CHAPTER 4

Spirituality, Religion, and Health

Health is my expected heaven.
—JOHN KEATS

LEARNING OBJECTIVES

Upon completing this chapter, you will be able to do the following:

1. Describe the concepts of religion and religiosity.
2. Identify the connection between spirituality, religion, and health.
3. Describe major spiritual elements and rituals found in Buddhism, Hinduism, Islam, Judaism, and Christianity.
4. Discuss the benefits of religion on specific healthcare conditions.

INTRODUCTION

Spirituality and religion are similar in many aspects and have overlapping concepts. Experientially, they both involve transcendence, connectedness, and the search for meaning and purpose (Coyle, 2002; Mueller, Plevak, & Rummans, 2001). However, the two terms also have distinct differences.

Spirituality involves an integrative energy in that it "encompasses all aspects of human being and is a means of experiencing life" (Goddard, 2000, p. 975). To many, spirituality is experiential, not intellectual. It can be manifested in experiences with nature or animals, or in relationships with others, the self, or a divine being (Macrae, 2001).

Matthews and Clark (1998) propose the following distinctions between spirituality and religion:

- Religion focuses on establishing community, while spirituality focuses on individual growth.
- Religion is easier to identify and objectively measure than spirituality.

- Religion is more formal in worship, more authoritarian in its directions, more orthodox and systematic in doctrine, and has more formally prescribed and proscribed behaviors than spirituality.
- While religion is more behavior based and focused on outward, observable practices, spirituality is more emotion based and focused on inner experiences.
- While religion is particular, segregating one group from another, spirituality is more universal, emphasizing community and unity with others.

"In short, spirituality poses questions; religion composes answers" (Matthews & Clark, 1998, p. 182).

This chapter explores the connection between spirituality, religion, and health and examines some of the spiritual elements and rituals found in the world's major religions. Before proceeding further, however, it is important to define the terms *religion* and *religiosity*.

RELIGION AND RELIGIOSITY

Religion is usually recognized as the practical expression of spirituality; the organization, rituals, and practice of one's beliefs. Derived from the Latin word *re-ligare*, which means to reconnect or retie (Burkhardt & Nagai-Jacobson, 2002), religion is a personal, organized way of expressing spirituality through affiliations, rites, and rituals based upon creeds and communal practices (Burkhardt & Nagai-Jacobson, 2002; Matthews & Clark, 1998). Religion involves "public and private practices and rituals, beliefs, and a creed with dos and don'ts" (Koenig, 2008a, p. 33). Religion is composed of beliefs and willful behaviors with a moral component. It can be intertwined with a culture, as Judaism is with Israel or Hinduism is with India, or it may be countercultural, as with the Amish in the United States (Burkhardt & Nathaniel, 1998). According to Boudreaux, O'Hea, and Chasuk (2002), religion "searches for the sacred and uses specific, prescribed behaviors and practices sanctioned by an identifiable group of people" (p. 440). Various religions offer frameworks that help individuals relate to the unseen Mystery, and they promote, celebrate, and provide unshakable evidence of the deep, rich, natural connection of the self to others and to all of life (Burkhardt & Nagai-Jacobson, 2002). Religions are usually community oriented and responsibility oriented, but they can also be divisive (Koenig, 2008a).

Religion and its accompanying beliefs and behaviors can affect every aspect of life, including social organizations, political beliefs, economic status, family life, sexual activity, criminal behavior, fertility, personality characteristics, human development, and even the report of paranormal experiences

(Burkhardt & Nagai-Jacobson, 2002; Levin, Chatters, Ellison, & Taylor, 19
People with an intrinsic religious orientation internalize their religious d
trines and follow them completely. Religion is a major force in their liv
People with an extrinsic religious orientation regard religion as a means
provide security or social connections in their lives (Mickley, Soeken
Belcher, 1992).

Religiosity is a term that refers to the degree of participation in
adherence to the beliefs and practices of an organized religion (Mueller et
2001). Religiosity is a more public, human-made, formal, and sociali
practice, while spirituality is a private, naturally occurring, informal prac
that exists independently of any formal institutions (Boudreaux et al., 20
Religiosity may be expressed through dietary practices, prayers, rituals, mc
of dress, and the study of sacred texts (Dossey, 1993, 1996).

