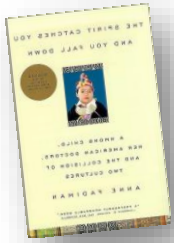


### **About the Summer Reading Program at the University of Vermont**

The Summer Reading Program is a new student's first introduction to the academic life of the University. **"The Spirit Catches You and You Fall Down"** by Anne Fadiman is the 2015 first-year summer reading book selection. The book challenges us to think beyond what we know about human health and healing and to open our minds to cultures and cultural beliefs vastly different than our own.

### **The role of the book selection in campus-wide discourse**

UVM's first-year reading selection is intended to serve as a guidepost for discussions across our university and as a backdrop to intellectual discourse among our faculty, staff, and students. During the year, the book also will inform conversations about our academic programs and how we prepare and inspire our students, vision and re-envision our curricula and degree offerings, and how we posit the University of Vermont as a distinctive and impactful public research university.



## **Looking Within, Across, and Beyond: Reflections on "The Spirit Catches You and You Fall Down"**

by D. Rosowsky, Fall 2015

### **INTRODUCTION, PERSONAL REFLECTIONS**

The First-Year Reading for UVM students this year, *The Spirit Catches You and You Fall Down* by Anne Fadiman, challenges us to think beyond what we know about human health and healing, to open our minds to cultures and cultural beliefs vastly different than our own, and to consider that western medical practices and beliefs – while grounded in science – may be even more effective when practiced in parallel with the healing practices and beliefs of other cultures. But perhaps more than anything, this book looks carefully and critically – with compassion but without bias – at some of the greatest challenges and cultural failures of our society, those surrounding the practice of medicine and healing.

What struck me as the case for this new discipline of cultural competency was built throughout the book was how *far apart* western medicine and the healing arts of the Hmong seemed at first. Building a bridge between them seemed an extraordinary task. But I, like the doctors in the book, came to understand that the distance between them was not so great. In fact distance was the wrong way to look at it. Rather, it was the potential for these two belief systems to co-exist and to complement one another (or as Arthur Kleinman describes, to intertwine rather than run parallel) that was, in the end, most compelling.

In the book's preface, Fadiman writes "I have always felt the action most worth watching is not at the center of things but where edges meet. There are interesting frictions and incongruities in these places..." I often speak about such intersections, the spaces between traditional academic disciplines, as being the most interesting and the most fertile. They are where the most intellectually stimulating questions reside, where solutions to the grand challenges<sup>1</sup> lie, and where

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<sup>1</sup> These are the challenges identified by the National Academy of Engineering as the most urgent and the most pressing to humankind (e.g., energy, water, food, security).

many new academic disciplines have had their genesis. As examples: materials science, biomedical engineering, political economics, water resources, sustainable design, neuroscience, food sciences and systems, computational biology, and complex systems – just to name a few – are some of the new, cross-disciplinary fields that are proving most attractive to incoming students.

We are fortunate to have had some outstanding first-year reading selections in recent years. “Spirit” will take its place among the very best as it offers enormous opportunities for discussion and debate, inquiry and learning, across all disciplines and majors, and in all of UVM’s colleges and schools. The book sets the table for a full year of teaching and learning, filled with rich discovery and discourse. I hope you have enjoyed “Spirit” as much as I have. I am looking forward to the many ways our faculty, staff, and students will find to incorporate the content and messages, the findings and the unanswered questions, into curriculum and classrooms this year.

## THE ROLE OF THE CULTURAL BROKER IN CULTURAL COMPETENCY

One of the running themes in the book is the call for “cultural brokers” in navigating and negotiating between, in this case, medical practitioners and patients. While the need may be just as evident for other professions that similarly cross cultures, borders, and beliefs, it is in the practice of medicine that we see such a pronounced gap arising from the distinction (a word that, itself, is perhaps judgmental and thus part of the challenge) between two very different modes of healing.

Richard Bernstein of the New York Times, in his praise for the book, suggests that the author plays “the role of cultural broker, comprehending those who do not comprehend each other and perceiving what might have been done or said to make the outcome different.” This is a powerful and demanding definition of the cultural broker. And to become competent in this role, one must be educated *and* trained. The education can be formal, for example through a university education, while the training comes from a combination of co-curricular experiences (chosen to complement and extend the formal learning) and purposeful work and life experiences enabled by one’s education. The development of cultural competency often starts in college, a time filled with vast choices and boundless opportunities. Where else can you take these courses, participate in these activities, acquire these experiences, and meet such a diverse group of people, thoughts, and cultures?

