

## **Shamanism: Indications and Use by Older Hmong Americans with Chronic Illness**

**By**

**Linda A. Gerdner Ph.D., RN, FAAN\*  
Stanford Geriatric Education Center  
Stanford University School of Medicine**

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### **Abstract**

This article reports qualitative interviews from an ethnographic study that explored in part, the health seeking behaviors of and for older Hmong Americans with chronic illness. The study occurred over a 36-month period in the St. Paul / Minneapolis area of Minnesota. The majority of interviews were conducted in the Hmong language and lasted approximately three hours. Participants included 35 older Hmong Americans living independently with chronic illness. The majority of these older adults were female (n=25, 80%) with a mean age of 78.43 years. Interviews also included 33 family members (n=25 female, 75.75%) with a mean age of 75.75 years, who provided a minimum of eight hours of in-home care for an older Hmong American with chronic illness. Due to the significant role of shamans in the spiritual well-being of older adults, three shamans (two male, and one female) were also interviewed. All (mean age 83, range 65-99) had been “chosen” to become a shaman while living in Laos and had resided in the United States an average of 4 years 5 months (range: 1 month to 13 years). All shamans reported having an active practice, with comments such as “I have so many [patients] I do not count.” More specifically, one shaman stated that he performed 20 to 40 healing ceremonies per year. One shaman explained his role by stating “I heal the weak and the lost spirit.” The majority of older Hmong Americans (74.29%) and family caregivers (57.58) had retained the spiritual beliefs of animism and ancestor worship. Findings report that 18 (51.43%) older Hmong Americans compared to 21 (63.3%) family caregivers sought the services of both a physician and a shaman for treatment of the older person’s chronic illness. Fourteen (40%) older Hmong Americans compared to ten (30.30%) family caregivers sought the services of a physician alone. Only 3 (8.57%) older Hmong Americans compared to 2 (6.06%) caregivers consulted the services of a shaman alone. Many older adults and family caregivers voluntarily discussed the important role of shamanism during the Hmong New Year in promoting the spiritual well-being of family members throughout the coming year. In conclusion, although Hmong Americans have access to biomedicine, the majority of participants continued to utilize shamanic ceremonies in combination with biomedicine. The reliance on shamanism became stronger when biomedicine was viewed as having limited effectiveness or when the cause of the affliction was perceived as being spiritual in nature.

**Keywords:** Hmong Americans, health and medicine, shamanism

## BACKGROUND

The earliest written documentation shows the ancestors of the Hmong people living in China in 2700 B.C. During the 19<sup>th</sup> century, groups of Hmong began migrating to remote areas of Vietnam, Laos, Burma, and Thailand to avoid Chinese domination (Culas & Michaud, 2004). Prior to the Vietnam War the Laotian Hmong maintained a relatively self-sufficient agrarian lifestyle in the remote highlands of Laos. In the 1960s, the war in Vietnam covertly spread into Northeastern Laos, the geographic area inhabited by substantial numbers of Hmong people. Hmong men and boys living in villages were recruited by the Pathet Lao communists on one side and the Royal Lao Army with support of the United States Central Intelligence Agency on the other (Hamilton-Merritt, 2006).

For some Hmong, the decision to form an alliance with the United States was based on the threat that communism posed to their autonomy and cultural identity. In 1975, following the United States withdrawal from the war, many of those Hmong choosing to come to the United States and other host countries did so not only to save their physical lives, but also to preserve their cultural identity (Lemoine, 1986, p. 337). For many their spiritual beliefs of animism and ancestor worship are strongly entwined with cultural identity.

Hmong Americans constitute a growing number of the United States population, with 260,078 Hmong living in all 50 states plus District of Columbia and Puerto Rico. States with the highest populations are California, Minnesota, Wisconsin, North Carolina, and Michigan. More specifically, the largest concentration of Hmong Americans reside in the St. Paul / Minneapolis area, with a population of 64,422 (U.S. Census Bureau, 2010).

