

# Understanding Satisfaction with Shamanic Practices among the Hmong in Rural California

Helda Pinzon-Perez, Ph.D., CHES<sup>1</sup>; Neng Moua, MPH<sup>1</sup>; Miguel A. Perez, Ph.D., CHES<sup>1</sup>

<sup>1</sup>California State University, Fresno

Corresponding author: Helda Pinzon-Perez, Ph.D., CHES, Department of Health Science, California State University, Fresno, 2345 East San Ramon Ave, Fresno, CA 93740-8031; Phone: 559.278.5329; FAX: 559.278.4179; Email: [HPINZONP@CSUFRESNO.EDU](mailto:HPINZONP@CSUFRESNO.EDU)

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## Abstract

### English:

*The Hmong are a group of people from Southern China, Laos, Northern Vietnam, and Thailand who have immigrated to the US and who have settled in rural counties in Central California. The literature suggests, the Hmong routinely use the services of shamans as part of their health care services. The purpose of this study was to determine the difference in the levels of satisfaction among Hmong clients who use shamans and their services in Fresno County with regard to factors associated with animal sacrifice, gender of the shaman and the practices inside or outside of the client's home. Data were collected from 115 study participants in a rural California county. Findings from this study suggest that clients who had shamans conduct the rituals at their own homes and those who used live animals were significantly more satisfied than those had to travel to meet the shaman and those whose shamans' use dead animals. There were no significant differences in clients' satisfaction by the gender of the shaman.*

### Spanish:

*Los Hmong son un grupo de personas del Sur de China, Laos, Vietnam del Norte y Tailandia quienes inmigraron a los E.E.U.U. y se han ubicado en condados rurales en California Central. La literatura sugiere que los Hmong utilizan rutinariamente los servicios de los Shamanes como parte de sus cuidados en salud. El propósito de este estudio fue el determinar la diferencia en los niveles de satisfacción entre los clientes Hmong que utilizan los servicios de los Shamanes en el condado de Fresno con respecto a factores relacionados con el sacrificio de animales, el género del Shaman y las prácticas dentro o fuera de la casa del cliente. Los datos fueron recogidos de 115 participantes del estudio en un condado rural de California. Los resultados de este estudio sugieren que los clientes que tenían Shamanes que desarrollaban los rituales en sus propios hogares y los que utilizaban animales vivos estaban considerablemente más satisfechos que los que habían tenido que viajar a encontrar al Shaman y que los que tenían Shamanes que utilizaban animales muertos en el rito. No se encontraron diferencias significativas en la satisfacción de los clientes basados en el género del Shaman.*

**Keywords:** *Hmong, Shamans, Health*

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## Introduction

**T**he Hmong are a group of people from the remote highlands of Southern China, Laos, Northern Vietnam, Burma, and Thailand. Historically, this group was referred to by the derogatory term *meo*; it was not until the last three decades, the word "Hmong" has become a proper and preferable international term for this community (Lee, 1996).

Hmong tribes are ancient civilizations characterized by strong family ties, their adherence to ancient rituals, and their belief in Shamans (Quincy, 1995). It is estimated that there are over 13.5 million Hmong residing worldwide with some 300,000 residing in the US and some 25,000 living in central California (Faruque, 2002). The vast majority of the Hmong

began arriving in the U.S. after the end of the Vietnam War in 1975 (Hamilton-Merritt, 1993; Yang, 1993). In December, 2003 the U.S. State Department announced the decision to admit 15,000 Hmong refugees from Wat Tham Krabok Camp in Thailand. Approximately 34% of them will resettle in California by December, 2004 (Xiong, 2004).

When the Hmong arrived in the United States at the end of the Vietnam war, they brought with them a unique and different cultural system that has not been well known or understood by health care providers in general, and by health education practitioners in particular. A significant part of the Hmong cultural system is shamanism which represents a model for cultural identity and well-being for most Hmong people, with the exception of those who practice religious beliefs such as Christianity and Buddhism

(Ensign, 1994). Shamanic practices include the use of drums and sometimes, slaughtering livestock at home. This may violate environmental health and safety regulations in the US (Bruner, 1995).

In the Hmong culture, healing is, and always has been, the main work of the shaman (Cha, 2003). Central to the understanding of shamanism, and especially shamanic healing, is the concept of power (Kehoe, 2000). The power of the shaman is not a physical one; it is rather a spiritual one. Hmong shamans do not treat physical illness as practiced by western medicine, rather they center their practice around spiritual maladies (Fontaine, 2000). Most of the diagnoses a shaman makes, fall into two categories of illness: the patient either has something inside that should not be there - an unwanted power intrusion - or is missing something that should be there -spiritual loss- (Ensign, 1994).

