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Xiong, Mai Bao. *Intersections of Identities: A Hmong Voice from the Field*

Abstract

This paper explores the intersections of my multiple identities as Hmong, as American, and as a psychotherapist, through the use of autoethnography. I provide first-person narratives of my own lived experiences navigating identity intersections within the context of mental health. Themes from my personal accounts are discussed and connected to potential future research to include the voices of other Hmong therapists. I conclude by inviting readers to join a calling in of my souls to initiate self-healing.

Acknowledgements

For my family: Thank you for your unwavering support and patience in my reach for mental, emotional, and spiritual growth.

For my community: May we gather our strength to raise our voices and share our stories.

For my research advisor: Thank you for nurturing my voice through an incredibly healing process.

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Chapter I: Introduction

As a first generation Hmong woman with parents who have lived through the Vietnam War and immigration, I have struggled putting together my identity as Hmong and American. I hold close two world views that almost have no overlap. There have been many days where I found myself being the only connection between these two worldviews. There was a fear of not being able to keep my roots and not being able to assimilate into a new culture. One foot in each realm, knuckles white and fists fatigued from holding on tightly in fear of falling through the crevices in-between. As a beginning therapist, I struggled with my professional work as I slowly realized the impact my identities had in my life. Unable to control or undo these intersections and their impacts, I chose to lean towards the pain with the hope of getting a closer look at my fractured identity and to make an attempt at either fixing or accepting the pieces as they are.

It has taken me 26 years to start writing about my Hmong experience growing up in the land of the free. In doing so, I have begun to unravel what growing up Hmong in America meant to me and how my experiences currently contribute to my work as a beginning Marriage and Family Therapy therapist providing therapy for Hmong clients. More specifically, I wonder: where are the voices of Hmong therapists and how are they navigating their cultural and social identities working with clients from the Hmong community?

As *Hmong*, *American* and *Therapist*, I have multiple levels of membership with ethnic identity, cultural identity as an insider in my own community, and professional identity as part of the mental health community. Each level of membership requires me to perform identity in different ways. This paper explores these identity intersections within my personal and professional experiences. I bring an insider's perspective through the medium of autoethnographic writing with the hope of providing a place for my own continued self-growth

as a Hmong therapist; to start a dialogue with other Hmong therapists working within our community; to add my voice in the dominant discourse; and to honor the collective work we do as healers.

Hmong History

All people have gone through some form of historical trauma that continues to cause confusion and suffering in the present. If the historical soul wounding is not effectively dealt with, each person, as well as her or his descendants, is doomed to experience and perpetuate various forms of psychic and spiritual suffering in the future. For these reasons, it is important that counselors understand how history affects the present well-being of persons from marginalized racial/cultural groups... (Duran, Firehammer, & Gonzalez, 2008, p. 288)

To orient readers to my narrative I provide a history on the Hmong people. There is much healing for me in sharing a narrative on Hmong history. This intentional process allows me to reclaim a part of me that has been rewritten by others, mainly non-Hmong authors who sought to gain an outsider's understanding of the Hmong community. It should be noted that this is my own narrative on Hmong history and that it does not assume total accuracy nor is it meant to capture a uniform Hmong experience for all Hmong individuals. I've chosen to begin my exploration of self and culture with Hmong history because this is where my journey starts for my Hmong identity, individually (me) and collectively (community).

Hmong history is complex and inconsistently documented because traditionally, information was passed down through many generations by storytelling. Because of this tradition, Hmong knowledge and cultural practices such as wedding and funeral rites are known mainly through personal narratives that are kept within family and clan systems (Moua, 2002).

Due to the pressure of acculturation, many of the younger generation in the Hmong community have lost traditional knowledge and Hmong history at a rapid pace. Moua (2002) pondered in her anthology, “How much Hmong history and culture must I provide before we can have a conversation about Hmong literature?”(p. 3). I would broaden her question from Hmong literature to Hmong community. How important is Hmong history in the larger picture of our struggle as individuals and a collective? I believe history holds a vital place to mark where we’ve come from, and serves as a reminder for future generations to reflect and remember our present, and where we will go in the future. Our history makes us who we are, provides a benchmark for our experience as a collective. Following Duran et al.’s (2008) advice on the risk of perpetuating a historical soul wound, I begin my narrative by reclaiming my collective history in order to heal my soul and to send healing to the souls of my descendants.

Some researchers argue that Hmong are a minority agricultural group living along Southern China. War and political unrest pushed the group further south to Laos, Vietnam, Cambodia, and Thailand (Moua, 2002; Symonds, 2004). Other scholars believe that the Hmong people come from an ancient Eastern European group due to similarities in oral stories of origin (Quincy, 1988). The questions of Hmong history and heritage have always been difficult to answer depending on who was writing and for whom they were writing.

Dr. Kathleen Culhane-Pera, a family practice physician and medical anthropologist who has lived, worked, and conducted ethnographic research within the Hmong community, provides a succinct description that best fits my experience of being Hmong. Culhane-Pera (2004) described the Hmong as an ethno-linguistic group originating from China and migrating into Southeast Asian to escape political warfare during the 19th century. As a result, many Hmong became slash and burn farmers living from the land in large multigenerational and extended

patrilineal family systems high up in the mountains. The major event for the Hmong occurred during the 1960s through 1970s, when the United States Central Intelligence Agency recruited many Hmong men to fight against the communist Pathet Lao in what is known today as the Vietnam War or the Secret War. Culhane-Pera (2004) estimated that over 100,000 Hmong fled to Thailand after the fall of the United States. As a result, the Hmong were viewed as adversaries of the war by the incoming communist government. Many Hmong families were left exposed and vulnerable to the detrimental effects of the war. A migration for survival took place as the last United States planes left Laos. Many Hmong families fled villages by foot through lush jungles and deep rivers to Thailand for refuge. Large camps were set up to house and support the incoming Hmong refugees. Through the support of extended family members, churches, and other sponsors, families immigrated to the United States and other countries around the world such as France and Australia starting in 1975 through the 1990's. The complexity of the Hmong history greatly impacts the current Hmong experience in the United States.

Hmong Mental Health

As a Hmong therapist working in the mental health field in the United States, it is imperative that I explore the services and barriers that impact Hmong individuals. This can best be achieved through an exploration of the existing mental health literature. A meta-analysis of the mental health status of Hmong Americans within the last 35 years conducted by Lee and Chang (2012) found that “the Hmong still have higher rates of being diagnosed with depression, the lowest help-seeking behaviors in utilizing Western medicine, and the lowest arithmetic average of ‘happiness’...” (p. 55). In a broader study on mental health problems for Asian Americans, Danner and colleagues (2007) found that employment, financial status, gender, pre-migration experience, including trauma history, and post-migration adjustment were the

strongest predictors of poor mental health. The researchers also add that the most commonly reported symptom profiles include chronic adjustment disorder, major depression, and paranoia. The researchers go on to emphasize that many of these symptoms may be due to past trauma. Finally, the authors state that the challenges in treating patients with such presenting problems involve not only language barriers, but include deeply rooted issues of cultural differences in health beliefs and values such as illness from soul loss.

