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Iu Mien Southeast Asian Refugees:
Choosing Health Practice Options from the East and West

By

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THESIS

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Chairman Date
Katherine H. Brown 5/30/85
James N. Anderson 31 May 1985

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Dedication

To all the Health and Medical Sciences students
who have yet to go through this process:

It can be done.

Acknowledgements

My heartfelt gratitude to George Foster and Kate Brown for their academic guidance, much needed encouragement and good humor. Special thanks to James Anderson for his thoughtful comments. I extend special gratitude to the friends who gave me moral support during the writing of this thesis. And finally, this work could not have been done without the open cooperation and hospitality shown to me by the Mien who I interviewed. A thousand thanks to them.

Introduction

Since 1979, the Iu Mien have been arriving in this country from Thai refugee camps along with other hill tribe peoples from Laos and Cambodia. There are approximately 9,000 Mien Southeast Asian refugees currently in the United States with the largest concentration in the San Francisco Bay Area where they number about 3,000. Coming from remote areas in Laos and experiencing unstable conditions due to warfare since 1965, the Mien have had little exposure to western medicine previous to coming to this country. Now that they are here, they face a different range of health care choices than before. They must make decisions to choose from a broader range of health care resources. How are these choices made and in what way is the health care decision making process different in this country than Laos?

In this paper I will describe what changes the Mien have made in their health behavior since coming to this country and discuss the implications of these changes for the work of health care practitioners and educators.

Who are the Mien?

Of the half a million Southeast Asian refugees having arrived in the United States since 1979, the Mien make up a small proportion, totalling approximately 9,000. The 3,000 Mien in the San Francisco Bay Area make up the largest concentration of this ethnic group in the United States.

For the Mien it is nothing new to embark on migrations although their most recent one across the Pacific was

particularly long. The Mien in Southeast Asia have migrated there from China within the last hundred years. Migration is traditionally a part of a life for the Mien who in Laos, were dry rice agriculturalists practicing slash and burn techniques and having to move to new fertile ground periodically. In China the Mien have long been considered a minority population and mentioned historically in Chinese chronicles as one of the barbarian groups that the Chinese no doubt encouraged to migrate away from the expanding borders of their dynastic realms. There are currently, in the central and southern provinces of China, some 2.5 to 3 million Mien, the largest number of Mien in the world. The Mien identify with the Chinese to some extent since their religious texts are written in Chinese script.

In Laos, most of the Mien lived in small villages ranging in size from a handful of houses to sixty houses. Each household typically included an extended family that could include 30 - 40 people living under the same roof. They were subsistence farmers but also cultivated opium as a cash crop and kept a variety of domestic animals for food and transport purposes. Those living in small villages generally were too far from the few cities with doctors to rely on western health care to treat their ills. Some did not have access even to an herbalist without walking for a half day to two days.

The mainstays of health care resources were home remedies and religious or ritual specialists. Home remedies

include various techniques such as moxa, cupping and herbal infusions for drinking or bathing. These techniques are generally handed down in the family and are common knowledge to many villagers. The ritual specialists are men who have gained expertise in diagnosing and/or ritual healing. All men try their hand at acquiring the religious expertise but only the 'smart' ones are able to gain enough knowledge to be called on for effective services. However, most Mien had some relative, father, uncle, or brother on whom they could call when in need.

Some Mien lived in small cities or near enough to a city to have visited one and utilized some Western health care services. The great majority of Mien have not had much conceptual introduction to Western health care in terms of the basis for therapy. They are quite unfamiliar with western concepts of organ function or causes of disease, although most have seen medicine at work on an empirical basis. I will describe their expectations of medical care in another section.

Most of the Mien have spent about five years in the camps in Thailand since fleeing the wartorn countryside of their homelands. In the Thai camps they encountered basic biomedical facilities and also, continued to practice traditional therapeutics. The Mien underwent medical screening examinations just prior to leaving Thailand and again after arriving in this country. The screening here, for infectious diseases and dental caries was their first

introduction to the American health care system.

Since the United States opened its doors in 1979, to "the second wave" of Southeast Asian refugees (the first being primarily Vietnamese who were better educated and more familiar with western culture), a few thousand Mien, primarily from northern Laos, have arrived in the San Francisco Bay area. There are enclaves of Mien in Oakland, in San Francisco, Richmond, and San Pablo. Many of these Mien have close ties with Mien in San Jose, Visalia and Sacramento. Many are secondary migrants who were originally settled elsewhere in this country, moving to this area secondarily, in order to be close to relatives and to be part of a larger Mien community. Here the Mien are concentrated in areas with low income housing. They knew no English upon arrival and were thus faced with the task of learning a new language, very different from Southeast Asian languages, and attempting to acquire employable skills. Most Mien survive with some Federal and State aid. Most families with dependent children are eligible for Medi-cal. A small proportion of Mien have health insurance through their employment, but oftentimes the insurance plan does not include the entire family because the employed member has not worked long enough for that benefit. It becomes apparent that financial status is an important factor in the availability of American health care to a Mien family.

Mien in this country have a different and broader range of choices of health care than they had in Laos, factors such

as financial status and language problems, notwithstanding . They continue to have access to religious specialists, to the collective knowledge of extended family members and friends pertaining to a variety of health practice techniques, somewhat to herbalists and what is new, access to a system of biomedical health care.

Methodology

This research has been the product of a rewarding application of the open ended structured interview technique. Over a the period of one year, I have interviewed 30 women and men, their ages ranging from 15 to 77 years.

Entry into the community was gained primarily via the Laotian Handcraft Center where I assisted one of the teachers during the classes devoted to vocational English and math. Most of the women with whom I initially spoke were in their early twenties and usually had three or four youngsters at home for whom they cared. Eventually I contacted some older women, ages ranging from 40 to 77 yo. One of these women is married to a man well versed in performing many of the common healing rituals. He became a key informant very enthusiastic and informative in sharing his native knowledge.

