

## DEPARTMENT OF MENTAL HEALTH

### **WHOQOL and Spirituality, Religiousness and Personal Beliefs (SRPB)**

This is a general report on the issues discussed in the meeting to develop a WHOQOL module on spirituality, religiousness and personal beliefs, held in Geneva on June 22-24, 1998. This report is not intended as a verbatim record of the proceedings of the meeting. It contains additional information and clarification which were added to the proceedings of the consultation so that the report could serve as the basis for future research on the development of a WHOQOL spirituality, religiousness and personal beliefs module.



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## OBJECTIVES

A consultation to develop a WHOQOL module on spirituality, religiousness and personal beliefs (SRPB) was held in Geneva on June 22-24, 1998. The consultation was organized by the Unit on Mental Health Promotion in the Programme on Mental Health, Division of Mental Health and Prevention of Substance Abuse at WHO Geneva. The objectives of this consultation were:

- To explore the meaning of SRPB as it relates to quality of life and health.
- To define as clearly as possible potential facets of SRPB.
- To review existing facets and propose additional facets to the WHOQOL.
- To suggest facets which may apply to some religious groups and not others (in the same way that national items have been included in the WHOQOL-100).
- To begin to draft some items.
- To produce a broad protocol for follow up work at country level to produce a module.

## OPENING

Dr Li Shichuo, ADG opened the meeting, welcoming participants, and outlining the objectives and challenges of this consultation. He thanked particularly the Fetzer Institute of Michigan, United States for providing financial support and collaboration in conducting this consultation. His opening remarks are attached as Annex 1. Dr. J. Orley chaired the meeting. Dr. D. Rex Billington and Ms. M. Lotfy were rapporteurs. The agenda and the method of work are presented in Annex 2.

## INTRODUCTION

The Constitution of the World Health Organization (WHO) defines health as "A state of complete physical, mental, and social well-being not merely the absence of disease . . .". It follows that the measurement of health and the effects of health care must include not only an indication of changes in the frequency and severity of diseases but also an estimation of well being. This can be assessed by measuring the improvement in the quality of life related to health care. WHO defines Quality of Life as the individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment. "Subjective" perceptions, experiences, beliefs and expectations influence "objective" health status and functioning in physical, psychological, and social domains. Studies suggest that psychosocial dimensions of quality of life (i.e. hope / hopelessness), perceived social support (or isolation), and fighting spirit (or resignation) can have striking effects on disease susceptibility as well as on recovery and survival time in patients with cancer, AIDS and heart disease. In patients with most organic medical disorders, health status is strongly influenced by mood, coping skills and social support. For many patients their spiritual or personal beliefs influence their mood and can be a source of coping, thus having important effects on their health. Since the 1983 World Health assembly, the issue of dealing with the "non-material" or "spiritual" dimension of health has been discussed extensively. A resolution of the 101<sup>st</sup> session of the Executive Board in 1998 requests the Director General to consider an amendment to the constitution defining health as "a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity.". This resolution will be considered in the fifty-second World Health Assembly in May 1999.

The immediate aim of this project is to examine across cultures and religions the facets comprising the spirituality, religiousness and personal beliefs domain of quality of life (SRPB) and perhaps produce a module to the existing WHO Quality of Life measure (WHOQOL) which will allow a more sensitive and complete assessment of this domain in matters of health care, health promotion and the prevention of disease. Any expansion of the WHOQOL as a result of this work could be in the form of an additional module containing facets and items common to the participating cultures and religious groups. Any items which emerge which reflect important aspects of SRPB of a particular religion but not in common with the other religions could be included as "additional" questions to the module, to be used specifically with people of that belief.

This section will explore the concepts of spirituality, religiousness and personal beliefs (SRPB), health and quality of life as they interrelate. More detailed papers on health and quality of life as they relate to the Judeo-Christian, Muslim, Hindu and Buddhist ethics are annexed (Annex 7,8,9,10). It is important to emphasise that consolidation and any module which might result from the study are not intended to address any specific religions and are intended for all forms of spirituality whether practised in a formal religion or not. For those who do not affiliate or recognise a religion or a spiritual dimension, the domain would refer to personal beliefs or code of behaviour.

## THE WHOQOL

With the aid of over 30 collaborating centers around the world, WHO has developed an instrument for measuring quality of life (the WHOQOL-100) and a short form of it, (the WHOQOL-BREF) of 26 items, that can be used in a variety of cultural settings whilst allowing the results from different populations and countries to be compared. These instruments have several uses, including use in medical practice, research, audit, health services and outcomes evaluation, and in policy making.

The Quality of Life instruments are structured by six domains containing twenty-four facets as listed below.

Domain	Facets incorporated within domains
	Overall Quality of Life and General Health
1. Physical health	Energy and fatigue Pain and discomfort Sleep and rest
2. Psychological	Bodily image and appearance Negative feelings Positive feelings Self-esteem Thinking, learning, memory and concentration
3. Level of Independence	Mobility Activities of daily living Dependence on medicinal substances and medical aids Work Capacity
4. Social relationships	Personal relationships Social support Sexual activity
5. Environment	Financial resources Freedom, physical safety and security Health and social care: accessibility and quality Home environment Opportunities for acquiring new information and skills Participation in and opportunities for recreation/leisure Physical environment (pollution/noise/traffic/climate) Transport
6. Spirituality/Religion/Personal beliefs	Spirituality/Religion / Personal beliefs

### The spiritual domain of WHOQOL

The spirituality, religiousness and personal beliefs domain (Sp.) comprising 4 of the 100 items in the WHOQOL-100 is described as follows.

"This domain/facet examines the person's personal beliefs and how these affect quality of life. This might be by helping the person cope with difficulties in his/her life, giving structure to experience, ascribing meaning to spiritual and personal questions, and more generally providing the person with a sense of well-being. This facet addresses people with differing religious beliefs (including Buddhists, Christians, Hindus, and Muslims), as well as other people with differing beliefs that do not fit with a particular religious orientation. For many people religion, personal beliefs and spirituality are a source of comfort, well being, security, meaning, sense of belonging, purpose and strength. However some people feel that religion has a negative influence on their life. Questions are framed to allow this aspect of the facet to emerge."

The questions are:

F24.1 Do your personal beliefs give meaning to your life? (*Intensity*)

Not at all	A little	A moderate	Very much	An extreme
1	2	amount	4	amount
		3		5

F24.2 To what extent do you feel your life to be meaningful? (*Intensity*)

Not at all	A little	A moderate	Very much	An extreme
1	2	amount	4	amount
		3		5

F24.3 To what extent do your personal beliefs give you the strength to face difficulties?

(*Intensity*)

Not at all	A little	A moderate	Very much	An extreme
1	2	amount	4	amount
		3		5

F24.4 To what extent do your personal beliefs help you to understand difficulties in life?

(*Intensity*)

Not at all	A little	A moderate	Very much	An extreme
1	2	amount	4	amount
		3		5

Since the development of the WHOQOL, on several occasions, there have been questions as to whether the four SRPB items are sufficient in covering such an important aspect of health, well being and quality of life.

### The WHOQOL HIV / AIDS module

A recent WHO consultation on the quality of life of people living with HIV and AIDS held in Geneva in February 1997 reinforced the importance of spirituality, religiousness and personal



beliefs in the quality of life of those who will likely die early as a result of the HIV infection. In such circumstances of chronic deterioration and imminent death, questions of the meaning and value of life, of the plausibility of an afterlife, of justice and attribution of blame for disablement, and concerns about the future welfare of dependants take on special significance to the patient. Satisfaction with the answers to these questions can influence the course of infection and the rate of physical and mental deterioration as well as the quality of dying. Part of the objectives of this consultation were to revise the existing domains and facets of the WHOQOL and propose additional items to be added in a module specific to HIV / AIDS patients, as the spiritual domain was viewed as the least elaborate of the existing WHOQOL domains, having only a single facet. Participants felt that this domain would benefit most from discussion and elaboration in culturally specific focus groups. In the consultation, there were a number of suggestions for creating and elaborating additional facets. Some items dealing with spirituality, religiousness and personal beliefs were generated for this module. However, this module deals mainly with "preparation for death" or facing the threat of death due to an incurable disease and does not deal with quality of life in general or for persons who are well.

## **Spirituality and Health**

Until recently the health professions have largely followed a medical model, which seeks to treat patients by focusing on medicines and surgery, and gives less importance to beliefs and faith (in healing, in the physician and in the doctor-patient relationship). This reductionism or mechanistic view of patients as being only a material body, is no longer satisfactory. Patients and physicians have begun to realise the value of elements such as faith, hope and compassion in the healing process. The value of such "spiritual" elements in health and quality of life have led to research in this field in an attempt to move towards a more holistic view of health that includes a non-material dimension emphasising the connectiveness of mind and body. Research in such areas as psychoneuroimmunology for example have shown the linkage between how we feel and how our physical health, in this case the immune system, can be affected. Examples of mind body relations are the essence of psychosomatic medicine.

## **Spirituality, religiousness and personal beliefs**

The spirit is defined in the Oxford dictionary as the "immaterial, intellectual or moral part of man". Thus, spirituality would include beliefs of a non-material nature with the assumption that there is more to life than what can be perceived or fully understood. Spirituality addresses questions such as meaning of life and purpose in life and is not necessarily limited to any specific types of beliefs or practices. Religion on the other hand is defined as "belief in the existence of a supernatural ruling power, the creator and controller of the universe, who has given to man a spiritual nature which continues to exist after the death of the body". Religiousness is then the extent to which an individual believes in, follows and practices a religion. Although there seems to be considerable overlap between the notion of spirituality and religiousness, religiousness differs in that there is a clear suggestion of a system of worship and specific doctrine that is shared with a group. Personal beliefs may be any beliefs, values that an individual holds and which form the basis of that individual's lifestyle and behavior. Again, there may be considerable overlap with the notion of

spirituality, however, personal beliefs may be distinguished from spirituality in that the beliefs held may not necessarily be of a nonmaterial nature. For example, atheism, the belief that there is no God may not necessarily be considered a spiritual belief. Furthermore personal beliefs can include an individual's belief that there is nothing beyond the material world.

### **Spirituality, religiousness, personal beliefs and quality of life**

Ross, in his article on the spiritual dimension, reports a useful definition of spirituality which depends on three component parts: 1. the need to find meaning, purpose and fulfilment in life, 2. the need for hope / will to live 3. the need for belief and faith in self, others and God.<sup>1</sup> The need for meaning is a universal trait that is essential to life itself and when an individual is unable to find meaning they experience distress due to feelings of emptiness and despair.<sup>2</sup> Having hope and will to live is important to both healthy people and ill patients. For ill patients it has been shown that hope and will to live are important factors in the healing process. For some persons faith in self, others and / or God constitutes in large part the meaning, purpose and fulfilment they find in life and can influence their level of hope and will to live. Levin reviewed hundreds of epidemiological studies and concluded that belief in God lowers death rates and increases health.<sup>3</sup> The main factors associated with increased survival for patients with cancer and heart disease were lower alcohol, cigarette and drug use, lower anxiety, depression and anger, lower blood pressure and higher quality of life.<sup>4</sup>

The importance of the spiritual dimension can apply especially to hospitalized ill patients as they may be facing loss of control, sometimes for the first time in their lives. This realization motivates some patients who were not spiritually conscious to seek or reconfirm a center of control outside of the self (i.e. God). The experience of the illness may reduce their ability to seek fulfilment for their spiritual needs, which in turn increases their chance of experiencing spiritual distress and this may have adverse effects on their state of health. A person who has a center of control outside of self (e.g. God) may question their relationship with God because of their physical illness, this can apply especially to patients who are terminally ill. The spiritual distress can have adverse effects on their health and Quality of life.<sup>5</sup> Studies have shown that during such experiences a considerable number of patients reported various spiritual needs or desires. Some issues of great importance to them included the need to find meaning in life, the desire for belief in God (often expressed through formal religious practices), wanting relief from fear and doubt, wanting relief from feelings of loneliness, and wanting to feel relatedness to others and God.<sup>6</sup>

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1 Ross, L. The Spiritual Dimension: Its Importance to Patients' Health, Well-Being and Quality of Life and its Implication for Nursing practice. *International Journal of Nursing Studies*, 1995: 32(5): 457-468.

2 Ross, L. Spiritual Aspects of Nursing. *J-Adv-Nurs.*, 1994: 19(3): 439-447.

3 Benson, H. Timeless Healing: The Power and Biology of Belief. Fireside, 1997.

4 Idem

5 Ross, L. The Spiritual Dimension: Its Importance to Patients' Health, Well-Being and Quality of Life and its Implication for Nursing practice. *International Journal of Nursing Studies*, 1995: 32(5): 457-468.

6 Idem

## Facets Proposed for the HIV / AIDS Module which might be Suitable for a WHOQOL SRPB Module

Following the HIV / AIDS consultation that took place in Geneva in February 1997, several proposed facets were defined to attempt to describe the SRPB domain. These were generated for a module created for people with HIV / AIDS. To provide a starting point for a more general SRPB module, a review of seven areas that were focused upon in this meeting, were discussed:

1. *Meaning of Life.* This was proposed as a facet to examine several aspects of potential meaning: (a) Feeling that life has a greater plan or purpose. This is a part of most religions, including Buddhism, Hinduism, Islam and Judeo-Christianity; (b) Having a sense of mission (e.g., "a calling," feeling personally part of a greater plan, whether of God, or a more general structure or undertaking); (c) Being able to derive meaning from or to understand apparently senseless situations (e.g., "when bad things happen to good people"). In Islam for example everything that happens to a person is the will of God; and (d) Feeling a greater sense of personal meaning or understanding than before (e.g., things are finally "coming together"). Considering the situation of a person with a severe illness, he or she may see some meaning in having the illness if this is viewed as part of God's plan or will, or perhaps some greater understanding (e.g. for "medicine") will result. Thus, a person may feel that he or she is fulfilling an important role, one designed by a guiding force or spirit. Those individuals who do not practice a specific religion nor have religious beliefs may still be guided in the same way by their personal beliefs, moral, civil or ethical codes.

2. *Forgiveness.* This was proposed as a possible facet to explore ways of dealing with feelings of anger and guilt, but also as a state that may be associated with more positive feelings and a higher quality of life. At the consultation, this facet was conceptualised as two dimensional--forgiving and being forgiven. This conceptualisation suggested four separate areas of inquiry: (a) whether people forgive themselves (for getting diseased); (b) whether they forgive others--family, partners, caregivers, "God," Divine being or spiritual forces, (for example, others who they believe have let them down, failed to protect them, led them into situations that resulted in infection, or caused them other misfortune); (c) whether others forgive them (for example, for being a burden, an embarrassment, or for having violated their trust); and (d) whether "God" or spiritual forces forgive them.

Another aspect of forgiveness is "forgetting" (as in "forgive and forget"), which perhaps could be inquired about separately, or included in the dimensions of forgiveness, perhaps as an indicator of intensity. Other questions were raised about whether "peace" rather than "forgiveness" is the positive state that is associated with increased quality of life. If peace is the desired state, then forgiving may be one way to achieve this, but not the only way. People may describe feeling "at peace" when they are satisfied with what they have accomplished, resolved, or completed, or with the state of their close relationships, regardless of feeling forgiveness.

For some people, anger or more positively--determination to correct social injustices, can fuel a sense of commitment and purpose, which can lead ultimately to a feeling of having "won"

peace with the world. There are many reports that the feeling of having contributed something to prevention, treatment, or improving the situations of current and future people afflicted with a particular disorder has made a significant difference in the quality of life of patients who have chosen this path. The idea may be applicable to people living with any terminal or severely debilitating illness.

3. *Beliefs*. This facet was proposed to explore the extent to which people have basic beliefs that help direct and influence their lives. For some persons these beliefs may be to do with God, a spiritual entity, social justice, human rights, scientific evidence, human wisdom and so on. Existing WHOQOL items (F24.1 to F24.4) appear to cover this idea (e.g., F24.3 "To what extent do your personal beliefs give you the strength to face difficulties?"). However, these four items cover two broad issues, which are: 1. The extent to which a person feels that his / her beliefs give meaning to their life and 2. the extent to which a person feels that his / her beliefs give him / her strength to face and understand difficulties in life. There may be other issues to do with beliefs that are not covered in the WHOQOL-100 which may need to be added if a separate module for SRPB is created.

4. *Spiritual connectedness*. Experiencing support (or its converse) from a "spiritual network." This potential facet was proposed but not described in detail during the consultation, but if it were to be elaborated this could include a feeling of participation in the continuity of life, with one's ancestors and through one's children, or feeling part of "the great circle of life." The converse of feeling spiritually connected could be feeling cut-off from life and other people, disinherited--both literally and figuratively, and disengaged. Related concepts include having generated, produced, or created something of lasting value or something that made a positive difference (e.g., by which one could be remembered).

5. *Personal spiritual experience*. This potential facet was proposed to explore a person's experience of being part of, touched by, and/or in harmony with a positive spiritual force, which provides inner strength and peace. Such a force or spirit may also provide guidance for living both in the present and future. While experiencing this force may be very positive for some people, others may experience such force(s) acting upon them in a negative way, as if they are "bewitched" or "hexed," and that there is little that they can do to control their fate.

6. *Feeling in harmony with the past, present, and future*. At the consultation there was a great deal of discussion over differences in cultural perspectives on the subject of time. A prevailing opinion in Western cultures is that "living fully" in the present and feeling at ease with ambiguity is good, but that thinking about the past or future is bad (as in "regretting" or "being obsessed" with the past; "dreading" the future). In other cultures, however, such as India, the very important spiritual experience and sense of Karma means that the past has determined what a person is today. In Buddhism, there is the belief in reincarnation, in which a person who has lived a good life goes into a better reincarnated state.

7. *Death and dying*. This facet was proposed to examine feelings about death and dying, concerning oneself and others. It explores the process of bereavement, as grieving about the death of loved ones and friends (e.g., whether the person feels resolved about or "can't get over" these deaths). It also deals with a person's feelings about his or her own death (e.g.,

whether this is feared, accepted, viewed as "inevitable," or denied). This facet may include feelings about how death may happen, such as feeling prepared for death, and whether concrete plans have been made, as in how and where to die. Fears about death were distinguished from fears about the process of dying. What seems to make the critical difference is *quality of dying*, e.g., whether one can imagine or anticipate being "ready," in control, aware, surrounded by loved ones, comfortable, and not in pain. Other important aspects to assess in this facet include: belief in life after death; whether there is a "conspiracy of silence" among those closest to the person; and the personal or cultural significance of dying and/or being buried in a special place or with one's predeceased family.

## **PROCEEDINGS OF THE CONSULTATION**

### **Introduction to Background Materials**

The history of the development of the WHOQOL instrument was presented by Dr J. Orley. The background materials (Annex 4), which had been sent to all participants before the consultation were briefly introduced and each of the contributors took a few minutes to elaborate on the articles they had written. The Judeo-Christian perspective was presented by Dr Eisemann, Associate Professor in the Department of Psychiatry at Umeå University. The Islamic perspective was presented by Ms M. Lotfy, Technical Officer on the WHOQOL, WHO Geneva, and Dr A Mohit, Regional Adviser, Mental Health, WHO Regional Office for the Eastern Mediterranean. Dr Reddy, former Director of the National Institute of Mental Health and Neurological Sciences (NIMHANS) and Dr Bisht, Director Medical Education Research, Indraprastha Apollo Hospitals, presented the Hindu perspective. Dr Yamaguti, Professor at Kyoto University, presented a Buddhist perspective. Mr Webster, Division of Analysis, Research and Assessment at WHO Geneva, presented a translation of Mr Callisaya's paper on the Aymara's perspectives on spirituality, religiousness and personal beliefs and quality of life and health. Dr L. Underwood Gordon, Director of Research at the Fetzer Institute, presented three short papers on spirituality and health.

### **Preliminary Facet Definitions**

After preliminary discussion and in order to generate potential areas relevant to spirituality, religiousness and personal beliefs, an interactive process was used where participants were asked to write between one to seven words, each on a slip of paper to represent one idea or reason as to why spirituality, religiousness and personal beliefs are important to quality of life. In order to get some commonality, it was emphasised that participants were to think of spirituality, religiousness and personal beliefs within the framework of quality of life rather than health in general. (Nevertheless, it was agreed that within a module issues that were specific to certain countries or religions could be added on in the same way that national items had been added to the WHOQOL-100). These slips of paper were posted on the wall and then arranged into clusters or groups of common ideas.

During the discussions, the notion of transcendence arose and the importance of the belief in a spiritual entity, which is beyond the created world which helps provide security, guidance, strength and well-being. There was a discussion on whether the specific term "God" should be used to describe such an entity. One view was that as a large number of people believe in some superior being, it would be appropriate to use the term. The other view was that this would exclude some people who do not believe in any superior being or perhaps believe in more than one superior being. It was argued that the consultation participants would not decide on such a term, but leave it up to the country focus group work. The participants at this consultation consisted mainly of scientists and health professionals whereas a broader range of people would be involved in country level work, and the term "God" may be more meaningful to them than terms like "transcendent" or "superior being". There was an emphasis on remaining flexible in drafting facet definitions and sample items to be made available for country level work.

Related to this discussion was the relationship of the individual with such a spiritual entity, or the transcendent, and how such a relationship can help the individual find purpose and meaning in life as well as energy and optimism. On the other hand the possibility of such a feeling or relationship hindering the individual in their daily life was discussed. An example of such a hindrance could include the person feeling helpless because they feel they have no control over their life and may therefore take less initiative and responsibility. Also an individual may have an intense sense of spirituality but may feel alienated from formalised religion and its practices, such a feeling of alienation or inability to express this feeling of being connected to the transcendent could have a negative impact on quality of life and well-being.

After generating a list of potential facet areas the meeting divided into three groups to discuss clusters of ideas and issues and to begin to construct some preliminary facet definitions and possible sample items. Bearing in mind how the WHOQOL-100 had been constructed and that these definitions and items would be translated into several different languages to provide a framework for focus group work at country level, participants were encouraged to feel as free and unrestricted as possible in this task. Ideas from the three groups were discussed in plenary. After the consultation they were organised and edited by members of the WHO secretariat who also elaborated further on the potential SRPB facet definitions. These are presented in the next section.

## **Facet Definitions and Sample Items**

The following areas are perhaps common to people coming from many different cultures and holding different beliefs. A person who believes in a particular religion will look at the following ideas and statements with their religion in mind. A person who does not follow a particular religion but believes nevertheless in a higher, spiritual entity, one that exists beyond the physical and material world, will look at the following ideas and statements from this viewpoint. A person who does not believe in a higher spiritual entity but has strong personal beliefs or followings that guide him in his day to day activities such as a scientific theory or a particular philosophical view, will look at the following ideas and statements from that perspective.

In the following definitions and sample items, such words as “belief”, “belief systems”, “spiritual entity” and so on will be used. The translation of such terms into languages other than English will result in more appropriate wording, such as “God” or “Allah”. Among the facets that follow are some overlapping issues or ideas. With the input of country focus group work, some of these overlaps will hopefully be clarified.

## **TRANSCENDENCE**

The facets in this section will examine faith or belief in a spiritual entity, beyond the created world and the security, strength and well-being that a person feels through such a belief. This section will also cover the individual’s relationship with such a spiritual entity as well as the

person's sense of identity within the spiritual domain and how these aspects affect their quality of life and well-being.

### ***Connectedness to a spiritual being or force***

This facet explores a person's feelings of being connected to a spiritual entity. It expresses a level of intimacy that is beyond the normal daily relationships with people and generates a heightened sense of well being. This also includes the person's sense of continuity with life, ancestors, and with future generations. Its negative aspect is feeling alienated from or disinherited by what is considered spiritually important. It includes feelings of having contributed to the well being of future generations, either through their children or leaving something of lasting value to be remembered by future generations. This facet also describes a spiritual sense of self which is beyond the body and which gives meaning to life and broadens understanding. During times of physical, emotional or social distress this can provide a perspective which can help to deal with difficulties, and make the experience of life better despite difficult circumstances. It also can encourage generosity and willingness to tolerate frustration of one's own will. This sense of self can be conceptualized as being within the self as a soul or spiritual center, and / or extend beyond the physical and mental boundaries to include things such as humanity and the environment. It can counter-balance tendencies to define ourselves in terms of what we have or how we fit functionally in the world.

- To what extent does your feeling of being connected to a spiritual entity / moral or ethical code / system of beliefs help you make sense of the world?
- To what extent does having a sense of continuity with future generations affect you?
- How important is it to you to be able to leave something of lasting value or something to be remembered by in future generations?
- To what extent does having a spiritual sense of self help you experience life in a better way?
- How much does having a spiritual sense of self help you tolerate distress?

### ***Meaning of Life***

This facet explores the various ways and degrees to which a person feels a sense of purpose to life or that life is part of a greater plan or mission. It means life has a certain direction. Purpose or meaning in life may be provided by spiritual beliefs, by a code of values or ethics, through a social or political cause. The meaning or significance of life may be influenced by an individual's community, or culture. It will be shaped by an individual's stage of life, by environment, as well as religious, spiritual or belief systems. It contributes an appreciation of life or understanding, perhaps acceptance for what is.

- To what extent do your spirituality /religion or personal beliefs give meaning to your life?
- To what extent does your belief in a spiritual entity / moral or ethical code / system of beliefs give purpose and meaning to your life?
- To what extent do you feel your life has purpose?
- How much do you believe that having meaning in life will help guide you through difficult times?
- To what extent do you feel that you are part of a greater plan?



### ***Awe***

This facet explores feelings of wonder in the world around you, and the beauty, inspiration and excitement that this generates. For some people this may lead to feelings of gratitude, in others a sense of being close to God and feeling grateful for being able to enjoy beauty in the world. Other people may marvel at the beauty of nature and feel good just being able to enjoy such beauty. This feeling of awe and gratitude may be so overwhelming that it can also make one feel overruled and small in comparison to creation. Very simple or very complex issues (for example, a sunset, a painting or music) can arouse this feeling. The appreciation, enhanced spirituality and intensity that such a feeling produces in an individual may be highly valued and sought for.

- To what extent do feelings of awe inspire you?
- To what extent do you feel pleasure and get enjoyment from your surroundings (i.e. sunset, trees, nature)?

### ***Wholeness / Integration***

This facet explores the relationship and connection between the mind, body and soul. How we feel affects how we act and how we act affects how we feel and the way we think about ourselves. Wholeness means a sense of coherence in living and the feeling of having a complete life. The negative side of this would be the individual's feeling that somehow their life is incomplete, that something is missing from their life or that their life is fragmented into several smaller parts rather than a cohesive whole.

- To what extent does any affiliation to religious or social groups give you a sense of coherence in life?
- To what extent do you feel that your life is incomplete or missing something?

### ***Divine Love***

Giving or experiencing love can enrich quality of life. This facet deals with love and compassion with and from the Divine and may be especially pertinent to persons with a specific religion such as Christianity or Islam.

- To what extent do you feel the love and compassion of a God / the Divine / a Superior power?

### ***Inner Peace / Serenity / Harmony***

The facet explores the extent to which people are at peace with themselves. The source of this peace is from within the person and can be connected to a relationship the person might have with God or it may derive from their belief in a moral code or set of beliefs. The feeling is of serenity and calmness. Whenever things go wrong, this inner peace helps you cope. It is viewed as a highly desirable condition.

- To what extent do you feel peaceful within yourself?
- To what extent are you able to remain calm in difficult times?
- To what extent does a sense of inner peace make you feel good?
- To what extent do you accept your life?

- How comforted do you feel with the presence of God / spirit / your beliefs?

### ***Inner Strength***

This facet refers to an inner strength which one may draw on which gives one stability and the ability to face difficulties and overcome adversity. The inner strength may be thought as deriving from a source outside the person, for example from a cultural tradition or from God. It may also be seen as part of a person's given character and come from a personal philosophy, or from knowledge of family or community support. The Hindu practice of yoga or a religious person receiving a revelation from God can help provide this inner strength.

- To what extent do you feel you have inner strength that gives you the capacity to overcome the difficulties in your life?
- How satisfied are you with your ability to confront difficult times?
- To what extent do you feel you have inner strength which provides you with the ability to face difficulties?

### ***Death and Dying***

This facet explores attitudes to death and understanding death as inevitable, acceptable and part of the scheme of things, coming to terms with and finding meaning in death. For some people death can be viewed positively, it can represent a move from life on earth to a better life or the afterlife, or it can be seen as a relief from toil, distress, pain, grief at the end of biological existence. Its negative aspects include excessive fear of death and fear about losing control over dying. This facet explores the person's attitude and feelings towards the death of others who are close to them. The notion of untimely death, for example the death of a young person in an accident, and the shock that others suffer in such an event is also explored here. A person may have more difficulty in finding meaning in such an instance and may view it as unacceptable or unfair. Also included in this facet is the person's attitude towards diseases which can lead to death.

- To what extent are you bothered about dying?
- How much are you concerned about being in control of the situation when you die?
- How much are you able to accept death as inevitable?
- To what extent is your outlook on death positive?
- To what extent does your outlook on death affect the quality of your life?
- To what extent are you able to accept the death of those people who are close to you?
- To what extent are you able to accept the untimely death of someone close to you (for example, a young person dying in an accident)?
- How much do you fear diseases which can lead to death?

### ***Detachment / Attachment***

This facet explores the individual's ability to let go of cherished possessions, achievements and persons. It does not imply complete separation nor should it be seen as a lack of interest in people or possessions but rather that an individual does not completely depend on possessions, achievements or loved ones. For example the loss of a loved one, job, property or other possessions is less likely to affect a person's quality of life if they can let go. A person can enjoy success or achievement without being attached to the physical or material rewards they bring. This ability to detach can enhance the person's quality of life and well being. This facet may be applicable to Buddhism and Hinduism more than other religions.

Achieving detachment from possessions and things which “ultimately” do not really matter may be a goal in life pursued by some people as part of their beliefs.

- To what extent are you upset when you lose a possession?
- How much do you feel attached to material possessions?
- How much do you feel burdened by your attachment to others?

### ***Hope / Optimism***

This facet refers to a sense of optimism, that the future will be better for oneself, community, humankind and the afterlife. It is not just positive feelings about oneself or community, or realistic expectations for the future. Rather, it is the sense of inspiration and optimism for the future. The opposite of hope is despair, in that nothing will ever get better. The opposite of a sense of optimism would be a sense of pessimism, a sense that the future will not get better or may potentially get worse.

- To what extent do you have positive expectations for the future?
- To what extent does a sense of inspiration and optimism in the future help you today?

