

Course Title:

CURE 3147 RELIGION AND MENTAL HEALTH CARE

宗教與心理健康護理

First Term 2024/25

Lecture: Monday 10:30am -12:15pm

Tutorial: Monday 12:30pm - 1:15pm

Venue: Lecture ERB 703

Tutorial: ERB 703 & ERB 706

Lecturer: Dr. Lee Chi Shing

Language: C&E

Course Description:

This course adopts an interdisciplinary approach to teach the history and contemporary evolution of "Religion and Mental Health Care". The course will focus on teaching the traditional concepts, practices and self-cultivation related to mental health in Christianity, Buddhism, and Daoism from ancient to contemporary times based on historical and textual materials. It will also teach counselling and psychotherapy related to religious traditions, and provide in-depth discussions on specific mental health care topics. Students in this course will be able to integrate traditional and modern religious knowledge and mental health care applications, giving them a deep understanding of the mutual impact of religion and mental health. That includes understanding evidence-based research on religious behaviors and mental health, and also reviewing interventions related to religious traditions, such as mindfulness, dharma therapy, nourishing life, and qigong. The course also explores life and death education, bereavement, resilience, chaplaincy's practices, and mental health caregivers' self-care.

Learning Outcomes:

Upon successful completion of this course, students should be able to:

- (1) Understand the concepts, practices and self-cultivation related to mental health in Christianity, Buddhism, and Daoism from ancient to contemporary times.
- (2) Acquire understanding the modern religious applications and therapeutic interventions in the field of mental health care and evidence-based research, especially on mindfulness, dharma therapy, nourishing life, and qigong.
- (3) Critically reflect on the specific mental health care topics and understand their causes, impacts and religious coping strategies.
- (4) Enhance their ability to approach resources in traditional religion and contemporary counselling and psychotherapy to strengthen personal mental health care.

Course Content and Schedule:

Week	Date	Lecture Topic	Tutorial
1	Sep 9	Course Introduction: Overview	
2	Sep 16	Holistic Health: Mind, Body, and Spirit	Grouping
3	Sep 23	Christianity and Spirituality	
4	Sep 30	Buddhism, Suffering, and Buddhist Counselling	
5	Oct 7	Daoism, Nourishing Life, and Qigong	
6	Oct 14	Mindfulness	
7	Oct 21	Self-Compassion	Presentation
8	Oct 28	Anxiety, Depression, and Suicide	Presentation
9	Nov 4	Life and Death Education	Presentation
10	Nov 11	Bereavement	Presentation
11	Nov 18	Resilience: Building and Strengthening	Presentation
12	Nov 25	Chaplaincy's Practices, Mental Health Caregivers' Self-Care and Course Summary	Presentation

Assessment scheme:

In-class Participation	10% (Attendance: 5% + Participation: 5%)
Tutorial Class	35% (Presentation: 25% + Discussion: 10%)
Reflection Paper	15%
Term Paper	40%

1. Tutorial Class:

- All students are divided into six groups, and each group need to report on one assigned topic and explain how religion(s) responds to this mental issue:
 1. Happiness
 2. Suffering
 3. Death
 4. Stress
 5. Desire
 6. Inner peace
- Each tutorial lesson: 20 minutes for presentation; 25 minutes for discussion.
- All scores are calculated on an individual basis, both for presentation and discussion.

2. Reflection Paper:

All students must submit a 1,500 words (either in Chinese or English) reflection paper. Please make reflection on:

1. Mental health issue(s) related to yourself.
2. Can religion help in addressing the aforementioned issues?

****Submission deadline of reflection paper: 11:59 pm, October 27(Sunday), 2024 and should be handed in via the VeriGuide and Blackboard.**

****Delayed submission of assignments without reasonable explanation may result in grade deduction.**

3. Term Paper:

Students are required to write a term paper of 3,000 words (either in Chinese or English) on one of topics discussed in lectures, or they can choose their own topics related to the course subject. Papers will be graded according to its content, focus of argument, source of evidence, discussion, and academic writing and referencing style. The purpose of the term paper is for students to demonstrate their learning outcomes in this course and whether they can use the academic concepts and knowledge acquired in the classroom to make a critical analysis of mental health care and religion.

