# Learning from the experiences of Hmong mental health providers

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## Abstract

This article is a condensed version of a doctoral dissertation studying Hmong mental health providers. The central research question for this study was: What is the meaning of being a Hmong mental health provider? 11 Hmong mental health providers were interviewed about their experiences. Interviewees were asked to describe specific experiences while doing this work. Interviews were audio taped and transcribed into text narratives. The methodology for conducting this research and analyzing the text was derived from the field of hermeneutic phenomenology. Five major themes emerged: (a) The clash; (b) I call him uncle; (c) Deciphering the code through Hmong embeddedness; (d) *Tshuaj vwm* (crazy drugs); and (e) In my heart I can see that it happened that way. Practical implications for educators and those working in the field of mental health are presented.

## Introduction/Background

Over the last 45 years, the Hmong people have experienced trauma related to war and the refugee experience, as well as adjustment issues related to resettlement in the United States. Given these experiences, it is understandable that significant numbers of Hmong adults might have mental health related problems (Cerhan, 1990; Cha, 2003; Fang, 1998; Kroll, Habenicht & Mackenzie, 1989; Lie, Yang, Rai, & Vang, 2004; Mouanoutoua, 2003; Uba, 1994; Westermeyer, 1987, 1988, 1988, 1989 & 1989; Xiong, 2001). Lie et al. describe among Hmong refugees a number of mental health related issues, including major depression, posttraumatic stress disorder, and anxiety. The authors attribute some of these mental health problems to the war, maltreatment in refugee camps, unresolved grief over multiple losses, the challenges in adjusting to life in

the United States, and their children's lack of appreciation of Hmong customs and traditions (pp. 126-127).

Before seeking western mental health services, it is common for traditional Hmong adults to pursue help for problems through their family and clan system, and through the use of traditional healing methods, including the use of *tshuaj ntsuab* (herbs), treatment by *kws tshuaj* (medicine doctor) or *kws khawv koob* (ritual healers), and a soul calling ceremony (*hu plig*). The *tus txiv neeb*, or the shaman, is considered to be the supreme folk healer and there are different levels of shamans with varying abilities (Culhane-Pera & Xiong, 2003, pp. 42-43). For Hmong who have converted to Christianity, the ways of seeking help for problems might be different from traditional Hmong. Culhane-Pera and Xiong (2003) described the changing therapeutic practices of some Hmong living in the United States due to acculturation and the conversion of some Hmong to Christianity. They state that Christian prayer groups sometimes use prayer in lieu of traditional Hmong practices for serious illnesses.

When Hmong traditional practices or prayer are not successful, some Hmong adults may seek out western-trained Hmong mental health providers. Research about the experiences of these providers is minimal (Goh, Dunnigan, & McGraw-Schuchman, 2004). There is a need for inquiry into how they take Western mental health concepts and weave into these Hmong traditional beliefs and practices in order to make this an effective and meaningful practice. In addition, many non-Hmong working in this field have heard stories about the trauma of Hmong mental health providers being triggered or relived through their work experiences. We have also heard stories of how this work has been a healing process for some. However, most of this is largely undocumented.

As part of my doctoral work at the University of Minnesota, I completed a study of Hmong mental health providers as a way to learn more about their experiences. This study is an attempt to deepen our understanding of the experiences of these providers using their own words about how they do this work, and what it means to them to be a Hmong mental health provider.

Having worked alongside Hmong colleagues for many years, questions began to emerge about what it was like to work bi-culturally in a relatively small, close-knit community. What adaptations did these Hmong providers make from their Western training? How was mental health understood within a Hmong cultural framework and how did this framework inform their work? What happens to Hmong mental health providers when they and their clients share similar trauma experiences?

## Methods

Since traditional Hmong culture passes information, traditions, values, and beliefs from one generation to the next in the forms of stories, folktales, and songs, my methodological decision was to invite Hmong providers to tell stories about their experiences, thus using an approach that had some precedents within Hmong cultural traditions. Since the overarching purpose of this study is to understand the human experience of Hmong mental health providers, the method of choice is hermeneutic phenomenology, the study of lived-experience based on analysis and interpretation of a text (van Manen, 1997). Because so little is known or has been documented about the experience of Hmong mental health providers, a hermeneutic phenomenological study that seeks to discover, describe, learn, understand, and interpret this experience from a descriptive text is most appropriate for answering the research question, What does it

mean to be a Hmong mental health provider?

Participants for this research study were recruited primarily from the member list of the Minnesota Hmong Mental Health Providers Network (HMHPN). The Network is an association of over 100 members, whose goal is to improve the health and well being of the Hmong community through an increased awareness of mental health, including the development of recommendations for culturally competent mental health practice.

A total of 11 participants were recruited and the interview text from all 11 was used in the analysis. All 11 participants met the criteria of (a) being a Hmong mental health provider and, (b) having provided mental health services to Hmong adults in Minnesota and/or the Midwest. Four participants were female and seven were male, and their ages ranged from the mid 20s to the mid 40s. All the participants were bi-lingual, and their educational background ranged from post-high school to advanced degrees in psychology, social work, or a related mental health field. Participants' mental health experience with Hmong adults ranged from a few years to several years. All of the interviews were conducted in English. Pseudonyms were used in place of actual names to protect the identity of the participants.

