



The Liver, not the Heart: An In-depth Understanding of Mental Health with Hmong Clients

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Introduction

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Overview of Refugee MH projects in Wisconsin

- State Refugee Office
 1. Established in 1980 (Refugee Act of 1980)
 2. Role—
 - ensuring that refugees are self-sufficient upon arrival (*pass through federal grants*).
 - objective to establish culturally and linguistically competent providers and services.
 - *Programs (Refugee Mental Health Program Background)*.
 - » *National competition (1997)*
 - » *Regionally based*
 - » *Mutual interest (private, county, community refugee-run agency)*
 - » *Bilingual and bi-cultural commitment*
 - » *Federal grant ended 2008*

Overview of Sebastian Family Psychology Practice, LLC

- Main stream services
- Psychiatric evaluation & medication management
- Psychological testing
- Individual Therapy (Mental health and substance abuse)
- Parenting assistant/education
- In-home

- Refugee/Immigrant services
- Case management
- Interpretation

2010 Census Hmong Population

- United States Total: 260,076
 - 1) California: 91,224
 - 2) Minnesota: 66,181
 - 3) **Wisconsin: 49,240**
 - 4) North Carolina: 10,864
 - 5) Michigan: 5,924

1) Milwaukee = 11,904

2) Wausau = 5,927

3) Madison = 4,230

4) Sheboygan = 4,168

5) Green Bay = 4,152

U.S. CENSUS BUREAU, 2010 CENSUS, SUMMARY FILE 1

<http://www.hmong.org>

2010 Census Hmong Population

Highest Concentration by City

1. Minneapolis-St. Paul, MN:	64,422
2. Fresno, CA:	31,771
3. Sacramento, CA:	26,996
4. Milwaukee, WI:	11,904
8. Wausau, WI:	5,927

- 15% of the population in Wausau is Hmong
- 2% of the population in Milwaukee is Hmong

U.S. CENSUS BUREAU, 2010 CENSUS, SUMMARY FILE 1

<http://www.hmong.org>

Considerations in Working with Hmong Clients/Families

- 3 different waves of migrations.

1) Initial Wave, 1975-78, (Refugee Assistance Act of 1975). Primarily men directed associated with General Vang Pao's Secret Army (*USAID employees*), about 3,000 people were evacuated to the USA.

2) 2nd Wave started, 1978-1991, 30,000 initially and continued until 1999. By 1999 approximately 250,000 Hmong have been resettled in the USA.

3) 3rd Wave, 1992-2006, repatriation program began by closing Ban Vinai camp in 1992. Threats of forcible removal by the Thai government and Hmong American community advocacy resulted in two U.S. resettlement opportunities in 1996 (Napho refugee camp) and again in 2004-2006 (Wat Tham Krabok).

Continued

- Because of the different waves in migration, many Hmong in the USA will greatly differ in
 - a) language;** *don't speak English to don't speak Hmong*
 - b) education;** *no education to lawyers, doctors, senators*
 - c) income;** *low-income to upper income*
 - d) religion;** *Shamanism to Christians*
 - e) level of assimilation/acculturation**
 - f) beliefs**

Hmong Family System

- More than 98% live in family household
- 70% are married couples with children
- Average family size are 6.4 persons
- 57% of Hmong in WI are children, under the age of 18
- 60% of Hmong women have no education vs 30% of men

- *UW-Extension year 2000*

- Patriarchal; status, power, decision making are with the men
- Married middle age men with children have most power
- Women have private but limited public power (conflicts based on financial and education obtainments)
- Daughter in-laws typically have no power
- Children have no power (role reversal for parents with no education or English)

- Healing by Heart

Relationships

- Measure love in actions rather than words
- Public expression of emotions and physical affection is strongly prohibited
- Dating openly is strongly prohibited**
- Sex is strongly prohibited and usually results in forced marriages**
- Values associated to marriage and strong stigma with divorce **
- Children are given guidance but not appraisals**
- The importance of face/image/reputation
- Rumors (positive reinforcement)