### ***Control Over Your Life***

This facet explores the person's attitudes and beliefs regarding their control over their life and their living circumstances. Some people believe that the events in one's life are pre-determined or controlled in some way by others and circumstances. Whereas for other people, not having control over their life is unacceptable. Those persons who believe they are in control and responsible for their choices try to alter their situation or events to have a better quality of life. They may feel frustration when they are unable to do so. Others who believe in God / fate / destiny or that some external forces or people control their lives may feel less anxiety and frustration in difficult times as they would believe that it is a part of their destiny and was bound to happen. They accept their situation in life. Belief in fate and destiny and relying on others can also be negative in that the person may resign themselves to their fate, be inactive and perhaps miss opportunities for greater self-development.

- To what extent do you feel that you have control over your life?
- How much does a belief that you have control over your life help you in dealing with day to day living?
- To what extent do you believe in a spiritual entity / moral or ethical code / system of beliefs?
- To what extent does a belief in a spiritual entity / moral or ethical code / system of beliefs influence your capabilities to meet crises?

**PERSONAL RELATIONSHIPS** (to be added to the existing WHOQOL Social Relationships domain)

### ***Kindness to others / Selflessness***

This facet describes how caring and compassion for others without expecting or hoping for anything in return can contribute to quality of life. It is a sense of selflessness which involves an interest in the well-being of others without expecting or hoping for any personal benefit.

This may involve helping others to the extent that it is inconvenient to you and requires sacrifice of your own preferences.

- How much can you put others' needs before your own?
- To what extent do you take pleasure in the success of others?
- To what extent do you care about others without expecting anything in return?
- To what extent do you help others?
- How much do you sacrifice your own interests for those of others?

### ***Acceptance of others***

This facet explores to what degree a person can accept others as they are even if one does not agree with their thoughts or beliefs or actions. This includes respect for others, and tolerance.

- To what extent do you accept others with whom you do not agree?
- To what extent can you accept others who are different from you?

### ***Forgiveness***

This facet describes how for some people feeling forgiven by others and being forgiving towards others is important for their quality of life. Showing mercy can also be a part of this in that the individual refrains from punishing or wronging those who have wronged him or her. Showing mercy for and being able to forgive others can provide the individual with a sense of peace and harmony and lead to better quality of life. For some people this may include forgiveness by a superior being, by a political group or by their community or forgiving any of those when things go wrong. The negative side may be the inability to forgive or "bearing a grudge" when somebody has done you wrong. Such feelings may be a burden to the individual who is unable to forgive.

- To what extent do you forgive others who have wronged you in some way?
- To what extent do you feel burdened by not being able to forgive others who have wronged you?

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## CODE TO LIVE BY

### *Code to live by*

This facet refers to personal beliefs which guide living. The beliefs can be in the form of religious codes ordained by God / Allah / Buddha or other supreme spiritual entity(ies), as revealed in writings such as the Koran, the Bible or the Upanishads. They can be political codes such as a national constitution or a Bill of Rights. These codes may be based on justice, love, compassion and / or fairness. They may involve subjection to the will of God as revealed in writings attributed to prophets. These codes of conduct provide direction to living and for the attainment of a relationship to God, an afterlife or an ideal valued state of living in this world.

- How often have you felt that your belief in a powerful spiritual force / moral or ethical code / system of beliefs has provided you with security, guidance, strength and well-being?
- To what extent does your belief in a spiritual entity / moral or ethical code / system of beliefs have some effect on your daily actions / behaviours?
- To what extent does your belief in God or a moral code / law help you to face / solve problems in your day to day life?
- To what extent does your belief in a spiritual entity / moral or ethical code / system of beliefs hinder you in your daily life / activities?
- How distressed are you by thoughts of not being able to live up to the standards set by God or the organized social order (laws, legal instruments, social ethics)?
- How distressed are you by thoughts of not being able to live up to the standards of your family / social / cultural or spiritual traditions?
- How satisfied are you that your lifestyle is guided by your principles?

### *Freedom to Practice Beliefs and Rituals*

This facet explores the extent to which individuals feel they have the freedom and capacity to exercise their beliefs or those of their cultures or traditions, through rituals such as, ceremonial observations, religious rites, meditation, prayer or fasting. This facet also explores if a person believes he benefits through such practices. It also includes the freedom individuals or groups have to express their spiritual practices or fundamental beliefs and respects the right of others to exercise their spiritual or religious beliefs or traditions. For some people this might include participating in a public march for a principle they believe in. This facet also addresses the possibility of rituals also being a burden or imposition for some individuals. The social and political rights of the individual are also examined here, particularly with regard to the International Bill of Human Rights. Some individuals such as refugees, victims of wars and aggressions, politically oppressed persons or groups can indicate how such difficulties impact on their quality of life.

- To what extent are you satisfied with your freedom to practice your beliefs / rituals / social and human rights?
- How much fulfilment do you get from ritual practices such as religious rites, ceremonies, meditation and prayer?

- To what extent do you feel that certain beliefs are imposed on you by others?
- To what extent do some religious ceremonies inconvenience you?
- How satisfied are you with the extent to which your community supports you to practice your beliefs / rituals / social and human rights?
- To what extent does the practise of rituals help you face day to day situations?

### ***Faith***

This facet explores how your faith in something which is not scientifically provable (i.e. a divine truth, God, philosophical doctrine or value system) provides strength and comfort in daily life. For some people this would provide confidence to face difficult crises. For others this might assure them that all will work out for the best ultimately.

- To what extent do you find strength and comfort in daily life that comes from your faith?
  - To what extent do you feel confident that you can get through difficult times?
  - To what extent do you feel that things will work out ultimately for the best?
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- To what extent does your belief in a spiritual entity / moral or ethical code / system of beliefs prevent you from taking responsibility and initiative in your daily life?

## **SPECIFIC RELIGIOUS BELIEFS**

### ***Specific religious beliefs***

This includes those items that are specific to an identified religion or a religious belief such as Islam, Judaism, Christianity, Hinduism, Buddhism and so on. The items in this facet may provide a view on issues that are of key importance to the practice of that religion and which can affect quality of life.

- How distressed are you when you are unable to wash before prayer?
- How much is attending Sunday mass important to you?
- To what extent does fasting give you a sense of fulfilment?

## National plan: next steps for the WHOQOL

On the third day of the consultation, the procedure to develop an SRPB Module was discussed. The following provides a summary of this procedure. For more detail a step by step plan for the construction of a SRPB module prepared after the consultation is presented in Annex 5. Concept clarification had been an objective of this consultation. Literature reviews would continue throughout the development of the SRPB module. Some of the people attending the consultation agreed to collaborate in producing this module. Other national sites would be invited to join the project.

The provisional facet definitions and items would be given to national sites to be translated into the local languages. Centres would then conduct focus group discussions in the local language, with health experts or with other specific groups and lay people. It was agreed that focus group work with the lay people should be the predominant part of the focus group work. The facets produced by focus group discussions would then be translated and sent to WHO, Geneva. The main purpose would be to explore whether new facets are needed or whether existing facets need changing. During focus group work, it would be very valuable to find out those facets and questions which each group feel would be especially important and those of less importance in order to help discussions in the item writing meeting. This would be an important part of the item development process, particularly in the pilot testing phase to assess the importance of facets. This will be addressed during the item writing group meeting.

There would be two sets of focus group work, the first on facet definitions, the second to generate possible items in the national language. Countries would set up item writing panels. Items then would get translated into English and sent to WHO, Geneva where a global pool of items would be selected. These would be translated back into national languages with back translations into English to ensure that translations are correct.

For pilot testing the WHOQOL-100 would be used as well as the new items developed for SRPB domain. At the pilot testing stage there would also be a focus on importance. The sample proposed for the pilot testing would include one hundred participants who practice the dominant religion of that field centre, one hundred participants who practice a minority religion / who are agnostic / or who hold alternative beliefs and one hundred participants who are atheist and from a variety of professions. Of this sample of three hundred participants there would be a portion of participants who would be unwell, approximately one hundred and eighty.

Pilot testing would be analysed centrally and the best items would be retained. These would go back to the country again for field testing. The field test data would then be analysed and the module would be finalised. It was stressed that a time consuming activity would be the translations and that centres should take this into account when deciding to collaborate. The overall time frame for the study would be approximately two years. The question of funding was raised. Efforts will be made to secure some funding for country level work particularly. Generally, most participants seemed very keen to participate in the study and would remain in contact with the project.

## **Steps for publications**

The consultation raised discussion beyond just creating facet definitions and items. The idea of producing something more than a background document either by elaborating on the background papers already produced or by combining them in a comprehensive document that would include many of the issues discussed was suggested. Areas were suggested for further research.

There is much literature on spirituality and health, thus the literature review will be a continuing process. It was also suggested that future work should not focus on religion per se but should rather look at those aspects of religion that are linked to health and look at how these aspects can be expressed in operational terms. Also important are the positive effects that spirituality will have towards health promotion, prevention and care. It was suggested that WHO might consider preparing a document on the practical implications of spirituality, religiousness and personal beliefs for health care.



**ANNEXES**

## Background paper for the "Meeting to develop a WHOQOL Module on Spirituality, Religiousness and Personal Beliefs" (Geneva, June 22-24, 1998)

### A Judaic-Christian Perspective

*by Martin Eisemann, Assoc Professor, Head: Unit of Medical Psychology,  
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Today, Durkheim's concerns from the end of last century about how important religion is in modern society, seem still topical. The question rises if religion primarily creates conflict between ethnic groups (as evident in Bosnia) and political fractions or is should it be rather regarded as a microphenomenon by enriching the everyday lives of people at the grassroots level and enhancing life by encouraging values, meaning and compassion?(Johnson TR, 1995)

Until recently, the Christian church provided by their religious message opportunity to find a meaning of life in general and a meaning of suffering in particular. Nowadays these messages are less accepted and listened to. Experiences of meaning are related with other spiritual areas:

- with the spiritual well-being. Persons who predominantly perceive their life as meaningful, judge themselves as more favourable, have more self-respect, more coping competence in face of difficulties, have more positive experiences in everyday life, have a better mental health. There is an interaction between the experience of meaning and mental health.
- stress, i.e. experiences in which an event in the environment or in the individual herself, is regarded as compromising/threatening to the well-being, reduce the feeling of meaningfulness.

Experiences of meaning are dependent of somatic processes, severe pain, limited mobility, metabolic disturbances.

In a study by Richter & Doll (1993) it appeared that one third of the respondents regarded "religious relation (to the loving God)", "a meaningful order in the universe", as particularly meaningful. E.g. cancer patients regard their disease as a consequence of their sins and as a punishment of God. For centuries, people have found hope meaning in their lives in the religious messages of the church, in the messages of Jesus and Moses. There are reports of people who could find a meaning in their suffering by means of their religious beliefs: A 85 year old woman brought with a femoral fracture to the hospital, asked: "Why this happened to me? God didn't help me. I don't believe in him!". After successful treatment and discharge from hospital she expressed: "I see, God has helped me. He wanted me to show patience and

belief." Here, obviously a cognitive restructuring took place in terms of a change in the perceived meaning of the fracture.

According to Mulder (1995) suffering, once strongly valued by religion and society, is no longer regarded as a necessary experience. To reach a high level of well-being, body and soul have to be nurtured and the spiritual dimension has to be acknowledged. In the St Markus gospel(8:36) we can read: "What does it help a man if he wins the whole world, but loses his soul?"

In the preindustrial and early industrial age, religion played a dominant role. The imagination of a life beyond death and the insight that life on earth is not a right but a godsend, not the result of coincidence but a gift from the creator, had a crucial importance for the reality of people of that time. The conviction that everything in the world is related and for its existence depends on a "power" with the overall responsibility might provide a feeling of being surrounded by some kind of totality. Such a feeling might result in that everything which is comprised by this totality, i.e. life and death, work and leisure, health and disease, offsprings and family, obtains partly different proportions. In other words, religion such as christianity which emphasizes the existence of some kind of life after death, exerts an relativistic effect onto the perception of life. How you feel during your life is primarily perceived as a preparatory phase for your eternal life.

### **Health and Death**

One hundred years ago it was obviously more important to rear one's children to become good christians rather than to teach them what is beneficial or harmful for health. Today the aim of parental rearing has been shifted from Christian values to health. Maybe we can call it some kind of "health moralism". E.g. in previous times many Christian communities have condemned smoking, alcohol misuse and promiscuity by referring to the Bible and God's will.

Also today people are dissuaded from these behaviours. However, health is used as a motive rather than God's will. In other words, the practical consequences remain the same even if the underlying values are different. As concerns death, it is in the Christian religion regarded from a negative perspective, i.e. as the payment for our sins. Innocent immortality has been seen as the natural condition of human beings.

This thinking has been formulated by Augustinus (354-450 AD) in his theory on the relationship between sin, death and eternal punishment as described in "De Civitate Dei" (Book III, 3): "The first human beings were

created under this condition, that they would not have experienced any kind of death, if they had not sinned; and yet those first sinners were sentenced to death, with the provision that whatever sprang from their stock should incur the same punishment." Accordingly, death is not part of our existence. It is regarded as something evil, a condition which never should have happened. It is a catastrophic consequence of the fact that man turned away from his creator. Death is a punishment and a total denial of life and the good things. This view has had a crucial role for our opinion about death in our culture and how we experience and deal with it. Interestingly, this way of thinking can also be found in modern times, e.g. in Jean Paul Satre's "L'être et le néant" (1943), where he denominates death as the absolute destruction which smashes the meaning of life.

In this context "eschatology", i.e. the teaching of the final events, in terms of what is expecting us by and after death should be considered. Many theologians assume that eschatology is the "red thread" in the Christian doctrine. However, there are few theologians who seriously deal with eschatological issues today. Consequently, many people have difficulties to accept their transitory existence and repress it. Instead we wish to rule over life and death which is expressed by the function of modern medicine. Some of the more spectacular medical disciplines such as transplantation surgery and prenatal diagnostics should be seen against this background. In times when we assume to have only one life this implies to get out of it as much as possible and to extend it to a maximum.

Death is perceived as a threat towards life and happiness and not (as before) as a gate to another existence. In such a time we could say that the extreme unction has been replaced by repeated attempts of resuscitation. In buddism however, one of the central doctrines is that we have to learn to break off from life. As long as we live and want to live we will experience pain and suffering. This implies under certain circumstances that the desire for living represents an obstacle to enjoy it. Similar lines of thinking can be found in the Gospel according to St Matthew where Jesus says: "Who will save his life has to lose it, but who will lose his life on my account, he will find it" (16:25). According to Jewish tradition, man from the very beginning had been living in total harmony with nature and God. Correspondingly, the Bible tells us about the Garden of Eden where there were neither diseases nor death and not even the necessity to work. However, things changed after the Fall of Man. The view of a life in health constituted part of the Jews' belief in the possibility to live in close union with their creator.

Despite living in an increasingly secular world, the elderly still regard religion as a help in making sense about life. According to Cox & Hammonds (1988) this is especially true among protestants because they have a

greater likelihood of facing the end of life with a belief in immortality than do other religious groups.

### **Some empirical evidence**

More than 50 years ago Lawton concluded that trust in God was only second to good health for successful aging (Moberg, 1993). Religion was more important than income level, social support and altruism.

However, subsequent findings were not consistent. Some studies found no impact at all (Markides et al., 1987) and some reported significant relationships between religion and quality of life measures. (Argyle, 1987). Renetzky (1979) concluded that the major factor which appeared to influence the individuals' spiritual well-being and hence their state of health and quality of life was belief in God.

O'Brien (1986) found patients with a positive religious perspective on life adapting more readily to the stress of hemodialysis .

Martin & Carlsson (1988) reported on two studies indicating the therapeutic effect of faith in reducing pulmonary oedema, need for antibiotic therapy and intubation.

Religiosity is regarded as a coping mechanism for certain individuals (e.g. the elderly). As intimacy decreases through loss of social support network, intimacy can be sustained through the religious community, through closeness with God. Spirituality is recognized as an important component of health care practice with elderly people.

Zorn & Johnson (1997) found in a sample of rural elderly women a high level of religious well-being and a significant correlation with social support and hope.

In a comparative study (Rai GS et al. 1995) in the UK and the Netherlands on nursing home residents, the practicing and importance of religion was associated with a high level of happiness and well-being.

McMillan & Mahon (1994) found among hospice patients that relationship with God ranked highest on the total weighted quality of life score, the satisfaction score and importance score.

According to Creagan (1997) a social support system and an element of spirituality and religion seem to be the most consistent predictors of quality of life and possible survival among patients with advanced malignant disease.

From a comprehensive study on quality of life issues in 1525 subjects with cancer Ferrell (1996) describes spiritual well-being as "the ability to maintain hope and derive meaning from the cancer experience that is characterized by uncertainty. Spiritual well-being involves issues of transcendence and is enhanced by one's religion.."

Kark et al. (1996) reported that mortality in 11 secular kibbutzim between 1970 and 1985 was nearly twice that of 11 matched religious kibbutzim. In 1991 a cross-sectional study was conducted in 5 of the religious and 5 of the secular kibbutzim to investigate the possible influence of risk factors onto the unequal survival. Religious kibbutz members reported a higher level of sense of coherence (according to Antonovsky's salutogenic concept) and a lower level of hostility than their secular counterparts. The findings seem consistent with an interpretation that Jewish religious observance may enhance the formation of certain protective personality characteristics, and increase host resistance to stressors and thereby promote overall well-being and a positive health status.

Christian and Judaic traditions encourage hope that one is never "truly alone" (Johnson TR, 1995) which provides a believer additional coping resources when facing personal loss. This is consistent with Thoits's (1983) assumption that a meaningful existence is enhanced through existential integration. Furthermore, the role religion can play in connecting the individual with the past, the present and the future and with one's God, is also compatible with Erickson's (1963) emphasis on ego integrity. The obtained feeling of peace, wholeness and security one finds in the presence of God results in less anxiety and doubt and a better assessment of one's life.

The view of religion has moved from Freud's position as a "universal obsessional neurosis" to a resource which finally seems to enhance quality of life (Larson et al., 1994).

The importance attributed to spiritual well-being decreased significantly about a century ago when health care philosophy moved from a holistic to a more dualistic approach (Penrose & Barret, 1982). Even if there are attempts to rediscover holism, health care remains dominated by the medical model concentrating onto the disease process with medical treatment (Ross, 1995).

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# Islam, Health and Quality of life

M. Lotfy, D. Rex Billington

## Introduction

Islam is a monotheistic faith where only one God is worshipped. The term *Allah* is the Arabic word for "God" which is also used by Christian and Jewish Arabs. Allah is the Creator of all human beings. Muslims worship Allah, they put their trust in Him and they seek His help and His guidance. Muhammad was chosen by God to deliver His Message of Peace. He was born in 570 C.E. (Common Era) in Makkah, Arabia. He was entrusted with the Message of Islam when he was at the age of forty years. The revelation that he received is called the Qur'an. Muhammad is the very last Prophet of God to mankind. He is the final Messenger of God. Muhammad is considered to be the summation and the culmination of all the prophets and was entrusted with the power of explaining, interpreting and living the teaching of the Qur'an.

The legal sources of Islam are the Qur'an and the Hadith. The Qur'an is the exact word of God; its authenticity, originality and totality are intact. Although the Qur'an itself is not explicit about medicine, it places a very high value on health promotion and disease prevention by stressing the importance of good nutrition and physical and spiritual cleanliness. The Hadith is the report of the sayings, deeds and approvals of the Prophet Muhammad. The Prophet's sayings and deeds are called Sunnah. The Seerah is the writings of followers of Muhammad about the life of the Prophet. Hence, it is the life history of the Prophet Muhammad which provides examples of daily living for Muslim believers.

In Islam there is no radical mind-body dualism. The Islamic view of afterlife is NOT the soul's survival after death of the body, but rather God's revival of the whole organism on the Day of Resurrection. For some Muslim scholars there has been some ambivalence about practices such as dissection and organ transplantation as they felt that human dignity could be violated by such practices. On the other hand, great importance is given to hygiene, prevention of disease, keeping fit physically as well as spiritually. In order to explore the relation between Islam, health and Quality of Life, this paper will first look at basic Islamic principles as well as Islamic celebrations. Secondly, we will examine the role of the Five Pillars of Islam in health and quality of life. Finally, we will explore some of the principles and teachings from the Qur'an as well as the Hadith that guide the Muslim in health promotion and disease prevention and encourage the believer to lead a generally wholesome and healthy lifestyle.

## Islamic Principles

Islamic principles include the belief that people are created equal in front of the Law of God. Therefore, there is no superiority for one race over another. God made people of different colours, nationalities, languages and beliefs so as to test who is going to be better than others. No one can claim that he is better than others. It is only God Who knows who is better. It depends on piety and righteousness. Islam discourages greed and arrogance in any form. Muslims believe that there are unseen creatures such as angels created by God in the universe for special missions. They also believe that there is a Day of Judgement when all people of the world throughout the history of mankind till the last day of life on earth, are to be brought for accounting, reward and punishment.

Muslims believe that people are born free of sin and that it is only after they reach the age of puberty and possibly commit sins that they are to be accountable for their mistakes. No one is responsible for or can take the responsibility for the sins of others. Therefore, each individual is entirely responsible for his or her actions and behaviours. However, the door of forgiveness through true repentance is always open.

Most importantly, Islam is a total and a complete way of life and encompasses all aspects of life including physical, social and spiritual well-being. As such, the teachings of Islam do not separate religion from politics. As a matter of fact, state and religion are under the obedience of Allah through the teachings of Islam. Hence, economic and social transactions, as well as educational and political systems are also part of the teachings of Islam.

### **Muslim Celebrations and Community**

Muslims have two major annual celebrations or *Eid*: Eid of Sacrifice and Eid of Fast-Breaking. The Eid of Sacrifice is in remembrance of the sacrifice to be by Prophet Abraham of his son. The Eid of Fast-Breaking comes at the end of the month of fasting, Ramadan. The Place of Worship for Muslim believers is the Mosque or *Masjid*. There are three holy places of worship for the Muslims in the world, these are: Mosque of Kaaba in Makkah, Mosque of the Prophet Muhammad in Madinah, and Masjid Aqsa, adjacent to the Dome of the Rock in Jerusalem. However, a Muslim may pray any where in the world whether in a Mosque, a house, an office, or outside. The whole world is a place of worship. Although it is preferable that Muslims pray in a congregation, they may also pray individually anywhere.

Muslims are requested in the Qur'an to leave their works shortly after noon on Friday for the Friday congregational prayer in a Mosque, at the end of the prayer, they are requested to go back to their work. A leader or *Imam* gives a sermon (*Khutba*) and leads the congregational prayer. These regular meetings at the Mosque provide the individual with a sense of community or social network that can serve as a good model or give good counsel in times of difficulty. Thus, the Muslim has a strong sense of family, community and social responsibility, keeps a good balance between introversion and extraversion and is therefore less likely to be prone to isolation and depression (Abou El Azayem, G.). Group meetings in the Mosque are also often used for cultural and educational purposes. Statistics show that suicide is rare in Islamic societies, "Don't commit suicide because God is merciful to you" (Qur'an).

### **PRACTICES OF ISLAM**

Every Muslim is expected to follow the five pillars of Islam which include:

1. *Shahada* or Creed which is the verbal commitment and pledge that there is only One God and that Muhammad is the Messenger of God.
2. *Salat* or Prayers which is a requirement of all Muslims that involves the performance of the five daily prayers.
3. *Saum* or Fasting which is a total abstinence from food, liquids and intimate intercourse (between married couples) from dawn to sunset during the entire month of Ramadan.
4. *Zakat* is a "Purifying Tax" which is an annual payment of a certain percentage of a Muslim's property which is distributed among the poor or other rightful beneficiaries.

5. Hajj involves the performance of pilgrimage to Makkah which is required once in a lifetime if means are available. Hajj is in part in memory of the trials and tribulations of Prophet Abraham, his wife Hagar and his eldest son Prophet Ishmael.

The name "Islam" in Arabic means "to surrender" oneself to God. Islam advocates complete faith in and surrender to God. Islam holds that true belief in God or *Imman* is the first and most necessary requirement without which neither prayer, charity, fasting nor pilgrimage will be accepted. In times of illness, man's awareness of God increases and he or she becomes closer to God by realising their weakness (Athar, S. et al.). Some of the most common ailments of modern day include depression, stress, tension and anxiety. Islamic belief holds that the individual's destiny is pre-determined by the laws of nature (some known and some unknown). The Qur'an uses the idea of pre-determined or "pre-written" happenings (meaning the individual must comply with those laws of nature) as a means of reassurance. Although, the Islamic view of destiny is not a fatalistic one, there is no sense in worrying about the future. God Almighty says: "No disaster ever happens on earth nor to yourselves unless it is [pre-written] in a book before we brought it into existence. That is easy for God [to do], so that you should not feel distressed about what may have escaped you..." (Qur'an 57:22-23). Islam requires the individual to have complete faith in God and his justice and ensures that Muslims can overcome such feelings of tension and anxiety if they stick to forbearance, perseverance and forgiveness. God says: "No disaster has ever struck [anyone] unless it was with God's consent [= according to his laws]. Anyone who believes in God, has Him to reassure his own heart [= mental situation]" (Qur'an 64:11). Faith in God strengthens will power and supports feelings of hope and optimism. The individual's faith in God's justice should help him or her overcome any feelings of distress or sense of guilt since they know they can confess their sins in a secure atmosphere and that God is merciful and compassionate.

Prayer is very important not only on a spiritual level but also on a physical and psychological one. *Wadu* is the practice of washing all exposed body parts (i.e. hands, feet, and face) five times a day before each prayer. This has a refreshing and relaxing effect for the person. Through prayer, not only does the person obtain spiritual tranquillity and peace which is important for mental health, but prayers also help in the digestion of food and in fact prayers are arranged so that they are longer when they follow meal times in order to give more exercise to the body. Prayers put almost all muscles of the body in action and help save individuals from muscle and joint diseases. They also help blood circulation and mitigate the bad effect of cholesterol on the body. As such prayer plays a vital role in acting as a preventive measure against heart attack, paralysis, premature senility, dementia, diabetes mellitus and so on. The Prophet stated "prayers are certainly health promoting" (Athar, S. et al.) and also prayer relieves fatigue.

There have been a lot of studies conducted on the effects of Saum (fasting) on health. The Muslim fast involves complete abstinence from any food or liquid substances from sunrise until sunset. Fasting has several physical as well as spiritual benefits. On a physiological level, fasting gives a rest to the digestive tract and the central nervous system and normalises the metabolism. Dr. Kharofa examines the benefits of fasting in his publication *The Islamic View of well Being of man*. He states that there is no malnutrition involved in fasting since it poses no restrictions on the type or amount of food intake at *Iftaar* or *Sahar*, the two meal times at which the fast is broken and that also fasting is a healthier and more effective method to lose weight and regulate body mass if an individual is overweight. There are also additional prayers after dinner throughout Ramadan which help metabolise the large quantities of food. These additional

prayers can use up to two hundred calories. From a behavioural point of view, fasting is an exercise in self-discipline. During Ramadan the individual also stops nibbling on food between meals, smoking and coffee, which are all harmful for health. Breaking such habits in Ramadan can help provide the person with the motivation to stay away from such habits in the future. On the psychological level, the Muslim who fasts has a feeling of inner peace and tranquillity. The prophet advised: *If one slanders you or aggresses against you, tell them I am fasting*. Studies have shown that personal hostilities are minimal during Ramadan to the extent that crime rates fall during this period (Athar, S. et al.). Every Muslim is expected to fast during Ramadan except children below age twelve, patients, travellers and women who are menstruating or nursing a baby. In any of these instances, the individual is exempt from fasting. If medical patients insist on fasting then they should be monitored closely by their physician and have their medication adjusted. Patients with migraine and diabetic patients taking insulin are advised NOT to fast.

The word *Zakat* itself means purification and growth, which in this context is meant to imply the purification of legitimately earned wealth. According to Islam any ownership of wealth belongs to God, therefore in the instance of any money gain or loss, God is thanked. This is demonstrative of the principles of justice and equality in Islam.

The morale behind pilgrimage or Hajj is submission and absolute surrender to god's will. The Hajj gives the Muslim the opportunity for repentance and also represents the social and political gathering of Ummah depicting brotherhood and equality. Pilgrimage is representative of the programming and testing of individuals for endurance which is a requirement for all Muslim men and women. The Hajj involves long walks, heat, sun, thirst and physical exercise which are to remind people of the Day of Judgement. It is advised to perform the Hajj when young and physically well rather than wait for old age. Overall it is suggested for all people to keep in good physical shape before and after the Hajj (Athar, S. et al.).

### **Guidelines for Hygiene and Health Promoting Behaviour**

Cleanliness of body and mind are stressed throughout the Qur'an and the Hadith. It is advised to wash hands before and after meals and to abstain from wiping hands on a towel as it may convey bacteria or infection. Washing after defecation is also recommended so as to prevent Pilonidal sinus, which is an abscess occurring in that region of the body. There is also advice about dental hygiene *Khilala*, the prophet said *whoever eats should pick bits and pieces from between his teeth*, so that they do not rot and produce disease of the gums and so on. There is also evidence of advice to use *Miswak* which is the twig of a tree that is used for brushing teeth. Islam also advises the covering of the head and neck to prevent heat stroke.

The Qur'an advises that healthy nutrition consists in a balanced diet and warns against excess in food as it leads to diseases of affluence which is against Islamic guidance. God says: "Eat and drink but avoid excess" (Qur'an 7:31). The Qur'an also advises healthy nutrition which is based on a balanced diet of proteins, fats, carbohydrates, electrolytes, vitamins and other things. Islam favours the use of more healthy and nutritious foods such as whole wheat as opposed to sieved flour, for example. Muslims are not allowed to pollute water, especially still water. They are not allowed to urinate or defecate in it, or even wash in it if it is not running.

Circumcision or the removal of the foreskin (prepuce) is advised for men as neglecting hygiene of the prepuce can cause inflammation and fungal growth. It has been a long held misconception that Islam ordered the circumcision of women as well. Pre-Islamic Arabs had introduced Khifadh (female circumcision), which originally meant removal of the clitoris prepuce. However, since the clitoris prepuce is much smaller, inevitably this would impair the clitoris itself or the area around it, which can have very serious repercussions. The Ancient Egyptians had also introduced female circumcision whereby female external genitals were entirely cut off and this is still practised in some African countries, which they ruled. Such atrocities are wrongly attributed to Islam. The Hadith only contains instructions to any woman who undertakes such an action to avoid the violation of the female genitals and to cut only a small part of the clitoral prepuce. There is still dispute over the authenticity of such Hadith. Other Muslims argue that the Prophet would never have allowed such practices which harm women (WHO 1996).

