Enhanced Listening Skills: Gifts from the Hmong

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INTRODUCTION

This article shares insights regarding the importance of interviewing for the meaning, beliefs, and interpretations that patients and their families bring to the experience of illness. The method incorporates both traditional stories and commentaries shared by the wider Hmong community; interviews with 11 Hmong shamans (traditional healers), five male and six female, ranging in age from 35 to 85; and 32 community-referred Hmong patients, 14 male and 18 female, ranging in age from 21 to 85. This inquiry was led by Creative Theatre Unlimited, an organization that has worked 20 years in the Hmong community in St. Paul, Minnesota. Researchers were brought together from the University of Minnesota Center for Spirituality and Healing, the Hmong Circle of Peace, UCare Minnesota, Boston University School of Medicine, and the Park Ridge Center for the Study of Health, Faith and Ethics.

America is blessed with the presence of Hmong people who were fortunate to escape Laos after the Vietnam War. The twin cities of Minneapolis and St. Paul, with their Caucasian population of North European descent, are now home to an estimated 60,000 Hmong. Their presence in Minnesota has given the medical community innumerable insights into efficient, effective, and empathic care for all people.

WESTERN BIOMEDICINE AS AN "ALTERNATIVE TREATMENT"

With the influx of immigrants and refugees to America over the past 30 years, health professionals increasingly recognize that, for

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many, Western biomedicine is an "alternative medicine." Physicians, nurses, and others struggle with challenges to conventional beliefs about health, disease, treatment, and the relationship between healers, patients, and families. Ethicists are increasingly aware that normative, autonomy-based bioethical reasoning is not shared universally. These trends move health professional educators to proactively train careproviders for cross-cultural care and communication.

Anne Fadiman's *The Spirit Catches You and You Fall Down* is one resource that can be required in healthcare professional curricula. This award-winning nonfiction book depicts the unfortunate consequences of well-meaning, scientifically competent physicians who discounted the importance of cultural difference. While the subjects are Hmong from Southeast Asia, the message is universal: culture is something you work with, not a problem to be subdued. However, an additional, crucial message regarding cultural competence must offered: if well-meaning health professionals believe, after reading the book, that they now "know" the Hmong, they may unwittingly participate in patient harm. Cultural humility, not cultural competence, should be the goal.

**Understanding through Listening**

Unlike the situation described in *The Spirit Catches You and You Fall Down*, health professionals increasingly recognize that using conventional medical and legal perspectives to "trump" minority cultural perspectives may be a new form of iatrogenic harm; the trump card approach is seen as neither practical nor desirable. In fact, it may actually undermine the ability of clinics to reach and serve culturally diverse communities. As suggested by Covey, we should first seek to understand before seeking to be understood. Such understanding requires both the capacity and the intention to listen deeply. Support for this as a more reasonable and effective approach comes from the words of an elderly Hmong woman who came to the United States 25 years ago:

> In the past, when I met with my doctor, they asked me about my illness. But for a couple of years now, it seems like there has been a change in staff such as assistants, nurses, and doctors. It seems like they don't pay much attention to me like I would like them to. So that makes me feel like if I go to the clinic they may not be able to help me. I feel that it is very important for them to listen to me; it would make me feel better. Even if they don't ask me, but listen to me then that makes me happy that they know my illness. But then they don't pay attention to me; so it seems as if I go once and they only see me for two minutes and bill me for one or two hundred dollars, then that's not worth it. If it doesn't benefit me, or is not necessary, then I may not go.

Listening is one of the most important clinical skills that all healthcare professionals must develop and continually improve. The additional challenges of an increasingly diverse society make this even more important. The primary question is not "How can my patients listen better?" Nor is it, "How can I give information more effectively?" The question that so many motivated practitioners are now asking is, "How can I listen better across such large cultural barriers?"

