HMONG SHAMANISM, HEALTH DISPARITIES, AND ACCULTURATION:

40 YEARS IN THE UNITED STATES

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HMONG SHAMANISM, HEALTH DISPARITIES, AND ACCULTURATION: 40 YEARS IN THE UNITED STATES

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Abstract

Hmong people have been in the United States for 40 years since the start of the Vietnam War. The attitudes, values, and behaviors are changing within the Hmong culture as we continue to try to acclimate to the American or Western Culture. The traumatic Vietnam War-related events the Hmong experienced, and the subsequent mental health problems scarred an entire generation. Unable to remain in Vietnam, Laos, or Thailand, the Hmong people were forced to leave their homeland to survive. Acculturation difficulties have been found to cause significant mental health stressors for the Hmong people. Acculturation issues are compounded by small population, gender roles, familial roles and cultural norms. Providing health care for the Hmong, particularly mental health issues, continues to be challenging for a variety of reason. Language differences, medical and religious beliefs, medical practices, cultural beliefs and social organization are all important factors that must be considered when providing care for this minority group. This paper will evaluate the Hmong cultural beliefs, disparities and effective approaches that must be considered to provide cultural appropriateness of services as well as how service can align with Hmong values and health needs.

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Chapter One: Introduction

The Hmong are an ethnic minority with ancient roots in China. Members of this tribal culture have lived in the highlands of Southeast Asia, mainly Laos, since the 1800s. Because of the Hmong people's assistance to the Central Intelligence Agency and the U.S. military during the Vietnam War, the Hmong were forced to leave their homeland or face genocide by the leaders of the Laotian government. Since the 1960's many Hmong have made the United Sates their home (Adler, 2011) although there are still a few Hmong ethnic minorities in Laos still fighting for their land. There are 260,073 people of Hmong descent reside in the United States today, according to the U.S. Census, (2010). This number of minority Hmong is in relation to 57 million Hispanics and 47 million Blacks.

Hmong families face the same difficulties as other minority groups in trying to assimilate to a new country: language, employment, transportation, housing, cultural barriers, isolation, racism, discrimination, and raising children in a majority culture and school system. However, there are many higher percentages of Hmong Americans struggling to succeed in the United States and to function adequately in many capacities, such as medical and mental health care and services. Part of Hmong struggles may be related to unique cultural norms and expectations, language barriers, and access to basic resources. Despite having common struggles faced by many other immigrants, other minorities appear to have an increased level of assimilation in the host country for younger generations, with many Hmong Americans succeeding in

furthering social, educational, political, and economic development (Kue, Thorburn, and Keon, 2014).

Statement of the Problem

The Hmong people, even though they have lived in the United States for over 45 years, still face significant cultural barriers that affect their ability to recognize their health issues, particularly their mental health concerns and their ability to seek appropriate treatment.

Significance of the Research

Currently the more than 200,000 Hmong (Hmong National Development, 2011) living in the United States are not receiving culturally competent physical or mental health care. Health issues such as tuberculosis, hepatitis B carrier status, asymptomatic splenomegaly, sudden unexpected nocturnal death syndrome, post-traumatic stress disorder, injuries related to agricultural occupations, cardiovascular disease, diabetes, lower immunization rates, and higher rates of cancer, pose major challenges for health education practitioners. Genetic predispositions for certain health problems, difficulties accessing health services, and diet-related issues appear to be important contributors for morbidity and mortality in the Hmong population. Although the Hmong born outside the United States account for less than 0.5% of the foreign population in the United States (U. S. Census, 2015), they are an important group from a health education perspective.

Purpose of the Study

This study evaluates the relationship between acculturation and mental health disparities within the Hmong Community and ways to provide culturally competent physical and mental health services. This study will explore how language differences, social organization, cultural and religious beliefs impact medical practices of the Hmong.

Definition of Terms

Acculturation: Cultural modification of an individual, group, or people by adapting to, or borrowing traits from another culture; a merging of cultures as a result of prolonged contact; the process an individual person experiences by giving up traditional cultural values and behaviors while adopting those of the dominant social structure (Lor, Rodolpha and Lindberg, 2017; Mouanoutou, 2015; Vang, 2015)

Alcoholism: a medical condition in which someone frequently drinks too much alcohol and becomes unable to live a normal and healthy life (Malison, Kalyasir, Sanichwankul, Sughondhabiron, Mutirangura, Pittman, Gueorguieva, Kranzler, Gelernter, 2011).

