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**Cambodian refugee use of indigenous and Western healers to
prevent or alleviate mental illness**

Duncan, Julianne Smith, Ph.D.

University of Washington, 1987

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Cambodian Refugee Use of Indigenous and Western
Healers to Prevent or Alleviate Mental Illness

by

JULIANNE SMITH DUNCAN

A dissertation submitted in partial fulfillment
of the requirements for the degree of

Doctor of Philosophy

University of Washington

1987

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Abstract

CAMBODIAN REFUGEE USE OF INDIGENOUS AND WESTERN HEALERS
TO PREVENT OR ALLEVIATE MENTAL ILLNESS

by Julianne Smith Duncan

Chairperson of the Supervisory Committee:
Professor Simon Ottenberg
Department of Anthropology

In this dissertation Cambodian refugee use of traditional and Western healing systems to prevent or alleviate mental illness are examined. Chrisman's (1977) Health Seeking Process model is used as a guide for data collection and analysis. The usefulness of the model for analysis of a rapidly changing population is then examined.

Cambodian refugees in the United States have survived extremely stressful wartime and migration experiences and, as a result, currently exhibit more symptoms of depression and other mental illness than other refugee and migrant groups.

Most members of ten Cambodian extended families in Pierce County, Washington were interviewed in depth to determine how they prevent or solve mental health problems. Additionally, healing activities of some families were observed and Buddhist monks, kru_khmer, and other traditional healers were interviewed. Descriptions of the families are set within the context of an extensive ethnographic description of the Pierce County Cambodian refugee community.

Cambodians in Pierce County attribute current mental illness primarily to weakness of spirit caused by death of or separation from family members. Spirit weakness leaves an individual susceptible to possession by demons or other harmful spirits and also vulnerable to witchcraft. Healing activities include strengthening family relationships, use of Buddhist religion to restore tranquility, exorcism of harmful spirits, and magical protection against demons and witches. Western therapists have been consulted but have been found to be less effective than traditional healers by the study population.

The Health Seeking Process model proved useful for analysis of the refugee population with a few modifications. By determining the unit of analysis to be the family rather than the individual and by adding examination of well behavior and chronic ill health a greater range of health seeking behavior was elicited. A sixth step, Reformulation, was added to the model to analyze change which occurred in health beliefs and practices as a result of health seeking activities. Because refugees are experiencing rapid social and cultural change, specific analysis of reformulation has shed light on the changing ethnic identity of the Cambodian community.

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Chapter I

Introduction

In this dissertation I examine Cambodian refugee use of traditional and Western healing systems to prevent or alleviate mental illness. I am concerned with gaining an understanding of the context in which mental health problems are identified and solved in order to examine the health seeking process of the refugees and their families. I use the Health Seeking Process model (Chrisman 1977) in order to analyze their efforts without imposing American cultural norms.

The research provides information for those wishing to address practical issues regarding refugee mental health as well as addressing theoretical questions on the social and psychological effects of migration and other rapid social change. Further, it contributes to the literature on the development of ethnic identity among migrants in complex societies. To my knowledge, this dissertation includes the only ethnographic description currently available of a Cambodian refugee community in a resettlement country.

Cambodian refugees in the United States have endured a stressful war situation and migration experience and now more of them appear to have symptoms of depression and

other mental illnesses than other migrants and refugees (Kinzie, Fredrickson, Rath, Fleck and Karls 1984, Meinhart, Tom, Tse and Yu 1984, Rumbaut 1985). Yet, very few are being treated in the American mental health system (Washington State Department of Social and Health Services 1986). Most research on refugee mental health issues is being done from the perspective of the mental health centers or other service providers (Owan 1985). The greatest need is for research which also looks at the refugee families' and communities' efforts to solve problems (Liu and Cheung 1985). This research is an effort to use anthropological theory and methodology to address that need by examining refugee families' health seeking behavior in one Cambodian community.

There are approximately 12,000 Cambodian refugees in Washington State about 5,000 of whom live in Pierce County which is the locus of my study (Washington State 1986). Cambodians have been settling there since 1975, shortly after the American-backed government fell to the Communist Khmer Rouge. After 1979, when the Communist Vietnamese invaded the country, massive numbers of Cambodians began fleeing to the Thai border and were accepted for resettlement in the United States. Although many individuals are experiencing severe mental health problems, none have been treated in the American mental health system in Pierce County during the last year.

Organization of the Dissertation

This introductory chapter provides the theoretical framework within which the study has been conducted as well as a description of the expected outcomes. Chapter II describes anthropological approaches to the study of mental illness as well as describing other Southeast Asian views of illness and healing. Chapter III provides the historical and cultural background of Cambodia and a history of the Cambodian refugee movement. Chapter IV describes the anthropological methodology used and includes the definition of the sample community and families chosen for the study. An ethnographic description of the Pierce County Cambodian refugee community comprises Chapter V. Chapter VI includes descriptions of four Cambodian refugee families and their efforts to prevent or solve mental health problems. A description of the Health Seeking Process model and an analysis of the Cambodian refugee health seeking process are presented in Chapter VII. That chapter also includes an analysis of the expected and actual outcomes of the study. Chapter VIII reviews the data and suggests directions for future research.

Theoretical Framework

Much of the literature that deals with adjustment strategies after migration states that migrants in general and refugees in particular are subject to extreme stress which leads to a variety of physical and mental illness (Cohon 1981, Eitinger 1981, Graves and Graves 1974, Hull 1979, Lin and Matsuda 1979, Weiss 1968) and may lead to long term psychological change (Ex 1966, Keller 1975). Much of the research dealing with cross-cultural mental health issues specifically examines indigenous populations in third world countries within a framework of the Western medical model of mental illness (Alarcon 1983, American Psychiatric Association 1980, Spitzer, Williams and Skodol 1983, Westermeyer 1979, Wig 1983) or studies indigenous populations using a cultural/symbolic framework which does not address Western medical issues (Obeysekere 1981, Waxler 1977). Most studies of non-Western medical systems focus on curing physical disease or illness (Egawa and Tashima 1982, Worsley 1982, Young 1982) although, as will be elaborated in Chapter II, some researchers in the new field of medical anthropology are beginning to address mental health issues (Fabrega 1979, Kleinman 1980, Westermeyer 1983). Current studies of refugee mental health in the United States are embedded in the Western medical model of mental illness and approach the issues from the point of view of the mental health centers and

other service providers (American Friends Service Committee 1980, Owan 1985, Robinson n.d., Sokoloff, Carlin and Pham 1984). There is a need for research which looks at mental health issues from the refugees' point of view (Liu and Cheung 1985).

Anthropological theory stresses that individuals operate within a cultural context that determines their interpretation of their experiences (Geertz 1973). This interpretation is part of a cyclic process in which individuals and groups integrate new meanings into their symbolic structure (Turner 1969, 1974). Thus, the emphasis on context and process provides a framework within which to examine the refugees' own experience of adjustment difficulties and mental health issues (Kleinman 1980a, 1980b). Chrisman's (1977) model of the health seeking process has been devised based on this anthropological theory. It may prove useful in examining the refugees' efforts to prevent or alleviate mental illness without imposing American cultural norms.

Migration Literature

Much of the literature on migration and refugees deals with the flow and numbers of people seeking asylum. Although people have been fleeing oppression and natural disaster for centuries or have been migrating to seek a better life for themselves, the formal recognition of the phenomena of refugees is recent, having become an important

issue post-World War II (Holborn 1975). As all parts of the world are increasingly involved in the conflict between competing ideologies within the world economic system, we can expect the flow of refugees, those fleeing political persecution, and migrants, those seeking a better life, to continue and increase (Zolberg 1978).

Researchers who examine the adaptive strategies of migrants indicate that migration itself creates stress leading to physical and mental illness (Graves and Graves 1974, Hull 1979). Even voluntary migration in which people prepare for the move and may remain in contact with their family and community of origin causes stress because individuals must adjust to alien economic and social systems. Refugees, however, generally leave their homes under compulsion, suddenly, often with great difficulty during migration and may never again be able to contact their families. For refugees, the stress of adjustment after migration is greatly compounded by the involuntary and sometimes violent nature of their move (David 1970).

Several researchers have examined mental health and adjustment issues of European migrants and refugees after World War II (Eitinger 1981, Hocking 1981, Weiss 1968). These scholars indicate that migration involves the disintegration of a person's role system and a loss of social identity. Adjustment must involve the establishment of a new identity and role system within the new

milieu. Holocaust survivors and others who have experienced extreme trauma before migration may be unable to adjust adequately to the new environment leading to Post-traumatic Stress Disorder or other mental illnesses (Hocking 1981, Knudsen 1986, Ofstad 1981). The children of holocaust survivors may themselves experience adjustment disorders related to their parents' traumas (Banchevska 1981).

Few longitudinal studies of migrants or refugees have been done. However, Ex (1966) in his study of Indonesian immigrants to Holland, discovered that after three years, role shifts within the family had occurred and that individuals experienced permanent identity changes. In particular, the role of mother changed drastically when women could no longer remain at home. Children were forced to be much more independent when the intensive nurturance they received in Indonesia was not available because mothers worked outside the home. Keller (1975) looked at Hindu and Sikh migrants and non-migrants twenty years after the partition of Pakistan in which many thousands died before and during the mass exodus to India. These migrants experienced little cultural dislocation since the receiving society was also Hindu and Sikh. Yet he noted that there were distinct personality differences between migrants and non-migrants which he attributed to the experience of migration and adjustment. Migrants were

more creative and greater risk-takers than non-migrants. Those migrants who had experienced death or injury of family members continued to suffer guilt twenty years later.

Cross-Cultural Mental Health Issues

Much of the literature dealing with cross-cultural mental health issues examines populations in third world cultural systems either explicitly or implicitly contrasted with the Western medical model. Most research in this field takes the Western medical model as the basis for explaining and curing mental illness. The International Classification of Diseases, Ninth Edition (ICD-9) of the World Health Organization and the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-3) of the American Psychiatric Association provide the baseline for research (American Psychiatric Association 1980, Spitzer et al. 1983). The current editions show considerably more recognition of cultural factors in the diagnosis and treatment of mental illness with DSM-3 (1980) a significant improvement over earlier editions in this regard. However, even psychiatrists trained in Western medicine but working in a third world context suggest that there is minimal recognition of culture within the medical model of mental illness (Alarcon 1983, Tung 1980, Wig 1983).

Some social scientists suggest that to use the term "mental illness" is a misapplication of Western cultural values. Within European-based societies, medical practitioners have been looked to for solutions to a greater and greater range of problems. With the rise of the psychoanalytic movement near the turn of the century, problems of deviant behavior were classified as illnesses; medical treatment expected to result in cure. According to these analysts, even within Western societies this is a mistaken approach--behavior change should not be the preserve of the medical profession (Coulter 1972, Scheff 1984, Szasz 1961, Vatz and Weinberg 1983).

Medical anthropologists suggest that mental illness might be more usefully looked at as a social and cultural phenomenon: labels applied to deviant behavior lead to the culturally appropriate manner of solving the problem. For Westerners, the labeling as illness might lead to consultation with a physician or entry into the medical system as part of culturally appropriate efforts to solve the problem (Amarasingham 1980, Chrisman 1977, Fabrega 1982, Marsella 1982). For non-Westerners, an examination of the context within which the problems occur is crucial before labeling or diagnosis can take place (Kleinman 1980a, 1980b). The diagnosis or labeling applied to the deviant behavior leads to a culturally appropriate manner of solving the problem. In kinship-based societies the labeling and therefore the

solution to the problem may not involve Western-style medicine at all (Waxler 1977).

In the case of migrants from family-based to industrial societies, problems of "mental illness" are subject to definition within the native or pre-migration cultural context as well as within the Western medical model. The stress of migration plus the added stress of war or persecution leave refugees with new sorts of problems to cope with which must be labeled or diagnosed and cured if possible in a situation in which clear cultural prescriptions are not available. Refugees settling in industrial societies may or may not label their issues as "mental illness" as defined within the Western medical system. But they do label or identify their problems in some way and take steps to solve them. Because the academic literature in this field defines these phenomena as mental health problems despite the protestations of Scheff, Szasz and others, I will refer to them as "mental illness" and "mental health problems" while recognizing that the labels may not be the informants' emic labels. To understand the informants' experience it is crucial not to impose Western categories. However, it is necessary to discuss the phenomena in terms comparable to those used by other scholars in the field.

In this usage I am following other anthropologists interested in non-Western medical systems (Worsley 1982).

While Worsley's review indicates that most medical anthropologists are attempting to explain and analyze physical illness, many of the same issues apply. In discussing health beliefs and practices Western terms are used for comparison beyond the description of each culture. In Young's review of anthropological approaches to sickness and illness (1982) he indicates a similar approach. Medical anthropologists interested in comparison of healing systems use the Western medical terms while recognizing that the members of the indigenous cultures may not define their reality in that way. The problem, first of understanding the informants' emic world view and then making that understanding accessible for comparison within the academic culture, is a crucial issue within the field of anthropology (Geertz 1973, Harris 1979, Turner 1974).

Further explanation of anthropological approaches to understanding illness and healing, including mental illness, is done in Chapter II in the context of examination of healing systems of Southeast Asian cultures.

Refugee Mental Health Research in the United States

Current literature on refugee mental health in the United States suggests that refugees generally suffer from many mental health symptoms. Research on Southeast Asian refugee mental health problems indicates that these refugees are experiencing a wide range of mental disorders

(Carlin and Sokoloff 1985, Cohon 1981, Kinzie, Fredrikson, Rath, Fleck and Karls 1984) with some scholars suggesting that Cambodians experience even greater problems because of their more difficult wartime experiences (American Friends Service Committee 1985, Boothby 1985).

Survey research among Southeast Asian refugee populations indicates that all groups experience more symptoms of mental health problems than a comparison sample of the general United States population. In these surveys, Cambodians exhibit greater need for mental health services than other Southeast Asian groups (Mienhardt, Tom, Tse and Yu 1984, Rumbaut 1985). The results of the two published surveys are confirmed by needs assessment research conducted in states participating in the National Institute of Mental Health Refugee Mental Health Project (National Institute of Mental Health 1987). During 1983, Meinhardt et al. (1984) conducted a wide-ranging epidemiological community survey among four Asian ethnic groups in Santa Clara County, California. The survey was an extension of research conducted among the general population and the Mexican-origin population during 1980. The groups surveyed were Cambodians, Vietnamese, Chinese refugees (from Vietnam) and non-refugee Chinese. Informants were selected randomly with 94.4% agreeing to be interviewed. The Cambodian population showed extremely elevated scores on a scale comparing mental health needs

of each Asian group with the general population. The pattern of scores on four scales (anxiety, depression, psychosocial dysfunction, cognitive impairment) was used to divide the population into four groups:

1. No need: no high score on any scale.
2. Low need: high score on one scale.
3. Moderate need: high scores on two or three scales; probably would benefit from outpatient clinical services.
4. High need: high score on all four scales; expected to benefit from intensive outpatient or residential clinical services.

Results of the survey are:

Table 1

SURVEY OF MENTAL HEALTH NEEDS

	General Population	Cambodian Refugees
Low need	18.2%	20.6%
Moderate	11.8%	34.4%
High	3.0%	17.5%

Clinical mental health services should be needed by 14.8% of the general county population; 51.9% of Cambodian refugees needed a comparable level of mental health services. No population group in the county had ever approached the need level of the Cambodian population.

A study by Rumbaut (1985) was conducted in San Diego County California during 1983. Data are reported for

Hmong, Cambodian, Chinese-Vietnamese and Vietnamese samples and compared with a national sample of the general United States population. On a scale measuring general well-being (GWB) and distress, the refugee population shows significantly elevated levels of distress compared to the American population:

Table 2

STUDY OF WELL-BEING AND DISTRESS

	American Population	Indochinese Population
Positive well-being	73.9%	23.7%
Problem-indicative distress	16.4%	31.6%
Clinically significant distress	9.7%	44.7%

Within the refugee populations surveyed, Cambodians showed a significantly higher percent of moderate and high depression than the other groups surveyed, indicating that they are a higher porportion of the two "distress" categories in the well-being/distress measure noted above. However, on the Indochinese measure of relative happiness, Cambodians also showed the highest measure of "moderate happiness" though a low score on "high happiness." The measures of moderate happiness do not vary as widely among the survey groups as do the indicators of distress.

Accepting the figures from the Mienhardt and Rumbaut surveys, it would appear that Cambodian refugees experience significantly more symptoms of mental health problems than the general American population. Between 44% and 75% of Cambodians can be expected to exhibit clinically significant symptoms of mental illness.

The information from these two surveys has been corroborated by needs analyses done by states participating in the National Institute of Mental Health Refugee Assistance Project. Needs analyses done during 1986 were presented during a workgroup conference in February, 1987 and will be published later in 1987. All indicate a similar high level of distress among Southeast Asian populations in all twelve states participating in the project. In those states in which ethnic groups were analyzed separately, Cambodian populations showed the highest levels of severe symptomology and the lowest levels of service use among all Indochinese populations.

In spite of the high levels of distress and indications of symptoms of mental illness, in Washington State very few refugees are seeking or receiving services in the mental health system. In Pierce County, with a refugee population of approximately 8,000 and a Cambodian population of 5,100, statistics indicate that no Cambodians were served in the public mental health system during 1985. Although it is possible that some clients recorded as

Vietnamese were actually Cambodian, only twenty-six refugees of any ethnicity were served in the system during that year (Washington State Department of Social and Health Services 1986).

Research Needs

Most research on refugee mental health in the United States is conducted from the perspective of the mental health centers or other service providers (Kinzie et al. 1984, Owan 1985, Robinson n.d., Westermeyer 1979). Some of this is quantitative survey of symptom and need for treatment (Mienhardt 1984, Rumbaut 1985). Other research discusses treatment modalities for those refugees already in the mental health system for some reason (Carlin and Sokoloff 1985, Ishisaka et al. 1985, Kinzie 1985, Tung 1980, 1985). Currently there is no research available that looks at the mental health problems of refugees in the context of the efforts of family and support networks to solve these problems. Qualitative investigation of the client's and family's experience of the illness and efforts to alleviate it is needed to provide more balance in this field (Liu and Cheung 1985).

The Relevance of Anthropological Theory

Anthropological theory stresses that individuals operate within a cultural context that determines their interpretation of their experiences. Behavior is

meaningful only when viewed with an understanding of this context which creates meaning for the person (Geertz 1973). This cultural interpretation of experience is part of a cyclic process in which individuals and groups integrate new meanings into their symbolic structure (Turner 1969, 1974). When groups of people with differing cultures or structures of meaning are in close contact, the process of integrating new meaning into the current culture of each group may result in the strengthening of the symbols of group identity. Although living as part of a coherent society, minority ethnic groups may not share the system of meaning of the dominant culture and may reinforce their separate symbolic identities (Cohen 1976). When investigating refugee interpretations of their own experiences of mental illness, qualitative research must be embedded in an anthropological effort to understand the informant's culture and symbolic structure.

A potentially useful model for examining efforts to alleviate mental illness from the point of view of the individual or family embedded within a cultural context is Chrisman's (1977) Health Seeking Process model. This model has been devised based on anthropological theory of illness and has been used to trace the natural history of an illness from determination that a problem exists to treatment and adherence to treatment.

The Health Seeking Process model includes five analytically separate parts but the process is not necessarily chronologically linear:

- (a) symptom definition is predominantly a cultural factor;
- (b) role shift is a predominantly social factor;
- (c) lay consultation and referral is a predominantly social factor;
- (d) treatment activities integrate both social and cultural factors;
- (e) adherence to prescribed treatment integrates social and cultural factors.

This model may be useful and appropriate because it approaches the investigation of an illness from the informant's point of view and thus it is not necessary to make any cultural assumptions before undertaking the investigation. The behavior of trying to alleviate an illness can be investigated within the cultural and symbolic system of the informant. Chapter VII includes a further description of this model and its use in analysis of Cambodian refugee health-seeking behavior. The extent to which Chrisman's model is usable to investigate non-Western cultures will also be examined in Chapter VII.

Refugees from a family-based culture to the industrial United States may be using resources from their native society and from American culture, thus integrating new meaning into their lives. Yet, the symbolic value assigned to this use of resources may differ from that of the

dominant society and may reinforce differing cultural identity. By investigating a group's experience of mental illness within a framework of anthropological theory we may provide a balance to the current research in the field of refugee mental health which investigates the issue from the point of view of the mental health system.

Expectations

In undertaking this research, knowledge of the experiences of refugees and migrants, culturally related healing systems, the specific background of the Cambodian refugee movement and anthropological symbolic theory of context and the health seeking process, led to the following expectations regarding the Cambodian refugee experience of mental illness:

- (a) Cambodian refugees are experiencing mental illnesses not commonly known before migration;
- (b) thus, there are no culturally standard solutions to these problems;
- (c) affected individuals and families will try any available solution--from Western or Cambodian culture;
- (d) outcomes will include statements labeling mental illness experiences in cultural terms which synthesize the treatment attempts of both cultures;
- (e) family and support networks will exhibit role shifts to accommodate the illness and treatment efforts.

However, it appears from the analysis of the health seeking process among ten Cambodian refugee families that not all the expectations have been supported. Most families experiencing what Americans term mental health problems have been able to incorporate their experiences into a Cambodian cultural explanatory framework and then have been able to invoke culturally standard solutions to these problems. Affected families do try any available solution but at least until now cultural barriers have kept them from persisting with American cultural solutions. Some labeling changes do appear to be taking place but these are limited. Family and support networks are, indeed, exhibiting role shifts to accommodate illness and treatment efforts.

Significance

This research addresses practical issues regarding refugee, particularly Cambodian, mental health. With the large population of Cambodian refugees in the United States this information is needed as more and more mental health problems emerge. Further, this study will look at the issues from the point of view of the refugees' attempts to solve mental health problems--an area currently not addressed in the refugee mental health literature.

Additionally this study will contribute to the literature on the social and psychological effects of war and

migration as well as to the literature on the adjustment strategies of migrants. Since it appears that in this situation the refugees are turning to their own cultural problem-solving mechanisms and reinforcing their reliance on their traditional cultural norms, this study also contributes to the anthropological literature on the development of ethnic identity during periods of rapid cultural change.

To my knowledge, this study includes the only ethnographic description currently available of any Cambodian community in the United States or other resettlement country. Researchers interested in other aspects of Cambodian studies or migration studies may find this information useful in analysis of other issues.

Chapter II

Southeast Asian Healing Systems

Anthropologists have long been interested in the concepts of health and illness, including mental illness in the cultural systems they have studied (Bateson and Mead 1942, Rivers 1924). After World War II, the World Health Organization of the United Nations and the National Institute of Mental Health of the United States began to encourage the cross-disciplinary explorations of mental illness in third world countries (Caudill and Lin 1969, Heggenhougen 1984, Higginbotham 1984, Lebra 1976). The result of conferences and seminars sponsored by these bodies led to increased interest in cultural issues by psychiatrists (Alarcon 1983, Cox 1986, Murphy 1986, Wig 1983) and to the specialization by some anthropologists in what has come to be called medical anthropology (Baer, Singer and Johnsen 1986, Marsella 1982, Maretzki 1985).

In his review of the emerging field of medical anthropology, Young (1982) states that earlier anthropological work that treated illness and healing as one aspect of a cultural system has given way to an evolving conceptual system which focuses on the explication of sickness and healing within a specific culture and on comparisons across cultures of healing systems.

Examinations of mental illness are done in the context of the emic theory of illness of a society.

The complementary fields of medical anthropology and transcultural psychiatry have grown together under the impetus of the World Health Organization and the National Institute of Mental Health (Cox 1986, Murphy 1986). Within medical anthropology, all issues relating to health, illness and the organization of health care systems have been taken to be legitimate fields of study for the emerging specialization (Morrissey 1983). A general consensus within the field is that the application of the knowledge and methods of general anthropology to health care practice and research is the defining criterion of the discipline (Kiefer 1975, Leslie 1985, Weidman 1986). These defining criteria have led to research on, for example, culture-bound psychiatric syndromes (Kenny 1985, Lebra 1976), on public health initiatives in third world countries (Leslie 1985), on cross-cultural child care and child birth practices (Muecke 1976, Sargent and Marcucci 1984), as well as studies of American health and psychiatric systems (Lock 1986, Rhodes, Sobal and Brody 1983). Although specialists initially had difficulty gaining recognition within the field (Landy 1984, Weidman 1986), possibly because of its applied emphasis, the Society for Medical Anthropology is now the largest specialized unit of the American Anthropological

Association (McElroy 1986). Additionally, there are a number of publications devoted specifically to the field.

Within the branch of medical anthropology that studies mental illness, there is a strong emphasis on links with psychiatry and efforts to make anthropological knowledge and method applicable to clinical healing efforts (Cox 1986, Fabrega 1982, Kleinman 1980, 1986, Murphy 1986, Westermeyer 1983). In spite of its importance within the field of anthropology, some practitioners question whether anthropological approaches can survive within medicine without focusing even more on clinical applications (Phillips 1985).

Several medical anthropologists have made efforts to address medical clinical questions specifically by devising anthropological models for eliciting cultural information from patients or client groups. Fabrega's (1973) early efforts have been followed by the more comprehensive models of Kleinman (1980) and Chrisman (1977) upon which this study is based. (See Chapters I and VII for a more complete description of Chrisman's health seeking process model.) Anthropologists are in the forefront of health systems research which focuses on patient or client perceptions (Chrisman and Kleinman 1983). Other practitioners emphasize the need to make even greater efforts to bring about change in the health care systems of Western countries and to recognize the

validity of traditional healing systems (Baer et al. 1986, Landy 1984, Leslie 1985).

Although the emphasis within medical anthropology is on applied research and clinical application, some researchers also encourage the use of knowledge gained in health systems research to build or enhance anthropological theory (Kenny 1985, Kleinman 1980, Landy 1984, Rhodes et al. 1983). The modifications which I suggest in Chapter VII, are an effort to make Chrisman's model more useful within general anthropology. In the succeeding chapters of this dissertation, I use Chrisman's model to document changes in cultural values and ethnic identity through analysis of health beliefs as well as to elicit a statement of Cambodian refugee health beliefs and practices that can be used by practitioners who are interested in improving health and mental health care.

For both anthropologists and psychiatrists, illness in general and mental illness particularly, are not easily defined (Caudill 1969, Rack 1986). Definitions, especially in epidemiological studies, may include such factors as the use of mental hospitals (Stoller 1969, World Health Organization 1973). More commonly, researchers interested in cross-cultural health issues define health and mental health as the absence of illness and pain, or the ability to function in a normative way (Spector 1985). A common thread in definitions of mental illness is deviant

behavior on the part of the affected individual (Cox 1986, Fabrega 1973, 1974, 1980, 1982, Higginbotham 1984, Stoller 1969). Other scholars emphasize that harmony with surroundings is the key criterion for mental health (Bulatao 1969, Giel and Workneh 1984, Sangsingkeo 1969). Rhodes et al. (1983) indicate that deviance, bizarre or incomprehensible behavior is labeled as mental illness and that psychiatry and other forms of treatment are efforts to control social deviance. Although most medical anthropologists and some trans-cultural psychiatrists agree with Szasz (1961) and Scheff (1984) that characterizing deviant behavior as mental "illness" is a misapplication of Western cultural values, nevertheless, they use the term in their research (Rhodes et al. 1983, Worsley 1982). As noted earlier, I am following the convention of using the Western medical terms in this dissertation although as later chapters will indicate, Cambodian refugees do not define mental health problems within the Western medical framework.

In all definitions based on deviant or harmonious behavior, the activities of the affected persons must be evaluated on the basis of norms of the social group. Thus, even for psychiatrists trained and working within the Western medical model, culture must be a variable in epidemiological research (Cox 1986, Leff 1986, Murphy 1986). For anthropologists interested in research on

sickness and healing within societies, a society's emic model of illness commonly forms the basis for research (Fabrega 1980, Leslie 1976, Waxler 1977). Indigenous medical systems in Africa (Giel and Workneh 1980, Yoder 1980), Latin America (Fabrega and Silver 1973) and Asia (Lebra 1976, Leslie 1976, Kleinman 1978, 1980, 1986) have provided such a focus for investigation by anthropologists and psychiatrists interested in the cross-cultural study of mental illness.

Studies of Asian medical systems trace the development of current indigenous models to two dominant cultural influences, China in East Asia and India in South Asia (Lebra 1976, Leslie 1976). Healing systems of mainland Southeast Asia have absorbed influences from both of these sources as well as maintaining indigenous traditions. Several anthropologists have commented on the persistence of indigenous healing systems after the introduction of Western medicine (Fabrega 1974, Irvine 1982, Lebra 1976, Muecke 1979, Spiro 1977, Yoder 1980). Yet at the same time, some psychiatrists working in third world contexts debate the extent to which they should accommodate traditional healers (Higginbotham 1984, Murphy 1986, Sangsingkeo 1969, Tseng 1986, Wig 1983). The World Health Organization has taken a position encouraging recognition of the value of traditional healers (Heggenhougen 1984).

Briefly and by way of overview, South Asian healing systems include both folk traditions and formalized Ayurvedic medicine which appear to have roots in early Indian cultural traditions (Basham 1976, Tabor 1981). The life and health of an individual are believed to be influenced by karma, the effects of good and evil actions in previous reincarnations (Keyes 1977). Additionally, conduct and efforts at self care in the current life influence well being. Health is conditioned by the balance of body fluids and breaths. When all are in harmony, good health is maintained (Basham 1976, Muecke 1979). Modern Ayurvedic medicine places great emphasis on control and balance of diet as well as prescription of appropriate medicine to restore harmony (Obeysekere 1976, 1977). South Indian folk traditions continue to attribute much physical and mental ill health to the activities of spirits and demons which must be controlled by the magic and charms of healers (Basham 1976, Obeysekere 1976, 1977, Tabor 1981).

Chinese medicine is also thought to include both a folk and a formalized indigenous medical system continuing to exist along with the Western medical system in modern China (Kleinmann 1980, Tseng 1986). The principles of yin and yang, polar opposites of all experience, provide the basis of formalized Chinese medicine and science. These principles are combined with the Cycle of Five Phases:

wood, fire, metal, water and earth. Diagnosis of any illness depends on the correct analysis of these phases and principles as experienced by the client. In this system, curing involves the use of needles and organic medications. Explorations of spiritual matters as influential in illness and healing were discouraged by the Confucian ethic which has dominated China for much of its recorded history (Porkert 1976.) The folk tradition involves the diagnosis and treatment of illness resulting from spirit possession and other malign influences. Shamanism, divining and fortune-telling are common practices in most Chinese cities and villages (Kleinman 1980, Tseng 1978).

Mainland Southeast Asia has been influenced by South Asian medical traditions both through the early spread of Indian civilization throughout the peninsula and the later conversion to Theravada Buddhism. (See Chapter III for discussion of the influence of Indian civilization on Cambodian culture.) Chinese medical knowledge has been exported to the area through the establishment of Chinese communities throughout Southeast Asia (Dunn 1978, Willmott 1967), and through centuries of colonization and governing of Vietnam (Tung 1972). Although there are no studies of the traditional medical system of Cambodia, studies of Burma, Laos, and Thailand may shed some light on that area since they share a common heritage of influence from India

(Keyes 1977). Neighboring Vietnam is more strongly influenced by Chinese thought (Keyes 1977, Tung 1980).

Thai healing takes place within a cosmological scheme which is essentially Buddhist but also incorporates belief in spirits and forces of nature (Golomb 1986, Irvine 1982, Tambiah 1977). The Theravada Buddhist cosmology shares an underlying classification scheme with systems of local spirits and dieties. Moral and physical law are one. Thus, illness and healing take place within a context in which humans are ideally in harmony with the spirit and natural worlds as well as with other humans (Tambiah 1970, 1977).

Illness may be influenced by an individual's karma (Muecke 1979). Gods and demons are constantly active in the universe and their activities may be harmful or helpful to humans. Various kinds of ghosts wander the earth and may prey upon humans in an effort to relieve their own torment (Suwanlert 1976, Tambiah 1977).

Healers must first determine the cause of illness, whether karmic, caused by spirits, or caused by some other form of disharmony. Health may be restored through many different mechanisms such as participation in Buddhist ritual activities, Buddhist meditation or exorcism of harmful spirits. Different healers specialize in different types of curing and will refer patients whom they cannot help (Golomb 1986, Heggenhougen 1984, Higginbotham

1984). Psychiatrists in Thailand may similarly determine the underlying cause of mental illness to be disharmony, appropriately addressed through practice of Buddhism (Sangsingkeo 1969).

Illness may result from an imbalance in wind, one of the four basic body elements. Wind illness is treated by healers who specialize in its cure after diagnosing the cause. The ultimate cause of wind illness, like other Thai illnesses, may be karma or spirit possession and its treatment differs depending on cause (Muecke 1979).

Witchcraft does cause illness but is thought to be rare by some researchers (Higginbotham 1984). Irvine (1982) draws parallels between belief in individual witches as a cause of illness in Thai village society and belief in Communists or other outsiders widely thought to be agents of illness throughout the country.

There is less research on indigenous medical systems in other parts of Theravada Buddhist Southeast Asia. Spiro (1967, 1969, 1970, 1978) discusses Buddhism and supernatural beings which together form the cosmological system of Burmese villagers (1967, 1970). This system includes beliefs that are similar to the Thai beliefs in harmony, karma, and the activities of spirits and demons. It forms the basis for an understanding of healing and illness which is similar to the Thai activities described above (Spiro 1978).

Westermeyer (1979) carried out research in rural Laos among ethnic Lao diagnosed as mentally ill. Spirit possession was the most frequent cause of illness, far exceeding magic and broken taboo, the next most numerous explanations. Although his research includes little discussion of the activities of indigenous healers for either diagnosis or treatment, the explanations given for mental illness indicate that Lao belief is similar to those of the Thai in essential aspects.

Ebihara's (1971) ethnography of a central Cambodian village lists belief in various spirits--of water and other natural features, of ancestors, ghosts, demons, house spirits. Her description of the kru in the village she studied corresponds with the description of traditional healers in the other Buddhist countries. Although she did not interview the kru nor did she discuss the illness and healing activities of Buddhist monks, Ebihara does indicate that spirits and karma affected the well-being of individuals. Martel (1975) mentions belief in spirits which coexists with the Buddhist religion of the northwest Cambodian village which she studied. Delvert (1966) in his treatise on farming practices in Cambodia refers to the spirits of water and fields. Martin (1981) indicates that the Khmer Rouge reorganization of the agricultural practices offended some of the

peasantry because they were forbidden to demonstrate respect to the spirits of water and land.

While none of these sources specifically discusses the Cambodian village system of illness and healing, they indicate that Cambodians share basic beliefs with Thai, Lao and Burmese. The system appears to have roots in the formal and folk systems of India although research is inconclusive on this connection (Irvine 1982, Muecke 1979).

Influence from China is clear in the presence of Chinese communities in much of Southeast Asia (Dunn 1978, Wilmott 1967). Chinese pharmacies and herbalists are common in those communities and the local as well as the Chinese populations use their services. Whether the Chinese practices are superimposed on the Southeast Asian beliefs or the underlying Chinese medical beliefs have influenced the indigenous medical system of Buddhist Southeast Asia is unclear.

Western psychiatry and related mental health diagnosis and treatment has been established in Thailand since 1907. At that time it was based on the establishment of humane hospitals for the mentally ill. A World Health Organization (WHO) conference in Bangkok in 1956 gave impetus to the establishment of psychiatry as a medical specialty in Thai universities. WHO has been actively involved in Thailand both in program development and research since that time. Thailand has developed a

public mental health system which includes psychiatric services, psychological counseling, hospitalization and other forms of Western mental health treatment although these services are limited to urban areas. Thai psychiatrists have been in the vanguard of efforts to bring cultural awareness to psychiatric diagnosis worldwide (Higginbotham 1984, Sangsingkeo 1969, Suwanlert 1976).

Although Western mental health treatment is firmly established in Thailand, it is not viewed by the majority of the population as a realistic solution to mental illness (Higginbotham 1984). Other Buddhist countries in Southeast Asia have even less contact with Western treatment for mental illness. Westermeyer (1979) indicates that Laos had no psychiatrists at the time of his research. Since that country now has a Communist regime, it is unlikely that resources have recently been allocated for the establishment of Western mental health treatment. Burma's governmental philosophy, Buddhist socialism, also seems an unlikely basis for the establishment or fostering of a Western mental health system.

My informants state that in pre-war Cambodia, physicians trained in Western medicine also had psychiatric training but did not ordinarily use Western medical treatment for mental illness. There was one mental hospital in Cambodia, but it was regarded with dread and distaste by those of my informants who knew of it at

all. The indigenous health care system of Cambodia as described by my refugee informants is covered in Chapters VII and VIII. Although little has been written about traditional healing practices in Cambodia, the few references in works devoted to other subjects as well as information elicited from refugees indicate that the Cambodian beliefs and practices are culturally similar to those of Thailand, Laos and Burma.

Since the full range of health beliefs and practices has not been described for any of these systems, differences noted in the literature cited above may reflect actual cultural variation in the region or the interests of researchers and their informants. The differences noted among the systems appear to be primarily matters of emphasis by researchers in various countries.

Based on the information for Thailand described above (Golomb 1986, Higginbotham 1984, Irvine 1982, Muecke 1979, Sangsingkeo 1969, 1975, Suwanlert 1976, Tambiah 1970, 1977), which is most complete, it appears that there are three major underlying systems of explanation for illness: humoral balance within the body, possibly deriving from the Ayurvedic system (Basham 1976, Muecke 1979, Obeysekere 1976, 1977); Buddhist philosophy of karma; animistic premises and witchcraft. Within the Thai system, any occurrence of illness must first be diagnosed to determine which factor is the underlying cause. Therapy is ideally

based on efforts to cure the cause, so special healing techniques are prescribed once diagnosis is made. If healing is not effective with one healer, another, possibly from a different system, is consulted. Chinese medicine is available through herbalists and other practitioners but it is not documented to what extent Chinese curing is used by the indigenous Thai population. Western psychiatry is available in urban areas through the public health system but appears not to be a preferred method of diagnosis or healing for the general public.

Our information for Burma discusses Buddhism and spirit cults as belief systems. Witchcraft and magic as well as Buddhist ritual are present in both urban and rural contexts (Spiro 1967, 1969, 1970, 1977). Whether or not Ayurvedic physicians or Burmese healers practice humoral medicine is not documented by Spiro nor is the extent of Chinese medicine. Since there are small Chinese and Indian communities remaining in the country, it is likely that these medical systems are available to the population. Although Spiro's discussion does not include the full range of health beliefs and practices noted for neighboring Thailand, his work confirms that the two systems have similar basic beliefs.

Laos similarly practices Buddhism and spirit activities are thought to be the cause for most mental illness (Westermeyer 1979). Magic activities and broken taboo as

causes of mental illness seem to be more emphasized in Laos than in Burma or Thailand. Although witchcraft and humoral illness are not mentioned, it is likely that this is a factor of the limited study.

As will be discussed in Chapters VII and VIII, Cambodian health beliefs as elicited from refugees, include belief in spirits and magical means to influence them, Buddhism as a means of maintaining harmony, witchcraft, and other forms of magic. For Cambodians, at least as refugees, basic emphasis seems to be on the strength or weakness of the spirit of the affected individual. Buddhist activities, spirit manipulation, magic and witchcraft are practices which affect the individual's spirit either in a healing or harmful way. This identified emphasis may also be an artifact of the study since the focus of this dissertation is on the activities and belief of the client rather than on the curing activities of healers.

Although many differences in emphasis result from the varying aims of researchers, others may be a result of cultural variation within the region or an effect of special situations such as the civil genocide experienced by Cambodians. It is not my intention in this dissertation to examine the extent to which the differences in health beliefs are associated with the war and migration experiences of Cambodian refugees. In my work

there may coincidentally be information of value to future researchers who will surely address this issue.

Witchcraft may be more common among Cambodians, or at least among Cambodian refugees. Love magic, childbirth magic and other forms of magic used to induce desired states rather than to protect or cure from harmful states is also emphasized among the refugees and not among the other three groups. Although humoral balance is considered important and is discussed especially during pregnancy and childbirth (Sargent, Marcucci and Elliston 1983, Sargent and Marcucci 1984) imbalance appears to be a symptom of mental illness and is not emphasized either in the literature or by my informants. Balance of diet, as in Ayurvedic medicine, is not a healing activity noted among the study sample. This seems to be the case even though some Cambodians attribute the healing system of the kru_khmer to the Brahmans. It also appears that Chinese herbal medicine is used as a foreign medical system and does not affect the basic health beliefs and practices of Cambodians as explained by Khmer refugees.

Cambodian refugee families' use of the various healing systems noted above, as well as their use of the American medical system to solve mental health problems will be explored further in later chapters.

Chapter III

Background

By the end of 1985, the United States had accepted 761,000 Southeast Asian refugees. Seventeen percent, or approximately 130,000 of these, are Cambodians most of whom have entered the country since 1980. It is estimated that an additional 10,000 children of Cambodian refugees have been born in the United States. The federal government estimated Washington State's population of Southeast Asian refugees as of September 30, 1986 as 34,300, making it the country's third largest refugee population behind California and Texas (United States Department of Health and Human Services 1986). Washington State officials in the Bureau of Refugee Affairs estimate the state's total of Southeast Asian refugees at 37,500 basing their figures on the health screening of new arrivals since 1975. Refugees from other areas of the world also reside in the state.

Federal figures for states are broken down by ethnic group on only two measures--new arrivals and receipt of cash assistance. There were 1,291 new Cambodian arrivals in Washington in 1985 of 19,200 Cambodians entering the country that year. Total Southeast Asian refugees entering Washington in 1985 was 2,443. In Washington

2,367 Cambodians received refugee cash assistance during 1985. Total number of state refugees receiving cash assistance was 5,632 that year. In the entire country 22,634 Cambodians received refugee cash assistance (United States Department of Health and Human Services 1986).

In looking at the state population, it is difficult to extract refugee figures by ethnic group. Based on the figures cited above and counts of new arrivals Washington State Bureau of Refugee Affairs estimates the state's refugee population as follows:

Table 3

REFUGEE POPULATION IN THE STATE OF WASHINGTON

Vietnamese	20,000
Cambodian	12,000
Laotian:	
Lowland Lao	4,500
Hmong/Mien	1,500
Ethiopian	2,500
Eastern European	2,500
Other	<u>1,500</u>
 Total Estimated Refugee Population	 44,500

Federal Office of Refugee Resettlement figures indicate that Washington has the second highest state population of Cambodians, exceeded only by California. Massachusetts appears to be third (1986). My informants

indicate that large Cambodian populations also exist in Minnesota, New York, Pennsylvania, Rhode Island and Virginia. Figures for Texas cannot be extracted from federal statistics as all Southeast Asians are reported in one category as Vietnamese but my informants say that there are several large communities in Texas urban areas.

Based on federal estimates of the Cambodian population by state, my informants' reports of other Cambodian communities and my observations of Cambodian populations in Washington and elsewhere, I estimate that the Cambodian population in the United States is distributed as follows:

Table 4

U.S. CAMBODIAN POPULATION

California:	
Los Angeles/Orange Counties	25,000
Central Valley	25,000
Other California	20,000
Texas	20,000
Washington	12,000
Massachusetts	7,000
NY, PA, RI, VA, & MN @ 5,000	25,000
Other states (UT, NC, AR, OR)	<u>6,000</u>
Total U.S. Cambodian Population	140,000

Washington State's Cambodian refugees are generally clustered in King and Pierce Counties with notable populations in Thurston, Snohomish and Clark Counties (see Map

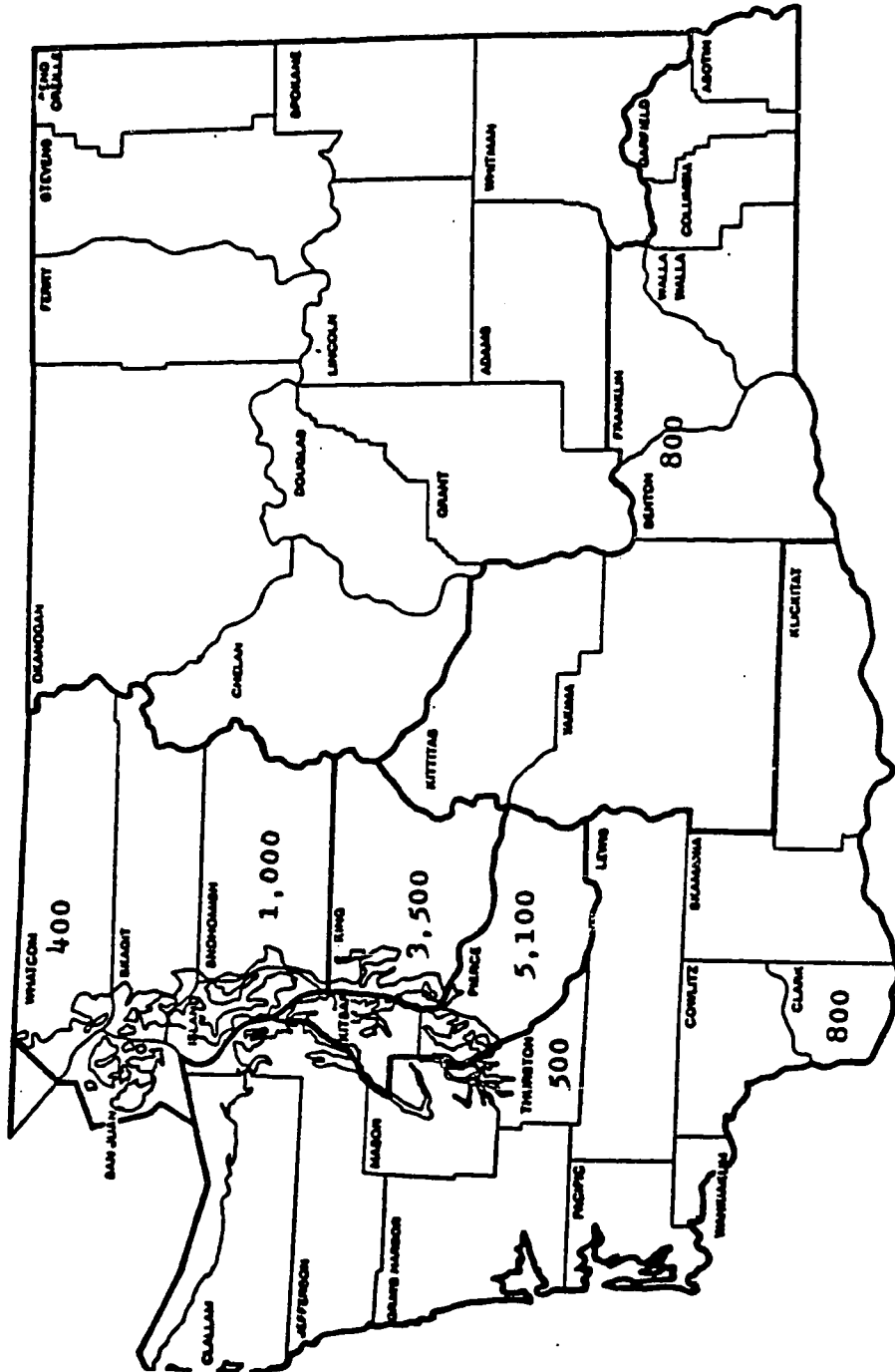
1, page 43). The Cambodian refugee population in Pierce County, which is the focus of this study, is about five thousand, as estimated by Cambodian community leaders. This group will be discussed further in Chapter V.