### Spirituality

Traditionally, the Hmong people practice a combination of animism and ancestor worship. In this belief system each human has multiple souls that must remain in harmony to retain health.

In addition, it is believed that all natural entities such as rocks and bodies of water (i.e., lakes and ponds) have a spirit. These entities have spirits that may have a neutral, positive, or negative impact on a person's spiritual well-being. Spiritual illness occurs when one or more of the human souls become separated from the human body or become compromised in some other way, requiring intervention by a shaman.

Ancestor worship involves veneration of family ancestors. The basis of this belief system includes strong interdependence between persons living in *yaj ceeb* (physical or seen world) and the deceased who inhabit *yeeb ceeb* (world of ancestors and other spirits). One example involves living relatives paying homage to deceased family members at specific times throughout the year, such as the Hmong New Year. In return, these ancestors are believed to guard and protect living family members throughout the year (Gerdner, Cha, Yang, & Tripp-Reimer, 2007). Violation of this cultural norm or similar rituals may result in an ancestral spirit causing harm to the offender, his or her living family members or future descendants of the offender.

The integrity of the soul generally becomes compromised in one of three ways, 1) an evil spirit may invade or attach itself to the person's body, 2) an evil spirit takes the person's spirit and tortures it, or 3) the person's soul becomes dissatisfied with the residing body and leaves (Gerdner, Tripp-Reimer, Yang, 2008).

Traditionally Hmong people believe that some illnesses, particularly those that are less severe and non-life threatening, may have a biological cause requiring treatment with *tshuaj ntsuab* (herbs) or organic substances, such as dried animal parts (Bliatout, 1991). These remedies may be used alone or in combinations with spiritual healing.

However, it is important to recognize that Hmong Americans are not a homogenous group. Many have been exposed to the religious beliefs of the dominant cultures in the countries of

Laos, Thailand, and the United States. Therefore, Christianity and Buddhism may influence the spirituality of Hmong people to varying degrees.

In 2005, it was estimated that 70% of Hmong Americans retained the traditional beliefs of animism / ancestor worship (Pfeifer & Lee, 2005). These beliefs continue to be closely interwoven with perceptions of health and illness and are critical to the spiritual well-being and cultural identity of many Hmong Americans. It is important to recognize that some who self-identify as Christians may retain (to varying degrees) the belief in spirits and their impact on the daily life and health of human beings. In addition, the person's spiritual status may change over time. For example, some persons who were raised with animistic beliefs may convert to Christianity, but later (possibly during a time of crisis) revert back to their original animist beliefs (Plotnikoff, Numrich, Wu, Yang, & Xiong, 2002). Buddhism has influenced a smaller number of Hmong Americans.

### Shamanism

Shamanism is an integral component of the Hmong people's traditional beliefs of animism and ancestor worship. The ultimate goal of Hmong shamanism is to promote and maintain spiritual harmony and balance. The shaman is believed to have the ability to travel from the light of *yaj ceeb* (seen world) occupied by human beings, material objects, and nature; to the darkness of *yeeb ceeb* (unseen world) occupied by supernatural spirits, lost souls, and deceased ancestors to negotiate for the return of the afflicted person's lost or abducted soul (Gerdner, Xiong & Cha, 2006).

The shaman has a repertoire of rituals for spiritual intervention. Often the shaman will perform *ua neeb saib* (diagnostic ceremony) to determine the source of the problem. This is later followed by *ua neeb kho* (healing ceremony). The individual will recover if the shaman is successful in retrieving the soul. If the soul is not recovered during the shaman's journey or in

subsequent ceremonies performed by the same shaman or a different shaman, it is believed the person will die.

## PURPOSE

This article reports qualitative data from an ethnographic study that explored in part the health seeking behaviors of and for older Hmong Americans with chronic illness.

