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Martin, Rachel M. ***A Culturally Reflexive Comparison of Somatic Experiencing® and Hmong Shamanism in the Treatment of Trauma and Soul Loss.***

Abstract

Trauma is mentioned throughout the literature on the mental health status of Hmong Americans. Less frequently, soul loss is mentioned, though nowhere are similarities and differences between these seemingly related concepts explored. Here these concepts are compared and contrasted in order to better understand how paying attention to one's own culture (cultural reflexivity) can foster more culturally responsive psychotherapy and more innovative cross-cultural research. The concept of trauma is examined primarily through the lens of a body-oriented trauma healing modality called Somatic Experiencing (SE®) because its conceptualization and treatment of trauma appear similar in certain ways to how Hmong shamans conceptualize and treat soul loss. Together these concepts and healing modalities are explored using a bricolage qualitative research methodology. The critical and multi-perspectival nature of bricolage research helps make visible assumptions within Western cultural research and clinical practice paradigms which might be difficult to see using other research methodologies. The importance of paying attention to the culturally constructed view of self (as predominantly independent or interdependent) emerges as a key finding of this research.

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Chapter I: Introduction

Existing literature on the mental health status of Hmong Americans indicates that the treatment of trauma is a significant concern facing mental health professionals. Numerous articles cite the relationship between certain collective experiences (e.g. war, dislocation, economic strain, discrimination, and challenges adjusting to a vastly different geographic and cultural landscape) and the prevalence of post-traumatic stress reactions among Hmong Americans (e.g. Cerhan, 1990; Lee and Chang, 2012; Tatman, 2004; Thao, Leite and Atella, 2010; Westermeyer and Her, 2007). Less frequent mention is made of the relationship between these shared experiences and the Hmong concept of soul loss (Helsel, Mochel and Bauer, 2004; Plotnikoff, Numrich, Wu, Yang and Xiong, 2002), and nowhere in the peer-reviewed literature are the concepts of trauma and Hmong soul loss explored together.

Over the course of our graduate studies in Marriage and Family Therapy, Mai Bao Xiong (Hmong American) and I (White) became aware of our shared interest in attending to the role of culture in psychotherapy. Of particular interest were possible similarities between Hmong conceptualizations of soul loss (Bliatout, 1987; Symonds, 2004; Thao, 1987) and Western conceptualizations of trauma, as outlined in Levine's (1997; 2008; 2010) trauma healing approach, Somatic Experiencing (SE®). Despite explicit mention of their affinity in Levine's work, the mental health literature lacks research that explores possible connections between Hmong healing and SE®.

At the outset, our aim was to initiate a conversation among mental health practitioners around "connections" between soul loss and trauma in order to inform more culturally responsive work with Hmong American clients in the context of psychotherapy. Over the course of our research, however, this aim proved problematic in a number of ways. The differences struck us

as being as relevant as similarities, and it became clear that careful attention to issues of power and privilege would be required in order not to force the already culturally marginalized Hmong concept of soul loss into a Western psychotherapeutic conceptual framework. We began to realize that failing to recognize when we were privileging a Western worldview could cause us to miss important aspects of the Hmong worldview in which shamanic healing practices occur. In other words, we realized the significance of cultural reflexivity - a process of attending to our own cultural conditioning - as we interpreted the findings of our research.

Attending to our own cultural conditioning is no simple task given the complexity of cultural and ethnic identities. Xiong was born in a refugee camp in Thailand after her family fled conflict in Laos and now identifies as Hmong American, having spent most of her life attending school and working in Wisconsin and Minnesota. I was born in the U.S., descended from European ancestry, and identify as White. I was introduced to Taoism in high school and four years ago began an intensive meditation practice in the lineage of Laotian meditation teachers in the Thai Forest Tradition of Theravadan Buddhism. Exposure to these worldviews shapes my view of the "self" and at times helps illuminate cultural assumptions that would otherwise be difficult to see. While both Xiong and I are aware of ways in which our exposure to both Eastern and Western worldviews has helped us notice similarities in the two, our work together on this project has reminded us of the importance of attending to the ways our interpretations of the same literature at times differ.

Once I began to pay more explicit attention to my own cultural conditioning, areas of divergence in conceptualizations of soul loss and trauma - rather than diluting the research - appeared as opportunities to make visible assumptions in both Western and Hmong worldviews that opened up exciting new areas of exploration. For example, after experiencing excitement

around similarities in etiological explanations of trauma and soul loss as conditions of imbalance initiated by forces outside one's control (Lemoine, 1987; Symonds, 2004) I was disheartened to learn that Hmong healing interventions differed quite dramatically from those of SE®. Yet when my disappointment shifted to curiosity, it dawned on me that unexamined cultural assumptions about the self as primarily interdependent (Hmong) or primarily independent (Western) might account for these differences. This led into a rich exploration of strengths and limitations of both Hmong and SE® healing practices and the importance of attending to the different, and changing cultural contexts in which they occur.

