

World Religious Views of Health and Healing

By Aaron Ketchell, Loretta Pyles, and Edward Canda

Introduction

On his path to enlightenment, Siddhartha Gautama, the Buddha (literally, “the enlightened one”) began a period of extreme asceticism. He thought that if he mastered his physical desires, it would be easier for his mind to achieve illumination. After a long period of arduous practice he realized how wrong his path of self-mortification had been. He grasped that mistreatment of the body would not lead to enlightenment. He then vowed to regain his health and take nourishment. A young girl offered him food. He gradually began to regain his vigor, and in the days that followed he ate and drank normally. This shocked and disappointed his ascetic companions, who abandoned him for what they perceived to be “hedonism.” But the Buddha had unearthed the deep wisdom of the “the Middle Way”—a balance of the body and mind that is neither extreme asceticism nor extreme hedonism—a kind of holistic health (Canda, 2001, pp. 57-58).

Love of God; unity with the ultimate; becoming one with the universe; harmony of body, mind, spirit, and nature—all of these phrases point to the fundamental goals of the major religious traditions. These goals represent health in the most profound sense. They can be achieved through a relationship between the spirituality of the individual and the community. Religious communities recognize human suffering, sickness, and social injustice as problems related to human disconnection from an ultimate reality and from disharmony between self and world. Remedies may involve religiously based healing practices, meditation, prayer, ritual, physical disciplines like hatha yoga, mutually supportive communal activities, or social justice initiatives.

In this essay, the concept of health will be explored from the perspectives of six major religious perspectives—Buddhism, Confucianism, Hinduism, Islam, Judaism, and Shamanism. Though this selection of religions is certainly not exhaustive, it provides a sample of diverse worldviews. (Christianity is addressed in more detail in other essays on this website.) Stories, symbols, religious concepts, and cosmology will be investigated from the aforementioned traditions to gain insight into their understandings of physical, mental, social, and spiritual health.

For the purposes of this essay, health will be defined holistically, i.e. as encompassing four aspects—physical, mental, social and spiritual. "Holism" implies the integration of these four facets, so that the "healthy" person or community is one whose physical, mental, social, and spiritual domains are integrated and in harmony with each other. While the meanings of physical and mental health are probably clear to the reader, social and spiritual health require further explanation. Social health is premised on the fact that humans are beings who live in communities. People, therefore, have a responsibility and need to support and take care of one another. The well-being of individuals and families is intimately related to the state of health of the communities, societies, and world in which they live. Unfortunately, due to social and economic inequalities, as well as discrimination and oppression, not everyone has access to adequate resources for personal or social health. Healthy communities and societies can be described as those that provide all their members with access to these resources and that maintain social relations and institutions based on peace and justice. Spiritual health is the tie that binds physical, mental, and social health together. It grows from the quest for a sense of meaning, purpose, and morally fulfilling relationships with oneself, other people, the universe, and the ultimate true nature of reality (however people understand that) (Canda & Furman, 1999). For religious people, spiritual health is nurtured through practices, beliefs, and values that are perpetuated in their religious institutions and community life. For example, according to Carmody and Carmody (1988):

In contemplation, whether Eastern or Western, people try to deal with ultimate reality holistically, heart-to-heart. Meditation implies disciplining the mind. Contemplation implies activating the heart, sending one's love out to the divine mystery, letting the divine mystery show its prior presence in the depths of one's being (p. 38).

Physical Health

In the Buddhist tradition, the human condition is understood to be marked with the suffering of birth, illness, old age, and death. This suffering is rooted in inappropriate desires, aversions, and ignorance. The Sanskrit term for suffering is *dukkha*, which denotes all kinds of mental and physical misery and dissatisfaction related to the futile wish to preserve pleasurable conditions and avoid all unpleasurable ones (Skorupski,

1999, p. 139). Liberation from this state is the basis of the teachings of the Buddha. Though one might argue that the Buddha was primarily concerned with “mental health,” he certainly saw the importance of a well-functioning body, which is why he decided not to continue extreme asceticism. In essence, he prescribed a way to overcome the fundamental causes of suffering. Therefore, he has been referred to as the supreme physician. His teaching, or *dharma*, has also been described as medicine and living beings as patients (Skorupski, 1999, p. 152).

For the most part, traditional Buddhist communities in India and Southeast Asia used Ayurvedic medicine rooted in Hinduism while traditional Buddhists in China and East Asia utilized Chinese medical systems of acupuncture and herbalism related to Confucianism and Taoism (which view the human body as a microcosm of the universe, i.e. controlled by the natural process of *ch'i*, or life energy). On another level, the doctrine of *karma*, or the law of cause and effect, could be said to guide the Buddhist notion of physical health. That is to say, one’s unwholesome choices to harm self or others may result in injury or ill health in this life and in future reincarnations. One of the intended effects of Buddhist spiritual practices is to change one’s *karma* through meritorious actions, thus improving physical and other aspects of one’s condition in the future.

Therefore, although Buddhists recognize that existence is characterized by suffering, human life and the physical self are still of great importance. If one is to escape a cycle of death and rebirth dictated by *karma*, he or she must enact the Noble Eightfold Path—a template for living in a way that fosters enlightenment. This includes: right understanding of reality; right thinking beyond selfishness; right speaking of truthfulness; right acting of nonviolence and moral use of the body and bodily pleasures; right livelihood that harms nothing; right effort to overcome bad *karma*; right mindfulness, clear in each moment; and right concentration and spiritual focus (Rahula, 1974, pp. 45-50).

Cultivating a healthy physical self and lifestyle can help a person in the spiritual path to enlightenment. Every step of this path involves the subduing of one’s inappropriate passions or cravings, as such impulses are injurious to the mindfulness necessary to progress toward enlightenment or Nirvana. Thus, overbearing physical desires, like all others, must be placed in check. For as is written in the Dhammapada, an ancient book of verses that speak to Buddhist values, “Be on guard against physical

agitation; be controlled in body. Forsaking bodily misconduct, follow right conduct in the body” (cited in Rahula, 1974, p. 132).

Because Buddhism does not forsake the body for solely ascetic practice, it has since its inception demonstrated a concern for medicine and care for the sick. The Buddha himself even implored his monks to become competent in the practice of ancient medical science. Beginning with the first formal Buddhist medical institutions in the 3rd century BCE, doctors primarily combated physical illness through a focus upon purgatives, emetics, and wholesome and restorative diets. Later strands of Buddhism, such as the East Asian Mahayana tradition, implemented the vocation of priest-physicians who aspired to follow the path of the Bodhisattva, an enlightened being who is liberated from worldly attachments but out of compassion chooses to continue to be reborn and to assist others toward enlightenment. A third strain of Buddhist practice, the Esoteric or Vajrayana tradition (developed in Tibet) also has historically supported medical institutions and colleges (Kitagawa, 1989, p. 22).

In the modern day, Buddhist notions of physical health vary from tradition to tradition and country to country. For example, Pure Land Buddhism, common in East Asia, has integrated a notion of heaven into their ideology and relies on Amitabha Buddha (the Buddha of Infinite Light) and compassionate Bodhisattvas for corporeal blessings and well-being. Many Buddhists utilize medical remedies common in their culture at large by seeking the help of traditional healers or monastic ritualists. Finally, Western-style allopathic medicine is also employed by many (provided by both Buddhist and non-Buddhist physicians), although some aspects may be avoided such as the excessive use of medications that dull mental awareness or the use of drugs obtained through violence against animals or other humans (Canda, 2001, p. 65).

Mental Health

The opening sentence of the Dhammapada, states, “All that we are is the result of what we have thought: it is founded on our thoughts, it is made up of our thoughts” (cited in Kitagawa, 1989, p. 15). For Buddhists, to let the Buddha-nature (also called the True Self) emerge is to overcome the dichotomy between mind and spirit and to oust the dualistic and selfish thinking that keeps people from living harmoniously. Because Buddhist religious practices are aimed at clarity of mind, they are obviously concerned with mental health. Moreover, mental and physical health cannot be separated in this

perspective because the tradition emphasizes the importance of equilibrium, harmony, and balance. This connection is often demonstrated by meditation-oriented physical postures and breathing practices for mental development. The last three facets of the Noble Eightfold Path—right effort, right mindfulness, and right concentration—are concerned with one’s mental state. According to these guidelines, most people live with a basic existential mental delusion of egoism and separateness usually expressed in emotional qualities of excessive desire and anger that impede progress toward Nirvana.