But cultural competency requires also that we be open to new ideas, take time to listen and to hear, and be willing to accept the possibility that our way is not the only way. We must therefore have not only cultural competency, but also cultural humility. Cultural humbleness comes also from genuine and meaningful interactions with those from other cultures and having other beliefs. Here again, universities provides unparalleled opportunities for experience, for learning, and for growth.

It is therefore of the utmost importance that college students make good choices during their four undergraduate years, not only in choice of courses and major, but in selecting activities to complement their classroom learning. These choices, properly made, will expand what students know about other cultures and beliefs, help them to become culturally competent and humble, and prepare them for success – both in life and in work – following graduation.

## CARTESIAN THINKING

We are trained from early age to think linearly. After all, the shortest distance (the quickest way) from Point A to Point B is a straight line. Linear thinking is efficient. Linear thinking is clean, it avoids wasted time and energy. It is ordered, organized, and observable. We are taught Cartesian coordinates, we think about space in a Cartesian framework, and most of our daily references to the arrangement of things are Cartesian. Why not? It provides structure and a common reference system.

But this Cartesian way of thinking, in which we are trained from an early age, is what created the barriers and the frustrations (and ultimately the failures) experienced by the doctors in Merced. This was at the core of the differences between the culture of Western medicine and the culture of the Hmong. Western medicine is deductive, scientific, biochemically based, and ordered. It is Cartesian. The Hmong beliefs around healing are none of these. As was explained to the author, when requesting rational explanations for what she and others perceived to be irrational customs, “The Hmong culture is *not Cartesian*.”

“Nothing could be more Cartesian than Western medicine. Trying to understand Lia and her family by reading a medical chart (...) was like deconstructing a love sonnet by reducing it to a series of syllogisms.”

The University affords students – through classes, co-curricular experiences, and interactions with people of different cultures and beliefs – opportunities to learn how to think beyond the number line and Cartesian coordinates, to consider other frames of reference. Here again, the student must be purposeful in seeking out these opportunities and being open to learn and grow from them. This can be difficult when identifying with a single, defined academic major (and may be especially challenging if the major is highly structured and quantitative). While it is tempting and comfortable to think that graduates should emerge from their university education more focused and deeply trained in an academic specialty, it is more accurate to say that a graduate should emerge more flexible, more broadly aware, and better able to function in a complex world. This may suggest double majoring or adding a minor (both of which I encourage), but at least as important and valuable are the choices of co-curricular experiences including internships, study abroad, participation in clubs and teams, community engagement and service.

Learning to think differently, to understand different perspectives, and to be open to new belief systems takes, above all else, *time*. It is a honed skill. And while one can improve, it is never perfected. This, perhaps, is at the core of *cultural humility*.

“The kinds of metaphorical language that we use to describe the Hmong say far more about us, and our attachment to our own frame of reference, than they do about the Hmong.” – Timothy Dunnigan, linguistic anthropologist

## A LITTLE MEDICINE AND A LITTLE *NEEB*

“Use a little medicine and a little *neeb*.” –Nee Kao Lee

In making this statement, Lia's father suggests we integrate Western allopathic medicine with traditional healing arts. Arthur Kleinman reminds us "The doctor cures the disease but the indigenous healer heals the illness." The book makes the case for the integration of these two diametrically opposed, yet remarkable synergistic, approaches to healing. Perhaps they do more than complement one another, they *complete* one another. Maybe it's more than co-existence as a goal, but cooperation – genuine and equally valued by both cultures.

We are reminded that despite the Lees treatment of their daughter with herbs, dermal therapies, and animal sacrifices, "their regimen ran parallel to Lia's medical course rather than intertwining with it." The ethnographer Dwight Conquergood urges that the two modes of healing be viewed as complementary rather than contradictory.

And if, as was suggested by the exchange between Sukey the psychotherapist and Bill the doctor, the *trix neeb* has a direct line to God, and the doctor has a direct line to biochemistry, why is that such a problem? Yes, Western medicine cures disease, but the Hmong practices heal illnesses. Both improve and save lives.

