FACILITATORS AND BARRIERS TO EMPLOYMENT AMONG HMONG AMERICAN YOUNG ADULT MEN WITH MENTAL ILLNESS: A QUALITATIVE STUDY

by

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DEDICATION

This dissertation is dedicated to my family. To my wife Theresa, who has been a constant source of support and encouragement throughout this whole process that has seen us traverse two continents and several moves. To my parents, who laid the initial groundwork for my success. To my four siblings who encouraged me to keep going in my times of doubt. Thank you all.

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ABSTRACT

The prevalence of mental illness among Hmong Americans is estimated to be close to 33.5% as opposed to 17.9% found in the general U.S. population based on the findings of several research studies and estimates from the NIMH. The high prevalence of mental health and mental health stigma has also lead to Hmong Americans experiencing greater difficulties in obtaining and retaining employment. Although no data was available on the specific unemployment or underemployment rates of Hmong Americans with mental illness, their current labor force participation in comparison to the rest of the U.S. population sheds some light on the difficulties that Hmong Americans have had in attempting to obtain employment. Despite the fact that Hmong Americans' labor force participation has been improved over the past two decades, it still lags behind the rest of the civilian U.S. population – only 56% of Hmong Americans are employed as opposed to 65% of the U.S. Civilian labor force. Although the levels of employment have increased over the past two decades the per capita income of Hmong Americans at $11,766 is significantly lower than the overall U.S. population per capita income at $26,279 leading to higher rates of poverty and a higher reliance on public assistance.

Employment is considered essential to an individual's identity and provides pathways to community engagement and participation. Employment can also lead to higher levels of self-esteem, increased overall subjective well-being, and decreased levels of depression, anxiety, and alcohol consumption for persons with mental illness. Despite the noted importance of employment for persons of mental illness no research has been undertaken to understand the facilitators Hmong American males with mental illness may utilize or the barriers they face in obtaining and retaining employment. No research has explored the role that stigma and intergenerational trauma play in the employment process for Hmong adult males with mental

health issues. Additionally, there is very limited knowledge regarding employment issues related to Hmong Americans with disabilities and no research has been specifically undertaken with Hmong American males.

The purpose of this qualitative research study was to understand the facilitators, barriers, stigma, and intergenerational trauma experienced by Hmong adult men ages 18 to 35 years old with mental health issues residing in Wisconsin when attempting obtain and retain employment.

Semi-structured interviews were undertaken with eight Hmong American males with mental health issues between the ages of 18 and 35 years of age. Six participants self-identified as having depression and two as having anxiety. One participant self-identified as having both depression and anxiety. None of the participants identified as having severe mental illness and all the participants in this study could be considered "high functioning".

A phenomenological qualitative research framework, with a hermeneutic phenomenological approach was used to interpret the experiences of the participants. Co-cultural theory was used as a conceptual framework to further theoretically informed analysis of the qualitative data and answer the principle research question ("How do young adult Hmong males with mental health issues navigate and experience finding employment in Wisconsin?"). Two research team members of Hmong descent were recruited to assist with this study. Both grew up within Hmong American communities in Wisconsin and have an intimate understanding of Hmong culture. Additionally, both speak two different forms of Hmong dialect (Hmoob Dawg or "Hmong White" and Hmoob Ntsuab or "Hmong Green"), can read the Hmong language, and have experience working with persons who have mental health issues.

The six stages of hermeneutic data analysis as developed by Ajjawi & Higgs (2007): *Immersion, Understanding, Abstraction, Synthesis and Theme Development, Illumination and*

Illustrating the Phenomena, Critique of the Themes by the Researcher were used as a process to uncover the facilitators, barriers, and stigma experienced by Hmong American males with mental health issues to obtain and retain employment.

Seven major themes identified indicate that Hmong culture and extended family play significant roles in the employment process for the participants in this study acting as both a facilitators and barriers. There also appears to be a significant level of "bi-cultural" stress being experienced by many of the participants in this study that has inadvertently has affected their overall mental well-being, leading to difficulty finding long-term employment. Co-cultural theory was used to further theoretically inform and interpret the findings for this research study. From the eight interviews undertaken it is apparent that for the participants in this study their preferred outcome is *accommodation* or trying to maintain their cultural uniqueness within the broader American society

Results of this study indicate it would seem important to utilize Hmong American mental health counselors, rehabilitation counselors, and employment specialists where possible. Mental health, vocational rehabilitation, and other employment providers also need to be sensitive to potential family and cultural obligations that Hmong males are obligated to undertake in their community. In addition, counselors need to be sensitive to how gender roles affect the way Hmong males are obligated to communicate with each other and how it may impact the way certain Hmong clients interact when receiving Western mental health, vocational rehabilitation, or other employment services. Counselors also need to be aware how intergenerational stress may impact some Hmong American clients. Additionally, counselors need to be aware of the role that stigma and lack of understanding can play around mental illness with Hmong Americans. It appears that having a more in-depth understanding as to the stereotypes, prejudice,

and discrimination that Hmong people experience within the broader American society would assist counselors in helping Hmong people develop better workplace communication and socialization skills. Lastly, developing culturally sensitive outreach strategies would encourage Hmong people to utilize health, rehabilitation, and social services.

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CHAPTER ONE

Introduction

Hmong Americans with mental illness represent one of the most stigmatized disability groups in America. Many of them live in abject poverty when compared to the general U.S. population, and unemployment and underemployment is common among Hmong Americans living in many parts of America (Lee & Chang, 2012). The negative effects of unemployment, poverty, and income equality include health problems secondary to mental illness such as high rates of cancer, Hepatitis B, uric acid stones, and gout that is further compounded by the limited help-seeking behavior of Hmong Americans (Lee & Chang, 2012). The purpose of this study was to conduct qualitative research through interviews with 8-10 prime working-age (ages between 25-54) Hmong American men with mental illness and/or substance abuse issues living in Wisconsin, to identify facilitators and barriers to employment.

This chapter provides an overview of the prevalence of mental illness among the general U.S. population and Hmong Americans. Various issues related to obtaining and retaining employment are highlighted with an emphasis on the difficulties persons with mental illness and working age Hmong Americans encounter. Additionally, a description of the problem, the purpose, and contributions of this study will be provided.

Statement of the Problem

According to the National Institute of Mental Health (NIMH, 2015), there were an estimated 43.4 million adults aged 18 or older with mental illness living in the United States at that time. This number represents approximately 17.9% of all adults in the country. In addition, approximately 9.8 million adults aged 18 or older were estimated to have severe mental illness (SMI) in the year 2015. In comparison, the prevalence of mental illness among Hmong

Americans is estimated to be close to 33.5% based on the findings of several research studies and estimates from the NIMH (Lee & Chang, 2012), representing a much higher percentage than found in the general U.S. population and other Southeast Asian refugee groups (Lee, 2013).

Compared to other Southeast Asian groups, Hmong Americans are diagnosed with depression at higher rates, have the lowest help-seeking behaviors, and rated low on scales of happiness (Lee & Chang, 2012). A study conducted by Kroll et al. (1989) investigating depression and posttraumatic stress disorder in Southeast Asian refugees found that Hmong participants were diagnosed with major depressive symptoms at 80.4% compared to 70.7% for Cambodians, 59.25% for Laotians, and 54.1% for the Vietnamese. In another study, Lee, Jung, Su, Tran, and Bahrassa (2009) found that Hmong American college students reported more family conflict, neurotic tendencies, and depressive symptoms than non-Hmong students. A study conducted by Lee (2007) investigating the social well-being of Hmong students in northern California found that 7% exhibited frequent crying spells, 10% had sleeping disorders, 17% had a pessimistic outlook about their future, 25% felt downtrodden some or most of the time, and 37% noted their situation was hopeless some or most of the time. In addition to these studies, a recent metasynthesis study conducted by Lee (2013) found that depression, adjustment issues, family issues, and substance abuse were more prevalent among Hmong Americans than non-Hmong individuals.

High rates of mental health issues among Hmong Americans can be attributed to a number of factors, including unresolved grief due to the loss several family members during the war, difficulty in adjusting to life the U.S., and loss of traditional Hmong roles (Lie, Yang, Rai, & Vang, 2004). Other reasons include: homesickness, not having basic information on what health services are available, lack of job-seeking abilities, communication difficulties, receiving

public assistance benefits, and being unemployed (Hirayama & Hirayama, 1988; Mounanoutoua & Brown, 1995; Westermyer et al., 1990; Westermeyer, 1988). Some other reasons cited are: resistance to seeking assistance from Western mental health services due to the fact that they find common treatment modalities for mental health care confusing and not sensitive to their cultural values and belief systems; in addition, Hmong language does not have definite concepts to explain mental illness, stigma is attached to having a mental illness in Hmong culture, high rates of poverty exist, and discrimination is frequent (Futterman-Collie, Munger, & Moua, 2012; Gensheimer, 2006; Tatman, 2004; Vang, 2010).

Transgenerational trauma may have also contributed to the high prevalence of mental health issues among Hmong Americans. Baranowky, Young, Johnson-Douglas, Williams-Keeler and McCarrey (1998) describe the transgenerational transmission of trauma as the process in which negative symptoms from trauma exposure are passed on from one generation to the next. Historical trauma theory posits that populations historically subjected to long-term mass trauma such as colonization, slavery, war, or genocide exhibit a higher prevalence of mental health and other diseases in subsequent generations after the original trauma occurred (Sotero, 2006). First and 1.5 generation (children born in Laos or Thailand refugee camps) Hmong Americans have been subjected to severe war-related trauma and stress that they may have directly and indirectly passed onto subsequent generations. Direct transmission may manifest itself where children learn to behave in maladjusted ways from their parents (Schwartz, Dohrenwend, & Levav, 1994). Indirect transmission occurs when parents may be too preoccupied with their own mental health issues, resulting in poor child rearing practices leading to global deficits in their children's development and an increased susceptibility to developing psychological issues (Weiss & Weiss, 2000). "Vicarious traumatization" may also occur through

the sharing of memories, storytelling, and oral history passed down from survivors (Sotero, 2006).

The high prevalence of mental health and mental health stigma has also lead to Hmong Americans experiencing greater difficulties in obtaining and retaining employment (Vang, 2010). According to the U.S. Bureau of Labor Statistics, in 2016, 17.9% of persons with a disability were employed compared to 65.3% without a disability (Bureau of Labor Statistics, 2017). In addition, the unemployment rate for persons with a disability was 10.5% versus 4.6% for those with no disability (Bureau of Labor Statistics, 2017). The low employment participation rate of people with disabilities highlight the ongoing difficulties that persons with disabilities have in finding employment. For individuals diagnosed with a mental illness the situation is even worse. According to the National Survey on Drug Use and Health, the percentage of persons 26 years or older with mental illness who were employed ranged from 14.8% for full-time employment to 20.9% for part-time employment in 2016 (Substance Abuse and Mental Health Services Administration, 2017). Further, the percentage of persons with mental illness who were 26 years or older and unemployed was 24.8% representing a much higher level of unemployment than individuals with disabilities as a whole.

Employment is considered essential to an individual's identity and provides pathways to community engagement and participation. For persons with mental illness, who often experience societal stigma, social isolation, and increased economic burdens, work may play an even more important role (Strauser, O'Sullivan, & Wong, 2010). Studies have indicated that employment provides a number of benefits for persons with mental illness and other disabilities, including: higher levels of self-esteem, increased overall subjective well-being, and decreased levels of depression, anxiety, and alcohol consumption (Bond et al., 2001; Dutta, Gervey, Chan, Chou, &

Ditchman, 2008). Although employment can provide a number of benefits, the type of employment is also important. For instance, being underemployed can inadvertently affect an individual's sense of well-being and overall physical health. Several studies have shown that underemployment is related to lower levels of health and well-being in a number of different areas including: self-esteem (Johnson, 1986), depression (Johnson & Johnson, 1996), job satisfaction (Kahn & Morrow, 1991), life satisfaction (Feldman & Turnley, 1995), and physical health (Herzog, House, & Morgan, 1991). For persons with mental illness and other disabilities the situation is even more ominous due to the lack of appropriately suitable jobs, and they often are employed in lower level jobs leading to further issues with depression, self-esteem, anxiety, physical health issues, and entrenched poverty. For Hmong Americans, who have a poverty rate that is more than twice that of the general U.S. population (25% vs. 11%) the situation is even more dire leading to higher reliance on public assistance (12% vs. 3%) and food stamps (29% vs. 10%) and poor access to healthcare leading to further health issues (Vang, 2012; Lee & Vang, 2010). Creating pathways to employment that pays a decent living wage could assist Hmong Americans with mental illness to "close the gap" on some of these issues.

Although no data were available on the specific unemployment or underemployment rates of Hmong Americans with mental illness, their current labor force participation in comparison to the rest of the U.S. population sheds some light on the difficulties that Hmong Americans have had in attempting to obtain employment. Despite the fact that Hmong Americans' labor force participation has been improved over the past two decades, it still lags behind the rest of the civilian U.S. population. For example, in 1990, only 24% of Hmong Americans were employed in the civilian labor force as compared 60% of the U.S. civilian labor force (Vang, 2010); further, by 2010, this had increased to 56% as opposed to 65% of the U.S.

civilian labor force. As also reported by Vang, despite these gains, the per capita income of Hmong Americans at $11,766 is significantly lower than overall U.S. population per capita income at $26,279, which can be partially attributed to the propensity of Hmong Americans to find employment in low paying occupations such as manufacturing, social assistance, and retail trade. This income inequality can also be explained by the much lower levels of educational attainment found amongst Hmong Americans, limiting their access to higher paying occupations (Vang, 2010). For Hmong Americans with mental illness, employment and income disparity is made even more difficult due to unique cultural factors and their low help-seeking behavior (Lee & Chang, 2012).

Several studies have examined the delivery of mental health services to the Hmong population. For example, Gensheimer (2006) undertook a qualitative study with Hmong mental health providers that provided some unique insights and implications that Caucasian providers should be aware of in providing services to this population. One such implication is being prepared to take additional time to explain Western mental health concepts, due to the Hmong's tendency to use story telling as a method of communication, where bonding or the *"tying*" process is highly valued by Hmong clients, and staying on point is not considered culturally important (Gensheimer, 2006). Another implication would be to consider incorporating Hmong traditional healing practices as a way to encourage Hmong community members to seek Western mental health services sooner, as Hmong persons often only seek out Western mental health services as a last resort. Velasco (1996) explored employment possibilities for Hmong women with psychiatric disorders and found that specially designed assessment tools sensitive to the Hmong culture should be developed for future vocational testing and consideration of language, and cultural requirements should be an integral part of job placement.

Similarly, Her (2016) completed a study on the mental health experiences within the Hmong American LGBTQ community, where participants reported a lack of experience and cultural humility on the part of mental health clinicians they were initially referred to. However, to date, there appear to be no qualitative or quantitative research studies undertaken to understand the facilitators, barriers, and stigma experienced by Hmong working age adult males with mental health and/or substance abuse issues who are seeking employment. The purpose of this study was to address the gap in the academic literature through a qualitative phenomenological study and in the process, provide a "voice" and uniquely Hmong perspective to the issues related to obtaining and retaining employment among Hmong adult males with mental illness.

Purpose and Expected Contributions of Study

The purpose of this qualitative research study is to understand the facilitators, barriers, stigma, and intergenerational trauma experienced by Hmong adult men ages 18 to 35 years old with mental health issues, residing in Wisconsin, when attempting to obtain and retain employment. Understanding the collective personal experiences or stories of Hmong adults with mental health issues who are experiencing the phenomenon of unemployment will allow for an exploration of the issues faced by Hmong individuals and hopefully lead to insights on how rehabilitation and mental health counselors can best to serve this unique population.

The expected contributions of this study are as follows:

1. Inform and improve literature related to cultural awareness and sensitivity when working with the Hmong population.
2. Gain a better understanding of barriers that impede employment opportunity in Hmong male adults with mental health issues.

3. Improve the effectiveness of vocational rehabilitation and other specialist employment services provided to Hmong male adults with mental illness.
4. Inform and improve the professional work practices and policies rehabilitation counselors, mental health counselors or other employment specialists use to engage Hmong adult individuals.

Research Question

How do young adult Hmong males with mental health issues navigate and experience finding employment in Wisconsin?

Research Sub-Questions

1. What factors that contribute to improve employment outcomes of Hmong adult males with mental health issues in Wisconsin?
2. What are the major barriers facing Hmong male adults with mental health issues in their efforts to find and retain employment in Wisconsin?
3. What role does stigma and intergenerational trauma play in the employment process for Hmong adult males with mental health issues living in Wisconsin?

CHAPTER TWO

Literature Review

This chapter starts out by providing a broad overview of Hmong history, Hmong culture, and various issues faced by Hmong individuals with mental health issues. Following this, an overview of Hmong Americans, mental illness, and stigma is provided, an overview on research related to intergenerational trauma and the Hmong, and an overview of Hmong American's current socioeconomic status. This is followed by information regarding current employment and poverty rates of Hmong Americans, health disparities that Hmong Americans face, and a brief overview of research on providing vocational rehabilitation services to Hmong Americans. Lastly, an overview of co-cultural theory and how it applies to this study is provided along with a brief history of phenomenology and the three schools of thought in this area.

Hmong History

In understanding the various mental health and employment issues faced by Hmong Americans, it is important to provide some background information on the history, culture, and trauma-related circumstances that brought them to America. The Hmong are considered a distinct subgroup of Southeast Asians who lived remotely and independently from civilization, predominantly in Laos, Vietnam, Thailand, and Burma (Cerhan, 1990; Cha, 2003; Miyares, 1998). They practiced a slash and burn agrarian agriculture lifestyle and a vast majority were preliterate (Lee & Chang, 2012). The name "Hmong" translates to "being free" and represents their proud lifestyle of being independent and resistant to external conquests (Westermeyer & Her, 2007). "Over and over again, the Hmong have responded to persecution and to pressures to assimilate by either fighting or migrating – a pattern that has been repeated so many times, in so many different eras and places, that it begins to seem almost a genetic trait, as inevitable in its

recurrence as their straight hair or short sturdy stature" (Fadiman, 1997, p. 13). Unfortunately, this cultural trait has led to a number of unexpected consequences when they were forced to migrate to the United States and other countries at the end of the Vietnam war.