Another important shift took place when I was introduced to the bricolage method of qualitative research (Ansara, 2014; Rogers, 2012). Rather than continue to look for connections between the Western concept of trauma and the Hmong concept of soul loss in order to explore SE® as a more culturally sensitive form of psychotherapy, bricolage methods helped me render visible the assumption within our initial research question that held similarities as more important than differences. With this realization, my aim shifted to bringing cultural reflexivity to my comparison of trauma and SE®, and Hmong soul loss and shamanism, rather than performing a straightforward review of the existing literature. As a consequence, my literature review and findings sections are intertwined, an admittedly unorthodox configuration yet one that remains consistent with the flexibility and reflexivity of the bricolage methodological approach outlined in the following chapter.

Initially, Xiong and I intended to write a paper collaboratively, but over time practical constraints and cultural differences led us in different directions. These differences and the process that led us to the decision to write separate papers are topics worthy of further exploration, perhaps in a future paper that attends more explicitly to the cross-cultural research

process itself. In the meantime, our individual papers will serve as steps in our ongoing work that will allow us to engage with the material individually, after much collaborative work, in order to speak from our own experiences and each in our own distinct voice. We both agree that whatever emerges from our individual processes will inevitably reflect our interdependence, or the ways we have influenced each other throughout our nearly yearlong collaboration. I would like to express gratitude to my colleague and friend for the ways in which her presence in this process has made it a richer learning experience even, or perhaps especially, when our collaboration brought us to into vulnerable places where our capacity for self-awareness had a chance to grow.

Statement of the Problem

Existing mental health literature lacks research on the relationship between the Western concept of trauma and the Hmong concept of soul loss.

Purpose of the Study

The purpose of this study is to perform a culturally reflexive comparison of the concepts of trauma and soul loss and the attendant healing modalities of SE® and Hmong shamanic soul calling, seeking to explore ways the two modalities might inform each other toward more culturally responsive psychotherapy.

Assumptions of the Study

This study assumes that culture shapes the way humans conceptualize and respond to imbalance and healing. The concepts of imbalance of interest in this study are the Western concept of trauma and the Hmong concept of soul loss; the concepts of healing are the Western practice of SE® and the Hmong practice of soul calling.

Limitations of the Study

This study is a preliminary exploration of a broad topic and therefore only begins to address a handful of the ways in which cultural reflexivity has the potential to enhance research and clinical practice around trauma and soul loss. My own cultural positioning as a Western White woman will necessarily be reflected in my analysis and at times limit the usefulness of my findings and interpretations.

Methodology

I found a bricolage qualitative methodology best suited to this type of work on account of its appreciation of the political nature of research and the emphasis it places on reflexivity. Bricolage is thought to have been developed by French anthropologist Claude Levi-Strauss and was used to describe the process of mythmaking and meaning-making practices across cultures. The methodology has become popular among postmodern researchers in part because its multi-perspictival nature allows for a great deal of flexibility while attending to issues of power and social justice (Rogers, 2012).

Chapter II: Methodology

Bricolage is a French word for bricklaying and is often used to mean "tinkering," "do it yourself," or "odd jobs." A bricoleur is someone who uses whatever materials are available in order to create something new and different without feeling constrained by the originally intended purpose of materials and whether those materials are considered appropriate for a particular task. The work of a bricoluer is often contrasted with that of an engineer - or someone who works according to pre-made plans and uses materials that are deemed correct or proper for a particular job (Key Terms in Literary Theory, 2012).

This research project has been an ongoing experience of "tinkering" with different materials, quite often immaterial in nature - informal observations, interactions, conversations and a gut sense - as I've noticed patterns and themes around culture, trauma, soul loss and healing. Some of the most important moments in this unfolding process occurred in times and places beyond the scope of a traditional research process - at the community acupuncture clinic, while walking and talking with Xiong on the streets of Washington D.C. between workshops on trauma and healing, and at my own SE® therapy sessions. In many ways, this paper is influenced by these types of experiences as much as it is by the formal literature. Bricolage identifies each experience such as these, as well as traditional research material, as a *point of entry text* (POET) or a starting place for better understanding a different perspective (Ansara, 2014).

