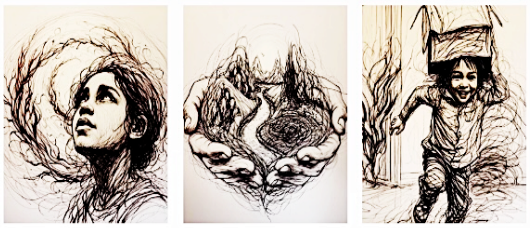
RESOURCES FOR MODULE 1:

ORIENTING FRAMEWORK: "THE LEADING CAUSES OF LIFE"

[A TRELLIS TO BUILD UPON]



What You Will & Won't Find Here

Hundreds, thousands, of writings touch on religion, religiosity, faith and/or spirituality in relation to health, often distilling the views and practices on health and healing of a particular faith/religious/spiritual tradition.

Much that is available on religiosity or spirituality in relation to psychology, mental health, medical anthropology and more, focuses largely on the individual person and particular conditions, illnesses or harms.

Important as it is, we take this literature as given; we do not attempt to replicate or summarize it here. If you teach or work in the field of religion/health you will be aware of it and know where to access it. What you will find below are select works or materials we think important or helpful for this specific module.

They include the following (in order):

- Two **seminal works** that shape the module and provide its most important theoretical entry points — p2
- A freely downloadable "**Barefoot Guide**" to the core text — p2
- References for 'The **background story** to religion/health' — p3-5
- Texts on the '**leading causes of life':** introduction & definition — p5-6
- References for **each of the 'five'** basic causes — p7-11
- Actionable *'In-context analysis'* diagram of the 5 causes — p12
- Additional **supplementary** resources — p13-16
- Summary Distillation of Key Concepts: *Briefing Note* — p17-18
- **Quick Access & Concept Introduction Videos** – list for module — p19
- **Contents** of the *Handbook on Religion and Health: Pathways for a Turbulent Future* — p20

*All items are **annotated** — this should help you determine whether or not you want to reference or use them.*

*Items **core** to 'the leading causes of life' framework are highlighted, others further identified as noted in the box below …*

KEY	
Bold black	- seminal readings (key concepts and theories)
Bold grey	- accessible, easy reading (to key concepts and theories)
Black	- additional resources (for class assignments, essays, research purposes)
Grey	- supplementary materials (incl. films, novels, websites, etc.)

Seminal Works

➡ GENERAL TEXT ON RELIGION/HEALTH

Cochrane JR, Gunderson GR, Cutts T, eds. *Handbook on religion and health: Pathways for a turbulent future.* Edward Elgar; 2024.

> "This *Handbook* arrives at a pivotal inflection point. […] A disturbing mix of mistrust, apathy, and antipathy has clouded human interaction. […] only by strengthening the human spirit […] can we transcend these times and promote the adaptability, resilience, and regeneration needed to advance the future of public health. [Here] the editors are joined by several dozen similarly visionary authors to leverage a broad and fundamental paradigm shift for public health, to move beyond 'just resisting death to enhancing life' [to embrace instead] the comprehensive human assets model of the 'leading causes of life' [to] advance common goals, build non-traditional partnerships, promote basic spiritual and religious literacy for an increasingly diverse nation, and increase attention to innovative models for research, systems, and equity. […] Re-building public health after the pandemic fundamentally means "encouraging the heart" as part of striving for a 'new normal.' [It] is the time for public health leaders to spark 'an epidemic of life' […] to turn 'no hope' to 'new hope.'"
>
> - *Afterword,* Howard Koh
> Harvey V. Fineberg Professor of the Practice of Public Health Leadership
> Harvard T. H. Chan School of Public Health and the Harvard Kennedy School

➡ CORE TEXT (Modules 1 & 2) – Formal + Illustrated

*These two complementary texts, the main resource for the ideas at the heart of this module, are referenced more than once below. The **first**, a formal academic work, introduces the ideas in full. The **second**, freely downloadable, is based on the book, making it very accessible in simplified (but not dumbed-down) form, using evocative illustrations — ideal for classroom and teaching purposes, or for quick reference.*

Gunderson GR, Cochrane JR. *Religion and the health of the public: Shifting the paradigm*. Palgrave MacMillan; 2012.

> A comprehensive theoretical framework for understanding and working on the interface of religion and public health, drawing on global health history and practice. Calling for 'deep accountability' by health and religious leaders, it deals with 'the embodied religious mind', religious health assets, 'leading cause of life', boundary leadership, congregate strengths, and a healthy political economy, offering vital resources for increasing mutual understanding and focusing constructive cooperation in service of healthy societies.

Barefoot guide #3: *Mobilizing religious health assets for transformation*. The Barefoot Collective, 2012.

[free download at: https://www.barefootguide.org/barefoot-guide-3---transforming-health-systems.html].

PART 1 • Background Story – Intersecting Religion & Public Health

• *On Religion/Faith & Health*

[The *Handbook on Religion and Health: Pathways for a Turbulent Future*, referenced on page 2, reflects on the current state of the field and its future, with sections on 'health for all', 'the health of the whole', narratives 'from the ground', and a 'new language, new view.' A seminal work, with contributions from leaders in the field, it is a key text on the relationship of religion/faith to community, public, population and planetary health and its future. Here are selected chapters of relevance for the module, and on page 21, a full table of contents.]

1. **Bersagel Braley M, 'Scanning a moving field: Religion and health,' in Cochrane JR, Gunderson GR, Cutts T, eds. *Handbook on religion and health: Pathways for a turbulent future*. Edward Elgar; 2024, pp. 31–46.**

   An exquisitely articulated scan and analysis of several major texts on three contemporary approaches to religion and health, including works edited among others by Harold Koenig, Doug Oman, Ellen Idler, and Dorothea Lüddeckens, it raises important questions not just about what we know but what we don't and need to know. The goal is to take the pulse of a maturing field of study by asking how its questions have evolved in an age that continues to resist, in practice if not in discourse, the binary of religious and secular.

2. Cutts T, 'Religiosity/spirituality, mental health, substance abuse: Implications for population health,' in Cochrane JR, Gunderson GR, Cutts T, eds. *Handbook on religion and health: Pathways for a turbulent future.* Edward Elgar; 2024, pp. 62–77.

   Recent large-scale reviews uncover a favourable impact of aspects of R/S on both physical and mental health but tend to relate to individual models of care. Cutts emphasises what faith-based and health system partnerships can do to reduce disparities and promote mental and physical health at population health level, with a focus on integrating community-based care and health system clinical care and medicine with population health screenings, prevention and treatment for depression, anxiety, suicide prevention, substance abuse and adverse childhood events (ACES), as they intertwine with poverty, to build resilience

3. Idler EL, ed. *Religion as a social determinant of public health: interdisciplinary inquiries*. Oxford University Press; 2014.

