

BOSTON COLLEGE  
Capstone Seminar Fall, 2017

**UNCP552801:** Capstone: Holistic Living

**Instructor:** Dr. Rachel E. Spector Office – T.B.A. Home – 781-449-3523  
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**Class Meetings:** Monday 4:30 – 6:50 pm

**Location:** Gasson Hall 201

**Office Hours:** By appointment

**Course Description:**

This seminar will examine spirituality, community, personal and family relationships, and education through the lenses of cross-cultural holistic HEALTH<sup>♥</sup> and HEALING practices. Selected readings, films, and field visits will assist you to visualize the relationships of HEALTH to the holistic aspects of your life and that of the multicultural communities in which you will live and work. Through this study, the course will provide insight into the nature of health/HEALTH, the comparisons of health/ HEALTH and healing/ HEALING practices cross culturally, and the consequences of health/ HEALTH related choices. In addition, a central theme within will be an examination of how Boston College has affected your development in general and within this topical area specifically.

*“Culture is the soul of life. It is what gives us roots, gives our lives meaning, and binds us to each other.”* Hillary Rodham Clinton, 12/5/98 – Clinton Library, Little Rock, AK

**Course Purpose and Process:**

Capstone courses are designed to provide you with the opportunity to reflect upon and integrate your education and experiences at Boston College in preparation for your future life. This course aims at studying spirituality, the duties of citizenship, vocation/career, education, and personal relationships through the lenses of HEALTH and holistic living.

The two of the most significant tasks of your adult life will be:

1. The development of cultural competency, given the dramatic demographic changes occurring in the United States and the globalization of the market place, and
2. Negotiating and advocating for comprehensive HEALTH care for
  - a. self and family and/or
  - b. patients/clients from diverse cultural backgrounds.

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<sup>♥</sup> HEALTH used in this manner connotes the balance of the person, both within one's being - physical, mental, and spiritual - and in the outside environment - natural, familial and communal, and metaphysical.

In fact, the development of an understanding of diversity within a HEALTH centered focus, leads to a broad understanding and sensitivity to issues related to the larger issues of multiculturalism.

Ordinarily, a course dedicated to both HEALTH and holistic living would be structured to examine health practices and methods that may be employed to modify your health behaviors and choices. But in this course, we will examine your HEALTH from a much deeper perspective and explore ways of expanding this concept to include social justice and work and the relationship that these concepts have to HEALTH. In each of the areas we will use novels or films, and/or field trips to broaden your perspectives of HEALTH, holistic living and cultural diversity. You will see the relationships of HEALTH to the holistic aspects of your life and that of the communities in which you will live and work.

### **Course Objectives:**

The student will:

1. deepen his/her understanding about self and reflect on what has been learned at Boston College about personal HEALTH and cultural diversity;
2. explore his/her existing knowledge about personal HEALTH care and holistic living;
3. develop a long-term awareness about his/her role in citizenship, vocation/career, education, and personal relationships that is impacted on by both HEALTH and cultural diversity;
4. develop an understanding and respect for the HEALTH traditions of people from many different cultural heritages;
5. develop an understanding of the similarities and differences of culturally determined HEALTH traditions (beliefs and practices) and the relevance to overall cultural competency and,
6. reflect upon and evaluate the impact of your Boston College education.

### **Course Content:**

- I. Culture, Diversity, Religion and Heritage Consistency
- II. Perceptions of Health/ HEALTH and Illness/ILLNESS
- III. Allopathic versus Homeopathic Philosophies
- IV. Ethnocultural Familial Health/ HEALTH Beliefs
- V. Modern Health Care Delivery
- VI. Health/ HEALTH and Illness/ILLNESS in Selected Populations

### **Teaching and Learning Methods:**

reading assignments	web assignments	seminars
discussion	films	
academic project/paper	field trips (2)	

### **Course Assignments:**

1. **Class attendance and participation is mandatory** **25%**
2. **Weekly reflection** **25%**
3. Class Presentation (with text) Day of presentation 25%
4. Mid-term (10/23/17) and Final integrating essay 12/4/17 25% (12.5% each)

### **Texts and Film:**

#### ***Required:***

*Cultural Diversity in Health and Illness*, 9<sup>th</sup> Ed. Spector, R. Upper Saddle River, NJ: Pearson, 2017

*The Spirit Catches You and You Fall Down*, Fadiman, A. Farrar, Straus, and Giroux, 1997.