Culture: The customary beliefs, social forms, and material traits of a racial, religious, or social group (Eisenberg, Puhl, Areba and Neumark-Sztainer, 2019).

Cultural Competency: cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes (Eisenberg et al., 2019).

Dermal abrasion: Dermal abrasion techniques include cupping, pinching, coining and spooning. These methods are often used to treat physical pain, such as joint pain, headaches, and body aches but also can be combined with Shamanism (Plotnikoff, Numrich, Wu, Yang, and Xiong, 2012).

English as a Second Language (ESL): Specialized, individualized instruction to non-English speaking people to help them learn the English language and culture Shippee, Pintor, McAlpine, and Beebe, 2012).

Gender roles: The Hmong's traditional way of life is comprised of a hierarchical social structure system that is based on a patriarchal belief and is male dominated (Vang, 2015)

Healthcare disparities: population-specific inequalities that occur in the provision and access to healthcare across different racial, cultural, ethnic and socioeconomic groups. The disparities can be in the access or provision of services due to language, cultural, social, medical or other barriers (Khuu, Lee, and Zhou, 2018; Park & Jacobs, 2018; Smalkoski, Herther, Xiong, Ritsema, Vang and Zheng, 2012).

Traditional Hmong herbal medical treatments: herbs (**"**tshuaj ntsuab") or organic substances, such as dried animal parts that are used in the treatment of physical, mental or spiritual issues (Dubost, 2019)

Hmong: A member of a mountain-dwelling people inhabiting southeastern China and the northern parts of Vietnam, Laos, and Thailand (Lor, 2017).

Hmong clan: There are 18 Hmong clans with two major classes (Green Hmong and White Hmong), within the Hmong class. These two classes are distinguishable by dialect, clothing designs, and geographical region (Lee, 2013).

Interpreter: Persons able to provide communication in the native person's own language and in keeping with their cultural language preferences (Lor, Xiong, Schwei, Bowers, and Jacobs, 2016).

Post Traumatic Stress Disorder: exposure to a traumatic or stressful event that leads to short and long-term negative effects to the individuals mental, physical and emotional wellbeing (American Psychiatric Association, 2013).

Shaman: a man or woman who is regarded as having direct access to, and influence in the spirit world which is usually manifested during a trance and empowers them to guide souls, and cure illnesses (Helsel, 2018).

Shamanism: a religion practiced by indigenous peoples of far northern Europe and Siberia that is characterized by belief in an unseen world of gods, demons, and ancestral spirits responsive only to the shamans (Martin, 2014).

Delimitations of the Research

The research was conducted in the Karmann Library at the University of Wisconsin-Platteville, over a period of ninety days. Searches were conducted via the Internet through EBSCO host with ERIC, Academic Search Elite, Google and Google Scholar. The extremely small ethnic population of Hmong resulted in several references that were used that were more than 5 years old, particularly to early refuges to the United States. Key search topics included: Hmong, acculturation, health disparities,

ethics, cultural competency, mental health, Post Traumatic Stress Disorder, shaman and shamanism.

Method of Approach

A brief review of literature was conducted to identify the uses of Hmong Shamanism and Western health practices and values for treating physical and mental health illness within Hmong Community, 40 years after their arrival as refugees in the United States. The findings were summarized and then compared with other immigrant groups.

Chapter Two: Review of Literature

Since the first wave of the Hmong people arrived to the United States, over 40 years ago, the Hmong population has grown substantially. Between 2000 and 2010 alone, the Hmong population grew over 40% (Pfeifer, Sullivan, Yang, and Yang, 2012). This is significant, given that the total United States population grew only by 9.7 % in the same decade (U. S. Census, 2012)

The Hmong have a long history of war, bereavement, and displacement. Hmong refugees began arriving to the United States in the mid 1970's. This wave of refugees primarily consisted of Hmong soldiers and highly-educated individuals along with their families. This group of people had adequate financial and educational resources to flee their country and resettle in the United States (Vang, 2011. The first group of Hmong immigrants were able to assimilate quickly because they possessed sufficient educational background and language to establish a new home and career, and because they left earlier, they were able to avoid many of the horrors of war. The next large wave of Hmong refugees, about 15,000 people, resettled in the United States around the mid 2000's due to the closing of the Wat Tham Krabok Buddhist Temple Refugee Camp in Thailand (Vang, 2015). This group of individuals were not as well educated as earlier groups and were struggling because they had been dealing with the uncertainty of living in refugee camps for many years. There were almost constant concerns over sufficient funding, claims of the monastery harboring Hmong resistance fighters, and political upheaval between the United States and Thailand over responsibilities for the refugees.

