PTSD in the Hmong Community

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Abstract

The issue of mental health in the Hmong community is growing rapidly in the states. One of the states that hold the largest Hmong population is Minnesota. Mental health is rarely looked upon in the Hmong community; therefore, the objective of this project will be on “Hmong Community with PTSD vs. western PTSD.” This would be a general overview of the Hmong expressions on mental health. Some example topics would be: how Hmong communities cope with mental health, how they explain mental health within their culture, Eastern vs. Western when dealing with PTSD, and where do they go for help with mental health. This author trusts that the findings will be a great asset to mental health professionals in the community. The goal of the writer is to complete Adler Graduate School and eventually work and be involved closely with the Hmong community to help educate the Hmong community on mental health. This is important to the author because there are very few Hmong mental health professionals in the Hmong community. The author’s purpose is to help Hmong with PTSD and establish the improvement of Hmong’s rituals to western mental health. The cultural differences can also help mental health practitioners out in the community when dealing with the diverse cultures that we have in the world.
# Table of Contents

- Post-Traumatic Stress Disorder ................................................................. 4
- Hmong PTSD in Vietnam War and Secret War ...................................... 5
- Hmong Acknowledgement of Mental Health ........................................... 7
- History of Shamanism ............................................................................. 8
- The belief of becoming a Hmong Shaman ............................................. 10
- Hmong Shaman ..................................................................................... 11
- History of Modern Mental Health ........................................................... 13
- First and Second Hmong Generations Experiencing PTSD in the United States .......... 16
- Conclusion ............................................................................................. 18
- References ............................................................................................. 20
PTSD in the Hmong Community

70% of adults in the United States have experienced some type of traumatic event at least once in their lives. Out of the 70%, about 20% of these people go on to develop PTSD (PTSD Statistics, 2013). PTSD is an abbreviation for Post-Traumatic Stress Disorder. The writer feels as though some people do not know they have PTSD and also feels as though some who do experience PTSD can also be in denial. PTSD was recognized as a disorder with a diagnosis and was added to the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders in 1980 (National Institutes of Health, 2013).

Surprisingly, there are a number of veterans with PTSD. In earlier combat (prior to the Vietnam War) such as the U.S. Civil War, World War I, World War II and the Korean War, other terms for PTSD were soldier’s heart, shell shock, and war neurosis (Crocq & Crocq, 2000). PTSD is not just with veterans in combat, but with people who have had a life event that is dramatic such as terrorist attack, disaster, serious accidents, assault or abuse, even by sudden and major emotional loss. PTSD and other mental health disorders can be found in the DSM-5. DSM-5 is an abbreviation for Diagnostic and Statistical Manual of Mental Disorders, edition 5. DSM is the standard classification of mental disorders used by mental health professionals in the United States and contains a listing of diagnostic criteria for every psychiatric disorder recognized by the U.S. healthcare system (American Psychiatric Association, 2014).

PTSD shares many similar symptoms with other types of anxiety disorders. For example, all of the anxiety disorders have some aspect of re-experiencing (e.g., distress of reminders in panic disorder), avoidance (e.g., numbing in social phobia) and arousal (e.g., concentration deficits in generalized anxiety disorder). The DSM-5 definition rules out such events as the unexpected death of a family or close friend due to natural causes, as well as indirect non-
professional “…exposure through electronic media, television, movies, or pictures” (Delaney, Houston, & Webb-Murphy). Diagnostic criteria for PTSD include a history of exposure to a traumatic event that meets specific stipulations and symptoms from each of four symptom clusters: intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity. The fifth criterion concerns duration of symptoms; the seventh assess functioning; and, the eighth criterion clarifies symptoms as not attributable to a substance or co-occurring medical condition (United States Department of Veterans Affairs, 2015a).

**Hmong PTSD in Vietnam War and Secret War**

One of the biggest events that Hmong people had to deal with was during the Secret War; the name of this war speaks for itself and the reason why the war was called a Secret War was because it was kept as a secret by the United States government. The Secret War happened between 1964-1973. Laos was one of the most heavily bombed countries per capita in history (Legacies of War, 2015). This secret war took place during the Vietnam War, which led to many deaths of the Hmong people. The CIA (Central Intelligence Agency) also played a big part of the Secret war. The CIA did not allow the media to write a story. Thus whenever the media did coverage or talk about it, the CIA denied them not wanting to make headline news (Geyen, 2012). Very few people knew about the Secret War and the Hmong because the United States and North Vietnam had agreed that Laos would remain neutral.