The participants were interviewed individually one time, and interviews ranged from 60 to 120 minutes, with most lasting approximately 90 minutes. The methods used for analyzing the text are derived from the work of several scholars in the field of phenomenology (Barritt et al., 1983; Gadamer, 1996; Hultgren, 1989; Tesch, 1987; van Manen, 1997, 2002). Two approaches were used in analyzing the interview texts–analysis included the wholistic or sententious approach and the selective or highlighting approach (van Manen, 1997, 92-93).

A significant portion of the text analysis in Chapter 4 of my full dissertation contains quotations and anecdotes from the text to illustrate themes. Because many of the themes of the lived experiences of Hmong mental health providers are frequently embedded within a story, it seemed necessary to present as much of the text in which the theme was embedded. For the purposes of this article, some direct quotes are used but many are paraphrased. Sometimes interviewees used Hmong words, phrases, and metaphors in the interviews. I consulted with Mr. Txong Pao Lee, Director of the Hmong Cultural Center in St. Paul, for a more detailed literal and cultural interpretation of these words and metaphors to deepen my understanding of their meaning. Mr. Lee also provided the Hmong spelling for these words.

## Results

How did the Hmong providers in this study perceive the meaning of their work? How were Hmong cultural and spiritual traditions woven within and through their Western mental health training in order to make it effective in work with Hmong adults? How did they explain Western mental health–a new concept within the Hmong community? How did these providers describe what they do to someone who is not Hmong? Five major theme-groupings emerged, along with sub-themes within each. The five major themes are: *The Clash, I Call Him Uncle, Deciphering the Code Through Hmong Embeddedness*, *Tshuaj Vwm (Crazy Medicine)*, and, *In My Heart, I Can See That It Happened That Way.*

The five themes are placed in this specified order because they are interdependent. *The Clash* sets the stage for the experience of Hmong mental health providers by describing the differences between the Western training they received and

how it compares to the actual work they do with their Hmong clients. *I Call Him Uncle* moves into a description of how the work is done by providers situated within Hmong culture. *Deciphering the Code* expands on how the providers work given their embeddedness within Hmong culture. *Tshuaj Vwm* describes the complexities of the providers' experiences given the lack of understanding and the stigma attached to mental health within the Hmong community. *In My Heart* describes the experiences of Hmong providers who consistently listen to stories of trauma when working with Hmong adults and how their own trauma memories may get triggered.

In this study key questions readily emerged. What is it like to live in two worlds? What is it like to speak and to think, literally and metaphorically, one language at home and another at the market or in a college classroom? What is it like to speak both languages and live in both worlds at work, sometimes sequentially and sometimes simultaneously? *The Clash* is descriptive of the ways that their experience in doing mental health work is often different from, and frequently clashes with, what the interviewees were taught during their professional training, and with expectations by many in the Hmong community. What is *the work* and in what ways is it different? Many of the Hmong providers work in "mainstream" agencies and were hired because of their ethnicity and because they offer certain credentials and experience. Compared to their non-Hmong counterparts, they complete the same paperwork, conduct interviews and assessments–although not always in the same ways, participate in case staffings, meet state and federal regulations around data sharing and client privacy, and are held accountable to the same standards of practice. What then is different? In beginning the interview with Meng, he was asked to reflect on and describe his experience of a specific

time that he provided services to a Hmong person:

> Well, my experience in providing mental health service to the Hmong client may be different from the Caucasian way. For example, I find that most of time client walk into our clinic, brand new or referred by somebody else, normally in this culture you would do intake, you would do signing paper, and you would set up the next appointment to do the assessment. What I find different is that because I think the experience that my client went through, the lack of service for our population, and different culture and different background, I find almost with every client, when they walk in the door to first meet you in the first session, I feel like they have so much in their life that they want to tell you everything right away. That is when I have some hard time. For example, with the psychiatrist or with the psychologist, they want to do things like one session they want to do intake and then you sign papers and then the next session just 40 minutes or an hour to talk about background. I feel like I almost have to give my clients enough time, even in the first session, you know, to tell me everything and the point for them, and maybe for me, too, is that I think our client, and our population, and our self as provider, want to have a good impression with the client in the first session. When the client leave our clinic, they want to feel like we care about them, that we spend the time to listen to their problem and their trouble, that we understand them. And then, most importantly, they need to know that we are good human being; not just a social worker, but that we are good social worker. I mean my definition of good social worker or good counselor, by nature, mean you are somebody who has good heart.

This phenomenon of needing to demonstrate to clients that you have a "good heart" and making a positive impression was described by all of the interviewees in this study. What happens when your employer wants you to do one thing and the cultural expectation from your client is completely different? Clearly, a clash of expectations arises. Whose mandate do you follow? How do you meet the expectations of your employer, your supervisor, your profession, and your clan? The tension between these conflicting expectations was voiced again and again throughout the interviews.

In an interview with Lue, he described a meeting he had with a Hmong man. It becomes clear that Lue knew the importance of conveying to this man that his work with him was more than "just a job":

> So when we walked inside and I asked him to sit and we all sit down. The first

> thing is that I looked at him and I said, "So uncle, how are you doing these days? Have you gone hunting?" Kind of breaking the ice. The reason for that is if I get right into business then he's going to say, "Oh you're just a paid professional. You just want to get the thing done. You don't want to have any other kind of conversation beside your job." So those are some of the things that are coming to my mind to make sure that I get into his world.