It amazes us to think that we have gone so long without coming to understand that our ways are just that, our ways, and that other ways may be as engrained in a belief system, as embedded in a culture, as time-tested, and as effective. But the fact is, that in the scale of human existence, the occasion to even encounter<sup>2</sup> let alone reconcile cultural differences in medicine and healing is a relatively recent phenomenon.

So this is not a condemnation of Western medicine or Western culture. It is simply a wake-up call that the world *really is* a smaller place and that people and cultures *really are* mixing faster than ever before in human history. This is as exciting as it is challenging. And this is precisely why the call for "cultural brokers" – in all disciplines and across all professions – is so important. The risk of complacency is cultural arrogance and gross (and avoidable) failures such as those of the doctors in Merced.

## CROSS-CULTURAL TRAINING IN MEDICAL EDUCATION

"Ask not what disease the patient has, but rather what person the disease has."  
- William Osler, one of the founding physicians of Johns Hopkins Hospital

One of the most interesting parts of the book, for me, was the discussion around the "awakening" of US medical schools to the value and the need for incorporating cultural competency into the medical curricula and practicums.

We are told of the launch and success of programs at top medical schools around the country that are tackling cross-cultural issues head-on and creating new curricula around patient-centric practices. These concepts were, in fact, not new, but rather had been neglected, overlooked, or replaced by "doctor-patient" (rather than "patient-doctor") practices characterized by greater

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<sup>2</sup> Air travel, advances in medical diagnostics and treatments, and the internet have enabled exponential advances when viewed through the lens of human history.

reliance on technology and shorter contact times. The high-touch practice of patient-centric medicine was being replaced by the high-tech practices characteristic of modern Western medicine.

At about the time this book was being researched, the medical establishment realized that since 1990, more than half of the population growth in the US came from immigrants and their children. And many in this population, now a majority, “may find mainstream healthcare culturally inaccessible.” Doctors had, in fact, moved farther away from their patients both literally and figuratively.

I was naturally curious about the University of Vermont’s medical school, and when and how they began incorporating cultural competency training into their programs. In fact, UVM’s College of Medicine has been a pioneer in recognizing the importance of this training and is recognized as a national model for integrating cross-cultural training into the medical curricula. Cultural competency and awareness are recognized as essential clinical skills and are part of the medical curriculum from day one.

The UVM Academic Medical Center, comprising both our College of Medicine and our College of Nursing and Health Sciences, recognizes that with increasing diversity in the US population and strong evidence in disparities in health care, it is critically important that health care professionals are specifically educated on how their own and their patients’ demographic and cultural identities influence human health, health care delivery, and health behaviors.

Starting in their Foundations courses, UVM medical students begin to develop an understanding of the manner in which diverse cultures and belief systems perceive health and illness, and how they respond to various symptoms and disease. Ours was the first medical school in the country to require all incoming students to complete the Intercultural Development Inventory, a tool that provides each student with their own intercultural competency profile as well as a personalized plan for increasing their cultural competency. And integrated throughout the UVM medical curriculum are course modules, seminars, and field exercises around topics such as global health with emphasis on cultural sensitivity and motivations, integrative and complementary medicine including cultural beliefs, public health, and working with medical interpreters from refugee communities.

I was pleased to learn, in speaking with my colleagues in the College of Medicine, that our first-year medical students also are reading “Spirit.” It is difficult to suggest a better first-year read for this group, as the topics and lessons of the book speak directly to the challenges they will face as doctors and as healers. I hope that our medical students and faculty will find opportunities to engage with students and faculty in our other colleges to discuss this book in the coming year, making this truly a “common read” for the University.

#### CULTURAL HINDSIGHT: WHAT WOULD KLEINMAN DO?

When Arthur Kleinman, the noted psychologist and medical anthropologist at Harvard Medical School was asked for his retroactive suggestions for Lia’s pediatricians, and hence offered his roadmap for all future physicians, he said: “I have three. First get rid of the term ‘compliance.’ It’s a lousy term. It implies moral hegemony. You don’t want a command from a general, you want a colloquy.”