In the 1960's, thousands of Hmong men were recruited by the Central Intelligence Agency (CIA) to aid the United States in their fight against the communist Vietnamese. The Hmong were sought out as valuable allies due to their intimate knowledge of vast areas of Vietnam including the Ho Chi Minh trail and worked closely with the United States military (Tatman, 2004). Their involvement in this war resulted in the Hmong losing approximately 20% of their adult male population due to war-related fatalities (Tatman, 2004; Vang, 1979). When the United States withdrew from Vietnam, the communist armed forces viciously targeted the Hmong due to their involvement in assisting the United States during the war, which ultimately resulted in the persecution and murder of over 300,000 Hmong (Cha, 2003). To avoid being killed the remaining Hmong fled Vietnam and Laos and eventually made their way to Thailand where they were placed in crowded refugee camps (Tatman, 2004; Vang, 2010).

During their escape, nearly every single Hmong family experienced a loss of a loved one (Tatman, 2004). In the refugee camps they endured unsanitary conditions due to overcrowding, harassment by Thai soldiers patrolling the camps night and day, and lived in confined housing quarters secured by barbed-wire fences (Detzner, Senyerekli, & Xiong, 2008). The demoralizing conditions, poverty, disenfranchisement, alienation, fear, and lack of physical safety in these camps inevitably led to ongoing traumatic stress and mental illness (Detzer et al., 2008).

Eventually, sometimes after years in refugee camps, the Hmong were resettled in France, Germany, Australia, Canada, and the United States (Cha, 2003). The vast majority of Hmong (approximately 80,000) followed their leader, General Van Pao, to the United States (Cerhan,

1990). Today, approximately 260,000 Hmong reside in the USA with most in the states of California (89,989), Minnesota (63,619), and Wisconsin (47,127; Moua, 2010).

This ongoing traumatic stress and overall mental health experienced by Hmong refugees was further exacerbated by United States adopting a "scattering policy" from 1975 to 1980 (Miyares, 1998). This policy was an attempt to scatter Hmong refugees evenly in urban and rural areas around the United States as a way to encourage more rapid acculturation (Miyares, 1998). It also limited the number of family members who could relocate to just eight (Miyares, 1998). Unfortunately, this policy had a tremendous negative impact on the Hmong who highly value family and their traditional clan system. In Hmong culture, family and community takes priority over individual aspirations or needs.

The cumulative impacts of "war, maltreatment in refugee camps, unresolved grief over multiple losses, the challenges in adjusting to life in the United States, and their children's lack of appreciation of Hmong customs and traditions" have led to a number of mental health related issues (Lie et al., 2004, p. 126). These include major depression, posttraumatic stress disorder, and anxiety (Lie et al., 2004). Unfortunately, the events the Hmong experienced prior to arrival in the United States continue to affect their adjustment, and this has inadvertently has been transmitted throughout the generations in various ways. An overview of Hmong culture will now be provided as a way of shedding some light on how this may have occurred.

Hmong Culture

In contrast to American culture that values uniqueness, individual accomplishments, and achieving personal goals, the Hmong hold more collectivistic values that focus on the family or clan. Social and family structure of a traditional Hmong society is patrilineal, patrilocal, and patriarchal (Culhane-Pera & Xiong, 2003). There are approximately 18 clans within Hmong

culture, and marriages can only occur between members of different clans (Culhane-Pera & Xiong, 2003). Membership in the clan is patrilineal, meaning that women become members of their husband's clan. All people with the same family clan name are considered to be related and use various kinship terms when referring to each other (Culhane-Pera & Xiong, 2003). Clan leaders serve as mediators when resolving conflicts within their own clan and with other outside clans (Conroy, 2006). Using this method allows the Hmong to avoid involvement with social and legal agencies outside their culture and to ensure that the resolutions are compatible with Hmong ways (Conroy, 2006). Younger members of the clan are expected to show respect for their elders and authority figures.

Extended families within the clan are often called upon to assist with various issues, such as providing financial assistance, sorting out political issues, sorting out various social issues, or even assisting with health problems (Culhane-Pera & Xiong, 2003). Extended family members might include brothers, uncles, and even great-uncles (Culhane-Pera & Xiong, 2003). Under this patriarchal clan system, husbands' family members are considered to have more social obligations to each other than they have to their wives' family members (Culhane-Pera & Xiong, 2003). In traditional Hmong culture marriages were arranged, and Hmong youth were encouraged to marry young and to have large families (Conroy, 2006). Today, although many Hmong are still marrying earlier than their American counter parts, they are putting it off longer and having fewer children, much to the dismay of their older, more traditional Hmong relatives.

In addition to lineage divisions and clan membership there are also different types of Hmong at the societal level. These include White Hmong (Hmoob Dawb), Green Hmong (Moob Leeg or Moob Ntsuab or "Blue Hmong"), the Striped Hmong (Hmoob Quas Npab) in Laos, and the Black Hmong (Hmoob Dub) in Vietnam (Conroy, 2006). There are differences in language

dialects, housing structures, and animistic rituals that distinguish these various groups of Hmong from each other (Conroy, 2006).

Although many Hmong have converted to Christianity a significant proportion still follow their traditional religion of animism. For the Hmong with animist beliefs, the physical world and spiritual world co-exist with the physical world being the Land of the Light (Yaj Ceeb) or the world that is living, palpable and visible and the spirit world to be considered the Land of the Dark (Yeeb Ceeb) or the world of the dead and supernatural, invisible, and impalpable (Culhane-Pera & Xiong, 2003). Birth is seen as the door into the physical world and death is the door to the spirit world (Culhane-Pera & Xiong, 2003). "Gods and spirits in the spirit world interact with human souls in the physical world, and humans interact with spirits in the spirit world" (Culhane-Pera & Xiong, 2003, p. 31).

For Hmong animists, spirits are divided into two main types: wild spirits (dab qus) and tame spirits (dab nyeg; Culhane-Pera & Xiong, 2003). Inanimate objects in nature, such as rivers, trees, rocks, mountains and animate beings, are considered wild spirits along with sentient beings, whereas healers' helping spirits, ancestral spirits, and house spirits are considered tame spirits (Culhane-Pera & Xiong, 2003). Helping spirits help healers cure people, and male heads of the household are responsible for maintaining the obligations that family members have with ancestral and house spirits (Culhane-Pera & Xiong, 2003). A recent study completed by Gensheimer (2006) found that it is still quite common for traditional Hmong adults to use herbs, seek treatment through a shaman (medicine doctor), or use a soul calling ceremony (hu plig) before seeking western mental health services.

Given the above it is not surprising that the Hmong have had considerable difficulties adjusting to their new life in the United States. The acculturation process and various polices

that the American government have imposed on the Hmong have led to a difficult transition. The extreme trauma as a result of their involvement in the Vietnam war and refugee experience has led to a number of Hmong experiencing issues such as major depression, posttraumatic stress disorder, and anxiety (Gensheimer, 2006). Loss of familial roles, conflicts with their children and grandchildren who are unwilling to follow traditional Hmong ways, unemployment, poverty, lack of literacy, and discrimination have further exacerbated their problems of adjustment and mental health issues.

Hmong and Mental Illness

Hmong culture has strongly influenced how the Hmong view and interpret what mental illness is, the methods used in treating mental illness, and whether or not a Hmong young adult may seek western mental health services. A recent study exploring the mental health needs of Hmong living in a small mid-western community found that there was a cultural gulf between the Western and Hmong beliefs in regards to mental health (Futterman-Collier, et al., 2012); there were "few comparable concepts and words in Hmong language for psychological and psychiatric problems, and mental disorders are not part of the Hmong world-view" (p. 80). In addition, their study found that even with the more educated, acculturated, and professional Hmong there was some confusion about how to actually define mental illness and when it actually becomes problematic.

Due to their sudden immersion into a modern westernized world from an agrarian society with indigenous and animist beliefs, many Hmong suffered severe acculturation stress that led to a number of mental health issues when they first came to the United States (Lee & Chang, 2012). As one rather shocking example, early Hmong refugees to the United States became victims of Sudden Unexplained Nocturnal Death Syndrome (SUNDS) – they died in their sleep as a result

of nightmares and the shock of cultural changes (Bliatout, 1983). A later study also found that acculturation stress was the strongest indicator that impacted Hmong refugees' mental health (Nicholson, 1997). In one of the only longitudinal studies conducted on the mental health status of Hmong refugees, Westermeyer (1986) followed 97 Hmong refugees, investigating their adaptation and acculturation into American society. In this study, Westermeyer found that the participants had substantial issues related to downheartedness (described as low spirits), crying spells, decreased libido, bouts of fatigue, and suicidal ideation. Westermeyer estimated that the percentage of mental health issues present in Hmong individuals in the United States during the period from 1977 to 1986 ranged from 35% to 42%. Another earlier study, investigating head-of-household Hmong men's stress levels and their linkage to support systems, found various factors of stress such as homesickness, not having basic information on health services, car malfunctions, loss of job or lack of job-seeking abilities, communication difficulties with supervisors at work, and unpleasant work-related experiences (Hirayama & Hirayama, 1988). Hirayama and Hirayama also found that the older respondents experienced more stress due to homesickness, communication problems at work, disobedient children, limited job availability and dissatisfaction with their jobs but received more morale support from their families then the younger group.

Although more recent data are available on the mental health status of Southeast Asians over the past three decades, many studies have not disaggregated the data specifically pertaining to the Hmong, making it difficult to discern all the complex mental health issues associated with this population in the United States. Despite this, there have been some specific studies carried out that do shed some light on the current mental health status of Hmong-Americans. For example, Vang (2014) carried out a study investigating the mental health status of two

generations that had some surprising results. Interestingly, the study found that first generation Hmong immigrant's depressive symptomology tended to mirror that of the second generation Hmong Americans who were born in the United States, taking into consideration age, socioeconomic status, acculturation, and generational status. Vang suggests that, although Hmong refugees may come to the United States with higher rates of depression, anxiety, and Post-Traumatic Stress Disorder (PTSD), they are eventually able to adapt to living in American society. Intriguingly, the study also found that acculturation was not related to participation in education and employment, suggesting that the Hmong continue to hold onto the values and practices of their culture of origin, which has potential implications when treating Hmong individuals with mental health issues. Vang recommends including the use of traditional mental health treatment options or adapting Western treatment modalities when providing mental health services to Hmong individuals.

According to several studies, depression is the mental health diagnosis that is most prevalent in Hmong Americans (Foss, Chantal, & Hendrickson, 2004; Hirayama & Hirayama, 1988; Kroll, Habenicht, Mackenize, & Yang, 1989; Mouanoutoua & Browon, 1995; Westermeyer, 1988; Westermeyer, Callies, & Neider, 1990). Using a sample of 225 Hmong patients, Kroll et al. found that 80.4% of them were being seen for depression, 11.8% for PTSD, 3.5% for anxiety and somatoform disorders, 2.7% for psychoactive substance use disorder, 2.0% for organic mental disorder, 0.8% for schizophrenia, and 0.4% for personality disorder. Hmong Americans who exhibited the most depressive symptoms or were considered high risk for depression were those who were on welfare, had more changes in leisure activity in the U.S. upon arrival, were unsatisfied with employment, or were unemployed (Hirayama & Hirayama, 1988; Mouanoutoua & Brown, 1995; Westermeyer, 1988; Westermeyer et al., 1990).

Other mental health issues found to be prevalent among Hmong Americans are anxiety, adjustment issues, family issues, and substance abuse. Anxiety was most prevalent with Hmong Americans who were on welfare, had neuroticism, were older, and were less educated (Mouanoutoua & Brown, 1995; Westermeyer et al., 1990). Anxiety was also prevalent amongst Hmong Americans who were unemployed and having family conflict (Mouanoutoua & Brown, 1995; Lee et al., 2009). Adjustment disorders are also commonly found among Hmong Americans. According to the study conducted by Westermeyer et al., the majority of the participants indicated that they were on welfare had a chronic adjustment disorder.

Family issues, such as intergenerational communication difficulties, marital discord, and domestic violence, were commonly mentioned in a study completed by Futterman-Collier et al. (2012). Some commonly abused substances in Hmong Americans from earlier studies include opium and tobacco, cannabis, alcohol, cocaine, and heroin (Westermeyer, 1993; Westermeyer, Lyfoung, Westermeyer, & Neider, 1991). In a more recent study, Constantine et al. (2010) found that, although Hmong women started smoking at a younger age than Hmong men (14 years old verses 21 years old), Hmong men used tobacco at a significantly higher rate. High psychiatric rates (43%) and PTSD were also found in several studies with Hmong American participants (Danner, Robinson, Striepe, & Rhodes, 2007; Mollica, Wyshak, Lavelle, & Truong, 1990; Westermeyer, 1988).

As stated earlier, the prevalence of mental illness among Hmong Americans is estimated to be close to 33.5% based on the findings of various research studies and estimates from the NIMH (Lee & Chang, 2012). This percentage is much higher than the 17.9% of American adults who are estimated to have any mental illness (AMI; NIMH, 2015). Despite having a much higher prevalence of mental illness than the broader American population, the Hmong are still

resistant to seeking assistance from Western mental health services for many reasons. Similar to many other collective refugee communities, the Hmong find the common treatment modalities for mental health care confusing and not considerate of their cultural values and belief systems (Genheimer, 2006). In addition, the Hmong language does not have specific concepts that explain illness in literal terms, and the terms *vwm* (crazy) and *tshuaj* (medicine) actually imply stigma that further serves as a deterrent for Hmong with mental health issues to seek treatment (Culhane-Pera, 2003). The role that stigma plays in Hmong culture will be addressed in the following section.

Hmong, Mental Illness, and Stigma

As this study is exploring how stigma plays a role in the employment process for Hmong American men with mental health issues, it is important to understand the cultural implications. Severe stigma associated with mental illness was a major issue identified in the study completed by Futterman-Collier et al. (2012). Participants noted that there is general reluctance to discuss personal problems especially among men for fear showing vulnerability. Participants also stated that there was a strong desire to appear inconspicuous due to the stigma attached with having a mental illness within Hmong culture, as in the past there were severe cultural sanctions for unacceptable behavior that has continued into present day. In Hmong culture, a stigmatized person would be frowned upon, shunned, or even ostracized by the community (Fang, 1998).

Although traditional Hmong recognize that mental illnesses do exist, seeking out mental health services, or even admitting that one has a problem, is considered shameful and extremely embarrassing within the Hmong culture (Tatman, 2004). In Hmong culture and many Asian cultures, along with the individual being affected by the stigma of having a mental illness, the entire family is affected as well. As a result of this, many Hmong Americans are less likely to

seek mental health care for fear of conveying stigmatization to their families (Vang, 2010). Families will sometimes go to great lengths to conceal or confine mentally ill individuals (Xiong, 2011). Further evidence of this comes from a study completed by Snowden (2007) investigating family participation and assistance provided to 4,038 individuals with severe mental illness. In this study, Snowden found that 72% of Asian Americans, 62% of Latino Americans, and 22% of Caucasian Americans lived with family members and depended on their assistance. Suggesting that the more collectivistic culture of Hmong Americans (and other Asian Americans) contributed to them less likely to access Western mental health services (Vang, 2010).

In another study investigating the help-seeking behaviors of Southeast Asians found that the Hmong were the least likely to use Western medicine in the United States, controlling for age, gender, educational accomplishment, and English proficiency (Chung & Lin, 1994). According to Gensheimer (2006), "before seeking western mental health services, it is common for traditional Hmong adults to pursue help for problems through their family and clan system, and through the use of traditional healing methods, including the use of *tshuaj ntsuab* (herbs), treatment by the *kws tshuaj* (medicine doctor) or *kws khawv koob* (ritual healers), and a soul calling ceremony (*hu* plig)" (p. 2). For Hmong who have converted to Christianity, prayer is sometimes used instead of the above practices for various serious illnesses (Gensheimer, 2006). When the above two methods for treating mental illness are unsuccessful, then some Hmong may seek western mental health services (Gensheimer, 2006). Additionally, the negative experiences that Hmong have had with Western medical professionals has also negatively impacted their use of Western medicine and mental health services (Vang, 2010; Fadiman, 1997).

Intergenerational Trauma and the Hmong

Intergenerational trauma or historical trauma might be defined as the transmission of trauma exposure that is passed from one generation onto the next (Baranowsky, et al., 1998). Brave Heart (1999) suggests that historical group trauma may manifest itself in the next generation through such things as "depression, self-destructive behavior, substance abuse, identification with ancestral pain, fixation to trauma, somatic symptoms, anxiety, guilt, and chronic bereavement" (p. 111). Estrada (2009) states that "the essential elements of historical trauma are that it is cumulative, intergenerational, and linked to multiple negative outcomes" (p. 331). Hmong Americans have been subjected to severe war-related trauma and stress that may have been directly and indirectly been passed onto subsequent generations and may have led to a number of negative health outcomes such as mental health and substance abuse issues. This study will explore whether or not this has occurred and how this may have effected Hmong American male's ability to obtain and retain employment and the implications of this.

Historical group trauma theory has been applied to Jewish Holocaust survivors, American Indians, Canadian First Nations, Australian Aboriginals, Mexican Americans, and other refugee populations (Baranowsky et al., 1998; Brave Heart, 1999; Estrada, 2009; Xiong, 2015). Some examples of refugee trauma theories include Kunz's Kinetic Model of Refugee Theory, Post-Colonial Theory, and Trauma Theory. Two conceptual frameworks or models on intergenerational trauma that have been applied to Hmong Americans include Sotero's Historical Trauma Model and the Trauma and the Continuity of Self: A Multidimensional, Multidisciplinary Integrative Framework (TCMI; Danieli, 1998; Sotero, 2006; Xiong, 2015; Yang, 2014).