The phrases, "to make sure that I get into his world," and conveying that you are more than "just a paid professional," stand out in Lue's account, and provide a window into the kind of cultural knowledge that is necessary in order to get one's foot in the door if one hopes *to be tied* to Hmong clients (Benador et al, 2001; Cha, 2003; Culhane-Pera & Her, 2004; Culhane-Pera & Xiong, 2003). In my own training, I learned some of the elements necessary to develop trust between the client and the provider in terms of *client engagement*, *establishing trust*, and *building the relationship.* Again and again, when describing this process, the interviewees used the phrase *being tied*, or, *a tie*, to describe the client-provider relationship. In several descriptive accounts, interviewees described the *tying process* and ways they were tested by Hmong clients to determine trust and credibility. They described examples of how they gave clients, especially elders, time to tell their story in whatever indirect ways were needed.

Several interviewees described the conflict they felt with *paying attention to the clock* and trying to meet their employer's mandates of obtaining required information to complete mental health interviews within 30 to 45 minute time frames when clients wanted to tell lengthy stories about their lives and experiences. Bao described the cultural conflict she experienced in telling clients that their "time was up" especially when working alongside non-Hmong providers such as a psychiatrist. Bao stated, "So I was listening to her, and I was feeling that I needed to cry too but I was cutting myself from the feeling. I was having to get the work done and get it done on time."

The pressure Bao felt to get the work done "on time" underscores the conflict and cultural dilemma that this created for her. She felt it was disrespectful to cut off her client from telling her story and expressing her emotions. Completing this work in a timely way is most likely the Western requirement for completing the paperwork, the forms, the intake, the assessment. But what is the experience of Hmong mental health providers when their clients want to *tell you everything right away* as Meng stated in his opening account? Many interviewees described the competing feelings of wanting to begin making *the tie* with their clients, wanting their clients to come back, and wanting to be seen as someone *with a good heart*, while also meeting the requirements placed on them by their employer. How do Hmong providers show their client that they have a good heart and complete the paperwork at the same time? How does this balancing act unfold for Hmong mental health providers?

Bao clearly struggles with doing what is culturally appropriate and what is required by her agency within a prescribed time framework. The concept of time and how it may be conceived of differently, coupled with giving clients enough time to tell their story completely, emerged in many of the descriptions of lived experience. Hecht, Andersen, & Ribeau (1989) describe how the concept of time is viewed and treated differently across cultural groups. High context cultures place more value on giving someone *all the time they need* while low context cultures place a value on getting things *done on time* and following the clock.

When seeing a client alone, rather than with a non-Hmong colleague, interviewees appeared to have more flexibility around how time was constructed. Several interviewees described how cultural considerations versus agency requirements were

played out in their work with Hmong clients and how they sometimes had to be creative in "adding the Hmong piece," as described in several accounts, while also meeting the requirements of their employers. They described the experience of living and speaking in two worlds simultaneously and how they clearly understood the Western requirements of their work while also understanding the world of their Hmong clients. Interviewees gave many examples of how they creatively found ways for both to be present. They did this by being both Hmong and Western, sequentially, and knowing when it is necessary for their *Hmongness* to be predominant. What Western-trained Hmong providers are trained to do, in conjunction with their agency requirements, sometimes contradicts the cultural expectations of their Hmong clients.

Being asked to interpret, complete paperwork, navigate social service systems, assist with housing applications, and advocate on behalf of clients are some of the tasks interviewees were asked to do. Sometimes they do these things, and other times they do not. Sometimes they feel badly when they say no to these requests. It can be argued from both sides as to whether or not these things have anything to do with mental health. Regardless, Hmong mental health providers are faced daily with these decisions. Sometimes when these providers do not do what is requested by the client, the client does not return. This conflict surfaced frequently as a common dilemma faced by interviewees in choosing between what their *Hmongness* guides them to do and what their employer or their job description prescribes. The roles, boundaries, and expectations from the Hmong community often differ from a providers' training and the rules of their organizations. This dilemma is encountered on a daily basis and requires an almost constant "attention to self" in which the interviewees are continually thinking about their role, about whether

their Hmong or Western self is going to be predominate, and weighing their choices.

The second major theme, *I Call Him Uncle,* describes the experience of interviewees as the client-provider *tying* process is defined in familial terms by the provider or their Hmong client. It also describes how providers situate themselves within Hmong culture to establish legitimacy and credibility. In the passage below, Mai describes an experience that illustrates this theme:

> So there is definitely more effort on my part, when I see Hmong parents, to get to know them on a personal level. There's all of these cultural issues that come up. Okay, I have to say that my husband's last name is such and such. I need to initiate some kind of tie with them. "Oh, you're a ____ (clan name). I'm a ____ too. Whose clan do you belong to?" There's that back and forth thing to connect initially and that's very important to the culture. And so that's certainly something that becomes automatic for me. You have to do this as part of the therapeutic relationship even though the parents are not my patient; that's important to maintain that relationship so that they will continue to come back and so that they see me as credible. I think that's also important. Because if I just go out there and I just say my name is ____ and then just go through without saying my father's name is so and so or however it is, which is kind of just to draw some tie with them, then I don't think I would be seen as credible.

