

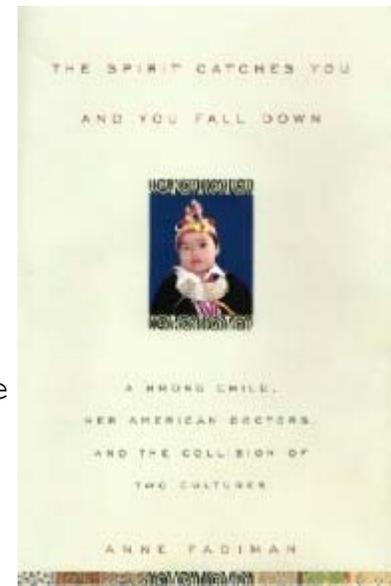
Practicing Modern Medicine: "A little medicine, a little neeb"

Yeng Yang

Review of *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures* by Anne Fadiman (Farrar, Straus & Giroux, 339 pp., 1997, ISBN 0374267812)

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Modern medicine demands the collaboration between technology-based western medical ideologies and the cultural and spiritual beliefs and practices of a multicultural nation, thus humanizing medicine. The lack of acceptance and understanding of cultural and religious beliefs among physicians has created an atmosphere that is less conducive to effective healing. Anne Fadiman's *The Spirit Catches You and You Fall Down* illustrates for us the root of these misunderstandings.



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At the center of *The Spirit Catches You and You Fall Down* is Lia Lee. Lia is a Hmong girl in Merced, California, who develops a severe form of epilepsy as an infant. Although Lia has had many seizures witnessed by her parents as her eyes rolled back and her body shook violently rendering her unconscious, it was not until October 24, 1982, when Lia had a more violent seizure that prompted Foua and Nao Kao, Lia's parents, to bring their three-months-old daughter to the Merced County Medical Center (MCMC) emergency room. Since they spoke no English, they could not articulate to the doctors what had happened. Lia had stopped seizing by the time they reached the hospital and the only residual physical evidence of her illness was of a respiratory infection. On

March 3, 1983, Lia was brought into the emergency room still seizing and then the diagnosis of epilepsy was made five months after its onset. It was during Lia's first admission to MCMC when her family first met the two supervising pediatricians, Peggy Philips and Neal Ernst, who would care for Lia over the many years to come.

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The cause of Lia's epilepsy was interpreted differently by her parents and her doctors. The belief of Foua and Nao Kao was that Lia's disorder is "*gaug dab peg*," an entity that owes its origin to the act of loosing one's soul and healed best with appeasement of the soul and restoration of the spiritual order. Lia's doctors, however, contend that epilepsy is a neurological abnormality that causes the neurons, brain cells, to fire uncontrollably. The doctors believe that such a condition is controlled best with antiepileptic medications. The conflicting paradigms that each member of these relations bring to their interactions are at the core of a great misunderstanding. Each culture holds its belief to be the truth. Foua and Nao Kao failed to give Lia the medications that she needed because they thought the medications harmed her more than they helped. Lia's parents also felt a special pride because, in the Hmong culture, epileptics often become *txiv neeb* (shamans or spiritual healers) when they grow up. Her doctors could hardly comprehend the concept of soul loss much less accept and understand the Lee's need to sacrifice chickens and pigs and acquire the help of a *txiv neeb* to negotiate for Lia's soul.

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This struggle would continue with many hours of sleepless nights shared by Lia's doctors and her parents as her medical charts grew thick and heavy from the multiple admissions to MCMC. Her seizures continued to be recalcitrant despite changing anticonvulsant medications many times. One night, on November 25, 1986, Lia, at four years of age, suffered a violent seizure and went into status epilepticus, a state of continued or recurrent seizures, that put her in the intensive care unit of a nearby hospital, Valley Childrens Hospital, on a ventilator. She would eventually be diagnosed

with septic shock, a state of multiple organ failure secondary to circulatory failure from an infection. After her complicated hospitalization course, there would be no more disagreements between Lia's parents and her doctors on whether to give her medicines or not since her epilepsy was essentially cured. Lia became easier to care for; in fact, the Lees took such good care of her that she seemed to glow beautifully although in a persistent vegetative state.

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Fadiman devoted enormous time and energy to the countless hours of research in order to understand the root of these misunderstandings that brought the most sophisticated medical system to a halt and tried the faith and persistence of an ancient culture with very different views. After going through thousands of pages of Lia's medical records, listening to and transcribing numerous tapes of interviews of everyone connected to the Lees including Hmong community leaders, doctors, and social workers, she finds a great respect and admiration for the Hmong community and its devotion to its beliefs and rituals. She especially notes what loving and caring parents Foua and Nao Kao are in their display of tenderness and love for Lia. She makes an intense study of the history of the Hmong, outlining how Hmong men and boys waged a war as "America's Secret Army " against North Vietnam under the direction of the CIA during the 1960's. She also addresses some of the urban problems that the Hmong encountered in this country as they adjusted to American life. In addition, she explores the history of medicine and examines the current climate of health care. During this process, she comes to effectively grasp many different medical concepts especially the diagnosis and treatment of epilepsy.

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The Spirit Catches You and You Fall Down is a wonderful piece of reporting in many respects. Fadiman captures the essence of the experiences of the Hmong community in general and their interaction with the medical profession in particular. The Hmong often question the methodologies employed by physicians because of the fundamental differences in what the Hmong perceive as a healer versus that of modern medicine.

There is little acceptance among most of the lay Hmong community of the western biomedical model of healing and the existence of different subspecialties that essentially have their own claim on a particular organ system in the body.

