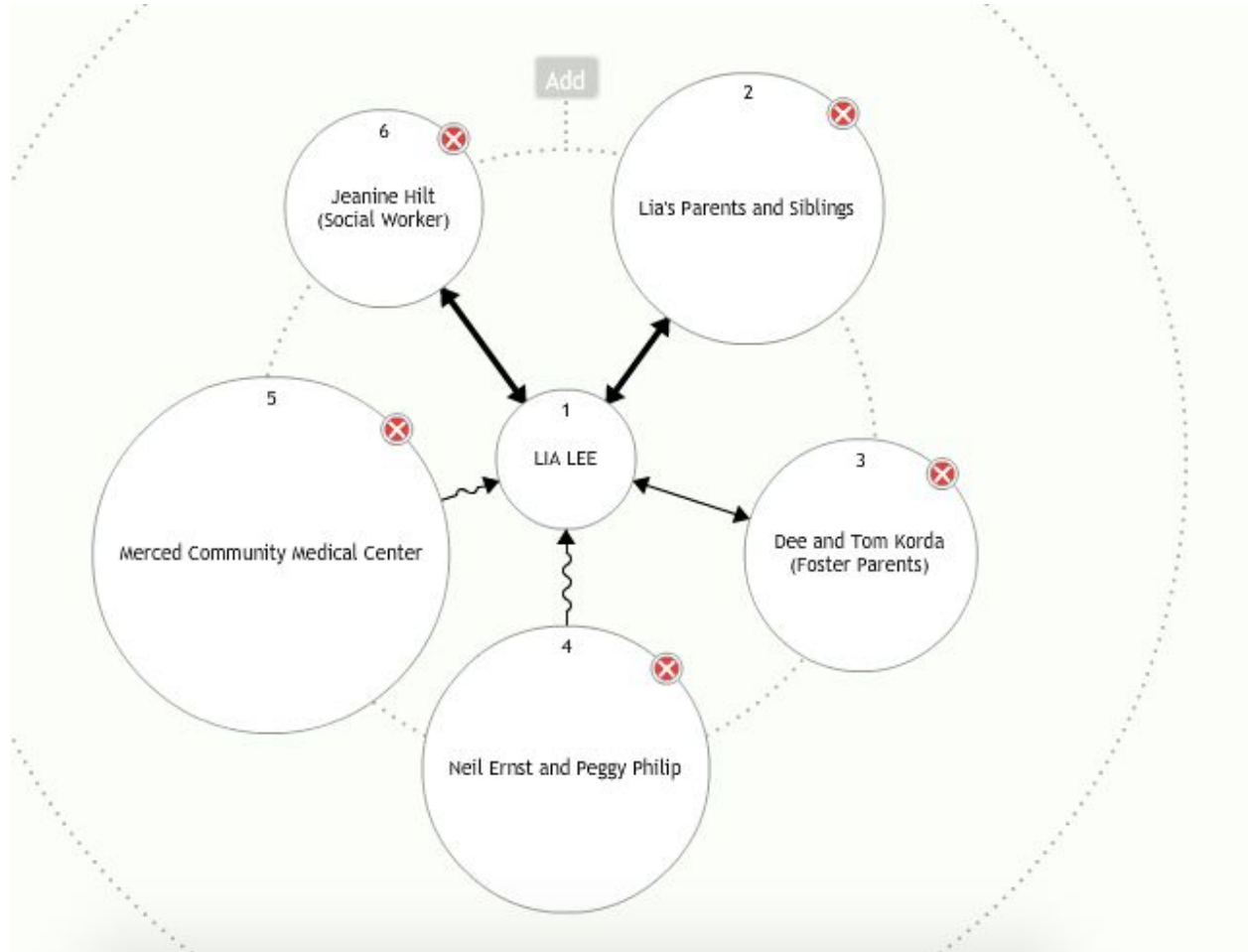


Multicultural Assessment:
The Spirit Catches You and You Fall Down

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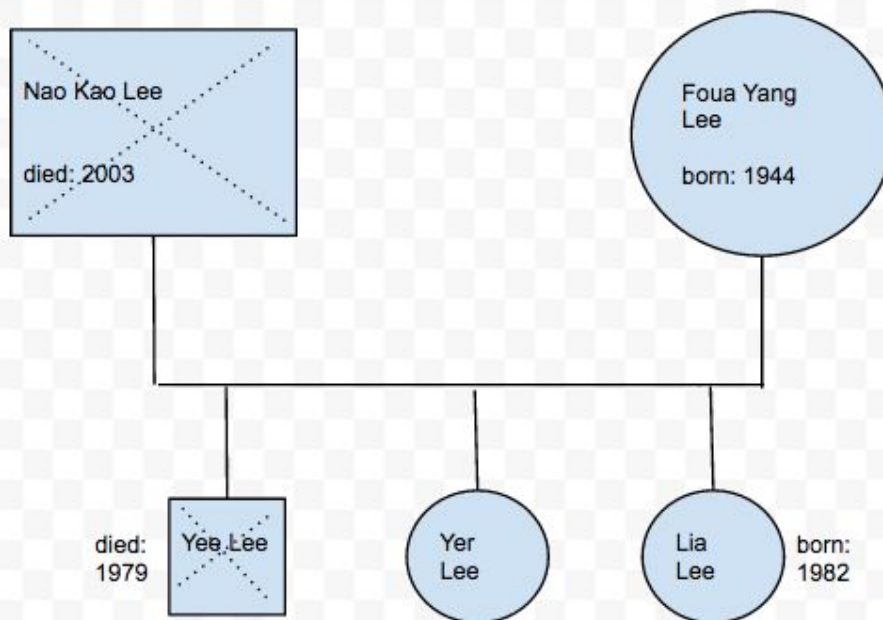
University of Southern Maine

Ecomap



Genogram

Lee Family Genogram



Family Strengths and Resource Capabilities

Social work as a profession, can be viewed as an intervention tool, used by people to better their situations. An important aspect of social work is to integrate people with the society in which they live. According to DuBois and Miley (2011), the purpose of social work is to “link client systems with needed resources” (p. 9). Social workers in general are viewed as “helpers,” keeping the best interest of their clients in mind. They use different tools and interventions to work cooperatively with their clients. The unique role of a social worker is shown through the story of Lia Lee in *The Spirit Catches You and You Fall Down* by Anne Fadiman. Through Lia’s case, the social worker is presented as having an integral role in facilitating between cultural challenges and advocating for their client.

Lia Lee, a Hmong child, born to non-english speaking immigrants from Laos now living in Merced, California, developed seizures around three months old. Due to the strong nature of Hmong culture, the Lee’s attributed Lia’s condition to “the spirit catches you and you fall down” resulting from the taking of one’s soul from a *dab* (Fadiman, p. 21). Hmong’s have a long standing reputation for staying true to their culture and not assimilating. Given this, western medicine was a strange, untrusted, resource to Lia’s parents. According to Fadiman (1997), the Hmong often used the traditional, spiritual healer as “txiv neeb could render an immediate diagnosis” (p. 33). Lia’s family was no exception. Although they used their resource of Merced Community Medical Center (MCMC), their low faith and skepticism of western medicine had them consulting with a txiv neeb for additional guidance.

As stated before, Hmong people held on tightly to their culture and traditions. Lia's condition of "the spirit that catches you and you fall down," in actuality is known as epilepsy. Parents how often see a serious neurological condition like this as a devastating blow to one's life, however Foua Yang and Nao Kao, Lia's parents, had a somewhat surprising perception. As Fadiman (1997) noted, the Hmong understood the severity of the condition, yet believed it to be a "blessing" as Lia now had the potential to grow up with a heightened sense of spirituality (p. 22). Although this interpretation of epilepsy by a parent may seem quite odd, it is important to present it in the appropriate cultural context. The Lee's spiritualism and traditions gave them confidence in Lia's condition, despite the concern of the doctors at MCMC. Keeping with a generalist social work perception, the Lee's were simply doing what they believed was right and ethical although their solutions, in contrast to modern medicine, may seem to present danger to the child.