*** defer on level of acculturation/assimilation*

Western Legal System vs Cultural Legal System

- **Cultural legal system**
 - 1) Legalizing marriages or divorces
 - 2) Marriage problems or family conflicts
 - 3) Crimes; sexual assaults, disputes regarding accusation or wrong doings
- **Task are performed by respected leaders within the clan.** Responsibilities include:
 - 1) *Performing cultural ceremonies to legalize marriages or divorce*
 - 2) *Mediate and resolve conflicts w/out having to involved western systems*
 - 3) *Give recommendations, provide counsel, advices, cultural enforcement (fines), and make referrals*
- Individuals unhappy with the ruling of the cultural system seeks out western services (e.g. divorce, domestic abuse, custody, etc.)

“My father is a factory worker by day, a Mej Koob by night”



Western Treatment vs Cultural Treatment

- **Cultural treatment**
 - 1) Medicine doctors
 - 2) Physical therapists
 - 3) Ritual or magical healers
 - 4) Cultural medicines (herbs, roots, oversea medications)
 - 5) Shamans
- **Task are performed by respected individuals with many years of practice.** Responsibilities include:
 - 1) *Assessment*
 - 2) *Advice*
 - 3) *Treatment*
- Individuals who don't get better, seeks out western services (e.g. medical care, mental health services, etc.)

The Liver, not the Heart

- Emotions associated to the heart is a western concept
- Hmong traditionally associates emotions with the liver

1. **Nyuab Siab = Difficult liver** (*stressed, having a hard time with life*)
2. **Tus Siab = Broken liver** (*grieving, sad, or feeling bad*)
3. **Kho Siab = Unsettled liver** (*lonely, sad, missing loved one*)
4. **Chim Siab = Upset liver** (*upset, unhappy,)*)
5. **Puas Siab = Damaged liver** (*lost of enjoyment, hopelessness*)
6. **Poob Siab = Drop liver** (*anxious, distress or intense worrying*)
7. **Mob Siab = Pain liver** (*heart broken, jealous*)
8. **Lwj Siab = Rotten liver** (*heart repeatedly broken, no hope/desire to live*)
9. **Siab Luv = Short liver** (*short temper, anger issues*)
10. **Siab Ntev = Long liver** (*happy, patient, tolerable*)
11. **Siab Phem/Txias Ntshav = Bad-bloody liver** (*bad hearted, mean person, purposely*)
12. **Siab Tsis tus = Unstable liver** (*mood swings*)
13. **Siab Twm Zeej = self-fish liver** (*think of self only, loner heart*)
14. **Siab Dawb/Dub = white/black liver** (*good heart, give freely, bad heart, unkind heart*)
15. **Zais Siab = secretive liver** (*discrete, hiding, not telling*)

Nyuab Siab

- Mental health = nyuab siab. Nyuab siab is the closest word we have that correlates with mental health.
- It usually implies a sense of sadness combined with hardship. Among therapists do not ask about mental health conditions but we ask, *“Are you having a hard time with life?”* or *“Is there anything bothering or stressing you?”* It emphasizes more on wellness and less on illness or medical model.
- Emphasis is on how a person is doing vs how a person is feeling. When we greet someone, our language does not allow us to ask, *“How are you feeling?”* Instead, we ask, *“How are you doing (living)?”* (ua dabtsi & nyob li cas)
- Most clients evaluate progress based on how they are doing and not how they are feeling. Responses are specific to how they are doing vs feelings.
- To get at feelings, you would have to ask for specific feelings.

Understanding of Mental Health in the Hmong Community

- **The general belief:** mental health or mental illness does exist.
- The community believes that it should be treated and that people should seek out treatment.
- The difference is in
 - 1) Interpretation
 - 2) Assessment
 - 3) Treatment

Interpretation

- The Hmong believe in a physical world (seen world) but they also believe in a spiritual world (unseen world).
- The spiritual realm is highly influential and dictates what happens in the physical world.
- If an individual is suffering from a medical illness or a mental illness, it could be due to something in the **physical world** or something in the **spiritual world**.