****Submission deadline of term paper: 11:59 pm, December 11(Wednesday), 2024 and should be handed in via the VeriGuide and Blackboard.**

****Delayed submission of assignments without reasonable explanation may result in grade deduction.**

Recommended Readings:

Lecture 1 & 2:

1. Aten, Jamie D and Leach, Mark M (Eds.) (2009). *Spirituality and the therapeutic process: A comprehensive resource from intake to termination*. Washington, DC: American Psychological Association
2. Baetz, M., & Toews, J. (2009). Clinical implications of research on religion, spirituality, and mental health. *Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie*, 54(5), 292–301.
3. Ghadirian, AM. (2021). The Role of Religion and Spirituality in Mental Health. In: Okpaku, S.O. (eds) *Innovations in Global Mental Health*. Springer, Cham.
4. Koenig, H. G. (2018). *Religion and Mental Health: Research and Clinical Applications*. London: Elsevier Academic Press.
5. Lukoff, D. (2014). From personal experience to clinical practice to research: A career path leading to public policy changes in integrating spirituality into mental

- health. *Spirituality in Clinical Practice*, 1(2), 145-152.
6. M. Y. Lee, C. C. H. Y. Chan, C. L. W. Chan, S. Ng, & P. P. Y. Leung. (Eds.) (2018). *Integrative Body-Mind-Spirit Social Work: An Empirically Based Approach to Assessment and Treatment*. New York, NY: Oxford University Press.
 7. Pargament, K. I., Exline, J. J., & Jones, J. W. (Eds.). (2013). *APA handbook of psychology, religion, and spirituality (Vol. 1): Context, theory, and research*. American Psychological Association.
 8. Pargament, K. I., Mahoney, A., & Shafranske, E. P. (Eds.). (2013). *APA handbook of psychology, religion, and spirituality (Vol. 2): An applied psychology of religion and spirituality*. American Psychological Association.
 9. Weber, S. R. & Pargament, K. I. (2014). The role of religion and spirituality in mental health. *Current Opinion in Psychiatry*, 27 (5), 358-363.
 10. Zinnbauer, B. J. (2013). Models of healthy and unhealthy religion and spirituality. In K. I. Pargament, A. Mahoney & E. P. Shafranske (Eds.). *APA handbook of psychology, religion, and spirituality (vol 2): An applied psychology of religion and spirituality*. (pp. 71-89, 709 Pages). Washington, DC: American Psychological Association.

Lecture 3: Christianity and Spirituality

1. Beck, R., & Haugen, A. D. (2013). The Christian religion: A theological and psychological review. In K. I. Pargament, J. J. Exline & J. W. Jones (Eds.), *APA Handbook of Psychology, Religion, and Spirituality (vol 1): Context, Theory, and Research*. (pp. 697-711, Chapter xxvii, 740 Pages). Washington, DC, Washington: American Psychological Association.
2. Holt, Bradley P. (2017). *Thirsty for God: A Brief History of Christian Spirituality*. Lanham: Fortress Press.
3. Ladd, K. L., & Spilka, B. (2013). Prayer: A review of the empirical literature. In K. I. Pargament, J. J. Exline & J. W. Jones (Eds.), *APA Handbook of Psychology, Religion, and Spirituality (vol 1): Context, Theory, and Research*. (pp. 293-310, Chapter xxvii, 740 Pages). Washington, DC: American Psychological Association.
4. McGrath, Alister E.. (2012). Christianity. In Cobb, Mark., Puchalski, C. M., & Rumbold, B. D. (Eds.). *Oxford Textbook of Spirituality in Healthcare*. (pp.25-30). Oxford: Oxford University Press.
5. Sheldrake, Philip. (2013). *Spirituality: A Brief History*. New York: Wiley-Blackwell

Lecture 4: Buddhism, Suffering, and Buddhist Counselling

1. Gao, J., Fan, J., Wu, B. W., Halkias, G. T., Chau, M., Fung, P. C., Chang, C., Zhang, Z., Hung, Y. S., & Sik, H. (2017). "Repetitive Religious Chanting Modulates the Late-Stage Brain Response to Fear-and Stress-Provoking Pictures." *Frontiers in Psychology*. 7. 2055. 1-12.
2. Lee, K. C. (G.), Oh, A., Zhao, Q., Wu, F.-Y., Chen, S., Diaz, T., & Ong, C. K. (2017). Buddhist counseling: Implications for mental health professionals. *Spirituality in Clinical Practice*, 4(2), 113–128.
3. Sik, Hin Hung and Yim, Jennifer Shui Wa. (2021). Dharma Therapy: A Buddhist Counselling Approach to Acknowledging and Enhancing Perspectives, Attitudes and Values. In: Stoyanov, D., Fulford, B., Stanghellini, G., Van Staden, W., Wong, M.T. (eds) *International Perspectives in Values-Based Mental Health Practice*. Springer, Cham.
4. Kristeller, J., & Rapgay, L. (2013). Buddhism: A blend of religion, spirituality, and psychology. In K. I. Pargament, J. J. Exline & J. W. Jones (Eds.), *APA Handbook of Psychology, Religion, and Spirituality (vol 1): Context, Theory, and Research*. (pp. 635-652, Chapter xxvii, 740 Pages). Washington, DC, Washington: American Psychological Association.
5. Kwee, MGT (ed.) (2010). *New Horizons in Buddhist Psychology: Relational Buddhism for Collaborative Practitioners*. Chagrin Falls, OH: Tao Institute Publications.
6. Wallace, B. A., & Shapiro, S. L. (2006). Mental balance and well-being: Building bridges between Buddhism and western psychology. *American Psychologist*, 61(7), 690-701.
7. 嚴穗華編 (2023) : 《佛法心靈輔導：解雙箭苦》。香港：蜂鳥出版。