   Religious institutions and public health institutions seek to improve the well-being of their communities, sometimes with aligned interests, but other times at odds. This book is the first to explore the intersection of these two social institutions.

4. Cochrane JR, 'Grounding religion and spirituality,' in Cochrane JR, Gunderson GR, Cutts T, eds. *Handbook on religion and health: Pathways for a turbulent future*. Edward Elgar; 2024, pp. 16–30.

   What enables us to experience 'religion' or 'spirituality' at all in the first place? Noting how diverse, even contradictory, particular religions or spiritualities are, how ambiguous in their impact, the chapter pursues this question by distinguishing the 'kernel' (what evokes religion/spirituality in us) from the 'husk' (its particular expressions in our life), locating the key to an answer in our 'creative freedom' and our unavoidable 'moral responsibility' for what we intend with our lives in the world.

5. Long KNG, Gregg RJ, VanderWeele TJ, Oman D, Laird LD. Boundary crossing: Meaningfully engaging religious traditions and religious institutions in public health. *Religions*. 2019;10(412):1-8. doi:10.3390/rel10070412

Outlines three challenges impeding more substantive engagement with religion and spirituality from a public health view: the controversial aspects of religion, the perception of it as a private matter, and limited academic space for coursework around religion and spirituality. They recommend forming interdisciplinary teams, engaging a wider body of literature, building relationships with faith-inspired colleagues and communities, and considering the goals and ends of communities we serve.

6. WHO Faith Network. See: https://www.who.int/groups/who-faith-network

- *A broad picture (religion, global health, human rights)*

1. **Holman SR. *Beholden: Religion, global health, and human rights*. Oxford University Press; 2015.**

Challenges the common polarization between religion and medicine to shape a perspective on global health integrating religion and culture with human rights and social justice. Covers pilgrimage texts in the Christian, Hindu, Buddhist, and Islamic traditions; the effect of ministry and public policy on nineteenth-century health care for the poor; the story of the Universal Declaration of Human Rights as it shaped economic, social, and cultural rights; a "religious health assets" approach based in Southern Africa; and the complex dynamics of gift exchange in the modern faith-based focus on charity, community, and the common good.

2. **Cochrane JR. Fundamental evaluation criteria in the medicine of the 21st Century. In: Nagel E, Lauerer M, eds. *Prioritization in medicine: An international dialogue*. Springer International Publishing; 2016:11-37.**

"… the interface between religion and health forces one to consider crucial issues that are often sidelined by the problematic yet pervasive Cartesian split between mind and body or spiritual and material reality." A keynote address to several European universities and agencies on the future of prioritization in medicine, it probes 'the lure and allure of science' and 'rational choice and the common good', before discussing the notions of 'religious health assets', 'healthworlds', the 'Memphis model', and the 'leading causes of life', with sickle cell anaemia as a case study of their application.

3. Germond P, Molapo S.. 'In Search of Bophelo in a Time of AIDS: Seeking a Coherence of Economies of Health and Economies of Salvation.' *Journal of Theology for Southern Africa* 2006;126: 27-47.

Introduces the SeSotho concept of '*bophelo*', locating it in what can be understood as a total ecology of health uniting the personal, familial, social and natural realms.

- *'Mapping the body' (Chronicles of cholera: An iconic PH event)*

1. Ch. 2: 'The health of the public and the religious mind: Connections and disconnections,' in Gunderson & Cochrane, *Religion and the health of the public: Shifting the paradigm*, pp. 21–26.

Rethinking the iconic story of John Snow's dot-map of the cholera outbreak of 1854 in London, a key event in epidemiology, to include the vital, extended contribution of curate Henry Whitehead and his knowledge of the local community without which a full understanding would not have been possible.

2. Ch. 2: 'Mapping the body,' in Barefoot guide #3: *Mobilizing religious health assets for transformation*, pp. 22–24.

Based on the book by Gunderson & Cochrane (see item 9); freely available; conceptually rich and accessible. evocatively illustrated by Teboho [Cagn] Cochrane.

3. Whitehead, H. 'The Broad Street pump: An episode in the cholera epidemic of 1854.' *MacMillan's Magazine*, XIII, Nov. 1865–Apr. 1866, pp. 113–122. *[Also attached: John Snow's iconic 1854 'dot map' of the cholera outbreak around Broad Street.]*

> Original report by Henry Whitehead, curate in Soho, who knew the families personally and was thus able to support Snow's conclusions about cholera as water-born, but also explain outlier cases and establish the index-case – how an intimate connection to ordinary people could achieve what Snow, renowned doctor/epidemiologist, could not.

- *No-one heals alone (the story of primary health care)*

1. Ch. 2: 'The health of the public and the religious mind: Connections and disconnections,' in Gunderson & Cochrane, *Religion and the health of the public: Shifting the paradigm*, pp. 29–33.

> Another iconic story: The key contribution of the Christian Medical Commission and its members (e.g., Carl Taylor, founder of international health, Johns Hopkins) to primary health care and the Alma Ata Declaration of the World Health Organization in 1978.

2. Ch. 2: 'No-one heals alone,' in Barefoot guide #3: *Mobilizing religious health assets for transformation*, pp. 25–28.

> Illustrated, conceptually full, easy-access summary of item 4.

- *The surprising story of smallpox & the religious mind /'Think like a virus'*

1. Ch. 2: 'The health of the public and the religious mind: Connections and disconnections,' in Gunderson & Cochrane, *Religion and the health of the public: Shifting the paradigm*, pp. 33–36.

> Deals with another iconic story: the key contribution of the Christian Medical Commission and its members (such as Carl Taylor, founder of international health at Johns Hopkins University) to primary health care and the Alma Ata Declaration of the World Health Organization in 1978; asks us to 'think like a virus'.

2. Ch. 2: 'The surprising history of smallpox and the religious mind,' in Barefoot guide #3: *Mobilizing religious health assets for transformation*, pp. 29–30.

> Illustrated, conceptually full, easy-access summary of item 6. Adds a page calling us to 'think like a virus'.

PART 2 • LEADING CAUSES OF LIFE – SHIFTING THE PARADIGM

- ***Thinking about (human) life rather than death***

1. **Gunderson GR, Pray L. *Leading causes of life*. The Center of Excellence in Faith and Health, Methodist Le Bonheur Healthcare; 2006.**

> This is *the* original book on the 'leading causes of life' (LCL), sparked by a realization that a focus primarily on the 'leading causes of death' (or morbidity, mortality) fails to address the fullness of health and healing: 'Death isn't the only thing going on out there'. With many helpful narratives and examples, the book unpacks the LCL framework, which rests on five powerful, interacting 'causes of life': Agency, Coherence, Connection, Blessing (or 'Intergenerativity'), and Hope.