In a study comparing the levels of depression and anxiety symptoms in United States born Hmong to Thai born Hmong, Yang (2014), used Sotero's Historical Trauma Model as a conceptual framework. Sotero's model posits that historical trauma occurs when subjugation of a population by a dominant group occurs. According to Sotero, subjugation consists of "at least four elements: (1) overwhelming physical and psychological violence, (2) segregation and/or displacement, (3) economic deprivation, and (4) cultural dispossession" (p. 99). Yang (2014) hypothesized that Thai born Hmong would demonstrate higher levels of depression and anxiety then U.S. born young. Results indicated that there were no statistical significant differences between U.S. born Hmong and Thai born Hmong on the reporting of depression and anxiety symptoms. The results of this study suggest that qualitative research methodology may have elicited more in-depth information and responses leading to greater insights on intergenerational trauma with sample selected.

In another study, Xiong (2015), used the Trauma and the Continuity of Self: A Multidimensional, Multidisciplinary Integrative (TCMI) framework to explore the applicability of historical trauma with Hmong women participants in conjunction with extended case method (ECM) methodology. In addition, Xiong examined the impact of a psychosocial-education intervention on the historical trauma of Hmong women. TCMI framework suggests that an individual's identity is comprised of interactions between multiple systems, such as family, social, communal, religious/cultural, national, and international; a healthy relationship occurs when an individual is able to move freely between each system has psychological access to all systems. Exposure to severe traumatic events may "rupture" the relationship the individual has with their various systems causing an individual to become "stuck," or what Danieli (1998) referred to as "fixity." If this "rupture" is not addressed then the individual may carry it with

them into the future and potentially transmit it to subsequent generations through spoken word, writing, body language, and silence. Results of the Xiong study indicated a high frequency of participants' experiencing exposure to trauma that is indicative of historical trauma and the intergenerational transmission of historical trauma.

Hmong Socioeconomic Status, Employment, and Poverty

Although the socioeconomic status of Hmong Americans has improved over the past three decades, there is still room for considerable improvement in a number of areas. As stated earlier the biggest populations of Hmong Americans are found in the three states of California, Minnesota, and Wisconsin. One area that has seen considerable improvement is employment, although big disparities still exist. For instance, between 1990 and 2010 the gap between Hmong employment and that of the U.S. population decreased from 40% in 1990 to 9% in 2010 (Vang, 2012). As of 2010, the civilian employment rates of Hmong in the three most Hmong populated states were 49% versus 58% for state of California as a whole, 59% versus 66% for the state of Minnesota, and 63% versus 64% for the state of Wisconsin. Unfortunately, no statistics were available on the employment rates of Hmong with mental illness and/or substance abuse, which is the focus of this study.

Hmong Americans have predominately worked the past three decades in the areas of manufacturing, education services, health care, social assistance, and retail trade (Vang, 2012). The industry employing the highest percentage of Hmong Americans is manufacturing. In 2010, approximately 29% of Hmong Americans worked in this industry compared to 11% for the U.S. population. There were some considerable differences of Hmong American employment in this industry, most notably in the state of Wisconsin (the area focus of this study), where 40% of the

Hmong American population were employed in manufacturing jobs as compared to 18% of the state's population.

Despite the large jump in employment rates for Hmong between 1990 and 2010 there have been some noticeable differences in incomes levels when compared to the rest of U.S. population. For instance, although the gap in household income has narrowed between 1990 ($30,056 for U.S. household versus $14,276 for Hmong household) and 2010 ($51,200 for U.S. household versus $47,200 for Hmong households) the income difference between Hmong per capita income has actually widened from $26,279 for U.S. per capita income versus $11,766 for Hmong per capita income (Vang, 2012). Vang suggests that larger family size may explain this discrepancy. Also according to Vang, Hmong median family income is approximately $14,000 lower ($64,000 versus $50,000) in the state of Wisconsin. In addition, Hmong earnings tend to be significantly lower than when compared to the rest of the U.S. population. In 2010, median earnings for Hmong males doing full-time, year-round work were $15,500 less than males in the U.S. population ($30,900 versus $46,400). Even when compared to women in the U.S. population (who earn less than men), Hmong men still earned less ($30,900 for Hmong men versus $36,100 for U.S. women respectively). According to Vang, there are several reasons for this disparity: employment in low-paying jobs, lack of formal education, and the fact that Hmong households receive supplemental security income (SSI) at much higher rates than the general U.S. population (!5% versus 4%).

Poverty

As a result of the employment and earnings disparities, Hmong Americans have a much higher rate of poverty as compared to the U.S. general population. Although Hmong American's poverty rate has dramatically decreased from 1990 to 2010 (64% to 25%) it is still more than

twice that of the general U.S. population at 11% (Vang, 2012); in the state of Wisconsin, the Hmong poverty rate is 19% compared to 8% of Wisconsin residents. Across the United States, the poverty status among Hmong families ranges from a high of approximately 59.1% in Arkansas to a low of 2.0% in Colorado.

As a result of the poverty rates, the percentage of Hmong relying on public assistance is much higher than in the general U.S. population. For instance, approximately 12% of Hmong Americans are receiving cash public assistance income as compared to less than 3% of the total U.S. population (Vang, 2012). For families that are ineligible for cash assistance, many rely on food stamps to get by with a much greater percentage of Hmong relying on this type of assistance. For example, approximately 10% of the U.S. population uses food stamps, whereas 29% of Hmong households rely on this assistance just to make ends meet, and in the state of Wisconsin approximately 21% of Hmong use food stamps. As a result of all the above and various cultural factors the Hmong also suffer from significant health disparities.

Hmong Americans and Health Disparities

From all accounts there appears to be a relationship between health disparities and socioeconomic status especially when it comes to Hmong Americans. For instance, Asians Americans, when lumped together as a "racial group," appear to be doing quite well across all areas of health disparities (most major diseases, tobacco use, obesity, and access to quality healthcare; Smalkoski, Herther, Xiong, Ritsema, Vang, & Zheng, 2012). However, a different picture emerges for Hmong Americans when the data are disaggregated. As stated in the previous section, the poverty rates among Hmong Americans are quite high when compared to the general U.S. population. In fact, the rate of poverty among Hmong Americans exceeds that of African Americans and Hispanics, leading to a number of health related issues/concerns

(Smalkoski et al., 2012). For example, the percentage of Hmong who hold private health insurance is only 48.9% compared to 71.9% of the overall Asian American population and 67.7% of the U.S. population. In addition, 41.6% of Hmong receive public health insurance coverage compared to 28.5% of the U.S. population and only 19.1% of the overall Asian American population. As Vue (2012) states, the Hmong are "racialized like Asian Americans, but also stratified like poor African-Americans" (p. 13).

Cancer mortality rates for Hmong Americans have also been found to be quite high in comparison to many other ethnic groups. For instance, compared to other Asian Americans the Hmong have stomach cancer rates 3.5 times higher and 8.9 times higher than Caucasian Americans (Lee & Vang, 2010). Hmong Americans were also found to have liver and cervical cancer rates 3 to 4 times higher than Pacific Islanders and other Asian Americans in the state of California (Baker, 2010). Not surprisingly, Lee and Vang also found that Hmong Americans have one of the lowest rates of cancer screening of any racial or ethnic group in the U.S. They suggest that there are many reasons for this including: poor access to healthcare, length of time in the U.S., general mistrust of the Western medical system, and whether or not they were foreign born, in addition to cultural reasons. Low socioeconomic status and higher rates of Hmong traditional healing practices were also found to be associated with lower immunization rates within the Hmong population. As pointed out by Baker, it should be noted that approximately 60% of liver and 70% of cervical cancer can be prevented by immunization. In addition, Hmong Americans are more likely to be diagnosed with nasopharyngeal cancer, gastric cancer, and hepatic cancer than the general U.S. population (Ross et al., 2003).

Along with cancer, there are a number of other health conditions that are much more prevalent in Hmong Americans compared to the rest of the U.S. population. For instance, in one

study reviewing blood donor screen records between 2006-2010 found that one out of six Hmong patients tested positive for Hepatitis B virus (Sheikh et al., 2011). Along with this, Hmong Americans were found to have much higher rates of having uric acid stones when compared to non-Hmong patients (50% vs. 10%) (Culhane-Pera & Lee, 2006). Hmong American men are also much more likely to report having problems with gout as compared to the general U.S. population (11.5% versus 4.1%; Portis et al., 2010). Laveist, Gaskin, and Richard (2011) estimated that, if the United States could eliminate health disparities for minorities, this could have reduced the cost of health expenditure by approximately $230 billion with indirect cost savings of more than $1 trillion that is associated with illness and premature death for the years 2003-2006. These statistics suggest that it would be worthwhile to invest more health care dollars in reducing health disparities across all minorities and especially amongst Hmong Americans, given their high prevalence rates of chronic illness and mortality rates.

Vocational Rehabilitation of Hmong Individuals with Disabilities

In reviewing the literature few studies were found regarding vocational rehabilitation and Hmong Americans, but a brief overview will be provided that highlights some main points to consider when providing vocational rehabilitation services to this population. Traditionally, Hmong people have viewed disability as a spiritual phenomenon that must be accepted and that disabilities may have been caused by past wrong doings, a mother's behavior during pregnancy or childbirth, reincarnation, or are a gift from God (Conroy, 2006). In the Hmong community a person with a disability may sometimes be kept at home and not exposed to the public as their condition is seen as representing a wrong doing by the parents or ancestors and as a result a sense of stigmatization may be felt by the family. Hmong may also believe that they must provide the

disabled person with love, care, and respect to prevent their condition being passed onto the next generation.

In a study using two cultural competency models – the Cultural Equivalence Model and the Cultural Variance Model, Southwick, Duran, and Schultz (2013) applied these two models to working with Hmong Americans in providing vocational rehabilitation services. This well researched article suggests the use of cultural equivalence universal strategies from the general counseling field such as self-awareness and two other tools or characteristics that counselors might use with all cultures including their own - *scientific mindedness* and *dynamic sizing* when working with Hmong Americans and other low incidence linguistically diverse backgrounds (CLD) groups. In addition, Southwick et al. suggest the use of the eight dimensions of the Cultural Variance Model when providing services to the ever varying types of Hmong Americans that may be assisted through vocational rehabilitation services. These eight dimensions include: language, person, metaphors, content, context, concepts, goals, and methods.

In another study Tatman (2001) investigated how Hmong perceptions and attitudes towards people with disabilities may affect the vocational rehabilitation process. Using an ethnographic approach to interview 19 Hmong participants, he found that there were two main causes of disability (or perceptions) that participants held, biological based (genetics, illness, and injury) or traditionally based (as a result of sin or punishment). Results of his research suggest a number of implications and possible recommendations. These include the following: if perceived causation of a disability is known this may assist in rapport building, rehabilitation counselors should acknowledge religious and spiritual beliefs as this will assist with the overall vocational rehabilitation process, and rehabilitation counselors should respect indigenous helping

practices (e.g., involve family and shamans) and networks. Lastly, in an earlier study, Velasco (1996) explored employment possibilities for Hmong women with psychiatric disorders and found that specially designed assessment tools sensitive to the Hmong culture should be developed for future vocational testing and consideration of language and cultural requirements should be an integral part of job placement. We now turn out attention to how co-cultural theory will be used within this study.

Co-cultural Theory and the Hmong

In this research, co-cultural theory will be used to interpret and better understand the experiences of adult Hmong individuals with mental health issues when attempting to obtain employment. Co-cultural theory is grounded in critical and feminist works and seeks to understand how people, who are marginalized within dominant institutions or contexts, communicate (Orbe, 1998). Co-cultural theory was developed from the principles of muted group theory and standpoint theory. Muted group theory posits that a hierarchy exists in every society that favors certain groups over others (Ardener, 1978; Orbe, 1998). Standpoint theory focuses on the idea that all "truths" need to be acknowledged as portraying a subjective point of view (Orbe, 1998, 2005). Using these two concepts, together co-cultural theory focuses upon the lived experiences of nondominant groups such as persons from culturally and linguistically diverse backgrounds (CLD), immigrants, and persons with disabilities, thus providing a useful framework in examining how co-cultural groups attempt to negotiate with mainstream culture (Fox, Giles, Orbe, & Bourhis, 2000). A key principle of co-cultural theory is that it can track communication exchanges of persons from CLD backgrounds (and other nondominant groups) instead of mainstream culture and these exchanges can reveal how persons from CLD backgrounds share an "outsider within" status while remaining a member of an outsider group

(Cohen & Avanzino, 2010). Understanding how Hmong adult males interact with various contexts within this framework will hopefully provide insights as to the issues they experience when attempting to obtain employment.

To better understand how co-cultural theory will be used in the context of this study a brief overview will be provided highlighting its conceptual applications. Co-cultural theory was developed from several studies that investigated communicative experiences of marginalized groups (e.g., African American women, people from a lower socioeconomic status; Orbe, 1996). From these studies, it was found that these marginalized groups used specific communication strategies or "preferred outcomes" or "communication approaches" when interacting with dominant groups members (Orbe & Spellers, 2005).

Preferred outcomes. According to co-cultural theory preferred outcomes can range from assimilation to accommodation to separation (Orbe, 1996). *Assimilation* involves attempting to eradicate cultural differences and conform to dominant society. *Accommodation* refers to trying to maintain cultural uniqueness. Lastly, *separation* represent attempts to establish another social structure as an alternative for non-dominant groups.

Communication approaches. Within co-cultural theory an individual's communication approach can vary from non-assertive, to assertive, to aggressive (Orbe & Spellers, 2005). In using a non-assertive approach, an individual tries to avoid any sort of confrontation. When using an assertive approach, individuals use communication that considers the needs of others and themselves. In using an aggressive approach, communication behaviors tend to be controlling and prioritize the individual's preferred outcome over anything else. Using these three co-cultural communication strategies results in nine different possible co-culture orientations as represented in the table 2.1 below:

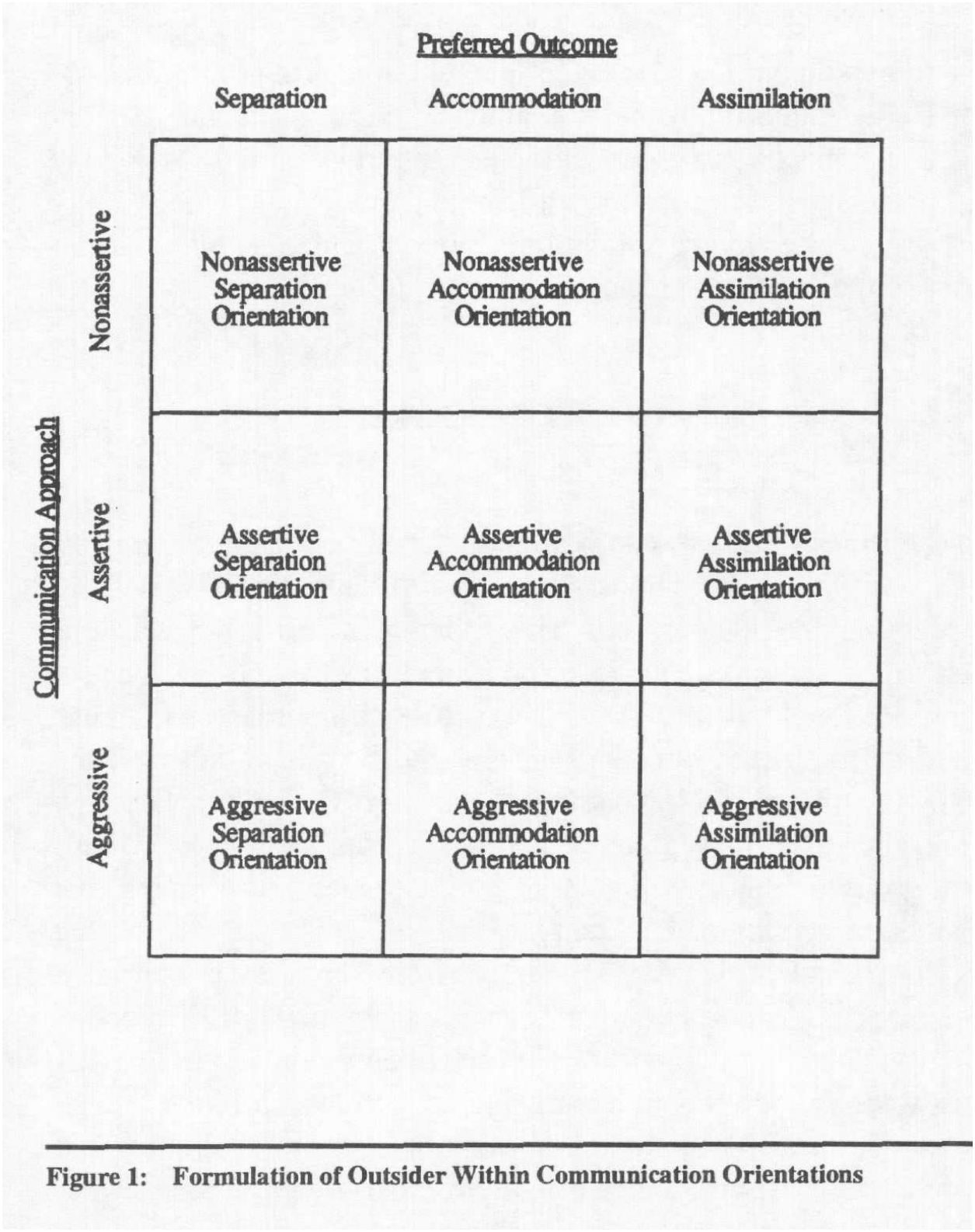


Figure 1: Formulation of Outsider Within Communication Orientations

Other interrelated factors. Along with *preferred outcome* and *communication approaches,* there are total of four other interrelated factors that can influence how non-dominant groups (such as Hmong Americans) communicate within dominant social structures (Orbe & Roberts, 2012). These include: field of experience, abilities, situational context, and costs and rewards.