Regardless of which strain of Buddhism a person may practice, mental discipline is a primary pursuit. Via right effort, one can prevent unwholesome states of mind from arising and dissipate those that already exist. Through right mindfulness, one can become better aware of sensations or feelings that lead to injurious cravings. And by means of right concentration, a person can be freed from control by sentiments of sensuous lust, ill will, languor, or worry (and eventually all sensations, including more positive emotions such as happiness). One may achieve sheer tranquility, or “one-pointedness” of mind (Rahula, 1974, pp. 49-50). Eventually, the Buddhist practitioner may achieve a mental clarity that is open to every moment and every experience without distortion. The Buddha recognized the connection of harmful mental states with all painful characteristics of the life cycle when he stated, “Birth is suffering; decay suffering; illness is suffering; death is suffering; presence of objects we hate is suffering; separation from objects we love is suffering; not to obtain what we desire is suffering” (cited in Kitagawa, 1989, 12).

As with Buddhist physical health, approaches to the mental domain vary depending upon denomination. Many traditional Buddhists blend formal Buddhist teachings with their indigenous culture’s worldviews. For example, they may be concerned with spirits or demons that are deemed responsible for mental illness, and divinations and exorcisms are used to combat them. However, within the major strands (Theravada, Mahayana, and Vajrayana), much personal responsibility is placed upon nurturing mental health. Methods leading to such well-being differ. Theravada has often emphasized monastic practice as the most efficacious means of achieving mental clarity. Some Mahayana Buddhists rely heavily on a Buddha (such as Amitabha Buddha of the heavenly Pure Land) or a Bodhisattva (such as Kwan Yin, who is dedicated to compassionate service) to provide assistance. Zen Buddhism, which fits under the Mahayana branch, utilizes the *koan*, or enigmatic and paradoxical story, to snap

adherents into a state of mindful awareness. And the more recent Soka Gakkai movement of Japan practices recitation of the Lotus Sutra—the most popular Buddhist scripture in China and Japan. Yet despite these various approaches, every denomination would concur with the words of the Ratnamegha Sutra that avows, “All phenomena originate in the mind, and when the mind is fully known all phenomena are fully known. For by the mind the world is led” (cited in de Bary, 1972, 100).

Social Health

The Buddhist virtue of compassion is most explicitly expressed in the symbol of the Bodhisattva of Compassion (Avlokiteshvara in Sanskrit and Kwan Yin in Chinese). Kwan Yin is commonly depicted as having a thousand eyes and hands in order to perceive and alleviate the suffering in the world. All Buddhists are encouraged to cultivate loving-kindness, altruistic joy, and equanimity. In fact, the guidelines of the Noble Eightfold Path blend concern for proper personal conduct and nonviolent, compassionate relations with other people and all other beings (Canda, 2001).

The Pali Canon (the scriptures of the Theravada tradition) calls for four kinds of appropriate emotions when caring for others: loving kindness that eliminates the boundaries between self and others; compassion that enables empathy with others’ suffering; altruistic joy that allows one to rejoice over another person’s happiness; and even-mindedness, or a feeling of total identification with all of humanity. Encapsulating these principles, the Buddha implored his monks to cultivate a mind that is “wide, developed, unbounded, free from hate and ill-will” (cited in Nyanatiloka, 1977, p. 33). For instance, many adherents are vegetarians and staunch advocates of nonviolence. For many people, Buddhism connotes a stringent focus upon personal enlightenment. However, by linking individual enlightenment to that of one’s community, nation, and world, adherents are directed toward “a way of life that benefits all” (Canda, 2001, p. 67).

This focus upon social health is evidenced through a number of contemporary examples. [The Buddhist Society for Compassionate Wisdom](#), a Chicago-based order that was founded in 1967 and is allied with the Zen tradition, acknowledges on its website that the teachings of the Buddha can facilitate the “peace of the world and happiness of all beings.” Professing that one’s Buddha-nature can only arise when he or she takes responsibility for “the well-being of others” and that all beings “sentient and insentient are interrelated and interdependent,” the Society calls for interspiritual dialogue to

promote “tolerance, non-violence, social and economic justice, and ecological harmony and peace.” Buddhism’s focus upon social justice through a holistic health emphasis is exemplified by the [Vajrarupini Center](#), a Tibetan Buddhist organization in San Diego, California. This center occasionally offers a Medicine Buddha Empowerment—a ritual that beseeches an enlightened “Buddha doctor” who can assist individuals with overcoming a multiplicity of unhealthy states. Though primarily oriented around physical and mental wellness, the Vajrarupini Center asserts that the rite can additionally aid social well-being by destroying the “inner poisons of greed, hatred, and ignorance.” The [Zen Peacemakers](#) promotes socially engaged Buddhist practice, such as compassionate care for the dying. Overall, there is a growing trend in Buddhism around the world to be engaged in action that promotes peace, social justice, and well-being not only for humans, but for all beings (Canda, 2001). This trend is an extension of the situation in countries that had governments officially sponsoring Buddhism, in which Buddhist principles were used to design health and social welfare systems.

Spiritual Health

As the previous discussion indicates, Buddhism regards spiritual health as the key to other kinds of health. Religious practices of meditation, moral conduct, recitations of Buddhist texts, and rituals help people to cultivate awareness of the true nature of reality. For example, cutting through the delusions of the egoistic self through meditation practice aids the individual to understand his or her True Self—one that is conjoined with the true nature of reality. Upon this realization, a person is free to enter the enlightened state of Nirvana (which literally means "cessation" of egoism), or is able to help the world in a way that is not hindered by personal delusions. Whether done individually or as a group, Buddhist spiritual practices are meant to impact all domains of well-being, and in doing so, demonstrate that within the overarching tradition, achieving a holistic vision of the universe is consummate with liberation from suffering.

Raoul Birnbaum has written that for Buddhists, “sickness may provide a jolt of urgency” that highlights the “importance of forgoing laxity and procrastination in personal spiritual practices (1989, pp. 47-48). Unlike most Western conceptions, such spiritual vigilance requires an ever-present focus upon one’s impermanent nature. Traditional Buddhist ideology emphasizes that a person is in a constant state of flux with everything else. Therefore there is no personal component (such as a soul) that

may be deemed eternal. In his final words, the Buddha stated, “Transient are conditioned things. Try to accomplish your aim with diligence” (cited in Rahula, 1974, 138). Thus, through spiritual discipline, Buddhists seek to comprehend the suffering that pervades life and to live in a way that alleviates this anguish. As stated in the Four Noble Truths, to end inappropriate desire is to end suffering.

FOR FURTHER INFORMATION ON THE BUDDHIST TRADITION,
SEE [BUDDHANET](#) ; [DHARMANET INTERNATIONAL](#); AND [TRICYCLE: THE BUDDHIST REVIEW](#).

* The following link is accessible for KU students, faculty, and staff. Digital Dictionary of Buddhism (DDB): <http://www2.lib.ku.edu:2048/login?url=http://buddhism-dict.net/ddb/index.html>

The Confucian Tradition:

Physical Health

Confucianism traces its origins to the teachings of the Chinese philosopher, K'ung fu-tzu (Anglicized as Confucius) who lived about 551-479 BCE. During the Han dynasty of China (206 BCE-8 CE), Confucianism was adopted as the state ideology and over the centuries spread throughout East and Southeast Asia. Through a broad range of teachings, Confucius offered principles to reform individuals and society. Vital for all his conceptions was the balancing of one's life energy or *ch'i*. In the realm of physical health, this was to be accomplished by a simple lifestyle that included fresh, wholesome foods prepared and ingested with a positive attitude. As with all elements of existence, Confucianism has historically dictated that tastes be put in balance. Therefore, sour, bitter, sweet, hot, and salty must be harmonized or else one's organs may be damaged, circulation harmed, or longevity decreased (Chung, 2001, p. 85).

Like food consumption, Confucius urged individuals to practice the management of physical energies. As he stated,

There are three things which the superior man [i.e. virtuous person] guards against. In youth, when (his) physical energy is still blooming, he guards against lust. When he grows up, his physical energy is full of vigor, he guards against quarrelsomeness. When he is old, his physical energy is decayed, he guards against covetousness (cited in Chung, 2001, p. 86).

When invoking the categories of yin and yang, or the receptive and active principles of the universe, Confucius emphasized that although these forces are in contrast, they nevertheless complement each other. Their interactions were said to be the catalyst for change and creation. Thus, when confronting bodily impulses, this tradition renders health as a product of balancing these competing energies and achieving wellness through moderation. Many traditional East Asian physical healing practices have been influenced by Confucian (as well as Taoist) cosmology and yin/yang theology, such as acupuncture, moxibustion, and herbalism.