I began with an interview schedule that was directed at eliciting illness episode descriptions. Beginning with the question 'when was the last time you were sick?,' I went on to ask questions that would elicit descriptions of symptoms, illness causation, choice(s) of therapy, time course of illness, and who was involved in making the decisions about

what to do. I asked about illness episodes occurring in Laos, Thailand and the United States and asked about the interviewee's illnesses as well as those of the other members of the household.

My working definition of household includes the persons living within the same apartment or house and paying rent together. Usually the households included three generations: grandparents, parents and children, often an uncle or aunt, and occasionally two separate families living together. Sometimes the families were those of related siblings and sometimes unrelated.

The interviews were conducted in the homes of the interviewees. They were in-depth interviews lasting an average of two hours. Various members of the household would be at home in the same room and adjoining ones. Visitors, both neighbors and relatives would drop by in a continual stream, staying to chat and then moving on. Oftentimes I would be asked to stay for lunch or dinner. Towards the end of my fieldwork, I was invited to attend a number of rituals. I have observed three healing rituals, one for a child and two for adults, and parts of a three day and night 'transition or rite of passage' ritual for three men.

The approach I took during my fieldwork was an emic one (Tyler 1969) and my approach in writing this thesis is to reflect as much as possible the Mien classification of illness.

There was a transition in the questions I was interested

in pursuing. I started out following the guidelines of Colson's differential use of medical resources (Colson 1971). I sought to find patterns of resort to medical care and the reasoning behind the choices of resort. As I learned about the types of therapeutic pursuits, gradually becoming familiar with the large range of traditional practices, I became more and more interested in understanding their rationale for health care choice and the relationships that rationale may have to the Mien concepts of illness, and the motivation behind their illness behavior and health seeking behavior. I began to consider the variables as well as symbolic meaning that can influence health care decision making.

What I describe in the following pages will be the range of options utilized by the Mien in Laos, the newer options presented to them in this country, and the significant changes in their health care seeking behavior as a consequence of these changes. I will describe in detail Mien traditional beliefs and practices. The final focus of this paper is the presentation of implications for clinical application derived from an appreciation of the influence of sociodemographic factors as well as sociocultural perceptions on health care choice.

Theoretical Perspective

The Mien in the Bay Area are now confronted with a new and broader range of health services than was available to them in Laos. In the process of choosing from this new range of health services, they must make decisions with each episode of illness to choose what therapy or therapies are appropriate, judge that decision's effectiveness and if indicated determine an alternate choice of therapy. How might we understand the factors involved in Mien people's determination of health care choices? What point of view are we taking in considering our approach to understanding that decision making process?

Colson discusses a number of approaches that have been considered by researchers in understanding and predicting health care behavior in developing countries (Colson, 1971:229). These include Foster's folk dichotomy based on perceived etiology of natural or supernatural origin, Erasmus' efficacy testing based on empirical observation, Hsu's shotgun therapy employing simultaneous use of different systems, Gould's observations of chronic versus acute nature of the illness as variables, relative wealth and relative acculturation. Other authors have contributed to these basic theories and are mentioned by Colson. Colson makes the point that these hypotheses are not independent of each other and do not determine exclusive bases for choices of therapy. Several or all these hypotheses may together contribute to understanding health care behavior in a particular setting.

These theories to predict health care choices evaluate what Kroeger terms 'explanatory variables of health care choice' and groups into three categories: 1) characteristics of the subject, 2) characteristics of the disorder and their perception and 3) characteristics of the service (enabling factors) (Kroeger 1983:149). Characteristics of the subject include sociodemographic variables and relative acculturation. Characteristics of the disorder and their perception refer to perception of etiology, symptomatology, and seriousness of the disorder, all of which are socially and culturally determined. Characteristics of the service refer to features of the system of health care that include accessibility and costs as well as perceptions of quality and attitudes towards types of healers (eg., modern, traditional, herbalist, acupuncturist). These characteristics are not entirely independent of each other but this categorization aids in conceptualizing the nature of their interactions. The usefulness of identifying these variables is that many are quantifiable. They can be correlated to health care behavior and assessed for their value in predicting health care utilization.

In terms of understanding what is important to the Mien in the process of choosing health care alternatives, a statistical approach has limitations. Stoner states that "quantitative correlations can describe populational patterns, but qualitative research is necessary to discover whether these factors are meaningful to health seekers," and

further, that "quantitative analyses often infer causality from statistical correlation, and imply that determining factors are consciously assessed and considered in processes of health care decision making" (Stoner 1985:44). The quantitative approach implies a linear logic in the process of health care decision making. Not only is this misrepresentative, it is an incomplete appreciation of the decision making process. What is missing is the sociocultural component of interpretation that forms the illness experience and influences health care decision making. As Stoner states, "the isolation of key factors of decision making serves to decontextualize a process that is intimately related to the natural and cultural environment of the illness experience" (Stoner 1985:44).

Health seeking choices are made in a dynamic context within which all those characteristics of subject, perception of the disorder and accessibility, costs, and attitudes towards services change over time. This point is especially true for the Mien who are adapting to a dramatically new setting. They are at this point gradually learning the English language and assessing Western concepts of health care. In addition, both the Mien traditional health care systems and the American medical system are undergoing major changes. Factors such as reluctance of the young people to learn traditional methods potentially limits the availability of traditional resources in the future. Pressures of cost containment is affecting policy and access for Mien and the

national population in the American health delivery system.

The Mien are people like ourselves who live in a complex context of influences and options and make their decisions as best they can, continually reevaluating over time and from illness to illness what is the best treatment and whether the current tack is efficacious or not. In Laos and Thailand they had been limited in their decision making by having limited choices whereas here they make the most use of resources that encompass a range of traditional practices, other Asian medical systems and what is affordable in the biomedical system. My work with the Mien has revealed that their decision making process is based on empiricism and symbolic meaningfulness. It is a process as applicable in Laos as it is in this country, being based on experience and the sociocultural influences of shared meanings.

