"I Am Not What Happened to Me, I Am What I Choose to Become" Walking the Journey with Cambodian Wounded Healers

Dr Zoe Wyatt

Hagar International, USA

Lord Lindsey Avenue St-Antoine, Mauritius

zoe@facilitatewellbeing.com.mu

Abstract

The term "wounded healer" was originally coined by psychologist Carl Jung (1951), who believed that individuals are compelled to treat clients because of the "wounds" they carry from their own earlier experiences. This paper will explore Jung's wounded healer concept through a trauma-informed lens, situated within a Cambodian context. Findings presented in this paper emerged from a larger body of work on the study of trauma and resilience, which was conducted in Cambodia. Perspectives captured in the data arose from 40 participant interviews of two distinct groups: 26 trauma survivors (aged 18-30) who had been supported by non-government organisations (NGOs) in Cambodia and 14 key informants, made up of social workers and psychologist employed working in the field of child protection. It is through these unique perspectives on recovery from trauma and what may compel an individual to work in the human services sector (often with other trauma survivors) that is presented in this paper. Not all participants working in the NGOs disclosed direct trauma histories during the interview process. However, in the context of modern-day Cambodia and in the aftermath of the genocide, it would be unusual to find a Cambodian who has not been touched by trauma in some way.

Key Words: Intergenerational trauma, Cambodia, Khmer Rouge, Wounded Healer, Meaning Making



Introduction

Cambodia is a country in Southeast Asia with a rich history. Since gaining independence from colonial France in 1953, Cambodia has undergone multiple restructurings in terms of power, governing bodies, population decline and growth and sources of funding for economic development. Yet to truly understand Cambodia's modern-day context, the country's history of violence must first be taken into account. In particular, the rise to power of the Khmer Rouge (KR) regime and the Cambodian genocide.

At first, the KR was seen by many as an honourable alternative to the Lon Nol government of the Khmer Republic, which was renowned for its corruption (Hansen, 2004; Kiernan, 1996). In reality, this regime, under the leadership of Pol Pot, pushed the country towards radical communism between 1975 and 1979 (Hansen, 2004). These practices would ultimately decimate the country's population and economy (Hansen, 2004). During the KR regime, an estimated 1.5 to 2 million Cambodians were killed, or roughly one quarter of the country's 1975 population of 7.8 million (Kiernan, 2008).

In post conflict societies such as Cambodia, researchers propose that a culture of violence will remain normalised if not addressed (van Schaack et al., 2011; Haleem, 2019). It has been argued that the violence and trauma collectively experienced by Cambodia as a nation during the KR era and the Cambodian Civil War, has normalised the presence of violence in the country, especially violence against women and girls (Brickell 2017; Eisenbruch, 2018).

Furthermore, the extensive amount of consequence-free violence at the hands of the KR with seemingly little justice, shaped a standard during the conflict era which extends into the present day. It is likely that this contributes to the ongoing physical and sexual violence against women and girls and violence against children being normalised (Brickell 2017; Eisenbruch, 2018). Violence against women and girls remains one of Cambodia's "most systemic and widespread human rights abuses" (Brickell, 2017, p.294). In 2013, a survey by the Ministry of Women's Affairs (MOWA) in collaboration with UNICEF Cambodia found that violence against children, regardless of sex or age, in Cambodia was widespread (MOWA et al., 2014; Brickell, 2017).

Furthermore, survivors of the KR era received little to no psychological support for the atrocities they endured (Miller et al., 2019), thus resulting in widespread intergenerational trauma. A common definition of intergenerational trauma is the transmission of historical trauma and its negative effects and impact across generations (Bombay et al., 2014). This susceptibility has been highlighted by numerous studies which have noted that the children of traumatised parents are more prone to being traumatised themselves, suggesting that trauma can be inherited (Field et al., 2013). This is because traumatised parents lose their ability to undertake their parental functions effectively (Field et al., 2013; Klaus & Vivodin, 2014). With over 60% of the country's population being born after the KR regime, research on the children of KR survivors provides significant evidence of secondary traumatisation among these children (Field et al., 2013).