Mai is clear about the importance of this type of exchange as she begins to forge a *tie* with clients and enters the lengthy process of establishing credibility. She understands the importance of situating herself within Hmong culture through her father and husband (Symonds, 2004, 8-11). Instead of emphasizing her credentials and training as a provider, Mai emphasized their connection within Hmong culture.

Some interviewees described in great detail how they, at times, define the client-provider relationship in familial terms and use that therapeutically even if there is no direct family relationship. This is sometimes done because the provider believes it will be helpful in the work he or she was doing with a Hmong adult. This is illustrated in the next passage in which Lue describes a first home visit he has with a Hmong man who appears

less than willing to work with him:

> Yeah, well I honor his request (to meet with his wife first). *I call him uncle*…Well the piece of calling him uncle is a way of getting the relationship. When I am growing up my parents always taught me that when you see someone older than you, you call them brother. When you see someone about your parents' age, call them uncle. If you see someone older, call them grandpa. So that's the way to engage the respect, and that's the way to engage the relationship. And in this specific culture here, if you don't show this kind of respect, you don't really engage the relationship, and the relationship is so critical that you need to have the relationship in order…to go deeper into the thing that you wanted to. So that is why. I looked at him and he is much older than me, but at the same time he would be more like an uncle than a brother, with that kind of age difference. So I call him uncle…to show him that I have that kind of respect for him; that I'm into really work for him.

Lue clearly leads with his *Hmongness* and displays his cultural knowledge, taught to him by his own parents, when he calls his client Uncle and honors this man's request to speak with his wife. This passage illustrates many of the interviewee's description of the tying process and how to establish a credible connection. While respect is an important factor in the tying process and in building any therapeutic relationship, it is the one essential, fundamental ingredient that must be demonstrated and earned if a Hmong provider is to be allowed "to go deeper into the thing that you want," as Lue states. Respect is the gatekeeper and the ways that respect is earned vary widely across cultures.

Another variation of *I Call Him Uncle* focuses on the experience of many interviewees who expressed concern about what would happen if they, or their family, were known to a Hmong individual and yet were unable to meet that person's expectations. Almost every interviewee described experiences illustrating their concerns of losing face or having their reputation damaged within the Hmong community if they were unable to meet a client's expectations. Some participants described expectations that they believed were unrealistic, including one client's belief that a particular provider had

healing powers because this provider's father was a well known shaman with the community. Pong stated, "They heard about my father…. and they thought that, or hoped that I had the healing powers that my father does…. I have to live up with my family name and my father's name." Interviewees described the pressure that this created for them as well as their concern that this could potentially hurt not only their reputation, but the reputation of their family also.

In the same way that the Hmong community is relatively small, and people know each other for the positive contributions they make, Pong is equally aware that people can also speak negatively about someone with whom they have had a less than positive encounter. Pong is acknowledging a reality of the Hmong community that one is a family and clan member first and an individual second. Whether it is your intention or not, your actions may affect your entire family and its reputation (Cerhan, 1990; Cha, 2003; Chan, 1992; Culhane-Pera et al, 2003; & Uba, 1994).

The next major theme, *Deciphering the Code Through Hmong Embeddedness*, describes interviewees' experiences in reading between the Hmong lines of what is communicated directly as well as indirectly. This involves a complex blend of verbal and non-verbal communication, common Hmong idioms or phrases, facial expressions, the meaning of silence, the use of metaphors, the precise meaning of certain words that can only be understood fully by someone who has been raised within a particular culture.

In this interview segment, Neng described how he *reads* a Hmong father he is meeting for the first time and how he tries to determine if the tying process is successful. He also tried to determine whether this father believes he is trustworthy. It is clear that Neng is working hard to explain his experience to me, a Hmong cultural outsider. This

theme is best illustrated in the following lengthy excerpt from my interview with Neng:

> L: You were saying that with this particular father you were kind of watching his reactions. So how did you come to know if he did find you trustworthy or not?
> N: You don't (laughs).
> L: You never know?
> N: Hmong elders here have a way, they're never going to be up front with you and tell you, "Well, I don't trust what you do, and I'm not going to believe you, and I'm not going to come here anymore; or if I come here I'm just not going to really tell you what you want to hear." I think through my past interactions they've been very polite. And you can tell by their reactions. I think it's more of an assumption whether or not they believe you, whether or not they're truthful about what they say.
> L: I'm sitting in your chair across from this father. How are you getting a clue as to where he's going with you?
> N: If you were to really look at it, it looks look an assumption, but I think it's more of a cultural understanding of the interactions of the individual.
> L: Describe those cultural interactions that you're seeing and making certain assumptions about.
> N: Right. Well it's a certain manner that comes into play. It's almost as if everybody's playing a role. There's just a role that they play when they're meeting a new person and what he or she says, and the tone of their voice, the way they move, the way they look, certain stare, certain glare is very significant that tells you "I've got to be cautious with this guy." And a lot of parents, it's very clear, when parents ask a lot of questions…certain questions (that they're saying), "It's not because I don't know Neng. It's because I really don't believe you."
> L: So when they ask you these questions…
> N: Right, so certain questions you can tell, when certain questions are asked; not any specific question, but certain questions are asked. It's well, uh it says, "You need to sell to me really what's this thing."….And you know that in Hmong culture, I have to admit it's difficult to explain, but there are certain manners in which the clients speak, and certain words, and certain questions that they ask tells you, not that, "I don't understand, but I really don't want to be here. I really don't believe in what you guys are talking about." It signifies some type of defiance to the situation that's taking place. I have to admit that it's more along the line of, I think that if you're so exposed to your particular activity, particular culture, there are certain things you pick up on that's underlying, that's there, that exist. And you would only see it if you were, some people say competent, about the culture. But I would say it's more than just being aware about a culture. If you are involved in a particular culture, there are certain underlying things that you pick up on and that's one of those things.
> L: Code?
> N: Yes, it's kind of like an unspoken code. I always use an example with one of Caucasian friends who bowls a lot. I say, you know if you bowl all the time, if somebody gets up on the other lane when you're getting ready to bowl…you (know that) you shouldn't do that because that's not appropriate. But if someone