Because each POET is an opportunity to explore a different perspective, bricolage places a great deal of emphasis on the practice of reflexivity. Bricolage values questions like: Why am I - or why is another researcher - asking this research question? What underlying assumptions do we hold? Who stands to benefit or be harmed by the outcome of this research? Bricolage

recognizes that cultural conditioning and past experiences inevitably shape the ways in which we perceive, interpret and analyze experiences and literature, which is why the literature review and findings sections of this paper are intertwined in one chapter. In that chapter, I attempt to attend to both Western cultural conditioning that may be influencing my interaction with the material as well as ways in which unseen assumptions may be influencing the work of other authors. In bricolage, this is referred to as *rendering visible invisible assumptions* (Ansara, 2014). Of course, I am unable to know for certain the particular assumptions of others, and I am certain to remain influenced by many unseen and unexamined assumptions of my own. Bricolage recognizes this reality in what it calls *multilayered transparencies,* which suggests that each of us starts out with a basic level of understanding about a perspective when we begin, and through the processes of reflexivity and rendering visible invisible assumptions we gradually find additional layers of understanding. This practice is valued as an ongoing, imperfect and unending process worth engaging in because of its potential to challenge power dynamics that might be problematic for people both in dominant and marginalized cultural experiences (Ansara, 2014).

A practice related to rendering visible invisible assumptions is *moving to the margins*. Moving to the margins entails challenging dominant views by exploring views that have not yet been considered. Bricolage recognizes that there are multiple perspectives and therefore multiple narratives for every experience and that often the perspective of those with less power and influence remain unexplored or even intentionally marginalized (Ansara, 2014). At times, this practice may appear to be something like an act of charity when undertaken by those like myself in a position of relative power within a dominant culture who seek to bring greater attention to a marginalized population without regard for their own cultural positioning. My gut

sense is that when this is the case, much of the benefit of this practice may be lost. It is my hope that this research brings greater awareness not only to the largely unexplored topic of Hmong soul loss, but also to the ways in which exploring marginalized perspectives can benefit those like myself in the dominant culture by revealing limitations in our own culturally conditioned views.

Data Collection Procedures

The data sample for this research consisted of various POETs including but not limited to articles, books, book chapters, documentary films, a half-day workshop on SE® with Peter Levine, and extensive conversations with Xiong, our research advisor, professors, friends and family members. Literature and documentary films were located by entering search terms into EBSCO Host complete databases. Search terms included: "Hmong" AND "soul loss (2 results), "trauma" AND "soul loss" (4 results, but none about Hmong soul loss), "Hmong" AND "trauma" (59 results), "Hmong" AND "psychotherap*" (34 results) OR "therap*" (175 results, mostly related to medical therapy) OR "counsel*" (142 results), "Somatic Experiencing" AND "soul loss" (zero results), and "bricolage" AND "research" (700 results). Reference sections at the end of relevant results also led us to additional sources. Xiong and I shared resources with each other throughout our research process, ensuring that, for the most part, we were reading the same materials. At the start of our work together, we agreed to each keep a personal journal where we recorded reflections on the readings, our conversations and anything that might come up for us about the material and our process of engaging with it individually and together. Periodically, we had conversations around the content of our journals.

Limitations

Much of the literature reviewed in this paper was written by non-Hmong authors. Many important details and even major concepts can be lost in translation from one language to another and cultural biases can become more difficult to see, especially if researchers are not looking for them. As a result, this paper certainly contains distortions and omissions that deserve additional clarification. The author welcomes feedback.

Limitations remain in Xiong and my abilities to "correct" for unnoticed cultural biases in our own and each other's worldviews. Xiong and I are both highly acculturated within Western academia and professional practice. A related limitation is that I have no experience working with Hmong clients or even interacting with Hmong culture outside of my relationship with Xiong. Because of this lack of direct experience, the sections on soul loss and shamanic healing in this paper are tentative and insufficient. Finally, because of the newness of this research, this literature review is broad. Future research will benefit from a more narrow focus.

Summary

One of the most important aims of this research is to begin to bring the Western concept of trauma and the Hmong concept of soul loss into relationship with one another in a way that appreciates the complexity of culture. Importantly, this is done using reciprocal cultural reflexivity and inquiry in order to attempt to make visible biases and limitations in worldviews, especially around the nature of self. Rather than assume that the Western concept of trauma is culturally neutral and attempt to legitimize the concept of soul loss by finding "scientific" neurophysiological explanations to support shamanic healing practices, I hope to bring attention to the cultural contexts in which these concepts are embedded as well as the cultural contexts

(research institutions, therapy rooms, etc.) in which cross-cultural conversations about these topics are taking place.

Chapter III: Literature Review and Findings

This chapter combines literature review and findings, for the reasons described above. It begins by introducing trauma and soul loss before stepping back to address in greater detail the importance of cultural reflexivity when exploring these concepts. Next, literature on ethnic identity and views of self is explored, in recognition of the central role the view of self (as fundamentally independent or interdependent) plays in underpinning Western and Hmong approaches to trauma/soul loss and healing. Finally, the findings of a culturally reflexive comparison of trauma and SE® and soul loss and soul calling are presented.