One method of deriving what is meaningful to the subject in the course of an illness episode and its relevance to the health care decision process, is to analyze therapeutic narratives. Early defines the therapeutic narrative as "a commentary on illness progression, curative actions and surrounding events" (Early 1982:1491). These narrative accounts reveal what Early refers to as the "negotiation of reality", that is, the rationale with which the subject makes sense out of the illness experience, incorporating symptomology, course of the illness, health care resorts, surrounding life events and culturally defined interpretations.

Qualitative analysis of therapeutic narratives can contribute insight into underlying principles that guide health care choices and illness experience. Particularly for the health practitioner, understanding those underlying principles or explanatory models for illness experience can maximize patient compliance and the satisfaction of both practitioner and patient. Kleinman has stressed the significance of eliciting the explanatory model of illness experience in order to facilitate patient-practitioner negotiations for more effective therapy (Katon & Kleinman 1980:253-279). A number of authors have discussed the relevance of symbolic meaning to illness etiology, experience and remission (Press 1983; Good & Good 1980; Kleinman 1980:102-3, 1983).

The approach of this paper incorporates an appreciation of explanatory variables corresponding to Mien health care behavior combined with a discussion of the rationale of health care decision making that is revealed from a qualitative analysis of therapeutic narratives. In order to maintain clarity, I will discuss the explanatory variables separately from the analysis of therapeutic narratives.

What has been written so far about the Mien and their cultural practices is sparse. A few people have described the Mien in Thailand (Kandre 1967,1976; Miles 1973,1978; Lemoine 1982:21-33), but no papers exist, that I am aware of, with descriptive material of Mien in Laos or China. Contemporary papers describing the health care situation for

Southeast Asian refugees in this country have been of a general nature with cursory mention of the Mien as one of the hill tribes and without details about their traditional health beliefs (Muecke 1983a, 1983b). Among the groups of Southeast Asian refugees, the Mien are most similar to the Hmong who also come from the mountains in Laos. Thao and Finck have written articles that go into some detail about Hmong health practices, many of which are similar to the Mien (Thao 1984; Finck 1984).

Traditional Responses to Illness

Overview

This section introduces Mien cosmology and cultural perception of illness causality. Mien perceptions of illness causation can be divided into Foster's categories of natural and supernatural etiologies (Foster 1958). Natural etiologies are related to humoral qualities such as hot and cold characteristics of food and cyclic phenomena such as changing weather. Traditional therapies for illnesses caused by these natural phenomena include many modalities such as moxa, ingesting herbal infusions, cupping and avoiding certain foods. The supernatural causes of illness reflect Mien cosmology and the ritual responses to illness and maintaining well-being reflect cultural expressions of negotiation with forces influencing peoples' lives. I will organize the discussion of illness causations along themes which emerged as patterns in the course of my work with the Mien. Before doing this, however, I will give an overview of Mien religion.

The forces that are perceived to govern natural phenomena and the tenor of life events are personified in a panoply of spirits with a range of benevolent and malevolent qualities. Other spirits or souls are associated with each living person, being intimately involved in the state of health of a person and when the person dies having some potential to be malevolent or benevolent. To make clear order out of this array of spirits would be to misrepresent

the average Mien perception of those forces. Not to impose some organization would be to confuse and bore the reader. My compromise will be to make as much sense of the spirit roles as possible and at the same time give a taste for their richness and ambiguity with details from case studies.

Broadly speaking, spirits may have helpful or harmful roles depending on the kind of spirit or the circumstances of the spirit and the nature of relations between that spirit and living person(s). Personal spirits or souls, as I shall refer to them, are spirits associated with a person who is living. When a person dies that person's soul becomes an ancestor spirit. Souls can be thought of in a category separate from the others, including the ancestor spirits. Souls may cause illness when they become separated from a person for some time whereas the other spirits take on more active harmful or helpful roles.

Utilizing a Mien conceptual framework, the spirits can be divided by domain of influence into outside groups or inside groups. The outside groups are related to the land, wild and domestic animals and farmland. These groups are given offerings at annual occasions and for certain special ceremonies. The groups include the Taoist godlike figures worshipped with particular respect. They are shown gratitude, particularly if the family has been enjoying good fortune, and are asked to continue their beneficent stance. The inside groups protect and aid the house and family. These groups include the ancestors of the family members,

certain helper or soldier spirits, teacher spirits and others. The inside groups have primarily beneficent roles. There are spirits not associated with either outside or inside groups, including certain ones that are primarily malevolent.

Since the souls have such different roles from the spirits and are conceptualized in a separate category by the Mien, I will discuss the characteristics of soul spirits and how they are related to illness before discussing the other illness causations.

Nature of Souls

There are three souls associated with each person while they are alive. These spirits may be regarded as vital essences and seem to correlate to a great degree with the concept of 'khwan' in Thailand (Heinze 1982:33-36). Throughout Southeast Asia there is a concept of vital essences of life without which people cannot live and to which are attributed certain characteristics of personality and well-being (Keyes 1977:113-117). The souls are associated with a person from the time of conception and at death, leave the body permanently. During life, the loss of one or more or part of these souls can be a cause of illness which is responded to by calling the souls to return. After death, the transport of the soul or souls to another world is very important and must be attended to with elaborate ritual. These are characteristics of Mien souls as well as other Southeast Asians.

Interestingly, according to the Mien, each of the souls is divisible into three. Thus, a ritualist who is calling a wayward soul back to its rightful person may call on as many as a dozen souls or subdivisions of the main souls. This may be a variation on what Miles, studying Mien in Thailand, has described as twelve spirits associated with different parts of the body or may be a different concept altogether (Miles 1973:79-80). The three souls each divisible into three comprise a total of nine if counted accurately. However, when calling the souls, the ritualist throws in the original three again to make a total of twelve.

