

# The Essential Guide to Religious Traditions and Spirituality for Health Care Providers

Edited by

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Forewords by

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# Spirituality and Religion: An Overview of the Three Families of Faith

## Introduction

The West produced the idea of “religion” as a separate sphere of culture. Art, government, and medicine, for example, now distinct enterprises, were formerly expressions of a pervasive spiritual impulse or energy. This universal energy, not to be parted and pieced, has become fragmented in modern, secularistic culture. This partly explains why an increasing number of people feel that today’s religious institutions often fail to satisfy their deepest longings for connection, perspective, and health.

Medicine was a largely spiritual practice in Western culture until relatively recently. With the rise of science in the seventeenth century, the sense of divine order, *scala naturae*, the “great chain of being,” was lost. The sense of unity in the culture was, to use the words of the English poet and clergyman John Donne, “all in pieces, all coherence gone.” Scientific and technological advances, especially since the American Civil War, further parted medicine and spirituality.

Unquestionably, specialized study of human anatomy, physiology, and related fields freed from the control of certain religious constraints (such as the prohibition against autopsy) led to the continuing advancement of medicine as a science. However, that advance is sometimes challenged, as in this anonymous and widely circulated spoof:

## A Short History of Medicine

“I have an earache.”

2000 BCE Here, eat this root.

1000 CE That root is heathen. Here, say this prayer.

1850 CE That prayer is superstition. Here drink this potion.

1940 CE That potion is snake oil. Here, swallow this pill.

1985 CE That pill is ineffective. Here take this antibiotic.

2000 CE That antibiotic is artificial. Here, eat this root.

Yet, despite the vastly increased resources of medical knowledge, drugs, surgical and laboratory techniques, and highly trained physicians, nurses, and other health care professionals, the human need to understand the significance of one’s medical condition remains important, and this need can be usefully understood as an enduring spiritual concern. Furthermore, in the best medical practice, attention to the *person* and not simply the *ailment* has never disappeared. In recent decades, the spiritual dimension of healing has been increasingly recognized as an essential component in health care. Because North America is increasingly populated by folks of many and varied faith traditions, it may be helpful to set forth a general pattern for understanding what is of ultimate importance to

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the different faiths and how this may affect health care.

First, we discuss *spirituality*, *religion*, *relationship between spirituality and religion*, and *sacred*. Then, we outline the three families of faith: primal, Asian, and monotheistic faiths.

## Spirituality, Religion, and the Sacred

“Religion is an experience which no definition exhausts,”<sup>26</sup> so it is not surprising that hundreds of definitions of religion and related terms have been proposed. For example, religion is sometimes defined as “belief in a Supreme Being,” but such a definition is inadequate for certain faiths like Buddhism in which there is no Creator God, and is misleading for other religions in which belief is not a critical element, as, for example, a normative definition of a Jew is someone with a Jewish mother.

In order to think comprehensively about caring for patients who come from the many traditions covered in this book, we explain how we use three words, *sacred*, *spirituality*, and *religion*. These explanations are not intended to replace the reader’s own personal understanding of the terms but, rather, to clarify how they may be used in many contexts. Sensitively probing the patient may yield rewarding personal depths to these terms – as, indeed, the reader’s own self-examination may prove beneficial.

## Sacred

The word “sacred” may be used for isolated events, objects, or circumstances, such as Catholic Mass, the Muslim Qur’an, or the

Hindu wedding ceremony. While associating the divine with the sacred is helpful, we suggest an even more fundamental use for the term: the point or points from which the meanings of people’s lives emerge, on which they ultimately depend. Such a use is sufficiently open that “nonbelievers,” even if they do not embrace this term, may understand and respond to questions like the following:

- What gives meaning to my life?
- What do I most cherish?
- What is of ultimate worth to me?
- What is so important that my life depends on it, and what must I do to honor it?
- What provides comfort and encouragement in the face of adversity?