Trauma

Broadly speaking, trauma and soul loss are concepts that refer to unpleasant conditions that arise in the wake of experiences that disrupt the stability of a system. The American Psychological Association (2014) defines trauma as "an emotional response to a terrible event" which commonly results in feelings of shock and denial and for some may lead to "unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea"(American Psychological Association, 2014). Views have shifted over time and still vary, but increasingly, traumatic events are thought to elicit not just an "emotional response" but neurobiological ones as well. The central nervous system and the body more broadly are thought to play central roles in responding to and recovering from traumatic experiences (Levine, 1997; 2010). Much of the current literature reflects an increasing appreciation for the interpersonal origin of some trauma (e.g. developmental trauma) as well as the interpersonal consequences of unresolved traumatic reactions (Siegel, 2012). Nevertheless, much of this literature (Levine, 1997; 2008; 2010; Siegel, 2012) frames post-traumatic imbalance as primarily pertaining the nervous system of individual clients. While interpersonal dimensions of trauma and healing are

becoming more broadly accepted, there still appears to be a predominantly individualistic view of illness in Western culture. One telling instance appears in diagnostic criterion D2 of post-traumatic stress disorder (PTSD) in the Diagnostic and Statistical Manual (DSM) of Mental Disorders - 5 (American Psychiatric Association, 2013). When describing a cognitive manifestation of PTSD the manual reads, "Persistent and exaggerated negative beliefs or expectations about oneself others or the world (e.g., ...*My* whole *nervous system* is permanently ruined)" [emphasis added] (p. 272). Again, while interpersonal aspects of post-traumatic reactions are recognized, such language is indicative of the predominantly individual conceptualization of trauma in Western cultures.

Soul Loss

By contrast, a traditional Hmong view would assume the primary cause of illness (what Westerners would consider both mental and physical) to be soul loss. Traditionally, Hmong believe that each person has a collection of souls (three or five; beliefs vary) and that these souls can be frightened, stolen or lured away. Souls may also simply wander away if one is not careful to call them back before returning home from one's travels. When this happens, a state of imbalance results. Yet rather than residing primarily within an individual, Hmong view this imbalance as relational and collective - residing between the souls of the afflicted person and those of the deceased and affecting the broader family and community. Importantly, souls can be frightened, stolen or lured away in order to communicate (through the divination of a shaman) that certain actions on the part of the afflicted persons and/or their family are needed to restore spiritual balance and good health. As different as this conceptualization may sound from trauma, similarities exist in that any highly emotional circumstance may cause a soul to be lost and lead to symptoms such as lethargy, sleep difficulties, changes in appetite, headaches and many other

somatic complaints common to those experiencing post-traumatic reactions (Helsel, Mochel and Bauer, 2004; Thao, 1986).

From "Culture Bound" To Reciprocal Cultural Reflexivity and Inquiry

Here a brief discussion of the relationship between the Hmong concept of soul loss and Western psychiatric diagnoses is needed to clarify what follows. Since the inclusion of a section on so-called "culture bound syndromes" in the fourth edition of the DSM (American Psychiatric Association, 1994), some have questioned whether it is possible for any disorder to manifest outside of the influence of culture and therefore it might be more accurate to view all disorders as culture-bound (Marsella, 2010). The authors of the DSM - 5 attempted to clarify this point by renaming the Glossary of Culture-Bound Syndromes "Glossary of Cultural Concepts of Distress" and by expanding the Outline for Cultural Formulation where they state,

> [t]he current formulation acknowledges that *all* forms of distress are locally shaped, including the DSM disorders. From this perspective, many DSM diagnoses can be understood as operationalized prototypes that started out as cultural syndromes, and became widely accepted as a result of their clinical and research utility. Across groups there remain culturally patterned differences in symptoms, ways of talking about distress, and locally perceived causes, which are in turn associated with coping strategies and patterns of help seeking (p. 758).

In an effort to better identify and address these culturally patterned differences and their implications for treatment, the DSM - 5 (American Psychiatric Association, 2013) offers the Cultural Formulation Interview (CFI), which consists of sixteen questions probing four categories of potential differences: (1) "cultural definition of the problem;" (2) "cultural perceptions of cause, context and support;" (3) "cultural factors affecting self-coping," and (4)

"past help seeking" (p. 751). While this is an important step in the process of improving cross-cultural research and clinical practice, a few underlying assumptions may hamper its effectiveness.

Despite the aforementioned acknowledgement that all forms of distress, including the DSM disorders, are shaped by culture, the vast majority of the CFI and the section on Cultural Formulation are devoted to better understanding the client's culture without reference to clinicians' need to examine the ways in which their own cultural assumptions influence client care. Tellingly, fifteen out of sixteen questions pertain to the client's culture and only in the final question of the interview is it acknowledged that "sometimes doctors and patients misunderstand each other because they come from different backgrounds or have different expectations" (p. 754). The final question then puts the onus of discerning the effects of these differences on the client by asking, "Have you been concerned about this and is there anything that we can do to provide you with the care you need?" (p. 754). Perhaps more germane questions for clinicians to ask themselves, in addition to their clients, are: "What underlying assumptions do we hold as a result of our cultural conditioning that may limit our understanding of each other's worldviews? In particular, do we hold assumptions about the self as primarily independent from others or interdependent with others?"