The three souls do not all reside with their respective person's body. One of the three stays with the person wherever he or she goes unless it is frightened away or otherwise wanders off. The other two reside in the home of the respective person. At different times of the year the souls reside in different parts of the house. These many places include, the walls of the living room, in the stove, in the bed, in the rice pounder (in Laos and Thailand) and other places. Because of this, it has been taboo for Mien to remodel their homes or to pound nails in the walls for fear of hurting one of the souls and causing illness in the respective household member. If moving furniture or remodeling must be done, the souls can be called away from the area to be affected. When the Mien move to a new house, or country, for that matter, each person calls aloud to their souls to come to that person's body and move with them. A

ritualist is not needed in this case.

Birth defects are explained by this concept of the souls residing in different parts of the house and in that way being subject to harm. When a woman is pregnant, the developing baby has its associated souls, at least some of which live in different parts of the house. Unknowingly, the woman may be sewing in bed and cause her baby's ear to be sewn up and small, or, she may be cutting some fabric and cause a cleft lip. This concept only explains certain birth defects, however. I was asked by a woman, why a child might be born with two thumbs, the addition of a part rather than a loss or damage to the body.

Categories and Themes of Illness Causation

The following is a list of categories and themes of illness causation:

- 1) angered spirit,
- 2) soul loss,
- 3) malevolent spirit possession,
- 4) object intrusion,
- 5) other spirits affecting fortune/misfortune,
- 6) polluted air,
- 7) weather change,
- 8) wind,
- 9) dietary imbalance,
- 10) other physiological phenomena.'

The list makes very apparent the range and complexity of illness causes in Mien cosmology. The first five categories are supernatural causes of illness that may each be caused by different types of spirits. The following discussion will explain each category and list the spirits which may cause harm in that context. The latter five categories are examples of natural phenomena causing illness. In these

cases, a concept of balance and regulation of humoral qualities is the guiding principle for therapy. Therapies for these illnesses are derived from a wide range of traditional techniques and may include western medicine.

1) Angered spirit

The greatest proportion of spirit caused illnesses described in my fieldwork were attributed to an angered spirit or to soul loss. A spirit may be angered because of a) neglect of obligatory offerings on the part of the recipient, b) 'too much love' on the part of the spirit, c) offense to a spirit, or d) pollution of a spirit's domain. Living persons have an obligation to offer symbolic money and food to their ancestor spirits during yearly occasions such as the new year and special occasions that are observed every few years. An ancestor spirit may feel neglected and hence, angry, if offerings have not been made for a long time or the attention of their descendants is felt lacking, particularly when grandchildren or greatgrandchildren are born. Wandering spirits of persons who have died but not received a proper ceremony instructing them how to get to the next land may, being angered, cause illness to someone who happens by.

Among the many kinds of spirits that may be offended, are spirits associated with natural elements such as trees, bodies of water such as wells or rivers, spirits associated with the political organization of the land, such as country, state and county spirits and spirits associated with originally peopling the earth which the Mien describe as

'opening the land.' The group of spirits most highly placed in Mien hierarchy of spirits is a group referred to as 'gods' by the Mien when speaking English. This group is derived from Taoist deities (Lemoine 1982:21-33). This powerful group of spirits may be offended if ritual materials representing them are not handled with proper care. Spirits associated with natural elements may be offended when their domain is trespassed or polluted. The other groups, ie., associated with the political organization of the land, are not usually offended since regular rituals are performed which include offerings and serve to inform these groups about the living and maintain harmonious relations.

Spirits which are angered generally cause illness by touching or cutting the victim. This act generates a localized pain or disability, such as back pain, the inability to walk or ringing in the ears.

2) Soul loss

A soul or souls leaving a person is a major cause of illness among the Mien. The young are particularly susceptible to losing their soul(s). The soul(s) may be frightened away when the child sees something unpleasant or hears astartling and frightening noise. The souls may be enticed away by a lonely spirit that sees the pretty child and wants to play with it. Souls of children or adults may inadvertantly wander off and get lost. The reason given for wandering off is that the soul may want to go out and 'play' whereas the person must stay put and work. The soul may

leave a person who is overcome by sadness because of a life crisis or stress and if this continues for an extended period of time, the soul is not able to find it's way back. A ritualist may be called to divine the problem and rituals performed to find and call the soul back.

3) Malevolent spirit

An example of a particularly malevolent spirit is a 'pip bok' which instills great fear in Mien because it can cause death within minutes to a couple of days if not recognized and dealt with by an experienced ritualist. This spirit first possesses a person, always a pretty young woman and when this woman sleeps will wander and 'eat' other people. There are ways of diagnosing if a person has died because of such a spirit and other ways of diagnosing someone suspected of being possessed by the 'pip bok.' A family can protect itself from such a spirit claiming victims if one member of the family wears on his person, a tiger's tooth, snake's mouth or big bee's head. The possessed person apparently suffers little, physically. She appears even more beautiful than usual and looks happy, but is not happy.

4) Object intrusion

Objects may be intruded in a person's body causing pain and disability and necessitating a person with special training to extract the object. One episode of object intrusion described to me involved the specialist biting at a painful ankle and pulling out a stone to cure the problem.

5) Other spirits affecting fortune/misfortune

There are groups of spirits whose members can cause fortune or misfortune depending on their specific character. The misfortunes that may befall a family include illness, failing crops, sickly animals, doing poorly in business, and family members being mistrusted unduly by others. Instances of good fortune may be delivered by beneficent equivalents of those causing misfortune. These spirits may be associated with a person because of birthdate and place or may happen to descend on a family or village unpredictably.

The next group of illness causes to be discussed are related to natural phenomena rather than types of spirits. The response to these illness causations is with a number of modalities that I have referred to earlier, including moxa, herbs, chinese medicines, and cupping.

6) Polluted air

Polluted air is described as air that may be fouled by the smell of a dead animal or arising when the sun shines immediately following a rain and vapors rise from the ground. Air has also been described as a possible vector for 'ghosts' or malevolent spirits which cause illness. Polluted air can cause illnesses including one that Mien correlate to malaria. It is interesting that Mien folk explanations are similar to European associations of the disease with bad air, particularly that arising from a marsh (Friedlander 1977). Some Mien do not associate malaria with bad air, recognizing that it is associated with the bite of a mosquito.