The United States has accepted as refugees Cambodians who are fleeing the Communist Khmer Rouge or the Communist Heng Samrin regimes which have governed the country since 1975. Although refugee policy has shifted during the past ten years, the priority for admissions remains those individuals and their families with close political connections to the United States. Family reunification is also a priority. All refugees must show a well-founded fear of persecution by the government of the country from which they are fleeing if they are to be accepted by the United States.

The English pronunciation and spelling of the name of the country from which the refugees being studied have come, has changed during this period of time from Cambodia, to Democratic Kampuchea to the Democratic Republic of Kampuchea. Throughout this dissertation, I refer to the country as Cambodia and to the nationals and refugees of that country as Cambodians. This is the term commonly used both by refugees and by Americans in referring to the country when speaking English.

The term Khmer is employed when speaking of the people of Cambodia, but strictly speaking it is the term for the

Map 1
Washington State: Distribution of Cambodian Population



ethnic group made up of native speakers of the Khmer language. Most Cambodians are Khmer and most Khmer are Cambodians. However, sizable Khmer-speaking populations live in Thailand and Vietnam and some refugees in the United States are Khmer from Vietnam who call themselves Kampuchea Krom. Some Kampuchea Krom live in Washington and have created a formal organization. They tend to function socially with Cambodians rather than with Vietnamese and those in Pierce County are included in the study population. Some individuals in the families I interviewed might consider themselves Kampuchea Krom but this is an imprecise ethnic distinction since all Khmer from Vietnam do not refer to themselves as Kampuchea Krom.

Some Cambodian refugees are of ethnic minorities within Cambodia: Chinese, Cham and a few highland people. All of these speak Khmer and consider themselves Cambodian. The highland people now refugees in the United States do not differentiate themselves from other Khmer at all except to the extent that they recognize regional differences of minor importance. The Chinese Cambodians vary in this regard with some virtually indistinguishable from true Khmer and others more oriented toward Chinese culture. The Chinese and Khmer intermarry and function together socially. Chinese Cambodian families in Pierce county are included in this study. The Cham, while considering themselves Cambodian, form the most distinct

sub-group. Their Islamic religion and some important cultural values differentiate them from the Khmer although they do sometimes socialize with Khmer. There are few Cham living in the United States and none currently living in Pierce County; none are included in this study.

In this dissertation I use the term Cambodian when referring to the true Khmer, the minorities and the Kampuchea Krom. I employ the term Khmer to refer to the language.

History of the Refugee Movements

Cambodian refugees began arriving in Washington State in 1975 shortly after the arrival of the first Southeast Asian refugees in the United States. The few Cambodians who entered the country and Washington State at that time were relatively well-educated military or civilian officials who were able to escape as the United States pulled out of Indochina. Large numbers of Cambodians began arriving in 1980, with a greater proportion of less-educated people from a rural background. Most of the refugees in this study are thus recent arrivals, their personal traumas still fresh.

Refugees from Cambodia left a country that had suffered increasingly unstable conditions since 1968. A right-wing coup took over the country in 1970; the Communist Khmer Rouge gained control of the central

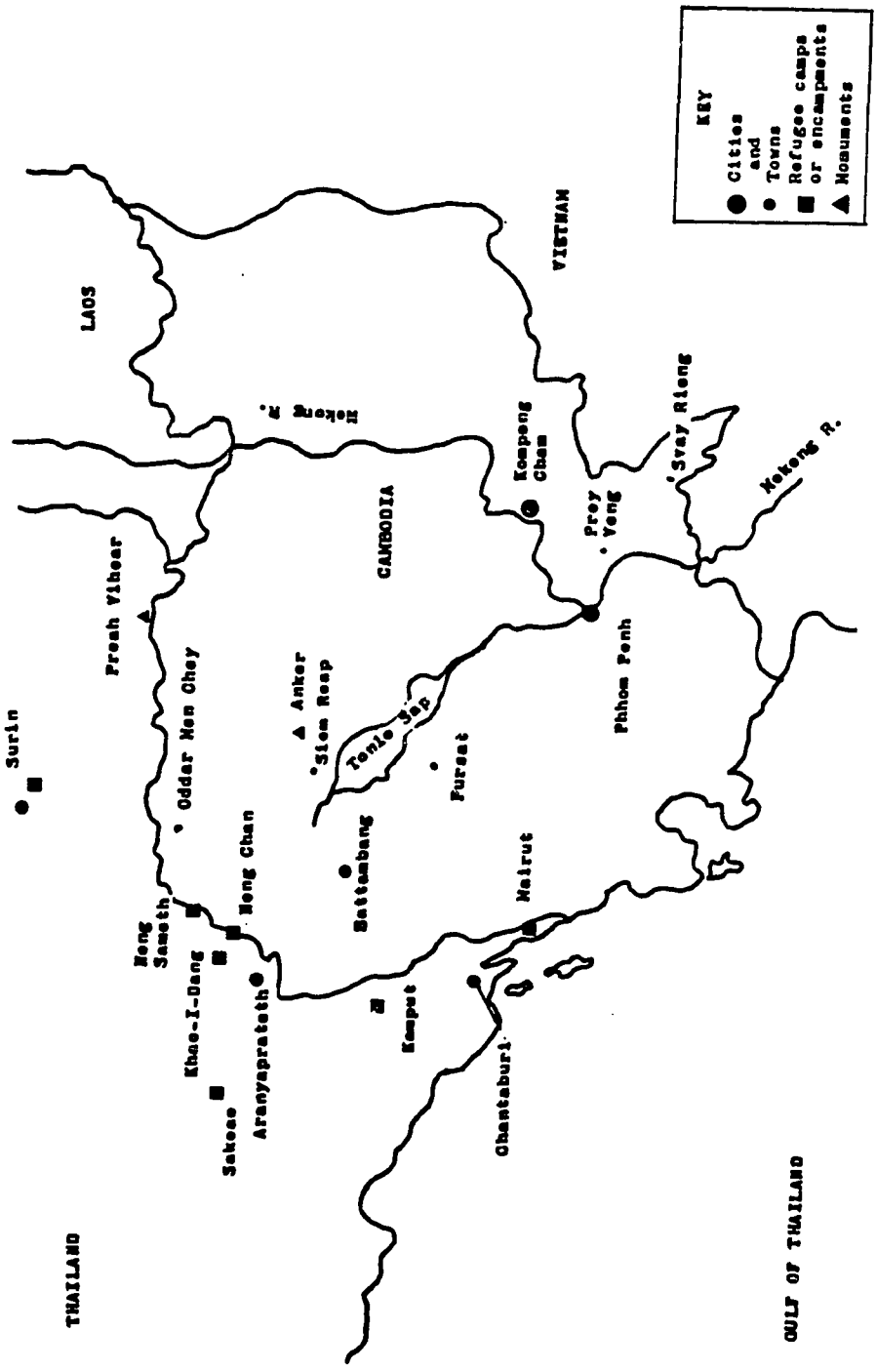
government in 1975 after two years of increasing control of the countryside. In 1979, a Vietnamese Communist invasion put in place the Heng Samrin regime which currently governs the country. These political changes gradually affected more and more of the population with few areas of the country untouched by the turmoil. Refugees are those who fled to other countries to escape the difficulties; most people still living in Cambodia also suffered from the same unstable conditions that caused others to leave.

Current estimates of the number of people to have fled Cambodia are around 500,000 (Becker 1986, Shawcross 1984). Besides those who have settled in the United States, large numbers have settled in France, Australia, Canada and other European countries. Many still live in United Nations refugee camps inside Thailand, although the largest and most famous of these closed in December of 1986. Many more still live along the border between Cambodia and Thailand (see Map 2, page 47).

Independent Cambodia

Between 1953, when Cambodia gained independence from France, and 1968 when the Khmer Rouge party left the government, Cambodia was ruled by Norodom Sihanouk who had been the titular head of state under the French. His policies involved political maneuvering with various

Map 2
Cambodia and the Thai Border Area
(Showing locations mentioned in the text)



internal factions in an attempt to modernize his country. His international political activities were directed toward the same end, with efforts to step warily between the Communist and capitalist world (Gordon 1972, Leifer 1971, Osborne 1973, Smith 1964). Although the origins of the split among groups within Cambodia can be sought both in Cambodian history (Chandler 1983) and in the general conflict within the world system (Pilger and Barnett 1982), a small incident in Samlaut district in western Cambodia provided the breaking point beyond which the politics of consensus could no longer work (Kiernan 1983, Poole 1975, Thion 1983).

After the 1968 split from the government, the leaders of the Khmer Rouge left the cities and began living in the forests with increasingly large groups of their followers (Carney 1977, Kiernan 1975). Government efforts to suppress the dissidents led both to increasing militarization of the government and to disaffection of the populace. In 1970 the United States-backed Lon Nol military regime staged a coup in which Sihanouk was overthrown. This increased the cycle of violence in which the country was caught (Kirk 1975). With militarization, the cities were generally safe but the countryside was subject to both political and military efforts by both sides to gain control (Osborne 1972, Simon 1974).

According to my informants, the battle for control of the rural areas was initially a political effort with both the government and the Khmer Rouge carrying out propaganda campaigns throughout the countryside. This involved speeches by officials of either group; more pervasive and persuasive were traveling drama groups which toured the countryside putting on plays. Khmer Rouge drama portrayed corrupt government officials riding in large cars with several beautiful peasant girls cowering in the back seat and similar themes. Government drama showed the chaos that resulted when Khmer Rouge cadres entered an area and captured the population to go work behind Khmer Rouge lines.

As military efforts intensified, both sides became increasingly ruthless in their efforts to control rural areas and smaller district capitals. The American bombing in the eastern provinces devastated large areas of the countryside forcing survivors to flee to urban areas. Where the Khmer Rouge gained control, they began implementing their social policies by forced removal of the population. While most of the provincial capitals and larger district towns remained secure until the surrender of the central government, much of the countryside became the scene of fighting and most highways were not secure. The farmers' ability to plant and harvest their crops was impaired in some areas and harvests could not be

transported to market in many cities. In April 1975 the United States pulled out of Cambodia, the government surrendered, and the Khmer Rouge took control of the country.

Khmer Rouge Regime

At the time of the Khmer Rouge take over, Phnom Penh, Battambang and other cities were filled with refugees from the smaller towns and the countryside who had tried to escape the fighting in general or who were leaving because of the policies of the Khmer Rouge. The Khmer Rouge soldiers were dedicated cadres from the poorest classes in the rural areas, led by disaffected intellectuals from the urban areas (Carney 1977). Many areas of the country, especially the eastern provinces, had experienced considerable movements of people--a few to join the Khmer Rouge and more to escape either the American bombing or the Khmer Rouge encroachments.

When the Lon Nol government surrendered to the Khmer Rouge on April 17, 1975, most people expected peace. However, the efforts of the new government to establish control and to institute their revolutionary social policy ensured that even those areas still unaffected by the previous turmoil would not experience a calm return to normalcy. The four years that followed have been subject

to much politicized analysis with supporters of Communism divided between Maoist sympathizers (Caldwell 1979, Hildebrand and Porter 1976, Hing 1973) and advocates of the Russian/Vietnamese type of Communism (Barnett 1983, Boua 1983, Burchett 1981, Kiernan 1983, Koblev 1979). Non-Communists reported the situation in other ways (Barron and Paul 1977, Chandler 1983, Martin 1981, Ponchaud 1978, Shawcross 1979). Some of the writings from each point of view offer careful and useful analyses of the political conflict. However, confusion about what actually happened, to whom and where, during the Khmer Rouge regime has been the norm and a subject of continued political symbolization.

Two recent writings have offered carefully documented accounts of the Khmer Rouge policies and their effects on people in different areas and the description which follows comes from these publications. The work of the Finnish Inquiry Commission (1982) is based on extensive interviews with people of all political factions both inside and outside Cambodia. This document was updated two years later (Kiljunen 1984). Michael Vickery (1984) made extensive efforts to obtain exact first person information in his interviews and to get a wide sample of refugees from different areas of the country before making statements about Khmer Rouge activities or policies. What is reported in those volumes is confirmed by my own interviews with

unaccompanied children in refugee camps and in the United States as well as with refugee adults in both places. The exposition which follows is based on these sources.

Khmer Rouge policy varied both in different political sectors of the country and at different times. The administrative apparatus was decentralized, following a basic philosophy patterned after Maoism as interpreted by the "Gang of Four." Cadres who had been well trained were few. With philosophical purity as the basic requirement for administrators, practical application of the policies were determined by regional or local cadres. In some areas with adequate resources, compliant population and competent cadres, the revolution was accomplished with minimal suffering. In other regions the opposite conditions combined to create a terrorized populace.

From 1975 to 1976 total evacuation of all cities and towns took place. The population was moved with no notice and in the direction that took them to the countryside most quickly. Those in the south of a city, went south; those in the north, went north. Every vestige of "bourgeois corruption" was to be rooted out of the society --interpreted in some areas as instruction to kill everyone who was anything other than a poor peasant farmer and in some areas as instruction to reeducate the "bourgeoisie" and integrate them into peasant society. By late 1976 it was clear that some areas of the country were too crowded to

support the number of people settled there, resulting in starvation.

To alleviate this, more large scale movements of population began, mainly from the southeast and south to the northwest. In 1977 the government gathered the minimal surpluses of rice from all areas, even from peasantry who had supported or at least accepted the new regime, apparently to repay debts to other countries who had helped them during the struggle for independence. Again, widespread starvation resulted.

Also during this time, the regime began to enforce throughout the country social policies which had begun to be instituted earlier in some areas. Major efforts were started to restructure family bonds. Parents and children were separated or children were put into positions of power over adults. Youth were sent far away from their families. Husbands and wives were separated. Marriage was performed in groups by having lines of unmarried men and women stand across from each other and shake hands. Vigorous efforts to identify all educated people or anyone identified with the previous government resulted in massive executions. Although these policies were interpreted differently in different regions, even areas that had previously remained well-fed and without many deaths began to be touched by hunger and execution.

In 1978 the extremists, primarily from the south and southeast who had begun enforcing the radical social policies of 1976 and 1977, themselves came under political and military attack from other factions (mainly from the east) who disagreed with their policies. Large numbers of executions and counter-executions took place and eventually fighting broke out between various factions. Groups of children and youth were particular victims in the fighting since they were highly prized by all Khmer Rouge factions as the pure ones not yet contaminated by corrupt ideas. Children were captured and taken away with one escaping group, fought over, captured and taken away by another group. Sometimes they were abandoned between cross-fire until a victorious faction emerged.

The mountainous areas of the northeast were Khmer Rouge strongholds from the early 1970's and seem to have escaped much of the starvation, fighting and political turmoil which affected the rest of the country. The northwest, especially Battambang, was a Lon Nol government stronghold and was subject to severe political oppression by the Khmer Rouge, but it was an underpopulated, fertile area and many parts did not experience starvation until 1977. In other areas of the country, relative suffering depended on which group had political ascendancy and on overall availability of food.

Different segments of the population had varying experiences with the Khmer Rouge regime because of their class background in addition to their location in the country. The educated upper and middle classes who had governed the country were the class enemies of the revolution and invariably suffered most after their loss of power. All my informants, whether or not of the governing classes, who had to leave the city remember the move with sheer horror. Even if they were not specifically targets of persecution, the change of life style was severe and abrupt for people who were unprepared to succeed as peasants. In addition, class enemies were subject to execution or specific persecution in many areas. "Class enemies" was a widely defined group that included at different times anyone from a high government official to janitor on the railway to a farmer who had sometimes hired help at harvest time; thus few people felt secure.

The peasantry suffered from starvation and illness even if they were in an area where there were few population shifts. In some areas peasants too were forced to leave their homes at least for short periods of time. Social policies applied to the peasantry as well as to the city people so children were taken away, young men and women worked in mobile teams far from home and marriage customs were not honored. Some of my informants who had initially supported the Khmer Rouge efforts to level the

upper classes were distressed at the overthrow of Buddhism and the disrespect for spirits. The violence and killing, for people whose Buddhist ethic prohibited even disturbing a wasps' nest, was counter to the revolutionary ideals which had been preached. Loss of their children was a severe blow for which no social reform could compensate.

In addition to suffering from all the things mentioned above (depending on their class background) children from all areas and from all social classes were subject to incredible trauma when taken away from parents, when prevented from forming normal friendships within work groups and when expected to exert power over adults. Their usual patterns of growth and identity formation were disrupted and replaced at best with a radically different but kindly socialization pattern. In many cases, the children did not perceive their caretakers as even remotely kind but rather perceived them with unrelieved terror.

Vietnamese Communist Regime

When the Vietnamese Communist regime invaded Cambodia in 1979, they entered a country with no effective government in place (Thion 1983, Vickery 1984). Their first effort was to restore order and to let everyone move wherever in the country they wanted to go. People rejoined family members whenever they could; most went home. Food was not widely available. This set in motion

a large scale movement to the border of Thailand to get rice and other commodities thought to be available there (Shawcross 1984, Vickery 1984). Within Cambodia, food supplies donated by the International Committee for the Red Cross and by the United Nations were coming into Phnom Penh and were being used to establish and support an administrative structure staffed by any educated Cambodians available, but supervised by Vietnamese civil and military officials (Porter 1983). Order was restored throughout most of the country with Khmer Rouge forces and followers escaping to Thailand after hiding in mountainous areas for several months.

For about two years stability was maintained with little effective resistance to the Vietnamese control of the country. The regime restricted movement relatively little allowing families to reunite and permitting brisk black market trade with the Thai (Boua 1983). After the Thai began to accept them in late 1979, hundreds of thousands of refugees began to settle in refugee camps along the border and eventually in United Nations sponsored refugee camps inside Thailand. Massive relief efforts began both at the Thai border and in Phnom Penh to alleviate the food shortages and medical problems which had resulted from the Khmer Rouge policies and from the social chaos which followed the Vietnamese invasion (Shawcross 1984). By 1982 the Khmer Rouge had

reestablished themselves in mountainous border areas and non-Communist, anti-Vietnamese guerilla and political movements were forming in lowland border areas. From 1982 until 1987 refugees continued to leave Cambodia: some in search of food, others out of a generalized fear of Communism based on an analogy with the Khmer Rouge, and others out of specific fear of execution because they were unwilling to support the Vietnamization of their country (Becker 1986, Martin 1981, 1984, Shawcross 1983, 1984, Sihanouk 1981, 1984).

Thai Refugee Camps

Some refugees had been living in Thailand since 1976, most in small refugee camps located near Buddhist wats in border areas. Many of these early refugees were military or civil officials and their families who were not of high enough rank to be admitted to the United States or France. It was expected that Cambodia would eventually declare an amnesty and accept them back home. However, by 1978 more and more people were escaping from Cambodia, many with stories of atrocities which were generally not believed by Thai or Western officials. Many of these were ordinary peasants or workers who would not have been expected to be class enemies. Because of the press of new arrivals, France and the United States began accepting as refugees both those who had been waiting in the camps and some of

the new arrivals. Thailand set up more small refugee camps.

The Vietnamese invasion in early 1979 changed the entire picture. Massive numbers of Cambodians began streaming towards the Thai border overwhelming the small relief and resettlement efforts there. Thai military response was to gather these refugees and return them to Cambodia via the pass at Preah Vihear, a mountain sacred to both Cambodia and Thailand which Cambodia had won in a dispute in the World Court some years earlier (Becker 1986). My informants who were among those sent back at this time remember this period as severe and frightening as the original exodus from the cities with many people dying from land mines, execution by Khmer Rouge guerillas, starvation or illness from bad water. Some Cambodian officials' estimates are that 100,000 people were sent back into Cambodia during this time.

By the later part of 1979, the Red Cross, the United Nations and Western voluntary agencies were beginning to operate a massive relief machinery to help the thousands of refugees who continued to cross the border. Eventually eight refugee holding centers were set up by the United Nations High Commission for Refugees (UNHCR) in Thailand near the border and processing and transit camps near Bangkok were expanded to accept the flow of Cambodians eligible for resettlement. Although only the processing

and transit centers near Bangkok were officially referred to as "refugee camps," UNHCR set up and maintained both the official refugee camps and the holding centers and provided protection to the inhabitants through cooperation with the Thai military authorities. At the border itself, there were encampments of civilians and Cambodian soldiers of several political factions. Medical care, food, and some services were provided by the International Committee of the Red Cross (ICRC) and United Nations Children's Fund (UNICEF). Protection was provided, if at all, by the Cambodian faction governing the area. By common usage, the facilities supervised by UNHCR are referred to as refugee camps and the sites along the border have different designations. I will use the terms "camp" and "refugee camp" when referring to the official refugee camps and the holding centers supervised by the UNHCR. I will call the border sites "border encampments."

Some refugees, especially those of Khmer Rouge background, left the camps after regaining their health, returning to the mountains to fight. A large return of Khmer Rouge cadres and supporters took place in 1980. Many others began efforts to resettle in a third country-- France, the United States, Australia, Canada and some other countries. Large numbers of refugees began leaving the camps for Western countries during 1981. Some refugees were relieved to be safe and were unable to make any future

plans. Many refugees remained in the holding centers for as much as three to four years, only moving between camps as they were shifted by the Thai military.

Cambodians who had no assurances of resettlement by 1983 began to feel desperate about their future. In Cambodia, fighting had resumed and there seemed to be no hope for a return home. Camp conditions began to deteriorate so that already slim food rations were sometimes reduced. The Thai military assigned untrained soldiers so that camp administration became erratic and less safe. As guerilla activity increased in Cambodia, Khmer Rouge infiltrated camps looking for recruits. During 1984, the Thai government began to close refugee camps.

Although in many ways refugee camp life was dangerous and difficult, the period spent in the camps was also a time of both personal and cultural revitalization for refugees who had lived under the Khmer Rouge regime. Many educated people, including dancers, musicians and other artists, began to emerge in 1980 after the Khmer Rouge and their supporters left. Schools opened, Buddhist wats were established, musicians formed groups, sports teams began to play, classical dance and drama troupes formed from the remnants of those groups from pre-revolutionary Cambodia. People felt relatively safe and were regaining their health. Families were reuniting or contacting friends and family still alive in Cambodia or elsewhere. Between 1980

and 1983, there was a sense of excitement and a sense of hope for a better life. After 1983, fear of the present and desperation about the future replaced the excitement and hope. Ironically, many of the original objectives of the Khmer Rouge were accomplished during the stay in the refugee camps with a general lowering of class barriers and a democratization of the symbols of the previously powerful elite.

Relief efforts in the holding centers were directed by both Western and Thai organizations under the auspices of the United Nations and the Thai military. Refugee experience was different in different camps; family and emotional problems were solved differently depending on resources. Traditional medical centers were set up in some camps (Hiegel 1980); traditional healers worked privately in others. Buddhist wats were established in all those camps which were not on the grounds of Thai wats. Within camps, governing bodies (either formal or informal) were established with leaders emerging who were able to give good advice and counsel for disturbed families and individuals.

In camps in which Thai influence predominated, the usual Cambodian ways of problem solving were familiar to the Thai and were generally accepted. Cambodian ability to cope with the massive trauma they had experienced was limited since so many healers, monks and elders were dead.

Nevertheless, the cultural norms reasserted themselves, and the period in the refugee camps gave people a safe time and place to begin to heal themselves.

In camps in which Western organizations dominated the relief machinery, the Cambodian cultural norms were less often recognized and accepted though with some notable exceptions. Medical help was excellent and widely available. Artistic groups were encouraged. In some camps, however, Christian religious groups protested against the presence of Buddhist wats and discouraged or prevented their employees and clients from patronizing them. Some medical practitioners with little cross-cultural experience were antagonistic to traditional healers and would not coordinate services with them. While these problematic practices were controlled or discouraged by United Nations and Thai administrators, the Western personnel introduced a new element into Cambodian health seeking behavior merely by their non-recognition of traditional healing practices.

My observations of the practices in several different refugee camps and my observations of refugees in the United States who have lived either in Thai-controlled or Western-controlled camps leads me to suppose that later stress and trauma is increased among those who lived in Western dominated camps. It is not the purpose of this study to

undertake the testing of such an hypothesis but future research might do so.

After 1984, new entrants were not allowed into the United Nations camps but clustered along the border or bought their way in. Some of my local informants say that they have spent as much as \$20,000 getting their relatives into camps and accepted for resettlement. Much of the money, of course, is lost since pay-offs do not always work. Processing for resettlement of those legally in the camps continued. Few others would be accepted by third countries and the Thai authorities began to close holding centers. At the end of 1986, Khao-I-Dang, once the largest refugee camp in the world, closed with the last 20,000 refugees facing return to the Thai-Cambodian border (Refugees 1987). Although Cambodians currently accepted but not yet resettled by the United States will continue to arrive, it is a reasonable guess that the flow of Cambodians into the United States will stop in the near future.

Khmer Cultural Background

Cambodians generally consider themselves to have been a distinct people for approximately 2,000 years. Current historians see cultural continuities over several thousand years and suggest that state development in early Southeast Asia was an indigenous phenomena (Chandler 1983, Osborn

1969). The period between the ninth and twelfth centuries is considered by most Cambodians, including refugees, to be the high point of their history, a time when the temple-city of Angkor dominated most of the Southeast Asian peninsula. Later influences from maritime cultures shifted the focus of the empire and later capitals of Oudong and Phnom Penh were accessible from the sea (Hall 1985). Thai and Viet polities expanded at the expense of the Khmer until a strong French presence in the nineteenth century stabilized the boundaries of Cambodia at approximately their current positions (Osgood 1969).

Prehistory and Current History

Current archeological studies of the Southeast Asian peninsula indicate early habitation with development of farming and other indicators of settled life dated at 10,000 B.C. The Ban Chiang site in northeast Thailand contains fired pottery and metal work from three thousand years ago (Hutterer 1976, Solheim 1968). Ecological features after the last ice age made farming of rice possible without irrigation in certain areas of what is now Cambodia (Ng 1979). The boundaries dividing highland horticulturalists from lowland farmers developed as early as 3,500 years ago (Carbonnel 1979)--a cultural distinction which continues today in much of Southeast Asia and which was significant in the social and class distinctions played upon by the Khmer Rouge in modern Cambodia.

In the lowland cultures based on farming, several indigenous states formed as early as 2,500 years ago. Maritime states formed in coastal areas by the third century A.D., based on early trade both with inland farming states and with dominant trading cultures such as India and China (Carbonnel 1979, Chandler 1983, Hall 1985). Earlier historians of the area have stressed that state-formation resulted from the influences of India and China through the maritime states. Early states in the territory now Cambodia were thought to have their civilizing framework within Indian Hindu thought (Coedes 1968, Groslier 1966, Heine-Geldern 1967 [orig 1942]). It now appears that state development is indigenous in the peninsula within the native cultural traditions.

The distinction between maritime or Indian-influenced states and indigenous inland states has influenced the development of Cambodian history and politics. The cultural values of the indigenous states have remained important within the Indianized kingship of recent Cambodia. The social distinctions of modern Cambodia seem to have been developing within the area for two thousand years (Chandler 1983, Jacob 1979, Osborn 1969, Wheatley 1979).

Angkor

Between the ninth and twelfth centuries an inland state based on irrigated rice agriculture rose to dominate

much of the Indochinese peninsula. The kingdom of Angkor was located on the upper end of the Tonle Sap basin in the fertile lowland area now Seam Reap and Battambang Provinces. Although written evidence from this period is scarce, the reading of temple inscriptions and archaeological investigations have combined to give a relatively clear picture of the ruling elite. A powerful royalty controlled a class of priests and slave/artisans who also occupied the temple city at Angkor (Chou 1967 [orig. 1297], Groslier 1968).

Less is known about the common people or the peasantry of the time but they seem to have fit into the kingdom and supported it through loyalty to temples dedicated to local deities and Hindu gods and controlled by the Brahman priests (Jacob 1979). Distant lowland groups were controlled through a combination of priest/administrators and military power. Highland people traded mountain and forest products with lowland villages but seem to have remained aloof from the benefits of civilization (Carbonnel 1979). Carvings on the walls in the temple complex at Angkor show the four classes--royalty, priests, slaves and peasantry--in their daily activities. Farm tools, dance styles, musical instruments, and ways of fishing in modern Cambodia are pictured in the bas-relief of the twelfth century temple.

All political groups contending for power in modern Cambodia have taken the towers of the temple complex as their major symbol and all consider Angkor to be the first capital of their own version of the Cambodian state.

With the gradual increase of maritime trade after the twelfth century, inland kingdoms like Angkor could no longer control all the resources of farming and trade. The focal cities of the state grew up in the area around the confluence of the Mekong River and Tonle Sap Lake, the area now occupied by the city of Phnom Penh (Chandler 1983, Hall 1985). Buddhism, which had been of minor importance in the Angkorean period, gained importance until it was the religion of most people in the kingdom (Leclere 1916). Two well-organized societies--the Thai and the Viets--began to expand their territory at the expense of the Khmer. By the time the French entered the peninsula in the nineteenth century, Cambodia was a much more egalitarian society than the Angkorean kingdom and was a Buddhist society with the formerly powerful Brahman priests reduced to symbolic functions in the royal court. Daily life of the peasants had changed little from the time the bas reliefs were carved on the temples and probably for centuries before that time (Chandler 1983, Vickery 1977).

French Influence

French influence in Cambodia was limited during the nineteenth century although the colonial presence protected

the Cambodian kingdom from further expansion by neighboring societies. French diplomats established a protectorate in 1863 in which the Cambodian royal court flourished. All colonial government in the kingdom was through the hereditary royal family with kings receiving the symbols of power from the French resident. French economic interests involved extraction of teak and other forest products as well as the establishment of rubber plantations. French business interests were run by Vietnamese; the rubber plantations workers were usually Vietnamese. French economic interest in Cambodia was limited in contrast with their interest and involvement in neighboring Vietnam (Chandler 1983, Osborne 1969). When France began to govern Cambodia directly in 1906 they continued to work through the hereditary royal family attempting to choose kings who would readily carry out their wishes. All provincial capitals had one French-educated Vietnamese resident to represent French interests. A few Khmer were sent to Saigon to study in the French lycee. One French secondary school was established in Phnom Penh during the 1930's. Missionary groups established Catholic churches and one hospital in Phnom Penh. Some Khmer royalty received care at the hospital used mainly by the Vietnamese and French administrators. There was no policy of sending middle class Khmer to France to study although some members of the royal family did do so.

After Cambodia gained independence from France in 1953, the government sent students to that country to study medicine, administration and economics in an effort to replace the French or Vietnamese doctors and administrators with Khmer. Also after independence the Royal University in Phnom Penh was established to educate administrators, teachers, medical personnel and others needed to govern the country. The Buddhist University was established at approximately the same time (Bilodeau 1955).

Recent Studies of Cambodian Culture

When the French entered the Indochinese peninsula during the early nineteenth century, their greatest influence and interest was in Vietnam. In Cambodia, French scholars were fascinated by the temple complex at Angkor and began archeological investigations. A few administrators were interested in cultural investigation, but Cambodia was not governed by France until 1906. Even then it was often governed through Vietnamese who had been educated in French schools in Saigon; consequently little foreign influence penetrated to the local levels (Chandler 1983, Osborn 1969). Thus, most early study of Cambodia was classical scholarly study of pre-history and history through temple investigations (Coedes 1968, Groslier 1966, Jacob 1979). Buddhism and Cambodian social organization were studied by other French scholars near the turn of the

century (Aymonier 1900-1904, Leclere 1916). Pavie (1898, 1904) also collected some Khmer texts in his study of Lao literature.

After the French became actively involved in Cambodia, a few other scholars began researching Cambodian culture. LeGallen (1929) was an administrator interested in family law in pre-colonial Cambodian society. Poree and Maspero studied rituals and customs, particularly annual ceremonies and rites of passage (Poree and Maspero 1938, 1950). The Buddhist Institute in Phnom Penh collected Buddhist scholarly work and also gathered some information on other ritual although this was not published until after independence (Cambodia 1958). None of this early work addressed itself to other aspects of the ethnography of either rural or urban Cambodian people but was an excellent description of Cambodian ritual.

Modern studies of Cambodian society are few in number. Delvert's (1961) analysis of rural life provides extensive information on agricultural practices, village layout, land use patterns and such social information as was related to agricultural life. Bilodeau (1955) examined the effects of modern education on an essentially rural society. Thierry (1965) studied the structural relationships of Cambodian family life and descent. She also raised the question, broached in earlier classical studies, of whether descent is essentially matrilineal for

royalty and for commoners. The only study of urban Cambodian society is Wilmott's (1967) work on the Chinese in Cambodia. Some information about urban Khmer society can be gleaned from his volume. In the 1970's two monographs on Cambodian village society were published based on fieldwork during the mid 1960's. Ebihara's (1964, 1971, 1974, 1977) research was carried out in a village in central Cambodia. Martel's (1975) work was done in Seam Reap Province in the northwest. Zago (1976) published an investigation of Buddhism and its role in government.

Pre-revolutionary Life

The following description of pre-revolutionary Cambodian life is based on the above sources. Small scale rice agriculture was the dominant economic activity throughout the nation. Rice was grown in small irrigated fields and was worked by family groups. Most farmers grew one crop per year which provided enough food for their families with a small surplus to sell for cash. Some farmers raised corn or soybeans in rotation with rice. Land was plentiful in all areas of the country and farmers generally owned their own farms. Fishing was a common supplementary economic activity generally carried out by farmers to feed their own families. Commercial fishing in the Tonle Sap Lake was done by some Khmer families but most commercial fishing was controlled by recent

Vietnamese immigrants to the country. Near the large cities there was some commercial market gardening but vegetables were usually grown by farmers whose main activity was raising rice. People living in mountainous areas gathered wild food and hunted small animals for their own use and traded mountain products in local markets. Most families in both the city and country raised a few chickens and many also raised pigs. Beef was raised only in Kompong Cham where the Islamic Cham minority lived.

Rice mills, town and village general stores and itinerant trading were the dominant economic activities of the non-urban Chinese, many of whom had lived in Cambodia for several generations and had adopted Khmer customs. Rubber and pepper plantations which had been introduced by the French were often owned by Vietnamese, though all Vietnamese holdings in agriculture and fishing were nationalized in several stages after independence.

Large scale business and industry was not common in Cambodia and most goods were imported. Elite Khmer families often combined government administrative responsibilities with related business. Most import-export, lumber and other resource extraction, cement and other business and industry was carried out by a combination of elite Khmer families working closely with wealthy Chinese families. Intermarriage between these groups was common. Chinese schools were closed during the early sixties by

government decree increasing the pace of Chinese assimilation into Khmer society.

Village level social structure was based on nuclear family households. Stem or extended families were also common with no strong pattern to which relatives one would live with. However, this may be deceptive, since neolocal residence, the most common pattern, was often a house next to the wife's parents. Some preference existed for living with the wife's family at least for a period of time after marriage. None of the studies mentioned above made a major effort to understand descent and residence, although Ebihara (1971) is most complete. I think that further analysis of existing data plus further research among refugees or in Cambodia would reveal a strong preference for matrilocality.

Some debate exists in the scholarly literature on whether descent is bilateral or matrilineal (Chakravarti 1982, Ebihara 1964, Thierry 1965). Royal descent seems clearly matrilineal in some generations and matrilocality bias in residence for the general populace would indicate some possibility of matrilineality in village populations. However, the current consensus is that descent is bilateral and that wider social networks are based on ego-centered kindreds, with no preference for either mother's or father's side. None of the published works suggest a preference for village endogamy or cousin marriage.

However, my refugee informants clearly state that these were features of pre-war social life. Further investigation is warranted in this area as well.

Little exists in the literature to throw light on the question of social mobility or hierarchy. Yet Cambodia was clearly a hierarchial royal state governed by a hereditary elite. Education was associated with Buddhism but does not seem to be associated with entry into the governing hierarchy unless through influence of the leading monks of the country. With the advent of Western-style education in the 1950's the class structure began to shift. Government education was widely available by the mid 1960's, for the first time allowing the education of girls. Education at that time seems to be associated with social mobility with the best graduates moving into government service. Education seems also to have been associated with the shift in the relative statuses of men and women, with men becoming dominant especially in educated, urban society. Although men had more access to government education, some girls also completed schooling and entered government service.

The dominant value system before the war was based in Theraveda Buddhist teachings. Knowledge of Buddhism was a requirement for all adult men. Practice of the religion was associated with happiness and harmony in the home and in society (Zago 1976). Monks were the most respected

members of society having achieved a higher level of reincarnation. Because of their superior status they were capable of giving advice on correct behavior in all situations and their major obligation was to do this whenever asked. By participating in Buddhist ritual and by giving food or other gifts to monks lay people earned merit assuring themselves of an improved position in their next incarnation.

Buddhist wats were the central institutions in all villages with most young men entering the monastery for a year or more during late adolescence. Although no statistical information exists, my informants estimate that 90% of young men in rural areas spent a period of time as a monk or novice before 1968 and about 50% to 75% did so after that time. In urban areas the percentage is thought to be less but many students studying at government secondary schools and colleges lived at the wats. They studied Buddhism in addition to their regular classes even though they were not ordained as novices or monks. A young man was not eligible to marry until he had spent a period of time as a monk although Western-style government education was considered an acceptable substitute by the late 1960's.

Strong belief in a variety of spirits and magical means to manipulate them was a commonplace of both urban and rural life. There is little description of them in

the literature on Cambodia other than to note their existence and the fact that this belief system did not conflict with Buddhism (Delvert 1961, Ebihara 1971, LeClere 1916, Martel 1975). There is no description or analysis of the Cambodian traditional medical system with its manipulation of spirits to heal injury and illness. Ebihara mentions that there was one healer in the village where she did her fieldwork but that she had little contact with him (1971). My informants indicate that the beliefs and practices which they now follow in Tacoma are the same as the traditional medical system in Cambodia. This is discussed further in later chapters.

The extent to which Western medical services were available in Cambodia is not clear from the literature. From interviews with my informants, it appears that during the colonial period there were few Khmer trained in Western medicine although there were French and Vietnamese physicians working in Phnom Penh. After Cambodia gained independence some French doctors remained until Cambodians could be trained to replace them. The first students who studied in France returned to open the medical school at the Royal University with some French professors. Gradually the numbers of Western style physicians and nurses increased so that clinics and hospitals had been opened in most provincial capitals by the late 1960's. Western style psychiatric care was not known even to urban

Cambodians although the nation did operate one asylum for the incurably insane.

Christianity had entered Cambodia with the French but appears to have had little impact on Cambodian thought. Few Cambodians became Catholic although there does not appear to be any antagonism toward the religion or its practitioners. Christianity may have been associated with the Vietnamese administrators brought in by the French but this is unclear. French priests worked during most of the twentieth century and seem to be liked and respected by most Cambodians. They were expelled in 1975 with all other foreigners and continue their ministry among refugee communities throughout the Western world. French priests and a bishop who belong to a specialized world wide ministry to the Cambodians have visited Tacoma several times. In spite of the respect and acceptance of Catholicism by Cambodians, I am not aware of any Khmer who were ordained as priests.

After 1970 when American influence was strong, Protestant Christian missionaries began to enter the country. Since the nation was in the midst of a major civil war they were unable to reach much of the countryside. In Phnom Penh they attracted some attention but few converts as far as I have been able to determine.

Communism was appealing to intellectuals, especially those who had studied in France and Saigon. Until the

victory of the Khmer Rouge, it had little impact on the belief system of ordinary Cambodians. As a viable political force, Communism was attractive during the 1940's under the Japanese occupation. Underground Communist groups formed during that time were instrumental in gaining Cambodian independence. However, as head of the newly independent state, Prince Norodom Sihanouk remained anti-Communist while using the nationalist sentiments espoused by Communist leaders (Burchett 1981). Communism was seen as a Vietnamese philosophy and was therefore not considered trustworthy by village Cambodians.

From the relatively stable, peaceful period of French occupation and the early years of independence, Cambodia rapidly entered a time of turmoil and rapid social and cultural change. War and revolution disrupted most areas of the country; survivors fled to neighboring countries and many were eventually accepted for settlement in the United States. The remainder of this dissertation focuses on one community of the survivors and their efforts to adjust to life in an alien milieu.

Chapter IV

Methodology

I have used the qualitative methodologies of participant observation, key informant interviewing and intensive network interviewing in my data-gathering in the Cambodian community of Pierce County. I have interviewed most of the members of ten Cambodian refugee families and the traditional healers they have consulted to solve both physical and mental health problems. The interviews were conducted in English, sometimes with the help of an interpreter chosen by the family. All interviews took place between April and November, 1986.

I have been involved with Cambodian refugees since 1980 when I worked in United Nations refugee camps in Thailand for thirteen months. Before going to Thailand, I worked with Hmong refugees in Montana (Duncan 1980). I have been involved with Cambodian refugee families in the United States since 1981, first working in a resettlement agency in Seattle. In 1982 I began working in Tacoma for a program arranging foster care and associated services for Cambodian orphans (Duncan 1985). During this time, I have observed refugees' attempts to adjust to their new situations through a variety of means. From this long period of observation of and participation in Cambodian

refugee life, grew my interest in the greater difficulties families faced when one or more members experienced what Americans term mental health problems. Anthropological efforts to understand context and symbolic structure suggested the qualitative methodologies that have been the basis for this research. Therefore, anthropological emphasis on understanding individual behavior within its cultural context may provide some much needed balance to the current emphasis within the refugee mental health field.

Community Selection

The Cambodian community in Pierce County was chosen because it has enough population to provide a suitably large pool of possible informants and has been established long enough so that some people are ten-year county residents. It is a cohesive enough group that its members function effectively as a community. Long term community members say that it is one of the oldest and largest Cambodian communities in the United States.

The fact that it is the community I know best and where I am best known has both advantages and disadvantages. Because I know many persons, I was able to contact potential informants without going through an intermediary. Some informants I have known continuously since first meeting them in refugee camps in Thailand. Thus, I

have been able to elicit a quality of information from a greater variety of informants than a stranger would have access to. Refugees are unlikely to trust strangers and Cambodians particularly are fearful of interviewers who are not already known to them (see Griffin n.d., Knudsen 1986, Sargent and Marcucci 1984, and Sargent, Marcucci and Elliston 1983 for similar experiences gathering data). On the other hand, my long knowledge of Cambodian refugees, based on my work in the community, may have biased my expectations of what my interviewees were going to say, and their responses to my questions. Since I am known in the community, some people may have been reluctant to tell me things that they might more freely discuss with a stranger. This possible bias may be overcome by future researchers. These advantages and disadvantages should be taken into account when examining the research results.

Sample Selection

In choosing families to participate in this research, I have taken seven demographic factors into account:

- (a) place of residence in Cambodia
- (b) class background in Cambodia
- (c) whether or not resident in Cambodia during the khmer Rouge regime
- (d) length of stay in the United States
- (e) economic position in the United States

(f) age range of current family members

(g) and family type of current family.

I believed that these factors would affect Cambodian experiences in the United States, including health seeking behavior. In this study I have not made an analysis of demographic factors affecting health seeking behavior. However, insofar as it would be possible to have representatives in my study of different sectors of the population, it seemed to me to be useful to do so.

Place of residence within Cambodia and class background in Cambodia have importance in refugees' understanding of the revolution and its meaning (Becker 1986, Vickery 1984). I wanted to be sure that I would have varying points of view represented. Whether or not people were in Cambodia during the Khmer Rouge regime is a major topic of conversation among newly arriving refugees and seems to be an important social marker. Length of stay and economic position in the United States may affect the families' ability to find and use American health care facilities and I wanted to make sure that I had varying backgrounds. Age seems to be the single most important social variable for Cambodians although gender is important also. Family type in the United States seemed likely to affect what kind of resources would be available.

As indicated in the studies cited in Chapter 1, the incidence of mental health problems among Southeast Asian

refugees in the United States is extremely high. Thus, any ten families interviewed would be expected to have information on mental health seeking behavior even if they did not define problems in Western terms. Therefore, I chose families based on the demographic factors already stated and on their willingness to talk to me about these issues.

I knew some members of most of the families I interviewed before beginning research. Some individuals were friends or employees from my work in Thailand; others I have known as friends or co-workers in Tacoma. In no case were any families interviewed receiving services from the foster care program I administered at that time.

Interview Process

A two-page interview guide was devised before the interviewing began (see Appendix). This was based on the Health Seeking Process model (Chrisman 1977), a review of the ethnographic literature on Cambodia and on an analysis of my field notes from contact with Cambodian refugees since 1980. In the interviewing process I made every effort to keep the questioning open-ended so that I did not lead the informant. In her paper on eliciting and defining key symbols and dominant cultural values Ortner (1973) stresses the importance of noting the topics the informants consider important. Langness and Frank (1981)

in discussing life history methodology state that this methodology is particularly useful in situations of cultural exploration. The subject will edit life experiences in such a way that important personal and cultural values emerge in the interview process. Since a major purpose of this research is to balance the quantitative research in which refugees have been interviewed about preconceived categories of symptoms, this emphasis on open-ended questioning seemed most useful.

In one particular respect I believe this strategy proved to be especially successful. I had determined that my unit of inquiry would be a family. Yet there is evidence that the concept of family varies cross-culturally (Murdock 1949). Khmer have generally been thought to live in nuclear families, practice bilateral descent and to have kindreds rather than descent groups (Ebihara 1968, Martel 1971). Had I defined family as a nuclear family grouping of parents and children, my definition would have differed from that of the families which defined themselves in the process of questioning. The concept of family is discussed further in Chapter V.

Interviews took place either in the home or another place of the informant's choice. I planned to identify the key decision-maker in a family to give basic background information, migration history and family ancestry. Based on an initial interview with this key decision-maker, I

planned to arrange to talk to other significant family members. Cultural reality intervened in these plans and the interviews took place according to Cambodian norms.

The key decision-makers I initially identified were often only spokespersons who deferred to someone else in the family as the real decision-maker. Family brokers, as I will call the former, were helpful in my research: identifying family membership, interpreting family reality to me, the outsider, and presenting my request for interviews to the key decision-maker. Often these family brokers also served as interpreter for other family members. In a few cases the family broker was also the key decision-maker. Therefore, I usually obtained most background information from family brokers and interviewed key-decision makers after I already understood much of the family's situation. In many cases the decision-maker is an elder who conferred great favor by his/her willingness to talk to me at all. It would have been rude not to have made an effort to know something of the family and culture before taking the elder's time.

Although I expected to interview individuals alone, this is not the way most of them arranged their interviews (see also Griffin n.d. for similarities in interviewing Hmong refugees). Informants chose to have me come to their homes and usually several family members were present at any one time. In some cases neighbors joined in, became

interested in the subject and invited me to interview their families. People seemed willing to talk about sensitive and painful family issues in this way and were willing to offer varying points of view on a subject. In some cases, however, a family member would contact me later with different information, indicating that individuals were sometimes constrained by the presence of others. Nevertheless, this pattern was followed by all families when arranging the interviews in the way they preferred. (This has also always been my experience in six years of social services with refugees.)