The collective loss of language, religion, spirituality, identity, and geographical belonging through forced migration and pressure of assimilation for the Hmong community can be traumatic and disorienting for individuals even after generations of separation from the original traumatic event(s). Such experiences of loss and displacement are not unique to the Hmong community. For example, Denise Lajimodiere (2012) wrote in her autoethnography about her father's experiences during his forced removal from his Native American tribe into a boarding school, and the generational ripple effect on her family's struggle as a result of unresolved trauma. Lajimodiere's story resonated with me because of her interpretation of collective trauma as a soul wound, and her intentional writing to grieve and process a loss she indirectly experienced as a descendant of historical trauma. Lajimodiere (2012) bravely wrote:

My brother, sister, and I are the first generation of survivors of boarding school horrors and human rights abuses. We've all struggled with emotional or drug and alcohol issues and so have our children. We are trying to break the cycle with our grandchildren. I am only now grieving with the unresolved trauma that my parents and grandparents went through. (p. 7)

I wept when I read Lajimodiere's narrative about her father's experiences in the boarding schools. In her story, I saw my own struggle as a first generation survivor of war, migration,

acculturation, and fused identities. This emotional reaction made me realize that I have not yet allowed myself to grieve the unresolved trauma and loss that my family and community went through. I join Lajimodiere in her journey to break the cycle of historical trauma and collective loss by engaging in this reflexive exploration of myself as *Hmong*, *American*, and *Therapist*.

Purpose and Theoretical Frameworks

The purpose of this paper is to explore my multiple and complex identities as Hmong, as American, and as a psychotherapist. These identities simultaneously exist within, and are affected by, internal and external systems of power and privilege within the social context of therapeutic relationships. In order to situate my experiences into a larger context, I provide a brief overview of two theoretical frameworks that serve as a starting foundation for my self-exploration.

Multiple Identities

In an attempt to challenge and expand the understanding of human complexity beyond the simplistic frameworks of early identity development theories, Reynolds and Pope (1991), conceptualized an identity model that illustrates “four possible possibilities to identity resolution that occur within a dynamic process of self-growth and exploration” for individuals belonging to more than one oppressed group (p. 178). The Multidimensional Identity Model (see Figure 1) problematized existing identity development theories which seemed to offer “one-dimensional images of culturally diverse individuals” without acknowledging what Reynolds and Pope (1991) described as “the multiple layers of diversity and identity”(p. 174).

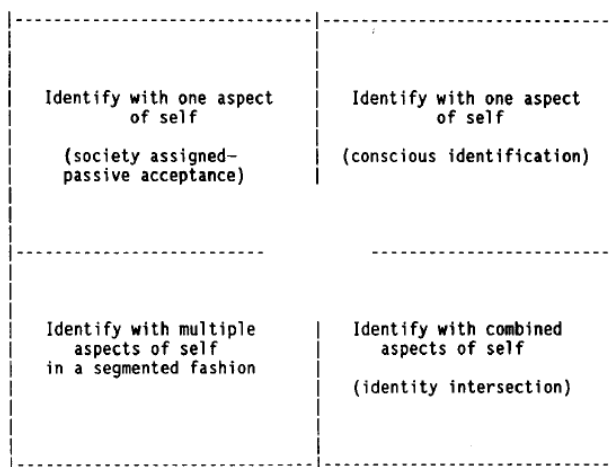


Figure 1. Multidimensional Identity Model (Reynolds & Pope, 1991)

The Multidimensional Identity Model (MIM) was conceptualized to demonstrate development of self and multiple identities as a fluid, dynamic process, with the intentional use of broken lines between each identity category. In order to fully understand Reynolds and Pope's (1991) argument for multiple identities, we take a closer look at the model. The top row on the MIM indicates that some individuals may choose to identify with just one part of their identity. This choice may be seen as passive in that the individual is allowing society, community or family to determine their primary group. Or the option may be an active choice in which the individual is making an intentional choice to identify with a part of oneself. These two horizontal options, whether passive or conscious, may cause individuals to repress other aspects of their identity to feel more accepted within their respective family or community. The bottom row on the MIM indicates that some individuals may decide to embrace multiple aspects of their identities. The left column of this row illustrates an individual's acceptance of multiple parts of identity that exist in separate and sometimes unrelated worlds. The right column on the bottom row argues for a new group identity as a resolution for individuals of more than one oppressed group. In other words, individuals may benefit by focusing on the intersections of their identities

rather than rejecting segmented and dichotomized parts of self, and thus may be able to integrate their multiple identities. Reynolds and Pope (1991) acknowledge the fluidity of identity development within self-exploration by stating that “all [four possibilities] are acceptable and create opportunities for positive self-esteem and pride as well as challenges to maintain an integrated sense of self. Throughout one’s life, movement among these options occurs on personal needs, reference group, or environment.” (p. 179). This notion of external influences on identity development connects with the second framework for my autoethnographic exploration: the intersectionality of multiple identities.

Intersectionality

Intersectionality is a relatively new theoretical framework rooted in feminist theory and often used in first-person narrative research. Jones (2009) defined intersectionality as “a theoretical framework [which] explicitly situates identity as multiple and layered and existing at once within systems of oppression and privilege” (p. 289). To illustrate the multiple approaches to this framework, I briefly explore Walby, Armtstrong, and Strid’s (2012) summary of three articles which have contributed to the research of intersectionality.

Crenshaw (1991) was credited with coining the term intersectionality in her work on the intersection of black women and gender and race. She used the concept of intersectionality to illustrate that “many of the experiences Black women face are not subsumed within the traditional boundaries of race or gender discrimination as these boundaries are currently understood, and that the intersection of racism and sexism factors into Black women's lives in ways that cannot be captured wholly by looking at the race or gender dimensions of those experiences separately” (Crenshaw, 1991, p. 2). In other words, the intersection of race and gender discrimination called for a new category of identity and experience for oppressed women.

Crenshaw argued that “a lack of understanding of this intersection led to the marginalization of black women and black women’s experiences” (as cited in Walby et al., 2007, p. 226).

McCall (2005) furthered Crenshaw’s work by reviewing the growing number of studies that explore the concept of intersectionality of identities. The author identified three approaches: intra-categorical, anti-categorical, and inter-categorical. Intra-categorical focuses on “‘particular social groups at neglected points of intersection’; anti-categorical focused on ‘methodology that deconstructs analytical categories’; and inter-categorical ‘provisionally adopt[s] existing analytical categories to document inequality among multiple and conflicting dimensions’” (as cited in Walby et al., 2007, p. 227).

Hancock (2007) also provided an in-depth review on studies in order to explore recurring approaches in intersectionality. Hancock identified three approaches to the study of identity categories. Unitary approaches involve an examination of “‘only one category’ that is ‘presumed to be primary and stable’, multiple approaches involve addressing ‘more than one category’ which ‘matter equally’ and are ‘presumed to have stable relationships with each other’; and intersectional approaches involve ‘more than one category’ in which ‘the categories matter equally’ and ‘the relationship between the categories is open’, ‘fluid’, and ‘mutually constitute each other’” (as cited in Walby et al., 2007, p. 227).