## METHODS

Qualitative interviews for this ethnographic study were conducted over a 36-month period in St. Paul and Minneapolis, Minnesota. At the time of this study, the U.S. Census reported 40,707 Hmong living in the St. Paul / Minneapolis area. This represented 97.3% of the total Hmong American population living in the state of Minnesota (Lee, Pfeifer, Seying, Todd, Grover, Vang, et al., 2004. p. 41). Of those Hmong Americans living in Minnesota, 41.7% had no formal education and 33% were below the poverty level (Lee, Pfeifer, Seying, Todd, Grover, Vang, et al., 2004).

### Community Entry

Community entry was facilitated by a Hmong American liaison, who was a trusted member of the community. She took the lead in the initial recruitment of key informants. With permission of potential informants, informational meetings were scheduled between the potential informant, community liaison, and principal investigator. The community liaison (a certified health care interpreter) assisted with the communication process when Hmong was either the preferred or sole language. The purpose of the study and the informant's role was explained with potential informants being encouraged to ask questions. In addition, questions were asked of potential informants to assess their understanding of the study, including their role and rights as an informant. Consent forms were available in both Hmong and English to accommodate their preferred language. Written consent was obtained from those who volunteered to participate in

in-depth interviews with the understanding that the participant could decline to answer any question they chose and they could withdraw from the study at any point. This process was approved by the institutional review board at the University of Minnesota.

### In-Depth Interview

Following written consent, guided in-depth interviews were conducted in the informants' preferred language to explore the topic of interest. The majority of interviews were conducted in the Hmong language with the assistance of a certified health care interpreter.

Interview guides were developed for each category of informant (older adult, family caregiver, shaman). Sample questions are provided for each group. Probes were used in an effort to explore answers and seek clarification as needed.

Interviews with older Hmong Americans included questions such as:

- Do you have any health problems? If so, please explain.
- What do you believe caused this condition?
- Who do you go to for health problems?
- Under what conditions would you contact a shaman for health concerns?

Interviews with family caregivers included questions such as?

- Describe the condition that your family member has?
- What do you believe caused this condition?
- Who do you take your family member to for health problems?
- Under what circumstances would you contact a shaman for health concerns of your family member?

Interviews with shamans included questions such as:

- How many older adults have you treated? Or do you treat per year?

- What are some common reasons that older adults come to you for healing?
- What causes illness?
- What role do spirits (good/bad) have in causing these conditions?

Probes were used to more deeply explore topics elicited by the informant. Each informant participated in a single interview at a time and location of their choice, with the majority conducted in the informant's home. The average interview lasted approximately three hours (including required time for interpretation) and provided a rich source of data. With permission, all interviews were audio-taped. Following the interview, each informant received a \$25 gift certificate for groceries.

### Informants

#### Older Adults

The study included 35 older Hmong Americans with chronic illness. For the purpose of this study, chronic illness was defined as a disabling condition lasting longer than three months (Burnside, 1988, p. 918). Originally, a Hmong American older adult was defined as being a minimum of 60 years of age. As the study advanced it became clear that greater flexibility was required in operationally defining an older adult. Consequently, three persons younger than 60 years of age who self-identified as an older adult (59 years [n=2], 54 years [n=1]) were enrolled in the study.

Older adults were excluded from the study if they had obvious signs of cognitive impairment. For the purposes of this study the older adult was deemed cognitively intact if they were able to appropriately answer questions during the consent process, indicating a cognitive understanding of the study.

Participants ranged in age from 54 to 105 years (mean age = 78.43 years) who were living independently with a chronic illness. All were born in Laos. The majority (n=29, 74.29%) of

older Hmong Americans practiced the traditional beliefs of animism/ancestor worship. In addition, eight (22.86%) were self-identified Christians and one person held traditional beliefs combined with those of Christianity. Refer to Table 1 for a complete demographic profile. All older adult informants had a diagnosis of one or more chronic illnesses.