This interview experience must be taken into account when evaluating the results of the research. Some people may have been unwilling to give me information in this setting although in a few cases they contacted me later. On the other hand, people who would never have been interviewed, became interested in the project and began giving information or enlarging on incomplete answers so that a short response to a general question often was enlarged upon by a group interested in the topic.

Informants Interviewed

Ten families were interviewed. Ninety-six different individuals from these families were interviewed at least one time using the interview schedule. Twenty-three individuals were interviewed alone at least one time.

Twelve of these were interviewed two times or more. Interviews with most family members lasted between one-half hour and one hour. Interviews with family brokers took between one and one-half to four hours. Interviews with key decision makers took one hour to three hours.

In planning my research, I expected to be able to observe healing ceremonies with traditional healers or contacts between American mental health practitioners and my informant families. This did prove to be the case with some of the families: (1) some participation with Buddhist monks for healing purposes occurred during the seven months of my formal interviewing with most families; (2) in many cases I was also involved in similar Buddhist religious ceremonies at other times; (3) I joined in healing rituals with kru_khmer (traditional healers) with two families; and (4) took part in healing ceremonies with a spirit medium in the process of spending time with some of my informants at her home. None of my informants reported contact with any American mental health practitioners during the time of my study, so I was unable to observe that process.

An unplanned research activity proved fruitful in my efforts to understand Cambodian refugee health seeking behavior. In every case in which families had consulted a kru_khmer, they were unwilling to discuss his activities or diagnosis until I had interviewed the kru himself. This is

in part because it would be disrespectful to the kru who is always an honored person to whom the family owes respect and gratitude for the help they have received. In part also, it would be rude for me to discuss the subject with ordinary people when I have not availed myself of the knowledge of experts. My informant families insisted on my having good manners even when I was ignorant of correct behavior. In part also, however, ordinary people and kru khmer both are fairly sure that their healing activities are illegal and they wanted to be sure that I was a trustworthy person who would not get them in trouble with the law. If the kru was willing to talk to me the family felt reassured and spoke freely of their healing activities. Therefore, in addition to the families interviewed and ceremonies participated in, I interviewed five kru khmer who had been involved with my informant families in some way.

I also interviewed, in addition to other temple personnel, the head monks of both the Seattle and Tacoma Buddhist wats as well as two other Buddhist monks considered to be leaders among the monks now in the United States. The only spirit medium I interviewed was willing to let me observe her activities and to discuss them with people in her home or others who knew of her activities. She herself declined to be interviewed on the grounds that she is not educated in religion but rather provides a

vehicle through which a powerful spirit operates. However, the spirit was willing to talk to me about his healing activities and did so for about one half hour through the spirit medium.

Table 5

INFORMANTS INTERVIEWED

Families	10
Individuals	96
Healers:	
Buddhist monks	5
Buddhist aa'cha	2
Kru Khmer	5
Spirit	1

Table 6

HEALING CEREMONIES OBSERVED (During 1986)

Buddhist community ceremonies (New Year and Pchum Ban)	2
Buddhist ritual for specific problems at the wat	6
at subjects' homes	13
Activities of Kru Khmer at homes of kru or informant	2 series
Healing by spirit working through spirit medium	4

Through the qualitative data gathering techniques described in this chapter, I have elicited information on the health seeking behavior of Cambodian refugee families in one community. This behavior must be understood within the context of the larger community within which it is embedded. The following chapter describes the ethnographic context of the Tacoma Cambodian community and the process of community formation.

Chapter V

Ethnographic Description of the Cambodian Community in Pierce County

Only two full ethnographies exist of Cambodian communities, both written based on field work in Cambodia during the 1960's (Ebihara 1971, Martel 1975). To my knowledge, no ethnographic description has been written for any Cambodian refugee community in the United States or other resettlement country. In order to understand how Cambodians experience and attempt to solve mental health problems, it is necessary to know the economic, social and cultural context within which they live. This chapter provides a description of one Cambodian community that can be used as background for understanding the families and their health seeking efforts described below in Chapters VI and VII.

Pierce County (pop. 530,800) is an urban, industrialized county in Washington State on the shores of Puget Sound. Some heavy industries like steel, metal smelting and wood products have formed the economic base but the county is increasingly relying on electronics, service industries and shipping. Outside of the City of Tacoma low-lying rural areas are rich farm lands; the slopes of Mount Rainier are heavily forested. The population includes many servicemen and their families because of

major army, navy and air force bases in the area. Blacks are the largest minority group (36,000/6.7%). Asians, including refugees, are next largest (22,600/4.2%). Native Americans are represented in the population (6,200/1.1%) as are Hispanics (12,800/2.4%). Asians are the fastest growing minority in the county having increased from 15,400 in 1980 to 19,700 in 1983 to the current 22,600. Besides Cambodian, Vietnamese and a few Lao refugees, Thai, Korean, Fillipino and Samoan are new Asian immigrants joining Japanese and Chinese second-generation groups (Washington State Office of Financial Management 1983, 1986).

History, Demography and Economy

History

Cambodian refugee families began arriving in Pierce County in late 1975. Between 1975 and 1977 about fifteen families, fewer than 100 individuals, were sponsored by American church and civic organizations and settled permanently in the Tacoma area. Some of those first families are still living in Tacoma and their members are community leaders who have been responsible for helping later arrivals.

Until 1979 a few new Cambodian refugees arrived in the Tacoma area but most of these were families who had been living in other parts of the United States and moved to

Tacoma to join friends or relatives. In late 1979 the United States policy changed and Cambodians who had been living in holding centers along the Thai-Cambodian border for as much as five years began to be allowed into the United States. The refugees living in Tacoma were soon joined by others escaping from Cambodia in the wake of the Vietnamese invasion of 1979--survivors of the Khmer Rouge regime. Between 1980 and 1983 large numbers of Cambodian refugees were settled in the Tacoma area as their first resettlement site, some as "free cases" (families with no anchor relatives in the United States) and others as relative reunification cases. Tacoma was chosen as a resettlement site because of the presence of the small but active Cambodian community settled there since 1975. Many of the free cases as well as the relative reunification cases were sponsored by one of the two Mutual Assistance Associations in Tacoma at that time. Until 1982, a few American churches continued to sponsor refugee families. After 1982, the sponsors were Cambodian friends or relatives or one of the Mutual Assistance Associations. Also after 1982, policies in Thailand changed making it difficult for Cambodians to enter refugee camps at all or to be resettled if they did successfully enter camps. Families in Tacoma sometimes found it necessary to buy entry into refugee camps and to buy opportunities for resettlement for their relatives. It is not clear how

often this has happened nor how often families have sent money to no avail.

This change in sponsorship changed the adjustment pattern of new arrivals. It has had the effect of encouraging the development of an ethnic enclave since many refugees have almost no contact with Americans until they enter school or unless evangelizing Christian groups take them to church. After 1983, only family reunification cases were placed in Tacoma because it was determined by the federal government to be a heavily impacted area. New arrivals may be under considerable obligation to family or network members even before arrival.

Additionally many families from other parts of the country or other parts of the state moved to Tacoma during this period of time either to join family or friends in the area or simply because they had heard that it was a good place to live. Several of my informants said they moved to Tacoma because the school system is so good that they had heard of it in New York and Texas. Other families left the area to go mainly to Texas and California if they could not survive financially in Tacoma.

There are no exact figures for the numbers of refugees moving from one area to the other within the United States or within Washington State. Officials from the Office of Refugee Resettlement of the United States Department of Health Education and Welfare estimate that the secondary

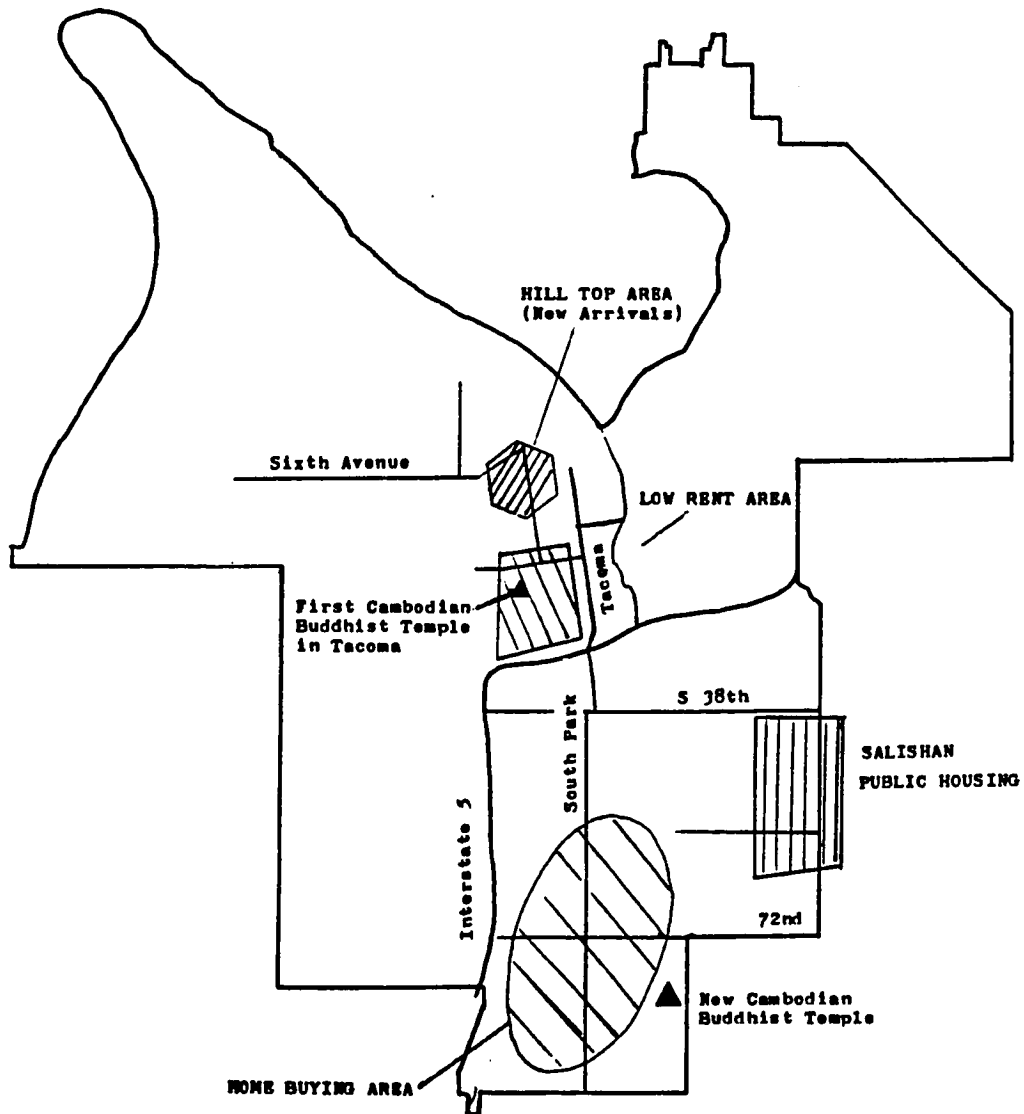
migration into and out of Washington State balances for the overall refugee population (1986). There are no figures or estimates for possible changes in the ethnic composition of refugees within different states due to secondary migration since funding depends on total numbers. It is known, however, that different ethnic groups have different secondary migration patterns within the United States (Forbes n.d.) Officials in the Washington State Bureau of Refugee Affairs estimate that refugees either initially settled in Washington or secondary migrants to the state have tended to cluster in King and Pierce Counties leaving smaller counties such as Whatcom, Clark and Spokane. Again, since funding is based on total numbers, changes in ethnic composition have not been estimated. See Map 3 on the following page for estimates of Cambodian population in various counties in Washington State.

Demography

Most of the Cambodians who live in Pierce County live within the city limits of Tacoma. They tend to cluster in three general residential sections: Salishan public housing on the east side, the hilltop area just south of city center, and south Tacoma. See Map 3 on the following page for general location of Cambodian residential areas.

New arrivals usually move into the hilltop area where there are several apartment buildings with low rental

Tacoma: Cambodian Residential Areas



fees. One thirty-four-unit building is entirely Cambodian; several city blocks are predominantly Cambodian. In this area it is common to see children playing with homemade toys and wearing the clothes they had in the refugee camps. Women wearing sarongs and sandals shop in the Asian food stores as well as the Safeway and other American stores nearby. Inside the apartment buildings the cooking smells of a Cambodian village; the elderly people sit and chat, chew betel and take care of babies. The Tacoma Buddhist wat is located in this neighborhood. Many people walk to and from the wat daily.

Most new arrivals apply to get on the waiting list for Tacoma Public Housing shortly after their arrival in the area. There is a sense of urgency about this because it often takes as much as a year to get into such low cost housing and welfare benefits run out after eighteen months in the United States. Most refugees who are able to get work when benefits cease have low paying jobs. They see public housing as the means to keep the family together; without it, families split up with some members moving elsewhere looking for better work or seasonal labor in warmer climates. At the end of 1986, the population of Salishan public housing, on the southeast side of Tacoma was 45% Cambodian.

Salishan is not the only public housing in Tacoma but is the largest and most visible. Dwellings are

well-maintained, either detached houses or duplexes. Grass and trees and play areas are kept up. Some families plant flowers and vegetables in the area around their house. As in the hilltop area, refugees visit back and forth easily and children play and wander in groups. The East Side Neighborhood Center in the center of Salishan is often rented for Cambodian dances or sports events.

Families whose income exceeds the guidelines for public housing tend to return to the hilltop area but settle east of the newcomers section. There are a number of newer apartment buildings and complexes where the rent is relatively low. Again, families cluster together; some buildings have only or mostly Cambodian families. In some cases, Cambodians are apartment managers in these buildings.

Families who have saved enough money to buy houses generally do so in south Tacoma. They prefer new houses or houses where there have been few previous owners. Some streets with several new houses built by one contractor have five or six Cambodian families clustered together. Most of the families who buy houses settle in an area southeast of the freeway not far from Salishan public housing.

By the end of 1986 the flow of new arrivals from overseas had diminished to a rate of approximately five families per month. Secondary migration both to and from

Tacoma continued but had stabilized. The population of Cambodians in Pierce County was estimated to be between 2,000 and 7,000 members by government and private organizations. No official figures exist giving the entire population count. There were 980 Cambodian students in the bilingual education program in the Tacoma Public Schools for the 1986-1987 school year. This number excludes those students whose English was good enough for them to be enrolled in standard school programs. Few Cambodians live outside the district boundaries.

Public assistance figures supplied by Washington State Department of Social and Health Services (DSHS) show 3,200 Cambodians receiving some form of public assistance during 1986. This figure includes all new arrivals still eligible for Refugee Public Assistance (1,593), single-parent households receiving AFDC, food stamp recipients, and beneficiaries of a few other state administered programs. It does not include beneficiaries of federally administered programs such as Social Security Disability (SSI) or any Cambodians not receiving public assistance.

A 1986 census of the Pierce County Cambodian population conducted by the Cambodian Community of Tacoma gives a total population of 5,100. The count was done during September, 1986 after farm workers had returned home and children were in school.

Gathering accurate census information is difficult in any refugee community and especially so for Cambodians. Government funding for Mutual Assistance Associations is partly allocated on a per capita basis, thus there is a tendency to inflate figures. Since I observed the counting in this case, I am confident these figures are relatively accurate. Community leaders were surprised by the large numbers of Cambodians in their community.

Southeast Asian refugees in general are afraid of census taking because it was a control device used by communist regimes to delineate class-enemies. Cambodians who lived under either communist regime associate census taking with waves of executions of class enemies and refuse to answer questions eliciting demographic information. Therefore, no outsider, and few Cambodians, can get more accurate data than the data presented here which is based on the best knowledge of community leaders. (See Sargent et al. 1983 and Sargent and Marcucci 1984 for comparable difficulty gathering data among Cambodian refugees because of community paranoia.)

The following table (Table 7) is based on an informal census conducted by leaders of the Cambodian community in Tacoma.

Table 7

AGE GROUPS AMONG CAMBODIANS IN PIERCE COUNTY

Elderly (over 55)	200
Adults (out of high school to 55)	2,900
School Age	1,200
Pre-school	800
TOTAL	5,100

These figures include 20 to 30 Cambodian families of Chinese descent, approximately 250 people. Also included are 10 to 15 families of Kampuchea Krom, about 110 people. Designation as Chinese or Kampuchea Krom is indefinite since intermarriage is frequent and with Chinese especially the ancestry may be so distant that it is not clear whether someone should be considered Chinese. One family of 10 persons is partially of Indian descent. No Cham lived in Tacoma at the time of the census.

Community leaders generally agree about some other demographic characteristics of the population although no count was made during the census. Their observations concur with mine. Compared to other Cambodian refugee communities in the Western United States, Tacoma seems to have a relatively high proportion of individuals from a rural background and a large number of elderly men and women. There may be more widows and other single women than in other communities but opinion is divided about

this. There are many more women than men among all adult Cambodian refugee populations--my informants estimate that women comprise 60% of the adult population. In general, the Tacoma Cambodian population is less Western educated and has stronger adherence to traditional culture than might be expected in another community with a younger population from more urban backgrounds.

The proportion of refugees who lived under Khmer Rouge rule to those who did not is thought by most leaders to be similar to other Cambodian communities in the United States, approximately 80%. Also similar to other resettled Cambodians, more of the refugees have escaped from the northwestern areas of Cambodia, particularly from the provinces of Battambang, Siem Reap, Pailin, Oddar Menchey, Kompong Channam. This may not indicate their place of birth since groups of people from various parts of Cambodia were sent to the northwest during the Khmer Rouge regime. When the Vietnamese took control of the country in 1979 many fled directly to Thailand rather than returning to their home provinces.

Economy

Cambodian refugees in Pierce County survive economically in a variety of ways. Since there is still a high proportion of new arrivals, there are many families whose only source of support is public assistance including cash grants, food stamps, and medical coupons. Low income

families, including those on welfare, live in subsidized housing if they can get in. Since people over 65 and single parents are eligible for public assistance after the eighteen-month Refugee Public Assistance grants are terminated, their sole or major source of income will continue to be public assistance for the foreseeable future.

Although every new arrival is entitled to 540 hours of English as a Second Language instruction and many also participate in job training, few adults feel capable of supporting their families within eighteen months of arrival in the United States. As the date of benefit termination approaches, families are under great pressure to arrange other means of survival. Those who can work and can find jobs generally do so. Others try to arrange to continue to receive public assistance--legally, if possible. Any family member with a disability applies for SSI if they can find someone able to help them with the complex forms. Most informants considered SSI benefits even for mental illness as an economic survival strategy, not as a means of solving mental health problems. This point will be elaborated later in Chapter VII. Families separate if they can find no other means of survival. At the crucial eighteen-months cut-off date, many families move to California or other states where two parent families are eligible for welfare benefits and where medical benefits are available to the working poor.

Need for medical coupons is often more important than need for cash assistance in families' survival decisions after termination of refugee cash assistance. Medical expenses are high and refugees without coupons often do not seek needed medical care because they cannot pay for it. In the case of emergency hospitalization, families are sometimes burdened with unpayable debt. There are two physicians in the area who are known to be willing to treat Cambodians free of charge if they cannot pay. These physicians have Khmer-speaking staff available in their offices.

Hospitalization for mental illness causes a similar financial burden increasing family stress. Mental health centers have sliding fee scales so those without financial resources can be served free or for low rates.

For people with little English and few job skills, the termination of Refugee Public Assistance benefits is a time of severe stress. In 1982 when the policy was instituted to terminate public assistance benefits for refugees after eighteen months, many families who had entered the country earlier were abruptly removed from welfare rolls. This was a time of extreme stress in the community.

During the summer months, everyone whose health permits it and who has not found another job, works on the farms in the Puyallup Valley. There they harvest everything from strawberries in the spring to root vegetables

during the fall. Some people then gather wild mushrooms and other forest products into November. Work in the food processing industry, Christmas tree harvesting and wreath making are also common seasonal employment. For some families, this round of seasonal employment keeps at least one wage earner busy from late April through Christmas and provides enough income to support a family when supplemented with food stamps and public housing.

People living on public assistance or who are employed in the agricultural sector often supplement their family resources by getting free or cheap food from the farms. Many people like to fish and both fish and shellfish are a significant addition to most households' diets. Cambodian refugees often take advantage of kinds of shellfish that are not used by Americans. They also use and enjoy some of the seaweed and other plant products found near the Puget Sound. A few people hunt deer to add to their diet and sell excess meat to other refugee families. Rabbits and some other small animals are snared or shot while groups gather mushrooms during late fall.

Women who have some command of English find jobs in sewing factories usually at a piece rate or at just above minimum wage. Some employment in electronic assembly is available; men and women with good English are sometimes able to get these jobs. Jobs in Chinese restaurants or in cleaning businesses absorb some wage-earners who are not

able to speak English. Fast-food and similar entry level jobs attract younger workers whose English is fairly good. By the end of 1986 few Cambodians had started their own businesses or had moved into positions in American businesses. Those able to handle professional work were often employed in social service positions or in the public schools providing assistance for newer arrivals.

Most refugees use cash exclusively in their financial transactions until they are in regular, steady jobs. Those who live on public assistance and by working in the fields tend to continue their transactions in cash and keep all their extra money in either cash or gold. They do not trust banks for checking and savings accounts. Many people think that it is illegal to keep their money out of banks so are not inclined to talk about money matters with Americans. Among Cambodians, however, they discuss all money matters freely and openly. American attitudes of privacy about money, salaries and similar matters is baffling to those Cambodians who know of them.

Because many families live in areas where there is a high crime rate and because they are known to keep cash and gold at home refugees are frequently the victims of burglary and robbery. Even when they call the police, they tend to under-report the real amount stolen since they believe that it is illegal to have kept large amounts of cash at home. It does not appear that refugees are

stealing from each other in this way, but some Cambodians suspect that there are refugee informants for those American criminals who do the stealing. Crimes against cars, like tire slashing and window breaking, do seem to reflect the animosity of intra-community struggles and also are usually not reported to the police.

Establishing credit to buy expensive items such as cars and washing machines can become complex where people deal mainly with cash and where income is either cash or public assistance. Credit is often arranged by using friends with jobs who either own the car outright or co-sign on a loan. Enough people have had credit problems through arrangements like these that it has become an important favor conferred by the one with credit on the one who needs it. This increases ties of loyalty in the patronage networks discussed below.

Banks and credit card companies sometimes send credit cards to families who would not ordinarily think of applying for them. Between 1980 and 1983 many refugees went deeply into debt with the cards because they did not understand this kind of credit and often could not read the credit agreement. After a few families lost cars and televisions to pay their bills, others have been more careful. Credit card companies do not seem to be sending cards as randomly anymore either.

Establishing credit and gathering a down payment to buy a house involves even more complex arrangements. These large transactions are almost always made only with family members. They prefer to put large downpayments on a house and pay it off quickly. Families with enough working members try to pay for houses with cash. The possibility of being in debt to a bank for thirty years seems to make most people feel insecure and the reverse--owning the family dwelling--increases security.

When relatively large amounts of cash are needed for any reason and family and close friends cannot come up with the needed money, the usual solution is a ton teang gambling arrangement. Whoever needs cash gathers a group of about ten individuals, each of whom agrees to contribute the same number of dollars per month for as many months as the group has members. Each member gets the money one month depending on chance. The last to receive the money gets more because of the interest paid by those who got money early in the arrangement. The first to get money is the organizer who pays more interest because the cash was needed immediately. Cash is raised in this way for everything from buying relatives out of Cambodia to major car repairs to building a patio or garage.

My informants report that in Cambodia, wealthier individuals in a town or larger village supplemented their income by lending money to others for a short term at a

high interest rate. Although some families have accumulated enough cash to lend in this way it does not appear to be a common practice here.

Social Organization

Household and Division of Labor

Households in the Tacoma area tend to consist of a nuclear family of parents and unmarried children living together in one house or apartment. Family (Khmer: kruesaa) is a larger unit usually including grandparents and siblings of one or both spouses and their nuclear families. Families ordinarily occupy more than one household with members easily moving from one to another. Elderly parents usually live with a married child if they no longer have any unmarried children at home. There does not appear to be a pattern to whether they live with the oldest or youngest children but they do tend to live with daughters' families more often than with sons' families.

Other relatives and sometimes unrelated people live in many households. For example, children orphaned by the Khmer Rouge regime move into families and become family members, elderly men and women who have no surviving children may live with nieces and grand nieces. Adults who have been separated from their own nuclear families usually live with one of their sister's families. If the head of the household is a woman with small children, unmarried

brothers will tend to live with her until they marry even if their parents are alive.

Some households are formed by unrelated people who have no relatives--for example, an elderly individual or couple with a young man or woman. Single generation households are rare; virtually no one lives alone. Some of these households formed in the refugee camps in Thailand or in the processing centers in the Philippines or Indonesia. However, more of them seem to have developed in the United States after people have settled in the Tacoma area.

Division of Labor. Household tasks tend to be divided by age and sex. More men than women are busy outside the home during the working day either working or studying ESL. Most cooking and cleaning is done by women. Older women, and sometimes men, care for young children during the day and for the older children after school. Men do the heavy work of gardening, home repairs if any, and take care of cars. If the wife works outside the home, some men help with cooking but most of the cooking and cleaning is still the responsibility of the women. Young men and women in school are expected to study as their first priority and help in the household only if they have time to do so. Driving is often the task of young men, especially if their parents are elderly. Dealing with bureaucracies such as the welfare department, school system and other agencies is usually the responsibility of

men even if their English is limited. High school and college students ordinarily fill out forms and take care of reading important mail but usually are not called upon to interpret at appointments since doing so would take them away from school.

Within families, men are usually more oriented toward community activities and women towards home. Women rarely involve themselves in community decision-making. My informants indicate that this was the case in Cambodia as well.

In Cambodia, men formed intense friendships with one or two age mates during teen years, either at school or during their period studying at the wat. These friendships lasted for the rest of the men's lives with friends willing to die for each other. Women, however, rarely developed friendships outside the family. Rather, a woman's female relatives form her life-long emotional associates. Some of my female informants who attended high school and college, however, did form friendships with other women students and have maintained these friendships in the same way that males have life-long friends. My information is not conclusive, but it does appear that village men who became friends sometimes married sisters, thus marrying into the same matrilineal household.

In Tacoma, the emotional roles of men and women continue to fall into patterns based on this division between community/friendship and home/relationship. Men enjoy their homes and families and are especially attached to their children, both boys and girls. However, they often socialize with other men, not including their wives. (They do frequently take their children along.) Women tend to socialize primarily with their female relatives.

Emotional support in crisis situations most often comes from a man's friends and a woman's relatives. Because of the war and migrations, men who have real friends in the area are considered fortunate. Women without relatives are pitied. Resettlement decisions are made based on many factors but it appears that if all else is equal women's need to be near female relatives prevails.

The assignment of social roles between elders and youngers in Cambodia was probably the most important social distinction although gender was also important. (See Muecke 1975 for similar distinction in Thai society.) An older person is always expected to care of a younger one even if they are only a few months apart. The Khmer word commonly used for the English word "relatives" (bong-po'on) means older and younger siblings and cousins of both sexes.

Older relatives are expected to nurture and care for younger ones in every way no matter what personal sacrifice

might be required. This responsibility includes material nurturance--giving food especially but also the best possible clothes, a car or whatever the elder can give. It also includes responsibility to give good advice; withholding good advice is as hurtful as withholding food. The younger relatives are expected to offer loyalty and honor to older ones and to listen to and act on good advice. Although this distinction applies to all older and younger relatives, even those close in age, the mutual responsibility is strongest between generations. Grandparents and grandchildren have extremely strong emotional bonds based on the elders desire to nurture and the children's desire to honor.

In Tacoma, these norms remain the ideal and do exist in most families. However, children who were socialized by the Khmer Rouge were forced into the opposite behavior creating great stress in families in the United States. In some cases older relatives were not able to feed their children or young siblings causing permanent feelings of rejection on the part of the children and great difficulty for current family functioning. Parents and grandparents try to give youth everything they possibly can afford to overcome the bad effects of the Khmer Rouge regime.

All Cambodians who are aware of American child-raising patterns are truly appalled by them. American parents who deny their small children whatever they ask for at the

grocery store are considered heartless and cruel. Expecting eighteen-year-olds to move out of the family home and be financially independent is such a terrible thing that Cambodians are embarrassed to talk about it in front of Americans. It explains for them why old grandparents are left alone in nursing homes, another horrible and embarrassing social phenomenon in American society.

Education

Education is highly valued by all members of the community. Families make a great effort to support their youth who are still studying and do not expect them to work or do household tasks which would interfere with education. High school and college graduates are honored by the entire community at a graduation ceremony and dance. The ceremony usually involves the participation of high status Buddhist monks. The Mutual Assistance Association that began and continues this tradition gives a gift such as an English dictionary to each graduate as well as a certificate of honor written in Khmer and English. In 1986 about fifty five high school and community college graduates were honored at the June ceremony. A free dance for the entire community followed.

Because all schools were closed and teachers killed or dishonored in 1975, most youth now in high school had no education before entering the United States. Those in their early twenties, now in community college, may have

had three years of education and are literate in Khmer. These youth begin their schooling in the Tacoma Public Schools Newcomer Center where they have basic instruction in their own language and also begin ESL. Several families have moved to Tacoma from other parts of the United States because the excellence of the public school program for Cambodians is widely known. There are twenty-two Cambodians employed as teacher's or nurse's aides in the Tacoma Public Schools. They work in elementary, junior high and high schools where there are high concentrations of Cambodians.

Because students are expected to graduate from high school in five years or less, pressure to study is extreme. Although many are marginal students, most do graduate from high school. Despite their disadvantages, some are excellent students and plan to enter college or vocational school.

Most college students attend Tacoma Community College although some attend other community colleges in the area. During the 1986-1987 school year approximately thirty students were enrolled at TCC, about seven of them women. Attendance at four-year colleges is rare since few students are able to persevere long enough to complete community colleges. Neither private nor public four year colleges and universities are accessible to Cambodian students just out of high school because the entrance requirements are

higher and the application process is more complex. Even though most students are eligible for state and federal grants and work-study, the expenses of four year colleges are too much for most families. There are probably fewer than fifty Cambodian students in all of the state's four year colleges. There are probably fewer than five studying for graduate degrees in any field.

Family

Although sometimes households and families are contiguous, often a family will live in several households if enough members have survived and live in the United States. When defining their own families my informants usually included grandparents and some married siblings with their spouses and children as members of the basic family unit--stem or extended families. People do recognize the autonomy of the nuclear family unit but their first definition of their own family usually includes multiple generations and siblings unless these others are dead. Ethnographers in Cambodia have generally defined the nuclear family unit as the basic unit also usually contiguous with the household (Delvert 1967, Ebihara 1971, Martel 1975). To what extent family composition may have changed due to the stress of refugee life or to what extent I am viewing families differently from these other researchers cannot be determined at this time. However, in Tacoma a stem or extended family seems

to be the basic family unit. Descent is bilateral; residence appears to be predominantly matrilocal.

Marriage and Divorce

Ethnographies of Cambodia say there is a preference for village endogamy though marriage between villages is not uncommon (Delvert 1961, Ebihara 1971, Martel 1975). It appears that families and youth in Tacoma tend to choose marriage partners in the local area but this includes the entire Northwest. My informants say that until the late 1960's almost all marriages were initiated and arranged by the parents; there was a strong tendency for cousin marriage. After that time the young men and women often fell in love and asked their parents to speak to the family of their loved one to arrange a marriage. Young men in the military received this help from their commanding officer. In Tacoma, this latter pattern of youth initiating and parents arranging a marriage prevails most often. Once the parents have agreed on a marriage and terms of the gift exchange, a formal engagement takes place. After that time the young couple are considered to be almost married and may freely engage in American-style dating behavior. The boy visits the girl often and may spend the night at her home. Neither will dance with other partners at weddings or community dances. If a pregnancy occurs, the family will have the formal wedding sooner than planned but this is not a great hardship.

Sometimes the young couple will begin dating without a proper engagement, causing scandal in the community and embarrassment to their parents. This may cause a community feud although often both sets of parents try to help each other to encourage their children to behave properly. Unsanctioned dating occurs more often where one or both sets of parents oppose the marriage. This may cause a great family conflict but appears to result most often in the young couple marrying. If a pregnancy occurs when the young couple is not engaged, parents are angry but also feel pity for their children and the unborn child and agree to a marriage. I do not know of any situations in which a young couple did not form a family once pregnancy occurred. Sometimes a formal marriage does not take place but the couple and their parents unite to care for the child.

Until recently, the ethnic community has been concerned only with Cambodian marriage formalities. American marriages either in church or with a judge have not been recognized as legitimate by Cambodians and there has been little interest in having a legal American marriage. Because of some recent divorces in which the girls' property rights were not protected, parents are insisting on a legal American marriage for their daughters in addition to the Cambodian weddings.

Couples who were married in Cambodia or in transit to the United States, find that the United States courts do not recognize their marriages. This makes divorce as easy as telling the welfare department they are divorced. When there is no property to divide, divorce becomes simple and it would appear that family bonds are weakened. Many couples are divorcing, leaving the wife with the children. At times this begins as a survival strategy making the wife eligible for welfare payments but with both husband and wife maintaining their marriage bonds. Sometimes it becomes a real divorce with the associated problems and stresses.

Although the divorce rate appears to be high and is a major concern of community leaders, I have observed that within a few years, divorced couples who married before entering the United States often reunite and maintain their marriage bonds. Among young people who first marry in the United States, this does not seem to be the case; divorce is permanent and they marry other partners.

Other marriage problems occur when an individual, usually a man, escaped from Cambodia in 1975 and believed his spouse to be dead. After remarrying in the United States, the first wife contacts her husband and wants to join him in the United States. Usually, the husband and second wife sponsor the first wife and any children with

her. Once the first wife is in the United States the situation appears to operate as a polygamous marriage did in Cambodia. The husband maintains marriage ties with both women but in separate households. He fulfills fatherly responsibility for all his children. In the United States, he is legally married to only one wife, usually the second. The first wife is able to collect welfare benefits if she has any children. In these families, the two wives usually get along well and the children do not seem to think anything of the situation.

The men who left Cambodia in 1975 without their wives are predominantly from the upper classes. This kind of polygamy was usually available only to wealthy men in Cambodia and seems to have provided a useful pattern for solving a new problem in the United States.

Couples married in Cambodia during the Khmer Rouge regime were married with neither Cambodian nor American formalities. A group of young men lined up in one row; young women opposite. Each person shook hands with the person opposite; the head cadre of the area declared them married. Sometimes it was weeks before the couple could sleep together and many never lived together.

Couples who married in this way often separated as soon as the Khmer Rouge lost power. However, some marriages have lasted. Couples who were permitted to live together after their Khmer Rouge marriage had their first

opportunity to form an allowable human bond during the Khmer Rouge regime. In some cases, spouses made great sacrifices to keep each other alive then and while escaping. These marriages have their own set of problems if they have endured. Couples are embarrassed about having been married in this way and usually will not admit it even to other Cambodians.

Some marriages took place between individuals of extremely different class backgrounds leading to varying expectations of resettlement life. The families of the couple may resent that their son or daughter did not return to an engagement arranged before the revolution. Sometimes also, couples are subjected to bitter gossip in the community for maintaining bonds formed during the hated Khmer Rouge regime.

Relatively few marriages are either polygamous or Khmer Rouge marriages. However, those that do exist tend to provide the basis for a stem or extended family no different from those formed by more conventional marriages.

Networks

Groups of families form networks that operate for mutual help and companionship. Generally the families are related with groups of brothers-in-law forming the core of a small network. In some cases, the core of a network is formed by a group of men who have formed and maintained close friendship over the years. Usually one man functions

as head of this small network. Although there is no Cambodian word for these groupings, they are a recognized phenomena. Men often refer to someone as a member of a particular leader's group.

Whenever possible these small networks live near each other and may work together in the fields during the summer season. These groups depend on each other for transportation, translation services and similar needs. If necessary, members lend each other money without interest and older members give money to younger members when they need it, especially for marriages. Elders are responsible to give good advice and counsel to guide the behavior of the younger members of the group. The small networks cooperate politically both in local level politics and in international politics. The people in these small networks see each other often, even daily and some appear to be comparable to groupings in sections of villages as described by Delvert (1961) in Cambodia. The relationships within these networks appear to be fairly stable with members able to depend on each other's loyalty.

Small networks operate together to form larger ones, which, however, are more fragile, with alliances shifting under different circumstances. During periods of community tranquility such as the end of 1986, the large networks may include as many as fifty families. In times of strife only the small networks may survive with as many as fifty

leaders jockeying for power and position in the community. Most often the situation is in a state of transition between these two extremes.

People in the larger networks cooperate on community projects and tend to support each other politically. The elders of the group may be called upon to help or give advice to any of the younger members even if not related. Often one man in his forties or fifties will function as a spokesman or leader for one of these groupings. Members may work together in the summers at least occasionally and might cooperate economically to the extent of setting up a ton_teang capital raising group. Marriages are often arranged within one of these networks or because of marriage ties a network of this sort might be formed. These alliances are more stable if many members are related or have long standing bonds of friendship.

Within both the small and large networks there is a division of labor by age and sex. Women of any age tend not to get involved in any issue outside the immediate family. They leave responsibility for organizing these larger groupings to men. This is the case even when the core of the network is a group of men each of whom is married to related women. Within the smaller networks a man can rely on any woman to cook for him or repair his clothes. Women can rely on any man to drive her to the laundromat or dig her garden or change a tire. Elders can

ask anything of a younger member and almost always want to give money or food or other help to younger members.

Younger members defer to elders to make decisions on political issues or any controversial question. Generally the men in their late thirties through their fifties are responsible for organizing community activities and projects. Younger men and teenagers provide the labor for activities. Elders are expected to give good advice on any subject and to solve disputes when they arise. Elders tends to be responsible for religious knowledge.

Leadership and the Community

Each network, small or large, usually has one man who functions as head of his group. Ordinarily the head is someone in his middle years who is old enough to be respected but not so old as to need to retire--approximately between the late thirties and late fifties. There is no prescription that this needs to be the oldest person but age is respected and taken into account. Other considerations are the amount of education in Cambodia and his previous job and social position. His willingness to accept this responsibility is also assessed.

For the larger networks, all the previously mentioned characteristics are factors in determining leadership. In addition, it appears that support of Buddhism and corresponding support by the monks is important in solidifying a leadership position. A man's job in the United States

becomes a factor at this level of leadership with people in social service and educational jobs having more potential followers than people without service jobs. Within the Tacoma community, the number and alliances of the large networks change and shift according to circumstances. However, I think that a network analysis at any one time would reveal between fifty and seventy-five larger network groupings. During the autumn of 1986, there was relatively little tension within or between any of these networks. At other times during the five years that I have been around the community there has been tension and division among all groupings with alliances shifting because of differences of opinion on important questions.

In Pierce County the large network groupings have tended to form larger alliances around between five and ten leaders. These men have tended to have leadership positions mainly because of the same factors that influence leadership of the networks--age, education in Cambodia, job and social position in Cambodia, relationship with Buddhism, job in the United States, and willingness to serve in the position. Before 1980 the population in Pierce County was not large and two major alliance groupings existed. Each of these was a formal Mutual Assistance Association. They were responsible for major community activities such as Cambodian New Year and support of the Buddhist temple (the only one in Seattle at

that time). Both associations sponsored families from Thailand and helped new arrivals. There was usually some hostility between the groups and rivalry to provide better cultural and social services to the general population.

After the large influx of population in the early 1980's, other leaders emerged as heads of alliances and for a period of time there were four or five major groupings. Two of these eventually emerged as dominant and have become incorporated non-profit organizations in the State of Washington and are recognized as official Mutual Assistance Associations by the state and federal funding sources. (Some refugee social service money allocated by the government is under the control of Mutual Assistance Associations.) During the fall of 1986, one of the organizations was clearly dominant and had been for about two years; the other existed in name but with no members. The dominant organization, Cambodian Community of Tacoma, sponsored most community activities, sponsored many new arrivals, helped with interpretation services and other social services and provided most of the liaison between the Cambodians living in Pierce County and United States government and private agency services. Most of the influential Cambodians in the area are supporters of this organization with only a few notable exceptions.

Cross-cutting this hierarchy of local leadership are the organizations supporting the various factions in the international political organizations. Most people in the Tacoma area support either Sihanouk or Son Sann, the non-Communist faction leaders. There are formal organizations for the political party of each of these leaders affiliated with similar organizations in Washington State and in the United States. Although Khmer Rouge background is enough to prevent anyone from being allowed to enter the United States, there are a few acknowledged supporters of the group now headed by Khieu Samphan, formerly the Khmer Rouge. Although there is no formal organization and it does not appear that there are any known followers of the Heng Samrin regime living in the area, there are occasional political ripples of support for including his party in a Cambodian coalition government which would exclude the Vietnamese.

At times international politics heats up and becomes important and at other times it recedes into the background of peoples' activities. Several local Cambodian men have gone to Thailand for varying periods of time to help with the provisional government along the border or in Bangkok. A few have gone to assume temporary leadership positions in the military along the border or infiltrating Cambodia. Usually they are supported by donations from other Cambodians in the Tacoma area. Some of the Tacoma people

involved in international Cambodian politics participate in the United Nations General Assembly or other international decision-making. Most, however, operate in a local arena and maintain their interest in international affairs. Occasionally, international representatives from either of the two major parties, Sihanouk's organization and Son Sann's organization, come to Tacoma to meet with their supporters in the area.

Decision Making

In both families and social networks decisions are arrived at through consensus. In families, elders of both sexes are expected to be more knowledgeable and are deferred to by all younger members. Men who have been monks are always deferred to by other family members. Women's ideas predominate on questions of pregnancy and child birth.

However, even though some members are more responsible for decision-making, no one is ignored and no family member is forced to agree to another's decision on any question. The ideal is for a consensus to form and for all family members to willingly participate. Informal persuasion and negotiation are the effective means of reaching consensus. Formal family meetings are unheard of; confrontation is negatively valued although it does sometimes occur.

In situations in which family members remain recalcitrant on an issue of importance, emotional appeals

usually win the reluctant parties over to the family's point of view. For example, grandparents remind grandsons that their mothers have sacrificed their lives to feed and nurture the children; thus it is important for the sons to do what the parents want now that they are old enough to do so. Similarly, the same grandparents might be reminding the parents that the children have a hard time adjusting to the new life and they should not be pushed or forced on issues the parents cannot fully understand. After all, the older ones must help and nurture their children, not cause them stress.

Family conflict is resolved through persuasion and negotiation. If a non-controversial decision must be made a similar process occurs but less formally.

The same process of arriving at a consensus occurs for both the larger and smaller networks. Elders and educated people are expected to persuade and negotiate in situations of conflict. If a consensus cannot be reached the community will fission, causing distress to all parties.

The ideal is a community in which all networks are able to reach agreement through consensus. If a major conflict occurs and one group is finally able to gain most supporters, the losing faction should either join the majority or leave town. In communities where the losers stay and continue to fight, the population may leave town.

Social Tension and Social Control

The Cambodian refugee community in Pierce County is a social group composed of individuals and families with a variety of backgrounds in Cambodia. Everyone has suffered the loss of family members; all have suffered the loss of livelihood and status and are trying to recreate their lives in a situation so foreign that it does not make much sense most of the time. Because of this displacement, almost all social relationships must be examined and reestablished; little can be taken for granted. This has led to extreme social tension within the community, often commented on by American social service providers. Social tension plays itself out in competition between the larger networks to gain the support of members. Mutual Assistance Associations and the formal political organizations compete for the loyalty of the smaller and larger networks; leaders compete for the allegiance of the small networks. Within the family based networks, members can usually depend on each other's loyalty; almost all other relationships depend on a patronage hierarchy that is extremely fluid.

Thion (1983) in analyzing the effect of the Khmer Rouge revolution on political hierarchy and the politics of consensus, the pre-war norm for Cambodia, concludes that the social fabric is irretrievably torn. The local level norms of social relationships have also been irretrievably torn and the process of community building as it

is taking place in Tacoma and in other refugee communities in the United States is fraught with conflict. Before the revolution in Cambodia, my informants acknowledge that there was conflict within families and within communities even though the ideal was a harmonious village. The degree and bitterness of conflict that characterized the Tacoma Cambodian community during 1982 and 1983, seemed unprecedented to community leaders and elders. However, it appears that in Tacoma at the end of 1986, much of the conflict has played itself out and some dependable relationships and leadership roles have been established.

Competition or conflict tends to take two major forms. Leaders and organizations make great efforts to provide more for their own members and followers than other leaders or organizations are able to offer. Webs of loyalty are created through sponsorship into the United States, help in initial resettlement, lending money, co-signing loans, interpreting at doctor's appointments, and many more services. These are bonds between clients and patrons that ultimately form a network of loyalty to one leader or organization. Experiences before and during the Khmer Rouge regime and during the various phases of refugee life influence the strength of these bonds. But competition to do a better job of providing for one's followers is the basic issue in the Tacoma Cambodian social group.

The other major form of conflict is the effort to get one's opponents in trouble in some way with the American authorities. This ordinarily has taken the form of accusing someone of being either Khmer Rouge or corrupt or both. In Tacoma in 1986 this strategy has diminished but during 1983 and 1984 it was a major form of conflict. Refugees and service providers comment on this in other Cambodian communities in the United States.

Gossip that creates family tension and violence against cars are two other modes of conflict. They tend to occur in smaller level fights that do not involve the whole community. Physical fighting between men also occurs, especially when they are gambling and drinking, but this rarely escalates beyond the immediate situation.

For all the tension that exists within the community, there is still a remarkable amount of social cohesion and ability to exert social control. One Mutual Assistance Association has successfully dominated the community by its ability to organize members to provide social services and cultural activities. The less successful group has been more active in support of the wat and retained a sphere of influence in this area until early 1986. After that time most of the leaders of the less successful group moved out of Tacoma.

Tacoma remains a cohesive social group in spite of the divisions of its members. (In contrast, Seattle with

approximately the same Cambodian population, has twenty formal and competing Mutual Assistance Associations and cultural organizations.) In Tacoma, Cambodians continue to identify with their ethnic group in spite of tension. They maintain their strongest social and emotional ties within ethnic boundaries. No individuals that I am aware of have turned away from the community for their major support and social activity.

Relations with Americans

The first Cambodian families to settle in Tacoma in 1975 were sponsored by American organizations. Most of these were mainstream Christian churches with Lutherans, Catholics, and Episcopal congregations most active. There were no voluntary agency offices in Tacoma with bilingual staff, therefore the refugees and their church sponsors were left to their own devices to work out problems as they arose. Several of these sponsorship relationships have continued until the present although the specific churches involved are not continuing to be active in resettlement matters.

Among the first arrivals only one or two people spoke any English at all, though a few spoke French. The families were housed in motels until the church could arrange apartments and eventually help their sponsoree buy a house. ESL classes were set up at the local community college since there were large enough numbers of

Vietnamese families to warrant this service. Had there been no Vietnamese refugees, the numbers of Cambodians would have been too few to warrant ESL and other services. There was no time limit on eligibility for classes. All families were entitled to refugee public assistance benefits indefinitely so there was little pressure to worry about jobs.