> is new, they don't know that - what's appropriate, what's not. What they see is people going up and back, and bowl all the time, no big deal. But if you're familiar with that bowling culture, there are certain things that you pick up on that you see that others don't see unless you become more educated about that particular culture. So that other individual, once they bowl more and they become more familiar with the bowling culture, then they say, "Oh, okay I won't do that again. I see that now." So it has to do with learning about that culture and see what's appropriate and what's not. I can be honest with you that a lot of the elders they're not going to come out and tell you how they feel. They're not going to tell you what they're thinking about. They're gonna expect you to kind of understand that. But for them to say it to you, "This is exactly what I meant," to them it's more of an insult to you. So you have to kind of pick up on that when you're working with the elders.

It was necessary for Neng to work from his *Hmongness* in order to accurately decipher what his clients are communicating. He suggests that it requires more than cultural competency and awareness of a culture to pick up on these nuances; it is necessary for someone to be *involved* in a particular culture to completely understand. Several interviewees went to great lengths to explain nuanced communication with their clients that was both spoken and unspoken and described how they intuitively read between the Hmong lines. Many examples were also given of the immediate understanding of Hmong words or phrases when used by clients. Meng described a meeting with a Hmong father who told the story of the death of his child while escaping through the jungle. Meng immediately knew what this father meant when he said that "he cried but he had no tears" and described to me the father's experience of having *lost his spirit* and the cultural meaning and implication of this statement. Meng is able to decipher the code and it is not necessary for this father to explain. Meng comprehends the meaning as this man tells his story.

The title for the next theme is derived from an excerpt by Neng in which clan elders dismiss his work by referring to *tshuaj vwm*, translated loosely as *crazy drugs*. Lee

(Personal Communication, April 27, 2005) interpreted *tshuaj* as medicine and *vwm* as crazy. The theme, *tshuaj vwm,* connotes the stigma and the lack of understanding that is attached to the concept of mental health within the Hmong community. This stigma impacts the help-seeking behaviors of Hmong adults as well as their timing for seeking Western mental health services. Some interviewees described what it was like for them to explain their profession to their families. Although there is a conceptualization of mental illness within Hmong culture, as discussed previously, all of the interviewees in this study repeatedly described experiences illustrating that Western mental health concepts are not understood by many within the Hmong community.

Aside from the additional time that this work takes, as described in the first theme, *tshuaj vwm* also illustrates the challenges in explaining concepts for which Hmong words and conceptual constructs do not exist (Cha, 2003, 45-47; Dunnigan et al., 2004; Mouanoutoua, 2003, 216; Westermeyer, 2003, 241). Traditional Hmong culture has beliefs that are rooted in shamanism and a belief in spirits. In some ways this places Hmong mental health providers in the position of speaking an entirely different language when describing mental health and trying to find Hmong words or concepts that are a close match to the Western concepts.

When asked about his experience in providing mental health services to Hmong adults, Koua emphasized the stress he feels and relates this to a lack of understanding about mental health in the Hmong community. He expressed frustration in wanting to be helpful to the Hmong community, but feeling stymied by the lack of understanding and the devaluation of mental health services. The following account by Koua is representative of the descriptions of several interviewees:

> But you know it's difficult because mental health isn't something that's readily accepted in the community. It's more so today but you know I think if you talk to any Hmong therapist they will tell you that it's not something Hmong people truly value or understand. I think they will use it when they need documentation for something….Yeah, it's stressful, frustrating, makes me feel like I'm not valued; the profession that I chose is not valued. And stressful because I know I can make a difference in their lives and stressful because I know they are suffering from PTSD, depression, anxiety…and I know that I can make a difference….but many in the community still believe that it's not a chemical imbalance. They believe, more or less, that it is spirits and has to do with spirits haunting the person or forcing the person to have these delusions.

Each of the interviewees described the difficulties in explaining mental health to most Hmong adults and many reported that they were not taken seriously. Neng described how he attempted to explain mental health to a group of Hmong elders and how they responded to him by saying "***tshuaj vwm,*** crazy drugs…*dag xwb*, it's a joke, it's fake…. I don't believe in that stuff - that's just mumbo jumbo."