Similarly, rather than attend to the concept of soul loss through a one-way cultural formulation that mostly ignores the culture of the researchers, and then functionally subsumes soul loss into the concept of trauma (or a combination of PTSD, major depressive disorder or somatic symptom disorder), I prefer a process of reciprocal cultural reflexivity and inquiry that acknowledges the importance of the worldviews in which trauma and soul loss exist. Of

particular interest are cultural assumptions I may hold as a clinician and researcher that limit my ability to understand different cultural perspectives on distress and healing.

Ethnic Identity and Views of Self

Yeh and Hwang (2000) have explored the need for ethnic identity theories that acknowledge interdependent views of self common in many non-Western worldviews in addition to independent views of self common in Western cultures. This work has important implications for cross-cultural research and practice in the field of mental health because how one views the self is inextricably linked to how one conceptualizes what leads to ease or distress for that particular self. In many Western cultures, a linear progression toward a self-actualized, stable, coherent self is considered desirable, a mark that one can both survive and thrive independently. When this progression does not occur, individuals in Western cultures may view themselves, and be viewed by others, negatively. By contrast, many non-Western cultures, including Hmong, view the self as interdependent with and not separate from others, constantly adapting in response to the context in which it is operating. If a person in such a culture does not remain relational, contextual and fluid in their view of self, and behaves in ways that are considered overly individualistic, they may view themselves, and be viewed by others, negatively (Yeh and Hwang, 2000).

An added layer of complexity emerges when cultures with different views of the self come into relationship with one another, as is the case with the Hmong in America over the past forty years. Yeh and Hwang note,

> The flexibility of self may be particularly relevant for minorities who must interact in varying cultural value systems. For example, how one identifies,

> interacts and presents himself or herself may be different in the presence of in-group members versus groups that differ culturally (p. 424).

Importantly, clinicians and researchers of the dominant culture often have little, if any, practice identifying their view of self and deciding how to interact or present themselves "in the presence of in-group members versus groups that differ culturally." This may lead to unintentional but impactful biases in psychotherapy, as illustrated by the CFI's disproportionate emphasis on understanding the culture of one's client rather than a reciprocal reflexivity about the ways in which both client and clinician's cultures are relevant to care.

Reciprocal Cultural Reflexivity and Inquiry on Trauma and Soul Loss

Now I bring the concepts of trauma and soul loss into relationship with each other with special attention to the aforementioned concerns around culture, ethnic identity and views of self. While many connections between the two concepts appear intriguing for clinicians and researchers to explore, differences can also help inform more culturally responsive work. Reciprocal cultural reflexivity requires as much attention be paid to the assumptions underlying one's own culture as to those of others. The inquiry portion of this approach acknowledges that in examining cultural concepts of healing in another culture we might encounter new ways of understanding that have the potential to transform our own healing and research practices.

Findings of a Culturally Reflexive Comparison

The afflicted person's system is in a state of imbalance. One of the most salient similarities between trauma and soul loss is the notion of systemic imbalance. From the perspective of SE®, when an individual's nervous system has experienced a threat beyond its perceived ability to respond it can become stuck in a state of imbalance that produces symptoms such as helplessness, anxiety, nightmares, sleep difficulties, chronic fatigue, headaches, and a

range of somatic complaints (Levine, 1997). Importantly, it is not an event itself that determines whether a person's nervous system will become overwhelmed; it is their body's often non-conscious perception of its level of threat and their ability to mobilize an effective response.

Levine's work centers around four ways in which the nervous system attempts to respond in threatening situations: 1) hyperarousal, 2) constriction, 3) dissociation and 4) freezing. These responses, if unresolved, may manifest as trauma-related symptoms. The freezing component, also known as tonic immobility, is associated with feelings of helplessness in which a person is immobilized either in a state of stiffness or collapse and is unable to respond to a perceived threat. According to Levine (1997; 2010), if a person is not able to execute a response, thereby discharging the intense survival energy that is activated, they can become stuck in hyperaroused, constricted, dissociated, and frozen (stiff or collapsed) states.

Levine's conceptualization of trauma is rooted in Porges' polyvagal theory (2001) which examines the neurophysiological underpinnings of social behavior. As the subtitle to Porges' (2011) book on the topic indicates, polyvagal theory attempts to understand the "neurophysiological foundations of emotions, attachment, communication and *self*-regulation" [emphasis added]. As such, in the West trauma is viewed as a disturbance in an individual's ability to *self*-regulate their nervous system, which in turn impairs healthy expression of emotions, attachment and communication. While social aspects of human behavior are of critical concern to neuroscientists like Porges, the primary unit of analysis from this theoretical perspective is the individual - specifically their nervous system and how it interacts with the distinct nervous systems of other individuals. This orientation, while adding much to the study of trauma from a relational perspective, clearly privileges a view of self that differs from the more interdependent orientation of Hmong shamanism that results in more collective healing

practices. Perhaps Hmong soul calling ceremonies - where family and community members play important roles in *collective*-regulation - may someday be conceptualized by neuroscience as a way of regulating a collective nervous system among people who recognize their interdependence.