Experiences of awe and wonder, of profound connectedness to all things or to a transcendent source, or from sensing a pattern or purpose in one’s life may illuminate such questions. Such experiences are sometimes called “peak” or “mountain top” experiences that reveal a power or process in which a person finds one’s way. Genuine answers to such questions usually do not arise simply just from thinking about them but, rather, from experiences in which the sacred is disclosed as supreme worth, fundamental significance, ultimate value, or utmost concern. Akin to “sacred” is the term “holy,” which derives from Indo-European and Old English word forms that developed into modern words such as holistic, whole, wholesome, heal, and hale (healthy). Both “holy” and “sacred” are opposites of the profane, the secular, the fragmented, the partial, the instrumental, the means rather than the end. The cross, the menorah, the holy water, the stone, the Holy Book, incense, bells, gestures, and such, as well as personal items, may all be symbols imbued

<sup>26</sup> Jones, R. M. (1922). *Spiritual Exercises in Daily Life*. New York: Macmillan, vii.

with sacred power, and thus in themselves considered sacred.

### Spirituality: Breathing with a Sense of the Sacred

The newborn infant must breathe, and with that, a spiritual life ensues. The words that various tongues use for spirituality show that the spirit is not an exclusive field but, rather, is with us as we take every breath. In English, "spirit" is part of words like "respiration," "inspiration," and "aspiration." Similarly, Hebrew, Sanskrit, Greek, and Chinese languages (among others) employ terms similar to "breath" as a metaphor for spirituality. *Ruach*, an early Hebrew word for "soul," means wind or breath. Adam came to life when God breathed into his nostrils. The Sanskrit term for the soul, *atman*, means breath, related to the English word "atmosphere." The first lesson in yoga is how to breathe. The Greek word for soul, *psyche*, from which we derive "psychology," also means breath, life. Similarly, the word *pneuma*, meaning spirit or air, comes into English in words such as "pneumatic" and "pneumonia." In Chinese, this vital force is *ch'i*, the breath that informs the world, expanding and contracting, making every being spiritual, even stones.

Thus, one way of describing spirituality is "breathing with a sense of the sacred," living so that every breath we take reminds us of the ultimate mystery of our existence and our best responses to questions like those listed earlier in this chapter. Spirituality heals all fractures, remedies all ruptures, and brings balm to all wounds to the big picture we have of ourselves and the world. Spirituality can be understood as the source that energizes people with significance, the capacity to discern meaning in anything

they experience. Even if a person may not be able to walk physically, the metaphorical language of Edward Canda, PhD, points the way: "Spirituality is the way to walk in a sacred manner, to walk in harmony with the beauty all around us and within us."<sup>27</sup>

Since most people have developed some form of spirituality (whether they use this term or not), it is important to recognize that spirituality is a way of being that affects how people respond to what they experience in life. A caregiver can be more effective by attending to the patient's sense of spirituality expressed in personal values, beliefs, and practices, especially when difficult decisions are required.

From many interviews, Ian Mitroff, PhD, identifies several characteristics of spirituality:

- universal and timeless
- broadly inclusive
- ultimate source and provider of meaning and purpose to life
- sacredness of everything
- integrally connected to inner peace and calm
- expression of awe felt in the presence of the transcendent
- provision for inexhaustible source of faith.<sup>28</sup>

<sup>27</sup> Canda, Edward. *Kansas City Star*, September 16, 1995, F4.

<sup>28</sup> Mitroff, I. (1999). *A Spiritual Audit of Corporate America*. San Francisco, CA: Jossey-Bass. Dr. Mitroff related to the author in a personal communication in January 2007 that the characteristics of spirituality listed were a compilation from everyone he interviewed as to what spirituality meant to them. His interviews were preparation for writing his 1999 book on spirituality in corporate culture. This paragraph, although slightly altered, appears in "Spirituality and cultural diversity: inner resources for healing" (2008) by Steven L. Jeffers and Dennis Kenny, a chapter in *Putting Patients First: Best Practices in Patient-Centered Care*. 2nd ed. San Francisco, CA: Jossey-Bass.

Notice that these characteristics apply whether or not a person believes in God. Kenneth Pargament, PhD, says, "Spirituality is not necessarily about God, and yet spirituality is a search for the sacred."<sup>29</sup> He identifies the realms in which the search may take place: time/space, events, cultural products, roles in life, and physical attributes. Many hospital patients throughout the United States and the world profess no affiliation with any "formal" religion or are practicing none, yet they identify themselves as spiritual. Touch, aromas, crystals, meditation, and other devices, practices, and rituals unrelated to any particular religious tradition may give meaning and purpose to life for these persons and therefore can be considered spiritual. They may not use the word God but instead refer to their Higher Power. Walking in the park, gardening, playing with children, watching a sunrise or sunset, and so forth,<sup>30</sup> may be spiritual activities because of the beauty, relationships, or sense of the cosmos that are awakened or affirmed.

The "Spiritual Care in the Clinical Setting: Assessment and Application" chapter provides more practical guidelines within this understanding of spirituality. By utilizing this approach in attempting to provide spiritual care to patients, one practices

"Individualized care." This is possible only when the patient's approach to spirituality can be united with the other components of a comprehensive plan for treating each patient.

### Religion: Organized Spirituality

Today, the word "religion" commonly has organizational and institutional connotations: church, mosque, synagogue, temple, and so forth. However, a basic meaning of "religion" appears to originate in the Latin word *religio*, "to bind together in mutual obligation," as in one's duty to one's God, or more generally, one's ultimate commitment or the seeking and responding to the sacred. (This derivation can be recalled in the word "ligament," which apparently derives from a related Latin root.) In this sense, while secularistic culture entices people to many isolated, broken commitments, religion, on the other hand, puts them all in perspective by asking the ultimate questions about the sacred that integrate otherwise disconnected and fragmentary thoughts and feelings. The sense of religion as binding or aligning ourselves with the sacred may be especially useful when a patient is confronting a serious illness. Often those who experience a severe health crisis may reevaluate their priorities, their relationships, and the future directions for their lives as the changes involved in the crisis presents an opportunity to see things afresh.

As mentioned earlier, countless definitions of religion have been proposed, based on belief or content, based on the functions religion performs, and based on the forms in which religion is expressed. Scholars often consider religion as comprised of four interlocking components, the four Cs: Creed (belief), Community (such as church

<sup>29</sup> Pargament, K. God help me: spirituality as a resource in self-care. Care for the Caregiver Bioethics Conference, Loma Linda University, Loma Linda, CA. interview by Steven Jeffers, 2001.

<sup>30</sup> Klitzman, R. (2008). *When Doctors Become Patients*. New York, NY: Oxford University Press, 8. Klitzman cites a study by psychiatrist Robert Lifton on how people are able to connect with sources of meaning in difficult situations (his research was with survivors of the bombings of Hiroshima and Nagasaki in 1945); Lifton suggested that spirituality, along with work, family, and nature, was a way in which people could find some sense of hope and meaning in adversity.

or synagogue or *umma*), Code (moral expectations), and Cultus (ritual practices). Religion includes conceptual, performative, social, and other dimensions. In his widely used college textbook *Exploring Religion*, Roger Schmidt defines religion as “a human seeking and responding to what is experienced as holy.”<sup>31</sup> While many of us might prefer this definition or describe religion as the earnest practice of spirituality, for the purposes of this book, we will use “religion” more narrowly to denote institutions, communities, and traditions that have arisen to nurture and promote spirituality.

### The Relationship between Spirituality and Religion

As just suggested, the relationship between spirituality and religion is problematic today and deserves to be further explored. Spirituality is not a religion, and yet it pervades Bahá'í, Buddhist, Christian, Hindu, Islamic, Jewish, and all other religious traditions, in the sense that these are organized ways in which people have expressed their individual spirituality and the spiritual approach of their groups and cultures.

Every moment of life becomes an opportunity to see the world anew, so it may not be helpful to think of spirituality as an attainment. Mike Yaconelli stated, “spirituality is not a formula; it is not a test. It is a relationship. Spirituality is not about competency; it is about intimacy. Spirituality is not about perfection; it is about connection.”<sup>32</sup> Thus, spirituality assists in the discovery of how to live in the world. Religions develop out of such discoveries. Using theistic language,

Elizabeth Taylor, PhD, RN, says, “Religion is a system of symbols, beliefs, myths, and rites experienced as profoundly significant, primarily because it provides individuals, groups, and societies with a means of drawing close to and in oneness with God.”<sup>33</sup> Religion is a cultural form in which spirituality (its source) may be expressed.

Dale Matthews, MD, has contrasted religion and spirituality this way: Religion is more focused on establishing community, more objective and measurable to the external observer, more formal in worship, more based in behavior, and more focused on outward practices. Some people perceive religion as more authoritarian, with patterns of prescribed and proscribed behavior, more particularizing, distinguishing one group from another, and more orthodox and systematic in doctrine. In contrast, spirituality, as the term is commonly used nowadays, is typically more focused on individual growth, more subjective and less measurable to the external observer, less formal in worship, more emotion-based arising from inner experience. Spirituality may also be understood as less authoritarian, with few prescriptions or proscriptions; it may be more universalizing, discouraging separateness from others; it may be less orthodox and systematic in doctrine.<sup>34</sup>

As we have used the terms “spiritual” and “sacred,” some people who consider themselves spiritual may also be very religious, but others may deny religious interest. Furthermore, some folks profess to be religious but do not show evidence of spiritual

development. Because of this, it is helpful to distinguish spirituality and religion because many people separate them.

This distinction is important for spiritual care providers to keep in mind; all people are not religious per se, but a spiritual dimension is potential in everyone. Those who identify as spiritual but not religious may be saying they have experiences of the sacred or believe their life is part of a grand pattern, but they do not associate themselves with a particular religious group or tradition. The chapters on Paganism and Secularism, for example, illustrate why this point is essential. In performing spiritual assessments of patients to determine needs and concerns, it is often wise to use nonreligious terminology, at least until the patient discloses his or her spiritual and/or religious tradition. We recommend attention both to the patient's spirituality and to the patient's religion. This book provides information organized by religion because religion may provide critical clues for the spiritual care of the patient.

### The Three Families of Faith

There are many ways of classifying the extraordinarily complex phenomena of religion. To understand the contexts in which most people develop their spiritual perspectives, it is helpful to know about various religious traditions, because religions differ greatly in how they approach the sacred. Many have found the following system to be a useful starting point for seeing differences and similarities. However, like any classification, it suffers from overgeneralization and exceptions. It should be regarded only as a place to begin one's study.

Here are three additional caveats. First, almost every faith has various forms. There

is, for example, no single “American Indian” tradition; there are markedly different variations within some 500 tribes. Second, with each specific faith included in this book, an individual professing that faith may not fully understand the faith or may even depart from its usual characteristics in a particular situation. Third, while each of the three families of faith that we present here has an arena of typical emphasis (nature, personhood, covenanted community), this does not mean that these arenas cannot be found in every faith, even if they are not emphasized. With globalization and the increasing mutual influence and assimilation of faiths today, what is characteristic of one faith may be found in other faiths, even if the believer is unaware of its source. For example, while karma is a distinctly Asian religious notion, many Christians now employ the term when they are trying to understand the pattern or meaning of their lives – “It must have been bad karma.”

Thus this overview of world religions should be used only as background from which specific questions may be developed. Furthermore, this particular synopsis of faiths and their cultures is based on the idea of the sacred as outlined earlier: that which points to ultimate concern or commitment or meaning, that on which people's lives depend.

Here are three families, each to be discussed in a little more detail later.

1. The primal religions generally find the sacred in the world of nature. These religions include those of American Indians, tribal Africans, and pagan traditions (such as Wicca).
2. The Asian religions generally locate the sacred in inner awareness. These religions include the faiths arising in China (Confucianism and Taoism as

31 Schmidt, R. (1988), *Exploring Religion* 2nd ed. Belmont, CA: Wadsworth Publishing.

32 Yaconelli, M. (2002). *Messy Spirituality*. Grand Rapids, MI: Zondervan, 5.

33 Taylor, E. Spiritual Dimensions of Health Care [course NURS 422], University of Southern California, Department of Nursing, interview with Steven Jeffers. 2000.

34 Matthews, D. (1998). *The Faith Factor*. New York, NY: Penguin Group, 183.

well as Chinese folk religion) and the faiths beginning in India (Hinduism, Buddhism, and Jainism).

3. The Monotheistic religions generally find the sacred disclosed in the history of covenanted community. These religions include the three Abrahamic faiths of Judaism, Christianity, and Islam, as well as Sikhism, Unitarian Universalism, and Bahá'í. This is not to say that the sacred is nature, or is inner awareness, or is the history of covenanted community. Rather, in general, these families often locate the sacred in these realms. Of course, there are exceptions, variations, and subtleties. Shinto is an Asian religion that in this scheme belongs primarily with the primal faiths. Zoroastrianism is a special case since it greatly influenced the monotheistic faiths, while its origins are not Abrahamic.

### Primal Faiths

Many primal religions behold the sacred in the world of nature. American Indian Spirituality serves as an example. Unlike creationists, who would dispute the notion that humans may be related to primates, the American Indian may celebrate one's bear, fox, or frog lineage, an ancestry that indicates intimacy with nature. This is why totem poles may portray one's forebears in animal form.

When most Americans need food, the sanitized supermarket is the source, not the wild. However, to recall the former days of the Plains Indians, when a hunter shoots a deer, he may have said:

I am sorry I had to kill you, Little Brother. My children were hungry. My family needs

your meat. See, I hang your antlers in the tree. I decorate them with streamers. I smoke tobacco in your memory. Each time I cross this path, I shall honor your spirit.

Most people seldom talk to their groceries, but the American Indian perceives the sacred in the deer because his life literally depends upon it.

Even today, when an American Indian woman in the Southwest extracts clay from the ground to make a pot for storing food, she may offer a prayer to the earth. Stones themselves are considered "people." The streams, the air, the mountains – all are alive with sacred power, and deserve respect as one's relatives, not to be used as objects for selfish ends.

Health care providers will want to be alert to a sense that disease and accident occur by falling out of harmony with nature. Some patients may desire rituals to help to restore them to harmony with nature. The classic example is of the American Indian who, thrown by a horse, goes to the "regular" white doctor to have his bones set and to the traditional healer to find out why he was thrown by the horse.

### Asian Faiths

Many Asian religions behold the sacred in a person's inner life. As an example of this, here is a Hindu story.

In the forest, 10 000 *rishis* (sages) worshipped the god Shiva in only one, static manifestation. Shiva decided to appear, to show them that his manifestations are multitudinous; that his personality is many, not one; that he is motion, movement, and dance.

But the *rishis*, whose preconceptions were challenged, rejected him. They called forth

a great tiger that ferociously attacked Shiva at his throat. Shiva, with his little fingernail, skinned the tiger and wrapped the skin around him as a cloak. Then the *rishis* chanted a magic spell, and a great serpent emerged from the ground, wrapped himself around the body of Shiva, and began to writhe and twist and choke Shiva to death. But Shiva disabled the serpent, and cast its long body around his neck as a streamer of garlands. The *rishis'* incantations finally caused a demon dwarf to attack Shiva with a mace. But Shiva placed his little toe on the demon's back and began to dance.

All the gods came to see this dance, in which Shiva took every threat and made them props in his performance, showing people that whatever comes their way, however frightening, can be rendered harmless, even enriching, as they accept it into their dance – now moving forward, now retreating, now high, now low: the divine personality in many forms, always in process, moving in the eternal dance of the cosmos. This transforming power within is sacred; from it arises the meaning of individuals' lives.

A shallow way of translating this lesson is to say that while we cannot always control what happens to us, we are in command of our attitudes. In some forms of Hinduism, this is expressed by saying that Atman, the God within, is identical with Brahman, the Universal God.

The many dimensions of awareness are celebrated also by Buddhist *mandalas* (sacred designs for meditation). Even the ferocious-looking Buddhist temple guardian figures challenge people to observe their mental projections, to see that what they really fear may reside within. Through yoga, meditation, rites, and other techniques for observing the Self (or, in the case of

Buddhism, the not-Self), Asian traditions provide paths for release from the perils of the ego.

Health care providers will want to be alert to a sense that misfortune may arise from a past life or from some inner process that needs to be cured or strengthened, and that practices such as meditation may be an important part of the path toward recovery.

### Monotheistic Faiths

Because most users of this book may be immersed in one of the monotheistic religions (together, they comprise over half of the world's population, and the majority of the US population), it may be difficult to see the typical characteristics of this family, just as people don't usually notice the air they breathe because they are immersed in it. However, by comparing monotheism with the other families of faith, one can see that in the monotheistic faiths, the sacred is revealed in the realm of the history of covenanted community. This history and the accumulated wisdom is conveyed in scriptures, sometimes called the Word. This contrasts with the sacred in the world of nature for primal faiths, and it contrasts with the Asian faiths that discern the sacred in ineffable inner awareness. For the monotheistic traditions, nothing can be more sacred than God, who is One, ruling the universe and moving throughout history toward justice. Communities in covenant with God are instructed by prophets about how to live, and, in the case of Christianity, people are offered redemption through Christ as the Living Word. In some interpretations of these faiths, God is found in meeting other people, in the way people behave with one another, and in the allegiance people give to the expression of justice and peace.

Judaism serves as an example. Moses, though brought up an Egyptian, felt a strange kinship with the children of Israel, who had been pressed into bondage. He discovered who he really was by affirming his relationship with them, leading them out of the land of slavery, into the holiness of freedom. This story became a paradigm through which Jews have identified themselves. The Law revealed by Moses and his successors in written form provided the way in which Israel could be organized for holy living.

The succeeding Hebrew prophets analyzed the historical forces acting on their nation and proclaimed divine patterns as they commented on domestic economic issues and foreign affairs. Their prophecies were not so much prognostications and predictions as they were social commentaries and warnings. This Jewish tradition, that God is working out his will for justice, is expressed, for example, in what may be one of the most prized documents in US history, Lincoln's second inaugural address, which seeks to discern the meaning of the Civil War in the context of divine Providence with the freeing of the slaves and the preservation of the Union. As people relieve the suffering and oppression of their brothers and sisters, so, too, are their own spirits liberated into the vitality of the community, submitting to the commandments on which their lives and well-being as a society depend. For Jews, the holy community is the mystical Israel; for Christians, it is the Body of Christ, the church; for Muslims, it is the *ummah*; and for Sikhs, it is the *khalsa*.

Health care providers will want to be alert to some monotheists who may feel that their illness arises from lack of faith or disobedience to a divine command; for them, dealing with a sense of guilt, perhaps

through ritual confession, may be important. As later chapters indicate, prayer, scripture reading, and the Eucharist or communion may provide spiritual comfort, reassurance, and restoration. On one hand, some patients may focus primarily on faith healing rather than medical attention, and on the other, some may completely separate their spirituality from medical conditions. Nonetheless, the inclusion of a sense of community may be especially important for spiritual support.

### The Three Families of Faith and the World Today

The Abrahamic faiths (Judaism, Christianity, and Islam) have often drawn an important distinction between the Creator and the Creation. US culture has sometimes turned this distinction into a rupture, which makes it difficult to talk about a spirituality that encompasses everything of meaning. The realm of spirit has been confined to specific times, places, and activities (Sunday at church, for example) instead of being understood as a circle whose center is everywhere and whose circumference is nowhere.

Judaism ameliorates this split by emphasizing the world as God's creation. Christianity addresses the split by celebrating Jesus as both human and divine – the alpha and the omega, one without beginning or end. While utterly clear that nothing can be compared with God, Islam deliberately fosters the integration of all learning; even politics is seen as a religious activity insofar as justice and peace are pursued. In contrast to secularistic culture, the beliefs of these traditions are often made very explicit.

In Asian and primal traditions, faith is more likely to be implicit in all activities,

rather than explicit or confined in expression to one particular arena (such as Sunday morning). Taoism, for example, teaches that the *Tao*, the Way, is present everywhere so that only the “ignorant” try to define it or specify its domain.

Today, the joining of East and West and primal traditions makes it possible to see spirituality not so much as an interest in an isolated or exclusive activity, but more like a pair of glasses through which one sees everything. Spirituality becomes not a fragment of existence but, rather, an experience of life in its fullness. It is not so much an arena as an orientation. It is not where people stand, but how people show up.

Because the many different religious traditions are now learning about one another as never before through interfaith dialogue, the modern age has an unprecedented opportunity – and health care workers have an increased responsibility.

### Summary

While terms like spirituality, religion, and sacred have varied meanings, we have suggested some ways of understanding these

terms so that the different orientations of persons of primal, Asian, and monotheistic faiths may be approached in the health care environment.

Furthermore, people with no professed faith and/or those only nominally religious may seek to recover earlier religious or spiritual teachings and practices to help them in making some sense of a critical illness or the experience of dying. This search for meaning or purpose within a medical situation may be expressed through self-hatred, anger at God, or a sense of loss of participation in community. For example, health care workers may hear patients ask, “God! Why are you doing this to me?” Folks may feel unmoored and ask, “What have I done to deserve this? Why is this happening to me?”

In many of these situations, helping patients understand or develop a sense of meaning from what they are facing can improve the results of their treatments and enable a sense of “peacefulness in the midst of the storm.” The chapters on specific faith traditions expand upon this overview and provide specific strategies for providing spiritual care in the various faith traditions.