Between 1976 and 1980, the few families who arrived in Tacoma directly from Southeast Asia were sponsored by American churches in much the same way as the new arrivals. However, the Cambodian community was there to help with the mechanics of finding housing, getting health check-ups, applying for welfare and so on. Families who entered the area from other parts of the United States had little contact with Americans and were cared for only by the Cambodian organization. By 1977 there were enough Cambodian students that the school district began adding Cambodian aides to their bilingual staff (previously only Vietnamese and Lao).

In 1981 many more Cambodians began entering the United States. One sponsorship agency, United States Catholic Conference (USCC), opened an office in Tacoma and a few others arranged for services to be available locally through Tacoma Community House and Lutheran Family Services. As resettlement agencies had social services available, individual churches were becoming less and less

involved in sponsorship activities. Those congregations who had been interested in helping had already been active for five years, primarily with Vietnamese families. Few felt able to continue with the new groups. The social service agencies employed the earlier arrivals to carry out the work of resettlement. After 1982, refugees entering Tacoma either from Southeast Asia or as secondary migrants, had little contact with Americans outside of school settings. From 1980 to 1984 there were two Cambodian Mutual Assistance Associations sponsoring and resettling new arrivals with help from social service agencies.

The only contact most refugees had with Americans was with ESL teachers, until they entered community colleges or high school to further their education. The ESL classes had been moved to a social service agency so students were surrounded by other refugees in their first classes. Older adults who did not enter the American education system had no contact with Americans.

By 1982, evangelistic Christian groups had begun contact with refugee families with major efforts to convert and baptize them. In many cases the missionary activities were combined with social service support. Jehovah's Witnesses, Mormons, Christian and Missionary Alliance formed Cambodian congregations and provided transportation to their services. Missionary women often

spent considerable amounts of time in Cambodian homes helping with English or other needs especially with women. Some friendships that developed during this period continue even though missionary activity has not been successful in creating groups of committed converts. Mormon activities still attract some participants but the religious prohibition against drinking, smoking and the use of caffeine in the form of tea and cola make their sect unattractive.

Christian efforts to form teen groups have caused some resentment among families who are having enough difficulty controlling their youth. A few Cambodian girls began dating some Hispanic boys through participation in one such teen group. Church coordinators encouraged what they perceived as healthy social relationships among religious young people. Neither ethnic group approved of these possible matings since the youth involved were behaving inappropriately by their own norms. Because of a pregnancy, the parents of a Cambodian girl began marriage negotiations with the parents of an Hispanic boy but were worried about her long term happiness. Marriage negotiations were not successful although the two families involved agreed about breaking off the relationship and stopping the dating. Both families wanted to raise the baby but eventually the boy's mother decided that the girl should stay with her parents and raise the child. The

Hispanic grandmother visits occasionally. Both families agreed that participation in the teen group must stop-- Americans do not know how to raise teens properly.

Cambodians have begun to differentiate among different kinds of Americans. When speaking of "Americans" they are usually referring to white Americans. They refer to blacks as "blacks" or "Black Americans" and to Hispanics as "Spanish." They recognize an affinity with other Asians in the area, especially Thai, but the relationship with Vietnamese is often problematic. Despite the large population of American Indians in the county, Cambodians have had little contact with them. The Indians tend to live outside of the city; Cambodians live within the city limits.

Few marriages have taken place between Cambodians and Americans of any ethnic group. Possibly five Cambodian women in the Puget Sound area have married American men; one Cambodian man that I am aware of has tried marriage with an American woman. A few of these marriages have survived more than two years. Several have ended in divorce. Community college students and high school students who no longer participate in bilingual programs are in contact with Americans in classes. Few friendships have formed between Cambodians and Americans although surface social interaction is usually polite. Students maintain their closest links with other Cambodian students

and choose their post-secondary education partly based on the presence of Cambodians at the college or vocational school.

In high school, Cambodians maintain strong group connections partly for protection against perceived or actual threat from other groups. Vietnamese students in the high schools are much better prepared to adjust to American education and have created a reputation for excellence that Cambodians find daunting. Few teachers distinguish among refugee ethnic groups, therefore they expect Cambodians to be able to learn as quickly as their Vietnamese counterparts in spite of the likelihood that the Cambodian youth may have had no formal education before entering the United States.

Other groups of Vietnamese boys who are not oriented toward education are "streetwise" and tough, leading Cambodians to feel threatened whether or not any acts of hostility take place. The school district has tended to place Cambodians and Vietnamese in different schools though they do overlap.

The relationship between Cambodian and Vietnamese adults is usually polite and leaders of Mutual Assistance Associations or those who work together often become friends. Some individuals express resentment that Vietnamese received so much help when they came to the United States and now Americans are too tired to help Cambodians.

Relationships between adults of both groups, are never perceived as threatening and the adults try to maintain calm among their youth.

Relationships with Hispanics tend to be cordial but minimal. Both groups compete in the same economic sphere as farm laborers but work on separate farms. Cambodians who have tried to pick fruit east of the mountains have not stayed long though no one reports any violence or harrassment. The farm work in the Puyallup Valley does not attract migrant workers so local work groups, either all Cambodian or Hispanic, divide the labor and do not appear to have any trouble with each other.

Relations with Black Americans range from unfriendly to hostile although there are a few exceptions to this. Before entering the United States, few Cambodians had contact with Americans of any ethnic group. To what extent their current discomfort with Blacks results from the dominant culture's prejudice against Blacks and to what extent it has developed from experience since resettlement is a complex issue which cannot be solved here.

Because Cambodians have settled in low rent districts of Tacoma they have entered areas with many Blacks. As victims of crime they perceive perpetrators of theft and personal violence to be predominantly Black. The loud music and joking of groups of young Black men in their

neighborhoods are frightening for Cambodians who believe that proper public behavior is quiet and decorous.

Violence flares up between Black and Southeast Asian high school youth from time to time. This ordinarily does not take place at school but antagonism appears to be rooted in perceptions of unequal school treatment by both groups. Adults from both the Black and Asian communities try to prevent or stop violence as it occurs and so far have been successful. No gang clashes have occurred and to the best of my knowledge, no gangs have formed in any ethnic group. There are no Cambodian gangs in Tacoma.

Although the dominant Cambodian reaction to Blacks is fearful, relationships between adults have sometimes been friendly. Some older Black men and women have developed cordial relationships with Cambodian neighbors of similar age. Blacks working in social service positions and Black church leaders have been helpful to Cambodians on some occasions. These Black elders have tried to contain the hostility shown by some youth toward Southeast Asians. Cambodians compare the Black community in Tacoma favorably with its counterpart in Seattle where they perceive much more violence and hostility from Blacks.

Generally, though living in the United States and adjusting economically to American society, Cambodians in Tacoma live predominantly in an ethnic enclave in which most social interaction is within their own group. Most

daily activities and larger social interactions take place in the context of Cambodian cultural activities.

Cultural Activities

Weddings and Other Social Events

Weddings are a frequent event in the social and cultural life of the community. Most marriages are initiated by the boy and girl involved but are arranged between the families as was customary in Cambodia. The wedding is a major social event and may take two full days. The three parts of the wedding are conducted separately--the Buddhist ceremony usually on Friday night, the traditional Cambodian cultural activities on Saturday morning and the dinner party on Saturday evening. The first two parts usually involve the families and close friends of the couple. For the dinner party there may be as many as five hundred guests though two hundred is more common.

Some older men in the Community are specialists in marriage ceremonies and are almost always called upon to tell people how to conduct the ceremony properly. Occasionally they also act as master of ceremonies at the traditional part of the wedding. Attempting to conduct a wedding correctly according to pre-war Cambodian custom is an important cultural symbol for refugees. The wedding ceremony was a particular target of attack by the Khmer Rouge who prohibited its use and replaced it with the hated

ceremony described in an earlier section of this chapter. Because of both financial and time constraints, few families are actually able to conduct weddings according to pre-war norms. However, the extent to which the culture is respected, both in the arrangements before the marriage and in the ceremonies themselves, confers status on the families involved.

Weddings ordinarily involve the participation of traditional musicians, including an ai'yi singer, who conducts the traditional part of the wedding ceremony. After the wedding dinner, which is usually catered by a Chinese restaurant, a Cambodian rock-and-roll band provides music for rom yang, the traditional Cambodian social dances, as well as American style dancing.

Social dances are often held during the fall and winter as fund-raising events for various organization projects. Cambodian New Year (described below) is the most important social and cultural event of the refugee year.

Cultural Education

While much of the cultural life of the community is displayed at the frequent weddings that take place during the summer and fall, there are also two major efforts at teaching the culture to community youth--a daily summer school sponsored by one of the Mutual Assistance Associations and Khmer Studies Institute, Inc., a week long

institute held at the end of August. Social dances are held frequently during the late fall and winter, often as fund-raising events for various organization projects. By far the most important cultural event of the refugee year is the celebration of Cambodian New Year during mid-April.

For several years efforts have been made to teach Khmer language and other aspects of Khmer culture either on Saturdays during the school year or during the summer. Until recently these were short-lived schools. During the summer of 1986, the Cambodian Community of Tacoma opened a summer school that operated daily from 4pm until 7pm, after everyone was home from working on the farms. Teachers who were experienced in Cambodia taught Khmer language, literature and general mathematics on both advanced and beginning levels. The organization paid the teachers more than minimum wage from the money collected from the students or their parents for tuition. The organization printed beginning through advanced Khmer textbooks which the students were able to keep. The effort was successful with about 160 students enrolled.

Khmer Studies Institute, Inc. is the west coast branch of a national organization. Some of the few surviving Khmer artists and scholars in the United States joined together in 1981 to operate a summer institute in New England in which they would have an opportunity to work together and to teach their skills to the youth who had

had little education in Khmer culture since the beginning of the Khmer Rouge regime in 1975. Since 1983 groups in Washington, mainly Tacoma, and Oregon have been operating the west coast branch of the institute usually with the participation of artists and scholars from throughout the United States. The institute has been a catalyst for local groups of musicians and dancers who are carrying on traditional forms in the local areas. Both the institute and the receptive climate it fosters have been instrumental in attracting a large group of traditional musicians to the Tacoma area. At the end of 1986 a traditional drama group was forming in Tacoma as a result of the opportunity for scholars and artists to work together for an uninterrupted week. There are usually about fifty to seventy students at the institute with about twenty faculty. In 1986 there were seventy-eight students and thirty-five faculty and staff teaching classical dance, folk dance, traditional music, social dancing, history, literature, marriage customs and other subjects.

Social dances are held either as a community activity or as a fund-raising event usually during the fall and winter when there are fewer weddings. There are two rock-and-roll bands in Tacoma that are contracted to play for these events as they do for weddings. The music played is a combination of traditional Khmer music played with drums, guitars and so on and modern American popular

music. The rom yang, or traditional Khmer social dances, are most popular with people of all ages participating in the dances. People from about age twelve through the elderly all attend these dances and enjoy dancing together. Only younger people dance American-style dances.

Cambodian New Year

By far the most important cultural event of the annual cycle is the New Year celebration held during mid-April. When there are competing Mutual Assistance Associations, each community organization tries to hold a New Year celebration. The success of the organization is judged by the quality of its New Year. Between 1982 and 1984 two New Year celebrations were held in Tacoma. During 1985 and 1986 only one organization was able to command the resources to have the community-wide party. At this time only one is scheduled for 1987. In 1986, an attempt was made by about twenty organizations in Washington State to hold one major cultural celebration for Khmer New Year in Seattle. Although the Tacoma organization was a sponsor of that production, they also held their own celebration one week later. The feeling on the part of most of the Cambodians in Tacoma was that the New Year party was too important to the integration of the refugee community in Tacoma; it must continue as an annual activity.

The New Year as it has been celebrated in Tacoma since 1982 has several parts. The Buddhist religious ceremony

takes place on the Friday evening and Saturday morning of the weekend chosen for the celebration--as close as possible to April 15. This has usually not taken place at the local temple since there was much controversy surrounding the establishment of that temple. Monks from one or both temples officiate at a neutral place. Ordinarily between 200 and 400 people may participate in this ritual which involves many remembrances for family members dead or missing.

The show and dance held Saturday evening have attracted between 3,000 and 4,000 Cambodians for the last two years. Between 50 and 100 Americans may attend also. Traditional musicians play throughout the early part of the evening and perform with folk dancers during the later show. Formal speeches are made by most significant community leaders stressing themes of community unity and respect for the cultural heritage.

As many as 150 to 200 young men and women participate in the folk dance show held after the speeches. Usually there are about ten folk dances performed. Practice begins in December and takes place at least weekly until April when it takes place every night. The dances have become polished performances although the efforts from earlier years were more ragged. Some of the better dancers perform for New Year productions in other cities as well--Portland, Seattle, Longview and so on.

A high point in the dance production is at least one, and sometimes two, presentations of Khmer classical dance by local dancers. In Cambodia before the Khmer Rouge takeover, classical dance was performed only in the royal court and only rarely opened to the public. During their stay in the refugee camps, some girls had the opportunity to study with trained classical dancers. A few girls or young women had studied dance in Phnom Penh before the revolution. Although a few of the skilled dancers do now survive and do teach at Khmer Studies Institute or privately, most of the classical dancing done at the local New Year celebration is done by girls who learned either in Phnom Penh or in the refugee camps. The classical dance is an important symbol of Cambodian culture in exile but has become almost a folk dance in the process, open to everyone and taught from memory. In any event, it would be unthinkable to have a New Year production without a presentation of Khmer classical dance.

While the speeches and dances are taking place, people gather, eat barbeque and egg rolls and chat. Once the show is over, the rock-and-roll band sets up and everyone begins dancing the traditional round dances. The entire community is present--from infants sleeping under tables to teenagers in the latest American styles or Cambodian silks to the old men and women wearing traditionally wrapped silk sampot. At least during the first few dances the

community leaders and elders dance some of the slow and stately round dances. Later in the evening the younger men and women dance both the more active Cambodian dances and American style rock and roll.

Sports

Several sports teams have formed in the refugee community and occasional sports competitions take place during the winter when people have free time. Soccer and volleyball are the two major sports and are engaged in only by men and boys. Some players practice volleyball almost every summer day after the work in the fields. A volleyball competition was set up in Tacoma during 1986 between teams from Everett, Seattle, Tacoma and Olympia. A soccer competition between high school age Cambodian teams took place in spring 1986 and another between Lao and Cambodians after Cambodian New Year. Few high school or college students have become active in team sports at their schools but some young boys play Little League baseball in the early spring until it is time to begin work in the fields.

Religion

Theravada Buddhism has been the religion of Cambodia since approximately the thirteenth century. Although Buddhism and Buddhist monks were a particular target of the

Khmer Rouge regime, most Cambodians in the Tacoma area equate belief in Buddhism with their identity as Cambodians whether or not they are regular participants in Buddhist activities.

In spite of the turmoil of the 1970's the dominant Buddhist ethic of moderation and moral behavior continues to be the main ethical norm that guides the lives of Cambodian refugees in Tacoma. Few are theologically sophisticated but rather operate on the understanding that "those who do good, get good; those who do bad, get bad." In his discussion of the ethical system of Thai villagers in Northeast Thailand, an area near the places in Cambodia where many of the Tacoma refugees grew up, Tambiah (1985) stresses the value good behavior has in creating a happy and virtuous state of mind in a person's current situation. In his analysis, Buddhist religious activity and general good behavior are seen by villagers as having an immediate and beneficial effect on one's current life. Conversely, immoral behavior leads to mental and emotional distress in the current life as well as to rebirth in a less desirable position in the next life.

Older people in the Cambodian refugee community in Tacoma have similar understandings of the correct moral behavior that leads to this virtuous and happy state of mind. Younger refugees have not had opportunity to study Buddhism and thus do not have the ethical education to be

able to articulate this knowledge. However, they seem to be guided by the norms embedded in this understanding when solving problems in their lives. Respect for elders and their wisdom is thoroughly ingrained in most youth, even those influenced by the Khmer Rouge and the American education system. This respect for elders assures that for most younger Cambodian refugees their basic understanding of how to achieve happiness will come from the articulation of Buddhist morality by their elders. As with Thai villagers studied by Tambiah, they believe that behaving morally and participating in Buddhism will bring happiness in the current life as well as potential happiness in the next life. This world view and its connection with mental health problems will be explored further in Chapter VII.

Buddhism

In 1980 a Cambodian Buddhist temple opened in Seattle with Tacoma residents as major supporters of that temple. In 1985, a Cambodian Buddhist temple opened in Tacoma amidst much bitter controversy. The competition between two Mutual Assistance Associations to be the best providers of services and best protectors of the culture culminated in the opening of the temple. Some Tacoma residents began attending that temple and others maintained their loyalty to the temple in Seattle. By the fall of 1986, both temples had been fully integrated into the ritual and religious life of the Tacoma community

although most families continued primary support for one or the other. The group supporting the Tacoma temple was successful in starting it but in the process lost community support because the elders and the monks were scandalized by the bitterness of the feuding. Most of the leaders of the losing faction have left town, leaving the operation of the temple to only two or three of their original group.

The number of monks resident at either temple changes frequently as monks travel around the United States or enter or leave the monkhood. In 1981 there was usually only one or two monks living in the Seattle temple and it was sometimes necessary to get Thai or Lao monks to make up the number required for some ceremonies. There were only about ten Cambodian Buddhist monks in the United States and some of these were not well educated in Buddhism. During this period of time it was unusual to be able to hold Buddhist religious services and Cambodians were generous with their time and money in support of the monks and temple. Ceremonies in memory of dead or missing family members were rare; monks were often not available for weddings, and most youth had no opportunity to study Buddhism. If a monk came to someone's home people from up to several blocks away would hear about it, drop everything and hurry over.

Since the opening of the temple in Seattle, the major religious observations of Theravada Buddhism have been carried out annually although some with more support than others. Most of the religious observances are attended by older people but middle-aged men are responsible for running the temple. The temple board of directors is usually made up of twenty to thirty of the most influential members of the community. The Seattle temple usually has a few board members from Tacoma and occasionally someone from Olympia or Everett. The Tacoma temple has fewer board members, ordinarily only from Tacoma.

During 1985 and 1986 both the Seattle and Tacoma temples always had at least four monks in residence at any one time. Sometimes with visiting monks as well as the residents of both temples, as many as twelve monks officiated at some religious observances. Most families were able to have monks at their homes for memorial services or during religious holidays if they wanted to do so. Most weddings included the participation of one or more monks. They also often took part in such things as graduation ceremonies and other community events. Some children spent a period of time as temple helpers and both boys and girls had opportunities to study Buddhism on various occasions.

With two wats and several monks available, all the ordinary ritual activities of a Cambodian Buddhist temple

are able to be observed at least in some fashion. For usual monthly rituals the main participants are older people who spend time at the wat everyday. Although there are usually some children living at the wat during the summer, the rest of the year children and youth participate in wat activities only on special occasions.

Two ritual events have maintained or taken on new importance in the Buddhist ritual cycle among refugees--New Year religious observances during mid-April and Pchum_Ban during October. In both these events there is now greater emphasis on connections with dead or separated family members though this has always been part of the rituals. Pchum_Ban is a religious observance specifically for remembering and honoring the dead or separated of the family. The aspects of the rituals emphasizing connections with missing family members have taken on a much greater importance in the refugee community than they had during peaceful times in Cambodia. Pchum_Ban observances are especially well attended by people of all ages and by people not otherwise known to be devout.

Support of Buddhism has remained an important aspect of Cambodian identity but it is a much more familiar and ordinary part of refugee life in Tacoma now than it was during the first large influx of refugees in the early 1980's. The opportunity to participate in rituals or

have contact with monks does not have the strong emotional impact that it had for refugees before about 1983.

Christianity

Although Cambodia was a French colony and Catholic priests did work in Phnom Penh, it is beginning only with their stay in the refugee camps in Thailand that most Cambodians have been subject to the influence of a variety of Christian groups. Many of the most active organizations in the overseas relief and resettlement fields are Christian organizations. Some of these are evangelistic and make serious efforts to convert those who use their services in the refugee camps, others are oriented toward service delivery primarily and make little or no effort to make converts.

After resettlement in the Tacoma area, most refugees have some contact with Christian resettlement services. Most of these are not evangelistic and make no effort to convert their clients. However, many of the more evangelistic Christian sects do have missionaries working actively among the Cambodian refugees and try hard to gain converts and have them baptized. In some cases their missionary efforts include help with food, clothing, housing, or other problems. Many families send at least some members to church at their sponsor's church or at the church of those missionaries who help them. It does not appear that many of the participants in these Christian

churches have much interest in studying and learning Christianity. Most continue to get their moral guidelines from Buddhism even if they are active in a Christian congregation. In both Olympia and Seattle there are active Cambodian Christian groups but none that I am aware of in Tacoma.

Islam

A few Khmer Cham families have lived in Tacoma for varying periods of time although none did at the end of 1986. (Several Cham families live in south Seattle however.) Cham families continue to practice Islam and see themselves as separate from the larger Cambodian community. Some have made tentative contact with other Islamic groups so that their children may continue to study Arabic and Islam. These contacts have not always been fruitful since the Khmer Cham have many characteristics, such as belief in the importance of women, which make it difficult to fit in with some other Islamic communities. Their belief in Islam has made it difficult to accept marriage for their children with Buddhist Cambodians.

Other Belief and Ritual

In addition to belief in Buddhism, most Cambodians in the Tacoma area also believe in a spirit world. Spirits cause many forms of both bad and good luck and are active in a variety of ways. Some spirits are known or can be

identified such as the spirits of one's parents or other relatives. Others are unknown or impersonal such as the spirits of trees. American ghosts or spirits affect some Cambodians especially if a Cambodian family moves into a house previously owned by an American family. A house or apartment where someone has died by violence is sure to still house the spirit and one such spirit is known to have bothered a Cambodian family.

Spirit belief is as much an explanation of how the world works as a religion but it is connected with Buddhism in the sense that Buddhist ritual may be used to manipulate spirits. Moral goodness and participation in Buddhist or Christian religious ritual is a major way of strengthening one's own spirit and thereby protecting oneself against other potentially harmful spirits. This belief is explored further in Chapter VII.

Spirit Cult

Tacoma is the center of a fairly important spirit cult and the lead participants of the cult have close relationships with some Buddhist monks of high status in the United States. Since this cult impacts health seeking activity for local Cambodians, I will describe its ritual in this section.

The main spirit medium of this cult has her residence in Tacoma although she travels throughout the United States at different times. There are a number of followers who

are mediums for lesser but related spirits and who stay with the leader and may also travel with her. Ordinarily at any one time there are several people staying with the spirit medium while they are seeking cures for a variety of problems.

The spirit medium is a widow in her sixties who has been a medium for the same spirit for approximately twenty years. She lives in an apartment building in the hill-top area of Tacoma where she rents the two apartments on the top floor of the building. Many of her relatives-- daughters, sons, their spouses, nieces, nephews--live in Tacoma as well. Her apartments contain living quarters for herself and followers of her guardian spirit as well as for people who have come to town specifically to seek a cure. The main room of one of the apartments is entirely taken up with altars and ritual paraphernalia and is used whenever the medium seeks contact with her guardian spirit. It is also used as a room to receive visitors for other purposes. People staying with the medium usually sit and visit in the other part of the apartment but may sit in the altar room while any kind of ritual activity is taking place even if they are not personally affected. The atmosphere is casual with visitors feeling free to come and go whenever it suits them and with children playing around in the room and outside.

The main room contains two altars. The larger one is devoted to Buddha and is elaborately decorated. It takes up about a third of the space in the room and covers two walls. A canopy covers the ceiling with triangle decorations and strings of lights hanging from it. Several Buddha figures are placed on the highest level with other objects similar to those on altars in Buddhist temples. Lower levels hold candles, flowers, incense and other decorations. The lowest level holds food offerings, burning incense sticks, tea or water as well as more decorations.

The other altar is across the room from the Buddha altar and is significantly smaller. It too has several levels and is decorated with lights, flowers and other objects. It does not have a canopy above it and does not have a Buddha figure on any level. The spirit resides in certain objects which are placed on the top level. Food, incense and candles are placed on lower levels similar to the Buddha altar but on a smaller scale.

When trying to initiate contact with her guardian spirit the medium sits cross-legged on the floor between the two altars facing sideways to both. If there is a petitioner, that person faces the medium.

The medium was first contacted by her guardian spirit approximately twenty years ago while meditating in the forest in a mountainous area of Cambodia. The spirit was

effective in giving advice about difficult situations and in exorcising harmful spirits who may have come to inhabit people. Some politicians received good advice through the medium thus spreading her fame. In Cambodia, mediums are common but few have the power or fame commanded by this guardian spirit.

Since her arrival in the United States the medium has been contacted locally for much advice but her fame has spread through much of the country.

The spirit who works through the medium is called luk ta_sao_veng, Old Grandfather with Long Hair. This spirit is an exceptionally powerful spirit who has chosen to help people instead of resting in heaven. Rather than being born on earth as a Boddhisatva, however, he has chosen to work through the spirit medium. A person who wants advice or needs to be cured contacts the spirit medium and brings three gifts for the spirit--one package of yellow candles, one package of incense and five dollars. The medium closes her eyes, says some prayers aloud and waits. If the spirit comes she stiffens, goes into a trance and speaks in a different voice. The petitioner can ask any kind of advice related to personal, career or political problems. The spirit usually answers but sometimes does not. If a physical illness or unhappy emotional state is diagnosed as resulting from possession by a harmful spirit, the spirit will usually say some magic words through the medium and

may spray water from her mouth on the affected person or body part. Ordinarily, the spirit will accompany the exorcism with behavioral advice and special restrictions. In the case of physical maladies such as a growth on a person's body inhabited by an evil spirit, treatment will usually occur over a long period of time.

Some people are troubled enough by their problems that luk_ta_sao_veng assigns one of his helping spirits to be a guardian and protector for that person. The helping spirit usually is assigned only to one person. The spirit helps the person if capable or may call upon luk_ta_sao_veng if the person needs extra help. The helping spirit has a name; usually there is a charm or object the helping spirit will inhabit, and there are specific words to use to invoke help.

Some of the people who have received help and advice from luk_ta_sao_veng continue to stay with the spirit medium or, if they live in Tacoma, to visit daily. They bring offerings of food or decorative objects to the apartment and spend much of their free time there. When the spirit medium travels, some go with her if they have time and money to do so.

Kru_Khmer

Also in Tacoma there are several different kru_khmer who have knowledge of spirits and varying ability to control the activities of spirits, perform magic or heal

injuries. The term kru_khmer has no equivalent in English; a literal translation is "Khmer teacher." I use the Khmer language terms kru or kru_khmer in this dissertation following the usage of my informants when speaking English. I also use the English term "healer" as a general descriptor for the kru_khmer, although this word is not used by Cambodians speaking English.

Some of the kru in Tacoma are still active and are consulted regularly by people in the area who have various problems. Many of what Americans call mental health problems are diagnosed and treated by kru. Further discussion of this aspect of their work is in Chapters V and VI. Others are retired because they are too old to want to continue practicing. Two men whose healing ability depended primarily on herbal remedies are unable to get the correct herbs and thus are not able to function.

A kru_khmer has active ability to consult with spirits or move about in the spirit world by contrast with the spirit medium who is a passive vehicle for a single powerful spirit. A kru_khmer has a wide range of possible abilities which he has acquired through study and apprenticeship with older, more powerful kru. Most knowledge is a combination of magical words based on Pali (the sacred language of Theravada Buddhism), herbal remedies, and general knowledge of Khmer culture and of spirits and their habits.

A kru usually develops an interest in learning to be a healer and then must find an established kru, with the healing specialty he wants, willing to accept him as a student and apprentice. People are not accepted as apprentices until they have gone to live with the teacher for a long enough period of time that he knows the hopeful student is a morally good person. The student lives with the teacher until he has acquired whatever knowledge he wants. Most students study with many different kru to gain different kinds of knowledge but some confine themselves to one or two specialties.

If a family wants to consult a healer, ordinarily some adult in the family will go to the kru's house to request help. No kru refuses to help people but it is usual that he will point out his general lack of ability in the face of such a difficult and delicate healing task. The family member asks that he try and such a request is always honored to the best of the kru's ability. The healer may go to the patient's home or the patient may come to his home. The kru asks questions of the affected person and family and discusses possible diagnoses. He then performs whatever activity is required to solve the particular problem or explains that it is something for which he has no expertise. He may refer the patient to someone who has the required knowledge. Treatment may require only one session or may take several months.

Payment is made by the patient's family in the form of certain specific kinds of gifts--white cloth, tobacco, canned milk and similar items.

The kinds of abilities kru have range from ability to heal wounds and broken bones through knowledge of childbirth magic to ability to summon spirits who have gotten lost or to control evil spirits who are harming people or animals. According to my informant families and the kru I interviewed, all areas of Cambodia had many practicing healers available. Virtually everyone who had not been born in the United States had participated in healing rituals at some time or other and most had used the services of a kru several times in their lives. Kru practiced among the upper classes in Phnom Penh as well as in the most remote mountain villages and coexisted with Western-style medicine.

Although most kru are known to be morally good and only use their power to cure or help clients, the possibility exists that an evil person will learn magic or that a good kru will be possessed by a stronger evil spirit and become evil himself. Then such a person might use his power to cause harm to others or even kill someone by magic. Someone jealous of another's success could contract with an evil kru to cause that person's downfall or death. Some illness is attributed to witchcraft by evil kru though this is rarely the first explanation.

None of my informant families or kru had ever known an evil kru but all agreed that they exist and most had known individuals who had suffered from witchcraft. It is thought that some kru in California are corrupt, charging extremely high fees for their services. They are not identified as witches, however.

During the Khmer Rouge regime, the official policy was to use kru_khmer and traditional healing and to forbid the practice of Western-style medicine. Some healers were sent from area to area, healing all wounds and illness in one commune and then travelling to the next place. The Khmer Rouge philosophy, however, prohibited the use of Buddhism and thus forbade the kru from saying their magical phrases in Pali. Those kru I interviewed who worked during the Khmer Rouge regime said they found the policy foolish and contradictory and continued to use their magical Pali words. Since these are always said silently, the soldiers did not find out. Kru who were discovered to be using Pali were executed. The kru in Tacoma say that the Khmer Rouge did not truly respect the spirits who did the healing and who inhabited various areas and geographical features of the countryside. Because of this they were not able to govern the country properly and quickly lost control of the population. Some kru hid their ability during Khmer Rouge time because in the area they lived they would have been killed by the soldiers.

I interviewed five different kru_khmer living in Tacoma. There is at least one other practicing kru in Tacoma and possibly more who are not currently active. There are practicing kru living in Seattle; none in Olympia. One of the men interviewed is a student apprentice of the kru I did not interview.

Two of the healers were primarily healers of physical injuries and illnesses. Both are in their sixties and began to learn while they were in their twenties. Neither is active now because they have a limited supply of medicine. They heal such things as a broken arm by making a poultice of dried leaves, mud and eggs and wrapping it around the arm with a woven mat while saying Pali words. Stomach or head ailments are cured by saying Pali words and blowing on the affected area.

Another kru is in his seventies and does not practice often. If someone asks him he always agrees to help but people know that he is old and likes to spend his days at the wat preparing for his death. He knows love magic, childbirth charms and how to protect houses from evil spirits. He is reluctant to use love magic because it is so powerful that it can cause people to become crazy. He is often asked to say Pali words when a woman is about to give birth and in Cambodia often worked with midwives. He frequently helps people in this way in Tacoma giving people protection from evil spirits they may encounter in

hospitals. On some occasions he has been called to the hospital by mothers who are having difficult labor. His ability to protect houses from evil spirits is also useful in Tacoma where many people have to live in houses where other people have lived before.

Two other healers are usually consulted for severe illnesses and are kept busy by the need for their services. Both are in their sixties. One has been a kru for forty years and has one student in his early thirties. The other began to learn healing after he retired from business and had been practicing for about twenty years. These two men are usually consulted for severe cases of spirit possession or other mental illnesses. Both have reputations beyond the local area and sometimes receive patients from other states. With the stressful conditions many people have lived through under the Khmer Rouge, in the refugee camps and in adjusting to the United States much harm has come to people. Both kru try whenever people ask for help but both feel overwhelmed by their tasks. They are frequently discouraged because there is so much need for healing among Cambodians in the United States.

All kru have altars in one bedroom of their homes. These are similar in style to the Buddhist altar described at the home of the spirit medium; a small scale version of the main altar at the Buddhist wats. Their altars have a

covering canopy with triangle banners and strings of lights. On the top level are statues of Buddha and specifically Buddhist religious objects. On the second and lower levels are the objects within which the kru's protecting spirit resides. For each healer these are distinct depending on his age, ability and years of study. In general, they are free-standing cones made of foil with various sizes of foil spikes on different levels. A kru must pray and meditate daily as well as participating in Buddhist ritual. Each kru has a special relationship with his guardian spirit involving particular ritual activities he must perform to maintain power. He may have special charms to wear and may have tattoos on his back and chest.

If a client is particularly disturbed, the kru will have him or her sleep in the room with the altar in order to calm and protect the client's troubled spirit. The kru himself may also sleep there or pray through the night.

When beginning a healing ritual, the kru performs a homroeung, or special prayer to the spirits of all the teachers of Khmer culture so they may come to assist him in his duties. (All musicians, dancers and other cultural experts must also do this.) When diagnosing spirit trouble, the kru then sends his own spirit out of his body to consult with possible possessing spirits or to search for a client's lost spirit. Some diagnoses involve several trips to the spirit world; some are done with

none. If a harmful spirit is troubling a client, the kru negotiates with it to encourage it to leave. If possible, persuasion is used rather than force. Sometimes force becomes necessary and the kru will perform whatever rites are needed to remove the harmful spirit. Most of these involve the use of magic Pali words then spraying water or herbal tea from his mouth on the client. Blowing is effective in some situations. Sometimes a client wears a charm that drives the harmful spirit away.

Often the spirit is restless or homeless because of something beyond its own control. In these cases, the kru undertakes to solve the problem that caused it to wander as a means to cure his client. Sometimes the spirit is actually malicious. If so, the kru captures the evil spirit and locks it in some other object to remove it from his client.

Once a harmful spirit is removed, the kru tries to help the client's own spirit become stronger. Usually this involves some behavioral advice for the client and family and may involve ritual activity also. The client's weakened spirit is protected by remaining near the kru or his altar until he or she is strong enough to resist possession. The client may wear a charm or have ritual drawings on some parts of his or her body for further protection.

Further discussion of the role of kru in healing mental illness follows in Chapters V and VI.

Other Cultural Advisors

There are a number of people in the Tacoma area who have ritual or other cultural knowledge who are called upon to give advice or conduct ceremonies as needed. Several men in the community have enough knowledge of the ceremonial aspects of Buddhism that they are able to act as aa'cha, or ritual specialists, at the temple. There are other aa'cha who specialize in ritual knowledge of weddings, funerals and other cultural activities and who organize these ceremonies when asked. All aa'cha are usually older men, often those who have been educated in the temple and have served as monks. They are called upon for advice in any complex situation since they know the culture and can tell people the correct way to behave.

Either Buddhist or cultural aa'cha or other elders are called upon for advice when a couple is experiencing marriage difficulties or if there is other family discord. After discussing the situation separately with the differing parties, the elder tells each family member what he or she must do to correct the situation. Advice is framed as explanation of how to correctly follow Khmer culture thereby achieving harmony and happiness.

Conclusion

From 1975, when the first families formed a community of fewer than 100 individuals, until 1986 when 5,100 Cambodians lived in Pierce County, the economy, social organization and culture of the group have developed toward the formation of an ethnic enclave with both the strengths and stresses such a tight community provides. Until 1980 in-migration was limited in numbers with the new arrivals similar to the first arrivals in their class background and migration experiences. They were often sponsored by Americans, had unlimited welfare benefits and English language training.

Between 1981 and 1984, several thousand Cambodian refugees settled in Pierce County, all of whom had survived the horrors of the Khmer Rouge regime and many of whom had great difficulties during migration. Many of these new arrivals were farmers with no education or skills for adjustment to life in an industrial society. They were sponsored by Cambodians, had limited welfare benefits and 540 hours of English language instruction. In 1983, welfare benefits were cut further, contributing to a period of severe stress within the community. Families moved in and out of the county thus causing shifts within the alliance networks and leadership positions. Economic strategies shifted from efforts to get education toward efforts to get some kind of regular income by any means.

After 1985, population continued to grow but secondary migration decreased thus stabilizing alliances, leadership and economics. By the end of 1986, there were fewer new arrivals, most of whom were joining established families.

Cambodians now living in Tacoma are members of a tightly knit social and cultural group. Most are in difficult economic straits and devise a variety of survival strategies. Financial pressures create stress sometimes causing families to separate in order to survive. Emphasis is on educating the next generation.

Family and community networks provide most social activities and each individual is enmeshed in the supportive social group. Tension builds within the community as leaders jockey for position creating occasional dissention and feuding.

Traditional cultural beliefs and activities form the framework within which local Cambodians make sense of their new environment. Buddhist ethical values and a belief in a potentially harmful spirit world guide their behavior within their ethnic enclave and in the larger society.

This setting provides the context within which Cambodian refugee families experience and attempt to alleviate mental health difficulties.

Chapter VI
Family Descriptions

Introduction

This chapter includes descriptions of four groups who define themselves as family. Chrisman's (1977) model of the health seeking process requires analysis of the natural history of illness within its social context. In the community description in the previous chapter the larger context was set. The descriptions in this chapter incorporate the progression of illness and problem-solving efforts within the context of specific Cambodian refugee families.

In order to maintain privacy, I have changed names, places of origin and some identifying characteristics to prevent recognition even by other members of the community. Nevertheless, the families described do exist. The incidents, justifications for behavior and attempts to solve problems are presented as much as possible in the way the informants' explained them.

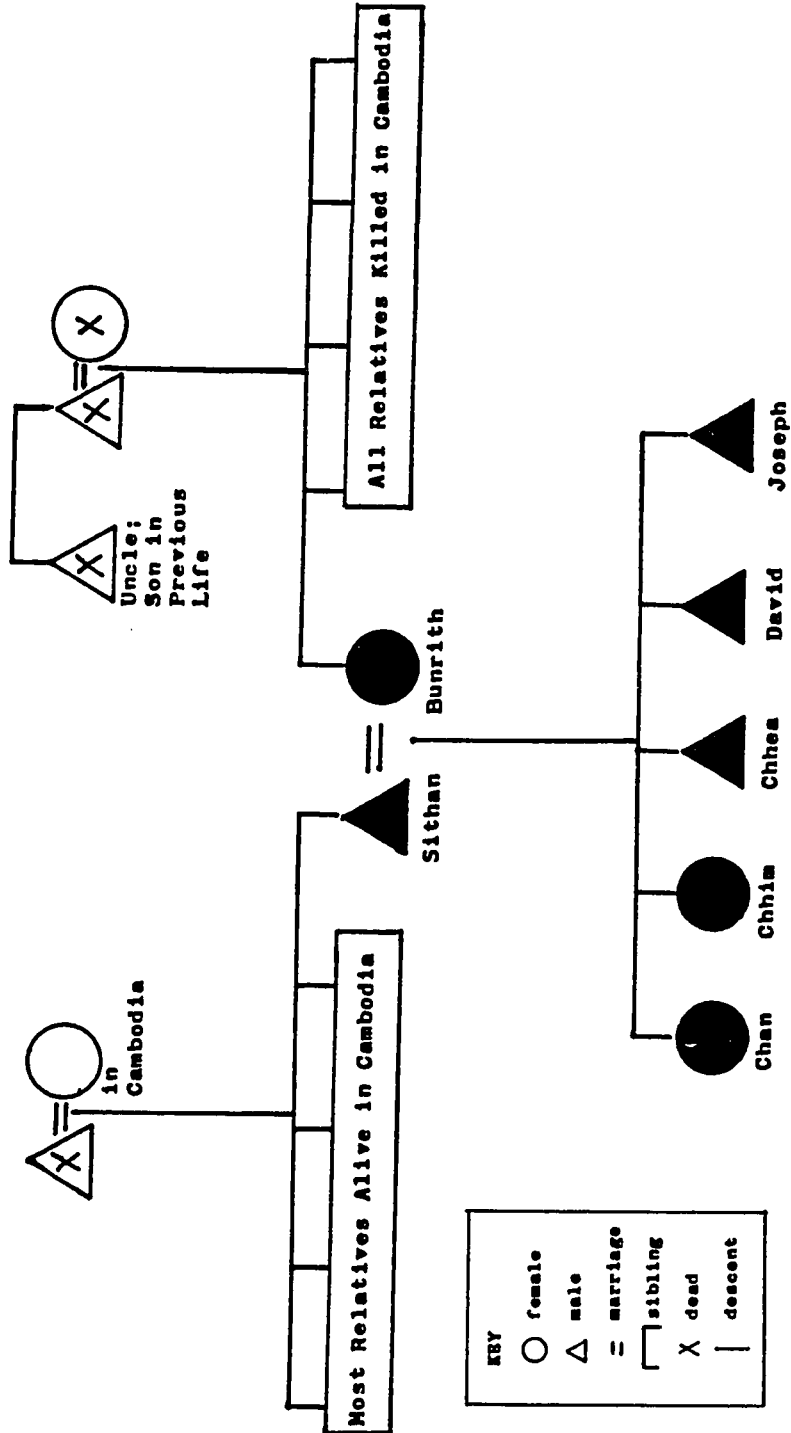
I chose to write descriptions of these four because they exemplified the range of problems, explanations and solutions seen in the whole interview population. Some of the other family groups consented to be interviewed so

their information could be used for understanding Cambodian problem-solving, but requested that their specific stories not be written in the final document. For others it would have been too difficult to remain true to the information while also disguising the circumstances. My intention is to retain scientific principles of accuracy while protecting the refugees' privacy on painful and difficult subjects.

The six other groups interviewed were from other geographic areas and different social backgrounds. They have different current households and family styles. One interviewee was a single male living alone; he does not consider himself to be "family." One household was made up of two families living together: three brothers living with an elderly couple. One was a three household, four generation family of Chinese background from Phnom Penh and Kompong Cham. One was a farm family from Battambang with four households and two generations. One was a wealthy business family from Kompong Thom now living in two households with three generations. One was a village headman from an isolated village on the coast of Koh Kong now with three generations in one household. In my analysis of the health seeking process in Chapter VII, data from these six groups is considered with the information from the four families described below.

Kinship Diagram 1

MUY FAMILY: One Household, Two Generations



Family Mui

Current Family

The Mui family lives in a three-bedroom house in south Tacoma, just inside the city limits. They have lived in this house since they bought it after their arrival in the United States in 1975. The parents and children comprise the household and have few relatives in the United States or anywhere else.

Sithan, the father, is in his early fifties and works for the Tacoma Public Schools as a bilingual teacher's aide in one of the high schools with many Cambodian students. Bunrith, his wife, is in her forties and currently works part time with a social service agency helping with medical problems, especially with children. Two of the Mui children, David and Joseph, were born in the United States and attend the public grade school near the family home. The next older child is also a boy, Chhea, who attends the neighborhood junior high. Chhim, a girl, is in the ninth grade at the same junior high school. The oldest child is a daughter, Chan, and attends high school in north Tacoma.

Sithan is active in the Cambodian community, participating in Mutual Assistance Association activities trying to set up social services for new arrivals. He is also politically active in support of Sihanouk's party in the current Cambodian government-in-exile. He often has to

work in the evenings visiting families for his job; other evenings he is busy with social service or political activities. When at home he watches TV or movies with his children or goes to the mall or to the shore with them. He enjoys cooking dinner for the family when he is home.

Bunrith has worked full-time until recently and has carried the full responsibility of household tasks. In her limited free time she enjoys watching video movies from India.

David and Joseph like school and do well. Both have been honored as excellent students and as good school citizens at different times. Neither speaks Cambodian although they can understand much of what their parents say in that language. Outside of school they play with other children (both Black and White Americans) in the neighborhood riding bikes and playing in some dirt hills in a vacant lot near their house. They have a paper route which they share, competing sometimes for who will deliver their portion of the papers faster. Joseph is faster but David is more careful and never gets complaints. Joseph, who is in the sixth grade, is the president of his student body and had to give a speech to the whole school.

Chhea is in the eighth grade at the junior high school near their home. He is a shy boy but does well in school, getting A's on his report card. He gets along fine with everyone in school but plays mainly with other boys in the neighborhood including his younger brothers. He is close

friends with an American neighbor woman who recently had a baby. He often goes to her house to help feed the baby or help around the house. He sometimes babysits for her other children who are five and six. He, too, can understand his parents but does not speak Cambodian.

Chhim is an active, outgoing girl involved in many kinds of activities at her school. She is popular and fashionable and spends enough time on the telephone with friends that the rest of the family complains. She has been involved with the school gymnastic team, painted scenery for plays and is a cheerleader for the school athletic teams. Sometimes she is a good student though often she is average. If she does not like a subject she does not do any work in that class unless failing will prevent her from participating in activities. She organizes her family to do many kinds of projects or activities--anything from raising chickens to major family vacations.

Chan, the oldest daughter, is a junior in high school. She has her first paying job at a restaurant on weekends although she was a hospital volunteer last year. She is an excellent student and plans to be a physician if she can afford to complete the education. She recently received her driver's license and the family is planning to buy her a car soon. She has two best friends (one

Korean, one Vietnamese) with whom she spends some of her free time but she also enjoys staying home with her mother.

The Muy family have no relatives in the United States. Most of their social contacts are at weddings and other social activities within the Cambodian community although they do visit socially with some other families. Local friendships have formed mainly through Sithan's activities in the community; some friends who live in other parts of the United States visit during vacations. In general, the family holds a respected position in the community because of Sithan's and Bunrith's good education and background and because of their activities since they have come to the United States. As some of the earliest arrivals, they have sponsored many families. Through their jobs they have been active in helping many people adjust to their new lives. Since they have no relatives and have a relatively high position in the community, the family is somewhat isolated within the general Cambodian community. Their economic position is precarious because they have no family to fall back on in times of difficulty yet as a community leader and head of a large network, Sithan is expected to be a generous donor at all weddings and community functions.

Stated Problems

During the past few years, Bunrith has suffered mental health problems resulting from what the family has

determined to be spirit possession. Although she is feeling somewhat better now, she has had periods during which she was severely depressed, sleepless and could not eat regular food. She sometimes spoke incoherently and could not always remember whether she should be speaking English or Khmer. Sometimes she wore inappropriate clothing or wore her clothes inside out (only ghosts wear clothes inside out). She cut all her hair off and placed it on the family Buddhist altar, indicating that she was ready to die; she would sleep only in the room with the altar rather than with her husband and children in the main bedroom as is the family custom. On one occasion she locked herself in the bathroom and would not come out for about twelve hours. She was afraid to leave the house and was sure that her husband had a girlfriend and was trying to get all the family money so he could leave with the girlfriend. Her husband and children were confused and frightened by this situation and are relieved that things have improved recently.

Family Background

Sithan is from a small town near the capital of Svay Rieng Province in eastern Cambodia. His parents were farmers whose family had always lived in the same area. His father worked closely with his brothers-in-law in farming activities. He was well respected in the area and took over the responsibilities as village headman so that

by the time Sithan was of school age his father devoted most of his time to village and temple activities and little to farming. His mother sold cooked food in the market and after school he would often help her and play in the market. His grandmother stayed at home and cooked for the children; Sithan was a special favorite of hers.