Intersectionality of Multiple Identities within Changing Contexts

Susan R. Jones (1997) was one of the early researchers to explore the relationship of identity construction within changing contexts, and the effects of multiple identity dimensions such as race, culture, sexual orientation and social class in higher education. The author argued that intersectionality allows for exploration of “‘the relationships between identity categories and individual differences and larger social systems of inequality and thus illuminates the

complexities of the lived experience” (p. 289). Dill (2002) characterized intersectionality research as “a) a primary emphasis and centering on the lived experiences of individuals; b) an exploration of identity salience as influenced by systems of power and privilege and the interacting nature of such systems; and c) a larger purpose and goal of contributing to a more socially just society” (as cited in Jones, 2009, p. 289). In a more recent study on intersectionality and identity of graduate students, Jones (2012) argued that the study of intersectionality allows researchers as participants to see how social identities “intersect with one another and with our personal sense of self” (pg. 710). The author explained that “[w]hen social identities collided at a site of intersection, they bonded together and transformed into something new” (p. 710). However, similar to Crenshaw (1991), Jones cautions that intersectionality should not be seen an “additive” approach, but rather it illuminates “the overlaps, connections, and collisions of social identities into a new self-definition” (Jones, 2012, p. 710).

Jones’ research on intersectionality of multiple identities within changing contexts resulted in the creation of the Model of Multiple Dimensions of Identity (see Figure 2) (Jones & McEwen, 2000). Expanding on the aforementioned identity work of Reynolds & Pope (1991) and social psychologist, Kay Deaux (1993), the Model of Multiple Dimensions of (MMDI) describes the fluid and complex development of identity and the effects of changing contexts on multiple identity dimensions (i.e. race, culture, ethnicity). The model describes identity as interconnecting rings around a core of internal characteristics of self to illustrate how an individual dimension cannot be independent of other dimensions of identity. Encompassing the core and identity dimensions is the contexts in which external, lived experiences occur (i.e. family, sociocultural conditions, career) (Abes, Jones, & McEwen, 2007).

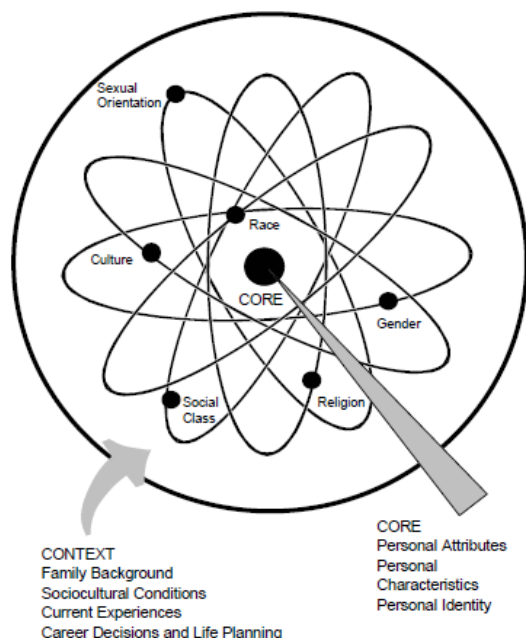


Figure 2. Model of Multiple Dimensions of Identity (Jones & McEwen, 2000).

I situate my autoethnographic work within the theoretical frameworks of intersectionality (Crenshaw, 1991; Hancock, 2007; McCall, 2005; Walby et al., 2007) and multiple identity development (Reynolds & Pope, 1991), drawing from Jones' conceptual work exploring identity development within changing contexts (1997; 2007; 2012). I've chosen these frameworks as a vehicle for self-exploration of multiple *and* simultaneously occurring identities exclusive to my experience as a Hmong, American, and therapist. The intersections of each part of identity produce uniquely different experiences for me. For example, my experience of being a *Hmong American Therapist* differs from my experiences of being a Hmong *American Therapist* or *Hmong American Therapist*, especially when put into the complex context of working with clients in therapy. These intersections will be explored in greater detail later in a different section of this paper. In embarking on this self-exploration journey, I hope to gain a deeper understanding of my own lived experiences within the intersections of my multiple identities,

and I hope to liberate my voice in sharing my narrative. I invite readers to serve as witnesses as I call in my identities much like a Hmong shaman calls for lost souls to return home.

Chapter II: Literature Review

In this section, I provide a literature review on minority therapists' experiences navigating identities within multiple contexts. Due to the low number of first person narratives from minority therapists and the non-existent literature on autoethnographic perspectives from Hmong therapists, I focus my review mainly on Rastogi and Wieling's (2005) groundbreaking book, *Voices of Color: First-Person Accounts of Ethnic Minority Therapists*. The authors make explicit their intention to provide academic and literary space for therapists of color who they described as "a small minority group in the field of marriage and family therapy and the mental health field in general" (p. 1). In line with previous research on intersectionality and multiple identities perspectives, Rastogi and Wieling (2005) caution that "the points of intersection between multiple 'diversities' must be acknowledged and understood in all their complexity" (p. 4). Specific to my current research, I reviewed minority therapists' accounts of identity and professional development as well as ethnicity and race within personal and professional contexts. The following narratives from Rastogi and Wieling's (2005) book on negotiating identity and the use of multiple languages in therapy resonated with my experiences of developing and negotiating my identities as a *Hmong American therapist*.

Monika Sharma (2005) provided an account of her life as an Asian American woman developing ethnic identity as a young person. The author described her early childhood memories of ethnic identity as binary and conflicting. She wrote "[a]t times, I was painfully self-conscious of trying to navigate my Asian Indian background in a mostly White America. At other times, I managed to feel like I blended in and was in blissful denial of my difference" (p. 13). This lived experience described by the author connects with my research, illuminating the new lived experiences of identity intersections within specific contexts. In this account of

ethnicity, it is precisely at the intersection of performing Asian Indian *and* White America, that Sharma (2005) felt discomfort. In other words, being Asian Indian *and* White as two separate dimensions of identity may not capture the same lived experience as performing *Asian Indian and White* as one unique identity experience.

Rivas, Delgado-Romero, and Ozambela (2005) provided three accounts of their personal and professional experiences as bilingual and bicultural therapists. Ozambela (2005) highlighted two important lessons from her own work with Spanish speaking clients. First, she recognized that her ability to conduct bilingual therapy provided a much needed service for clients by providing clients with choices in constructing unique vocabulary, such as mixing Spanish and English to better capture their thoughts and feeling. On the opposite end of spectrum, Ozambela (2005) discussed the pressure of having responsibilities outside of her professional role because of her bilingual skills. She voiced her concern over the potential risk of burn out by having to step in to translate documents, interpret for clients or only being assigned clients of the same ethnicity due to limited staff with the necessary language skills. Rivas (2005) added another significant component to bilingual work. He wrote, “I found myself struggling to identify and label emotions for a Spanish speaking client. I noticed that I was processing the content of the session in English (which...[was]...something I was trained for and knew how to do) and then translating it into Spanish” (p. 29). In this case, the author experience a unique struggle in the intersection of two languages within the context of providing therapy based on his cultural knowledge of language and his learned language in training. Delgado-Romero (2005) wrote about his initial thought of bilingual therapy as “an-all or nothing event” (p. 34). His clinical work with Spanish speaking clients provided a completely different experience. Delgado-Romero (2005) noticed that, similar to Ozambela’s (2005) experience, clients tended to move

back and forth between English and Spanish; sometimes forming new vocabulary for self-expression with the expectation that the bilingual therapist follow closely behind as clients created a “dynamic...culture of their own” (p. 34). Delgado-Romero’s (2005) account of noticing and shifting his dualistic perception on language allowed him to create new meaning and thus create an opportunity for both himself and clients to co-construct new experiences with their shared identities.