*Is Health Care a Right?*

*The White Tiger*

Films to view:

*Talk to her*. Pedro Almodovar (A/V Center on reserve)

*Sicko*, M. Moore

*Unnatural Causes.... Is inequality making us sick?* <http://www.unnaturalcauses.org/>

#### **Suggested:**

*And they returned – life in Lette during World War II*. E.C. Castillo

*Brick Lane* M. Ali. Scribner, 2003.

*Curandero*. Torres, E. and Sawyer, T.L. Albuquerque: University of New Mexico Press, 2005.

*Hillbilly Elegy*. J.D.Vance, NY: Harper-Collins, 2016.

*LaRose*. L. Erdrich. NY: Harper-Collins, 2016.

*Life of Pi*. Y. Martel. Harcourt, 2001

*Living and Dying in Brick City*. Sampson Davis. 2013. NY: Spiegel & Grau

*Medical Nemesis*, Illych, I. Marion-Bogars, 1975.

*Moloka'i*. A. Brennert. NY: St. Martin's 2003.

*Reading Lolita in Tehran*. A. Nafisi. Random House, 2006.

*Second Opinion* Groopman, E. 1999

*Small Great Things*. J. Picoult, NY: Ballantine Books, 2016

*Stolen Life*. Wiebe, R. and Johnson, Y. Swallow Press, 2000.

*The Teahouse Fire*. E. Avery. NY: Riverside Books, 2006.

*The Healing of America*. Reid, T. R. Penguin Press, 2009.

*The Joy Luck Club*. Tann, A. Ivy, 1989

*The Kite Runner*. K. Hosseini. Riverhead Books, 2003

*The Round House*. L. Erdrich. NY: Harper-Collins, 2012.

*The Shadow of the Wind*. C.R. Zafon, Penguin, 2001.

*Women of the Silk*. G. Tsukiyama. St. Martin's Press 1991

### **Faculty Information:**

Dr. Rachel E. Spector, Associate Professor (Retired)

**617-552-8819 or 781-449-3523**

### **Course Policies:**

#### **A. Academic Integrity**

According to the Boston College policy, **you** have a **responsibility** to maintain high standards of academic integrity in **your** work. It is **your responsibility** to be familiar with, and understand, the University policy on academic integrity. For more detailed information, see <http://www.bc.edu/offices/stserv/academic/resources/policy.html#integrity>.

**B. It is expected that students will attend all classes.**

**C. All papers must be handed in on time. They will be marked down 0.5 points for each late day.**

## **Class Schedule:**

(The first 5 weeks set the stage with primary reflections on your self and family over time – past – what was it like as a child, in high school and the years at Boston College, and now, senior year through the lenses of health/HEALTH)

**8/28/17**– Introductions:

To each other, To Capstone, and to health/ HEALTH and illness/ILLNESS and SPIRITUALITY

**9/4/17**– Labor Day – NO CLASS

**9/11/17**– Culture, Ethnicity, Religion, and Diversity and their relationships to health/HEALTH and illness/ ILLNESS

Readings: Spector, Chapters 1, 2, and 3

**9/18/17** - Health/ HEALTH and illness/ILLNESS Traditional (Homeopathic) Medicine and Spiritual HEALTH Care

Readings & Activity: Spector, Chapters 4, 5, & 6

**9/25/17**– Health and HEALTH of our parents and ancestors

Reading: Spector, Chapter 7 & **Discuss:** EthnoHEALTH Family Interviews

The second 2 weeks explore the dynamics of moving to the duties of citizenship, vocation/career, education, and personal relationships again through the lenses of health/HEALTH and illness/ ILLNESS