7) Weather changes

Weather changes are commonly blamed for causing mild illnesses such as headaches, general malaise, common cold symptoms such as coughing, runny nose, and sneezing. Weather changes are expected with the changing seasons and Mien believe certain specialists can predict what common illnesses to expect at a given time of year. Mien describe weather changing as a significant cause of illness without stressing excessive hot or cold weather per se as the cause of illness.

8) Wind

Wind as a cause of illness has been described in Thailand, as part of the traditional Chinese medical system, and elsewhere in the world. It is a humoral quality existing in the environment which when entering the body in excess may be cause illness (Muecke 1979). There was little mention of wind as a cause of illness among the Mien, although one type of stomach pain affecting children was described as wind caused. The diagnosis for this illness is to wrap a Chinese coin in cooked eggwhite and place the combination on the belly button of the child who is afflicted. If this coin turns green after awhile then the child had a wind illness causing stomach pain and the coin has drawn out the wind which acts like a poison thus curing the child.

9) Dietary imbalances

Mien told me many times that there is a classification of foods with hot and cold qualities. However, they usually could not name off many hot and cold foods or describe how

that knowledge is used. Mien do say that you are not supposed to eat anything cold in the mornings.

Mien attributed many illness episodes in Laos to 'working too hard, then eating or drinking the wrong food too fast.' Symptoms caused by this combination of hard work and not eating properly include stomach pains, headaches, fevers and chills. Therapies include moxa, cupping, herbs, Chinese and western medicines.

Pregnant women are advised not to eat animal meat that had been bitten by another animal. Doing so could cause sickness in the newborn. The cure is to use a mild form of moxa on all the joints of the infant.

10) other 'physiological phenomena'

The cause of a number of illness episodes was vaguely attributed to the heart and congealing blood. Post partum women are especially susceptible to this condition and traditionally sit upright by a fire for days to weeks after birthing to hasten the expulsion of the blood that had been nurturing the fetus. It is believed that the blood in the womb holds the baby while the woman is pregnant. Once the baby is born, the blood is no longer needed and has the dangerous characteristics of potentially congealing or causing growth of fresh vegetables or plants within the womb if such fresh foods are eaten. Either consequence may cause the mother to die.

Some Mien referred to a concept of constitutional differences between people. Some people are small, some

tall, some fat, some thin, and some particularly healthy, while others susceptible to frequent illnesses. Intertwined with the constitutional differences is the belief that some are born with the association of particularly benevolent or malevolent spirits.

tall, some fat, some thin, and some particularly healthy, while others susceptible to frequent illnesses. Intertwined with the constitutional differences is the belief that some are born with the association of particularly benevolent or malevolent spirits.

Explanatory Variables Relating to Health Care Choice

As I have mentioned before, Mien in this country have a broader range of therapeutic choices than they had in their native country, Laos. In the S.F. Bay Area, they continue to have access to ritual healing, the modalities of cupping, moxa, herbal, and diet therapies, and now, in addition they have access to the sophisticated biomedical system offered in this urban area. The traditional resources are somewhat limited because only the older Mien retain the knowledge particularly of the specialized therapies, such as the ritual healing and herbal treatments. In the Bay Area a large number of Chinese and Vietnamese stores exist which carry medicines that the Mien were familiar with using while in Laos and Thailand.

From here I will discuss some factors that correspond with choices of health care. These factors are not of themselves predictive of health care choice, nor do they reflect the decision making process leading to that choice. They do reflect the complexity of understanding health care behavior and include consideration of sociocultural influences as well as quantifiable variables such as sociodemographic factors.

This section describes what alternatives the Mien choose now that they are in this country. It is an overview of sociodemographic factors and characteristics of available resources that are related to health care choice. I will organize the discussion of these factors along the lines of

Kroeger's categorization of explanatory variables (Kroeger 1983). In a review of cross-cultural studies that took a quantitative approach to health care choice in developing countries, Kroeger summarized factors related to health care choice, called them explanatory variables of health care choice and grouped them into three categories: characteristics of the subject, characteristics of the disorder and their perception and characteristics of the service. I defined these categories in an earlier section.

The explanatory variables discussed in this section are factors that have been shown to correspond to health care choices in studies with a quantitative approach. The approach of this study has been a qualitative one in which in-depth interviews contributed a sense of relative importance to the Mien of these factors. These factors do not reflect how the Mien come to make their health care choices but are sociodemographic and cultural factors which correspond to health care behavior and may to greater and lesser extents influence health care decision making. The section following this one will discuss in more detail the decision making process.

Characteristics of the subject

Characteristics of the subject, according to Kroeger, refer to sociodemographic characteristics of the population such as age, sex, income, education, and relative acculturation.

The Mien in the San Francisco Bay Area similar to other

Southeast Asian refugee groups, are quite young as a population. There are few elderly and many young parents with three to five children. The Mien love children and would have very large families if they could afford to.

At this time income is an important sociodemographic factor limiting Western health care use by the Mien. Ritual specialists are not expensive, nor are services of the friends or relatives who can perform other traditional therapeutic techniques. Common rituals may cost a few dollars, while more elaborate rituals may cost \$70-\$100. However, our American health care system is expensive. Virtually no Mien can afford private doctors. Family members may have Medi-cal, Medi-care, employer subsidized health insurance or no health coverage. Many Mien families have incomplete health coverage. Often, a male member will be employed and receive health insurance that does not include coverage for his wife and children and yet his income makes his family ineligible for Medi-cal. Income thus limits biomedical health care options to hospitals and clinics that have Medi-cal contracts or to health maintenance organizations such as Kaiser, depending on health coverage.