Lecture 5: Daoism, Nourishing Life, and Qigong

1. Bao G. C. (2020). The idealist and pragmatist view of qi in tai chi and qigong: A narrative commentary and review. *Journal of Integrative Medicine*. 18(5). 363–368.
2. Ho, R. T., Chan, J. S., Wang, C. W., Lau, B. W., So, K. F., Yuen, L. P., Sham, J. S., & Chan, C. L. (2012). A randomized controlled trial of qigong exercise on fatigue symptoms, functioning, and telomerase activity in persons with chronic fatigue or chronic fatigue syndrome. *Annals of Behavioral Medicine: A Publication of the Society of Behavioral Medicine*, 44(2), 160–170.
3. Kirkland, Russell. (2012). Chinese religion: Taoism. In Cobb, Mark., Puchalski, C. M., & Rumbold, B. D. (Eds.). *Oxford Textbook of Spirituality in Healthcare*.

(pp.19-24). Oxford: Oxford University Press.

4. Wang K. (2022). The Yin-Yang Definition Model of Mental Health: The Mental Health Definition in Chinese Culture. *Frontiers in Psychology*, 13, 832076.
5. Yip K. S. (2004). Taoism and its impact on mental health of the Chinese communities. *The International Journal of Social Psychiatry*, 50(1), 25–42.
6. Zimmerman, C. S., Temereanca, S., Daniels, D., Penner, C., Cannonier, T., Jones, S. R., & Kerr, C..(2023). “A Randomized Controlled Pilot Trial Comparing Effects of Qigong and Exercise/Nutrition Training on Fatigue and Other Outcomes in Female Cancer Survivors.” *Integrative Cancer Therapies*. 22. 1-18.

Lecture 6: Mindfulness

1. Brown, K. W., Ryan, R. M., & Creswell, J. D. (2007). Mindfulness: Theoretical foundations and evidence for its salutary effects. *Psychological Inquiry*. 18(4). 211–237.
2. Fjorback, L. O., Arendt, M., Ornbøl, E., Fink, P., & Walach, H.. (2011). “Mindfulness-Based Stress Reduction and Mindfulness-Based Cognitive Therapy: A Systematic Review of Randomized Controlled Trials,” *Acta Psychiatrica Scandinavica*. 124(2). 102–119.
3. Germer, Christopher K, Siegel, Ronald D, and Fulton, Paul R (Eds.) (2013). *Mindfulness and Psychotherapy*. New York: Guilford Press.
4. Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144–156.
5. Kabat-Zinn, J. (2013). *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness*. New York: Bantam Books.
6. Khoury, B., Lecomte, T., Fortin, G., Masse, M., Therien, P., Bouchard, V., Chapleau, M. A., Paquin, K., & Hofmann, S. G.. (2013). “Mindfulness-Based Therapy: A Comprehensive Meta-Analysis.” *Clinical Psychology Review*. 33(6). 763–771.
7. Segal, Zindel V., Teasdale, John D, Williams, J. Mark G. (2013). *Mindfulness-Based Cognitive Therapy for Depression*. New York: Guilford Press.
8. 香港心理學會臨床心理學組 (2017) : 《靜觀：觀心·知心·療心》。香港：知出版社。

Lecture 7: Self-Compassion

1. Barnard, L. K., & Curry, J. F. (2011). Self-Compassion: Conceptualizations, Correlates, & Interventions. *Review of General Psychology*. 15(4). 289-303.
2. Cai, R. Y., Gibbs, V., Love, A., Robinson, A., Fung, L., & Brown, L. (2023).