**10/2/17** - The Western (Modern) Health Care System’s Culture Reading: Spector, Chapter 8 and “Is Health Care a Right?” on Student Resources page **Viewing** – *Sicko* and *Unnatural Causes*

**10/9/17** - Columbus Day - NO CLASS

**10/16/17** – Continue discussion on Health Care System

**10/23/17** – **Midterm Discussion:** *The Spirit Catches You and You Fall Down*, *The White Tiger*, and the Film – *Talk to her* (**12.5% of grade**)

The remainder of this class explores the *spiritual* aspects of HEALTH by examining spirituality as it is found in the HEALTH traditions of selected ethno-cultural populations. The comparison to your own experiences of spirituality, primarily in respect to the notion of Holistic Living will become the central focus of reflection.

**10/30/17** – American Indian HEALTH Traditions

Reading: Spector, Chapter 9; Film – Hawk Littlejohn: Cherokee Medicine Man

**10/30/17** - Hispanic American HEALTH Traditions

Reading: Spector, Chapter 12; Film - El Norte – *Dia de los Muertos* celebration

**11/6/17** – Black American HEALTH Traditions

Reading: Spector, Chapter 11; Film – African Roots to American Roots

**11/13/17** – Asian American HEALTH Traditions

Reading: Spector, Chapter 10; Film - The Joy Luck Club

**11/20/17** – White or European -American Traditions HEALTH Traditions and

Reading: Spector, Chapter 13, and 14 & Film - The Sorceress,

**11/27/17**– HEALTH FAIR I

**12/4/17**– HEALTH FAIR II & Round Table Symposium – **Final Reflection Due**

**12/11/17** – Study Day

**12/18/16** - Final Class - Implications for your personal and professional future **LIFE**

There will be 2 events to attend that will bring you into direct, personal contact with various communities within the Boston area:

**10/14/16 – Urban Hike - HEALTH TRADITIONS in Boston (Saturday)**

**10/29/16 – Day of the Dead, *Dia de los Muertos*, Celebration – Peabody Museum, Harvard University, Cambridge (Sunday)**

## Protocols

### 1. Weekly Assignments

#### Living Holistically

One major goal of this seminar is to help you develop the skills to “Live Holistically.” Write down 1 goal for each domain of HEALTH: Physical, Mental, and Spiritual. Revisit each of these goals (3 in all) each week and in your reflections describe how you are accomplishing them. The first week’s reflection will have these goals included.

**Physical** – how you maintain, protect, restore your body – nutrition, exercise, substance control, rest and sleep, over-the-counter medications, etc.

**Mental** – how you maintain, protect, restore your mind, cope with stress, aggravation, work, people, etc.

**Spiritual** – how you maintain, protect, restore your spirit and relate to the cosmos, being, becoming, etc.

2. Each week you **must**: Hand in a brief (1-2 pages, double-spaced typed) reflection on the status of your HEALTH and what you did over the week to maintain/protect/restore your HEALTH and **thoughts about assigned readings and/or class**. *Please end each reflection with a question that will serve as a spring-board for the class discussion.*

3. Alternative or additional activities will be announced

### 3. Seminar Participation – Protocol attached

#### 4. Class presentations

Small groups (2-3 students) will take responsibility for a class presentation on **11/20/17** or **12/4/17** as a piece of a **HEALTH Fair**.

#### 5. Final Paper/Reflection

The final paper/reflection (take home) will be distributed 3 weeks prior to the end of the semester and is due on **12/4/16**.

## Seminar Format

Seminar courses depend on active inquiry. This can happen only in an atmosphere of openness and mutual trust, where everyone is prepared, participates, and questions. Successful seminars actively search for meaning; they do not seek or settle for ready-made answers; **nor do they look to the professor for the “right answer.”** Seminars depend on all participants sharing equally in the responsibility of preparing, listening and learning.

