SPIRITUAL ASPECTS OF HEALTH

The subject of Spiritual Dimension was discussed as part of the Global Strategy for Health for All by the Year 2000 at the Seventy-third session of Executive Board to which the document EB73/15 was presented. The Executive Board after deliberation adopted the Resolution EB73.R3. The relevant documents are attached.

This subject will be introduced at the Tenth Session of SEA/ACMR by Dr. Desh Bandhu Bisht, Director-General, Directorate-General of Health Services, Ministry of Health & Family Welfare, Government of India under Agenda Item 17.1.
EXECUTIVE BOARD

Seventy-third session

Provisional agenda item 11

GLOBAL STRATEGY FOR HEALTH FOR ALL BY THE YEAR 2000

The spiritual dimension

During the Thirty-sixth World Health Assembly, the Director-General proposed that the question of the spiritual dimension in health be referred to the Executive Board. He has prepared the reflections that follow to facilitate the discussion in the Board.

Definition

1. Before reflecting on the spiritual dimension in health, one must first clarify what is meant by the word "spiritual", for it is the way in which that word has been understood by different people that has given rise to diametrically opposed views concerning the meaning of the spiritual dimension in health.

2. The word "spiritual" is defined in a wide variety of ways by such authoritative sources as the Oxford and Webster’s English dictionaries and the French dictionaries of Larousse and Robert. This shows that, at least in these two languages, the word has come to have many different meanings. These include: that which is not corporeal, or is not material, and does not belong to the physical world but rather to the world of ideas. Some more specific meanings are also given, such as: that which is related to the soul or to religion; that which is related not to the physical senses nor to external actions but to the intellect or the higher faculties of the mind or to higher moral qualities; and that which has a high refinement of thought or feeling.

3. All of these meanings have one common denominator. They infer a phenomenon that is not material in nature but belongs to the realm of ideas that have arisen in the minds of human beings, particularly ennobling ideas. It is in that sense, and in that sense only, that the word "spiritual" is being used in these reflections.

Historical overview

4. As far as can be gathered from the history of humankind, as soon as homo sapiens had enough food and shelter to survive, human beings were moved to action through ideas that arose in their mind. Often the material world formed the background or the stimulus for the development of these ideas; and often people developed their ideas in order to improve the material world in which they lived and their lot within that world. This is where homo sapiens differs from all other known species.

5. In addition, ideas have often been formed in people’s minds following wonderment at the origin of the universe and of life on this earth, giving rise to different religious, moral or philosophical concepts. These in turn have had very practical implications for people’s daily lives, such as their rhythm of work and rest, their dietary practices, their hygienic habits, their social organization, their marriage laws and customs, their civil and criminal laws, and their treatment of offenders and dissenters.

Moreover, ideas propounded by political philosophers have often been a source of political action. Examples of these are the ideas that led to such ideals as "All men are born free", "liberty, equality, fraternity", and "Workers of the world, unite". These political ideals have given rise to vast material changes throughout the world, such as the abolition of slavery, the democratization of government, and the redistribution of wealth.

By shaping people's action and ways of life, such philosophical, religious, moral or political ideologies have had a profound influence on the physical, mental and social wellbeing of the people concerned.

**Concept of health for all**

8. The concept of health for all by the year 2000 also arose as ideas in people's minds against the background of the adverse health conditions of the vast majority of the world's population. It was greatly influenced by such humane qualities as a sense of decency, empathy with the world's health underprivileged, compassion, and the desire for social justice regarding health. It was considerations such as these that laid the moral basis for the decision of the Thirtieth World Health Assembly in 1977 that the main social target of governments and WHO in the coming decades should be the attainment by all the people of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.¹

9. Thus, non-material values led to a decision that has significant material value for people. For by its very definition the attainment of the goal of health for all will ensure as a minimum such a level of health for people everywhere that they will be capable of working productively and thus contributing to their own economic development and to that of the community and country in which they live.

10. However, the implications are not material alone, because the Health Assembly resolution also refers to a socially productive life, which in itself has a non-material connotation. A prerequisite for social productivity is awareness by people and communities of the factors affecting their health as well as their involvement in shaping their own health destiny. Community involvement is inherent in primary health care as defined in the Declaration of Alma-Ata. It implies social action in accordance with the social and cultural patterns of the country concerned. For communities can only become genuinely involved in any endeavour if they do so in ways that are commensurate with their value systems, their beliefs, their attitudes and their customs. These value systems can express themselves in widely different ways, such as religious beliefs and practices, whether theistic or otherwise; political ideologies; moral sentiments; national, tribal or other group solidarity; the desire to perpetuate local and family traditions and cultural heritage; or concern for the future of the world's environment. For individuals, value systems can find expression in such ways as reading or writing of literature or poetry; meditation; prayer; active or passive enjoyment of such arts as painting, sculpture, music and dancing; and the practice of sports.