Mental Health

Historically, most Confucian scholars have practiced *qigong* (ritual energy exercise and quiet reflective sitting). By sitting still to free oneself from ego and to get in touch with the real self, this practice seeks to calm mind, body, and spirit. Confucian tradition includes a five-part method to realize this end: Concentration upon the mind; use of the mind to listen to the breath; integration of the mind and breath for the purpose of internal peace; detachment from the ego; and an achievement of emptiness, which allows for unification with the universe (Lee, 1982, pp. 62-65). Via such practice, all facets of health can be maintained and enriched. As Douglas Chung avowed, “It is an important mental training to reach emptiness (egolessness) for mental health, self-awareness, self-enhancement, self-discipline, truth finding, self-actualization, and social change” (2001, p. 83).

According to Mencius (372-289 B.C.E.), the second greatly influential Confucian teacher, many do not use their mind diligently. It thus becomes unruly as though overrun by brambles or like a mountain stripped barren of trees (See Hinton, 1998: Mencius, book 7, part B, verse 21; Mencius, book 6, part A, verse 8). Mental ruin is deemed the product of excessive appetites. However, to keep the mind whole and free of anxiety one must manifest a social ethic—one that loves and honors all people. In Confucianism, virtue (*te*) is a moral force closely related to the vital energy (*qi*) that pervades the human body and the cosmos. Linking social well-being to mental wellness, Mencius held that a focus upon virtue will facilitate the natural growth and flow of all types of vital energy (Canda, 2002).

Social Health

As a philosophical system, Confucianism is guided by the concept of *ren*, which appears in Confucius' *Analects* (or collection of notes and quotations) on over one hundred occasions. This Chinese term is often translated as benevolence, humanity, human-heartedness, or love. It implies that human nature is characterized by relatedness and expressed correctly through empathy, benevolence, and co-responsibility. Primarily honored as a sage-teacher, Confucius had tremendous success as an educator and his ideas have been transmitted through scholastic channels for over two millennia. His pedagogy stressed the practice of social norms (*li*) for the attainment of *ren*—a means by which proper character governed by virtue could pervade society. As the ultimate goal of education, such human-hearted love was said to find expression in a variety of relationships such as *xiao* (filial piety, or respectful and caring feelings toward one's parents and, by extension, respect for all elders and for heaven and earth as one's spiritual parents) and *di* (respect for one's contemporaries). Although this system emphasizes the maintaining of social and moral orders, it is not static. Instead, these precepts mutate depending upon time and context. Confucius advocated for change. However, instead of violent disruption or unpredictable discontinuity of the social order, he envisioned a historical process whereby educated individuals brought about change by rational planning and virtuous action (Wu, 1995, pp. 3-6; Canda, 2002).

Laurence G. Thompson has asserted that works dealing specifically with *li* “on the one hand represent . . . understanding of the ways of the ancients, and on the other have served as the living law for all subsequent generations” (1989, p. 39). Furthering this importance, James Legge added that they are rules of propriety “that furnish the means of determining (the observances toward) relatives, as near and remote; of settling points which may cause suspicion or doubt; of distinguishing where there should be agreement, and where difference; and of making clear what is right and what is wrong” (1885, p. 62). Confucian precepts and ethos have influenced and continue to affect social relations and social welfare activities in countries and populations influenced by Chinese culture.

Confucius is perhaps best known in the West for his political philosophy. However, legislation and law enforcement were not his chief concerns. Instead, he crafted an ideology focused upon “sage-kings.” Governing with morality rather than law or force, such rulers were to function as ethical models for their

subjects. In his thoroughly integrative and harmonious social model, the moral education necessary to fashion ideal leaders and superlative citizens starts with cultivation of *ren* within each person and the familial setting. If raised with this principle in mind, government in fact will be an entity of non-action (*wu-wei*), meaning that social welfare spreads naturally through government based on virtue and concern for the common people. The Confucian classics indicate that if *ren* would be fully realized, an ideal society free from crime, disturbances, and violence would naturally occur. Explicating this vision, Confucius described the process of social health as follows: “When the personal life is cultivated, the family will be regulated; when the family is regulated, the state will be in order; and when the state is in order, there will be peace throughout the world” (cited in Wu, p. 7). Cultivation of virtue is thus the root of all social life. Confucianism emphasizes *ren* as the prime and core virtue since it promotes “the interrelational nature of human beings, the heavenly endowed heart of love, and the maturely developed sense of co-responsibility” (Canda, 2002). Although there are few societies now that explicitly and formally use Confucian teachings and institutions to design social welfare systems, the Confucian ethos continues to influence contemporary social welfare in East Asia (Canda, 2002).

Spiritual Health

In light of the importance placed upon family within Confucianism, it is not surprising that a primary component of spiritual health is honoring ancestors. By enacting ceremonies of respect for ancestors and deceased loved ones, people's sense of continuity with past and future generations, as well as with the living extended family, is reinforced. For some, these ceremonies are respectful metaphorical performances. Others may believe in literal interaction with the dead. For the latter people, ancestor honoring is believed to bring good luck, health, happiness, long life, and other fortunes. This demonstrates the strong connection between spiritual well-being and other domains of health (Thompson, 1989, pp. 45-48).

In classical Confucian teaching, all behaviors that support the well-being of self and others through the spiritual and practical cultivation of virtue will foster health in all domains (Canda, 2002). In Confucianism, spiritual development is fully integrated with physical, emotional, and mental progress. Knowing oneself, respecting one's family and community, and performing one's daily roles in an ethically motivated fashion must be achieved in the context of harmonizing with both nature and the spiritual realm

(heaven). As Confucius stated, “If you don’t know how to live as a person, how can you serve the spirit?” (cited in Chung, 2001, p. 90). Heaven (*tian*) endows human nature with virtue. Heaven is inherent in the true mind. Mencius stated that the route to understanding heaven is through understanding our nature as expressed in the mind (See Hinton, 1998: Mencius, book 7, Part A, verse 1). This is the spiritual path of the sage and those who aspire to emulate the virtue of the sages.

FOR FURTHER INFORMATION ON THE CONFUCIAN TRADITION, SEE THE [CONFUCIUS PUBLISHING COMPANY’S WEBSITE](#); [THE FRIESIAN SCHOOL’S](#) ESSAY ON CONFUCIUS; JUDITH A. BERLING’S ESSAY ON CONFUCIANISM FROM [FOCUS ON ASIA STUDIES](#); EDWARD R. CANDA, "[WISDOM FROM THE CONFUCIAN CLASSICS FOR SPIRITUALLY SENSITIVE SOCIAL WELFARE](#)"; AND EDWARD R. CANDA, "TOWARD SPIRITUALLY SENSITIVE SOCIAL WORK SCHOLARSHIP: INSIGHTS FROM CLASSICAL CONFUCIANISM"

The Hindu Tradition: Physical Health

Traditional Hindus tend to view physical illnesses in relation to ideas from the Ayurvedic medical tradition. Ayurveda is concerned with maintaining or restoring order to the body in relation to the cosmos. It emphasizes the equilibrium of the three vital humors within the body—wind, bile, and phlegm. These humors, or the basic qualities of matter that constitute the body, are in a natural state of flux, and health occurs when they are put in balance. Illness arises when one of the humors becomes excessively agitated. Like Buddhism, Hinduism seeks the cessation of certain elements of human life that trap individuals within a seemingly endless cycle of death and rebirth (*samsara*) and create a life mired in disharmony. This imbalance occurs due to the misuse of the objects of the senses; inappropriate actions of body, mind, and speech; mishandling of time; or disparity with the different seasons. For example, arthritic pain may be identified as a humoral disequilibrium (e.g. an excess of wind) that can be balanced through diet or medicines. However, exemplifying the holistic emphasis of this tradition, such ailments may also be the result of personal conduct (e.g. bad thoughts or habits) that can be remedied through mental or behavioral changes. Connecting physical maladies to the spiritual domain, they can also arise from astrologically bad times or *karma* (Kakar,

1989, 115). Ayurveda includes many therapeutic practices such as surgery, use of medicinal plants, and meditation.

There is great variance within Hindu thought and practice, and thus a diversity of perspectives on spirituality and physical health. More theistically oriented Hindus place emphasis upon beseeching deities to bring about physical well-being. For example, Krishna—the flute playing incarnation of the great deity Vishnu—is one of the most widely honored Hindu deities. Prayers and worship ceremonies dedicated to Krishna can support physical health and other intentions. However, there are monistic practitioners (e.g. Vedantic Hinduism)—who seek to transcend apparent divisions between self, world, and deities. They believe that the True Self (*Atman*) is really one with the true nature of the universe (*Brahman*). Deities may be respected, but they are regarded as manifestations or symbols of aspects of *Brahman*, just like the True Self of every person. For them, corporeal practices such as hatha yoga allow for the transcendence of the human condition, the cessation of suffering, and the purification of the self (Canda & Furman, 1999).