2. **Ch. 4: 'Leading causes of life: Pathology in its place', in Gunderson & Cochrane, *Religion and the health of the public: Shifting the paradigm*, pp. 59–80.**

> Building on the original book by Gunderson and Pray, this advances the theoretical and evidence-based foundations of the 'five leading causes of life' while tying them into the full range of issues that confront the health of the public.

3. Ch. 4: 'Leading causes of life: Shifting the paradigm', in Barefoot guide #3: *Mobilizing religious health assets for transformation*, pp. 47–62.

   > Illustrated, conceptually full, easy-access summary of item 2.

4. Gunderson GR, 'Theogenerative life and practice,' in Cochrane JR, Gunderson GR, Cutts T, eds. *Handbook on religion and health: Pathways for a turbulent future*. Edward Elgar; 2024, pp. 97–112.

   > Faith and health generate patterns of life at public scale as two facets of one complex phenomenon –by informing/transforming choices and relationships that make up the social body, the public. The language of health is one way people talk about their lives, often the most troubling, confusing, and daunting parts, as well as most extraordinary. Faith, not apart, is another way of talking about those very things. Both are about how to make the choices to help other people find a healthier—a generative—way of living.

5. Cutts TF, Gunderson GR. Implications for public health systems and clinical practitioners: Strengths of congregations, religious health assets and Leading Causes of Life. In: Oman D, ed. *Why religion and spirituality matter for public health: Evidence, implications, and resources*. Springer International Publishing; 2018:323-340.

   > Sketching the historical background to religious, public health and health system partnerships, it situates efforts and describes the roles of public health professionals with empirical evidence in fostering community partnerships between religious organizations and health systems. Offers seven key principles for religion/health partnerships illustrated by 2 case studies in Memphis and North Carolina.

6. Cutts TF, Gunderson GR, Proeschold-Bell RJ, Swift R. The Life of Leaders: An Intensive Health Program for Clergy. *Journal of Religion and Health*. 2012/51, pp. 1317–1324. doi:10.1007/s10943-010-9436-6

   > Life of Leaders is an intervention designed with particular attention to the lifestyle and beliefs of clergy, but it can be adapted for wider circles of leadership. It consists of a two-day comprehensive executive physical and leadership development process. Its guiding principles include a focus on personal assets, multidisciplinary, integrated care, and an emphasis on the contexts of ministry for the poor and community leadership.

- *The 'watershed of life'*

7. Gunderson GR, Cutts T, Cochrane JR, 'The watershed of life: A river runs through it,' in Cochrane JR, Gunderson GR, Cutts T, eds. *Handbook on religion and health: Pathways for a turbulent future*. Edward Elgar; 2024, pp. 444-459.

   > Noting the significant limits of 'upstream/downstream' language, a misplaced metaphor and misdirected orientation dominating public health discourse (just as the 'leading causes of death' or morbidity, mortality do), the authors argue that we need to see the whole in relation to a 'watershed of life' and the 'leading causes of life'.

- *Being 'deeply accountable' for life*

8. Gunderson GR, Cochrane JR. *Taking responsibility for the life of complex human systems: Deep accountability.* Anthem Press; 2025 (forthcoming).

   > Sharply sensitive to the urgency of careful thought and wise action, this short book (~70 pages) addresses the human capacities that allow us to act in and transform the world we inhabit, the radical nature of joy in the face of despair, the judgement of Nemesis on hubris and privilege, the 'value of everything' contra price as definitive, the idea of involution as distinguished from evolution, the concept of 'meshworks' in our entanglement with others, and, finally, the 'theatre of the soul' as the unity of the physical, the psychological, the political and the spiritual.

[see also: http://www.leading-causes.com]

The five 'leading causes of life'

- ***Overall***

1. Film: *The First Grader* (2012)

> Inspired by the true story of Kimani Maruge, a Kenyan farmer who fought against British colonial rule. When universal free primary education was introduced in 2004, he enrolled for primary school at the age of 84. He later addressed the UN on the importance for freedom of education. [Look for how **all** five 'causes of life' arise in a context of deep pain and ambiguity – *Warning*: there are some hard-to-watch scenes of Maruge's experience during the Mau Mau rebellion.]

> ***This is just one example.*** *You will know other great films/videos for probing the 'five leading causes of life' and how they play themselves out, all very useful in honing sensitivity about how these five causes regularly appear and interact with each other—in almost every context of human action and relationships.*

Agency …

1. McGaughey DR, Cochrane JR. *The human spirit: Groundwork*. SUN Press; 2017.

> A collaborative work and valuable source for understanding the underpinnings of the concept of spirituality, the authors undertake the "audacious" task of reformulating how we think about Spirit. Focusing on 'our creative freedom', they deal with human capacities, the mind/brain issue, causality, free will, morality, consciousness, and beauty—asking what it means to be human and why that matters.

2. Bandura A. Toward a Psychology of Human Agency: Pathways and Reflections. *Perspectives on Psychological Science*. 2018;13(2):130-136.

> Drawing on social cognitive theory, he reviews core features of human agency, and the individual, proxy, and collective forms in which it is exercised. Agency operates through a 'triadic codetermination process of causation'. Bandura applies this to individual and social change, including many urgent global problems.

Coherence …

1. Antonovsky A. *Unraveling the mystery of health: How people manage stress and stay well*. Jossey-Bass Publishers; 1987.

> A classic study of what Antonovsky called 'salutogenesis' – what allows people to be resilient in the face of stress. Based on clinical practice and qualitative research of people facing serious challenges and historical trauma, it highlights the importance of 'a sense of coherence' as vital in avoiding many negative health outcomes that are a result of trauma experienced years or decades earlier.

2. Eriksson M, Lindström B. Antonovsky's sense of coherence scale and its relation with quality of life: a systematic review. *Journal of Epidemiology and Community Health*. 2007;61(11):938–944. doi:10.1136/jech.2006.056028

> Draws on Antonovsky's work. See also the Society for Theory and Research on Salutogenesis (https://stars-society.org/about/) at the University of Zurich.

