

SHAMAN INTEGRATION INTO WESTERN HEALTHCARE SERVICES

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Literature Review

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## Literature Review

### Causes

**Hmong have had bad experiences with Western practitioners and medicine.** Many Hmong persons have had negative experiences with Western missionary practitioners in camps in Laos during the Vietnam War. The medics took no time to learn of Hmong customs or beliefs and offered very confusing and sometimes harmful treatment (Duddeck, 2007; Fadiman, 1997). When many Hmong sought refuge in the United States they brought with them their suspicion of Western medical and social service practices as well as their distrust of outsiders (Duddeck, 2007; Fadiman, 1997).

Unfortunately, due to various reasons (e.g., cultural incompetence of doctors, mistrust of doctors, forced use of Western medical services), there are still accounts of many Hmong persons who have used Western services with disastrous results (Culhane-Pera, Vawter, Xiong, Babbitt, & Solberg, 2003; Fadiman, 1997). Negative accounts repel Hmong persons from utilizing available health care and social services, thereby limiting their resources to help.

**Some Hmong are scared of procedures and do not trust doctors.** Cultural differences in medicine between the Western world and Hmong are vast and complex. Many of the procedures Western practitioners do seem outrageous and deadly to the Hmong. What's more, many Hmong are of the belief that American doctors see the Hmong as intriguing experiments and do not treat them the same as American patients (Barrett, Shadick, Schilling, Spencer, Rosario, & Vang, 1998; Hickman, 2006). They therefore think that many of the surgical procedures or operations are experimental and potentially deadly and refuse treatment.

**Western medical care and medicines are too expensive.** Many Hmong persons feel that Western medical services are too expensive or are more expensive than they are worth

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(Barrett et al., 1998; Depke & Onitilo, 2011; Liverpool, Alexander, Johnson, Ebba, Francis, & Liverpool, 2004; Offiong, 1999). Sometimes, this is due to insurance issues.

**Western practitioners are culturally incompetent.** When practitioners are ignorant of Hmong's traditional beliefs and customs, the Hmong may see the practitioner's advice or plan as confusing, backwards, or dangerous. Likewise, if the practitioners do not understand Hmong healthcare, they may misunderstand the purpose or motivation behind Hmong methods of treatment. Also, the lack of translation services for Hmong patients also poses a barrier to effective healthcare, as non-English speaking Hmong persons cannot express their needs well and may misunderstand directions.

### **Risk Factors**

**Legal consequences.** There are many reported cases of Hmong persons falling into legal problems due to their use of traditional methods or their refusal to use Western services. The family in Fadiman's novel, *The Spirit Catches You and You Fall Down* (1997), for example, was approached by the police many times for ritualistically killing animals in their backyard; and their daughter was taken away by social services when they refused to give her the medicine the doctors prescribed that they thought was killing her. What's more, due to many Shamanistic healing treatments that involve whipping, doctors sometimes think that patients are being abused at home. This is particularly problematic when the patient is a minor.

**Hmong patients may misuse medicine.** If doctors do not take the time to properly explain the uses and risks of taking a certain medicine, and if the Hmong patients do not think the medicine will help or is helping, the patients may misuse the medicine or not take it at all. Doctors may see this as neglect the parents are responsible for a child patient; and, of course, the

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patient, regardless of who he or she is, may react adversely if medicine is administered incorrectly or not at all.

**Hmong limit their health resources.** By not utilizing Western health services, the Hmong limit their available health resources to those within the Hmong community. The study done by Hickman (2006) showed that Hmong persons feel blurred vision, kidney problems, appendicitis, gall stones, broken bones, gout, and illness of the internal organs are more successfully cured by Western medicine. If this is true and Hmong persons do not use doctors to cure these problems, then they are not getting the best and most effective treatment.

### **Theories**

None of the literature indicates the use of a theory for direction or analysis; however, some use a very clear cultural competency framework (Deinard & Dunnigan, 1987; Depke & Onitilo, 2011; Fadiman, 1997; Her & Culhane-Pera, 2004; Hickman, 2006; Liverpool et al., 2004; Uba, 1992). These articles look at the problem and solution from a “needs” viewpoint in terms of what the Hmong patients need and what the Western practitioners need to do. The blame in these instances tends to fall upon the practitioners, implying that they are ignorant of Hmong culture and/or are ignorant of how to best provide service to Hmong patients. Suggestions for change in these articles always involve some form of accommodation on the practitioner’s behalf.

### **Programs that Have Been Developed in Response to Problem**

Only three articles discuss programs that have been made in response to immigrant or indigenous populations not using Western health care due to cultural differences, fear, or cultural

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incompetency of the practitioners; and of those three only one is in regard to the Hmong. The other two articles discuss integration programs in Nigeria, Ethiopia, and Ghana.

Depke and Onitilo (2011) state two current programs in California designed to better serve the Hmong and propose their own for breast cancer screening, “Cancer Awareness 101” and “Life is Precious.” “Cancer Awareness 101” is “the centerpiece of the Asian American Network for Cancer Awareness, Research and Training Hmong outreach” (Depke & Onitilo, 2011), and works to give the Hmong community, particularly the Shaman and elders, baseline cancer knowledge in hopes that they will share the knowledge. “Life is Precious” was a study that resulted in the development and promotion of linguistically and culturally appropriate brochures, flipcharts, and videos about breast cancer. A program as a result of the study also educates men to support their wives through breast cancer screening.