Show Video

Examples

Example: I am sad

Physical World

- I lost my job and I can no longer provide for my family.
- I have health problems and I can't fulfill my responsibilities at home.

Spiritual World

- When I lost my job, I was scared/startled and it caused my soul to leave.
- I am chosen by a spirit and am having health problems until I satisfy the spirit's request or demand.

Physical world

Behavior and Relationship Issues

- The family is the primary source of support and intervention. The clan is the secondary source of support.
- Family seek out support from the clan leaders if they feel there is no progress or if they feel that they lack the skills to appropriately assist the individual.

Eg. Marriage problems: First talk to my immediate family to see if the issue can be resolved within the family. If it's not resolved, the issue would be brought up to the clan for resolution. This can either be done in a more intimate-private setting (a few identified people) or it can be done in a clan meeting (any clan members that can attend).

- The identified leaders will provide consultations, advice, mediate, and even offer punishments or consequences if warranted.

Continue

Medical and Mental Health

- If the belief is a physical cause, they will seek out medical care or mental health services. Currently, medical care precedes Shaman care.
- Eg. Hypertension, diabetes, pain, or other medical conditions that can be physically explained, individuals will seek out medical care.
- Eg. Depression because of relationship issues, financial problems, medical/health problems. Sadness that can be explained by something physical, individuals will seek out western mental health treatment.

Spiritual World – Yeeb Ceeb

- Beliefs that there is a spiritual world, where souls and spirits exist and that this is not separated from the physical being.
- For a person to be healthy, there needs to be a balance between the physical and the spirit.
- If there are no physical cause or medical explanation, then the belief is that there is spiritual cause.
 - Eg. Severe back pain but no medical/physical evidence explaining the pain or why it's not improving with medication/treatment.
 - Eg. Psychotic symptoms, where there are no apparent reasons or physical cause for the rapid, odd or extreme changes in behavior.
 - Eg. Pre-Shaman symptoms (physically ill but doctors find no medical explanation)
 - Eg. Tus Siab – sad liver (lost of appetite, pale (daj ntseg = yellow ear))

Shamans & Assessment

- Shamans are individuals chosen by spirits to have special access to the spirit realm. They act as a medium between the physical and the spiritual.
- **Shaman's roles** are to **assess** (ua neeb saib), **diagnose & recommend (tim & pom dabtsi)**, and **perform the treatment** (ua neeb kho).
- **Treatment includes:** performing rituals that include the offering of food/livestock, spirit money, or following through on requests by the spirits.
eg. The lost of a soul (poob plig) can cause serious illness, thus a "hu plig", soul calling is performed through a chanting and offering of a livestock (chicken or pig) to bring the soul back to harmony.
- **Pre-shamanistic symptoms** - Individuals who experience unexplained physical illness/pain or psychotic symptoms (mania episode, hallucinations or delusions) are believed to have been chosen. If they don't follow through to become a Shaman, their illness will not improve and may die.
- **Once chosen**, the individuals will have to seek a master/teacher (well experienced Shaman) and begin years of training to become an official Shaman.
- Shamans are highly respected in the community--many feel that it's an honor to be chosen. It is an honorable vocation!

Treatment Outcomes from Shaman

- Some do fully recover, some experiences temporary relief, some experiences no improvements, some get worse.
- About 50% of my clients have reported seeking shaman treatment before coming in for mental health treatment.
- The majority of individuals who have severe symptoms; unexplained severe physical pain or psychotic symptoms, almost all have sought advices from a Shaman before coming in for western MH treatment.
- Many are becoming more accepting of both cultural and western treatments.
- Increased in Shaman's willingness to encourage people to seek out or comply with medical or mental health care, especially if shaman treatment has not been effective.

Hmong Therapist

- We received western education and are held by clinical, license, HMO guidelines.
 - We provide western treatments; mental health or AODA assessments, western diagnoses, perform psychotherapy, substance abuse counseling, and collaborates with psychologist for consultations/supervision and psychiatrist for medication management.
 - All of our sessions with Hmong adults are done in the Hmong language.
- * We interpret symptoms expressed in cultural contexts/perspectives and we provide western treatments through bilingual and bicultural services.**

Case Example #1

- A 65 year old Hmong female elder, who is a shaman, reported that she has not been well since she “ua neeb phiv”, made a mistake while performing a shaman ritual. She is concerned about her health and life, reporting that the spirits are upset with her. She reported experiences and senses of spirits invading her body and making her feel sick. As a result she been very scared and worries excessively that she will die. The family stated that she has not been herself. She’s been forgetful, more withdrawn, sad, reluctant to leave the house, and has stopped doing shaman work entirely. The family is concerned about her behavioral changes.
- **Cultural perspective/context:**
 - Getting sick as a result of making mistakes while performing a shaman ritual.
 - Believes that her symptoms are a result of the spirits being upset with her.
 - Reports episodes of evil sprits evading her body, harming her, making her sick, and may possibly take her life.
 - She has stop doing Shaman rituals to prevent further harm and upsetting the spirits.

Outcome of #1

- **Learned:** From working with the client, she shared her explanation of what she did wrong. She made several mistakes while performing a shaman ritual and feels bad about it. She is in her mid 60's, is starting to be more forgetful. The family does not allow her to cook anymore.
- Her husband recently had a minor stroke, her son who is the primary provider recently lost his job, her son coming home late one night, was chased by African males. She has been staying up late, to make sure the son is safe while coming home.
- She continued to report experiences and senses of spirits taking over her body, making her sick, making it hard for her to breath, and she feels her liver drop. She expressed fear that it may kill her eventually. She said the experiences are random, does not know when the evil spirits will attack her, and that it usually last about 10-15 min. She does not feel safe going out. She had sought out treatment from another Shaman but it did not help. She stopped seeking out Shaman treatment, in fear that it may cause her more harmed.

Thoughts?

Explanation of Case #1

- Rule out drug use or substance abuse
- Mistakes while performing a shaman ritual and feeling bad about it. (guilt) She is in her mid 60's, is starting to be more forgetful. The family does not allow her to cook anymore. (memory loss leading to lost of responsibilities at home)
- Husband recently had a minor stroke, son lost his job, her son coming home late one night, was chased by African males. She has been staying up late, to make sure the son is safe while coming home. (stressors and traumatic events)
- Senses of spirits taking over her body, making her sick, making it hard for her to breath (shortness of breath, hyperventilation), and she feels her liver drop. (racing heart) She expressed fear that it may kill her eventually. (fear of dying) She said the experiences are random, does not know when the evil spirits will attack her, and that it usually last about 10-15 min. (typical of panic attacks) She does not feel safe going out. (avoidance) She had sought out treatment from another Shaman but it did not help. She stopped seeking out Shaman treatment, in fear that it may cause her more harmed.

Conclusion:

- * Spirits making her sick is a common interpretation: it's not unusual so no delusions
- * No visual or auditoria hallucinations: does not see or hear spirits
- * She's having panic attacks
- * Medication: Paxil 20mg ---> 50mg, ---> 20mg ---> discharged

Case Example #2

- A 14 year old female Hmong student has been having behavioral issues in the classroom. She gets upset, frustrated, hits her head, and throw books and pens/pencils . She was asked to see a Hmong school social worker, the student reported she attempted suicide once, and her spirit has separated from her. She stated her spirit talks to her and is telling her to do bad things. The social worker informed the parents and the parents are aware of her condition, as they have been seeking shaman treatment to help her. The Shaman has informed the parents that many spirits are upset because the Chinese government has been digging up grave yards in Laos. The spirits have chosen to target their daughter, and she will not fully recovered until the event in Laos stops. She will need ongoing “ua neeg” to ease her suffering. The school social worker referred her for mental health services with the parents consent.
- **Cultural perspective/context:**
 - She believes she lost her soul after she attempted suicide.
 - Believes that her spirit is with her and talking to her.
 - Shaman assessment and explanation for her symptoms.
 - She will need ongoing “ua neeg” to ease her suffering.