*What does “Participation” in a Capstone mean?*

While you may have had some classes in which simply showing up is seen as participation, in a Capstone seminar, participation means a great deal more than this. **It means taking equal responsibility for the learning of the class as a whole, not just yourself. This is what “active inquiry” is all about.** What you are taking on as part of this class is something infinitely rewarding—the opportunity to be part of an ongoing intelligent conversation about some of the most important problems and choices you face in life, especially your HEALTH and the HEALTH of your family. Rarely as part of our everyday conversations do we venture beyond the obvious or superficial. Talking about serious things makes us uncomfortable—we become uncomfortable personally and afraid socially, and we usually back off from important questions except with our closest friends, and in this case, they may not have answers.

**Participation means faithful attendance, being prepared, and sharing thoughts and feelings on a level where dissonant views are welcomed open to respectful examination.**

### Rules for Academic Discourse

1. Everyone will be treated with equal **respect**. No one will make a disparaging remark about any other person in the class, either in class meeting or outside of it. This includes body language and facial expression.
2. Any serious idea may be put forward for serious discussion. No ideas or questions will be summarily dismissed or ridiculed in any way. **All** ideas suggested will be sufficiently clarified and **entertained** before you disagree with them.
3. **Disagreement** will take the form of scholarly inquiry: that is, phrased as "How could —— be accounted for in this theory or way of thinking?" or "On the other hand, what if——?" "How does that relate to ‘this or that’ way of thinking?"
4. People will not **interrupt** one another discourteously; and no person or group of persons will seek to dominate the conversation either in terms of time or particular point of view. People will contribute opinions for examination and actively seek out information and opinions from others.

5. Everyone must **participate**. No one is a mind reader, and no one expects you to have *the* answer. It's OK to be a careful listener, but you must contribute actively to discussion, too—even if it's only in the form of asking questions.

### *Grading Participation*

Although the idea of grading participation may seem difficult and open to subjective vagaries, there are common characteristics of responsible seminar participation that are used to assign grades.

Within the parameters discussed above, these include the basics of coming to class and being in it, as well as the quality of insight that your contribution suggests. The basics are faithful attendance. To add to the value of the class, you must be there. And while there, you must listen and respond.

The quality of insights is where the real substance of the grade begins. Use these descriptors below to measure the level of your own contributions to the class and to evaluate the level of class discussion for a particular session.

#### **“A” Level Participation**

The “A” level of involvement in discussion is characterized by:

- clear and thought-provoking questions and comments
- willingness to raise the hard questions and to probe deeper
- willingness to address uncomfortable ideas and attitudes with respect and intelligence.
- support for opinions with relevant and adequate evidence
- avoiding vague generalizations and canned ideas and clichés
- adding your own original concepts, experiences and insights into the discussion mix

The "A" discussion develops a complex topic fully, clearly and logically. It works to connect ideas and think through their substance and implications. The “A” discussion is creative, insightful and intellectually stimulating. Opposing arguments are raised and considered and an effort is made to find unifying themes and connections. You don't want the class to be over.

#### **“B” Level Participation**

The “B” level of involvement in discussion has most of the characteristics of “A” involvement, but may not have the same consistency or frequency in level of insight. It is a good, solid contribution to the class, but may either shy away from raising the hard questions or settle too quickly for conventional ready-made answers to them. This “B” level tends to be perhaps too concerned with staying on the safe side of issues.

A “B” discussion will give the effect of all of the major issues being covered, but of nothing new or original being said in it. You get the feeling from it that you may have heard most of it before, and you feel somewhat dissatisfied that you weren’t moved to new insights, or that issues were treated too abstractly to make a difference in real life situations. You feel good when you leave class, but some ideas are still nagging at you.

### **“C” Level Participation**

The “C” level of involvement implies that the person talks in class, but the contribution lacks depth in terms of ideas, and is without supporting logic or a willingness to go beyond the obvious or generally accepted views.

