

SHAMAN INTEGRATION INTO WESTERN HEALTHCARE SERVICES

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Abstract

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The objective of this study is to increase Western healthcare service rates among Hmong persons who are currently not receiving culturally sensitive health care from Western providers. Using a simple time-series design, the research team will measure the effects of incorporating Shamans as consultants into Western medical care through multiple surveys administered to providing physicians. The results will offer insight into future studies and may offer a possible solution to developing culturally competent medical resources for Hmong persons living in St. Paul, Minnesota.

Keywords: Hmong, Shamans, traditional healing

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Problem

Due to historical and contemporary grievances with Western health and mental health services and a predisposition to traditional Shamanistic healing methodology, many people from Hmong communities will not utilize available Western health care (Hamilton-Merritt, 1992; Warner & Mochel, 1998). Those who do, frequently find providers to be culturally incompetent (in regards to Hmong culture) and their methods to be confusing, backwards, or dangerous; providers that discourage or deny the use of Hmong Shamans further destroy the relationship with and healing of the client (Yang, 1998). As such the problem has risen that Hmong persons are not receiving culturally sensitive health care, thereby increasing risks to their health and wellbeing and discouraging them from using Western resources.

Background

A history of perpetual combat with Asian nations that still continues to this day has created a forced sense of solitude and solidarity among the Hmong peoples (Fadiman, 1997). Those they thought they could trust – namely, the Americans during the Vietnam War – turned their backs on the Hmong at the close of the war and provided medics and missionaries that were less than helpful with their confusing foreign methods (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 (Fadiman, 1997). History had taught them to rely only on their own community for support and help, and as such they live in very close, almost impenetrable communities.