Field of experience refers to influence of one's past experiences when it comes to selecting various co-cultural communication strategies (Orbe & Roberts, 2012). An individual's field of experience includes such things as: socialization, formal and informal education, critical incidents, and other past events (Orbe & Roberts, 2012). As an individual proceeds through life they come to learn a variety of ways of communicating in various contexts and situations (Orbe & Roberts, 2012). "Over time, each co-cultural group member engages in a dynamic process of constructing, and subsequently deconstructing, the perceptions of what constitutes appropriate and effective communication with dominant group members" (Orbe & Roberts, 2012, p. 297). How do Hmong American males with mental health issues past experiences affect the way they engage with the dominant culture when looking for employment?

According to co-cultural theory an individual's *ability* to use various communication methods can vary with specific situational contexts and personal characteristics (Orbe, 1998). Orbe (1998) explains that some co-cultural group members (such as Hmong Americans) may find it difficult to use certain communication practices such as aggressive accommodation as it goes against their own personal or cultural beliefs especially in contexts where they are attempting to find employment.

Situational context is considered central to co-cultural communication (Orbe, 1998). In this study, how Hmong American males with mental health issues communicate within various

situations or contexts will be analyzed to determine how this may have become a facilitator or barrier when attempting to find employment. Details of where the various interaction occurs, who is present, and any specific Hmong cultural considerations will be analyzed to determine how situational context plays a role in either facilitating or serving as a barrier in finding employment.

How an individual or co-cultural group member communicates within a specific context is dependent on not only on their past experiences but also on the *perceived costs and rewards* of engaging in specific types of communication strategies (Orbe & Roberts, 2012). For instance, individuals or co-cultural groups members (such as Hmong American males) have come to recognize that using different communication practices has the potential to result in various advantages and disadvantages based on past experiences (Orbe & Roberts, 2012). How has these past experiences (both positive and negative) affected their use of various communication strategies. How much of a role has stigma played?

In this study, co-cultural theory and the above conceptual applications will be used as a theoretical lens in conjunction with hermeneutic phenomenological qualitative research framework to determine the various facilitators, barriers, and stigma experienced by Hmong American males with mental health issues when attempting to obtain employment. A detailed description of the methodology used will be outlined in chapter three.

A Brief History of Phenomenology

Phenomenology can be considered both a philosophy and a research method and is associated with philosophers such as Husserl, Heidegger, Gadamar, and Ricoeur (Cresswell, 2007). Although the term phenomenology has been in existence for 250 years, the German philosopher Edmund Husserl (1859-1938) is often cited as the father of phenomenology

(Moustakas, 1994). Husserl is also credited with initiating the phenomenological movement as a new way of conducting philosophy and for its use as an epistemological approach (Kafle, 2011; Groenewald, 2004). Phenomenology is the study of lived experience of individuals and endeavors to answer the question, "What is this experience like?" and how these experiences are lived out in everyday existence (Laverty, 2003; Polkinghorne, 1983; van Manen, 1997). Langdridge (2007) defines phenomenology as the study of an individual's perception of the world in which he or she lives with a focus on an individual's lived experience and how meaning arises from these experiences. Phenomenology can be classified under three main "schools of thought" or research approaches: transcendental, existential, and hermeneutic that will briefly be described below (Kafle, 2013; Ajjawi & Higgs, 2007; Groenewald, 2004).

Transcendental phenomenology. Transcendental phenomenology believes that experience is to be transcended to discover reality (Kafle, 2013), and researchers using this type of phenomenological method believe "it is possible to suspend personal opinion" or what Husserl referred to as the *epoche* (or bracketing; p. 186). Research using this method focuses more on the description of the experiences of participants and less on the interpretations of the researcher (Cresswell, 2007). Kafle goes on to indicate that philosophers applying to this school of phenomenology believe that experience is "transcended" to eventually discover "reality."

Existential phenomenology. Soren Kierkgard (1813-1855) is the person most cited as the father of modern existentialism (Warthhall, 2006). Existential phenomenologists reject the positivist view that research can be "conducted from a detached, objective, disinterested, disengaged standpoint" (Kafle, 2013, p. 188). As indicated by Kafle, they contend that certain phenomena only appear when an individual is actively engaged in certain ways; this school of phenomenology's distinction from other schools "is its rejection of Husserl's belief of possibility

of complete reduction and its firm belief on the attempt to concentrate upon re-achieving a direct and primitive contact with the world" (p. 188). As further stated by Kafle, existential phenomenology may be best thought as a focus on human existence, everyday experience, and how this is perceived in the conscious thought of individuals.

Hermeneutic phenomenology. Martin Heidegger (1889-1976), a disciple of Husserl, is credited with developing hermeneutic phenomenology or "interpretive phenomenology" (Laverty, 2003). The aim of hermeneutic phenomenology is the interpretation of specific phenomena in order to uncover hidden meanings (Doweling, 2004); unlike Husserl, Heideigger believed it was impossible for presuppositions to "bracketed" or "suspended" and that interpretation should be embraced. According to Smith (1997), hermeneutic phenomenology may be best understood as "a research methodology aimed at producing rich textural descriptions of selected phenomena in the *lifeworld* of individuals that are able to connect with the experience of all us collectively" (p. 80). Lifeworld is described by van Manen (1997) as having four dimensions: "lived space (spatiality), lived body (corporeality), lived time (temporality), and lived human relation (relationality or communality)" (p. 101). Lived space is perhaps best understood as "felt space" or how we feel about our understanding of our place in the world. Lived body is the idea we do not experience life apart from our physical selves. Lived time represents a way of being in the world that links our past experiences to the way we experience the present. Lived relationality refers to the interpersonal space we share with others and its effects on our lived experiences.

For hermeneutic phenomenologists, interpretation is needed as any description of lived experience needs to be interpreted from the *context* of that individual's current life circumstances (Finlay, 2011). For example, a participant complaining of severe arthritic pain in their hands

takes on a new meaning when you learn the participant is classical pianist. In other words, "a contextual interpretation here is pursued to better understand the lived experience" (p. 112). Hermeneutic phenomenology also believes that researchers can never interpret lived experiences without bias as we bring our own history, beliefs, prejudices, and presuppositions and to set these aside is impossible (Finlay, 2011; Kafle, 2006;). Instead, researchers using this methodology don't try to "bracket" these contextual realities but acknowledge them and the potential influence they have on interpretations (Gadamer, 1997). Interpretations are also considered to be filtered through a spatio-temporal lens or what Gadamer (1976) referred to as *historical awareness*. Where we happen to live and work at any given point and time in our history inadvertently influences how we interpret the world we live in and bounds us to the limits of historicity.

CHAPTER THREE

Methodology

In this chapter, I will discuss the suitability of hermeneutic phenomenology as a qualitative research method for exploring the challenges facing Hmong American young adult men with mental health issues when attempting to obtain and retain employment. Then, I will provide information on the measures and instruments used in this study, recruitment of participants, data collection, and qualitative data analysis techniques. This is followed by a description of reflection, ethical considerations, trustworthiness in a qualitative study, and limitations related to this study.

Research Design and Paradigm

The purpose of this study was to capture the experiences of Hmong American young adult men with mental health issues as they navigate and experience finding employment in Wisconsin. This goal fits with the intentions of the interpretive research paradigm that is based on epistemology of idealism where knowledge is viewed as a social construction with the central goal of seeking to interpret the social world (Ajjawi & Higgs, 2007; Higgs, 2001). According to the interpretive paradigm, how humans construct meanings is unique and dependent on the context and their own personal frames of reference as they engage and interpret their world through multiple constructed realities (Ajjawi & Higgs, 2007; Crotty, 1998). In using this type of research, findings emerge through the interactions of the researcher and participants as the study progresses (Ajjawi & Higgs, 2007; Cresswell, 1998). The experiences of the participants and the researcher are valued as total objectivity is seen as being impossible, as "reality" is viewed as being constructed through a human subjective lens (Ajjawi & Higgs, 2007). Using an interpretive paradigm is viewed as being suitable for this research due to the implicit nature of

the human phenomena being studied (how Hmong American males navigate and experience finding employment) which is embedded in the world of meanings and human interactions (Ajjawi & Higgs, 2007). Presently, no quantitative or qualitative studies have been undertaken specifically to investigate the challenges thatf young adult Hmong males with mental health issues face in finding and maintaining employment. Therefore, a qualitative method of data collection and analysis has been selected to allow for an exploration of barriers and facilitators that can influence employment outcomes. The phenomenological qualitative research methodology is described below.

Framework. This study used a phenomenological qualitative research framework, with a hermeneutic phenomenological approach to interpret the experiences described (Cresswell, 2007). Hermeneutic phenomenology is probably best described as "a way of being in the social-historical world where the fundamental dimension of all human consciousness is historical and socio-cultural and is expressed through language (text)" (Ray, 1994, p. 118). This particular form of phenomenology has been chosen as it is recognized that the experiences of the phenomenologist must be accounted for, as it is as much a part of the research as the participants. Our prior knowledge, along with our historical and cultural context of our experiences, situates us in our being-in-the-world and inadvertently serves to influence how we may interpret our findings (Laverty, 2003). Given the unique culture and history of Hmong Americans it is envisaged that using this method will further illuminate a perspective and provide a "voice" to this very understudied population (Hmong American males) and assist in highlighting the barriers they experience, the facilitators that are helpful, and how stigma and intergenerational trauma plays a role in the employment process.

One of the goals of hermeneutic phenomenology is to uncover and understand how someone is experiencing the world through story-telling (van Manen, 1997). Hmong Americans have a tendency to use story telling as a method of communication, making hermeneutic phenomenology a natural method of choice with the Hmong participants in this study (Gensheimer, 2006). This method also rejects the idea of suspending personal opinions or researcher bias and instead believes in acknowledging one's biases and making them explicit as characteristics of the researcher (Kafle, 2013). Hermeneutic phenomenology is also considered an appropriate research method for this study as it is "concentrated on historical meanings of experience and their developmental and cumulative effects on the individual and social levels" (Laverty, 2003, p. 27). What are the historical, cultural, and developmental cumulative effects of Hmong American men with mental health issues? What role does intersecting stigmas (e.g., race, disability, and educational attainment) and intergenerational trauma play as a result of these effects? Although quantitative inquiry may yield some important insights on how Hmong American males with mental health issues experience the process of finding employment, hermeneutic phenomenology, as a qualitative research method, allows for deeper exploration of the issues and a "thickness" and "richness" in data collection leading to potentially more insightful findings.

Relationship of researcher to the researched. As a white male researcher, I do not have intimate firsthand knowledge or claim to understand experientially what it is like to be a Hmong American with mental health issues and the challenges he faces in finding and maintaining employment. My interest in this study stems from 18 years of experience as a rehabilitation counselor assisting various individuals with mental illness, substance abuse, and other disabilities to find work with a culturally linguistic diverse (CLD) caseload. It also stems

from a personal interest in Hmong culture as a result of having grown up next door to a Hmong family. Although every effort was made to include the perceptions of the participants in this study by sharing my ongoing impressions, writings, and requesting regular feedback from them throughout the process, it is ultimately my interpretation of their experiences that will be highlighted. Taking into consideration issues of positionality, subjectivity, and representation, I hope that the results of this study will add to the literature on how to better engage this population and assist them to obtain employment.

Participants

The eight Hmong American participants recruited for this study self-identified as having mental health issues that have affected their ability to obtain and retain employment at one time or another. One participant was originally from Milwaukee, two grew up in Wausau, one grew up in Eau Claire, and four grew up in Madison, Wisconsin. Seven of the participants were employed at the time of the study and one participants was unemployed but found employment prior to the completion of the study. Four of the participants were students at the University of Wisconsin-Madison and two of them completed their bachelor degrees prior to the completion of this study. All resided in Dane county in the state of Wisconsin.

As of 2010, Dane County had an estimated population of approximately 488,075 (United States Census Bureau, 2018). The Hmong population in Dane County in 2010 was 4,016, making up approximately 1.22% of the population (Applied Population Labatory, 2015). Dane County's five largest job sectors in 2016 were Education and Health; Trade, Transportation and Utilities; Professional and Business Services; Leisure and Hospitality; and Manufacturing (Department of Workforce Development, 2018). As of May 2018 the unemployment rate in Dane County was 2.0% (FRED Economic Data, 2018).

Six participants self-identified as having depression and two as having anxiety. One participant self-identified as having both depression and anxiety. None of the participants identified as having severe mental illness and all the participants in this study could be considered “high functioning”. Three of the participants reported accessing mental health services. One participant accessed the University Health Services (UHS) for mental health counseling and sought further counseling through a private mental health provider in Dane county that he choose not to disclose. Another participant sought mental health services for elevated levels of anxiety and difficulty in managing his emotions also from a private provider he choose not to disclose. A third participant reported seeing a counselor when he was in high school for various issues he preferred not to disclose in the interview and felt it wasn’t appropriate to push him for this information given the nature of this study. The age range of participants was between 19 and 24 years of age. Some of the participants have only had one or two jobs whereas some of the other participants had several positions. Reasons for changing jobs ranged from difficulties with their manager, the jobs were unfulfilling, and wanting to pursue jobs more in line with their long-term career goals. Current jobs of the participants were in social services, retail, production, the creative arts, and personal care type work. Seven of the participants were born in the United States, and one was born in Thailand. Participant demographic information can be viewed in table 3.1 below.

Six of the interviews took place at the School of Education building on the University of Wisconsin–Madison campus. Two of the interviews took place at Bayview Foundation Community Center in one of the interview rooms. The average duration of each interview was approximately 60 minutes. Bayview Foundation Community Center provides programs and services that are designed to meet the social, educational, recreational, and cultural needs and

interest of the community (Bayview Foundation, Inc., 2018). The Bayview Foundation supports culturally diverse, low-income families in realizing their aspirations by providing affordable housing, fostering cultural pride, and building community through the arts, education, and recreation. Approximately 60% of the residents in the Bayview Apartment complex are of Hmong descent.

Table 3.1
Participant Demographic Information (*N*=8)

Variable	n	(%)
Age		
18-25	8	(100%)
25-35		
Education		
Secondary education (grades 9-12)		
Special education certificate/diploma		
High school graduate or equivalency certificate	3	(37.5%)
Postsecondary education, no degree	3	(37.5%)
Associate degree or vocational certificate		
Bachelor's degree	2	(25%)
Master's degree or higher		
Marital Status		
Married	1	(12.5%)
Co-habilitating		
Single	7	(87.5%)
Divorced		
Widowed		
Separated		
Primary disability		
Depression	5	(62.5%)
Anxiety	3	(37.5%)
Place of Birth		
USA	7	(87.5%)
Thailand	1	(12.5%)
Employment		
Employed	7	(87.5%)
Unemployed	1	(12.5%)

Hours per week		
1-15 hours	4	(50%)
16-25 hours	1	(12.5%)
26-40 plus hours	2	(25%)
Average weekly earnings		
0-$149	4	(50%)
$150-500	3	(37.5%)
Size of company		
Small (1-49 employees)	4	(50%)
Medium (50-249 employees)	2	(25%)
Large (>500 employees)	1	(12.5%)
Secondary health conditions		
Diabetes		
Obesity		
Heart disease		
Kidney disease		
Nerve damage		
Skin conditions		
Vascular disease		
Vision problems		
Joint conditions		
Chronic wounds/loss of limbs		
Respiratory problems		
Hearing loss		
Emotional problems	2	(25%)
Fatigue (tiredness)	1	(12.5%)
Pain		
Pressure sores or ulcers		
Mental health and depression		
Other	1	(12.5%)
Health Insurance		
Employer based	1	(12.5%)
Medicare		
Medicaid	4	(50%)
Self-insurance	1	(12.5%)
No insurance	2	(25%)
Government benefits		
Social Security Disability Insurance (SSDI)		
Supplemental Security Income (SSI)		
Temporary Assistance for Needy Families (TANF)		
Veteran’s Disability Benefits		

Worker's Compensation		
Supplemental Nutrition Assistance Program(SNAP)	2	(25%)
Other Public Support	2	(25%)

Measures and Instruments

Demographic questionnaire. A demographic questionnaire was developed to gather demographic and work-related information from the participants. Demographic questions asked included items regarding education attainment, age, American born status, marital status, SSI/SSDI, and work history. Please see a copy of the demographic questionnaire in Appendix B.

Semi-structured interview guide. A semi-structured interview guide was developed relating to factors known to affect the ability to obtain and sustain employment for persons with mental illness. The interview guide also includes several questions related to issues commonly experienced by vocational rehabilitation consumers with mental health issues, as informed by a review of the literature/research. In addition, the interview guide included questions on being a Hmong American in Wisconsin and how this may have affected the participant's experiences in obtaining and retaining employment. Please see a copy of the semi-structured interview guide in Appendix A.

Field notes. Upon completion of each interview, I took time to reflect on what the participant said and what categories and themes appeared to emerge from the interview. I also took note of what areas appeared to require additional exploration. In addition, I took note of any categories or themes related to co-cultural theory. To guard the confidentiality of the participants, the only identifying information on my field note form was the date of the interview and the time of the day. These notes were kept in a locked filing cabinet with my other research materials.

Research journal. At the conclusion of each interview I made additional notes in a research journal, which was also kept in a locked filing cabinet with my other research materials. My notes consisted of my reflections on the interview and my thoughts as to what I heard and observed.