Several interviewees describe their experience in being *the last one* to be seen or sought out if a Hmong person is having some difficulty in their life that might be mental health-related. They describe stories of their clients seeking other remedies first. Hmong mental health providers are seen *as a last resort*, as Koua described when he stated, "(People) do come in when they really need help as a last resort. Sometimes when the court orders, they do come in. But…the large bulk that have been referred to me are forced to come by either a judge, an attorney, or a social worker to come." The pressure that is inherent in *being the last person seen* was described by several providers and they explained how this made their job much more difficult. They described their experiences in working with clients who believed that they could see a Hmong mental health provider once or twice and "be healed." Interviewees explained that many Hmong adults did not believe they would get better without a tangible remedy such as medication or herbs and

that "talk therapy" was seen as meaningless. Pong described an elderly couple who had come to see him and told him that he was their "last hope" and expressed unhappiness when told that he did not have a "cure" for them.

Through the theme of *tshuaj vwm*, interviewees describe the challenges they experience working in a field that is relatively new to the Hmong community. Their descriptions illustrate the ways they deal with the stigma and lack of understanding of Western mental health and the creative ways in which they explain and draw on comparisons from traditional Hmong culture in order to increase understanding.

The theme, *In My Heart*, describes the experience of providers who repeatedly listened to client stories of trauma. It also focuses on how the traumatic experiences of some interviewees are triggered by these stories. This theme was more prevalent in the descriptive accounts of the older interviewees. Meng described his work with a young man with whom he shared similar life experiences and mirrored his own journey. Meng described feeling "hit in the head" as he works with this young man, listens to his story, and witnesses his pain. He understands this young man in a way that many others cannot. Meng also expressed the importance of maintaining appropriate boundaries with his clients and how that was sometimes difficult when sharing similar experiences.

Here Bao describes her experience in listening to a client with shared experiences:

> And when I heard the story I can see, I can vision the chaos, the trauma that she went through. ***In my heart, I can see that it happened that way.*** I was just sitting there and talking to her. I probably look kind of odd if somebody look at me. I can see the movement, the chaos that was going on but I really didn't want to show that I am that emotional and that I can't concentrate on paying attention to her… At the same time I was feeling deeply. I can see what she went through…But I really have to set boundary for myself….I don't remember what I really did, but I was having a hard time because I have the experience about my brother. And so it was really related to the same kind of situation. Every time I heard the words, "Mekong River," or somebody shooting, that hit my feeling right away.

The name of this theme emerged from this passage and arose from Bao's description of what she saw in her mind and also knew in her heart. She describes how her own feelings of losing her brother during the Mekong River crossing are triggered by this woman's story and shared that, "I would say that there is not another Hmong person who went through this same situation that does not cry, even a man cries. It's good that they cry but it makes my job hard to process, to get it done."

There was a deep layer of sadness that Bao conveyed in her story, reflected in the tone and cadence of her voice, but which may only partially emerge in the written text. She also conveyed her deep level of commitment to doing this work despite the personal toll that it takes. It is likely that any mental health provider who is working with clients with whom they have shared experiences will have an increased level of understanding and empathy. They will also be impacted differently than providers who do not have shared life experiences with their clients (Perlman & Saakvitne, 1995; Trippany, White Kress & Wilcoxon, 2004). However, those Hmong mental health providers who did experience trauma may be most vulnerable to having Post Traumatic Stress Disorder symptoms triggered when much of their work is with clients with similar experiences. *In My Heart* demonstrates that the common refugee experience that these Hmong providers share with their clients is the tie that binds, but that it also takes a toll on them.

## Discussion

After studying the experiences of Hmong mental health providers, what has been learned and what are the implications of this learning? The descriptions of lived experience for this study were grouped into themes to help us reach a deeper understanding of the central question posed by this study: What is the meaning of being a

Hmong mental health provider? While the themes are demarcated in order to uncover layers of meanings, they are all related. It is not possible to discuss one to the exclusivity of the other. They are like concentric circles that all overlap to some degree, have shared geography, but also reveal unique features of their own. Where is the convergence of lived experience the strongest and where does the deeper understandings of being a Hmong mental health provider lie?

First of all, this study showed that Hmong mental health providers were first and foremost Hmong. They work from a place of *embeddedness* within Hmong culture that is sometimes in the forefront and sometimes in the background, but always present. These providers were continually assessing and making strategic decisions about whether their *Hmongness* or their *Western* self would be predominant in a given situation, and this influenced interventions with their Hmong clients. Time and again, examples from the narratives were shared in which providers worked from *a different ground* depending on the situation. This was influenced by such things as rules or guidelines within their work setting, needs of their clients, or how they could be most effective in their work. These providers described how they traversed back and forth between these worlds. It also became clear that Hmong providers made strategic decisions about how to work with Hmong clients given their assessment of a client's beliefs, and the extent to which the client was traditional or acculturated. Interviewees demonstrated that it was not simply *being Hmong* that was essential in their work; rather, strategic decisions were continuously made about *how to be Hmong* given a particular client or situation. In other words, there was not a one size fits all for each and every Hmong client, but strategies and approaches depend on many factors including age, gender, former position/status in

Laos, clan affiliation, spiritual beliefs of the client, and whether the provider or the provider's family was related to or known by the client. Interviewees had an astounding amount of self awareness and acuity in recognizing what was most effective in working with Hmong adults. In a sense they *format* themselves depending on the situation.