The Secret War involved two different groups of people, the CIA and the Hmong people of Laos. Consequently the CIA was already involved in the Vietnam War during this time. Surprisingly, President Eisenhower was looking for stabilization for the American troops, but the CIA proposed to train and arm the Hmong tribesmen instead. A program was then developed and was called PARU that will help train and arm the Hmong soldiers for battle. The CIA looked
for help from the Hmong tribesmen due to their knowledge of the land and being familiar with the region (Geyen, 2012).

“The “Hmong population at the time was just shy of 400,000” were willing to help and had strong beliefs and faith that the Americans would keep their word, that after winning the war they would aid the Hmong economically” (Geyen, 2012). General Vang Pao, who passed away in early 2011, is widely known among the Hmong people. He was the leader of the a Hmong tribe during this war. He was considered to be the middle man who had contact with the CIA and lead his Hmong people into war. After many battles of the Hmong helping the CIA with the war, their population declined from 400,000 to only 100,000.

The Americans pulled their troops out from the Vietnam War at the same time as the Secret War ended in the 1970’s. It was obvious that the Americans had lost the war, but General Vang Pao knew that when the Americans pulled away from the war, he too had to make a choice to pull his followers back; otherwise his followers including himself would have been killed. Everyone knew that if the Hmong tribesmen had stayed behind, they would have been tortured and likely killed. “As a result of the Secret War, the Pathet Lao began hunting down and killing the Hmong people in mass numbers, this became known as the Hmong genocide. Even today, there is video footage that shows what they went through. The Hmong had to run into the mountainous forest and hide from their prosecutors” (Geyen, 2012, para 7).

Due to the Secret war and the Vietnam War, the Hmong people had experienced PTSD without knowing how much it had affected them. The first generation of Hmong people who migrated to the United States came here thinking that everything is handed to them, however it was not what it seemed and instead they came to the United States falling into poverty and having to find ways to succeed in the States. Nowadays with limited information and
understanding, the old generations of the Hmong Veterans are not aware of their rights and the benefits they are able to receive in the United States. One of the benefits is receiving mental health treatment for their PTSD and finding ways to cope with what they have experienced through the war and living situation.

**Hmong Acknowledgement of Mental Health**

Hmong people do not understand the mental health system in the United States, which means they do not understand what PTSD really is. There is no word for mental illness in the Hmong language. The term ‘mental health’ in Hmong translates to ‘the pain in the brain or damage in the brain’ (*mob hlwb*, or *xiam hlwb*). The term ‘Department of Mental Health’ translates to ‘the house of Damaged Brain’ (*tsev xiam hlwb*). Because of these stigmatizing translations, many Hmong don’t want mental health treatment. They don’t want to be seen as crazy in the community (Her, 2012).

From a professional viewpoint, the general Hmong publics see that it has a lot of different meanings with many outcomes. This is hard to define when trying to educate the older generations of Hmong people not just on PTSD, but depression, and anxiety. The Hmong view illness as a supernatural event, caused by spirits, called *tlan*. These animistic beliefs cloud their conception and perception of illness and also give “validation” to many of their cultural practices (Beghtol, 1988).

Before seeking western mental health services, it is common for traditional Hmong adults to pursue help for problems through their family and clan system, and through the use of traditional healing methods, including the use of *tsuaj ntsuab* (herbs), treatment by *kws tsuaj* (medicine doctor) or *kws khawv koob* (ritual healers), and a soul calling ceremony (*hu plig*).
*tus txiv neeb*, or the shaman, is considered to be the supreme folk healer and there are different levels of shamans with varying abilities (Gensheimer, 2006, p. 31).

It is hard for people to understand that the Hmong people came to the United States not because they wanted to, but rather because the Americans had promised the Hmong people a luxury life and had put an image of freedom into their mind. All of this came from the Secret War that is not mentioned much through history since the Hmong were just a small community and the Secret War was to be considered a taboo subject.