It is therefore unsurprising that collective societal trauma has been transmitted to the younger generation in Cambodia during their childhood development (Breidenstine et al., 2011; Miller et al., 2019). This is evidenced by one study in Cambodia which noted that children of traumatised parents had problems coping with distressing situations (Baider et al., 2000), while another study found that the same population exhibited poor styles of attachment (Lyons-Ruth et al., 2005). These studies indicate that the trauma experienced by KR survivor parents is now being transmitted to their children (Field et al., 2013). Another study found that 14.2% of the



Cambodian population still suffers psychologically due to the trauma experienced during the KR regime (Miller, et al, 2019).

Another consequence of the KR regime can still be seen in the lack of mental health services in present-day Cambodia (Parry & Wilkinson, 2019). Many mental health professionals were killed during this period and the only psychiatric hospital was destroyed and never reopened (MacCabe, 2007). In modern-day Cambodia, services have been developed in a decentralised manner, with NGOs playing a vital role in rebuilding mental health services across the country (Parry & Wilkinson, 2019). However, treatment and psychological support services for trauma survivors remain limited due to a lack of funding (Aberdein & Zimmerman, 2015).

Additionally, mental health resources that are available are often through NGOs. However, despite efforts being made through a collaboration between the government and NGOs to educate mental health professionals, there continues to be a large skill shortage in the fields of psychology and social work (Stockwell et al., 2005; Parry & Wilkinson, 2019). NGOs in Cambodia tend to favour trauma-focused interventions and counselling to support their beneficiaries, although the qualifications for people working in this capacity vary widely (Aberdein & Zimmerman, 2015). As such, the field of mental health support is largely unregulated, with no national clinical guidelines for the treatment of mental disorders (Olofsson et al., 2018).

All these contextual factors in modern-day Cambodia, are impacted further by the fact that ongoing conflict, violence and suppression (often identified as originating during the KR era) creates vulnerabilities such as intergenerational trauma (Blackburn et al., 2010). Therefore, many of the population has been touched by trauma. This is especially relevant when trauma survivors choose to work with other survivors in a professional capacity (Linley et al., 2005).

"Wounded healer" is a term coined by psychologist Carl Jung (1951), who believed that individuals are compelled to treat clients because of the "wounds" they carry from their own earlier experiences. Some researchers note that there is the potential vulnerability for some wounded healers to be re-traumatised, as they might have difficulty with compassion fatigue as a result of their trauma (Zerubavel & Wright, 2012). Given Cambodia's traumatic history, there is considerable potential for re-traumatisation of mental health professionals working with trauma survivors in Cambodia. Furthermore, there is already research evidencing the retraumatisation of court personnel working in prosecuting members of the KR regime (van Schaack et al., 2011).

The wounded healer archetype has been adapted in a variety of cross-cultural settings. Researchers Benziman, Kannai and Ahman (2012) examined cultural representations of the archetype and presented parallels between the Christian, Muslim, Jewish and African versions. This cultural perspective of healing through helping others was particularly relevant to this study. Jung (1951) believed trauma could be defined by unbearable "psychic pain" or anxiety. Trauma history and personal struggles create a certain level of complexity, particularly when navigating discussing incidences of trauma and abuse (Miles et al., 2020).

This study's aim was to contribute to the growing body of work in the field of resilience and recovery from trauma in Cambodia. It was hoped that the knowledge generated might be used to further strengthen programs working with trauma survivors in cross-cultural settings. To date, there has been limited research into wounded healers outside of western countries. This paper seeks to addresses some of these gaps in the literature, by exploring the wounded healer phenomena in Cambodia.



Methods

The overarching aim of this study was to understand what factors enable recovery from trauma (Wyatt, 2021a). This was done by collecting qualitative data that could help understand the lived experiences of 26 young people in Cambodia with extensive trauma histories. How did they manage this? What has helped them move forward and cope with events of the past? The narrative of 14 individuals working in the field of child protection with backgrounds in psychology and social work were also captured to add to the rich, complexity of the data, found in the narratives of the young people (Wyatt, 2021b).

An exploratory case study approach was adopted drawing on Grounded Theory (GT) to address the research questions. A GT approach was incorporated into data collection as it enables an inductive technique that involves highly descriptive accounts of social interactions, with a focus on participant meaning making and interpretation (Bryman, 2008; Hansen, 2006). Health researchers Floersch et al. (2010) found that integrating GT, thematic analysis and narrative methods was appropriate in case study research, as together they illustrate the "different interpretive scopes on meaning making" (p.182).