#### Family Caregivers

In addition, 33 family members caring for an older adult with chronic illness were interviewed. To participate in this study all were required to provide direct assistance with in-home caregiving for a minimum of eight hours per week. All caregivers were born in Laos. The majority (n =19, 57.58%) retained traditional spiritual beliefs. Relationship of the caregiver to the care recipient follows: daughter-in-law (n=11), daughter (n=7), wife (n=4), granddaughter (n=1), niece (n=2), son (n=4), husband (n=2), grandson (n=2). Refer to Table 1 for a complete demographic profile. The family members had been caring for an older adult with one or more chronic illnesses for a mean of 4.95 years (range: 3 months to 12 years).

#### Shamans

Due to the important role that shamans played in the spiritual well-being of many older adults, three shamans were also interviewed. All traditional healers (mean age 83, range 65-99 years) were “chosen” to become a shaman while living in Laos. They had resided in the United States a mean of 4 years 5 months (range: 1 month to 13 years). Refer to Table 1 for a complete demographic profile.



Table 1. Demographic Data

	Older Adult (n=35)	Caregiver (n=33)	Traditional Healer (n=3)
<b>Sex</b>			
Female	28	25	2
Male	7	8	1
<b>Age*</b>			
Mean	78.43 years	50.39 years	83 years
Range	(54 - 105 years)	(27 - 85 years)	(65 - 99 years)
<b>Time in U.S.</b>			
Mean	19.83 years	21.33 years	4 years and 5 months
Range	(7 - 30 years)	(6 - 30 years)	(1 month - 13 years)
<b>Language of Interview</b>			
Hmong	35	29	3
English	0	4	0
<b>Spiritual Orientation</b>			
Traditional	26	19	3
Christian	9	13	0
Mixed	0	1	0
<b>Education</b>			
No Formal	35	19	3
Grade School	0	2	0
High School Diploma /GED	0	7	0
Technical College	0	2	0
College Coursework	0	2	0
Bachelor's Degree	0	0	0
Master's Degree	0	1	0

\*Birth dates are not recorded in the Hmong villages of Laos and birthdays are not celebrated as they are in the United States. Informants provided the year of their birth to the best of their ability. This data should be considered approximations.

### Data Analysis

An interpreter who did not assist with the interview process reviewed the taped interviews.

The purpose of this review was to determine the accuracy and completeness of interpreted responses by the informants. Audiotapes were then transcribed.

Transcripts were read repeatedly, examined line-by-line, phrases were underlined and assigned tentative category labels in the margins. Labeled passages were then clustered into larger units.

## FINDINGS

### **Practice of Shamanism**

One shaman described his role by stating, “I heal the weak and the lost spirit.” To differentiate his role from biomedicine, he described a physician as one who heals a person who has a problem of “physical cause,” such as one of “viral or bacterial in origin.” He further explained, a shaman “cares for the person’s spirit throughout life, whereas a physician cares for a person’s physical body throughout life.”

Another informant emphasized that to become a shaman you receive a spiritual “calling,” that he viewed as a “gift from heaven.” Notification of the person’s intended role is received in the form of a dream or overcoming a life threatening illness. In contrast, training to become a physician occurs in a university setting.

All three shamans reported having an active practice, with comments such as “I have so many [patients] I do not count.” More specifically, one shaman stated that he performed 20 to 40 healing ceremonies per year.

### **Criteria for Determining Health Seeking Behaviors**

Informants identified two criteria for determining whether to seek the services of a shaman or a physician. First, older adults and caregivers viewed the two types of healers as having distinct roles depending on the cause of the illness. Second, health-seeking behaviors of caregivers were influenced by the personal preference of older adults with chronic illness.

## Distinct Roles of Shaman and Physician

Consistent with shaman interviews, many older adults and caregivers saw a distinct difference between the physical cause and the spiritual cause of an illness. Therefore, biomedicine and shamanism were each viewed as having a unique and valuable role in the healing process.

To facilitate understanding, a 100-year-old woman provided this explanation, “when I have physical pain, I seek a doctor, but when I am tired and weak I look for a shaman.” Similarly, a caregiver reported that she would consult a shaman when her mother-in-law “felt tired, stressed, or doesn’t have an appetite.” Another caregiver explained that a shaman was indicated following an experience that might result in soul loss, such as depression or sudden fright.