Here, Kleinman urges *cultural humility*. Be OK with the notion that there are ways other than yours that lead to solutions. Be flexible; there may be other paths appearing less efficient but that offer so much more than a means to an end. Remember the observation in the book that the physicians and nurses at Ban Vinai failed to win the cooperation of the camp inhabitants because they considered the relationship one-sided, with the Westerners holding all the knowledge.

Second, Kleinman suggests, “Instead of looking at a model of coercion, look at a model of mediation. Go find a member of the Hmong community, or go find a medical anthropologist, who can help you negotiate.”

This is the clear call for *cultural responsiveness*. Listen, hear, acknowledge, and work together toward a goal. The diversity of background, experience, understanding, and views of the world around you can all contribute to a richer discourse, leading to a more accepted and enduring outcome. Facilitate that discourse, that engagement, and that partnership. Put in the time and effort. And resist the temptation to fall back on the easier path: “I know the best way forward. It’s easier if I go this alone.” While the shortest path from one point to another is a straight line, it may not be the most welcome, the most respectful, or the most enduring.

And third, Kleinman offers as his final suggestion, “You need to understand that as powerful an influence as the culture of the Hmong and the patient is on this case, the culture of biomedicine is equally powerful.” A reminder from Kleinman not to turn away from your beliefs and what you know to be scientifically sound. Rather, be open to the limitations and even the weaknesses of what you have been taught and what you “know.” Be a *cultural critic*, just as you are being *culturally responsive*.

“If you can’t see that your own culture has its own set of interests, emotions, and biases, how can you expect to deal successfully with someone else’s culture?” – Arthur Kleinman

## CLOSING THOUGHTS, TRANSFORMATION

To our students, you are here at one of the most important times in human history. It also happens to coincide with one of the most important times in your lives. These points have many names – turning points, pivot points, inflection points – and they represent points of decision, investment, change, and commitment.

Our climate (indeed our planet) is at an inflection point. But we also stand on the brink of what will surely be the most transformative and wondrous discoveries in all of human history. We are in an era of massive information, big data, and complexity. We are closer to understanding the origins of matter, the history of the universe, and the human brain than ever before.

When I went to college, landing on the moon had become commonplace and we had successfully flown a reusable shuttle into space and back again. As you start college, medications exist that allow those diagnosed with AIDS to live long and full lives, and cloning is no longer science fiction. Just imagine where we will be a generation from now. Now ask yourself, “What will my role be in creating that future?” – one of energy security, one with clean and plentiful water, one without

malnutrition, one of global peace and mutual understanding, one in equilibrium with our planet and its resources, and one with fewer diseases and less suffering. It's a tall order, I'll admit. But so was the charge to place a person on the moon, or to put a computer on your wrist, or to harness solar energy at scale, or to map the human genome. We've done all that. It's on to the next challenges.

The global challenges we face now are complex. They will require highly educated problem-solvers with new skill sets – some yet to be defined. But beyond disciplinary depth (or depth in two or more disciplines), the problem-solvers must be *culturally competent* and possess *cultural humility*. We are now, without question and not subject to political party interpretation, a *global society* – more interconnected and interdependent than ever before. Our population continues to grow but our planet has never been smaller.

A student's four undergraduate years really do go by in the blink of an eye. But what each student takes from this time is immense: knowledge, understanding, values, and friendships. The University of Vermont, like any great university, provides students with access to myriad courses, programs of study, co-curricular experiences, student activities, community engagement and service opportunities, and (unless they are fortunate, like my colleagues and me, to work in higher education) a broader range of people, cultures, backgrounds, and beliefs than they will ever see again.

But *we* only provide you, as students, with *access* to all of this. The *value* only exists if *you* take full advantage of what we offer, if you make informed and purposeful choices, and if you truly make the very best use of your four years as an undergraduate student.

You can look at this inflection point our planet faces as either scary or hopeful. I choose the latter, without hesitation. I believe in each one of you. You are bright, you are motivated, you are curious, and you are passionate. And I am confident that your choices, your decisions, your investments, and your commitment will ensure our future – your future, and your future's future.

I guess all this is to say we are counting on you. We have high hopes for you and we are excited for what you will achieve. I often close remarks to students with the words "Your planet is calling." But in the spirit of this remarkable and important First-Year Reading book, I offer the following: May the spirit catch you, may it provoke you, may it inspire you, and above all else – may it impel you to action.



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