**The Reverend Vern Barnet, DMin**, completed his doctoral work at the University of Chicago and Meadville-Lombard Theological School in 1970. Honored by Buddhist, Christian, Jewish, Hindu, Muslim, Sikh, and other groups, he has taught world religions at several universities and seminaries. Since 1994, he has been a religion columnist for the *Kansas City Star*, and his articles and reviews have appeared in many national publications.

After international interfaith work, he organized the Kansas City Interfaith Council in 1989, with 13 faiths, from American Indian to Zoroastrian. Following 9/11 he led the region's unprecedented "Gifts of Pluralism" conference, which fostered interfaith initiatives featured on a half-hour CBS-TV special. Among his many civic activities, he chaired the Jackson County government's Diversity Task Force that studied the effects of 9/11 on people of faith in the five-county Kansas City area.

His interfaith work led to Kansas City being chosen as the site for the nation's first "Interfaith Academies," sponsored by Harvard University's Pluralism Project, Religions for Peace-USA, and other groups. Ellie Pierce, principal researcher for the Pluralism Project, said: "At the Pluralism Project, we consider Kansas City to be truly at the forefront of interfaith relations. This is – in no small part – due to the tireless efforts of Vern Barnet, whose work and writings have been an inspiration to all of us at the Pluralism Project."

With great affection, he remembers the originator of this book, the Reverend Steven L. Jeffers, PhD, who attracted him and others of many faiths in developing the Institute for Spirituality in Health at Shawnee Mission Medical Center.

**Michael C. Brannigan, PhD (Philosophy), MA (Religious Studies, University of Leuven, Belgium)** is the George and Jane Pfaff Endowed Chair in Ethics and Moral Values at The College of Saint Rose in Albany, New York. He holds the first endowed chair in the college's history. He is also part of the Alden March Bioethics Institutes' Core Teaching Faculty at Albany Medical College. His specialties lie in ethics, intercultural ethics, medical ethics, and Asian philosophy. Along with numerous articles, his books include: *Everywhere and Nowhere; The Pulse of Wisdom: The Philosophies of India, China, and Japan; Healthcare Ethics in a Diverse Society* (co-authored); *Ethical Issues in Human Cloning* (ed.); *Cross-Cultural Biotechnology*; and *Ethics Across Cultures*. His most recent books are his revised edition of *Striking a Balance: A Primer on Traditional Asian Values*, and the newly published *Cultural Fault Lines in Healthcare: Reflections on Cultural Competency*. Prior to coming to Albany, he was Vice President for Clinical and Organizational Ethics at the Center for Practical Bioethics in Kansas City, Missouri. Before that, he was Executive Director and founder of the Institute for Cross-Cultural Ethics at La Roche College, Pittsburgh, Pennsylvania, where he was also Professor of Philosophy and department Chair. He chairs the Association for Practical and Professional Ethics Diversity Committee, and serves on the editorial boards of *Health Care Analysis: An International Journal of Health Care Philosophy and Policy* and *Communication and Medicine*. He writes a monthly column on ethics for the Albany, New York, *Times Union* newspaper; see [www.timesunion.com/brannigan/](http://www.timesunion.com/brannigan/). For fun, he plays piano, ocean kayaks, and practices martial arts.

## The Essential Guide to Religious Traditions and Spirituality for Health Care Providers

**"For the busy health care professional of today, there are few publications that can justify a place on the office shelf, let alone be the sort of reference that would be found on every ward and in every department of a modern hospital ... To my knowledge, this is the only resource available that can provide an unbiased, directly pertinent, and comprehensive (but still brief) summary of the core beliefs related to health, life, and death of every major spiritual belief system in the world today. What a great resource!"**

Perry A. Pugno, MD, MPH, FAAFP, FACPE, in his Foreword

This extraordinary compendium of religious traditions is invaluable to all health care providers. The user-friendly resource contains specific and detailed information on faith traditions vital for providing optimal spiritual care in a clinical setting.

A series of inspirational introductory chapters promote the importance of spiritual well-being as a vital component in whole-person care, but the majority of the book forms a compilation of articles from a wide-ranging expert panel of contributors. Ideal for quick reference, the A-Z organization from American Indian Spirituality to Zoroastrianism is presented in a clear and logical format, covering:

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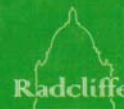
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