Recruitment of 26 young people that were supported by NGOs began in 2019 once ethics approval had been received (please see below). The main participating NGOs that the young people were recruited from are Hagar International (Hagar), This Life Cambodia (TLC) and Flame Cambodia (Flame). These organisations all work by supporting children and young people who have often experienced extensive trauma in their young lives (Wyatt, 2021a). Social workers at these organisations aided in the recruitment by identifying participants who they believed had done remarkably well, thus being resilient in the aftermath of a traumatic childhood. All the young people who were invited to participate in the study were aged between 18 and 30, who were no longer supported by the NGOs and appeared to be doing well in their lives. By using the participant's subjective viewpoint, it can be determined what factors contributed to their recovery from trauma.

Meaning is a challenging concept because of its subjectivity and frequent use. But it is this concept that both summarises the theoretical perspective and its application to the analysis of participant experiences. In GT, theories are "grounded" in the data, acknowledging sociocultural context (Gibson & Hartman, 2014). Therefore, GT becomes a flexible method that does not dictate the data collection methods or techniques used in a study but provides alternate vantage points through a constructivist perspective (Chun Tie et al., 2019).

Additionally, 14 key informant interviews were undertaken with individuals working in the field of child protection. These consisted of managers, psychologists and social workers within the three main participating NGOs as well as leaders and mental health workers in additional international non-government organisations (INGOs). Nine of the 14 key informant interviews were conducted with experts from four INGOs. The key informant interviews with NGO/INGO staff were included to further situate the data collected from the resilient young people by gathering higher policy level and context-specific information about Cambodia and its child protection sector. This enabled a secondary perspective on the recovery from trauma to emerge and contribute a different lens to that of the young people who were supported by the NGOs.

Efforts were taken to ensure the credibility of the interview data collected by ensuring that all participants felt at ease. The most critical consideration was the wellbeing of participants during and after the interview process, as there was potential to re-traumatise participants when they were disclosing their story. As such, there were no direct questions that asked participants to recount their trauma. The researcher is a member of the Australian Association of Social



Workers and bound by an ethical code of conduct for research. This study applied for a highrisk ethics review, which was essential, given the sensitive nature of the topic and the vulnerability of the participants. Ethics approval was granted by Deakin University Human Research Ethics Committee and the Cambodian Ministry of Health in 2019 (Wyatt, 2021b).

Through the individual narratives of the young people who participated in this study, we are able to see how their different types of behaviours, motivations and attitudes exist in specific contexts, which in turn influence their collective desire to be understood. To protect the identity of these young people who shared their stories and informed this study, the findings below will identify them as 'participant'. Similarly, for the key informants working in the child protection sector, they will be identified as 'informant' in the findings below. This will distinguish between the narratives of the two groups, whilst maintain anonymity of all who shared their stories.

Findings Snapshot: The Narratives of the Young People

All of the young people in this study were employed (even those who were full-time students) and had achieved a certain level of financial independence. Those with living parents were even able to contribute to their families' household incomes. Importantly, employment opportunities for the young people gave them more than just financial independence; it also gave them a sense of purpose. This sense of purpose from employment was reinforced by their working with others, as most were working directly with trauma survivors in different capacities, thus becoming wounded healers and enabling this sense of purpose to develop.

Many participants would often find meaning in their lives from working with others who had similar experiences to their own. One participant, who became pregnant at age 14 as a result of rape by an older man and now has a 10-year-old child. She is now employed at a boarding house for pregnant young women and has found meaning for her life there, as many of the women she supports are pregnant teenagers with histories of sexual abuse. The pregnant women at this boarding house are encouraged to share their experience with both the women boarding there and the workers. As this participant explains:

"We always encourage them [the beneficiaries at the boarding house], as they have a difficult life. Sometimes I feel very hard too because of my life. But we spend time; we motivate them to keep going; 'You are good, Mum,' not keeping them alone, encourage them to share their issue so that we can support each girl throughout the program. We need to know what they want to do in the future, it is easy for me to help them because they know I understand. If they keep secret [about the abuse], we could not help."

A common theme for many of these young people was that most of them chose professions where they felt like they were giving back to society. Even the young people who were not directly employed helping others, did so as volunteers, in addition to their busy paid work and family commitments:

"I work at a restaurant, but I am a volunteer youth for helping poor families and orphans. I do volunteer work for Mercy Youth organisation."

"I help the children who are parentless in my community to a house to get a care from an old person. We take care for them with food, bathing and bringing them to the kid school in the community."