Age and sex are variables that correspond to perceptions of the seriousness of illness episodes and urgency for seeking health care. The young and old are considered more susceptible to illnesses as well as prone to more serious consequences of illnesses. Mien are very concerned about their children's health and will perform periodic rituals to

protect them from malevolent spirits, will be compliant with doctor's visits and immunization regimens, and will also perform healing rituals the same day that they take the child to a doctor in response to an illness episode. A couple of informants described men as being less responsive to symptoms of illness than women. Men will seek biomedical or ritual or other traditional therapy less often than women. They will tend to wait longer than women to see if the symptoms pass without therapy before seeking help. It has not been mentioned in the course of my interviews whether women are more prone to illness than men.

The Mien have come to this country with essentially no English background and are learning this language in ESL (English as a Second Language) classes. The adults have had essentially no education in the biological sciences. Their exposure to biomedicine has been an introduction to western therapy techniques, but not to the concepts of physiology or models of illness causation that form the rationale to biomedical therapies. It has been approximately five years since the majority of Mien arrived in this country and in that time, the language problem has been a screen through which complex concepts such as those of the germ theory have not been able to penetrate. Even the young people, such as teenagers attending high school, have only rudimentary knowledge of physiology such as heart or lung functions. Traditional Mien beliefs are at this point much more integrated into Mien daily life than is western medicine both

conceptually and in practice.

Relative acculturation may be regarded as the major factor influencing the Mien. However, Mien health care choices are quite variable and not predictable on that basis alone. In seeking specialized consultations, the prevalent pattern observed among the Mien in this study, was simultaneous consultation with western practitioners and traditional specialists. At times one was considered more effective than the other and at times both were perceived to contribute effective healing to the recipient.

Relative acculturation is also important in perception of efficacy of therapy. Mien have culturally influenced expectations for biomedical health care and the variety of traditional options of therapy. I will discuss these expectations when I discuss characteristics of the service.

A significant minority of Mien have converted to Christianity and many young Mien anticipate eventual conversion to Christianity. The reasons for anticipated conversion vary. One reason stated is that it is less work and less dirty, hence, "easier" to practice Christianity than the Mien religion. Another reason is the projection that once the elders die, the ritual knowledge will be lost making it no longer possible to practice Mien religion. Young Mien learning English and new job skills do not have the time or the inclination to study the details of ritual procedures. Most Mien are aware that before long it is likely there will be a lack of ritual specialists to call on, particularly of

those who could practice the more elaborate rituals. Mien who have converted to Christianity do not usually make use of traditional methods of healing, tending to use western medicine exclusively.

Characteristics of the disorder and its perception

Characteristics of the disorder and its perception refer to the interpretations of characteristics of the illness episode, that is, the relative import of various symptoms and/or circumstances associated with the illness episode.

Mien in general are very responsive to illness and will make use of whatever recourse is of potential help. They remember all too clearly that in Laos and Thailand resources were limited, whether because of financial status, isolation or circumstances of war and flight. They also remember that illness episodes would often progress rapidly to death. In this country, perceptions of acute and severe onset of an illness episode will motivate transport to a hospital emergency room for care. The perception of acuity and severity are based on symptoms such as severe pain or sudden loss of consciousness. Rituals may be performed while the sick person is in the hospital.

Chronicity is a factor that motivates multiple trials of traditional and biomedical therapies. Most commonly western medicine and ritual healings are attempted initially. Western medicine tends to be sought during acute episodes of a chronic illness. With persistence of symptoms and disability, repeated divinations and ritual healings are

performed. Therapies such as herbal infusions may be tried eventually. If disability persists for several months, and it seems that nothing is working, the illness is attributed to soul loss of a relatively serious nature. Special rituals of last resort are performed which are more costly and more elaborate. A follow-up ritual may be required to show gratitude to helpful spirits if improvement of the recipient's condition occurs.

A number of symptom constellations are recognized as entities by the Mien similar to the way that clinically defined syndromes are recognized in western medicine. The symptom constellations have names just as clinical syndromes have names and these names may or may not infer an etiology. However, certain proscriptions or prescriptions are usually associated with the illness entities. For example, Mien recognize several types of rashes and are familiar with a natural history of successive rashes that children usually get. When a child develops a rash (such as chicken pox), Mien are careful not to feed the child oil. Instead the parents prepare a simplified diet of chicken broth and egg for the child to promote a milder and shorter course of the illness.

Characteristics of the service

Characteristics of the service refer to "factors that promote or discourage the use of various resources within the community" (Stoner 1985:42). These factors include

accessibility, appeal (determined by culturally defined attitudes towards western or traditional healers), costs, and expectations of quality of the interaction between healer and recipient and perception of effectiveness of practitioner and efficacy of therapy.

Accessibility to western medical care or to traditional therapies is not a major deterring factor in Mien health care behavior. Mien have strong community ties, particularly among extended family members but also between neighbors and friends. Mien families tend to live where they are close to other Mien families and during the day at any house is a constant stream of visitors, especially women and children who exchange news and information. Most Mien families have either father, grandfather or a number of uncles on whom to call for ritual help and the collective wisdom of family and friends for use of other therapies such as moxa and cupping. Many if not most Mien families own a car and relatives or friends will help each other obtain transportation and accompaniment to hospital or clinic as needed. Rituals for common illnesses are not expensive for most Mien.

Mien expectations of western health practitioners influence when western health care is sought. Mien believe that western health practitioners should know about causes of illness attributed to phenomena such as weather changing or working too hard or eating the wrong food or illness caused by mosquitoes. These illnesses have been described as being "sick inside" the body and treatable by Western methods.

However, western practitioners have no influence over spirit caused illnesses or soul loss and treatment by a doctor for such illnesses may cause the illness to become worse. Mien often complain about the length of time it takes to make an appointment, expecting that one should be seen immediately when ill.

Perception of efficacy is a factor that influences health care choice during the course of an illness. Criteria of efficacy being met or unmet determine whether alternative health care will be sought and what kind of health care is sought. Mien believe that an effective therapy is one that works very quickly and significant improvement is expected within a day or so regardless of the type of health care. Illness episodes have been described to me in which a person consults a doctor in the morning for a pain or fever and coughing, takes the prescribed medication and by afternoon had determined that the medication did not work. In these cases, a divination and ritual healing was performed that afternoon with better appreciated results. A lack of education in western therapeutic concepts and expectations and/or lack in practitioner-patient communication is a contributing factor to this situation.