Their understanding of PTSD is more about losing the soul of one self. There is no such meaning to PTSD in the Hmong culture and they don’t believe it is a real mental illness. Instead the Hmong people see it as a feeling, even though it is the past that they talk about frequently. Hmong definition of PTSD could be about the Secret War, how they have lost someone, how bad their kids are, their sickness and etc. But because of their limited knowledge, they little understanding of what PTSD is. Instead of relying and seeking help from the mental health professionals, the traditional Hmong people would turn to Shamanism as a source of cure and understanding of what they are experiencing.

**History of Shamanism**

The Shaman origin of name came from the Russians; it spread from Russians to the Americans via anthropologists who study Native Americans. Anthropologists did not know how to describe what the Native Americans were doing and did not understand the view of the Native Americans. Therefore, Anthropologists view it as if everything is earth-based, then it must be shamanism because the culture around the world lacks the vocabulary to discuss these matters otherwise (Odigon, 1997). There is a strong Shamanistic influence in the Bon religion of central Asia, and in Tibetan Buddhism. Buddhism became popular with Shamanic peoples such as the
Tibetans, Mongols and Manchu beginning with the eighth century. Forms of Shamanistic ritual combined with Tibetan Buddhism became institutionalized as the state religion under the Chinese Yuan dynasty and Qing dynasty (Woolcott, 2015).

There are three different types of Shamans – black, white, and yellow. Black Shamans are the most powerful of all the shamans and they get their power from the Northern direction. They are warrior shamans and overcome evil by battling mights vs. might. Black shamans do many other types of shamanic work such as hunting rituals, healing work, protection, divination and curse enemies, however they have to be careful to stay in balance, for a shaman that curses too much. (The different types of Shaman). White shamans get their power from the white Western direction. White shamans are shamans of peace and have a special relationship with the spirits of nature and their main focus is on pacifying angry spirits and helping mankind to live in balance with nature, they also do divination and blessings. However one thing they cannot do is a shaman’s curse. White shamans do not use drums instead they have a wooden staff and ring bells during cerimonies (The different types of Shaman). Yellow shamans are Lamaists (Tibetan Buddhism). Yellow shamans were those who would submit to the Lamas and serve in a subordinated role to them (Odigon, n.d.a).

Shamanism is a religious belief and can mean “The honoring of spirits”. The person who does the ritual is named to be a Shaman who can travel between the spirit and real world to help create a balance in their community. There are many types of shamans within different cultures; each culture has their own shaman, other related names are medicine man, and witch doctor. There may be different types of Shamans in different cultures; however they do perform similar acts such as dancing, having music, and chanting some kind of words during their performance. Most Shamans wear costumes and have some kind of equipment of some sort to help them on
their journey to the spirit world. Shamans put themselves into some types of trance to travel into other dimension and some might even take drugs such as ecstasy to help them with their visions.

**The Belief of Becoming a Hmong Shaman**

How does one become a shaman in the Hmong culture? Shamanism is a practice that involves a practitioner reaching altered states of consciousness in order to encounter and interact with the spirit world and channel these transcendental energies into this world. A person doesn’t choose to be a shaman, however is chosen by their ancestors during a dream or through consistent sickness. Some people can practice Shamanism by taking certain lessons from an actual shaman, however the ones who learns how to practice Shamanism can practice the ritual in a bad way rather than using their teachings for good.

If your ancestors choose you, you can become very sick and have dreams of becoming a shaman. Once a person notices these symptoms and informs a family member, the family member will then call a skillful Shaman to come and perform a spiritual awaking to see what is causing the sickness. After the spiritual awaking ceremony the Shaman will let the person who is sick know that they would need to find a Shaman master and have him/her help guide their gift to becoming a skilled Shaman. When the sick person is able to find a master and do start to believe in their gift as a shaman, that person can one day become a shaman master as well. However if the sick person decides to not follow through with the process of becoming a shaman they can become very sick and can eventually die in their sleep.