The second meaning that I draw from this study is a deeper understanding of the ways that language and communication are used. This study described that interpretation is not a literal word-for-word exchange from one language to another. Language embodies culture and vice versa. It was clear that interviewees understanding of Hmong language, including metaphors, nuances, intensity, and tone, was essential to understanding what clients were communicating. Non-verbal and indirect communication was just as important as spoken language in understanding a client. In the narratives providers struggled to explain a concept or meaning from Hmong culture for which there was no equivalent word. This is the phenomenon of metaphorical non-equivalence that Dunnigan, McNall, and Mortimer (1993) studied. In my study, it was demonstrated how providers made use of language and metaphor to work with clients, sometimes working entirely within a metaphorical framework with a given client.

Another meaning that I draw from this study is a deeper understanding of how the *tying*, or in social work language, the *engagement* process, develops between Hmong providers and their clients. As illustrated in the text, the *tying* could be influenced by one's family and clan membership, including reputation and prior actions. It was shown that this could work both to the advantage or disadvantage of the Hmong provider, sometimes simultaneously. This was illustrated in the case of Pong who was able to tie himself rather quickly with an elderly couple because of his father's reputation and good

name in the Hmong community. Conversely, this couple held expectations Pong felt unable to meet because he did not have his father's healing powers.

Providers also talked about the need to *sell themselves* to their Hmong clients and the importance of establishing credibility as another aspect of the *tying* process. In several examples, providers indicated that credibility was not necessarily established because of degree or credentials; but it was based on one's ability to establish trust and to be *Hmong*. Hmong clients wanted to make sure there was room for their own *Hmongness* to be present, and they wanted to be assured that they would not have to leave their culture at the door of the therapy room.

Essences reveal what is at the core or the very nature of a phenomenon, and are measured by whether the experience remains *what it is* if a particular aspect of the experience is removed (van Manen, 1997). With the meanings shared here, I conclude that what it means to be a Hmong mental health provider would be significantly altered if any of these meanings were removed. They are essential to understanding the experience of being a Hmong mental health provider. These essences are the core of the experience and are embedded within the themes described in this study.

Finally, what has been learned about the meaning of being a Hmong mental health provider that can inform the work of individuals, organizations, and universities involved in work with refugee and diverse communities, as well as those working with mainstream populations? A practical implication for organizations is to consider the additional time involved in doing this work. It was illustrated that both the *tying* process and the explanation of Western mental health concepts and practices take additional time. It was also shown that work with persons from a high context culture such as the Hmong where

story telling is used as a common method of communication, and where staying on the point is not necessarily a cultural value, requires additional time. This has implications for systems of managed care where services are typically reimbursed based on 30- or 60-minute increments.

Because boundaries are constructed differently within Hmong culture, what are the implications for organizations employing Hmong providers? Many organizations have rules about what personal information a staff person can share. What is the response of organizations when Hmong clients want to know about a provider's father, grandfather, or clan leader? What if a client expects to be given the Hmong provider's home phone number? Is there flexibility in terms of agency guidelines and procedures? How would Hmong providers want these boundaries to be constructed?

Another implication to consider is incorporating Hmong traditional healing practices as part of reimbursable managed care services. This could help to minimize both the need for and the length of Western mental health services. Since many providers described instances where Hmong persons sought them out as a *last resort*, incorporating some traditional Hmong practices into the array of reimbursable mental health services could potentially encourage Hmong community members to seek help sooner from Western trained Hmong providers in which available services included a mix of traditional and Western mental health practices. There has also been discussion within the Hmong community of building stronger alliances and working relationships between clan and family mediators, traditional healers, and Western trained Hmong mental health providers. Again, because Hmong persons are more likely to seek out *natural helpers* first, it might be important for these traditional helping systems within the Hmong

community to have a greater understanding of Western mental health concepts and practices and vice versa. Forming alliances and partnerships between traditional systems and practices and Western mental health services could have beneficial implications.

The providers in this study talked about the amount of time needed to educate Hmong persons about Western mental health concepts and practices, and the creative ways they provided this information. Several interviewees described how they struggled to provide information about mental health and frequently did this on their own with few tools or support from their employing organizations. This has implications for the development of culturally competent audio-visual materials that could be used by Hmong and non-Hmong providers alike.

This study showed that Hmong mental health providers work from a place of *embeddedness* within Hmong culture and that this cultural knowledge is essential in providing effective mental health services to Hmong community members. This has implications for employers and universities in supporting the training of Hmong mental health providers to meet community needs. There are two other related implications that arise in this discussion. Many interviewees stated that their Western training did not provide them with the skills and tools needed, or they had to make large-scale adaptations of what they learned in undergraduate and graduate programs of social work and psychology, in order to do effective mental health work with the Hmong community.