In addition to personal hygiene and cleanliness, Islam made forbidden certain foods and substances which were believed to be a threat to health and well-being. The forbidden foods include blood, dead meat and pork. In fact Islam provides rules on animal slaughtering which maximise the draining of the blood from animal flesh. Meat coming from an animal slaughtered according to such rulings is called *Halal* meat. Pork is a forbidden food as it contains two types of worm that can attack the digestive system and cause illness or infection. The selling and consuming of alcohol is prohibited by Islam, which of course minimises incidences of alcoholism and other resulting mental disorders. In fact the use of any mind-altering substance is implied, but some try to allow their use under the claim that their prohibition was not directly stated. Islamic scholars are currently trying to shed more light on this issue.

Islam does not approve either total indulgence or total abstinence from sensual pleasure. Islam advocates marriage and prohibits all other alternatives for sexual enjoyment. This is a very important measure of the prevention of the spread of sexually transmitted diseases including HIV / AIDS. Before marriage, young people are encouraged to sublimate sexual energy through activities such as riding, swimming and so on. The religion facilitates and encourages marriage for young people by removing all social, financial and traditional obstacles that may prevent it (WHO 1992). Some sexual behaviours and orientation, which may increase the chances of contracting HIV/ AIDS such as homosexuality, anal intercourse, permissive intercourse with different partners or adultery, are strictly forbidden. In fact the Sharia describes specific punishment for adultery: the unmarried party gets lashing and the married party gets punishment by stoning.

## Conclusion

Islam is more than a religion, it is also a way of life that provides people with good principles on which to build a healthy life. Islam provides guidelines for ethics in the medical profession and has always encouraged people to increase their knowledge of health and disease, medicines and side effects. It is also suggested that people should use this knowledge in preventing illness, recognising early symptoms, seeking early medical attention, monitoring the course of disease and implementing treatment. Islam asks the patient to accept illness and disease as the will of God and ask Him to remove the affliction. However, it also asks the patient to seek treatment: *You servants of Allah, seek treatment, for Allah did not send down an illness that Allah did not send down treatment for.* Therefore, Muslims are encouraged to actively seek treatment and

participate in their health, quality of life and well being on all levels, physical, psychological, social and spiritual.

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## **INTRODUCTION**

Islam is the last of the three monotheistic faiths after Judaism and Christianity. They all worship the One Universal Eternal Creator, given various names in different languages (God, Dieu, Allah, Yahweh, Theos, Khoda etc). Uniquely he gave man autonomy, knowledge, choice and hence accountability. This life is transient and accountability may be evaded in it, but death is surely followed by another (enduring) life where people are judged and reward, punishment and forgiveness are meted, as ruled by God.

## **THE SHARI'AH**

The total address of god to the believers in the Shariah. Its sources are the Quran (authored by God and merely transmitted to Prophet Mohammad by Angel Gabriel), the teachings and example of the Prophet (called the Sunnah) and where there is no text intellectual analogy and derivation not in conflict with Quran and Sunnah.

The ultimate goals of the Shariah are the preservation and protection of (1) Life, (2) Mind, (3) Religion, (4) Ownership and (5) Family. Each is served through a branching set of rulings that collectively cover all possible human activities and concerns.

### **The Mind**

By the mind we know God. It is the basis of our eligibility for accountability and the means of differentiating right from wrong. It is our instrument for deciphering God's creation in us and in the universe [Relevant Quranic verses: "Say my Lord: increase my knowledge" – "Amongst His worshippers: the learned fear Him most" – "They are not equal: those who have knowledge and those who don't" – "Say: walk in earth and find out how He started the creation"]. Mohammad said: "the pursuit of knowledge is a religious obligation on every Muslim, man or woman. Islam is clear about the two debts we owe our minds:

- 1 – To use them, as already explained,
- 2 – To protect them, hence the absolute prohibition of taking alcohol or drugs that numb or stupefy the mind.

Freedom from anxiety, oppression and intellectual censorship are basic Islamic human rights.

### **Protection of life**

This addressed (by prohibition) such issues as abortion and suicide (assisted or unassisted). Because the Quran says: "Whoever saves a life it would be as if he saved all mankind", organ donation is considered a charity and is juridically excepted from the basic rule of respecting (non-violating) the human body, alive or dead.

But the service of life covers the care for health and well-being, addressing (even detailing) various "Curative" and "Preventive" aspects. When ill, seeking treatment is mandatory, as the Prophet said "Seek treatment, for every illness God has created a cure, whether already known or not". To a Muslim the doctor is the instrument but the healer is God. Unless the doctor is clearly negligent, he is not to blame if the required



outcome is not achieved. Litigatory tendencies are minimal amongst Muslims. If all have done their best then the outcome is God's fate, to be accepted as a matter of faith.

Caring for health, Islam pursues even the long chains of causation, and we can only cite a few examples. A Quranic verse reads: "Don't throw yourselves with your own hands into harm", and the Prophet said: "There should be no harm or harming". On these grounds the scholars ruled that smoking was religiously unlawful once its relation to cancer and other illness was established. Mohammad taught that "Cleanliness is part of faith" and gave clear instructions on cleanliness (and hygiene) of body, clothing, home, street and environment. The concept of quarantine was expressed in his order: "If there is plague in a city, don't enter it if you are outside, but don't get out if you are already inside". Mohammad warned against over-indulgence in eating. He encouraged sportsmanship, such as his sayings: "The strong believer is better than the weak one", and: "Teach your children swimming, archery and horsemanship". Since all these are religious dictates, their observation becomes an expression of faith, denoting the non separability of body and soul in the Islamic perspective.

The worship system in Islam is also involved. Ritual prayer entails ritual washing and purification. The spacing of the five ritual prayers along the course of the day seems to maintain a (therapeutic) spiritual level. Fasting the month of Ramadan (from predawn to sunset no food or drink or sex or anger or cheating) is a first class annual training in self control, the lack of which underlies so much of the evils of our modern times, and the immoralities (sexual or otherwise) that exact a heavy toll from human life, health and happiness.

### **The Spiritual Dimension**

It is not our "biology" that makes us "human beings", for this we share with animals. Our spiritual component that "should" master our earthly one is our essence, and it lifts us to the realm of purpose, values and faith. As Islam teaches, this life is only temporary, which dampens down the extremes of psychosocial responses to things pleasing or displeasing and shelters us from anxiety and emotionalism. This life is also a test, the results of which will be announced (and paid off) in the life to come. This test includes some elements that God forewarns us of, in the Quran: "We, (God), shall test you with a measure of fear, poverty and loss of wealth, life and produce. But give glad tidings to those who are patient, who – when afflicted – say: we are from God and to God we return". To a Muslim, a blessing is answered by gratitude and calamity by acceptance and patience. "Faith is one half gratefulness and one half patience", Mohammad teaches. Pain, suffering and illness should be warded off or efficiently treated; but if unavoidable, accepting patience is the answer. Mohammad said that when the believer is so suffering, "God sheds off his sins like a tree shedding its leaves". It is a winning situation, and a believer will not indulge in the traditional questions of "why me?" and "If there is God why does He allow these things?". "Reward (on patience) and atonement (for sins)" is a common greeting when you visit a Muslim patient. God has a purpose, it is in my best interest, and I will not demand an explanation; where then is my trust in Him? The word "Islam" literally means "submission" (to the will of God). Recruiting this dimension does work in the clinical setting. Besides, morale has its effect on the immune system. Death is not an evil but

the inevitable completion of life. It is not annihilation but actually the admission into the real enduring life, hopefully in a better place, better company and everlasting bliss. A Muslim goes through the journey of life but always with an eye on the port of destination. Even a sinful person (and all humans are sinners) should not despair we all pray "please God do not treat us with your justice, and You are the absolutely Just; but with your forgiveness, and You are the Absolutely Forgiving".

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# MIDDLE EAST CULTURES, HUMAN MIND, MENTAL HEALTH AND MENTAL ILLNESS

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*Cytoarchitectonics of the  
cerebral cortex are sculpted  
by input from the social  
environment because socialization  
shapes the essential human  
attributes of our species.*

*Leon Eisenberg<sup>(1)</sup>*

## INTRODUCTION

Cultural psychiatry deals with the definition of culture, interactions between it and the individual, culture specific syndromes, and cross-cultural differences in definition of health, illness and healing<sup>(2)</sup>. It is an expanding and at the same time disputed area of today's psychiatry. In a recently published article, Lewis and Kleinman<sup>(3)</sup> state that this is now a matured discipline that holds a great promise in understanding the ways social relations cause body experiences. They consider cultural aspects of treatment modalities including pharmacotherapy as relevant points for patient care and health policy. They also point out that in spite of all evidence pointing to the importance of cultural factors in mental health, a general inattention to these factors can be judged in many areas. Examples are lack of cultural validation of classifications, widespread misdiagnosis of ethnic minorities and racial bias in treatment recommendations. They conclude, "psychiatry needs new ways of delivering culturally appropriate care to the disenfranchised and the destitute." For the present author whose responsibility is to think, plan and assist in the development of such systems of care for a region, nothing is closer to the truth.

The number of cultural studies or studies related to the history of psychiatry undertaken in the countries of the Middle East are few and most of them are in form of literature review or monographs. The present author is aware of the following studies. It is probable that other studies exist that he is not aware of. Baasher has done a major overview on the history of Arab psychiatry.<sup>(4)</sup> Saa'edi, has done a monograph on the practice of Zar in southern Iran.<sup>(5)</sup> Davidian has written on Iranian mythology and psychiatric symptomatology in Iran<sup>(6)</sup> and is working on a major book on the history of psychiatry in Iran. Okasha<sup>(7)</sup> has

symptomatology in the writings of the 10th century Iranian physician Jorjani. El Haddad is doing a study on history of psychiatry in Bahrain. Moussaoui in Morocco and El Ammar in Tunisia have also done studies. Studies on cultural similarities between different countries of the region are rare. Perhaps the most comprehensive ones are still Dr. Taha Baashar chapter on Arab world in the book 'World History of psychiatry'<sup>(4)</sup> and Dr. John Racy<sup>(9)</sup> contribution to the book 'Religious Systems and Psychotherapy' under the title of Islam. These two articles are very informative, but are almost completely limited to Arab countries. They do not represent the rest of the region. The present paper aims at being an introduction to the understanding of the origins of common cultural notions, thoughts and beliefs in different people and cultures of this region that make them cohesive enough to form a cultural system.

The term "Middle East" in this paper is not used to correspond to its conventional use. It is mainly chosen as a familiar, unifying term to address the similarities. Generally speaking, Middle East is a vaguely defined geographic area that is known more for its oil reserves, famous conflicts and war and peace processes. As such, it is more of a geo-political than a historical, cultural, or even a proper geographic name. However, it is the cultural Middle East, that is the subject of this paper, and its boundaries are far broader than the geo-political entity. Enough ideas, philosophical trends and value and belief systems, are, in one way or another, shared by seemingly diverse cultures of this vast region to justify calling it a "Cultural System". Such cultures belong to populations in North India, Pakistan, Afghanistan, Iran, some parts of central Asia, to a large extent Turkey, Arab countries like Egypt, Iraq, Lebanon, Sudan, Syria and North African countries like Morocco and Tunisia. Although Middle East cuts across many civilizations and cultures, there are certain unifying characteristics that unite all of them. Among these, two seem to be most important. One is Islam which is the religion practiced by more than ninety per cent of the people. The other is the opportunity for equal exposure to the origins of intuitive, holistic philosophies of the east, on the one hand, and pragmatic, fact-oriented philosophies and methodologies of the west on the other.

The present author is aware of the many distinct cultural identities, historical backgrounds, national entities and languages in the area that make generalizations regarding commonalities of Middle Eastern cultures difficult. However, having had the unique privilege of being in the service of the people and countries of this Region, through his assignment in the World Health Organization, he has observed many cultural patterns, attitudes and thoughts that are shared among them. The most important of these, is a more holistic thinking pattern, which if developed further, may contribute to better understanding of human mind and development of more rational and culturally acceptable psychiatric services. One example of such world outlook and thoughts can be found in mystic (Sufi) traditions existing in different countries of this Region. Other traces of such thoughts can be found in art, literature including poetry, philosophy, and even architecture of this Region.

Hence, the main aim of this paper is to provide a brief introduction to the contributions of Middle East cultures in the area of understanding of human mind and its importance to modern psychiatry. The author does not claim to cover all areas of Middle East and Islamic world and is aware that this paper would naturally contain more information from the cultures he is most familiar with. In this connection, he recognizes many efforts already done by other colleagues and asks for more scholars from the countries of the Region to work on the contributions from those areas they are most familiar with. Hopefully, these contributions can be gathered in form of a publication in the future, showing the unifying aspects of these cultures, which, together have greatly contributed to the advancement of the human civilization. Finally, as the intention of this paper is the presentation of general patterns of thought in this part of the world, the paper can not give details of actual traditional practices in different parts of the Region. That task is done by some scholars and would need continuous work in the future.

## ORIGINS OF SIMILARITIES

In 1951, Maulana Abul Kalam Azad, the renowned Indian scholar and the first minister of education in independent India delivered a short but memorable address to an UNESCO symposium held in New Delhi and called "Concept of Man."<sup>(10)</sup> He starts his address by praising humanity for the vigorous and so far successful struggle to understand and conquer the nature. Then he puts a question before his audience: "Do we know ourselves? Are we familiar with the essence of our existence?" He then proceeds to look at different ways answers to this question have been sought in the east and the west. He first points out to the many shared domains and agreed upon thoughts and emotions existing in the west and the east regarding human being and his destiny. Then he observes that these similarities are not incompatible with the existence of diversity in looking at the question of "essence of existence" in different cultures. Major trends of philosophy in the west, he argues, are essentially concerned with the place of human in the world. The east, in the contrary, is more concerned with man's "inner experience" and "inner world." In answer to the question of "what is human being?" a western mind is more likely to think in line of the highest member of the animal kingdom. Eastern mind, on the other hand, believes that he is a part of another whole of a celestial essence that is the highest manifestation of god's creation that represents divinity on earth. In methodological terms, the meaning of the first way of looking at man is that it can be reduced to lower animals and laws of his behaviour can be understood by deduction. To the contrary, the second way of looking makes man a part of a bigger, more complex, inter-related system not understandable only by reduction.

Any one of these tendencies towards understanding of human nature, regardless of the religious, ideological or other sentiments attached to them affect cultures in many ways. In any given culture, one of these two ways of looking at human being is predominant and this, undoubtedly affects the collective attitudes and deep down non-verbal responses of the members of that culture towards themselves, life, death health and illness. Middle Eastern cultures may vary as to the degree of tendency towards each of these two trends, but in general, they belong more to the eastern trend, holistic view of the world and the view of the essential Unity of Existence. Present author regards this cultural tendency towards Holism, as the most distinctive part of Middle Eastern cultural identity with all its positive and negative effects on the culture as a whole. This can be regarded as one of the major common cultural ingredients of the people in the Middle East; similar to the type that gives Europe, Latin America or Far East their identity regardless of the national borders and/or different languages. Whereas this system looks at human mind as a whole, with equal consideration for all its attributes, other theories of human mind, are built mainly upon the foundation of one of the attributes of mind, and then generalized and assumed to cover the whole system.<sup>(11)</sup>

As it was pointed out, in this article, the term "Middle East" is used to point to the commonalities of cultures belonging to the geographic Middle East and beyond. Countries or areas forming this entity belong to different origins, histories and traditions. Major ancient civilizations like Babylonian, Egyptian, Persian, Phoenician, Sindi belong to this area. Many major religions including Christianity, Judaism, Zoroastrian and faiths like Manichaeism originated in this region. Other religions and worldviews like Buddhism and Hinduism were also influential in the formation of this region's philosophy of life and cultural identity. However, it was Islam that acted like cultural cement to create a unique identity out of the mosaic of so many different trends, languages and backgrounds. It was through the dynamic interaction between Islam and many indigenous or peripheral thoughts and cultures that the formation of a holistic view of the world and concepts like Unity of Existence became possible. Concepts that can best be seen in the works of great mystic (Sufi) philosophers and thinkers like Ibn e Arabie and Rummy. Ironical as it may seem, it was also through the efforts of scholars like Avicenna, Ibn e Rushd and Ibn e Khaldun; all belonging to different parts

of this diverse cultural identity that the essence of Rationalism, Positivism and experimentation existing in the works of earlier Greek thinkers were preserved and advanced throughout the medieval centuries.<sup>(12)</sup>

To summarize we may ask, What are the common denominators that allow for calling Middle East a cultural identity? Among many, the following three may be regarded as most important:

- The absolute majority of their populations are Muslims.
- Many -but not all- of their thinkers, throughout the past centuries have been able to communicate through Arabic or in some instances Persian (Farsi) languages.
- They are located in between two major cultural influences, ideas and thought pattern, namely oriental and western. Based on their relative proximity, each one of the Middle East cultures have inspired and also been influenced by one or both of these cultures and communicated these influences with each other through a common language. Therefore, they have been in the unique position of making synthesis between these two different worldviews and thoughts. Such a unique position have given rise to thinkers and physicians of different thoughts and persuasions like El-Ghazali, Ibn-El-Arabi, Rumi, Ibn-e-Khaldun, El-Razi (Razes), Ibn-e-Sina (Avicenna), Jorjani, Ali Ibn e Abbas, Ibn el Nafis and many others. However, a common line connects all of them, attention to the holistic nature of man.

## PRE-ISLAMIC CONCEPTS

Before Islam, Egyptian, Iranian (Persian), Indian, Byzantine, Christian and Jewish influences existed in different parts of this vast region. There were also the Pre-Islamic Beduine Arab cultures, later called Jahilieh (era of Ignorance) by Muslims. Perhaps the greatest role of Islam was the development of conditions that facilitated synthesis between these cultures. Comprehensive coverage of all these cultures and their impact is beyond the scope of this paper. The following is just a glimpse at some of these cultures.

- **EGYPT:** Ancient Egyptians believed that an individual is composed of three integral parts:
  1. The "Khat" that represented the body.
  2. The "Ka" that represented the soul of the individual's double, and whose main function was to protect the deceased body.
  3. The "Ba" that was believed to leave the body after death and reside in heaven, periodically visiting the body.

Egyptians thought that diseases were either due to evil spirits or the wrath of the gods. Organic causes were also described. The art of healing was considered a part of religious practices. Some psychotherapeutic methods were used in ancient Egypt among which, "Incubation" or "Temple sleep" is noteworthy.<sup>(4-7)</sup> The therapeutic effectiveness was due to a mixture of the temple atmosphere and the effect of suggestion by the religious deities. The sick person was usually prepared for such rituals. It is interesting that the reliance on shrines and temples for healing still continues in many parts of Africa, the Arab world, Indian sub-continent and Iran.

- **MESOPOTOMIA:** In ancient Mesopotamia medicine was a part of magic. Dream interpretation was the way to understand and affect human mind. In addition, certain numbers like number 7 were believed to have certain therapeutic effects and particular rituals been exercised to bring about these effects.<sup>(4)</sup>
- **IRAN:** Official religion of pre-Islamic Iran was *Zoroastrian*, a religion that is still alive and has followers in Iran and India. Iranian ideas regarding human being and his/her mind should be searched in the texts of this religion and also in Iranian mythology.<sup>(13)</sup> The main belief of Zoroastrian Iranians was the

existence of two opposing powers in the world. The Good or *Ahura-Mazda* and the Evil or *Ahriman*. The whole world is the scene of their ever-lasting struggle in which Ahura will be the eventual winner. Iranian mythology which is immortalized by the great epic poet, Ferdowsi is an elaborate system. The myth of creation in this system is quite interesting. According to this myth, "the human race came to being upon the death of the first man on earth (*Kumars*). When he died, his sperm was cleaned by the light of the sun and impregnated the "*Sepandarmaz*", who was the angel guarding the earth. The sperm remained inside the earth for 40 years and then "*Mashi,e*" and "*Mashianeh*" were born from it in form of one Rhubarb plant. The two (man and woman) were joined in form of one plant and the soul (psyche) was between them." It was believed that the psyche was created innocent and clean, but became sinful under the influence of Ahriman. This dualistic belief has been quite an important factor in determining the Iranian's attitude towards disease, health and different treatments. Important points to note are the unity of man and woman and of body and psyche in creation. The equal participation of light, warmth, earth, and time in a harmonious, systematic way is also of interest.

In ancient Iran, medicine was being practiced and even different specialties existed, including one group for diseases that make today's psychiatry. Psychiatric diseases were thought to be the students in Jondi Shapur University in Ahwaz during the Sasanide dynasty.<sup>(14)</sup> Beliefs in Talisman and Emulates as causes and treatments for diseases also existed. In some rural parts of Iran, people still wear emulates to counteract the effects of Talisman. Belief in the effects of bad eye is quite strong among some sections of the population. In southern Iran practice of Zar exists.

- **CHRISTIANITY AND JEWISH INFLUENCES:** Middle East is the cradle of civilization and of the three major monotheistic religions of the world. In addition to Palestine, Jewish people lived in many countries of the Middle East. Before creation of Israel in Palestinian territory, a sizeable Jewish community lived in Morocco and Yemen. Apparently, they were an integral part of their societies in both countries. Jews also lived in other countries like Egypt, Iran and Iraq. They were not subjected to the types of treatment they experienced in Europe prior and during World War II. Traditionally, Jewish people were involved in provision of many aspects of medical care and management of pharmacies. Christians are an integral part of many communities and countries in the Middle East. Christian minorities that live in Egypt, Iran, Iraq, Jordan, and Syria are quite integrated parts of their societies. An interesting observation regarding the Christians in these countries is that their family relations has more in common with other Middle Eastern people than the Christians of the west. It is also interesting to note that some of the famous physicians of the Islamic medicine tradition like Ibn e Meimoun were Jewish or Christian. Like in Islam, in both Christian and Jewish religions, the mystic tendencies and holistic interpretations of mind exist.
- **THE INDIAN SUB-CONTINENT:** Several systems of Indian philosophy regard the mind as one of the sense organs, an inner instrument for perception.<sup>(15)</sup> This equipment was thought to have sensory and motor elements and can be taken roughly as corresponding to the brain and the nervous mechanisms associated with its function. The origins of holistic approach to mind can-more than anywhere else- is traced back to Indian philosophy and Sankhai School. According to this school, life and personality are compared to a field, within which different forces are always at work. These forces are of three types, Physical (*Tamas*), Physiological (*rajas*) and Psychological (*Sattva*). In this system life is described as a web of forces. Disturbance occurs if one of these forces grows out of proportion and at the expense of the other two. It is based on the unity of these three forces that existence or life comes to being and is maintained. It is the equilibrium or homeostasis between these forces that is essential for health. The ultimate aim of any treatment should be maintaining and restoration of this equilibrium. What is important in this system is the emphasis on inter-relationship between the sub-systems and not playing each in a mechanically separate domain, unrelated to the others. "Ayurveda" or life knowledge which is the traditional Indian medicine is built based on this holistic principle and its aim is the maintenance of a state of health -or equilibrium- by prescribing diet, medicine and suggested codes of behaviour.

## Islamic Culture

Islam brought a new cultural identity to this region. As it spread throughout the region, it became the cornerstone of a new civilization. Major cultures of the countries that were conquered by pioneer armies of the faithful, brought with themselves elements of different views and understandings. The laws and the lifestyle of the new faith in turn influenced these cultures. After a period of wars and insecurity, and when the foundations of governance were laid down properly, an intensive era for learning started. Many books were translated to the language of the new faith (Arabic), and scholars of all kinds appeared in different corners of the Islamic vast empire. There was progress in philosophy, medicine, science, literature and architecture. Some aspects of Islam as a religion have been important in transformation of Muslim societies, and have major bearing on mental health.

- Much more than Christianity, and more similar to Judaism, Islam is, a code for living. <sup>(9)</sup> It deals with very mundane and practical aspects of life, it is more oriented towards deeds, and has a deeper fatalistic approach to life. Islam's attitude towards permitted and lawful sexual life is much more tolerant and even encouraging. Islam is much more of a legal code, with provisions for children, elderly, the ill and the insane. There is a clear balance between individual rights and the rights of the community in Islam. No individual right is approved at the expense of the community rights. Community also can not take away the legitimate individual rights of the person.
- According to Islamic thought, the process of human mental and spiritual development is a constant evolution from a purely self-gratifying stage (Nafs i Ammarch) to a stage of inner peace and self-assuredness (Nafs i Mutma'enneh.) In this journey of evolution, the person passes through periods of self-doubt, self-accusation, and the like, all corresponding to some neurotic condition or personality trait. There are also ways of helping people reach better levels of inner calm and peace. All of these are important elements of the culture and a part of collective beliefs that can not be neglected if useful, acceptable mental health services are to be planned for a community.
- Adaptation to Islam and adjustment of the Islamic way of life to local cultures, developed differently in different countries. Through the process of this adaptation, different schools of thought, social and ideological movements were initiated that strongly influenced the cultural development of Islamic countries. One of the major schools of thought that emerged from the main body of Islam's teachings is Sufism (Mysticism,) also called Irfan (Erfan), in some parts the Islamic world like Iran. Different groups in almost all Islamic communities and countries, regardless of Sunni or Shia'a, call themselves Sufi. Different traditions, rituals and beliefs, some, unacceptable from scientific, religious and social and even moral points of view are also associated to some Sufi groups and practices. However, the essence of the basic philosophy as described by major and serious Sufi scholars is deeply humanistic and their fundamental world outlook is holistic. These qualities make Sufis an important aspect of Middle Eastern cultures and thoughts for the understanding of human being in health and disease, justifying a more detailed description here. This description will be followed by a comparison between holistic views in Sufis and modern thought.

## SUFISM AND THE ORIGINS OF HOLISTIC WORLDVIEW IN THE MIDDLE EASTERN THOUGHT

As it was already mentioned, in addition to the main teachings and the way of life in Islam, as the main common denominator of the vast majority of the people in this part of the world, Sufi thoughts, traditions, beliefs and practices deserve attention. It is particularly true when we discuss the cultural aspects and their



relation to mental health and illness. The cultural influence of Sufi trends in this part of the world is beyond their official recognition. It is sufficient to say that a major annual Sufi festival in the city of Tanta in Egypt attracts hundreds of thousands of people. It is also interesting to note that the book in second greatest demand in Iran, -right after the Holy Koran- is "The Divan (collected works) of the famous lyric poet Hafiz", a renowned Sufi (or Arif as Iranians like to say.) As it was mentioned, Sufi teachings are shared by all Islamic denominations in one way or another and are deeply integrated into culture, language, poetry and prose, music and all other products of intellectual and spiritual life. Many different people in the Middle East regard Hallaj, who was one of the Sufi saints, as a martyr. In summary, these thoughts and teachings are an essential part of common wisdom and their effect is beyond belonging to a certain religious denomination.

The words mystic and mysticism that are adopted in English language for the equivalent of the words Sufi and Sufism are hardly adequate. The same is true for the word Sufi itself. Oxford Dictionary's definition of the word mystic puts the emphasis on ecstatic contemplation and reliance on spiritual intuition. This, being to some extent true is just one aspect of the way these thoughts are perceived in the east. The word itself also usually has a negative connotation meaning irrationality, self-deluding attitude and hidden, supernatural practices related to certain sects. Sufi on the other hand, is a name based on the appearance of the people who believed in these thoughts. In Arabic it means a person who wears wool. Both these terms miss the concept of *Gnosis of one's self and the whole* that is the essence of these teachings. A more proper word seems to be *Irfan (Erfan)* that is an Arabic word used more in this sense in Iran, meaning 'Gnosis', 'Knowing' or 'Wisdom.' The knowledge, it refers to, is of a more intuitive type and not only empirical.

As it was already mentioned, mystic thoughts do not only belong to Muslims. It is an immense current of spiritual understanding passing through all religions. However, it is in the Middle East that they have affected the culture and meaning of life most. Describing all aspects of Middle East mystic thoughts is beyond the scope of this subject, present paper and the ability of the present author. However, it is necessary to point to the main teachings that have greatest influence on cultures. Effort is also made to show the foundation of holistic views in these thoughts. Some of the relevant points are as follows:

- The god is an ever present "Ultimate Truth", in unity with every existence. It is "Unity" and not "polarity" and "Love" and not "Fear" that characterizes human being's relationship with the Divine. In one of his many symbolic stories, the great thirteenth century mystic poet and philosopher Rumi,<sup>(16)</sup> talks of a simple shepherd who was praying to god using friendly, down to earth, kind words of a friend or family member to another one. A prophet who was passing by saw the man talking to god in such a simple, informal way. He got angry and condemned the man for talking to the god in such an informal way. Soon the prophet hears the condemning voice of god requesting him to offer his apologies to the simple man who was so correctly and sincerely addressing his god. Such an example of relating to the ultimate authority, when put in the context of cultural behavior provides a trend which indicates the individual's unique place and esteem in the authority's eye. Since within the historical perspective of the region, authority and power are mainly associated with the exercise of tyranny, cruelty and bloodshed, easy and open relationship with authorities is the best antidote for fear and insecurity. Examples of this type can be seen in people's relationship with their natural community leaders (not necessarily political), which is at the same time respectful, but informal and down to earth. Such relationships exist in many communities in the Middle East. The author has observed it in its best in a village in the Sudan, where the religious leader (Sheikh) also functions as a traditional healer. The natural confidence of people on such a community leader is unlimited. This has major mental health significance hence these healers can be trained to offer some level of modern mental health services, as it has actually been done in the Sudan.<sup>(17)</sup>
- Life is seen as an evolutionary continuum. Man is at the same time a part of the nature and god's hire and substitute on earth. Nothing exists that is unrelated to other existing creatures. Nothing can be

understood in isolation. Understanding can only be gained by examining the Undivided Whole, that is parts, plus their interaction. Here, again, one of Rumi's symbolic stories come to mind.<sup>(16)</sup> It is the famous story of the people who were touching an elephant in the dark, each thinking of something, according to the part of the body they had touched. They were in the darkness of their reduced perception and missing the whole. This is a clear example of the depth of holistic approach taken by Rumi and other mystic thinkers.

- Believing in the existence of *Shohood*<sup>(18)</sup>, which is intuitive knowledge gift. The word 'Shohood' means vision or seeing with an inner eye. The sudden enlightening of a poet when first line of a poem sparks in his or her mind, is a good example of such an occurrence. Such intuitive knowledge has been the genesis of much philosophical, scientific and particularly artistic creativity. It has been as valid, important and useful as the empirical knowledge. Ironically, what artists see and describe in abstract forms, science discovers in concrete forms many years later. As an example, the scientific equivalents of holistic view of the world in form of the laws of modern physics are a product of the twentieth century; but the truth about the holistic nature of the world and mind was appreciated centuries ago in the works of some poets, and to a certain extent, philosophers. Can the knowledge of such a history of thought behind us help in understanding the mind as a system?
- The concept of (*Vahdat e Wojoood*) meaning Unity of Existence that its formulation is owed to two great thinkers *Bayazid e Bastami* from Iran and *Ibn e Arabi*<sup>(19)</sup> from Andolucia, needs a detailed discussion. It simply refers to the unity of the creature with the creator. As such, the whole world is seen as a super-system of systems that is all a reflection of the divine, and is all connected in oneness. This is also another version of a model that tries to gain knowledge in the unity of a living interactive whole and not the reduced, dead parts of it. In psychological terms being a part of this belief system gives the person the security of belonging and being connected to a cosmic network of knowledge and love.