Some of the young people's paid work was with orphans; others were employed in a professional capacity as doctors, psychologists, teachers or midwives. Many expressed



concerns over their conflict between being a mentor for others and keeping their personal stories secret and safe from outside gossip and judgment. Even when working with young people who had similar trauma histories, many struggled to open up to the younger traumatised individuals, if they were able to open up at all, due to community stigma they had previously faced. One participant who was trafficked as a child for labour and who is now a qualified and experienced psychologist, described this type of conflict when he spoke of his work with a young male sexual abuse survivor:

"...in Khmer culture, when the people know well about you, they will look you in another different way. As an example, I am a mentor for them if they know me well; they know my weakness; they might be, you know, have some ideas about me, not listen. You know like to have some idea about me. That is why you know we have some boundaries to protect ourselves also in this case."

Many were working directly with young trauma survivors, yet interestingly, none of them spoke of their work as triggering their personal early traumas. In fact, many spoke proudly about how through helping others they also would become strong themselves in the process:

"The big dream that I made through strength, before I had thought about myself to be strong. I think about what and who has helped me to finish, I think like that. [The NGO] helped me, because I am poor. When I finished, I continue to help the poor, I think like this, so it makes me strong. I help others when I success, like this in my mind."

Finding meaning in life is a strong theme that emerged through the narratives of the young people across all groups. For many, finding resilience in their lives after trauma also meant constructing meaning and understanding of past traumatic events, relationships and struggles. As one participant illustrated this in his reflections on his life:

"When I look back myself, I can see things, a lot of struggles that I have passed by. I'm not a rich one, but I can say I'm a satisfied person. I have no parents, but I have my parents-in-law who love me and treat me like a son. My foster parents, they treat me like the youngest son in the family. I have kids. I have what is called family. I know the word family well. I know who a father is and what father means because now I'm a father. So, I'm happy with that. I'm not too proud, but happy. Honestly. I'm happy. I want the others and the next generation to feel just like me."

At the heart of many participant accounts was their coming to terms with what had happened to them and understanding that their traumatic experiences helped them develop inner strength. These young people expressed a desire to help others and wanted to share their lived experiences of overcoming hardship with others in similar circumstances:

"If I have money, or some fund, I want to run a helping center for orphans or old people. I want to share my happiness and my care with them."

Many survivors felt that it was through their lived experiences that they had something to contribute to Cambodian society. One participant described why she chose to study a Master's in Public Health with a scholarship offered to her by a university in China:

"Now, I'm trying to work hard in my studies so one day, I can develop my country by creating a good policy. I don't know in what area, but because I have passed many situations like abusing, scared situation, I want to join in a place where I can help to develop my country."



Findings Snapshot: The Narrative of the NGO Key Informants

The role of the social worker was identified by some informants as another important relationship for building a sense of connection with trauma survivors in recovery. However, many spoke of qualified social workers opting to work in finance instead of pursuing a profession that is notoriously hard work and underpaid. This informant explained:

"The numbers of social work students have increased, but somehow in the job market when they graduate, they start work in finance for example. It is quite difficult, because people sometimes think of money ... Because there are a lack of professionals and lack of accreditation, which is why we are working with the government to ensure that people will be recognise by the government."

However, almost all key informants interviewed had an academic background of social work and/or psychology, which was evident from their language in the interviews. Additionally, a strong focus on human rights and helping others was present among both cohorts of participants and informants, as informants discussed what drew them to this field in the first place, as this social worker described:

"The best thing is that we can do is help people. My family said, 'Why you work with the people who are in jail because they are bad?' I disagree. Many people are thinking about white paper, a good paper, which has not had any pain or ink on it, and they can draw anything. But for this paper, clients sometimes has a lot of ink or pain; so it's messy. It is difficult to change or make it to other things. That is the reason why I work with them. I would like to change the people who make the bad actions, to good actions in the recent time."

This desire to instigate change and advocate for their beneficiaries was a strong theme, as were the challenges of the social work profession as a whole:

"As we know that being a social worker is not easy, but we all are working from our heart. It needs more commitment to work with some clients that have aggressive behaviour because they have many abuses from the community, the family, from the abusers. But we want to have our community, being not abused in Cambodia. So this what we do in social work."