3. Hatala AR, Njeze C, Morton, D, Pearl T, Bird-Naytowhow K. Land and nature as sources of health and resilience among Indigenous youth in an urban Canadian context: a photovoice exploration. *BMC Public Health*. Apr 20 2020;20(1):538. doi:10.1186/s12889-020-08647-z

> The positive relationship between access to greenspace or natural environments and peoples' perceived health, mental health, resilience, and overall well-being is strong among Canadian Indigenous populations where notions of land, health, and nature involve broader spiritual and cultural meanings, but one tends to conceptualize land and nature without any serious consideration on their impacts within urban cityscapes. This study explores Indigenous youths' meaning-making processes and engagements with land and nature in an urban Canadian context.

4. Vaandrager L, Kennedy L. The application of salutogenesis in communities and neighborhoods. In: Mittelmark MB, Sagy S, Eriksson M, et al, eds. *The handbook of salutogenesis*. Springer; 2017:159-170.

> Summarizes available research on salutogenic and asset-based community interventions, and highlights debates around the concepts of salutogenesis and health assets in relation to community and neighbourhood, including processes that enable access to these resources for the benefit of the community's health and well-being.

5. Tedeschi RG, Shakespeare-Finch J, Taku K, Calhoun LG. *Posttraumatic Growth: Theory, Research and Applications*. New York, NY: Routledge; 2018.

> Reworks and overhauls the 2006 *Handbook of Posttraumatic Growth* to address questions concerning knowledge of posttraumatic growth (PTG) theory, its synthesis, its contrast with other theories and models, and its applications in diverse settings, including an overview of the history, components, and outcomes of PTG. Then reviews quantitative, qualitative, and cross-cultural research on PTG in relation to cognitive function, identity formation, cross-national and gender differences, and similarities and differences between adults and children, before dealing with how to facilitate optimal outcomes with PTG at individual, the group, the community, and societal levels.

Hope …

1. Lear J. *Radical hope: Ethics in the face of cultural devastation*. Harvard University Press; 2006.

> Using available anthropology and history of the Indian tribes during their confinement to reservations, and drawing on philosophy and psychoanalytic theory, Lear explores the story of the Crow Nation at an impasse as it bears upon these questions—and how they bear upon our own place in the world. A deeply revealing, moving, philosophical inquiry that goes to the heart of the human condition.

2. Gallagher MW, Lopez SJ. *The Oxford handbook of hope*. Oxford University Press; 2017.

> The scientific study of hope has flourished since C.R. Snyder model of hope as "a positive motivational state based on an interactively derived sense of successful (1) goal-directed energy (agency) and (2) planning to meet goals (pathways)." This Handbook is a comprehensive update on 25 years of hope research, including how it relates to superior academic performance, improved workplace outcomes, and improved psychological and physical health in individuals of all ages.

3. Scioli A, Biller H. *Hope in the age of anxiety*. Oxford University Press; 2009.

> In this fascinating and humane book, the authors reveal the ways in which human beings acquire and make use of hope. The evolutionary, biological, and cultural roots of hope are covered along with the seven kinds of hope found in the world's religions. Just as vital, the book provides many personal tools for addressing the major challenges of the human condition: fear, loss, illness, and death.

Connection …

1. Murthy VH. *Together: The healing power of human connection in a sometimes lonely world*. Harper Wave; 2020.

> Loneliness is a public health concern, a root cause and contributor to epidemics from alcohol and drug addiction to violence to depression and anxiety, affecting not only our health, but also how our children experience school, how we perform in the workplace, and the sense of division and polarization in our society. At its centre is our innate desire to connect, to participate in community, to forge lasting bonds with others, to help one another, and to share life experiences.

2. Barabási A-L. *Linked: The new science of networks*. Perseus Books; 2002.

> We live in a small world, where everything is connected to everything else. Networks are pervasive—from the human brain to the Internet to the economy to our group of friends. These linkages aren't random but have an underlying order and follow simple laws. Barabási traces the development of this unfolding science and introduces us to the scientists, the "new cartographers," mapping networks in a wide range of scientific disciplines: how networks emerge, what they look like, and how they evolve, providing a unified framework to better understand issues ranging from the vulnerability of the Internet to the spread of diseases.

3. Deloria Jr V. *God Is red: A native view of religion*. Fulcrum Publishing; 2023.

> First published in 1973, this remains the seminal work on Native American religious views, asking us to think about our species and our ultimate fate in novel ways. Deloria's classic work reminds us "that we are a part of nature, not a transcendent species with no responsibilities to the natural world." His is a powerful voice, informing us about a spiritual life that is independent of Western religion and that reveres the interconnectedness of all living things.

4. Bengtson VL, Putney NM, Harris S. *Families and faith: How religion is passed down across generations*. OUP USA; 2013.

> For almost four decades, Vern Bengtson and colleagues conducted the largest-ever study of religion and family across generations. Through war and social upheaval, depression and technological revolution, they followed more than 350 families composed of more than 3,500 individuals whose lives span more than a century--the oldest born in 1881, the youngest in 1988--to find out how religion is, or is not, passed down from one generation to the next.

5. Siegel DJ. *The developing mind: How relationships and the brain interact to shape who we are*. Guilford Publications; 2020.

> Synthesizes cutting-edge research from multiple disciplines, revealing the ways in which neural processes are fundamentally shaped by interpersonal relationships throughout life. And with non-optimal early experiences, building deeper connections to other people and to one's own internal experience remains a powerful resource for growth. Relevant for developmental psychology and child development to neuroscience and counselling.

Intergenerativity ("Blessing") …

1. McAdams DP, De St. Aubin E. Generativity and adult development: How and why we care for the next generation. *American Psychological Association*; 1998.

> Generativity, a concept Erik Erikson introduced in his famous eight-stage model of human development, is concern for and commitment to promoting the next generation to benefit a world that will outlive the self. Seen by him as the seventh stage of the life cycle, generation vs. stagnation, it has been linked to such ideas on creativity, leadership, altruism, social responsibility, citizenship and volunteerism. Do highly

generative individuals demonstrate higher levels of mental health and well-being? What is the relation between generativity and religious, political and community involvement? And so on.

2. George D, Whitehouse C, Whitehouse P. A model of intergenerativity: How the intergenerational school is bringing the generations together to foster collective wisdom and community health. *Journal of Intergenerational Relationships*. 2011;9:389–404.

   Articulates the concept of "intergenerativity," a theoretical and practical framework for building collective wisdom and inspiring informed local action. Intergenerativity is defined and contextualized within the shared site programs of the Intergenerational School in Cleveland, Ohio, that aim to foster creative exchange between the generations. It demonstrates how multiage partnerships play a role in fostering learning around urgently important challenges such as climate change and population health, and how, intergenerational partnerships can be a powerful means of nurturing social, civic, and environmental responsibility.

3. Sotero M. A conceptual model of historical trauma: Implications for public health practice and research. *Journal of Health Disparities Research and Practice*. Fall 2006 1(1):93-108.