**Strategy for Health for All**

11. The Strategy for Health for All was inspired by the above concepts and is therefore dependent on a number of non-material factors in addition to such material factors as resources. For example, the aim of achieving total population coverage with primary health care is a corollary of the concept of social justice regarding health. This aim implies giving preferential care to the underprivileged - a manifestation of human compassion. Another feature of the Strategy, namely the commitment of governments by their constitution or otherwise to the above-mentioned aim, depends to a large extent on such factors as social conscience and decency at the central national level.

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¹ Resolution WHA30.63.
12. An important feature of the Strategy is the social control of the health system through community involvement. Such control implies public participation in influencing the kind of health technology to be used; it also implies influencing the adoption by people of social and behavioural alternatives to technical measures in consonance with their rights and their freedom to choose. This brings the Strategy for Health for All into the homes, the fields, the factories, the schools and other educational institutions, as well as the streets.

13. Social control also has the potential to make health delivery more humane, to care for people before they become patients, and when they become patients, to treat them as feeling and thinking individuals with their own personalities, and not merely as impersonal "cases" or objects with diseased bodily organs in need of repair. Moreover, the humane approach implies taking full account of people's physical and psychological needs at different stages of their life - from conception, through gestation, and into infancy, childhood, adolescence, adulthood and old age. It then permits people to die in a dignified manner.

14. All this has important implications for health workers of all types. To fulfill their roles adequately in such a health system they have not only to possess the technical skills required but also to be motivated and socially attuned to their functions in society. In addition, they have to be able to transmit the necessary motivation and proper attitudes to those they serve so that people can make the most of their social and technical skills.

15. The above are intangible factors, and yet without them the Strategy for Health for All would have no meaning. Each society will have to ensure these intangible factors in a manner that is commensurate with its way of life. Hence, while the principles are universal, their application depends on the specific social and cultural patterns of the country and community concerned. By their very nature, these social and cultural patterns are group-specific and consequently not exportable to other groups. They have in themselves the capacity to contribute to individual and group feelings of wellbeing. Thus, they illustrate the first principle in the Constitution of WHO - that health is not merely the absence of disease or infirmity, nor is it limited to a state of physical wellbeing only, but also includes mental and social wellbeing.

Conclusion

16. To sum up, people's intangible ideas have given rise to health ideals which in turn have led to a practical Strategy for Health for All by the Year 2000. This strategy incorporates the attainment of a goal that has both a material and a non-material component. If the material component can be "provided", the non-material or spiritual one cannot. It is something that arises within people and communities, and manifests itself in keeping with their social and cultural patterns. Moreover, the realization of these health ideals in itself contributes to people's intangible but highly salutary feelings of wellbeing. So it can justly be claimed that people's ennobling ideas have not only stimulated worldwide action for health but have also given health as defined in WHO's Constitution an added spiritual dimension.
Seventy-third Session
Agenda Item 11

THE SPIRITUAL DIMENSION

The Executive Board,

Having considered the report of the Director-General on the spiritual dimension of the Global Strategy for Health for All by the Year 2000,\(^1\)

1. CONCURS with the reflections contained therein, and in particular with its conclusions;

2. RECOMMENDS to the Thirty-seventh World Health Assembly that it note the Board's conclusions.

Seventh meeting, 16 January 1984
EB73/SR/7

\(^1\) Document EB73/15.
SPIRITUAL DIMENSIONS OF HEALTH

Socrates has said: "Wonder is the feeling of a philosopher and philosophy begins with wonder". He also said, "No God is a philosopher or seeker after wisdom, for He is wise already. Neither do the ignorant seek after wisdom; for herein is the evil of ignorance; that he who is neither good nor wise, is nevertheless satisfied with himself".

The question arises: Are we satisfied with ourselves? The obvious answer is negative.

Man perhaps has been the only animal who has the capability of actually participating in his own evolutionary progress, since in his heart burns a perpetual fire for achieving higher and higher degree of satisfaction.

Towards this end health would play the most important role. It is rightly said that health may not be everything, but everything without health is nothing. It is necessary for us to know thus; what should be real health.

The constitution of the World Health Organization defines Health as a "state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity". In 1978 when I had the opportunity of representing India on the Executive Board of the WHO in Geneva, it was my proud privilege to have mooted the idea of enlarging the scope of this definition. The reason for doing so was that so far "Health" has only been associated with "well-being" in its physical, mental and social connotations. And, if it would be so, then in my opinion, 'man' would be no better than an animal.

To bring home this point at that time, I had a very simple example to give i.e. the comparison of a group of human beings to a pack of wolves. Keeping this comparison in view, if the components of health were restricted only to the 'physical', 'mental' and 'social'...
parameters, then the pack of wolves, who would be physically strong, mentally alert and socially well-knit, would be, according to the definition, ideally 'healthy'. Keeping this in mind, and remaining well within this concept, the group of human beings would be no better than the pack of wolves. It is necessary, therefore, for 'Health' to be perceived in a more 'human' perspective subjectively involving the qualitative values of life.