Discussion

The long-lasting influence of the KR continues to impact the health and wellbeing of young Cambodians born well after the regime fell, which is evident in the accounts of the young people. Some spoke directly of their family's collective grief and the trauma which they experienced during the KR and afterwards. Although all the young people were one generation removed, their parent's generation are all survivors of this period of extreme societal unrest. Some participants shared that there was a sense of deep silence surrounding the trauma of their parent's generation, which they felt caused a disconnection within the family between the two generations. Furthermore, the narratives show that the transference of trauma and learned behaviour from one generation to the next continues to play out well into adulthood. Several of the young people made this connection between their behaviour and their family history.

Through the research process and interviewing the young people about their life stories, it became apparent that the sharing of one's story is an unmet need in their local communities. Many had commented that this was the first time they had shared their whole story. Recreating one's story through retelling or creating a new story may offer survivors transformational value



(Gagnon & Novotny, 2020). Deconstructing one's history may also help with the reconstruction of one's identity, as was evidenced by the number of young people who were wounded healers and working with other trauma survivors, actively sharing their stories with the young people with whom they were working. These stories are more than just trauma and abuse narratives: instead, they are stories of hope, love, courage and personal growth. Through this reconstruction, participants created meaning from their trauma and their journey in life.

Researchers have long identified meaning making as critical for trauma survivors in their recovery (Bettelheim, 1960; Frankl, 1971; Levi, 1987). Meaning making is the process of how individuals construct meaning and make sense of life events including trauma. This term is used widely in constructivist approaches to counselling and psychology, having been originally coined by Viktor Frankl (1971), a psychiatrist and Holocaust survivor. Since its conception, meaning making has always been a strong theme in accounts of survivors and their stories of recovery from trauma (Bettelheim, 1960; Frankl, 1971; Levi, 1987).

The data captured in this study through both participant and key informant interviews, indicated that recovery from trauma and resilience came from having a sense of belonging through social connectedness and community, helping to facilitate a sense of meaning in one's life. By creating survivor-led programs that empower other survivors to own their story, NGOs working in the child protection space may provide a sense of purpose through education and vocational training programs. The findings also pointed towards the significance of role model encouragement, which many of the young people found through the support of the staff working at the NGOs. This positive reinforcement by a trusted adult often resulted in pivotal turning points in the young people's recovery.

The young people's understanding of their own personal effectiveness was informed by their sense of belonging, wellbeing and accomplishments. This finding is supported by Carver et al's (1993) early hypothesis that trauma survivors may develop self-confidence through gratifying work, which thereby becomes a self-perpetuating resource of resilience and meaning making. These internal attributes were fostered by various factors. Their perspectives on life and how they created meaning was informed by cultural traditions, faith, beliefs and behaviours. Their sense of personal effectiveness was often further cultivated through giving back and working with others, thereby making them into wounded healers.

Central to Jung's interpretation is that people who have experienced trauma would transform to be enlightened by the experience in order to help others (Jung, 1961). For the young people interviewed that did not have strong family support post-trauma, the power to heal others provided them with the catalyst to change and overcome their own wounds. As it was largely the orphaned participants that were wounded healers, it could perhaps be seen as a solution in constructing a hybrid identity. Meshing the old with the new, an orphan once rejected by their community, becomes a healer in that same community many years later. Researchers have found that in surviving trauma and later helping others, a wounded healer essentially becomes the bridge between the "worlds of illness and wellness" (Miller et al., 1998, p. 125). Thus, by entering the helping professions, these young people who lacked family support, were able to create a means of healing themselves and others.

Also aligning with Jung's wounded healer interpretation, is that for many of the participants in this study, they may have developed the resilience useful for professional practice recognised by other researchers (Rajan-Rankin, 2014). A common theme among authors who present cultural interpretations of the wounded healer archetype is the drive to relieve the suffering of others (Benziman, et al., 2012; Christie & Jones, 2014), affording them transformative powers



(Jung, 1961). For the survivors in this study, the NGOs played a pivotal role in their recovery through providing advancement opportunities and social connectedness, that in some cases provided the very framework for working with other trauma survivors. This is consistent with the past 20 years of research into trauma, mental health and resilience, all pointing in one direction: that caring relationships may facilitate the creation of meaning and sense of purpose post-trauma that leads to resilient behaviours (Carver, et al, 2003; Linley, 2005; Rajan-Rankin, 2014; Miles, 2020; Wyatt, 2021a).