## **HOLISM AND REDUCTIONISM IN MODERN PHILOSOPHY AND SCIENCE, A COMPARISON WITH MYSTIC THOUGHTS**

Like modern medicine, modern psychiatry started as a product of Positivism,<sup>(20)</sup> industrial revolution and Newtonian scientific methodology. These scientific disciplines were empirical and the dominant philosophical and methodological tendencies governing them, were, and to a large extent remain reductionist, laboratory and experimental based, all relying on simple cause and effect relationship. Undoubtedly these methods have made tremendous contributions to the advancement of medical and non-medical sciences including some aspects of human mind. They are preferred methods of research when the subject is hierarchically simple and belongs to one scientific discipline. However the efficacy of these methods come under question from two sides. Dealing with complex, multifaceted issues like human mind, and confronting scientific questions related to modern causality like the ones in Quantum Physics.

The first decades of this century witnessed revolutionary advances in science and theories like Einstein's "Relativity" and Heisenberg's "Principle of Uncertainty",<sup>(21)</sup> shook the very basis of Newtonian and Pascalian world view of a predictable clock. From then on, it was not enough to look at the parts or details of what was being studied. The inter-relatedness and constantly changing condition of these parts were even more important.<sup>(22)</sup> Furthermore, it was "the fundamental inter-relatedness and inter-dependence of all phenomena and the intrinsically dynamic nature of reality"<sup>(23)</sup> that was important. In other words, it was the Whole and not the reduced parts of it that was becoming the subject of science and knowledge. The impact of these theories did not remain limited to the world of Physics and particles. Biology, Neuroscience's, Psychology and Sociology were also affected.<sup>(23)</sup> However, resistance was also strong. The main reason for

such resistance was that, it was much easier to work and do research in the accustomed, predictable laboratories.

The reader, particularly if western, may rightfully ask: What is in common between these advanced scientific and methodological developments in Quantum Physics with the philosophical beliefs of some twelfth century oriental, seemingly eccentric poets or thinkers? I would answer *attention to the whole and the inter-relatedness of the events*. And similarity ends here. But there is one difference that makes the whole issue an important one from a cultural point of view. *Holistic thinking in the east is the natural way of looking at the world*, and that poet or philosopher has just put it in words. In the west, man reached this concept not as a natural inclination, but as a consequence of a scientific necessity. The natural inclination in the west is to dissect, reduce, experiment and the result is taken as the truth. In the east, on the other hand, the truth is seen in the whole, and in the unity of all the elements that make the whole, and the means that keep these elements together. The reduced part (separated organ) is not considered to be the same, when connected to the whole.

## **Conclusion:**

This presentation was intended to introduce some of cultural realities and prevailing thoughts and attitudes in the cultures of the Middle East. The author feels these issues are quite relevant to today's psychiatry, which is in some way, struggling for a new identity. This area of the world is the cradle of civilization. Some of the most important cultures and religions that continue to inspire the world were born here. The cultural heritage of the people of this region is rich with traditions and ideas rooted in both Eastern and Western trends of thought. Different notions regarding the working of human mind can be traced back to old mythological, philosophical and general trends of ideas of the people in this region. Same are the different beliefs and rituals about the origin and treatment of mental illnesses. In general, reasons were given in this presentation in favor of the presence of a more holistic view of human being in this region.

This presentation started with a quotation from an eminent psychiatrist of our time about the relationship between the cytoarchitectonics of the human brain and inputs from his social environment. This is the type of holistic idea, based on which the real discipline of psychiatry can be built. This is where psychiatry can find its place, connected to, but independent of either pure neurology and neuroscience, or social sciences. Psychiatry deals with the translation (transduction) of social and personal (psychological) experiences to biological (i.e. synaptic) changes and vice versa. Problems, dysfunctions or imbalances in each level of this system can cause psychiatric disorders. Social inputs have many different origins. They may originate in the mythological, cultural, historical or contemporary events. They reach a nervous system that is made of a genetic structure, a certain level of biological integrity and the effects of all the information it has received. Pathology is always the result of a continuous, dynamic interaction between all these factors that get translated to each other. Although the task of each branch of science is to dissect its respective subjects and reduce them to understandable mathematics, the result of their work is not always the truth about the whole. This idea that is so clearly described by Leon Eisenberg here, originated in the East and is the natural way of looking at the world there. Later, it was elaborated in the works of many Middle East thinkers and found new dimensions.

We live at a time that the practice of psychiatry and the future of our patients and increasing number of people who need our help, are at a very crucial stage. None of our famous theories of this century -from pure behaviorist reflexology to elaborate psychodynamic formulations- have proved sufficient in describing human mind in health and disease. Our new hopes on synapse, as the biological answer to the complexities of mind, -pragmatic and convenient as they can be-, are too simplistic to provide all the answers and solutions. It is time for reflection and perhaps our cultural heritage can help.

There is another reason to look more carefully at the contributions of different cultures and that is creating conditions for better understanding among the professionals. All of us need to know the realities of other cultures. Each culture has the potential for some contribution to the advancement of our complex and multi-dimensional discipline. Knowing other culture's contributions can also help by decreasing some of the misunderstandings we may have regarding other cultures.

Finally, for those of us in charge of provision of models for services, knowledge of cultural contributions is of great importance. It gives us clues as to the existing potentials we may otherwise be unaware of their existence. It provides opportunities for designing services that are more acceptable to the users. It helps in decreasing the stigma and provision of more humane services.

I would like to finish by another quotation from a paper by Leon Eisenberg.<sup>(24)</sup> He quotes Sir Aubrey Lewis who in 1962 wrote:

*"The philosophers thought it proper to put not one but two mottoes on  
The temple of Delphi: one, the better remembered, was 'know thyself':  
But the second, equally imperative, enjoined 'nothing in Excess'.  
It might be worth inscribing that over the Temple of Psychiatry.*

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# HINDUISM AND QUALITY OF LIFE

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*Gita – “He whose mind is undisturbed in the midst of sorrows and amid pleasures is free from desire; from whom liking and fear and wrath have passed away, is the sage of settled understanding. Who in all things is without affection though visited by this good or that evil and neither hates nor rejoices his intelligence sits firmly founded in wisdom”<sup>1</sup>.*

## **I HINDUISM**

The study to understand the human being in a comprehensive way, including health and wellbeing is as old as history itself. Hinduism, which is really the *Sanatana Dharma*, has given importance to understand the man as a whole and in relation to cosmos. It is difficult to define Hinduism<sup>2</sup>. It is all comprehensive. Hinduism is very much individualised, unlike organised or institutionalised religions with dogmas. In addition, religious living in Hinduism is a blend of philosophy (theoretical, intellectual, reasoning) and practical experience. The Indian philosophy is dominated by synthetic tradition which is essential to the spirit and method of Indian philosophy<sup>3</sup>. True religion comprehends all religions; hence the famous Sanskrit saying “God is one but men call him many names”.

Hinduism is evolved or derived from individual experiences and from spoken out truths by seers and sages. These experiences are attainable by every individual being. A distinctive feature is that while it remains utterly loyal to the central eternal truths, it admits the need for new dogmas and rituals to suit the changing conditions. The two great epics -*Ramayana* and *Mahabharata* form the basis for the practical knowledge of truth and righteousness. The eternal truths are propounded in *Shastras*, where as *Smritis* deal with the changing patterns<sup>4</sup>. Hinduism is fundamentally a way of life. The personal experience of practicing the eternal truths, is not only the central factor, but the single fact that counts for a Hindu.

**The fundamental, eternal truths of Hinduism :** These are, (1) **immanence of God** - i.e. in nature, nothing exists without Him. He runs through all beings, as well as the whole of this universe as a thread in the necklace. This indicates underlying unity in the midst of diversity. (2) **Essential divinity of man**. Every human being is potentially divine and the natural evolution is to manifest this divinity. (3) **Oneness of God** : There is only one supreme God who manifests in different forms, names and ways. Though different gods in different forms are worshipped, it is well understood that all are same<sup>5</sup>. (4) **The Divinity of Soul** : Each individual being is a part (*Amsa*) of divine and is capable of transforming oneself into the divine being. (5) **Unity of existence**: There is no being whether moving or unmoving, that can exist without God and nothing happens without His will<sup>6</sup>. This is the basis of Hindu life. (d) **Harmony of religions** : Hinduism believes that the fundamental truths are eternal and universal in character. Therefore all religions have the same fundamental truths, though approaches differ. So there is no proselytization.

### Tenets of Hinduism:

- a) God is one and exists both with and without form.
- b) God manifests in different forms with the underlying unity amidst diversity.
- c) He is all pervading. Nothing exists without Him and runs through life like a thread in fabric.
- d) Nothing happens without His will or grace – virtue or vice
- e) Man is potentially divine and natural evolution is to manifest this potentiality
- f) Man's aim in life is to make oneself divine
- g) Each individual is a transmigration of his past life (reincarnation) along with his tendencies (*Samskaras*); and each has his own *Swabhava* (nature or personality).
- h) Spiritual progress made in one life is not lost and the ending of one stage will be the starting point in new life.
- i) Depending on the *Swabhava* ( personality), one adopts his own field of action (*Swadharma*) and chooses a spiritual path.
- j) Diversity of taste and capacity has to be accepted as an ineffaceable fact of nature and has to be provided for.

## II. HINDU CONCEPT OF BODY & MIND

According to *Ishopnishad*, man consists of (i) gross or physical body (*Sthula Sarira*) (ii) subtle body or *AntahKarana* (*Sukshma Sarira*) consisting of intellect(*buddhi*), mind(*manas*), ego(*ahankara*) and ten sense organs (five for perception and five for action), (iii) causal body (*Karana Sarira*) : This is the body of acquired and inherited tendencies, while (iv) The *Atman* (Soul) is the Spectator of these bodies, a conscious existence through and apart from them and without which life does not exist. It is a self luminous source of energy and power for all activities in the world <sup>7-8</sup>. Therefore one has to rise above the body consciousness by refusing to recognize the body as *Atman*. A Hindu believes that *Atman* can be a friend or an enemy.

Gita : “Let a man lift himself up by his own self; Let him not depress himself: for he himself is his friend and he himself is his enemy. To him who has conquered himself by himself, his own self is a friend, but to him who has not conquered himself, his own self is hostile like an external enemy” <sup>9</sup>.

As a result of this understanding , man qualitatively learns to know himself and master himself; and he himself becomes steadfast, searches within himself for his failures and sufferings , develops an attitude of fortitude. Further *Atman* is the same in all. This is the concept of unity among diversity. Gita states “to see self (*Atman*) in all and all in the self” <sup>10</sup>. This will enable the individual to perceive all beings as himself, brings in harmony and balance, leads to sharing of joy and sorrow with all, lack of hatred or jealousy towards anyone. The understanding of eternality of *Atman* and the transient nature of the body makes the person accept death with grace and subdues the fear of dying.

### III. THE SCIENCE OF LIFE:

The *Atman* has triple status. These are (a) Lower Self – mutable, temporary and mobile (b) Higher self – immutable, immobile unit of the divine being and (c) Supreme Self – both of the above and even greater than both together. Sri Krishna declares in Gita :

*“The individual soul is myself, in the creation it is a partial manifestation of Me (mamiva amsah) and it possesses all my powers, it is witness, giver of sanction, upholder, knower, Lord. It descends into the lower nature (self) and thinks itself bound by action, so to enjoy the lower being; it can draw back and know itself as the possible immobile purusha (Higher self) free from all action”<sup>11</sup> .*

The lower self consists of the physical body and subtle body. The working mind is influenced by (a) three *gunas* (qualities) – *Sattva*, *Rajas* and *Tamas*; and (b) Six passions – namely lust (*Kama*), anger (*Krodha*) avarice (*lobha*) delusion (*Moha*) pride (*Mada*) and envy (*matsarya*). The above three *gunas* are equivalent to wind (*Vata*), bile (*Pitta*) and Phlegm (*Kapah*) of Ayurvedic system of medicine and called as *Doshas* . Harmony of these three is the basis for good health <sup>13</sup>. The higher self is the source of light, energy, reflection of which is seen in lower self, as *Prakriti*.

All objects in the world are created by various combinations of the basic concrete elements (*Panchabhutas*) - ether, air, water, fire and earth. each of these five forms the base of one of the five subtle properties of energy viz. sound, touch, form, taste and smell, which determines in the way which the mind perceives the objects. This forms the objective aspects of the world while the causal bodies forms

All life, all works are a transaction between the subjective and objective aspects of human experience. This inter-relationship is complex and has to be fully understood, and the quality of life depends very much on the understanding of this fundamental interrelationship. It is only when both subjective and objective conditions are integrated in some way that there can be improved quality of day to day living<sup>12</sup>.

(a) The *Gunas* may be defined as , *Tamas*-nature's power of nascence, *Rajas*- power of active seeking , enlightened by desire and impulsion, *Sattva*-power of illumined clarity, harmony and joy. The six passions which exist in every individual, but in varying degrees, some are dominating and others are subdued. Sri Krishna declares “*It is desire (Kama) it is wrath (Krodha) born of the energy of Rajas, all devouring, all sinful; that, know thou, is the foe here*”<sup>14</sup>, (b) The enemy of the whole world is desire or lust, from which all the evil comes to living beings. When obstructed by some cause desire is transformed into wrath. The senses, the mind, and reason are said to be the seat of desires. Therefore it is essential to restrain the senses and control the mind.

**Liberation from Passions :** Gita repeatedly stresses the need to be freed from selfish desire, wrath, fear and attraction. For this we have to learn to bear their shocks which cannot be done without exposing ourselves to their cause. Three steps or means are advocated to overcome these passions <sup>15</sup> - (a) *Titiksha* or stoic equality – making character its pivot, founds itself upon self-mastery by austere endurance. (b) *Udasinata* or philosophic equality – is the happier, and serener, prefers self-mastery by knowledge, by detachment, by a high intellectual indifference seated above the disturbances to which our nature is prone. (c) Religious or Christian equality – which is the perpetual kneeling or a prostrate resignation and submission to the will of God. Knowledge of *Gunas* and passions enable the individual develop stoic self discipline of endurance with serenity; eliminate selfish desires, slay egoism, not to envy others, to be equanimous, to be content with what one obtains without repulsion or attachment and to restrain senses. This also to



helps to transcend the duality of good and bad, pain and pleasure, sorrow and happiness - they are related to *Gunas* and not self.

#### IV VALUES OF LIFE

The edifice of Hindu life is to be truthful and loving and to do the right. The foundation for this is knowledge – knowledge of world, knowledge of self and knowledge of God. The goal or the aim is to achieve full perfection of the self or liberation from bondages to merge with the Divine ultimately. The process involves the transformation of worldly life (animal life ) to human and then to divine life. There cannot be any short-cut.

**1) Means and Methods:** The means and methods prescribed by Hinduism to achieve the above include the development of physical, mental, intellectual, moral and intuitional aspects of life. Importance of healthy body and healthy mind has been repeatedly stressed in all the paths. The physical body of man is to be treated as a temple with all sacredness and also an important vehicle to carry man from imperfection to perfection. Quality of life cannot be improved unless the body is strong and healthy.

**Methods** prescribed are: (a) **Regular yogic exercises**<sup>16</sup> – Even the involuntary functions of body such as heart rate, B.P.etc. can be voluntarily regulated. The essential aspect is to do regular exercises, *asanas* (postures) etc. in a fully relaxed manner and importantly to concentrate on what one is doing. Regular breathing exercises are a must. There is a relationship between breathing and actions of mind. A restless mind can be gradually made calm by breathing exercises. The well developed technique of *Pranayama* – one type of breathing exercise – has been shown to be very effective.

(b) **Habits:** The common habits of taking food, sleeping, cleaning of the body, wearing clean clothes are discussed in Hinduism in detail. Gita “*To him whose food and recreation are moderate, whose exertion in action is moderate, whose sleep and waking are moderate, to him accrues yoga which is destructive of pain*”<sup>17</sup>. One of the common injunction is to avoid all forms of excessive indulgence in his habits and actions particularly taking alcohol and sex. This regulated, disciplined habits will improve the quality of life.

(c) **Food:** Great importance is given to the type of food one takes and also to the mood (mental attitude) while taking food. Hinduism stresses the point that food taken has direct effect on the mind. The same analogy is extended to all sensory inputs, such as sight, hearing, touch and smell. They do influence the qualities of the individual and character is molded accordingly.

**2) Religiousness of Hinduism** (i) consists of daily prayers, rituals (*Acharas*) and worship of God ; (ii) provides different approaches- worship any form and anyway through rituals, devotional songs, *namajapa* (repetition of name of God or *Mantra*), or pilgrimage, and results are assured accordingly (iii) encourages everybody however heinous<sup>18</sup>. These methods provide quantitatively a great solace and comfort, particularly when one is in distress or unwell, induces self confidence, enhances faith and trust in himself and in God. This routine can bring in discipline in life.

**3) Moral and Ethical values:**

(a) **Moral values:** Just as the physical discipline to maintain healthy body is essential, the moral values forms an indispensable preliminaries to maintain a good quality of life. The

first two fundamental stages described by *Patanjali* in his *Astanga Yoga* are *Yama* and *Niyama*. *Yama* is mostly negative, consists of (a) Non-injury (*Ahimsa*), (b) Truthfulness or sincerity of thought and word (*Satya*), (c) Honesty or abstention from misappropriating others' property (*Asteya*), (d) Celibacy (*Brahmacharya*) (e) not hoarding of possessions (*Aparigraha*). *Niyama*: It is cultivation of virtues. It consists of (a) purity (*Saucha*) (b) Contentment (*Santosha*) (c) Fortitude (*Tapas*) (d) Study of scriptures or acquisition of real knowledge (*Swadyaya*) (e) devotion to God or dedicating all one's deeds to Him (*Isvara – Pranidhana* or surrender).

Thus the regulation and control of moral life; strict purity of both body and mind; Truthfulness in deed, words and thought; abstinence from cruelty, stealth and sensual pleasures in thought as well as in deed, form the basic virtues to be followed by every one<sup>19</sup>.

(b) **Ethical values** : Ethics in Hinduism is derived from certain spiritual concepts. It forms the foundation of the spiritual life. Hindu ethics differs from modern scientific ethics which is largely influenced by biology, and whatever is conducive to the continuous survival of a particular individual or species is considered good for it. It also differs from utilitarian ethics which is concerned mainly with the society.

Hindu ethics is mainly subjective or personal. The purpose is to eliminate the mental impurities such as greed, egotism, cruelty, ruthlessness. Ethical disciplines are prescribed according to the stage and state of each person. Hinduism has given more importance to personal or subjective ethics than social ethics<sup>20</sup>. The reasons are (a) if individuals are virtuous social welfare will follow as a matter of fact. (b) the general moral tone in Hinduism is that every one is expected to do his appropriate duties, which includes rendering help to one's less fortunate fellow beings. The spiritual help is of more enduring value than material help. Spiritual knowledge, by following the subjective or personal ethics can easily bear the physical pain and privations, with calmness and patience (d) lastly, the Hindu philosophers believe that the sum total of physical happiness and suffering remain constant.

The chief components of subjective ethics are (a) austerity (b) self-control (c) renunciation (d) non-attachment (e) concentration. Austerity helps an individual to curb impulses for inordinate enjoyment of physical comforts and acquisition of intense thinking preceding creative work; making an individual indifferent about his/her personal comforts or discomforts. Self-control means guiding one's senses choose the right objects by discrimination, determination and develop dispassion.

The objective ethics is a means to an end. The purpose being to help the members of the society to rid themselves of self centredness. Among the social virtues, hospitality, courtesy, duties to the family and community for social welfare are stressed. The ethical life in the Hinduism emphasizes on leading a simple life, not to be greedy, to be charitable, compassionate, gentle, pious, conducive to the welfare of others, provide succour to the distressed, be of service to all and to bear no ill-will towards others.

## V. PURUSHARTHAS:

The affirmative attitude of Hinduism towards life has been emphasised by its recognition of four legitimate and basic desires - the first three being *Dharma* (righteousness) *Artha* (wealth) *Kama* (Sense pleasure) are secular in the realm of worldly

welfare (*Abhudaya*) and fourthly *Moksha* (Liberation from bondage or communion with God) which is perfection (*Nihsreyasa*).

The fulfillment of *Abhudaya* paves the way for *Nihsreyasa*. Though *Dharma* is the basis, both *Artha* and *Kama* are legitimate<sup>21</sup>. The acquisition and possession of wealth are indispensable in the world. Money must be earned and all efforts should follow *Dharma*. The *Kama* – enjoyment of sense – pleasure covers a vast area, including conjugal love, appreciation of art, music, poetry, beauty etc. Life becomes drab and gray unless one cultivates aesthetic sensitivity. But sense pleasures, if not pursued according to *Dharma*, degenerate into sensuality.

*Dharma*: The key to the individual and social ethics of Hinduism is the conception of *dharma*. The word signifies the law of inner growth by which a person is supported in his/her present state of evolution and is shown the way to future development<sup>22</sup>. *Dharma* determines an individual's proper attitude towards the outer world and governs the mental and physical reactions in a given situation. It is the code of honour.

Various lists of the general duties are found in scriptures. *Manu Smriti* reckons that the following ten injunctions are sufficient to attain the highest perfection. They are (1) contentment (2) forbearance (3) gentleness (4) respect for other's property (5) cleanliness (6) self-control (7) knowledge (8) philosophic wisdom (9) veracity (10) patience. Another list given by *Yajnavalkya* contains the same except for philosophic wisdom, but includes non-violence. If these are negative and self-regarding, they generally point to the rights of others as their correlatives. The greater emphasis placed on negative virtues only means that self-denial is the very soul of morality. "*Their neglect is sure to lead to a lapse*" observes Manu, "*even if one practices the positive virtues with scrupulous care*"<sup>23</sup>.

Purusharthas underscore the importance of health and wealth to be acquired in a righteous way. It insists to follow one's own duty and not to give up obligatory functions, to keep the motives high. Personal vagaries are checked, personal desires are restrained. The above ten injunctions make a person to lead a high quality of life

#### Stages of life:

Life, in Hinduism, is regarded as a journey to the shrine of truth. It is divided into four stages. Each stage has its own aspirations, responsibilities, obligations and code of conduct. If these are not fulfilled, the quality of life suffers and may end up as a miserable failure.

The first stage is called *Brahmacharya* and starts after childhood. It is a period of training and study, as a preparation for future life. The individual has to cultivate the mind. He/she is trained not to swerve from truth and *Dharma*; never to indulge in slothfulness, nor seek luxury, not to neglect personal welfare and their obligations to family and society.

The second stage is house-holder (*Grihasta*) after marriage. The Hindu ideal emphasises the individual and the social aspects of the institution of marriage. Hinduism recognises the inevitable, irreducible peculiarities between any two individuals: tastes and tempers, ideals and interests. The private or individual interests and inclinations are to be subordinated to a larger common ideal which can bind together the most unlike individuals. Sensual love is to be sublimated into self-forgetful devotion and pure love. He should be ambitious, be a support to the homeless and the destitute and always hospitable. This ideal life of a householder is one in which *artha* and *kama* are harmonised with *Dharma*.

The third stage is retreat from worldly life (*Vanaprastha*) arises when the responsibilities of home are handed over to their children. The main purpose is to devote full time to the studies of scriptures and meditate on the higher spiritual problems. Silence and solitude are preferred. To be in constant remembrance of God and eliminate all other thoughts.

The fourth stage is renunciation (*Sannyasa*), when an individual renounces the world and embraces the monastic life and turns away from the vanities of the world devoting himself to the cultivation of God consciousness.

In a journey through the four stages of life, a Hindu learns progressive, self-control and non-attachment to the transitory world, and inculcate righteousness, responsibilities and accountability.

## VI THEORY OF KARMA

Each life with all its pains and pleasures is the necessary result of the past lives and becomes in its turn the cause through its own activities for future births “*What you sow you reap*”. Each one realises that whatever is their own making, no one else is responsible. Every action leads to two results -(a) direct observable result(*Phala*) of pain or pleasure and (b) establishes a disposition (*Samskara*), tendency to repeat the same deed. These tendencies are both acquired and hereditary, carried forward from previous births. The direct result cannot be escaped; but the tendencies can be changed or modified. Motive of any action is either selfish or unselfish. Selfish motives may be for wealth, name, fame or power. If work done for the sake of work, even without a motive to go to heaven that becomes unselfish. “*That which is selfish is immoral and that which is unselfish is moral*” says Swami Vivekananda <sup>24</sup>. “*To work we have the rights but not the fruits thereof*” <sup>25</sup>. Understanding of this theory makes the person responsible and accountable for everything in life. When misfortune befalls no one is blamed. Such individuals are free from bitterness even in misery. It provides better scope to live rightly and do good for their own furtherance. Misfortunes and suffering ennoble them to mould their character. They realise misery is a greater teacher than happiness and accept both pleasant and unpleasant as their own making and tries to transcend the dualities of pain and pleasure.

## VII FAITH ( *Shraddha* ) :

The action controlled by *Shastras* is an outcome of intellectual, ethical, aesthetic and religious culture. This is the outcome of experience and wisdom. Faith or *Shraddha* is the acceptance and will to believe and realise this greater rule of *Shastra*. The religion, the ethical law and cultural idea in which one develops faith, defines one's nature, work and an idea of relative right, or perfection, in proportion to one's sincerity and completeness of faith <sup>26</sup>. This *Shraddha* or faith is the basis for all types of living.

Gita says “*He obtains wisdom who is full of faith, who is devoted to it, and who has subdued the senses. Having obtained wisdom, he ere long attains to the supreme*

peace”<sup>27</sup>. The next verse in the Gita, says the ignorant, the faithless and one of doubting self is ruined. Sri Ramakrishna says “Once a person has faith, he has achieved everything. There is nothing greater than faith”<sup>28</sup>.

## VIII. ROLE OF SANKALPA, SHRADDHA & SAMARPANA:

**Sankalpa** – is the intelligent will and commitment. Sri Aurobindo defines the yoga of intelligent will as “To act with right intelligence, and, therefore, a right will, fixed in the one, aware of the one self in all and acting out of its equal serenity, not running about in different directions under thousand impulses of our superficial mental self”<sup>29</sup>. Gita says there are two type of intelligence in the human being<sup>30</sup>. The first is concentrated, poised, one homogeneous, directed singly towards the truth; unity is its character, concentrated fixity is its very being. In the other there is no single will, no unified intelligence, but only an endless number of ideas in pursuit of the desires. The first is the right will and the second is the wrong will. So man has to work with the right intelligence will and have full commitment to whatever one does. This is *Sankalpa*. When an individual operates at this level the individual will be deeply involved, with all the responsibility and accountability. One becomes more creative and promising. But this should always be associated with the attitude of surrender and *Sraddha*, if not it will result in tension or despair.

**Shradda** (Faith) : The importance of faith in maintaining high quality of life is stressed. Faith will make the individual develop intense interesting life and help to create an order within. Anything done without faith will lead to chaos and failure. But if one has full faith, one works hard with sincerity, and even the difficulties or sorrows that ensue are considered as *Prasada* (gift) from God<sup>31</sup>.

**Samarpana** (Surrender) : This is giving up the whole self to the Divine, with full devotion and consecration of all our acts. Bhagavan Sri Krishna says – “devoting all thyself to ME, giving up in thy conscious mind all thy actions into me, resorting to the yoga of the will and intelligence, be always one in heart and consciousness with Me. If thou art that, at all times, thy by My grace, thou shalt pass safe through all difficult and perilous passages; but if from egoism thou hear not, thou shalt fall into perdition”<sup>32</sup>. Whoever takes full refuge and consecrates everything to Him, they develop the attitude of full acceptance of all events irrespective of the results with equanimity and peace as inevitable. But if the Surrender is not associated with the commitment to work, they may be restful, but, unless one is highly evolved spiritually when no work need to be done, one may fall into *Tamasic* nature. Therefore, to lead a quality life of a high level, one should have the intelligent will (*Sankalpa*) the attitude of Surrender (*Samarpana*) and work with all faith (*Shradda*).

## IX QUALITIES OF A LIBERATED HINDU

Realisation that the will of the supreme inspires all activities in the cosmos. The human soul is only a channel, of his power<sup>33</sup>. (a) No personal hopes and hence remains as part of cosmos. (b) Does not seize on things as his personal belongings ,(c) Covets nothing ,(d) Jealous of none and no personal enemies (e) Whatever comes he takes without repulsion or attachment (f) What goes from him he allows to depart from him

without repining or grief or a sense of loss (g) Free from reaction to passion and sin (h) Wrath and hatred become foreign to him (i) remains in a perfect state of inner joy and peace (j) Depends on nothing in the world (k) remains beyond dualities (*Dvandvatita*) of promise and blame, honour and dishonour, sin and virtue - a state of equality.

## X SUMMARY

To sum up the quality of life depends largely on the mind which controls the body. The mind needs to be kept in peace or equipoise at all times by the use of one's intelligence (*Buddhi*) which is higher than the mind itself. When the impurities of the mind are eliminated by discrimination, dispassion and renunciation the person will be in a state of psychological equipoise (*Sthitapragna*) with constant intellectual alertness and emotional stability and will be at peace with self and others.

In spite of changing cultural pattern, which has undergone many vicissitudes, Hindu culture still views asceticism, complete renunciation, the life of a recluse, as the highest goal. Such a person is highly revered and respected by one and all, including the wealthy and powerful. The quality of individuals is assessed by the values they follow, such as truthfulness, honesty, selflessness, humility etc. A Hindu gives a greater importance to the way of living and to the understanding of inner life. Though wealth, richness, material possession, and power are important and necessary greater importance is given to the way, the means and methods adopted in achieving them, and how one conducts oneself in such a state. The person who does not become arrogant and egoistic with wealth or power, one who accepts with contentment what comes to him, one who takes pleasure and pain; loss and gain; sorrow and happiness, in the same poise (equanimity) one who can share the sorrow and joy of others, is the one who leads a high Quality of life. The expectations of the individual varies according to the stage of one's life. Before one enters into the worldly activities, one has to know and understand the knowledge of self, world and God. Then one can live in the world, but not of the world; not being affected by the world, nor being in any way harmful to the world. This is the standard or quality expected of a Hindu.

The relationship between the WHO Q.O.L. and Hinduism view of Quality Of Life is presented as a table in the Appendix.

