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Hmong perception and behaviors regarding shamanic practice
and western medicine.

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HMONG PERCEPTION AND BEHAVIORS REGARDING SHAMANIC
PRACTICE AND WESTERN MEDICINE

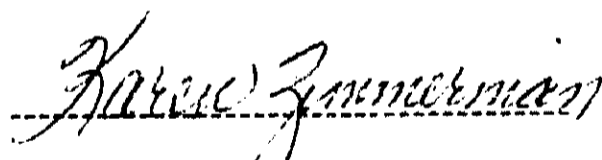
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Home Economics

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The Graduate College
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November 1998

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ABSTRACT

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Hmong Perception and Behaviors Regarding Shamanic Practices and
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This study explores the attitudes and behaviors of the Hmong residents in the Eau Claire and Menomonie, Wisconsin, toward the use of Hmong traditional shamanic practices and western medical practices. The purpose of this study focused on how the Hmong people perceive their traditional shamanic practices and western medical practices. The research objectives were to:

1. Determine whether attitudes and behaviors related to the use of shamanic and western medical practices is affected by length of time in the United States.

2. Determine whether attitudes and behaviors related to the use of shamanic and western medical practices are related to gender.

3. Examine attitudes and behaviors regard to the use of shamanic and western medical practices by level of education.

4. Determine differences in attitudes and behaviors related to the use of shamanic and western medical practices by level of income.

The survey instrument was developed by the researcher. The instrument developed to be three sections. The first section was the general information including age, country of birth, length of time in America, gender, marital status, high level of education, and annual income. The second section was the attitudes and contented sixteen statements which Likert Continuum scale used to extent once to five (1 to 5) 1-2 strongly disagree, 3 undecided, and 4-5 strongly agree. The third section was the behaviors and contented ten questions which used to describe the following scale was extent with N=never, R=rarely, S=sometimes, F=frequently, and AA=almost always.

The samples of this study were 60 Hmong residents from Eau Claire and Menomonie, Wisconsin. There were 34 males and 26 females. Age ranged from twenty (20) to seventy (70) years old who were participated in this survey. Frequency count and percentage were used on each item. Mean scores and standard deviations were computed and calculated in Section II and Section III. A two-way ANOV and Newman-Keuls procedure was used on the sixteen (attitudes) statements and ten (behaviors) statements.

The findings of this study indicated that attitudes were significantly different by the length of time in America and by gender. The respondents who have been in the United States for seventeen or more years had scored significantly

lower on use of shamanic practices than those respondents who had been here less than eight years. The respondents who had been in this country less than eight years tended to seek shaman helps more often than those had been here seventeen years or more. The female respondents had significant higher scores than males on use of shamanic practices. The results of this study indicated that females preferred more shamanic practices in United States than males. Males had accepted more western medicine and physical treatment than females. No significant differences were found based on the levels of education. Also, no significant differences were found based upon the levels of income.

Overall, the results of this study confirm the researcher's personal observation that Hmong in the Eau Claire and Menomonie areas have changed their lifestyles and sought western medicine and western medical treatment to some extent. Those who have greatest changes in attitudes and behaviors toward accepting western practices are males, Hmong who have been in the United States a longer periods of time over seventeen years and Hmong who have higher levels of education. However, even these respondents still accept the shamanic practices as well as the western medical practices.

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I wish to thank all the Hmong in Eau Claire and Menomonie who participated in this project and for their support and participation. I appreciate the input and support of the Eau Claire Hmong Mutual Assistance Association staff and the Menomonie Hmong Community. A very sincere appreciation and thank to Dr. Karen Zimmerman, my advisor, for her guidance, support, encouragement, and patience throughout all stages of this research project. Without her deepest advice this research study would not be possible. I, especially, wish to thank my lovely wife Mai M. Vang and my children for their love, encouragement, concern, and support to make this project possible.

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Chapter One

Introduction

Introduction

When Hmong refugees first come to the United States they are faced with many puzzling things. They learn to operate cars, shop, live in American houses, and to exist with the hundreds of rules and regulations that are required of Americans. However, Hmong religious and health practices can be a major problem.

In the United States (Shadick, 1992) the health patterns of Hmong refugees. Hmong people live between the old and the new cultures regarding religion and health. The old culture is the Hmong who still keep the old traditional shamanic practices, and the new culture is the Hmong who seek the new alternative western medicine. The old culture Hmong people still practice shamanic practices; they bring live animals into their home for traditional offering, sacrifice, and soul exchanging. On the other hand, the Hmong people who seek the alternative western culture and beliefs gradually adapt to the American mainstream and look for new medical practices.

This study is intended to find out how Hmong perceive the new western health care system and the alternative treatment. If a specific cause is found for maintaining Hmong shamanic practices, a proposal for the future Hmong shamanic practices shall be addressed to educate their health care practitioners, law enforcement, and institutions. Therefore, Hmong people can be allowed to use live animals for sacrifice and offering because these are their religious practices that they depend on for protection. They have used alive animals to please their ancestors' spirits. These spiritual protections are very important. Further, the Hmong people

who keep traditional practices should educate their health care physicians, professionals, law enforcement agencies, and other institutions about their shamanic practices and how helpful they find these practices for their lives (Vang, 1992).

The vast majority of the Hmong people have no experience about written laws in regulating shamanic practices. The researcher has extensive experience in working with the Eau Claire Hmong community and many other agencies during his twenty years resident in America. When Hmong people arrive in America, they still believe in animal offering and sacrifices. Shamanic practices were normal for them to perform as they usually did in Laos. They did not understand why law enforcement has cited Hmong shaman and families who brought live animals into inside city limits for offering and sacrifice their ancestral spirits. Those Hmong people felt that their freedom of religious practices had taken away from them. Hmong practicing those religious beliefs believe that the dead spirits of their great grandparents, grandparents, and parents who passed away watch and protect them if those offerings were often given. These friendly spirits are the gatekeepers that prevent disaster and bad evil spirits from bringing harm to their families. These offerings mean so much to their friendly spirits and their living Hmong family members (Conquergood & Thao, 1989).

In a court case in Fresno, California, a Hmong shaman was cited by law enforcement for using a live animal to exchange for a life. This Hmong man was brought to court for illegal using of a live chicken to sacrifice for soul exchange. The child could have died if shaman was not called early enough to bring the child's soul back. The child's life was back to normal because the shaman's performance. On the other hand, the family faced a serious legal problem. The Hmong man who was cited for the violation of using alive animal offering, he was irate because of the citation. For more than four thousand years in China and two hundred years in Laos, their family members were healthy because of those shamanic practices. Why would only

the Hmong people be cited for law violation based on religious practices in America? The elderly Hmong people had a hard time understanding the written laws that regulate shamanic practices. Religious practices seem to be free for all American citizens except the Hmong people.

The other Hmong have sought alternative western medicine and practices. They have changed their lifestyle. They have gradually adapted and avoided the legal consequences. Those Hmong have joined some kinds of churches including Catholic, Mormon, Lutheran, Church of Missionary Alliance, Christian, and others.

Many physicians and health practitioners in the United States do not understand the roles of Hmong shamans. They think that shamans can do harm for their Hmong patients who are in the hospitals. These shamanic practices did not cause any physical harms or damages. Moreover, the many institutions and agencies understand that shamanists do set a fee for the service that they provide but shamans may accept whatever donation the family can give. In addition, if the condition of the sick person is a serious one and they believe that the soul has been away from the sick person, the family may offer both golden paper for the spirits and money to the shaman's spirits. To become a shaman is not a choice but person receives a natural power from the high above (God) with an obligation. When the shamanic spirits come to one then he must accept it. The one receiving this natural power may die if he refuses the offer. Therefore, a shaman's duty is to cure and to be a negotiator between the two worlds (Conquergood & Thao, 1989).

Statement of the Problem

The purpose of this descriptive study was to determine the attitudes and behaviors of Hmong people toward shamanic and western medical practices. The

Hmong residents in Eau Claire and Menomonie will be asked to report of their previous and current use of shamanic and western medical practices.