Aguirre, Bermudez, Cardona, Zamora, and Reyes (2005) provided clinical implications for bilingual and bicultural therapists. First, the authors suggested therapists attend to language(s) as a crucial process. They recommend bilingual therapists check in with clients to ensure mutual understanding of vocabulary or nuances in using multiple languages to communicate. Aguirre et al. (2005) suggested therapists keep an open, not-knowing stance in order to provide clients with a sense of empowerment in sharing their knowledge and truths in ways that are authentic to their stories. Bilingual therapists are also encouraged to maintain a sense of competence in using their own level of language skills at whatever level they are on. Aguirre et al. (2005) warned about the dangers of losing track of the therapeutic alliance if therapists shift their focus exclusively from clients to language limitations in the therapy room. The authors conclude by encouraging bilingual therapists to harness their struggles as a catalyst for growth and strength.

Rastogi and Wieling (2005) reported the following recurring themes from the shared narratives of minority therapists. Therapists of color have unique experiences that are pertinent to their profession; while by no means a homogeneous group, they have certain consistent experiences as minority individuals within a U.S. context; the struggles navigating privilege and oppression often help therapists of color give meaning to their personal and professional experiences. These unique perspectives are valuable, rich and complex, and add to the current

knowledge in the field of mental health by contributing to the understanding of ethnicity and cultural differences, as well as personal and professional identity development. In addition, these shared experiences can have positive impact on social justice change for multiple levels of community. I keep these themes close during my reflexive exploration to remind me of professional contributions from other minority therapists, and to provide a sense of personal comfort in knowing that I am not alone in this vast field of research and healing.

Chapter III: Methodology

“We do not choose our topics accidentally and our motive for researching them is often personal” (Richards, 2008, p. 1718).

My initial interest in undertaking Plan B research started as collaborative project with a colleague who was not of the same ethnicity. This intentional collaboration was initiated in hopes of cultivating cross cultural conversations on trauma and healing and culminating as one collective paper. My colleague and I were interested in exploring conceptual links between traditional Hmong healing and Somatic Experiencing™, a Western, body-focused model of healing created by Peter Levine (1997). We sought to find possible connections and divergences in understanding trauma and healing between the two world views, as well noting the impact of our own cultural conditioning on our interpretations of the literature on healing.

Through our conversations and review of the small body of literature on intersections of traditional Hmong soul healing and Somatic Experiencing™, I started to realize that our approach of taking existing psychological theories, concepts and methods, and attempting to explore them within a cultural context, did not fit with my own experience of trauma as a Hmong individual. As the collaboration progressed, I found it increasingly difficult to connect the existing literature and my own lived experiences as someone who is both researcher and cultural participant. I could not distance myself from the literature that I examined, and I found myself increasingly frustrated and lost.

The major change to the original trajectory of this research occurred through my experience of what researchers Trotter-Mathison, Koch, Sanger, and Skovholt (2010) call a defining moment. The concept of a defining moment was based on previous work in therapist development focused on critical incidents. Critical incidents were defined by Heppner and

Roehlke (1984) as “turning points that result in change in a professional’s perception of himself of herself” (as cited in Trotter-Mathison et al., 2010, p. 1). The authors explained their rationale of renaming critical incidents to defining moments as an intentional choice to remove the “negative connotations that are sometimes attached to the word critical” (Trotter-Mathison et al., 2010, p.1).

My defining moment occurred during a conversation late into our collaboration. My colleague and I were exploring the diverging directions that our thoughts were taking at this point. We discussed our own cultural conditioning as a potential contributor to this outcome. As we continued sharing our thoughts on potential directions for our research, I began to notice my feelings of fear, exhaustion and failure in trying to find a collaborative way to write about a cultural experience that felt so personal to my life. I found myself unable to undo my cultural identity to write about Hmong experiences of trauma and healing from a shared and distanced space. It was at this turning point that I flipped my nine month long collaboration upside down and built up the courage, through thick feelings of shame and inadequacy, to request the production of two separate research papers. It was within this intensely painful space that my current autoethnographic research was brought to life.

Most of the existing literature on Hmong and mental health is written by researchers using rigid study designs with case illustrations, non-Hmong practitioners, and Hmong clients (Culhane-Pera, Vawter, Xiong, Babbit, & Solberg, 2003; Moua, 2002). Moua (2002) categorized existing Hmong writing into four groupings: academic writing, third person narratives, folktales, and oral histories. It comes as no surprise that there is an absence of Hmong mental health practitioner voices from the field, especially from a first-person perspective. This finding fueled my desire to use personal narrative to add to the body of literature as a beginning Hmong

therapist working in the large field of mental health. This process was not easy as I struggled to move outside of my previous research training and experiences in “standard” research methods. I ventured outside mainstream psychological research methodologies into anthropological and sociological studies and came upon the autoethnography research method. Thus, this paper seeks to use autoethnography to explore Hmong therapist identity development and the experiences of multiple and intersecting identities within therapeutic contexts. For the remainder of this section, I provide a brief overview of my chosen method, and a description of myself as the subject of this research. I then discuss data collection and analysis, and explore validity, reliability, and generalizability of my work, as well as make note of limitations.

An Introduction to Autoethnography

Hughes, Pennington and Makris (2012) presented a comprehensive definition of autoethnography as “...a form of critical self-study in which the researcher takes an active, scientific, and systemic view of personal experience in relation to cultural groups identified by researcher as similar to the *self* (i.e. us) or as *others* who differ from the self (i.e. them)” in their efforts to provide a deeper understanding of the methodology as a type of empirical endeavor (p. 209). Autoethnography has also been understood as a way to empower writers to resist objectification by others through writing about the self (Richards, 2008). This methodology allows for researchers to show how their experiences are connected to a larger cultural context. Autoethnography writing can also address and problematize the role of researcher when the researcher is explicitly located in a narrative, and thus, cannot be seen as absent or neutral (Richards, 2008). In addition, autoethnography provides a research friendly method for readers as it provides a more “personally engaging style” compared to traditional scholarly research (Chang, 2008, p.11).

Supporters of this methodological approach argue that autoethnography provides opportunities for individuals to connect their past to their collective present, and to expand this understanding into culturally unfamiliar territories to gain new insight on self and others (Chang, 2008). Opponents contend that injecting too much self may be seen as “inappropriately emotional, personal, or therapeutic, at the expense of being academic” (Richards, 2008, p. 1720). Chang (2008) also warned that memory can be both “friend and foe” to autoethnographic writing because experiences can “fade as time goes by, blurring the vitality of details” (p. 5). However, Wing-Fu Lai (2012) maintains that by engaging in a self-exploration of experiences writers may be able to participate in their own process of healing by using one’s voice to fill in the richness and complexity of lived experiences. As Richards (2008) stated, “[t]hrough telling our stories, we make ourselves. We validate our new identities. We give meaning to our suffering” (p. 1722). A detailed set of evaluation criteria for autoethnographic writing will be discussed in the following section on data analysis.