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## APPENDIX

**TABLE 1: RELATIONSHIP BETWEEN WHO Q.O.L. AND HINDUISM VIEW  
OF QUALITY OF LIFE**

<b>Domain 1 :</b>	<p><b>Physical Domain</b> (Pain and discomfort, energy and fatigue, sleep and rest)</p> <ul style="list-style-type: none"> <li>- Training of mind is an essential prerequisite for health and well being.</li> <li>- Emphasis on regular habits</li> <li>- Emphasis on moderation in eating, sleeping etc.</li> <li>- Pain and discomfort is inevitable and surrender to God increases the power of endurance</li> <li>- Avoidance of brooding over the past and the future</li> <li>- Recognise different stages of life and different levels of activities in these stages and avoids high energy as goal at all stages.</li> <li>- Use of Yogic exercises and meditation for bodily harmony</li> </ul>
<b>Domain 2 :</b>	<p><b>Psychological Domain</b> (Positive feelings, thinking, learning, memory, concentration, self-esteem, bodily image and appearance, and negative feelings)</p> <ul style="list-style-type: none"> <li>- Emphasis on subjective nature of self and the world</li> <li>- Perception of unity amongst diversity supports positive feelings.</li> <li>- Emphasises effort by individual towards higher self-esteem and control.</li> <li>- Concept of union with God avoids egoism</li> <li>- Importance to good deeds and social service towards positive feelings</li> <li>- Negative feelings are always not undesirable as they can lead to spiritual growth</li> <li>- Yoga and meditation focuses on body/ mind and harmony</li> <li>- Emphasis on EQUANIMITY as the goal of all existence, promotes positive feeling</li> <li>- Decreased emphasis on results of action and greater importance on sound action</li> <li>- Recognises different levels of consciousness and methods to understand and regulate them for mental harmony</li> <li>- Self-esteem is not only from self but from family, community and social deeds</li> <li>- Different goals of self-worth in the four stages of life</li> </ul>
<b>Domain 3.</b>	<p><b>Level of independence</b> (Mobility, activities of daily living, dependence on medication or treatments, working capacity)</p> <ul style="list-style-type: none"> <li>- Theory of Karma to understand limitations of mobility &amp; personal actions</li> <li>- Gives a high importance to activities of daily living. Has a system of rituals to help ordinary people practice daily routines and good practices</li> <li>- Avoidance of intoxicants, stimulants is emphasised</li> <li>- Suggests meditation to experience states of higher consciousness rather than use of drugs of intoxication</li> <li>- Importance to food as part of medical treatment</li> <li>- Duties and responsibilities are not uniform for all and at all stages of life</li> </ul>



- Domain 4**      **Social Responsibilities ( Personal Relationships, Social support, Sexual activity)**
- Emphasises the relationships of self with others and self in all things
  - Rituals of life essentially empowers social relationships, mutuality, support in crisis situations
  - Moderation in sexual activity and moral basis for actions rather than pleasure only
  - Explanations for losses, death and distress that minimises personal suffering
  - Encourages sharing of personal wealth and skills for social good.
- Domain 5**      **Environment ( Physical safety and security, home environment, financial resources, health and social care, opportunities for acquiring new information and skills, participation in opportunities for recreation, physical environment, transport)**
- All pervasive nature of life and recognition of unity of self and universe
  - Importance of healthy body for a healthy mind and good life
  - Different responsibilities for family, home and society at different stages of life
  - Emphasis on cleanliness in all spheres of life
  - Avoidance of excessive use of resources
  - Recognises the place for personal growth throughout life
  - Many approaches to acquire new information and skills and harmonise them in personal life
  - Importance of rituals for relaxation, leisure and interaction with others
  - Respect for life in all forms (Vegetarianism)
- Domain 6**      **Spirituality/ Religion/ Personal Beliefs**
- Importance of personal growth
  - Relationship of self with God
  - Beliefs as basis of day to day life
  - Ways of understanding life's adversities, successes without extreme reaction
  - Emphasis on ultimate goal of union with God
  - Giving importance to personal action without the preoccupation on results/ benefits
  - Human beings are potentially divine
  - Surrender to God
  - Personal Ethical base
  - Faith in God
  - Fear of death and dying is subdued
  - Recognition of the larger universe and oneness
  - Sufferings as growth process
  - Non- attachment
  - Involvement in social good and relationships
  - Lack of bitterness in adversity
  - Equanimity
-

greater likelihood of facing the end of life with a belief in immortality than do other religious groups.

### **Some empirical evidence**

More than 50 years ago Lawton concluded that trust in God was only second to good health for successful aging (Moberg, 1993). Religion was more important than income level, social support and altruism.

However, subsequent findings were not consistent. Some studies found no impact at all (Markides et al., 1987) and some reported significant relationships between religion and quality of life measures. (Argyle, 1987). Renetzky (1979) concluded that the major factor which appeared to influence the individuals' spiritual well-being and hence their state of health and quality of life was belief in God.

O'Brien (1986) found patients with a positive religious perspective on life adapting more readily to the stress of hemodialysis .

Martin & Carlsson (1988) reported on two studies indicating the therapeutic effect of faith in reducing pulmonary oedema, need for antibiotic therapy and intubation.

Religiosity is regarded as a coping mechanism for certain individuals (e.g. the elderly). As intimacy decreases through loss of social support network, intimacy can be sustained through the religious community, through closeness with God. Spirituality is recognized as an important component of health care practice with elderly people.

Zorn & Johnson (1997) found in a sample of rural elderly women a high level of religious well-being and a significant correlation with social support and hope.

In a comparative study (Rai GS et al. 1995) in the UK and the Netherlands on nursing home residents, the practicing and importance of religion was associated with a high level of happiness and well-being.

McMillan & Mahon (1994) found among hospice patients that relationship with God ranked highest on the total weighted quality of life score, the satisfaction score and importance score.

According to Creagan (1997) a social support system and an element of spirituality and religion seem to be the most consistent predictors of quality of life and possible survival among patients with advanced malignant disease.

From a comprehensive study on quality of life issues in 1525 subjects with cancer Ferrell (1996) describes spiritual well-being as "the ability to maintain hope and derive meaning from the cancer experience that is characterized by uncertainty. Spiritual well-being involves issues of transcendence and is enhanced by one's religion.."

Kark et al. (1996) reported that mortality in 11 secular kibbutzim between 1970 and 1985 was nearly twice that of 11 matched religious kibbutzim. In 1991 a cross-sectional study was conducted in 5 of the religious and 5 of the secular kibbutzim to investigate the possible influence of risk factors onto the unequal survival. Religious kibbutz members reported a higher level of sense of coherence (according to Antonovsky's salutogenic concept) and a lower level of hostility than their secular counterparts. The findings seem consistent with an interpretation that Jewish religious observance may enhance the formation of certain protective personality characteristics, and increase host resistance to stressors and thereby promote overall well-being and a positive health status.

Christian and Judaic traditions encourage hope that one is never "truly alone" (Johnson TR, 1995) which provides a believer additional coping resources when facing personal loss. This is consistent with Thoits's (1983) assumption that a meaningful existence is enhanced through existential integration. Furthermore, the role religion can play in connecting the individual with the past, the present and the future and with one's God, is also compatible with Erickson's (1963) emphasis on ego integrity. The obtained feeling of peace, wholeness and security one finds in the presence of God results in less anxiety and doubt and a better assessment of one's life.

The view of religion has moved from Freud's position as a "universal obsessional neurosis" to a resource which finally seems to enhance quality of life (Larson et al., 1994).

The importance attributed to spiritual well-being decreased significantly about a century ago when health care philosophy moved from a holistic to a more dualistic approach (Penrose & Barret, 1982). Even if there are attempts to rediscover holism, health care remains dominated by the medical model concentrating onto the disease process with medical treatment (Ross, 1995).

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# Islam, Health and Quality of life

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## Introduction

Islam is a monotheistic faith where only one God is worshipped. The term *Allah* is the Arabic word for "God" which is also used by Christian and Jewish Arabs. Allah is the Creator of all human beings. Muslims worship Allah, they put their trust in Him and they seek His help and His guidance. Muhammad was chosen by God to deliver His Message of Peace. He was born in 570 C.E. (Common Era) in Makkah, Arabia. He was entrusted with the Message of Islam when he was at the age of forty years. The revelation that he received is called the Qur'an. Muhammad is the very last Prophet of God to mankind. He is the final Messenger of God. Muhammad is considered to be the summation and the culmination of all the prophets and was entrusted with the power of explaining, interpreting and living the teaching of the Qur'an.

The legal sources of Islam are the Qur'an and the Hadith. The Qur'an is the exact word of God; its authenticity, originality and totality are intact. Although the Qur'an itself is not explicit about medicine, it places a very high value on health promotion and disease prevention by stressing the importance of good nutrition and physical and spiritual cleanliness. The Hadith is the report of the sayings, deeds and approvals of the Prophet Muhammad. The Prophet's sayings and deeds are called Sunnah. The Seerah is the writings of followers of Muhammad about the life of the Prophet. Hence, it is the life history of the Prophet Muhammad which provides examples of daily living for Muslim believers.

In Islam there is no radical mind-body dualism. The Islamic view of afterlife is NOT the soul's survival after death of the body, but rather God's revival of the whole organism on the Day of Resurrection. For some Muslim scholars there has been some ambivalence about practices such as dissection and organ transplantation as they felt that human dignity could be violated by such practices. On the other hand, great importance is given to hygiene, prevention of disease, keeping fit physically as well as spiritually. In order to explore the relation between Islam, health and Quality of Life, this paper will first look at basic Islamic principles as well as Islamic celebrations. Secondly, we will examine the role of the Five Pillars of Islam in health and quality of life. Finally, we will explore some of the principles and teachings from the Qur'an as well as the Hadith that guide the Muslim in health promotion and disease prevention and encourage the believer to lead a generally wholesome and healthy lifestyle.

## Islamic Principles

Islamic principles include the belief that people are created equal in front of the Law of God. Therefore, there is no superiority for one race over another. God made people of different colours, nationalities, languages and beliefs so as to test who is going to be better than others. No one can claim that he is better than others. It is only God Who knows who is better. It depends on piety and righteousness. Islam discourages greed and arrogance in any form. Muslims believe that there are unseen creatures such as angels created by God in the universe for special missions. They also believe that there is a Day of Judgement when all people of the world throughout the history of mankind till the last day of life on earth, are to be brought for accounting, reward and punishment.

Muslims believe that people are born free of sin and that it is only after they reach the age of puberty and possibly commit sins that they are to be accountable for their mistakes. No one is responsible for or can take the responsibility for the sins of others. Therefore, each individual is entirely responsible for his or her actions and behaviours. However, the door of forgiveness through true repentance is always open.

Most importantly, Islam is a total and a complete way of life and encompasses all aspects of life including physical, social and spiritual well-being. As such, the teachings of Islam do not separate religion from politics. As a matter of fact, state and religion are under the obedience of Allah through the teachings of Islam. Hence, economic and social transactions, as well as educational and political systems are also part of the teachings of Islam.

### **Muslim Celebrations and Community**

Muslims have two major annual celebrations or *Eid*: Eid of Sacrifice and Eid of Fast-Breaking. The Eid of Sacrifice is in remembrance of the sacrifice to be by Prophet Abraham of his son. The Eid of Fast-Breaking comes at the end of the month of fasting, Ramadan. The Place of Worship for Muslim believers is the Mosque or *Masjid*. There are three holy places of worship for the Muslims in the world, these are: Mosque of Kaaba in Makkah, Mosque of the Prophet Muhammad in Madinah, and Masjid Aqsa, adjacent to the Dome of the Rock in Jerusalem. However, a Muslim may pray any where in the world whether in a Mosque, a house, an office, or outside. The whole world is a place of worship. Although it is preferable that Muslims pray in a congregation, they may also pray individually anywhere.

Muslims are requested in the Qur'an to leave their works shortly after noon on Friday for the Friday congregational prayer in a Mosque, at the end of the prayer, they are requested to go back to their work. A leader or *Imam* gives a sermon (*Khutba*) and leads the congregational prayer. These regular meetings at the Mosque provide the individual with a sense of community or social network that can serve as a good model or give good counsel in times of difficulty. Thus, the Muslim has a strong sense of family, community and social responsibility, keeps a good balance between introversion and extraversion and is therefore less likely to be prone to isolation and depression (Abou El Azayem, G.). Group meetings in the Mosque are also often used for cultural and educational purposes. Statistics show that suicide is rare in Islamic societies, "Don't commit suicide because God is merciful to you" (Qur'an).

### **PRACTICES OF ISLAM**

Every Muslim is expected to follow the five pillars of Islam which include:

1. *Shahada* or Creed which is the verbal commitment and pledge that there is only One God and that Muhammad is the Messenger of God.
2. *Salat* or Prayers which is a requirement of all Muslims that involves the performance of the five daily prayers.
3. *Saum* or Fasting which is a total abstinence from food, liquids and intimate intercourse (between married couples) from dawn to sunset during the entire month of Ramadan.
4. *Zakat* is a "Purifying Tax" which is an annual payment of a certain percentage of a Muslim's property which is distributed among the poor or other rightful beneficiaries.

5. Hajj involves the performance of pilgrimage to Makkah which is required once in a lifetime if means are available. Hajj is in part in memory of the trials and tribulations of Prophet Abraham, his wife Hagar and his eldest son Prophet Ishmael.

The name "Islam" in Arabic means "to surrender" oneself to God. Islam advocates complete faith in and surrender to God. Islam holds that true belief in God or *Imman* is the first and most necessary requirement without which neither prayer, charity, fasting nor pilgrimage will be accepted. In times of illness, man's awareness of God increases and he or she becomes closer to God by realising their weakness (Athar, S. et al.). Some of the most common ailments of modern day include depression, stress, tension and anxiety. Islamic belief holds that the individual's destiny is pre-determined by the laws of nature (some known and some unknown). The Qur'an uses the idea of pre-determined or "pre-written" happenings (meaning the individual must comply with those laws of nature) as a means of reassurance. Although, the Islamic view of destiny is not a fatalistic one, there is no sense in worrying about the future. God Almighty says: "No disaster ever happens on earth nor to yourselves unless it is [pre-written] in a book before we brought it into existence. That is easy for God [to do], so that you should not feel distressed about what may have escaped you..." (Qur'an 57:22-23). Islam requires the individual to have complete faith in God and his justice and ensures that Muslims can overcome such feelings of tension and anxiety if they stick to forbearance, perseverance and forgiveness. God says: "No disaster has ever struck [anyone] unless it was with God's consent [= according to his laws]. Anyone who believes in God, has Him to reassure his own heart [= mental situation]" (Qur'an 64:11). Faith in God strengthens will power and supports feelings of hope and optimism. The individual's faith in God's justice should help him or her overcome any feelings of distress or sense of guilt since they know they can confess their sins in a secure atmosphere and that God is merciful and compassionate.

Prayer is very important not only on a spiritual level but also on a physical and psychological one. *Wadu* is the practice of washing all exposed body parts (i.e. hands, feet, and face) five times a day before each prayer. This has a refreshing and relaxing effect for the person. Through prayer, not only does the person obtain spiritual tranquillity and peace which is important for mental health, but prayers also help in the digestion of food and in fact prayers are arranged so that they are longer when they follow meal times in order to give more exercise to the body. Prayers put almost all muscles of the body in action and help save individuals from muscle and joint diseases. They also help blood circulation and mitigate the bad effect of cholesterol on the body. As such prayer plays a vital role in acting as a preventive measure against heart attack, paralysis, premature senility, dementia, diabetes mellitus and so on. The Prophet stated "prayers are certainly health promoting" (Athar, S. et al.) and also prayer relieves fatigue.

There have been a lot of studies conducted on the effects of Saum (fasting) on health. The Muslim fast involves complete abstinence from any food or liquid substances from sunrise until sunset. Fasting has several physical as well as spiritual benefits. On a physiological level, fasting gives a rest to the digestive tract and the central nervous system and normalises the metabolism. Dr. Kharofa examines the benefits of fasting in his publication *The Islamic View of well Being of man*. He states that there is no malnutrition involved in fasting since it poses no restrictions on the type or amount of food intake at *Iftaar* or *Sahar*, the two meal times at which the fast is broken and that also fasting is a healthier and more effective method to lose weight and regulate body mass if an individual is overweight. There are also additional prayers after dinner throughout Ramadan which help metabolise the large quantities of food. These additional



prayers can use up to two hundred calories. From a behavioural point of view, fasting is an exercise in self-discipline. During Ramadan the individual also stops nibbling on food between meals, smoking and coffee, which are all harmful for health. Breaking such habits in Ramadan can help provide the person with the motivation to stay away from such habits in the future. On the psychological level, the Muslim who fasts has a feeling of inner peace and tranquillity. The prophet advised: *If one slanders you or aggresses against you, tell them I am fasting*. Studies have shown that personal hostilities are minimal during Ramadan to the extent that crime rates fall during this period (Athar, S. et al.). Every Muslim is expected to fast during Ramadan except children below age twelve, patients, travellers and women who are menstruating or nursing a baby. In any of these instances, the individual is exempt from fasting. If medical patients insist on fasting then they should be monitored closely by their physician and have their medication adjusted. Patients with migraine and diabetic patients taking insulin are advised NOT to fast.

The word *Zakat* itself means purification and growth, which in this context is meant to imply the purification of legitimately earned wealth. According to Islam any ownership of wealth belongs to God, therefore in the instance of any money gain or loss, God is thanked. This is demonstrative of the principles of justice and equality in Islam.

The morale behind pilgrimage or Hajj is submission and absolute surrender to god's will. The Hajj gives the Muslim the opportunity for repentance and also represents the social and political gathering of Ummah depicting brotherhood and equality. Pilgrimage is representative of the programming and testing of individuals for endurance which is a requirement for all Muslim men and women. The Hajj involves long walks, heat, sun, thirst and physical exercise which are to remind people of the Day of Judgement. It is advised to perform the Hajj when young and physically well rather than wait for old age. Overall it is suggested for all people to keep in good physical shape before and after the Hajj (Athar, S. et al.).

### **Guidelines for Hygiene and Health Promoting Behaviour**

Cleanliness of body and mind are stressed throughout the Qur'an and the Hadith. It is advised to wash hands before and after meals and to abstain from wiping hands on a towel as it may convey bacteria or infection. Washing after defecation is also recommended so as to prevent Pilonidal sinus, which is an abscess occurring in that region of the body. There is also advice about dental hygiene *Khilala*, the prophet said *whoever eats should pick bits and pieces from between his teeth*, so that they do not rot and produce disease of the gums and so on. There is also evidence of advice to use *Miswak* which is the twig of a tree that is used for brushing teeth. Islam also advises the covering of the head and neck to prevent heat stroke.

The Qur'an advises that healthy nutrition consists in a balanced diet and warns against excess in food as it leads to diseases of affluence which is against Islamic guidance. God says: "Eat and drink but avoid excess" (Qur'an 7:31). The Qur'an also advises healthy nutrition which is based on a balanced diet of proteins, fats, carbohydrates, electrolytes, vitamins and other things. Islam favours the use of more healthy and nutritious foods such as whole wheat as opposed to sieved flour, for example. Muslims are not allowed to pollute water, especially still water. They are not allowed to urinate or defecate in it, or even wash in it if it is not running.

Circumcision or the removal of the foreskin (prepuce) is advised for men as neglecting hygiene of the prepuce can cause inflammation and fungal growth. It has been a long held misconception that Islam ordered the circumcision of women as well. Pre-Islamic Arabs had introduced Khifadh (female circumcision), which originally meant removal of the clitoris prepuce. However, since the clitoris prepuce is much smaller, inevitably this would impair the clitoris itself or the area around it, which can have very serious repercussions. The Ancient Egyptians had also introduced female circumcision whereby female external genitals were entirely cut off and this is still practised in some African countries, which they ruled. Such atrocities are wrongly attributed to Islam. The Hadith only contains instructions to any woman who undertakes such an action to avoid the violation of the female genitals and to cut only a small part of the clitoral prepuce. There is still dispute over the authenticity of such Hadith. Other Muslims argue that the Prophet would never have allowed such practices which harm women (WHO 1996).

In addition to personal hygiene and cleanliness, Islam made forbidden certain foods and substances which were believed to be a threat to health and well-being. The forbidden foods include blood, dead meat and pork. In fact Islam provides rules on animal slaughtering which maximise the draining of the blood from animal flesh. Meat coming from an animal slaughtered according to such rulings is called *Halal* meat. Pork is a forbidden food as it contains two types of worm that can attack the digestive system and cause illness or infection. The selling and consuming of alcohol is prohibited by Islam, which of course minimises incidences of alcoholism and other resulting mental disorders. In fact the use of any mind-altering substance is implied, but some try to allow their use under the claim that their prohibition was not directly stated. Islamic scholars are currently trying to shed more light on this issue.

Islam does not approve either total indulgence or total abstinence from sensual pleasure. Islam advocates marriage and prohibits all other alternatives for sexual enjoyment. This is a very important measure of the prevention of the spread of sexually transmitted diseases including HIV / AIDS. Before marriage, young people are encouraged to sublimate sexual energy through activities such as riding, swimming and so on. The religion facilitates and encourages marriage for young people by removing all social, financial and traditional obstacles that may prevent it (WHO 1992). Some sexual behaviours and orientation, which may increase the chances of contracting HIV/ AIDS such as homosexuality, anal intercourse, permissive intercourse with different partners or adultery, are strictly forbidden. In fact the Sharia describes specific punishment for adultery: the unmarried party gets lashing and the married party gets punishment by stoning.

## Conclusion

Islam is more than a religion, it is also a way of life that provides people with good principles on which to build a healthy life. Islam provides guidelines for ethics in the medical profession and has always encouraged people to increase their knowledge of health and disease, medicines and side effects. It is also suggested that people should use this knowledge in preventing illness, recognising early symptoms, seeking early medical attention, monitoring the course of disease and implementing treatment. Islam asks the patient to accept illness and disease as the will of God and ask Him to remove the affliction. However, it also asks the patient to seek treatment: *You servants of Allah, seek treatment, for Allah did not send down an illness that Allah did not send down treatment for*. Therefore, Muslims are encouraged to actively seek treatment and

participate in their health, quality of life and well being on all levels, physical, psychological, social and spiritual.

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## **INTRODUCTION**

Islam is the last of the three monotheistic faiths after Judaism and Christianity. They all worship the One Universal Eternal Creator, given various names in different languages (God, Dieu, Allah, Yahweh, Theos, Khoda etc). Uniquely he gave man autonomy, knowledge, choice and hence accountability. This life is transient and accountability may be evaded in it, but death is surely followed by another (enduring) life where people are judged and reward, punishment and forgiveness are meted, as ruled by God.

## **THE SHARI'AH**

The total address of god to the believers in the Shariah. Its sources are the Quran (authored by God and merely transmitted to Prophet Mohammad by Angel Gabriel), the teachings and example of the Prophet (called the Sunnah) and where there is no text intellectual analogy and derivation not in conflict with Quran and Sunnah.

The ultimate goals of the Shariah are the preservation and protection of (1) Life, (2) Mind, (3) Religion, (4) Ownership and (5) Family. Each is served through a branching set of rulings that collectively cover all possible human activities and concerns.

### **The Mind**

By the mind we know God. It is the basis of our eligibility for accountability and the means of differentiating right from wrong. It is our instrument for deciphering God's creation in us and in the universe [Relevant Quranic verses: "Say my Lord: increase my knowledge" – "Amongst His worshippers: the learned fear Him most" – "They are not equal: those who have knowledge and those who don't" – "Say: walk in earth and find out how He started the creation"]. Mohammad said: "the pursuit of knowledge is a religious obligation on every Muslim, man or woman. Islam is clear about the two debts we owe our minds:

1 – To use them, as already explained,

2 – To protect them, hence the absolute prohibition of taking alcohol or drugs that numb or stupefy the mind.

Freedom from anxiety, oppression and intellectual censorship are basic Islamic human rights.

### **Protection of life**

This addressed (by prohibition) such issues as abortion and suicide (assisted or unassisted). Because the Quran says: "Whoever saves a life it would be as if he saved all mankind", organ donation is considered a charity and is juridically excepted from the basic rule of respecting (non-violating) the human body, alive or dead.

But the service of life covers the care for health and well-being, addressing (even detailing) various "Curative" and "Preventive" aspects. When ill, seeking treatment is mandatory, as the Prophet said "Seek treatment, for every illness God has created a cure, whether already known or not". To a Muslim the doctor is the instrument but the healer is God. Unless the doctor is clearly negligent, he is not to blame if the required

outcome is not achieved. Litigatory tendencies are minimal amongst Muslims. If all have done their best then the outcome is God's fate, to be accepted as a matter of faith.

Caring for health, Islam pursues even the long chains of causation, and we can only cite a few examples. A Quranic verse reads: "Don't throw yourselves with your own hands into harm", and the Prophet said: "There should be no harm or harming". On these grounds the scholars ruled that smoking was religiously unlawful once its relation to cancer and other illness was established. Mohammad taught that "Cleanliness is part of faith" and gave clear instructions on cleanliness (and hygiene) of body, clothing, home, street and environment. The concept of quarantine was expressed in his order: "If there is plague in a city, don't enter it if you are outside, but don't get out if you are already inside". Mohammad warned against over-indulgence in eating. He encouraged sportsmanship, such as his sayings: "The strong believer is better than the weak one", and: "Teach your children swimming, archery and horsemanship". Since all these are religious dictates, their observation becomes an expression of faith, denoting the non separability of body and soul in the Islamic perspective.

The worship system in Islam is also involved. Ritual prayer entails ritual washing and purification. The spacing of the five ritual prayers along the course of the day seems to maintain a (therapeutic) spiritual level. Fasting the month of Ramadan (from predawn to sunset no food or drink or sex or anger or cheating) is a first class annual training in self control, the lack of which underlies so much of the evils of our modern times, and the immoralities (sexual or otherwise) that exact a heavy toll from human life, health and happiness.

### **The Spiritual Dimension**

It is not our "biology" that makes us "human beings", for this we share with animals. Our spiritual component that "should" master our earthly one is our essence, and it lifts us to the realm of purpose, values and faith. As Islam teaches, this life is only temporary, which dampens down the extremes of psychosocial responses to things pleasing or displeasing and shelters us from anxiety and emotionalism. This life is also a test, the results of which will be announced (and paid off) in the life to come. This test includes some elements that God forewarns us of, in the Quran: "We, (God), shall test you with a measure of fear, poverty and loss of wealth, life and produce. But give glad tidings to those who are patient, who – when afflicted – say: we are from God and to God we return". To a Muslim, a blessing is answered by gratitude and calamity by acceptance and patience. "Faith is one half gratefulness and one half patience", Mohammad teaches. Pain, suffering and illness should be warded off or efficiently treated; but if unavoidable, accepting patience is the answer. Mohammad said that when the believer is so suffering, "God sheds off his sins like a tree shedding its leaves". It is a winning situation, and a believer will not indulge in the traditional questions of "why me?" and "If there is God why does He allow these things?". "Reward (on patience) and atonement (for sins)" is a common greeting when you visit a Muslim patient. God has a purpose, it is in my best interest, and I will not demand an explanation; where then is my trust in Him? The word "Islam" literally means "submission" (to the will of God). Recruiting this dimension does work in the clinical setting. Besides, morale has its effect on the immune system. Death is not an evil but

the inevitable completion of life. It is not annihilation but actually the admission into the real enduring life, hopefully in a better place, better company and everlasting bliss. A Muslim goes through the journey of life but always with an eye on the port of destination. Even a sinful person (and all humans are sinners) should not despair we all pray "please God do not treat us with your justice, and You are the absolutely Just; but with your forgiveness, and You are the Absolutely Forgiving".

Hassan Hathout

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# MIDDLE EAST CULTURES, HUMAN MIND, MENTAL HEALTH AND MENTAL ILLNESS

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*Cytoarchitectonics of the  
cerebral cortex are sculpted  
by input from the social  
environment because socialization  
shapes the essential human  
attributes of our species.*

*Leon Eisenberg<sup>(1)</sup>*

## INTRODUCTION

Cultural psychiatry deals with the definition of culture, interactions between it and the individual, culture specific syndromes, and cross-cultural differences in definition of health, illness and healing<sup>(2)</sup>. It is an expanding and at the same time disputed area of today's psychiatry. In a recently published article, Lewis and Kleinman<sup>(3)</sup> state that this is now a matured discipline that holds a great promise in understanding the ways social relations cause body experiences. They consider cultural aspects of treatment modalities including pharmacotherapy as relevant points for patient care and health policy. They also point out that in spite of all evidence pointing to the importance of cultural factors in mental health, a general inattention to these factors can be judged in many areas. Examples are lack of cultural validation of classifications, widespread misdiagnosis of ethnic minorities and racial bias in treatment recommendations. They conclude, "psychiatry needs new ways of delivering culturally appropriate care to the disenfranchised and the destitute." For the present author whose responsibility is to think, plan and assist in the development of such systems of care for a region, nothing is closer to the truth.

The number of cultural studies or studies related to the history of psychiatry undertaken in the countries of the Middle East are few and most of them are in form of literature review or monographs. The present author is aware of the following studies. It is probable that other studies exist that he is not aware of. Baasher has done a major overview on the history of Arab psychiatry.<sup>(4)</sup> Saa'edi, has done a monograph on the practice of Zar in southern Iran.<sup>(5)</sup> Davidian has written on Iranian mythology and psychiatric symptomatology in Iran<sup>(6)</sup> and is working on a major book on the history of psychiatry in Iran. Okasha<sup>(7)</sup> has



symptomatology in the writings of the 10th century Iranian physician Jorjani. El Haddad is doing a study on history of psychiatry in Bahrain. Moussaoui in Morocco and El Ammar in Tunisia have also done studies. Studies on cultural similarities between different countries of the region are rare. Perhaps the most comprehensive ones are still Dr. Taha Baashar chapter on Arab world in the book 'World History of psychiatry'<sup>(4)</sup> and Dr. John Racy<sup>(9)</sup> contribution to the book 'Religious Systems and Psychotherapy' under the title of Islam. These two articles are very informative, but are almost completely limited to Arab countries. They do not represent the rest of the region. The present paper aims at being an introduction to the understanding of the origins of common cultural notions, thoughts and beliefs in different people and cultures of this region that make them cohesive enough to form a cultural system.