Mien believe a spirit caused illness will be worsened by any alternative therapy to a ritual healing and fear that death may result if the spirit causing the illness is not appeased with offerings or ritual action. The alternative therapies that Mien perceive as potentially harmful include

western medicines as well as traditional techniques or herbs.

Therapeutic Narratives

"Every patient -- whether ethnic migrant or upper class majority member -- conceptualizes and expresses sickness (both behaviorally and symptomatically) in a symbolically laden manner. Furthermore, every named and known disease comes equipped with an image and reputation that affects the sufferer's response in some manner or other.

.....culture is not merely a significant element in the sensation, identification, expression, and interpretation of symptoms. What can cause and shape symptoms may also significantly influence their remission." (Press 1982:180)

In this section I present points relevant to the health practitioner that are intended to increase understanding or insight into the health care decision making process and from which clinical applications of cross-cultural negotiation may be derived. The points I make have been derived from a qualitative analysis of numerous therapeutic narratives. A qualitative approach reveals the dynamic context experience that surrounds illness episodes.

The Mien, like other migrants to this country, brought with them a traditional health care system. This system is not closed but a relatively open system of beliefs and behaviors, being set within a larger national context, and influenced by multimedia transmission of a dominant culture's percepts and rationale. Presently, the Mien are incorporating biomedical techniques within a largely traditional framework of beliefs. For the adult Mien who currently determine the health care choices for their family members, the opportunities to assimilate biomedical concepts are limited.

Over the long run, however, their traditional resources will become more limited and their understanding of biomedical approaches will increase. But the environment they live in is not static either. The rising cost of health care is motivating change in health care policy for the national population as well as for the Mien.

The younger Mien have the unique opportunity to learn and use biomedical concepts from an early age as well as experience the integration of traditional Mien therapies and symbols in their daily lives at home. It is not apparent yet how they will incorporate traditional and western concepts and therapies but it is important that we keep in mind the model of an open and developing system of beliefs in considering how they adapt their traditional system to this new context. My intention is that the detail I use to illustrate my interpretive points will lend some insight into the dynamic nature of Mien adapting to a new environment.

1) The Mien are responsive to illness. As I have stated earlier, the Mien are willing to respond to illness and act in resourceful ways to regain health when sick. Parents will take their children to the hospital very soon after onset of symptoms.

2) The empirical approach used by the Mien is well illustrated by examples such as using toothpaste for burns as was described to me by a Mien woman. She explained to me that in Laos Mien would try different herbs and materials to alleviate symptoms such as burns. They did not always have

access to more experienced herbologists and would attempt to find useful materials if none was yet known. She now uses toothpaste for burns after finding that it works very well one day upon burning herself.

A fascinating account was told to me that illustrates how the Mien apply this empirical approach and draw on an effective network of relatives and friends for ideas and information.

Case A.

A woman in her fifties was sick over a several month period entering the hospital three times in that time. She was diagnosed with hepatitis by doctors eventually. Each time she went to the hospital a ritual was performed with the sacrifice of a pig. The ritual was performed to rid the woman of pursuit by a malevolent spirit that is associated with large trees. This spirit had been given her name by a suitor that was rejected by her many years before in Laos.

During this illness the woman was dissatisfied with the medication prescribed experiencing little positive effect. However, she was told by a friend to try taking thiazide, a diuretic. She tried ten of them, (presumably taken as directed) and feeling much better, asked her doctor for a prescription because they pills gave her much relief. The doctor did so. When asked what contributed to this woman getting better, her daughter told me that both the medication and the rituals were significant, and neither helped more than the other.

3) The traditional methods used by the Mien are well integrated with their daily living and in that regard may offer therapeutic functions that western medicine is not able to give. Frank describes how cultural healing aids the psychological well-being of an individual which in turn may aid in relief of physical symptoms.

"Interplay between patient, healer, group and world of supernatural, which serves to raise the patient's expectancy of cure, help him to harmonize his inner conflicts, reintegrate him with his group and the spirit world, supply a conceptual

framework to aid this and stir him emotionally. In this process they combat his anxiety and strengthen his self-worth." (Frank 1963:53)

I attended a ritual healing for a four year old boy during which I was struck by how well integrated the healing form was in the child's life and the powerful metaphors employed in the ritual action to rid the child of his affliction.

Case B.

The boy had been taken to visit relatives in Fremont and passed near a cemetery on the way. Soon after he became sick with fever, coughing and a runny nose. Additionally he was having nightmares, seeing ghosts in his dreams and waking up in the night, crying. His parents gave him cough syrup left over from another illness, but the child's condition did not improve. One week after the symptoms began, the parents called on an uncle to perform a divination to determine the cause of the child's illness. It was determined that the ghosts (or spirits) of the dead buried in the cemetery had frightened away the boy's soul spirit causing soul loss. Besides that, those ghosts were reaching out towards the boy's soul spirit, keeping it from returning to him. An offering was made at the divination ritual in gratitude to the helping spirits affirming this diagnosis. The boy improved and about four days later the parents called on another uncle to perform a ritual to call back the boy's soul spirit and cast away the ghosts' hold on it. I attended this latter ritual.

This ritual had many elements in common with most of the rituals the Mien perform: offerings of chicken, wine, incense, and paper money; bamboo clappers used in communication from the spirit world; calling of ancestor, teacher and other spirits to aid in the task at hand. Particular to this ritual was some paraphernalia that added elements of ritual drama. Blue thread was tied to each of twelve hooks, strung through a Chinese coin and then attached to a thin branch standing upright at the end of a table. Across the table, standing by an open window, another thin branch was tied. The drama unfolded after the ritual specialist had called the boy's soul spirit back to the boy's person and prepared to cast away the ghosts' hold on the boy's spirit. A white enamel basin of water was placed on the table and the coins placed in the bowl. One at a time, each of the twelve hooks was attached to the stick standing before the open window causing that stick to bow away from the window. As the ritual spiritualist bid the ghosts to cease afflicting the boy, he cut the blue thread tied to the hook, causing the hook to be fly out the window upon releasing the tension on the stick. Each time that happened,

a chinese coin clattered into the enamel bowl. The child was cured.