While an individual might be spiritual without being religious, or relig
without being spiritual (Koenig, 2008a), the very spiritual tend to be religi
and the very religious tend to be spiritual. Many people, whether they are
gious or not, are aware of an evolving pattern of life that is out of their cor
and links them in a personally meaningful way to the rest of reality. They
report feeling the presence of God (or a Higher Power) in nature, and
feeling connects them creatively to others (Narayanasamy, 1999).

Koenig (2008a) further includes the term *humanism* in this discussion
believes this term needs to be distinguished from both religion and spiritu
He states there are forms of secular humanism and Christian human
Secular humanism involves "human experiences that lack a connection t
Transcendent, to a Higher Power, or to Ultimate Truth, where the focus
the human self as the ultimate source of power and meaning" (Koenig, 2(
p. 34). There is some controversy as to whether or not this should be c
spirituality or not. Because it is easiest to measure, religion has been the f
of most of the research (Koenig, 2008a).

THE CONNECTION BETWEEN SPIRITUALITY, RELIGION, AND HEA

Many cultures of the world believe that spirituality and health are
mately connected. In *Ageless Body, Timeless Mind*, Dr. Deepak Chopra (
explains the interconnectedness of mind, body, and spirit this
"Spirituality is not meant to be separate from the body. . . . Sickness and
represent the body's inability to reach its natural goal, which is to join the
in perfection and fulfillment" (p. 167). "For millennia before the late 1
medicine, hospitals, and beliefs about health were intimately tied to rel
and the need for divine help in healing" (Karren, Hafen, Smith, & Fran

Box 4-1 American Spirituality and Religion

No amount of data can capture the full complexity of the terms *religious* and *spiritual*, but the following information may help to explain American spirituality and religion (Larson & Koenig, 2000; Matthews, 2000; Scott, 2001):

- 59% of Americans describe themselves as both religious and spiritual.
- 65% of Americans have positive associations with the word religion.
- 74% of Americans associate the word spirituality with positive feelings.
- 20% of Americans see themselves as solely spiritual.
- 8% of Americans see themselves as solely religious.
- Approximately 95% of Americans believe in God or a Higher Power.
- More than 40% of Americans attend worship services weekly.
- Approximately 75% of Americans state that their religious faith forms the foundation for their approach to life.
- 73% of Americans report that prayer is an important part of their daily life.
- 35% of Americans engage in prayer for the healing of their medical conditions.

2006, p. 418). After the scientific revolution and the emphasis on data, medicine headed in the opposite direction. This perspective is shifting.

Since the energy force of spirituality is often transmitted through religious practices that can provide both the healthcare provider and the individual with insight, meaning, and healing, it is easy to see that complex connections exist between spiritual and religious beliefs and practices and an individual's physical and psychological health.

Long before antibiotics, aspirin, extracts, or X-rays, people who were ill turned to spiritual or religious healers to help them get better. Religious and spiritual concerns with health and illness date back to the beginning of human history. For example, as early as 100,000 years ago, humans began using rituals when burying their dead, presumably to provide for their well-being in another life (O'Hara, 2002). While modern Western medicine has increasingly focused on the physiologic aspects of disease and on technology for cures, many individuals and healthcare providers now focus on the whole person, including the spiritual dimension.

Medical, social science, and psychological literature all support the positive link between spirituality, religion, and health. The supportive community and meaningful life of a spiritual and/or religious individual mean better health, lower mortality, and less disease. Religious beliefs and practices, such as prayer, trusting in God or a Higher Power, turning problems over to God or

that Higher Power, and support from a minister or congregation, become extremely important to people when they become physically ill and must face the possibilities of surgery or rehabilitation. Religious beliefs become stronger as a result of these stressors (Koenig, 2000). For example, religion as a coping mechanism in the United States is widespread. Following the September 11, 2001, terrorist attacks, 90% of Americans turned to religion for comfort and support (Schuster et al., 2001).

Religious participation also increases with age. Whether this is because older persons today were raised during a time when religion was very important or because religious people tend to live longer is not known, but many older adults state that religion is the most important factor in helping them cope with a physical illness or life stressor or adapting to personal losses or the difficulties of caregiving (Ebersole & Hess, 1997; Koenig, 2000).