The term "Middle East" in this paper is not used to correspond to its conventional use. It is mainly chosen as a familiar, unifying term to address the similarities. Generally speaking, Middle East is a vaguely defined geographic area that is known more for its oil reserves, famous conflicts and war and peace processes. As such, it is more of a geo-political than a historical, cultural, or even a proper geographic name. However, it is the cultural Middle East, that is the subject of this paper, and its boundaries are far broader than the geo-political entity. Enough ideas, philosophical trends and value and belief systems, are, in one way or another, shared by seemingly diverse cultures of this vast region to justify calling it a "Cultural System". Such cultures belong to populations in North India, Pakistan, Afghanistan, Iran, some parts of central Asia, to a large extent Turkey, Arab countries like Egypt, Iraq, Lebanon, Sudan, Syria and North African countries like Morocco and Tunisia. Although Middle East cuts across many civilizations and cultures, there are certain unifying characteristics that unite all of them. Among these, two seem to be most important. One is Islam which is the religion practiced by more than ninety per cent of the people. The other is the opportunity for equal exposure to the origins of intuitive, holistic philosophies of the east, on the one hand, and pragmatic, fact-oriented philosophies and methodologies of the west on the other.

The present author is aware of the many distinct cultural identities, historical backgrounds, national entities and languages in the area that make generalizations regarding commonalities of Middle Eastern cultures difficult. However, having had the unique privilege of being in the service of the people and countries of this Region, through his assignment in the World Health Organization, he has observed many cultural patterns, attitudes and thoughts that are shared among them. The most important of these, is a more holistic thinking pattern, which if developed further, may contribute to better understanding of human mind and development of more rational and culturally acceptable psychiatric services. One example of such world outlook and thoughts can be found in mystic (Sufi) traditions existing in different countries of this Region. Other traces of such thoughts can be found in art, literature including poetry, philosophy, and even architecture of this Region.

Hence, the main aim of this paper is to provide a brief introduction to the contributions of Middle East cultures in the area of understanding of human mind and its importance to modern psychiatry. The author does not claim to cover all areas of Middle East and Islamic world and is aware that this paper would naturally contain more information from the cultures he is most familiar with. In this connection, he recognizes many efforts already done by other colleagues and asks for more scholars from the countries of the Region to work on the contributions from those areas they are most familiar with. Hopefully, these contributions can be gathered in form of a publication in the future, showing the unifying aspects of these cultures, which, together have greatly contributed to the advancement of the human civilization. Finally, as the intention of this paper is the presentation of general patterns of thought in this part of the world, the paper can not give details of actual traditional practices in different parts of the Region. That task is done by some scholars and would need continuous work in the future.

## ORIGINS OF SIMILARITIES

In 1951, Maulana Abul Kalam Azad, the renowned Indian scholar and the first minister of education in independent India delivered a short but memorable address to an UNESCO symposium held in New Delhi and called "Concept of Man."<sup>(10)</sup> He starts his address by praising humanity for the vigorous and so far successful struggle to understand and conquer the nature. Then he puts a question before his audience: "Do we know ourselves? Are we familiar with the essence of our existence?" He then proceeds to look at different ways answers to this question have been sought in the east and the west. He first points out to the many shared domains and agreed upon thoughts and emotions existing in the west and the east regarding human being and his destiny. Then he observes that these similarities are not incompatible with the existence of diversity in looking at the question of "essence of existence" in different cultures. Major trends of philosophy in the west, he argues, are essentially concerned with the place of human in the world. The east, in the contrary, is more concerned with man's "inner experience" and "inner world." In answer to the question of "what is human being?" a western mind is more likely to think in line of the highest member of the animal kingdom. Eastern mind, on the other hand, believes that he is a part of another whole of a celestial essence that is the highest manifestation of god's creation that represents divinity on earth. In methodological terms, the meaning of the first way of looking at man is that it can be reduced to lower animals and laws of his behaviour can be understood by deduction. To the contrary, the second way of looking makes man a part of a bigger, more complex, inter-related system not understandable only by reduction.

Any one of these tendencies towards understanding of human nature, regardless of the religious, ideological or other sentiments attached to them affect cultures in many ways. In any given culture, one of these two ways of looking at human being is predominant and this, undoubtedly affects the collective attitudes and deep down non-verbal responses of the members of that culture towards themselves, life, death health and illness. Middle Eastern cultures may vary as to the degree of tendency towards each of these two trends, but in general, they belong more to the eastern trend, holistic view of the world and the view of the essential Unity of Existence. Present author regards this cultural tendency towards Holism, as the most distinctive part of Middle Eastern cultural identity with all its positive and negative effects on the culture as a whole. This can be regarded as one of the major common cultural ingredients of the people in the Middle East; similar to the type that gives Europe, Latin America or Far East their identity regardless of the national borders and/or different languages. Whereas this system looks at human mind as a whole, with equal consideration for all its attributes, other theories of human mind, are built mainly upon the foundation of one of the attributes of mind, and then generalized and assumed to cover the whole system.<sup>(11)</sup>

As it was pointed out, in this article, the term "Middle East" is used to point to the commonalities of cultures belonging to the geographic Middle East and beyond. Countries or areas forming this entity belong to different origins, histories and traditions. Major ancient civilizations like Babylonian, Egyptian, Persian, Phoenician, Sindi belong to this area. Many major religions including Christianity, Judaism, Zoroastrian and faiths like Manichaeism originated in this region. Other religions and worldviews like Buddhism and Hinduism were also influential in the formation of this region's philosophy of life and cultural identity. However, it was Islam that acted like cultural cement to create a unique identity out of the mosaic of so many different trends, languages and backgrounds. It was through the dynamic interaction between Islam and many indigenous or peripheral thoughts and cultures that the formation of a holistic view of the world and concepts like Unity of Existence became possible. Concepts that can best be seen in the works of great mystic (Sufi) philosophers and thinkers like Ibn e Arabie and Rummy. Ironical as it may seem, it was also through the efforts of scholars like Avicenna, Ibn e Rushd and Ibn e Khaldun; all belonging to different parts

of this diverse cultural identity that the essence of Rationalism, Positivism and experimentation existing in the works of earlier Greek thinkers were preserved and advanced throughout the medieval centuries.<sup>(12)</sup>

To summarize we may ask, What are the common denominators that allow for calling Middle East a cultural identity? Among many, the following three may be regarded as most important:

- The absolute majority of their populations are Muslims.
- Many -but not all- of their thinkers, throughout the past centuries have been able to communicate through Arabic or in some instances Persian (Farsi) languages.
- They are located in between two major cultural influences, ideas and thought pattern, namely oriental and western. Based on their relative proximity, each one of the Middle East cultures have inspired and also been influenced by one or both of these cultures and communicated these influences with each other through a common language. Therefore, they have been in the unique position of making synthesis between these two different worldviews and thoughts. Such a unique position have given rise to thinkers and physicians of different thoughts and persuasions like El-Ghazali, Ibn-El-Arabi, Rumi, Ibn-e-Khaldun, El-Razi (Razes), Ibn-e-Sina (Avicenna), Jorjani, Ali Ibn e Abbas, Ibn el Nafis and many others. However, a common line connects all of them, attention to the holistic nature of man.

## PRE-ISLAMIC CONCEPTS

Before Islam, Egyptian, Iranian (Persian), Indian, Byzantine, Christian and Jewish influences existed in different parts of this vast region. There were also the Pre-Islamic Beduine Arab cultures, later called Jahilieh (era of Ignorance) by Muslims. Perhaps the greatest role of Islam was the development of conditions that facilitated synthesis between these cultures. Comprehensive coverage of all these cultures and their impact is beyond the scope of this paper. The following is just a glimpse at some of these cultures.

- **EGYPT:** Ancient Egyptians believed that an individual is composed of three integral parts:
  1. The "Khat" that represented the body.
  2. The "Ka" that represented the soul of the individual's double, and whose main function was to protect the deceased body.
  3. The "Ba" that was believed to leave the body after death and reside in heaven, periodically visiting the body.

Egyptians thought that diseases were either due to evil spirits or the wrath of the gods. Organic causes were also described. The art of healing was considered a part of religious practices. Some psychotherapeutic methods were used in ancient Egypt among which, "Incubation" or "Temple sleep" is noteworthy.<sup>(4-7)</sup> The therapeutic effectiveness was due to a mixture of the temple atmosphere and the effect of suggestion by the religious deities. The sick person was usually prepared for such rituals. It is interesting that the reliance on shrines and temples for healing still continues in many parts of Africa, the Arab world, Indian sub-continent and Iran.

- **MESOPOTOMIA:** In ancient Mesopotamia medicine was a part of magic. Dream interpretation was the way to understand and affect human mind. In addition, certain numbers like number 7 were believed to have certain therapeutic effects and particular rituals been exercised to bring about these effects.<sup>(4)</sup>
- **IRAN:** Official religion of pre-Islamic Iran was *Zoroastrian*, a religion that is still alive and has followers in Iran and India. Iranian ideas regarding human being and his/her mind should be searched in the texts of this religion and also in Iranian mythology.<sup>(13)</sup> The main belief of Zoroastrian Iranians was the

existence of two opposing powers in the world. The Good or *Ahura-Mazda* and the Evil or *Ahriman*. The whole world is the scene of their ever-lasting struggle in which Ahura will be the eventual winner. Iranian mythology which is immortalized by the great epic poet, Ferdowsi is an elaborate system. The myth of creation in this system is quite interesting. According to this myth, "the human race came to being upon the death of the first man on earth (*Kumars*). When he died, his sperm was cleaned by the light of the sun and impregnated the "*Sepandarmaz*", who was the angel guarding the earth. The sperm remained inside the earth for 40 years and then "*Mashi,e*" and "*Mashianeh*" were born from it in form of one Rhubarb plant. The two (man and woman) were joined in form of one plant and the soul (psyche) was between them." It was believed that the psyche was created innocent and clean, but became sinful under the influence of Ahriman. This dualistic belief has been quite an important factor in determining the Iranian's attitude towards disease, health and different treatments. Important points to note are the unity of man and woman and of body and psyche in creation. The equal participation of light, warmth, earth, and time in a harmonious, systematic way is also of interest.

In ancient Iran, medicine was being practiced and even different specialties existed, including one group for diseases that make today's psychiatry. Psychiatric diseases were thought to be the students in Jondi Shapur University in Ahwaz during the Sasanide dynasty.<sup>(14)</sup> Beliefs in Talisman and Emulates as causes and treatments for diseases also existed. In some rural parts of Iran, people still wear emulates to counteract the effects of Talisman. Belief in the effects of bad eye is quite strong among some sections of the population. In southern Iran practice of Zar exists.

- **CHRISTIANITY AND JEWISH INFLUENCES:** Middle East is the cradle of civilization and of the three major monotheistic religions of the world. In addition to Palestine, Jewish people lived in many countries of the Middle East. Before creation of Israel in Palestinian territory, a sizeable Jewish community lived in Morocco and Yemen. Apparently, they were an integral part of their societies in both countries. Jews also lived in other countries like Egypt, Iran and Iraq. They were not subjected to the types of treatment they experienced in Europe prior and during World War II. Traditionally, Jewish people were involved in provision of many aspects of medical care and management of pharmacies. Christians are an integral part of many communities and countries in the Middle East. Christian minorities that live in Egypt, Iran, Iraq, Jordan, and Syria are quite integrated parts of their societies. An interesting observation regarding the Christians in these countries is that their family relations has more in common with other Middle Eastern people than the Christians of the west. It is also interesting to note that some of the famous physicians of the Islamic medicine tradition like Ibn e Meimoun were Jewish or Christian. Like in Islam, in both Christian and Jewish religions, the mystic tendencies and holistic interpretations of mind exist.
- **THE INDIAN SUB-CONTINENT:** Several systems of Indian philosophy regard the mind as one of the sense organs, an inner instrument for perception.<sup>(15)</sup> This equipment was thought to have sensory and motor elements and can be taken roughly as corresponding to the brain and the nervous mechanisms associated with its function. The origins of holistic approach to mind can-more than anywhere else- is traced back to Indian philosophy and Sankhai School. According to this school, life and personality are compared to a field, within which different forces are always at work. These forces are of three types, Physical (*Tamas*), Physiological (*rajas*) and Psychological (*Sattva*). In this system life is described as a web of forces. Disturbance occurs if one of these forces grows out of proportion and at the expense of the other two. It is based on the unity of these three forces that existence or life comes to being and is maintained. It is the equilibrium or homeostasis between these forces that is essential for health. The ultimate aim of any treatment should be maintaining and restoration of this equilibrium. What is important in this system is the emphasis on inter-relationship between the sub-systems and not playing each in a mechanically separate domain, unrelated to the others. "Ayurveda" or life knowledge which is the traditional Indian medicine is built based on this holistic principle and its aim is the maintenance of a state of health -or equilibrium- by prescribing diet, medicine and suggested codes of behaviour.

## Islamic Culture

Islam brought a new cultural identity to this region. As it spread throughout the region, it became the cornerstone of a new civilization. Major cultures of the countries that were conquered by pioneer armies of the faithful, brought with themselves elements of different views and understandings. The laws and the lifestyle of the new faith in turn influenced these cultures. After a period of wars and insecurity, and when the foundations of governance were laid down properly, an intensive era for learning started. Many books were translated to the language of the new faith (Arabic), and scholars of all kinds appeared in different corners of the Islamic vast empire. There was progress in philosophy, medicine, science, literature and architecture. Some aspects of Islam as a religion have been important in transformation of Muslim societies, and have major bearing on mental health.

- Much more than Christianity, and more similar to Judaism, Islam is, a code for living. <sup>(9)</sup> It deals with very mundane and practical aspects of life, it is more oriented towards deeds, and has a deeper fatalistic approach to life. Islam's attitude towards permitted and lawful sexual life is much more tolerant and even encouraging. Islam is much more of a legal code, with provisions for children, elderly, the ill and the insane. There is a clear balance between individual rights and the rights of the community in Islam. No individual right is approved at the expense of the community rights. Community also can not take away the legitimate individual rights of the person.
- According to Islamic thought, the process of human mental and spiritual development is a constant evolution from a purely self-gratifying stage (Nafs i Ammarch) to a stage of inner peace and self-assuredness (Nafs i Mutma'enneh.) In this journey of evolution, the person passes through periods of self-doubt, self-accusation, and the like, all corresponding to some neurotic condition or personality trait. There are also ways of helping people reach better levels of inner calm and peace. All of these are important elements of the culture and a part of collective beliefs that can not be neglected if useful, acceptable mental health services are to be planned for a community.
- Adaptation to Islam and adjustment of the Islamic way of life to local cultures, developed differently in different countries. Through the process of this adaptation, different schools of thought, social and ideological movements were initiated that strongly influenced the cultural development of Islamic countries. One of the major schools of thought that emerged from the main body of Islam's teachings is Sufism (Mysticism,) also called Irfan (Erfan), in some parts the Islamic world like Iran. Different groups in almost all Islamic communities and countries, regardless of Sunni or Shia'a, call themselves Sufi. Different traditions, rituals and beliefs, some, unacceptable from scientific, religious and social and even moral points of view are also associated to some Sufi groups and practices. However, the essence of the basic philosophy as described by major and serious Sufi scholars is deeply humanistic and their fundamental world outlook is holistic. These qualities make Sufis an important aspect of Middle Eastern cultures and thoughts for the understanding of human being in health and disease, justifying a more detailed description here. This description will be followed by a comparison between holistic views in Sufis and modern thought.

## SUFISM AND THE ORIGINS OF HOLISTIC WORLDVIEW IN THE MIDDLE EASTERN THOUGHT

As it was already mentioned, in addition to the main teachings and the way of life in Islam, as the main common denominator of the vast majority of the people in this part of the world, Sufi thoughts, traditions, beliefs and practices deserve attention. It is particularly true when we discuss the cultural aspects and their

relation to mental health and illness. The cultural influence of Sufi trends in this part of the world is beyond their official recognition. It is sufficient to say that a major annual Sufi festival in the city of Tanta in Egypt attracts hundreds of thousands of people. It is also interesting to note that the book in second greatest demand in Iran, -right after the Holy Koran- is "The Divan (collected works) of the famous lyric poet Hafiz", a renowned Sufi (or Arif as Iranians like to say.) As it was mentioned, Sufi teachings are shared by all Islamic denominations in one way or another and are deeply integrated into culture, language, poetry and prose, music and all other products of intellectual and spiritual life. Many different people in the Middle East regard Hallaj, who was one of the Sufi saints, as a martyr. In summary, these thoughts and teachings are an essential part of common wisdom and their effect is beyond belonging to a certain religious denomination.

The words mystic and mysticism that are adopted in English language for the equivalent of the words Sufi and Sufism are hardly adequate. The same is true for the word Sufi itself. Oxford Dictionary's definition of the word mystic puts the emphasis on ecstatic contemplation and reliance on spiritual intuition. This, being to some extent true is just one aspect of the way these thoughts are perceived in the east. The word itself also usually has a negative connotation meaning irrationality, self-deluding attitude and hidden, supernatural practices related to certain sects. Sufi on the other hand, is a name based on the appearance of the people who believed in these thoughts. In Arabic it means a person who wears wool. Both these terms miss the concept of *Gnosis of one's self and the whole* that is the essence of these teachings. A more proper word seems to be *Irfan (Erfan)* that is an Arabic word used more in this sense in Iran, meaning 'Gnosis', 'Knowing' or 'Wisdom.' The knowledge, it refers to, is of a more intuitive type and not only empirical.

As it was already mentioned, mystic thoughts do not only belong to Muslims. It is an immense current of spiritual understanding passing through all religions. However, it is in the Middle East that they have affected the culture and meaning of life most. Describing all aspects of Middle East mystic thoughts is beyond the scope of this subject, present paper and the ability of the present author. However, it is necessary to point to the main teachings that have greatest influence on cultures. Effort is also made to show the foundation of holistic views in these thoughts. Some of the relevant points are as follows:

- The god is an ever present "Ultimate Truth", in unity with every existence. It is "Unity" and not "polarity" and "Love" and not "Fear" that characterizes human being's relationship with the Divine. In one of his many symbolic stories, the great thirteenth century mystic poet and philosopher Rumi,<sup>(16)</sup> talks of a simple shepherd who was praying to god using friendly, down to earth, kind words of a friend or family member to another one. A prophet who was passing by saw the man talking to god in such a simple, informal way. He got angry and condemned the man for talking to the god in such an informal way. Soon the prophet hears the condemning voice of god requesting him to offer his apologies to the simple man who was so correctly and sincerely addressing his god. Such an example of relating to the ultimate authority, when put in the context of cultural behavior provides a trend which indicates the individual's unique place and esteem in the authority's eye. Since within the historical perspective of the region, authority and power are mainly associated with the exercise of tyranny, cruelty and bloodshed, easy and open relationship with authorities is the best antidote for fear and insecurity. Examples of this type can be seen in people's relationship with their natural community leaders (not necessarily political), which is at the same time respectful, but informal and down to earth. Such relationships exist in many communities in the Middle East. The author has observed it in its best in a village in the Sudan, where the religious leader (Sheikh) also functions as a traditional healer. The natural confidence of people on such a community leader is unlimited. This has major mental health significance hence these healers can be trained to offer some level of modern mental health services, as it has actually been done in the Sudan.<sup>(17)</sup>
- Life is seen as an evolutionary continuum. Man is at the same time a part of the nature and god's hire and substitute on earth. Nothing exists that is unrelated to other existing creatures. Nothing can be

understood in isolation. Understanding can only be gained by examining the Undivided Whole, that is parts, plus their interaction. Here, again, one of Rumi's symbolic stories come to mind.<sup>(16)</sup> It is the famous story of the people who were touching an elephant in the dark, each thinking of something, according to the part of the body they had touched. They were in the darkness of their reduced perception and missing the whole. This is a clear example of the depth of holistic approach taken by Rumi and other mystic thinkers.

- Believing in the existence of *Shohood*<sup>(18)</sup>, which is intuitive knowledge gift. The word 'Shohood' means vision or seeing with an inner eye. The sudden enlightening of a poet when first line of a poem sparks in his or her mind, is a good example of such an occurrence. Such intuitive knowledge has been the genesis of much philosophical, scientific and particularly artistic creativity. It has been as valid, important and useful as the empirical knowledge. Ironically, what artists see and describe in abstract forms, science discovers in concrete forms many years later. As an example, the scientific equivalents of holistic view of the world in form of the laws of modern physics are a product of the twentieth century; but the truth about the holistic nature of the world and mind was appreciated centuries ago in the works of some poets, and to a certain extent, philosophers. Can the knowledge of such a history of thought behind us help in understanding the mind as a system?
- The concept of (*Vahdat e Wojoood*) meaning Unity of Existence that its formulation is owed to two great thinkers *Bayazid e Bastami* from Iran and *Ibn e Arabi*<sup>(19)</sup> from Andolucia, needs a detailed discussion. It simply refers to the unity of the creature with the creator. As such, the whole world is seen as a super-system of systems that is all a reflection of the divine, and is all connected in oneness. This is also another version of a model that tries to gain knowledge in the unity of a living interactive whole and not the reduced, dead parts of it. In psychological terms being a part of this belief system gives the person the security of belonging and being connected to a cosmic network of knowledge and love.

## **HOLISM AND REDUCTIONISM IN MODERN PHILOSOPHY AND SCIENCE, A COMPARISON WITH MYSTIC THOUGHTS**

Like modern medicine, modern psychiatry started as a product of Positivism,<sup>(20)</sup> industrial revolution and Newtonian scientific methodology. These scientific disciplines were empirical and the dominant philosophical and methodological tendencies governing them, were, and to a large extent remain reductionist, laboratory and experimental based, all relying on simple cause and effect relationship. Undoubtedly these methods have made tremendous contributions to the advancement of medical and non-medical sciences including some aspects of human mind. They are preferred methods of research when the subject is hierarchically simple and belongs to one scientific discipline. However the efficacy of these methods come under question from two sides. Dealing with complex, multifaceted issues like human mind, and confronting scientific questions related to modern causality like the ones in Quantum Physics.

The first decades of this century witnessed revolutionary advances in science and theories like Einstein's "Relativity" and Heisenberg's "Principle of Uncertainty",<sup>(21)</sup> shook the very basis of Newtonian and Pascalian world view of a predictable clock. From then on, it was not enough to look at the parts or details of what was being studied. The inter-relatedness and constantly changing condition of these parts were even more important.<sup>(22)</sup> Furthermore, it was "the fundamental inter-relatedness and inter-dependence of all phenomena and the intrinsically dynamic nature of reality"<sup>(23)</sup> that was important. In other words, it was the Whole and not the reduced parts of it that was becoming the subject of science and knowledge. The impact of these theories did not remain limited to the world of Physics and particles. Biology, Neuroscience's, Psychology and Sociology were also affected.<sup>(23)</sup> However, resistance was also strong. The main reason for

such resistance was that, it was much easier to work and do research in the accustomed, predictable laboratories.

The reader, particularly if western, may rightfully ask: What is in common between these advanced scientific and methodological developments in Quantum Physics with the philosophical beliefs of some twelfth century oriental, seemingly eccentric poets or thinkers? I would answer *attention to the whole and the inter-relatedness of the events*. And similarity ends here. But there is one difference that makes the whole issue an important one from a cultural point of view. *Holistic thinking in the east is the natural way of looking at the world*, and that poet or philosopher has just put it in words. In the west, man reached this concept not as a natural inclination, but as a consequence of a scientific necessity. The natural inclination in the west is to dissect, reduce, experiment and the result is taken as the truth. In the east, on the other hand, the truth is seen in the whole, and in the unity of all the elements that make the whole, and the means that keep these elements together. The reduced part (separated organ) is not considered to be the same, when connected to the whole.

## **Conclusion:**

This presentation was intended to introduce some of cultural realities and prevailing thoughts and attitudes in the cultures of the Middle East. The author feels these issues are quite relevant to today's psychiatry, which is in some way, struggling for a new identity. This area of the world is the cradle of civilization. Some of the most important cultures and religions that continue to inspire the world were born here. The cultural heritage of the people of this region is rich with traditions and ideas rooted in both Eastern and Western trends of thought. Different notions regarding the working of human mind can be traced back to old mythological, philosophical and general trends of ideas of the people in this region. Same are the different beliefs and rituals about the origin and treatment of mental illnesses. In general, reasons were given in this presentation in favor of the presence of a more holistic view of human being in this region.

This presentation started with a quotation from an eminent psychiatrist of our time about the relationship between the cytoarchitectonics of the human brain and inputs from his social environment. This is the type of holistic idea, based on which the real discipline of psychiatry can be built. This is where psychiatry can find its place, connected to, but independent of either pure neurology and neuroscience, or social sciences. Psychiatry deals with the translation (transduction) of social and personal (psychological) experiences to biological (i.e. synaptic) changes and vice versa. Problems, dysfunctions or imbalances in each level of this system can cause psychiatric disorders. Social inputs have many different origins. They may originate in the mythological, cultural, historical or contemporary events. They reach a nervous system that is made of a genetic structure, a certain level of biological integrity and the effects of all the information it has received. Pathology is always the result of a continuous, dynamic interaction between all these factors that get translated to each other. Although the task of each branch of science is to dissect its respective subjects and reduce them to understandable mathematics, the result of their work is not always the truth about the whole. This idea that is so clearly described by Leon Eisenberg here, originated in the East and is the natural way of looking at the world there. Later, it was elaborated in the works of many Middle East thinkers and found new dimensions.

We live at a time that the practice of psychiatry and the future of our patients and increasing number of people who need our help, are at a very crucial stage. None of our famous theories of this century -from pure behaviorist reflexology to elaborate psychodynamic formulations- have proved sufficient in describing human mind in health and disease. Our new hopes on synapse, as the biological answer to the complexities of mind, -pragmatic and convenient as they can be-, are too simplistic to provide all the answers and solutions. It is time for reflection and perhaps our cultural heritage can help.



There is another reason to look more carefully at the contributions of different cultures and that is creating conditions for better understanding among the professionals. All of us need to know the realities of other cultures. Each culture has the potential for some contribution to the advancement of our complex and multi-dimensional discipline. Knowing other culture's contributions can also help by decreasing some of the misunderstandings we may have regarding other cultures.

Finally, for those of us in charge of provision of models for services, knowledge of cultural contributions is of great importance. It gives us clues as to the existing potentials we may otherwise be unaware of their existence. It provides opportunities for designing services that are more acceptable to the users. It helps in decreasing the stigma and provision of more humane services.

I would like to finish by another quotation from a paper by Leon Eisenberg.<sup>(24)</sup> He quotes Sir Aubrey Lewis who in 1962 wrote:

*"The philosophers thought it proper to put not one but two mottoes on  
The temple of Delphi: one, the better remembered, was 'know thyself':  
But the second, equally imperative, enjoined 'nothing in Excess'.  
It might be worth inscribing that over the Temple of Psychiatry."*

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# HINDUISM AND QUALITY OF LIFE

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*Gita – “He whose mind is undisturbed in the midst of sorrows and amid pleasures is free from desire; from whom liking and fear and wrath have passed away, is the sage of settled understanding. Who in all things is without affection though visited by this good or that evil and neither hates nor rejoices his intelligence sits firmly founded in wisdom”<sup>1</sup>.*

## **I HINDUISM**

The study to understand the human being in a comprehensive way, including health and wellbeing is as old as history itself. Hinduism, which is really the *Sanatana Dharma*, has given importance to understand the man as a whole and in relation to cosmos. It is difficult to define Hinduism<sup>2</sup>. It is all comprehensive. Hinduism is very much individualised, unlike organised or institutionalised religions with dogmas. In addition, religious living in Hinduism is a blend of philosophy (theoretical, intellectual, reasoning) and practical experience. The Indian philosophy is dominated by synthetic tradition which is essential to the spirit and method of Indian philosophy<sup>3</sup>. True religion comprehends all religions; hence the famous Sanskrit saying “God is one but men call him many names”.

Hinduism is evolved or derived from individual experiences and from spoken out truths by seers and sages. These experiences are attainable by every individual being. A distinctive feature is that while it remains utterly loyal to the central eternal truths, it admits the need for new dogmas and rituals to suit the changing conditions. The two great epics -*Ramayana* and *Mahabharata* form the basis for the practical knowledge of truth and righteousness. The eternal truths are propounded in *Shastras*, where as *Smritis* deal with the changing patterns<sup>4</sup>. Hinduism is fundamentally a way of life. The personal experience of practicing the eternal truths, is not only the central factor, but the single fact that counts for a Hindu.

**The fundamental, eternal truths of Hinduism :** These are, (1) **immanence of God** - i.e. in nature, nothing exists without Him. He runs through all beings, as well as the whole of this universe as a thread in the necklace. This indicates underlying unity in the midst of diversity. (2) **Essential divinity of man**. Every human being is potentially divine and the natural evolution is to manifest this divinity. (3) **Oneness of God** : There is only one supreme God who manifests in different forms, names and ways. Though different gods in different forms are worshipped, it is well understood that all are same<sup>5</sup>. (4) **The Divinity of Soul** : Each individual being is a part (*Amsa*) of divine and is capable of transforming oneself into the divine being. (5) **Unity of existence**: There is no being whether moving or unmoving, that can exist without God and nothing happens without His will<sup>6</sup>. This is the basis of Hindu life. (d) **Harmony of religions** : Hinduism believes that the fundamental truths are eternal and universal in character. Therefore all religions have the same fundamental truths, though approaches differ. So there is no proselytization.

### Tenets of Hinduism:

- a) God is one and exists both with and without form.
- b) God manifests in different forms with the underlying unity amidst diversity.
- c) He is all pervading. Nothing exists without Him and runs through life like a thread in fabric.
- d) Nothing happens without His will or grace – virtue or vice
- e) Man is potentially divine and natural evolution is to manifest this potentiality
- f) Man's aim in life is to make oneself divine
- g) Each individual is a transmigration of his past life (reincarnation) along with his tendencies (*Samskaras*); and each has his own *Swabhava* (nature or personality).
- h) Spiritual progress made in one life is not lost and the ending of one stage will be the starting point in new life.
- i) Depending on the *Swabhava* ( personality), one adopts his own field of action (*Swadharma*) and chooses a spiritual path.
- j) Diversity of taste and capacity has to be accepted as an ineffaceable fact of nature and has to be provided for.

## II. HINDU CONCEPT OF BODY & MIND

According to *Ishopnishad*, man consists of (i) gross or physical body (*Sthula Sarira*) (ii) subtle body or *AntahKarana* (*Sukshma Sarira*) consisting of intellect(*buddhi*), mind(*manas*), ego(*ahankara*) and ten sense organs (five for perception and five for action), (iii) causal body (*Karana Sarira*) : This is the body of acquired and inherited tendencies, while (iv) The *Atman* (Soul) is the Spectator of these bodies, a conscious existence through and apart from them and without which life does not exist. It is a self luminous source of energy and power for all activities in the world <sup>7-8</sup>. Therefore one has to rise above the body consciousness by refusing to recognize the body as *Atman*. A Hindu believes that *Atman* can be a friend or an enemy.