Research Objectives

This descriptive study was intended to determine the attitudes and behaviors toward the use of shamanic practices and western physical treatments. Four specific research objectives were to:

1. Determine whether attitudes and behaviors related to the use of shamanic and western medical practices is affected by length of time in the United States.
2. Determine attitudes and behaviors related to the use of shamanic and western medical practices by gender.
3. Examine attitudes and behaviors regarding the use of shamanic and western medical practices by level of education.
4. Determine differences in attitudes and behaviors related to the use of shamanic and western medical practices by level of income.

Definition of Terms

Ancestral worship -- is a belief that the spirits of their passed away great grandparents, grandparents, and parents can truly protect them from other evil spirits when animals are offered.

Animism -- is animistic or offering animals for protection and for soul exchanging.

Evil spirit -- is the bad spirit which causes an illness to a person, and

sometimes Hmong refer it as "tlan" or ghost.

Evil world -- is the world of the bad spirits "tlan" where "tlan" lives.

Hmong -- is the first largest minority groups in Laos, some people call the highlander Lao or "freeman."

Polytheism -- is a belief in many gods, god of the tree, mountain, and house.

Laos -- is a landlocked country which is surrounded by China in the north, North and South Vietnam in the east, Cambodia in the south, Thailand in the west, and Burma in the northwest. It is the Hmong homeland where United States Central Intelligent Agencies were based during the Vietnam War.

Living world -- is the current world that we are now living.

Shaman -- is a man or a woman who receives supernatural spirit to become a healer and can enter a trance to communicate as a negotiator between the two worlds.

Shamanic healer -- is a magical performer (man or woman) who can communicate as a negotiator between the two worlds.

Shamanic spirit -- is a natural or magical spirit that a shaman has.

Chapter one contains the general statement of the problem, objectives of the study and definition of the terms. Chapter two contains a review of selected literature. Chapter three explains the research methods use for this study, describes the subjects, measures used to collect and how the data was analyzed. Chapter four describes the findings include a discussion. Chapter five summaries the findings, draws conclusions and make recommendations for future research.

Chapter Two

Review of Selected Literature

Introduction

The purpose of this chapter was to describe the historical background of the Hmong people, the shamanists world wide, the Chinese-Hmong (Miao) traditional shamanists, the history and role of Hmong shamanists, the current beliefs of shamanic practices in the United States of America, and the summary of this chapter.

Historical Background of the Hmong People

Many centuries ago the Hmong people lived in China. With the expansion of the Han Chinese in the 300 B.C., the Han Chinese forced the Hmong (Miao) further southward into the forested areas of southern China. The Hmong's homes and lands were taken by the Han Chinese and their governments (Gilbert, 1986).

During the periods of 1800-1820, the Hmong (Miao) civilization was also crushed, and the Han Chinese forced the Miao further southward out of southern China into the land of wilderness, Laos, Burma, Thailand, Cambodia, South and North Vietnam. Laos is a landlocked country surrounded by Burma in the northwest, Thailand in the west, Cambodia in the south, and North and South Vietnam in the east. Laos is the nation where the majority of Hmong people settled. Laos is a rich land of many resources. In the early history, many Europeans explored Laos in searching for gold and many other valuable metals (Yang, 1993)

More than a century after the Hmong people had settled in Laos, the Vietnam War started. First, general Vang Pao was recruited by the American CIA personnel.

One of the chief operations was Mr. Jerry "Hog" Daniels. After general Vang Pao was recruited to lead the Hmong soldiers Military Region II, he had recruited many Hmong males and boys aged twelve and up to serve on military and village patrols. Long Chieng was the Headquarter of American Central Intelligent Agency Base. This base was stationed in Xiengkhouang province Long Chieng called "the Secret CIA Base" and was located in a long, narrow, high plateau basin. Long Chieng meant "Clear Valley" but it was not as clear as the pilots could see because Long Chieng was often socked in by monsoon rains and mountain fogs. It was also known as serrated mountain rim to the Americans as "Skyline Ridge" provided natural fortification to the east (Hamilton-Merritt, 1992 p. 131-34).

During the Vietnam War, the Hmong people gave strong support and helped the American Government and the Central Intelligent Agency. The Hmong were recruited to be on village patrols and as soldiers to cut off the Ho Chiminh Trail. The Ho Chiminh Trail was the major road to transport of immunitions, artilleries, and equipment down to South Vietnam. The Hmong people were very good and brave people to fight in the mountains and jungles. They had special skills to patrol and cut off the Ho Chiminh Trail, and they rescued thousands of American pilots and soldiers who were downed by the Communist North Vietnamese. The Hmong village patrols and soldiers only had fifteen minutes to safely rescue the pilots and soldiers who were shot down and dropped in the battle fields (Hamilton-Merritt, 1992 p. 225-28 & 145).

"By 1968 everyone in Military Region II-soldiers, school teachers, farmers, and students-was involved in the fight to defend Hmong homeland. Hamilton-Merritt, 1992 p.198). All the Hmong people had learned that the general had an agreement with the United States Government for the Hmong people to be secured if we lost the Vietnam War. The Hmong people strongly trusted General Vang Pao and

Washington D.C. after the general had talked with United States Congress (Hamilton-Merritt, 1992 p. 337-51).

Before dawn on May 15, 1975, General Vang Pao flew on a helicopter to wave good bye to the Hmong people. After the Vang Pao left Laos, the Hmong people were the most targeted group of minorities who had strongly supported the American Government and Central Intelligent Agency during the war. The American Government's promise to the Hmong people and general Vang Pao had kept; therefore, an emergency evacuation was taking place on May 13, 14, and 15. There were about three thousands Hmong service men and family members were evacuated to Namphong, Thailand. However, many thousands of Hmong service men were left behind to the hand of their enemy Vietcong. The enemy tried to wipe out all the Hmong people. Those Hmong people walked to follow their General to Thailand to save their lives. They later came to the United Sates, France, Canada, Australia, Brazil, and China (Hamilton-Merritt, 1992 p 360-76)

Shamanists World Wide

Shamanic practices are not just practiced by the Hmong people. These shamanic practices are universal beliefs which have been practiced by many other people around the world as their health treatment. The researcher has found that the Native American, the Chinese, the Korean, and many others used shamanic practices. The followings shamanic practices were found and samples of each individual group and their traditional shamanic practices are described in the following paragraphs.

The Native Americans have defined their shamanic beliefs as their ways of "guarantee a large fish runs and good weather." The Tlingit Indians believed in malevolent spirits that interfered with their lives. The only individuals who could

possess certain knowledge, especially, the shaman can intercede and break their power. The shaman can cure the sick person by driving out the evil spirits. For example, a famous Yakutat shaman prevented the great smallpox epidemic from reaching his village in 1836. Shamanic powers have been called to combat with the witches. The Native shaman had at his command a number of spiritual helpers called yeks through which he made contact with natural world. Each yek has assigned a special name and song. The shaman was paid in advance for his services and this depended upon how many yeks would have called to perform. Native shamanists did not mention how they cured a sick person. They also believed it was natural power (Billman, 1975).

Native American shamanists's costume would be "typically a hide apron, shoulder robe and crown-could be decorated with animal claws and carved bones." During his wild contorted dance to conjure up the spirit world, he often donned the mask of the desired yek. While manipulating rattles, charms, and batons, the shaman would chant, groan, hiss, cry, and so forth, until he worked himself into a trance-like state (Billman, 1975).

How would a shaman be selected to serve? "The would-be shaman was required to adventure alone into the wilderness for a period of time determined by his success or failure in meeting up with spirits, and his link to these spirits were the animals of the forest who, upon offering him their tongues, fell dead at his feet, and then transport him to his yeks; this gift of the tongue contained great power for the shaman, especially when given by the land otter, a most potent supernatural force (Billman, 1975)."

The modern urban shaman exists. Shamanist is a role male or female plays in a tribe or village. Shamanic models existed many places in the world. They tend to share certain characteristics which are essential or archetypal roles. They act as

connectors between the world of humans and the world of spirits. A shaman is not a leader. They may bring information to the tribe about the state of things in the spirit world, telling the people when there is a trouble and when the blessings are flowing freely and how to benefit from them. They also bring the requests of the tribe to spirit power. Shamanists heal through connection to the spirit world, and by maintaining personal balances (Mountain, 1997).