Outcome of #2

- **Learned:** From working with the client, she has been sad for many years because “no one loves me”. She really wants a “tus hlub”, lover.
- We also find she is cognitively delayed and learning is very challenging for her. She wants to be normal, and gets frustrated when she can’t do homework at the rate of other students.
- She reports there are “too many things in her head”. She also states her spirit is talking to her and making her do things, mostly bad things (throw books, kick people, hit herself, run around). At times, she will talk to herself in therapy.
- Father confirms that she has been seeing a Shaman. Sometimes, she seems to be doing better, other time he worries as he can’t predict her behavior or thoughts. Father brings her to therapy and actively participates when asked.

Thoughts?

Explanation of Case #2

- Attempted suicide and have been sad for many years because “no one loves me”.
(depression)
- Spirit has separated from her. (depression - cultural)
- She’s younger and bicultural; expressing sadness in both context
- She is cognitively delayed and learning is very challenging for her. She wants to be normal, and gets frustrated when she can’t do homework at the rate of other students.
(reasons for behavior issues in the classroom)
- She reports there are “too many things in her head” (racing thoughts). She also states her spirit is talking to her and making her do things, mostly bad things (throw books, kick people, hit herself, run around). At times, she will talk to herself in therapy. (hearing voices)
- Father confirms that she has been seeing a Shaman. Sometimes, she seems to be doing better, other time he worries as he can’t predict her behavior or thoughts. Father brings her to therapy and actively participates when asked. (The parents understand that there is something wrong with their daughter and is not neglecting her)

Conclusion:

- * Spirit detachment is a common interpretation: it’s not unusual so no delusion but it does indicate depression.
- * No visual but there is auditoria hallucinations: hearing voices
- * Medications: Paxil 20mg, Risperidone .5mg
- * Shaman’s prognosis is not that different from ours (long term care)

Case example #3

- Husband came in with his wife (early 20's) and reported that one day, wind blew through their house and the cold air brushed against her feet. It scared her and her behavior changed since. She stopped going to work, refused to leave the house, refused to talk to anyone, and has limited her contacts with family members. He has found her talking to herself, throwing food away for no reasons, accused him of not being faithful, and would get angry for no apparent reason. There have also been incidences where she shaved her hair, burnt the the shrine, and would not sleep at night. He sought the advice of a Shaman, who assessed that she has been chosen to become a healer. She refused, stating that she doesn't want and doesn't know how to.
- **Cultural perspective/context:**
 - Became sick because of wind and spirits.
 - Her behavior and symptoms are a result of the spirits wanting her to become a healer.
 - She has to become a shaman for her condition to get better.

Outcome of #3

- **Learned:** Client shows up to the assessment but refuses to leave the waiting area. With encouragement by the husband, she finally comes in for an intake but refuses to talk. Husband encourages her but she remains mute. Husband denied any recent traumas and denied any self-harm or safety concerns. He wants her to get help because they both have stopped working temporarily and he doesn't want either of them to lose their jobs. We discussed hospitalization for her, which she refused. We discussed psychiatric, which she also refused. They left with a follow-up appointment in 1 week. 1 week comes, the husband called that she refuses to come and is aggressive with him if he tries to force her.

Thoughts?