Gita : “Let a man lift himself up by his own self; Let him not depress himself: for he himself is his friend and he himself is his enemy. To him who has conquered himself by himself, his own self is a friend, but to him who has not conquered himself, his own self is hostile like an external enemy” <sup>9</sup>.

As a result of this understanding , man qualitatively learns to know himself and master himself; and he himself becomes steadfast, searches within himself for his failures and sufferings , develops an attitude of fortitude. Further *Atman* is the same in all. This is the concept of unity among diversity. Gita states “to see self (*Atman*) in all and all in the self” <sup>10</sup>. This will enable the individual to perceive all beings as himself, brings in harmony and balance, leads to sharing of joy and sorrow with all, lack of hatred or jealousy towards anyone. The understanding of eternality of *Atman* and the transient nature of the body makes the person accept death with grace and subdues the fear of dying.

### III. THE SCIENCE OF LIFE:

The *Atman* has triple status. These are (a) Lower Self – mutable, temporary and mobile (b) Higher self – immutable, immobile unit of the divine being and (c) Supreme Self – both of the above and even greater than both together. Sri Krishna declares in Gita :

*“The individual soul is myself, in the creation it is a partial manifestation of Me (mamiva amsah) and it possesses all my powers, it is witness, giver of sanction, upholder, knower, Lord. It descends into the lower nature (self) and thinks itself bound by action, so to enjoy the lower being; it can draw back and know itself as the possible immobile purusha (Higher self) free from all action”<sup>11</sup>.*

The lower self consists of the physical body and subtle body. The working mind is influenced by (a) three *gunas* (qualities) – *Sattva*, *Rajas* and *Tamas*; and (b) Six passions – namely lust (*Kama*), anger (*Krodha*) avarice (*lobha*) delusion (*Moha*) pride (*Mada*) and envy (*matsarya*). The above three *gunas* are equivalent to wind (*Vata*), bile (*Pitta*) and Phlegm (*Kapah*) of Ayurvedic system of medicine and called as *Doshas*. Harmony of these three is the basis for good health<sup>13</sup>. The higher self is the source of light, energy, reflection of which is seen in lower self, as *Prakriti*.

All objects in the world are created by various combinations of the basic concrete elements (*Panchabhutas*) - ether, air, water, fire and earth. each of these five forms the base of one of the five subtle properties of energy viz. sound, touch, form, taste and smell, which determines in the way which the mind perceives the objects. This forms the objective aspects of the world while the causal bodies forms

All life, all works are a transaction between the subjective and objective aspects of human experience. This inter-relationship is complex and has to be fully understood, and the quality of life depends very much on the understanding of this fundamental interrelationship. It is only when both subjective and objective conditions are integrated in some way that there can be improved quality of day to day living<sup>12</sup>.

(a) The *Gunas* may be defined as, *Tamas*-nature's power of nascence, *Rajas*- power of active seeking, enlightened by desire and impulsion, *Sattva*-power of illumined clarity, harmony and joy. The six passions which exist in every individual, but in varying degrees, some are dominating and others are subdued. Sri Krishna declares *“It is desire (Kama) it is wrath (Krodha) born of the energy of Rajas, all devouring, all sinful; that, know thou, is the foe here”<sup>14</sup>*. (b) The enemy of the whole world is desire or lust, from which all the evil comes to living beings. When obstructed by some cause desire is transformed into wrath. The senses, the mind, and reason are said to be the seat of desires. Therefore it is essential to restrain the senses and control the mind.

**Liberation from Passions :** Gita repeatedly stresses the need to be freed from selfish desire, wrath, fear and attraction. For this we have to learn to bear their shocks which cannot be done without exposing ourselves to their cause. Three steps or means are advocated to overcome these passions<sup>15</sup> - (a) *Titiksha* or stoic equality – making character its pivot, founds itself upon self-mastery by austere endurance. (b) *Udasinata* or philosophic equality – is the happier, and serener, prefers self-mastery by knowledge, by detachment, by a high intellectual indifference seated above the disturbances to which our nature is prone. (c) Religious or Christian equality – which is the perpetual kneeling or a prostrate resignation and submission to the will of God. Knowledge of *Gunas* and passions enable the individual develop stoic self discipline of endurance with serenity; eliminate selfish desires, slay egoism, not to envy others, to be equanimous, to be content with what one obtains without repulsion or attachment and to restrain senses. This also to

helps to transcend the duality of good and bad, pain and pleasure, sorrow and happiness - they are related to *Gunas* and not self.

#### IV VALUES OF LIFE

The edifice of Hindu life is to be truthful and loving and to do the right. The foundation for this is knowledge – knowledge of world, knowledge of self and knowledge of God. The goal or the aim is to achieve full perfection of the self or liberation from bondages to merge with the Divine ultimately. The process involves the transformation of worldly life (animal life ) to human and then to divine life. There cannot be any short-cut.

**1) Means and Methods:** The means and methods prescribed by Hinduism to achieve the above include the development of physical, mental, intellectual, moral and intuitional aspects of life. Importance of healthy body and healthy mind has been repeatedly stressed in all the paths. The physical body of man is to be treated as a temple with all sacredness and also an important vehicle to carry man from imperfection to perfection. Quality of life cannot be improved unless the body is strong and healthy.

**Methods** prescribed are: (a) **Regular yogic exercises**<sup>16</sup> – Even the involuntary functions of body such as heart rate, B.P.etc. can be voluntarily regulated. The essential aspect is to do regular exercises, *asanas* (postures) etc. in a fully relaxed manner and importantly to concentrate on what one is doing. Regular breathing exercises are a must. There is a relationship between breathing and actions of mind. A restless mind can be gradually made calm by breathing exercises. The well developed technique of *Pranayama* – one type of breathing exercise – has been shown to be very effective.

(b) **Habits:** The common habits of taking food, sleeping, cleaning of the body, wearing clean clothes are discussed in Hinduism in detail. Gita “*To him whose food and recreation are moderate, whose exertion in action is moderate, whose sleep and waking are moderate, to him accrues yoga which is destructive of pain*”<sup>17</sup>. One of the common injunction is to avoid all forms of excessive indulgence in his habits and actions particularly taking alcohol and sex. This regulated, disciplined habits will improve the quality of life.

(c) **Food:** Great importance is given to the type of food one takes and also to the mood (mental attitude) while taking food. Hinduism stresses the point that food taken has direct effect on the mind. The same analogy is extended to all sensory inputs, such as sight, hearing, touch and smell. They do influence the qualities of the individual and character is molded accordingly.

**2) Religiousness of Hinduism** (i) consists of daily prayers, rituals (*Acharas*) and worship of God ; (ii) provides different approaches- worship any form and anyway through rituals, devotional songs, *namajapa* (repetition of name of God or *Mantra*), or pilgrimage, and results are assured accordingly (iii) encourages everybody however heinous<sup>18</sup>. These methods provide quantitatively a great solace and comfort, particularly when one is in distress or unwell, induces self confidence, enhances faith and trust in himself and in God. This routine can bring in discipline in life.

**3) Moral and Ethical values:**

(a) **Moral values:** Just as the physical discipline to maintain healthy body is essential, the moral values forms an indispensable preliminaries to maintain a good quality of life. The

first two fundamental stages described by *Patanjali* in his *Astanga Yoga* are *Yama* and *Niyama*. *Yama* is mostly negative, consists of (a) Non-injury (*Ahimsa*), (b) Truthfulness or sincerity of thought and word (*Satya*), (c) Honesty or abstention from misappropriating others' property (*Asteya*), (d) Celibacy (*Brahmacharya*) (e) not hoarding of possessions (*Aparigraha*). *Niyama*: It is cultivation of virtues. It consists of (a) purity (*Saucha*) (b) Contentment (*Santosha*) (c) Fortitude (*Tapas*) (d) Study of scriptures or acquisition of real knowledge (*Swadyaya*) (e) devotion to God or dedicating all one's deeds to Him (*Isvara – Pranidhana* or surrender).

Thus the regulation and control of moral life; strict purity of both body and mind; Truthfulness in deed, words and thought; abstinence from cruelty, stealth and sensual pleasures in thought as well as in deed, form the basic virtues to be followed by every one<sup>19</sup>.

(b) **Ethical values** : Ethics in Hinduism is derived from certain spiritual concepts. It forms the foundation of the spiritual life. Hindu ethics differs from modern scientific ethics which is largely influenced by biology, and whatever is conducive to the continuous survival of a particular individual or species is considered good for it. It also differs from utilitarian ethics which is concerned mainly with the society.

Hindu ethics is mainly subjective or personal. The purpose is to eliminate the mental impurities such as greed, egotism, cruelty, ruthlessness. Ethical disciplines are prescribed according to the stage and state of each person. Hinduism has given more importance to personal or subjective ethics than social ethics<sup>20</sup>. The reasons are (a) if individuals are virtuous social welfare will follow as a matter of fact. (b) the general moral tone in Hinduism is that every one is expected to do his appropriate duties, which includes rendering help to one's less fortunate fellow beings. The spiritual help is of more enduring value than material help. Spiritual knowledge, by following the subjective or personal ethics can easily bear the physical pain and privations, with calmness and patience (d) lastly, the Hindu philosophers believe that the sum total of physical happiness and suffering remain constant.

The chief components of subjective ethics are (a) austerity (b) self-control (c) renunciation (d) non-attachment (e) concentration. Austerity helps an individual to curb impulses for inordinate enjoyment of physical comforts and acquisition of intense thinking preceding creative work; making an individual indifferent about his/her personal comforts or discomforts. Self-control means guiding one's senses choose the right objects by discrimination, determination and develop dispassion.

The objective ethics is a means to an end. The purpose being to help the members of the society to rid themselves of self centredness. Among the social virtues, hospitality, courtesy, duties to the family and community for social welfare are stressed. The ethical life in the Hinduism emphasizes on leading a simple life, not to be greedy, to be charitable, compassionate, gentle, pious, conducive to the welfare of others, provide succour to the distressed, be of service to all and to bear no ill-will towards others.

## V. PURUSHARTHAS:

The affirmative attitude of Hinduism towards life has been emphasised by its recognition of four legitimate and basic desires - the first three being *Dharma* (righteousness) *Artha* (wealth) *Kama* (Sense pleasure) are secular in the realm of worldly

welfare (*Abhudaya*) and fourthly *Moksha* (Liberation from bondage or communion with God) which is perfection (*Nihsreyasa*).

The fulfillment of *Abhudaya* paves the way for *Nihsreyasa*. Though *Dharma* is the basis, both *Artha* and *Kama* are legitimate<sup>21</sup>. The acquisition and possession of wealth are indispensable in the world. Money must be earned and all efforts should follow *Dharma*. The *Kama* – enjoyment of sense – pleasure covers a vast area, including conjugal love, appreciation of art, music, poetry, beauty etc. Life becomes drab and gray unless one cultivates aesthetic sensitivity. But sense pleasures, if not pursued according to *Dharma*, degenerate into sensuality.

*Dharma*: The key to the individual and social ethics of Hinduism is the conception of *dharma*. The word signifies the law of inner growth by which a person is supported in his/her present state of evolution and is shown the way to future development<sup>22</sup>. *Dharma* determines an individual's proper attitude towards the outer world and governs the mental and physical reactions in a given situation. It is the code of honour.

Various lists of the general duties are found in scriptures. *Manu Smriti* reckons that the following ten injunctions are sufficient to attain the highest perfection. They are (1) contentment (2) forbearance (3) gentleness (4) respect for other's property (5) cleanliness (6) self-control (7) knowledge (8) philosophic wisdom (9) veracity (10) patience. Another list given by *Yajnavalkya* contains the same except for philosophic wisdom, but includes non-violence. If these are negative and self-regarding, they generally point to the rights of others as their correlatives. The greater emphasis placed on negative virtues only means that self-denial is the very soul of morality. "*Their neglect is sure to lead to a lapse*" observes Manu, "*even if one practices the positive virtues with scrupulous care*"<sup>23</sup>.

Purusharthas underscore the importance of health and wealth to be acquired in a righteous way. It insists to follow one's own duty and not to give up obligatory functions, to keep the motives high. Personal vagaries are checked, personal desires are restrained. The above ten injunctions make a person to lead a high quality of life

#### Stages of life:

Life, in Hinduism, is regarded as a journey to the shrine of truth. It is divided into four stages. Each stage has its own aspirations, responsibilities, obligations and code of conduct. If these are not fulfilled, the quality of life suffers and may end up as a miserable failure.

The first stage is called *Brahmacharya* and starts after childhood. It is a period of training and study, as a preparation for future life. The individual has to cultivate the mind. He/she is trained not to swerve from truth and *Dharma*; never to indulge in slothfulness, nor seek luxury, not to neglect personal welfare and their obligations to family and society.

The second stage is house-holder (*Grihasta*) after marriage. The Hindu ideal emphasises the individual and the social aspects of the institution of marriage. Hinduism recognises the inevitable irreducible peculiarities between any two individuals: tastes and tempers, ideals and interests. The private or individual interests and inclinations are to be subordinated to a larger common ideal which can bind together the most unlike individuals. Sensual love is to be sublimated into self-forgetful devotion and pure love. He should be ambitious, be a support to the homeless and the destitute and always hospitable. This ideal life of a householder is one in which *artha* and *kama* are harmonised with *Dharma*.



The third stage is retreat from worldly life (*Vanaprastha*) arises when the responsibilities of home are handed over to their children. The main purpose is to devote full time to the studies of scriptures and meditate on the higher spiritual problems. Silence and solitude are preferred. To be in constant remembrance of God and eliminate all other thoughts.

The fourth stage is renunciation (*Sannyasa*), when an individual renounces the world and embraces the monastic life and turns away from the vanities of the world devoting himself to the cultivation of God consciousness.

In a journey through the four stages of life, a Hindu learns progressive, self-control and non-attachment to the transitory world, and inculcate righteousness, responsibilities and accountability.

## VI THEORY OF KARMA

Each life with all its pains and pleasures is the necessary result of the past lives and becomes in its turn the cause through its own activities for future births “*What you sow you reap*”. Each one realises that whatever is their own making, no one else is responsible. Every action leads to two results -(a) direct observable result(*Phala*) of pain or pleasure and (b) establishes a disposition (*Samskara*), tendency to repeat the same deed. These tendencies are both acquired and hereditary, carried forward from previous births. The direct result cannot be escaped; but the tendencies can be changed or modified. Motive of any action is either selfish or unselfish. Selfish motives may be for wealth, name, fame or power. If work done for the sake of work, even without a motive to go to heaven that becomes unselfish. “*That which is selfish is immoral and that which is unselfish is moral*” says Swami Vivekananda <sup>24</sup>. “*To work we have the rights but not the fruits thereof*” <sup>25</sup>. Understanding of this theory makes the person responsible and accountable for everything in life. When misfortune befalls no one is blamed. Such individuals are free from bitterness even in misery. It provides better scope to live rightly and do good for their own furtherance. Misfortunes and suffering ennoble them to mould their character. They realise misery is a greater teacher than happiness and accept both pleasant and unpleasant as their own making and tries to transcend the dualities of pain and pleasure.

## VII FAITH ( *Shraddha* ) :

The action controlled by *Shastras* is an outcome of intellectual, ethical, aesthetic and religious culture. This is the outcome of experience and wisdom. Faith or *Shraddha* is the acceptance and will to believe and realise this greater rule of *Shastra*. The religion, the ethical law and cultural idea in which one develops faith, defines one's nature, work and an idea of relative right, or perfection, in proportion to one's sincerity and completeness of faith <sup>26</sup>. This *Shraddha* or faith is the basis for all types of living.

Gita says “*He obtains wisdom who is full of faith, who is devoted to it, and who has subdued the senses. Having obtained wisdom, he ere long attains to the supreme*

peace”<sup>27</sup>. The next verse in the Gita, says the ignorant, the faithless and one of doubting self is ruined. Sri Ramakrishna says “Once a person has faith, he has achieved everything. There is nothing greater than faith”<sup>28</sup>.

## VIII. ROLE OF SANKALPA, SHRADDA & SAMARPANA:

**Sankalpa** – is the intelligent will and commitment. Sri Aurobindo defines the yoga of intelligent will as “To act with right intelligence, and, therefore, a right will, fixed in the one, aware of the one self in all and acting out of its equal serenity, not running about in different directions under thousand impulses of our superficial mental self”<sup>29</sup>. Gita says there are two type of intelligence in the human being<sup>30</sup>. The first is concentrated, poised, one homogeneous, directed singly towards the truth; unity is its character, concentrated fixity is its very being. In the other there is no single will, no unified intelligence, but only an endless number of ideas in pursuit of the desires. The first is the right will and the second is the wrong will. So man has to work with the right intelligence will and have full commitment to whatever one does. This is *Sankalpa*. When an individual operates at this level the individual will be deeply involved, with all the responsibility and accountability. One becomes more creative and promising. But this should always be associated with the attitude of surrender and *Sraddha*, if not it will result in tension or despair.

**Shradda** (Faith) : The importance of faith in maintaining high quality of life is stressed. Faith will make the individual develop intense interesting life and help to create an order within. Anything done without faith will lead to chaos and failure. But if one has full faith, one works hard with sincerity, and even the difficulties or sorrows that ensue are considered as *Prasada* (gift) from God<sup>31</sup>.

**Samarpana** (Surrender) : This is giving up the whole self to the Divine, with full devotion and consecration of all our acts. Bhagavan Sri Krishna says – “devoting all thyself to ME, giving up in thy conscious mind all thy actions into me, resorting to the yoga of the will and intelligence, be always one in heart and consciousness with Me. If thou art that, at all times, thy by My grace, thou shalt pass safe through all difficult and perilous passages; but if from egoism thou hear not, thou shalt fall into perdition”<sup>32</sup>. Whoever takes full refuge and consecrates everything to Him, they develop the attitude of full acceptance of all events irrespective of the results with equanimity and peace as inevitable. But if the Surrender is not associated with the commitment to work, they may be restful, but, unless one is highly evolved spiritually when no work need to be done, one may fall into *Tamasic* nature. Therefore, to lead a quality life of a high level, one should have the intelligent will (*Sankalpa*) the attitude of Surrender (*Samarpana*) and work with all faith (*Shradda*).

## IX QUALITIES OF A LIBERATED HINDU

Realisation that the will of the supreme inspires all activities in the cosmos. The human soul is only a channel, of his power<sup>33</sup>. (a) No personal hopes and hence remains as part of cosmos. (b) Does not seize on things as his personal belongings ,(c) Covets nothing ,(d) Jealous of none and no personal enemies (e) Whatever comes he takes without repulsion or attachment (f) What goes from him he allows to depart from him

without repining or grief or a sense of loss (g) Free from reaction to passion and sin (h) Wrath and hatred become foreign to him (i) remains in a perfect state of inner joy and peace (j) Depends on nothing in the world (k) remains beyond dualities (*Dvandvatita*) of promise and blame, honour and dishonour, sin and virtue - a state of equality.

## X SUMMARY

To sum up the quality of life depends largely on the mind which controls the body. The mind needs to be kept in peace or equipoise at all times by the use of one's intelligence (*Buddhi*) which is higher than the mind itself. When the impurities of the mind are eliminated by discrimination, dispassion and renunciation the person will be in a state of psychological equipoise (*Sthitapragna*) with constant intellectual alertness and emotional stability and will be at peace with self and others.

In spite of changing cultural pattern, which has undergone many vicissitudes, Hindu culture still views asceticism, complete renunciation, the life of a recluse, as the highest goal. Such a person is highly revered and respected by one and all, including the wealthy and powerful. The quality of individuals is assessed by the values they follow, such as truthfulness, honesty, selflessness, humility etc. A Hindu gives a greater importance to the way of living and to the understanding of inner life. Though wealth, richness, material possession, and power are important and necessary greater importance is given to the way, the means and methods adopted in achieving them, and how one conducts oneself in such a state. The person who does not become arrogant and egoistic with wealth or power, one who accepts with contentment what comes to him, one who takes pleasure and pain; loss and gain; sorrow and happiness, in the same poise (equanimity) one who can share the sorrow and joy of others, is the one who leads a high Quality of life. The expectations of the individual varies according to the stage of one's life. Before one enters into the worldly activities, one has to know and understand the knowledge of self, world and God. Then one can live in the world, but not of the world; not being affected by the world, nor being in any way harmful to the world. This is the standard or quality expected of a Hindu.

The relationship between the WHO Q.O.L. and Hinduism view of Quality Of Life is presented as a table in the Appendix.

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## APPENDIX

**TABLE 1: RELATIONSHIP BETWEEN WHO Q.O.L. AND HINDUISM VIEW  
OF QUALITY OF LIFE**

<b>Domain 1 :</b>	<p><b>Physical Domain</b> (Pain and discomfort, energy and fatigue, sleep and rest)</p> <ul style="list-style-type: none"> <li>- Training of mind is an essential prerequisite for health and well being.</li> <li>- Emphasis on regular habits</li> <li>- Emphasis on moderation in eating, sleeping etc.</li> <li>- Pain and discomfort is inevitable and surrender to God increases the power of endurance</li> <li>- Avoidance of brooding over the past and the future</li> <li>- Recognise different stages of life and different levels of activities in these stages and avoids high energy as goal at all stages.</li> <li>- Use of Yogic exercises and meditation for bodily harmony</li> </ul>
<b>Domain 2 :</b>	<p><b>Psychological Domain</b> (Positive feelings, thinking, learning, memory, concentration, self-esteem, bodily image and appearance, and negative feelings)</p> <ul style="list-style-type: none"> <li>- Emphasis on subjective nature of self and the world</li> <li>- Perception of unity amongst diversity supports positive feelings.</li> <li>- Emphasises effort by individual towards higher self-esteem and control.</li> <li>- Concept of union with God avoids egoism</li> <li>- Importance to good deeds and social service towards positive feelings</li> <li>- Negative feelings are always not undesirable as they can lead to spiritual growth</li> <li>- Yoga and meditation focuses on body/ mind and harmony</li> <li>- Emphasis on EQUANIMITY as the goal of all existence, promotes positive feeling</li> <li>- Decreased emphasis on results of action and greater importance on sound action</li> <li>- Recognises different levels of consciousness and methods to understand and regulate them for mental harmony</li> <li>- Self-esteem is not only from self but from family, community and social deeds</li> <li>- Different goals of self-worth in the four stages of life</li> </ul>
<b>Domain 3.</b>	<p><b>Level of independence</b> (Mobility, activities of daily living, dependence on medication or treatments, working capacity)</p> <ul style="list-style-type: none"> <li>- Theory of Karma to understand limitations of mobility &amp; personal actions</li> <li>- Gives a high importance to activities of daily living. Has a system of rituals to help ordinary people practice daily routines and good practices</li> <li>- Avoidance of intoxicants, stimulants is emphasised</li> <li>- Suggests meditation to experience states of higher consciousness rather than use of drugs of intoxication</li> <li>- Importance to food as part of medical treatment</li> <li>- Duties and responsibilities are not uniform for all and at all stages of life</li> </ul>

- Domain 4**      **Social Responsibilities ( Personal Relationships, Social support, Sexual activity)**
- Emphasises the relationships of self with others and self in all things
  - Rituals of life essentially empowers social relationships, mutuality, support in crisis situations
  - Moderation in sexual activity and moral basis for actions rather than pleasure only
  - Explanations for losses, death and distress that minimises personal suffering
  - Encourages sharing of personal wealth and skills for social good.
- Domain 5**      **Environment ( Physical safety and security, home environment, financial resources, health and social care, opportunities for acquiring new information and skills, participation in opportunities for recreation, physical environment, transport)**
- All pervasive nature of life and recognition of unity of self and universe
  - Importance of healthy body for a healthy mind and good life
  - Different responsibilities for family, home and society at different stages of life
  - Emphasis on cleanliness in all spheres of life
  - Avoidance of excessive use of resources
  - Recognises the place for personal growth throughout life
  - Many approaches to acquire new information and skills and harmonise them in personal life
  - Importance of rituals for relaxation, leisure and interaction with others
  - Respect for life in all forms (Vegetarianism)
- Domain 6**      **Spirituality/ Religion/ Personal Beliefs**
- Importance of personal growth
  - Relationship of self with God
  - Beliefs as basis of day to day life
  - Ways of understanding life's adversities, successes without extreme reaction
  - Emphasis on ultimate goal of union with God
  - Giving importance to personal action without the preoccupation on results/ benefits
  - Human beings are potentially divine
  - Surrender to God
  - Personal Ethical base
  - Faith in God
  - Fear of death and dying is subdued
  - Recognition of the larger universe and oneness
  - Sufferings as growth process
  - Non- attachment
  - Involvement in social good and relationships
  - Lack of bitterness in adversity
  - Equanimity
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# SPIRITUAL DIMENSION OF HEALTH

BY

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## 1. INTRODUCTION

It is good that humanity has rejected the narrow view of health, as merely the absence of ill-health or disease just as Life is not merely the absence of death. Life, in fact is much larger than death. Rightly, it has been said that health is not everything, but everything without health is nothing. And yet, both – the very aim and purpose of life and health – are often not considered enough.

No matter which way we look at it, all the great religious philosophies identify the final goal of life either as attainment of emancipation, liberation from the cycle of life and death, Nirvana, salvation or Final Beatitude or something similar. All, one way or the other mean something similar. This state is described wherein all desires, egos, pain and pleasure cease to exist and where one's soul is engulfed in a supreme bliss of the highest pleasure. This state has been mentioned as 'Chida-Annanda' by ancient Indians. This was, thus, a state of extreme well-being.

Sri Aurobindo, in his famous book, 'Life Divine', mentions: "The earliest preoccupation of man in his awakened thoughts and, as it seems, his inevitable and ultimate preoccupation, – for it survives the longest periods of scepticism and returns after every banishment – is also the highest, which his thought can envisage. It manifests itself in the divination of God Lead, the impulse towards perfection, the search after pure truth and unmixed bliss, the sense of a secret immortality. The ancient dawns of human knowledge have left with us their witness to this constant aspiration: today we see a humanity satiated but not satisfied by victorious analysis of the externalities of nature, preparing to return to its primeval longings. The earliest formula of wisdom promises to be its last – God, Light, Freedom, Immortality."

Health, therefore, should be considered as the key for the achievement of the goal of life and not merely a tool to satisfy the carnal desires of man.

Seventh of April of 1948 was a red-letter day for the humanity, because on that day, the Constitution of the World Health Organization came into force and a momentum was given to human history, to go ahead with a universal joint movement for the achievement of health of the mankind. Health was defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

It is significant to note that the definition of health confined to only three dimensions of physical, mental and social. Spiritual health was conspicuous by its not being mentioned at that time.

## 2. HISTORICAL BACKGROUND OF THE CONSIDERATION OF SPIRITUAL HEALTH BY WHO

The writer had the opportunity to represent India on the Executive Board of the World Health Organization, at its meeting held in Geneva in 1978. During its deliberations, he proposed that the scope of the definition of health as "a state of complete physical, mental and social well-being" be enlarged. He had argued that on the criteria of physical, mental and social well-being, man's status would hardly be better than that of an animal. Judged by the existing criteria, a pack of wolves, compared with a group of human beings, would be physically strong, mentally alert



and socially well-knit, and would thus be 'healthy'. The natural or evolutionary demand on man being much more complex, man, being a creature perpetually driven by an urge for progress, an ideal condition of health for man ought to depend on something more subtle. Health, therefore, needed to be perceived in a broader sense, involving humane values and qualities of life that man aspires to achieve. The writer had further brought out that according to Indian thinking through the ages, that aspect of human being which makes him transcend the animal existence was termed "spiritual". Considering that the word "spiritual" was subject to different interpretations, according to different religious and traditional or cultural background, he had hypothesized that this specific attribute of the human being be called "Factor X" until it could be replaced by some other universally accepted term. Another argument that he gave in support of this proposal was that health would be better considered as the means to promote the best in human qualities in Man. Just as life manifested out of a material base, and mind out of a mental base. On an individual basis, seers and mystics are believed to have prepared themselves for a transformation from the mental to the "spiritual" self and, hopefully, this process could be extended at the collective level of human society. This could, therefore, be the worthy goal for human society to achieve.

This proposition took the form of a resolution on the spiritual dimension of health at the Thirty-sixth World Health Assembly in 1983. A lively debate ensued in Committee "A" in which delegates from the Member Countries presented their views, both in favour as well as against the proposed resolution. It was observed that 'spirit' was defined in the Oxford Dictionary as "the intelligent or immaterial part of man, soul". There could indeed be a spiritual dimension of man, but could there be a spiritual dimension in health care programme? The matter of defining the spiritual dimension of health was referred again to the Executive Board. It was also desired that a background paper be prepared for facilitating discussion on the subject. Based on further deliberations in the Executive Board, the Thirty-seventh World Health Assembly adopted a resolution to the effect that spiritual dimension should be added to the scope of health. However, it was left to the individual countries and the regional offices of WHO to take necessary action.

The credit for taking up this subject as an important component of health goes to the South-East Asia Region of the WHO. At the meeting of the Advisory Committee on Medical Research of the South-East Asia Region, held in 1982, it was decided that the spiritual aspect of well-being should also be considered as an area for further research and investigation. It was proposed that a background document be prepared. The writer was entrusted with this task. Accordingly, he presented a paper at the tenth meeting of the Advisory Committee on Medical Research in Dhaka. After prolonged and lively discussion, it was decided that Member Countries would individually consider and decide on the question of incorporating the spiritual dimension of health, within their national context. At the same time, it was suggested that continued efforts be made to collect and collate additional information from relevant sources on this subject.

In pursuance of these decisions, two main exercises were undertaken. To start with, a letter was sent to about 1300 eminent persons, not only those working in the area of health and related professions, but also a number of intellectuals such as judges, sociologists, religious heads, economists, administrators and educationists for

providing information and requesting their considered opinions and observations on the need of enlarging the scope of this existing WHO definition of health. A number of distinguished personalities responded to this request and made some very profound observations on the subject. Among the diversity of view, the consensus was that the element of spirituality could not be neglected in the total perspective of health, and that the scope of health should also elaborate the quality of life. There was a repeated suggestion in these letters that some collective thinking should be done. This led to the second venture of organizing a workshop to consider the “spiritual dimension of health” at the national level. This workshop was held at the National Institute of Mental Health and Neurosciences, at Bangalore in February 1985. About forty scholars representing practitioners of Indian and Western medicine, life scientists, psychiatrists, psychologists, jurists, and religious thinkers were invited to present papers covering various aspects of health, reflecting on the possibility or otherwise of the fourth dimension of health besides physical, mental and social.