A 77-year old woman provided personal examples to clarify her perception of physical and spiritual health problems. She consulted a physician when she experienced chest pain and was subsequently diagnosed and treated for angina. Later, she began experiencing hearing loss while planning a trip to Laos. She consulted a shaman, who performed *ua neeb saib* (diagnostic ceremony) to learn that the woman’s deceased parents were displeased with the financial cost of this trip. Their displeasure was manifested by the woman’s hearing impairment. More specifically the shaman attributed the “tree spirit” as the cause of her hearing impairment.

A poignant example involved a 100-year old woman who was being treated by a physician for hypertension. However, her primary concern was debilitating chronic pain that she adamantly attributed to spiritual entities as relayed in the following statement:

My health problems come from spiritual torture – sometimes from spirits of dead family members. They intentionally hurt me. If it weren’t for these bad spirits, I would not be sick.

I dream of them [bad spirits] torturing me. I see them [bad spirits] whenever I get sick.

If I sleep well - with no bad dreams of spirits surrounding me - I am fine. There is no pain the next day. But if I have bad dreams, accompanied by bad spirits – I am sick the next day. Today I have back pain - it is because I did not have a good sleep. Spirits were visiting while I was sleeping.

As reflected in these statements, dreams traditionally hold special significance to Hmong people.

The woman concluded that she was “tired and weak” and had consulted a shaman who had performed numerous healing ceremonies plus a ceremony to “extend her life,” referred to as *ntxiv ntawv*.

This ceremony is based on the belief that at the time of birth a celestial being, Ntxwy Nyug, grants each person a *txoj hmoo* (“mandate of life”) (Gerdner, Cha, Yang, Tripp-Reimer, 2007). The “mandate of life” determines the amount of time that the individual will reside in *yaj ceeb* or the physical world, before returning to *yeeb ceeb* (unseen world of spirits) for reunion with ancestors. This ceremony requires that the shaman travel to *yeeb ceeb* (unseen world) to negotiate for an extension of the person’s *txoj hmoo* or “mandate of life.”

### **Honor Wishes of Older Adult**

Regardless of the personal beliefs of the caregiver, shamans were consulted when the older adult retained beliefs of animism and ancestor worship. For example, a 36-year old female caregiver, who had lived in the United States for 16 years and was a high school graduate, initially sought medical care for her mother-in-law who was subsequently diagnosed with congestive heart failure, pulmonary edema and cancer. However, to comply with the older woman’s wishes, the caregiver and her husband, who had both converted to Christianity, consulted a shaman who performed a series of ceremonies for the woman.

## Preferred Healer

### Use of Both a Shaman and Physician

Over half (n=18, 51.43%) of older adults sought the services of both a physician and a shaman for treatment of their chronic condition. In comparison, the majority (n=21, 63.3%) of caregivers consulted both a shaman and a physician for the older adult's condition.

Personal beliefs, types of symptoms and their degree of severity were important factors in determining health-seeking behaviors. Medical care was often sought during a health crisis. If recovery was not viewed satisfactorily, a shaman was often consulted. For example, a 67-year old female reported "heart problems," became "easily exhausted" and experienced "body pain." She was initially treated by a physician and was hospitalized numerous times but expressed dissatisfaction with the outcome. She and her family subsequently sought the services of a shaman to supplement medical care. During a *ua neeb saib* (diagnostic ceremony) the shaman learned that her "spirit was not happy - it was restless." The older woman reported, "This is the reason that I am in pain." Following the ceremony she reported a vast improvement in her condition, indicating that the shaman had made the correct assessment and would follow with a *ua neeb kho* (healing ceremony).