Since roughly the eighteenth century, Western medical perspectives spread to India by European and American missionaries and health practitioners have forged a place within Hindu understandings of physical wellness. This emergence has led to a vast system of hospitals, clinics, and medical colleges focused upon this approach. However, Indian medicine continues to be informed by traditional Ayurvedic, homeopathic, and various indigenous methods. Thus, today, the Hindu priest who emphasizes liberation from death and rebirth as the key to physical health exists side-by-side with the physician who focuses upon well-being cultivated within the confines of this life (Knipe, 1989, p. 108).

Mental Health

Because the body and mind in the Ayurvedic tradition constitute a whole, each is of equal value and ultimately there is no such thing as an exclusively “mental” illness. Nonetheless, Hindu psychology has singled out “desire” and “repulsion” as basic causes of the increase or imbalance in the mental humors (Kakar, 1989, p. 120). When a person’s desire for pleasure oversteps its bounds, he or she becomes a slave to the object of longing, wherein the humors become excited. Repulsion is the avoidance of an object that has caused pain and is associated with the emotions of anger, fear, and envy. Some Indian healing approaches emphasize faith and surrender to a divine power beyond the

individual, as opposed to Western psychotherapies that stress individual effort and struggle. For others, the source of human strength lies in a harmonious integration with one's group, in the individual's obedience to the community's religious ideals, and in appreciation of its traditions. Some Hindus rely upon the abilities of local shamans to assist in protection from debilitating mental disease (Kakar, 1989, p. 121-122).

Monistic (nondualistic) philosophical approaches to Hinduism were popularized outside of India beginning in the late nineteenth century. Such perspectives were first transmitted to the West by Swami Vivekananda. At that juncture, he introduced Vedanta, an ideology that emphasizes the pursuit of *jnana*, or knowledge, and *moksha*, or liberation from ignorance and rebirth. This end is accomplished via the cultivation of inner states of mind and awareness of the true self. It gave Americans their first exposure to Asian meditative practices. In the modern day, Westerners and non-Westerners employ a variety of yogic approaches to bring about mental health. Yoga means to yoke together, or harmonize, all aspects of the self and universe. Yogas are used to unite one's inner being with the oneness of all things. Whether practicing hatha yoga, which focuses upon the release of bodily tensions that are obstacles to mental and spiritual happiness; kriya yoga, which places emphasis upon awakening bodily energies that can facilitate a superconscious state; Transcendental Meditation, which claims to lower blood pressure, relieve stress, and increase intelligence; or a myriad of other forms, yogas link mental well-being to all other domains of health (Albanese, 1999, pp. 303-307).

Social Health

In the most general sense, Hinduism imbues all life with spiritual qualities. Thus, social welfare has always been of primary religious importance. According to Ram Singh, "The main objective of Hinduism has been to develop an ideal society conducive to everyone's growth and welfare" (Singh, 2001, p. 43). Devotees of the god Rama even envision a perfect state run by the deity—one in which truthfulness, honesty, and equal justice are the guiding principles. By reenacting the story of Rama on a yearly basis, many countries in South and Southeast Asia hope to further this vision. Some within the tradition, such as those who adhere to a major Hindu scripture entitled the Bhagavad Gita, call for renunciation of worldly ties for the sake of self-realization. However, even these believers do not construe this detachment as a forsaking of the social. Instead, one is to renounce only selfish actions. By surrendering notions of "I" and "mine," Hindus

hope to better affect an integration of self into the community and the universe (Kakar, 1989, 124).

Perhaps no individual has better exemplified the melding of Hinduism with social health than Mahatma Gandhi. For him, all humans were brothers and sisters, and the welfare of all (*sarvodaya*) was conceived of as the primary religious injunction. Although his parents were devotees of the god Vishnu, Gandhi united a variety of Hindu perspectives with aspects of other major world religions to develop his own philosophy of life. As the leader of the Indian nationalist movement opposing British colonial rule, he advocated for a method of social action known as *satyagraha* (literally “truth force”), or civil disobedience (Canda & Furman, 1999). Prefaced upon offering love in response to emotional or physical violence, this strategy has since found application in conflicts between nations, minorities and their oppressors, social groups, and individuals. Its most famous American manifestations arose during the civil rights movement led by the Rev. Dr. Martin Luther King, Jr.. As Gandhi asserted, “In its positive form, *ahimsa* [non-violence] means the largest love, greatest charity. If I am a follower of *ahimsa*, I *must love* my enemy (1994, 84). Because, God, for him, was “life,” “truth,” “light,” and “love,” all action was infused with a spiritual nature (1994, p. 52). Thus, his ethic was meant to inspire peace and equanimity in the realms of international and national politics, gender and race relations, education, and other social health arenas.

In the modern day, there are countless Hindu organizations and groups that hope to institute a social wellness outlook. For instance, the Brahman Samaj of North America ([BSNA](#)) is comprised of upper class Indians residing in North America and denounces the caste system of their home country. Via a variety of educational, social, and cultural programs, the BSNA pursues the objectives of “higher education,” a “healthy lifestyle,” “a willingness to serve,” and “respect for one another.” [The Chinmaya Mission](#), founded by devotees of Swami Chinmayananda, provides the wisdom of Vedanta for the purposes of spiritual growth and the enablement of individuals to become positive contributors to society. According to the mission’s website, “We stand as one family. Bound to each other with love and respect.” And, echoing Gandhi’s linkage of social health with spiritual well-being, they avow, “Devotion to the people is devotion to the Supreme Self.”

Spiritual Health

Kakar (1989) tells the story of a Hindu man named Ramnath and his struggles with ongoing and unexplained medical problems. Nothing that he tried would alleviate his suffering, including doctor visits and homeopathy. In addition, he practiced “right conduct” and got rid of all of his bad habits. The only relief came through the weekly *satsang* he attended. These communal meditations gave him a feeling of peace, and his nights were no longer as restless. This story reveals that the practice of community worship can be central to a person’s well-being. For many, the goal of Hinduism is to achieve *moksha* (liberation from the cycle of deaths and rebirths) by realizing the unity of one’s true self with the divine. The various paths to this transcendent state include devotion to a deity, meritorious behavior, ascetic techniques, and sacred knowledge (Knipe, 1989, pp. 95-100).

In the assessment of Ram Singh, *dharma* is the Hindu concept of religion that focuses on personal spiritual integration and development. As the “central essence” of Hinduism, it is vital for understanding that tradition’s view of spiritual health. Although admitting that *dharma* is classified in a variety of ways within the multiplicity of Hindu belief systems, he still identified four central types: An emphasis upon love and respect for humanity as a whole; a quest for self-improvement and spirituality leading to salvation; a fulfillment of social obligations such as helping the poor and needy; and a universal variant that encourages actions conducive to the welfare of all society (2001, p. 44). Taken in its entirety, the concept of *dharma* thus speaks to the connection between spiritual health and all other domains of well-being within Hinduism. Regardless of its many mutations, the tradition has historically forged and continues to maintain an integral relationship between proper faith and appropriate practice within the physical, mental, and social arenas.

FOR FURTHER INFORMATION ON THE HINDU TRADITION, SEE [HINDU RESOURCES ONLINE](#); [RUTGER’S UNIVERSITY’S HINDU STUDIES PAGE](#); AND [HINDUISM TODAY](#).

The Islamic Tradition: Physical Health

In the Islamic *hadith* literature (reports of the words and deeds of the Prophet Muhammad), health is considered a blessing. However, the *hadith* also stresses other spiritual functions of sickness. These functions may entail purgation, punishment for sins, or positive rewards. In Islamic tradition, it is very common to express one's sympathy for an illness by saying "It happened with God's permission, or God's will" (Sachedina, 1999, p. 65). In fact, the Prophet Muhammad said that the patient earns merits under the trials of illness: "When God intends to do good to somebody, He afflicts him with trials" (Sachedina, 1999, p. 72). And furthermore, "one night's pain and sickness is better than forty years of worship" (Rahman, 1989, p. 157).

Muslims were among the first in the world to build hospitals to ensure more effective medical care for the sick. Though the Qur'an does not speak explicitly about medical treatment, it does place a high value on health. The Qur'an emphasizes physical and spiritual cleanliness and calls itself a "cure." According to the Prophet Muhammad: "Get yourself treated when you are sick, for every disease God has sent a remedy as well" (Rahman, 1989, p.155). After the performance of basic religious duties, there is no greater service to God than to heal people. For Muslims, this healing was first revealed to certain prophets and then developed by human experience and reason.