   Historical trauma theory argues that populations historically subjected to long-term, mass trauma-colonialism, slavery, war, and genocide exhibit a higher prevalence of disease even several generations after the original trauma occurred. This article offers an analysis of the theoretical framework of historical trauma theory, provides a general review of the literature, and introduces a conceptual model on how historical trauma might play a role in disease prevalence and health disparities, with, implications for public health practice and research.

4. Bombay A, Matheson K, Anisman H. Intergenerational trauma: Convergence of multiple processes among First Nations peoples in Canada. *Journal of Aboriginal Health*. 2009;November:6-47.

   Stressful events may have immediate effects on well-being, and … long lasting repercussions on physical and psychological health [with] adverse intergenerational consequences. … In the present review we outline some of the behavioural disturbances associated with stressful/traumatic experiences … and describe the influence of several variables … on vulnerability to pathology. … It is further argued that the shared collective experiences of trauma experienced by First Nations peoples, coupled with related collective memories, and persistent sociocultural disadvantages, have acted to increase vulnerability to the transmission and expression of intergenerational trauma effects.

5. George D, Whitehouse C, Whitehouse P. A model of intergenerativity: How the intergenerational school is bringing the generations together to foster collective wisdom and community health. *Journal of Intergenerational Relationships*. 2011;9:389–404.

   Facing formidable challenges requiring intergenerational, interdisciplinary, and interprofessional solutions to encourage local learning and action, this article articulates the concept of "intergenerativity," a theoretical and practical framework that can build the collective wisdom and inspire informed local action. Intergenerativity is defined and contextualized within the shared site programs of the Intergenerational School, a charter school in Cleveland, Ohio, that aims to foster creative exchange between the generations. It demonstrates how multi-age partnerships play a role in fostering learning around challenges such as climate change and population health, arguing that intergenerational partnerships can be a powerful means of nurturing social, civic, and environmental responsibility.

6. Kiecolt-Glaser JK. Psychoneuroimmunology: Psychology's Gateway to the Biomedical Future. *Perspect Psychol Sci*. 2009;4(4):367-369. doi:10.1111/j.1745-6924.2009.01139.

> How do stressful events and negative emotions influence the immune system, and how big are the effects? This broad question has been intensely interesting to psychoneuroimmunology researchers over the last 3 decades. Many promising lines of work underscore the reasons why this question is still so important and pivotal to understanding and other advances. New multidisciplinary permutations provide fresh vistas and emphasize the importance of training psychologists more broadly so that they will be central and essential players in the advancement of biomedical science.

7. Film: *The Joy Luck Club* (2012). [Based on a novel by Amy Tam; see also https://en.wikipedia.org/wiki/The_Joy_Luck_Club_(novel)]

> Focusing on four Chinese immigrant families in San Francisco who start a mahjong club – The Joy Luck Club – it contains four parts, divided into four sections, in which three mothers and four daughters share stories about their lives in the form of short vignettes, with each part preceded by a parable relating to its overall theme. Though the book/film has been criticized for stereotyping the focus on generational trauma and healing remains powerful.

ON THE NEXT PAGE IS A DIAGRAM ON HOW TO THINK OF THE LEADING CAUSES OF LIFE AS 'EVALUATIVE AND AS 'ACTIONABLE'.

For each cause, some indications are given on what to look for. Importantly, even if one focuses on one cause, it is crucial to remember that evaluating what's going or is actionable in one ***is always implicated*** in every other cause. For example, if 'coherence' increases, it is likely to enhance a capacity to act ('agency'), increase a sense of what is possible ('hope'), and so on.

Try it out in practice. Tell us what happens.

Each of the 'five causes' of life can be investigated or assessed independently. Still, it is worth paying attention to the reality, as the arrows indicate, that working with one will have some impact on others–a meaningful practical implication.

IMPORTANT NOTE ON 'MORAL ENDS':

What is meant here is the greater purpose that guides what one intends with one's life and work, which will determine whether or not the pursuit of the 'leading causes of life' is narrow (in one's self-interest) or in service of the greater good and the health and well-being o the whole.

* Additional resources *

— Specialized, helpful for essays and/or researchers —

• *On 'Life' & Well-Being*

1. Keyes CLM, Haidt J. *Flourishing: Positive psychology and the life well-lived*. American Psychological Association; 2003.

> Psychology understands much about mental illness, but how much has it learned about mental health? Here scholars apply scientific analyses to study the good life, including happiness, well-being, courage, citizenship, play, healthy work and healthy relationships. Their findings reveal that a sense of meaning and a feeling of richness emerge in life as people immerse themselves in activities, relationships, and the pursuit of intrinsically satisfying goals like overcoming adversity or serving one's community through volunteering. This provocative book will further define this evolving field.

2. Seligman MEP. *Flourish: A visionary new understanding of happiness and well-being*. Free Press; 2011.

> Flourish builds on Seligman's work on optimism, motivation, and character to unveil a new theory of what makes a good life—for individuals, for communities, and for nations, refining what Positive Psychology is all about.

3. Bonzo JM, Stevens MR. *Wendell Berry and the cultivation of life: A reader's guide.* Brazos Press; 2008.

> Examines Berry's main themes of community, place, and conservation, opening up the power of his vision and its contribution to fostering a culture of life in neighbourhoods, churches, and schools.

4. Gunderson G. *Speak life: Crafting mercy in a hard-hearted time*. Stakeholder Health Press; 2018.

> Part of the Stakeholder Health (now Hold.Health) learning group's development, this book puts life at the forefront in the hard work of the journey toward social justice, with the conviction that "" Together we can build communities in which every person counts, where no one is left out, and no one suffers needlessly because of institutionalised unfairness. To speak life, then, is to adopt the ways of life so that every person is celebrated by a community that genuinely cares.

5. Lee MT, Kubzansky LD, VanderWeele TJ. *Measuring well-being: Interdisciplinary perspectives from the social sciences & the humanities*. Oxford University Press; 2021.

> Contributors from several disciplines explore conceptual and practical challenges in the bewildering array of measures for well-being, including ideas on happiness and the good life. They explore how to make sense of the proliferation of different measures and concepts, while also proposing new ideas to advance the field and offering a consenses set of recommendations for measuring well-being.

6. Salk J. *The survival of the wisest*. Harper & Row; 1973.

> Here Salk, who spoke of an 'epidemic of health', introduces the discontinuity curve and its 'point of inflection' as an invitation to close the gap between science and the whole human being.