Conclusion

Cambodia is still challenged by high rates of poverty, marginalised groups, economic challenges and a range of cultural issues such as gender-based violence. Importantly, it appears that the country still struggles to emerge from the shadow of the KR, the effects of which are still felt in the country's youngest generation due to intergenerational trauma. The way the young people interpreted the meaning of their lived traumatic experiences could have given them understandings, interpretations and reasons for behaving in a particular way. Notably, many of them appeared to create meaning through their lives by recontextualising their trauma histories into stories of resilience and hope, which they used as motivation for their working with others, thereby becoming Jungian wounded healers.

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References

- Aberdein, C., & Zimmerman, C. (2015). Access to mental health and psychosocial services in Cambodia by survivors of trafficking and exploitation: A qualitative study. *International Journal of Mental Health Systems*, 9, Article 16. https://doi.org/10.1186/s13033-015-0008-8
- Baider, L., Peretz, T., Hadani, P., Perry, S., Avramov, R., & De-Nour, A. (2000). Transmission of response to trauma? Second-generation Holocaust survivors' reaction to cancer. *The American Journal of Psychiatry*, *157*(6), 904–910. 10.1176/appi.ajp.157.6.904
- Benziman, G. Kannai, R. & Ahmad, A. (2012) "The Wounded Healer as Cultural Archetype." *Comparative Literature and Culture*, 14:1.
- Bettelheim, B. (1960). The informed heart: Autonomy in a mass age. Free Press.
- Blackburn, A., Taylor, R., & Davis, J. (2010). Understanding the complexities of human trafficking and child sexual exploitation: The case of Southeast Asia. *Women & Criminal Justice*, 20(1), 105–126.

- Bombay, A., Matheson, K., & Anisman, H. (2014). The intergenerational effects of Indian residential schools: Implications for the concept of historical trauma. *Transcultural Psychiatry*, *51*(3), 320–338.
- Breidenstine, A., Bailey, L., Zeanah, C., & Larrieu, J. (2011). Attachment and trauma in early childhood: A review. *Journal of Child & Adolescent Trauma*, *4*, 274–290. 10.1080/19361521.2011.609155
- Brickell, K. (2017). Violence against Women and Girls in Cambodia. In K. Brickell & S. Springer (Eds.), *The Handbook of Contemporary Cambodia* (pp. 294-305). London and New York: Routledge.
- Bryman, A. (2008). Social research methods (3rd ed.). Oxford University Press.
- Carver, C. S., Pozo, C., Harris, S. D., Noriega, V., Scheier, M. F., Robinsons, D. S., Ketcham, A. S., Moffat, F. L., Jr, Clark, K. C. (1993). How coping mediates the effect of optimism on distress: A study of women with early stage breast cancer. *Journal of Personality and Social Psychology*, 65, 375–390.
- Christie, W., & Jones, S. (2014). Lateral violence in nursing and the theory of the nurse as wounded healer. Online Journal of Issues in Nursing, 19(1), 27–36
- Chun Tie, Y., Birks, M., & Francis, K. (2019). Grounded theory research: A design framework for novice researchers. *Open Medicine*, 7(3), 1–8. https://doi.org/10.1177/2050312118822927
- Field, N., Muong, S., & Sochanvimean, V. (2013). Parental styles in the intergenerational transmission of trauma stemming from the Khmer Rouge regime in Cambodia. *American Journal of Orthopsychiatry*, 83(4), 483–494.
- Floersch, J., Longhofer, J., Kranke, D., & Townsend, L. (2010). Integrating Thematic, Grounded Theory and Narrative Analysis: A Case Study of Adolescent Psychotropic Treatment. *Qualitative Social Work*, 9(3), 407–425. 10.1177/1473325010362330
- Frankl, V. (1971). *Man's search for meaning: an introduction to logotherapy*. Hoddes and Stoughton.
- Gagnon, J., & Novotny, M. (2020). Revisiting research as care: A call to decolonize narratives of trauma. *Rhetoric Review*, 39(4), 486–501. 10.1080/07350198.2020.1805558
- Gibson, B., & Hartman, J. (2014). Rediscovering grounded theory. Sage.
- Haleem, I. (Ed.). (2019). Normalization of violence: Conceptual analysis and reflections from Asia (1st ed.). Routledge. https://doi.org/10.4324/9780367823597
- Hansen, A. R. (2004). Khmer identity and Theraváda identity. In J. Marston & E. Guthrie (Eds.), *History, Buddhism and new religious movements in Cambodia*. University of Hawaii Press.
- Hansen, E. C. (2006). *Successful qualitative health research: A practical introduction*. Allen & Unwin.
- Jung, C. (1951). Fundamental questions of psychotherapy. Princeton University Press.
- Jung, C. G. (1961). Memories, dreams and reflections. London: Fontan.
- Kiernan, B. (1996). *The Pol Pot regime: Race, power, and genocide in Cambodia under the Khmer Rouge, 1975 to 1979.* Yale University Press.
- Kiernan, B. (2008). *Blood and soil: Modern genocide 1500–2000*. Melbourne University Publishing.
- Klaus, E., & Vivodin, C. (2014). *Parenting in Cambodia*. https://www.ics.nl/public/mediaupload/Files/Report%20Parenting%20Seminar_March%2021%20Phnom%20Penh _ICS%20RUPP.pdf
- Levi, P. (1987). If this is a man. Abacus.