Kleinman asserted that practitioners have a clear responsibility to listen for the ways that a patient's beliefs may either cause or heal illness. He termed this the "ethnomedicalpathogenesis." Such beliefs are frequently deeply spiritual in nature, but do clinicians really have to understand the importance of spiritual dimensions in all aspects of patient care? Are a patient's spiritual beliefs important resources for strength and recovery? Should healers or spiritual careproviders be consulted and included in the care team?
For enhancing patient care and advancing preventive ethics, the Hmong have much to offer the majority culture. We can return to the perspective of one of our interviewees for our lead. The following quote is from a 51-year-old man who has lived in the U.S. for more than 20 years. He seeks healthcare from both shamans and medical doctors and describes himself as a follower of "traditional religion."

I would like to ask the medical doctors and politicians to allow spiritual healing to be practiced . . . and to accept it as an alternative treatment for the patients. Patients should have a choice to seek other treatment. The shaman's role is also to save a person's life, like the medical doctor. Shamans should be allowed in . . . and invited to work with medical doctors. The shaman is also a doctor. Both are here to save people's lives. We need them to conduct the treatment, so the ill person can recover quickly and move on with his or her life.

THE IMPORTANCE OF STORIES

Awareness of the "back story" healing expectations that patients may have appears to be an important adjunct to biomedical knowledge. The stories of any culture are valuable in providing health practitioners in any setting with important insights into world-views, expectations and desires of a patient. In 1985, Creative Theatre Unlimited published Living Tapestries (Folk Tales of the Hmong). This book was one of the first English language collections of the stories of these Southeast Asian refugees who were beginning to settle in the U.S. following their disastrous assistance efforts for the U.S. military in Vietnam. This ancient culture has never had its own written language, and the gathering, translation, and publication of stories was one attempt to preserve and promote this rich tradition. The following story, "The Story of Tuam Los Pej and Xyuan Lis Koo," illustrates the spiritual nature of the Hmong world-view:

A young boy named Tuam Los Pej and a young girl named Xyuan Lis Koo lived in the same village and walked to school together every day. One day as they were walking home, they saw two birds in a tree talking to each other . . . and two chickens talking to each other. Xyuan Lis Koo asked, "Do you know what they are saying?" The boy listened and then made the sounds of birds and chickens. The girl said, "You do not understand them . . . ."

Xyuan Lis Koo knew that she was to marry someone else that night and never see Tuam Los Pej again. She said to him, "You do not understand the birds or the chickens, and you will not understand what I say to you. When you do, it will be too late, and you will be sad. Goodbye."

The next day, Xyuan Lis Koo was not at school. Tuam Los Pej went to her house, and her mother told him that she had gone away to marry someone else. Tuam Los Pej was very sad. He went to all the places they had been together and cried: "You were right; I understand too late and I am sad. Now I will die for love." Then Tuam Los Pej died.

When Xyuan Lis Koo heard this, she went to the boy's grave where she cried and cried. When her tears touched the ground, the grave opened up and she jumped in. The grave closed up and she was gone. When her husband heard about this, he went to the grave with his neighbors and told them to dig up the grave and get his wife; but they dug, and found nothing. Xyuan Lis Koo's husband went home, very sad.

One of the neighbors went back to the grave to get his pipe. At the grave, he heard voices, like two people talking. He ran back to the husband and told him to dig up the grave again. Now Xyuan Lis Koo
and Tuam Los Pej had turned into two stones. The husband was very angry and put the two stones on opposite sides of the river, so his wife could never be with Tuam Los Pej again.

The next day, the husband and his friends went back to the river and found that the two stones had changed into two large trees, their branches joined together over the water. The husband was angry, cut the trees down and burned them, so his wife could never be with Tuam Los Pej again. In the fire, Tuam Los Pej and Xyuan Lis Koo changed into butterflies and flew up to heaven, where they are with each other forever.

