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2017-05-11

Collision or Cohesion? Hmong Shamanism and Ontological Holism in France

Madison Harmer Brigham Young University - Provo

Telisha Pantelakis

Brigham Young University - Provo, telishapantelakis@gmail.com

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Harmer, Madison and Pantelakis, Telisha, "Collision or Cohesion? Hmong Shamanism and Ontological Holism in France" (2017). FHSS Mentored Research Conference. 328.

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Collision or Cohesion?

Hmong Shamanism and Ontological Holism in France



Madison Harmer and Telisha Pantelakis Department of Anthropology Faculty Mentor: Jacob Hickman

Background

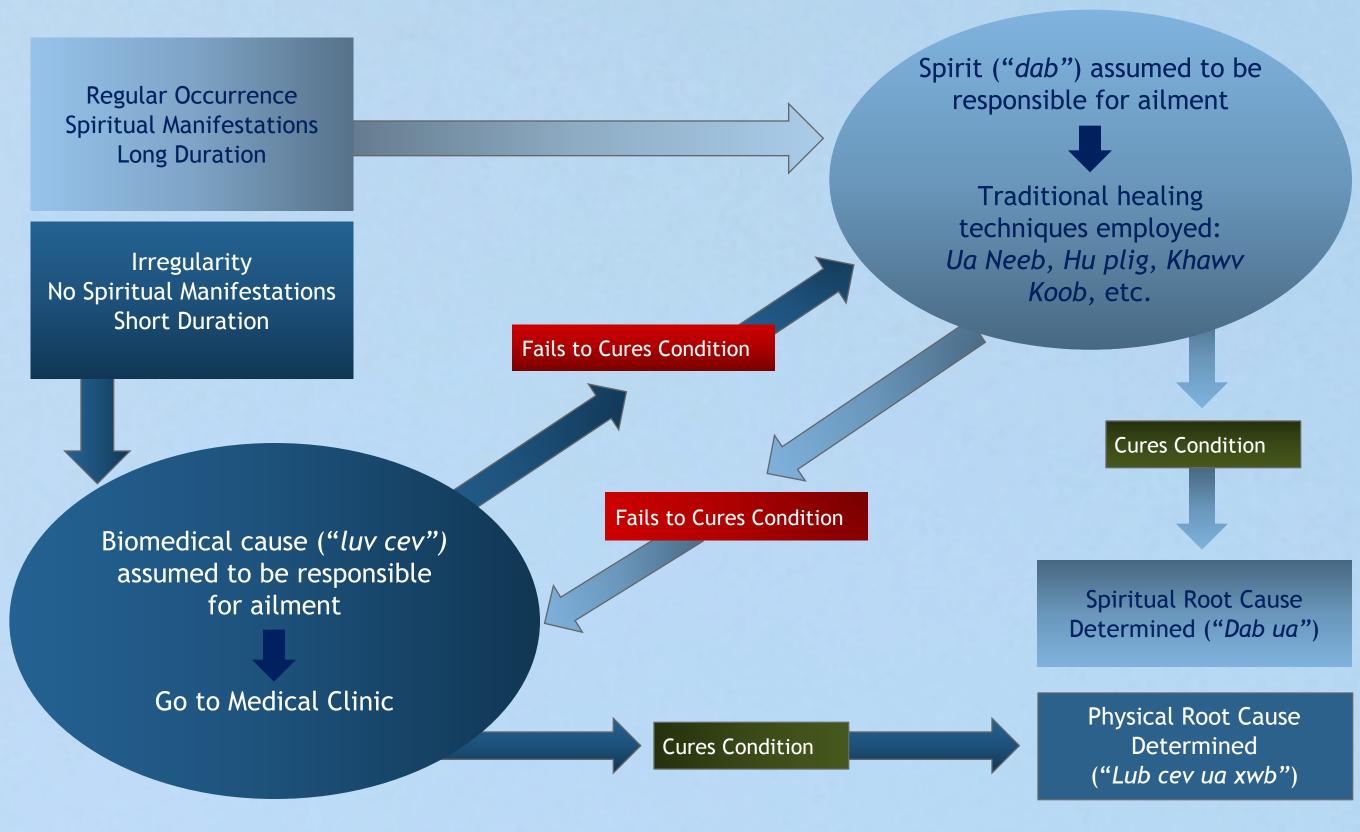
The Hmong are an ethnic group from Southeast Asia who've lived as forced migrants and political refugees for the past several hundred years. Current U.S. literature has attributed Hmong difficulties adapting to Western culture, specifically health care from shamanic practices. They claim that traditional and western healing practices are incompatible. (Franzen-Castle & Smith 2013, Fadiman 1997). While living in a small town in central France, we conducted an ethnographic study observing Hmong refugees and their interactions and beliefs between traditional healing practices and Western medicine to explore this claim.



Hmong Shaman Ritual: Ua Neeb

- Provides healing exclusively for symptoms with a spiritual etiology
- Majority of illnesses have both spiritual and physical elements (both which shamans acknowledge)
- Fever ("mpaws") →
- 1) Spiritual: your spirit has ran away ("ntsuj plig")
- 2) Physical: you ate something bad ("pi plab")
- Coughing ("hnoos") →
 - 1) Spiritual: your spirit has gone to find food and hasn't returned
 - 2) Physical: your body is cold from staying in a cold place
- Mental sickness ("vwm") →
- 1) Spiritual: encounters with spirits ("vwm dab")
- 2) Physical: an animal is "crazy" and bites you

Dual Diagnostic System



Adapted from Hickman, J. R. (2007). "Is It The Spirit or The Body?": Syncretism of Health Beliefs Among Hmong Immigrants to Alaska. Napa Bulletin, 27(1), 176-195.

"You must take medicine first. You must be somewhat well, then you can go see a shaman and he can see why you're sick."

- VamMeej Thoj, Hmong shaman and healer

Methodology

We collected our data during a period of three months living in a densely populated Hmong community in France. We each lived with a shaman and his family and participated heavily in community and cultural events. Ethnographic data collection, including participant observation, resulted in:

- 55 hours of semi-structured and informal interviews with Hmong community members and ritual experts
- 400 pages of ethnographic field notes, detailing observations of daily life, rituals, and interviews
- 5 hours of video recordings of rituals and cultural teaching



Conclusion

There is an apparent seamless integration of Hmong traditional healthcare and Western medicine observed in France in contrast to current literature. There are several implications due to our findings which can benefit current cross-cultural healthcare and cultural competency in medicine, both in France and America. Some of these include:

- Supplementing quantitative research with ethnography will provide more holistic and realistic outcomes
- Utilizing ethnography in medical education and clinical situations will improve doctor-patient relationships and decrease health disparities in minority and refugee populations