Subject Selection and Description

Within autoethnographic methodologies of connecting self to the larger cultural context, I use my own self and personal narratives as the subject for this research endeavor. In this section, I provide an overview of my current self to offer a description for the focus of my exploration. I purposefully do not go into much detail on my history or family origin story in order to focus on these areas in a later section on my cultural identity development.

I am currently twenty-six years old. I am an unmarried, Hmong woman who was born in Thailand and raised in Wisconsin. I currently reside in North Saint Paul with my male Hmong partner and my four year-old Maltese-Yorkie dog. I come from a large, intact family of eight; two boys and four girls. My mother and father have been married since they were 16 and 17

years old, respectively, and have been together for twenty-eight years. My family moved to the West coast during my sophomore year in undergraduate school, and I'm lucky if I get to see them twice per year. I have a Bachelors of Arts degree in Psychology from Macalester College in Saint Paul, Minnesota, and am currently working to complete my Masters of Science in Marriage and Family Therapy from the University of Wisconsin- Stout in Menomonie, Wisconsin. I am finishing up my second year of clinical practicum, providing individual and relational therapy in multiple settings (e.g. clinic, home, and school) at two distinctly different mental health clinics.

I provide greater detail about the two clinics as they both greatly shaped my personal and professional work, and in order to provide a context for my personal narratives later in this paper. I practiced therapy at the Clinical Services Center (CSC) on-campus as part of my practicum requirement. I mainly worked with rural, white, heterosexual individuals and couples at the CSC. The majority of my training at this site involved individual and couples therapy practiced in the clinic through the use of co-therapy with another student from my program cohort. I saw clients for 50-minute blocks starting early afternoon into the evening hours for two days per week while completing school work and supervision. My off-campus clinic provided a different experience. I worked at the Wilder Clinic (WC) in a busy, commercial neighborhood in Saint Paul. The Wilder Clinic serves mainly Southeast Asian immigrant clients. I worked independently and saw clients in multiple settings (e.g. school, home, and clinic). I also had the unique experience of working with language interpreters to provide services for clients who did not speak English. I was at WC for the remaining three days of my week. A typical week consisted of meetings in the morning and seeing clients for 60-minutes sessions in the afternoon, along with supervision.

Data Collection and Analysis

As I wrote I focused on my graduate training and practicum experiences, often from direct experiences of memorable and painful moments. These provide a lived experience for me to reflect upon the dynamic intersections of my identities within clinical settings, in academic institutions, and in supervisor-trainee relationships. I reflected and drew upon emails, journal entries, memory, conversations with my parents, supervisors and coworkers, along with the use of soliloquy which I recorded and transcribed as main sources for data. I draw on Hughes, Pennington and Makris' (2012) autoethnography checklist to serve as a guideline in analyzing my narrative research. I offer multiple levels of critique of my narratives by through discussion of process and themes. In addition, I provide interpretation of themes from my narratives and connect them to other narratives of mine, or to the literature. I also address the practical aspects of autoethnography such as its limitations and its generalizability.

Validity, Reliability, Generalizability

Ellis (1995) argued that validity within autoethnography can be shown by “whether it evokes in reader a feeling that the experience described is authentic, believable, and possible” (as cited in Sparkes, 2000, p. 35). As subject and researcher, I offer readers an authentic narrative to provide an honest account of my lived experiences. Generalizability is evaluated by whether the writer's narrative connects to the audience through his or her own experiences within the text (Sparkes, 2008). Hughes, Pennington and Makris (2012) also add that although writers seek to use multiple sources of information to create credibility, this approach does not fit within autoethnographic writing. This is because generalizability is weighted on the author's ability to connect readers to his or her narrative, and to create an invitation for readers to compare their own lived experiences and circumstances to those conveyed by the author (Hughes et al., 2012).

Ellis (1995) framed the concepts of validity, reliability and generalizability within the following questions:

- a) Did my story engender conversational responses toward the text as you read?
- b) Did the story illustrate particular patterns and connections between events?
- c) Did you want to give the story to others to read because you think it speaks to their situation?
- d) How useful would this story be as a guide if you encountered a similar experience in your life?
- e) What text did you, the reader, create of my story?
- f) Did this narrative make you think about or shed light on events in your own life?
- g) Would you have acted differently than we did?
- h) Would you have told this story the way I did?
- i) Did the words I write elicit from you an emotional response to examine?
- j) What did you learn about yourself and your relationships through your response to my text? (as cited in Sparkes, 2000, p. 34)

I wove the aforementioned questions into my self-exploration to create space for my own self-growth and to invite readers to be active participants in my narrative. It is my hope that my story stirs up more questions than answers for readers, and that you may find temporary moments of intersection between your life and mine as you move through my story.

Limitations

The limitations with the use of autoethnography must be mentioned in order to provide a realistic reminder of the work involved in exploring self and others. As stated early, critics of this methodology warn about the pitfalls of writing autoethnography. Chang (2008) highlights five

criticisms that need to be considered by writers: “1) excessive focus on self in isolation of others; 2) overemphasis on narration rather than analysis and cultural interpretation; 3) exclusive reliance on personal memory and recalling as a data source; 4) negligence of ethical standards regarding others in self-narratives; and 5) inappropriate application of the label ‘autoethnography’” (p. 15). My use of autoethnographic methodologies to explore my experiences of identity intersections within the context of providing therapy may have limitations from a traditional positivist perspective. I cannot separate my lived experiences or my intuitive knowledge from the contexts in which I exist.

Although I rejected the use of a more widely accepted methodology within academia, I acknowledge the immense need for empirical literature to support the work I and other Hmong mental health professionals perform on a daily basis. The dominant field of research has produced a great amount of empirical and evidenced-based data for future researchers to strengthen and build upon. This is not the case for marginalized communities. I recognize that the act of engaging in autoethnographic research is in itself a privileged methodology that many marginalized authors may have to contemplate when using within mainstreams research. For example, many Hmong therapists frequently face the pressure of placing their work in larger empirical journals in order to claim valuable territory for future work within the dominant field. I claim my own privilege in completing this personal narrative research with the hope of creating connections to further conversations on identity development for minority therapists, especially within the underrepresented Hmong community.

Chapter IV: Intersections of Multiple Identity Dimensions

I provide vignettes of my lived experiences developing, navigating, and negotiating the multiple parts of my identity. I begin each narrative with a brief overview of what it is like to embody my identities as separate dimensions and then move on to explore the intersections of identities, to look at the identities as a whole. I've chosen to *italicize* the most salient part(s) of my identities to emphasize my experiences of intersections. Plus (+) signs are placed between each part of identity to highlight experiences produced by each category when explored in isolation, and then intersected to form a new category of identity, thus providing a new, and integrated dimension. I situate my experiences within my personal and professional work as a beginning therapist to provide a context for my narratives.

Intersection of Hmong + American

Jones (2009) stated that in order to have an understanding of our development as individuals and within the context that impacts how we make meaning of our sense of self, it is necessary to “begin our autoethnographic narratives by locating ourselves in the past – where and how we grew up” (p. 293). I follow Jones’ (2009) suggestion of self-examination by presenting a cultural and historical exploration of my family of origin to illustrate the development of my *Hmong* and *American* identity. I explored three generations and describe how their identities were shaped by privilege and oppression. I start with my grandparents, my parents, and then end with me. Parts of this section were informed by my project exploring pride and shame through the lens of oppression, and within the constructs of ethnicity and immigration, completed for a cultural competency class at the University of Wisconsin – Stout.