Shamans are the world's oldest professionals. Shamanists, who are found over all the world, are believed to communicate directly with spirits to heal people struck down by illness. Shamanists have an ability to get "in touch with their inner healing power," and the superiority of spiritual treatments over the impersonal medical practice of our own society. A shaman can diagnosis the cause of affliction and then, if possible, remove the source of the ailment from the patient's body. In addition, the majority of people who believe in the shamanic system believe that life-threatening illness is caused by sorcerers. The shaman is a person capable of driving out the dark spirit out of the victim (Brown, 1989).

As the Korean Overseas Information Service (1996) reported, shamanist in Korea is a folk religion centered on a good and evil spirits who could only influenced by the shaman. Shaman is a professional spiritual mediator who performs rites: "Mudang" which refers as a female shaman and "Paksu" refers as male shaman. Shamanists in Korea are defined to have four characteristics. The first one is that shaman is chosen by God experiences of tortured of the spirit resisting for vocation which is manifested in the form of illness. This by means of the supernatural abilities of the shaman result from being the choice of the spirits. The illness breaks down the resistance of the shaman candidate and the person has to accept the vocation. The second characteristic is that the shaman should be capable of officiating at rites in which he or she communicates with spirits. This constitutes an essential religious rite.

Third, the shaman must be recognized as a religious leader with the ability to satisfy the spiritual requirements of the community. Fourth, the shaman has to serve and assist specific spirits. They believe that the shaman have experienced and have accepted specific spirits during the stage of initiation. In addition, this has been tested by supernatural spirit first. If the man has the ability and knowledge to meet the spirit's requirement, then the man is chosen for a healer. When the spirits came into a man or woman in choosing him to be a healer, this person must accept. This person may dies if he or she denies the shaman offer. Furthermore, Korean shamanists are divided into two types according to their initiation process-those who are chosen by the spirits and those who inherited the vocation from their ancestors (Internet, 1997)

Characteristics of Shamans

A shaman is a male or female who enters an altered state of consciousness-at will-to contact and make use of an ordinarily "hidden" reality in order to acquire knowledge and power for self and to help other persons. For the shaman, there is a reality deep within him or her that is much greater than what reality is apparent on the outside. A consciousness is the focal point, the connecting link between the "outer" and the "inner" realities. A shaman is person who frequently journeys to the inner reality in order to find healing, harmony, and wholeness. In so doing, the shaman has her guardian spirit(s) travel with her, help her, and help others. Shaman often sees and consults with her guardian spirits. There are seven qualities describe of a shaman's being and manner of working. The first is "seeing" or the ability to operate in the outer world from the perspective of the inner world. The second is "clearing" or keeping the connections clear between all parts of the self and the surrounding universe. The third is "focusing" or keeping one's purpose in mind-being based on

the shaman's principle that of energy flow. The fourth is "practicing presence" or remaining in the present moment in mind. The fifth is "blessing" or reinforcing good by word, image or action-being based the on principle that love is unqualified. The sixth quality is "empowering" or attributing any kind of power to something-being based on the principle that all power comes from within. The seventh is "dream weaving" or cheating a dream for self and helping others to do the same-being based on the principle that truth is measured by its fruitage (Rixous, 1996).

Current Chinese-Hmong (Miao)

As the Asia Ministries Outreach (1994) reported, the Miao people in China are the original Hmong people. The current population of the Miao is more than seven million. There are four percent (4%) of the Hmong (Miao) population that have become Christians and ninety six percent that are still practicing animism, polytheism, ancestor worship, and shamanist.

The Chinese-Hmong (Miao) are small in stature, kind, hospitable, and loveable people. But over countless centuries the Miao have endeavored to live separately from the Han Chinese, who called the Miao the "barbarians" and "dogs" because the Miao built their villages in the midst of the never-ending ranges of high roughed mountains. The vast majority of Miao speaks Sino-Tibetan and Chinese but many others speak their own dialect but write Chinese

History and Role of Hmong Shamanists

As the Blood (1979) reported "the Meo are animistic but also conceive of a supreme being, with whom man has lost close communion." The Hmong believe that

spirits control the fortunes of men and influence individual behavior. Therefore, illness is attributed to the actions of evil spirits, although some illness is a consequence of loss of soul essence. The "healers of males and females, can give their magical powers by spirits who live within them, have the powers to heal, to determine the meaning of signs, and to communicate with the spirits. Blood, 1979, p.126." The Hmong have also rituals connected with a cult of ancestors which are carried out by the head of the extended family households. This ritual is marked the time of planting and the lunar new year (Blood, 1979).

The Hmong had a long shamanic history in China. They have treasured the concepts of honor, commitment, loyalty, and freedom. The rich treasures of honor refers to the Hmong's rich shamanic healing and curing practices that the Hmong using to treat and cure many wounded Hmong and American soldiers during the secret war in Laos. In addition, many Hmong who survived during the Vietnam War had depended on those shamans to recall their souls back to their bodies. This allows them to have a normal life again (Hamilton-Merritt, 1992).

The anthropologists and historians also indicated Hmong culture dates back in many years in China, and that the Hmong had placed great value on retaining their independence. The Hmong settled in the highest mountain elevations of the Southeast Asia. The Hmong lived in small villages in the top of the mountains. The Hmong people had continued shamanic practice. They lived up to their shamanic determination of what fortune would become as parts of their lives. For example, shamans were used to determine the spot upon which to build a house based on Hmong tradition with the Hmong nomadic lifestyle, the Hmong shaman would bury several grains of rice in the chosen house site location over a night. If all the grains of rice remained in the same spot throughout the night, then that person could construct his new house because it was considered a favorable spot for building the house for

him. The shaman could determine what would happen. On the other hand, if all the grains of rice moved during the night, then the spot had already belonged to some body else. If they built a house on this site anyhow, disaster could result to the Hmong family (Gilbert, 1986).

A Hmong shaman plays a very significant role in the Hmong community. The shaman's spirit enables him to cure the sick person, interpret the meaning of signs and dreams, fight malevolent spirits, give security to the new infant, and predict the future. Further, the shaman is the human bridge that communicates between the everyday life world of the living Hmong and the spirit world of the clan. When a sickness comes to a Hmong person, his soul is distant from the body. If the soul fails to return to the body, the person would die. The shaman is called in to relocate the soul and return it back to the body (Gilbert, 1986).

The Hmong people have held intact within the world of our families and communities, a translucent relationship to the world of the spirits. The shaman enters into a trance state through chanting. At the same time, the shaman can communicate with the friendly spirits to help in searching for the loss soul. The Hmong has maintained a delicate balance between the world of spirits and the world of living Hmong. These traditional Hmong shamans are the communicators and negotiators between the two worlds and serve as the gatekeepers. Therefore, the evil spirits will not be able to do physical harm and cause emotional distraction to the family members (Gilbert, 1986).

When a patient is a Hmong refugee, "the strong beliefs and self-care traditions of these Southeast Asians are apt to clash with western medicine (Rairdan and Higgs, 1992 p. 52)" Hmong society is patrilineal, the oldest male of the family makes decisions. The Hmong extended family includes the husband's uncles, brothers, fellow clan leaders, and anyone who has helped them. These heads of the family have

become increasingly significant as counselors and solvers of disputes and other problems. Especially, the clan leader and shamanic healer continue to serve as a spiritual leader and healer across clan lines (Rairdan and Higgs, 1992).

Additionally, anthropologists state that Hmong are animists. They worship their ancestors; therefore, they believe that when a person dies his spirit will become a friendly protector and come back to protect his own family from the temptations of the outside evil ghost. Some Hmong also believe that the evil ghost may dwell in a person in order to make him sick. Therefore, a family member should kill an animal for sacrificing to the evil ghost so that soul can be released and the sick person becomes well again (Rairdan and Higgs, 1992).