Shamanism is alive and well known in the Hmong community today: a typical weekend for any Hmong person in this day and age is usually booked with family engagements. Whether it’s a spirit calling for a newly born baby, a weekend-long funeral guiding of a soul into the afterlife, or a ceremony to heal, protect, and bless a family, Hmong shamanistic engagements are
In the article of Elizabeth Thao, Sandy recounted her unique experience. Sandy said “I went through sexual violence when I was younger, which caused social anxiety, post-traumatic stress (PTSD), recurring depression and dissociative disorder,” (Thao, 2013). While Sandy was growing up, her family experienced mental illness in the form of bi-polar disorder, manic depression, schizophrenia and etc. (Thao, 2013). “I had to be aware that genetically, I am more predisposed through genetics,” she said (Thao, 2013, para 3). During the time Sandy was 18; she started to experience strange and different things and did not understand what was going on (Thao, 2013). “She would see the dark shadows known to cause sleep paralysis. She would see white, angelic spirits. She would talk to the spirits of the deceased whenever she attended a funeral and for some time, she had to avoid funerals altogether because they were so draining for her” (Thao, 2013, para 4). Although Sandy knew that PTSD was the reason for some of her behavior, she also considered answers from within her culture because Sandy’s maternal grandmother was a shaman, her mother’s grandfather was a shaman, her aunt is a shaman, and so are some of her younger cousins (Thao, 2013). “She was experiencing symptoms with three possible logical outcomes: mental illness, PTSD… or receiving the call and emerging as a shaman” (Thao, 2013, para 4).

**Hmong Shaman**

The general Hmong interpretation of a Hmong Shaman is someone who can enter the spirit world. Not only can they enter the spirit world, but also heal and free the soul of the sick person. There are many Hmong shamans with different rituals that can be called upon, depending on the circumstances of the person who is sick to perform the proper ritual for that person. Shamanism is seen as the key way to restore the “damaged part” of oneself. In Hmong culture, Shamans (*txiv neeb*) are seen as the medium through which the human world can communicate
with the spirits. They are believed to be fully controlled of their “allied spirits” (neeb). The neeb possess healing powers to cure illnesses caused by Ntxwj Nyug (Anthropology & the Human Condition, n.d.).

A shaman’s main focus is to bring the spirit of the person who is sick or experiencing certain symptoms back to the actual body. An individual shaman can perform different rituals and it depends on the situation that an individual is experiencing. To request a shaman there are different steps to take for different events and it really depends on what the person is requesting.

One way of requesting a Shaman is searching for a Shaman within the family, clan, or someone you can trust by another’s references. When you do find a shaman you must bring white flowers, 3 to 6 candles and about 5 to 10 dollars and go to the Shaman’s house to ask for help, (this info was passed down through oral traditions). The white flowers, candles and money are a way for the shaman to ask their ancestors for power. There is no special meaning to the items listed, however the items are another way of properly requesting for help and honoring the Shaman has a hierarchy. Once you have all the preparations you must give the shaman the following items and let them know what the problem is and why you are requesting the Shaman to do a ritual.

All Hmong Shamans have an altar at their homes and they usually put the flowers, candles, and money on the altar. This is to signify that the Shaman is going to help the family/individual. Once this is done, the family would set a date and have the shaman come and perform the ritual at the house. An example of requesting a shaman is when the soul and body are not intact with one another.

There are two reasons or maybe more of why the soul is not intact with the person’s body. One of the reasons is because the soul was probably frightened away and the second
reason is because the soul was kidnapped and/or possessed by an evil spirit/force. The Shaman would then host the ritual and go into the spirit world to seek the reason why the soul left the body. During this event the shaman will be in a trance. The items he uses are Buffalo horns, knives, and a wooden bench no longer than a human. The purpose of the bench is used as a flying horse or certain animal in the spirit world. Hmong shaman uses this flying horse or animal to go into the spirit world to retrieve the soul.

When the shaman completes his mission by returning the soul back to the body another ritual will be performed which is the string tying ritual. String tying ritual consists of red string, black string, and white string. These individual color strings will then be put together as one whole string to help shield and protect the person from evil spirits and future sickness. The string tying ritual can also be used without the Shaman. Some Hmong parents would make it themselves and during the process they would bless and pray from their ancestors for further blessing on the strings to give to their child or immediate family members. The string is used to help hold the soul to the body and let no harm come to the person. Old traditional Hmong people seek shamanism as another way of psychologist, whereas modern Hmong Americans seek a psychologist for mental health.