Importantly, the limited literature on Hmong soul loss (mostly anthropological and medical) describes it as a condition of spiritual imbalance. As Symonds (2004) writes, "[i]f the souls are well balanced and harmonious in the body, a person is well. If for any reason - and there are many possible reasons - a soul leaves, the person becomes ill and may require a shaman's intercessions" (p. 22). Some of the more commonly cited reasons for soul loss include fright (witnessing or experiencing a frightening event), loss of a loved one, isolation from family or any other highly emotional circumstance (Thao, 1986). Souls may also be stolen, tricked or lured away by spirits or they may simply wander away. Symptoms of soul loss are often similar to those associated with trauma; some of the most frequently cited include loss of appetite, sleep disturbances and somatic complaints. Shamans also believe that a tiny blister appears at the top of a small capillary behind the earlobe of a person experiencing soul loss, indicating that the afflicted person's *family* must take action to call back the person's lost soul before it becomes more difficult to retrieve (Thao, 1986).

Imbalance is not the afflicted person's fault. Importantly, in neither trauma nor soul loss is systemic imbalance considered the fault of the afflicted person. The four responses of the nervous system mentioned above are considered adaptive responses that humans (and other animals) employ in their best effort to deal with overwhelming or life-threatening situations. Hyperarousal mobilizes energetic resources, constriction focuses the organism's attention, dissociation protects the organism from experiencing pain, and freezing is a last resort that

allows the organism to attempt to go unnoticed or "play dead" until the threat passes (Levine, 1997). If a person's survival response is thwarted in the face of overwhelm - for whatever reason - practitioners of SE® do not believe the afflicted person did something wrong or that they are to blame for the imbalance in their nervous system.

Likewise, Hmong who adhere to the view described above do not believe that a person suffering from soul loss is to blame for their affliction. Imbalance is viewed both as a condition brought about because of disturbance in the intricate web of ancestral relationships and one in which responsibility for correcting this disturbance is shared collectively. Bliatout (1986) states that "ancestor spirits must be kept satisfied to insure the good health and prosperity of the family" and that "[i]f these duties are not performed, or are performed incorrectly, the offended ancestor spirit may cause illness or mental health problems to the erring descendent or to a member of the descendant's family" (p. 352). He stresses that, "the causing of illness is considered a form of communication rather than a malicious act" (Bliatout, 1986, p. 352). Lemoine (1986) further clarifies this point with an anecdote and personal reflection.

> I shall conclude by a thought which came to me while watching a Hmong shaman curing a young, educated German student from a deep and long-lasting melancholy. Comparing his work to psychiatric procedure, I noticed that while the analyst tries to provoke self-analysis by scratching the wounded part of the self, a Hmong shaman will provide an explanation which avoids all self-involvement of the patient. He is always represented as a victim of an assault from outside powers or of an accidental separation from one part of his self. When this situation has been identified and overcome by the shaman, health is recovered. At no point has there been a feeling of guilt associated with suffering.

Maybe in the healing power of the Hmong shaman's art there is a lesson which the psychotherapist could learn (p. 347-348).

The afflicted person's role in figuring out and correcting the imbalance. As Lemoine (1986) suggests, a person suffering from soul loss is not expected to be able to figure out or resolve their illness without the help of family and, in many cases, the assistance of a shaman. In less acute cases, both trauma and soul loss can be addressed by the afflicted person; however, soul calling involves more collective support than SE®. Importantly, when a Hmong person is experiencing illness, it is not their responsibility, but the responsibility of their family, to determine which ancestor has been neglected or offended and to perform, or make arrangements for a shaman to perform, the appropriate ceremony to restore harmonious relations (Bliatout, 1986).

By contrast, SE® literature mostly addresses ways in which individuals can discover for themselves (through reading self-help books such as Levine's) that they are experiencing post-traumatic symptoms and take steps to correct the imbalance in their nervous system on their own, or one-on-one by enlisting the help of a trained psychotherapist. Levine (1997) offers many exercises a person suffering from trauma can do to attempt to heal themselves. Levine stresses that those who have suffered more severe forms of trauma should seek help from a professional psychotherapist, yet mention of the role of family or community is dramatically less than in Hmong literature on soul loss.