Current Hmong Beliefs of Shamanic Practices

The Hmong themselves, as well as some experts on Hmong from the rest of the world and in the United States, have observed that the religion of the Hmong is "animistic" and based on "ancestor worship." Hmong tend to believe that there are ritual and spiritual principles of life after death. One of the purposes of worship is to state good intentions to those who had passed away. Animistic beliefs state that there are many gods in the world: God of the house, the tree, the river, and so on. Shamans use spiritual principles to negotiate and to communicate with those gods. The variables of the "spirits are believed to control the fortunes of man and to influence individual behavior" and rituals connected with a cult of ancestors are carried out by the extended family households (Vang, 1993).

Shamanism has been a part of animism and spiritualism in Hmong society for many thousands of years. Shamanism is called "ua neeb" in Hmong language. Shamanism has certain powers from heaven to cure sickness and to eliminate ghosts

"tlan" bad spirits from households and individuals. Soul (pli) is in human beings who are spiritually alive. Furthermore, Hmong tend to believe disease and pli or soul, causes sickness and death to human beings. Hmong maintain that the survival of human beings should be cured by shamans or sometimes by medical doctors. In the spiritual world, Hmong shamans believe that soul causes sickness and death (Vang, 1993).

Shamanic practices were specifically found in The Hmong in Transition. "A Hmong way of psychotherapy, Hmong shaman is not a religion but a way of healing" (Deinard, Downing & Hendricks, 1986 p. 339). These authors supported that Hmong traditional beliefs form a religion of souls and spirits, gods and devils. It also answers man's most agonizing questions about the genesis of life, death and disease, and the perpetuation life through reincarnation. The shamanic practices were the healing and restoring processed to get the soul of the sick person back to normal.

Hmong traditional way of belief "religious belief and ritual observance, a majority of the Hmong in Laos practiced a form of animism," (Deinard, Downing, & Hendricks 1986 P. 47). The Hmong in Transition: This literature has identified and supported that Hmong had some kinds of beliefs in animism. The offering and sacrifice to their parents and grandparents's spirits would be for self protections of their family members.

According to LeBar and Suddard the "Survey of World Cultures Series Number Eight" the Meo, Kha, man tribesmen have existed a variety of faiths- Buddhism, animism, primitive Brahmanism, and ancestor worship, and a weakened Confucianism. Each has combined to some extent with the pervading phi (tlan) cults. Animism and ancestor worship were referred to the Hmong shamanic practices that only shamans could offer to their great grandparents and parents' dead spirits for protections of other evil harmful nature and danger. The Hmong people were used to

survive and to have great experience with these practices from generation after generations (LeBar & Suddard, 1967, p.5).

The Wisconsin Hmong Life published a "Little Hmong Shaman." A three year old child started to have an ability to chant or trance the shamanic root. This meant that he could perform the shamanic practice. This was such a little child what the publisher did not want to identify his name in the article because this could lead to negative criticism in the future. The mother of the little shaman stated that he was able to perform shamanic practice when he was two years old. This is how many Hmong people have believed that the spirits of shamans would be carried from generation after generation if you had a root of shaman from your great grandparents. Those friendly spirits would have constantly protect you and your family members from the universal dangers and evil spirits (Vang, 1998).

Summary Chapter

The Hmong are new immigrants who recently have settled in the United States of America. They started to live with the American laws, learn to drive American cars, to eat American food, to accept American culture, and etc. The Hmong people are one of the minority groups who has struggled a lot with adaptation and adjustment to the American ways of life in this country. Hmong culture has been one of the most difficult to change in today's society. This study was intended to find out more about how Hmong attitudes and behaviors toward their traditional shamanic practices and the new cultures and western medicine that they are facing today.

Chapter Three

Methodology

Introduction

This research was a descriptive study. This chapter described the designed of instrument and methodology of this research. The research objectives designed, the subjects selected, data collected, data analyzed, and limitations presented.

Research Objectives

The research objectives of this study were to

1. Determine whether attitudes and behaviors related to the used of shamanic and western medical practices is affected by length of time in the United States
2. Determine attitudes and behaviors related to the use of shamanic and western medical practices are related of gender.
3. Examine attitudes and behaviors regard to the use of shamanic and western medical practices by level of education
4. Determine differences in attitudes and behaviors related to the use of shamanic and western medical practices by level of income.

Subjects

This was a descriptive research. The samples were drawn from sixty (60) Hmong residents who reside in Eau Claire and Menomonie. The sample were 34

males and 26 females were selected for the study and age ranged from 20 to 70 years old.

Instrument

The surveys are developed for this study has basically collected on general information, attitudes, and behaviors. The researcher distributed these survey questionnaires to individual Hmong males and females at community meetings, Hmong Association staff, and individual Hmong in the community. Participants are voluntary self report on their use of shamanic practices and seek alternative health care treatment in the two counties of their resident in western Wisconsin.

These survey questionnaires are to ask the participants's attitudes and behaviors toward their use of shamanic practices and western physician or western medicine. Researcher has been in the United States for twenty years and has some experience in working with Hmong community and other agencies. Researcher has some experiences in conflicting between shamanic practices and health care system in concerned regarding patients of Hmong people. Researcher was administered while the respondents were filling these questionnaires. These questionnaires divided into three sections. The first section was the demographic information which includes age, place of birth, length of time in the United States, gender, marital status, level of education, and annual income. The second section was the attitude toward the using of shamanic practices and western medicine or physician. The Likert Continuum Scales of 1 to 5 were designed to measure these responses. 1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, and 5 = strongly agree. And the third section was the behavior. The behavior statement of N = never, R = rarely, S = sometimes, F = frequently, and AA = almost always.

Data Collection

The researcher was administered while the respondents were filling the questionnaires at community meetings and individual residents when respondents were selected as the subjects. The researcher would read the questionnaires to the individuals Hmong who does not understand and can not read English. Each of the respondents completed this questionnaire to the best of his/her knowledge. The researcher collected the survey questionnaires and responses after respondent finished filling the questionnaires.

Data Analysis

The responses were analyzed and tabulated by UW-Stout Computer Support System Network. Data from the questionnaires was computed by using descriptive statistics to classify and summaries the results. The responses were selected from three categories: 1) general information 2) attitudes and 3) behaviors. All data were analyzed to determine the age, the length of time in America, the levels of relationship between educated and uneducated Hmong people, significant attitudes and behaviors differed based by gender, and the levels of annual income. Are these making effects on the use of traditional religious practices and western medicine? A two ways analysis of variance (ANOV) was used in Section II and Section III. Using Newman and Kuels procedures were used to calculate for mean, standard deviation, F value, and probability test

Limitations

Some limitations to the study were identified by the researcher. This questionnaire was written in English so respondents who were limited in reading English questionnaires could not answer a question correctly. A respondent who was not so sure of what the statement meant and was reluctant to ask the administer to clarify could also lead misrepresentation. The community members who did not attend these meetings were randomly selected to participate in this study. Thus, this study could not consider to be representative of all Hmong people in Eau Claire and Menomonie.

Chapter Four

Results and Discussion

Introduction

This descriptive survey was conducted to find out how often Hmong people used shamanic practices, and reasons why they choose shamans. The questionnaires consisted of three sections. Section One is demographic information including age, country of birth, length of time in America, gender, marital status, highest level of education, and annual income. Section two is attitude toward both shamans and American health care system, and Section three is behavior toward both shamans and American health care system. This chapter has presenting the findings and discussion of the study.

Demographic Results

The purpose of the general information in Section I of this descriptive study was to obtain demographic information. There were 36 males 60% and 24 females 40% respondents who were responded to the survey. These information were collected to obtain age, country of birth, length of time in America, gender, marital status, highest level of education, and annual income. The results of the survey are presented in Tables 1 through Table 8

Table 1. Age

<u>Age</u>	<u>Frequency</u>	<u>Percentage</u>
20-30	18	30.0
31-40	29	48.0
41-50	10	16.7
51-60	1	1.7
61 & over	2	3.3
	-----	-----
	Total = 60	100

Age All the respondents were in the four age groups. Almost half of the respondents (48%) were almost the middle age 31-40 years old. The second respondents (30%) were the youngest age 20-30 years old. The third respondents (16.7%) were little over middle age 41-50 years old. The four respondents (3.5%) were the elder 50-60 years old.

