

Keep it in the Day: Daily Activities Tell Unique Stories

When Niem Nay-Kret showed me around at the Lowell Community Health Center (LCHC) on June 12, 2014, I was especially pleased to see at least six offices for health insurance advisors. They help people get MassHealth, advise about changes with Health Care Reform, and help people understand their coverage. The rest of the Health Center spanned five floors, serving people of innumerable cultures, speaking 28+ languages.

Niem has been active in the Eastern Massachusetts Southeast Asian community for twenty-five years. She moved to Boston in 1994 and began working with immigrant organizations in Boston and Lowell. In our interview, Niem spoke knowledgeably about trauma survivors from Southeast Asia and new arrivals of refugees from many countries. Working with torture survivors for Niem is all in a day's work.

Each Person is Different

I asked Niem how people from different Southeast Asian cultures manifest conditions like Post-Traumatic Stress, depression or anxiety. Niem cautioned me against generalizing: If you want to know what the person is feeling, "ask the individual." She said expressions of psychological pain can vary from region to region and can even vary greatly within families.

She asked me if I had read *The Spirit Catches You and You Fall Down*. Two other interviewees have asked me whether I have read this book, which is subtitled "A Hmong Child, her American Doctors and the Collision of Two Cultures." Niem referred to the family in this book and their intra-family religious differences. She was reluctant to generalize about any mental health issues or the way Southeast Asian people understand them, based on her own experience.

Niem observed that in Southeast Asia, a person with a mental or physical problem might go to a local shaman for a blessing or ask the shaman to make an offering to the person's ancestor or ancestors. She said that people might go to their family or other support networks for help, and mentioned the African expression, "It takes a village to raise a child." Or, she said, some people might use herbal medicine or acupuncture. It might not occur to many Southeast Asians who have not been in the US for long, to go to a mental health clinic. Stigma also plays a role in the preference of some people for traditional remedies.

Mental Health Talk

When Niem wants to know how someone is doing or what his or her issues are, she asks the person about his or her daily activities. "I ask, 'Are you having trouble driving, did you lose your temper and did you lose sleep over that?' And 'When you lost your temper, how did you resolve that?'" She will ask if a condition is long-term or chronic.

She will notice how people's relationships change or the composition of the family changes. If there were problems in the past, she will ask, "Looking back, how did you solve that?...How could you change that?" Even saying 'Thank you' or what you do for each other, appreciations" can help a husband and wife get along, she explained.

Trauma

Since I had come across several views of spirituality in my interviews, I asked Niem how she viewed the mixture of Buddhism and Animism that some Southeast Asians practice. “I see it as spiritual help, as a coping mechanism,” Niem replied. “It can help people to face reality.” For example, if the person has end-stage cancer, “It can be a blessing to face reality.”

Niem regularly works with torture survivors from Southeast Asia and Africa. She explained a little about the experience of torture survivors. “If you are in a situation you can’t get out of, it puts so much on your mental capacity, you are not sure if you are in reality.” Niem said this feeling is increased by the victim’s willingness to agree to anything, any statement or condition, in order to survive. She said that a common experience of survivors is a “flashback”—an experience of being put directly back into a traumatic situation as if it were occurring right now.

Another common experience is that “Something is imprinted in your mind.” This might be a recurrent, intrusive thought that the survivor cannot distract him-/herself from. The survivor might also experience disruptions of sleep; he or she might “wake up in fear.”

“Trauma is *private*,” she emphasized. “Someone might look down on them. So I talk about ‘sickness’ and ‘wellness.’” She said she might ask, “Do you have a hard time getting up, or doing your schoolwork?” If she thought it was appropriate she would then send the person for a counseling evaluation and explain to the client that she was sending him/her to a “doctor.”

I am grateful to Niem for her time and her multi-faceted view of culture and mental health. For all the time we spent exploring different aspects of Southeast Asians and people from other countries living with mental health conditions, Niem was able to return me to a simple, important concept: “See activities, if not words; daily activities. Concentrate on that day’s activity.” Asking patient, compassionate questions to an Asian peer about the difficulties of his or her ordinary activities can tell a Peer Specialist a lot about what mental hardships the peer is trying to overcome.