Contemporary Islamic medicine continues to assert the Qur'an's link between physical and spiritual domains. As put forth by the *Islamic Code of Medical Ethics*, "Every Muslim doctor will hopefully . . . maintain his professional behavior within the boundaries of Islamic teaching Medical practice is therefore an act of worship and charity on top of being a career to make a living" (cited in Antes, 1989, p. 182). Likewise, Muslim patients believe that they are better able to withstand physical suffering if they possess a strong relationship with God, commit themselves to adhering to Qur'anic commandments, and model the teachings of the Prophet Muhammad. These injunctions also apply to day-to-day life. For instance, bodily wellness is cultivated via dietary restrictions such as prohibitions against pork, alcohol, drugs that can potentially impair normal functioning, or immoderate sexual activity. As with the practice of medicine, these dictates are guided by scripture and are thus viewed as divine mandates related to physical health (Nadir & Dziegielewski, 2001, 151).

Mental Health

In the Islamic tradition, humans are understood to be made up of body and soul, each of which has its own unique needs. Conflict sometimes arises between the two components and causes mental health problems. Reconciling the material and spiritual and establishing equilibrium is the key to mental health. By believing and worshiping the one God and controlling emotions and sensual desires, mental well-being can be achieved. Furthermore, according to Peter Antes, unlike many Christian understandings, in Islam mental illness “implies no control over the body and its actions and relieves one of responsibility or guilt.” This has sometimes led to a belief that special kinds of madness are a gift from Allah, God. For example, an eleventh century Iranian dervish even asked God for the favor of becoming mad in order to be free from his religious duties so he could dedicate himself to Allah more deeply (Antes, 1989, p. 180).

However, the Qur’an describes the ideal mind as “sound, integral, whole, and at peace” (Rahman, 1989, p. 152). Because this tradition has always sought to ally faith with reason, Thomas Cleary has written that it invites “intelligent faith, growing from observation, reflection, and contemplation” (Cleary, 1993, p. vii). The Prophet Muhammad was initially fearful and demurred when offered the Qur’an though prophetic revelation. As he sought to spread Muslim belief throughout his life, he was often confronted with violence and hatred. However, he, like billions of adherents after him, found that the central tenets of Islam provided not only a guide for spiritual development but also a means by which to maintain mental harmony and well-being.

Social Health

In Islam, the virtues of humanitarianism and mercy are central. For example, the Prophet Muhammad levied a tax called *zakat* (one of the Five Pillars, or guiding principles, of Islam) on the well-to-do members of the community. This tithe was to be spent on the poor, orphans, widows, and others in need. As Fazlur Rahman has asserted, “Muslims are like members of one body; if one member is hurt and feels pain, the whole body feels pain A person cannot have faith if he satiates himself while his neighbor goes without food.” In a well-known Islamic *hadith*, the Prophet Muhammad said “visit the sick and free the slave” (cited in Rahman, 1989, pp.153-157). This statement thus reflects a duty of charity and social justice in one’s community.

Summarizing the interconnectedness between Muslim faith and action in the social realm, a representative of the Egyptian Muslim Brothers movement wrote,

“Islam as a system has an influence on the Muslim in peace and quiet; it has an influence on him in thoughts and in intentions, in speech and in work; it has an influence on him in secret and in public, in the hidden and in the unveiled; it has an influence upon him standing and sitting, sleeping and awake . . . it has influence upon him as an individual and in a community, as a governor and a subject, as an owner and a beggar. Consequently, there is no imaginable behavior nor a situation for man where Islam has no influence on the Muslim (cited in Antes, 1989, p. 175).

Thus, notions of Islamic social action are meant to permeate the individual, communal, national, and international levels. This broad understanding of the relationship between faith and the promotion of justice, equality, and peace is best demonstrated by briefly mentioning a number of Muslim social service initiatives.

On the congregational level, mosques and Islamic centers typically offer a variety of programs (schools for children, grief counseling, support groups, etc.) meant to facilitate the social health of their members. Moreover, many of these institutions broadcast such concerns into their community. For instance, the [Dar Al Hijrah Islamic Center](#) in Falls Church, Virginia, declares in the opening sentence of its Mission Statement that it is “dedicated to the betterment of Muslims and society at large.” Guided by the Qu’ran and the Sunnah (customs that guide everyday behavior), Dar Al Hijrah seeks to establish strong relations with other faiths based on “cooperation, tolerance, and mutual understanding.” In doing so, it hopes to help all in its community to cultivate lifestyles that are free of substance abuse, crime, discrimination, and other things that are a detriment to social wellness. National organizations have also developed to further these concerns. The Islamic Social Service Association ([ISSA](#)) was formed in 1999 to be a network for addressing Muslim social service needs. By providing support to service providers in the United States and Canada, the ISSA links community-based organizations to faith communities. Primary among a gamut of matters addressed are pre and post-marital counseling, hospice and palliative care, and programs oriented around domestic violence and substance abuse. Through disseminating information and forging alliances around these issues, the ISSA functions as an umbrella organization for the promotion of Muslim social well-being.

Spiritual Health

Faith in Allah is the first of the Five Pillars of Islam and is proclaimed daily when adherents declare: “There is no God but Allah, and Muhammad is the Prophet of Allah” (Canda & Furman, 1999, p. 138). Taken in their entirety, the Five Pillars keenly demonstrate how a holistic vision of health is linked to the cultivation of spirituality. The second Pillar beseeches Muslims to offer prayer five times daily. Augmenting this spiritual practice is a host of ablutions, or bodily cleansings that prepare one for prayer. The third Pillar—pilgrimage to Mecca or *hajj*—necessitates that each Muslim (if possible) make one voyage to the holy center of Islam during his or her lifetime. The *hajj* is an event that is vital for one’s religious development. It also possesses many social components that inculcate a sense of a worldwide community of belief since people from all over the world join as one during their time in Mecca. The fourth Pillar, fasting during the month of Ramadan, entails an abstinence from eating, drinking, and smoking from sunrise to sunset during this sacred period. This practice functions as a show of devotion, but also provides physical and mental restoration. Finally, as mentioned, the fifth Pillar involves a charitable tithe offered to those in financial need and thus further unites spiritual and social health.

Aneesah Nadir and Sophia Dziegilewski have written that in Islam, “A healthy individual is one who leads a balanced life spiritually, emotionally, intellectually, and socially.” This sense of holism is best advanced when Muslims “develop a strong relationship with God, commit themselves to adhering to Qu’ranic commandments, and model the teachings of the Prophet Muhammad” (2001, pp. 157-158). Ultimately, Islam’s conception of health is founded upon spiritual connections and scriptural prescriptions. The term “Islam” literally means “submission” or “surrender”. Since acquiescence to the will of Allah is of ultimate importance, all streams of wellness spring from dedication to God in every aspect of daily life.

FOR FURTHER INFORMATION ON THE ISLAMIC TRADITION, SEE THE [ISLAMIC SOCIETY OF NORTH AMERICA](#); THE [UNDERSTANDING ISLAM](#) WEBSITE; AND AN [ESSAY BY DR. ADRIAN HUSAIN](#), A FACULTY MEMBER IN THE DEPARTMENT OF HISTORY AND MIDDLE EASTERN

STUDIES AT NEW YORK UNIVERSITY ENTITLED “ISLAM: A HISTORICAL, PRACTICAL AND DOCTRINAL OVERVIEW.

The Judaic Tradition: Physical Health

Because God is all-powerful, all-knowing, and all-merciful in the Judaic tradition, it is presumed that individuals who are sick are so because of God’s design (Solomon, 1999, p. 170). This notion is illustrated in the Book of Job. Therein, the protagonist is afflicted with a variety of physical ailments intended as a test of his faith. Job patiently endures these afflictions while maintaining a questioning stance toward the nature of suffering and evil. It is revealed that his sicknesses are not the result of spiritual insufficiencies (the popular understanding of illness at the time the book was written) but instead result from a divine plan that is incomprehensible to humanity. In the end, physical health (as well as a multitude of other fortunes) is restored due to Job’s enduring belief in God’s omnipotence. The Lord “blessed the latter days” of his life “more than the beginning,” and he died “old and full of days” (Job 42:10-17). (Note: All biblical citations in this essay are taken from the New Revised Standard edition of the Bible).

There are two main sources of knowledge on medical issues from the ancient world that are critical to Judaism: the Mishnah, edited in the year 220 C.E., and the Jerusalem and Babylonian Talmuds, edited in approximately 400 and 500 C.E. respectively (Dorff, 1986, p. 7). Unlike some religious practices that renounce the body, in Judaism it is right to enjoy corporeal pleasures and wrong to deny them because they are divine creations. Therefore, the mainstream Judaic tradition rejects asceticism and monasticism. People have a responsibility to take care of their bodies, which are considered on loan from God (Dorff, 1986, p. 9).

In the Jewish tradition, the practice of medicine is a duty for those who have the skills and are able to perform them. If one is not a physician, then visiting and praying for the welfare of the sick is a core value. According to David ben Shmuel haLevi (1586-1667), “True healing is through prayer, for healing is from heaven, as it is written, ‘I have smitten, and I shall heal’ (Deuteronomy 32:39)” (cited in Solomon, 1999, p. 172). Thus, although Torah law offers myriad commandments related to physical health (e.g. dietary restrictions and personal hygiene), these injunctions are not authoritative solely because they mandate beneficial behaviors but more importantly, because they are commanded by

the divine. Acting upon this impulse, the first Jewish hospitals were built in the last half of the eighteenth century in western and central Europe. By 1933, Jewish hospitals existed in most European countries and were constructed in large numbers by immigrants to the United States throughout the twentieth century (Dorff, 1986, p.19).

Mental Health

The Hebrew Bible describes in detail the paranoia of King Saul, as well as others who suffer from visual and auditory hallucinations. According to Elliot Dorff, Jews saw such afflictions “not as a moral fault.” Therefore, they “did not treat it as something for which one should repent or be punished, but rather sought to prevent or cure it as part of their general obligation to heal” (1986, p. 25). Guidelines for such mental healing can be located in the Book of Proverbs, a piece of scripture that offers short sayings meant to provide basic truths and practical advice. Examples include: “The mind of one who has understanding seeks knowledge, but the mouths of fools feed on folly” (15:14); “Those with good sense are slow to anger, and it is their glory to overlook an offense” (19:11); and “When pride comes, then comes disgrace; but wisdom is with the humble” (11:2).

The rabbi, physician, and scholar Moses Maimonides (1135-1204) offered a set of principles that guide Judaic faith to this day. Within this list he maintained that Jews should draw upon God for a source of solace and trust that divine forgiveness is always possible through steadfast prayer (Friedman, 2001, p. 113). Reflecting this link between the divine and mental health, a rabbinical authority once defined an “imbecile” as one who “destroys everything which is given to him” (cited in Dorff, 1986, p. 24). In Judaism, these teachings were first provided by the Torah and have since been expounded upon over hundreds of years of rabbinical interpretation.

In the modern day, mental health continues to be associated with a holistic vantage guided by spiritual principles. For instance, the General Assembly of the Union of Reform Judaism adopted a resolution in 2001 that called for a wide-ranging approach to mental well-being involving all domains of health. In this thirteen-part statement entitled “[Establishing a Comprehensive System of Care for Persons with Mental Illness](#)” the Assembly implored Reform Jews to produce and circulate literature related to mental illness; destigmatize those suffering from such disorders and welcome them into synagogues; train personnel to recognize and counsel the mentally ill; institute mental outreach programs; and urge governmental and community agencies to develop resources around these aims. As one of countless Jewish initiatives, this resolution demonstrates

the continuation of a multifaceted approach to mental health that bonds pragmatic efforts with scriptural precedents.

Social Health

Because Jewish law articulates a covenant between God and the Jews as a people, community is a central concept of this faith. Good deeds and charity are based on a sense of responsibility, involvement, and kindness. This perspective forms a strong degree of social awareness that is typical of the Jewish tradition. The alleviation of poverty and suffering through consistent patterns of giving and helpfulness is a key precept of Judaism (Canda & Furman 1999; Friedman, 2001). Jewish law focuses on how to live in the social world through the Noahide laws, which God set forth for Noah after the Flood. These dictates banned things such as murder and theft and recommended the building of courts of law. Augmenting these sentiments, many of the Hebrew prophets saw that behind prosperity and luxury was indifference to others and argued that social justice is vital to religion. As declared in the Book of Micah, “He has told you, O mortal, what is good; and what does the Lord require of you but to do justice, and to love kindness, and to walk humbly with your God?” (Micah 6:8).

The great teacher Maimonides outlined eight degrees of charity, from the lowest to the highest. The least of these levels involved giving with “reluctance and regret”—an attitude that offers a “gift of the hand but not of the heart.” As one progresses through these stages, he or she is prompted to “give cheerfully and proportionately,” provide this aid “unsolicited,” do good works in an anonymous fashion without seeking reward, and the most meritorious method of all, to assist people to “earn an honest livelihood” and avoid charity all together (Macarov, 1978, p. 76). It is from these tenets and their underpinnings in Torah law, the writings of the Prophets, and the words of the Talmud that contemporary Jewish communal services and social welfare institutions draw inspiration.

Current examples of Jewish charitable principles can be found in numerous locations throughout the United States. For instance, [Jewish Family Services](#) in Milwaukee, Wisconsin offers a comprehensive package of social services that “enhance the quality of life for Jewish individuals and families and the greater community.” These initiatives include domestic abuse and family counseling, exceptional needs and older adult services, refugee resettlement, and job placement. Similarly, [Jewish Family and Children’s Services](#) in Boston, Massachusetts provides adoption resources, relationship

support, aid for people with disabilities, and an interfaith resource center. Although such agencies operate independently from organized religious groups, the Council of Jewish Federations functions as a national umbrella organization and supports hundreds of Jewish community centers, family service associations, and other organizations that enact the spiritual principles of Judaism for the aid of the less fortunate on a daily basis.

Spiritual Health

Spiritual health concerns pervade the lives of Jews from birth until death and pervade all seasons of the year. At birth, a male child celebrates a *brit*, or circumcision ceremony that signifies the covenant forged between God and the ancient Hebrews. Circumcision thus marks this ongoing relationship in contemporary times. Bar and Bat Mitzvahs, or rites that symbolize a boy or girl's entrance into an adult community of believers, occur during the early teen years. These ceremonies stress the importance of the Torah for guiding one to maturity. Marriage is also linked to spiritual well-being and involves a number of rituals that connect bride and groom to scriptural precepts and a sense of Jewish community. Finally, death is accompanied by an intense period of mourning wherein the *kaddish*, or mourner's prayer, reaffirms belief in the divine.

Like these life cycle events, Jewish holidays unite spiritual growth with lived existence. Passover is the first of these holy days and represents the Exodus from Egypt. An eight-day festival, Passover brings families together for ritualistic meals, the telling of the Exodus account, and prayer. Yom Kippur is a ten-day period of repentance, and the most important holiday for the cultivation of spiritual well-being. This occasion is marked by repentance and reflection upon individual and communal sins. Other holy days such as Shavouth, which celebrates the receiving of the Ten Commandments at Mt. Sinai, and Succoth, which is marked by the construction of a thatch-roofed dwelling (*sukkah*) that invokes Hebrew exile, also connect familial and community-wide celebrations with the augmentation of religious understandings. Finally, Rosh Hashanah, or the Jewish New Year, ritually intones the birth of the world and the beginning of Jewish peoplehood through shared meals, an embrace of family, and prayer.

Judaism is a tradition built on the scriptures, ethical commandments governing daily conduct, Talmudic commentaries, and faith in God (Canda & Furman, 1999, p. 141). As the ancient Hebrews were often under attack from non-Jewish groups or forced into exile, a strong sense of community became vital for the furtherance of these spiritual

health practices. Like all world religious traditions, there is much variance with Judaism. However, as Bruce Friedman has asserted, shared “stories, parables and narratives can be used to help explain many problems and concerns” and “the unifying concept of God helps to bring community together” (2001, pp. 116-117). Therefore, all Jews unite around a common history and a core set of religious principles that have been vested with authority for over 2500 years. Like all faith communities discussed thus far, spiritual wellness is viewed as the key to cultivating well-being in other domains of health.

FOR FURTHER INFORMATION ON THE JUDAIC TRADITION, SEE THE [JUDAISM AND JEWISH RESOURCES](#) WEBSITE; [TORAHNET](#); THE [MY JEWISH LEARNING](#) WEBSITE; AND THE [JUDAISM 101](#) WEBSITE.

The Shamanic Traditions: Physical Health

Shamanism is not a particular, distinct, unified religious tradition. Rather, it is a term made up by scholars to encompass many different cultures’ spiritual healing systems that have similar features. Shamanism is one component within a larger cultural context that usually includes other kinds of healing practices and spiritual beliefs. For example, Korean scholars often use the term “shamanism” to translate the word *musok*, which means “shaman culture,” or the cultural aspects linked directly to spirit guided ritual healers (Kang & Canda, 1995). *Musok* exists within the larger cultural context of *minsok*, which means grassroots indigenous culture. *Minsok* includes other kinds of spirituality based helpers, healers, and artists who are not shamans. In addition, as is common in East Asian cultures, Korean shamanism has blended with influences from Buddhism, Taoism, and Confucianism.

The English word “shaman” is derived through Russian from the Siberian Tungusic and other Central Asian cognate words. The term "shamanism" has come to refer to healing practices found in cultural traditions throughout the world centered on a healer (i.e. a shaman) who uses intensified states of consciousness, such as trance, to communicate with spiritual beings and energies for the purpose of bringing health to the human community. Shamanism most likely originated in the Paleolithic hunting and gathering period and is the oldest documented spiritual approach to healing and service (Canda & Furman, 1999, p. 146). It is important to emphasize that the extremely diverse

cultures around the world that have shamanistic healing systems each have their own terms for the so-called shamans and other traditional healers. Each has its own distinctive religious tradition.

In fact, some people object to the generic use of the term “shamanism” because it may obscure highly various culture-specific understandings of spirituality and healing and because the term is sometimes imposed by outsiders on Indigenous American and others’ spiritual ways. As with all essays in our Spiritual Diversity Resource Center, we encourage the reader to explore various spiritual traditions carefully and respectfully and to understand people on their own terms.

However, the basic shared feature of the shamanic cosmologies is that the universe is comprised of three realms—the skyworld, earth and the underworld—each of which is populated by physical and nonphysical beings and forces that are alive with spirit. These realms are considered to be integrally linked. Thus, when seeking to diagnose the causes of physical illness, the shaman must consider the possible behaviors or actions of humans or spirits that may be disrupting cosmic and communal harmony and devise ways to facilitate a new accord between patient, society, and the cosmos as a whole (Canda & Furman, 1999, pp. 147-148).

Some First Nations (Indigenous American) traditions include shamanism. In the most general terms, the First Nations shaman is one who works in a trance (state of spiritual concentration), and with the aid of his or her helping spirits obtains information and abilities to aid in healing. Some shamans only provide advice to their patients, but most are considered doctors with the capacity to cure sicknesses through connection with spirit helpers. Sometimes First Nations shamans are referred to in English as “medicine people”. However, this term may also refer to herbalists and other healers who are not necessarily shamans. Each language has its own terms for the variety of traditional helpers and healers. Moreover, in Korean shamanism, shamans may perform both divination of the causes of illness and healing rituals under the inspiration of spirit guides (Canda, 2003).

Mental Health

Joan Halifax, an anthropologist and expert on shamanism, notes that whereas doctors give out medicine, shamans are medicine. As she wrote, “In other words, shamans get all mixed up with creation and do not hold themselves apart from life but rather are consumed by it. In this way, they become medicine itself” (1993, p. 90).

Shamanic healing includes sharpening awareness of connections in the world and thus is keenly concerned with one's mental awareness and well-being. Life crises or mental disruptions can offer opportunities for tremendous growth, for "Since crises are dangerous, causing feelings of disorientation and personal disintegration, shamanistic techniques are directed toward helping an afflicted person pass through a crisis successfully, at least with restored harmony, and hopefully with enhanced well-being" (Canda & Furman, 1999, p. 148).

Shamans abound on the Indian subcontinent of Asia and can be found throughout villages, towns, and cities. When approaching mental health, these healers emphasize faith and surrender to a power beyond the individual rather than the private effort and struggle that has come to characterize Western psychotherapy. These ritual specialists often can identify as well as treat mental dis-ease, both on the personal and communal levels. They may also be able to help patients avoid future disharmonies by issuing an amulet or talisman that protects against similar threats. Indian shamans address many mental health concerns, from offering reassurance during times of crisis to assisting victims of crime in apprehending perpetrators or recovering lost items (Kakar, 1989, pp. 121-122).

Shamanism often distinguishes between mental disruptions that are spiritual initiations and those that are pathological (Canda, 2003). In the former case, a person may experience visions and strange mental events because spirits are calling her or him to become a shaman. This type of mental disruption is usually cured by an initiation ritual and guidance by an elder established shaman. In the second case, a person may experience mental illness due to disharmony with self, other people, or various spirits (such as ancestors, plants, animals, or mountains), or loss of one's soul. This requires a healing ritual that may include exorcism or soul retrieval.

Of course, shamans typically realize that physical or mental illnesses may also have physical or biological causes. So physical healing activities (e.g. with sacred plants) and/or referral to Western style health practitioners and medicines may be included in treatment.

Social Health

The work of the shaman may focus on the individual, family, community, or larger world. In any case, shamanic healing involves weaving together the fabric of person, society, and cosmos through rituals. As Canda has described, "The shaman obtains

sacred power from the spiritual realm to heal and edify the human community in harmony with the nonhuman environment” (1983, p. 15). Unlike many conventional Western conceptions, the notion of social health in shamanism includes one’s relationship with the natural environment in a personal and respectful way. “Healing in shamanism involves restoring or creating anew balanced I-Thou relationships between all beings and Being itself” (Canda & Furman, 1999, p. 149).

According to Frederica de Laguna, among the Tlingit peoples of the North American Northwest, their shaman is the intermediary between men and the forces of nature. He cures the sick, controls the weather, brings success in war and on the hunt, foretells the future, communicates with colleagues at a distance, receives news about those who are far away, finds and restores to their families those who are lost and captured by the Land Otter Men, reveals and overthrows the fiendish machinations of witches, and makes public demonstrations of his powers in many awe-inspiring ways (1972, p. 670).

Within this extensive list of duties and skills, one witnesses the vast social responsibilities of the shaman. Shamanic healing brings about personal transformation through a process wherein the individual is reinscribed into a community of well-being. In this manner, the shaman emphasizes the insight that physical or mental health cannot be viewed outside the context of social wellness which involves both humans and non-human beings.

Hmong communities who came to the United States as refugees from Laos often continue shamanic healing practices. Some health and social service programs combine cooperation between Hmong shamans, social workers, and conventional medicinal professionals. Via this complementary approach, many Hmong can see Western-style physicians yet also rely on shamans for restoring health and balancing their body and soul. Unlike conventional allopathic medicine, shamans do not provide a physical diagnosis of the patient but rather attempt to determine the “soul status” of the person- through their entrance into the spirit world- to identify those forces causing the illness. In doing so, the healer seeks to make the soul and physical body a harmoniously functioning unit for physical, mental, social, and spiritual health (Numrich & Wu, 2001; Fadiman, 1998). Hmong shamans and their helping activities also sustain cultural traditions and networks of relationships that support overall community well-being.

Spiritual Health

In the shamanic traditions, what distinguish a shaman from other types of healers are her or his methods. The shaman enters a particular kind of trance state, involving a relationship with spirits, such as ancestors, cultural heroes, the spirits of animals and plants, and other spirit beings. Entry into this state can be accomplished in a variety of ways. Drumming is one very widely used induction method. In this state, the shaman's soul becomes free to penetrate the underworld and sky world and/or to communicate with spirits. While in the shamanic state of consciousness, the shaman may send out part of his or her consciousness/spirit/energy to obtain information or do work in the realm of spirit or energy. The information obtained by the journeying consciousness may come from a variety of sources, including communication with non-human beings and the shaman's own visions or "second sight." This information is retrieved and used for insight and healing.

Ake Hultkrantz has written that within the shamanic traditions, "Health, disease, and death are woven into a pattern that is understandable only if we see it from the point of view of religion," and thus, "all disease has its origin in a disturbed relationship with the supernatural" (1992, pp. xv, 1). Shamanism situates spiritual well-being as paramount for the achievement of wellness in other arenas of life. In the modern day, this spiritual outlook has been increasingly embraced by European Americans under what some scholars call "neoshamanism" (Canda & Furman, 1999). Some Indigenous peoples view this as a colonialist co-opting of their traditions. However, there are increasing numbers of Americans who look to the nature-focused shamanistic spiritual traditions of Indigenous peoples around the world, including European traditions of healing trance and sacred herbalism, for insight into holistic healing and ways to live in harmony with nature.

FOR FURTHER GENERAL INFORMATION ON THE SHAMANIC TRADITIONS, SEE [THE UNIVERSITY OF VIRGINIA'S RELIGIOUS MOVEMENTS PROJECT](#) ; AND [THE SHAMANISM GENERAL OVERVIEW](#). FOR INFORMATION ON HMONG SHAMANISM AND COMPLEMENTARY MEDICINE, SEE [THE UNIVERSITY OF MINNESOTA'S CENTER FOR SPIRITUALITY AND HEALING](#) .

