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### Hmong Studies Panel discusses healthy kidneys, brains and families



The three scholars and panelists: Kathleen A. Culhane-Pera, MA, MD, Linda Gensheimer, PhD, LISCW, and Zha Blong Xiong, PhD, each had research published in the most recent Hmong Studies Journal ([www.hmongstudies.org/hmongstudiesjournal](http://www.hmongstudies.org/hmongstudiesjournal)).



Professor Mai Na Lee, Ph.D. (left), the first Hmong American woman to earn a doctoral degree in History, and who now teaches at the University of Minnesota; Professor Jigna Desai, Ph.D., director of Asian Studies, and Her Vang, a Doctoral candidate in History at the U of M, who introduced the speakers.

By Tom LaVenture

MINNEAPOLIS (October 15, 2007) – A small group was treated to a panel discussion last month at the University of Minnesota, by three experts in the field of social and mental health and the Hmong community of Minnesota. The event was arranged by the Institute for Advanced Study (IAS), the Hmong Internet Resource Center, and the Hmong Cultural Center in St. Paul.

The three scholars: Kathleen A. Culhane-Pera, MA, MD, Linda Gensheimer, PhD, LISCW, and Zha Blong Xiong, PhD, each had research published in the most recent Hmong Studies Journal ([www.hmongstudies.org/hmongstudiesjournal](http://www.hmongstudies.org/hmongstudiesjournal)).

Her Vang, a Doctoral candidate in History at the U of M, introduced the speakers and Professor Jigna Desai, Ph.D., the Director of Asian Studies at the U of M.

“We are honored to have (these panelists) here with us, not only as part of the critical Hmong studies of the Midwest, but also for teaching students and bringing the next generation into Hmong studies at the university,” said Dr. Desai.

Dr. Culhane-Pera is the Associate Health Director at the West Side Community Health Services. She published “Die Another Day’: A Qualitative Analysis of Hmong Experiences with Kidney Stones” in

2006, together with Mayseng Lee, MD, MPH, Internal Medicine Residency at the University of Minnesota.

The motivation for the study stemmed from a review urological charts of Hmong patients that seemed to suggest that the Hmong as a group had higher rates of kidney stones, uric acid stones, and complications from kidney stones than non-Hmong patients.

"The prognosis is generally an acute and non-life-threatening problem," she said. "But there is some concern about kidney failure."

The medical community was indeed alarmed and conducted a conference go about studying and addressing this as a health disparity need. The study sought to understand the "social, cultural, economic, and biological factors" that may contribute to these related health conditions.

The study involved interviews with Hmong kidney stone patients, family members and traditional healers. Their agreement or refusal to various medical procedures were factored in the medical history and qualitatively analyzed the results were discussed with patients and a community advisory council.

The study took into account the Hmong concepts of kidney function and explanatory models of kidney stones as a blend of traditional and western medical concepts. The problem is with the lack of understanding of the "pathophysiology", or the understanding about the onset of kidney stones, as caused by hard substances in water and food that the kidneys cannot excrete, is that victims are not usually aware of the condition until the stones have passed or are causing more serious renal pain.

The patient's preference for folk remedies or western medicines and surgery is based, according to the report, is a balance of "fear of disease and pain" to the "fear of doctors and complications from interventions and anesthesia."

This is where the philosophy of "die another day" enters to reflect the mood of the patient to divert or postpone more severe consequences until another time.

Dr. Culhane-Pera concluded that the findings identify Hmong patients and family's experiences with kidney stones and renal illness as a health disparity. The information from the study can be used to increase awareness of the health trend and options. The knowledge of the disease should decrease the level of fear of urological interventions.

At the same time, urologists, and western primary care providers and community health educators could educate themselves about the Hmong cultural perceptions of kidney and renal illness, to increase their ability to effectively relate health prevention and treatment information of the potentially life-threatening condition to the Hmong community.

"There is a tipping point where most victims will turn to western care when the pain and discomfort has become so great that it is a potentially life-threatening situation," she said. Then the patient faces renal shut-down, the loss of a kidney and dialysis.

She said that more community awareness, screening and support after diagnosis was needed to ensure that decisions are based on a solid understanding.

The bottom line is prevention and early diagnosis of renal stones. If Health care workers make institutional changes that could increase trusting relationships and decrease patients' fears of providers and procedures.

Dr. Xiong is an Associate Professor of Social Studies at the U of M. He presented his paper started in 1995 and first published in 2000, called "Developing Cultural Sensitive Parent Education Programs for Immigrant Families: The Helping Youth Succeed Curriculum."

"It is a very exciting work, and one of the first in the curriculum for Southeast Asians in the nation," he said.

Xiong used four Southeast Asian groups and found similar

experiences within each group, particularly with intergenerational conflict between parents and teens. He devised a method to negotiate and overcome the daily struggle of both generations and said these processes will impact the outcome.

The context ties in with current work, to facilitate young people using families and neighborhoods, and I believe it gives a better chance for success with the need to build capacity of families, schools and communities," said Xiong.

When studying and working with refugee immigrants, he said private funding organizations often look at impact as the main measurement, when they should more often look to the processes with factors that include family cohesion, parent-child conflict, and familial relations.