According to Skokan and Bader (2000), spirituality can bring an ill person three benefits: hope, strength, and emotional support. As a result, spiritual individuals can experience a sense of satisfaction with their lives even in the face of illness. Koenig (1999) also refers to another benefit of spirituality—spiritual joy. Spiritual joy is an intense, personally satisfying experience that goes beyond loving friendship to a transcendental experience. This joy can exert a powerful influence in the individual's participation in life-enhancing, life-promoting activities.

Research Findings

During the 1900s, more than 1200 studies examined the relationship between religion and health, with most finding a significant positive association. While some of the earlier studies were weak in terms of methodology, many were also well designed and research completed since the turn of the century has been able to replicate the results from these earlier studies (Koenig, 2007).

While there is an increasing amount of research being done on the link between spirituality and health, much of it focuses on religion rather than spirituality since religion and participation in religious activities are more easily observable and the results more measurable than spiritual activities and outcomes. For example, faith and integrity can be considered spiritual traits. Yet how does one conduct a traditional double blind test with control groups that effectively measure these two traits? Nevertheless, White and MacDougall (2001) note that "something positive is happening between religion and health" (p. 3–4). They further state they suspect "that spirituality is the active ingredient that makes religion a positive force" (p. 4).

While participation in religious activities is, perhaps, the easiest way to measure religiosity, many studies have uncovered the powerful connection between spirituality, religion, and health. For example, scientific studies show that religious involvement "helps people *prevent* illness, *recover* from illness, and—most remarkably—*live longer*" (Matthews & Clark, 1998, p. 19). Religious beliefs may also influence the medical decisions that patients make when they are seriously ill, and these decisions may conflict with the medical treatments planned for the patient (Koenig, 2007). Levin (2001) states "The presence of a significant and salutary (health-promoting) religious factor is now a consistent and expected finding in epidemiological studies" (p. 23).

Research findings on the connection between religion and health have demonstrated the following:

- Attending church at least monthly slowed the rate of cognitive decline among older Americans (Hill, Burdette, Angel, & Angel, 2006).
- People with a deep sense of spirituality use medical services less often, experience less minor illnesses, and have a more complete recovery from minor illness than the national average (Karren et al., 2006).
- There is a positive relationship between religion and physical, as well as mental, health, including less depression and an ability to recover more quickly than less religious patients (Astedt-Kurki, 1995; Ebersole & Hess, 1997; Koenig, 1999, 2000, 2007; Levin et al., 1996).
- Persons who attend religious services regularly (once a week or more) are only about half as likely to be depressed as those who do not attend services (Koenig, George, & Peterson, 1998; Koenig, 2008b; Mueller et al., 2001).
- There is extensive consensus that rates of suicide are lower and attitudes toward it are more negative in those who are more religious (Koenig, 2007).
- Many people depend on religion and spirituality as their primary method of coping with physical health problems and the stress of surgery (Boudreaux et al., 2002; Koenig, 2000; Koenig, 2008b).
- Religiousness may alter the perception of disability such that those who are more religious actually perceive themselves as less disabled and more physically capable than those who are less religious (Koenig, 2000).
- Adults who both attend weekly religious services and read religious scriptures at least daily are less likely to experience high blood pressure (Koenig, George, Cohen, et al., 1998a; Larson & Koenig, 2000; Mueller et al., 2001).
- Higher levels of religious involvement are associated with the practice of positive health-related behaviors such as self-care and hygienic regimens (Koenig, 2000; Koenig, 2008b; Levin et al., 1996).

- Most older persons report that religion helps them to cope with or adapt to personal losses or difficulties, such as caregiving (Ebersole & Hess, 1997; Koenig, 2000).
- Adults who both attend weekly religious services and pray or read religious scriptures daily are almost 90% less likely to smoke cigarettes. Many are less likely to begin smoking (Koenig, 2000; Koenig, George, Cohen, et al., 1998b). In addition, most studies found that the more religious an individual, the less likely they were to abuse alcohol or drugs (Koenig, 2007).
- Well-being and positive emotions including joy, hope, and optimism are greater among those that are religious (Koenig, 2007).
- Religious beliefs can influence a patient's diet (both in the hospital and after he or she is discharged home); practices related to birth and birth control; and rituals surrounding illness, death, and dying (Koenig, 2007).
- People with strong spiritual beliefs seem to resolve their grief more rapidly and completely after the death of a close person than do people with no spiritual beliefs (Walsh, King, Jones, Tookman, & Blizard, 2002).
- Religious attendance has been associated with a longer life, more hopefulness, less depression, healthier lifestyle choices, longer marriages, and an expanded social network (Koenig, 2000, 2007; Koenig et al., 1999; Larson & Koenig, 2000; Westlake, 2001).
- Religious involvement may help boost immune system functioning, facilitate healing and recovery, and prevent infection after surgery (Koenig, 1999, 2000, 2007).
- Religious involvement is associated with less cardiovascular disease and cardiovascular mortality (Koenig, 1999, 2007; Mueller et al., 2001) and a decreased incidence of cancer (Mull, Cox, & Sullivan, 1987).

