Conversations of Symptoms of Anxiety and Depression Among Iu-Mien High School Students and their Parents

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Abstract

There is a lack of research that focuses primarily on the Iu-Mien population in America. With the lack of scholarly work comes consequences in understanding the needs of these communities. Furthermore, the studies that were conducted on the Iu-Mien caters toward the first generation, many of whom had fled from the Secret War in Laos. The first generation who came to America faced difficulty in expressing mental health concerns due to linguistic barriers and a differing cultural understanding of mental health. This research seeks to explore whether Iu-Mien youth, or the second generation and the generations after, are able to have conversations of their symptoms of anxiety and depression with their parents when they learned English as their first language. It was found that despite speaking English as their first language, many of the respondents (n=13) still struggled to speak about their symptoms due to the fear of being judged and having different beliefs as their parents.

1. Introduction

1.1. Historical Context

The Iu-Mien, or simply Mien, is one of many ethnic groups of Southeast Asia, with some that are settled in the upland region of Laos. In the late 1950s to mid 1970s, the Iu-Mien were involved in a civil war that took place in Laos known as the Secret War. The Secret War was

termed because the U.S. government attempted to hide its existence. The Iu-Mien were recruited by the U.S. Central Intelligence Agency (CIA) to be spies on the Pathet Laos, or the Lao Communist Party. The U.S. forces soon withdrew from the war, leaving the country to be overtaken by the Pathet Laos. Once Laos took on a communist government, the Iu-Miens "were persecuted by the Pathet Lao regime for their affiliation with the Americans and continued anti-communist resistance" (Um 118). This begins the most recent diaspora of the Iu-Miens who were marked by trauma from the war, creating uncertainty for their future.

The history of the Iu-Mien in America was brief with the first wave arriving during the late 1970s as refugees from the Secret War. The first generation refers to those resettling in a host country from their homeland. Acculturation into American culture was difficult as the farming skills learned from the first generation of Iu-Mien could not translate into relevant job skills in the urban setting that they resettled to. Additionally, language barriers prevent the first generation from being able to communicate their needs, which leads to the lack of access to appropriate resources (Kramer et al. 227). One of the needs that they were largely unaware of was mental health care. Mental health is a broad term that encompasses illnesses such as anxiety, depression, suicidal ideation, etc.. For the first generation, they perceive the "root of their problems as spiritual or transcendent, and as such, choose to seek help from alternative/indigenous services as opposed to specialty mental health services" (Meyer et al. 1004). Since many of the Iu-Mien practice what I call Ani-Taoism (a mixed religion combining both Animism and Taoism), they host ceremonies as a form of treatment. Illnesses in traditional Iu-Mien culture are seen as connected to one's spirituality. Therefore, alongside western medicine, spiritual ceremony is practiced by Iu-Mien shamans as a way to treat their mental health.

The second generation refers to children of the first generation, who are born in their parents' host country. Since the second generation were raised in an American environment, they are much more likely to be acculturated to the American culture than their first generation parents and may be more aware of the resources/services that are available. With the rise of a third generation, there may be a shift to the discourse within mental health on the Iu-Mien community in America.

1.2. Background

There is a lack of scholarly work dedicated specifically on the Iu-Mien ethnic group in America, and so the assumptions made in this paper are based purely off of the works done on the literature of the broader racial category of Asian-American and Pacific Islander (AAPI) or the sub-regional group that is characterized by the refugee experience, the Southeast Asians (SEAn). Because AAPI is a small and heterogeneous population, which constitute over 5% of the U.S. population, "some researchers have had a difficult time finding adequate smaller Asian American groups like Cambodian, Hmong, Iu Mien, or Pacific Islanders" (Chu and Sue 9). This paper seeks to contribute to the literature on mental health, focusing ethnospecifically on the Iu-Mien population. Furthermore, much of the past study that was conducted at the time that this paper was written was focused on the experiences of the first generation. With the growing population of the second generation and even third generation for the Iu-Mien, who are a subset of the Southeast Asian category, it is worth exploring the nuances in the experiences of the younger generation with their mental health.