Thus, the need for a new definition of health, as a state beyond the mere absence of disease, has been recognized by health professionals in the last few decades. It has progressively been realised that maintenance of health encompasses, in addition to treatment of physical disease, coping mechanisms of dealing with psychological stress, prevention through changes in the environment, promotion of healthy lifestyles and general well-being. This has emerged from recent developments in medicine, in mental health, and in the social sciences which have repeatedly called attention to the fact that the concept of health and disease can no longer be adequately defined in purely medical terms of the absence or presence of symptoms. The multi-dimensionality of these concepts has been spelt out by experts from the various disciplines. Illness is now considered to be physiologically and chemically grounded, but socially and culturally conditioned. Health is perceived as a multi-dimensional process involving the well-being of the “whole” person in the context of environment.

It may be recalled that at the World Health Assembly in 1974, Member States of the World Health Organization adopted a resolution emphasizing the need to explore the role of psychosocial factors affecting health and human development. It was decided to initiate programmes concerning the role of psychosocial factors and their influence on health in general, and mental health in particular, and on the part that these factors play in the functioning of health services (WHA 27.53). Two years later, in 1976, the World Health Assembly resolved to apply existing knowledge in the psychosocial field to improve health care, particularly for those most in need; to develop methods so that relevant psychosocial information is made available to health planners; and to acquire new knowledge on which health action can be based (WHA 29.21).

The milestone towards a new definition of health was created in 1978, when, on the initiative of the Indian representative in the Executive Board of WHO, it was proposed that the definition of health be enlarged to cover spiritual well-being, in addition to the physical, mental and social well-being. This generated immense interest in several countries. Finally, at the Thirty-sixth World Health Assembly, held in Geneva in 1983, a number of countries proposed a resolution concerning the spiritual dimension of health in Committee ‘A’ of the Assembly, which ran as follows:

“The Thirty-sixth World Health Assembly, pursuant to the objective of WHO spelt out its Constitution, namely the attainment by all peoples of the highest possible level of health;

Recalling the first principle in the WHO Constitution, that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity;

Considering that a spiritual dimension is implicit in such a concept of health;

Bearing in mind the policy adopted by the Organization of ensuring primary health care for all peoples of the world, in order to attain the social objective of health for all by the year 2000;

Recognizing the major importance of the spiritual dimension in providing the best possible health care to the peoples:

1. AFFIRMS the importance of spiritual dimension in providing health care to peoples;
2. REQUESTS the Director-General to take the spiritual dimension into consideration in the preparation and development of primary health care programmes aimed at the attainment of the goal of health for all, by the year 2000.”

There was a lively debate in Committee ‘A’ and the delegates presented their views, both in favour and against the resolution. The Director-General stated that he did not really know how best to reflect on the question. He had looked at the definition of ‘spirit’ in the Oxford English Dictionary, and the first definition given was “the intelligent or immaterial part of man, soul”. The “spiritual” was defined: of spirit, as opposed to matter”. But it was equally true that there were many other definitions in the dictionary that would create a large number of questions for anyone. He suggested that the World Health Assembly, when dealing with such an interpretation of health, read the work in a spirit – and he stressed the word “spirit” – of real understanding and unanimity. He believed that there would be a possibility of arriving at such a unanimity if there was sufficient time for a dialogue as to what was really implied. For himself personally, he thought that most of us would agree that there was a spiritual dimension of man, in the sense expressed by the Oxford Dictionary. Whether there could be a spiritual dimension in health care programme, he was not sure. He realized that he was not being particularly helpful, but since he had been requested to speak, he had to say that the Director-General obviously could not become the “driver” of that spiritual dimension of man as it related to man’s health that delved on man himself, individually, or his family, community or representatives. The Health Assembly had done something very important in raising the issue (in fact, it had been raised by the writer as India’s designated member of the Executive Board some years ago), and, at that time, the response had been encouraging. He did not wish in any way to influence the decision by the Health Assembly, but he tended to believe that it would be important for the Health Assembly to express its concern about the issue, and request the Executive Board to study the implications of that concern and to see how it related to promotion of health for all.

This issue was further discussed by the Assembly in the plenary session and it was decided that the question of 'spiritual dimension in health' be referred to the Executive Board, and for facilitating the discussion, a background document be produced.

Based on further deliberations in the Executive Board, the Thirty-seventh World Health Assembly adopted a resolution (WHA 37.13) to the effect that spiritual dimension should be added to the scope of health. It was left to the individual countries and the various regional offices of WHO to take necessary action. The resolution contains an affirmation that ennobling ideas have not only stimulated worldwide action for health, but have also given to health an added spiritual dimension. It recognized that the spiritual dimension plays a great role in motivating mankind's achievement in all aspects of life. This resolution is reproduced below:

The Thirty-seventh World Health Assembly,

Having considered the Director-General's report on the spiritual dimension in the Global Strategy for Health for All by the year 2000 and the recommendation of the Executive Board, thereon contained in resolution EB73.R3;

Understanding the spiritual dimension to imply a phenomenon that is not material in nature but belongs to the realm of ideas, beliefs, values and ethics that have arisen in the minds and conscience of human beings, particularly ennobling ideas;

1. THANKS the Director-General for his report and the Executive Board for its recommendation;
2. CONCURS with the reflections contained in the report;
3. NOTES that ennobling ideas have given rise to health ideals, which have led to a practical strategy towards 'health for all', that aims at attaining a goal that has both a material and non-material component;
4. RECOGNIZES that if the material component of the strategy can be provided to people, the non-material or spiritual one is something that has to arise within people and communities in keeping with their social and cultural patterns;
5. CONSIDERS that the realization of the health ideals that form the moral basis of the goal of health for all, by the year 2000, will itself contribute to people's feelings of well-being.
6. RECOGNIZES that the spiritual dimension plays a great role in motivating people's achievement in all aspects of life;
7. AFFIRMS that ennobling ideas have not only stimulated world-wide action for health but have also given to health, as defined in WHO's Constitution, an added spiritual dimension;

8. INVITES Member States to consider including in their strategies for health for all, a spiritual dimension, as defined in this resolution, in accordance with their social and cultural patterns.

In response to the above, Regional Director, SEAR requested the author to prepare a paper which is annexed (see Annexure).

In concluding para, it sums up as under:

There has been commendable research work to determine a relation between consciousness and awareness, utilizing 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 be "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.

### 3. ETYMOLOGY OF THE WORD 'HEALTH'

The word "health" appears to have derived from the Sanskrit word "swasth". This word is made up of two parts, "swa" and "asth". "Swa" means self and "asth" means existence. Thus, when an individual is capable of existing by oneself, without being dependent on any one, he is considered swasth or in health. With the passage of time and as the language spread further west, as "Sindh" became "Sind", then "Hind" and later "Ind" on account of the phonetic differences in the Middle East where "SA" is often pronounced as "HA" "Swasth" became "Health". In this context, health should also represent a state in which one is fully capable of existing by oneself; and does not have to depend upon other external support.

### 4. EVOLUTIONARY PHASES OF MANKIND

Before undertaking a detailed discussion of spiritual dimension of health, it will be necessary for us to deal with the evolutionary phases of the humankind.

From inert matter to vital, from vital to mental and from mental to still higher planes, are the stages perceived by seers, as stages of evolution, so far.

According to Indian philosophers, whatever is manifest is the result of the actions of "forces". The concept of forces is not only in physical terms, but at higher or deeper levels. These are ordinarily unmanifested forces. These originate at various levels of consciousness. In this conceptual frame, the highest and the final or ultimate, will be the "cosmic forces" and in terms of consciousness the "cosmic consciousness". Achievement of the cosmic consciousness, can thus be considered as the final phase of evolutionary drama that is being enacted by nature under the guidance of the supreme godhead.

We are not very certain as to when the human being was created. The earth perhaps came into existence four to six billion years ago. When exactly life entered matter, is not known. But, by a process of evolution, extending many millions of

years, different life forms evolved and culminated in human being like us. We thus carry with us the vestiges of matter and life which preceded the appearance of mind. What and how today's human kind will evolve into is a matter of philosophical, as well as, biological conjecture. It is however, worthwhile to see what the ancient "Rishis" have felt, said, appreciated and even presented.

Following figures graphically represent the evolutionary phase of mankind from matter to vital, from vital to mental and from mental to still higher planes. These are the stages perceived by seers, as stages of evolution. It is also recognized that each stage has its own evolutionary force and consciousness. It is important to conceive that as physical is something that responds to physical forces and has in itself a physical consciousness, vital is something that responds to vital or bioforces and has in itself a vital consciousness; mind is therefore that which responds to mental forces and has its own consciousness. Similarly, "spiritual" as a part of cosmic existence will respond to cosmic forces and will have its own cosmic consciousness.

Needless to say, these are logical consequences of an evolving concept and cannot be proved as we prove physical forces and resultants thereof.

The Indian seers postulated that mind is not the summit of evolution, there are super intellectual planes beyond our ordinary mind which are in communion with cosmic forces. Sri Aurobindo writes (3)

"The assertion of a higher than the mental life in the whole foundation of Indian philosophy and its acquisition and organization, is the veritable object served by the methods of Yoga".

The real perspective of holistic health and medicine is meant not only to serve the mental man, but also the future man, who has the potential to outgrow his present state of consciousness."

The mother at Sri Aurobindo Ashram, has given an excellent definition of health (4). She talks about health as a harmonious functioning of the physical, vital, mental and spiritual forces. Ill health in that context is the manifestation of internal disharmony. It should be appreciated that diverse forces play positive and negative roles in enhancing and maintaining good health or inducing ill health. Man is a social animal and needs his family, friends, groups, community or society at large, for existence. During the course of human evolution, he has built around him many institutions and value systems to bring in order, stability and harmony in his personal relationships as well as to his surroundings. These, on the one hand, provide tremendous support and, on the other, conflicts, leading to different types of disturbances which result in fear, grief, anger, greed etc. Harmony between the self and society is manifested by peace, tolerance, non-violence, magnanimity, which, if given up, leads to various forms of strife. A realization of the highest or noblest consciousness therefore assumes greatest importance in world. The spiritual dimension of health, focuses and addresses this aspect of health.

## 5. SPIRITUAL HEALTH AS A PART OF HOLISTIC OR INTEGRAL HEALTH

Man can only be considered in terms of "whole" composed of physical, vital, mental, social and spiritual components, not in isolation but in an integral whole. Holistic approach or integral approach, therefore, assumes great importance.

In the integral model of health, focus on the very aim and goal of life itself has to be constantly maintained. Dr Pande in his editorial in *Namah* describes the integral model based on Sri Aurobindo's philosophy of human evolution, as follows:

It is not surprising that medium seers had conceptually synthesised the evolutionary processes and their outcome not only in the "cosmic" frame but the evolution of the human body and mind and the spirit into a single integrated unit with unlimited replications.

The aim of healthy living cannot be divorced from the general aim of nature in us. To do that would be to place man as a phenomenon apart from nature, leading to an inevitable conflict between him and the forces of nature, both tangible and intangible. And in one's struggle against the agency of nature, even if one succeeds temporarily, sooner or later catastrophe follows. For firstly, man, as he knows or understands himself today, (and certainly in his material and phenomenal parts) is a veritable drop or almost a wave (even sometimes a giant wave), but always a part of the oceanic current that nature is. He can, if he so chooses, put himself on the side of the current and arrive sooner at the intention of nature in him. Alternatively, he can choose to stand against or contradict this flow and crash, even before reaching the shore. This element of choice arises because, unlike the other species, man has a capacity to become self-conscious. If we carefully observe, we shall find that through aeons nature has been toiling to find forms more and more fit to manifest higher and higher levels of energy substance. The physical substance is used, but mainly for greater instrumentality of expression and greater capacity for freedom, mastery and joy. It is of course impossible for us to surmise how each detail of bodily working has come up or evolved to provide a stronger basis for a higher working, but a general evolutionary intent does seem to be evident. The motive of using the body makes all the difference. Thus, with the first stirring of the life impulse, the motive seems to be a survival and propagation instinct. However, as living forms evolve, they are capable of moving by conscious desires and experience forces of anger, lust and so on. Still further, one finds forms capable of expressing love, beauty, joy and subtler emotions. Finally, in a fully developed man, the body becomes capable of experiencing and expressing forces of knowledge, as thought forms and higher aesthetics. Each time a new faculty appears, for instance, speech in man, the lower or antecedent powers are given a newer turn and shape and a colouring by the new faculty. The previous faculties not only undergo a sublimating change but also partly lose their capacity proper to a lower form of body. This is an inevitable price paid for following the evolutionary urge. Thus, in man, the animal instincts lost their sharp certainty and come under the governance of reason. The proof that nature intends to do this is in the recent discoveries in 'psychosomatics' and biofeedback. Animals have a spontaneous capacity to heal the body. In man, this faculty is half lost but then man gains a new capacity – that of modifying, if not fully determining the course of physical processes and ailments. The influences of thought and suggestion have been found to extend

over a wide range of illnesses that include allergies, immune disorders (including infections) and even cancers. In fact, concrete studies have gone in to show how suggestions can greatly halt the menacing march of the malignant cell. Similarly, biofeedback applications have shown that it is possible for man, as a mental being, to exert control even on some of his automatic body processes and greatly alter them. In general, the gist of both these emerging lines of evidence is to show that in man the mental energy and substance can manipulate the physical substance in a way, as to alter, govern and even determine its processes. Of course, we admit that no one has proved the separate existence of a mental substance, and the evidence cited before of the phenomenon of telepathy is indirect. The reason for this lack of direct evidence is the lack of laboratories and equipment to qualify and quantify non-material substances. However, the day may not be far when a concrete proof may come through studies wherein one man's conscience, will and thought, can influence another person's physical substance, without passing through the channel of hypnosis. This happens today, though we fail to observe it, when two persons are closely linked psychologically. Are there people even willing to experiment on this hypothesis?

"A logical conclusion of this evolutionary hypothesis of our body is that this body will go on evolving under the pressure of this urge. This follows in two stages. In the first stage, there is a long period of preparation in which nature fixes the type by strengthening its energies and survival instincts, as an individual or as a species. Once stability or a certain form is achieved, then in swifter moments, nature assumes a revolutionary method wherein, a new form has to appear. Such periods are marked by two processes. One is the loosening of survival bonds, which helps form to fixate, and the second is a period of crisis and decline. We find such changes taking place today and it is our belief that the present is a period of great transition. Under the pressure of evolutionary forces, nature enters into rapid experiments, like the formation and dissolution of links and the emerging of intermediate species. As a consequence, one finds a rapid flux in the human ecosystem. What is observed and held true today is disproved tomorrow. Secondly, one also finds the emergence of new illnesses and maladies, partly as a result of the impact of the new substance upon the fixed form and its inability to respond or resist. Some of these ailments can even subtly and symbolically indicate the direction towards which the evolutionary forces are working.

Upanishads, the treatises on Vedas, mention that whatever is in cosmos, can be found within a "person". The cosmos is spoken as 'Brahmand' and 'Pind'. Therefore, it is said that a study of 'Pinda' or 'Person' is akin to the study of the cosmos itself and vice versa.

The very basis of our understanding of man as a whole, is to consider him in body, mind and soul, in an integral manner. A sick body or a sick mind or a sick soul, cannot exist in isolation. The concept to true and total health will therefore depend upon body and mind and soul harmony and equilibrium of body, mind and soul.

## 6. UNDERSTANDING "SPIRIT" OR "SOUL"

Before we deliberate in any detail about spiritual health, it is essential that we deal with "spirit" and "spiritual" in larger detail. In our earlier sections, we have touched upon the essentiality of spiritual aspect of health and life itself. Let us now consider what is 'spirit' itself and what is 'spiritual'. In his address to the World



Health Assembly, the Director-General of WHO had raised a number of issues. Let us again take up these and try to explain at least few of them on the basis of philosophical thought and logic rather than bio-physico-chemical explanation. "Spirit" and "Spiritual" have been described in the dictionaries as follows:

Chamber's – Twentieth Century Dictionary describes it as:

"Vital principle; the principle of thought; the soul; a disembodied soul, an incorporeal being, ghost" and

"Spiritual" as "pertaining to spirit incorporeal ecclesiastical etc."

Webster's Dictionary describes spirit as "an animating or vital principle held to give life to physical organisms; a supernatural being or essence etc."

Etymologically, the word spirit has been derived from the word "spirare" i.e. breath. "Re-spire" and "respiratory" are further derivatives from the same verb.

When we talk of body-mind-soul complex, an often asked question is – what is the necessity of bringing in soul when everything can be explained by mind itself such as, morality, ethics etc. Can all the higher qualities and attributes be included into human mind itself? Besides, when we go into the historical aspect of the diseases, their causes and humanity's efforts in conquering them, the bio-ecological facts of human endeavours totally overshadowed the so-called deistic approach to diseases. Human brain is considered as the organ of the body, responsible for its mental attributes. Under this concept, the composite function of each of its neurons, axons and dendritic connectors gives rise to all the achievements that could come under the purview of mental. Considered in this context, there is no reason why soul or spirit be brought into play for whatever "spiritual" activities are concerned with, in the maintenance of one's health or disease and suffering. The two basic issues are only – mental and social well-being, that a harmony between body mind and environment is all that is necessary for human health, both individually and collectively.

The most ancient collection of knowledge by the mankind exists in the sacred books of Hindu religion. These are four Vedas viz. Rig, Yajur, Sam and Atharva, and are considered to contain "Divine" knowledge imparted by Godhead, directly to the original 'Man' whenever he evolved. Ever since they have been passed on from generation to generation from mouth to ear. That is why they are called "sruti" i.e. "heard". They deal with the trinity of matter, soul and the Godhead, which are considered to be indestructible have neither a beginning nor an end. The matter and soul are in fact part of the God and He alone makes them manifest and ascribes to each soul what is its due, according to its own "karma" or actions. The principle of reincarnation, therefore, is inherent in itself and the almighty God is the regulator of all souls; although each soul is independent to whatever "karma" or action, it wishes to perform. But it will have to reap the result of such "karma". There can be no escaping from it.

The inter-relationship of the three entities is further dealt most exhaustively in the post-vedic period by ancient seers in the texts known as Upvedas, Brahmanas and Upanishads.

It is not our purpose here to go into the details of the pros and cons of the issues involved in their identification functioning or proofs thereof. Suffice it to say that they form the very basis of the Indian philosophy.

The next phase in the human thought came with the philosophical discussion in the West, where Darwinian view of the evolution gave roots to the discussion on human evolution – We can call it a Biological view and what could not be explained by the anatomical and physiological properties of the organs and systems, was explained by the so-called mental and psychological reasoning.

The third view of the inter-relationship of body, mind and soul, came up in the form of the theory of “all pervading consciousness”, a view propounded and dealt extensively by Sri Aurobindo. It is important to mention that both scientific discussions and their interpretations, as well as, the views and experiences felt and propounded by enlightened ‘seers’, ‘rishis’, ‘yogis’, can and must be integrated into the very paradigm of life and health. Since this will only lead to better human understanding and will voluntarily participate in further evolution of mankind itself.

Perhaps it is appropriate that we deal with “consciousness” in a little greater detail. In the Aurobindan philosophy, all pervading “consciousness” is the sheet (6) anchor of the understanding of the very existence. It is both a cause as well as purpose of life. However, it is better that we start with what we know of consciousness, according to our modern medical and health science and see how it differs in Aurobindan philosophy.

We give the name consciousness to the essential identity that makes what we are. However, merely giving a name to something does not explain it. It is like the proverbial term “idiopathic” in medical science which really means “cause not known”. A similar very ambiguous definition of mind also exists. Mind in the dictionary is described as “a philosophical term for whatever it is in a person that thinks, feels, wills etc. Whether it is immaterial or not, is controversial. Materialism, however totally discards its existence as an incorporated entity. For Aristotle, mind was “noys intellect”, the only part of the soul to survive death. For Descartes, it is the starting point, an incorporeal mental substance by virtue of whose activity (thought) he knew he existed. I think therefore I am.

One of the views relates to mental attitude and cognizance with the “Brain states” and therefore has a distinct anatomical structure of the brain, as its basis. And yet, in one of the often quoted saying of Albert Einstein he mentions “beyond mere knowledge, the most beautiful experience we can have is the mysterious. It is the fundamental emotion which stands at the cradle of true art and true science, whoever does not know it, and can no longer be moved is as good as dead”.

“A knowledge of the existence of something we cannot penetrate, our perceptions or the profoundest reason, and the most radiant beauty, which only in their most primitive form are accessible to our minds – it is this knowledge and this emotion that constitute true religiosity”.

John Milton, in *Paradise Lost*, says, “the mind is its own place, and in itself can make a heaven of hell and a hell of heaven”.

There is thus a lot in common with what mind has been described and the soul or the spirit. And yet, both cannot be the same. "Spirit" is higher or deeper than "mind". It is the "soul" that governs the mind and its actions are manifested through the medium of our body, which is composed of matter. Brain is simply the organ of thought, as limbs are the organs of action. All these are under the control of spirit or soul or the inner "Psychic Being", as Sri Aurobindo calls it.

He classifies the entire existence into various levels of "consciousness", which is perhaps the most modern way of thinking and which integrates all that has been perceived by the ancient seers and modern scientists.

He defines spirit as consciousness above mind – the ATMAN or the SELF which is always "oneness" with the Divine. (Vol 22, PP 278) what he means by spirit is self-existent being with an infinite power of consciousness and unconditional DELIGHT in its being (Vol 13, 144).

He further classifies mind into "thinking mind", "dynamic mind" and an "externalising mind". These, on the one side, are integrated with mental vital, emotional vital, the central vital and the lower vital, which stand upon the anatomical or physical vital, which consist of life force closely enmeshed in the reactions, desires, needs and sensations of the body. On the other side, at a higher plane, it merges with the spirit or soul or the deepest psychic being the Atman, Jivatman or the central BEING. Thus, still at the highest plane it merges with the divine consciousness, ultimate consciousness, cosmic consciousness, Paramatman, God Head or God or any other name that we may so wish to give that entity.

According to Upanishadas which explain Vedas, spirit comes from the higher spirit or as they call the Atman, comes from Parmatman and therefore, it is part and parcel of the highest spirit and yet is not the same. This "spirit" or consciousness even resides in the matter in unmanifested form and as life or vital "consciousness" enters into the matter and gives it life. This forms the base for the mental consciousness, which forms the base for supramental consciousness and it is perceived that in further evolutionary phase, it will form the base for universal, cosmic or highest consciousness to become one with the supreme spirit from which it originated. This has been called the "cycle of soul".

It is absolutely essential that these aspects should be understood because it forms the very basis of the spiritual dimension of life and therefore health.

Let us consider as to what we understand as the anatomical basis of consciousness. What has biological science to say?

Developmentally, brain has been divided anatomically and physiologically into the following three according to the so-called stages (Paul Mcleans classification).

Reptilian brain – consisting of life-sustaining activities such as breathing, eating, self-protection, mating etc.

Mammalian brain – one above plus complex emotional behaviour.

Human cortex – one and two above plus “reasoning brain”.

Anatomically, the brain becomes discernible at 6-8 weeks of the intra-uterine life and reaches 75-80 per cent of its weight by the age of 2 years. It is estimated that adult brain consists of more than a hundred billion neurons at birth and gradually it starts losing them. By twenty years of age, we go on losing about 5000 neurons a day. In this way, it loses about one thirteenth ounce or 2.18 grams per year and by the age of 65 years thus about 5% of the brain is said to be lost. This could be reason why some degree of dementia sets in most people. However, there is no absolute proof for it and it cannot be a universal phenomenon.

It is almost impossible to say with confidence, as to where mind or spirit resides, but one of the views is that it resides in the cortex of the brain and forms the basis of consciousness. In this context, mind itself can be considered as soul. And yet we cannot be satisfied with this simplistic proposition.

Aurobindo describes various levels of consciousness, which can be graphically represented as under:

This concept explains both the evolutionary process towards higher self and the involutionary states, both transitory and permanent.

However, the fundamental question arises “what happens to this”? “Consciousness” when it reaches the state of irreversibility? In other words, where is mind? – what happens to the spirit? the Soul, the Atman, the Psychic self, the Innermost awareness? Or whatever other name that we may give to that immaterial thing, incorporeal being.

Biology cannot answer these questions. We have again to take recourse to the philosophy and there is no other better philosophy than the ancient Indian philosophy which explains this aspect.

It is perhaps best to reiterate certain basic principles of eschatology as defined by the Vedas and expounded by Rishis in Brahmanas and Upanishads, in the post-Vedic era. (6)

1. There is only one single entity, "superconsciousness", known as God by various names. Each name describes a particular aspect or quality. He is responsible for the creation of the universe and the seat of all pervading power, energy and holder of all "souls" and imparts to each soul fruits of its Karma or actions.
2. Each individual man, animal, plant and all living matter contain its own Soul and consciousness.
3. "Matter" "Soul" and "God" have neither beginning nor end.
4. "Soul" is independent in the performance of "karma" or actions and reaps the results of such "Karma".
5. The aim of life of every individual is fourfold – the attainment of Dharma, Artha, Kama and Moksha – by following the path of righteousness to acquire material wealth, satisfy desires and finally achieve emancipation and get rid of the cycle of birth and death.

Based on the above, the Upanishads describe the passage of individual soul, stage by stage, after it sheds the carnate body at death. Depending upon its "Karma" during incarnation the soul takes one of the following paths:

- (a) Return to this earth,
- (b) Take birth in some other planet other than earth,
- (c) Hang on as a discarnate spirit in any intermediary region,
- (d) Go to the region of its ancestors,
- (e) Reach heaven or hell i.e. will acquire eternal bliss or suffer.
- (f) Become one with God head and attain Moksha – Nirvana – Satchi – dananda.

Upanishads even describe in detail the various abodes of the soul – but it is not the purpose here for us to delve in; suffice it to mention that the entire process of achieving the highest goal of life is through a process of "Yoga" which, literally means "joining".

Mind and soul therefore can be considered as one functional unit and yet when we use two terms as mental and spiritual they are not the same thing.

Spirit is thus the highest level of mind. As per Sri Aurobindo, "matter" has its own consciousness not perceived by us and it becomes the base for vital or life consciousness and in its yet to be manifested state, it will become the base of overmind and supermind and in its highest level during the process of evolution, will become the base for the highest plane of cosmic consciousness, which we may call Godhead.

However, today we do not have absolute proof of this; neither do we have proof as to how life entered matter. As human beings, of say twenty thousand years before us, could not have conceived the shape and level of their consciousness, we face a similar situation of our inability to have a clear perception of what the mankind will look like in a mere few thousand years hence. We can only speculate.

## **7. SPIRITUAL HEALTH – ILL-HEALTH**

So far what we have discussed perhaps raises more questions than what can be conveniently answered. Some of the issues which need to be focussed on are as follows:

1. Can mind, and therefore, mental health, or ill-health be separated from spiritual health or ill-health? Thus, what are the manifestations of spiritual health?
2. As when mind is affected, leading to signs and symptoms of ill-health, similarly can "spirit" be also affected leading to symptoms and signs?
3. Can preventive measures be undertaken to improve spiritual health; what about the rehabilitation of persons with spiritual ill-health?
4. If mankind or humankind is continuously evolving into a higher and deeper super-state of consciousness, in what way could the spiritual health or higher levels of consciousness can come to play with the spiritual levels.
5. Can 'spiritual' health be generalised at a community level or should it only be considered at an individual level?
6. Can we consider various human organizations, institutions such as schools, colleges, governments etc. in terms of spiritual health?
7. How can one monitor or measure the level of spiritual health or, for that matter integral health, as discussed earlier.
8. What type of futuristic human being is expected to evolve? Can we individually or collectively participate actively in this drama of human evolution? What type of teaching, training and educational institutions would be developed today, to give an impetus and direction so that the human being evolves into a Divine man and not into a devilish monster, who will destroy himself and his environment altogether?

9. What role international institutions like WHO, UNICEF and other UN bodies need to play today for a better tomorrow and the day after to usher an accelerated evolution in the right direction?

Let us deal with these issues as an approach rather than as answers.

- (I) We cannot consider any single dimension of health in isolation. Each aspect of health always influences the other. As a matter of fact, there is no human activity either individual or collective, which does not have some effect upon health. Health percolates through all our activities.**

If physical health influences mental health, and mental health on social health and vice versa, spiritual health will similarly be affected. If the collective spiritual health of a society is good, its individual health will also be better. And thus, the integral model of health achieves great importance.

Dr. Kapoor in his deliberations mentioned the following characteristics (symptoms and signs) of a spiritually ill person:-

- (a) He is greedy. He is willing to take from the others what does not belong to him. Not only from fellow men but also from nature. The bigger the implements he possesses, more quickly does he divide and degrade the environment of its vegetation and all animal forms of life. It does not matter to him if the life process itself stopped as long as the cross-sectional speck that he is getting his fill.
- (b) He is violent. In his greed, he is willing to hurt, maim or kill. The bigger the greed, the bigger the violence and tendency to kill becomes bigger than him. It does not matter if it takes his life, as well. Thus, the craze for acquiring more and more lethal weapons of war and destruction.
- (c) He is afraid to loose what he has. He therefore protects himself so closely that the inputs which help the living system continuously above must be maintained at all costs. Often he becomes alienated, withdrawn and is unable to give or receive love.
- (d) He always doubts. Does not believe in any one. Has no confidence, either in himself or in others. He is truly isolated in paid and pathos.
- (e) He has intense desires, is in anger, is intensely 'attached' and when he is so involved, he loses perception of the 'self'.

What we must realise is that what is true for an individual, is equally applicable to a community, an institution or a State.

- ii) In the light of the above manifestations of spiritual ill-health, we can identify a number of parameters as indicators of good spiritual health of an individual, institution, community or state. Some of these are as under:**

- (a) No. of crimes;
- (b) No. of violent acts;

- (c) Denudation of nature;
- (d) Pollutions;
- (e) Differential mortality and morbidity in a society;
- (f) Terrorism, battles, war;
- (g) Differential distribution of wealth – prevalence of poverty and sectarian affluence;
- (h) Animal welfare and biodiversity.

These are but negative parameters of spiritual health.

We can, on the similar lines, create positive indicators such as:

- (a) Universal love and care of the sick and aged, in a society;
- (b) Distribution of national wealth;
- (c) Nutrition and Education
- (d) Shelter and clothing
- (e) Coming together in the event of natural disasters;
- (f) Faith and temper conducive to acts of bravery
- (g) Better quality of life itself, both of an individual and the society;
- (h) Interdependence in the community. Joint action against adversities.

It is thus realised that spirituality cannot and should not be perceived in isolation. It is an integral part of the total health and it percolates through all types of health. And yet, we can make a conducive environment for a person or a society to achieve the highest levels of spiritual health, such as

- (a) Environment for learning, teaching and performing and appreciating art and literature, which really enrich our minds and souls.
- (b) Training of people in Yoga, aesthetics, social interaction and meditations;
- (c) Beautification of the environment;
- (d) