงพระคุณแม่ - วันที่ 4-5 อารมณ์เย็นลง สงบ การสวดมนต์แผ่เมตตาทำให้หายโกรธ เข้าใจตนเอง - เมื่อใจปล่อยวาง ร่างกายพลอยดีไปด้วย	-ทุกข์ใจ : ยังไม่กล้าบอกความจริงกับพี่น้องบางคน ♠ ทุกข์กาย และทุกข์จิตวิญญาณหายไป น.น.= 42.5 กก. <u>การเยียวยาทางการพยาบาล</u> - รับฟังให้ระบายความคับข้องใจ - พยายามทำความเข้าใจตนเอง ว่าเราต้องการอะไร มีทางออกใดบ้าง - เสนอแนะให้เขียนจดหมายติดต่อกับแม่ และพี่สาวบ้างเพื่อคลายความคิดถึง	**จากใจร้อน กลายเป็นคนใจเย็น การแผ่เมตตา ทำให้เห็นคุณค่าของผู้อื่น**

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
❣ เยียวยาตนเองและเยียวยาผู้อื่น ✿ เกิดการเปลี่ยนแปลงระดับครอบครัว ❄ เกิดการเปลี่ยนแปลงระดับกลุ่ม

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สรุปการเยี่ยวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 3
	ขออนุญาตกลับบ้านไปเยี่ยมแม่ และพี่สาว		ขออนุญาตกลับบ้านไปเยี่ยมแม่ และพี่สาว	♣ ไม่พูดถึงความทุกข์เลย แต่บอกถึงการค้นพบวิธีการทำให้จิตไม่ฟุ้งซ่าน ใจเย็นลง ภาคภูมิใจที่สามารถเยียวยาตนเองได้โดยไม่มีภาวะแทรกซ้อน น.น.42.8 ก.ก. การเยียวยาทางการพยาบาล - ยกย่องคุณงามความดีที่ได้เสียสละเพื่อส่วนรวม สมควรเป็นแบบอย่างให้กับสมาชิกอื่นๆ - เป็นกำลังใจในการเยียวยาตนเองที่ดีและส่งเสริมความมั่นใจในการปฏิบัติธรรมอย่างต่อเนื่อง สติปัฏฐาน : สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา - จัดกิจกรรมให้เห็นว่าแม้เป็นผู้ติดเชื้อ ก็สามารถทำความบุญ ได้ทั้ง ทาน ศีล ภาวนา - สะท้อนให้เห็นความเชื่อมโยงของภาวะสุขภาพกับกรรมดีในพระพุทธศาสนา	❤ มั่นใจในการเยียวยาตนเอง ไม่หวั่นกลัวต่อโรคแทรกซ้อน - การสวดมนต์ นั่งสมาธิ ทำให้มีสติ ไม่ฟุ้งซ่าน - การรวดน้ำ แผ่เมตตา ทำให้ใจเย็นลง สงบ - พบว่าการทำความดีมีผลให้ใจไม่ทุกข์ใจ

หมายเหตุ: ♦ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ❤ ภาวะสุขภาพเกิดกระบวนการเยียวยาตนเอง
❣ เยียวยาตนเองและเยียวยาผู้อื่น ✿ เกิดการเปลี่ยนแปลงระดับครอบครัว ❋ เกิดการเปลี่ยนแปลงระดับกลุ่ม

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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ลำดับที่	ก่อนเข้าร่วมวิจัย	กลวิธีที่ใช้	ผลการอบรมรอบที่ 1	ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่ 1
11 นิ	**มีชีวิตอยู่ด้วยความกลัว** - ทุกข์กาย 1) รู้สึกเหนื่อย เนื่องจากไอ มีเสมหะ 2)คันบริเวณเท้า เนื่องจากมีตุ่มเล็กๆ สีดำ ผลตรวจร่างกาย : ฟังปอดไม่พบเสียงผิดปกติ BP 90/60mmHg HR 88/min น.น.40.5 ก.ก. - ทุกข์ใจ : น้อยใจพ่อแม่ กลัวตาย กลัวพ่อแม่รับไม่ได้ ไม่สามารถปรับตัวเข้ากับสิ่งแวดล้อม		ยังไม่มาอยู่ในชุมชนบำบัด		

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
❣ เยียวยาตนเองและเยียวยาผู้อื่น ✿ เกิดการเปลี่ยนแปลงระดับครอบครัว ❄ เกิดการเปลี่ยนแปลงระดับกลุ่ม

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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 3
		<u>การเยียวยาทางการพยาบาล</u> - ร่วมกันสะท้อนคิดว่าเพราะเหตุใดไม่สามารถพูดคุยกันคนอื่นได้นอกจาก ช. คนเดียว - จัดกิจกรรมให้มีส่วนร่วมกับเพื่อน ๆ - ส่งเสริมการกล้าเผชิญความจริง - แนะนำให้คิดอย่างใคร่ครวญว่ามีบุคคลใดบ้างที่สามารถบอกความจริงได้ เพื่อลดความอึดอัดใจ <u>สติปัฏฐาน</u> : สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา - หลังดูวิดีโอเรื่องพระในบ้าน เปิดโอกาสให้แสดงความรู้สึกต่อพ่อแม่	จากฟุ้งซ่าน มาสู่จิตตั้งมั่น อยากปฏิบัติธรรมเพื่อทดแทนพระคุณพ่อแม่	-ทุกข์กาย : เหนื่อยง่าย เนื่องจากไอบ่อย - ทุกข์ใจ : วิตกกังวลเนื่องจากกลัวเป็นวัณโรค ผลตรวจร่างกาย : ไอมีเสลดสีขาว ฟังปอดมีเสียง Crepitation BP90/60mmHg HR 88/min นน.40.5 กก. <u>การเยียวยาทางการพยาบาล</u> 1. แนะนำการป้องกันการแพร่กระจายเชื้อ 2.ลดความกังวลโดย -พูดคุยด้วยกริยาที่สงบ น้ำเสียงมั่นคงมีท่าทางเชื่อมั่นและแสดงความเข้าใจในตัวผู้ให้ข้อมูล -ตั้งใจฟังสิ่งที่ผู้ให้ข้อมูลกังวลใจ -กระตุ้นให้มีการระบายความรู้สึก <u>สติปัฏฐาน :</u> สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา - แนะนำการฝึกสมาธิในท่านอน เพื่อพักผ่อนได้เต็มที่	**มีสติดีขึ้น ฟุ้งซ่านน้อยลง ปลงได้มากขึ้น**

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ลำดับที่	ก่อนเข้าร่วมวิจัย	กลวิธีที่ใช้	ผลการอบรมรอบที่ 1	ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่ 1
12 ส	**รู้สึกล้มเหลวในชีวิต** - ทุกข์กาย : คันบริเวณผิวหนัง เนื่องจากมีตุ่ม ผลตรวจร่างกาย : ฟังปอดมีเสียง Crepitation 2 ข้าง น.น. 45กก BP 90/60mmHg HR 80/min - ทุกข์ใจ:- - ทุกข์จิตวิญญาณ : รู้สึกสูญเสียคุณค่าในตนเอง เนื่องจากไม่ประสบความสำเร็จในชีวิต และถูกปฏิเสธจากบุคคลในครอบครัว * วิธีการบรรเทาทุกข์ : พึ่งพายาเสพติด * แหล่งสนับสนุน : แม่ส่งเงินมาให้ทุกเดือน	<u>การเยียวยาทางการพยาบาล</u> - ร่วมกันค้นหาจุดแข็ง เพื่อนำจุดแข็งมาเสริมคุณค่าในตนเอง - สะท้อนให้เห็นว่าขณะที่เป็นผู้ติดเชื้อเราก็สามารถทำความดีได้ทั้งกาย วาจา ใจ <u>สติปัฏฐาน</u> : สวดมนต์ รักษาศีล ฟังธรรม เดินจงกรม นั่งสมาธิ แผ่เมตตา - เน้นการสร้างศรัทธา สติ หิริ โอตตัปปะ - หลังดูวิดีโอ เรื่องพระในบ้าน เปิดโอกาสให้แสดงความรู้สึกต่อพ่อแม่ <u>ผู้ให้ข้อมูล</u> : ขณะอบรมมีสมาธิสั้น ลุกออกไปข้างนอกบ่อย	**คิดถึงพระคุณพ่อแม่ อยากตอบแทน** - วันที่ 1 ฟุ้งซ่าน - วันที่ 2 คิดถึงพระคุณพ่อแม่ อยากตอบแทน - วันที่ 3-5 ฟุ้งซ่านน้อยลง นิ่งได้บ้างครั้ง รู้สึกดี	การเยียวยาทางการพยาบาล -เสนอแนะให้ลองเปลี่ยนการฝึกสมาธิด้วยวิธีอื่น เช่นการนับเลข - ย้ำให้เห็นว่าการฝึกสมาธิต้องฝึกทุกวัน แล้วประเมินผลความก้าวหน้าตัวเอง -	เคร่งครัดในการรักษาศีล 5 แต่ยังนั่งสมาธิได้ไม่นาน ฟุ้งซ่าน - น.น. 44 ก.ก.

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
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สรุปการเยียวยาตนเองเพื่อบรรเทาทุกข์ ของผู้ให้ข้อมูลด้วยการเจริญสติปัฏฐาน และการเยียวยาทางการพยาบาล (ต่อ)

ปัญหาและกลวิธีที่ใช้	ผลการติดตามเยี่ยมครั้งที่2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 2	ปัญหาและกลวิธีที่ใช้	ผลการอบรมรอบที่ 3
- ทุกข์กาย : 1) ไม่สุขสบาย เนื่องจากคันบริเวณผิวหนัง 2) แสบลิ้น เนื่องจากมีฝ้าในปาก ผลตรวจร่างกาย : บริเวณผิวหนังมีตุ่ม ลิ้นเลี่ยน มีฝ้าในปาก ฟังปอดไม่พบเสียงผิดปกติ น.น.44 ก.ก. BP 90/60mmHg HR 80/min - ทุกข์ใจ : ฟุ้งซ่าน	**เคร่งครัดในการรักษาศีล 5 แต่ยังนั่งสมาธิได้ไม่นาน จิตยังฟุ้งซ่าน**		ขออนุญาตกลับบ้าน	- ทุกข์กาย : ไม่สุขสบายเนื่องจากมีอาการคันผิวหนังตลอดเวลา ชาปลายมือปลายเท้า - ทุกข์จิตวิญญาณ : สิ้นหวัง เนื่องจากรับรู้ว่าเป็นโรคเวรโรคกรรม เหมือนตายทั้งเป็น <u>การเยียวยาทางการพยาบาล</u> 1) รับฟังอย่างตั้งใจ เปิดโอกาสให้ระบายความรู้สึกหมดหวัง ท้อแท้ใจ 1) เพิ่มความรู้สึกมีหวังในชีวิตแม้ว่าติดเชื้อเอชไอวี แต่ยังมีแม่ที่รักและห่วงใยเสมอไม่ทอดทิ้ง 1) สะท้อนให้เปรียบเทียบประสบการณ์ของตนกับผู้อื่นที่มีลักษณะรุนแรงกว่า เพื่อให้เกิดความรู้สึกผ่อนคลายความทุกข์ 4)ส่งเสริมความศรัทธาต่อศาสนาเพื่อเป็นเครื่องยึดเหนี่ยวจิตใจ	**มีกำลังใจ จิตใจผ่องใส แต่ร่างกายอ่อนเพลีย**

หมายเหตุ: ♠ ความทุกข์บรรเทาลง ♣ ความทุกข์หายไป ♥ ภาวะดุลยภาพเกิดกระบวนการเยียวยาตนเอง
❣ เยียวยาตนเองและเยียวยาผู้อื่น ✿ เกิดการเปลี่ยนแปลงระดับครอบครัว ❄ เกิดการเปลี่ยนแปลงระดับกลุ่ม

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APPENDIX H EXAMPLES OF THE INFORMANTS' DIARY RECORDING

30 มี.ค. 45

เช้า นั่งสมาธิ15 นาที และปฏิบัติตามอาจารย์สอนรู้สึกสงบ ไม่คิดฟุ้งซ่าน มีสติที่จะแก้ไขปัญหา อารมณ์ดี ปล่อยวางทุกอย่าง

สาย ได้สมาทานอาชีวัฏฐมะกะศีล และสมาทานกรรมฐาน นั่งสมาธิ แผ่เมตตา กรวดน้ำ รู้สึกสบายใจ มีสติ สงบไม่ฟุ้งซ่าน