Although research has demonstrated that participation in religious activities is an important component in preventing disease, achieving a state of well-being, healing from illness, and extending the life span, one mystery remains: why some people are cured and others are not. It is important to remember that religious participation and spirituality are no guarantee for physical health (Matthews & Clark, 1998).

Religion and Negative Health Effects

Not all of the evidence is conclusive, but some research supports the view that religious affiliation can have negative consequences on an individual's

health and well-being (Koenig, 2000, 2007, 2008a; Mueller et al., 2001; O'Hara, 2002; Taylor, 2002) including the following:

- Devout religiousness that causes excessive guilt, narrow-mindedness, and inflexibility leading to neuroses
- Refusal of pain medicine, stating "My pain is God's will," or families who insist on aggressive end-of-life care so "God can work a miracle"
- Religious cults that isolate and alienate individuals from their family, friends, and community and may even encourage self-destruction (e.g., Reverend Jim Jones' group in Jonestown, Guyana)
- Religion used in a magical or unrealistic manner to deny the facts of a situation
- Religious groups that discourage appropriate mental and physical health care or encourage the discontinuance of traditional treatments
- Religious beliefs that support the failure to seek timely medical care or discourage effective preventive health measures (such as childhood immunizations and prenatal care)
- Religiously involved persons who have unrealistically high expectations for themselves, resulting in anxiety, isolation, alienation, or depression
- Religious preoccupations and delusions that are a component of obsessive-compulsive, manic-depressive, and schizophrenic individuals

THE BENEFITS OF RELIGION ON SPECIFIC HEALTH CONDITIONS

Individuals with life-threatening or chronic health conditions can benefit greatly from spirituality and religious practices. In some areas of the United States, nearly 50% of hospitalized patients indicate their religious beliefs and practices are the most important way they cope with illness and life changes as a result of illness (Koenig, 2008b). Individuals with cancer, asthma, human immunodeficiency virus (HIV), chronic pain, multiple sclerosis, burns, end-stage renal disease, and coronary artery disease all report that religious and spiritual beliefs and practices help them cope with their disease (Mueller et al., 2001). Since spirituality involves finding meaning in life and its experiences, the seriously or chronically ill person must actively engage in the process of "finding" that meaning (Skokan & Bader, 2000).

A great deal of knowledge about the connection between spirituality, religion, and health has come from studies examining cancer, since a diagnosis of cancer often raises deep spiritual issues (Boudreaux et al., 2002). Although further research is needed, a link between spirituality, religion, and health has been established:

- Religious beliefs had a positive impact on spiritual well-being in women with breast cancer (Mickley et al., 1992).
- Spirituality and presence are believed to play crucial roles in an individual's recovery from acute illness and surgery and from an acute myocardial infarction (Boudreaux et al., 2002; Walton, 1999).
- Spirituality seems to improve resiliency, well-being, and the ability to cope with difficult life events in people with HIV/AIDS. Distance healing and intercessory prayer has been effective in wound healing (Boudreaux et al., 2002; Coward, 1995; Koenig et al., 1997).
- Religious involvement has been shown to reduce levels of HIV risk behavior and reporting of extramarital partners (Trinitapoli & Regnerus, 2006).
- Individuals with rheumatoid arthritis derived significant short- and long-term physical benefits from in-person intercessory prayer ministry (Matthews, 2000)
- Religious activities have enhanced people's ability to cope with many chronic illnesses, including cystic fibrosis, diabetes, chronic renal failure, coronary artery disease, and spinal cord injury (Matthews, 2000).
- End-of-life care emphasizes the physical and spiritual aspect of care. Many terminally ill individuals derive great strength and hope from their religious and spiritual beliefs (Mueller et al., 2001).