Table 2. Country of Birth

<u>Country of birth</u>	<u>Frequency</u>	<u>Percentage</u>
Laos	60	100
Thailand	0	0
U.S.A.	0	0
	-----	-----
	Total 60	100

Country of birth All respondents (100%) who completed these surveys

were born in Laos. None of the respondents was born in Thailand or in the United States of America

Table 3. Length of Time in America

Years	Frequency	Percentage
0-4	3	5.1
5-8	7	11.7
9-12	22	36.7
13-16	10	16.7
17 & over	17	28.3
N/A (unanswered)	1	Missing
	-----	-----
Total	60	100

Length of Time in America There were (5.1%) of respondents have lived in the United States of America less than four years; (11.7%) of respondents have been here more than four years but less than eight years; (36.7%) respondents have been here within nine and twelve years; (16.7)% of the respondents have been here between thirteen and sixteen years; and (28.3%) of the participants of the survey have been here more than seventeen years.

Table 4. Gender

<u>Gender</u>	<u>Frequency</u>	<u>Percentage</u>
Male	36	60
Female	24	40
	-----	-----
Total	60	100

Gender Subjects were asked to indicate their gender. There were 60% males and 40% females who participated in the survey of this study.

Table 5. Marital Status

<u>Marital status</u>	<u>Frequency</u>	<u>Percentage</u>
Married	49	81.7
Single	7	11.7
Divorce	1	1.7
Separate	1	1.7
Remarried	2	3.3
	-----	-----
Total	60	100

Marital Status Most of the respondents (81.7%) were married and had families. (11.7%) of respondents were single (1.7%) of the respondents was divorce. (1.7%) of the respondents were separate (3.3%) of the respondents were remarried.

Table 6. Highest Level of Education

<u>Highest level of education</u>	<u>Frequency</u>	<u>Percentage</u>
Elementary	14	25
High school graduate	8	13.3
Vocational college	9	15
Some college	13	21.7
College graduate	8	13.3
Graduate school	4	6.7
N/A (Unanswered)	4	Missing
	-----	-----
Total	60	100

Highest Level of Education Respondents were asked to indicate the highest level of education that they had completed. (25%) of the respondents had elementary education. (13%) of the respondents had finished high school. (15%) of the respondents had completed vocational school or training. (21.3%) of the respondents had some college. (13%) of the respondents had college degree. (6.7%) of the respondents had master degree or attended graduate school.

Table 7. Annual Income

<u>Annual income</u>	<u>Frequency</u>	<u>Percentage</u>
\$5,000.00 - \$9,999.00	12	20
\$10,000.00 - \$14,999.00	16	26.7

\$15,000.00 - \$19,000.00	8	13.3
\$20,000.00 - \$24,999.00	10	16.7
\$25,000.00 - \$29,999.00	7	11.7
\$30,000.00 - \$39,999.00	3	5.0
\$40,000.00 - \$49,999.00	4	6.7
	-----	-----
Total	60	100

Annual Income The respondents reported of their annual income as 20% five to ten thousands; 26.7% ten to fifteen thousands; 13.3% fifteen to twenty thousands; 16.7% twenty to twenty five thousands; 11.7% twenty five to thirty thousands; 5% thirty to thirty nine thousands; and 6.7% forty to fifty thousands per year.

Attitudes and Behaviors Results

Attitudes Section II asked Hmong residents in Eau Claire and Menomonie their attitudes toward shamanic practices and western medical treatments. Likert scale was designed to measure a point of 1 to 5. 1=Strongly disagree, 2=Disagree, 3= Undecided, 4= Agree, and 5=Strongly agree.

Table 8 represented the result of attitude statements on items 1-16 of the survey in Section II. Two items 11 and 4 are representing the "Strongly agree", midpoint was above (mean=4.00) Important to have shaman available in America, mean 4.02, standard deviation .90, and rank order 1, and Proud to have Hmong traditional shamans available, mean 4.00, standard deviation 1.12, and rank order 2. These two statements are "strongly agree" that all respondents' attitudes are highly value toward shaman

Ten items (12, 2, 3, 1, 8, 10, 14, 5, 7 and 15) are presenting the "Undecided." midpoint was above mean (M=3.00) Whatever Hmong people do/believe is alright/okay, mean 3.78, standard deviation 1.02, rank order 3; Shaman healer means nothing/not effect, mean 3.53, standard deviation 1.09, rank order 4; Get a shaman when someone is sick, mean 3.48, standard deviation 1.11, rank order 5; Shaman perform cures children's illness, mean 3.36, standard deviation .99, rank order 6; Go to shaman who believes he can help me, mean 3.14, standard deviation 1.09, rank order 7; Encourage my people to seek shaman help, mean 3.10, standard deviation 1.13, rank order 8; Shaman helps in US result in being healthy, mean 2.80, standard deviation 1.00, rank order 9; item 5, prefer shaman over western doctor/physician, mean 2.75, standard deviation 1.06, rank order 10; Shaman heals more than western doctor, mean 2.70, standard deviation .98, rank order 11; and Rather pay for shaman than western doctor, mean 2.64, standard deviation 1.01, rank order 12. These ten statements are "Undecided" which are indicated that neither shamans nor western doctors are highly value or one is better than the others.

Four items (6, 14, 13, and 16) are representing the "Disagree." midpoint was above mean (M=2.00) Never think about seeing western doctor, mean 2.19, standard deviation 1.11, rank order 13; Seek western doctor if shaman does not help me, mean 2.12, standard deviation 1.20, rank order 14; Shaman perform is a way to cure disease, mean 2.09, standard deviation 1.09, rank order 15; and Family doctor is important to me and my family, mean 2.00, standard deviation .94, rank order 16. Four statements are disagree whether they want to see western doctor nor shamans

The following table shows their responses to the attitude statements. These statements are arranged in rank order

Table 8. Attitudes

Item #	Attitude statement	X	S.D.	Rank order
Order				
11.	Important to have shaman available in US	4.017	.900	1
04.	Proud to have Hmong traditional shamans available	4.000	1.114	2
12.	Whatever Hmong people do/believe is alright/okay	3.780	1.018	3
02.	Shaman healer means nothing/not effective	3.525	1.088	4
03.	Get a shaman when someone is sick	3.475	1.104	5
01.	Shaman perform-cure children's illness	3.356	.978	6
08.	Go to shaman who believes he can help me	3.136	1.090	7
10.	Encourage my people to seek shaman help	3.102	1.125	8
14.	Shaman helps in US result in being healthy	2.797	.996	9
05.	Prefer shaman over western doctor/physician	2.746	1.060	10
07.	Shamans heals more than western doctors	2.661	.976	11
15.	Rather pay for shaman than western doctor	2.644	1.013	12
06.	Never think about seeing western doctors	2.186	1.106	13
14.	Seek western doctor if shaman does not help me	2.119	1.190	14
13.	Shaman perform is way to cure disease	2.085	1.087	15
16.	Family doctor is important to me and my family	1.949	.936	16
Average Attitude Score		Mean = 2.94 & S.D. = .543		

X = Mean

SD = Standard Deviation

Behaviors Section III of the survey gathered "behaviors" of the Hmong residents in Eau Claire and Dunn counties toward the shamans and western treatment or physicians. Five scales were designed to measure the responses. These scales were N=never, R=rarely, S=sometimes, F=frequently, and AA=almost always. Ten statements were used to determine the scales above.

Three statements were representing the "Almost always." These statements are items (8, 9, and 7), I meet with my family doctor when someone is ill; I talk to my physician about an illness family members; and I go to see a western doctor. These statements clearly stated that respondents "almost always" want to see western doctors when family members are ill.

Three statements were representing the "frequently and sometimes." These statements were items (10, 1, and 5), I use prescription instead of shaman; I ask shaman what causes illness; and I encourage Hmong people to seek shaman. These statements clearly represent indicated that respondents "frequently and sometimes" ask and seek shaman for help; however, "frequently and sometimes" respondents use prescription for medication instead of seeking shaman help.