- Linley, P., & Joseph, S., & Loumidis, K. (2005). Trauma work, sense of coherence, and positive and negative changes in therapists. *Psychotherapy and Psychosomatics*, 74, 185–188. 10.1159/000084004
- Lyons-Ruth, K., Yellin, C., Melnick, S., & Atwood, G. (2005). Expanding the concept of unresolved mental states: Hostile/helpless states of mind on the Adult Attachment Interview are associated with disrupted mother-infant communication and infant disorganization. *Development and Psychopathology*, 17(1), 1–23.
- MacCabe, J., Sunbaunat, K., & Bunthoeun, P. (2007). Psychiatry in Cambodia: The phoenix rises from the ashes. *International Psychiatry: Bulletin of the Board of International Affairs of the Royal College of Psychiatrists*, 4(2), 37–38.
- Miles, S., Heang, S., Lim, V., Nhanh, C., & Sreang, P. (2020) *The Butterfly Longitudinal Research Project: End of year progress report 2020.* Chab Dai Coalition.
- Miller, F., Rosenstein, D., & DeRenzo, E. (1998). Professional integrity in clinical research. Journal of the American Medical Association, 280(16), 1449–1454.
- Miller, J. K., Platt, J., & Nhong, H. (2019). Psychological needs in post-genocide Cambodia: The call for family therapy services and the implications for the "majority world" populations. *Journal of Family Psychotherapy*, 30(2), 153–167. 10.1080/08975353.2019.1613610
- MOWA, UNICEF Cambodia, US Centers for Disease Control and Prevention. (2014). *Findings from Cambodia's violence against children survey 2013: Summary.* Phnom Penh: MOWA.
- Olofsson, S., Sebastian, M. S., Jegannathan, B. (2018). Mental health in primary health care in a rural district of Cambodia: A situational analysis. *International Journal of Mental Health Systems*, *12*, Article 7. https://doi.org/10.1186/s13033–018–0185–3
- Parry, S. J., Wilkinson, E. (2019). Mental health services in Cambodia: An overview. *British Journal of Psychiatry International*, 17, 1–3. https://doi.org/10.1192/bji.2019.24
- Rajan-Rankin, S. (2014). Self-identity, embodiment and the development of emotional resilience. British Journal of Social Work, 44 (8): 2426-2442 doi:10.1093/bjsw/bct083
- Stockwell, A., Whiteford, H., Townsend, C., & Stewart, D. (2005). Mental health policy development: Case study of Cambodia. *Australasian Psychiatry*, *13*(2), 191–193.
- Van Schaack, B., & Chhang, Y. (2011). Cambodia's hidden scars: Trauma psychology in the wake of the Khmer Rouge. SSRN Electronic Journal. 10.2139/ssrn.2758130
- Wyatt, Z (2021a). Pathways of Resilience and Recovery from Trauma for Cambodian Young People. Advances in Social Science and Culture. Vol. 3, No. 3 pp. 80-98.
- Wyatt, Z (2021b). Dynamism: Reconceptualizing Resilience in the Recovery from Trauma. Asian Journal of Social Science Studies; Vol. 6, No. 4; pp.29-34
- Zerubavel, N., & Wright, M. (2012). The dilemma of the wounded healer. *Psychotherapy*, 49(4), 482–491. 10.1037/a0027824