Healing happens through mobilization. The goal of SE® trauma healing work is to uncouple sensations of fear from the immobility response so that a person can return to the intensity of their thwarted survival energy, mobilize a response, and complete the arousal cycle (Levine, 1997). One of the neurobiological underpinnings of trauma is that resources are

diverted from the hippocampus, the part of the brain the records the sequencing of memories, leaving a person with disintegrated visual images and bodily sensations and uncertain the threat has passed. SE® practitioners work from "the bottom up" to help a person renegotiate, rather than relive, their trauma by helping clients move back and forth between sensations of physiological arousal and sensations of safety which they find by accessing internal and external resources that may have been inaccessible during the traumatic event. In this way, a felt sense of safety is established, the nervous system gradually "settles" and traumatic symptoms lessen or resolve (Levine, 1997; 2010). Levine identifies physiological markers that both humans and other animals exhibit when they discharge excess survival energy after escaping a threat, including trembling, shaking, and deep, spontaneous inhalations and exhalations. These physiological responses serve to reset the nervous system, allowing it to settle back into a state of balance.

A shaman's work in addressing soul loss is both similar and different from that of an SE® practitioner. While both healing modalities work to restore balance to an unsettled system, shamans play a more active and public role, entering a trance and performing a ceremony, often in the presence of many family members and friends. Lemoine (1986) states:

> The Hmong shaman has two main obligations. One is restoring the self, which he divides into five different souls… By finding and bringing back the runaway, he helps his patient to recover his psychic balance. But there remains an obligation: to take over his patient’s fight for life. Like antibiotics in a weak body, his fierce troops supply resistance to the evil miasmas and spirits. Exorcism is the most thrilling part of his performance. Cleansing or purification by magic water blown on the patient is also very common. All these actions are very theatrical and

> contribute to prop up the patient’s morale. Certainly a good Hmong shaman has a decisive influence in this respect and I have been surprised to see that this technique was successful not only with Hmong fellow tribesmen sharing the same culture, but also with Westerners, provided that the shaman’s analysis is explained to them. Some shamans now in Western countries have remarked that their treatment of hysteria is far more efficient than the drugs of the psychiatrist (Lemoine, 1986, p. 345).

As this example illustrates, unlike in SE®, in Hmong soul calling the afflicted person is expected to do very little in the way of discerning the nature of their imbalance or taking steps to correct it. Perhaps the Hmong shaman performs in such a way that the afflicted person experiences collective mobilization happening on their behalf both in the actions of their concerned family members and in the shaman's work. Could the reported effectiveness of this healing modality in which the afflicted person appears to "do" so little be mediated by their perception and/or the reality that humans beings are interdependent and that resources mobilized on one's behalf may be felt as profoundly (maybe more) than those mobilized by one's self? This is the type of question that reciprocal cultural reflexivity has inspired me to consider and one that I believe could lead to exciting shifts in the ways I perceive and practice healing work.

Chapter IV: Recommendations, Future Research and Conclusion

After nearly a year of immersing myself in an exploration of culture, trauma, soul loss, SE® and Hmong healing I am humbled by how tentative it feels to put my observations and interpretations into a linear document bound by time constraints. These topics are vast and at times unwieldy to bring into relationship with one another; differences seem as important and illuminating as similarities. Recognizing that it remains preliminary, the exploration has highlighted ways in which remaining curious about healing practices and the worldview in which they arise has the potential to enhance cross-cultural healing and research. The following suggestions may help clinicians and researchers in their efforts to foster cultural reflexivity.

Recommendations

Be aware of possible tendencies toward cultural hegemony. Take time to consider the influence of culture on your work and how it shapes your own - as well as your client's - conceptualizations of self. While connecting around similarities often feels comforting, this exploration reminds us that connecting across differences may yield greater benefit when it helps us see how our best-intended efforts may fail to produce healing results when they don't fit with a client's worldview. Western clinicians and researchers could benefit from a broader systemic understanding of the role family and community members play in treating trauma and soul loss, especially for clients with a predominantly interdependent view of self. Likewise, Hmong clients may benefit from a narrower systemic understanding of the role of the nervous system in treating trauma, and potentially soul loss, especially as they become more acculturated to more individualistic views of the self.

Avoid (even subtly) blaming clients for the imbalance they are experiencing. Both SE® and shamanic healing understand the cause of imbalance to be beyond a person's control.

Each healing modality assumes that if a person could have responded effectively to avoid the imbalance, they would have. Furthermore, the experience of imbalance indicates that accessing additional resources is necessary to restore balance. The need to access these resources is the reason the afflicted person (and/or their family) is seeking help.

Notice expectations that clients should figure out or fix systemic imbalance on their own. SE® and Hmong shamanism represent styles of healing that appreciate the directive role of the healer, especially when working with clients who have experienced overwhelming events that have led to a systemic imbalance. Consider the severity of the client's state of imbalance when determining how directive or collaborative a therapeutic approach to take. Know when to refer to indigenous healers who have more experience providing the type of care the client is seeking.