With any case study, the person of interest is observed within their environment. One's environment may include family members, friends, and systems in which they are associated with. In the case of Lia, her environment was largely made up of her family, as Hmong in general place great emphasis on family unity. Given this, her condition affected not only her, but her parents and siblings alike. Due to Foua and Nao's belief that Lia developed this disorder after being frightened by her sister slamming a door, Fadiman (1997) noted that "they blamed Yer (her sister) for everything" (p. 23) This statement gives insight to the family system of the Lee's and how strongly it is guided by their culture. Although it seems fitting to pass judgment on Foua

and Nao for their treatment of Yer, one must remain in cultural context. These parents are greatly distressed by Lia's significant illness and they see this as a way to make sense of the matter. It is apparent that one should frequently check themselves for viewing this situation through a neutral, non judgmental lense of a social worker.

Social workers need to maintain a level of respect and acceptance for one's cultural values in order to create a trusting, genuine relationship with the client. This idea is noted as "cultural pluralism." As DuBois and Miley (2011) states, "cultural pluralism strives to maintain the cultural integrity of ethnic groups" (p. 155). Looking to Lia Lee's case in particular, giving their background, their culture was extremely valuable to them. This works to guide the social worker as they develop a relationship with the family. In Lia's case, Jeanine Hilt was the licensed social worker assigned to the Lee's. Guided by the idea of cultural pluralism, a social worker in this instance would work to highlight the strengths of the client, establishing a sense of validity to their culture. Adding value to one's culture, rather than disregarding it promotes a genuine, appreciative relationship between social worker and client. Jeanine Hilt seems to embody this in her work with the Lee's. Despite the language barrier, Fadiman (1997) noted that Hilt spent a great deal of time working with Lia's parents, educating them on how to administer Lia's medication (p. 90). This dedication of time from Hilt, shows how social work bridges the gap between cultural limitations and resources. At no time did Hilt disregard the Lee's culture or language, but rather provided the resources that worked with these systems to promote change.

Empowerment is an important concept within social work. DuBois and Miley (2011) identify empowerment as “the process of releasing the potential and strengths of social systems” (p. 52). Social workers have the important task of working within the environment of the client, tapping into all available resources. A person who has the accessibility to the strengthening resources of their environment, is able to thrive. Lia’s case in particular shows a family that has limited access to resources due to their language barrier. Jeanine Hilt, being the primary social worker, is faced with the task of connecting Lia to ample medical assistance and care. It is important to understand that at no time does Hilt deem Lia incapable of receiving access to these resources due to the limited language and wealth of her family. Using this “cultural pluralism” perspective works in the favor of both the social worker and client. A client with such strong traditions and values, can appreciate the work of the social worker as they don’t push for assimilation but rather bind the two cultures together to achieve a sort of partnership.

This is in contrast to the intervention styles of the other systems in Lia’s case. As Hilt worked to bridge the cultural gap between the Lee’s and Western medicine, the physicians seemed to contribute with a narrow perspective. In some ways this is to be expected. In western culture, modern medicine is to be the most effective and trusted form of assistance and health care. With this long standing assumption, it is difficult to comprehend a culture that may not believe the power of it’s ability. In turn, this allows doctors and nurses alike to disregard other’s cultures and values as they simply stick to the practices they have been taught. But is this necessarily wrong? It is true that medical staff as the health of their patients as top priority, but

having a lack of appreciation and acceptance to their culture and traditions can be detrimental to their relationship. Ultimately, this can leave a sour taste for foreign patients experiencing Western medicine. It seems major contrast between social workers and medical personnel is the relationship they tend to build with their clients. While social workers work with an emphasis on valuing their client's culture, medical staff places Western medicine ahead of all other alternatives, leaving cultural traditions out of the field of options.