- "Self-compassion changed my life": The self-compassion experiences of autistic and non-autistic adults and its relationship with mental health and psychological wellbeing. *Journal of Autism and Developmental Disorders*. 53(3). 1066–1081.
3. Finlay-Jones, Amy; Bluth, Karen; Neff, Kristin (eds) (2023). *Handbook of Self-Compassion*. Cham, Switzerland: Springer.
 4. Germer, C. K., & Neff, K. D. (2013). Self-compassion in clinical practice. *Journal of Clinical Psychology*. 69(8). 856–867.
 5. Neff K. D. (2023). Self-Compassion: Theory, Method, Research, and Intervention. *Annual Review of Psychology*. 74. 193–218.

Lecture 8: Anxiety, Depression, and Suicide

1. Busiol, Diego, Lo, Herman HM, and Lee Tak Yan. (2016) A review of research on major depressive disorder and depressive mood among youth in Hong Kong. *Int J Child Adolesc Health*. 9(4): 501-509.
2. Craske, M. G., & Stein, M. B. (2016). Anxiety. *Lancet (London, England)*, 388(10063), 3048–3059.
3. Dein, S. (2013). Religion, spirituality, depression, and anxiety: Theory, research, and practice. In K. I. Pargament, A. Mahoney & E. P. Shafranske (Eds.), *APA handbook of psychology, religion, and spirituality (vol 2): An applied psychology of religion and spirituality*. (pp. 241-255, 709 Pages). Washington, DC: American Psychological Association.
4. Kwok, S. Y. C. L., Li, Y., & Tam, N. W. Y. (2023). Longitudinal Associations of Suicide Risk and Protective Factors Among Secondary School Students in Hong Kong: A Network Perspective. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 73(2), 310–318.
5. Lam, K. (2016). School-Based Cognitive Mindfulness Intervention for Internalizing Problems: Pilot Study with Hong Kong Elementary Students. *J Child Fam Stud* 25. 3293–3308.
6. Tam, N. W. Y., Kwok, S. Y. C. L., & Gu, M. (2023). Individual, Peer, and Family Correlates of Depressive Symptoms among College Students in Hong Kong. *International journal of environmental research and public health*, 20(5), 4304.
7. Zhu, S., Li, X., & Wong, P. W. C. (2023). Risk and protective factors in suicidal behaviour among young people in Hong Kong: A comparison study between children and adolescents. *Psychiatry research*. 321. 115059.
8. 唐秀連 (2024) : 《佛教與自殺的對話：佛教對自殺議題的回應》。香港：中華書局（香港）有限公司。
9. 葉兆輝、張鳳儀編 (2022) : 《願陪着你：從遺書中尋找預防自殺的啟示》。

香港：香港大學出版社。

Lecture 9: Life and Death Education

1. Bregman, Lucy. (ed.) (2009). *Religion, Death, and Dying: Volume 1: Perspectives on Dying and Death*. Santa Barbara: ABC-CLIO.
2. Chan, W. C. H., Tin, A. F., Chan, C. H. Y., Chan, C. L. W., & Tang, A. C. W. (2010). Introducing the 8A Model in Death Education Training: Promoting Planning for End-Of-Life Care for Hong Kong Chinese. *Illness, Crisis & Loss*. 18(1). 49-62.
3. Phan, H. P., Chen, S. C., Ngu, B. H., & Hsu, C. S. (2023). Advancing the study of life and death education: theoretical framework and research inquiries for further development. *Frontiers in Psychology*. 14. 1212223.
4. Phan, H. P., Ngu, B. H., Chen, S. C., Wu, L., Lin, W. W., & Hsu, C. S. (2020). Introducing the Study of Life and Death Education to Support the Importance of Positive Psychology: An Integrated Model of Philosophical Beliefs, Religious Faith, and Spirituality. *Frontiers in Psychology*. 11. 580186.
5. 梁美儀、張燦輝合編（2005）：《凝視死亡：死與人間的多元省思》。香港：中文大學出版社。
6. 鄭志明（2006）：《佛教生死學》。台北：文津出版社有限公司。

Lecture 10: Bereavement

1. Bregman, Lucy. (ed.) (2009). *Religion, Death, and Dying: Volume 3: Bereavement and Death Rituals*. Santa Barbara: ABC-CLIO.
2. Chan, C. L. W. & Chow, A. Y. M. (2006). *Death, dying and bereavement: The Hong Kong Chinese experience*. Hong Kong: Hong Kong University Press.
3. Chan, S.. (2015). Funeral as a drama for the bereaved family members: a dramaturgical analysis of Chinese funeral rituals in Hong Kong. (Thesis). University of Hong Kong, Pokfulam, Hong Kong SAR.
4. DeSpelder, L. A. & Strickland, A. L. (2011) *The last dance: Encountering death and dying* (9th Edition). Boston: McGraw Hill.
5. Jason Castle & William L. Phillips (2003) Grief rituals: aspects that facilitate adjustment to bereavement. *Journal of Loss and Trauma*. 8:1. 41-71.
6. Mak, Mui Hing June. (2007). *Promoting A Good Death for Cancer Patients of Asian Culture: An Evidence-Based Approach*. London: Whiting & Birch.
7. Rando, T. A. (1985). Creating therapeutic rituals in the psychotherapy of the bereaved. *Psychotherapy: Theory, Research, Practice, Training*. 22(2). 236-240.
8. Walter, T. (2016). The dead who become angels: bereavement and vernacular