When symptoms were perceived as less severe and non-life threatening, a shaman may be the first choice to resolve a health problem. For example, a 39-year old female caregiver, who had lived in the United States for 19 years, explained that her mother-in-law had become extremely weak, making it difficult for her to provide daily self-care. The family initially consulted a shaman who performed a healing ceremony on her behalf. With no signs of improvement, the family "took her [older adult] to the hospital where she was diagnosed with hypertension and diabetes." The woman's condition improved with medical treatment, including prescribed medication and diet.

An older man who served as a “military leader” for the American effort in Laos, explained that he preferred the services of a shaman for his health problems and would only seek the services of a physician when he was “extremely sick and truly could not get around.”

A daughter provided home care for her 81-year old father, who had recently been hospitalized. During hospitalization, her father reportedly responded adversely to the prescribed treatment. His daughter stated, “since getting the shots, his limbs seem to have no strength and his muscle seems to always be tensed, because his veins are so dark, . . . he seem to be in constant pain.” Following discharge from the hospital, the older man’s condition reportedly did not improve. The daughter tearfully explained, “we thought we were going to lose him, and I honestly believe the reason he is still alive is because my brother and I contacted a shaman who performed a healing ceremony.” She concluded, “we were able to preserve his soul.”

Another example was relayed by a shaman who had been consulted by the family of a fellow shaman, who “suddenly became unable to speak.” The family initially sought the services of a physician, who diagnosed the man as having had a “stroke.” Reportedly, the physician concluded that nothing could be done to help the afflicted man. Dissatisfied with the prognosis, the family consulted the informant. After performing a *ua neeb saib* (diagnostic ceremony) the consulting shaman learned that the spirits were angered with the afflicted shaman because he had neglected to take proper care of his altar. This lack of attention angered the “spirits” which was manifested in the shaman’s loss of speech. Following *ua neeb kho* (healing ceremony), the aphasic shaman took corrective action by properly maintaining his altar. As a result, the shaman’s speech returned. The informant concluded that the physician had misdiagnosed the afflicted shaman’s problem. The underlying cause of the problem was spiritual in nature rather than physical.

Several informants viewed health and illness from a dual perspective. For example, an 85-year old caregiver believed that every health problem consisted of both a “physical and spiritual component.” A physician is required to address the physical aspect, whereas only a shaman can address the spiritual aspect.

### **Physician Alone**

Fourteen (40%) older adults reported using the services of a physician alone. In comparison, ten (30.30%) caregivers exclusively sought the services of a physician. Excerpts from qualitative interviews provide a greater depth of understanding.

Hmong Americans who have converted to Christianity often view shamanism as being, in conflict with or in violation of, their religious beliefs. However, Christian Hmong may retain the belief that some health problems have a spiritual cause. For example, although an octogenarian was receiving care from a physician for her primary health concerns, she further explained, “when my body is aching or when I’m not feeling well, it is because my spirit is not well – so I pray to God to help me.” Similarly an 83-year old woman supplemented medical care with the use of prayer when she did not believe symptoms were severe enough to warrant medical care. She stated, “I am a Christian so I do not do any shamanistic healings - I just pray.”

Another example involved a 92-year old man who had practiced the traditional beliefs of animism and ancestor worship the majority of his life. Upon arrival to the United States, 27 years prior, he had converted to Christianity. At the time of this study, the man was being treated by a physician for the following medical conditions; hypertension, congestive heart failure, and pulmonary edema. In addition, he experienced mild cognitive impairment and confusion, which were believed to be spiritual in nature. Consequently the family organized an adapted version of

a shamanic healing ceremony, led by a minister. In advance of the ceremony a cow had been sacrificed as an offering to God. Extended family members were invited to participate in the ceremony. The minister led a healing prayer while placing his hand on a Bible. Following this ritual, family members approached the older man and his wife to perform an adapted version of the *ntxawm paj ntaub* (string tying ritual). Each family member loosely tied a white string around the man's wrist while reciting a prayer. This ritual was then repeated for his wife.

Older Christian Hmong Americans who believe they have exhausted all other resources without satisfactory results may turn to their traditional beliefs of spirituality. For example, one husband cared for his wife who experienced "generalized pain throughout her body with stabbing pains in her arms that interfered with her sleep." Although she had been examined by a physician and was adhering to the prescribed medication regime, she reportedly felt no relief.

Consequently, a Hmong herbalist who resided in Wat Tham Krabok, was consulted who prescribed herbal and organic remedies that were imported from Thailand. Despite carefully following the herbalist's instructions, the older woman experienced no relief. Although the spousal caregiver and his wife had both converted to Christianity ten years previously, they were considering consulting a shaman at the time of interview.

Some older adults who sought medical care also desired shaman intervention but were prevented from doing so because of a lack of family resources that are required to organize and host a ceremony. For example, a 90-year-old widow adhered to the traditional beliefs of animism and ancestor worship. During a respiratory crisis she sought emergency care at a local hospital, where a physician diagnosed her with asthma. Despite medical treatment she continued to have shortness of breathe upon exertion and became easily fatigued. Although she desired consultation from a shaman, she had no living family members to help organize and host a shamanic ceremony. She explained,



Since my husband passed away, I have been alone. I have no children. My sisters and brothers have passed away. My relatives have passed away. My parents have passed away. I am all alone. I only have very distant relatives in Fresno [California] and Laos. I am getting older and there's no one here to take care [of me] and love me.

An extensive amount of work is required to plan, prepare and host a shamanic ceremony. Traditionally, Hmong people have large families. A large family enables the delegation of responsibilities such as: creating a temporary altar, obtaining a shaman's bench, selecting and purchasing sacrificial animals, and preparing large quantities of food required for the meal following the ceremony.

Older adults who believed their health problem resulted from a physical cause rather than a spiritual one sought the services of a physician. For example, a 79-year old male sought emergency medical care for acute respiratory distress. He was subsequently diagnosed with renal failure. Although the older adult had retained the traditional beliefs of animism and ancestor worship he stated,

I do not believe that any of my medical conditions have a spiritual cause, and thus do not believe that a shaman can relieve me from these conditions.

### **Shaman Alone**

Only three (8.57%) older Hmong Americans used the services of a shaman exclusively. In comparison, two (6.06%) of the caregivers preferred that their family member be treated by a shaman alone.

Informants identified two primary reasons for consulting a shaman at the exclusion of biomedicine. First, symptoms believed to be spiritual in origin, such as depression, confusion and memory impairment were believed treatable only by a shaman. In addition, there was one older adult who did not believe that he could afford the expense of medical care as reflected in this statement:

When you are sick you have no money to pay for hospital or clinic bills. I have no insurance, so I do not go to the doctor.

In this example, the informant was dependent on traditional healing techniques such as shamanic rituals and herbal remedies.

### **Efforts to Promote Ongoing Spiritual Well-Being**

Although not a formal question, many older adults and family caregivers voluntarily discussed the importance of shamanic ceremonies performed during the Hmong New Year. For example, a 29-year old caregiver emphasized the importance of performing an annual shamanic ceremony for the entire family to “promote good luck and guidance throughout the New Year.” This was viewed as a means of promoting health and well-being during the upcoming year.

There are a number of ceremonies that are conducted during the new year to promote good luck and spiritual well-being. Once such ceremony is *ua neeb kab plig* a multi-purpose ceremony to honor the family’s ancestors, clear the home of evil spirits, and to promote health and prosperity throughout the coming year (Scripter & Yang, 2009).

### **DISCUSSION**

The findings of this study revealed that despite having access to biomedical care in the United States, a significant number of informants continued to utilize the services of a shaman either for themselves or for the older adult they were caring for. Shamans and physicians were viewed as having distinct roles. The services of a shaman were generally sought when the source of a problem was believed to be spiritual in nature, such as feeling tired, stressed, and or having a loss of appetite. A physician was sought when health issues were believed to be physiological in origin, such as physical pain or a health crisis that required emergency care.