RELIGIOUS BELIEFS, RELIGIOUS PRACTICES, AND HEALTH

As immigrants have come to America, they have brought with them the world's religious traditions—Buddhism, Hinduism, Islam, Judaism, and Christianity, among many others. As a result, the United States is the most religiously diverse nation on Earth (Eck, 2001).

The many diverse religious faiths that make up the United States often come to mind when healthcare providers think about the spiritual aspect of care. This religious diversity affects health and the delivery of health care. According to Rhi (2001), "Religious cultures are the most powerful factors that modify the individual's attitudes toward life, death, happiness, and suffering" (p. 573). They influence every aspect of mental and physical health to varying degrees.

Since a person's religious beliefs influence how he or she interprets life experiences, personal health, illness, and death, providing spiritually appropriate care means becoming familiar with religious beliefs and practices. Health care is provided more effectively when professionals have at least some knowledge of the various major religious traditions that influence client atti-

tudes toward health and health care. The relationship between an individual's religion and culture should also be evaluated in-depth, since one might, for example, encounter a Korean client who identifies himself as a Protestant but occasionally consults a fortune teller and also participates in Confucian ancestor worship (Rhi, 2001).

While Western healthcare providers often come from a primarily Judeo-Christian background, a broader understanding of other faiths and perspectives is important. To assist healthcare professionals in understanding and appreciating the similarities among major world religions, especially with regard to the healthcare practices and rituals specific to each, this section briefly describes the religious traditions and healthcare practices of some of the most commonly seen religions in the United States: Buddhism, Hinduism, Islam, Judaism, and Christianity.

Please note: This section is not meant to serve as an in-depth examination of all the world's religions, nor is it intended to stereotype individuals or their religions in any way. It is simply offered as a brief overview to help broaden the healthcare provider's and spiritual care provider's awareness and allow them to provide spiritually compassionate care. The reader is encouraged to explore each one more fully.

Buddhism

Many schools of thought and many sects exist within the Buddhist religion (Northcott, 2002). However, certain core beliefs unify this religion. Buddhism does not recognize a single supreme, personalized being whose word must be followed. It recognizes, rather, an accumulation of wisdom to which each generation adds its understandings.

Approximately 2500 years ago, a prince named Siddhartha Gautama was born in India and became known as Buddha, the Enlightened One, or the Awakened Being. Buddhism teaches that Buddha can show the way to enlightenment, but it is up to each person to practice a way of life that emphasizes compassion, mind control, transformation of negative thought, and attainment of ultimate wisdom (Eck, 2001; Hitchcock, Schubert, & Thomas, 1999; Taylor, 2002).

Buddhists believe in the theory of karma (i.e., for every action there is a consequence, and the consequence will occur either in this life or a future life) (Eck, 2001; Hitchcock et al., 1999; Taylor, 2002). The primary religious goal of Buddhism is to achieve the state of One-Mind (*Il-shim*) or nirvana, a state of liberation that follows the concepts of divine teachings and a peaceful, harmonious existence of humility (Northcott, 2002; Rhi, 2001). This can be accomplished by following the Four Noble Truths (Taylor, 2002):

- Everything in the world involves suffering and sorrow.
- Life is transient, and striving for attachment, satisfaction, and permanence leads to suffering.
- Nirvana is reached when desire is eliminated.
- Striving to renounce all attachments, express oneself lovingly, behave correctly, and work toward spiritual growth is essential.

Health beliefs and practices are synonymous in Buddhism and include the following (Hitchcock et al., 1999; Koenig, 2007; Taylor, 2002):

- Meditation
- Chanting
- The four requisites (proper clothing, food, lodging, and medicine)
- Vegetarianism
- Avoidance of alcohol and tobacco
- Allowance of birth control and artificial insemination
- Emetics and purging
- Oils and ointments
- Medicinal drugs and herbs
- Surgery

In addition, Buddhism holds the belief of continual rebirth, or reincarnation, until nirvana or liberation is experienced. Buddhism places a high value on compassion. Organ donation, for example, is not strictly prohibited (Gillman, 1999).