Although the boy was somewhat self-conscious in the presence of visitors, he showed no fear or anxiety during the ritual. He was free to run in and out of the room in which the ritual was performed except during the casting away of the ghosts when he was told to remain sitting before the open window and flying hoods. This is an example of a traditional healing that provides services that biomedicine cannot offer to the Mien. The ritual specialists make house calls, share the worldview of the recipients or patient, and is known and trusted by the family because of other associations besides being a healer. Reassurance to the parents that the child is taken care of in a manner acceptable alleviates their worries.

Another form of this ritual is used for someone suffering soul loss due to sadness. Many Mien, overwhelmed by the losses suffered from leaving so much behind in Laos, have had this ritual performed two or three times. This is example of what biomedicine might categorize as psychological therapy but which biomedicine again cannot offer effectively because cultural meanings are not shared.

Mien have rituals of last resort which incorporate beautiful imagery and metaphors. These rituals or "bridge" ceremonies have been described by researchers of Mien in Thailand (Tan Chee Beng 1975). A bridge is built that provides a passageway from the world of the living to the spirit world. Particularly powerful spirits or gods are

called to aid the recipients of the ceremonial healing. The most significant ritual item in the ceremony is a white cloth that is spread across the bridge. This white cloth is used to provide a road upon which a very lost soul spirit can be guided back to its rightful person. Mien informants likened the white cloth to a spider web in its flexibility and reach. The helper spirits or gods carry one end of the fabric to the place where the soul spirit is lost, high or low, near or far, and guide the soul spirit back to the world of the living. It is an expensive and elaborate ritual and may be used for very sick individuals or for a barren couple who wish to bear children. The bridge, in this latter case, serves to carry soul spirits from the spirit world to enter the woman's womb and initiate a pregnancy.

4) The ritual detail lends healing metaphors that connote support and reciprocal exchange of aid between all the figures in Mien cosmology including family members, ancestors and other spirits or ghosts. These metaphors are often dramatic and dynamic, subject to incorporation of new elements from the surrounding cultural context.

In the ritual above, I took note of some ritual elements common to all rituals I have seen or have been described to me. One important element is the calling on helper spirits to aid the recipients. These helper spirits are obliged to help just as the recipients are obliged to give them offerings. During the part of the ritual in which the boy's soul spirit is called back, the helper spirits are first

asked to find the soul spirit. The ritual specialist bids these helper spirits to build streets, roads and 'freeways' and hurry to find the soul spirit. The incorporation of 'freeways' into the dramatic detail of the ritual is an example of how Mien continually blend new elements into their traditional framework with great ease and appropriateness.

5) Mien are open to incorporating biomedical concepts into their framework for understanding illness causality and appropriate therapy. The implication for the health planner and practitioner is to plan health education programs and spend time where possible introducing biomedical concepts to the Mien.

Case C.

A 68 year old woman with recurring sharp epigastric pain over three years was admitted to an Oakland hospital and diagnosed with gall bladder stones. Her daughter-in-law explained to me that the woman believed the rice served her in Thailand camps was dirty and while eating it, she ingested stones that lodged in her gall bladder eventually causing the pain and illness which required the removal of gall bladder and stones by surgery.

This elder woman had come to an understanding of her illness by combining her understanding of physiology with what had been told her by the doctor via translation by her daughter-in-law.

Muecke in her description of the health needs of Southeast Asian refugees 3-4 years after arriving in this country states that the problems coming to the western health practitioner are increasingly of a chronic and personal nature as opposed to infectious disease. Infectious diseases

are usually readily cured by western medicines or rendered asymptomatic with proper nutrition. Chronic diseases, on the other hand, are not necessarily amenable to ready cure, often requiring chronic medication even when disease symptoms are not apparent. Communication between practitioner and patient is particularly helpful in managing patients with chronic diseases.

The Mien have a positive attitude to health care and take an active role in pursuing it. Their empirical approach and willingness to incorporate use of western medicines as well as biomedical concepts of physiology and disease are conducive to their being compliant patients. Health practitioners may find it useful and rewarding to spend extra time explaining the rationale for their therapeutic suggestions.

Conclusion

The Mien from Laos are one group of recent migrants to this country in the process of adapting their traditional culture to the context of this western culture. This paper has provided some of the needed information about health care behavior among the Mien in this country, considered the factors influencing health care choice and explored some of the personal meaning that is important to the Mien in their illness experience. The paper has addressed the question of how the Mien make their health care choices in the new context they find themselves in. Having come to this country with little exposure to western culture or the biomedical approach to illness, what influences the health care decision making process? To answer this question I have given an overview of Mien traditional responses to illness with explanations of traditional perceptions of illness causation and rationale for therapy. I then discussed sociodemographic factors, characteristics of perceived illness and of health care resources including expectations the Mien have for western health practitioners. Finally, I discussed some positive points about Mien approach to health care that may be appreciated by the western health practitioner.

This study of Mien health care behavior has shown the large range of therapies this group makes use of. The western health practitioner is one of their resources. Mien expectations of biomedical therapeutics and other therapies in general often do not coincide with the western

practitioner's concepts of disease or rationale for therapy. It follows that time and resources expended on educating the Mien and sensitizing the health practitioner can contribute to more satisfying negotiation of therapy as well as compliance.

The health practitioner may wish to keep in mind that the Mien are resourceful and pragmatic, indeed, very willing to make use of any therapeutics that give relief for illness episodes. Many have spoken eagerly to me of wanting to learn as much as possible. Remembering their limited resources in Laos and Thailand, all are grateful for educational opportunities as well as the opportunity to make use of the broader health care resources available to them in this country.

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