My paternal grandmother is a Hmong woman who grew up in a very poor village in Laos where her family lived off the land on seasonal crops. Through cultural force, my grandmother

married my grandfather, who was also ethnic Hmong, when she was 15 years old and together they had 12 children of which six survived. Grandfather was a shaman healer and took great pride in helping others. Unfortunately, my grandfather was killed in 1983 by Thai soldiers because of political unrest within the village. As a Hmong woman who culturally needed the support of a husband's clan, my grandmother remarried. This new marriage required my grandmother to move to a new village and as a result, she left her six children behind to live with extended relatives. My grandmother immigrated to California with my step-grandfather in 1993. Step-grandfather died shortly after arriving to America. Grandmother moved to Wisconsin to live with my uncle. She married her third husband in 2004 and moved back to California, where he later died in 2013.

My maternal grandfather is a Hmong man, who was born to a large family in a village high up in the mountains of Laos. His family sent him to training school in the city to become a tailor. He met my maternal grandmother at a young age and they were culturally married and had ten children, of which my mother is the eldest. Compared to other villagers who depended heavily on the growing of crops to support families, grandfather was more of a businessman and held a steady job as a tailor for the Lao Army. My maternal grandfather is also a shaman healer and my mother describes him as a generous and kind hearted man who helped everyone in their village.

The devastating effects of the Vietnam War prompted my grandparents from both sides of my family to leave Laos in 1979. Maternal grandfather had to leave for Thailand without his family because of ethnic persecution. After his safe arrival, Grandfather paid a Lao guide to claim my grandmother and mother as the Lao man's family in order to leave the country. My paternal grandparents had a different journey to safety. They travelled with over one hundred

people on a six months trek by foot through the jungles of Laos. The final destination to safety for both families was the Ban Vinai refugee camps in Pak Chom, a large district in the northeastern province of Loei, Thailand.

My mother and father met each other in the Ban Vinai camp and got married in 1986 when they 16 and 17 years-old, respectively. My parents lived in section 2, building #02027, and apartment #3 inside the camp. I was born a year later in the ZOA hospital. My mother received a training certificate in apparel design and my dad studied at the hospital to be a nurse in the camp. My parents lived in Ban Vinai until 1991 when news spread that the camps were shutting down. My parents were faced with a difficult decision to either return to Laos or immigrate to the United States. My father made the decision to come to America in order to continue his dream of having a better life for his family. My father registered our family with the sponsorship of an older sister in America. We took a bus from the camps to the district of Phanat Nikhom where more camps awaited us. My parents were required to take 6 months of education before we were allowed to immigrate. After a full year, we were the 76th group or “cycle” to start our journey to America. On a hot morning on April 28th, 1992, my parents, two younger siblings and I left Phanat Nikhom on a Boeing 474 plane to the land of the free.

My family arrived in Eau Claire, Wisconsin to stay with my aunt and her family. My parents did not speak or understand much American English as a result of receiving heavily Dutch-influenced education in the refugee camps. My father’s first job was an assembly line job located 70 miles southwest of Eau Claire in the rural town of Anchorage. My dad shared that even though it was difficult to start a new life, he was very optimistic at the opportunity to restart his life in a country with no war and he took much pride in knowing that his children were going to have opportunities to get an education and live better lives. In 2004, my parents finally

attained their official American status by passing the naturalization for citizenship exam. I remember the happiness on their faces as they proudly displayed two pieces of paper with their photos attached. At the bottom of both certificates it stated:

Be it known that [name of individual] now residing at [location] having applied to the Director of U.S. Citizenship and Immigration Services...and having proved to the satisfaction of the Director, that (s)he is now a citizen of the United States of America... (U.S. Immigration (n.d). Certificate of Citizenship. Retrieved from <http://www.us-immigration.com/certificate-of-citizenship-N-600.jsp?gclid=CK3NjrDh-r8CFUKCMgodtTkA2w>)

Finally, we were now Americans, *naturalized* Americans, but nevertheless, my parents had “proven” themselves worthy and there was great pride in accomplishing the achievement of becoming an American citizen. But what does it mean to now be Hmong *and* American? For my parents, it meant opening new doors of employment, international travel, status and security. For me, let’s just say, my experiences of being Hmong and American did not mirror my parent’s narrative.

Growing up, I remember being very resentful of being a Hmong girl. My parents didn’t teach the underlying reasons for many Hmong traditions. I felt lost and culturally disconnected from my community. It also didn’t help that I attended a school with almost no diversity. My childhood was saturated with whiteness to a point where I actually didn’t want to interact with Hmong people. I have a distinct memory of my childhood best friend, who is white, wanting me to join her Girl Scout troop and my mother not allowing me because she couldn’t pay the registration fees and couldn’t understand why a Hmong girl would participate in such American activities. This was one of my early crushing experiences of intersecting multiple dimensions of

my identity as *Hmong* and *American*. Within this intersection, I experienced the simultaneously shaming effect of not being *Hmong* enough to understand my mother's cultural context *and* not being *American* enough to receive the "benefits" which I viewed, in this case, to be participation in Girl Scouts.

Such experiences only increased my resentment and I did not have any Hmong friends until middle school, but even then, my Hmong friends that I had shared similar qualities in that we felt ashamed to be Hmong and did not want to be associated with Hmong culture. I also remember telling some friends that I was born in America so I would not have to be associated with being born in a refugee camp. My feelings toward my ethnicity did not experience much change until I started my undergraduate studies at Macalester College in Saint Paul, where I was surrounded by a large and very proactive Hmong community. My classes and community conversations allowed me to explore my anxieties with my cultural roots. My education and participation with the Hmong community of Saint Paul provided me a strong sense of pride in re-connecting to my ethnicity, culture, and place of origin. This emerging intersection of *Hmong American* identity within a supportive academic and community context provided a new experience of what it felt like to embody both dimensions of identity as one. This leads to my next chapter: adding therapist to my *Hmong American* identity.

Intersection of Hmong + American Therapist

I began my graduate Marriage and Family Therapy training program in 2012, and began developing my intersections of *Hmong + American Therapist*. I started to apply models to real life situations in the fall of 2013 as I entered into a full year of clinical practicum. I was entering what Trotter-Mathison et al. (2010) called Phase 3 or "The Advance Student Phase in therapist development" (p. 6). This phase is described as a time of high dependency and

vulnerability for therapists as they often try to find the “correct” way to support clients. As a student in this phase I was eager to absorb theories, models and techniques to aid clients to their healing process.

I had the opportunity to work in two clinics during my practicum period from August 2013 to July 2014, the Clinical Services Center on-campus and the Wilder Clinic off-campus. Both clinics provided unique practicum experiences of working with different clientele. My on-campus clinic had mainly white clients while my off-campus clinical internship served almost all Hmong clients. I found myself performing two identities, one for each clinic. I was a different type of therapist for my on-campus clinic than I was at my off-campus site.

Grounded in providing and processing therapy in English, I found it difficult to connect my training in the classroom to my off-campus practicum with Hmong clients. I found myself struggling to convert vocabulary over to the Hmong language. I was constantly asking myself questions like “How would I say that in Hmong? How do I describe a diagnosis of PTSD to an elderly Hmong man?” My *Hmong Therapist* identity was working over-time while my *American Therapist* identity struggled to make sense of the language switching happening in my mind.

My struggle with language switching brings me back to consultation I had with my white school supervisor on using an expert stance. I shared with my supervisor my discomfort being seen as an expert by my Hmong clients. I was interested in presenting myself in a less directive and more collaborative way. My supervisor suggested that I try incorporating terminology such as “curious” or “wondering” to relay an invitation for clients to share thoughts and feelings. I graciously accepted the offer and attempted this non-directive form of communication. Almost immediately I found myself stuck and unable to find Hmong words to cohesively form a

message of curiosity. This only increased my frustration as I shared with my supervisor that Hmong language had no exact words for “curiosity” and “wondering.” How was I supposed to use psychotherapy techniques successfully with clients if the words needed were non-existent in my culture? My *American Therapist* identity wanted so badly to jump into practicing therapy using a non-direct more collaborative way until it came crashing into my *Hmong Therapist* part that could not offer any quick resolutions. This intersection has left my *American Therapist* identity badly bruised and feeling inadequate, and pushes my *Hmong Therapist* part to step even deeper into the shadows of silence.

Intersection of Hmong American + Therapist

Working with Hmong clients at the Wilder Clinic in Saint Paul has produced many new dynamics for my personal and professional experience of identities as a *Hmong American + Therapist*. First, I share a collective identity with many Hmong clients. This is not meant to mean that all Hmong individuals are homogenous or that all Hmong persons have the same experiences. What I mean by collective identity is having a common knowledge of language, spirituality, clan and family system, group history, and cultural nuances that allow a bridging of mutual understanding.

A common experience with Hmong clients involved cultural positioning within the Hmong community. Culturally, Hmong individuals ask identifying information from each other to clarify relationships within clan lineages. This inquiry usually comes in the form of asking about one’s patrilineal clan name. Married women are usually asked about their husband’s clan name. Unmarried women, such as me, are asked about their father’s clan name. This act of socially situating each other in relationship to clan lineages has complicated my identity as a *Hmong + American + Therapist*. For example, Hmong clients regularly ask me, especially

during our first session, “Who is your father? Who are your parents? What is your clan name? How can I relate to you?” My *American* + Therapist identity is having a panic attack at this point: “Do I share that information? Do I explain that I may run the risk of having a dual relationship by identifying my relationship to the client which is seen as professionally unethical?” My *Hmong American* + Therapist counterpart rolls its eyes knowing that a refusal to share my personal information as a Hmong person would be culturally unthinkable! Do I have something to hide? I am not shameful of my family or my clan. Why wouldn’t I want to share? My identities cannot come to an agreed solution.

I took this dilemma to my Hmong supervisor at Wilder and processed my first few experiences of stumbling to make up vague and empty excuses that “policies somewhere” may not allow to me to share personal information. My supervisor laughed and shared that such questions are actually quite normal especially when working within the community as a Hmong provider. She validated my worries and shared valuable personal experiences to connect my experiences to hers within the larger context of the Hmong community. My supervisor also provided helpful ways to provide an answer that felt authentic without being excessive. She also reviewed actual agency policies with me about when it would be inappropriate for clients and therapists to work together due to multiple relationships. In an indirect and unconscious way, she reassured my *Hmong American Therapist* identity that everything was going work out for me and my clients.

Chapter V: Discussion

In this section, I provide a discussion of themes from my aforementioned narratives on navigating the intersections of multiple dimensions of my identity, offer implications for future research in the field of identity development for minority therapists, and conclude my research by initiating a traditional Hmong healing ritual by calling in my souls, or in this case, my identities as *Hmong*, *American* and *Therapist*.

Colliding of Identities

My multiple identities as Hmong, American and Therapist push me into difficult spaces. Embodying simultaneous identities seems, at times, to strain and stretch my own understanding of myself which leads to frustration and confusion rather than healing. Jones (2009) acknowledged such collisions as an opportunity for exploration of “the relationships between identity categories, individual differences and larger social systems” in hopes of “illuminat[ing] the complexities of the lived experience” (p. 289). My identities were greatly influenced by the different intersections within the context of each narrative. There were times when it felt like there were no possible ways for my *Hmong American Therapist* identity to negotiate with my *American Therapist* counterpart. As result, I felt extreme pain and discomfort. For example, my account of cultural positioning with Hmong clients illustrates a tension between participating in the fabric of relationship in my community, and maintaining my professional relationship ethical practices. As a *Hmong American Therapist*, how can I reconcile this potential for risk of having unethical relationships?

Privilege and Oppression

Jones (2009) argued that “[t]he relationship between privileged and non-dominant identities is marked by the varying degrees of awareness and experience at the intersections” (p.

296). I acknowledge the tension of occupying both privileged and oppressed identities. As a minority therapist, I fall into a small group of individuals who may be less visible, and thus, may be seen as less credible within the mental health field. As a Hmong individual, I struggle with internal racism growing up in a white environment with the shame of belonging to an ethnic group with no country or known origin. It should be seen as a privilege to become a *naturalized citizen*, and to be living in the “land of plenty,” yet I continue to struggle with new intersections of *Hmong* and *American*.

Along with privilege comes the dynamic of power in performing identities. As a *Hmong American Therapist* I hold a significant amount of power and privilege that needs to be constantly checked. Jones (2009) warned that it is sometimes “easier to name our oppressed/marginalized identities, but it [is] also...clear that self-definitions cannot really be considered outside structures of power and privilege and the dynamic interplay between dominant and oppressed identities” (p. 269). My Western education and training is a major factor that contributes to how I perform my identities and how clients view my work. For example, Hmong clients may view my education and bilingual skills as equivalent to expertise, which may create unrealistic expectations from clients.

Identity Negotiation

Identity negotiation is seen as a fluid process of making sense of our own identities relative to the external frameworks in which we situate ourselves (Jones, 2009). Being a Hmong therapist in this time and space provides a complex and multifaceted experience. I am in a constant renegotiation of my identities which includes the process of managing how I view myself and my sense of how others may perceive me. This involves a need for internal and external processes. I participate in this fluid and complex act of negotiating identity many times

in my narratives on intersecting identities. As a minority, this process feels almost natural to me as I've had to learn how to manage my view and read other's perceptions of me many times from a young age. As a result of repeated practice, my identity can be consciously and unconsciously negotiated. In order to be more aware of these negotiations, I need to make reflexive space to consistently check in with myself and continue to seek external consultation around my own work with clients.

Implications for Future Research

There is an absence of Hmong therapist voices within the mental health field. Much of the existing literature on Hmong identity and general therapist development is written by others seeking to gain information from an outsider's perspective. Such writing tends to amplify deficits, disparities, limitations, and barriers. As I read numerous articles and books, I found myself asking the same question that Mai Neng Moua (2002) contemplated in her anthology, *Bamboo Among the Oaks*: "[E]veryone is speaking about themselves and for themselves – except the Hmong. Where are our voices?" (p. 6). More specifically, I wondered: Where are the voices of Hmong therapists, how are they forming personal and professional identities in the field, and what are their experiences navigating multiple cultural and social identities working with clients from the Hmong community? I hope my current research, using myself as subject to explore the experiences of identity intersections, will serve as a seed for future Hmong therapists to share their unique experiences of holding and healing pain within the community.