Given this contrast, it is necessary to look at Lia's case specifically to see how the values of each system, social worker and physician, influenced how they approached her situation. To start, Jeanine Hilt, Lia's social worker, had the unique role of bridging the gap between cultures of the Lee's and modern society of the United States. According to DuBois and Miley (2011), social workers work on the fundamental idea of the "values of service, social justice, dignity and worth of the person.." (p. 47). Clearly this foundation of principle for the social worker, leads them in a perspective where appreciation for the client is highly prioritized. In the case of Lia, Hilt seems to embody these values as she continuously places high emphasis on maintaining the Lee's cultural traditions rather than degrading them. Her work never undermines the family, she rather works in harmony with it. This is seen specifically with her work with Lia's mother. Fadiman (1997), stated that "Jeanine Hilt was determined to try to continue to educate the Lees about Lia's medication" (p. 90). This was often proved difficult due to the language barrier. However, Hilt's determination was persistent. Communication between Hilt and the Lees was often made possible by use of interpreters, a resource that Hilt connected to the family. A recent

study by Bramberg and Sandman (2013), proves “the use of interpreters is essential for successful communication to provide equal access to health care for patients not sharing a common language with care providers” (p. 169). Hilt’s values as a social worker guided her to this resource that was absolutely essential for Lia’s health.

Lia’s primary physicians, Neil Ernst and Peggy Philip, are guided by a completely different set of values. According to Branch (2014), the web of values include “the autonomy of the patient, the issue of distributive justice regarding use of resources, the beneficence and nonmaleficence expected toward the patient” (p. 16). Neil and Peggy worked endlessly on Lia’s case, expressing true meaning of “distributive justice regarding use of resources,” yet the language barrier proved to be frustrating. With limited funds and accessibility to hospital based interpreters, Neil and Peggy lost out on that connecting factor between cultures to maintain a true relationship. Neil and Peggy put forth a significant amount of time and energy into Lia’s case, but their lack of breaking through the trust of the Lee’s, hindered their effectiveness for a relationship. In hindsight this was extremely detrimental to Lia’s health. A recent study evaluates what it would take for physicians to make a more personal and appreciative relationship with their patients. According to Branch Jr (2014), “some medical leaders in that era advocated focusing on medical humanism” (p. 48). This patient centered foundation could be key to finding the balance between cultures. Neil and Peggy, although limited with resources, might not have been too far off of this idea. Fadiman (1997) noted, ““Few other people I know would have gone to the lengths they did to provide good medical care to Lia”” (p. 42). Clearly, their values as

doctors were in place, they did all they possibly could medically, but their ethical values lack a sense of appreciation for one's culture. This missing component had a significant impact on the relationship they built with the Lees.

Understanding the Lee's culture and tradition is critical to finding the right resources and treatment to help their situation. The cultural ties of the Hmong are so strong, that is difficult to persuade them into any form of assimilation. When working with the Hmong it is important to come into the situation with a nonbiased acceptance of their culture and their values. No progress could be made if one was simply not understanding of their background. Difficulties and non communication arise when one sees their culture as dominant over the other. As stated before, a social worker in particular must come forth with a cultural pluralism perspective, that all cultures have something to bring to the table. One does not seek dominance over the other. By working with the Hmong people, it would be essential to bridge the gap between the cultures by supplying resources without making one feel inferior. That includes working with interpreters, allowing for adequate communication and respect for their desire to remain strongly tied within their culture and Laos background.

Working with the Lees in particular might bring about difficulties. If the Lees were asked to complete a psychosocial assessment, I believe they would be hesitant at first. Of course, they have serious lack in trust with all intervention systems. In order to make the Lee family as comfortable as possible, it would be essential to have the assessment fully translated by an interpreter in their own language. Proper answers and accurate responses cannot be expected

without adequate communication between the social worker and the family. This communication would not be possible without the use of an interpreter. The Lees might find it more comforting to have an english speaking member of the family, like an educated child, interpret the assessment. In addition, the social worker must present themselves on the same level as the family. This brings the theory of empowerment. The family will not feel comfortable if they feel as though they are inferior to the one giving the assessment. Giving an equal amount of power to both the social worker and the family is key to developing a genuine relationship.

If the assessment is giving, it might be hard for the one giving the assessment to ask about the welfare that the family receives. With understanding Hmong culture, one knows that as people they are very self sufficient. Receiving welfare or the idea of them not “working” might be a difficult subject. The Hmong people in general do not like to view themselves as “lazy” or “dependent” on the government. If they feel like they are being viewed in this manner, they might become distant or hesitant to continue with the assessment process. It is important for the social worker to not pass judgement on the family, rather understand the situation on a non biased perspective.