Explanation of Case #3

- Rule out drug use or substance abuse.
- Wind blew through their house and the cold air brushed against her feet. (onset and reason to seek out shaman treatment-spirits as the cause)
- Husband reports that her behavior has been odd and strange. She has stopped talking, working, taking care of herself and her children. (negative symptoms - western)
- She has been isolating herself to her house, stopped contacts with family members, talking to herself, throwing food away for no reason and accused him of not being faithful. (paranoid and delusions - western)
- He has also found her talking to herself, shaving her hair, burning the the shrine, and not sleeping. (mania psychosis - western).
- He sought the advice of a Shaman, who assessed that she has been chosen to become a healer. She refused. (limit support and expect her condition to get worse - cultural)

Conclusion:

- * Spirits making her sick is a common interpretation: it's not unusual
- * Many western symptoms of psychosis
- * Shaman's recommendation for her to become a healer is an indication of a serious illness
- * She refuses both cultural and western treatment; will get progressively worse

Case example #4

- A 34 year old Hmong female mother has been experiencing some usual medical problems. She reported an incident in which her whole body was paralyzed and unable to get out of her bed. She reported times where she would lose control of certain parts of her body. She sought the advice of a Shaman and assessed that she's chosen to be a healer. This gave her relief and she decides that she will become a shaman. Midway through her training, her condition became worse. She reported to her case worker, she has been seeing ghosts outside her home and believes another person is using black magic to send evil spirits to make her sick. She reports she feels like he can see her, that he is spiritually around, and watching her all the time. She reports seeing the evil spirit whenever she closes her eyes and the spirits is so powerful that it could invade her dreams. Her case worker referred her for mental health services.

Cultural perspective/context:

- Unexplained paralysis caused by spirits.
- Her symptoms are a result of the spirits wanting her to become a healer.
- She agreed to become a healer but instead of getting better, her condition got worse.
- Seeing evil spirits whenever she closes her eyes.
- Black magic, the ability to make her sick, ability to watch her and even invades her dreams.

Outcome of #4

- **Learned:** She comes to therapy, sometimes with a cane and other times without a cane. She's engaged, talks in detail about her health problems. She talked about incidences of not being able to move certain parts of her body, is frustrated that doctors can't help her, and feels the only way for her to get better is to become a healer. Her husband brings her to the sessions but he is detached and does not want to be involved with therapy. She admits that they are having marital problems but does not want to go into detail. Her primary focus is her medical problems.
- She confirms seeing ghosts outside her house and sees evil spirits whenever she closes her eyes.
- She feels that someone is using black magic against her. She can sense evil spirits around the house and believes that he can see her. She states that the black magic is so powerful it attacks her in her dreams.
- She believes this person is making her sick, making her sad, anxious, and angry. At times, she feels that a spirit takes over and causes her to not be herself.
- She denies hearing voices, denies suicide ideations, and denies any traumatic experiences other than her health problems.

Thoughts?

Explanation of Case # 4

- Paralyzed and unable to get out of her bed. (r/o sleep paralysis - common)
- Other incidences of not being able to move certain parts of her body. (paralysis)
- Frustration that doctors can't help. (r/o out medical problems and reason to seek out shaman treatment)
- Marriage problems (stressor)
- Shaman assessed that she is to become a healer and she agrees. (indication of a serious illness but expect some progress)

Conclusion:

- * Having marital problems = depression = somatic complaints
- * Medication: Effexor 75xr ---> 100xr ---> 150xr
- * Only slight progress in mood

- **Before shaman treatment, there has been no report of ghost/spirits.**
- She initially denied any traumatic experiences but after 6 months of therapy, she disclosed that she was sexually assaulted. (secret)
- Seeing ghosts outside her house and sees evil spirits whenever she closes her eyes. (flashback of the perpetrator)
- She feels that someone is using black magic against her. She can sense evil spirits around the house and believes that he can see her. (hyper vigilant) She states that the black magic is so powerful it attacks her in her dreams. (nightmares)
- She believes this person is making her sick, making her sad, anxious, and angry. At times, she feels that a spirits takes over and causes her to not be herself. (depression, anxiety, and anger resulting from the traumatic experience)

Conclusion:

* PTSD

Thank You!

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Healing by Heart



Healing by Heart

*Clinical and Ethical Case Stories
of Hmong Families and Western Providers*

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