- ***On Connection***

1. Buber M. *I and thou*. Kaufmann W. Scribner's; 1970:185.

   In this classic work Buber proposes that human life finds its meaningfulness in relationships and that we may address existence in two ways: (1) that of the "I" toward an "It," toward an object that is separate in itself, which we either use or experience; (2) that of the "I" toward "Thou," in which we move into existence in a relationship without bounds.

2. Ricoeur P. *Oneself as another*. University of Chicago Press; 1992.

   From one of the most important thinkers of the century, focusing on the concept of personal identity he develops a hermeneutics of the self that charts its epis-temological path and ontological status as 'constituted by the other', and provides a foundation for "philosophical ethics."

3. Lieberman MD. *Social: Why our brains are wired to connect*. Crown Publishing Group; 2013.

   Ground-breaking research in social neuroscience shows that our need to connect with other people is more fundamental or basic than our need for food or shelter, and that our need to reach out to and connect with others is a primary driver behind behaviour. We have a unique ability to read other people's minds, to figure out their hopes, fears, and motivations, allowing us to effectively coordinate our lives with one another. This has important real-world implications in improving learning, making the work more productive, and improving overall well-being.

4. Hari J. *Lost Connections: Uncovering the Real Causes of Depression – and the Unexpected Solutions*. Bloomsbury Publishing; 2018.

   A forty-thousand-mile journey across the world to interview leading experts about what causes depression and anxiety, and what solves them – to discover that there is scientific evidence for nine different causes of depression and anxiety-and that this knowledge leads to a very different set of solutions: ones that offer real hope — connections.

5. *Attachment theory* (https://en.wikipedia.org/wiki/Attachment_theory)

   This Wikipedia entry, usefully, provides an extensive and deeply referenced discussion of the origins, history and development (including its critics) of attachment theory as crucial to human connection from childhood onwards.

6. Cambieri G. "The importance of connections: Ways to live a longer, healthier life." Harvard T. H. Chan School of Public Health. December 8, 2024. https://hsph.harvard.edu/news/the-importance-of-connections-ways-to-live-a-longer-healthier-life/

   Social connection, prosociality, spirituality, optimism, and work—growing evidence suggests these five factors can play an important role in improving the well-being of people and communities.

7. Putnam R. *Bowling alone: The collapse and revival of American community*. Simon and Schuster 2000.

   This classic work focuses on increasingly common disconnections from family, friends, neighbours, and social structures with an accompanying shrinking access to the "social capital" they represent – a serious threat to civic and personal health. Its loss is felt in critical ways, while social capital is also a strong predictor of crime rates, other measures of neighbourhood quality of life, and health.

- ***On Coherence***

1. Mittelmark MB, Sagy S, Eriksson M, et al. *The handbook of salutogenesis*. Springer International Publishing; 2016.

> This in-depth survey of salutogenesis in relation to health promotion, health care, and wellness. Background and historical chapters trace the development of the salutogenic model of health, and flesh out the central concepts, most notably generalized resistance resources and the sense of coherence, that differentiate it from pathogenesis. Includes a range of real-world applications within and outside health contexts, from positive psychology to geriatrics, from small towns to corrections facilities, and from school and workplace to professional training.

- ***On Hope***

1. Solnit R. *A paradise built in hell: The extraordinary communities that arise in disaster.* Penguin Publishing Group; 2010.

> Why is it that in the aftermath of a disaster, whether humanmade or natural, people suddenly become altruistic, resourceful, and brave? What makes the newfound communities and purpose many find in the ruins and crises after disaster so joyous? And what does this joy reveal about ordinarily unmet social desires and possibilities? Solnit explores this, looking at major calamities, from the 1906 earthquake in San Francisco, the 1917 explosion that tore up Halifax, Nova Scotia, the 1985 Mexico City earthquake, 9/11, and Hurricane Katrina in New Orleans. She examines how disaster throws people into a temporary utopia of changed states of mind and social possibilities, as well as looking at the cost of the widespread myths and rarer real cases of social deterioration during crisis.

- ***On LCL Principles in Health System & Community Partnership Research***

1. Cutts, T., & Gunderson, G. R. (2019). Faithful families and more: Expanding faith community partnerships in North Carolina. *American Journal of Public Health, 109*(3), 361-362. doi: 10.2105/AJPH.2018.304911

> A long-standing faith-based health education and promotion program based on lessons learned with mostly black faith communities, following a path blazed in the 1980's by Dr. John Hatch. Best practices include taking time, patience and offering respect for congregations, "listening" to respondents and culturally adjusting language, developing the capacity of local leaders to continue the teaching/training in a participatory manner, and staying connected for the long-run in community, particularly in times of shrinking research funding. 'The North Carolina Way' expanded to community-based caregiving, triaging and connecting and health systems with over 300 congregations in 27 counties.

2. Cutts, T., & Gunderson, G. R. (2020b). Impact of faith-based and community partnerships on costs in an urban academic medical center. *American Journal of Medicine,133*(4), 409-411.

> Shares experiences of the FaithHealth division at Wake Forest Baptist Medical Center in providing healthcare to under-served populations, patterned after the renowned work in Memphis, TN, to help patients enter the system through 'the right door, at the right time, ready to be treated, and not alone.'

- ***On Teaching***

1. Cochrane, Cagn. *The unmeasurable heart: How to inspire a love of learning*. Berlin/Cape Town, 2024. Available at: https://www.dropbox.com/scl/fi/701x00hes70l5z4ktarww/Unmeasurable-Heart.pdf?rlkey=u9eyvodmdk00d5c4fnxmkkr70&st=xsri735n&dl=0

   > A potent story, it begins thus: "In all the metrics and measurements, on all the scales and statistics, in all the figures and charts and spreadsheets in all the world, Sophia shows up as a success. She has all the right attributes and does everything she is supposed to. She has grit, she has drive, she has ambition, she has discipline and diligence. She learns harder and faster than any of her peers, she listens, she comes on time, she is polite, she goes to the best schools and gets the best grades, and she ends up looking good on everyone's books, including her parents, her teachers, her schools, and her country. And yet she kills herself. This, I think, is what happens when you measure the wrong thing."

2. hooks b. *Teaching to transgress: Education as the practice of freedom*. Taylor & Francis; 2014.

   > How can we rethink teaching practices in the age of multiculturalism? What do we do about teachers who do not want to teach, and students who do not want to learn? How should we deal with racism and sexism in the classroom? Teaching to Transgress combines a practical knowledge of the classroom with a deeply felt connection to the world of emotions and feelings. A rare book about teachers and students it dares to raise critical questions about eras and rage, grief and reconciliation, and the future of teaching itself. "To educate as the practice of freedom", writes bell hooks, "is a way of teaching that anyone can learn."