CONSULTING THE SHAMAN

As much as this story may resemble a “happily-ever-after,” “true love will always prevail” fairy tale, it is much more than that. Traditional Hmong view life as a cycle of birth and rebirth, with the physical and spiritual worlds coexisting side-by-side. Every person, animal, and object has a spiritual element that survives independently and can directly affect the physical world. The Hmong believe that a person has several souls; some traditions say three, others as many as 30. As seen in the story above, this belief system affects every aspect of traditional Hmong life. More specifically, it is the basis for Hmong healing traditions. A person’s souls and physical body must function harmoniously as one unit for spiritual, mental, and physical health. When this relationship is unbalanced, illness afflicts the individual. This condition is referred to as poob plig, “loss of soul,” clearly the cause of Tuam Los Pej’s death. This is a term that has no clear meaning or corresponding treatment in Western medicine.

As much as the visions of the spirit world are part of the ancient oral tradition of the Hmong, spiritual disease and healing are still important concepts in this immigrant community. The shaman continues to play an important and powerful role in the interpretation of the world and of personal lives, and remains a powerful healthcare professional in referrals and collaborative care. The following patients’ descriptions of their illnesses would certainly give any practitioner pause.

The purpose for seeking a shaman is for when your spirit has departed… because as a person you have a spirit that guides your body. Sometimes when you are in a frightening situation, your spirit may depart from your body. Going to the doctor may not work for that purpose. If there is a lot of pain, then seeking a shaman would help, because the shaman may tell you that you lost your spirit. The shaman may be able to perform the ceremony to call your spirit back to join with your body. The healing ceremony may cure you and you would feel better.

If I go and seek a doctor for my lost spirit, the doctor may not know what to do or how to detect my problem, because the doctor only gives me medication for my illness and that may not be able to call my spirit back.

As we reported elsewhere, up to 75 percent of the people referred by community leaders, who volunteered to be interviewed in our study, use shamans for spiritual healing on a regular basis. We cannot claim that the same holds true of the entire community, but it is a significant enough number to give clinical practitioners cause to pay attention to the spiritual needs of Hmong patients they may see. Additionally, it seems only logical to take these facts into account when serving any number of immigrant communities in clinical settings. In fact, this reality goes beyond immigrants to other patients who also might have moral, ethical, or spiritual reasons for accepting or rejecting certain medical treatments. It is only by asking as many appropriate questions as necessary, and listening carefully, that practitioners can find the appropri-
ate path to effective healing. Hmong shamans recognize this need for themselves as well as others:

I wish for more study. I hope some day shamans and doctors can work together to tackle patients' problems. Shamans and doctors have much knowledge and wisdom to offer to each other. They can learn from each other's techniques and use some skills to assist patients better.

We heard often from patients that the ability of careproviders to listen was high on their list of desirable traits:

I think, the workers and doctors, the way they ask questions and listen to Hmong explain their illness is very important, because the person may have many illnesses in their body or may be stressed and want to inform a doctor and would like for him/her to listen. Although the doctor may not consider it to be important, but the doctor should try their best to listen to what we are saying and to see what is. Because English is not our language and we may want to say a lot about our illness, we may not be able to because of the language barrier. And if there is an interpreter, they may only say one-third of what one really wants to say about their illness to the doctor because there are many words in the Hmong language so it's not very satisfying. Therefore the trust for the doctor may not be there because there is no connection therefore you cannot build that trust.

Accepting the Gifts of the Hmong

The clinical insights gained from our work with the Hmong are the gifts of the Hmong for all peoples. Based on the gifts of the Hmong, healthcare professionals should aspire to these four clinical ideals:

1. Anticipate the importance of spiritual dimensions in all aspects of patient care. The 66-year-old female patient quoted above sums this up nicely based on her experiences while living in California:

If I go and seek a doctor for my lost spirit, the doctor may not know what to do or how to detect my problem, because the doctor only gives me medication for my illness and that may not be able to call my spirit back.

2. Seek to comprehend how patients want their spiritual beliefs to be seen as resources for strength and recovery. When an 80-year-old female interviewee was asked whether she preferred to visit a shaman or a doctor when she was ill, her response gave a clear indication of the need Hmong patients feel to find the best care they can:

I think I would prefer to see a medical doctor first because I may not know what kind of illness I have. And if I go to the doctor and if they say that I have an illness but regardless of what they do they cannot help cure me and... it keeps paining me and they will no longer help then I may go back and do shaman chanting because in that case I may have bad spirits.