Working with the Hmong would be a rewarding experience for any social worker. In particular, it would open my eyes to the complexity of all cultures and how they interact with the social systems of one’s environment. After an experience with the Hmong, I would have a new appreciation for the fundamental idea of cultural pluralism, as it is so important to value other’s cultures, by putting aside our own. Without any experience with a different culture, it is hard to put yourself in that perspective of feeling inferior in the world. I believe I would have a new

understanding of how others live and how much we are affected and influenced by the traditions in which we come from. Working with the Hmong would only leave me with a new respect for all cultures. If we live within the perspective that our culture is dominant over others, we have lost a sense of communication and respect for one another.

Reflections

Reading this book was much of an eye opener for me. I realized after I finished the final afterword that I live in such a “bubble” of comfort and familiarity that it is quite difficult to place myself in the setting that Fadiman did so well. Part of this comes from my environment. Growing up in rural Maine, there is practically no such thing as racial or cultural diversity. In a way, I believe this creates a barrier that we must break through. While reading, I frequently tried to place myself in Fadiman’s position, in Merced with the Lee family, however I found it nearly impossible. I made the realization that my world is so small and so is my understanding of many people and their cultures. I have come to understand that this is a stifling my growth as a person and ultimately a social worker. Just reading about these cultures and people isn’t enough - we must experience and submerge ourselves with diversity.

In terms of the book itself, I was generally surprised by the way the doctors interacted with the Lee family. In some ways I guess this reverts back to the lack of diversity in my environment. I had this predetermined idea that medical doctors spoke in a somewhat “universal language,” which I considered to be that everyone wants to get healthy - in any way possible. Before reading this story of Lia Lee, it had never occurred to me how heavily influenced one is by their culture. Sometimes it shocked me just how adamant the Lee’s were with not supplying

Lia with her medication despite the doctor's request. I then began to question myself and think back to the mindset of a social worker. Not everyone believes in the use of Western medicine, and that is okay. I remembered how important it is to be mindful and appreciative of one's culture and their beliefs, as this is what makes up their environment. However, I understood the concerns of the doctors. Although sometimes their actions seemed drastic, sending Lia into foster care, I truly believe they were justified with their line of work - they did what they knew.

This book definitely had an impact on my idea of becoming a social worker and the profession in general. I have learned that accepting and appreciating diversity is absolutely critical to making a positive impact while working up to your potential. This book has opened my eyes to what it means to be accepting. It goes far beyond understanding that other people think differently, but to give appreciation and value to other's customs. As a social worker, I feel this is critical. Without proper acceptance in every sense of the word - the client cannot feel empowered. Thinking back to the reading in the textbook, it is critical establish a trustworthy relationship between client and social worker in order to reach the goals set forth. A social worker cannot build trust without showing a genuine and sincere interest and appreciation for their culture and way of life.

References

- Brämberg, E. B., & Sandman, L. (2013). Communication through in-person interpreters: a qualitative study of home care providers' and social workers' views. *Journal Of Clinical Nursing*, 22(1/2), 159-167. doi:10.1111/j.1365-2702.2012.04312.x
- Branch, W. T. (2014). Treating the whole patient: passing time-honoured skills for building doctor-patient relationships on to generations of doctors. *Medical Education*, 48(1), 67-74. doi:10.1111/medu.12369
- Branch, W. T. (2014). The Ethics of an Ordinary Doctor. *Hastings Center Report*, 44(1), 15-17. doi:10.1002/hast.250
- DuBois, B., & Miley, K. (2011). *Social work: An empowering profession* (7th ed.). Boston: Allyn & Bacon.
- Ecomap Creator Beta. (n.d.). Retrieved February 22, 2015, from <http://www.nocircleno.com/projects/ecomap/>
- Fadiman, A. (1997). *The spirit catches you and you fall down: A Hmong child, her American doctors, and the collision of two cultures*. New York: Farrar, Straus, and Giroux.