Participants in this study also discussed the lack of knowledge about Hmong culture by many mainstream providers that also impeded the effectiveness of these mainstream providers in their work with Hmong persons. To what extent are colleges and universities preparing all future mental health providers for work with diverse cultural

groups? This has practical implications for schools of social work and psychology in enhancing the training of students for effective mental health practice with diverse populations, including persons from high context cultures. It also has implications for state social work and psychology licensing boards in developing criteria and tools for measuring competency and ensuring adequate, ongoing training programs for mental health providers working with diverse groups and persons from high context cultures. Do licensing boards ensure that mainstream providers have the competencies required to work with cultural groups other than their own?

Study participants sometimes described the lack of understanding by mainstream agencies and supervisors about the expectations placed upon these providers by the Hmong community. Some interviewees described their own trauma memories being re-triggered in the course of their work. What are organizations doing to support these providers given the challenges and stressors that they face on a daily basis? It is important for organizations to recognize the possibility of re-traumatization for these workers and develop employee assistance plans and other supports to enhance the well being of these providers.

Findings from this study support the work of Goh, Dunnigan, and McGraw-Schuchman (2004) regarding the need for trained mental health interpreters and underscore the misunderstandings that can arise when untrained interpreters are used in this work. What was also underscored in this study is the concept that competent interpretation involves interpretation of both words and cultural meanings attached to words and behaviors. Interviewees frequently gave examples of Hmong words and phrases for which there were no equivalent English words, and where it was necessary to

interpret cultural meanings. An important implication of this finding is the need for bi-lingual and bi-cultural Hmong mental health providers to do this work whenever possible. When it is necessary for a Hmong client to work with a non-Hmong provider and a Hmong interpreter, it is recommended that several components be in place. First, it is important that a team or collaborative approach be used in this work. Next, it is critical that the non-Hmong provider receive formal training in how to work effectively with interpreters, receive ongoing training and education about Hmong culture and communication, and be involved in an ongoing learning process about how to work most effectively with Hmong clients. It is also essential that the Hmong interpreter receive formal training in mental health interpretation. Finally, it is important that the non-Hmong provider work in partnership with the Hmong interpreter so that both verbal and non-verbal communication is competently interpreted and that interventions and approaches are planned together. In this way, the Hmong interpreter is an active participant in the mental health treatment process and not merely providing the literal translation of verbal communication. This has been described as the *triad model* for interpretation (T.S. Nguyen, personal communication, April, 2005).

Mainstream providers can gain insights from this study about how Western mental health work is done. Hall (1959) stated that it is through studying other cultures that we are better able to understand our own. Studying the experience of Hmong providers provides a contrast in which to examine more deeply the practice of Western mental health and the assumptions inherent within that practice. What can Western mental health practice learn from the experiences of the providers in this study? Which practices of Hmong providers in this study could be applied to work with mainstream

populations to increase its effectiveness?

Finally, this study suggests some other areas for further inquiry. How is the experience of male and female providers different or the same? While I did not conduct a separate analysis of the data to account for gender differences or similarities, I feel this would be an interesting area to explore. In what ways is the tying process different for men and women? Another area for further inquiry would be to explore differences in acculturation of providers and how this affects the meaning of being a Hmong mental health provider.

There have been some positivistic studies of Hmong adults seeking help for mental health problems but few interpretive studies. An area for further inquiry would be a phenomenological study of the experience of Hmong adults who have received Western mental health treatment. It would be interesting to explore this further from the perspective of the client, or their family member, and to compare the experiences of those who worked with a Hmong provider alone versus those who worked with a non-Hmong provider and an interpreter. What is the meaning of this experience for Hmong clients?

Many providers in this study described the inappropriateness of many of the models and techniques they learned in their education and training for work with Hmong clients. It is important to learn more about the education and training of Hmong mental health providers and how these could be enhanced. It would be informative to conduct a combined descriptive and interpretive study of the college or graduate school experiences of Hmong, or other culturally diverse mental health providers, to learn more about courses and training that enhanced their work as mental health providers, as well as recommendations for change and improvement in this area.

Last, it is important to learn more about the experiences and the training of mental health interpreters and mental health professionals who work with these interpreters. A study on the use of interpreters in mental health counseling is being conducted and researchers from the University of Minnesota will be reporting their findings (Goh, McGraw-Schuchman, & Yang, Manuscript in process). The purpose of this study is to understand the roles, processes, and functions in the use of interpreters in mental health counseling. The researchers are interested in learning more about the various models of interpreting as well as the issues and challenges that arise from interpreter's experiences.

Throughout the course of this study, I asked myself a number of questions. What am I learning? What would a Hmong researcher be learning if she were conducting this study? Am I staying true to the words and descriptions of the interviewees? Through the immersion process required to conduct a phenomenological study of Hmong mental health providers, I am humbled by the complexities of the experiences described by these providers. Their stories embody a convergence of culture, language, refugee experience, trauma, resettlement, Western education, *being Hmong*, commitment, perseverance, creativity, and hope. I listened as they described the work of *tus txiv neeb* (shamans) conducting *hu plig* (soul calling ceremonies), or witnessed how they were transported back to Laos while telling me about their work with a Hmong elder who had instructed them about Hmong New Year traditions. These descriptions were intermingled with analogies about *bowling*, *Wheel of Fortune*, and *Bill Cosby* in an effort to help me better understand their experiences. It is my hope that this study has added to the body of knowledge of the meaning of being a Hmong mental health provider and that it will stimulate others to conduct further research into this phenomenon.

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