Procedure

Recruitment of participants. Approval from the University of Wisconsin-Madison Institutional Review Board (IRB) was obtained prior to beginning to recruit participants. Following IRB approval, a purposeful sampling method was used to identify and recruit eight Hmong adult males between the ages of 18 and 35 with mental health issues from Dane County, Wisconsin (Cresswell, 2007). Smith, Flowers, and Larkin (2009) consider a minimum of six participants to be a reasonable sample size to provide sufficient perspective with adequate contextualization in a purposive and homogenous sample. Letters of invitation, information about the study, and the researcher's contact details were distributed to consumers via community-based mental health service and a specialist mental health employment service, as well as through Hmong American social media websites such as Hmong Madison. I also relied on word of mouth to other participants. Written informed consent was obtained from each participant prior to participation in the study.

Inclusion criteria. Three inclusion criteria were established: (1) Hmong American adult male; (2) age between 18 to 35 years; and (3) "self-identifying" as having mental health issues. Participants could be actively engaged in vocational activities through seeking employment, volunteering, participating in education or training, or are maintaining current employment.

Data collection. In-depth semi-structured face-to-face interviews were undertaken with eight participants individually to explore the phenomenon of finding employment for Hmong

adult males with mental health issues. Written informed consent was obtained for each participant prior to participation in the study (see Appendix D). Questions posed were open-ended but focused on the phenomenon to allow a detailed description of the phenomenon (Patton, 2002).

Participants were given the interview guide at the beginning of each interview to provide a "road map" of how the interview would be conducted. This guide allowed the participants time to think and recollect their experiences and was used as a technique to engage the more introverted participants. In addition, three techniques recommended by Minnichiello, Aroni, Timewell, and Alexander (1995) were used when conducting interviews. These techniques include funneling (opening with general questions and narrowing down), story-telling (facilitating participants to narrate their experiences), and probing (requesting further clarification and details; Minnichiello et al., 1995). One 45-75-minute interview was undertaken, along with an opportunity for a follow-up interview to clarify issues identified if needed. No follow up interviews were required.

Data preparation. Interviews were recorded with each participants' consent and transcribed by myself. All data collected were de-identified to protect participant privacy. Two research team members of Hmong descent (Pakou Yang & Mason Her) were recruited to assist with this study. Pakou Yang and Mason Her are two current undergraduate Hmong American students in the Rehabilitation Psychology program who grew up within Hmong American communities in Milwaukee, WI and Madison, WI, with an intimate understanding of Hmong culture. Additionally, both speak two different forms of Hmong dialect (Hmoob Dawg or "Hmong White" and Hmoob Ntsuab or "Hmong Green"), can read the Hmong language, and have experience working with persons who have mental health issues. Training was provided on

data analysis techniques and the use of hermeneutic phenomology as a qualitative framework within the context of this study to both research team members. Training consisted of two sessions approximately two hours in length for a total of four hours. Consultation with the team members occurred in the initial planning phase, during the development of a semi-structured interview guide, and during the data analysis stage. Using hermeneutic phenomenological analysis ,each participant's responses were examined for major themes, pertaining to understanding the facilitators used, barriers encountered, and stigma experienced when attempting to find employment (Patton, 2002). The following paragraphs below outline the data analysis techniques and procedures that were used in this hermeneutic phenomenological study.

Methods of data analysis. In this study, data analysis methods were developed from phenomenological and hermeneutic principles and from guidelines in the literature on how to systematically interpret research data. Patton (2002) suggests that the overall aim of phenomenological analysis is to grasp and clarify the meaning, structure, and essence of the phenomena under investigation and to transform such analysis into findings. In this study, "essence may be understood as a linguistic construction, a description of phenomenon" (essential meanings; van Manen, 1990, p. 39).

According to van Manen (1990), a good way to understand the essential meanings of a phenomenon is to reflectively analyze "the structural or thematic aspects of that experience" (p. 78). Given the multi-dimensionality and complexity of lived experiences it is important to reflect and identify potential themes as a way to break down and better understand how adult Hmong American males with mental health issues navigate and experience finding employment. This, in turn, would hopefully lead to further insights on facilitators used, the barriers encountered, and stigma experienced when attempting to find employment as a Hmong adult

male with mental health issues. A discussion of the specific hermeneutic strategies used in this study is provided. This is followed by the six stages of data analysis used in this study as developed by Ajjawi and Higgs (2007).

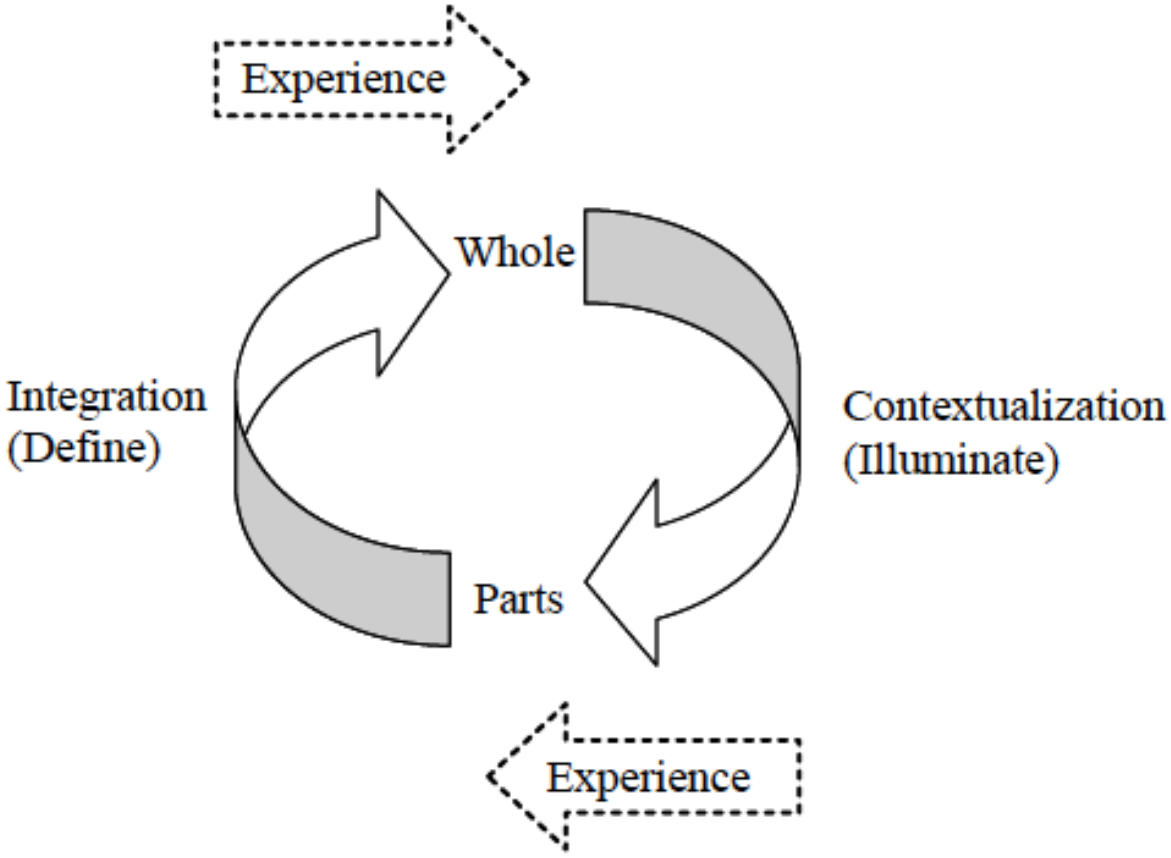
Hermeneutic phenomenological strategy. Three types of procedures can be used to isolate structural or thematic aspects: "the holistic or sententious approach; the selective or highlighting approach; and the detailed or line-by-line approach" (van Manen, 1990, p. 93). The first approach is best described as reflecting on the overall meaning of the text. In the second approach, themes are developed by the continuous reading and rereading of the text and highlighting phrases or sentences that stand out or illuminate the research questions. Lastly, the detailed approach involves a careful inspection of the text, sentence by sentence, to reveal meanings or themes. In studying the phenomenon of finding employment for Hmong adults with mental health issues, all three of the approaches were used within the theoretical lens of co-cultural theory and its concepts *preferred outcome* and the other five interrelated factors: field of experience, abilities, situational context, costs and rewards, and communication approach (Orbe & Roberts, 2012).

Hycner (1985) suggests guidelines of analysis that delineate general units of meaning through the "rigorous process of going over every word, phrase, sentence, paragraph and note significant nonverbal communication in the transcript in order to elicit the participant's meanings" (p. 282). In this study, the next step involved identifying whether what the participants had said matched up with the research questions and clustering these units into themes.

In conjunction with the above, a continual comparison of the data was undertaken to determine similarities and differences with each unit of data analysis. Using Gadamer's (1997)

strategy of the "hermeneutic circle" the texts were read as parts and re-read as a whole. This enabled new meanings and perspectives to emerge from these readings and analysis (Gadamer, 1997). The hermeneutic circle refers to the circular process where understanding is perceived as moving between the parts (data) and the whole (evolving understanding of the phenomenon), each giving meaning to the other such that understanding is circular and iterative (Ajjawi & Higgs, 2007; Gadamer, 1997). I attempted to remain open to questions that emerges from studying the phenomenon of Hmong American men's experiences in obtaining employment to gradually develop an insightful interpretation of what the data were telling me through the reading and re-reading of the text. An example of the hermeneutic circle can be found figure 3.1 below:

The basic form of the hermeneutic circle (Bontekoe, 1996, p. 4).



Stages of data analysis. I followed the six stages of hermeneutic data analysis as developed by Ajjawi & Higgs (2007): *Immersion, Understanding, Abstraction, Synthesis and Theme Development, Illumination and Illustrating the Phenomena, Critique of the Themes by the Researcher* as a process to uncover the facilitators, barriers, and stigma experienced by Hmong American males with mental health issues to obtain and retain employment. In addition, the impact of intergenerational trauma on employment was explored. For the purposes of this study, part of the sixth stage was not undertaken (critique of the themes externally), as I was not presenting my data at a conference prior to completion of the study. The stages are explained below. Further detailed description of how each step was carried out may be found in Table 3.1.

Table 3.2 *Stages of Data Analysis for this Research (developed by Ajjawi & Higgs, 2007)*

STAGE	TASKS COMPLETED
1. Immersion	• Organizing the data-set into texts • Iterative reading of texts • Preliminary interpretation of texts to facilitate coding
2. Understanding	• Identifying first order (participant) constructs • Coding of data using NVivo software
3. Abstraction	• Identifying second order (researcher) constructs • Grouping second order constructs into sub-themes
4. Synthesis and theme development	• Grouping sub-themes into themes • Further elaboration of themes • Comparing themes across sub-discipline groups
5. Illumination and illustration of phenomena	• Linking the literature to the themes identified above • Reconstructing interpretations into stories
6. Integration and critique	• Critique of the themes by the researchers and externally

	• Reporting final interpretation of the research findings

Stage one: Immersion – Organizing the data. Texts were constructed for each participant from interview transcripts, field notes, and a research journal. I read and re-read all written texts (transcripts, field notes, and research journal) for each participant to become familiar with the text. I listened repeatedly to the audio recording of the interviews along with the associated field notes and research journal. This *immersion* in the data assists with forming a preliminary interpretation of the texts and facilitates coding (van Manen, 1997). Field notes written after interaction with the participants were used to recreate the context in which the interviews occurred and provided some insight into their *situational context* (co-cultural theory). Pakou and Mason, as research team members in this study, read the transcripts, field notes, and research journal to become familiar with the texts and to enable dialogue between the researchers during our meetings in the subsequent stages about the emergent codes that we identified. Discussion among the research team served as a way to reflect on emerging ideas and to help develop and expand on these ideas. This dialogue proved invaluable for providing insight, considering alternative interpretations and contradictions between myself and the two Hmong American members of the research team, and thoroughness in interrogating the data (Barbour, 2001).

Stage two: Understanding –Identifying first order ideas. "First order constructs refer to what the participants expressed in their own words or phrases, which capture the precise detail of what the person is saying" (Ajjawi & Higgs, 2007, p. 624; Titchen & McIntyre, 1993;). These constructs were related to the research questions linked to facilitators and barriers to employment, intergenerational trauma, and stigma. NVivo software was initially used to identify the frequency of words and phrases that were linked to the research questions as a potential

starting point to identify first order constructs. From there we employed the hermeneutic phenomenological strategy of highlighting phrases and sentences that stood out against the related research questions (van Manen, 1990). After this, Pakou, Mason and myself met to discuss and debate possible first order constructs and identify any overlap or connections between the constructs. Some of the constructs (or codes) identified included stress, extended family, influence of family on employment, the need to hide culture, cultural obligations, and bi-cultural understanding from mental health providers.

Stage three: Abstraction – Identifying second order constructs and grouping to create themes and sub-themes. Second order constructs were generated using the researcher's theoretical knowledge to identify abstractions of the first order constructs. A computer file was created for each second order construct and all relevant subthemes from the interview transcripts, field notes, and research journal were copied into the file using the first order construct as a label. An interpretation of each interview transcript was used to form a holistic picture of each participant's experiences. At the end of stage three, all relevant text material was grouped under each relevant construct in order to answer the principle research question: how do young adult Hmong males with mental health issues navigate and experience finding employment in Wisconsin?

Stage four: Synthesis and theme development. Themes were developed from the results of stages one to three of the analysis. The second order construct files were grouped together into a smaller number of broad themes both across and within subgroups. During this stage, themes and sub-themes were further elaborated and clarified by continuously moving backwards and forwards between the literature, interview transcripts, and earlier analysis, moving from the parts to the whole in a process informed by hermeneutic circle (see Figure 3.1; Ajjawi & Higgs, 2007).

Further input was sought from Pakou and Mason and from this input another theme emerged – communication. Further elaboration on this theme will be provided in Chapter Four. From this process the interpretation of the research phenomenon of how young adult Hmong American males with mental health issues navigate and experience obtaining employment evolved.

Stage five: Illuminating and illustrating the phenomena. In this stage, I looked for connections to the themes and subthemes identified to support my understanding from all the data collected. Using the themes, sub-themes and their interrelationships as a basis, I reconstructed the participant experiences by using their own words to illuminate or highlight key findings from the data. Pakou and Mason provided feedback to ensure the accuracy and quality of these findings and provided their thoughts from a Hmong cultural perspective that I have included in the results section of Chapter Four.

Stage six: Testing and refining themes. The final stage of data analysis involved critique by the researchers, through critical debate, of the seven themes, along with a final review of the literature for key developments that could impact on or increase our understanding of the phenomenon. Pakou, Mason, and I met once in person to discuss the themes identified and had ongoing email interaction before deciding on the final seven themes through consensus.

Reflection Section

Denzin and Lincoln (2000) state that research is "an interactive process shaped by his or her personal history, biography, gender, social class, race, and ethnicity, and those of the people in the setting" (p. 6). As a white male researcher with a very different upbringing, personal history, race, ethnicity, social class, and biography from the participants I interviewed in this study, I needed to be constantly aware of my assumptions and biases and how these biases may affect the interpretation of the findings. To accomplish this goal, I kept a reflective journal and

maintained comprehensive field notes as a record of how I reflected on various assumptions and biases that I come across. Ideally, I strived to do this before, during, and after interviewing the participants. Additionally, I discussed the interpretation of my findings with my Hmong American co-investigators Pakou Yang and Mason Her to ensure accuracy in my interpretations from a Hmong American perspective.

As a former rehabilitation counselor who has spent 18 years working with a variety of persons with disabilities, I recognize and appreciate how engaging in meaningful work can serve as a therapeutic process for persons with mental health issues and this is supported by recent disability employment research (Netto, Yueng, Cocks, & McNamara, 2016). Although I am knowledgeable of challenges that individuals with disabilities face in their efforts to find and retain employment, there is very limited knowledge regarding employment issues related to Hmong Americans with disabilities. A study aimed at exploring the actual lived experiences of Hmong individuals with mental health issues will assist in providing some unique insights and further illuminate the issues faced by this population. To accomplish this goal, hermeneutic phenomenology has been selected as the most appropriate methodology as it enhances the interpretive element and serves to highlight assumptions and meanings through text that participants may themselves have trouble expressing (Crotty, 1998). This, in turn, will hopefully lead to a richer, denser, and more complete descriptions of the lived experiences of how Hmong adult males with mental health issues navigate and find employment.

Ethical Considerations

I used a Random Name Generator website (http://www.kleimo.com/random/name.cfm) and used an obscurity factor of 70 as a means of safeguarding the identities of participants. If at any time in the process of conducting the interview a participant became noticeably

uncomfortable and/or visibly upset about something being discussed I would "check" with the participant and determine whether or not to proceed. I'm a certified rehabilitation counselor (CRC) with over 18 years in the field and have worked with many clients who have had a myriad of mental health issues and would cease the interview if it was determined that the participant was too upset to continue and additional counseling support/referral would be provided. It should be noted that one participant became slightly emotional during the interview process at which time I "checked in" with him as to whether or not to proceed. The participant agreed to continue and we successfully finished the interview. A guide to mental health resources was provided to the participant as a precaution. However, the participant indicated he was unlikely to need this as "just had a moment."

Trustworthiness

To ensure that I accurately represented the stories of the participants (trustworthiness), I engaged in member checks. According to Sheton (2004), checks regarding the accuracy can either occur within the course of dialog (on the spot) or at the end of the data gathering interview. In the present study, I conducted "member checks" where it deemed most appropriate given the particular interview and the particular participant. In addition, for any follow-up interviews, I checked in with the participant(s) as needed to clarify my interpretations. No follow-up interviews were required.

Rigor

To ensure quality and rigor, two methods were applied – the use of multiple methods and sources of data collection and an audit trail. In interpretive research, multiple methods and sources of data collection provide multiple constructions of phenomena, thereby enhancing and depth and richness of the data (Denzin & Lincoln, 2000). Using multiple data sources and

strategies can also service to reduce systematic bias in the data, thereby adding rigor to interpretive research. In this study, data were collected using transcribed interviews, field notes, and a research journal. Two research team members of Hmong descent (one male and one female) were also recruited to provide a Hmong cultural perspective on the phenomenon of how young adult Hmong men navigate and experience finding and obtaining recruitment.

Within this study, an audit trail, rather than allowing another researcher to replicate the same findings, was utilized to allow the reader to understand how the researcher had come to a particular understanding of the phenomenon being studied. An audit trail enables readers to judge the quality and trustworthiness of the research and can also act as a methodological tool that aids the critique and development of the research process by the researchers themselves (Lincoln & Guba, 2000). The audit trail for this research included the participant transcripts, field notes, and a research journal that included information on data analysis and my own personal thoughts and decisions.

CHAPTER FOUR

Results

The purpose of this study was to explore how Hmong American young adult males with mental health issues navigate and experience finding employment (the primary research question). In addition, three sub-questions were developed:

- What factors contribute to improve employment outcomes of Hmong adult males with mental health issues in Wisconsin?
- What are the major barriers facing Hmong male adults with mental health issues in their efforts to find and retain employment in Wisconsin?
- What role does stigma and intergenerational trauma play in the employment process for Hmong adult males with mental health issue living in Wisconsin?

Semi-structured interviews were undertaken with eight participants. Data were analyzed using the six stages of the hermeneutic data analysis approach recommended by Ajjawi and Higgs (2007). These stages were described in detail in Chapter Three. Extensive reading and re-reading the participants' data led to the identification of first order constructs. First order constructs were then layered with the researcher's interpretations to produce second order constructs. From here, themes and subthemes were identified to support the understanding of the data collected. Lastly, the testing and refining of themes through critical analysis and debate with the two Hmong research team members resulted in identification of the following seven themes:

1. extended family may serve as a facilitator to work
2. cultural humility/Hmong counselors
3. family and cultural obligations may serve as a barrier to obtaining work

4. tendency of the Hmong not to socialize outside of their own culture has led to decreased networks and pathways to employment
5. bi-cultural stress
6. communication
7. intergenerational trauma may play a role in the employment process indirectly.

The above themes were used to answer three research sub-questions and ultimately answer the overarching primary research question: How do young adult Hmong males with mental health issues navigate and experience finding employment? Each research sub-question was listed followed by the themes identified (in italics) that answered that particular question. This is followed by a brief description of that theme and the associated participant quotes. Participant quotes are indented and presented to highlight the participants' voices and demonstrate grounding of the findings in the data under each theme (Denizen & Lincoln, 2000). Each quote is followed in brackets by the participant's pseudonym (composed of the word 'Participant' and the order of recruitment).

What factors that contribute to improve employment outcomes of Hmong adult males with mental health issues in Wisconsin?

Extended Family May Serve as a Facilitator to Work

Nearly all of the participants described how they found employment through various family, extended family, or clan members. Participants discussed how family members either were in positions of authority, owned businesses, or had worked at a place for a number of years that gave them some influence in the hiring decisions. There is also a tendency for the Hmong to follow other Hmong into certain places of employment or occupations that often can lead to opportunities or make it easier for younger Hmong to find employment without much work

experience. The majority of the participants indicated they mainly found work through other Hmong people as a result of having an extensive community or clan network to tap into. As Mason (Hmong American research team member) explained "the Hmong community is tightly knitted and our culture runs through a family system." A number of examples of this can be found in the participants quotes below.

> My first job was at the Footlocker selling shoes as a sales associate. **So how did you get that job?** I got that job through my niece who worked there (Participant 1). **So your niece I take it she is a little older?** Correct (Participant1).
>
> **So how did you find and obtain your different employment opportunities?** For the job at the ginseng farm my uncle owned it so he gave both me and my brother a job (Participant 2).
>
> For the job at Rocky Roccoco's I think my brother recommended that position for me as he had a friend there and he knew someone (who was Hmong) and they were looking for someone so I applied, got an interview and started working there (Participant 2).
>
> I worked for cultural and linguistic services. **Were you interpreting?** Yep, I was I interpreting documents for the university and giving translation services if there were important meetings. **How did you get that job?** With that job, I had a friend's sister (who is Hmong) who was working there and she posted it through social media and saw it and applied (Participant 3).
>
> We were just doing factory type work. The reason we started that job was because my uncle actually started that business. My mom worked for my uncle and then we actually approached my uncle as we kind of just wanted to make some money and get some experience so that is how we just started off (Participant 4).
>
> **So all these jobs you got through friends and family? So are they all also of a Hmong background**? Yes, they are all Hmong. I went to school with them (Participant 5).

Cultural Humility/Hmong Counselors

In debating this theme, Mason, one of the Hmong Americans on my research team, commented that "with more Hmong mental health providers, a lot of Hmong individuals would open up much more. As I noticed that a common trait was low self-confidence, not pushing

themselves, low independence, etc. These issues may be resolved or assisted with a Hmong mental health provider who understand the underlying factors behind these traits of Hmong males." Although this may be perceived as a current barrier I believe it is also factor that could improve employment outcomes for Hmong adult males with mental health issues in the future. Several of the participants discussed how having access to more Hmong mental health providers or mental health providers who had a good understanding of both Hmong culture and mainstream culture would assist in providing more effective mental health services. Some examples of this are expressed by the participants in the quotes below.

> **So what do you see as some important things that need to change in order to improve employment for Hmong men in the USA?** Definitely understand our cultural values. Be more accommodating to Hmong culture and religion (Participant 1).

> **Do you think a Hmong rehabilitation counselor or mental health counselor would be helpful?** Yes, I do as I feel they would understand both sides of the Hmong culture and just how economics and the job market works (Participant 3).

> **So what do you see as some important things that need to change in order to improve employment for Hmong men in the USA? Do you think it would help if a mental health counselor, employment counselor, or rehabilitation counselor was of a Hmong background?** Yes, it helps in a sense in that having someone of higher status representing your community. We don't have many Hmong representing us in higher positions. Seeing that allows us to see "we can do it too." As a lot of what we hear is that Hmong people are only good for working in factories. Our generation though we are determined we are going to make it out there and we are a young Hmong generation (Participant 3).

> **What do you see as some important things that need to change to improve employment for Hmong men in the USA?** Hmong counselors. Hmong to Hmong outreach counseling. **What about mental health services?** Having more Hmong people employed as mental health counselors. Hmong outreach. Would feel more comfortable if they saw a Hmong person. **Do you think a Hmong employment service would be useful?** More so like a branch or outreach like Hmong hired under that (Participant 8).

> **So do you think there is a bit of community or clan influence?** Most likely. Hmong will follow family members. I feel that there should be more thought and

> perhaps more resources to engage Hmong people to go into fields other than factories or construction because there are a lot of jobs out there (Participant 7).

What are the major barriers facing Hmong male adults with mental health issues in their efforts to find and retain employment in Wisconsin?

Family/Cultural Obligations May Serve as a Barrier to Obtaining "Work"

A couple of the participants discussed how, within the Hmong community, a respectable role of men can be fulfilled by giving back to the community in a number of different ways that do not necessarily mean holding down a full-time paid job. These might include helping extended family or clan members with physical labor type activities, such as fixing things around the house, tending to animals, and providing cultural reparation services, such has playing musical instruments such as the "Qeej" at funerals. Holding more traditional beliefs was also thought to play a role in the employment process. Examples of this are found in the participant quotes below.

> Yeah more traditional beliefs would definitely be one that definitely plays a role on how a young man is raised and how their values are prioritized and reflects the kind of person they are and the motivation to search for employment. For example, for me, my family is or heavily emphasize opportunities but there is also a side where like my dad empathizes a lot of reparation in the Hmong community and always giving back. So even he would say that money is not always the main concern and that reparation is a part of life too (Participant 1).

> **So what would be one example of one way that you or your father may have done this in the past few years?** Both me and my dad play musical instruments…I play the Qeej. **Is it a type of instrument in the Hmong culture?** It is a wooden instrument that we play at the funeral along with the drums. So they are crucial to a Hmong funeral they are also there all 4 days with the family. If I had to count I would have been to 15 funerals with my dad (Participant 1).

> One thing I believe that needs to change are from my personal experience would be some of our beliefs in the Hmong culture, some things I feel we might need to accommodate or assimilate within the culture here. **Can you give me a specific example?** Yeah for instance my father. Like I mentioned he is a really reputable guy so he focuses, he is currently unemployed at this moment and there is

> definitely some issues at home about how my mother is the only one working and how my dad chooses to go out of this way to help others whereas sometimes we can't even help ourselves so this like hmm…his belief is like with his growing up in Thailand in the Hmong culture was always to help when they ask you to give back always but here in this society in the USA is more of money is more of going to meet your needs (Participant 1).

Other participants discussed how language barriers have limited vocational options for the older Hmong and how the younger generation of Hmong men appear to lack interest in further education or doing a job that would put them amongst the broader community. Additionally, participants discussed how Hmong men tend to work at places where other extended family or other Hmong individuals work.

> For the older people communication issues and for the younger generation lack of interest and lack of education. Some friends I know have siblings that go to college but a lot of them are in the cycle of trying to do factory work. I feel a like a lot of it is people being stuck in this factory type work not actively looking to do other things (Participant 2).

> The language barriers are hard enough for a lot of Hmong people. Older Hmong. (Participant 5).

> I guess it is how I feel as they are scared of going to different jobs where they don't understand or are not confident in their own English. So it goes back to language barriers. So that is why some Hmong men work as cleaners or not really attractive jobs (Participant 5).

> My thoughts about employment for the Hmong community are because my parents are working in factory jobs I feel that many of us only see that as the only route to go so I think it has really helped me to be away from home and see people doing other things such as research work, social work, or teaching (Participant 3).

> **What about young guys like yourself between 18-35, do you feel like you have a lot of confidence getting out there and applying for jobs outside the Hmong community?** I'd say not a lot of Hmong Americans would be as they don't want to aspire to better themselves but some do (Participant 5).

Tendency of the Hmong Not to Socialize Outside of Their Own Culture Has Led To Decreased Networks and Pathways To Employment

A few of the participants mentioned how the Hmong have a tendency not to socialize outside of their own culture and that this has led to decreased employment networks or pathways and reduced confidence in navigating mainstream culture. Participants also mentioned how many older Hmong do not feel comfortable working at jobs that require a lot of communication due to language barriers and prefer to work at companies that employ extended family or clan members. Even with younger members of the Hmong community, such as the participants in this study and my Hmong American co-investigators, there appears to be a strong tendency to form community networks and friendships exclusively with other Hmong. Examples of this are reflected in the participant's quotes below.

> **So why do you think some Hmong men have issues finding work?** Lack of putting themselves out there and they always want to work with people they know and they never want to throw themselves out there and find a brand new job (Participant 4).
>
> One thing is that Hmong men, if we weren't so connected together as our culture is so "insular." **So you think the Clan is restrictive?** Not restrictive but restrictive in funneling to one direction (Participant 4).
>
> A lot of Hmong people are really reserved and they don't talk to other people of other races that much (Participant 5).
>
> **So would your father find this interview difficult?** Yes, even though he went onto school and has a two-year degree he still finds it difficult to talk to people of other races face to face (Participant 5).
>
> **So do you think there is anything else we could be doing differently in like Dane county to help the Hmong community?** More classes prepping them to find employment. English classes. Confidence working classes. **So as for gaining confidence in navigating the community outside the Hmong community? So they feel less intimidated?** Yeah (Participant 5).

> I think the main barrier is how close the family is, like they can rely on family. Men in the community whether you are doing work or not being a man is like a "role in itself" (Participant 8).
>
> I feel like Hmong males have this sense of pride thing, this Hmong pride thing going on and I think that restricts them from putting themselves out there (Participant 8).

Additionally, other participants discussed how Hmong men tend to work at places where other extended family or Hmong individuals or clan members work.

> **So why do you think Hmong men have issues finding employment? Or some explanations?** Lack of putting themselves out there and they always want to work with people they know and they never want to throw themselves out there and find a brand new job. Everyone I know, all my cousins, etc. work at a cheese factory (Participant 4)
>
> Going back to that question, not just society can be the issue but our community can be the issue, like I was saying, the reason why so many people work factory jobs is because of the idea that is the route our community should go (Participant 4).

Bicultural Stress

Several of the participants discussed how navigating between mainstream American culture and Hmong culture impacted their current mental health. This appeared to particularly be affecting the participants in this study who were all between the ages of 18 to 35. On one hand participants voiced a strong desire to participate in American society through employment, higher education, sports, and various social activities. This was counteracted by the strong sense of cultural obligation to family and the extended Hmong community that often led to increased levels of stress and anxiety that served to further exacerbate their mental health symptoms. Some participants voiced the need for employers to be more understanding of the cultural obligations that some Hmong men have to engage in from time to time. Several examples of this can be seen in the participant's quotes found below.

> There have been scenarios where family had to attend funerals but employers weren't understanding of this. **So you think that is one thing that could change**? Yeah, be more accommodating to Hmong culture and Hmong religion. So for instance when my Dad's first cousin died they had to schedule his funeral a bit later due to working purposes as some of our family members couldn't get time off. **So was that a bit of stress for some people?** Yes, some people were very upset about it including myself (Participant 1).
>
> Actually with my uncles passing away and my aunt passing away from a tumor this year has played a role in me pushing myself. So as they passed away my dad has been on a downhill. After that things have not been quite the same for him, he has lost all his first cousins and brothers so things went downhill for him whereas for me seeing my dad be like that has definitely brought a lot of stress on me for the case of moving to Madison and not being with him (Participant 1).
>
> **So has he (Dad) been able to talk to someone in the Hmong community?** He is actually of the 18 clan council and when he is on community he is a whole different person. He would always tell me things don't feel the same anymore. So with my uncle and I not being around and he was a big lead in our family so in losing him we have lost a lot of knowledge. My dad felt as if he has lost someone really close. We had shamans come and do spiritual ritual things consistently for him and what they say in terms of Hmong culture is that he is ready to go and that my uncle and their spirits are closely surrounding him. **So is this putting a lot of stress on you knowing this?** Yeah. (Participant 1).
>
> **So do you think there are any things that American employers could do better to understand your experiences as a Hmong man? Is there anything they should know that may make it easier?**
> I would say just being flexible with time off as funerals take longer and weddings as well. Also, employers could be more educated about the cultural aspects that Hmong men go through because there is a lot of cultural pressure to how that may be affecting their mental health and well-being (Participant 3).

Adding to this theme on bi-cultural stress, several of the participants discussed how extended family may impact what career choices or job path an individual within the Hmong community might undertake. Participants also discussed how family members may be strongly encouraged to find employment during their high school years or after just finishing high school to help extended family pay bills, buy groceries, or assist with paying mortgages or rent. Examples of this are reflected in the participant's quotes below.

> I think I say that too because it is built from the educational system that is where it comes from and as they grow older that is how they develop and find a job but I can't speak on their behalf but that is just how I see it and within our community it is expected you find a job right after school and find a way to pay for bills and how you do that is work at a factory and you develop that long-term and then your old age and it is kind of too late to make that switch (Participant 4).
>
> I guess for people like my dad it is just about having a job and having money and they don't really want to push or gamble in high risk things. And they have a family and extended family to take care of (Participant 5).
>
> **So do you feel pressure that way?** Yeah, we all feel pressure. My little brother is feeling pressure right now. They are forcing/bothering him to get a job but he is only 19 and fresh from high school (Participant 5).
>
> **So is there a lot of pressure from the Clan that you have to help the family and get out there and start work?** Yes (Participant 4).
>
> **So going onto university is discouraged in some cases?** If my family was struggling, we definitely would be discouraged but because we weren't I was allowed to pursue a different route (Participant 4).
>
> **So with your other Hmong friends in Wausau is there an expectation that they get out and work to support the family?** Yes, definitely. As once you get out of high school you need to work as we need the money (Participant 4).

Communication

In developing and debating the themes through critical analysis another theme emerged. Pakou, my Hmong American research team member, noticed that communication has played a huge role in how these young Hmong men interact with their co-workers. Pakou stated how she has seen, heard, and read about gender roles in the Hmong community, and this plays a role in how Hmong males interact with each other. Hmong males are obligated to act a certain way and speak a certain way. They're supposed to uphold their dignity by not expressing their feelings. As a result of this, the communication between older Hmong males and younger Hmong males is not that great. They struggle to communicate their feelings and thoughts among one another. These young Hmong males do not have strong communication skills in the work force because

of the lack of strong communication between their fathers or parents. They don't build strong communication skills because maybe they simply don't have a good understanding how to interact with their father or parents.

One example of this was a participant discussing how he found it harder to connect with people he worked with due to cultural differences and that he hadn't had the same childhood experiences as his co-workers.

> I'm usually non-confrontational but there is a cultural difference in how people talk to and respond to each other. I don't know how to describe it, is just one of those things…sometimes I feel like I'm mentoring someone else's workplace. I sometimes feel isolated from the work space. I can still talk to them and communicate but it is mostly or more professional then personal if that makes sense (Participant 2).

> Like it is harder for me to connect to people as I haven't had the childhood experiences they have had so it's hard to create common ground. **So did you play baseball and other things?** I did football, wrestling, and track. Football is something I grew up watching and seeing so it was just something I wanted to do (Participant 2).

What role does stigma and intergenerational trauma play in the employment process for Hmong males with mental health issues living in Wisconsin?

Intergenerational Trauma May Play a Role in The Employment Process Indirectly

Participants reported being indirectly affected by observing suspected untreated PTSD symptoms in their parents through spoken word, writing, body language, or silence, and that may have led them to experiencing symptoms, such as depression, anxiety, stress, or using poor coping strategies, similar to what they had observed in their parents. This is in line with recent research that explored the effects of historical trauma and intergenerational trauma with Hmong women (Xiong, 2015). A few of the participants discussed how their parents have shared stories of their experiences in fleeing Laos during the war and their time spent in a Thailand refugee

camps before immigrating to America and how this has impacted them and their mental health and indirectly impacted their ability to retain employment due to increased levels of anxiety, stress, and depression they that felt as a result of this. Examples are found in the participant quotes below.

> **Did your parents or grandparents ever talk about their time making their way over here? Did they find it difficult? Did you ever see them get upset about things?** Definitely but they don't talk about it much. But you can see when we are watching videos they relate to past experiences and then get emotional but it just such a tough topic to talk about as they went through so much that we just don't talk about it (Participant 4).

> **So what about things, did your parent's experience a lot of trauma or experience a lot of traumatic things coming over here? They ever talk about those things?** They don't really know what mental illness is but sometimes they might have PTSD but I'm not sure because of the war they just got into. **So were they like born in the camps or were they the ones what made their way from Laos to Thailand?** They were the ones that had to run away. **So do they ever talk about those things or does it ever come up?** Well, in my life I never really liked asked them but going to school they ask you like what's your background and write papers about it so that is why/when we have asked them about it. For my mother I wouldn't say she loves telling stories but she wants us to experience what she felt because compared to my dad he didn't explain a detailed story as much as my mom. She told us she got captured. **Oh really, wow**. Then my uncle was a soldier so he went to rescue her and her little sister. **Really, wow**. Then she cried when she told us about it. I guess it was really traumatic for her. **So do you think it has affected her to this day and do you think it has affected you guys at all?** I think now as growing up my traits are similar to theirs and they lack a lot of confidence and are really straight-forward and not really emotional people. **Do you think that is because thinking and talking about those things makes them too upset?** My mom will tell the story to us over and over. **Really?** Yeah. But now they have kind of stopped talking about it as we are older now and they probably think we understand now. They never express their feelings towards us unless it is through these experiences. **So as far as all those experiences they had you ever noticed them getting upset?** Thinking about things from the past. **Did they ever talk about things at big family gatherings?** Not as much but when we were younger they would refer to it and talk about their experiences often and would say things like we had a bad life but we are making it better for you guys. So you guys need to work harder than us and that is the dream (Participant 5).

> **So have your parents ever talked about things they went through escaping Laos and living in a Thai refugee camp?** My dad has PTSD. He is really

> paranoid. He get really restless at night and often checks all the doors, etc. **Does that affect you all?** It is just normal to me. I think with him being so anxious that I am anxious. They intertwine (Participant 8).

One participant also discussed the lack of understanding attached to having a mental illness and how this may lead to indirect feelings of stigma towards persons with mental illness leading to rejection or discrimination by family members.

> **What would the Hmong people's feelings towards people who have mental health issues, is there a lot of stigma?** There is a lot of things, I don't want to say shame, but things they just don't understand. I had a niece who couldn't speak and was mentally challenged and my parents didn't know how to deal with her and when we had to babysit her all she did was whine and I think she was in her mid 20's (Participant 5).

Summary

Cultural aspects of the Hmong and their history of what brought them to the United States have uniquely impacted how they engage with the broader American society. Hmong culture appears to have influenced how they communicate with others in work settings, the networks they have developed, and the paths they may take to employment. Additionally, it appears that parents and grandparents of some participants in this study have been exposed to past traumatic events and that may have been passed on to the participants in various forms of intergenerational trauma and stress.

The themes represented in this chapter represent the "voices" of eight young adult Hmong American men with mental health issues and their experiences navigating and finding employment in the state of Wisconsin. Seven themes were identified in answering the four research questions of this study. Findings from this study are hopefully useful in informing effective clinical practice in the areas of mental health, vocational rehabilitation, and specialist employment services with Hmong Americans. A discussion of the results and implications for

working with Hmong Americans with mental health issues and future research are presented in Chapter Five.

CHAPTER FIVE

Discussion

This chapter provides a summary and discussion of the findings from the semi-structured interviews undertaken with eight young adult Hmong American men with mental health issues. Implications for rehabilitation counselors, mental health counselors, and other employment specialists who work with Hmong Americans are also discussed. This is followed by the limitations of the study and directions for future research.

This research was guided by the primary research question: How do young adult Hmong men with mental health issues navigate and experience finding employment in the state of Wisconsin? Additionally, this study was guided by the three research sub-questions that sought to identify facilitators used and barriers encountered by Hmong Americans with mental health issues in the process of obtaining and retaining employment and to explore the role sigma and intergenerational trauma may play in the employment process. In addressing the primary research question and three research sub-questions, seven themes were identified. Their implications will be discussed below. Additionally, co-cultural theory and its conceptual applications of preferred outcomes (assimilation, accommodation, and separation) and communication approaches and the four interrelated factors (field of experience, abilities, situational context, and costs and rewards) will be revisited in an effort to connect the findings discussed at length and in detail in Chapter Four to the research questions that shaped this research study.

For each participant interview, I kept detailed field notes to reflect on what the participant said, noted areas that may require additional exploration, and wrote notes on what the participant conveyed and how that might be related to co-cultural theory. Additionally, I kept a research

journal that consisted of my reflections of the interview and my thoughts of what I heard and observed as a way to "reflect" on the experience and the research process itself. A Hmong American cultural perspective was provided by my two research team members Miss Pakou Yang and Mr. Mason Her, which proved invaluable in providing insights during that data analysis stage and "illuminating" what the participants were saying.

Facilitators to Employment

I wanted to know what factors contribute to improved employment outcomes of young adult Hmong males with mental health issues in Wisconsin. In answering this question two themes were identified – extended family may serve as a facilitator to work and cultural humility/Hmong counselors. The findings from this study clearly indicate that family and extended family play a significant role in the Hmong culture and that this significance of family has impacted the employment process in a number of different ways. As Mr. Mason Her, my Hmong American research team member explained "the Hmong community is tightly knitted and our culture runs through a family system where if there are any issues, we go to our clan leaders first and family first rather than the law. Thus, with this significance of family, we tend to stay close to family despite job opportunities." Having such a closely "knitted" community has allowed many of the participants to tap into career pathways that other young men may not have available to them. This has also assisted in helping some of the participants in this study as family members were more likely to overlook any mental health issues they had due the cultural obligation of assisting family.

As highlighted in the findings, most of the participants indicated that they found the majority of their jobs through family, community, or clan members. However, the influence of family on employment can also prevent some Hmong from pursuing higher education goals or

"funnel" them into positons or places of employment that do not allow for much career progression such as factory work, as participants expressed a strong expectation in many Hmong families to find work as soon as you leave high school to help support the family. The centrality of family and extended family in Hmong American young adults' life also prevents them from moving to other geographical locations to explore educational and employment opportunities that will provide better career pathways to the middle class. This especially appears to be the case for young adult Hmong males who are viewed as being the "providers."

Some of the participants discussed that having more access to rehabilitation counselors or mental health providers who were Hmong themselves, had intimate understanding of the Hmong culture, or who possessed a strong sense of cultural humility would be helpful. As one participant stated "would feel more comfortable if they saw a Hmong person." This is consistent with Gensheimer's (2005) research carried out with Hmong mental health providers in Minnesota recommending that bi-lingual and bi-cultural Hmong mental health providers be utilized where possible. As Gensheimer states, "Hmong providers' understanding of Hmong language, including metaphors, nuances, intensity, and tone, was essential to understand what clients were communicating" (p. 164). Additionally, participants indicated having a good understanding of how gender roles in Hmong society work, how this is connected to certain cultural obligations, and how this can impact their mental health would be helpful.

When probing further, none of the participants knew any Hmong individuals personally who worked as rehabilitation counselors, mental health counselors, or employment counselors, but knew some older Hmong who went to Kajsiab House at Journey Mental Health Center for help with various mental health issues. Kajsiab House was founded in 2000 by the Hmong Community, as a place where Hmong elders and their families can be safe, and receive help and

treatment for mental health issues. A couple of the participants indicated that they had utilized mental health services for personal counseling when they were having some personal issues but none of these counselors were of Hmong descent. One of the participants indicated he would like to see more counselors from a Hmong background as seeing other Hmong counselors may encourage others to go into those fields including himself - "seeing that allows us to see that we can do it too."

Barriers to Employment

I also investigated major barriers facing Hmong male adults with mental health issues in their efforts to find and retain employment in Wisconsin. In answering this question four themes were identified – family/cultural obligations serving as a barrier to obtaining work, a tendency of the Hmong not to socialize outside of their own culture which has led to decreased networks and pathways to employment, bi-cultural stress, and communication barriers.

Some of the participants mentioned how holding more traditional beliefs may affect how a Hmong individual views paid employment and how it is prioritized. For example, for Hmong individuals who hold more traditional beliefs, doing reparation in the Hmong community and "giving back" are seen as a big part of life in the Hmong community, and this may often take precedence over doing paid employment outside of the Hmong community. As one participant explained "my dad chooses to go out of his way to help others whereas sometimes we can't even help ourselves so this like hmm…his belief is like with his growing up in Thailand in the Hmong culture was always to help when they ask you to give back always but here in this society in the USA is more of money is more of going to meet your needs." Young adult Hmong males who grow up in more traditional Hmong families (such as some of the participants in this study) are more likely to be "strongly encouraged" to undertake such activities that may lead to clashes

with maintaining paid employment and ultimately affecting their levels of stress leading to various mental health issues.

One of the participants mentioned how "insular" the Hmong community can be and how this has often led to Hmong following other Hmong into certain types of employment such as working at factories or in construction. This has led to decreased opportunities for employment through decreased networks, reduced confidence in communicating with people outside the Hmong community, and a greater reliance on family which further decreases networks with the broader American community. This, in turn, has inadvertently funneled many Hmong into lower paying jobs that do not require much communication such as cleaning.

Many of the participants discussed the difficulties in balancing the responsibilities of Hmong culture and fully participating in the broader American society and how it has impacted their current mental health. In the process of trying to find a balance between these two worlds, many of the participants felt it had led to increased levels of stress and anxiety that served to further exacerbate their mental health symptoms. This appeared to be more prevalent for the participants who have had more of a traditional Hmong upbringing and are expected to take on more Hmong cultural obligations such as assisting in funerals. What is it like to live in two worlds? Implications of this will be discussed in the next section.

Mr. Mason Her, one of my Hmong American research team members, pointed out that the majority of the participants' parents were from Thailand or Laos and appeared to have limited English speaking skills and low levels of educational attainment, resulting in low paying jobs that led them to put a lot of pressure on their children to help out. The stress caused by family obligation, poverty, and income inequality may be considered another dimension of the theme: bi-cultural stress. Several of the participants discussed how there is pressure in a lot of

Hmong families to start working as soon as they graduate from high school to help support the family. Both of my Hmong American research team members agreed that this may potentially be a source of stress, depression, and anxiety for many young adult Hmong males as they men are seen as the "providers" in the family.

Communication was another barrier identified facing Hmong male adults with mental health issues in their efforts to find employment. As mentioned in Chapter 4, Miss Pakou Yang, one of my Hmong American research team members, noticed that communication has played a huge role in how these young Hmong men interact with their co-workers. It is important to note this is something I did not observe in the data until she underscored this problem in our ongoing debate and dialog about which themes to use for this study. Miss Pakou Yang stated how "these young Hmong males don't have strong communication skills in the work force because of the lack of strong communication between their fathers or parents. They don't build strong communication skills because maybe they simply don't know how to interact with their father or parents. I feel like I can say this and have a good understanding of this because I, myself, struggle to communicate with my parents in a sense."

Miss Pakou Yang also mentioned how "Hmong males are obligated to act a certain way and speak a certain way. I know that times have changed and it's a different generation, but with the older generation in terms of our fathers, uncles, grandfathers, male cousins, etc. they still hold on to this thinking where they can't express their feelings because they're the head of the family and have to uphold the family dignity." This is a good example of having a Hmong American in the research team has provided unique cultural insights into the process of how young adult males with mental health issues navigate and experience finding employment.

Communication as a barrier to finding and obtaining employment will be discussed further in the implications section.

Intergenerational Trauma

In answering the question regarding the role that stigma and intergenerational trauma may play in the employment process for Hmong males with mental health issues living in Wisconsin, one central theme was identified – intergenerational trauma may play a role in the employment process indirectly. As discussed earlier, participants reported being indirectly affected by observing suspected untreated PTSD symptoms in their parents either through spoken word, writing, body language, or silence that may have led them to experiencing symptoms such as depression, anxiety, stress, or using poor coping strategies that they observed in their parents.

Sotero's (2006) Historical Trauma Model posits that historical trauma occurs when subjugation of a population by a dominant group occurs. According to Sotero, subjugation consists of "at least four elements: (a) overwhelming physical and psychological violence, (b) segregation and/or displacement, (c) economic deprivation, and (d) cultural dispossession" (p. 99). It is well documented that the Hmong have been subjected to severe war-related trauma and stress (Tatman, 2004; Vang, 1979). When the United States withdrew from Vietnam the communist armed forces viciously targeted the Hmong due to their involvement in assisting the United States during the war that ultimately resulted in the persecution and murder of over 300,000 Hmong (Cha, 2003). To avoid being killed the remaining Hmong fled Vietnam and Laos and eventually made their way to Thailand, where they were placed in crowded refugee camps (Tatman, 2004; Vang, 2010). The parents and grandparents of many of these participants appear to have suffered the four elements of Sotero's historical trauma model that has indirectly

affected the participants' ability to obtain and retain work through decreased confidence and higher levels of psychological stress, depression, and anxiety.

Co-Cultural Theory

Co-cultural theory was used as a conceptual framework to further theoretically informed analysis of the qualitative data and answer the principle research question ("How do young adult Hmong males with mental health issues navigate and experience finding employment in Wisconsin?" Co-cultural theory was developed from several studies that investigated communicative experiences of marginalized groups (e.g., African American women, people from a lower socioeconomic status; Orbe, 1996). From these studies, it was found that these marginalized groups used specific communication strategies or "preferred outcomes" or "communication approaches" when interacting with dominant groups members (Orbe & Spellers, 2005). According to co-cultural theory preferred outcomes can range from assimilation to accommodation to separation (Orbe, 1996). *Assimilation* involves attempting to eradicate cultural differences and conform to the dominant society. *Accommodation* refers to trying to maintain their cultural uniqueness. Lastly, *separation* represent attempts to establish another social structure as an alternative for non-dominant groups. Along with *preferred outcome* and *communication approaches,* there are four other interrelated factors that can influence how non-dominant groups (such as Hmong Americans) communicate within dominant social structures (Orbe & Roberts, 2012). These include: field of experience, abilities, situational context, and costs and rewards (Orbe & Roberts, 2012). For this study, I have chosen to use field of experience, situational context, and preferred outcomes as a way to further discuss the results and provide a theoretically informed perspective on how Hmong males with mental health issues navigate and experience finding employment in Wisconsin.

Field of Experience

Field of experience refers to influence of one's past experiences when it comes to selecting various co-cultural communication strategies (Orbe & Roberts, 2012). An individual's field of experience includes such things as socialization, formal and informal education, critical incidents, and other past events. As people proceed through life, they come to learn a variety of ways of communicating in diverse contexts and situations.

Participants in this study all had a unique "field of experience" that shaped the way they communicate with the broader American society. All the participants indicated that they were bi-lingual except one (although he indicated he could understand the language and speak a "broken" form of it) and grew up in families where the Hmong language was predominantly spoken at home. Some of the participants indicated they had parents with strong traditional Hmong beliefs (beliefs around gender roles and spiritual practices that include shamanism, ancestor veneration, and animal sacrifice) that had impacted on the way they were socialized in American society. This was evidenced in the following quote "like it is harder for me to connect to people as I haven't had the childhood experiences they have had so it is hard to create common ground (Participant 2)." As discussed earlier in Chapter Four (and identified as a theme under barriers to employment) this has often resulted in a greater level of "bi-cultural stress" that has served to further exacerbate mental health symptoms, and being Hmong American young adult men with mental health problems further constricted their opportunities to find high paying jobs with good benefits.

Although not identified as a theme it is important to acknowledge that the Hmong have experienced stereotyping, prejudice, and discrimination, and this could be another component of their "field of experience." In this study, two of participants discussed this and how it impacted

them. When asked the question – So do you think there are any challenges unique to the State of Wisconsin? One of the participants stated "just being from a small town there is a lot of racial tension." When asked – Have you experienced any racial bias growing up there? "I know there is a lot of fighting with the hickish country people or even people who don't live in the country but are in that group and like to pick fights and get things settled that way" (Participant 2). This same participant also indicated how he needed to "hide his culture" from the people he went to school with, as he knew that if he discussed this, they might find it really strange. This is seen in the following quote "another thing I totally forgot to mention was just the having your culture in just a regular environment where like some of the practices we do like butcher our own chickens, we buy chickens bring them home, we butcher pigs at home and we couldn't share that with classmates as it was seen as weird" (Participant 2). Another participant described how he has been subjected to micro-aggressions and stereotyping at work. When asked the question – Have you ever experienced employers judging you unfairly? Due to being Hmong? He stated "general arrogance to me being Asian and offhanded comments. My current manager calls me Bruce, as in "Bruce Lee." It gets on my nerves. It is not playful. I shrug it off" (Participant 8).

As also discussed in the Chapter Four findings, there is a tendency of the Hmong not to socialize outside their own culture or community, and that tendency has led to decreased networks and pathways to employment. Additionally, it has led to decreased opportunities to increase confidence and further communication skills with the broader American community. As a result of their reduced interaction with the outside world their dependence on family becomes more critical. Some of the participants in this study were pursuing postsecondary education and discussed how this has broadened their field of experience and highlighted other avenues or

routes that they may take to employment and served as an opportunity to live away and be a bit removed from the Hmong communities they grew up in.

Intergenerational trauma is another aspect that emerged from this study that has impacted some of the participants' field of experience and has indirectly affected the way some of some participants have engaged with the broader American society an and may have affected their ability to retain employment in some circumstances due to anxiety, depression, and lack of confidence. Contrasting this, extended family may also serve as a facilitator to work due to the very established networks within the Hmong community creating pathways to employment especially for young Hmong who lack any sort of work experience or have mental health issues as it appears Hmong family businesses are more accommodating of Hmong who have mental health issues.

Situational Context

Situational context is central to co-cultural communication (Orbe, 1998). In this study, how Hmong American males with mental health issues communicate within different situations or contexts was analyzed to determine how this may have become a facilitator or barrier when attempting to find and retain employment. As stated earlier, Hmong culture dictates the way Hmong males interact with each other. Hmong males are obligated to act a certain way and speak a certain way and are supposed to uphold their dignity by not expressing their feelings.

This cultural obligation appears to have affected how some of these participants communicate in the workplace and may have inadvertently affected their ability to retain employment via poor workplace socialization skills. This is demonstrated by the following quote "I'm usually non-confrontational but there is a cultural difference in how people talk to and respond to each other. I don't know how to describe it, is just one of those things…sometimes I

feel like I'm mentoring someone else's workplace. I sometimes feel isolated from the work space. I can still talk to them and communicate but it is mostly or more professional then personal if that makes sense" (Participant 2). He goes on to state "I think sometimes in a workplace it is me not feeling comfortable with them as they are with me and not as open. I need to get to know them more before I can open up to them or relate to them is a good way to put it" (Participant 2).

Contrasting this, Situational context may have played a role in being a facilitator in obtaining employment in some circumstances. For instance, extended family was identified as being a facilitator to work and the findings demonstrated that many, if not all of the participants, found employment through extended family and there was a tendency for the Hmong to want to work in places that employed extended family or other Hmong community/clan members. This appears to have made it easier for the young adult Hmong males in this study to obtain and retain employment despite having mental health issues.

In conducting these interviews with the participants, I was conscious about how my own personal history, biography, social class, race, and ethnicity were distinctly different from the individuals I was interviewing. Additionally, I took note of the situational context in which these interviews were taking place. As stated earlier, six of the interviews took place at the School of Education building and two of the interviews took place at the Bayview Foundation Community Center. Two of the participants interviewed at the School of Education building noted that they were a "little nervous," as they didn't know what to expect, but indicated they felt fine after meeting me and talking with me. With the two interviews at the Bayview Foundation Community Center, both participants indicated they felt at ease as it was a familiar place they

grew up coming to on a daily basis suggesting this might be a consideration for any other studies undertaken with the Hmong.

Preferred Outcomes

Results of this study clearly indicate that Hmong culture influences how the participants engage with the broader American community. Their unique *field of experience* and *situational context* has shaped the way they communicate within a workplace, the paths to employment they may take, and the networks they develop. From the eight interviews undertaken it is apparent that for the participants in this study their preferred outcome is *accommodation* or trying to maintain their cultural uniqueness within the broader American society. All of the participants in this study were under the age of 25 and there is a sense that although they have a strong connection with Hmong culture they also see how this has prevented some Hmong from fully engaging in the broader American workforce. The tendency for many of the Hmong not to socialize outside their communities has led to decreased employment opportunities and inadvertently narrowed their career options although some of the participants in this study have indicated that this is slowly changing through further education attainment. Many of the participants discussed the challenges of obtaining "cultural plurality" and the difficulty of navigating two worlds and how this has resulted in varying levels of "bi-cultural stress". The individualism of American culture and the collectivism of Hmong culture has not made this process any easier.

Implications

The purpose of this study was to explore how young adult Hmong males with mental health issues navigate and experience finding employment. Several implications for mental health counselors, rehabilitation counselors, and employment counselors can be drawn from the

results of this study. First and foremost, it is important to note that Hmong culture played a significant role in nearly all aspects of the participants' lives and this has influenced how they interact with the broader American community, the occupations they undertake, and networks they tap into when seeking assistance for mental health and employment services. Given the results of this study some recommendations are suggested below.

It would seem important to utilize Hmong American mental health counselors, rehabilitation counselors, and employment specialists where possible. Several participants mentioned how they believed that the Hmong would open up more to a Hmong mental health or vocational rehabilitation counselor. In organizations where there are not any Hmong counselors available, another suggestion would be to access Hmong cultural brokers who could act as a bridge (or Hmong outreach as mentioned by one of the participants) between the Hmong community and an agency, as suggested in a study undertaken on the feasibility of providing mental health services to the Hmong in Eau Claire, Wisconsin (Futterman-Collier et al., 2012). Another suggestion would be to utilize counselors who have been trained in cultural models of counseling that take into consideration the many factors that come into play when providing services to the Hmong, such as the Cultural Variance Model that uses eight dimensions including: language, person, metaphors, content, context, concepts, goals, and methods (Southwick et al., 2013).

Mental health, vocational rehabilitation, and other employment providers need to be sensitive to potential family and cultural obligations that Hmong males are obligated to undertake in their community. Results of this study indicate that participants who grew up in families with more traditional Hmong beliefs are likely to experience higher levels of what I identified as "bi-cultural stress." Participants stated that employers should be "more

accommodating to Hmong culture and Hmong religion," such as the need to take time off for funerals (that are often held over 4 days) and weddings. Counselors also need to be aware how "bi-cultural stress" can affect a Hmong person's mental health and overall well-being and how it can play a part in the employment process. Upon reflection, it is interesting to note that I also observed this in many Indigenous Australian clients that I worked with as a rehabilitation counselor in Broome, Western Australia over a period of more than 16 years. In many ways, the Hmong share many similar cultural beliefs and values that Indigenous Australians do. Some examples of this include: spiritual beliefs around why a person may become sick (due to evil spirits), valuing family and community over the individual, and the belief that both animate and inanimate objects possess "spirits."

Counselors need to be aware how gender roles in the Hmong community affect the way Hmong males are obligated to interact with each other. Hmong males are obligated to act a certain way and speak a certain way. They're supposed to uphold their dignity by not expressing their feelings. Counselors need to be sensitive to this and how it may impact the way certain Hmong clients interact when receiving Western mental health, vocational rehabilitation, or other employment services. Unfortunately, this may also impact how a Hmong client may interact in the workplace. Given this, professional counselors providing employment services should be aware that this may be a potential issue that may arise when placing a Hmong client into employment.

Counselors need to be aware how intergenerational stress may impact Hmong American clients. Some of the participants in this study discussed how their parents were subjected to some very traumatic events and how this may have been passed to them through spoken word, writing, body language, or silence that has led to them experiencing symptoms such as depression,

anxiety, stress, or using poor coping strategies that they observed in their parents. Counselors interested in his area might consider obtaining further training on how to effectively work with intergenerational transmission of trauma effects in families or join a special interest group such as the Intergenerational Transmission of Trauma and Resilience Special Interest Group (SIG) to better understand the lifetime consequences of trauma across generations.

Counselors need to be aware of the role that stigma and lack of understanding can play around mental illness with Hmong Americans. Results of this study indicate a general lack of understanding around what mental illness is and how to work with persons who experience mental health challenges in the Hmong community. As Futterman-Collier et al. (2012) pointed out in their study "there was a general reluctance to share personal information about emotional problems, and hence expose vulnerability, especially in men" (p. 80). This is in line with the results of this study around communication and suggests the need for more Hmong mental health counselors who have a good understanding of the "two worlds" in which the Hmong live.

Having a more in-depth understanding as to the stereotypes, prejudice, and discrimination that Hmong people experience within the broader American society would assist counselors in helping Hmong people develop better workplace communication and socialization skills. Lastly, developing culturally sensitive outreach strategies would encourage Hmong people to utilize health, rehabilitation, and social services.

Limitations

The research was conducted with a small sample that comprised eight participants. As a result, the findings may not represent the experiences of all Hmong adult males with mental health issues when finding employment in other locations in Wisconsin, in other states, or even the broader population of Hmong in Dane County, Wisconsin, where the study was conducted.

Given the sample consisted of Hmong American men who would likely be classified as having mild forms of depression and anxiety the results of this study may not be generalizable to Hmong American men with more severe forms of mental illness. As a white male researcher I acknowledge that it is possible that another researcher or research team from the Hmong background, as opposed to my background, may have solicited different narratives from the Hmong participants or may have interpreted the data somewhat differently and drawing different conclusions.

Directions for Future Research

To further expand on the research in this study, it would be interesting to investigate the employment experiences of Hmong adult males aged 35 and older. A conscious decision was made to select participants between the ages of 18 and 35 years of age for this study, due to the likelihood of having to use Hmong language interpreters for participants older than the young adult group and the difficulties in organizing the study that this factor would pose. Targeting an older population may provide further insights on how intergenerational trauma is experienced and passed on down through the generations. It would also be interesting to look at the differences in the level of acculturation and traditional beliefs among Hmong participants to see how this impacts the employment process. Conducting research with Hmong participants with more severe forms of mental illness may lead other interesting insights on the best way to engage Hmong Americans in using Western mental health services.

Conclusion

This study examines how young adult Hmong males with mental health issues navigate and experience finding employment. Eight semi-structured interviews were undertaken with Hmong American males with mental health issues between the ages of 18 and 35 years of age.

Results indicate that Hmong culture and extended family play significant roles in the employment process for the participants in this study acting as both a facilitators and barriers. There also appears to be a significant level of "bi-cultural" stress being experienced by many of the participants in this study that has inadvertently has affected their overall mental well-being, leading to difficulty finding long-term employment.

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Appendix A

Semi-structured Interview Guide

Purpose: Assess perceived experience of the target population in seeking and obtaining employment in the United States.

The reason that I want to ask you questions about your experience in finding and maintaining work in the United States is that the data suggest Hmong people in the United States tend to have lower employment rates than most other people in the United States. There is hardly anything in the literature capturing the experience and opinions of Hmong men receiving human services in finding and obtaining work. We want to talk to you particularly because of your success in achieving employment when so many Hmong men have not been able to do so. We hoped that you would share some of your knowledge and experience in this area.

This study is focused on your employment experience, so we are going to be talking about that quite a bit today. But before we do that, I would love to get to know just a little bit about you.

1. To begin, could you tell us about your background, including where you grew up and perhaps a little about your family?

2. I am interested to learn more about your educational and employment experiences.

    a. Can you tell me about your educational experience?

        i. How well did your schooling prepare you for future employment? [Ask about high school, postsecondary, and possibly earlier schooling]

    b. Can you tell me about your employment history, starting with your first paid employment?

        i. Probe - How did you find and obtain your different employment opportunities

        ii. Probe – What was your reason for changing jobs?

iii. Probe – Did your family support your job or career choice?

3. Did anyone help or support you in any way while you were looking for any of the jobs you just listed? If so, please describe.

    a. Probe – For example, did you have a mentor, family or friend support, or other support in the community or workplace?

    b. Probe - How have the mentioned supports been helpful to you in looking for work?

    c. Probe - What kind of support did you receive from the Hmong community to find employment?

4. Similarly, did anyone help or support you in any way after you obtained one of the jobs just listed? If so, please describe.

    a. Probe – For example, did you have a mentor, family or friend support, or other support in the community or workplace?

    b. Probe - How have the mentioned supports been helpful to you in keeping the job?

    c. What kind of support do you receive from the Hmong community to find a job?

5. Can you share with me some of the obstacles you experienced while looking for work?

    a. Probe – For instance, did you have any challenges with transportation? If so, please describe.

   b. Probe – Did you experience employers or HR representatives judging you unfairly? If so, please describe.

   c. Probe – Did you experience any health challenges that affected your ability to find work?

6. Can you share with me some of the obstacles you experienced in keeping your employment?

   a. Probe – For instance, did you have any challenges with transportation? If so, please describe.

   b. Probe – Have you experienced employers or HR representatives judging you unfairly do to race or for other reasons? If so, please describe.

   c. Probe – Have you had any challenges with co-workers or supervisors? If so, please describe.

   d. Probe – Did you experience any health challenges that affected your ability to keep your job?

7. Is there anything you can think of that would make your current employment situation better?

   a. Probe - Are there any services that you wish could have been provided or improved to help you in seeking employment?

   b. Probe - Are there any things that you think American employers could do better to understand about your experience as a Hmong man?

Now I would like to zoom out just a little to get your opinion on employment of Hmong men more generally.

8. What are some possible explanations for the poor employment of Hmong men in the United States?

   a. Are there any challenges that you think are unique to Wisconsin? If so, please describe.

9. What do see as some important things that need to change in order to improve employment for Hmong men in the United States?

   a. Are there any opportunities for change that you think are unique to Wisconsin? If so, please describe.

Summary Question: We have tried to be thorough in our questions about your employment history and success, but is there anything else that you feel would be critical for us to know about your experience?

Appendix B

Demographic Questionnaire

1. How old are you?.....

2. What is the highest level of education you have achieved?
   - No formal schooling
   - Elementary education (grades 1-8)
   - Secondary education, no high school diploma (grades 9-12)
   - Special education certificate of completion/diploma or in attendance
   - High school graduate or equivalency certificate (regular education students)
   - Postsecondary education, no degree
   - Associate degree or Vocational/Technical Certificate
   - Bachelor's degree
   - Master's degree or higher

3. What is your marital status?
   - Married
   - Cohabitating
   - Single
   - Divorced
   - Widowed
   - Separated

4. What is your primary disability?

5. Where were you born United States? If not, where were you born?

6. Employment

   Are you currently employed (Y/N)?

   If you yes, how many hours per week do you work?.....

   What is your average weekly earnings?.....

   What is your current job title?.....

7. Company Size that you currently work for

- Small – Less than 50 employees
- Medium – Between 50 and 249 employees
- Large – Greater than or equal to 250 employees
- Other – Self-employed

8. Do you have any secondary health conditions (please check all that may apply)?
- Diabetes
- Obesity
- Heart disease
- Kidney disease
- Nerve damage
- Skin conditions
- Vascular disease
- Vision problems
- Joint conditions
- Chronic wounds/loss of limbs
- Respiratory problems
- Hearing loss
- Emotional problems
- Fatigue (tiredness)
- Pain
- Pressure sores or ulcers
- Mental health and depression
- Other……..

9. What type of health insurance do you currently have?
- Employer based
- Medicare
- Medicaid
- Self-Insurance
- No Insurance

10. Are you currently receiving any government benefits (please check all that apply below)?
- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Veteran's Disability Benefits
- Worker's Compensation
- Supplemental Nutrition Assistance Program (SNAP)
- Other Public Support

Appendix C

Mental Health Resources

Mental Health Resources Madison, Wisconsin

Recovery Dane
(608) 237-1661
www.recoverydane.org

Journey Mental Health Services
608-280-2700
https://www.journeymhc.org/

Journey Mental Health Services 24-hour emergency line
608-280-2600

Lutheran Social Services
608-277-0610
www.lsswis.org

The Family Center
608-663-6154
https://www.thefamilycenter.info/

Appendix D

UNIVERSITY OF WISCONSIN-MADISON
Research Participant Information and Consent Form

Title of the Study: Facilitators and Barriers to Employment for young adult Hmong American males with mental health issues: A Qualitative Study

Principal Investigator: Timothy Tansey PhD, CRC (phone: (608) 265-8991) (email: tntansey@wisc.edu)

Student Researcher: Kevin Bengtson MS, CRC, MASRC (phone: (608) 504-0154 (email: kbengtson@wisc.edu)

DESCRIPTION OF THE RESEARCH

You are invited to participate in a research study about facilitators and barriers to employment for young adult Hmong American males with mental health issues. You have been asked to participate because you have self-identified as a Hmong American male with a mental health issue that is currently working.

The purpose of the research is to gain a better understanding facilitators that you have used to help you find employment and the barriers you experienced in finding employment as a young adult Hmong American male.

This study will take place at either Journey Health and Wellness (49 Kessel Ct.) or the School of Education Building (1000 Bascom Mall) at the University of Wisconsin - Madison. The locations will be chosen by the participant based on convenience and accessibility.

Audio tapes will be made of your participation. The research team and transcription service will hear the audiotapes. Audio recordings will be kept until transcription upon which time they will be destroyed.

WHAT WILL MY PARTICIPATION INVOLVE?

If you decide to participate in this research you will be asked to complete an in-person interview lasting between 45 minutes to 1 hour.

ARE THERE ANY RISKS TO ME?

The main risk of taking part in this study is that your study information could become known to someone who is not involved in performing or monitoring this study. Due to the sensitive nature of the discussions, there may be some questions that make you feel uncomfortable or bring up bad memories, but we feel that there is very limited risk associated with participation. It is important that you know you do not have to respond

to any of the questions and may quit at any time, without penalty. You will be provided a list of resources should you need any additional mental health support.

ARE THERE ANY BENEFITS TO ME?

You are not expected to benefit directly from participating in this study. Your participation in this research study may benefit other people in the future by helping us learn more about what sort of things help Hmong Americans find employment and what sort of things that serve as barriers for Hmong Americans to employment.

WILL I BE COMPENSATED FOR MY PARTICIPATION?

You will receive 25-dollar gift card for participating in this study. If you do withdraw prior to the end of the study, you will receive 5-dollar gift card for your time.

HOW WILL MY CONFIDENTIALITY BE PROTECTED?

While there will probably be publications as a result of this study, your name will not be used only de-identified information will be used. The study results will include quotations but quotations will be coded to maintain confidentiality. If you participate in this study, we would like to be able to quote you directly without using your name. If you agree to allow us to quote you in publications, please initial the statement at the bottom of this form.

WHOM SHOULD I CONTACT IF I HAVE QUESTIONS?

You may ask any questions about the research at any time. If you have questions about the research after you leave today you should contact the Principal Investigator Tim Tansey PhD, CRC at (608) 265-8991. You may also call the student researcher, Kevin Bengtson MS, CRC, MASRC at (608) 504-0154. If you are not satisfied with response of research team, have more questions, or want to talk with someone about your rights as a research participant, you should contact the Education and Social/Behavioral Science IRB Office at 608-263-2320.

Your participation is completely voluntary. If you decide not to participate or to withdraw from the study it will have no effect on any services or treatment you are currently receiving. Your signature indicates that you have read this consent form, had an opportunity to ask any questions about your participation in this research and voluntarily consent to participate. You will receive a copy of this form for your records.

Name of Participant (please print):_____

_____ _____

Signature Date

_____ I give my permission to be quoted directly in publications without using my name.