These findings are similar to those of other studies. For example, Plotnikoff and colleagues (2002) interviewed 32 Hmong Americans (14 males, 18 females) in the St. Paul / Minneapolis

area. Despite a much younger sample of “patients,” with ages ranging from 19 to 85 years (mean age = 48.72 years), the majority (n=22, 68.7%) used the services of a shaman in conjunction with a physician. Only two participants used the services of a shaman at the exclusion of biomedicine. Further analysis revealed that shamanic services were used regardless of age, sex, or degree of acculturation. Shamans were indicated for the treatment of soul loss, night fright, unhappiness, and stress. The services of a physician were used to treat “physical illness,” such as dizziness, high blood pressure, and intestinal problems.

Pinzon-Perez and colleagues (2005) explored the prevalence and satisfaction of shamanism by interviewing 115 Hmong Americans living in a rural county in California. Of the total sample, 40.5% were 45 years of age or older. The majority, 54% reported consulting a shaman or other traditional healer when they became ill, with 54% reported being very satisfied with these services. In comparison, 49% of the total number of informants, generally those in the age range of 18-44 years, chose the services of their primary care physician when ill.

The study presented here, provided further exploration into the decision making process behind health seeking behaviors. It is probably more accurate to state that informants, who retained traditional beliefs, used basic principles of symptom presentation as a guide to determine cause of illness. However, these principles were not always the definitive indicator of cause. For example, one older informant described symptoms that she initially believed to be physical in origin. Consequently, she sought the service of a physician for diagnosis and treatment. When the symptoms continued, a shaman was consulted to supplement medical care. The informant reported a “vast improvement” following treatment by a shaman. In contrast, one family caregiver initially sought the services of a shaman for the care recipient whose symptoms were thought to be spiritual in nature, but the older woman did not obtain relief until the services of a

physician were sought. In addition, some informants believed health problems may be of dual original, with one portion being spiritual in nature and another portion having a physical cause.

Informants usually referred to health seeking behaviors as a family decision, with family members stated that the wishes of the older adult took preference. Older informants also discussed the need for active family involvement in hosting a shamanic ceremony. Hmong Americans who did not have living family members lacked the resources necessary for such ceremonies.

### Conclusions

The findings of this study indicate that spiritual beliefs, types of symptoms and their degree of severity were important factors in determining health-seeking behaviors for Hmong American elders with chronic illness living in Minnesota. The reliance on shamanism became stronger when biomedicine was viewed as having limited effectiveness or when the problem was perceived as being spiritual in nature. Those informants who retained traditional spiritual beliefs also discussed specified circumstances when a shaman's services were sought to extend the elder's "mandate of life" or when rituals were performed during the Hmong New Year to promote spiritual health and well-being for the family throughout the coming year. The findings of this study are limited to older Hmong Americans with chronic illness.

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**About the Author:**

Linda A. Gerdner Ph.D., RN, FAAN is an Ethnogeriatric Specialist at the Stanford Geriatric Education Center / Center for Education in Family and Community Medicine. Her doctorate is in Nursing in Aging with a Cognate in Anthropology from the University of Iowa. Her focus of research includes the perception and care of Hmong American elders with chronic illnesses. To provide a deeper understanding of the Hmong culture, Dr. Gerdner visited three Hmong villages located in Xieng Khouang, a rural province in northern Laos. She has over 80 scholarly publications. In addition, she is the primary author of *Grandfather's Story Cloth*, a bilingual picture book intended to help Hmong American children and their families who know or live with an elder who has Alzheimer's disease.



**Author Contact Info:**

Linda A. Gerdner PhD, RN, FAAN\*  
Ethnogeriatrics Specialist  
Stanford Geriatric Education Center  
Center for Education in Family and Community Medicine  
Stanford University School of Medicine  
Stanford, California 94305-5403  
Phone: 319-572-4131  
[lgerdner@gmail.com](mailto:lgerdner@gmail.com)

\*At the time of this study Dr. Gerdner was a faculty member at University of Minnesota School of Nursing.

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