Four statements were representing the "never and rarely." These statements were items (2, 6, 3, and 4), I tell my family about shamans; I seek shaman help in America; My family teaches each other about shamans; and My children stay healthy by seeing shamans. These four statements were clearly identified that the respondents were likelihood tell and discuss about shaman in America; they did not seek and see shaman for health reasons in America. Table 9 shows their responses

Table 9. Behaviors

Items	X	S.D.	Rank Or.
08. I meet with my family doctor when someone is ill	4.050	.946	1
09. I talk to my physician about an illness family member	4.017	1.049	2
07. I go to see a western doctor	3.917	.944	3
10. I use prescription instead of shaman	3.487	1.047	4
01. I ask shaman what caused illness	3.417	1.348	5
05. I encourage Hmong people to seek shaman	2.900	1.003	6
02. I tell my family about shamans	2.883	1.250	7
06. I seek shaman help in America	2.767	1.110	8
03. My family teaches each other about shamans	2.741	1.433	9
04. My children stay healthy by seeing shamans	2.667	1.100	10

Average Score Behavior Reversed Shaman Mean = 2.920 and SD = .913

Average Score: Behavior Reversed Western Doctor Mean = 3.958 and SD = .833

3.90 - 5.00 = almost always

3.00 - 3.89 = sometimes and frequently

2.00 - 2.99 = never and rarely

Hypothesis Testing Results

To test the hypothesis that attitudes about shamans were related to age, an ANOV was computed. No significant differences found in attitude toward shaman based on age of respondent

To test the hypothesis that behaviors regarding shaman and western medicine practices differed by age an ANOV was calculated. No significant differences in behaviors were found by age.

To test the hypothesis that attitudes toward shaman differed based on how long the respondents have lived in America, an ANOV was computed on the sixteen (16) statements. Five significant differences were found on individual items and no significant differences were found on the mean average for attitudes toward shaman based on how long the respondents lived in the United States.

On item three (3), get a shaman when someone is sick, a significant difference at the .05 level was found. Using the Newman and Kuels procedure, those respondents in America less than eight years scored significantly higher at .05 level. On item seven (7), shaman heals more than western doctor, a significant difference at the .05 level was found. Using the Newman and Kuels procedure, those respondents in America less than eight years scored significantly higher at .05 level. On item eight (8), go to shaman who believes he can me, a significant difference at the .05 level was also found. Using the Newman and Kuels procedure, those respondents in America less than eight years scored significantly higher at .05 level. On item fifteen (15), rather pay for a shaman than a western doctor, a significant difference at the .05 level was found. Using the Newman and Kuels procedure, those respondents in America less than eight years scored significantly higher at .05 level.

On item five (5), prefer shaman over western physician, a significant difference at the .01 level was found. Using the Newman and Kuels procedure, those respondents in America less than eight years scored significantly higher at .01 level. See Table 10

Table 10. Significant Differences in Attitudes Toward Shaman Based on Years in America

Item	Years	X	SD	F	Prob
03. Get shaman when someone is sick	a<=8	4.100	.568	2.951	.040
	b9-12	3.545	1.101		
	c13-16	3.778	.883		
	d=>17	2.941	1.248 a/d		
05. Prefer shaman over Western physician	a<=8	3.300	.675	5.33	.003
	b9-12	2.864	.213		
	c13-16	3.222	1.303		
	d=>17	2.000	1.000 a/d, b/d, & c/d		
07. Shaman heals more than western doctors	a<=8	3.100	.316	2.913	.042
	b9-12	2.773	1.110		
	c13-16	2.889	1.054		
	d=>17	2.118	.858 a/d, b/d & c/d		
08. Go to shaman who believe he can help me	a<=8	3.800	.633	4.837	.005
	b9-12	3.273	.985		
	c13-16	3.444	1.130		
	d=>17	2.413	1.121 a/d, b/d & c/d		
15. Rather pay for shaman than western doctor	a<=8	2.900	.568	3.955	.013
	b9-12	3.000	.976		
	c13-16	2.778	1.923		
	d=>17	2.000	1.000 b/d		

Average Attitude Score

3.9632, SD = .840

These letters are representing number of years that respondents have been living in the United States of America: A= 8 or less years, B= 9-12 years, C= 13-16 years, D= 17 or more years. Using the Newman-Kuels procedure those in the United States less than eight years scored significantly differed than those in the United States seventeen years or more. Item 3, Get shaman when someone is sick, (a/d less than 8>17) a significant difference was found based on those who have lived here less than eight years than those who have lived here seventeen years or more.

Item 5, Prefer shaman over western physician, (a/d or less than 8>17) using the Newman-Kuels procedure those in the United States less than eight years scored significantly differed than those in the United States seventeen years or more; (b/d 9-12>17) those in the United States between nine and twelve years scored differed than those in the United States seventeen years or more; (c/d or 13-16>17) those in the United States between thirteen and sixteen years scored differed than those in the United States seventeen years or more.

Item 7, shaman heals more than western doctor, (a/d less than 8>17) using the Newman-Kuels procedure those in the United States less than eight years scored significantly differed than those in the United States seventeen years or more; (b/d 9-12>17) those in the United States between nine and twelve years scored differed than those in the United States seventeen years or more; (c/d 13-16>17) those in the United States between thirteen and seventeen years scored differed than those in the United States seventeen years or more.

Item 8, go to shaman who believes he can help me, (a/d less than 8>17) using the Newman and Kuels procedure those in the United States less than eight years scored significantly differed than those in the United States seventeen years or more; (b/d 9-12>17) those in the United States between nine and thirteen years scored differed than those in the United States seventeen years or more; (c/d 13-16>17)

those in the United States between thirteen and sixteen years scored differed than those in the United States seventeen years or more.

Item 15, rather pay for shaman than western doctor, (b/d 9-12>17) those in the United States between nine and thirteen years scored differed than those in the United States seventeen years or more

To test the hypothesis that behaviors regarding shamanic and western practices differed by years in America, an ANOV was computed. Using the Newman-Kuels procedure, those in America less than eight years scored higher than those here nine to twelve (9-12), thirteen to sixteen (13-16), and (17-over) seventeen years or more. Three significant differences were found.

On item six (6), I seek shaman help in America, a significant differences at the level .01 level was found. Using the Newman and Kuels procedure, those in America less than eight years scored higher than those here nine to twelve (9-12), thirteen to sixteen (13-16), and (17-over) seventeen years or more.

On item eight (8), I meet with my family doctor when someone is ill, on item ten (10), use prescription instead of shamaric cures, significant differences at the .05 level were found. Using the Newman and Kuels procedure, those in America less than eight years scored higher than those here nine to twelve (9-12), thirteen to sixteen (13-16), and (17-over) seventeen years or more. See Table 11.

Table 11. Significant Differences in Behaviors Toward Shaman and Western Medicine Based on Years In America

Item	Years	X	SD	F	Prob
06. I seek shaman help in America	a<=8	3.700	.823	4.815	.005
	b9-12	2.864	1.104		
	c13-16	2.600	1.174		
	d=>17	2.177	1.015 a/d		
08. I meet with family doctor when someone is ill	a<=8	4.000	1.054	3.250	.028
	b9-12	3.682	1.041		
	c13-16	4.000	.817		
	d=>17	4.588	.618 a/d		
10. Use prescriptions instead of shamanics	a<=8	3.400	1.075	2.839	.046
	b9-12	3.636	1.002		
	c13-16	3.900	.990		
	d=>17	4.438	.964 a/d		

To test the hypotheses that attitudes toward shamanic practices differed by gender, a T test was computed. Four significant differences were found.

On item six (6), never think about seeing western doctor, a significant difference was found at the .01 level with females scoring significantly higher than males.

On item five (5), prefer shaman over western physician, item seven (7), shaman heals more than western doctor, and item ten (10), rather pay for shaman than western doctor, significant differences were found at the .05 level, and females scored significantly higher than males. See Table 12.

Table 12. Significant Differences in Attitudes Toward Shamanic Practices By Gender

Item	Male		Female		T Value	Prob.
	X	SD	X	SD		
05. Prefer shaman over Western physician	2.527	1.082	3.087	.949	-2.03	.047
06. Never think about Seeing western doctor	1.890	1.036	2.652	1.071	-2.72	.009
07. Shaman heals more than Western doctor	2.414	.937	3.044	.978	-2.51	.015
15. Rather pay for shaman than western doctor	2.390	1.022	3.044	.880	-2.53	.014

To test the hypotheses that gender made a difference in behaviors regarding shamanic practice and western medicine, a T test was computed. Four significant differences were found.

On item eight (8), I meet with family doctor when someone is ill, and item ten (10), use prescription instead of shamanic cures, males scored significantly higher than females at the .01 levels.

On item one (1), ask shaman what caused illness, and item ten (10), use prescription instead of shamanic practices, males scored significantly higher than females at the .05 levels. See Table 13.

Table 13. Significant Differences in Behavior Regarding Shamanic Practices and Western Medicine By Gender

Item	Male		Female		T	Prob.
	X	SD	X	SD		
01. Ask shaman what caused illness	3.833	1.276	3.042	1.429	2.53	.014
08. I meet with family doctor when someone is ill	4.036	.822	3.666	1.007	2.69	.009
09. Talk to physician about ill family member	4.250	1.052	3.666	.963	2.17	.034
10. Use prescription instead Instead of shamanic	4.171	.923	3.375	1.056	3.07	.003

To test the hypothesis that using shamanic practices and western physicians differed by gender. By totaling items 1 to 6 on behaviors regarding shamanic practices and items 7 to 10 behaviors regarding western medicine, an overall comparison was made by gender using a T test. On behaviors toward shamanic practices, there were no significant differences between males and females. However, on behaviors regarding western medicine, males scored significantly higher than females. Thus, males used western medicine more frequently than females. Totaling the average scores. See Table 14.

Table 14. Significant Differences Between Use of Shaman and Western Medicine By Gender

Average Scored of	Male		Female		T	Prob.
	N=36		N=24			
	X	SD	X	SD		
Behavior Shaman	2.993	.842	2.811	1.019	.75	.46
Behavior Western	4.181	.781	3.630	.811	2.66	.01

To test the hypothesis that level of education significantly influenced attitudes toward shamanic practices, an ANOV was run. Only one significant difference was found at the .05 level. Using the Newman and Kuels procedure those with elementary/high school education (3.045) scored significantly higher than those with college education (2.167) on the item five (5), prefer shaman over western physician. See table 15.

Table 15. Significant Differences in Attitude Toward Shaman By Level of Education

Item		X	SD	F	Probability
05. Prefer shaman over					
western physician	Elemen/hsch	3.046	.950	3.187	.050
	Voc-Tech	2.571	1.028		
	Col Grad	2.200	1.030		

To test the hypothesis that level of education significantly influenced behaviors using shamanic practices and western physicians, an ANOV was calculated on all ten items in section III. No significant differences were found based on the levels of education.

To test the hypothesis that there were significant differences in attitudes toward shamanic practices based on the level of annual income, an ANOV was computed. The annual income levels used were ranged from \$5,000.00 > \$14,999.00; \$15,000.00 > \$24,999.00; \$25,000.00 > \$34,999.00; \$35,000.00 > \$44,999.00; \$45,000.00 > over. No significant differences were found based on the level of annual income in attitude toward shamanic and western medical practices.

To test the hypothesis that there were significant differences in behaviors on use of shaman and western medicine based on the level of annual income, an ANOV was calculated. No significant differences were found in behaviors regarding use of shaman and western medicine by level of annual income.

Discussion

The purpose of this study was to determine the attitudes and behaviors of the Hmong people toward the use of shamanic and western medicines. The survey divided into three sections. The first section was the demographic information including age, country of birth, length of time in America, gender, marital status, level of education, and level of income. The second section was attitudes related to the use of shamanic and western medical practices. The third section was behaviors regard to the use of shamanic and western medical practices.

All respondents who completed the survey of this study were Hmong people. The respondents were (60%) males and (40%) females. The age ranged of the respondents who participated in this study were from 20-70. The country of birth of the respondents were 100% born in Laos. The length of time living in America ranged in years from 0-17. The marital status was defined as the following frequency in number 81.7% married, 11.7% single, 1.7% divorce, 1.7% separate, and 3.3% remarried. The highest levels of education were 25% elementary, 13.3% high school graduate, 15% vocational technical college, 21.7% some college, 13.7% college graduate, and 6.7% college graduate. The annual income ranged from \$5,000.00-\$49,999.00.

Attitudes Section II of the survey revealed data on the attitudes of the (Hmong) respondents toward shamanic practices and western medicine were found in relation to the length of time in America, gender differences, and education levels. The length of time in America made significant difference in the respondents attitudes and behaviors. The respondents who have been in the United States more than four years but less than eight years scored significantly higher than those respondents who have been living in America nine to twelve years. The respondents who have been

here shorter periods of time used shamanic practices more than those respondents who have been here periods of time longer. Hmong females scored higher than Hmong males who participated in the survey. On items dealing with shamanic practices, Hmong females used shamanic practices than males. Males used western medicine than females. The level of education also made significant difference. The respondents who had higher levels of education used shamanic practices less often than those respondents who had lower levels of education. Those respondents who have higher levels of education tended to use western physicians and western medicine more than those respondents who had lower level of education.

Behaviors Section III of the questionnaires was designed to determine the behaviors and preference of the Hmong people in Eau Claire and Menomonie regarding the use of shamanic practices and western medicine. To test the hypothesis that behaviors regarding shamanic and western physical practices differed by years in America, an ANOV was computed. Using Newman and Kuels procedure, those in America less than eight years scored higher than those who have been here nine to twelve years and seventeen years or more. Three significant differences were found. One was found at the .01 level and two were found at the .05 level.

To test the hypothesis that gender made a difference in behaviors regarding shamanic and western practices, a T test was computed. Four significant differences were found and males were found to be significantly higher on the use of western medicine than females. Again, males were scored higher than females.

The results of this study confirm the researcher's personal observations that Hmong in Eau Claire and Menomonie areas have changed their lifestyles and sought western medicine and western medical treatment to some extent. Those who have made the greatest changes in attitudes and behaviors toward accepting western

medical practices are males; Hmong who have been in the United States a longer periods of time over seventeen years and Hmong who have higher levels of education. However, even these respondents still accept the shamanic practices as well as medical practices.

Chapter Five

Summary, Conclusions, and Implications

This chapter presents an overview of the study of Hmong traditional shamanic and western medical practices. Their attitudes and behaviors toward the use of shamanic practices and western health treatments. A summary of the purpose, methods, data analysis, limitations, and results were included. The conclusions and implications for future research were suggested.

Summary

The purpose of this study was to determine the attitudes and behaviors in used of Hmong shamanic practices and western treatments by the Hmong people. The study was focussed on the length of time in America, education levels, gender, and annual income for the Hmong who were living within the cities of Eau Claire and Menomonie, Wisconsin. Four specific objectives that guided this research were to:

1. Determine whether attitudes and behaviors related to the use of shamanic and western medical practices is affected by length of time in the United States.
2. Determine attitudes and behaviors related to the use of shamanic and western medical practices are related to gender.
3. Examine attitudes and behaviors regard to the use of shamanic and western medical practices by level of education.
4. Determine differences in attitudes and behaviors related to the use of shamanic and western medical practices by level of income.

A questionnaire was designed by the researcher as the primary data collection instrument for this study. The instrument consisted of three sections. Section I of the questionnaire consisted of seven (7) questions which dealt with general background regarding age, country of birth, length of time in the US, gender, marital status, level of education, and annual income. Section II consisted of sixteen (16) questions which were focussed on attitudes toward shamanic practices and treatment by western physicians. Subjects revealed their attitudes on a five point Likert scale. Section III consisted of ten (10) questions concerning behaviors toward the use of shamanic practices and western physical treatment. A guiding scale was designed with N=never, R=rarely, S=sometimes, F=frequently, and AA=almost always.

The subjects age ranged in twenty (20) years old to seventy (70) years old and were from Eau Claire and Menomonie, Wisconsin. Subjects were Hmong males and females from various backgrounds regarding marital status, education level, employment status, and length of time in the United States of America.

The survey was administered to sixty (60) young and elder Hmong residents of Eau Claire and Menomonie, Wisconsin. Questionnaires were administered by researcher on several different occasions. The first occasion was at a community meeting at Hmong Mutual Assistance Association on December 20, 1997; the second occasion was at a community meeting in Menomonie on January 4, 1998; the third occasion was at Landmark Christian Church meeting in Eau Claire on January 12. The researcher administered the questionnaires to make sure that respondents' questions could be answered when respondents (subjects) had any questions.

Research Objective One: Determine whether attitudes and behaviors related to the use of shamanic and western medical practices is affected by the length of time in the United States. Significant differences were found on five items at the level .05 and one item at the level .01. Using the Newman and Kuels procedure, the .05 level four items were found, item 3. "Get shaman when someone is sick" Those of the respondents who have been here less than eight years had significant mean score (4.10) than those of the respondents who had been in America more than seventeen years. Item 5, "Prefer shaman over western physician," a/d, b/d, and c/d; item 7, "Shaman heals more than western doctor," a/d, b/d, and c/d; item 8, "Go to shaman who believes can help me," a/d, b/d, and c/d. Those respondents who had been here less than eight years had significantly different scores all among those of respondents who had been here more than eight to seventeen years. Significant difference was found at the .01 level, item 15, "Rather pay for shaman than western doctor," a/d, those of the respondents who had been here less than years had highly scored than those who had been here more than eight years.

Research Objective Two: Determine attitudes and behaviors related to the use of shamanic and western medical practices are related to gender. A T test was computed and four significant differences on attitudes were found. At the .01 level females scored significantly higher than males on "Never think about seeing western physician." Three significant differences were found at the .05 level with females scoring higher than males "Prefer shaman over western physician," "shaman heals more than western doctor," and "rather pay for a shaman than western doctor." A T test was computed on behaviors toward shamanic and western medical practices. Four significant differences were found. At the .01 levels "I meet with family doctor when someone is ill" and "use prescription instead of shamanic cures" males scored

The responses of the survey were analyzed by the University of Wisconsin Stout Computer Networking System. Data from the questionnaires were examined by using descriptive statistics to classify and summarize the results. Frequency counts and percentages were used in each item. Furthermore, mean (\bar{X}) and standard deviation (SD) were calculated in Section II attitudes and Section III behaviors.

A two-way analysis of variance was done on the demographic variable of Newman-Kuels procedure all items in Section II and Section III. Newman-Kuels procedure was used to determine the significant differences.

The subjects who participated in the study were (100%) Hmong people and the structure of the survey was written in English. The survey was in English which may have been problem to participants who had a language barrier.

The selection of the participants for the study was limited to those Hmong people in Eau Claire and Menomonie who come to the community and Landmark Christian Church meetings. Thus, this study could not be considered to be representative of all Hmong people who live in Eau Claire and Menomonie, Wisconsin.

significantly higher than females. Two significant differences were found at the .05 levels "I ask shaman what caused illness and use of prescription instead of shamanic cures" with males scored significantly higher than females.

Research Objective Three: Examine attitudes and behaviors related to the use of shamanic and western medical practices by level education. To test the hypothesis that the level of education made an influence toward shamanic and western medical practices. A T test was computed on all items in section II and section III. No significant differences were found based on level of education.

Research Objective Four: Determine differences in attitudes and behaviors related to the use of shamanic and western medical practices by level of income. To test the hypothesis that there were significant differences in attitudes and behaviors toward shamanic and western medical practices based on the level of annual income. A T test was computed on all items or questionnaires, no significant differences were found based on level of annual higher and or annual lower income.

Conclusions

Overall, the results of this survey indicated that Hmong people viewed shamanic and western medical practices as both of significant importance. Those Hmong who participated in this study sometimes used shamanic practices in the past as healers. They were used prescription for getting medication to treat their people when they needed them. The positive attitudes toward shamanic practices were more significantly important for women than men. Hmong females who participated in

this study indicated using more shamanic practices than their males counterpart who participated in this study.

Hmong people who have been a short period of time in America tend to use more shamanic practices than those Hmong people who have been in the United States of America for seventeen years or more. Hmong people who had been in this country more than seventeen years may have more confidence to use the western medical technologies and modern treatment than those Hmong people who have been here a fewer years.

Research Recommendations

The literature includes a little empirical study of the Hmong shamanic practices. The Hmong shamanic practices were not described much in the professional journal articles. The future research recommendations were suggested:

1. Further investigate the attitudes and behaviors regarding using shamanic practices and western medical practices.
2. Further investigate the shamanic practices of Hmong regarding their attitudes and behaviors.
3. Collect a larger sample from several cities in the United States regarding Hmong shamanic practices and western medicine and compare the results with this study's findings.

Educational Implications

Educational implications of this study include:

1. Educate western health care professionals on the importance of shamanic practices and what help shamans are in Hmong culture.
2. Educate western health care professionals of shamans chant to chase hospital patients' loss souls.
3. Develop a better understanding among shamans and western physicians as to how they can work together to reach the best possible treatment for Hmong patients.

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Appendix A

Section II. Attitudes

Direction: This is various statement about how Hmong people in the Eau Claire and Menomonie perceive and understand the Hmong shamanic practices. Indicate the extent to which you are agreed with each of the statement below by selecting 1 to 5. If you strongly agree with the statement, enter 5. If you strongly disagree with the statement, enter 1. The following scale helps you keep these distinctions clearly in mind.

- | | | | | |
|-------------------|---|-----------|----------------|---|
| 1 | 2 | 3 | 4 | 5 |
| Disagree strongly | | Undecided | Strongly agree | |
-
- ___ 1. I feel that shamanic performance will help to cure my children's illness.
- ___ 2. Getting a shaman healer to help means nothing to me; they are not effective.
- ___ 3. It is important for my family to get a shaman when someone is sick.
- ___ 4. I am proud to have the Hmong traditional shamans available when I need them.
- ___ 5. I prefer to seek shaman for an ill person before going to seek a western physician.
- ___ 6. I never think about going to see a western doctor when I am ill.
- ___ 7. I expect that a shaman can do a lot better for helping a sick person than a western doctor.
- ___ 8. I usually go to see a shaman that believe he can help me.
- ___ 9. I would seek a western doctor if a shaman's treatment did not cure me.
- ___ 10. I encourage my people to seek a shaman's help when someone is ill.
- ___ 11. It is very important to have shamans available in the United States.
- ___ 12. Whatever my Hmong people do or believe about shamans is alright with me.

- ___ 13. Shamanic performance is the way to cure disease.
- ___ 14. Getting shaman helps in America will result in becoming healthy.
- ___ 15. I would rather pay for a shaman healer than pay for a western doctor.
- ___ 16. A family doctor is very important to me and my family.

Section III. Behaviors

Direction: Please read and consider each statements carefully. Circle the letter which indicate the frequency you do the behaviors listed below: N=never, R=rarely, S=sometimes, F=frequently, and AA=almost always

- | | |
|--|----------------|
| 1. After a shaman had performed in my home, I ask him what caused the illness. | N, R, S, F, AA |
| 2. I tell my family about what a shaman can do for them. | N, R, S, F, AA |
| 3. My family members teach each other about a shamanic cure. | N, R, S, F, AA |
| 4. I make sure all my children stay healthy seeing a shaman. | N, R, S, F, AA |
| 5. I encourage my Hmong people to seek shaman help. | N, R, S, F, AA |
| 6. I seek shaman help myself in America. | N, R, S, F, AA |
| 7. I go to see a western doctor. | N, R, S, F, AA |
| 8. I meet with my family doctor when someone is ill. | N, R, S, F, AA |
| 9. I talk to my physician about helping my ill child/family member. | N, R, S, F, AA |
| 10. I use prescription instead of seeking shamanic cures. | N, R, S, F, AA |

Thank you very much for taking your time to complete this survey

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