Sithan attended the government school in his village. Although he was a mischievous boy and played as often as he studied, he got high scores on the exams and was eligible to go to high school. To attend high school he had to live in the capital of the province where the family had no relatives. His father took him to the abbot of the Buddhist temple near the high school. He lived there for the school year and visited home during vacations. Sometimes his mother and sisters would visit him but his grandmother could not travel easily. His younger sister came often to visit him, bring him special food, fix his clothes and generally care for him.

When he had completed high school, he passed the exams and was admitted to the Royal University in Phnom Penh. Cambodia had gained independence from France at that time but the country still had only one university for secular subjects and one Buddhist university. Sithan's father took him to the Buddhist temple near the university and requested the head monk to take special care of him because his grandmother was old and wanted to know that her

special grandson was safe. Sithan lived at the temple and enjoyed exploring the city. He still was as interested in socializing as in studying but continued to do well in his studies. Members of the royal family often patronized the temple where he lived and one prince in particular began to take a special interest in Sithan. Eventually the prince asked the abbot if he could adopt Sithan and have him live in his household. For the last two years of his study, Sithan lived at the royal palace.

After graduation, he entered government administration and was assigned to various jobs in different areas of the country. He continued to enjoy socializing but did well enough in his work that he rose rapidly in the administration. Although his parents wanted him to marry he was not willing to do that and at age thirty had remained single long past the usual age for marriage.

Bunrith was born near the capitol of Kompong Thom province in an area where her family had lived for many generations. She is the youngest of three sisters and two brothers and lived near many relatives. Her mother's family had been the governors of the province for many generations before there was much contact with the king in Phnom Penh. The family still occupied a high position in the area with ordinary people respecting them like royalty even though the government did not depend on them to administer the area. Bunrith's grandmother married a

refugee from China who came to the country by boat. He had been a doctor in Peking and had knowledge of secret formulas for medicine. The family prospered because his medicines were effective, especially in combination with the blessings of the spirits of the nearby mountain who were controlled by the wife's family.

Bunrith completed high school and some advanced training to get a nursing certificate and a (Western-style) mid-wife certificate. Other siblings and cousins went into medical fields too since it is part of their family destiny to do this. She worked in a hospital but also worked in homes since many people did not believe in using hospitals.

Bunrith's family was a close and complex family with interrelationships both from cousin marriages, which was their family norm, and from individuals being reborn within the same family. Bunrith herself had several special relationships with certain family members based on her or their activities during previous lives.

Through a dream, Bunrith discovered that her mother's brother had been her youngest brother in her previous life. In that life she had brought food to the uncle/brother while he was studying, walking a long way and sacrificing to buy special ingredients. While the uncle/brother was studying in France, the older sister died. Bunrith was then reborn as his sister's youngest baby although she almost died at birth. Her oldest brother

in this new life was a monk and left the wat to care for her. Because of his care she remained alive. When Bunrith was five years old her father died. Her uncle, who had been her younger brother in the past life, was a physician in Phnom Penh and brought her to his household to be raised as his daughter. He supervised her education and employed her in his hospital when she finished school.

Another relative from her previous life recognized Bunrith after her marriage when she was living in Seam Reap province with Sithan. A man who had been her son recognized her and told of incidents from his childhood proving to both of them that she had been his mother. This man was a driver in the army and worked for Sithan during the war.

Each of these individuals was especially fond of Bunrith and took special care of her out of gratitude for her past special care of them.

Marriage. The marriage between Sithan and Bunrith was first mentioned by Bunrith's oldest sister and Sithan's brother's wife. The families did not know each other but these two women met often at the temple and discussed their families' efforts to find suitable marriage partners for their children. Sithan's family was not of high class but they were an honorable people. Since Sithan was connected with royalty and in the government his family wanted to find a good but high class girl who was not royalty.

Bunrith's family usually found marriage partners within the family but Bunrith had refused all relatives and they wanted to find someone with a good position and honorable background.

Sithan did not want to marry at all and refused to meet Bunrith or to look at her picture. Eventually he gave in to pressure from his grandmother who explained that he must marry if he loved his family. He had never been ordained as a monk which is the major way that sons show gratitude to their mothers. Since he could not leave his government position to be a monk his grandmother wanted him to marry Bunrith. Since his grandmother was old he could not say no to her, so he finally told his parents to make the plans. Still he did not cooperate and was late to different events and tried to force Bunrith's family to call the wedding off. His brothers had to carry him when they were bringing the gifts to Bunrith's family. However, when he looked at his mother's face and saw that he was making her happy he decided to improve his behavior and get married properly.

Bunrith agreed to marry with no hesitation since she had rejected her family's efforts in the past and felt she must not do so again. Her father came to her in a dream and explained that he was worried that her uncle was not taking good care of her since he had not found her a

husband. From this dream she knew that she must accept the next good boy.

Once the marriage took place, Sithan and Bunrith settled down to a comfortable life. He had to live away from home often since the government sent him all over, thus he did not feel confined. Bunrith had a good house and lived near her relatives so she felt content. She did not keep her job at the hospital but did continue to help private patients as a midwife nurse. Eventually Sithan was sent to be assistant to the governor in Seam Reap Province and brought his mother and his wife to live with him there. The country was increasingly disrupted from the war and he wanted as many of his family as possible to be with him in case of danger.

War experiences. The family lived in the government-controlled district capitol in a province that was partially controlled by the Khmer Rouge by 1973. From 1973 to 1975 there were many difficult decisions to make about whom to support and how to protect themselves both physically and politically. At that time Bunrith was pregnant with Chhim and was not in good health. Sithan wanted to get her to Phnom Penh where her uncle could care for her but was caught in a siege in the mountains. The army driver who had been her son during her previous life made secret arrangements and smuggled her through Khmer Rouge territory to Phnom Penh where she gave birth safely.

The driver/son received protection from a powerful kru khmer who made their car invisible for the trip. In this way he could honor his obligations to his former mother. He was killed later during the Khmer Rouge regime.

Migration. In 1975 when the government surrendered to the Khmer Rouge, Sithan and Bunrith decided to escape with their three children. Chhea was a small and sickly infant but they could not bear to leave him with his grandparents. They felt sure that Sithan's family would be safe since they were from an ordinary background. Bunrith's family were all in Phnom Penh and Kompong Thom and could not be contacted. Sithan and Bunrith escaped by car almost all the way to the Thai border. Some farmers in the area warned them that the Khmer Rouge were watching the highway. These villagers disguised the family as farmers and took them the rest of the way by ox cart. When they reached the border the Thai military officials knew Sithan and took them to a hotel in Surin, Thailand.

As a relatively high government official, Sithan was eligible for immediate resettlement in either France or the United States. Bunrith choose the United States and the family arrived at an American military base in Kansas in June, 1975.

Life in the United States. While at the military camp, Chhea became dehydrated and was near death. The

doctors who were taking care of the refugees were army doctors who knew little about babies, consequently the treatment was ineffective. Sithan could speak little English but could see that his son was dying without appropriate treatment. He had his wife go take care of the other children and went to the head of the hospital and the commander of the base to demand that his son be taken to a children's hospital. The commander did arrange for the transfer and Sithan stayed with Chhea for the two weeks that he was hospitalized. Chhea had been close to death but he recovered and began to gain weight and improve generally. Sithan felt that this was a sign that the whole family would be safe and that the special bond between him and Chhea was a bond that would keep the family safe. The family explains Chhea's shyness or lack of interest in friends as resulting from this occasion. Because Sithan worked so hard to keep Chhea alive and because Chhea struggled to stay alive there is a strong link between their spirits. Chhea therefore is less interested in friends and non-family activities than the other children. Chhea always sleeps right next to Sithan and imitates him in many ways. This is also why Chhea is so good at taking care of babies.

After Chhea regained his health, the family was sent to Tacoma where they were sponsored by a local church. The first few months were hectic and difficult since no

one in the family spoke English. A few other Cambodian families were also resettled in Tacoma but no one spoke English and few Americans spoke French. Eventually, with the help of their sponsor, the family bought a house and began attending ESL and job training classes. The children all went to an American babysitter during the day and began speaking only English after the first year in the United States. Chan began kindergarten at the local public school.

In 1976 Sithan went to work at a local factory, a job he found through his pastor. In 1978 many more Cambodians began entering the United States as the Western countries accepted people who had been waiting in the refugee camps since 1975 hoping to return to Cambodia. At that time Sithan went to work for the Tacoma Public Schools since there were enough Cambodian students in the system who needed bilingual education. Also during this period Sithan and Bunrith began to fear for the safety of their family members still in Cambodia. The new arrivals told stories of atrocities and killings that frightened all Cambodians living abroad. Virtually no official information about the Khmer Rouge regime and their policies had reached the Western world. The anxiety of not knowing what was happening to their relatives made both Sithan and Bunrith depressed.

In late 1978 a new arrival from Seam Reap brought news of Sithan's family. One month after his escape from the country the Khmer Rouge had executed his father. The execution was done in anger because they had not captured Sithan. The soldiers had forced his mother and young nieces and nephews to watch the execution. No one else in the household had been executed at that time and Sithan's mother and some siblings were still alive. Other siblings and nieces and nephews were missing. No one had any information about Bunrith's family.

After hearing about his father's death, Sithan became withdrawn and lost all interest in his job and family. He continued to go to work but otherwise cut off all activities and other contact with people. Every day when he came home from school he would sit in the house and tears would roll down his face and he remained quiet. Friends gathered around and tried to keep him active and interested in things. The pastor of his sponsoring church visited him frequently and church members were helpful to the family. Bunrith sat with him and rubbed his neck or his feet every day. Eventually the family tried to gather the items they needed to offer prayers for his father and grandmother (who had died peacefully before the war). They were frustrated because there were no Buddhist monks in the country and they could not say the right prayers nor get the correct items. They did the best they could

to create a Buddhist altar in one of their bedrooms where they made offerings and said prayers. After several months Sithan began to take an interest in community activities and in helping the new arrivals resettle in Tacoma. At this time too he began active support of the non-communist Cambodian political parties.

During the next few years thousands of Cambodians began to enter the United States after escaping from the Khmer Rouge regime. Sithan became involved with Mutual Assistance Association activities both to resettle the new arrivals and to begin to reestablish the culture that the Khmer Rouge had tried to eliminate. He was increasingly involved with community activities while Bunrith began to work full time at a factory.

In 1982 a distant relative of Bunrith's contacted her and said that all her relatives had been killed. No one in her family was still living. At first she screamed and cried and became angry at the communists. After a week she decided that she did not believe that the person who called her was telling the truth but rather was a mean person-trying to hurt her. She refused to discuss the issue at all. Later, when it became possible to write to families in Cambodia, other people did so but she refused to write for more information saying that by writing and trying to contact them she would cause them to be killed.

In 1984, Sithan received a letter from an old schoolmate who confirmed that all of Bunrith's relatives had been killed. The schoolmate had been evacuated from Phnom Penh with them and had seen some executed and others starve or die from illness. After this news Bunrith's behavior and demeanor began to change. She was withdrawn and sad. She could not sleep well, was disorganized about cooking for the family and began eating strangely. She started to work excessively long hours and avoided most social activities.

In Tacoma at that time a religious cult was forming around the woman who was a spirit medium for one particularly powerful spirit. Bunrith began to go to her house and spend some of her free time there. The spirit medium was from the area where Bunrith's family had originated and Sithan thought it might alleviate her loneliness so he encouraged her to do this. Although she was initially reluctant to participate fully in the cult, Bunrith finally did accept a spirit name and certain ritual sayings and activities to carry out. For a few months she seemed somewhat better and took an active interest in her children but still remained withdrawn and depressed.

After several months Bunrith became progressively more withdrawn and easily became angry for no reason. She began to be jealous of Sithan, thinking that he had girlfriends and that he was planning to leave the family. Sithan did not understand what was happening and simply

ignored her anger and jealousy. He had survived the fighting during the war in Cambodia because he had some special tattoos from a kru_khmer. One of the conditions for the tattoos to work was that Sithan must not ever have any girlfriends. Bunrith knew about this restriction and so he supposed that she would eventually calm down. The family relationships were extremely tense and in turmoil and because of this Sithan did begin to seriously contemplate divorce.

Also during this time Bunrith got out a prescription written in Chinese which had been given to her by her grandfather. She had the paper framed and put it on the wall near the family altar.

Because the family was not peaceful, Sithan arranged for a visiting Buddhist monk to come to the house and perform a religious ceremony for both his and Bunrith's family and to bless the house and family. The spirit medium attended the ceremony as did many friends from the community. After the blessing of the house, a small carved ivory Buddha was accidentally flushed down the drain with the blessing water. From this time Bunrith no longer participated in the spirit-medium cult and began to blame the medium for causing a bad spirit to enter the house. The evidence for this was that the Buddha had been lost while the spirit medium was in the home.

Although the monk called her and counseled her by telephone, Bunrith appeared increasingly disturbed. Shortly after this she became hysterical and was agitated and out of control at home, possessed by the spirit of a tree near the house. The family sought advice from an old man with much education in Buddhism and arranged for several friends to come to the house to help hold and calm Bunrith. A kru_khmer was called who was able to force the spirit to leave for short periods of time but he was unable to strengthen Bunrith's own spirit enough to prevent the bad spirit from reentering her. Bunrith continued with bouts of hysteria and appeared at one time to be planning to kill herself. On the advice of an American friend, the family called the county mental health professional requesting that Bunrith be hospitalized. When the mental health professional arrived, Bunrith calmed down, spoke English coherently and decided not to be hospitalized nor to harm herself. Although she was disturbed and depressed she was able to interact somewhat more coherently as long as the kru_khmer slept in the house.

Both the old man and the kru discussed the situation with the family and determined that Bunrith's spirit was weak because all her family had died. She had no strength left when she had no family to help her. Therefore Sithan and the children needed to adjust their behavior to

compensate for Bunrith's loss. Sithan also arranged to take the Chinese prescription from her grandfather that she had framed and hung on the wall to a Chinese pharmacy in Seattle to have the mixture made up. It was an herbal mixture that was to be made into tea. It became Chan's job to make this tea for her mother every day and to sit with her and urge her to drink it. The family tried to get Bunrith to eat regularly and to go with them to the shopping mall or to the shore. Cambodian friends came to visit as did American friends. Bunrith was not agitated but remained withdrawn. She had trouble sleeping and would wander around the house at night.

Several months later, Sithan was involved in a political meeting in California and was away from home for a week. Bunrith became jealous and extremely agitated. After his return she was unable to eat or sleep and cut all her hair off. She would not allow visitors into the house and spoke incoherently when she spoke at all.

The family discussed the situation with a Cambodian elder, who is a friend of the family and determined to try the American system. They took her to the hospital emergency room and had her admitted. Bunrith refused to eat and did not sleep well. The psychiatrist assigned to her listened carefully to the family's situation and determined that the family needed to pay more attention to Bunrith to help compensate her for the loss of all her

relatives. After two days in the hospital, Bunrith went home. The family had one follow-up visit with the psychiatrist in which he further explained that Bunrith felt alone in the world and needed her family to pay more attention to her emotional needs. Bunrith was no longer agitated but remained withdrawn.

The family took her to the Buddhist wat where the monk gave her a special blessing and an ivory Buddha with special power to help strengthen her spirit. At that time he explained to the family that Bunrith no longer had her mother and sisters to talk to and laugh with every day as all women have in Cambodia. Therefore, Sithan would have to act more like an American husband and chat and laugh with his wife. He should stop working in the evenings and sit and talk with his wife like her mother would if her mother were alive. If he would do that her spirit would possibly strengthen. Bunrith responded to this new strategy somewhat but was still withdrawn.

When Bunrith began to worsen, the family was afraid that she would again become agitated. They had no insurance for her since she had quit working and, anyway, had decided that the hospital was not effective. The kru they had consulted previously knew of a new kru who might have enough power to help. He arranged for this man to help the family. Unfortunately, the evil spirit who entered Bunrith would not allow her to go to this new

healer's house. The spirit was angry and caused Bunrith to become agitated and somewhat violent.

A friend of the family went to the home of the new kru and brought him to the house. The healer said some words over a bowl of water and sat beside Bunrith's chair. He rubbed her arms which were rigid. When she relaxed he poured the water over her head. The next day he returned to do the same thing. He also had the entire family request the spirit to go home with him so he could take care of the spirit. The spirit refused to do that and wanted to remain in Bunrith.

The next day, the kru returned and invited the spirit and Bunrith and the whole family to come to his house. The spirit agreed to come for a visit. For more than a week, Bunrith slept at the kru's house. Eventually, he was able to convince the spirit to leave her and to go live in one of the items on his altar. The kru or Sithan slept on the floor across the door of the room to protect Bunrith from the spirit's reentry. The healer did not know who the spirit was or what its background was. He thinks that the spirit entered Bunrith because she was weak from the loss of her relatives. The spirit does not seem to be an intrinsically evil spirit but rather is a homeless spirit looking for a place to rest.

For more than two months, Bunrith returned daily to the kru's home for prayers and for water to be poured on

her head. After that time, she had improved to the point that her behavior appeared normal to her family and friends. During the summer while school was out she did not return to work but enjoyed spending the day with her children. Sithan taught Khmer language and literature at the community summer school for a few hours per day. In September, Bunrith took a volunteer social service job two days a week. So far she has not had a repeat of her depression or agitation.

Family Phi

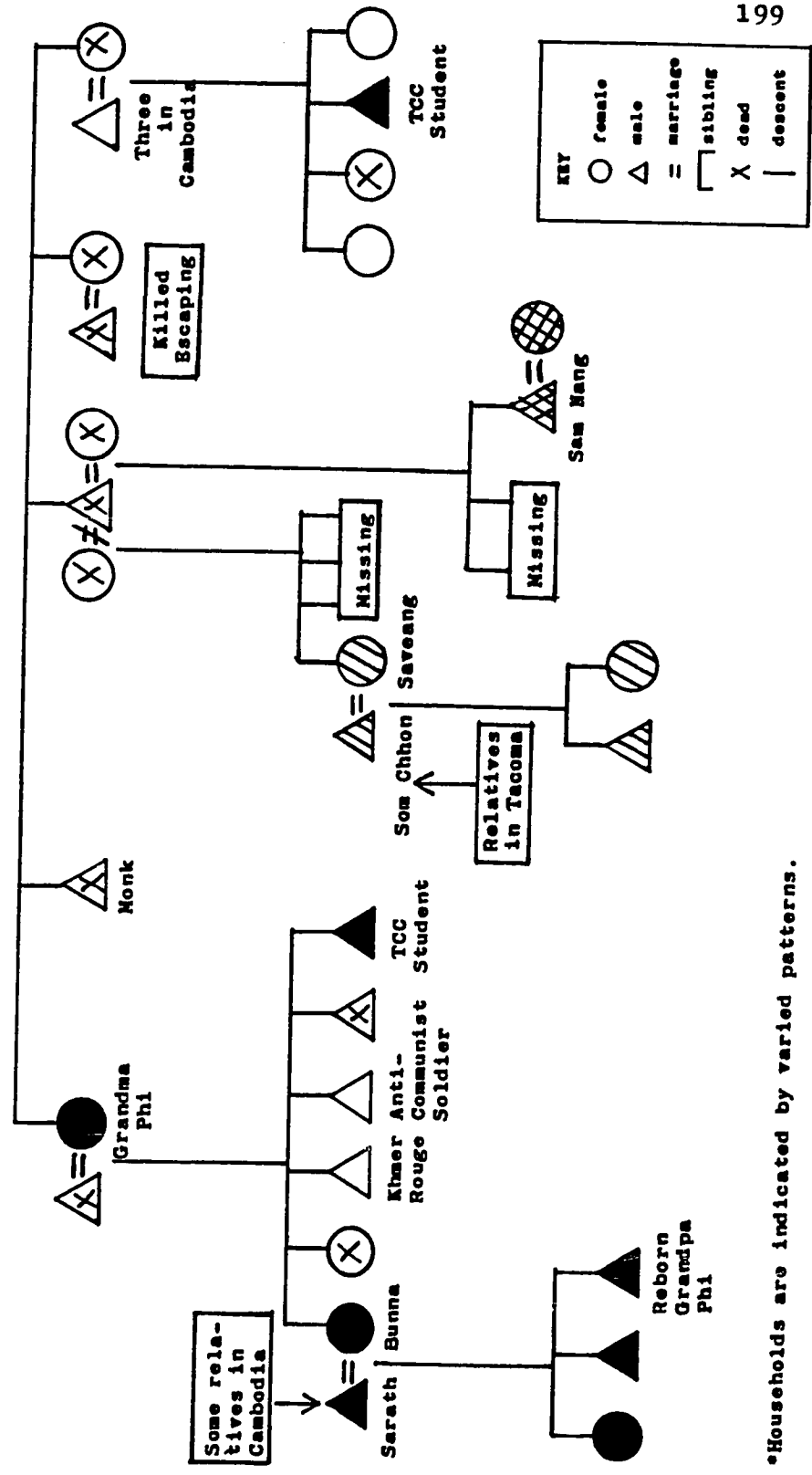
Current Family

Family Phi lives in three households, two in public housing in Tacoma and one currently in South Seattle. Grandma Phi is in her late fifties and lives in a three bedroom house in public housing with her daughter, son-in-law, their three children, her youngest son, and her sister's son. Grandma Phi's brother's daughter and her husband and their two children live in a one bedroom apartment in South Seattle. Grandma Phi's brother's son, half-brother of her niece, has recently married and lives with his wife's family in public housing about three blocks from Grandma Phi's household.

Grandma Phi stays home during the day and cares for her grandchildren and some great nieces and nephews who

Kinship Diagram 2

PHI FAMILY: Two Households, Three Generations. Boy Recently Married Out*



*Households are indicated by varied patterns.

live nearby. She lives in a neighborhood with many Cambodian neighbors and enjoys visiting with the other old people who are home during the day caring for grandchildren. There are a few American neighbors (both Black and White) who visit sometimes and Grandma has learned how to bake cookies in the oven. Usually she lets her oldest granddaughter, age eleven, do this. Grandma Phi is an excellent cook and enjoys cooking for her family who all appreciate her food. She also gives food to some of her American neighbors since they like Cambodian food. Grandma Phi's daughter, Bunna, is in her early thirties and is employed at a sewing factory where she sews jacket pockets and is paid on a piece rate basis. She speaks little English and feels sure that she sometimes gets cheated on her pay because some of her pockets are rejected but she knows that the factory uses them anyway. She works overtime as often as possible but finds her job boring and frustrating. She car pools to the factory with some other Cambodian women and enjoys their company. On breaks they laugh and talk and this makes it possible for her to continue her job. In the evening she visits with her mother and daughter and they often cook together.

Sarath, Bunna's husband, works as a car detailer in a local auto body shop. His English is good and he gets along well with the other men with whom he works. He is rarely laid off even when there is little business because

he does a more careful job than the others who do detailing. He likes working around cars and works on them at home on the weekends. He does not expect to advance in his field, however, because he does not want to return to school to learn other body work. If he goes for more education, his family will suffer. Because too many people depend on him he will not be able to take this step.

He enjoys working around home. He has a good garden during the summer and grows flowers as well as vegetables because they make the house look attractive.

Sarath and Bunna have three children: a girl, age eleven, who was born in Thailand in a refugee camp, and two boys, ages seven and five, who were born in the United States. All three attend grade school near the home. They walk to school together with friends and play afterwards. Their parents think they must be doing well in school because they bring home many papers with good writing and good marks. The papers are all taped to the wall in the hall near the bedrooms. All three children understand spoken Khmer but can only speak English. Bunna is proud of her daughter's interest in cooking with grandma and expects her to be as good a cook as Grandma Phi some day.

Grandma Phi's son is nineteen and is a junior in high school. He is doing fairly well and studies hard--four hours every evening. He had not gone to school at all before entering junior high in Tacoma and feels worried

that he will not be able to succeed. He speaks Khmer well but can only read and write English. He knows that the family needs him to do well in school and get a good job. He is unsure of possible careers but will go to college. He goes to dances whenever there is a Cambodian dance and likes to play volleyball on the weekends. He says he will not marry until he has completed his studies.

Grandma Phi's nephew (sister's son) is twenty-three and is a student at a local community college. He too studies four to six hours every evening because the classes he takes are difficult for him. He is literate in Khmer and is known to be a good calligrapher in Khmer script. He has been studying nursing but may change to accounting since he can deal with math and numbers better than with science. He has a work study job in the college cafeteria. He looks forward to summer every year since he can work in the fields with everyone else and can laugh and enjoy life a little. During school he does nothing but study, work, eat and sleep. His small nieces and nephews hardly know his face and he hopes they will not forget him.

In another house in South Seattle live Grandma Phi's niece, Saveang, with her husband, Som Chhom, and two small children. They moved there recently when Som Chhom got a job in an electronics factory. Saveang stays home with the children and has become isolated and withdrawn. She and the children speak only Khmer. Som Chhom may move the

family back to Tacoma but he has not been able to find a job there. They live in an apartment building with a few other Cambodians but no relatives or anyone from their village; there is no one for Saveang to visit during the day.

Sam Nang is Grandma Phi's brother's son and is Saveang's youngest brother. He has recently married and moved from Grandma Phi's house to his wife's family's house a few blocks away. He married before he finished high school but is ready to graduate next spring. He is an excellent student and expects to receive a scholarship at the local community college. Although too young to have studied Khmer in Cambodia, he has learned to read and write and has given speeches in formal Khmer at Cambodian community events. Both his own family and his wife's family are pleased by his marriage and his current situation. His wife will also finish high school next year and will attend college if there are no babies. His wife's family is doing well financially and will be able to support the young couple while they complete college. Sam Nang would like a career as a diplomat or in international government so he can help his country. However, he supposes he will try for a technical field since it will be years before Cambodia needs government workers again and his family needs him in the meantime.

Stated Problem

Saveang has made two serious attempts to kill herself since living in the United States. She has been better for about three years. However, since she moved to Seattle she has become withdrawn, just as she was when she last attempted suicide. Saveang's mother (Grandma Phi's brother's wife) killed herself when Saveang was five years old and she too was withdrawn before she did this. Grandma Phi has had to go to Seattle several times during the last few months to calm and help Saveang. Saveang will sometimes let no one into the house except Grandma Phi. Everyone in the family is worried about her, especially Grandma Phi and Sarath because they are responsible. Her husband is afraid for her and for the babies.

Family Background

All of the Phi family are from an area in the north of Pailin Province. Their family has lived there as long as anyone knows and all have lived mainly as farmers. Grandma Phi married a husband from the same village and who was a cousin. She is not sure of the exact relationship. All of Grandma Phi's brothers and sisters married within the village too, although one sister and her husband moved to Pailin City to dig for sapphires. Otherwise, they all lived in the village or in nearby villages.

When Grandma Phi was growing up there were no schools in their area but her brothers studied at the wat. One of her brothers became a monk and stayed with the monks until he died. Everyone else worked at home--the girls with their mother, their husbands and brothers in the fields. Everyone grew rice with a little corn. One crop a year was enough to feed everyone. They also grew cotton and made cloth. There was no silk raising in their area but occasionally someone would bring some and the women made silk cloth.

About twenty-five years ago, Grandma Phi's brother's wife killed herself by hanging from a tree across the pond from the village. Grandma Phi still does not understand why she wanted to do that because her husband was good and she had five children. For about one year before her death the woman had had some trouble in her mind. Her husband had had ceremonies with the monks to help her feel peaceful and these had helped to some extent. They had gotten some medicine from a kru khmer to help balance her body and this too seemed to help for a period of time. Nevertheless she became withdrawn and would not even go to see her own mother. She became angry over nothing and was jealous of her husband and children. She only felt peaceful when her smallest child, Saveang, was home alone with her and the others were out working.

One day when her husband was away from home with the oldest son cutting some trees, the oldest daughter got up in the morning to make breakfast and could not find her mother. She asked everyone to help her look and some village men found the mother hanging from a tree in the forest near the village. Everyone in the family and everyone in the village was extremely sad and upset.

Because the woman had died a violent death her spirit would not rest. Having killed herself she might become a particularly horrible kind of spirit which attacks people and inhabits their bodies. Everyone in the village was afraid and no one would go to the forest on the other side of the lake. Saveang's father consulted with the monks from their village and also arranged for a well educated, powerful monk to come from the district town for the funeral ceremonies. The body had to be buried rather than burned because the woman had died a violent death. (It is customary for the body to be exhumed several years later and cremated properly thus allowing the spirit to rest. Grandma Phi does not know whether or not this was done because she was away from the village for a period of time.) All members of the family wore Buddha necklaces and also wore special strings around their waists to keep their spirits tied closely to themselves. The monks made a special offering to the spirit of the house and all members of the family were careful to honor that spirit

for years until they left that house. The house spirit was able to protect them from the spirit of their mother if she ever came to their area. As a matter of fact, the spirit of their mother never caused any harm so the ceremonies and protective charms appear to have worked.

The children continued to live with their father but Saveang came often to Grandma Phi's house to play with her young children and stayed with them often. Bunna and Saveang were special friends as young children although Bunna was older. Eventually, Saveang's father remarried and had more children including Sam Nang who now lives in Tacoma.

War experiences. In the area where the Phi family lived, the Khmer Rouge became active during the late sixties. Some people in the area supported their philosophy and others did not. Most people in the village thought it was an interesting thing but few had ever had any contact with the government therefore most did not feel strongly about the issues. Grandma Phi's husband decided that it would not make much difference to them who controlled the country and he and the old men of the village remained neutral. There was never any fighting in their exact locale but they heard about fighting in the hills and forest nearby. Some young men from the village went to join the Khmer Rouge and a few went to the city to join the government.

Bunna had married Sarath by this time and Sarath decided he should join the government army. One of Grandma Phi's sons had joined the Khmer Rouge and she had not seen him for a long time. The family agreed to let Sarath join the army but they wanted Bunna to stay home rather than live in the army housing. Sarath was able to visit often since he was stationed in Battambang. He sent his pay check and the family was able to buy a few luxuries. The Khmer Rouge son also visited often when he was in the area and occasionally he and Sarath compared their experiences.

Khmer Rouge regime. In 1975 when the Khmer Rouge took control of the country, Grandma Phi's son came home to warn Sarath to leave and get to Thailand. Sarath and Bunna were reluctant to go since Bunna was pregnant but he insisted and took them part of the way to the border. They arrived safely in Thailand before the border was closed and received help from some of Sarath's friends in the Thai army. They lived with the Thai family of an army friend for a few weeks until the Thai government set up some refugee camps. Then they moved to the refugee camp at the wat at Aranyaprateth. Their baby girl was born there and generally their life was pleasant. Thai friends visited often and they frequently went to stay with them. They were worried about their family inside Cambodia since the Thai army friends had heard many rumors of executions and mass movements. Nevertheless, they supposed that

their brother would be able to care for his family and everyone would be fine.

In 1978 they applied to the United States to allow them to enter as refugees and were accepted. Sarath's commander lived in Tacoma and sponsored him with a local church. Sarath and Bunna and their daughter moved to Tacoma late in 1978 and have remained there.

Inside Cambodia the rest of the family had been living in the same house and the same village. They had not been disturbed at all for the first year and could see little difference between governments. In 1977 the Khmer Rouge soldiers came to the village with several trucks full of city people and put them down in the forest on the other side of the pond. Then the trucks came to the center of the village and the soldiers took almost all the young people who were not yet married--including Saveang, two of Grandma Phi's sons and the nephew who now lives with her. They said they needed the young people for special labor groups and they had brought the city people to help with the work in the village.

Grandma Phi and her husband and most of the old people of the village decided then that the Khmer Rouge were not doing a good job and were not kind people. Over the next few months they felt so sad for all the city people who had been sent to the forest. They were also extremely worried about their own children since they were not

allowed to come home often. During the next two years their situation worsened. Finally Grandma Phi's husband decided to take his family to Thailand to see if they could find Sarath and Bunna. Their Khmer Rouge son was in a different part of the country; they could not consult him. Grandpa Phi and one married son organized a group of about twenty people and managed to escape to Thailand. The group included their young son and Sam Nang who had to escape from the children's group and Saveang who had to be stolen from the mobile work group. Saveang was so afraid that she had to be carried by her cousin until they were almost to Thailand.

The family got lost on the way to Thailand but managed to get to Lom Pok Camp in Surin Province. After resting for several days, Grandma Phi's husband and son returned to Cambodia to bring more people to Thailand. While returning to Thailand, they were attacked. Grandma Phi's husband was killed with several others. Her son hid in the woods and later joined some guerrilla forces operating in the forests and remains in the anti-communist military. Her nephew, at that time thirteen years old, hid under a tree for two days and later got out and walked to Thailand alone. It was several months before he was able to join the family because he entered a different refugee camp.

The family stayed in the refugee camp for several months while Grandma Phi and her family tried to find out

where Bunna and Sarath were and eventually contacted them. They entered the United States in 1979 sponsored by Sarath and Bunna. While in the refugee camp Saveang was a completely quiet person. She stayed inside the house and would not talk to anyone. She would not tell anyone what it was like in the mobile team except to indicate that it was not safe to talk. Grandma Phi's nephew said that in his work group sometimes people were killed if they talked too much; maybe that is why Saveang was afraid. When Grandma Phi received news of the attack and her husband's death, Saveang would not acknowledge that she had heard the news or that the deaths had occurred.

Thai and Khmer monks at the local temple conducted services for her husband and family in their house in the refugee camp and also blessed Saveang to strengthen her. Grandma Phi felt comforted by the service because she was able to communicate with her husband where she was taking the family. He would be able to find them at Pchum Bun and New Year. The Thai military commander of the camp and several of the soldiers also attended the service and made donations.

Life in the United States. When Grandma Phi and the rest of the family arrived in the United States, Bunna and Sarath had one baby boy already and Bunna was pregnant. When the baby was born, there were no complications and he was healthy. The family thinks that the smallest baby is

Grandma Phi's husband reborn and they have given him his grandfather's name. It seemed that this was an indication that they were going to have good luck for their new life in the United States because the family is reunited. On the whole they feel that this has been true except for the problems that Saveang faces. Because Grandma Phi's husband has joined them they are a laughing, happy family.

Saveang remained withdrawn and quiet after the family's arrival in Tacoma. She would get up to chop vegetables or help with the baby but usually did not enter into the family's activities. Her aunt would make her get dressed and sit up in the living room but she never had a happy face. Bunna's older boy liked to climb on her and pull her hair and sometimes this would make her smile. Several months after their arrival in the United States, Saveang walked across a busy street in front of an oncoming car and was nearly hit. She said she wanted to die. The family took her home and arranged for someone to be with her twenty-four hours a day. There were no monks nor kru_khmer available and the family decided not to take her to an American doctor. Grandma Phi slept with Saveang and fed her like a baby for awhile until she started to feel better.

Although there was some improvement, Saveang still was not acting like a regular person. For several months everything continued the same until one night Saveang got

up and swallowed all the medicine in the house. Sarath took her to the emergency room and called the family doctor. While Saveang was asleep in the hospital, Sarath and Grandma Phi discussed what to do. They called Sarath's American sponsor who told them about the American mental health system. In consulting with their American doctor they decided to have Saveang stay in the hospital for awhile and to let the specialist doctor (possibly a psychiatrist, the family is not sure) give her medicine.

One day when Sarath came to visit the hospital, personnel informed him that they had arranged for Saveang to go stay at Western State Hospital. He was not sure why but agreed to let her go. After visiting her there several times, Sarath explained what the hospital was like to Grandma Phi. Saveang had taken a lot of American medicine and could not walk or talk. She could not eat American food so her face was getting thin. He discussed it with a doctor but the doctor said to wait. Sarath thought Saveang would have to stay there three months or more-- maybe the rest of her life.

Grandma Phi decided that Sarath should bring Saveang home. She had met a new Cambodian family near by and the old man of the family was a powerful kru_khmer. He was willing to try to help Saveang.

Sarath has never told Grandma Phi that he had to steal Saveang from the hospital. The doctor thought she should

stay and so Sarath said he was going to get food from his car. When no one was looking, he carried Saveang out of the hospital. For a long time he was sure the police would come to get both of them but now he supposes they have forgotten. The family told their American sponsor that the American doctor cured Saveang because they were grateful for the help.

Once Saveang was home she slept for three days. Grandma Phi fed her and Sarath had to carry her to use the bathroom or to take a bath. Every day the kru_khmer came to the house and rubbed her hands and feet to try to make sure her spirit would not leave her body. He said prayers and made a mark in Pali on her head. The fourth day, Saveang woke up; the family all went together with her to the kru's house about one block away. At that time the kru had Saveang sit in front of his altar with the rest of the family also in the room. He prayed and requested his guardian spirits to help them. Saveang's spirit was weak and they needed help to strengthen it. The whole family, including the ones who had died, needed to help them and protect her from harm while she regained her strength.

The kru thought it might be possible that Saveang's mother had found her and was trying to capture the spirit of the child she had loved most. Saveang was never happy after leaving her father's house where the house spirit had protected her. The situation was complicated by the

fact that Saveang's mother's spirit had not bothered anyone until now, if it was indeed her. During the Khmer Rouge time in the area where the kru had lived, they had not been respectful of the spirits of the area and had not allowed other people to honor them either. While this surely contributed to the downfall of the regime it may have also caused problems for Saveang if she was not able to maintain her spirit protection while working for the Khmer Rouge. The kru did not feel sure of the diagnosis. He was sure that Saveang's spirit was weak and had to be strengthened. While her spirit was being strengthened, she must be protected from harm.

Saveang slept in the room with the altar for about one week while she gradually regained her strength. Every day the kru prayed and said magic words and blew across her head. The kru's family and the Phi family fed her until she could eat herself. By the end of the week she was able to bathe herself and get dressed. After that she went back home. The kru set up an altar near her bed where he left some power to protect her from any evil spirits who might be roaming around. She was still not strong enough to resist them. Every day she went to the kru's house for him to pray and say magic words and blow on her head. The kru told the family that if they wanted Saveang to remain strong they must never leave her alone. She needed the protection of the spirits of her family and

cannot be protected by her father's house spirit now that she is in the United States.

After about six weeks, Saveang was beginning to act like a regular person and began to take care of the babies. Eventually she became a happy person just like she was in Cambodia before the war. She began to attend English classes and participate in social activities. A couple of years later she married, Som Chhom, a man whose family lived near the Phi family in Tacoma. She and her husband had Sam Nang come to live with them in their own apartment in the center of Tacoma where he stayed until they moved to Seattle. They have two babies, now ages two and a half and one. Saveang got a part-time job in a bakery while Som Chhom finished school. Everyone thought that Saveang would have no more problems.

Until recently, this has been the case. Saveang and Som Chhom moved to Seattle after he completed his schooling and got a job in an electronics factory--about nine months ago. They got an apartment in a building with several other Cambodian families and with other Asians in the area. They have a little more money now and bought a new car and some furniture. Som Chhom did not notice anything wrong until one day Saveang would not let him come in the house when he got home from work. He got Grandma Phi to call Saveang by phone and eventually she let him in. She did not seem to be making friends in the area and stayed

inside the apartment all day. About one month later, she became hysterical and appeared violent and someone in the apartment called the police. When Som Chhom came home from work the police were there. He got Grandma Phi to come from Tacoma and the police got a Cambodian to talk to Saveang by phone. Sarath and Grandma Phi say that the police got Saveang's records from the doctor and have them in Seattle now. No one knows just exactly what this means but Som Chhom is worried about the situation. He supposes that someone from American mental health must have the records.

The family are considering having Saveang, Som Chhom and their babies move back to Tacoma. There she can be treated by the kru and will be near relatives and not feel so lonely. If so, Som Chhom may have to quit his job. Alternatively, Grandma Phi and either her son or nephew may go to live with Saveang in Seattle so someone will always be with Saveang. One of the boys would have to quit school, however, and the family does not want this. If Grandma Phi goes she must have someone with her who can drive. They have discussed the possibility of asking the American doctor for help again but have decided against it because they feel sure that Saveang would die if confined to the hospital for more than a couple of days. Currently, Som Chhom is looking for another job, and they spend weekends at Grandma Phi's house. The kru

khmer has prayed and said magic words and Saveang appears to the family to be stable though depressed.

Family Bai

Current Family

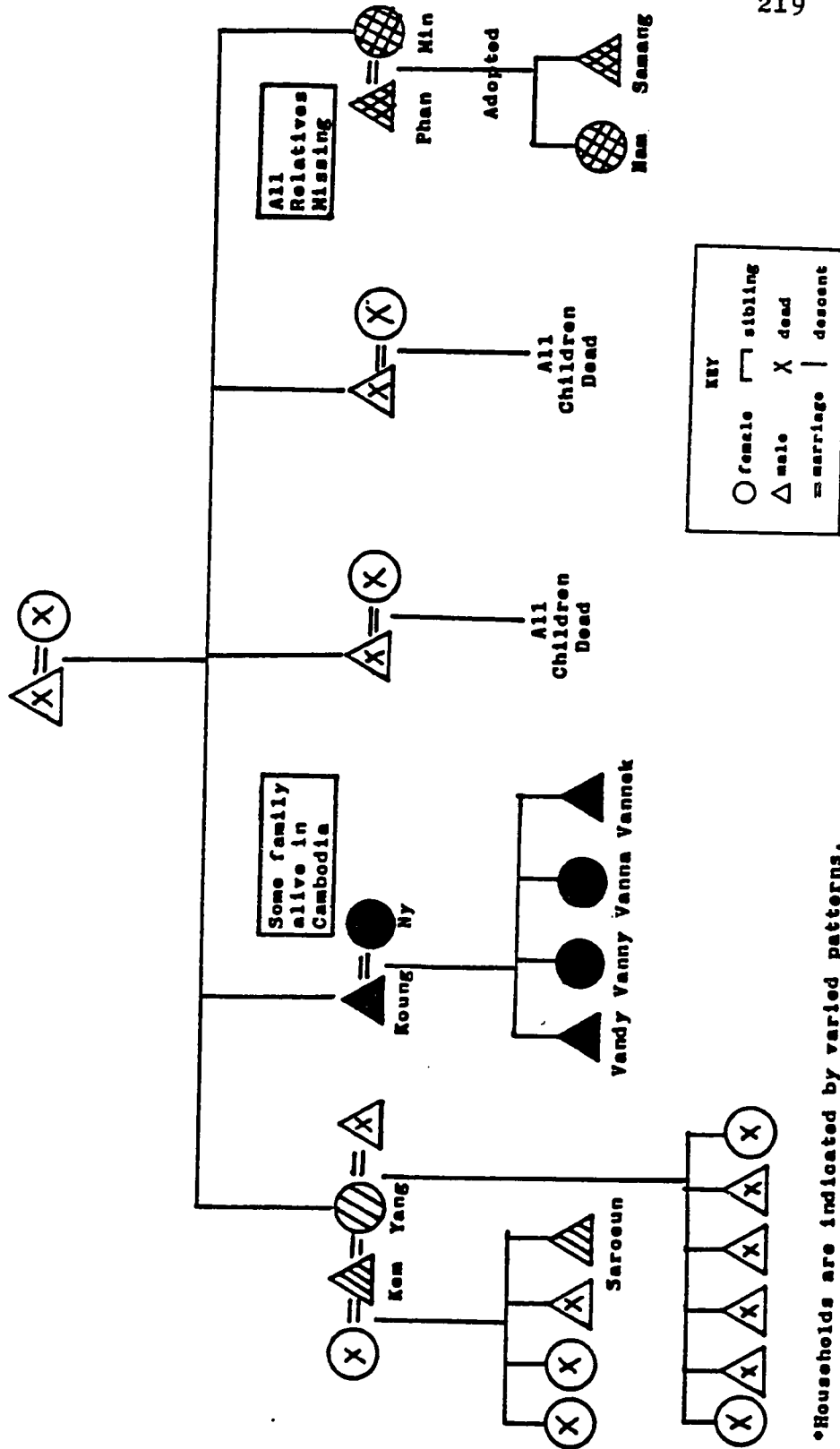
Family Bai consists of thirteen people living in three households. The oldest member of the family is Bai Kem, a sixty-five year old man, living in a two-bedroom apartment in public housing with his second wife, Yang, and Saroeun, his youngest son by his previous marriage. Yang's brother, Koung, and his wife, Ny, live in their own three bedroom house in south Tacoma with their four children ages twelve to twenty. Yang's youngest sister, Min, lives in an apartment near downtown Tacoma with her husband Phan, their adopted five-year-old child, and with a teenaged boy whom they met in the refugee camp.

Kem Bai at sixty-five is about twenty years older than his wife, Yang. He likes to relax and visit with the old men in his neighborhood and goes to the Tacoma and Seattle wats to spend a day or a few days. He does not like television but enjoys watching Indian movies on the VCR that have been dubbed into Khmer. His family has no babies and he wishes that there were babies in his house. He is proud of Saroeun's progress in school.

Yang is in her forties and takes care of all the household tasks. She likes to visit her sister and her

Kinship Diagram 3

BAI FAMILY: Three Households, Two Generations*



*Households are indicated by varied patterns.

brother's wife and has learned to drive the car well enough to go to their houses. She loves watching Indian movies on the VCR and usually has one on while she is preparing food.

Saroeun is seventeen and a senior in high school. His English is fluent and colloquial since he has been in the United States for almost ten years. His spoken Khmer is marginal but he has improved since living with his father. He has learned to read and write a little and plans to continue studying Khmer. He is a better-than-average student and plans to attend a community college next year. He is unsure about what field to pursue since he does not think he can handle any of the engineering fields but he wants something technical which will guarantee him a good job with a high salary. Saroeun enjoys sports and dancing and lots of girls want him for a boyfriend or husband.

Koung, Ny and their four children live in a new three bedroom house about a half mile away from Kem and Yang. Koung has a janitorial contract for several restaurants in Federal Way and sometimes takes Ny or his oldest children to help him at night. He sleeps while the children are at school and is awake during the evening. Ny works in the fields during the summer with the children. When school starts she gathers mushrooms for sale until that season is over. The rest of the year she stays home or helps Koung with his job. She likes working with other people and enjoys visiting with her relatives and friends during

the day. Usually during the school year she cooks special food to have when everyone comes home from school and Koung gets up from sleeping.

Vandy, the oldest child is twenty and has recently graduated from high school. He is working at a drive-in and does not plan to further his education. He has a girlfriend whom his parents do not like; they go to movies and spend time at her house. Often he is not home for days at a time and when at home he is morose and grouchy. Vanny, age eighteen, is a girl and will graduate from high school this spring. She is an average student and plans to attend college. She enjoys going to Cambodian dances and socializing and thinks she may want to get married soon. She does not have any boyfriend right now but will wait until she graduates. Vanna, the other daughter, age fourteen, is in ninth grade in junior high. She loves school and especially loves her English class. She is an excellent student with almost all A's on her report card. She has a lot of girlfriends but is not interested in boys at all. She does not go to dances or participate in that kind of social activity. Vannek, the other son, is twelve and is in grade school. He enjoys riding bikes and playing in the neighborhood with his friends. He likes to play and chat more than he likes to study and is an average student. His spoken English is excellent but he does not read and write well. His mother worries that he

does not care whether or not he learns much in school. All four children speak Khmer easily and the two older are literate in Khmer.