In the Hmong community, a shaman is known and respected as a healer. When a child is born in the Hmong community, parents invite a shaman or a spiritual caller in their home. Their important role is to welcome the new born into the family and at the same time offer a spiritual protection. The shaman is believed to have power to enter another world to communicate and negotiate with the demons, or evil spirits, that cause people to become ill. When working with a traditional believer, shamans offer the spirits an animal such as pig, chicken, cow or goat as a sacrifice with "joss monies" and burning incense sticks to cure illnesses (Thao, 1986).

The Hmong believe shamanism has been passed down from generation to generation by the god of the shamans, "Shi Yee" (Siv-Yig), who lived a long time ago (Fadiman, 1997). According to the legend, "Shi Yee" was the founder of the Hmong shaman power. He had healing power to cure illness in heaven and earth (Kehoe, 2000).

The Hmong believe that, when a person is ill or sick, the person's soul is lost somewhere, wandering and unable to find its way back and being attacked by evil spirits. A lost soul is a serious matter because, the absence of a soul from the body causes illness, and if the soul is not returned to the body, the person will get worse and die (Quincy, 1995). The only way to heal that illness is to call the soul back to be with the body. The Hmong believe that the shaman has the power to search for the lost, wandering, or attacked soul and bring it back to the body in the world of reality (Cha, 2003).

When the shamans are called to a patient's house to make a diagnostic evaluation of a client, they will bring with them specific shaman instruments, such as the gong (ntsuag neeb), gong stick (qws ntsuag), rattle (txab neeb), finger bells (tswb neeb), veil (phuum neeb), divination blocks (kuam), sword (ntaaj

neeb) and the shaman bench (rooj neeb). Then an altar (thaaaj neeb) is set close by the wall of the living room and a candle is lit. A shaman puts the shaman instruments on by covering his face with the veil, placing finger bells on the fingers, and sitting on the shaman bench facing the altar. Right before the actual chanting, the patient's family members consult with the shaman about the patient's sickness and kneel down to plead the shaman to do his work. From this point on, the shaman cannot communicate with anybody in the actual (ordinary) world. Only the helper who beats the drum (gong) can listen to the messages the shaman sends back. When a minor diagnosis is made during this process, the shaman tries to heal the problem by chanting and attempting to heal pain and illness through shamanic words, which is an extraordinary way to reconnect the patient with himself, others, and the world (Fontaine, 2000).

### **Problem**

In the US, client satisfaction is increasingly seen as a valuable indicator of quality of care, with clients reporting higher satisfaction levels when services meet or exceed their expectations (Wright, 1995). Because Shamanic practices are relatively unknown to western health care practitioners and health educators in industrialized cultures (Fontaine, 2000) little if anything is known about client satisfaction with services provided by Hmong shamans.

### **Purpose**

The purpose of this study was to determine the difference in the levels of satisfaction among Hmong clients who use shamans and their services in a rural county of California with regard to factors associated with animal sacrifice, gender of the shaman and the practices inside or outside of the client's home.

### **Significance**

The practice of shamanism is poorly understood by western health care providers and even less by health educators. It is hypothesized that the majority of health educators have received little, if any professional training to understand the practice of Shamanish. This dearth of information translates into a poor understanding of these practices. This study provides an understanding of the cultural components associated with the practice of shamans, in an attempt to bridge the gaps between Western health care models and traditional healing methods. Findings from this study will fill in significant gaps in the professional literature regarding patterns of utilization of health care services in this cultural group.

### **Methods**

Data for this study were collected from 115 Hmong residents in the central California region using a

convenience sampling methodology. Permission from the Committee for the Protection of Human Subjects was granted prior to collection of data. As a first step in reaching this population, the researcher contacted apartment managers of complexes with a high concentration of Hmong residents and asked for permission to conduct the study. Once permission had been secured, informed consent was elicited from study participants.

Participants were given the choice of having the interview conducted at their home or at a place other than their residence area that would be more comfortable for them. Interviews were conducted by a public health practitioner who is Hmong and employed in the delivery of health promotion and prevention programs in the area.

To maintain a culturally appropriate environment, the researcher asked the families to select one member to participate in the interview. The choice of who would answer the survey was left to the participants. Selection criteria included being a Hmong descendant, being over 18 years of age, and having used a shaman's services during the last five years.

Data collection was completed through oral interviews to facilitate uniformity in data collection. This approach was selected since it was expected that the average literacy level of the participants would be less than elementary school; that there would be great variability in their ability to communicate in English; and most importantly that participants would have little or no experience with completing surveys. These perceptions were derived from the pilot study for the instrument. In fact, during the pilot testing, it was found that some pilot study participants expressed concern about the "Likert-type" scale. Some indicated that most Hmong would not be able to differentiate between the choices. As a result, it was decided that the Principal Investigator would conduct the interviews, which lasted between 20 to 30 minutes per participant.

#### **Instrument**

The instrument was pilot-tested among 15 Hmong individuals representing a cross section of the target population. These individuals ranged in age from 18-75. As indicated before, findings from the pilot study were incorporated into the final instrument to insure cultural and construct validity. A significant iteration of this was the decision to have a Hmong researcher administer the instrument.

Study participants completed an 18 item questionnaire, in Hmong, developed specifically for this study. The questions were originally written in English and then translated into Hmong. The Hmong translated version was reviewed and edited by a Hmong researcher with a Ph.D. degree, who is

also a professional in the field of health services. The principal investigator of this study was present at all times to assist with any misunderstanding of the questions and answer choices. The questions were read to the participants in Hmong. Questions for the instrument were selected based on a review of the professional literature.

Data from this study were analyzed using the Statistical Package for Social Sciences (SPSS) Program (VERSION 10). A 0.05 level of significance was used in this study. Frequency counts were run to analyze the demographic characteristics of the sample, such as age, gender, employment status, and perception of one's overall health. Chi-square (two by two table) was used to assess differences in attitudes and beliefs that may relate to gender, occupation, and education. T-tests and ANOVA were used to assess for differences in clients' age, number of years in the U.S., and satisfactions levels related to the hypotheses being posed in this study.

#### **Findings**

As indicated in Table 1, the greatest percentage of participants fell within the age group of 35 to 44 (23.48%). The majority of the participants were married (82%), male (76%), had an equivalent of an eighth grade education or less (40%), and had lived in the US for more than 14 years (85%). An estimated 53.2% of the sample have families of eight or more members. Several generations living together were found to be a common cultural practice in this population.

Study participants were asked to rate their health status on a continuum from poor to excellent. Forty six percent of the respondents indicated having a "good health" status. Participants were also asked about what practitioner they consulted first when they were ill. A total of 49% of the respondents indicated that they first consulted their primary care physician, however, an additional 54% reported either consulting a shaman or another health practitioner (e.g., herbalists and earth doctors).

Over half of the participants (54%), stated that they were very satisfied with the services they received from their shamans. A statistical difference was found in regard to the location for the rituals with clients reporting greater satisfaction when the shamans' services were practiced inside the client's home versus when shamans practiced outside the client's home ( $p < .01$ ,  $T = 10.643$ ). Participants who had shamans who practiced the ritual ceremony inside of their homes were significantly more satisfied than those who had shamans who practiced outside of the client's home. This significance was found for participants regardless their gender ( $p < .01$ ,

T= 4.26) and for participants who were 25 five years or older (p<.01, T= 2.36).

**Table 1. Demographic Characteristics**

Variable	Number	Percent
<b>Age</b>		
18-24	8	7.0
25-34	22	19.1
35-44	27	22.5
45-54	23	20
55-64	20	17.4
65-74	10	8.7
75 and older	5	4.4
<b>Marital Status</b>		
Single	7	6
Married	93	81
Separated	3	3
Widowed	10	9
Cohabiting	1	1
<b>Education</b>		
8 or less	46	40
Some high school	7	6.1
High school or GED	12	10.5
Some college	35	30.4
4 years of college	9	7.8
More than 4 years of college	6	5.2
<b>Employment</b>		
Full time	76	66
Part time	11	10
Unemployed	9	8
Homemaker	3	3
Retired	10	9
Disability	4	4

A significant difference in clients' satisfaction levels was also documented depending upon the use of live or dead animals during the ritual. Clients who had shamans who used live animals during the ritual were significantly more satisfied (p< .01, T= -3.57) than clients who had shamans who used dead animals. This significance was found for male clients (p<.01, T=-3.36) but not for female clients. Regarding age variations, significant differences were found for the 35 to 44 year old group (p<.01, T=-3.08) and for the 65 to 74 year old group (p<.05, T=-1.9). No significant difference in clients' satisfaction were found based upon the gender of the shaman (p=0.774, T=-0.28).

**Discussion**

This research was conducted to enhance health educators' understanding of the cultural practices and factors associated with clients' satisfaction when using shamanic health services. With the new wave of Hmong refugees resettling in the U.S. by December 2004 (Xiong, 2004), it is essential that health educators become knowledgeable of the socio-cultural characteristics of this population and their health-related beliefs.

The age distribution in this sample revealed that various Hmong generations lived in the same household. In this sample was typical to find grandparents, parents, and their children living in the same household.

It was also interesting to find that 76% of participants who answered the survey were males. The larger number of participating males may be explained by the fact that the person who collected the data was a male and that according to Yang (1995), Hmong cultural traditions promote the communication among people of the same gender.