religion. *OMEGA - Journal of Death and Dying*. 73(1). 3-28.

Lecture 11: Resilience: Building and Strengthening

1. Foy, D., Drescher, K., & Watson, P. (2011). Religious and spiritual factors in resilience. In S. Southwick, B. Litz, D. Charney, & M. Friedman (Eds.). *Resilience and Mental Health: Challenges Across the Lifespan* (pp. 90-102). Cambridge: Cambridge University Press.
2. McFadden SH. (2022). Pandemic Disruptions of Older Adults' Meaningful Connections: Linking Spirituality and Religion to Suffering and Resilience. *Religions*. 13(7):622.
3. Milstein, G. (2019). Disasters, psychological traumas, and religions: Resiliencies examined. *Psychological Trauma: Theory, Research, Practice, and Policy*. 11(6). 559-562.
4. Southwick, S. M., & Charney, D. S. (2012). *Resilience: The Science of Mastering Life's Greatest Challenges*. Cambridge: Cambridge University Press.
5. Wong, S., Pargament, K.I., Faigin, C.A. (2018). Sustained by the Sacred: Religious and Spiritual Factors for Resilience in Adulthood and Aging. In: Resnick, B., Gwyther, L., Roberto, K. (Eds) *Resilience in Aging*. Springer, Cham.

Lecture 12: Chaplaincy's Practices and Mental Health Caregivers' Self-Care

1. Boots, L. M., de Vugt, M. E., Kempen, G. I., & Verhey, F. R. (2018). Effectiveness of a Blended Care Self-Management Program for Caregivers of People with Early-Stage Dementia (Partner in Balance): Randomized Controlled Trial. *Journal of Medical Internet Research*. 20(7). e10017.
2. Cadge, Wendy & Rambo, Shelly (Eds.) (2022). *Chaplaincy and Spiritual Care in the Twenty-First Century: An Introduction*. Chapel Hill: The University of North Carolina Press.
3. Dionne-Odom, J. N., Demark-Wahnefried, W., Taylor, R. A., Rocque, G. B., Azuero, A., Acemgil, A., Martin, M. Y., Astin, M., Ejem, D., Kvale, E., Heaton, K., Pisu, M., Partridge, E. E., & Bakitas, M. A. (2017). The self-care practices of family caregivers of persons with poor prognosis cancer: differences by varying levels of caregiver well-being and preparedness. *Supportive Care in Cancer: Official Journal of the Multinational Association of Supportive Care in Cancer*. 25(8). 2437-2444.
4. Donesky, D., Sprague, E., & Joseph, D. (2020). A New Perspective on Spiritual Care: Collaborative Chaplaincy and Nursing Practice. *ANS. Advances in Nursing Science*. 43(2). 147-158.

5. Fitchett, George and Nolan, Steve Eds (2015). *Spiritual Care in Practice: Case Studies in Healthcare Chaplaincy*. London, England; Philadelphia, Pennsylvania: Jessica Kingsley Publishers.
6. Roloff, Carola. (2022). Buddhist chaplaincy and care practices. In Grung, Anne Hege ed. *Complexities of Spiritual Care in Plural Societies*. Vol.8. 59-98.
7. Zhang, N., Sandler, I., Tein, J. Y., Wolchik, S., & Donohue, E. (2022). Caregivers' Self-Compassion and Bereaved Children's Adjustment: Testing Caregivers' Mental Health and Parenting as Mediators. *Mindfulness*. 13(2). 462-473.

Grade Descriptor:

- A Outstanding performance on all learning outcomes.
- A- Generally outstanding performance on all (or almost all) learning outcomes.
- B Substantial performance on all learning outcomes, OR high performance on some learning outcomes which compensates for less satisfactory performance on others, resulting in overall substantial performance.
- C Satisfactory performance on the majority of learning outcomes, possibly with a few weaknesses.
- D Barely satisfactory performance on a number of learning outcomes.
- F Unsatisfactory performance on a number of learning outcomes, OR failure to meet specified assessment requirements.