I had mentioned then, and have often repeated myself that here in the East, we often call that aspect of human being which makes one transcend the animal as being 'spiritual'. But the word 'spiritual' has been used in many different ways and has acquired various connotations according to perception of this word in relation to one's own socio-religious and traditional backgrounds. There are many amongst us who simply do not believe that there is anything like 'spiritual' which exists in this world. Ignoring the semantics of the word, it can generally be conceded that there is "SOMETHING" that makes us human beings, and hence, differentiating us from a pack of wolves. I had suggested, therefore, that this 'SOMETHING' be called "FACTOR X", since it is necessary to have word-labels. This "FACTOR X", denoting "SOMETHING" could be used in so far as we are able to justifiably replace it with some other word - or perhaps even consciously incorporate it totally within the word 'mental'; by either modifying it or by redefining the word 'mental', which, as we all know, pertains to the mind.

There is a great deal to be said for the development of this "FACTOR X" as being an important and significant additional component of health. Perhaps only then would it be possible to achieve the near perfect health as a state of complete well being.

Health can only be considered as a means to achieve, the highest goal of life itself and to...
consider health itself as a goal, is quite ambiguous in the evolution of human development. Dr. Albert Einstein once stated that the greatest difficulty of the 20th Century was the ambiguity of the "goals" and the perfection of the "means". The goal of life as a liberation of the soul or absolute bliss has been emphasised by many "Metaphysicists" and "Seers". The idea itself deserves more attention than what has been given to it in the present century.

Most of our programmes in the world are perhaps aimed at perfecting the means for achieving what at best can be termed as "ambiguous goals". "Health" should in fact be the means to produce a group of human beings with all human qualities. Thus, as life can only manifest out of a material base and the mind out of a Life Base, so the 'spiritual' can only manifest itself on a mental base or as a 'thinking' of the mind.

The entire process is basically an exercise in evaluation. The question for us is - How are we preparing ourselves to facilitate the emergence of this 'spiritual' man? On an individual basis, perhaps the Seers and Saints in the not too distant past had prepared themselves to a certain extent and had even succeeded in their development and transformation from the mental to spiritual self.

It would be useful, perhaps, to restate that the term "spiritual dimensions" should not be confined to mere moral, ethical, or otherwise political or even religious connotations. It is an indication of the foresight and farsight of the World Health Organization, and particularly its South East Asia Region, that it was decided that a background paper could be prepared on this important topic. Some of the amorphous views need crystallising.

In our pursuit of learning more about life,
and thereby about science in particular, we have achieved a tremendous progress, albeit with a few set-backs too - but the transition from acquiring a peripheral knowledge to the in-depth pursuit of the subject has not been very promising. This factor is of paramount importance. It leads us to the basic question of "what am I to do with my life"?

Blaise Pascal had said: "Man wishes to be happy and only exists to be happy and cannot wish not to be happy". Using traditional wisdom, we can arrive at a reassuringly plain answer: Man's happiness is to move 'higher'; to develop his 'highest' faculties. If he moves 'lower' he develops only his 'lowest' faculties, which he shares with the animals, then he makes himself deeply unhappy - even to the point of despair.

Without the qualitative concepts of 'higher' and 'lower' it is impossible to even think of guidelines for living that lead beyond individual or collective utilitarianism and selfishness. One of the indispensable conditions for understanding would be the ability to see the so-called hierarchy structure of the world, which makes it possible to distinguish between the higher and the lower levels of Being.

In his analysis of this concept, E.F. Schumacher has summarised the four levels of Being as:

<table>
<thead>
<tr>
<th>Level</th>
<th>Structure</th>
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<tbody>
<tr>
<td>Mineral</td>
<td>m</td>
</tr>
<tr>
<td>Plant</td>
<td>m + X</td>
</tr>
<tr>
<td>Animal</td>
<td>m + X + Y</td>
</tr>
<tr>
<td>Man</td>
<td>m + X + Y + Z</td>
</tr>
</tbody>
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where  

m = inanimate matter  
X = life force (unexplained)  
y = consciousness  
z = self-awareness

x, y & z are invisible; only m is visible.
There has been commendable research work to determine a relation between consciousness and awareness utilising the animal model to fit in with the human being. Neither the study of Physics nor Chemistry, or its interpretation into the Life Sciences can explain this phenomenon and that is the reason why it has been said that only man himself can be the real basis of the study of Man. This can be achieved only by "self-awareness", as Schuhmacher calls it, or 'self-realisation', as Sri Aurobindo puts it. For this, it is necessary for man to transcend beyond the physical, mental and social parameters and deal with the qualitative values of life; the 'spiritual aspect, -- "Factor - X", which convincingly differentiates a human being from an animal.

In conclusion, I re-resort to the uncanny wit and wisdom of one of the greatest philosophers of all times -- Socrates.

"The Delphic Oracle has said that I am the wisest of all Greeks, it is because I alone of all the Greeks know that I know nothing".

This paper has been presented with the sole objective of stimulating thoughts and discussion on the so-called spiritual aspect of health. I do not want or wish to impose any restrictions on the free thoughts and ideas that may emanate from this learned Assembly.

I do hope that our deliberations would crystallise some ways to pursue further towards better identification of these somewhat nebulous features of the real meaning of health.

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Health Services, New Delhi.