**History of Modern Mental Health**

With today’s advanced technology and research that are being done, psychologists, doctors, and psychiatrists who are treating people with PTSD have the proper tools and medications they can use alongside with one another. An example of the advance technology out there is the applications that can help support a person such as a PTSD Coach where a person can go and download for free to help them learn and manage symptoms that commonly occur after a trauma (United States Department of Veterans Affairs, 2015b). To help a person determine if
they have ever experienced trauma and do not want to seek a professional for assistance, they can use the technical application available to them through the internet and phone. Western medicine is seen to clash with Hmong beliefs in reincarnation and spiritual balance in the body (Anthropology & the Human Condition, n.d.). Many recent efforts have been made trying to link Shamanic practice and knowledge with Western, scientific beliefs. Anthropologist Jeremy Narby has proposed that shamans take their consciousness down to the molecular level, working with DNA and viruses that they see as the twin serpents or malicious “darts” (Woolcott, 2015).

Throughout the early resettlement stage, primarily in the late 1970s and early 1980s when scholars began to document the mental health needs and provide diagnostic information related to the refugees, the Hmong were collectively and categorically clustered with the Vietnamese, native ethnic Laotians (in Laos, the Hmong who resided in Laos were known as rural Laotians due to their residencies in the mountains), and Cambodians; each ethnic refugee group was not differentiated. An example of this broad categorization transpired in 1987, with the report that 50% of Southeast Asian refugees were diagnosed with a prevalence rate of Posttraumatic stress disorder (PTSD), and another 71% with a prevalence rate of mixed anxiety and depressive disorders (Lee & Chang, 2012).

In Minnesota, before we began working together, some scholars had engaged with the Hmong community on their own (Downing, 2013). One was Dr. Joseph Westermeyer, who had done research and was acquainted with the “Meo” (Hmong) in Thailand and Laos. As a psychiatric researcher, he designed a survey administered 100 individuals, the first 100 Hmong adults to settle in the Twin Cities. Over many years, Westermeyer published numerous articles in the medical literature exploring different aspects of what could be gleaned from that survey and
related research: what the mental health issues seemed to be and how they might be addressed (Downing, 2013).

The first generation of Hmong would not know how or where to seek help for their mental illness because they are unaware of the symptoms they are feeling could be PTSD and less likely they would talk about their dreams or past, as it is not health related. However, the Hmong people would likely see their primary doctor for minor illness such as headache, back pain, trouble sleeping and etc. What the first generation Hmong are not aware of, is that there are different types of doctors for different types of medical and psychological reasons. The only thing they utilize are their primary physicians for their physical health, and what they are not comfortable with are psychologists for mental health, pharmacists for medication and etc. With all the different doctors and practices out there, most are of western tradition in regards to treatment, procedures, and medication. Hmong people are more reluctant to seek out and use these services due to their cultural beliefs and shamanistic practices.

Due to their unawareness of the differing methods and treatments when it comes to dreams, night terrors and other illness, they seek a shaman for help instead. Therefore, they would call a shaman and have the shaman help them. There are Eastern herb medications available to help with certain illness however there are no eastern herb medications that would help with PTSD (Beghtol, 1988). If a Hmong person feels like they are seeing things or get flashbacks about the past they will call upon a shaman to come do a ritual. After the ritual is performed the shaman will ask the person to do what is necessary to help the ancestors to get rid of their terrors.

Language barriers are also a major factor affecting Hmong community members’ ability to access services, preventing them from directly contacting services when help is needed, and
hindering their ability to obtain appropriate care due to difficulties communicating their needs adequately. Participants felt that the Hmong community is not well served by the current system because there are too few Hmong providers. This limits access to culturally appropriate services and makes it challenging to navigate the mental health system (Elliott et al., 2009).

First and Second Hmong Generations Experiencing PTSD in the United States

The difference between the first generation and the second generations is that the Hmong people that are born here are more likely to be active participants in the modern western culture and at times may not work as hard to get to where they want to be in life. They call themselves the 1.75 generation, mostly born in the United States but still strongly identifying with their Hmong roots. They are the sons and daughters of the hundreds of thousands of Hmong villagers in Laos who were covertly trained by the Central Intelligence Agency to repel communist forces during the Vietnam War. In the United States, traumatic memories of wartime atrocities are often compounded by language issues, poverty, and social isolation (Brown, 2011). Many who have arrived here in the United States they see this as the land of the free and a land of opportunities to change themselves and their family.