Within five-years, Xiong said the conflict between the parents and the child is evident, and is what often leads to at-risk behavior and gang involvement. "We saw it with the Hmong, and we see it now with the Somali, and we will see it with others in the future," he added.

The changes in the process that Xiong speaks of can mean everything from direct monitoring to impact problem behavior, including alcohol and drug use and gang involvement.

Xiong encouraged more investment in culturally sensitive parent education programs that has shown a positive impact on delinquency, along with more mechanisms to help young people and parents become adept at both cultures and eliminate the barriers.

Working with parents as an extension educator years earlier, Xiong, found that asking parents to read about western methods or listening to lectures did not work well. He had more luck when he took time to contextualize the lectures within the cultural paradigm.

"With the wrong mechanism, the parents could not relate to a lot of these ideas," he added.

As a graduate student, Xiong said he sought to develop culturally sensitive models as opposed to the adapted models that were being developed at the time. He referenced the studies of Jean Cheng Gorman and Lawrence Balter as examples of how he translated parent education programs that were also culturally adapted to incorporate the values and beliefs and cultural practices of the immigrant population.

Dr. Gensheimer presented on "Learning from the Experiences of Hmong Mental Health Providers." She served as the Director of the Social Adjustment Program for Southeast Asians at the Amherst H. Wilder Foundation for six years, and earned her doctorate in 2005 before accepting a position to help establish the Graduate School of Social Work at Saint Cloud State University this past summer.

Prior to the Wilder Foundation, Gensheimer worked for six years with the Southeast Asian Mental Health Program at Community University Health Care Center in Minneapolis.

Her dissertation was, "Hmong Mental Health Providers: A Hermeneutic Approach to Understanding Their Experience." For this study, Gensheimer interviewed several Hmong mental health providers to look at the complexities of their "culture, language, refugee experience, trauma, resettlement, Western education, being Hmong, commitment, perseverance, creativity, and hope." She said there is a need for greater capacity, more licensed staff and supervisors from the Southeast Asian community.

Gensheimer earned her Masters in Social Work from Ohio State in the mid 1970s. She married an Iranian citizen and went to live in Tehran in 1978. She worked at the Tehran School of Social Work and her spouse worked at a company when the Shah was in power. She planned to stay for about four years, but left in February 1979, just after the Revolution began, and the day before the Ayatollah Khomeini returned to power.

The experience of living abroad enlightened Gensheimer's appreciation and understanding of the immigrant experience.

"You go through a period of grief and loss," she said. "It is a tremendous adjustment process when the social norms very different.

There are layers of differences and you come to understand them.”

Gensheimer said her experience has allowed her to learn and understand the needs of Hmong mental health providers, and that it is important for researchers to put themselves in the context.

Hmong mental health providers listen to tragic stories of their clients, the horrors of war and the refugee experience. She was concerned that the multitude and similarities of these cases to their own experience, would serve as emotional and mental triggers on their own experience.

“Experiences like this made me think deeply about how colleagues do their work, and when their own experiences and memories are triggered in the process,” she said. “There are expectations from the community, but for the most part they are working for western agencies, their rules and procedures.

This is a challenge for Hmong mental health providers, she said, and thus became the rationale for her study in the Twin Cities, with the largest urban concentration of Hmong.

Here, Hmong prefer Hmong speaking health providers and utilize a dual health system of traditional and western modalities. There is very little statistical information on Hmong mental health and even less on the experience of mental health providers.

She wanted to learn about providers who have had similar experiences as their clients, and how they negotiated and worked that out in their own way. These caregivers go on to explain western modalities in the cultural context, using a skill of substituted words to fill in the gaps where there is no direct translation in the culture. They also translate their culture into the mainstream context and are the one's making the connections that enlighten both sides to one another.

“All refugees have resiliencies and strengths and because of the trauma and resettlement experience will have many mental health issues,” she said.

The other issue is with having to serve this mental health need while living in a small, close knit community, where there is tension and fear from the stigma of being associated with mental illness.

She called this study of the lived experience based on analysis and interpretation of a text as Hermeneutic Phenomenology. She put together 11 participants, all Hmong mental health caregivers.

Gensheimer documents her findings on major themes:

- The Clash, or the process of building a trusting relationship, “the tying process,” where in the family the equivalent of being called an uncle, while also establishing legitimacy and credibility for the purpose of the mental health process.
- Deciphering the Code Through Hmong Embeddedness, or how Hmong providers “read beneath the lines” through the complex verbal and nonverbal information that can only be understood if raised in that culture.
- Tshuaj Vwm (Crazy Medicine), the experience of all participants who said that western concepts of mental health are not very well understood and there is a lot of stigma. This encouraged 80 percent of first time appointments to not repeat because they felt the stigma outweighed the value of treatment. The answer was to put mental health into cultural context that would be readily accepted by elders.
- In My Heat, I can See That It Happened That Way, was a quote to explain how providers who listen to trauma stories over again, often trigger own experiences.

Gensheimer credited organizations such as the Hmong Mental Health Providers Network for utilizing the strength of cultural embeddedness to begin the work of building a body of knowledge that helps interpreters effectively relate the metaphorical and not just literal terms.

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