As brought up earlier in the discussion, language is one of the barriers for the first-generation Iu-Mien. In some Asian languages, there are no terms that describe mental health

concepts, such as trauma, and thus it is difficult for them to be diagnosed. Instead, they would express emotions such as feeling tired, worried, or sad. Additionally with the Iu-Mien culture, many have the mentality that notions mental health do not exist, and that they should not seek aid from mental health clinics (Hsu et al.). In a clinical study in Oregon on the Iu-Mien population during the 1980s, it was found that "the Mien most commonly present their emotional distress through somatization" (Moore and Boehnlein 1030). Somatization is the "expression of personal and social distress through bodily complaints and the seeking of medical help for those complaints" (Moore and Boehnlein 1030). A common expression for mental health needs for the Iu-Mien includes complaints such as headache, back pain, leg pain, abdominal pain, etc..

Moreover, there is the lack of bicultural and bilingual staff who are a part of the Iu-Mien community. Without cultural skills; and the lack of interpreters among clinicians, "patients may have to rely on medically inexperienced, bilingual relatives or non-medical staff, compromising quality of care and worsening health outcomes for migrant communities" (Meuter et al. 2). For providers, it is critical to consider the differences in the cultural expression of mental health within the Iu-Mien community in order to better serve these populations, and it is especially vital as "mental health diagnosis and treatment is reliant on direct communication" (Sentell et al. 289). There exists a language barrier between the first and second generation in which the first generation would have trouble speaking the language of the host country, while the second-generation would have trouble speaking their native tongue but would often serve as interpreters, especially for welfare (Hsu et al.). If the first generation are unable to express their mental health in their native language that directly translates to mental health terms in western medicine but through their somatic experiences, would the second generation be able to through learning English as their first language?

This paper seeks to research whether learning English as the first language correlates with whether Iu-Mien high school students are comfortable having conversations of their symptoms of anxiety and depression to their parents. There are multiple subcategories within both anxiety and depression, but in this paper, anxiety is used to specifically refer to generalized anxiety disorder (GAD) while the use of depression is used to specifically refer to major depressive disorder/clinical depression. GAD is characterized by "excessive anxiety and worry (apprehensive expectation) about a number of events or activities" (American Psychiatric Association and American Psychiatric Association 222). Major depressive disorder is "a mood disorder that causes a persistent feeling of sadness and loss of interest" ("Depression (Major Depressive Disorder)"). The hypothesis is that learning English as the first language does not correlate with whether Iu-Mien high school students are comfortable having these conversations with their parents. The assumption for this hypothesis is that there may be language barriers between both the Iu-Mien high school students and their parents. There is a lack of research that focuses specifically on the Iu-Mien population, when in the past, they have been lumped under the umbrella of the Asian or Southeast Asian (SEAn) monolith. There needs to be more disaggregated data in order to reveal the health disparities for the communities that were invisible, such as the Iu-Mien. Furthermore, much of the literature that involves the Iu-Mien in America is centered on the first generation.

2. Methods

2.1. Survey Design

The study uses methods in community-based participatory research (CBPR). CBPR involves not only the researchers, who traditionally hold power in either their research design or

the use of their research, but also the communities, especially those who are marginalized. For this study, the framework of CBPR was incorporated through the participation of the respondents who have taken the survey.

Both quantitative and qualitative datas were collected through a structured self-report survey with both close-ended and open-ended questions. Quantitative data was collected through likert scale questions to give respondents a scale to how much they agree with the questions being asked along with multiple choices. Qualitative data was collected through free response questions to provide room to break free from the structured survey and additional information. Names were not requested in the survey to promote the confidentiality of the respondents.

The survey is divided up into five sections; demographic, language, symptoms of anxiety and depression, conversation, and conclusion. The demographic section is for participants to input background information relating to themselves such as: age, biological sex, location, generation (e.g. second or third generation), who they are living with, and the educational level of their parents. The language section was included to measure the level of fluency the participants are in speaking Iu-Mien. The symptoms of anxiety and depression section is entirely close-ended and uses a self-measure questionnaire developed by the American Psychiatric Association (APA), specifically their DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure for youth ages 11-17. To be inclusive of older respondents who may not fit within the age range in which the measure was designed for, it was also delivered to respondents who are age 18 and 19. The symptoms are measured based on the past two weeks. The different ratings are 0 (not at all), 1 (less than a day or two), 2 (several days), 3 (more than half the days), and 4 (nearly everyday). The conversations with parents section is entirely open-ended to provide space for participants to express their level of comfort when speaking to their parents or

caregivers about their symptoms of anxiety or depression, if it is relevant. Lastly, the next step suggestion section allows participants to provide input as to how the results from the survey can be used to serve the community.