Unfortunately, Depke and Onitilo do not go on to say if either program has been successful or where they stand today. However, the reader can assume that the programs have at least been mildly successful, as Depke and Onitilo assert that, based on those two programs, the new breast program screening program they are trying to develop for Hmong women absolutely need to incorporate the Hmong community. They emphasize the necessity of including Hmong health care practitioners and male leaders in the program.

Offiong and Rappaport and Rappaport’s (1999; 1981) articles on the integration of traditional and Western medicine in Africa demonstrate very successful programs. Their focuses are primarily on Nigeria, although Offiong states that similar programs in Ghana and Ethiopia have also been successful. The majority of persons in Nigeria utilize traditional healers and Shaman instead of Western practitioners mostly for financial reasons, although many Nigerian people have stated that they have a predisposition to use traditional methods of healing (Offiong,

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1999; Rappaport & Rappaport, 1981). In response to this, some villages have created treatment programs that incorporate the local medicine man and Shaman as consultants. These programs have been immensely successful.

### **Gaps in the Literature**

The articles that stated or implied that Hmong participants were involved in the research studies all failed to state the ages, genders, religions, time spent in America, incomes, and education levels of the participants. Demographic details were entirely omitted by the author(s), leaving a plethora of questions necessary for clarification and application. Do Hmong men feel differently than women? How do younger Hmong generations feel in comparison to older generations? Are Hmong persons who have lived in America for a certain period of time more accepting of Western health practices? What about the feelings of Hmong persons with life-threatening illnesses? How many times have the participants seen a Western health practitioner?

The studies also did not note if Shamans or clan leaders participated in the studies. As the participation of Shamans and clan leaders in Western health services is a solution many researches proposed, the opinion of clan leaders and Shamans is instrumental. Are they opposed or in favor of integrating traditional and Western health practices? What would they suggest change or not change? Not all the articles indicated the religion of their participants, either. As a few articles noted (Deinard & Dunnigan, 1987; Hickman, 2006), Christian Hmong feel very differently about traditional Hmong medicine. By not specifying and recognizing the participants' religions, the researcher studies two very different subcultures and applies the results to all. Any incongruences may consequentially be attributed to an incorrect reason or not analyzed at all.

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Furthermore, no article used more than thirty Hmong participants, and the participants were all only from one city in each study. Using such a small and confined pool of participants severely limits the ability to apply any results to a larger population.

### **Consistencies and Inconsistencies**

There are various and multiple themes within the literature due to the diversity of the articles, so little can be said to be true of every piece. Regarding the question of what causes the problem: there are different viewpoints, but none fully contradict another. Over half of the literature reviewed (Deinard & Dunnigan, 1987; Depke & Onitilo, 2011; Fadiman, 1997; Her & Culhane-Pera, 2004; Hickman, 2006; Uba, 1992) asserts that Hmong persons are scared or hesitant to use Western treatments due to cultural differences regarding health, and over half of the literature states reasons of cultural incompetency in Western health care practitioners (Fadiman, 1997; Deinard & Dunnigan, 1987; Her & Culhane-Pera, 2004; Hickman, 2006; Uba, 1992). A couple of articles (Barrett, Shadick, Schilling, Spencer, Rosario, & Vang, 1998; Hickman, 2006) note that many Hmong patients feel American doctors do not treat them the same as their American counterparts and see Hmong patients as experiments. Furthermore, a few articles (including those about integration of medical practices in Africa) insist that the high expense of Western medicine and healthcare deters persons from utilizing their services (Berrett et al, 1998; Depke & Onitilo, 2011; Liverpool et al., 2004; Offiong, 1999). Of course, some of the literature also mentions the Hmong's shady history with American medics during the Vietnam War (Duddeck, 2007; Fadiman, 1997).

A few articles (Berrett et al, 1998; Hickman, 2006; Offiong, 1999), however, note that many Hmong persons use both Western and traditional healthcare systems, although exclusively

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or usually by younger generations. One of those authors, Hickman (2006) strongly insists that the majority of Hmong persons use Western medicine more than traditional medicine, although he later contradicts himself by stating that many Hmong persons are still scared to go to the American doctor for various reasons.

Proposed solutions to the problem seem to be split between incorporating Hmong community members in healthcare decision-making (Barrett et al., 1998; Depke & Onitilo, 2011; Her & Culhane-Pera, 2004; Rappaport & Rappaport, 1981; Uba, 1992), integrating Shamans into Western healthcare as co-providers or representatives (Barrett et al., 2004; Depke & Onitilo, 2011; Hickman, 2006; Liverpool et al., 2004; Offiong, 1999; Rappaport & Rappaport, 1981), training Hmong providers (Hickman, 2006; Liverpool et al., 2004; ), and training Western practitioners to be more culturally competent (Deinard & Dunnigan, 1987; Her & Culhane-Pera, 2004; Uba, 1992). Many articles indicate that the Hmong should be able to retain their traditional culture, and Western providers should therefore work to accommodate them (Her & Culhane-Pera, 2004; Uba, 1998). It should also be noted that one article (Deinard & Dunnigan, 1987) mentioned that some clinics have tried placing Hmong interpreters in intensive training programs on Western medical concepts with the intention of using them as consultants to the Hmong patients. It proved highly unsuccessful and problematic as the interpreter constantly felt pulled in two directions.

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