3. Consult with healers and patient-designated spiritual careproviders for assistance in understanding how spiritual perspectives affect the perception of medicine. The same 80-year-old patient shared further wisdom with us about the view of many older Hmong people:

The shaman knows many things that the medical doctor does not. On the other hand, the medical doctors may have a lot of knowledge of the different kinds of treatment, while the shaman knows little about medical treatments. The medical doctor is
trained. The shaman inherits the spiritual healing. The shaman treats the patients according to spiritual causes. The doctor works on immediate problems, such as treating cancer, injuries, or preventing diseases.

4. Reduce institutional barriers for incorporation of clergy, pipe holders, shamans, and other patient-designated spiritual careproviders into healthcare teams. The following quote from a 66-year-old woman is just one of many stories we heard describing difficulties that could have been avoided if a clinic had allowed access to a shaman at the time of diagnosis. Fortunately, this case had a positive outcome.

Yes, there was a case. My mother was very ill once. It was when we lived in California. We took her to see the doctor. The doctor wanted to do surgery on her to see what was wrong with her. My brothers said OK, but then I asked the doctor, after the x-ray, "What is wrong with my mother?" The doctor's response was that they did not see anything wrong in the x-ray, but they still wanted to perform surgery on her to open her up so that they could take a closer look. Then I said, "If you did not see anything wrong with her through the x-ray then why perform the surgery?" In this case I did not let them cut her up. The doctor said, "If you do not let her go through the surgery then you will not fix the problem." We took my mother out and did a healing ceremony for her. After the ceremony, her illness went away and she did get better.

Our study indicates that cultural attitudes, values, and behaviors influence a Hmong person's choices of healthcare. Additionally, Hmong patients will continue to seek out the best healthcare they can find. Parents of a five-year-old boy summed up their search for a cure for their child's serious breathing problems in this way:

We believe the traditional religion and the medical treatment. If we cannot fully depend on the medical support, we reach out to the traditional healing. Both treatments are good for us. We can depend on either one. They are there to save us.

To provide the most respectful healthcare, clinics and practitioners will need to further understand the power and importance of a wide variety of healing traditions, such as shamanism. Despite 25 years of Hmong acculturation, and conversion to Christianity, Hmong shamanism maintains its crucial role in health and healing. This respect for and use of traditional healing methods is not unique to the Hmong community. As careproviders reach out to more and more immigrant and refugee communities, the need for careful, respectful treatment techniques will only increase.

Spiritual referrals (whether chaplain, clergy, or traditional healer) are essential for supportive care. Priests, rabbis, pipe holders, and shamans should all be accorded equal respect and access to patients for rituals in time of need. Each should be recognized as a team member who can potentially enhance the quality of care and the patient's quality of life. Even clinics with relatively open access to community resources should consider barriers they may be imposing on the practices of a patient's preferred spiritual careprovider. Traditional healers should have the same level of access to patients, institutional support, and accommodation of rituals as chaplains or physicians.

At the patient's or family's request, practitioners should be willing to work in partnership with traditional healers or spiritual careproviders throughout the course of a diagnostic workup and treatment. Care plans should describe and address the patient's cultural and spiritual needs, resources, and preferred spiritual careproviders. Clinical ethics committees should include representative members of both conventional spiritual careproviders and traditional healers. Combining
the spiritual and the scientific worlds enhance care for the whole person in the sense that “ethics” in its origin term, “ethos,” recommends.8

CONCLUSION

The Hmong people have brought precious gifts to the culture of the U.S. Ethical medical practice, particularly in the outpatient setting, requires attention to cultural competence. Listening carefully to the spiritual thought world of Hmong patients will enhance understanding between persons and create the therapeutic alliance required in the clinical encounter. When practitioners of Western medicine receive the gifts of the Hmong, insight into the spiritual dimension of each person is made possible.

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