Conclusion

"What is hateful to yourself do not to your fellow man. That is the whole of the Torah and the remainder is but commentary. Go, learn it." These words were said by Rabbi Hillel (60 BCE – 9 CE) and are an expression of what Westerners refer to as "The Golden Rule" (Carmody & Carmody, 1988, p. 134). The Golden Rule explicitly appears in the teachings of Confucianism, Christianity, and Judaism. In addition, all religions discussed indicate an ideal of health rooted in proper relationships among humans, other beings, and the divine or ultimate reality. Thus, each emphasizes some sort of obligation to the social community, as well as in some cases, to the community of non-humans. Living in a community that seeks to alleviate injustice and care for the sick is important for personal well-being.

In exploring the concept of holistic health in some global spiritual traditions, several themes have emerged. First, disharmony between the individual, aspects of the individual, the community, or the Ultimate Reality is a paramount source of suffering, illness, and social injustice. Second, all religions offer remedies for this disharmony, including prayer, chanting, meditation, good deeds, other rituals and ceremonies, as well as traditions of practical healing activities and customs or institutions of social support. Third, community health is integral with individual health, including the community of believers, the entire environment, and the universal community.

Because social health is a key component of holistic health, it is important to remember that the healthy person is inextricably linked to the healthy community, and visa versa. A report to the World Council of Churches in 1989 avowed that health was not primarily medical, but rather causes of disease were "social, economic, political and spiritual, as well as biomedical. Those in loving harmony with God and neighbor not only stay healthier but survive tragedy or suffering best and grow stronger in the process" (Solomon, 1999, p. 181). In a time of continuing tensions between nations and religions, accompanied by patterns of disparity of resources and health within and between nations as well as terrorism and war, the following words from the Judaic tradition might be a good starting point for anyone on a path to holistic health: "When a stranger sojourns with you in your land, you shall not do him wrong. The stranger who sojourns with you shall be to you as the native among you, and you shall love him as yourself" (Leviticus 19:33-34). These words aptly express knowledge of the interconnectedness of reality and

the insight of the Golden Rule, common themes that permeate a diversity of religious traditions.

References

- Albanese, C.L. (1999). America: Religions and Religion. Belmont, CA: Wadsworth Publishing Company.
- Antes, P. (1989). Medicine and the living tradition of Islam. In L. Sullivan (Ed.) Healing and restoring: Health and medicine in the world's religious traditions (pp. 173-202). New York: Macmillan.
- Birnbaum, R. (1989). Chinese Buddhist traditions of healing and the life cycle. In L. Sullivan (Ed.) Healing and restoring: Health and medicine in the world's religious traditions (pp. 33-58). New York: Macmillan.
- Canda, E.R. (1983). General implications of shamanism for clinical social work. International Social Work, 26(4), 14-22.
- Canda, E.R. (2002). Toward spiritually sensitive social work scholarship: Insights from classical Confucianism. Electronic journal of social work (<http://www.ejsw.net/IssueView1.asp>). February 15, 2002.
- Canda, E.R. (2003). Korean shamanic initiation as therapeutic transformation: A transcultural view. In Korean National Commission for UNESCO (Ed.) Korean anthropology: Contemporary Korean culture in flux (pp. 423-445). Elizabeth, NJ: Hollym.
- Canda, E.R. (2001). Buddhism. In M. Van Hook, B. Huguen, and M. Aguilar (Eds.) Spirituality within religious traditions in social work practice (pp. 53-72). Pacific Grove, CA: Brooks/Cole.
- Canda, E.R. & Furman, L.D. (1999). Spiritual diversity in social work practice. New York: The Free Press.
- Carmody, D.L. and Carmody, J.T. (1988). Peace and justice in the scriptures of the world religions. New York: Paulist Press.
- Chung, D. (2001). Confucianism. In M. Van Hook, B. Huguen, and M. Aguilar (Eds.) Spirituality within religious traditions in social work practice (pp. 73-97). Pacific Grove, CA: Brooks/Cole.
- de Bary, W.T. (1972). The Buddhist tradition in India, China and Japan. New York: Vintage.

de Languna, F. (1972). Under Mount Saint Elias: The history and culture of the Yakutat Tlingit. Washington, D.C.: Smithsonian Institution.

Dorff, E.N. (1986). The Jewish tradition. In R.L. Numbers and D.W. Amundsen (Eds.) Caring and curing: Health and medicine in the western religious traditions. New York: Macmillan.

Gandhi, M. (1991). The essential writings of Mahatma Gandhi. Delhi: Oxford University Press.

Fadiman, A. (1998). The spirit catches you and you fall down. New York: Farrar, Straus and Giroux.

Friedman, B. (2001). Judaism. In M. Van Hook, B. Hugen, and M. Aguilar (Eds.) Spirituality within religious traditions in social work practice (pp. 98-119). Pacific Grove, CA: Brooks/Cole.

Halifax, J. (1993). The fruitful darkness. New York: HarperSanFrancisco.

Hinton, D. (Trans.) (1998). Mencius. Washington, D.C.: Counterpoint.

Hultzkantz, A. (1992). Shamanic healing and ritual drama: Health and medicine in native North American religious traditions. New York: Crossroad.

Kang, N., & Canda, E.R. (1995). Open a word-gate: The innovative style of a Korean shaman. Shaman's Drum, (Summer), pp. 49-55.

Kakar, S. (1989). Health and medicine in the living traditions of Hinduism. In L. Sullivan (Ed.) Healing and restoring: Health and medicine in the world's religious traditions (pp. 111-126). New York: Macmillan.

Kitagawa, J.M. (1989). Buddhist medical history. In L. Sullivan (Ed.) Healing and restoring: Health and medicine in the world's religious traditions (pp. 9-32). New York: Macmillan.

Knipe, D.M. (1989). Hinduism and the tradition of Ayurveda. In L. Sullivan (Ed.) Healing and restoring: Health and medicine in the world's religious traditions (pp. 89-109). New York: Macmillan.

Lee, L.C. (Ed.) (1982). Mental fasting. In Shien shui mou shiun (pp. 63-65). Taipei, Taiwan: Truth, Goodness, and Beauty Publishers.

Legge, J. (Trans.) (1885). Li ki. Oxford: Oxford University Press.

Wu, J. S. (1995). Confucius. In I. McGreal (Ed.) Great thinkers of the eastern world (pp. 3-8). New York: HarperCollins Publishers.

Macarov, D. (1978). The design of social welfare. New York: Holt, Rinehart, and Winston.

Nadir, A. & Dziegielewski, S. (2001). In M. Van Hook, B. Hugen, and M. Aguilar (Eds.) Spirituality within religious traditions in social work practice (pp. 146-166).. Pacific Grove, CA: Brooks/Cole.

Numrich C., & Wu, C.Y. (2001). Hmong shamanism and Hmong health care choices. Proceedings of the eighteenth annual international conference on the study of shamanism and alternative modes of healing. Held at San Rafael, CA, September 1-3, 2001.

Nyanatiloka. (1977). Buddhist dictionary: Manual of Buddhist terms and doctrines. San Francisco: Chinese Materials Center.

Rahman, F. (1989). Islam and health/medicine: A historical perspective. In L. Sullivan (Ed.) Healing and restoring: Health and medicine in the world's religious traditions (pp. 149- 172). New York: Macmillan.

Rahula, W. (1974). What the Buddha taught. New York: Grove Weidenfeld.

Sachedina, A. (1999). Can God inflict unrequited pain on his creatures? Muslim perspectives on health and suffering. In J.R. Hinnells and R. Porter (Eds.) Religion, health and suffering (pp. 65-84). London: Kegan Paul International.

Singh, R. (2001). Hinduism. In Van Hook, M. et al. (Eds.) Spirituality within religious traditions in social work practice (pp. 34-52). Pacific Grove, CA: Brooks/Cole.

Skorupski, T. (1999). Health and suffering in Buddhism: Doctrinal and existential considerations. In J.R. Hinnells and R. Porter (Eds.) Religion, health and suffering (pp. 139-165). London: Kegan Paul International.

Solomon, N. (1999). From folk medicine to bioethics in Judaism. In J.R. Hinnells and R. Porter (Eds.) Religion, health and suffering (pp. 166-186). London: Kegan Paul International.

Sullivan, L. (1989). Religious foundations of health and medical power in South America. In L. Sullivan (Ed.) Healing and restoring: Health and medicine in the world's religious traditions (pp. 395-448). New York: Macmillan.

Thompson, L.G. (1989). Chinese religion: An introduction. Belmont, CA: Wadsworth Publishing Company.