Inn and *ko* (cause and effect) are principles of Buddhism that encourage people to "do the right thing" and receive good in return. In Buddhism, fate, *inn*, and *ko* are the main factors that determine health. When people are aware of their behavior and are morally good, they have little guilt and much peace of mind, health, and well-being (Chen, 2001).

Hinduism

Hinduism is believed to be the oldest of the world's religions, dating from about 2500 BC. Derived from the name of the river in India now called Indus, Hinduism is a fusion of traditions and shared beliefs (Jootun, 2002). It reflects a metaphysical understanding and way of life that defines morals, customs, medicine, art, music, and dance. The one major guiding philosophy for all

Hindus is that all is Brahman, the Supreme Being. Brahman is omniscient, omnipresent, and omnipotent (Taylor, 2002).

Health practices in the Hindu culture are based on an understanding of *prana*, the life force energy of humans. In Hinduism, *chakras* (energy centers) are associated with consciousness and with body functions. When these primary forces are in harmony, good health results. When there is disharmony, disease or illness is thought to result (Hitchcock et al., 1999; Taylor, 2002).

Hinduism's customs, beliefs, and values are based on the assumption that every living thing has a soul that passes through successive cycles of birth and rebirth. The Hindu idea of karma is that each person is reborn so "the soul may be purified and ultimately join the divine cosmic consciousness" (Jootun, 2002, p. 38). Hinduism views the person as a combination of mind, body, and soul within a context of family, culture, and environment. Purity is important (Jootun, 2002). Many maintain shrines in the home with items such as incense, scripture, prayer beads, gifts of fruit and flowers, and a picture of one of the gods (Taylor, 2002).

In Hinduism, disease is a reflection of the individual's life. Therefore, the person's diet, relationships, personal thoughts, attitudes, and lifestyle along with the environment and the seasons are considered when treating or diagnosing a client. Treatment focuses on balancing "the humors" (i.e., air, fire, earth, and water). Balancing these humors and releasing toxins by means of diet, fasting, enemas, purgatives, and massage are the goals of treatment. Rituals often include the use of fire, water, light, scents, sounds, flowers, postures, gestures, and mantras. Many Hindus are vegetarians for spiritual reasons. They do not eat beef and pork because they view the cow as a sacred animal and the pig as a scavenger whose meat is "dirty." Autopsies are permitted, euthanasia is not, and blood products, drugs, vaccinations, organ donation, and transplantation are all allowed. Personal hygiene is very important, and bathing every day is important, but not after meals (Koenig, 2007). The Hindu religious calendar includes numerous festivals, fasts, and holidays (Hitchcock et al., 1999; Jootun, 2002; Koenig, 2007; Taylor, 2002).

Islam

Islam has its roots in seventh-century Arabia, although Islam is not an "Arabic" religion (Hedayat & Pirzadeh, 2001). The Arabic word *Islam* means submission and is derived from a word meaning peace. Islam is a sociology and philosophy for life and includes a belief in holism. The followers of Islam

are known as Muslims. Today, there are more than 1.3 billion Muslims in the world (Rassool, 2000).

Around 570 AD, the prophet Muhammad was born. The Qur'an (the sacred book of Islam) records the teachings that were channeled through Muhammad by the archangel Gabriel while Muhammad prayed in a cave. Among those teachings, the nature of God as the Absolute was made known. *Allah*, the Arabic name for God, is the term used by Arabic Muslims and Christians as well as non-Arab Muslims.

The Qur'an says there is no God but Allah and warns against the worship of idols (Hitchcock et al., 1999). Islam's main tenet is, "There is no God but Allah, and Muhammad is His messenger" (Taylor, 2002, p. 237). The Qur'an is placed above all other books (literally and philosophically) and so it is never to be placed on the floor (Akhtar, 2002).

In Islam, human beings are the "crown of creation" (Daar & Al Khitamy, 2001, p. 61). Duties and obligations are extremely important. Children are valued and respected as individuals with inherent rights, including the right to be respected and not treated violently. The mother's role is to raise morally and physically sound children, while the father is responsible for education, marriage, and all financial costs related to raising children (Hedayat & Pirzadeh, 2001).

The Five Pillars of Faith are Islamic religious rituals and practices and include the following (Akhtar, 2002; Hitchcock et al., 1999; Rassool, 2000; Taylor, 2002):

1. **Profession of faith:** There is no God but Allah, and Muhammad is His messenger. This first article of faith is called the Shahadah.
2. **Prayer:** Obligatory prayers are performed five times a day while facing the city of Mecca (at dawn, midday, late afternoon, sunset, and late evening).
3. **Almsgiving:** Giving alms or charity (called Zakat) is a form of purification and growth. Wealth is purified by setting aside a proportion for others in need.
4. **Fasting:** Fasting is regarded as a spiritual means of self-purification and involves prayer, reflection, and positive thoughts toward others. Daily fasting from dawn to sunset during the month of Ramadan means abstaining from eating, drinking, and sexual relations. Children begin fasting and praying when they reach puberty.
5. **Pilgrimage:** Making a pilgrimage to Mecca (called Hajj) in the Kingdom of Saudi Arabia should happen at least once in a person's lifetime, if possible. Individuals who make the pilgrimage wear simple clothing so status, class, culture, and color are not disclosed, as all are equal before

Allah.

Five goals for believers of Islam include protecting life, mind, religion, family, and property (Taylor, 2002). Thus, for those who practice Islam, a healthcare decision may be influenced by the goal of protecting life.

While Muslims may consider illness an atonement for their sins, they do not consider it a punishment or an expression of Allah's wrath (Daar & Al Khitamy, 2001). Muslims view death as part of a journey to meet their God. They believe health and illness are part of a continuum of being, and they receive illness and death with patience, meditation, and prayers (Rassool, 2000). According to Rassool (2000) and Koenig (2007), other Islamic health practices include the following:

- Regard for the sanctity of life
- Moderate eating
- Regular exercise, prayers, fasting, and bathing
- Abstinence from alcohol, tobacco, and other psychoactive substances
- No pork or shellfish in the diet
- Circumcisions of male infants but no baptism for infants
- Blood transfusions after proper screening
- No autopsies, abortions (except to save a mother's life), assisted suicide, or euthanasia
- Transplantation of organs (with some restrictions)
- Prohibition of homosexuality (but caring for individuals with AIDS)
- Modesty is very important for women; handshakes or any other contact between men and women is prohibited; healthcare professionals of the same gender as the patient are preferred

Caring is embedded in the framework of Islam. Allah expects human beings to care for the weak. Spiritual care is important, and respect for diversity and tolerance of non-Muslim individuals is expected.

Judaism

Judaism is best understood through the history of the Jewish people, a group of ethnically, socially, and culturally diverse people. There are an estimated 10 million Jewish people in the world (Collins, 2002). However, not all Jews practice Judaism, and those who do may observe the religion with different degrees of orthodoxy (Taylor, 2002).

Judaism has three main branches: Orthodox, Conservative, and Reform. Judaism holds that the saving of a human life takes precedence over all other

laws and is believed to be the noblest act a person can perform. Thus, orga donation is an acceptable act to many Jews (Gillman, 1999).

The Jewish people who practice Judaism have a highly moral lifestyle tha regards the Torah and its commandments and teachings as a guide for a wa of life (Collins, 2002). Teachings of Judaism include the following (Hitchcoc et al., 1999):

- The divine covenant with God can never be broken.
- The law as set forth in the Bible as the Ten Commandments must alway be followed.
- God has promised a vision of a new heaven and a new Earth with th coming of the Messiah.
- There is only one God.
- Only the sins of humankind separate people from God.
- The Sabbath is the central day of the week.
- Humans are to love, praise, and serve God above all else.
- The Torah (the five books of Moses) holds Judaism's laws and sacred tra ditions.
- The family is seen as the basic unit of society and has sacred obligation to maintain integrity and purity in relationship with God.
- Spirit and body are considered separated at death.

Several health beliefs of Orthodox and some conservative branches c Judaism include the following (Koenig, 2007):

- For male babies, ritual circumcision occurs 8 days after birth and is pe formed by a *mohel*.
- An Orthodox Jewish male will not touch any female other than his wif daughters, or mother.
- Euthanasia or assisted suicide is forbidden by Orthodox Jews and all lif support measures are aggressively pursued.
- Autopsies are not usually allowed.
- When a person dies, the body should be untouched for 8–30 minutes an then left alone until buried (which needs to occur within 24 hours).
- Healthcare professionals should provide time and quiet for prayer.

Certain Judaic practices involve laws governing food types that cannot b eaten (such as pork, shellfish, and their derivatives) and the utensils in whic food may be cooked. For example, meat, milk, and milk products may not b eaten together or cooked together (Collins, 2002; Koenig, 2007). Certain rel gious holidays occur throughout the year, and these are times when observar Jews will likely attend synagogue and use or make certain symbolic foods c objects (Taylor, 2002).

Christianity

With the birth of Jesus Christ in Palestine during the reign of Herod the Great, Christianity emerged. Christianity teaches of one God consisting of a trinity—Father, Son, and Holy Spirit.

Christianity is found in almost every country in the world, has been shaped by diverse cultures, and includes three major branches: Catholics, Protestants, and Orthodox. Christianity is made up of many denominations or churches, with each having its own set of beliefs, practices, and rituals (Eck, 2001; Hitchcock et al., 1999; Taylor, 2002). These include the Church of England, Catholicism, Orthodox Christianity, Presbyterianism, Methodism, Pentecostalism, Seventh Day Adventism, as well as many others (Christmas, 2002). Christians use the Bible as the source of inspiration; however, interpretations may vary.

The primary goal of Christianity is salvation (Rhi, 2001). Those who live a good Christian life will go to heaven and be with Jesus Christ (Christmas, 2002). According to orthodox Christian religions, such as Greek Orthodox, all people should be treated with respect and dignity. Home and family life are central to the orthodox lifestyle (Papadopoulos, 2002).

The use of prayer is common to all denominations. Christians hold different views on what happens after a person dies, but they generally accept that there is an afterlife and that God's final judgment determines an individual's ultimate future of heaven or hell. Two rituals that are practiced include *communion*, the ingestion of bread and wine as symbols of Jesus' body and blood, and *baptism*, an immersion in or application of water to signify cleansing from sin and passage into Christianity (Eck, 2001; Hitchcock et al., 1999; Taylor, 2002).

Health beliefs and practices vary widely among each of the three branches of Christianity. The Bible includes many examples of Jesus healing the sick through laying on of hands, faith healing, and releasing demons. Specific practices, such as organ donation, also vary. For example, Protestant Christians are in favor of organ donation, while Jehovah's Witnesses support organ donation only as long as all blood is removed from the organs and tissues before they are transplanted (Gillman, 1999).

INTEGRATING RELIGIOUS PRACTICES AND BELIEFS INTO HEALTH CARE

To provide spiritually compassionate care, healthcare professionals need to consider both religious and spiritual needs when planning care for their clients. Rules regarding right and wrong as well as guidelines for handling

Box 4-2 Judeo-Christian Beliefs

Since Western healthcare providers often come from a primarily Judeo-Christian background, an examination of their common beliefs may be helpful. According to Matthews and Clark (1998), the Judeo-Christian perspective shares the following beliefs:

- God is seen as a person to whom human beings can relate as a person.
- While human beings are made in the image of God, He is transcendent, omnipotent, omnipresent, and far greater than humans can imagine.
- There is a moral code to be obeyed, and while there are different interpretations of this code, people strive to know God's will and live by it.
- God has given humans free will. While He acts in their lives, they can choose to accept or reject Him.

these issues are usually included in religious teachings. However, healthcare professionals need to be aware of the diversity of religious practices that exist both within and between faiths and cultures, as well as the various spiritual beliefs. Because religious beliefs originate from a particular worldview, rules and values may vary among different religions or cultures. For example, Orthodox Muslim women have very strict rules for proper public dress but not all Muslim women will follow those rules.

Caution should be exercised in planning care. Just because someone belongs to a particular faith does not mean he or she actively practices that faith. For example, some Catholic clients may not wish to have a priest called to tend to their spiritual needs. Healthcare professionals should always ask clients or their families about their specific spiritual needs before intervening and do their utmost to respect and honor the responses received.

SUMMARY

Religion is the practical expression of spirituality and involves the organization, rituals, and practice of one's spiritual beliefs. This practical expression can be a powerful healing force when it is transmitted between the knowledgeable, compassionate healthcare provider and the client. While a few aspects of religion may have some negative effects on the well-being of some individuals, it provides most with tremendous benefits.