Yang's youngest sister, Min, lives with her husband, Phan, and children in an apartment near downtown Tacoma. Neither Min nor Phan work and both enjoy staying home with their adopted son, Samang, age five. Both also spend several hours each day at the home of the spirit medium when she is in town. Both are full participants in the cult and pray and make offerings at the altar. Nam, is a fifteen year old boy who lives with the family. They met him in the refugee camp and added him to their family list. He is a sophomore in high school and is doing poorly. He has eye problems which prevent him from being able to see the blackboard and therefore he cannot succeed in his studies. He enjoys sports and other activities with boys but is a shy boy in any other kinds of social activities.

Stated Problems

Bai Kem behaves inappropriately and embarrasses his family. Sometimes he will wander away and be found speaking Khmer to people in the shopping mall. Among Cambodians he has begun to go ask young women to dance and tries to find a young girlfriend. He sometimes becomes melancholy and drinks. Kem does not know how to drive. His son has had to go to the jail and get him when Kem

drinks and drives the car. His son or wife or other members of the family have to go get him at the mall and have to keep track of him at dances. Between bouts of this behavior he acts like a regular, dignified person of his age.

Ny finds herself extremely anxious about small things. When she is going places in the car she forgets where she was going and forgets the way home. She becomes frightened of ordinary things like going to the grocery store and becomes sweaty and trembles for a few minutes. Usually none of these things last too long and no one else in the family has noticed but Ny herself worries that she may be going crazy.

Phan was beaten badly on the head during the Khmer Rouge regime and continues to have severe headaches. He forgets things sometimes and has periods of time in which he has bad dreams and is afraid during the day. His wife Min also gets fearful and will not go out of the house during these times.

Nam has severe eye problems for which no medical treatment has yet been successful.

Family Background

Kem Bai entered the monastery as a young man in his native Kampot Province and spent about twenty-five years as a monk teaching and studying in temple schools throughout southern Cambodia and in eastern Thailand. His family had

always lived in the same village in a mountainous area of Kampot. They were farmers and gathered wild products from the mountains. His family were of the group of Khmer called Khmer Loeu and had little contact with the rest of the country. There were no roads to his village when he was young and when his father took him to the wat they had to walk for two days through uninhabited forest to get there. His father had promised Buddha that he would give one son to be a monk when his mother almost died giving birth to one of Kem's younger siblings. Once he went to the wat Kem had little contact with his family because it was hard for them to come to town to visit him. He enjoyed his life at the wat and was a quick student even though he was older than the other boys when he began his studies.

In his late thirties, Kem decided to leave the monastery and return to his village to marry. By that time there was a road to his village and a Buddhist wat with a temple school for the local children. No one there had as much education as Kem so he agreed to teach in the school. This later became a government school and Kem continued as teacher. When he first reached the village he requested of his brother that he find a suitable wife for him since both his parents were dead. His brother arranged for him to marry a young widow who had one child. He was happy with his wife and family in the simple life

in his village. They had four children born in the village. When Saroeun, his youngest child was born, his wife died in childbirth. The baby was sickly and was not expected to live but the midwife and a kru_khmer with special powers for childbirth took care of him and saved his life. The kru tied a string around the baby's waist and one around Kem's waist. After that their spirits were tied together and the baby was healthy. A neighbor nursed the baby but Kem took care of him in every other way. Some of his happiest memories are of holding his son on his lap in the evening while the boy fell asleep.

The Khmer Rouge were active in the mountainous areas where the village was located and many young men from his area left home to join their forces. Kem, as the teacher for the government school and a faithful Buddhist, did not support their philosophy and argued against them in the village. In 1972, the Khmer Rouge took complete control of the area and Kem and his youngest son left because Kem feared execution. They went to Battambang where he worked as a teacher until the Khmer Rouge took over the country in 1975. When Kem knew that the Khmer Rouge were going to win, he and his son started immediately for the Thai border. When they got there, the Thai soldiers would not let Kem in without either documents or gold but they took pity on his son and let him go into Thailand with a Thai monk Kem met at the border crossing. Kem waited at the

border for a chance to sneak into Thailand but was captured by the Khmer Rouge before he could do so.

Yang's family had lived in Battambang City near the public market for several generations. They had an ancestor who came from China but they are not sure how long ago. Her mother owned a restaurant near the market and her father worked for the government. She and her husband and children had taken over the management of the restaurant from her mother and had made it a successful business. Her brother, Koung, studied at both Chinese school and the Khmer government school and his family also helped with the business. He is the only family member who speaks Chinese. Yang's youngest sister Min was an excellent student and graduated from college before she married Phan who was an officer in the army.

Some of the other brothers and sisters operated other businesses, especially trading back and forth with Thailand at the main border crossing. Life in the city was secure and pleasant before the Khmer Rouge took over the country. The children attended school and business was better than ever with all the army officers in town with lots of money to spend.

When the Khmer Rouge entered Battambang everything was quiet for a few hours. Phnom Penh had fallen two days before and all the soldiers had had time to go home. All of Yang's family had time to get home to their parent's

house before the Khmer Rouge trucks came about six in the evening. All day the radio had played nothing but classical music and no one knew what was happening. Yang directed the family to get food ready to cook so that when the Khmer Rouge officers came in to the city they would be able to open the restaurant and serve food for them. When the first Khmer Rouge entered the city Phan went to the garrison to surrender with the military. The rest of the family waited in the restaurant.

After several hours some Khmer Rouge officers came to the restaurant. Yang directed the family to turn on the lights and begin preparing food while her mother and father went to greet the soldiers. The officers were curt and rude and told her father to go with them. She sent one of her sons to follow to see where he was being taken. She never saw her father or son again. Phan returned the next morning and later that day everyone was forced to leave the city. They went north with all the people from that area. They had packed what they could carry but decided to walk rather than take the car so they could blend in with the population. Her brothers and brothers-in-law took turns carrying her mother and the babies. They looked at every face to see if her father and son were in the group. There was a line of people as far as anyone could see in both directions. Every once in a while Khmer Rouge soldiers would drive along the road with a truck and

loudspeakers and ask all of some category of people to ride to the destination. Several times they asked for soldiers but the family decided that Phan should pretend that he worked in the restaurant.

After two days the soldiers told everyone to camp in the forest and then began taking groups of people in trucks. Two of her brothers and their families went in one truck and have not been seen again. Yang, Koung, Min and their families and their mother went in one truck caravan. They arrived at somewhere that did not look like anyone had ever lived there--it was forest with no fields or houses. The soldiers told them to get out and make houses and make farms and survive.

The men of the group divided the tasks. They set the women to care for the children and the old ones while the men found water and banana leaves for cover against the rain. Later a group of men went to find a village where they could get help. The village people came and showed them how to make houses and took the old ones to rest inside their own homes. (Yang and Min now pray for the Buddha to bless these villagers because they do not know where they are or if they are even alive. Yang cries when she thinks about these people because they are the last people to be kind to her mother in this life.)

The family remained together in this area for more than one growing season. They grew bananas and rice but

not much. They were not good farmers even though the village people helped them. Everyone worked in the fields except her mother who took care of the babies. After harvest there was not much food. Soldiers came to supervise the work and distributed the food. They were angry that there was so little and took almost all the rice. Everyone began to get thin including the village people. Some people began to get sick from hunger even though they tried to find wild food in the forest. Two of Yang's children died and her mother was sick.

When it was time to plant rice again they knew how and did a better job. However, everyone was so thin that they could hardly work. The soldiers came back with trucks and left an officer who stayed to live in the village. He was in charge of the area after that time and life became much more strict. It was more difficult for the city people than for the villagers but it was difficult for everyone. They were organized into work groups and all the children and young men and women were taken to work on a big project somewhere else. The rest of Yang's children had to go with the Khmer Rouge as well as Koung's son Vandy. Sometimes the youth came back to visit for one or two days. One of her daughters came several times but told her mother that the other children had died. That year her mother died too.

Koung, Phan, Yang's husband and some other men decided to try to escape to Thailand. While they were planning and hiding supplies they got caught and taken to prison. They were in prison for several months and no one knew where they were. Yang's husband died as a result of a beating. Phan was unconscious from the same beating but he was tied to Koung in the prison and Koung kept his wound clean and eventually he survived. They were tied too far away from Yang's husband and perhaps they could not have saved him anyway.

In prison, they met Bai Kem who had been working in the Khmer Rouge headquarters and was now slated for execution. For about five days Koung, Phan, Kem and two other men were alone in a prison room with three dead bodies. Everything was unusually quiet outside and all the guards disappeared. They were able to break open the door and all got out. It was eerie because no one was around. Phan, Koung and Kem went back to the forest near where their families were. Kem had no where else to go so he joined the group.

Everything appeared to be as usual at the village. They hid for several days and looked for the children. They found Vandy but none of the others. Then when they were ready, they got the women and small children and moved further up into the mountains toward Thailand. They hid carefully during the day with one of the adults

keeping guard. Eventually they reached Thailand because Kounng knew the way from previous trading trips. Everyone hid while Kem walked to the wat of a small village and asked the monks to help them. The monks agreed and when the Thai soldiers came later to gather up all the refugees the monks requested that they be allowed to stay because Kem had taught in Thai temples so often in his life. They were safe.

Some of the group went to work for some Thai farmers and Kounng went into town and got work in a Chinese store. They lived with the monks for several months until the Red Cross came to gather all the refugees in a refugee camp where they would be safe. They entered Khao-I-Dang when it was just beginning to be built.

Life in Thailand. Saroeun as a boy of about five or six had gone with a monk into Thailand and hoped his father would be able to find him. He lived at the temple for awhile until the monk found a family nearby to take care of him. The family loved him and wanted him to stay with them but the government made an announcement on television that all the Cambodian children must be brought to the government office. They were going to hide him but he was not registered on their house list and they were afraid. In consultation with the head monk at their local temple they decided they had to take him to the government.

The Thai people in the government office took him and several other children to one place in Bangkok where they stayed for awhile. One American lady saw him and he went home with her. The woman told the American embassy his father's name and gave them a copy of a photo so his father could find him. They went to the United States several months later and lived in New York State. Saroun attended school and lived alone with the woman who had no other children and no husband.

A few years later the rest of the family escaped and lived in Khao-I-Dang refugee camp for several months. They applied to go to the United States and stated that Kem was Yang's husband so he would not be separated from them. Each couple registered separately with the Red Cross so that if one family got to the United States they could sponsor the others.

Kem and Yang were accepted early because Kem's son was found and his American foster mother sponsored them. They moved to New York State and stayed with her for several weeks. They found out where other Cambodians lived and arranged to move to Tacoma as soon as they could. Saroeun stayed with his American foster mother until he finished the school year and then moved to Tacoma to live with his father and Yang. He could hardly speak Cambodian but he did the best he could to help his family.

Koung and Ny were accepted early also because Koung said he was Chinese. They were sent to Mairut camp with the other Chinese and were quickly sent to Bangkok and to the United States. They requested to go to Tacoma because that is where Kem and Yang were going to go. They knew from other Cambodians that Tacoma had good schools and they wanted that for their children.

Phan was afraid to tell anyone that he had been a soldier so they were not in a priority group. They stayed in Khao-I-Dang camp for more than a year and then were transferred to SaKeao II. Min began teaching in the camp school and later transferred to the pre-school when it opened. Phan began to work in the camp recreation center where he taught sports. Saroeun's American foster mother sponsored them and wrote letters to the embassy on their behalf. They requested to go to Tacoma where everyone else was living.

While teaching sports, Phan saw one boy who stayed alone all the time. He was extremely thin and quiet. Phan took him to the monk and in talking with the monk found out that the boy was living alone underneath someone's house. Phan went to the children's center with the boy and told them he wanted the boy to live with him. The children's center recorded all the information about the boy, took his picture and then gave Phan a paper saying that the boy was his foster son. Phan also went to

the Thai commander and got a similar paper from him. The boy, Nam, has lived with the family ever since.

Min was distressed that she was not able to get pregnant even though she was in good health--she had gained weight and all her hair had grown back. She had gone to the hospital and to the tracing office to see if anyone had a baby they did not want. At that time there were some babies abandoned at the border and Phan and Min applied to have one. Within about three weeks, a six-month-old boy was placed with them. He was named Samang which means good luck. Within another month the family was accepted to go to the United States. They arrived in Tacoma late in 1982.

Life in the United States. Koung and Ny and their children received the other two families and helped them get settled. Everyone studied English and the children enrolled in school.

Yang and Saroeun had a hard time getting used to each other because they had never known each other. Yang felt sorry for Saroeun and was soft and gentle with him because she was sure he was afraid of all the responsibility of his family. She remembered the village people who had helped her mother and thought his mother was probably this kind of person. Therefore whenever she was upset by anything he did or said she put it out of her mind and tried to make him feel comfortable. She cooked the best food she could

think of so he would enjoy coming home from school. At first he did not know the taste of Cambodian food but soon he would ask her for some particular thing. Once he began to do this she knew that he had accepted her and that they would be able to get along and take care of his father. After several months they had gone to the temple for a religious ceremony. She helped Saroeun write his mother's name on the paper that they would give the monk for the prayers because he wanted it in Khmer and could not write it himself. While the monk was praying and burning the papers and blessing the people, Saroeun began to cry. He cried for a long time and she and Kem sat with him at the temple. Later he was finished crying and his face was happy. Since then Yang and Saroeun have always felt comfortable together.

Kem on the other hand began to behave inappropriately about a year after the family arrived in the United States. Most of the time he was a regular, dignified person. He spent a lot of time at the wat in Seattle and helped with the religious ceremonies. Sometimes, however, when the family was shopping, Kem would go up to American strangers and begin thanking them in Khmer for saving his son. Everyone was embarrassed by this and did not know what to do. Sometimes he would go out by himself and go to the mall and begin making speeches in Khmer to thank the Americans for helping his son and all his people.

Although he had never used alcohol in the past, he began to drink cognac during the evenings and would become morose and speak incoherently.

One time when he took the car after he had been drinking, he was stopped by the police and Koung and Saroeun had to get him out of jail. The police told them they had to go see the mental health worker or their father would have to stay in jail. The mental health worker interviewed him and took him to several doctors and to the hospital for x-rays. The family was told that he did indeed qualify for "mental health" and he began receiving disability payments. This was good luck for the family because they had had little income after their welfare was cut off. They hid the car keys because they were afraid that Kem might hurt himself or someone else.

All the family members try to help Yang and Saroeun to keep Kem busy with the other old people. When a wat opened in Tacoma they were glad because he could go and stay there with the other old ones and then he behaved more appropriately. Saroeun drives him to the wat and home whenever he wants to go. Even when it is inconvenient or embarrassing, Saroeun remembers that his father saved his life when he was a baby and that their spirits are connected so he swallows his angry words and calms his heart. He feels proud that now the son's spirit is strong enough to take care of the father. Saroeun himself

learned about church from his American foster mother but he goes to the temple also because it is important to his father.

Yang cooks often for the temple for somewhat the same reason: the monks and people of the temple saved her family in Thailand when many other people were sent back to Cambodia and killed. So now she wants to help Kem and the monks even though she herself is not religious. Yang manages her cooking and household tasks well enough but she wonders why she cannot manage to go to work. She feels listless and unable to organize herself to find or keep a job. Since she managed a large business with fifty employees in Cambodia she worries that she cannot even go cook in a cafe. Everytime she tries she is simply too tired and disorganized to do it and has resigned herself to staying home.

Koung and Ny and their four children were the first members of the family to actually arrive in Tacoma. They began studying English and got the kids in school right away. Both parents got their GED certificates because they wanted their children to understand how important American education is for the family. Koung got a job at a Chinese restaurant shortly after arrival and has now got a contract with several Chinese restaurants to clean the premises at night while they are closed. He started out by doing all the work himself but now he hires other people as well.

For their first several years, Ny worked with him and often brought the children too. During the summers everyone worked in the fields picking berries or cucumbers during the day and then went to work cleaning the restaurants at night. Now they have enough money to buy a house and new cars so Ny can relax a little more.

Ny usually stays home and cooks for the family or visits her family and friends. None of her own relatives are in the United States although some of her brothers and sisters are still alive in Battambang City and she writes to them. During the last year she has begun to forget things--when she goes out to shop she cannot find the store and cannot figure out how to go home. The first time this happened she was frightened and drove around for about three hours. Now she has phone numbers on her key chain so if she forgets she can call. Sometimes she becomes afraid for no reason at all and cannot go out through the line at the supermarket. She always takes Vanny with her now to help shop. No one else in the family has noticed this or worries about it much.

Koung and Ny are worried about their two oldest children. Vandy lived in the children's team with the Khmer Rouge for about three years and since then he has been like a different person. He has never been willing to talk to anyone about that time so no one knows what happened. While they lived at the wat in Thailand, he was

quiet and worked very hard in the fields--much harder than a boy his age usually works. He never wanted to talk to the monks or any of the Thai people. Since living in Tacoma he has usually been quiet but he always does just exactly what he wants and does not listen to anyone. His parents are willing to arrange for him to marry any girl he wants but he just walks out of the house. He works at a low-paying job and spends all his money on his car. He spends most of his time at the home of a girl who has a bad reputation. In spite of this his parents would be willing to talk to her parents to arrange the marriage but he just walks away. The girl's parents are worried too and try to help. The two sets of parents hope that if they are patient their children will improve themselves. Koung, however, tries to stay away from Vandy because he is sure he will lose his temper and may even hit his son. When Vandy is home, Ny keeps them apart.

Vanny is not as difficult to be around as Vandy but her parents worry because she only thinks about the present and never about the future. Min always tells Koung and Ny to relax, that it is normal for young girls only to think about boyfriends and clothes. It is because Koung and Ny have had to work so hard for such a long time that they worry so much about the future. She says Vanny will be fine. Vanny does not seem to get upset when her

parents scold her. If they push too hard she goes to Min's house for a few days.

The two young children, Vanna and Vannek, are fine except that Vannek does not study as much as he should.

Phan and Min and their two boys were the last of the family to arrive in the United States. They began studying English right away. Min had learned some in the refugee camp and completed her GED quickly. Phan told the people at the health department about his headaches in his initial screening after arrival. After several examinations by different doctors, he was sent to the hospital for several days for more tests. Min was so scared that he was being killed that she had to go stay with Yang. Some time after all his screenings were complete, they got a letter that they would receive disability benefits because of Phan's head injury.

This was a stroke of good fortune because they had been informed by the welfare department that both of their children would not receive any financial help because they were not their real children. This situation was eventually straightened out but Phan and Min would never leave the boys alone or with anyone else because they thought the government might take them away. Over time they settled into the pattern of their new life and relaxed. Phan began to be active helping the Cambodian Mutual Assistance Association with sports activities and in

planning New Year. Every place he went he would take Samang with him. He enjoyed him so much and laughed at everything he did. Now that Samang is in kindergarten he has to let him go for half-days and he misses him.

About six months after they arrived in the United States Min and Phan became afraid for no particular reason. It appeared that the apartment that they were living in at the time had been the home of a man who had been shot by the police several years before. The spirit of the man had not rested since then and was entering the apartment from time to time. As soon as they discovered the reason for their fright, they moved right away to a new building where no one had lived before. They also went to seek advice from the spirit medium about how to protect themselves from this possibly violent spirit.

The medium conducted a ceremony in which she asked her guardian spirit to help them. The guardian spirit agreed to help but first Min and Phan would need to come to the medium's altar every day for two weeks so the spirit could see if they were good people. They did this and at the next ceremony, the guardian spirit agreed that they were good people. At the next visit of the guardian spirit, about two days later, the spirit assigned two of his spirit helpers to be responsible for Phan and Min. They were given a certain item which would offer protection and were told what words to say when they needed to call their

guardian spirits. Each were given specific behaviors which they must do or not do so the spirit helper would continue to protect them. They each needed to agree to be called by the name of their spirit helper when they were in the presence of the main guardian spirit.

After that time, they have not been bothered by the violent spirit and their lives have been pleasant. The only difficulty that still remains in their lives is the problem of Nam's eyes.

Nam had his eyes checked at school shortly after he enrolled in the Newcomer Center. He was hardly able to see the top letter on the chart so the Cambodian nurse's assistant at the school began taking him to eye doctors to get a check up and eyeglasses. The physicians were not able to find any cause for the eye problems but prescribed glasses for him to wear at school. He would not wear the glasses and said that they did not help anyway. He sat in the front of the classes and did the best he could. The nurse's aide continued to take him to the eye doctor for more testing. The physician is continuing to try to find the problem since the boy cannot see well but so far has not been able to find any physical cause. Nam has his glasses and wears them occasionally but says they do not help. Nam likes the eye doctor and Min thinks he is trying to find some help for Nam.

Within the last two years a good kru_khmer has come to the area and the family have begun consulting him about this situation. He has seen Nam three times and has begun trying to identify what spirit problem may be at the root of the trouble. Nam has no idea what may have become of his parents and small siblings. He was about eight years old when the Khmer Rouge took him away from his village and he has never heard anything about his area since then. He was from a small village in Pursat Province but he went to Phnom Penh to work in a factory for the Khmer Rouge. His group leader was kind to him and all his group but no one could talk to each other so he had no friends. When the Vietnamese were coming into Phnom Penh Nam's leader ran away with all of his children. They hid in the jungle for a long time and then got to safety at SaKeao I camp in Thailand. About half of the boys died while getting there. Nam slept with his leader until he went back to Cambodia. Nam did not want to go back to the jungle or to the factory so he hid in camp while the Khmer Rouge forces left. He hid for a long time in the camp and ate bits of food other people threw away. When Phan found him he was so thin that Phan's thumb and finger encircled his thigh. Most of his hair had fallen out and the little hair he had was dry and brown. The family kept a copy of the photo the children's center took to compare to their now fat and healthy son.

The kru is trying to contact Nam's parents to see what their situation might be. Nam is sure they are dead. It seems possible that Nam's mother and father are angry that he loved his Khmer Rouge leader, especially if they had a hard time during the Khmer Rouge regime. Or they may be upset that he loves Phan and Min and are forgetting them. He has had Nam set up an altar for his parents beside the altar that Min and Phan have set up for their guardian spirits. Min and Phan give offerings for Nam's parents too so they will know that Nam is with a good family. The kru does not think that he has reached the solution and is not sure that he will be able to do so. He encourages the family to continue to see the American eye doctor.

At this time the Bai family think that they have some difficult problems to adjust to but that generally their life is going well.

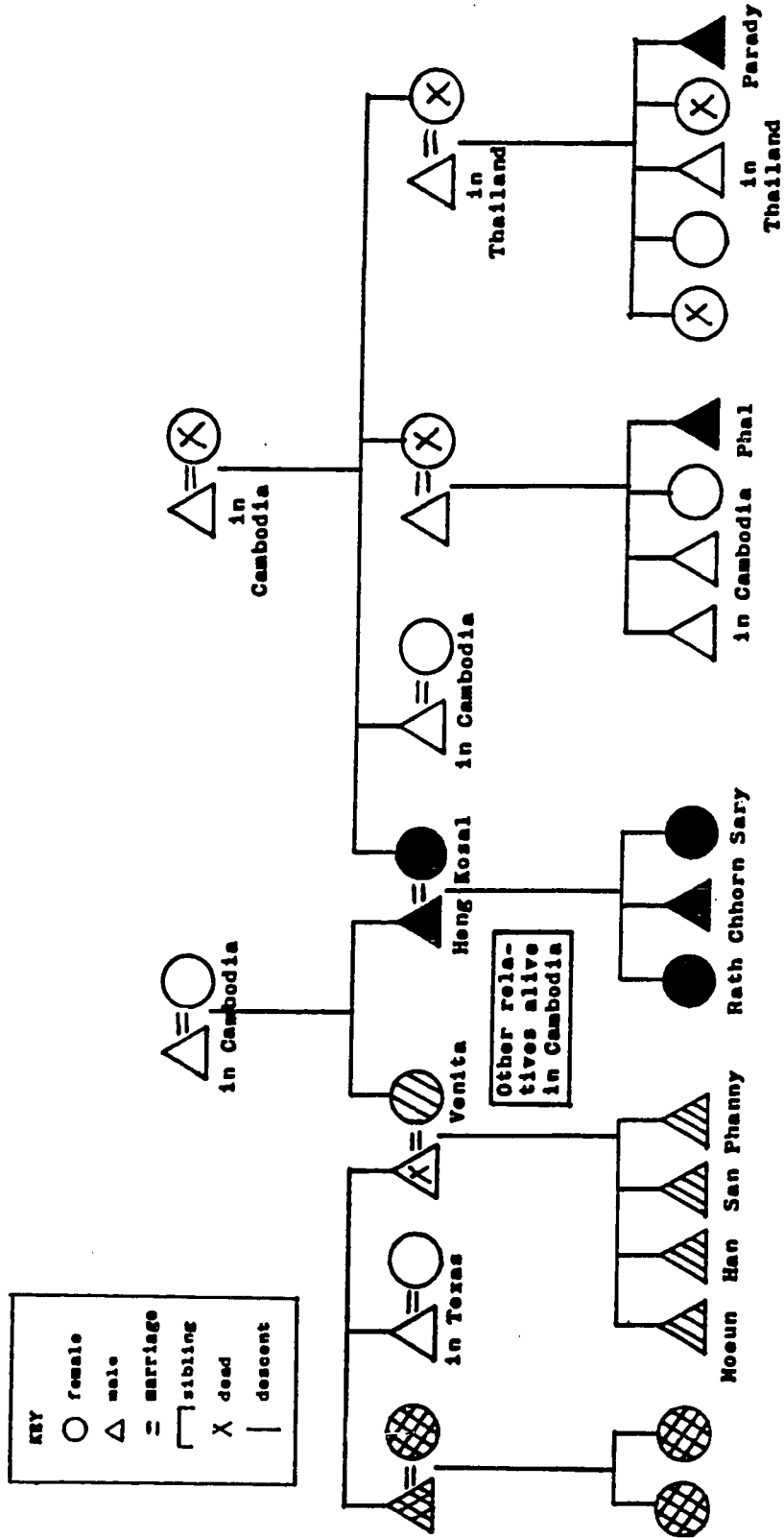
Family Boun

Current Family

The Boun family consists of two households who have close connections to one more household in Tacoma. Boun Heng and his wife Kosal live with their three children and two nephews in a new five bedroom house in south Tacoma. Heng's older sister, Venita, lives with her four children in an apartment in the hilltop area of central Tacoma in the same apartment building where her husband's younger

Kinship Diagram 4

BOUN FAMILY: Two Households, Two Generations With One Closely Associated Household*



*Households are indicated by varied patterns.

brother and his family live. Venita's husband died last summer.

Boun Heng is a teacher's aide with the Tacoma Public Schools. After working hours he enjoys working around the house fixing things or working in the yard. He helps with activities of the Cambodian Mutual Assistance Association and taught in the Khmer language summer school sponsored last summer by the Mutual Assistance Association.

Kosal is a seamstress and sews at home for many Cambodians. She gets silk cloth from Cambodia and Thailand and makes dresses for weddings and any other formal occasion. She also makes Western style clothes but usually only for her family.

Heng and Kosal have three young children who are in kindergarten and grade school. Their younger nephew is in junior high and their older nephew is studying engineering at Washington State University.

Heng's oldest sister Venita lives with her four teenage children in an apartment in central Tacoma. Venita does not work during the school year so that she can cook and care for her children, but, during the summers they all work in the fields. Her husband who died last summer was a musician.

Venita's children are Moeun, Han, San and Phanny. The three oldest are boys and are all in high school. Phanny is a girl and is in junior high. Phanny is a lively,

outgoing girl who has a reputation as an excellent classical dancer. She is often called upon to perform at New Year and other community functions. She loves school and plans her wardrobe with great care. Her hair is stylish and she has gold earrings and necklaces because her father loved to buy things for her. Her oldest brother also spends his extra money to buy her clothes or cosmetics. Academic aspects of school are of less interest to her but she speaks English well and discusses clothes with American as well as with Cambodian friends. She speaks Khmer fluently but is not literate.

Moeun is nineteen and will graduate from high school this year. School has been difficult for him because he never went to school at all until he entered the United States. He speaks Khmer correctly and fluently but with the distinct accent of his area so some fellow students laugh at him. While in the refugee camp he went out to work on Thai farms and speaks Thai also. He hopes to get some kind of job when he graduates and will then marry. He does not have a girlfriend but his uncle will help him now that his father is dead. He admits that one local Thai family has a nice girl.

San and Han are fifteen and sixteen and are in the tenth grade in different high schools. They are doing well and are serious students. Han has just discovered girls so his grades have taken a dive and he is beginning

to be more sociable than he used to be. San used to share a paper route with Han but now does the whole thing himself. He does not plan ever to get interested in girls and thinks Han is disgusting. Both boys speak, read and write Khmer fluently and intend to pursue this study. They learned to read and write and speak the standard dialect in the refugee camp where they began learning English.

Venita and her children live upstairs from her husband's younger brother and his wife and young children. Her husband's brother is also a musician and the two men used to play together often with some other friends.

Stated Problems

The Boun family do not think they have any problems that money would not cure. Venita is lonely for her husband and hopes her children will be successful in the future. Other than that they have no problems.

Family Background

The Boun family have lived in Oddar Men Chey Province for many generations before it was a province. Heng's father told him that some of their relations lived in Surin, Thailand but he did not know those people. His father's great grandfather and his brother had a fight and the brother went to Surin and his great grandfather came to Oddar Men Chey. At that time there was only a small

town there where the trail went between Cambodia and Thailand. There were no roads or schools but there was a wat. Even that many years ago there were some famous holy monks in that area. Although few of Heng's family remained for their whole life in the monastery, all young men were ordained and their family was always a strong supporter of the wat and the monks. Heng's father and his family before him made a living carrying things on the trail through the mountains into Thailand and sometimes over into Laos.

Heng was a younger son and could remain in the wat for as long as he liked to study. He studied at the temple school for many years. When he was ten years old his father took him to the wat in Battambang so he could attend the government school. He was amazed to be so far away from home but he enjoyed his study. He stayed in Battambang except for a few vacations until he had completed high school and passed the exam to get a teacher's certificate. Although he wanted to remain in the city he eventually went back to Oddar Men Chey. The government had created a new province there and was building a new school. They were paying a higher salary than in the city and there was a chance for faster advancement. He hoped to teach school for a few years and then enter politics as an elected representative. Heng married Kosal a year after returning home.

Kosal's family had been mayors of Oddar Men Chey City, now the capital of the province, for many generations. Her mother had special responsibility for the spirits of a mountain outside the town. Kosal's sister took on the responsibility when her mother got old. Since Heng had gotten so much education, Kosal's family was happy to let him marry one of their daughters even though he was otherwise from an ordinary but honorable family.

Kosal had stayed home most of her childhood but had a few years of schooling as a young girl. As a young teenager she had travelled to Surin with an aunt where she had taken a class in power sewing. She worked as a seamstress in her home and had a successful business. Kosal and her mother and sisters all lived near each other and cared for each other's children.

After her marriage, Kosal was not able to get pregnant and the whole family found this distressing. Heng's family took Kosal for special prayers with the monks and made offerings for her. Kosal's mother also requested help from the mountain spirit. Eventually she conceived and bore her first daughter, Rath, and within two years her first son, Chhorn.

War experiences. The Khmer Rouge controlled most of their area as early as 1970. This did not affect life much except for a few times when there was fighting between government soldiers and Khmer Rouge. Heng had listened to

their speeches and approved of many of their ideas. It was his experience that the wealthy people in the cities did not know or care about the poor farmers. He argued with his father and father-in-law who said that the government had done many good things for the province. None of them expected a change in government to make much difference in their area however and they were neutral.

After the Khmer Rouge took control of the central government in 1975, however, there were some changes in their area. The Khmer Rouge closed the wats and schools almost immediately. Some of the monks were taken away and the younger ones were allowed to go home to become farmers. Heng's family all had to become farmers since there was no more need for school teachers or for transport. Eventually Heng was taken to work in the Khmer Rouge headquarters because they needed someone to read and write.

Venita's husband had always been a musician and farmer and was taken by the Khmer Rouge to work with a traveling entertainment group. He had to sing and play music about the joys of hard work and the glories of "The Angka" (The Organization). Sometimes his brother worked with him. They traveled throughout the region with the chairman of the area when he inspected the different towns. He and Heng sometimes went together. Although they had thought that the Khmer Rouge philosophy sounded good and were more

supporters than otherwise, once they saw the way the Khmer Rouge carried out their policies, both Heng and Venita's husband were sorry that they had come to power. The Khmer Rouge did not respect Buddha nor did they respect the spirits of the area. They were not kind to the people they governed. Most people began to predict that the Khmer Rouge government would not last long.

About two years later, Heng saw a list of people in their area who were scheduled to be executed. His own name was about the twentieth name down so he began planning his escape. Heng and Kosal and their two children would go settle in Surin. They arranged to take Parady, Kosal's sister's baby. Parady was sick and there was no medical care available. They hoped to be able to get help for him in Surin. Another of Kosal's nephews, her oldest sister's youngest son, also went with them. He was a bright boy who should have education and this was not possible in Cambodia any more. Heng was afraid to take many people since that increased the likelihood of getting caught. He arranged for his brother to warn the others on the list after he had managed to make his escape.

Life in Thailand. Heng's father took them as far as the main road inside Thailand where they could get a bus to Surin. He was afraid that Heng would get lost since he had done little travelling for the family business. They took as much gold and family treasures as they could safely

carry to support them in Thailand. Once they reached Surin, Kosal found the family she had stayed with while she studied sewing and they settled there for several months. Kosal sewed for her friend and the boys began to go to school with the family's children. Heng began to study Thai so he could get his teaching certificate.

After several months the family decided to build their own house and went to the government office to get a permit. They discovered that they could not settle in Thailand but that they could apply to go to France or the United States. The city official was ready to put Heng in jail as an illegal alien but their friends arranged for them to stay with them until they could apply to go to another country. Heng contacted the Red Cross who contacted the American embassy and arranged for his family to go to the United States.

Before they left, they wanted to contact their family in Cambodia so they could let them know the change of plans. Phal and Heng went together on a borrowed motorcycle until they were almost home then walked the last few miles. When they reached home they discovered that life had gotten harder. There was not enough food for everyone. People were getting thinner and some of the old people were dying. Phal discovered that someone had killed his mother by witchcraft and he was so angry that he was ready to die getting revenge. All his family tried

to calm him down by saying he should get his education to please his mother. The enemy of his family was trying to prevent him and he should succeed. Eventually he agreed to go back and go to the United States with Heng.

Some of Heng's brothers went to Surin with them to buy food and bring it back for the family. Heng gave them the motorcycle so they could carry more.

Life in the United States. The Boun family arrived in the United States in 1978 and were settled first in Minnesota. There were some Cambodians there but they decided not to stay. It was so cold they were afraid that Parady would die. They moved to Tacoma within a few months.

Parady continued to be sickly for more than a year. Kosal took him to the health department right away and got him referred to a specialist. The doctor gave him medicine to cure parasites first and then gave him medicine to cure his cough and runny nose. After the medicine had time to work, he began to gain weight and became active and happy. He began to attend school and learned well. He speaks only English although he understands some Khmer. His aunt and uncle speak to him in English.

Phal was in good health but he had terrible dreams and nightmares. He saw his mother walking toward him but when she got to him she walked past and did not see him. He was so afraid that he could not sleep even when Heng and

Kosal held him and rocked him. There were no monks around in Minnesota so they could not do anything to solve the problem. He had a hard time studying because he could only think about his mother.

Once the family lived in Tacoma they were able to contact the monk at the Thai wat through a Thai social worker at one of the agencies in town. The family took Phal to the wat and stayed with him for several days. Phal spoke only simple Thai but it was enough. Kosal was able to help him communicate with the monk. The monk talked to Phal for several days and explained that they could not do a ceremony for his mother's spirit until Phal could turn away from his anger. If he remained angry it might damage his mother's spirit and he would not have helped her. After three days, Phal's mother came in a dream and told him to quit seeking revenge and to have the ceremony. They had the ceremony the next day and Phal felt calm and happy and ready to study.

Phal entered junior high in Tacoma and began learning English. He was an excellent student and graduated from high school with high honors. He speaks Khmer fluently and has learned a little reading and writing.

Heng studied English and took a nurse's aide class. Kosal went to work almost right away in a sewing factory and learned English by practicing with the Americans who worked there. About eighteen months after their arrival in

Tacoma, many Cambodian refugees began entering the United States. The school district needed more teacher's aides so Heng was able to go to work. Kosal got a job cooking at a restaurant. All four children were doing well in school or pre-school and had learned English quickly.

Heng's sister's family and her husband's two young brothers wrote to the family from Khao-I-Dang refugee camp in Thailand, needing sponsorship. One brother was sponsored by friends and quickly resettled in Texas. Heng and Kosal sponsored Venita's family and the other brother. They were not in a priority category and so remained in the refugee camp for a long time. The two men played music for weddings and other occasions and generally the two families had a happy time in the camp. Enough of the money that Kosal sent reached them so that they were able to live well and spend most days making music. Venita's husband also made and sold musical instruments to the Thai people in the area. All the children had access to schools for the first time and began studying Khmer language and mathematics.

Kosal got pregnant again, and again had a difficult pregnancy. There was no one to help her with special prayers so she accepted advice from some Christian people who were teaching in her neighborhood. They came to her house once a week and read the Bible and said prayers. Heng did not like her to do this but she felt that she

needed intervention from the local spirits if she were to have a successful birth. She attended church and learned words from the Bible. She did not take the other children to church however since she thought that the spirits who protected them would be angry. It appears that Christian spirits do not accept other spirits, so she did not want to cause illness for her other children. Sary was born healthy and was baptized. Her Christian name is Sarah and the family call her Sary. (Sary and Kosal still attend church sometimes but they avoid going now since the church people want to pour water on Kosal's head also to make evil spirits go out. Kosal had always been protected by the spirits of her home place and does not want to offend them.)

In 1983, Venita and her husband and four children arrived in the United States. Shortly after that, her husband's brother and his family also arrived. They learned a little English and soon formed a musical ensemble with some other musicians in the area. They played for weddings most often but performed anywhere anyone needed music. There were enough Cambodians in the area by that time that they were busy every weekend. The whole family worked in the fields all summer and the adults gathered mushrooms and other forest products in the fall. The children entered school and enjoyed their

studies. They played in the neighborhood after school. Most of the children in their building were Cambodian.

Phal was finishing high school in 1985. The family had moved to their new house the year before and he had a room on the lower floor of the split-level house. With everyone walking around upstairs he could not study. He needed quiet for five hours of study every night if he was to continue getting all A's on his report card. Phal and the family grew more and more angry with each other about this issue and began fighting often. Phal was angry that no one respected his need to study and was even more angry that he had a room where everyone's feet were above him. (The soles of feet are an unclean part of the body. People should never have their feet higher than someone else's head.) The rest of the family were happy that they had a new house big enough for the whole family and wanted to be able to invite friends and enjoy life. There was carpet on the upstairs floor and the boards were tight so no foot dust was getting on Phal's head. They fought so much about this that Phal eventually left the family and went to live with a friend while he finished school.

Phal got a scholarship to Washington State University and left during the summer to work in that area. He and his family felt sad that he had left with the fight still unresolved but could think of no solution. Everyone was

still too angry to make the first step toward resolving the problem.

When he completed his first year he returned to Tacoma. He worked in a pharmacy and lived with a friend's family. Venita had discussed the matter with Heng, reminding him that it was up to the older one to take the first step in resolving the problem. He agreed to have a ceremony with the monks for blessing his new house and to invite Phal. Venita's brother-in-law went to see Phal at work to see if he would be willing to patch up the fight. He asked Phal if he would participate in a ceremony to bless Heng and Kosal's house--they did not want it blessed unless he was willing to come. Phal could not refuse such a request without bringing the entire responsibility for the family fight upon himself and so agreed to come. At the ceremony they had prepared his favorite food and had moved the clothes he had left into an upstairs bedroom. No one mentioned the fight but a few weeks later Phal decided it was crowded at his friend's house and they did not have the correct food from his area so he moved back home. At Christmas vacation, Phal asked Heng to speak for him to the family of a girl from Oregon whom he wanted to marry.

Late in the summer, Venita's husband was suddenly taken ill during the night. He had not been sick at all although he had remained thin ever since they lived

in the refugee camp. He had always been thin but had been able to work hard. While living in the refugee camp and since living in Tacoma he had not had to work hard but was able to spend almost full time playing music and enjoying life. Even though he remained thin he did not appear sick in any other way. His brother had gotten fat and looked healthy.

One night he woke up sweating and looked pale. He was in great pain and could hardly talk. Venita and her brother-in-law called a neighbor who spoke English and they took Heng to the emergency room at the hospital. While he was there doctors did some things and then moved him into a regular room in the intensive care unit. Venita remained with him all the time and other family members and friends visited often. The second day in the hospital, he coughed up a piece of bloody meat from his stomach and within four hours he was dead.

The doctors who took care of him said that he died of liver cancer. His thinness was a result of the disease and he probably had had the disease for more than a year. Venita and her brother-in-law, however, know that he died as a result of witchcraft. He had been perfectly healthy even though thin and had never had any pain at all. When he coughed up the bloody meat from his stomach they knew that a witch had poisoned him (that is always a sign of death by witchcraft). Venita and her relatives were trying

to get a powerful kru to come and cure him but he died too quickly; the kru was out working in the fields and someone had to drive out and find him. The hospital he was staying in would have allowed the kru to work in the hospital room and the only thing that prevented their success was lack of time.

Venita thought that someone was probably jealous of her husband's musical ability. Some people have power themselves and some pay an evil kru to poison people. In the United States many people are jealous of each other and some people are angry from problems in Cambodia. Because her husband had special talent, he was especially subject to jealousy and thus had died. She did not have any specific idea who may have wanted to kill him nor what kru might have caused the death.

His funeral was the regular cremation that the mortuary provides for poor people; they got money from the welfare department to pay for it. Venita's relatives consulted with the monks to determine an appropriate day for a memorial ceremony for him. When she was sleeping her husband's spirit came to visit her and told her to take care of the children and not to allow any revenge for his death. She was afraid of his spirit and hoped to have the ceremony as soon as possible to prevent him from wandering the earth (a great danger for those who die by witchcraft). However it was hard to find a good day on

the weekend and also a day that the monks could come since the monks were busy. Heng, her husband's brother, her oldest son, and the Cambodian president were consulting with the head monk to arrange this. The ceremony was held approximately the first week of August.

At the end of 1986, the members of the Boun family were happy and content with their lives. Phal was back home and was planning marriage with a nice girl. Moeun would soon marry. Everyone had good health and all children were doing fine at school. Parady's father and brother had reached the Thai border and asked for sponsorship to come to the United States. Everything looked good for them for their future.

Chapter VII

Analysis of Health Seeking Behavior Among Cambodian Families in Pierce County

Introduction

Chrisman (1977) developed the Health Seeking Process model in an effort to make possible comparison between cultural groups within complex societies such as the United States. By collecting and analyzing the natural histories of illness episodes using this model variations in the cultural content of behavior between groups can be allowed for without invalidating possible comparisons for similarities and differences of process.

As noted in earlier chapters, in devising the model, Chrisman synthesized the work of Suchman (1965) who had proposed analysis of the stages of medical care, and Fabrega (1973) whose work stressed sociocultural features of illness and health-related decision-making. Suchman's work assumes a relationship between an individual's illness and formal medical care which Chrisman suggests is unfounded. Fabrega's approach, while not bound by the bias that involvement in the Western health care system defines illness, is not adequately comprehensive to guide the collection of data in Chrisman's view. To synthesize these works and devise a guide to collection of data

related to the natural history of illness, Chrisman developed the Health Seeking Process model. Although devised specifically as an anthropological model, the work appears to be oriented toward an audience of health practitioners and clinicians in an effort to expand the medical system's ability to understand the values and beliefs of patients. In taking this approach, Chrisman's applied emphasis coincides with that of other anthropologists working in the emerging field of medical anthropology.

Becker and Maiman (1983) in their review of various models of health-related behavior, underscore the importance of this approach, in part by indicating how rare and undervalued it is within the medical system. According to their review, most analysis of health care systems is done from the system's viewpoint. Little recognition is given, in the models they review, to health care as one aspect of a larger cultural system within which an individual makes decisions. Chrisman's model as it is elaborated (Chrisman and Kleinman 1983) for health care professionals provides a tool for the study of behaviors outside the mainstream of the health care system.

In this regard, Chrisman's work is within the mainstream of medical anthropology as it has developed within recent years (Young 1982). Other medical anthropologists cite the model in their efforts to influence the health

care system (Good and Good 1980, White 1982, White and Marsella 1982). Medical anthropologists directly involved in refining clinical practice cite the model as useful for practitioners attempting to understand the meaning system of their clients (Helman 1985, Like and Ellison 1981, Maretzki 1985). Since the field of medical anthropology attempts in part to analyze and influence the formal medical system (Young 1982) Chrisman's work is being used within the aims of that specialty.

As a tool for data collection, the model has been used by nursing students and others in health related programs (Anderson 1987, Binn 1979, Lee 1978, Martaus 1985, Rathod 1984). In these cases, the model proved useful in one of its stated aims of providing a balance to the usual physician-centered approaches to health care analysis. By its client-centered approach the model assisted the students in eliciting health beliefs and practices not connected to formal medical practice. However, the interplay of dual cultural systems, where noted, was not analyzed except to the degree that practitioners were cautioned to be aware of cultural barriers.

Since the model was devised for use in American society, it is possible as Anderson (1987) suggests, that it is inadequate for research involving migrant groups with vastly different cultural values. This question will be addressed later in this chapter.

The model does not appear to have been used by general anthropologists interested in eliciting cultural systems either for the dominant American culture for which the model was devised or for culturally distinct sub-groups such as the Cambodian refugee population. Nevertheless, the model provides a useful data-collection guide and an analytical tool which may make some of the information collected by anthropologists more accessible for purposes of cross cultural comparison. As I suggest later in this chapter, adding a component to analyse cultural reformulation as a specific step in the health seeking process, may bring the model closer to analysis of process and context as advocated by Turner (1969, 1974) and Geertz (1973).

As proposed by Chrisman, the five analytically separate components of the model make comparison possible on any specific component without sacrificing a holistic view of the illness and the health seeking behavior. The emphasis on understanding the process from the point of view of the individual or family complements the research done from the point of view of the medical system.

In the case of Cambodian families suffering from problems that may be defined in the Western mental health system as mental illness, the problem is to make the information available to Western researchers or practitioners in a way that is comparable to other knowledge

they have without doing grave injustice to the cultural systems of the Cambodian families. In using the Chrisman model as a basis for data collection and as a basis for analysis of the information collected, I hope to steer an acceptable course between these two systems of thought. The great need within the field of refugee mental health is research done from the perspective of those families seeking to solve mental health problems (Liu and Cheung 1985).

After reviewing literature on migration and refugees in general, Southeast Asian healing systems, the specific experiences of Cambodians, and anthropological symbolic theory of context and process, including the health seeking process, I developed five expectations concerning the Cambodian refugee experience of mental illness:

- (a) Cambodian refugees are experiencing mental illnesses not commonly experienced before migration;
- (b) thus, there are no culturally standard solutions to these problems;
- (c) affected individuals and families will try any available solution--from Western or Cambodian culture;
- (d) outcomes will include statements labeling mental illness experiences in cultural terms which synthesize the treatment attempts of both cultures;
- (e) family and support networks will exhibit role shifts to accommodate the illness and treatment efforts.

In this chapter I will analyze the Cambodian families' health seeking process through an analysis of each component of the model. Once that analysis is complete, I will look again at the expectations to determine to what extent these have been met.

Health Seeking Process Model

Chrisman devised his model in an attempt to make it possible to make comparisons between different social and cultural groups' efforts to attain good health without imposing the Western medical system's cultural norms as a prerequisite for research. In his outline and discussion of the model Chrisman defines health seeking behavior as the steps taken by an individual who perceives the need for help in solving a health problem. These steps are five conceptually differentiated elements in the health seeking process:

- (a) Symptom definition
- (b) Shifts in role behavior
- (c) Lay consultation and referral
 - (1) Health beliefs and practices
 - (2) Life style
- (d) Treatment actions
- (e) Adherence

These steps are not necessarily sequential but rather the process of being sick is dynamic with each step affecting other parts of the process in a feedback system. The steps are differentiated for purposes of analysis and comparison.

Chrisman's emphasis is on the individual taking steps to solve health problems. In this study, my unit of analysis is the family attempting to solve problems for some of its members. For the study population this is a more useful approach since it appears to be extremely rare for one person to act outside of the context of the family. The type of problem I am interested in may also contribute to the utility of having the family as the unit of analysis since it appears that individuals suffering from emotional problems may not notice their own symptoms until well into the process of treatment after the family has taken many steps to solve the problems.

Chrisman himself notes that one of the limitations of the model is its failure to account for well behavior or the behavior of chronically ill persons. In this study, I have included families with both of these situations and thus have expanded the model beyond his original conception. This is necessary because little comparative material on Cambodian refugee populations is available (Sargent et al. 1983, Sargent and Marcucci 1984). To ignore the maintenance of good health or adjustments to chronic ill health would present an incomplete picture of the Cambodian refugee health seeking behavior.

Symptom Definition

Symptom definition is the basis for all other steps in the health seeking process and is embedded within the

cultural norms of the group. Meaning is assigned to behavior based on the value and symbol system of the cultural group. Deviance from usual behavior must be evaluated by group norms. The cause of deviance must be assigned within the system of meaning of the groups' culture.

Once deviance has been noticed, evaluated and explained the degree to which it is considered a problem must be considered by the individual or family.

Shifts in Role Behavior

If a person is diagnosed as having a significant enough problem, social obligations may cease or relax and the person may adopt specific behaviors associated with a new role. Although Chrisman's analysis focuses again on the changes in the role behavior of the person diagnosed as having some problem, there is as much adjustment in the roles and associated behavior of other family members in close contact with the individual.

Lay Consultation and Referral

Both cultural and social features are of great importance in this aspect of the health seeking process. An individual or family seeks advice and help from people available to them.

Health beliefs and practices. Health beliefs and practices are fully embedded within the cultural system of

the group. What advice is sought and received in the effort to make sense of mental illness ultimately determines how the experience fits within the person's and family's conceptual framework. Advice received from persons not embedded within the same cultural system may alter the conceptual framework, may be incomprehensible and therefore ignored, or aspects of the advice may be inserted into the family's current meaning system.

Life style. The life style of an affected individual or family may influence the health seeking process. If an individual lives within a dispersed or non-insular social network, a wider variety of possible health related beliefs may be available to him or her. People living within a compact network with many overlapping roles are more likely to be influenced by the cultural beliefs of their social group and to act upon those beliefs.

Treatment Actions

This component of the health seeking process focuses upon the specific behaviors undertaken to solve or reduce the impact of health problems. Understanding behaviors can illuminate the cultural beliefs underlying symptom definition and health beliefs. Treatments from several belief systems may be undertaken simultaneously.

Adherence

The extent to which a person or family will follow through on a course of treatment for a mental illness will depend upon the cultural congruity between the advice and the family's meaning system and also on social features making it possible for the affected family to follow through on treatment.

Reformulation

Although Chrisman does not suggest it, I think that a sixth step might usefully be added to the model to account for the reformulation of health beliefs and practices resulting from treatment efforts. This will be discussed in an evaluation of the model later in this chapter.

Analysis of Cambodian Families' Health Seeking Process

Symptom Definition

Symptom definition is based in the cultural norms of the group. Unusual behavior or occurrences must be noticed, then evaluated as problematic or not, and then explained in such a way that relief can be sought. In the four families described in Chapter VI, a number of symptoms were noticed, some were determined to be problematic and were diagnosed. Other problems were noted and were not specifically diagnosed but were adjusted to in other ways.

Symptom description. In family Mui, Bunrith exhibited many unusual behaviors of increasing intensity over a period of years. Initially she appeared depressed and withdrawn. Sometimes she was unable to sleep or to eat correctly. She was afraid for no apparent reason and jealous also for no reason. Sometimes she became violently agitated; once she cut her hair and dressed like a ghost. Her speech was sometimes incoherent or she did not switch appropriately from Khmer to English.

Her family initially did not notice these behaviors as unusual but rather as unpleasant or inconvenient. When she was sleepless and agitated, they were worried and confused. When she cut her hair and dressed like a ghost they were definitely worried and considered the situation to be problematic. None of her family had had any experience with this kind of behavior.

Eventually, through consultation, they arrived at the diagnosis of spirit possession resulting from the weakness of Bunrith's own spirit. That weakness was caused by the loss of all her family members and continued because of the failure of her current family to compensate for the loss by adjusting their own behavior toward her.

In family Phi, Saveang had made two suicide attempts and the family feared a third. While she stayed in the refugee camp she was extremely withdrawn and did not react appropriately when she found out that her relatives had

been killed. After arriving in the United States she continued to be significantly withdrawn and did not interact appropriately with her family. She was sleepless and paranoid. Eventually she tried to kill herself by letting a car hit her. After some improvement, she again became withdrawn and tried to kill herself by swallowing pills. After a long period of good spirits, she is again withdrawn and paranoid and her family fear a third suicide attempt.

While escaping from Cambodia and while in the refugee camp, Saveang's behavior was not considered unusual--many people were withdrawn and depressed. The rest of the family were occupied with their own thoughts and did not notice her particularly. Until she walked in front of a car, she was not thought to have problems different or more severe than those of other family members. With that and a later suicide attempt, she became a focus of concern for the family.

It is clear to the family that Saveang suffers from an extremely weak spirit and needs extra support in order to maintain enough strength to carry on an ordinary life. It seems likely to the family that the spirit of her mother who died by suicide is trying to take the spirit of her favorite daughter and that because of her experiences under the Khmer Rouge, Saveang's spirit does not have enough protection to resist her mother. While she was

young, the house spirit in her father's house protected her; she gains some strength from strong people around her. No one feels sure about this diagnosis but there is no other diagnosis that makes more sense so they act on this.

Family Bai is a large family with a variety of problems, some of which are recognized by the entire family and others only by the individuals affected. Bai Kem behaves inappropriately for his age: he wanders away, interacts inappropriately with strangers, chases young girls, drives after drinking. Everyone in the family has noticed this and considers his behavior somewhat problematic. However, it is not considered changeable and is not diagnosed as anything other than inappropriate behavior. Kem's wife Yang, is concerned about her inability to learn or work. No one else has noticed this nor does anyone consider this problematic.

Ny, Yang's sister-in-law, experiences extreme anxiety from time to time and is immobilized by this. Sometimes she gets lost even in familiar places. She has not spoken of this to anyone else and no one in the family appears to have noticed it, much less considered it to be a problem.

Koung and Vandy, Ny's husband and son, avoid each other. Vandy's behavior is considered somewhat problematic but within the ordinary range for young men; Koung's anger toward him is considered usual and justified. Everyone in

the family notices this family rift, considers it a problem and would intervene if they could in order to restore harmony to the family.

Min, Yang's younger sister, and her husband Phan, both are unreasonably afraid from time to time and cannot make the effort to learn some job and go to work. Additionally, Phan sometimes has severe headaches and is forgetful. Koug thinks Min and Phan are lazy but the rest of the family thinks that both of them cannot forget the time during the Khmer Rouge regime when Phan was arrested and almost killed. Most of the family think it is only to be expected that Phan and Min will never feel safe. This is problematic but not something that can be diagnosed or cured. Nam, their teen-aged foster son, has eye problems that cannot be cured by American doctors. The family has accepted a tentative diagnosis that Nam's father's spirit is unhappy over Nam's change of loyalties during the Khmer Rouge regime and is thus preventing Nam from studying and becoming successful in the United States.

With all the noted problems in this family, only one--that of teenaged Nam--is considered amenable to a specific diagnosis which may lead to treatment.

The Boun family have had problems from time to time but none of these are currently worrying to anyone. Phal's mother was killed by witchcraft before he left Thailand and Phal was angry about this. After the family's arrival

in the United States, he was unable to concentrate on his studies or adjust to his new life because he was so disturbed by thinking about his mother and wanting revenge for her death. He had nightmares about his mother and could not sleep. Although Phal experienced the anger, inability to concentrate, and nightmares from the time the family lived in Thailand, no one noticed anything in particular until they were finally settled in Tacoma and his night fears awoke the rest of the family. It was clear to the adults that neither Phal's nor his mother's spirit could rest until appropriate steps could be taken.

Kosal had had difficult pregnancies for the birth of her two older children in Cambodia and had needed to invoke the protection of powerful spiritual forces during her pregnancy and labor. When she became pregnant in the United States, she also began to have a difficult pregnancy and was worried that she would not have the means available to protect herself and child. Venita's husband died recently after living in the United States for a fairly short period of time. Although American doctors diagnosed his illness as liver cancer, Venita and her brother-in-law and the rest of the family are sure that he died of witchcraft. They did not notice anything wrong with him until he suddenly had to go to the hospital, they discovered the signs of witchcraft late and were unable to get appropriate

treatment for him. His spirit was wandering and frightened Venita until the proper ceremonies were performed.

Symptom analysis. Among the families described, symptoms are not noticed, or if noticed, not taken seriously by family members until problems are severe. In all four families, unusual behavior that preceded severe problem behavior was ignored. In some cases, as in the cases of families Phi and Boun, the efforts to get safely from one place to another took almost total concentration. Once the families were settled, fairly dramatic incidents focused their attention on a disturbed member. In the Muy family, the stress of resettlement was long past, family life had established a rhythm but new information seriously disturbed their balance and harmony. However, no one in the family understood what was happening until one member was disruptive. In family Bai virtually all members are experiencing fairly severe discomfort. Because so many family members were killed and the survivors are all having major emotional problems themselves there is no one in a position to determine that major problems exist and must be treated.

For those problems that are noticed and evaluated as severe enough to require a diagnosis, all diagnoses include some analysis of the weakness of the spirit of the affected person. In the case of Bunrith Muy and Saveang Phi, spirit weakness is the specific diagnosis accepted by the family.

Shifts in Role Behavior

In Chrisman's model, it is expected that a person diagnosed as having a significant enough problem will experience a change in role expectations. Social obligations will cease or diminish and the person may adopt specific behaviors associated with the sick role. Although the health seeking process model does not specify it, it is implied that close family members are also expected to change role behavior to adjust to the new situation. implied that close family members are also expected to change role behavior to adjust to the new situation.

Description of role shifts. In the Mui family, both the affected individual and the rest of the family experienced significant role shifts once Bunrith Mui was known to be having problems with spirit possession. Within the community, the family had occupied a place of respect and honor which carried a range of social and financial obligations to other members of the community. Sithan Mui was initially embarrassed by his wife's refusal to carry out her part in these commitments and the family was the subject of some unpleasant gossip.

As her condition worsened, Bunrith was unable to continue working or to function around the house--cooking, cleaning, and so on. The family's financial position worsened causing an even further pulling back from community responsibilities. Sithan and Chan, the oldest

daughter, began to do most of the cooking and household chores. As Bunrith was no longer able to care for herself physically, Chhim, the second daughter and David, the youngest boy, began to take major responsibility for brewing special tea and enticing her to eat. Some of these activities have lessened as Bunrith is improved and again interested in her appearance and in some household tasks.

However, permanent shifts in role behavior have occurred because Sithan and the children take seriously the need to replace emotionally Bunrith's family members that were all killed. Sithan, while still interested in community activities, is always focused first on his wife's interests, explaining that as the kru_khmer told him, he had to replace his wife's mother and sisters because she had no family left. This has been the case for about two years and would appear to be a permanent role shift for both Sithan and Bunrith. The children are more focused on their own activities unless there is a crisis; role adjustments for them appear to be less permanent.

Family Phi has not experienced such significant role shifts as Family Muy, partly because theirs is a larger family with more members able to fulfill various roles. However, it is also partly because Saveang was a young girl without major responsibility in the family before she

was taken away by the Khmer Rouge. Thus, her being in a dependent role does not cause major readjustment for other family members. In escaping from Cambodia, Saveang had to be carried and while in the refugee camp she was withdrawn and did not interact correctly with Grandma Phi and the others. The whole situation was so abnormal that this did not seem unusual.

Instead of gradually maturing into a caretaker role, Saveang was removed from the family at an age which she was still dependent and continued to need care when she reentered the family. The two major caretakers, Grandma Phi and Sarath, retained responsibility to nurture her. When crisis episodes occurred, they intensified their care but did not change their essential roles. After Saveang got well, she did move into her appropriate role as caregiver for her brother, nieces and nephews and eventually for her own husband and children. Now that her problems seem to be returning, she is again unable to fulfill this role and others in the family appear to be arranging to accept responsibility for her and her children.

In the Bai family it is almost impossible to analyze role shifts because the whole family is so disrupted it is difficult to determine a norm of role behavior. In the pre-revolutionary family in Battambang City, Yang and Koung were pivotal members of the family and remain so. Both

feel guilty that they are not capable of functioning as the competent managers and decision makers they were then but are grateful that they were able to keep as many of the family alive and together as they have. Both feel distressed that they cannot do more now but they cannot. The other adults are even less able to be pillars of strength for the rest of the family. Kem is elderly and in need of care--a role usually reserved for much older people but within an ordinary range. His son is young to have to accept so much responsibility for his father and for other members of a family he had never known. Nevertheless, he and Yang seem to work well together and are able at least to take care of Kem.

Koung and Ny provide some financial stability for the family but seem unable to relax and enjoy the youth of their children as they would expect to do at this stage of life. Although successful financially, Koung resents the dependence of some other family members even though he is not fully supporting anyone except his own children. The rest of the family, even Koung himself, find this somewhat unusual since at his age he would ordinarily be the head of a large family and should enjoy his status rather than resenting its demands.

Phan and Min with their two adopted children are slowly adjusting to safety. They function well as parents with much sympathy and love for their two sons but are

over-anxious about the children's safety and welfare. They simply do not expect to be able to work and therefore have time to relax and talk with their own children as well as Koung's children guiding them toward correct behavior. This is a role that the other adults in the family often appreciate since all the adults believe that the relations between generations are out of harmony and feel uncomfortable about this.

The Boun family have not experienced significant role shifts from their life in Cambodia. Heng and Kosal face different circumstances than they would if they had remained either in Cambodia or in Thailand but their expectations of each other and of their other family members remain similar to the roles they report from their life in Cambodia. Both continue to work in jobs similar in type and status to those they previously held. Their own children and their nephews have more opportunity for good education but this was their pre-war expectation as well.

Venita and her children are sad at the loss of their husband/father. However, Venita's husband's brother is accepting the responsibilities of fatherhood for his brother's children in a fairly matter-of-fact way. Both Venita's children and Heng and Kosal's children and nephews seem to continue respect for elders and appreciate the

opportunity to study much as they would have done in Cambodia.

Analysis of role shifts. The shifts in role behavior cover a wider range than might be expected for families in more stable circumstances. The family that experienced the most severe disruption during the Khmer Rouge regime, the Bai family, is clearly in a state of disarray resulting from that experience. The social policy of the Khmer Rouge to realign basic relationships surely did not work exactly as planned by their leadership but pre-revolutionary family roles and definitions are indeed shattered. It remains to be seen whether the Bai family and others who experienced this level of disruption will be able to recreate a healthy pattern. It is difficult to separate the role shifts connected with illness from the general family disruption that many refugee families have faced.

On the other end of the spectrum, the Boun's experienced little disruption of the ordinary pattern and have been able to use the strength of their family system to cope with the difficulties of their members. Family Phi, too, is maintaining the traditional pattern they knew in Cambodia and using the strengths of this pattern to cope with extreme problems of one of their members.

Family Muy, without the network of kin ties they would ordinarily be able to call upon were they still in

Cambodia, has made significant permanent realignment in their family system in order to adjust to the new realities they face.

The analysis of role shift within each family leads to questions of dependence both in the family and in the larger community.

For the extended families, if the sick member was responsible for caring for the others, major role realignment occurred. Bunrith Muy relinquished most of her responsibilities to her husband and to lesser extent to her children. The health beliefs and practices encouraged a continued and strengthened family interdependence. Sithan Muy carried out tasks like cooking but more importantly accepted the emotional responsibility to replace Bunrith's mother and sisters--a big change in the usual emotional role for Cambodian men.

In family Bai where all adults are experiencing emotional difficulties, dependency roles cannot be fully established, leading to family fragmentation. No one is able to take responsibility in the way that was expected before 1975. To the extent that individuals are able to take responsibility they increase mutual interdependence.

For families Phi and Boun younger members who occupied a dependent role were identified as sick leading to a continued and increased family dependency.

In all identified situations of illness or problem-behavior the wider Cambodian community is consulted for advice and non-relatives extend themselves to give assistance when asked. There is no effort to keep problems hidden from other Cambodians even though informants state that mental health problems are embarrassing. Seeking advice widely within the community and receiving extensive community help increase interdependence within the social group. Although help has been sought and received from Americans, it has not been widely seen as effective. This has reinforced a pattern of non-dependence on non-Cambodians and has reinforced group and family identity.

The extent of role shift in response to mental illness depends on the position of the sick person in the family. The illness of dependent individuals causes only an intensification of role behavior rather than a realignment of roles.

Lay Consultation and Referral

Within this component of the health seeking process we see most clearly the interplay of crucial contextual features both of cultural beliefs and social network. A person may call upon other people to help make sense of the problems that are occurring, for suggestions about treatment and for help in locating specialists to diagnose and treat problems. The range of shared cultural values and beliefs must exist within some kind of social network.

For refugees who are in transition between cultures and for whom past social networks have been shattered and reformed, analysis of the system of lay consultation and referral will shed light on the direction of the transition.

For purposes of analysis, this component is divided into two sections: (1) health beliefs and practices, which examines the cultural context; and (2) life style or social network, which examines the social group or groups within which the health decisions are made.

Description of role shifts. Family Muy has few resources within the family for getting help with their problems. They turned to friends within the local Cambodian community and to Cambodian friends in other parts of the United States, to a large extent non-overlapping networks. At the same time they turned to their American sponsor--a church--and to other American friends, also non-overlapping networks.

Elders within the Cambodian community were the first to suggest that the problem might be spirit possession. No one felt sure of this diagnosis but it seemed clear to family friends that Bunrith's behavior indicated that her own spirit was severely weakened as a result of the loss of her family and because she had no one in the United States to feel attached to. It was the consensus of some older men and confirmed by Buddhist monks that Cambodian

women rarely make friends the way men do and that the loss of family--sisters, mother, aunts--might make her spirit wander. The recommendation from the old men was to consult with a local kru_khmer to get a diagnosis and find out what to do. One older man was willing to make the arrangements with a kru he knew and to have his son and nephew bring the healer and stay with the family while they needed help. Other younger men and women also took turns staying with the family.

Other segments of the community recommended consultation with the spirit medium and helped with those arrangements. Some Chinese-Cambodian friends read the prescription that had been handed down in the family. They arranged to take Sithan to a Chinese pharmacy to have it made up and to consult with a Chinese herbalist about its use.

Sithan also called Cambodian friends in other parts of the country to see if anyone had any experience with this kind of situation and what he should do. Some who had entered the United States as exchange students had experienced this kind of problem. Their advice was to be especially soft and gentle with Bunrith for as long as it took for her to get better--maybe years. Some suggested consulting the family doctor for medication.

Consultation by phone with well educated monks who are friends of the family confirmed the range of options that

local elders had suggested. The monks maintained that using the services of the spirit medium or kru_khmer or participating in Christian church are all good things and not in conflict with Buddhism. Most important was for the family to remain close and care for each other. Bunrith had cared for her husband and children for many years--now they had the chance to care for her in return. They must not turn away.

Sponsoring church members were not as fully aware of the family's situation as Cambodian friends. However, the pastor and many church members visited often, brought food and videotapes and were generally supportive. The pastor explained that this happens to Americans often when close friends and family members die. He recommended hospitalization when Bunrith was extremely agitated and suggested consultation with a psychiatrist although he had no specific names to offer.

Other American friends who were more aware of the specific situation similarly suggested that the cause of the problem was Bunrith's grief at the loss of her family, especially since she had refused to acknowledge the loss and grieve for them. When Bunrith was agitated they suggested hospitalization and recommended that the family see a family therapist. Some friends offered to arrange the first appointment if Sithan decided he wanted to do this.

In this family, four differing networks each with different cultural values, were giving advice and help in problem solving. The two Cambodian networks had somewhat similar understandings of the causation and appropriate treatment for the problem, although the two groups were not precisely similar in their cultural understandings. The friends and monks from other areas of the United States, while accepting the validity of spirit weakness and spirit possession, were much more likely to focus on suggested changes in family role behavior in their discussions of the situation and probable treatment. The local elders, while giving similar role advice, emphasized spirit issues and rituals to cure the weakness and possession. Aspects of the ritual cures included behavioral role adjustments like those suggested by the non-local Cambodians.

Both American networks gave similar advice but the group of friends appears to have had access to American-style therapy resources and were able to be more specifically helpful. It seems that some American friends knew of the possible diagnosis of spirit possession but did not react either positively or negatively to this. American belief about the cause of the mental illness in this situation appears to be that the grief experienced by Bunrith at the loss of her family and the refusal or inability of both Bunrith and her family to accept and mourn for her loss caused an emotional breakdown. By

recommending individual and family therapy it appears that the Americans thought that the process of talking about and identifying problems and emotions would be helpful in alleviating this mental illness. It is not clear from interviews with the family whether or not any Americans explained the cultural belief about therapy and why it would help. If they did so, the family did not know the cultural understanding of American therapy at the time that I conducted my interviews.

Family Phi has a much larger and stronger family network in the area and discussed their problems mainly within the extended family. They did consult their American sponsor about the American system in their initial attempts to understand and solve the problem.

Within the family the consensus of opinion was to consult a kru_khmer if one could be found. Efforts of family and friends were directed toward finding an appropriate resource and helping the family with food, visiting and similar help. Behavioral advice was not generally given because the family was seen to be behaving correctly in their care of Saveang and in their efforts to find help. Most friends and relatives agreed with the family's early decision to consult their American sponsor and follow the sponsor's advice. In this family there was little uncertainty about the cause and appropriate

treatment of the problem and correspondingly little discussion of that aspect of seeking assistance.

The American sponsor recommended consultation first with a physician (possibly a psychiatrist) and then hospitalization at the advice of the doctor. The sponsor was helpful in finding an appropriate doctor and helping get Saveang and Sarath to the appointment. The sponsor continued to be helpful in making financial arrangements and other things of that sort during the time Saveang was hospitalized. Out of gratitude for the help the sponsor had given the family told the sponsor that Saveang had improved while hospitalized.

Family Bai has not consciously sought for advice or help in their efforts to alleviate distress. Many problems are either not identified as such by members of the family or are not thought to be solvable. Behavioral advice is given within the family to some extent. Min and Phan, by participating in the spirit cult and receiving protection from guardian spirits, are seeking treatment for their fears but without defining symptoms and without deliberately seeking help for an identified difficulty.

For two situations advice is sought both within and outside the family. For both Kem and Nam specific problems are identified and diagnosed. In Nam's case, the first treatment choice is to continue treatment with the American eye doctor. Until recently it has been assumed that some

disease or injury has affected Nam's vision and that an American physician could diagnose and treat the disease. Because of continual failure, however, family and friends are beginning to think that harmful spirits may be the cause of the illness and a spirit specialist of some sort is needed in order to treat the condition.

For Kem, although his behavior is considered problematic, the family and community recommend taking special care of him but there is no expectation that he can be cured. Since he has gone through the process to qualify for "American mental health," meaning disability payments, he and some family members must have seen some American mental health specialists. This is not something that anyone in the family identifies as a problem solving effort but, in fact, they discuss it as something that just happened. The flavor of the discussion about receiving "American mental health," meaning payments, is on the order of discussions about winning the lottery.

The Boun family have sought advice from within the family for most difficulties and from the community regarding Venita's husband's death. Phal's anxiety about his mother's death did not need extended family discussion since as soon as the symptoms were noticed they knew the cause and therefore the needed treatment. It was necessary to ask around before identifying the Thai wat as a possible resource for solving the problem, however.

Kosal's difficult pregnancy was similarly easy to diagnose but also required some searching for appropriate treatment resources. There was division within the family about whether or not Kosal should seek the protection of Christian spirits for her baby but the decision was finally hers to make since she was most affected. Since the child remains in good health, no one has given much thought to the issue since the birth.

Venita's husband's death was so sudden that everyone was not consulted about the situation. After the death many family members and friends discussed the competing diagnoses of liver cancer and witchcraft. Although some family members were not sure that witchcraft was involved, it seemed the safer course to proceed as if it was the cause of death and have the correct ceremonies. The cultural belief in witchcraft as a possible cause of death was not questioned and there was no uncertainty about how to carry out the needed ceremonies.

Analysis of networks. The networks available for these four families to consult varies considerably. Three families--Phi, Bai and Boun--are able to depend primarily on resources within the family for diagnosis, treatment advice and specific help. Only family Muy has almost no resources within the family itself.

Three of the families--Muy, Phi and Boun--have the possibility of American help and all three used this to

some extent. Families Mui and Phi, following the advice of sponsors, actually used American mental health resources in their efforts to alleviate problems.

Nevertheless, all the families received most help understanding their problems and devising potential solutions from the Cambodian community. Sometimes this was done formally as in Sithan Mui's solicitation of advice from community elders or Grandma Phi's request for help in finding a kru_khmer. More often it was through informal discussions and talking with friends. Even when American help was sought and used successfully, as with Kosal Boun's pregnancy, the cultural understanding of the help came from the Cambodian culture rather than the American interpretation of the helping activities.

In all cases, family members consulted as wide a network of family and friends as they could identify.

Cambodian beliefs underlying health beliefs and practices. Although the networks available for help varied and the problems needing solutions differed somewhat, the underlying cultural beliefs and practices were consistent across the study sample. In addition, they are consistent with Southeast Asian beliefs about illness and healing as described in Chapter II of this dissertation.

Strength of spirit and therefore happiness comes from moral harmony. This is induced and strengthened by the practice of Buddhist (and potentially Christian) religion

and also by maintaining close and harmonious ties with family members living and dead. Weakness of spirit and unhappiness result from the disturbance of these things. If a person's spirit is weak, then he or she is particularly susceptible to illness caused by harmful spirits, dead family members or witchcraft.

In pre-revolutionary Cambodia, it was relatively easy to remain happy by participating in Buddhist ritual and by maintaining balanced relationships within the family. Once the Khmer Rouge took control of the country, they disrupted the harmony of the entire country. They not only prohibited the practice of Buddhism but actively destroyed temples and killed monks. They destroyed family harmony and prevented the proper respect between generations. In some cases, they actually reversed correct family order. They ignored the necessary maintenance of correct relations with spirits of places, water, ancestors and other spiritual entities. In all important ways the Khmer Rouge introduced discord into Cambodian life leaving most people weak of spirit and unhappy.

The practice of Buddhist religion is the most important way a family or the community can restore harmony and prevent spirit weakness, spirit possession or witchcraft. If problems are identified early enough, the restoration of peace through Buddhist ritual may be sufficient.

If a person is experiencing spirit weakness, the cures generally will involve restoring balance within the family or surrounding the weak one with strong family members as well as participating in the ritual activities of Buddhism. If a person experienced spirit weakness and was then possessed by an evil or harmful spirit, it is necessary first to remove the harmful spirit and then also to strengthen the person's own spirit so that he or she will not be so susceptible to harm in the future.

Witchcraft is sometimes successful even against people with strong healthy spirits since only a person with great strength and power will even try to practice it. Defense requires protection from a strong kru or spirit. Sometimes people who do have healthy spirits need extra help to accomplish some difficult task and a kru or strong spirit may be called upon for help of this sort.

Treatment Actions

This component of the health seeking behavior process focuses upon the specific behaviors intended to solve or reduce health problems.

Family Muy received a significant amount of varied advice on how to solve their problems and acted on almost all of it. Before Bunrith's problems were severe, they arranged a Buddhist religious service for the dead family members of both Sithan and Bunrith. After spirit possession had been diagnosed, they arranged for Buddhist monks

to come to the house and bless the house and all the inhabitants. The parents participated in Buddhist religious services on important holidays and other public occasions. The family has a statue of Buddha on a family altar in one of the bedrooms.

Before her situation had become severe, Bunrith received protection from the spirit who worked through the local spirit medium.

On several occasions, the family consulted with two different kru_khmer who performed exorcisms, gave advice and provided protection. The second kru provided a long course of treatment for both Bunrith and the family.

Chinese medicine was prepared according to an old family prescription and for several months Bunrith drank tea made from the mixture.

Bunrith was hospitalized in an American hospital and possibly given medication. While there she and her family participated in a therapy session with a psychiatrist and visited him in his office for one follow-up visit. The family also took part in one session with an American family therapist.

The family consciously changed their role behavior in response to advice from several of the people they had consulted. Sithan and the children began to be much more solicitous of Bunrith's needs and Sithan began generally to focus more on his wife and family and somewhat less on

community needs. The Buddhist monks, kru_khmer, psychiatrist and family therapist all gave somewhat similar advice suggesting these changes would be helpful or mandatory.

Family Phi also acted on all the advice they received in their efforts to alleviate the problems Saveang was experiencing. Initially, they tried to provide care and nurturing for her and did not seek the help of outsiders. After her second suicide attempt, they took the advice of their American sponsor and consulted an American doctor. At his recommendation they agreed to hospitalization for her--first in a regular hospital and later in the state mental hospital. During these hospitalizations, she received medication of some kind.

Eventually the family was able to arrange for treatment by a kru_khmer. This involved exorcism, strengthening and protection during a long course of treatment.

Family Bai has a variety of problems but has not sought specific treatment for most of them. Extra care by family members is needed for Kem. Phan and Min participate in the spirit cult in order to receive protection. Both an American physician and a kru_khmer are being consulted for help with Nam's eyes.

Family Boun has needed the services of Buddhist monks on several occasions. When Phal was disturbed by dreams of his mother, Buddhist monks counseled or advised him and

conducted services for her. After Phal left the family, they arranged for a Buddhist service to bless the house in an effort to heal the breach with him and get him to return home. After Venita's husband died, Buddhist monks conducted both a funeral service and a special memorial service a short time later in order to enable his spirit to rest.

Kosal also needed and used the services of a Christian missionary in order to teach her some of the Bible and provide spiritual protection for her new baby.

When witchcraft was diagnosed as causing Venita's husband's death, the family tried to contact a kru_khmer to counteract the evil, protect his spirit and keep him from dying.

Adherence

The extent to which a person or family will follow through on a course of treatment for a mental illness will depend upon the cultural congruity between the advice and the family's meaning system. Additionally, social factors may make it more or less difficult for the affected family to follow through on treatment from some sources. In all the families described, the family at least tried almost every treatment recommended and continued to follow the treatment advice of healers who proved effective from the family's point of view.

Description of adherence to treatment advice. Family Muy received a lot of advice and tried following several possible healing systems. Several things they tried were found to be partially effective or aided the effectiveness of a more important treatment method. The treatment which they feel was ultimately able to cure Bunrith is the treatment from the second kru_khmer. The combination of exorcism, protection from re-possession and strengthening seems to have worked effectively and fairly quickly. Sithan particularly, continues to "replace Bunrith's family" by paying attention to her and spending most free time with her as instructed by the kru.

Buddhist ritual was important and helpful but not adequate alone to counter the ill effects of a harmful spirit while Bunrith's spirit was so weak. The first kru was also helpful but not as strong as the second. The Chinese herbal mixture may or may not have been effective--the family does not know. If Bunrith begins to withdraw, however, they immediately get the mixture made up again and have her drink it.

Their sessions with the American psychiatrist and the American family therapist are seen by the family to have been helpful to some extent. Since the advice they received from these two sources was similar to that which they received from the monks and from the kru, they say that the advice was good but that they can understand

better from their own culture. Additionally, the Americans working alone could not remove the harmful spirit so the role shifts within the family would take a too long a time to make Bunrith's spirit strong enough to resist possession--if it could work at all. Nonetheless, the family feel that they have indeed adhered to the treatment of their American healers and that this proved helpful.

Only the treatment of the spirit medium is thought by the family not to have been helpful. Bunrith herself continues to believe that it was actually harmful. The rest of the family think that the spirit was just not strong enough to help in their situation.

Family Phi's initial efforts to get treatment involved the American hospitals and doctors. Although they followed through on this treatment they found that it was ineffective and possibly harmful to Saveang. (They assume that this treatment would be more effective for Americans who understand how to use it.)

It was with great relief that they were able to turn to resources within their own culture. The activities of the kru were seen to be helpful almost immediately; he continued to take care of the situation until the family was fully satisfied with the treatment. The advice the kru gave the family about how to care for Saveang also proved to be useful and as long as she remained near her family she remained strong. Now that she is far away

she is weakening and they will try to solve the current problem by falling back on the kru's advice and getting her back into close contact with the family.

Family Bai is not seeking specific treatment for anything except Nam's eye problem. In this case they have been consulting an American eye doctor for about two years and have been following his recommendations faithfully (except that Nam is embarrassed to wear his glasses sometimes). They have begun consulting a kru_khmer and are following his recommendations so far. Additionally, Min and Phan do follow the recommendations from their protecting spirits. They behave morally and respect Buddha as they must do; they honor their spirits at the home of the main guardian spirit and also in their own home. As long as they behave morally, they will have the protection that they need.

The Boun family also have not needed to follow treatment recommendations for any length of time. All the Buddhist rituals were events that took place and were finished. They make efforts to keep their home life harmonious in keeping with Buddhist teaching and continue to participate in religious services from time to time.

The Christian education Kosal received in order to ensure Sary's health is something that will need continued follow through as Sary grows up. So far, the family continues to have Sary participate in church and Sunday

school but they feel that Kosal's responsibility to go to church is complete.

Analysis of adherence to treatment advice. In all four families, adherence is greatest to treatment that is comprehensible within Cambodian culture. The extent to which treatment addresses the problem as understood by the family determines how much they will follow through on the advice and activities given. However, some Cambodian healing practices were found to be ineffective and were discontinued as with family Mui's evaluation of the spirit medium and the first kru khmer.

American healing practices are not necessarily discounted as ineffective. Family Phi found the American system ineffective after giving it a long test in their opinion. The American doctor probably does not consider treatment complete since the family took Saveang out of the hospital against medical advice. However, family Mui thinks of their treatments by American healers as complete--not discontinued. Since I did not talk to the American therapists about this I do not know from their point of view whether or not they think of the treatments as complete or discontinued. Since American therapy often takes months, it seems likely that the American therapists would think of the treatment as incomplete and that the family did not adhere to treatment plans.

A factor affecting adherence to American treatment plans is its cost and forms of payment. Therapy from psychiatrists and in-patient hospitalization is expensive for refugees living just above welfare level. Families with medical coupons, as Saveang Phi, are provided some local treatment but then are sent to Western State Hospital. Family Muy used the local hospital psychiatric unit for a short period of time but have not yet been able to pay the bill. Although they found the sessions with the psychiatrist and the family therapist helpful, the kru khmer was at least equally effective and more affordable.

The American system intended to provide financial help for families or individuals with physical and mental disabilities are the General Assistance-Unemployed (GAU) and SSI systems. In Tacoma, since 1982 some individuals have qualified to receive SSI payments but have never received any form of therapy or treatment. This has created a false understanding of the American mental health system as only a source of money as in the Bai family's perception of Kem Bai's good luck to be "qualified for American mental health."

Since there is little understanding of why people qualify for SSI benefits and no relationship between the benefits and therapy there is widespread distrust of the American mental health system and belief that recipients of SSI are either lucky or have paid someone a bribe to get

them qualified. Since 1984, when the SSI system became widely known, this perception has increased families' reluctance to seek help from the mental health system.

Review of Expectations

In beginning this research, I had five major expectations of the results. These expectations have not been fully supported by the data. However, the ways in which they have not been supported have proved informative and may be useful.

- (a) I expected that Cambodian refugees would be experiencing mental illnesses not commonly experienced before migration; thus
- (b) there would be no culturally standard solutions for the problems.

This is not the case, although the frequency of mental illness is vastly greater and many people are experiencing symptoms of which they have no understanding.

It appears that those people whose problems have become severe can be labeled or diagnosed within the Cambodian cultural system and treated effectively within it. Both Bunrith Muy and Saveang Phi are understood to be experiencing weakness of spirit and potential or actual spirit possession. Once their problem was correctly diagnosed, they were successfully treated. Nam's eye trouble seems also to fit within the cultural beliefs that Cambodian refugees are familiar with.

Other people are experiencing symptoms which they find confusing and for which they do not yet have a label within either the American or Cambodian culture: Yang Bai's inability to work or plan and organize; Ny Bai's forgetfulness and fearfulness; Phan and Min's anxiety are all confusing and frightening symptoms. These are problems for which there are not yet labels and standard solutions for most Cambodian refugees. It appears that if the symptoms become acute, however, they can be labeled within Cambodian cultural beliefs.

A third category of problems are recognized as problems but not things that need to be diagnosed or treated: Kem Bai's behavior; family antagonisms such as that between Koung Bai and his oldest son; Phal Boun's anger toward his family. It appears that there is general recognition that families are more disrupted than they were before the revolution and that some people are no longer able to function as well as before. These things are not considered to be a phenomena that need a label or a solution.

- (c) I thought that affected families would try any available solution--from American or Cambodian culture.

This does appear to be the case in all families studied. Families were willing to ask many people for help and were willing to try all solutions at least for awhile.

- (d) I expected outcomes from these treatment attempts to include statements labeling mental illness

experiences in terms which synthesize both cultures.

The only way in which this is true is the extent to which Cambodians have begun to understand that Americans call this range of phenomena "mental illness" and use this term when speaking to Americans.

In all the situations examined, if the American treatment was understandable within the Cambodian system as with family Muy, then it was incorporated into the Cambodian system. Otherwise, American treatment efforts were set aside as well-meaning but of no use.

- (e) I expected that family and support networks would exhibit role shifts to accommodate the illness and the treatment efforts.

For all families studied this is true. To a large extent, behavioral role shifts are part of the treatment efforts and the families involved adjust roles and activities in order to care for their members.

However, all these families are in a process of reforming and readjusting after surviving war and revolution. None can be said to have a stable functioning family pattern established in the new circumstances they face. Adjusting because of one or several members' mental illness is only one more of many role adjustments they are facing.

Family Muy had established a fairly stable pattern of functioning in the United States which was different from

their pattern in Cambodia. After Bunrith's problems became severe they made major adjustments in their role behavior.

Families Phi and Boun established themselves in the United States with less reorganization of roles and role behavior than the others. In both cases they used their family system's strengths to solve problems for their members.

Family Bai is in a state of disorganization with few members strong enough to provide family stability. Ideal family patterns from pre-revolutionary Cambodia are impossible in their current weakened state. They feel fortunate to be able to operate day-to-day. Deliberate role behavior shifts are beyond their ability right now. They do adjust to accommodate each other's problems insofar as they can do so. Inability to shift role behavior may be exacerbating problems to some extent.

Overall, the expectations that people would be experiencing many problems; would be searching for solutions; and would adjust their family patterns to accommodate solutions have been supported, although not fully. The expectation that the American cultural beliefs and practices about mental illness would have impacted Cambodian refugees suffering from what Americans define as mental illness has essentially not been supported. On the contrary, efforts to prevent or alleviate widespread mental illness are increasing reliance on the family, the ethnic community and

traditional values. Cambodian refugees in crisis are turning to traditional beliefs and are using them to solve problems ranging from family discord to suicide.

To understand this reliance on adaptations of traditional culture the work reviewed in Chapter I where scholars look at survivors of Nazi concentration camps (Eitinger 1981, Kinsler 1981) is useful as is the work of Keller (1975) examining the survivors of the partition of India.

The stress of the Cambodian situation is as extreme for some survivors as the Jewish holocaust. After severe stress, survivors do not have the flexibility needed to internalize new values or adjust to a vastly different culture. Of the four families described Family Bai is the least capable of functioning having suffered the worst of the Khmer Rouge persecution. Thus far, they are unable even to recognize much less treat many problems. In families like Bai, emotional trauma will not be resolved in this generation and will continue, as with Jewish holocaust survivors, into future generations.

Family Boun has not needed to make as many major adjustments and has been able to recognize and treat problems early. Their long term adjustment, while difficult, will more likely parallel that of the subjects of Keller's work in which migrants were more creative and greater risk takers than those who had not moved. The

comfort of an ethnic enclave and the solace of traditional beliefs proving effective reinforce identity in the new society and alleviate anxiety. For Cambodian refugees whose world has been shattered, the health seeking process for mental health problems has reaffirmed and reinforced ethnic identity for this group whose war and migration experiences have proved so traumatic.

Below, in analyzing Chrisman's model, I will return to this point as it affects the usefulness of the model.

Analysis of the Utility of the Health Seeking Process Model

In using Chrisman's model I initially changed it from an examination of individual behavior to family behavior. I also expanded it to include both well behavior and chronic ill health. The model is robust enough to have absorbed these changes and still have provided a useful analytical framework.

In fact, using a family as the unit of analysis for mental health issues overcomes a major drawback of the model. Individuals suffering from paranoia, suicidal tendencies or some other forms of mental illness, as are some of the subjects of this dissertation, may not identify their illness or request help. Families, however, more quickly identify problem behavior of one of their members and seek appropriate treatment.

Using family as the analytical unit may also have improved the utility of the model in another area. Anderson (1987) found it difficult to use the model effectively in dealing with Salvadoran refugees because she feels the model is too firmly embedded in Western medical practice. I found that in examining family decision-making about symptom definition and treatment, I was able to elicit cultural values significantly different from Western medical values. If I were dealing with individuals seeking help for themselves for physical diseases as Anderson was doing, this would have been considerably more difficult. It is also likely as Sargent et al. (1983) suggest that Western medical care is used more successfully for physical illness making it more difficult to elicit non-Western health beliefs and practices. Further, as other researchers have also noted (Griffin 1987, Sargent and Marcucci 1984), refugees are afraid of the interview process and fear that their traditional activities are illegal. If the research unit is the family, they feel safer in discussing practices that American medical personnel may not recognize as valid.

In this situation, using the family as the unit of analysis, I found the model useful and capable of providing an analytical framework for non-Western mental health beliefs and practices.

Reformulation

Chrisman states that the five steps of the model are not necessarily chronologically linear; however, he does not specifically incorporate a mechanism for analyzing feedback and reformation of belief. If we turn to the work of Turner (1969, 1974), whose theories form part of the basis for the model, culture is viewed as continually in the process of absorbing new meaning. As new information enters the family system during the health seeking process it is evaluated and either incorporated, rejected or some combination of both. The new information forms part of the health belief system of the family, influences symptom definition and impacts the entire health seeking process. Although the feedback concept is implicit in Chrisman's model as first developed (1977) and elaborated for health care practitioners (Chrisman and Kleinman 1983), there is no analytical step specifically concerned with the process of reformulation.

By adding "reformulation" as a sixth component of the model, the cyclic nature of the health seeking process is more readily apparent. Reformulation focuses on the extent to which the individual or family adjust their beliefs and future actions based on their experiences in attempting to get help. This step is especially useful in the study of cultural groups like Cambodians or other migrants who are in the process of adjusting to a new context. Cohen

(1976), in his analysis of the development of ethnic identity in complex societies, focuses on this process of reformulation as crucial in group identity formation. As ethnic groups interact, key values are clarified and acquire symbolic importance because they distinguish groups from each other. Individuals and families seeking help for mental illness are touching upon belief systems in contrasting cultures and through "lay analysis and referral" are absorbing the cultural meanings of their group as these values evolve. Analysis of the reformulation of the health beliefs and practices as a part of the health seeking process may thus be particularly useful in situations of rapid social change.

Description of Reformulation

In the Muy family before the onset of Bunrith's symptoms, both she and Sithan were active in Cambodian community activities, particularly in helping newcomers adjust to the United States. When the family was confused by Bunrith's mental illness and began seeking advice--lay consultation and referral--their network included both Americans and Cambodians, all of whom tried to help. The family followed the various courses of treatment suggested and persisted with those which seemed successful to them. Both American types of therapy, while not discounted as harmful or useless, were discontinued by the family. Buddhist belief and ritual, while not powerful enough to

maintain harmony in the extreme situation, were continued and reinforced by the ultimately successful healing efforts of one of the kru consulted. The efforts of the spirit medium were determined to be harmful; one kru was unable to help.

The cultural explanations which underlie the treatment of the successful kru were brought into focus for Sithan who had never needed to articulate that aspect of Cambodian culture. The children were exposed to a previously unstated belief system in action and observed its successful application in their mother's case. The American therapies were examined and discussed and eventually were thought to be potentially useful since the psychiatrist and counselor both gave advice confirmed by Buddhist monks and by the kru. So, while the family decided that one treatment was most successful and thereby reaffirmed their traditional culture as they understand it, they have also accepted the validity and potential utility of American treatment methods.

Family Phi initially were interested in using American techniques to solve their mental health problems but turned with relief to what they thought of as their own culture when it appeared that Saveang was getting worse. To some extent they seem to think that the rejected system must be useful for Americans and that it is not helpful to them because they do not understand it. With Saveang's current

problems, they think that "American mental health" may be somehow involved, but they are no longer interested in pursuing it as a source of help. Their experiences have reaffirmed for them the utility of their own cultural systems of healing.

The Bai family is in such a state of disarray that they are not actively seeking help for most of the problems experienced by their members. The financial support they receive for Kem Bai because of his mental disability is unrelated to any system of therapy as they perceive it and they use their own resources to care for him. In the process it appears that this is strengthening family bonds and reinforces dependence on members of the ethnic group. They are pursuing both American medical care and treatment from a Cambodian healer for Nam's eye trouble. Other members of the family seek security or relief from anxiety through reliance on family members or other members of the Cambodian community. Reformulation of belief is much less conscious for this family than for Muy and Phi, at least until now. The family is embedded in the Cambodian social network and finds Cambodian belief and practices useful in their problem solving efforts.

The Boun family think of their usual family roles and cultural practices to be generally effective in their new situation although they have had to substitute Thai and American activities on occasion. When they have done this,

however, as with the Thai monk performing Buddhist ceremonies for Phal and a Christian woman invoking guardian spirits for Sary, the structure of their belief has remained Cambodian as they see it. In recent years when more Cambodian healers were available, they turned immediately to a kru in efforts to save Venita's husband although they did not reject the help of the American medical personnel. In their view, Cambodian culture as a system of belief is as viable in the United States as it was in Cambodia. It is only necessary to make adjustments because some resources are missing--not enough monks or healers when people need them. New resources and information are inserted into a belief structure which they think of as little different from the way of their relatives still in Cambodia.

Analysis of Reformulation

An analysis of "reformulation" clarifies both the Cambodian refugee rejection of the American cultural means of alleviating mental health problems and their reaffirmation of Cambodian problem-solving mechanisms. Two families, Muy and Phi, have tried American solutions and in both cases found Cambodian mechanisms more effective, although neither discounts the possible utility of American systems. Family Boun effectively used the Cambodian system to prevent crises and sees no need to try American methods. Their attitude is that their own culture

is effective so there is no need to change. Family Bai is in such a state of shock that they are only marginally able to use even those Cambodian solutions familiar to them.

As a result of their health seeking efforts all four families, as well as the other families studied, re-affirm their traditional culture as they have adapted it in the United States. Since the literature on traditional healing in Cambodia is limited, we have little descriptive material for comparison. The families interviewed, however, state that they are using Cambodian culture when they employ monks or kru to solve problems. In crisis situations, they have all reaffirmed their preference for what they view as traditional cultural solutions for mental health problems. The culture has to be adapted for the new situation because of the limits of refugee life--too few monks and healers, too many problems, disrupted families. But after trying American healers, Cambodian efforts have been seen to be more effective.

Although families appear to be rejecting American methods of solving mental health problems as they re-affirm use of their own cultural healing techniques, phrasing their reformulation of health beliefs and practices in this dichotomy is not entirely accurate. All activities deemed to be culturally Cambodian are not necessarily reaffirmed and supported. Bunrith Muy has rejected the efforts of the

spirit medium; the first kru consulted in that situation was found to be ineffective. American activities are not necessarily rejected; rather, Cambodian healers are preferred. The American Christian woman who provided a system of spirit protection for Sary Boun, however, is thought by the family to have provided a useful and effective service. Chinese herbal medicine was used by the Muy family and judgement was suspended on whether or not it was effective.

Rather than viewing reformulation as rejecting American and reaffirming Cambodian mental health practices, it is more useful to see the process as one of continued testing of the traditional Cambodian belief system as the refugees define it and incorporation of new information into that system when the occasion warrants it. The process of reformulation as it affects the formation or reaffirmation of group identity as Cohen (1976) discusses it will be explored further in the next chapter.

If Chrisman's model is used with the family as the unit of analysis, and "reformulation" is added as a sixth component, I find it a helpful framework for examining the health seeking behavior of refugees or other migrants from non-Western cultures. By adding a specific analysis of reformulation of health beliefs and practices, we emphasize the anthropological theories which are the basis

of the development of the model--Turner (1969, 1974) who stresses the analysis of social process and Geertz (1973) who stresses the analysis of the context of social action. With the added component, the model becomes more useful to anthropologists and others who want to use it for cultural comparison as well as continuing to be helpful for those whose effort is to refine clinical practice.

Chapter VIII

Conclusion

Cambodian refugees are survivors of a cycle of violence as extreme as any known in the twentieth century. Those who have reached safety in the United States suffer from severe depression, anxiety and other symptoms of mental illness to a degree unmatched by any American population and more severe than other current refugee groups.

Using an anthropological model which emphasizes the examination of context and social process, I have analyzed Cambodian refugee families' efforts to prevent or alleviate mental health problems. I address practical issues in the field of refugee mental health as well as theoretical questions on the social and psychological effects of migration. Through analysis of the reformulation of belief, this study also contributes to the anthropological literature on the development of ethnic identity during periods of rapid cultural change.

Examination of the context of the pre-revolutionary society, the war, migration, and the Pierce County refugee community forms the basis for examining the health seeking process in Cambodian refugee families. Chrisman's model is based on the theories of Geertz (1973) and Turner (1969,

1974). Geertz emphasizes the analysis of the context of social action as crucial to understanding behavior. For Cambodian refugees in Pierce County, decisions about mental health issues are made within a cultural context which includes their current community as well as past experiences. Turner focuses on the process of change in the meaning system of a social group as new information is incorporated or rejected. The health seeking process exemplifies this as families seek care for mentally ill members, find some solutions more helpful or more comfortable and reformulate their health belief system to incorporate the new understanding.

Cambodian refugee families are experiencing severe mental health problems and are turning for solutions to traditional healing systems within their own culture. American practitioners have been consulted in some cases but the American mental health system has been found to be less effective than Cambodian solutions. Although circumstances vary, the underlying beliefs and practices of the traditional healing system were consistent among all the families interviewed for this study. The literature on Southeast Asian beliefs about illness and healing and the little information we have about Cambodian health beliefs and practices before 1975 (Ebihara 1971, Martel 1975) is consistent with the activities of the families interviewed for this study. The belief system summarized

below is considered by my informants to be Cambodian and is not differentiated by them from beliefs and practices of pre-war Cambodia.

Strength of spirit and therefore happiness comes from moral harmony. This is induced and strengthened by the practice of religion. Since Cambodians are Buddhists, harmony and happiness are created and maintained by the observance of Buddhism with its emphasis on maintaining harmonious relations with family members living and dead. Conversely, weakness of spirit and unhappiness result from the disturbance of proper relations. If a person's spirit is weak, that person is particularly susceptible to the harmful activities of spirits or witchcraft. A person suffering from spirit weakness, spirit possession or witchcraft exhibits symptoms of what Americans label mental illness.

In pre-revolutionary Cambodia, it was relatively easy to remain happy by participating in Buddhist ritual and by maintaining harmonious relationships within the family and society. With widespread war and the eventual take-over by the Khmer Rouge, the harmony of the entire country was disrupted. The Khmer Rouge prohibited Buddhist activity, including the use of Pali magic words by the healers. Their social policy disrupted families and prevented the maintenance of correct relations with the spirits of places, water, ancestors and other spiritual entities.

These disastrous events have destroyed families so individuals are separated from their source of strength.

Now that they have reached safety in the United States, Cambodians in Pierce County are turning to the belief system which they identify as their traditional system to solve the many mental health problems they experience. The practice of Buddhist ritual is the most important way a family or community can restore harmony and strengthen the spirit of individuals weakened by their experiences during the war and migration. If problems are identified early enough or if there is enough family strength to protect the weakened individual, Buddhist ritual may be sufficient to prevent or alleviate problems. If a person experiencing weakness is possessed by a harmful or evil spirit, that spirit must first be removed. Then the individual's spirit is strengthened in order to prevent repossession. Kru khmer or good spirits working through a spirit medium are necessary for both the exorcism and protection of the weakened individual. Families must also adjust their behavior as prescribed by the kru so that their strength protects the weakened member.

Witchcraft is sometimes successful against even a person with a strong, healthy spirit since only extremely powerful individuals will try to practice it. Protection from witchcraft, therefore, takes an exceptionally powerful

kru or helping spirit. Additionally, healthy, strong individuals who must accomplish some difficult task, may benefit from the assistance of a kru or a helping spirit.

Although Buddhist monks and kru_khmer are active in Pierce County, Cambodian families and communities are under such severe stress that many problems which might otherwise be effectively addressed through traditional means are not being identified nor solved. This raises both practical and theoretical issues.

Groups like Cambodians who have experienced extreme trauma have suffered a loss of individual and cultural identity. The formation of an ethnic enclave, as has happened in Pierce County, reestablishes identity during periods of rapid and extreme social change. This community formation and corresponding efforts at cultural revitalization provide a base from which survivors may rebuild a sense of self. These steps are a necessary part of the adjustment of severely traumatized refugee and migrant groups and correspond on a community level to the reformulation discussed as a component of the health seeking process for families.

Cohen (1976), in his analysis of the development of ethnic identity in complex societies, focuses on key values which acquire symbolic importance because they distinguish groups from each other thus giving individuals symbols of identity and group membership. As Cambodians in the Tacoma

area have attempted to find cures for mentally ill family members, they have sought help from various sources. Cambodian solutions have been considered more successful, reinforcing reliance on traditional values and enhancing the sense of group identity.

Although this cycle may be more clearly seen in the process of solving mental health problems, it occurs also in other realms of refugee life: the formation of all-Cambodian crews to do field work, financial dependence within the family and community, and other social and economic arrangements. In examining the formation of the Cambodian community, increasing reliance on the traditional health practices has enhanced the formation of the ethnic enclave, thus making it easier to access traditional healers and increasing dependence within the ethnic group. The reformulation which takes place on a family level during the health seeking process contributes to the emergence of ethnic identity on a group level as in Cohen's analysis. That, in turn, forms the context within which families identify problems and seek to solve them.

The American mental health system has largely ignored the needs of Cambodian and other Southeast Asian refugees, having made few efforts to bridge cultural barriers. Although the refugees tend to prefer mental health care from their own culture, traditional healers feel overwhelmed by the severity and sheer numbers of serious

problems. Demoralized families unable to reach out for help will continue to have unaddressed needs with potentially severe consequences for future generations. As families become stable economically, depression and other mental illnesses become more severe as they remember the missing members who cannot share their good fortune. The American system must provide culturally sensitive care with an effort to incorporate traditional beliefs and practices. Outreach efforts into the refugee community to overcome the fear and the cultural barriers that exist are crucial in attempts to alleviate some of the effects of massive trauma resulting from war and migration.

In a larger sense, Cambodians are the demoralized survivors of clashes of philosophy and power on a world scale. No political goal, no matter how well intentioned, justifies the emotional trauma and suffering that is the aftermath of violence. The cycle of violence begun in Cambodia during the 1960's has not ended. It continues today in the pain and suffering of refugee families.

BIBLIOGRAPHY

- Alarcon, Renato D.
1983 A Latin-American Perspective on DSM-III. In International Perspectives on DSM-III. Robert Spitzer, Janet B.W. Williams, and Andrew E. Skodol, eds. pp.243-250. Washington, D.C.: American Psychiatric Press, Inc.
- Amarasingham, Lorna Rhodes
1980 Movement Among Healers in Sri Lanka: A Case Study of a Sinhalese Patient. Culture Medicine and Psychiatry 4:71-92.
- American Friends Service Committee
1985 Cambodian Mental Health. New York: American Friends Service Committee.
- American Psychiatric Association
1980 Diagnostic and Statistical Manual of Mental Disorders, Third edition. Washington, D.C.: American Psychiatric Press, Inc.
- Anderson, Jerelyn
1987 Health Seeking Behavior of Salvadoran Refugees. Unpublished M.A. thesis, University of Washington.
- Aymonier, Etienne
1900-1904 (3 volumes) Le Cambodge. Paris: Leroux.
- Baer, Hans A., Merrill Singer and John H. Johnsen
1986 Towards a Critical Medical Anthropology. Social Science and Medicine 23:95-98.
- Banchevska, Rachelle
1981 Uprooting and Settling: The Transplanted Family. In Strangers in the World. Leo Eitinger, ed. pp.107-132. Bern: Hans Huber Publishers.
- Barnett, Anthony
1983 Democratic Kampuchea: A Highly Centralized Dictatorship. In Revolution and Its Aftermath. David P. Chandler and Ben Kiernan, eds. Monograph Series No. 25. pp.212-229. New Haven: Yale University Southeast Asia Studies.

- Barron, John and Anthony Paul
1977 *Murder of a Gentle Land*. New York: Reader's Digest Press.
- Basham, A.L.
1976 *The Practice of Medicine in Ancient and Medieval India*. In *Asian Medical Systems*. Charles Leslie, ed. pp.18-43. Berkeley: University of California Press.
- Bateson, Gregory and Margaret Mead
1942 *Balinese Character: A Photographic Analysis*. New York: New York Academy of Sciences.
- Becker, Elizabeth
1986 *When the War Was Over*. New York: Simon and Schuster.
- Becker, Marshall H. and Lois A. Maiman
1983 *Models of Health-Related Behavior*. In *Handbook of Health, Health Care and the Health Professions*. David Mechanic, ed. pp.539-568. New York: Free Press.
- Bilodeau, Charles
1955 *Compulsory Education in Cambodia*. In *Compulsory Education in Cambodia, Laos and Vietnam*. Bilodeau, Pathammavong, Hong, eds. *Studies on Compulsory Education*. No. XIV. Paris: UNESCO.
- Binn, Maxine Ann
1979 *Beliefs About Hypertension*. Unpublished M.A. thesis, University of Washington.
- Boothby, Neil
1985 *Cambodia's Refugee Children*. In *Cambodian Mental Health*. American Friends Service Committee, ed. pp.43-58. New York: American Friends Service Committee.
- Boua, Chanthou
1983 *Observations of the Heng Samrin Government, 1980-1982*. In *Revolution and Its Aftermath*. David P. Chandler and Ben Kiernan, eds. *Monograph Series No. 25*. pp.259-290. New Haven: Yale University Southeast Asia Studies.
- Bulatao, Jaime
1969 *Westernization and the Split Level Personality*. In *Mental Health Research in Asia and the Pacific*. William Caudill and Tseng-Yi Lin, eds. pp. 269-305. Honolulu: East West Center.

- Burchett, Wilfred
1981 The China Cambodia Vietnam Triangle. Chicago: Vanguard Books.
- Burrows, Rob
1978 Thailand: Khao-I-Dang. Refugees 38:7.
- Caldwell, Malcolm
1979 Kampuchea. Rationale for a Rural Policy. Hyderabad: Janata Prachuranalu.
- Cambodia. Commission des Moeurs et Coutumes du Cambodge
1958 Ceremonies privees des Cambogiens. Phnom Penh: Edition de l'Institut Bouddhique.
- Carbonnel, J. P.
1979 Recent Data on the Cambodian Neolithic: Problems of Cultural Continuity. In Early South East Asia. R.B. Smith and W. Watson, eds. pp.223-226. New York: Oxford University Press.
- Carlin, Jean E.
1983 Southeast Asian Children: Implications for Mental Health Systems. In Bridging Cultures: Southeast Asian Refugees in America. Asian American Community Mental Health Center, ed. pp.259-269. Los Angeles: Asian American Community Mental Health Center.
- Carlin, Jean E. and Burton Z. Sokoloff
1985 Mental Health Treatment Issues for Southeast Asian Children. In Southeast Asian Mental Health. Thomas C. Owan, ed. pp.91-112. Washington, D.C.: United States Department of Health, Education and Welfare.
- Carney, Timothy Michael
1977 Communist Party Power in Kampuchea: Documents and Discussion. Data Paper 106. Ithaca: Southeast Asia Program, Cornell University.
- Caudill, William
1969 Introduction. In Mental Health Research in Asia and the Pacific. William Caudill and Tseng-Yi Lin, eds. pp. 1-3. Honolulu: University of Hawaii Press.
- Caudill, William and Tseng-Yi Lin, eds.
1969 Mental Health Research in Asia and the Pacific. Honolulu: East West Center.
- Chakravarti, Adhir
1982 Royal Succession in Ancient Cambodia. Asiatic Society Monograph Series XXVI. Calcutta: The Asiatic Society.

- Chanda, Nayan
1986 *Brother Enemy*. New York: Harcourt Brace Jovanovitch.
- Chandler, David P.
1983 *A History of Cambodia*. Boulder: Westview Press.
- Chou Ta-Kuan
1967 (original 1297) *Notes on the Customs of Cambodia*. Translated from French version of Paul Pelliot by J. Gilman D'Arcy Paul. Bangkok: Social Science Association Press.
- Chrisman, Noel J.
1977 *The Health-Seeking Process: An Approach to the Natural History of Illness*. *Culture, Medicine and Psychiatry* 1:351-377.
- Chrisman, Noel J. and Arthur Kleinman
1983 *Popular Health Care, Social Networks and Cultural Meanings*. In *Handbook of Health, Health Care and the Health Professions*. David Mechanic, ed. New York: Free Press.
- Coedes, George
1968 (French ed. 1964) *The Indianized States of Southeast Asia*. Honolulu: East-West Center Press.
- Cohen, Abner
1976 *Two Dimensional Man*. Berkeley: University of California Press.
- Cohon, Donald J.
1981 *Psychological Adaptation and Dysfunction Among Refugees*. *International Migration Review* 15(1):255-275.
- Coulter, Jeff
1972 *Approaches to Insanity*. New York: John Wiley and Sons.
- Cox, John L.
1986 *Introduction*. In *Transcultural Psychiatry*. John L. Cox, ed. pp. 1-7. London: Croom Helm.
- David, Henry P.
1970 *Involuntary International Migration: Adaptation of Refugees*. In *Behavior in New Environments: Adaptation of Migrant Populations*. pp.73-94. Eugene B. Frody, ed. Beverly Hills: Sage Publications.

- Delvert, Jean
1961 *Le Paysan Cambodgien*. Paris: Mouton and Co.
- Duncan, Julianne
1980 *Relationship Between Laotian Hmong Refugees and Providers of Social Services in Missoula, Montana*. Unpublished M.A. thesis, University of Montana.
- Duncan, Julianne and Sean Kang
1985 *Use of Traditional Cambodian Culture as a Mental Health Program to Help Children Cope with Separation and Loss*. In *Cambodian Mental Health*. American Friends Service Committee, ed. pp.1-7. New York: American Friends Service Committee.
- Dunn, Frederick
1978 *Medical Care in the Chinese Communities of Peninsular Malaysia*. In *Culture and Healing in Asian Societies*. Arthur Kleinman et al. eds. pp. 143-172. Boston: G.K. Hall.
- Ebihara, May
1964 *Khmer*. In *Ethnic Groups of Mainland Southeast Asia*. Lebar, Hickey, and Musgrave, eds. pp.98-104. New Haven, Conn: Human Relations Area Files.
- 1971 *Svay: A Khmer Village in Cambodia*. Ph.D. dissertation, Columbia University. Ann Arbor: University Microfilms International.
- 1974 *Khmer Village Women in Cambodia: A Happy Balance*. In Carolyn Matthiasson, ed. *Many Sisters: Women in Cross-Cultural Perspective*. New York: Free Press.
- 1977 *Residence Patterns in a Khmer Peasant Village*. In Stanley Freed, ed. *Anthropology and the Climate of Opinion*. *Annals of the New York Academy of Sciences* 293: 51-68.
- 1985 *Khmer*. In *Refugees in the United States*. David W. Haines, ed. pp.127-147. Westport, CT: Greenwood Press.
- Egawa, J. and N. Tashima
1982 *Indochinese Healers in Southeast Asian Refugee Communities*. San Francisco: Pacific Asian Mental Health Research Project.
- Eitinger, Leo
1981 *Feeling "At Home": Immigrants' Psychological Problems*. In *Strangers in the World*. Leo Eitinger, ed. pp.84-106. Bern: Hans Huber Publishers.

- Eitinger, Leo
 1981 Foreigners in Our Time: Historical Survey of Psychiatry's Approach to Migration and Refugee Status. In Strangers in the World. Leo Eitinger, ed. pp.16-26. Bern: Hans Huber Publishers.
- Ex, Justinian
 1966 Adjustment after Migration: A Longitudinal Study of the Process of Adjustment by Refugees to a New Environment. The Hague: Martinus Nijhoff.
- Fabrega, Horacio
 1973 Toward a Model of Illness Behavior. Medical Care 11:470-484.
 1974 Disease and Social Behavior. Cambridge, MA: MIT Press.
 1980 A Commentary on African Systems of Medicine. In African Health and Healing Systems. P. Stanley Yoder, ed. pp.237-252. Los Angeles: Crossroads Press.
 1982 Culture and Psychiatric Illness: Biomedical and Ethnomedical Aspects. In Cultural Conceptions of Mental Illness and Therapy. Anthony J. Marsella and Geoffery White, eds. pp.39-68. Boston: D. Reidel Publishing Co.
- Fabrega, Horacio and Daniel Silver
 1973 Illness and Shamanistic Curing in Zinacantan. Stanford: Stanford University Press.
- Finnish Inquiry Commission
 1982 Kampuchea in the Seventies. Helsinki: Finnish Inquiry Commission.
- Giel, R. and Fikre Workneh
 1984 The Disturbed Patient. In Principles of Medicine in Africa. E.H.O. Parry, ed. pp.525-557. Nairobi: Oxford University Press.
- Geertz, Clifford
 1973 The Interpretation of Cultures. New York: Basic Books Inc.
- Golomb, Louis
 1986 Rivalry and Diversity among Thai Curer-Magicians. Social Science and Medicine 22(6):691-697.

- Good, Byron J. and Mary Jo Delvecchio Good
1980 The Meaning of Symptoms. *In* The Relevance of Social Science for Medicine. Leon Eisenberg and Arthur Kleinman, eds. pp.165-196. Dordrecht: D. Reidel Publishers.
- Gordon, Bernard K.
1972 Cambodia's Foreign Relations: Sihanouk and After. *In* Indochina in Conflict. Joseph D. Zasloff and Allen E. Goodman, eds. pp.155-174. Lexington, Mass: D.C. Heath & Co.
- Graves, Nancy B. and Theodore D. Graves
1974 Adaptive Studies in Urban Migration. Annual Review of Anthropology 3:117-151.
- Griffin, Suzanne M.
n.d. How Does the Match Between Media and Learners' Preferred Perceptual Modes Affect Literacy Learning? Paper presented to the Association for Educational Communications & Technology. February 1987.
- Groslier, Bernard-Philippe
1956 Angkor. Paris: Arthaud.
- Hall, Kenneth R.
1986 Maritime Trade and State Development in Early Southeast Asia. Honolulu: University of Hawaii Press.
- Harris, Marvin
1980 Cultural Materialism. New York: Vintage Books.
- Heggenhougen, H.K.
1984 Traditional Medicine and Treatment of Drug Addicts. Medical Anthropology Quarterly 16(1):3-6.
- Heine-Geldern, Robert
1973 (original 1942) Southeast Asia. *In* The Politics of National Integration. John T. McAlister, ed. pp.74-89. New York: Random House.
- Helman, Cecil G.
1985 Disease and Pseudo-Disease. Culture, Illness and Healing 6:293-311.
- Hiegel, Jean-Pierre
1980 The Role of Traditional Medicine in Relief Operations. Bangkok: International Committee for the Red Cross.

- Higginbotham, Howard N.
1984 *Third World Challenge to Psychiatry*. Honolulu: University of Hawaii Press.
- Hildebrand, George C. and Gareth Porter
1976 *Cambodia: Starvation and Revolution*. New York: Monthly Review Press.
- Hing, Sokhom
1973 *An Essay on Cambodia's Struggle for Independence*. In *Foreign Values and Southeast Asian Scholarship*. Research Monograph Series 11. pp.158-177. Berkeley: Center for South and Southeast Asian Studies.
- Hocking, Fredric H.
1981 *After the Holocaust: Migrants Who Survived Massive Stress Experiences*. In *Strangers in the World*. Leo Eitinger, ed. pp.202-219. Bern: Hans Huber Publishers.
- Holborn, Louise
1975 *Refugees: A Problem of Our Time*. Metuchen, N.J.: Scarecrow Press.
- Hull, Diana
1979 *Migration, Adaptation and Illness: A Review*. *Social Science and Medicine* 13A:25-36.
- Hutterer, Karl
1976 *An Evolutionary Approach to Southeast Asian Cultural Sequence*. *Current Anthropology* XVII:243-262.
- Irvine, Walter
1982 *The Thai-Yuan "Madman" and the Modernizing Developing Thai Nation as Bounded Entities Under Threat: A Study in the Replication of a Single Image*. PhD Dissertation. SDAS, University of London.
- Ishisaka, Hiedeki A., Quyn T. Nguyen, and Joseph T. Okimoto
1985 *The Role of Culture in the Mental Health Treatment of Indochinese Refugee*. In *Southeast Asian Mental Health*. Thomas C. Owan, ed. pp.41-64. Washington, D.C.: United States Department of Health and Human Services.
- Jacob, J.M.
1979 *Pre-Angkor Cambodia: Evidence from the Inscriptions in Khmer Concerning the Common People and Their Environment*. In *Early South East Asia*. R.B. Smith and W. Watson, eds. pp.406-426. New York: Oxford University Press.

- Keifer, Christie W.
1975 The Official Medical Anthropology. *Medical Anthropology News* 6(4):1-2.
- Keller, Stephen L.
1975 *Uprooting and Social Change: The Role of Refugees in Development*. Delhi: Manohar Book Service.
- Kenny, Michael G.
1985 New Approaches to Culture Bound Syndromes. *Social Science and Medicine* 21(2):163-172.
- Keyes, Charles F.
1977 *The Golden Peninsula*. New York: Macmillan Publishing Co., Inc.
- Kiernan, Ben
1975 The Samlaut Rebellion and Its Aftermath, 1967-70: The Origins of Cambodia's Liberation Movement. *In* Centre of Southeast Asian Studies Working Papers 4 and 5. Melbourne, Australia: Monash University.

1983 Wild Chickens, Farm Chickens and Cormorants: Kampuchea's Eastern Zone Under Pol Pot. *In* Revolution and Its Aftermath. David P. Chandler and Ben Kiernan. Monograph Series No. 25. pp.136-211. New Haven: Yale University Southeast Asia Studies.

1985 *How Pol Pot Came to Power*. London: Verso.
- Kiljunen
1984 *Kampuchea: Decade of the Genocide*. London: Zed Books.
- Kinsler, F.
1981 Second Generation of the Holocaust: The Effectiveness of Group Therapy in the Resolution of the Transmission of Parental Trauma. *Journal of Psychology & Judaism* 6:53-67.
- Kinzie, J. D., R.H. Fredrikson, Ben Rath, J. Fleck, W. Karls
1984 Post-Traumatic Stress Disorder Among Survivors of Cambodian Concentration Camps. *American Journal of Psychiatry* 141:645-650.
- Kinzie, J. David
1985 Overview of Clinical Issues in the Treatment of Southeast Asian Refugees. *In* Southeast Asian Mental Health. Thomas C. Owan, ed. pp.113-135. Washington, D.C.: United States Department of Health and Human Services.

- Kirk, Donald
 1975 Revolution and Political Violence in Cambodia, 1970-1974. In Communism in Indochina. Joseph J. Zasloff and MacAllister Brown. pp.215-230. Lexington, Mass: D.C. Heath & Co.
- Kleinman, Arthur
 1978 Problems and Prospects in Comparative Cross-Cultural Medical and Psychiatric Studies. In Culture and Healing in Asian Societies. Arthur Kleinman, Peter Kunstadter, E. Russell Alexander and James L. Gate, eds. pp.407-440. Boston: G.K. Hall.
- 1980a Major Conceptual and Research Issues for Cultural (Anthropological) Psychiatry. Culture, Medicine and Psychiatry 4:3-13.
- 1980b Patients and Healers in the Context of Culture. Berkeley: University of California Press.
- 1986 Social Origins of Distress and Disease. New Haven: Yale University Press.
- Knudsen, John Chr.
 1986 Health Problems in the Refugee Career: From Vietnam via Transit Camps to Norway. Health and International Life-Courses. Bergen Studies in Social Anthropology 37:51-97.
- Kobelev, E.V., Ed.
 1979 Kampuchea: From Tragedy to Rebirth. Moscow: Progress Publishers.
- Landy, David
 1984 A New Beginning: The SMA and AAA. Medical Anthropology Quarterly 15(4):86.
- Langness, L.L., and Gelya Frank
 1981 Lives: An Anthropological Approach to Biography. Novato, California: Chandler and Sharp Publishers.
- Le Gallen, M.
 1929 Mœurs et Coutumes de l'Ancienne Cambodge L'Indochine. Vol. I. pp.215-224. Paris: Les Editions G. Van Oest.
- Lebra, William P.
 1976 Culture-Bound Syndromes, Ethnopsychiatry, and Alternative Therapies. Honolulu: University of Hawaii Press.

- Leclere, Adhemard
MDCCCCXVI (1916) Cambodge. Paris: Imprimerie National.
- Lee, Patricia
1978 Symptom Definition and Treatment Action of Second Generation Japanese Americans. Unpublished M.A. thesis, University of Washington.
- Leff, Julian
1986 The Epidemiology of Mental Illness Across Cultures. In Transcultural Psychiatry. John L. Cox, ed. pp.23-36. London: Croom Helm.
- Leifer, Michael
1971 Dilemmas of Statehood in Southeast Asia. Vancouver: University of British Columbia Press.
- Leslie, Charles
1976 Introduction. In Asian Medical Systems. Charles Leslie, ed. pp.1-17. Berkeley: University of California Press.

1985 What Caused the Failure of India's Massive Community Health Workers Scheme? Social Science and Medicine 21:923-930.
- Like, Robert and James Ellison
1981 Sleeping Blood, Tremor and Paralysis: A Trans-Cultural Approach to An Unusual Conversion Reaction. Culture, Medicine and Psychiatry 5:49-63.
- Lin, Keh-Ming and Minoru Matsuda
1983 Impact of the Refugee Experience: Mental Health Issues of Southeast Asians. In Bridging Cultures: Southeast Asian Refugees in America. Asian American Community Mental Health Center, ed. pp.32-52. Los Angeles: Asian American Community Mental Health Center.
- Lin, Keh-Minh, L. Tazuma and Minoru Matsuda
1979 Adaptational Problems of Vietnamese Refugees: Health and Mental Health Status. Archives of General Psychiatry 36:955-961.
- Liu, William T. and Freda Cheung
1985 Research Concerns Associated with the Study of Southeast Asian Refugees. In Southeast Asian Mental Health. Owan, ed. Washington, D.C.: United States Department of Health, Education and Welfare.

- Lock, Margaret
1985 The Anthropological Study of the American Medical System. *Social Science and Medicine* 22(9):931-932.
- Maretzki, Thomas W.
1985 Including the Physician in Healing-Centered Research. *Culture, Illness and Healing* 6:23-47.
- Marsella, Anthony J.
1982 Culture and Mental Health: An Overview. In *Cultural Conceptions of Mental Illness and Therapy*. Anthony J. Marsella and Geoffery White, eds. pp.1-38. Boston: D. Reidel Publishing Co.
- Martaus, Terese Marie
1985 Symptom Definition and Treatment Action Among A Select Group of Mexican-American Migrant Farmworkers. Unpublished M.A. thesis, University of Washington.
- Martel, Gabrielle
1975 Lovea: Village des Environs D'Angkor. In *Publications de l'Ecole Francaise d'Extreme-Orient*. Vol. XCVIII. Paris: Ecole Francaise d'Extreme Orient.
- Martin, Marie Alexandrine
1981 La Riziculture et la Maitrise de l'eau dan le Kampuchea democratique. *Etudes Rurales*. Juil-Sept 1981:7-44.

1984 Le Processus de Vietnamisation au Cambodge. *Politique Internationale*. Ete 1984:177-191.
- McElroy, Ann
1986 MAN and MAQ in Retrospect. *Medical Anthropology Quarterly* 17(5):115-127.
- Meinhardt, Kenneth, Soleng Tom, Philip Tse and Connie Young Yu
1984 Santa Clara County Health Department Asian Health Assessment Project. Unpublished manuscript.
- Morrissey, James
1983 Migration, Resettlement and Refugeeism. *Medical Anthropology Quarterly* 15(1):3-13.
- Muecke, Marjorie
1976 Health Care Systems as Socializing Agents: Childbearing the North Thai and Western Ways. *Social Science and Medicine* 10:377-383.

1979 An Explication of "Wind Illness" in Northern Thailand. *Culture, Medicine and Psychiatry* 3:267-300.

- 1981 Changes in Women's Status Associated with Modernization in Northern Thailand. *In* Southeast Asia: Women, Changing Social Structure and Cultural Continuity. G.B. Hainsworth, ed. pp.53-64. Ottawa: University of Ottawa Press.
- 1985 Thai Conjugal Family Relationships and the Hsu Hypothesis. *Journal of the Siam Society*.
- Murdock, George Peter
1949 Social Structure. New York: The Free Press.
- Murphy, H.M.B.
1986 The Mental Health Impact of British Cultural Traditions. *In* Transcultural Psychiatry. John L. Cox, ed. pp.179-195. London: Croom Helm.
- Ng, Ronald C.
1979 The Geographical Habitat of Historical Settlement. *In* Early South East Asia. R.B. Smith and W. Watson, eds. pp.262-272. New York: Oxford University Press.
- Obeyesekere, Gananath
1976 The Impact of Ayurvedic Ideas on the Culture and the Individual in Sri Lanka. *In* Asian Medical Systems. Charles Leslie, ed. pp.201-226. Berkeley: University of California Press.
- 1977 The Theory and Practice of Psychological Medicine in the Ayurvedic Tradition. *Culture Medicine and Psychiatry* 1:155-181.
- 1981 Medusa's Hair. Chicago: University of Chicago Press.
- Ofstad, Harald
1981 Identity and Minority: Value Conflicts and Conflicts of Identity. *In* Strangers in the World. Leo Eitinger, ed. pp.20-67. Bern: Hans Huber Publishers.
- Ortner, Sherry
1973 On Key Symbols. *American Anthropologist* 75:1338-1346.
- Osborne, Milton
1969 The French Presence in Cochinchina and Cambodia. Ithaca: Cornell University Press.

- 1972 Effacing the "God-King"--Internal Development in Cambodia Since March 1970. *In* Indochina in Conflict. Joseph W. Zasloff and Allen E. Goodman, eds. pp.57-80. Lexington, Mass: D.C. Heath & Co.
- 1973 Politics and Power in Cambodia. The Sihanouk Years. Victoria, Australia: Longman.
- Owan, Thomas Choken, ed.
1984 Southeast Asian Mental Health. Washington, D.C.: United States Department of Health and Human Services.
- Pavie, Auguste
1898, 1898, 1904 Mission Pavie: Etudes diverses. 3 vols. Paris: Leroux.
- Pelto, Pertti J.
1970 Anthropological Research. New York: Harper and Row.
- Pilger, John and Anthony Barnett
1982 Aftermath: The Struggle of Cambodia and Vietnam. London: New Statesman.
- Phillips, Michael
1985 Can Clinically Applied Anthropology Survive? Medical Anthropology Quarterly 16(2):31-36.
- Ponchaud, Francois
1978 Cambodia: Year Zero. London: Allen Lane.
- Poole, Peter A.
1969 Cambodia's Quest for Survival. New York: Asian American Educational Exchange.
- Poole, Peter A.
1975 Communism and Ethnic Conflict in Cambodia, 1960-1975. *In* Communism in Indochina. Joseph J. Zasloff and MacAllister Brown. pp.249-255. Lexington, Mass: D.C. Heath & Co.
- Poree-Maspero, Eveline
1962-1969 Etude sur les Rites Agraires des Cambodgiens. Vols 1-3. Paris: Mouton and Co.
- Poree-Maspero, Evline
1958 Ceremonies Privees des Cambodgiens. Phnom Penh: Editions de l'Institut Bouddhique.

- Poree, Guy and Eveline Maspero
1950 Ceremonies des douze mois; fetes annuelles cambodgiennes. Phnom Penh: Commission des Moeurs et Coutumes du Cambodge.
- Poree, Guy and Eveline Maspero
1938 Moeurs et coutumes des Khmeres. Paris: Payot.
- Porkert, Manfred
1976 The Intellectual and Social Impulses Behind the Evolution of Traditional Chinese Medicine. *In* Asian Medical Systems. Charles Leslie, ed. pp.63-80. Berkeley: University of California Press.
- Porter, Gareth
1983 Vietnamese Communist Policy Towards Kampuchea, 1930-1970. *In* Revolutions and Its Aftermath. David P. Chandler and Ben Kiernan. Monograph Series No. 25. pp.57-98. New Haven: Yale Southeast Asia Studies.
- Rack, Philip R.
1986 Migration and Mental Illness. *In* Transcultural Psychiatry. John L. Cox, ed. pp.59-75. London: Croom Helm.
- Rathod, Bonnie
1984 Health, Illness and the Health Seeking Process of American Samoans. Unpublished M.A. thesis, University of Washington.
- Rhodes, Lorna Amarasingham
n.d. (1986) The Diagnostic Process in Two Cases of Spirit Possession. Unpublished manuscript.
- Rhodes, Lorna, Jeff Sobal and Eugene B. Brody
1983 Social Relations and Mental Illness. *Medical Anthropology Quarterly* 14(3):4-6.
- Rivers, W.H.R.
1924 Medicine, Magic and Religion. New York: Harcourt and Brace.
- Robinson, Beatrice E.
n.d. Evaluating Mental Health Services for Southeast Asian Refugees: Cross-Cultural Methodological Issues. Presented at Annual Meeting of American Psychological Association. August 1985.

- Rumbaut, Ruben G.
 1985 Mental Health and the Refugee Experience: A Comparative Study of Southeast Asian Refugees. In Southeast Asian Mental Health. Thomas C. Owan, ed. Washington, D.C.: United States Department of Health and Human Services.
- Sangsingkeo, Phon
 1969 Buddhism and Some Effects on the Rearing of Children in Thailand. In Mental Health Research in Asia and the Pacific. William Caudill and Tseng-Yi Lin, eds. pp.286-295. Honolulu: East West Center.
- Sargent, Carolyn, John Marcucci and Ellen Elliston
 1983 Tiger Bones, Fire and Wine: Maternity Care in a Kampuchean Refugee Community. Medical Anthropology 7:67-79.
- Sargent, Carolyn and John Marcucci
 1984 Aspects of Khmer Medicine Among Refugees in Urban America. Medical Anthropology Quarterly 16(1):7-9.
- Scheff, Thomas J.
 1984 Being Mentally Ill. New York: Aldine
- Shawcross, William
 1984 The Quality of Mercy: Cambodia, Holocaust and Modern Conscience. New York: Simon and Schuster.
- Shawcross, William
 1983 Cambodia: Some Perceptions of a Disaster. In Revolution and Its Aftermath. David P. Chandler and Ben Kiernan. pp.230-258. Monograph Series No. 25. New Haven: Yale Southeast Asia Studies.
- Shawcross, William
 1979 Sideshow: Kissinger, Nixon and the Destruction of Cambodia. New York: Pocket Books.
- Sihanouk, Norodom
 n.d. Discours Devant la 39eme Session de L'assemblee General des Nations Unis. September 25, 1984.
 1980 War and Hope. New York: Pantheon Books.
- Simon, Sheldon W.
 1975 The Khmer Resistance: External Relations, 1973-1974. In Communism in Indochina. Joseph J. Zasloff and MacAlister Brown. pp.197-214. Lexington, Mass: D.C. Heath & Co.

- Smith, R.B., and W. Watson, eds.
1979 Early South East Asia. New York: Oxford University Press.
- Smith, Roger
1964 Cambodia. In Governments and Politics of Southeast Asia. George Kahin, ed. pp.595-671. Ithaca: Cornell University Press.
- Sokoloff, Burton Z., Jean E. Carlin and H. Pham
1984 Five-Year Follow-Up of Vietnamese Children in the United States: Part I. Clinical Pediatrics 23:565-570.
- Solheim, Wilhelm G.
1968 Early Bronze in Northeast Thailand. Current Anthropology IX:59-62.
- Spector, Rachel E.
1985 Cultural Diversity in Health and Illness. Norwalk, CT: Appleton Century Crofts.
- Spiro, Melford E.
1967 Burmese Supernaturalism. Englewood Cliffs, N.J.: Prentice Hall.

1969 The Psychological Function of Witchcraft Belief. In Mental Health Research in Asia and the Pacific. William Caudill and Tsung-Yi Lin, eds. pp.245-258. Honolulu: East West Center.

1970 Buddhism and Society. New York: Harper and Row.

1978 Supernaturally Caused Illness in Traditional Burmese Medicine. In Culture and Healing in Asian Societies. Arthur Kleinman, Peter Kunstadter, E. Russell Alexander, James L. Gate, eds. pp.219-234. Boston: G.K. Hall.
- Spitzer, Robert, Janet B.W. Williams and Andrew E. Skodol
1983 International Perspectives on DSM-III. Washington, D.C.: American Psychiatric Press, Inc.
- Stoller, Alan
1969 Parameters of Mental Illness and Mental Health. In William Caudill and Tseng-Yi Lin, eds. Mental Health Research in Asia and the Pacific. pp.3-20. Honolulu: East West Center.
- Suchman, Edward A.
1965 Stages of Illness and Medical Care. Journal of Health and Human Behavior 6:114-128.

- Suwanlert, Sangun
1976 Phii pob: Spirit Possession in Rural Thailand. In Culture-Bound Syndromes, Ethnopsychiatry, and Alternative Therapies. William P. Lebra, ed. pp.68-87. Honolulu: University of Hawaii Press.
- Szasz, Thomas
1961 The Myth of Mental Illness. New York: Harper.
- Tabor, Daniel C.
1981 Ripe and Unripe: Concepts of Health and Sickness in Ayurvedic Medicine. Social Science and Medicine 15B:439-455.
- Tambiah, S.J.
1970 Buddhism and the Spirit Cults in NorthEast Thailand. Cambridge: Cambridge University Press.

1977 The Cosmological and Performative Significance of a Thai Cult of Healing Through Meditation. Culture Medicine and Psychiatry 1:97-132.
- Thierry, Solange
1964-1965 A Contribution to the Study of Cambodian Society. U.S. Department of Commerce, trans. L'Ethnographie 58-59:50-71.
- Thion, Serge
1983 The Cambodian Idea of Revolution. In Revolution and Its Aftermath in Kampuchea. David P. Chandler and Ben Kiernan, eds. pp.10-33. New Haven: Yale University Southeast Asian Studies.
- Tseng, Wen-Shing
1986 Chinese Psychiatry: Development and Characteristics. In Transcultural Psychiatry. John L. Cox, ed. pp.274-290. London: Croom Helm.
- Tung, Tran Minh
1980 Indochinese Patients. Falls Church, VA: Action for Southeast Asians.

1985 Psychiatric Care for Southeast Asians. In Southeast Asian Mental Health. Thomas Owan, ed. pp.5-40. Washington, D.C.: United States Department of Health and Human Services.
- Turner, Victor
1969 The Ritual Process. Ithaca: Cornell University Press.

- 1974 *Dramas, Fields and Metaphors*. Ithaca: Cornell University Press.
- U.S. Department of Health and Human Services. Office of Refugee Resettlement
1986 *Report to Congress: Refugee Resettlement Program*. Washington, D.C.
- Vatz, Richard E. and Lee B. Weinberg
1983 *Thomas Szasz: Primary Values and Major Contentions*. Buffalo, NY: Prometheus Books.
- Vickery, Michael
1984 *Cambodia: 1975-1982*. Boston: South End Press.
- Washington State Department of Social and Health Services
1987 *Mental Health Needs of the Refugee Population in Washington State*. Olympia: Department of Social and Health Services.
- Washington State Office of Financial Management
1983 *Washington State Data Book*. Olympia, Office of Financial Management.
- Waxler, Nancy E.
1977 *Is Mental Illness Cured in Traditional Societies? A Theoretical Analysis*. *Culture Medicine and Psychiatry* 1:233-253.
- Weidman, Hazel H.
1986 *On the Origins of the SMA*. *Medical Anthropology Quarterly* 17(5):115-124.
- Weiss Bar-Yosef, Rivka
1968 *Desocialization and Resocialization: The Adjustment Process of Immigrants*. *International Migration Review* 2(3):27-43.
- Westermeyer, Joseph
1979 *Folk Concepts of Mental Disorder Among the Lao*. *Culture, Medicine and Psychiatry* 3:301-317.
- 1983 *Treatment Strategies for Mental Disorder in a Society without Psychiatric Resources*. *Medical Anthropology* 7:17-28.
- Westermeyer, Joseph and R. Wintrob
1979 *Folk Explanations of Mental Illness in Rural Laos*. *American Journal of Psychiatry* 136(7):901-905.

- Wheatley, Paul
1979 Urban Genesis in Mainland Southeast Asia. In Early South East Asia. R.B. Smith and W. Watson, eds. pp.288-303. New York: Oxford University Press.
- White, Geoffery and Anthony J. Marsella
1982 Cultural Conceptions in Mental Health Research and Practice. In Cultural Concepts of Mental Health and Therapy. Anthony J. Marsella and Geoffery White, eds. pp.1-38. Dordrecht: D. Reidel Publishers.
- White, Geoffery
1982 Cultural Knowledge of "Mental Disorder." In Cultural Concepts of Mental Health and Therapy. Anthony J. Marsella and Geoffery White, eds. pp.69-95. Dordrecht: D. Reidel Publishers.
- Wig, Narendra N.
1983 DSM-III: A Perspective from the Third World. In International Perspectives on DSM-III. Robert Spitzer, Janet B.W. Williams and Andres E. Skodol, eds. pp.79-90. Washington, D.C.: American Psychiatric Press, Inc.
- Willmott, William E.
1967 The Chinese in Cambodia. Vancouver: University of British Columbia, Publications Centre.
- Woods, Susan P.
1983 Cambodian Families in a Refugee Processing Center: Parental Attitudes and Child-Rearing Patterns. Providence, R.I.: Author.
- World Health Organization
1973 Report of the International Pilot Study of Schizophrenia. Geneva: World Health Organization.
1978 International Classification of Diseases, Ninth Edition. Geneva: World Health Organization.
- Worsley, Peter
1982 Non-Western Medical Systems. Annual Review of Anthropology 11:315-348.
- Yoder, P. Stanley
1982 African Health and Healing Systems. Los Angeles: Crossroads Press.
- Young, Allan
1982 The Anthropologies of Illness and Sickness. Annual Review of Anthropology 11:257-285.

Yu, Elena S.H.

1985 Studying Vietnamese Refugees: Methodological Lessons in Transcultural Research. In Southeast Asian Mental Health. Thomas C. Owan, ed. Washington, D.C.: United States Department of Health and Human Services.

Zago, Marcello

1976 Contemporary Khmer Buddhism. In Buddhism in the Modern World. Heinrich Dumoulin and John C. Maraldo, eds. pp.109-119. New York: Collier Books.

Zasloff, Joseph J. and MacAllister Brown, Eds.

1975 Communism in Indochina. Lexington, Mass: D.C. Heath and Company.

Zolberb, Aristide R.

1978 International Migration Policies in a Changing World. In Human Migration Patterns and Policies. William H. McNeill, ed. pp.241-287. Bloomington: Indiana University Press.

APPENDIX

Interview Guide

First Interview

- o Basic identifying information
 - Name, age, role in family, other family members in Tacoma, other family members in the U.S., other family members in refugee camp or in Cambodia
- o Chronology of life events
 - Schooling, work history, ordination into monkhood, marriage, children's births, deaths of family members, etc.
- o Chronology of migration
 - Where lived before wars, military service, what happened after the Khmer Rouge controlled your area, what happened after the Vietnamese invasion, which refugee camps did you live in and when, arrival in U.S. where and when, sponsored by whom, who have you sponsored
- o Current life situation
 - Job, schooling or other daily activities, housing, community activities, general health
- o Expectations for future
 - Expect to stay in area permanently, expect to stay in house permanently, expectations for children, expectations for future jobs

Second Interview

- o Has anyone in your family ever had any health problems that could not be solved. Who and what. Has any member of your family experienced unusual behavioral changes. Who and what. Have you yourself experienced any of these.
- o How did you and your family try to solve these problems. (I hope to elicit a chronological listing of efforts to solve the problem and descriptions of the kinds of treatments attempted.)
- o Who were the people involved in making decisions to seek one treatment or another (names, what relationship to person with identified problem).
- o If the interviewee is the family member with the illness I will further ask about the specifics of the illness and what led up to the need for treatment.

BIOGRAPHICAL NOTE

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