The "C" discussion often relies too heavily on unsubstantiated opinion or generalizations. It may simply repeat arguments found elsewhere or not probe with any depth into implicit issues or ideas, leaving them to stand without substantiation or development. When you are participating in a “C” level discussion, you are probably aware of how many minutes are left in the class.

### **“D” / “F” Level of Participation**

The typical "D" level of involvement generally reflects the philosophy that "close enough is good enough," that critical thinking is largely unnecessary because it’s all been said anyway. A few sources are used and settled for, and the reading of the due texts will probably be superficial or not apparent from the level of conversation. While obvious lack of effort or is the usual reason for failing, sometimes it is simply the haphazardness of emotional response, the absence of development in ideas, or a lack of coherence in thinking that makes the level of involvement a failure.

In "D" discussions, ideas stated are generally obvious, vague or highly underdeveloped because the person just wants to talk about a topic rather than to analyze ideas. People have to be prodded to contribute. “F” discussions may ramble incoherently, or show a general carelessness of preparation or a flagrant disregard for the rules of good academic discourse. When you leave class, you are as bored as when you came in.

(Adapted from Barry, A. Seminar Participation. With permission)

The HEALTH Traditions Model and Assessment Questions: Personal and Communal

	PHYSICAL	MENTAL	SPIRITUAL
MAINTAIN HEALTH	Proper clothing Proper diet Exercise/Rest	Concentration Social and Family support systems Hobbies	Religious worship Prayer Meditation
PROTECT HEALTH	Special foods and food combination Symbolic clothing	Avoid certain people who can cause illness Family activities	Religious customs Superstitions Wearing amulets and other symbolic objects to prevent the "Evil Eye" or defray other sources of harm
RESTORE HEALTH	Homeopathic remedies liniments Herbal teas Special foods Massage Acupuncture/moxibustion	Relaxation Exorcism Curanderos and other traditional healers Nerve teas	Religious rituals—special prayers Meditation Traditional healings Exorcism

The following are suggested questions that may be asked to gather information related to the reciprocal – personal and communal - sides of the Health Traditions Model:

What does your heritage teach you regarding HEALTH in each of these domains?

	Physical	Mental	Spiritual
Maintain HEALTH	Do you wear special clothing? Do you follow a special diet with food taboos, etc.? Does it teach about exercise or rest, etc.?	Are there special activities you do? How is family support defined?	Do you participate in religious worship? Do you pray? Do you meditate?
Protect HEALTH	Are there special food combinations you must or must not eat? Is there symbolic clothing you must wear?	Are there beliefs about people you must not socialize with? Does your family embrace your goals and activities?	Do you observe religious customs? Do you wear religious amulets or symbols?
Restore HEALTH	Are there special activities you must perform when ill? Are there taboos about taking medications? Are there special prayers?	Do you relax? Do you drink special teas? Do you visit a traditional healer?	Do you know the special prayers for the ill? Do you meditate? Do you practice traditional ways of healing?

	PHYSICAL	MENTAL	SPIRITUAL
MAINTAIN HEALTH	Availability of Proper shelter, clothing, and food Safe air, water, soil	Availability of traditional sources of entertainment, concentration, and "rules" of the culture	Availability and promulgation of rules of ritual and religious worship Meditation
PROTECT HEALTH	Provision of the knowledge of necessary special foods and food combinations, the wearing of symbolic clothing, and avoidance of excessive heat or cold	Provision of the knowledge of what people and situations to avoid, family activities; Family activities	The teaching of: Religious customs Superstitions Wearing amulets and other symbolic objects to prevent the "Evil Eye" or how to defray other sources of harm
RESTORE HEALTH	Resources that provide Homeopathic remedies, liniments, Herbal teas, Special foods, Massage, and other ways to restore the body's balance of hot and cold	Traditional healers with the knowledge to use such modalities as: relaxation exorcism, storytelling, and/or Nerve teas	The availability of healers who use magical and supernatural ways to restore health: including religious rituals, special prayers, meditation, traditional healings, and/or Exorcism

What does the community of your heritage provide for you regarding HEALTH in each of these domains?