2.2. Outreach

The survey was publicized through social media such as Instagram and Facebook. The survey was shared and publicized to notable Iu-Mien community pages on Facebook, such as Iu-Mien Network, Iu-Mien America, and SAE Mien Youth Club. High School counselors in school districts with a greater number of Iu-Mien students were emailed about the study with the goal for them to share it to the students. The survey was opened from September 12th, 2020 to October 23rd, 2020.

3. Results

3.1. Demographic

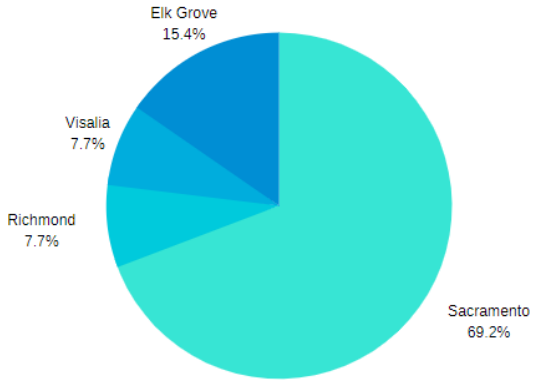

Fig. 1: City living in

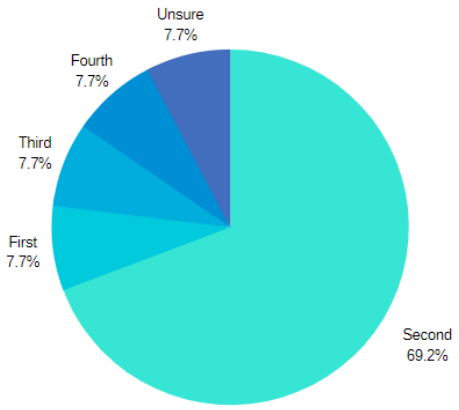

Fig. 2: Generation

13 respondents have volunteered to take the survey during the period in which it was open. The respondents of the study are between the ages of 14 to 19. Most of the respondents are female. About two-thirds of the participants are from Sacramento, California, which is an ethnic enclave of the Iu-Mien community (Fig. 1). The majority of the respondents identify as second generation (Fig. 2). Additionally, nearly all of the respondents reported that their parents have an education level of at least a high school diploma.

3.2. Language

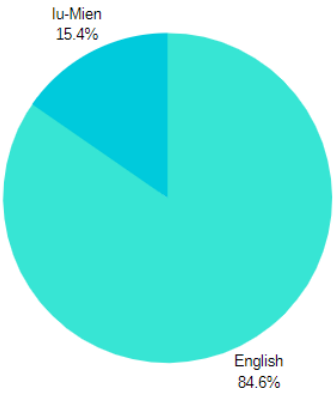

Fig. 3: First Language

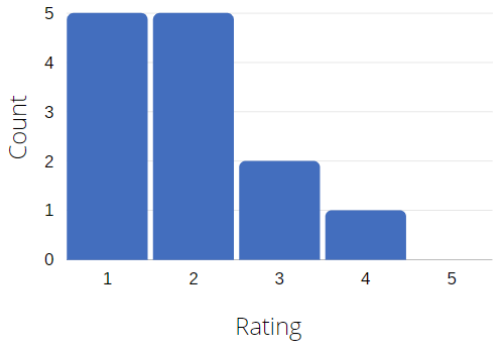

Fig. 4: Rating Iu-Mien Fluency

Eleven out of the thirteen respondents (85%) reported that they spoke English as their first language (Fig. 3). When asked to rate how fluent they are at speaking Iu-Mien on a scale of 1-5, the average score was a 1.92 (Fig. 4). It is worth highlighting that none of the participants claim to be fluent in the Iu-Mien language and most could not speak Iu-Mien at all or only have a little understanding. 12 out of the 13 respondents (92%) reported that they usually speak English to their parents. Their reason for speaking English was due to the lack of fluency in speaking Mien and also being raised to speak English to their parents. There are some exceptions however, one of which is when they must communicate in Iu-Mien to their grandparents.