The challenges of being an immigrant in a foreign land impacted every aspect of the immigrant's life from employment options to education, cultural and social interactions. Because the second group of Hmong entered the United States with less education and with more challenges, it was much more difficult for them to assimilate. Fear and isolation as well as discrimination, language, religious and other barriers combined to cause the Hmong to cling to their traditional medical and cultural practices much more than the earlier group of refugees (Martin, 2014).

Unique Immigration Challenges for the Hmong

Acculturation into the Western culture created challenges for the Hmong because of language, gender roles, familial roles, and cultural norms. Each of these issues were more significant because of the very small Hmong population density in the United States.

Language: Language issues are heightened for Hmong because with such a small percent of the population and of the immigrant population, there are few interpreters, or material printed in the language. In addition, when Hmong were first brought into the United States, they were dispersed to: California, Minnesota, Wisconsin, Michigan, Colorado, North Carolina, Georgia, Missouri, Florida and Washington. This is a very wide scattering of a very small population Limited language and lack of funds meant that people were separated with little contact between different clans (Vang, 2015). In addition, Hmong was a preliterate language following a primarily oral, rather than written language (Lee, 2013). Because Hmong is a preliterate language it is much more difficult to learn a new language. Hmong did not have a

written language in Hmong and they were not in their refugee nation of Thailand long enough or with enough resources to develop proficiency in Thai. In addition, because the parents did not write, children growing up would learn only oral Hmong and not have models of English oral or written language. Language issues also complicated education at all levels from preschool through college, because English as a Second Language (ESL) was directed towards larger percentages of minorities such as the Hispanic population (Shippee et al., 2012). Language concerns also created issues with the families' social, and cultural structure as children born in the country are often expected to serve as interpreters which can then negatively impact the family dynamics (Vang, 2013; Vang 2015a). While many of the initial challenges of acculturation to a new country and society lessen over time because successive generations of Hmong grow up as fluent English speakers, some cultural differences continued to persist for the Hmong (Bahrassa, Juan, and Lee, 2012; Xiong, 2012).

Gender roles: Another issue that is unique to the Hmong are very strict gender roles. Males, even when they are wrong are always considered correct by the family, clan and culture. Hmong have a macho culture which poses challenges for both the males and females in the culture. The Hmong's traditional way of life is comprised of a hierarchical social structure system that is based on a patriarchal, male-dominated belief. Currently, there are 18 Hmong clans (Lee, 2013; Vue and Rodriguez, 2018) with two major classes (Green Hmong and White Hmong), which are distinguishable by dialect, clothing designs, and geographical region. A typical Hmong family usually consists of a husband, wife, and children, and also often include the parents of the

husband. It is customary for the Hmong to have many generations living together in one household. Each family member has a role with specific set of responsibilities and is expected to abide by them without question (Vue and Rodriguez, 2018).

Typically, all males have more authority than females, and older males have more authority than younger males, including every member in their clan and this extends throughout the immediate community. Hmong male elders from the family or the clan often provide all support and interventions or solutions, with a primary aim to uphold continual relations for the family and its clan (Gerdner, 2012). The husband is looked upon as the head of the household, and he is traditionally, the sole bread winner, while the wife is responsible for completing household chores, including cooking, raising children, and caring for the whole family. This gender configuration means that there is only one income, rather than other minority groups where both parents worked full-time to help the family advance and acquire more funds for education, housing, transportation, health care and other needs.

Religious beliefs: When the Hmong expatriated from Laos, they brought with them a rich culture with strong animist religious convictions and active Shamanic practices. As the Hmong made America their home, the Hmong practices of traditional healing and Shamanism has been particularly challenged by the multiple forces that accompany acculturation (Gerdner, 2012; Helsel, 2018). Most Hmong follow the practices of Shamanism which combines healing, herbal remedies and religion as a way to create health and well-being. The origins of Shamanism are shrouded in history, but legend clearly identifies its historical significance through

traditional oral legend known by the Hmong people. In this way, Hmong Shamanism differs from many other Shamanic traditions as described by popular American authors and promoters of Neo-Shamanistic practices in the United States (Martin, 2014). Because the Hmong language was pre-literate and based on an oral tradition, the practice of Shamanism is passed down from elder to younger chosen male member of the clan.

Unlike Western medical doctors, Hmong Shamans do not receive any specialized education or training. Shamans do not provide a physical diagnosis for the people they help. Rather, they try to determine the soul status of the person by entering the spirit world to confront the spirits causing the illness. Traditional Hmong believe illness is commonly attributed to spiritual causes. An evil spirit is often the culprit or, one's own misdeeds may offend and provoke the departure of one's own soul (Martin, 2014).

The Shaman's goal is not to overcome or defeat the spirits that have taken the soul but instead to negotiate for the return of the person's soul. This process involves offering gifts to the Shaman such as spirit money and/or the souls of animals (animal sacrifices) in exchange for the soul of the sick person. Shamans play the role of the negotiator, prosecutor, and defender of the victim. Hmong Shamans believe they are part of a larger system of healing. This is very different from Western medicine that is analytic, mechanistic, and reductionist. Western medicine separates the body from the mind, and regards the soul as irrelevant or non-extent. Western medicine views disease causation at cellular and molecular levels (Pinzon-Perez et al,, 2005).

Traditional Hmong Medical Treatment

Traditional Hmong health and healing practices continue to be used within the Hmong community. Seventy percent of Hmong retain their traditional medical practices, including Shamanism and herbal treatments (Pfeifer et al., 2012). Traditionally Hmong people believe that some illnesses, particularly those that are less severe or non-life threatening, should be treated with Hmong medical treatments first as the primary method of treatment. Traditional Hmong medicine is commonly used for physical ailments, while spiritual ceremonies are for emotional or mental health concerns, although Shamam do believe that physical ailments are related to the whole person including their spirit.

Spiritual ceremonies: Spiritual ceremonies are commonly identified by the Hmong as traditional or primary health practices when Hmong are faced with mental health issues such as “hu plig” (soul calling) ceremony and other spiritual ceremonies like “ua neeb” (soul healing) ceremonies (Capps, 2010; Gerdner, 2012; Martin, 2014). Within traditional Hmong spiritual beliefs, an individual can become ill if their soul wanders off from their body or if they lose their soul (Pinzon-Perez, et al., 2012). Families typically pay a stipend to a Shaman (spiritual healer) for performing spiritual ceremonies, even when the Shaman is a close family member. Shamans are believed to have the ability to enter the spirit world and retrieve or heal ones’ soul. Hmong believe that once body and soul are united, they will be healed (Dubost, et al., 2019).

Herbal medical treatments: Other traditional Hmong health and healing practices include herbal medicine and dermal abrasion treatments (Lor and Lovaj,

2008). Herbal medicines are often made from animal parts, roots, and plants by herbalist (Dubost, et al., 2019). Hmong herbalists have a prominent healer role in the community, similar to Shamans. They have often inherited and learned how to prepare herbal medicine from their elders. Herbal medicine is primarily used to heal physical ailments, but some are also used to heal mental ailments. Researchers found that 92 % of 37 plants used as herbal medicine by the Hmong community in Minnesota had medicinal properties according to "western biomedical criteria of efficacy" (Lor, Moua and Ip, 2016). Other researchers found similar benefits from herbal treatments (Lor and Lovaj, 2008)

Dermal abrasion healing techniques: Dermal abrasion techniques are also commonly practiced within the Hmong community (Numrich, Wu, Yang, and Xiong, 2012). Dermal abrasion techniques include cupping, pinching, coining and spooning. They are often used to treat physical pain, such as joint pain, headaches, and body aches. Unlike herbal medicine or spiritual ceremonies, dermal abrasion techniques do not need to be performed by a specialist.

Challenges in Accessing Western Medicine

The preference to use traditional Hmong support services versus seeking Western services comes down to personal preferences. Age, nature of the illness, and cultural beliefs can impact access to Western medical services.

Age: Generational differences impact if and when Hmong persons will access Western medicine. Older adults, parents, or those who have recently arrived in the United States are more likely to rely on traditional Hmong healing and not Western

physicians (Gerdner, 2012; Meschke & Juang, 2013). Most youth who were born in the United States reported a preference for Western methods but felt that their parents would expect them to try traditional Hmong methods first (Frantzen-Castle and Smith, 2014; Vang, 2018). A major factor in the choice of care involves the perceived cause of the illness. Shamans are not opposed to conventional physician care. Shaman believe that their role is to treat the spiritual cause of illness and retrieve the lost souls of the sick and Western medicine may be used to treat the physical illnesses that are life-threatening (Berger, 2011; Franzen-Castle and Smith, 2013).

Nature of the illness: Shaman practitioners and Hmong patients recognize the need for the biomedical treatment of chronic condition such as: broken bones or diabetes, for example (Cuhane-Pera, Her and Her, 2017), and high blood pressure or ulcers (Detjen, 2008). Shamans can only do so much given that their role is to treat the spiritual causes of illness and retrieve souls. A spiritual cause may be indicated by general and non-specific symptoms such as fatigue, loss of energy, nightmares, body weakness or loneliness.

Cultural beliefs: Members of the Hmong community may not make a distinction between physical and psychological problems. Additionally, Hmong youth and adults may be reluctant to seek help in times of need due to stigma, shame and or lack of awareness of the availability of Western services (Rhodes, 2008). Hmong families may not directly say they do not want to use mental health services but may choose to not come to scheduled appointments or may refuse to communicate with the provider.

Parents may believe that the child will grow out of the condition or may believe that the child needs more traditional Hmong treatments.

Lack of awareness: There may be a lack of awareness of the availability of Western services particularly for members of the community who do not speak English or who do not speak fluent English. Because many Hmong settled in rural communities, they may also not have access to Western medicine because they do not have readily available transportation (Smalkoski et al., 2012).

Challenges in Providing Mental Health Care for Hmong

Reluctance to access mental health services: Providing health care for Hmong, particularly mental health care, is challenging for a variety of reasons. Language differences, medical and religious beliefs, medical practices, cultural beliefs gender roles, and social organization are all important factors that must be considered when providing care for this minority group (Vogel, Wade, and Hackler, 2007).

The Hmong community often turns to what is familiar to them when seeking support for their medical, social or emotional needs. The Hmong culture is very collectivistic, where life and decisions revolve around the family (Vang 2015a).

Pre-and post-migration factors are linked to psychological distress and contribute to the high prevalence of mental health issues with immigrants and refugees. Migration factors include war trauma, violence, poverty, loss and grief from leaving their country at war. Once Hmong immigrated and settled in the United States, they faced other challenges including: culture shock, acculturation, and racial discrimination. Language barriers, lack of education and related issues with job

skills and unemployment created many financial hardships for Hmong. In addition, because the Hmong immigrated from an Asian to a Western culture, new family and intergeneration conflicts surfaced (Lee and Chang, 2012).

Despite acculturation and adaptation pressures and challenges, Hmong families and clans continue to be very close knit. Hmong clans or clan leaders serve as a guiding and protective source of support for coping and dealing with issues and problems. In addition, cultural practices in health and healing are prominent and are often used in combination with available Western health services.

Lack of culturally appropriate mental health assessment: Mental health data is not widely available on the Hmong and what is available is generally completed on a very small scale (Futterman-Collier, Munger, and Moua, 2012) or for a very specific purpose such as diet (Eisenberg et al., 2019; Smith and Franzen-Castle, 2012), smoking practices (Fu, Kim and Min, 2007) : LGBTQ assessments (Homma, 2007); and domestic violence because of the "macho" culture (Vang 2015b). With the exception of a few health assessments of the first wave of Hmong refugees from the Wat Tham Krabok Buddhist Temple in Thailand refugee camp (Westermeyer, 1988), there are very few mental health research studies that either focused or included the Hmong community. These studies, which include adults and adolescents, indicate that the prevalence of any diagnosable mental health disorder is quite high (40% to 85%), and post-traumatic stress disorder (PTSD) (15% to 35%) is common within the Hmong community (Westermeyer, and Her, 2007) The Hmong community has had

traumatic migration experience and have faced adaption challenges in the United States that impact their mental well-being.

The rate of mental health diagnosis has been found by one researcher to be more than twice as high for the Hmong (43%) than for Western populations (15 to 20%) (Westermeyer and Her, 2007). These considerably higher rates of diagnosable psychopathology for the Hmong, compared with Western population, have been attributed to the traumatic, war related events they experienced and the current acculturation challenges they still face (Westermeyer, 1988; Yang, 2017). As one would expect from such events and challenges, posttraumatic stress disorder (PTSD), chronic acculturation syndrome, (CAS), and depression are some of the more commonly identified mental health diagnoses with Hmong (National Institute of Mental Health, 2008; Westermeyer, 1988; Yang, 2017).

These mental health concerns, in addition to schizophrenia, delusional disorder, acculturation issues, defiance among youth, and suicidal thoughts were also identified as common mental health concerns within the Hmong community. The Hmong community is at least twice as likely to experience some kind of mental health issue; including major depression, PTSD and other anxiety disorders (Lee and Chang, 2012).

Mental health symptoms: Within the Hmong community, mental health symptoms are manifested and expressed differently because of the close familiar, cultural and social bonds. Mental health symptoms are commonly exhibited through somatic (bodily) symptoms such as sleep disorders (Young, Xiong, Finn & Young,

2012). In addition, emotions and psychological distress are often internalized which make it difficult to identify mental health issues. This is particularly true for males and is related to the macho culture. Males in a macho culture do not wish to appear weak or to discuss feelings (Lee, and Chang, 2012).

Access to Culturally Competent Mental Health Services

While many Hmong are resilient, mental health issues within the Hmong community often go unidentified and untreated. Furthermore, there are barriers, disparities and gaps within the Western mental health system that inhibit access to services (Thorburn et al., 2011). For example, Hmong may not get immunizations because of their beliefs or because of lack of access to Western medicine. (Baker, Dang, Ly, and Diaz, 2010; Cobb, 2010). Overall, the Hmong community is unlikely to seek formal mental health care for a number of reasons, including family expectations, reliance on familial and clan support, shame and stigma, cultural beliefs and practices about symptoms and treatment and limited awareness of available Western mental health service (Carpenter-Aeby, Xiong and Aeby, 2014; Collier, Munger and Moua, 2012; Franzen-Castle and Smith, 2013). An individual's decision may affect the family, so they must consult with family members before making a decision on their own. Hmong families are male-dominated and led by clan leaders, so if a person asks but is told not to visit Western medicine, then the individual will not choose to seek outside help and will instead rely on herbalists or the Shaman (Helsel, 2018).

Language: Within the mental health care workforce, there are not enough bilingual Hmong mental health providers to meet the demand for services (Lopez-Class, Castro, and Ramirez, 2011; Miller, Yang, Hui, Choi and Lim, 2011). With the lack of Hmong mental health providers, there is an over-reliance on paraprofessionals including interpreters working for clinic or service agencies as well as independently contracted interpreters to help provide services to Hmong (Park and Jacobs, 2018). These paraprofessionals may have cultural knowledge, but they may not have any training in recognizing mental health issues.

Family support: The family clan serves as the primary source of support for families but they may be unable to provide support for mental health issues (Vue and Rodriguez, 2018). Traditional Hmong practices in health and healing continue to be followed within the Hmong community and actively supported by the family. The Hmong community will generally turn to Western mental health services for their clan members when all other resources have been exhausted. Hmong traditional and alternative medicine is likely tried first before using Western medicine Mouanoutoua 2015; Ramirez, 2015; Rodriquez, 2018; Vue and Rodriguez, 2018).

Trained mental health providers: Mental health training among paraprofessionals and interpreters is important. Health providers need to have appropriate training and support to be effective in providing services (Miller et al., 2011). To ensure these individuals are sufficiently prepared to serve the Hmong community, they should receive training and support in engaging and building relationships with clients and especially with maintaining confidentiality (Thao, Leite

and Atella, 2010). This is particularly important since there are stigmas to receiving mental health services in the Hmong community. In addition, the interpreter needs to have effective and culturally relevant interpretation skills, including effective strategies for interpreting to and from professionals and clients, as well as translating cultural meanings of mental health concepts, emotions and behaviors (Shippee et al., 2012). This is especially important if the interpreter is from a different clan or class that the patient. Interpreters also need to have undergone their own counseling so that they can manager their own traumatic experiences, which may be triggered through shared or similar experiences with clients (Lor, 2017). Despite this considerable amount of research, little attention has been devoted to information for counselors who work with various Asian American groups (Kue, Thorburn, and Keon, 2014). Within this limited amount of research, the majority has addressed Chinese and Japanese Americans (Miller et al., 2011). Because the Hmong people possess cultural practices and traditions that differ significantly from other Asian subgroups (Wong, Marshall, Schell, Elliott, Hambarsoomians, Chun, and Berthold, 2006) many counselors, therapist and mental health professionals may be unaware of the history, culture and acculturation of the Hmong and of the value they place on family and community (Lee, 2013). The limited availability of the research about the Hmong, many mental health professionals may also be uninformed about the ramifications these cultural traditions and practices may have on Hmong mental health and the counseling practices (Xiong, Dauphin, and Weisfeld, 2018; Yoon, Xiong, Finn and Young, 2011).

Persistent acculturation challenges: Despite the traumatic war-related events the Hmong experienced and subsequent mental health problems, acculturation difficulties have been found to be the most significant mental health stressor for them. One of the earliest empirical studies conducted with the Hmong (Westermeyer, 1988) identified common diagnosis and psychopathology of Hmong refugees using a demographic questionnaire, two self-rating scales (Zung Self-Rating Depression Scale and the SCL-90), and a psychiatric evaluation. Researchers found that the primary diagnosis was not PTSD but rather chronic adjustment disorder. Due to the context and duration that the Hmong were experiencing these PTSD-like symptoms, an alternative diagnosis such as refugee acculturation syndrome or chronic acculturation syndrome would be more contextually accurate. The rates and impact of chronic acculturation syndrome were so significant with the Hmong that only 13% of that sample were found to have a DSM-III, axis 1 diagnosis other than chronic acculturation syndrome (Westermeyer, 1988; Westermeyer and Her, 2007).

Another research study identified distinct cultural values that may impact the degree to which traditional Western services meet the needs of Asian American clients. Unique cultural values that affect the Hmong include: 1) collectivity versus individualism; 2) duty and obligation versus personal rights and privileges; 3) hierarchy and status versus equality; 4) deference and respect versus assertiveness; and 5) self-control and restraint versus emotional expressiveness (Marshall, Schell, Elliott, Berthold, and Chun, 2005. Hmong people and families would exhibit all of the descriptors for an ethnic group that is least able to benefit from Western culture

and services including: collectivity, duty, hierarchy and status, deference to elders, and self-control. Family integration and interdependence highly valued in Asian-American families may be considered maladaptive from a Western mental health perspective that values individualism and boundaries within family and other social situations. The most serious impact of untreated mental health concerns is suicide (Vang, 2013b). Unable or unwilling to rely on traditional Shaman practices, and self-stigmatized to seek help from Western mental health practices, the individual who commits suicide may feel they have few other options.

Even though Hmong families have been settled in the United States for over 40 years, many old wounds may still not have completely healed from the trauma of war and refugee camps and then the mental stress of acculturation. The Hmong unique language, culture, and traditions may have made it difficult for them to receive timely and culturally appropriate mental health services. Those difficulties and the lack of culturally competent medical services including mental health treatment continues to impede the Hmong population.

Chapter Three: Summary and Recommendations

Hmong have a long history of war, bereavement, and displacement as a result of their involvement in the Vietnam War. Even 40 years after the war, the Hmong community has endured significant challenges in adapting to the Western society, and in overcoming cultural barriers, disparities and gaps within the Western health system that has inhibited their access to services. This review examined the unique immigration challenges for Hmong including: a unique low population preliterate language, strict gender and familial roles, religious beliefs, and traditional Hmong cultural, religious and social beliefs.

In order to understand the Hmong culture, one must understand the deep-seated belief of traditional Hmong medical treatments. These treatments include, spiritual ceremonies, herbal medical treatments, and dermal abrasion. These challenges are so significant because Hmong believe in treating the whole person, rather than the Western culture of medicine in diagnosing a specific diagnostic concern. These traditional Hmong treatments impact every facet of the Hmong person, family and community.

Because of the unique Hmong culture, there are many challenges in accessing Western medicine including: age, nature of illness, lack of awareness, and lack of culturally appropriate mental health assessments. In addition, the placement of many Hmong families in rural areas creates unique challenges as well in transportation, availability and costs of mental health services.

There are also challenges for Hmong people in receiving culturally competent mental health services. There are few interpreters for the Hmong language and culture, and even fewer trained mental health professionals experienced in working with persistent acculturation challenges, especially with Hmong (Shippee et al, 2012). Based on these conclusions, the following recommendations are made for treating mental health concerns with Hmong people.

Mental health early intervention: There is a lack of early intervention and prevention of mental health services for the Hmong community (Berger, 2011). Trained counselors are needed with cultural knowledge to effectively engage, understand and serve the Hmong community. Understanding Hmong cultural values and expressions of psychological distress, family issues, needs and structure are necessary to bridge the gap for service providers (Khuu et al., 2018). Providing mental health identification and services in school may provide appropriate access to Hmong children and their families in a safe and supportive setting.

Culturally competent mental health provider services: Training for all counselors, paraprofessionals and interpreters is needed in order to help provide culturally competent counseling. Culturally competent services should be focused not only on language needs of client but also on cultural differences related to attitude, emotional expression and help-seeking practices and behaviors (Cobb, 2010; Lor and Rudolpho, 2017). Culturally competent providers can acknowledge, accept, and value cultural differences between themselves and their clients and can use an understanding of unique culture difference to enhance service delivery.

Culturally appropriate assessments: Assessments that are culturally appropriate and accurate are needed. Current assessments are DSM-5 (2013) adapted from Thai for Hmong but do not provide culturally appropriate ways to assess the mental health of Hmong or their unique needs in relation to Shamanism and their close family and community structure. Hmong specific mental health assessments are needed to adequately determine the prevalence and nature of mental health concerns.

Culturally specific mental health research: This review of literature examined the current research in the field of Hmong mental health services. It was challenging to locate some of the specific concepts related to Hmong and mental health services because the research tended to focus on larger populations of Asians (Chinese or Japanese) and not Hmong. In order to explore some current areas of Hmong mental health research, master's theses and doctoral dissertations were used (Bengston, 2018; Mouanoutoua, 2015; Ramirez, 2015; Vang 2015a, 2015b; Yang 2017). The recent studies of Hmong mental health showed a prevalence of mental health disorder, stressors, social issues, and acculturation issues that are diagnosable and treatable (Eisenberg et al., 2019; Khuu, 2018; Vue and Rodriguez, 2018). In addition, researchers have found there have been, and continue to be significant limitations and barriers that have prevented the Hmong community from accessing appropriate mental health services. (Berger, 2011; Vang and Bogenschutz, 2013). Hmong specific research of mental health treatment is needed that includes geographic factors (urban versus rural; California versus Wisconsin) as well as examining the impact of the current generations access to Western medicine. This is

very significant since many of the 20 year old Hmong who immigrated from Laos and Cambodia during the Vietnam War are now in their 70s and 80s. Their children may have been born in one of the refugee camps but their grandchildren and great grandchildren have been born and raised as American citizens in a western culture. It would be interesting to see if the acculturation issues that have been so prevalent in the Hmong have now lessened in this new generation or if other issues have surfaced since the new generation was born an American but raised in an ancient culture.

Community partnerships: Developing mental health services in partnership with the Hmong community is essential to build trust, rapport and cultural understanding that would improve service accessibility. A partnership that includes the families and clan leaders as well as Shamans may help increase awareness and referrals. It is recommended that the community outreach programs identify issues, provide health assessments and offer services that are culturally competent and include an array of services including housing and employment (Bengston, 2018). As the Hmong community assimilates to the Western culture their understanding and trust of the Western medicine has improved over the last 40 years but there are still major improvements needed. The practice of Shamanism still remains a critical part of the Hmong culture and Western practitioners need to understand the importance of Hmong beliefs to the individual, family and clan. As successive new generations of Hmong children reach maturity, more individuals combine both practice of Shamanism and Western medicine to treat physical health issues but there is still a stigma to mental health issues (Ramirez, 2015). If practitioners understand the Hmong

culture and Shamanism the stigma makes sense, because a mental health problem is viewed as punishment for something the Hmong person did wrong now or in their past or it is because their soul has been stolen. Either situation creates a stigma for the individual if they admit in their community that they have a mental health problem.

The attitudes, values, and behaviors are changing within the culture as the Hmong acclimate to the American or Western culture and belief system but many of the acculturation issues remain for many individuals. The Hmong cultural beliefs, disparities, and health issues must be understood to find effective approaches to provide cultural appropriateness of services as well as how service will align with Hmong values and health needs.

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