ON THE NEXT PAGE IS A 'BRIEFING NOTE'
THAT DISTILLS ALL THE CONCEPTS WE HAVE INTRODUCED.

This 'Briefing Note' summarizes a keynote address (see page 4, Cochrane JR, *Fundamental evaluation criteria in the medicine of the 21st Century*) given in Bayreuth, Germany, to some 16 universities and leaders of health systems (such as the UK's NHS) who, given fundamental shifts in demography, training, science, technology, and financing, were meeting after five years of research on what priorities would be needed in medicine in the 21st Century.

SUMMARY DISTILLATION OF KEY CONCEPTS IN RELATION TO 21st CENTURY HEALTHCARE

['Leading Cause of Life'/'Health Assets'/'Healthworlds'/ 'Boundary Leadership'/'Deep Accountability']

LCLI

Briefing Note

Evaluation criteria for priorities in medicine in the 21st Century: Leading causes of life

Key Messages

Transcending the limits of the science of pathology is the future.
An over-emphasis on needs, deficits, threats and pathology is a fault line.

The 'leading causes of life' is a promising lens for rethinking health.
This shift in language, with its implications for practice and research, offers a compelling framework for innovation.

Community assets for health, tangible and intangible, are key.
Health is a lifespan journey of individuals in communities who hold assets for their health that can and should be leveraged.

Understanding healthworlds helps avoid intervention failures.
The agency of health seekers, linked to their ways of seeing health and illness, is a crucial part of a healthy system.

'Boundary leadership' is crucial to enable innovation across silos.
Such leadership embraces complexity, and is willing to risk for the sake of the health of the whole.

Fully responsive/responsible health systems show 'deep accountability'.
Internal accountability for health services must be linked to external accountability to all relevant stakeholders, which requires trust and trustworthiness.

While huge strides have been made in the last century to understand and combat the various pathologies that threaten human health and life, **we have hardly begun to understand and encourage the processes that enable, sustain and enhance that life and its quality in the first place**.

A framework moving from the "leading causes of death" to the "leading causes of life" is the new, cutting-edge future of health science and practice – we see it in many new programmes that are rethinking health systems and re-imagining health care and its culture around the world. From it flow criteria for evaluating how we build the medical and health care systems of the 21st Century.

Here the "leading causes of life", a **shift in language with practical implications**, is a means to balance the overwhelming stress on needs, deficits, threats and pathology, while inspiring new research and break-through knowledge. Its elements, and related ideas on health assets, healthworlds, boundary leadership, and deep accountability, are outlined below.

Originating in work done in Africa for the World Health Organization[1], these ideas are also being concretely applied to health systems in Memphis[2] and North Carolina, and have fed into the USA Stakeholder Health[3] collaboration. Five key, interlinked 'leading causes of life' are advanced, each backed by substantive existing knowledge[4]:

LEADING CAUSES OF LIFE

Coherence – a meaningful story informing how we make sense of our life journey, and of how we care for it, and for those around us.

Connection – the complex social relationships and connections to one another by which we find life, building communities of various kinds to enable us to adapt to changing threats and opportunities.

Agency – having the will and the resourcefulness to act, expressing the full range of capabilities we have as human beings.

Intergenerativity – being affirmed from one generation to another, encouraged, strengthened and inspired in how we shape our lives by key individuals and valued groups or communities.

Hope – being able to imagine a different, healthier future and finding the energy to do something to try to bring it into being.

Extended Health Systems for Complex Patients in Complex Neighborhoods

Investigating and applying the full implications of a 'life', or generative, perspective on health systems of the future also implies rethinking how we conceive of what we mean by a health system:

- A fully adequate health system will take into account the lifespan journey of health across generations.
- Facilities (hospitals, clinics, etc.) will rethink their mission, practice, and accounting to include, say, the 30 days before, and the 30 days after, patients arrive at their doors.
- Because this clearly exceeds what facilities alone can do, it means entering into trustworthy partnerships with all relevant stakeholders beyond their walls, in communities.
- Then connections, agency, other assets, the healthworlds people live by, and boundary leadership matter.

Briefing Note on Evaluation Criteria for Medicine in the 21st Century: Leading Causes of Life

HEALTH ASSETS

Health assets extend well beyond visible, formal services, and include *tangible* and *intangible* resources and energies in communities that should be made visible and leveraged more effectively for greater individual and population health.

Because formal health systems, private or public, cannot and never will meet all the demands and needs, paying attention to the full range of assets available 'beyond the walls' of the facility, including community strengths, is of obvious consequence.

Crucially, intangible factors are also of considerable import for the effectiveness and efficiency of any service or intervention. Trust is one such; so are credibility, motivation, compassion, mentoring, accompaniment and more. Hard to measure, all nonetheless bear upon whether or not available health care is accessed, regarded as acceptable, or properly utilized, and on their affordability: how direct and indirect costs are carried and shared.

HEALTH-WORLDS

Agency, active engagement in using or leveraging an asset, is essential – and it belongs to provider and health-seeker.

Medical and health care providers and professionals largely see agency as residing with them. Yet durably effective interventions, at individual, community or public level, must also account for the agency of the health seeker. Here the world of the health seeker's individual or communal construction of health and illness and their etiology – their 'healthworld'[5] – often plays a key role in behaviour and choices.

Because the reception of interventions or services impacts on their utility and value, it is unhelpful – perhaps counter-productive – simply to insist on the agency, or power, of the health provider over the health seeker. Trust and credibility are won not by force, but by intelligent encounter.

BOUNDARY LEADER-SHIP

Boundary leadership nurtures innovation and transformation for the sake of the whole and the well-being of all.

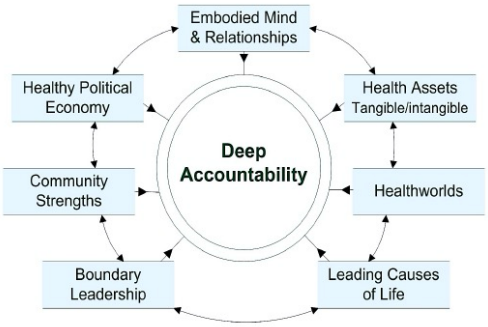
It means embracing complexity, moving beyond inflexible silos of practice and thought, being willing to risk the hopeful, looking for connections and greater coherence, nurturing the agency of others.

DEEP ACCOUNT-ABILITY

Deep accountability, beyond normal internal ('vertical') accountability protocols of health facilities or formal systems, takes proper account of all stakeholders through effective, durable forms of external ('horizontal') accountability.