Most Hmong refugees who come to the U.S. have had traumatizing experiences: first escaping the war, then struggling with cultural differences, language barriers and the everyday stress of trying to achieve the American dream in this country. Consequently, many Hmong suffer from depression and Post-Traumatic Stress Disorder (Her, 2012). Refugees suffer from grief and loss after leaving behind home, family, and social networks as well as having to face adjustment challenges due to the abrupt changes involved in migration (Vang, 2014).

Only in the last year, 2014, has the National Center for PTSD recognized that children suffer from their veteran parents’ PTSD. Their website says: Children of Veterans with PTSD
are at higher risk for being depressed and anxious than children of non-combat Veterans. Children may start to have symptoms like the ones the parent has. For example, a child may have nightmares about the parent’s trauma. Children may have PTSD symptoms related to watching their parent’s symptoms. For example, a child might have trouble paying attention at school because she is thinking about her parent’s problems. The impact of a parent’s PTSD symptoms on a child is sometimes called ‘secondary traumatization.’ Since violence occurs more often in the homes of Veterans with PTSD, the children may also develop their own PTSD symptoms” (Levinson, 2015). As you can see, not a lot of children would know they are experiencing PTSD, especially in the Hmong Community and sadly some grow up experiencing their own PTSD such as a fathers/mothers death due to their experiences before coming to the U.S., incidents of suicide and much more.

Today only a few Hmong are exceling in school, considering their origin as refugees and their regency in the United States. Hmong Americans have made significant progress in educational attainment since the 1990s. Whereas in 1990, only 11 percent of Hmong Americans 25 years old and over have obtained a high school diploma and three percent have obtained a bachelor’s degree (Xiong, 2012). By 2000, 27 percent had graduated with high school diplomas, 12 percent had graduated with associates or bachelor’s degrees, and 1.5 percent had graduated with master’s degrees or higher. Although these educational attainment rates are still quite low when compared to those of the U.S. population of 25 years old and over (50 percent obtained high school diplomas; 22 percent obtained associate’s or bachelor’s degrees; and 9 percent obtained master’s degrees or higher), they are comparable to those of other Southeast Asian refugees, such as Cambodians, Laotians, and Vietnamese, who are socially and economically
disadvantaged (Xiong, 2012). It is shown in the above that there has been a great change and the Hmong has come a long way.

Even though Hmong are still learning, they are still having a hard time trying to understand the mental health system. PTSD is one of the biggest mental illnesses that Hmong people deal with yet are unaware. When talking about PTSD in the Hmong culture, most of the older generations would see it as heartache in Hmong it means, “mob siab”. *Siab* means chest, however the heart means “lub plawv”. There can be a lot of confusion when it comes to the meaning of the body parts and how one is feeling.

Due to problems in translation, a careful history and physical exam as well as a skilled interpreter are important in determining the distinction between chest pain and right upper quadrant pain (Erwin, n.d.). The Hmong people are starting to get a little bit better on understanding their culture, also they are learning and understanding more in relating what they’ve learned in the mental health field and bringing it back to their community. There are still a lot of things the Hmong have to learn in terms of the different mental illness and the difference between mental illness and physical pain.

**Conclusion**

There are many studies that exist regarding mental illness. However there are not many studies that provide information that relates to the understanding of how a Hmong person who has PTSD relies on their spirituality vs. western treatments. The study of this writer finds it would be best for a person who is spiritual to go the spiritual route before seeking modern help from psychiatrists. If their spiritual route does not work for them, they still have the opportunity to seek help elsewhere, especially finding ways on how to cope and getting the proper
medications as needed. This writer thinks Hmong people could benefit from combining both traditional spiritual practices along with more modern western medical treatments.

Overall, the purpose of this research is to set a clearer understanding of what the Hmong people rely on as far as treatment through Shamanism, and their limited understanding of PTSD. A Hmong person does not always know if they have PTSD and the way to go about asking for assistance. However due to their pride, they don’t always go and get the proper treatment necessary or wanting to get assessed for PTSD. It is also said that Hmong people don’t like to go see a psychologist because they do not want to be labeled as mental and because of their pride they do not express much to others. There are now other Hmong practitioners out there who can help the Hmong clients who are dealing with PTSD. The main question that is still out there is would a Hmong person seek proper help after all the training and explanations? There is no definitive answer to this question. It will depend on whether we can change the perception of mental illness and PTSD in the Hmong community. It will require individuals to set aside their pride and become more open to other treatment options for the sake of their health and the cure of PTSD.
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