Clients who had shamans practice inside of the home were more satisfied. During the data collection phase, the researcher was reminded that there are two types of shamans' tasks. One is to diagnose a person's illness (Ua Neeb Saib), which can be done at the client's home or outside the client's home (Mouanoutoua, 1989). However, the majority of the participants still wanted to have the practice at their home. Another type is treatment, Ua Neeb Khu (Fadiman, 1997), which is when the shaman may have to sacrifice an animal in exchange for a person's well being. This type of shaman ceremony is preferably performed at the client's home and the client or patient needs to be present. The result of the survey indicated that there is a significant preference for shaman's practice inside of the client's home.

Clients who had shamans who use live animals are more satisfied than clients who have shamans who use dead animals. The variables of age, time in the U.S, and education posted no significant difference in the perception of being cured by the use of live or dead animals. Data from the study clearly revealed that using live animals in a traditional sacrificing was preferable in the Hmong community.

Traditional Hmong Shamanism involves the sacrifice of live animals and performance of the ritual at the clients' home (Kertscher, 1995). Both male and female participants indicated ambivalent responses on the perception of being cured. However, they all agreed that shaman services should not be used for the cure of any physical and medical problems. Shaman services were not used to treat external cuts or internal known diseases. The

services of the shaman were used to restore or increase emotional and psychological well being. All the participants expressed their perception of being cured through a list of common themes. Being cured meant that (1) one would no longer have the same sickness for a long time; (b) one would know that the soul has returned to the body and have the strength to work; and (c) one would no longer seek for further spiritual care. It is interesting to note that the young age group (18 to 44) preferred to see their primary physician rather than the traditional shaman. This finding may be explained by the fact that they may be acculturated to the mainstream culture.

The results in this study indicated that there was no significant difference ( $p=0.7742$ ) in the client's satisfaction when the services were provided by a male or female shaman. No references in the literature review were found related to the importance of the gender of the shaman in clients' satisfaction. In this study, clients did not expressed differences in their satisfaction levels based upon the gender of the shaman. According to Fadiman (1997), the most powerful predictors for client satisfaction with shaman services were cordial relationships with the families, respect, and politeness of both sides.

All participants in the study stated that they were willing to get help of any kind if it would make them feel better psychologically or emotionally. This might indicate that their beliefs in the traditions will continue even with the availability of western medicine and health care systems.

### Conclusions

The Hmong constitute a unique minority group that has distinct views regarding sickness, health, death, illness, gender, age, religion, and social structure (Pease, 1993). A relevant cultural characteristic of Hmong populations is the use of shamanic services to restore spiritual and overall well-being. Hmong populations in the US continue to use shaman's services, despite of the availability of other health practitioners, because of traditional cultural beliefs, economic constrains, language barriers, power differences between the clients and the health care providers, availability of the shaman at all times, empathetic listening of the shaman, and willingness of the shaman to listen to the clients' complaints without attaching a value judgment related to the behavior of the client (O'Connor, 1995).

Better understanding of traditional Hmong health care practices may enable health educators to relate more sensitively to Hmong clients. This might lead to less resistance on the part of the Hmong people in seeking western health care and may increase health educators' likelihood to develop an integrated health care system that involves and respects traditional

healing methods. By recognizing the traditional values of various ethnic groups, the health care community will understand alternative health care practices and respect cultural differences.

It is clear that the Hmong have a cultural collection of behaviors and beliefs that distinguish them from other ethnic groups. When a client faces an invisible medical problem, the traditional person will turn to their shaman over their modern medical provider. Language barriers may also be a factor influencing Hmong's decision to seek help from a shaman. Other factors include financial burden, accessibility, time constraints and cultural differences with the medical provider. Health educators need to become culturally competent regarding Hmong's cultural practices.

Major limitations of this study included the lack of access to the shamans themselves and the convenience sampling methodology used in this study. Further research is recommended about this topic. This study is a reminder for health educators of how important it is for them to understand shamanism as a form of treating illness within the Hmong community. To better understand how a shaman heals, it is important to understand some of the fundamental concepts of shamanism. Future studies may involve investigations of the shaman themselves instead of studying the clients. Comparisons between Hmong living in rural areas and Hmong living in large cities may be appropriate. Additional research may be needed to determine the psychometric characteristics of the instrument developed for this study and its usefulness with other Hmong groups. This study provided useful insights for the development of health promotion and health education programs that are culturally sensitive and competent for Hmong populations living in rural areas.

Information obtained from this study may be critical in considering how health care providers should implement a health education program in the Hmong community. Better understanding of traditional Hmong health care practices may enable health educators to relate more sensitively to Hmong patients. This might lead to less resistance on the part of the Hmong people in seeking western health care.

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