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We have the most specialized health care system with the best technology in the world . As a result, have we lost touch with our patients? In the midst of dividing and subdividing the specific roles of physicians, have we lost what it means to be a true healer? Perhaps we have become more like mechanics of the human body and neglected the soul of our patients thus resulting in the difficulties that we face in connecting with our Hmong patients. The Hmong have a holistic approach to healing; they heal the soul and then the flesh. Each one is not mutually exclusive just as culture and religion are enmeshed and any distinction is strictly arbitrary. The Hmong believe that when the soul is not well, this is often manifested as physical ailments. Hmong patients often express dissatisfaction at doctors asking too many questions and neglecting to listen. The doctor looks for and therefore treats a particular disease entity and often fails to identify what the patient perceives as his/her illness. We often forget that each individual patient walks into our office with his/her worldviews and most often his/her own agenda for seeking our care.

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The root of this dissatisfaction stems from the Hmong patient's experience of the process of healing with a *txiv neeb*, a shaman or Hmong spiritual healer. When one seeks a shaman's care, the two often engage in a conversation that, to the untrained observer, seems like irrelevant and idle chat. However, during this interaction, the shaman essentially is taking a medical and spiritual history with one significant difference in that s/he allows the patient to express and explain his/her thoughts and theories regarding his/her illness. The *txiv neeb* fuses the dichotomy of illness and disease and therefore validates the patient's concerns. In effect, the *txiv neeb* conducts a very effective session of psychological therapy. In the shaman's home there are no time constraints, unlike that of a busy physician who has another

patient in the next examining room to see. However, when we think of great physicians, are they not those who listen to their patients well and who take the time to hear and heal the individual?

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Fadiman also illustrates the degree of difficulty that many compassionate and devoted doctors face in working with Hmong patients. After all, the culture, the religion, and even the way life is valued and how decisions are made are completely foreign to western-trained health professionals. In critical situations, when medical decisions have to be made quickly, the way Hmong patients and their families arrive at decisions often becomes an obstacle to good medical care; patients and parents of patients often have to consult with many members of the family and at times it seems like they even ask the uncle of their third cousin. However, the medicocentric tone that often governs how we interact with Hmong patients puts us all at a disadvantage, especially the Hmong patient.

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Western-trained doctors claim to practice scientific-based medicine and therefore cite religious and cultural differences as the main impediments of effective healing for patients of different ethnicity. Yet we have no conflict with the faith of our Christian patients. All other cultural and religious practices seem to compromise the practice of medicine except for prayer. Prayer is not grounded in science but in faith much like that of the Hmong's *ua neeb* and *hu plig* (soul calling ceremonies), yet it is an interwoven part of medicine and healing in the western culture. Should not the Hmong culture and religion enjoy similar treatment? Perhaps we should all, at some point, concede as Dan Murphy, Family Practice resident at MCMC, did that despite all that we learned in medical school and residency, sometimes what we have to offer is very little. Indeed, we may have to rely on the patient's beliefs and cultural practices to compliment our skills and technology, therefore, humanizing medicine.

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Through her observations and interviews regarding Hmong

religious concepts and practices, Fadiman records them literally as interpreted to her by members of the Hmong community, some of whom are young and not at all sophisticated in the understanding and appreciation of what these concepts mean. In addition, Fadiman turns the abstract concepts to the literal. Therefore, what comes across the pages as ridiculous and incomprehensibly simple and naive or superstitious cannot be appreciated in its rightful context thus undermining the foundation of the Hmong culture. For example, Fadiman accurately depicts the specifics of the ceremonial protocols of *ua neebin* in her last chapter, but fails to capture the spirit of a belief that transcends worldly objects such as a newspaper with an ad that said "NO PAYMENT FOR 90 DAYS!" used to line the *txiv neeb's* altar. Moreover, because she does not actually participate in the ceremony, her ability to truly understand and appreciate the implications of the ceremony is hampered. This is not unlike the faith in God, which Christians cannot explain to non-believers. Furthermore, the essence of Hmong religious ideology transcends words and literal interpretations. Consequently, when one interprets these concepts into another language, most of the intended meaning cannot be conveyed. These concepts seem simple and ridiculous only because they are often presented by many non-Hmong authors as fragments of a whole, which these authors have not completely comprehended. These fragments lack the proper connections that most seasoned Hmong make as an integral part of their identities. When these incomplete interpretations of the Hmong culture and religion are incorrectly applied in analyzing Hmong society, it leads to further misunderstanding and alienation of the Hmong.

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The Spirit Catches You and You Fall Down is important and pertinent to the practices of culturally inclusive medicine. It demonstrates clearly the need for us to reexamine the way we deliver medical care; western medicine is often one-sided and claims to be right the majority of the time. As doctors in a multicultural nation, we cannot and should not be so rigid in enforcing our authorities and expertise on our patients. Perhaps learning that we too have our own prejudices and frames of reference, including the inexplicable faith we all have in our respective religions

which we bring to each encounter with our patients, we could be more effective and compassionate healers. Practicing culturally sensitive medicine is both an art and a science, as medicine should be, and it takes enormous time, persistence and devotion to do it well.

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On the other hand, being a Hmong patient in the American health care system also takes a strong sense of faith in the Hmong culture. A faith that the Hmong culture shall persist despite seeking and accepting what western medicine has to offer. In the end, perhaps the most important message of all was said by Nao Kao Lee, "a little medicine and a little *neeb*." This book not only teaches us about the Hmong and their beliefs and struggles but also teaches us to look and reexamine our own biomedical culture and beliefs in how it shapes us in our interactions with our patients.

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[Text of Chapter One of *The Spirit Catches You...* at the New York Times web site:](http://search.nytimes.com/books/search/bin/fastweb?getdoc+book-site+book-site+24886+0++Hmong) <http://search.nytimes.com/books/search/bin/fastweb?getdoc+book-site+book-site+24886+0++Hmong>

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