Be aware that the nervous system of an interdependent self may not settle in isolation. When working with Hmong clients - or any client - consider how their view of self may influence their healing process. A soul calling ceremony where family and friends gather to watch a shaman in trance fight for the retrieval of a lost soul may do more to "settle" the nervous system of an afflicted person with an interdependent view of self than a SE® exercise done alone or in the quiet office of a psychotherapist. This is not to suggest that SE® trauma healing practices are contraindicated in work with Hmong clients. Similarities between trauma and soul loss and SE® and soul calling may make SE® a promising fit for psychotherapeutic work with Hmong clients. Even so, more research is needed to better understand whether this is the case, and if so, how best to integrate SE® in culturally responsive ways.

Make space for marginalized healing practices in the dominant culture. Perhaps a more obvious first step in promoting healing for Hmong Americans is to invite indigenous

healing practices from the margins into the mainstream of psychotherapy. One way to do this is to explicitly support clients in seeking help from indigenous healers. Another is to find ways to incorporate elements of shamanic healing - involvement of family and community, rituals and symbols - into therapy. Clinicians can also cultivate relationships with indigenous healers and refer clients to them when clients desire this type of support either in addition to or in place of psychotherapy.

Avoid further marginalizing clients. It is important to be sensitive to dynamics of power and privilege, especially when working with culturally marginalized clients. Those who are identified (by self and/or others) as part of the dominant culture often feel more at ease to experiment with what may be considered "fringe" healing modalities, such as SE®. Meanwhile, clients who do not have the choice to identify themselves as anything other than outside the dominant culture may prefer not to experience further marginalization whenever possible. Clinicians can attempt to discern (or directly ask) if clients will find it more healing to receive care they perceive as mainstream or belonging to the dominant culture and then choose language and interventions that fit.

Future Research

Trauma and soul loss deserve more attention in the mental health literature. For example, how might the differences between trauma and soul loss highlighted here inform future research on how a nervous system embedded in an interdependent culture responds differently, in the treatment of trauma and soul loss, than one embedded in a more individualistic culture? Likewise, how might treatment effectiveness vary for SE® and shamanic healing depending on both clinician's and client's level of acculturation? As psychotherapists bring more awareness to

differences between interdependent and independent views of self, additional research on these topics may open new possibilities for healing.

Conclusion

This paper has explored how Levine's (1997) conceptualization of trauma and the SE® healing approach he developed to treat it overlap in certain ways with Hmong concepts of soul loss and shamanic soul calling rituals. Although similarities between trauma and a broader indigenous conceptualization of soul loss are briefly discussed in his seminal work, *Waking the Tiger: Healing Trauma*, and Levine (1997) acknowledges that there are valuable insights to be gained from the collective nature of shamanic healing, he ultimately concludes that, "each of us has a greater capacity to heal ourselves than the shamanic approach would suggest" and that "[w]e can do much to retrieve our own souls" (p. 61). I decided to write this paper because I believe a richer understanding of the similarities and differences between trauma and soul loss is needed - a culturally reflexive understanding that attends to how one's culturally constructed view of the self shapes one's conceptualization and treatment of these conditions.

For example, with both trauma and soul loss, the afflicted person is thought to be experiencing a state of imbalance. Perhaps unsurprisingly, from a western worldview in which the self is considered primarily separate from others, the imbalance of post-traumatic distress is addressed mostly through work that focuses on growing an individual's capacity for self-regulation of their nervous system, alone or perhaps in relationship with a psychotherapist. From a Hmong worldview, in which the self is viewed as primarily interconnected and interdependent with others – not only with one's family but with the larger community and other generations – the imbalance of soul loss is typically seen as residing in the relationship between the afflicted person's soul and those of deceased relations. Moreover, it is treated primarily through soul

calling ceremonies that often involve an extensive network of family and community members. In both SE® and soul calling, healing happens by mobilizing one's resources - primarily individual or collective, respectively - to help a perturbed system to settle so that health can be restored.

With this in mind, Levine's (1997) assertion that "we can do much to retrieve our own souls" makes sense given the Western cultural context in which he is embedded, where treatment modalities privilege work with the individual. Yet many Hmong American clients still view themselves as interdependent and therefore may prefer more collective healing practices. Importantly, many Western clients may have a deep or even fledgling sense of interdependence and, although it would require flexibility and creativity on the part of Western healers (i.e. psychotherpists), many Western clients may benefit from healing practices that involve mobilizing resources collectively on their behalf.

While neither a predominantly independent or predominantly interdependent view of self is inherently good or bad, appreciating differences between them allows clinicians to consider what might be most beneficial for each client in the context of their lives. Given shifting landscapes of cross-cultural influences, this will not be as simple as Hmong = collective, western = individual. Only by bringing more awareness to how culture shapes one's view of self can researchers and clinicians make more informed decisions about the individual and collective dimensions of healing work.

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