3.3. Symptoms of Anxiety and Depression

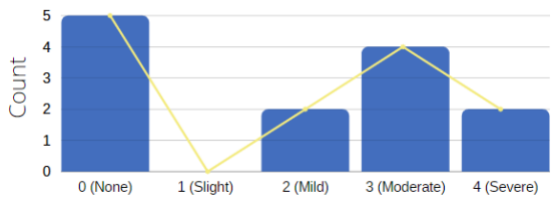

Fig. 5: (Anxiety) Not being able to stop worrying for last two weeks

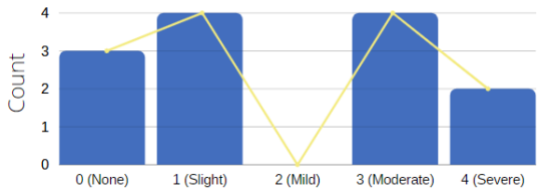

Fig. 6: (Depression) Feeling sad or depression for the last two weeks

For symptoms of anxiety, respondents are asked how often they have felt nervous, anxious, or scared in the last two weeks. The response was evenly distributed with the average score being 1.62. When asked how often they have not been able to stop worrying in the last two weeks, the average score was a 1.85 (Fig. 5). Here, the response is split between the two ends of the spectrum. When asked how often they have not been able to do things that they wanted because it made them feel nervous, the average score was a 1.54. The responses for this question were spread out.

For symptoms of depression, when respondents are asked how often they had less interest doing things than they used to and the average score was a 1.38. Moreover, when asked often they have felt sad or depressed, the average score was a 1.85 (Fig. 6). The responses here were also split between the two ends of the spectrum.

3.4. Conversations with Parents on Symptoms of Anxiety and Depression

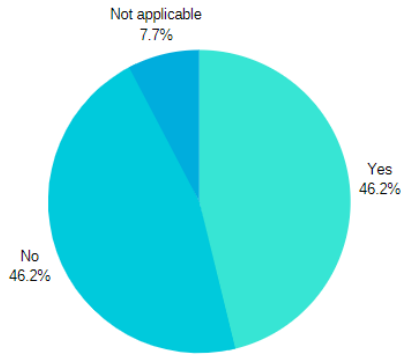

Fig. 7: Symptoms observed in parents

When asked if they were comfortable sharing their symptoms to their parents, the responses were split almost evenly between yes and no (Fig. 6). One of the respondents stated that the question was not applicable to them because they have not experienced any of the symptoms that were listed in the last two weeks. For those who were comfortable sharing about their symptoms of anxiety and depression, it was due to the shared experiences with their parents and also taking the time to confess their feelings. On the other hand, those who were not comfortable sharing about their symptoms demonstrated that it was due to fear of being judged and having different beliefs. One respondent stated, "Honestly it's out of judgement. They'll judge and call us crazy as if mental health is a joke, my mother understands it a bit and has told me to stop worrying about things and don't over stress. But besides that point, they think being depressed or having anxiety is just being crazy." When asked if the respondents feel that their parents had demonstrated these symptoms, the majority of them stated that they did not.

3.5. Next Step Suggestion

One Respondent stated that a possible service that could be offered to address these mental health issues for the Iu-Mien community is bringing mental health awareness. Another

respondent stated that having this conversation was helpful, which relates to bringing awareness. A different respondent stated that it would be worth finding communities that can help. It was unclear what this respondent meant by "communities," whether it is intraethnic or not.

4. Discussion

4.1. Implication

Through the data collected, there was evidence of symptoms of anxiety and depression experienced by Iu-Mien high school students, though not to severe levels for most of the respondents who have participated in the study. The hypothesis was supported that learning English as the first language does not correlate with whether Iu-Mien high school students are comfortable talking about symptoms of anxiety and depression with their parents. Even if English was mostly spoken in the household, there is still difficulty expressing their symptoms of anxiety and depression without being stigmatized. They express challenges of expressing symptoms of anxiety and depression to their parents due to their differing perception.

4.2. Limitation

However, there were some limitations in conducting the study. Due to the low sample size of only 13 respondents, the findings cannot be generalized to the whole population. Many of the respondents are from Sacramento, which affects the geographic diversity of my study. The short timeframe in which the study was conducted has impacted the sample size. Considering the specificity of the audience in being ethnospecific and age-specific, these limitations were to be expected.

4.3. Next Step/Future Research

For future research, it is worth looking into how Iu-Mien high school students are coping with their mental health if they have demonstrated these symptoms. It would also be interesting to explore if they are aware of mental health resources. In developing the research question, the first-generation were considered in being the audience, but there were also considerations based on literature review that there may be cultural differences/challenges when completing the survey and the possibility of the first generation bringing in a language aide which may skew the results. Still, whether generation is a factor when having conversations around symptoms of anxiety and depression may be an interesting research to see and observe. Furthermore, since Iu-Mien traditionally used Ani-Taoist practices as a form of healing, it would also be interesting to investigate the second generation's perception of traditional/alternative medicine and western medicine.

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