Conclusion

I conclude my journey inward in search of the intersections of my identities by inviting you to join me in calling in my souls (identities). This soul calling ritual is traditionally completed by an the head of a Hmong household to welcome, acknowledge and protect fragile

souls, such as those that have not yet arrived (i.e. newborn), or those which have become lost (i.e. ailing individual) (Symonds, 2004). The excerpt below is only part of a longer healing chant translated into English language (Symonds, 2004, p. 87).

With my chest tight, voice muffled, and eyes watery, I open the deepest part of my heart to usher in my souls:

Today is a good day to receive

And tonight is a good night to call.

Today is a good day to cross over.

Tonight is a good night to return.

I call [Mai Bao's] twelve reindeer souls,

Which may have wandered into Ntxwj Nyoog's¹ mingling road

And Ntxwj Nyoog's crossed roads.

We have chickens to help wake up,

And an egg to help bring in all souls.

The chicken and the egg together.

The hen will lift up the soul

And use its wings to guide you.

The rooster will use his claw to defend you.

So get up and return.

Even if [Mai Bao's] souls have wandered into the other side of the sky,

There is incense smoke to guide them.

¹ In Hmong cosmology, Ntxwj Nyoog is the deity responsible for life and death, and is seen as keeper of all things needed to guide a soul into the land of darkness (see Symonds, 2004 for additional reading).

There is a hen to guide you with her wing,
And the rooster with his claw to guard and protect the twelve souls
And to guide them from the other side of the sky.
So come and have a mother.
So get up and come.
There are hens with wings to protect you.
There are roosters with claws to protect you.
There is food and paper money.
There is a rooster who will grab the paper of longevity
From the other side of the world.
So come and have a father and mother.
Have a bed to sleep in and a place to live.
Get up and return.
Miss Incense Smoke will follow and will come to gather
[Mai Bao's] twelve reindeer souls.

References

- Abes, E. S., Jones, S. R., & McEwen, M. K. (2007). Reconceptualizing the Model of Multiple Dimensions of Identity: The role of meaning-making capacity in the construction of multiple identities. *Journal of College Student Development, 48*, 1-22.
- Aguirre, C., Bermudez, J. M., Cardona, J. R., Zamora, J. A., & Reyes, N. A. (2005). The process of integrating language, context, and meaning. In M. Rastogi & E. Wieling (Eds), *Voices of color: First-person accounts of ethnic minority therapists* (pp. 189-210). Thousand Oaks, CA: Sage Publications.
- Chang, H. (2008). *Autoethnography as method*. Walnut Creek, CA: Left Coast Press.
- Chang, J., & Lee, S. (2012). Mental health status of the Hmong Americans in 2011: Three decades revisited. *Journal of Social Work in Disability & Rehabilitation, 11*, 55-70.
- Culhane-Pera, K., Vawter, D. E., Xiong, P., Babbit, B., & Solbery, M. (2003). *Healing by heart: Clinical and ethical case stories of Hmong families and Western providers*. Nashville, TN: Vanderbilt University Press.
- Danner, C., Robinson, B., Striepe, M., & Rhodes, P. (2007). Running from the demon: Culturally specific group therapy for depressed Hmong women in a family medicine residency clinic. *Women and Therapy, 30*, 151-176.
- Deaux, K. (1993). Reconstructing social identity. *Personality and Social Psychology Bulletin, 19*, 4-12.
- Duran, E., Firehammer, J., & Gonzalez, J. (2008). Liberation psychology as the path toward healing cultural soul wounds. *Journal of Counseling & Development, 86*, 288-295.
- Etherington, K. (2007). Ethical research in reflexive relationships. *Qualitative Inquiry, 13*, 599-616.

- Hughes, S., Pennington, J. L., & Makris, S. (2012). Translating autoethnography across the AERA standards: Toward understanding autoethnographic scholarship as empirical research. *Educational Researcher, 41*, 209-219.
- Jones, S. R. (1997). Voices of identity and difference: A qualitative exploration of the multiple identity dimensions of identity development in women college students. *Journal of College Student Development, 38*, 367-386.
- Jones, S. R., & McEwen, M. K. (2000). A conceptual model of the multiple identity dimensions of identity. *Journal of College Student Development, 41*, 405-414.
- Jones, S. R. (2009). Constructing identities at the intersections: An autoethnographic exploration of multiple dimensions of identity. *Journal of College Student Development, 50*, 287-304.
- Jones, S. R., Kim, Y. C., & Skendall, K. C. (2012). (Re)framing authenticity: Considering multiple social identities using autoethnographic and intersectional approaches. *The Journal of Higher Education, 83*, 698-723.
- Lai, W. (2012). Grandparent death: Through the lens of an Asian child. *The Qualitative Report, 17*, 175-190.
- Lajimodiere, D. (2012). A healing journey. *Wicazo Sa Review, 5*-19.
- Levine, P. A. (1997). *Waking the tiger: Healing trauma: The innate capacity to transform overwhelming experiences*. Berkeley, CA: North Atlantic Books.
- Moua, M. N. (2002). *Bamboo among the oaks: Contemporary writing by Hmong Americans*. St. Paul, MN: Minnesota Historical Society Press.
- Quincy, K. (1988). *Hmong, history of a people*. Cheney, WA: Eastern Washington University.

- Rastogi, M., & Wieling, E. (Eds.; 2005). *Voices of color: First-person accounts of ethnic minority therapists*. Thousand Oaks, CA: Sage Publications.
- Reynolds, A. L., & Pope, R. L. (1991). The complexities of diversity: Exploring multiple oppressions. *Journal of Counseling & Development, 70*, 174-180.
- Richards, R. (2008). Writing the othered self: Autoethnography and the problem of objectification in writing about illness and disability. *Qualitative Health Research, 18*, 1717-1728.
- Rivas, L. A., Delgado-Romero, E. A., & Ozambela, K. R. (2005). Convergence of the language, professional, and personal identities of three Latino therapists. In M. Rastogi & E. Wieling (Eds), *Voices of color: First-person accounts of ethnic minority therapists* (pp. 23-41). Thousand Oaks, CA: Sage Publications.
- Sparkes, A. C. (2000). Autoethnography and narratives of self: Reflections on criteria in action. *Sociology of Sports Journal, 17*, 21-43.
- Sharma, M. (2005). As Asian Indian female psychologist's perspective. In M. Rastogi & E. Wieling (Eds), *Voices of color: First-person accounts of ethnic minority therapists* (pp. 13-22). Thousand Oaks, CA: Sage Publications.
- Symonds, P. V. (2004). *Calling in the soul: Gender and the cycle of life in a Hmong village*. Seattle, WA: University of Washington Press.
- Trotter-Mathison, M., Koch, J. M., Sanger, S., & Skovholt, T. (2010). *Voices from the field: Defining moments in counselor and therapist development*. New York: Taylor & Francis Group.
- Walby, S., Armstrong, J., & Strid, S. (2012). Intersectionality: Multiple inequalities in social theory. *Sociology, 46*, 224-240.