	Physical	Mental	Spiritual
Maintain HEALTH	Are you able to purchase necessary clothing? Are you able to purchase necessary food?	Is necessary time allocated for the special activities you do? Is family support valued?	Is there a House of Worship nearby?
Protect HEALTH	Are you taught special food combinations that you must or must not eat? Is symbolic clothing that you must wear available nearby?	Are there schools and other facilities nearby? Is family time encouraged in your community?	Does your community facilitate your observance of religious customs? Is there a place to purchase religious amulets or symbols nearby?
Restore HEALTH	Is there a person you know to conduct special activities when you are ill? Are taught the taboos about taking medications?	What is available in your community for relaxation? For special teas? Do you drink special teas? Is there a traditional healer?	Is there a location where you can go for help in a crisis? Is there a traditional healer?



NAME \_\_\_\_\_

### EthnoHEALTH Family Interview

In preparation for the class on **9/25/17**, I am asking each of you to interview your Maternal Grandmother, Mother or a Maternal Aunt. Conduct a “Heritage Assessment” (pp. 365-367) and then ask her for the following information. As you learn about your past, include *your own beliefs and practices*. Are they similar or different? Describe.

1. What does she do to maintain health /HEALTH? Also, if she can remember, what did her mother do? *What do you do?*
2. What does she do to protect health/HEALTH? Also, if she can remember?, what did her mother do? *What do you do?*
3. What "home remedies" does she use to restore health/HEALTH? Also, if she can remember, what did her mother do? *What do you do?*
4. How do her religious/spiritual beliefs define **birth**? What rituals accompany this event? *What do you believe about the childbirth continuum?*
5. How do her religious/spiritual beliefs define **health/HEALTH**? What rituals accompany this event? *What do you believe about the childbirth continuum?*
6. How do her religious/spiritual beliefs define **illness/ILLNESS**? What rituals accompany this event? *What do you believe?*
7. How do her religious/spiritual beliefs define **healing**? What rituals accompany this event? *What do you believe?*
8. How do her religious/spiritual beliefs define **death**? What rituals accompany this event? *What do you believe?*

Urban Hiking  
**10/14/17– Meet 10:00 am at the Comm. Ave T stop**

“We simply need that wild country available to us, even if we never do more than drive to its edge and look in. For it can be a means of reassuring ourselves of our sanity as creatures, a part of the geography of hope.” - Wallace Stegner, Plaque on Forest Service Sign, Maroon Bells, Aspen, Colorado

**Urban Hiking...** What is this? It is taking skills, knowledge, and curiosity applied to the great “outdoors” and applying it to peopled areas!!! It is an extraordinary way to witness and learn about Cultural Diversity and the New America. It is a way to erase fears of the unknown social and cultural phenomena that may impede your ability to embrace the demographic changes occurring in the United States in 2011 and to embrace the vitality and excitement of change. For, as Stegner looks to the “wild country,” one can look to the streets of a city or town and successfully realize that “this is a means of reassuring ourselves of our sanity as creatures,” a part of the geography of LIFE!

**Needed:** A good map or tour guide, comfortable walking shoes, comfortable clothing, identification and small amount of money in correct change for transportation, water, and food. No need to pack a lunch, restaurants are more than plentiful. If you agree, we can do pizza in the North End. And, of the greatest importance, a **good sense of humor and adventure.** (There are also several restrooms along the way.) Bring a camera if you want images for memories!

**Destinations:**

1. The Black Heritage Trail
2. Boston’s North End
3. Mary Baker Eddy Museum for the Betterment of Humanity

We’ll grab the T to Park Street, walk to the North Slope of Beacon Hill, and follow the Black Heritage Trail. Then we will go to the North End – the Boston Common Market, St. Leonard’s Church, and lunch. If time and energy permit – we can walk back down Washington Street to the Mary Baker Eddy Museum for the Betterment of Humanity.

**\*\*\*ATTENDANCE IS MANDATORY\*\*\***

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