This includes all involved in the journey of health, taking the complexity of that journey into account. The language of health assets, healthworlds and causes of life, and the patterns and processes they describe, helps describe that complexity. Best understood not in the light of a theory of disease, but in the context of a living person in a social system that is itself alive, it involves a 'blended intelligence' able to work with an ensemble of practices, each distinct but all impacting on the others [6].

An ensemble of interlinked practices



To learn more ...

[1] African Religious Health Assets Programme. (2006). Appreciating assets: the contribution of religion to Universal Access in Africa. Cape Town: ARHAP, Report for the WHO.
[2] Cutts, T. (2010). The Memphis model: ARHAP theory comes to ground in the Congregational Health Network. In J. R. Cochrane, B. Schmid & T. Cutts (Eds.), When religion and health align: mobilizing religious health assets for transformation (pp. 193-209). Cluster Publications.
[3] Health Systems Learning Group. (2013). Strategic investment in shared outcomes: transformative partnerships between health systems and communities. Washington DC: Health & Human Services/Robert Wood Johnson Foundation Leadership Summit.
[4] Gunderson, G. R. & Cochrane, J. R. (2012). Religion and the health of the public: shifting the paradigm. New York: Palgrave MacMillan. For a more narrative discussion, see also Gunderson, G. R. & Pray, L. (2006). Leading causes of life. Memphis, TN: The Center of Excellence in Faith and Health, Methodist Le Bonheur Healthcare.
[5] Germond, P. & Cochrane, J. R. (2010). Healthworlds: conceptualizing landscapes of health and healing. *Sociology*, 44(2), 307-324.
[6] Barefoot Guide #3 (basic, illustrated, covers all concepts): http://www.barefootguide.org/barefoot-guide-3.html

VIDEOS

— TEACHING AIDS FOR THE MODULE —

Three kinds of video aids are provided.

1. **Playbook Videos** (PBV), usually short, accompany and help explain some exercises that may otherwise not be clear enough for animateurs (teachers, facilitators, etc.).

2. **Quick Access Videos** (QAV), about 30-60 seconds, very briefly introduce specific concepts as a supplement text to the section and the items listed in the Resource file for the module.

3. **Concept Explanation Videos** (CEV), more substantial and roughly 4-6 minutes, are designed to help both the animateur and the learner gain a sense of particular concepts specific to the theoretical frameworks that inform the module (these are either original or used in an unusual way).

Video #	*Session title*	*Use for …*
PBV #1	"A Change of Scene"	Exercise of same name (p15)
PBV #2	"Flipped Thinking"	Exercise of same name (p17)
PBV #3	"Leaping Questions"	Exercise of same name (p21)
PBV #4	"Moving Minds"	Exercise of same name (p24)
CEV #1	"The Leading Causes of Life"	Intro to the LCL framework
QAV #5	"Connection"	To introduce this section (p30)
QAV #6	"Coherence"	To introduce this section (p36)
QAV #7	"Agency"	To introduce this section (p43)
QAV #8	"Intergenerativity"	To introduce this section (p53)
QAV #9	"Hope"	To introduce this section (p63)

NOTE: THE VIDEOS ARE LIKELY TO CHANGE OVER TIME AS THEY ARE IMPROVED

VIDEOS ARE WORK-IN-PROGRESS

Supplement - Contents of Handbook on Religion & Health

Cochrane JR, Gunderson GR, Cutts T, eds. *Handbook on religion and health: Pathways for a turbulent future*. Edward Elgar; 2024.

Intro: On (what was known as) religion and health [*James R. Cochrane, Teresa Cutts, & Gary R. Gunderson*]

PART I: 'RELIGION/HEALTH': SCOPING THE FIELD
1 Grounding "religion" and "spirituality [*James R. Cochrane*]
2 Scanning a moving field: religion and health [*Matthew Bersagel Braley*]
3 Religion among the social determinants of health: Micro-, meso-, and macro views [*Ellen Idler*]
4 Religiosity/spirituality, mental health, substance abuse: Implications for population health [*Teresa Cutts*]
5 Hoist by our own petard: backing slowly out of religion and development advocacy [*Jill Olivier*]
6 Theogenerative life and practice [*Gary R. Gunderson*]

PART II: PLANETARY HEALTH – "HEALTH OF THE WHOLE"
7 Spirituality, health, and ecology: Co-liberation, the climate movement, and the quest for planetary health [*Tobias Müller & Thandeka Cochrane*]
8 Interrelationship of religion and spirit in health, well-being, and equity [*Somava Saha*]
9 Bio-ethics for a whole planet [*Gerald R. Winslow*]
10 Infrastructures of hope: What will it take to build planetary health [*Geordan Shannon & Jeremy Lauer*]
11 Point of inflection: Epidemic of health [*Heather Wood Ion*]

PART III: 'HEALTH FOR ALL'
12 Health, interreligious action, and solidarity [*Katherine Marshall*]
13 Global health and religion [*Christoph Benn*]
14 Life and health of the public: A field in motion [*Kevin Barnett*]
15 The place of human rights and the people's health movement [*Leslie London*]
16 Faith-based health justice: What are the options? [*Ville Päivänsalo*]

PART IV: RELIGION/HEALTH FROM THE GROUND
17 Gendering religion and health: Women's religio-cultural vulnerability [*Beverley Haddad*
18 A founding moment: How members of religious congregations became AIDS activists [*Philippe Denis*]
19 Lifting the veil I – reflecting on Covid-19 in Africa [*Elias Kifon Bongmba*]
20 Lifting the veil II—religion at the intersection of food security, health and well-being: From the field [*Craig Stewart and Nadine Bowers Du Toit*]
21 Religion, spirituality, and interpersonal violence [*Naiema Taliep, Sandy Lazarus, & Marcellino Jonas*]

PART V: NEW LANGUAGE, NEW VIEW
22 Disingenuous narratives, cognitive myopia: A neuroscientist's view [*Paul Laurienti*
23 Meshworks, entanglements, and healthworlds [*Thandeka Cochrane*]
24 The ought that lies within [*Bastienne Klein*]
25 Communities emerging their potentials of faith and health [*Daniel C. Taylor*]
26 Searching for the spiritual sources of shared stewardship: Where can we find the courage to stay human in dehumanizing times? [*Bobby Milstein, Ella Auchincloss, & Jane Erickson*]
27 Positive deviance: New parables for healthy communities [*Arvind Singhal*]

PART VI BEYOND THE STREAM: RETHINKING KEY METAPHORS
28 The watershed of life: A river runs through it [Gary R. Gunderson, Teresa Cutts, & James R. Cochrane]

Afterword #1: A new knowledge for a new world [*Corey D. B. Walker*]
Afterword #2: Integrating and reimagining health and spirituality – a call for leadership [*Howard K. Koh*]