บ่าย นั่งสมาธิ 20 นาที รู้สึกสงบ สบาย และก็หลับไป

ค่ำ นั่งสมาธิ ตอนนี้จะนั่งได้นาน นั่งได้ 30-40 นาที และสวดมนต์ สรรเสริญพระพุทธคุณ พระสังฆคุณ รู้สึกสงบ สบาย เบา ปล่อยวาง ไม่คิดอะไร

31 มี.ค. 45

เช้า กายบริหาร กรรมฐานด้วยการเดิน นั่งสมาธิ 15 นาที รู้สึก สงบนิ่งขึ้น รู้สึกการหายใจจะดีขึ้นด้วย สงบ สบาย มีสติ ปล่อยวาง

สาย ไม่ได้ปฏิบัติเพราะประชุม

บ่าย นั่งสมาธิ 20 นาที รู้สึกสงบง่ายยิ่งขึ้น สบายตัว ไม่เครียด ไม่ฟุ้งซ่าน

เย็น สวดมนต์ทำวัตร สมาธิ 20 นาที สมาทานศีล รู้สึกเบาสบาย สงบ มีสติ

ค่ำ ปฏิบัติกรรมฐานด้วยการเดิน 6 ระยะ นั่งสมาธิ 20 นาที รู้สึก สบาย เบา และเข้าสู่ความสงบได้ไวขึ้น

อ้น (31 มี.ค. 45)

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หลังจากปฏิบัติธรรมทั้ง 3 ครั้งที่ผ่านไป ทำให้จิตใจเบิกบาน รู้สึกมีความสุข ร่างกายสดชื่น แจ่มใส ทำให้ความรู้สึกดีขึ้น เมื่อได้รับการอบรมทั้ง 3 ครั้งมานี้ ถึงแม้ครั้งแรกจะรู้สึกหงุดหงิด กระวนกระวาย เหมือนถูกบังคับ พอผ่านจากการอบรมแล้ว รู้สึกดีอย่างบอกไม่ถูก สิ่งที่พวกพระอาจารย์นำมาให้ไม่ใช่ยาพิษ แต่เป็นยาวิเศษ ที่ได้ช่วยให้พวกกระผม ดำรงชีวิตอย่างมีสติ บรรเทาจิตใจไม่ให้ฟุ้งซ่าน ผ่อนคลายความเครียด ต้องขอกราบขอบพระคุณทุก ๆ ท่าน ที่นำยาดี มาให้แก่พวกกระผม ถึงแม้ว่าจะไม่หายจากโรคร้ายที่พวกกระผมกำลังเป็นกันอยู่ แต่อย่างน้อยก็ต่อชีวิตให้อยู่ในโลกใบนี้ ไปอีกระยะหนึ่งอย่างมีคุณค่า

ขอบพระคุณอย่างสูง
หนึ่งหลอ

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กราบเรียนอาจารย์อมาวสี ที่เคารพ

อาจารย์คะ พัชร์ทราบซึ้งในความมีเมตตาและความมีน้ำใจของอาจารย์มาก และพัชร์ไม่รู้จะตอบแทนอย่างไร

พัชร์ขอโทษที่พัชร์เคยมองอาจารย์เหมือนคนแปลกหน้าคนหนึ่ง ที่ผ่านมาและก็ผ่านไปไม่มีความสำคัญอะไร

แต่อาจารย์ลบภาพที่พัชร์เคยมองไม่ดี หมดเลย เพราะอาจารย์มีความอดทน ใจดี มีน้ำใจรักและเป็นห่วงพวกเราจริงๆ หนูอยากบอกว่าหนูรักอาจารย์เหมือนแม่หนูอีกคนหนึ่ง เป็นแม่ทางธรรม และทางเยียวยา รักษาอาการทางด้านจิตใจให้หนูได้ทุเลาความทุกข์ลงบ้าง ตอนนี้อาจารย์รักษาแผลที่ใจหนูเกือบจะหายดีแล้ว อาจารย์เอารอยยิ้มที่แสนจะเมตตานี้แหละรักษาหนู รับฟังปัญหาหนูได้ทุกเรื่อง ไม่เคยบ่น หรือรำคาญให้หนูท้อแท้ใจเลย ขอบคุณนะคะ.... ขอบคุณมาก ขอบคุณกับความหวังดี ที่มีให้พัชร์และอ้นเสมอ

หนูจะจดจำความมีเมตตาของอาจารย์ตลอดไป จนกว่าลมหายใจเฮือกสุดท้ายจะสิ้นสุดลง

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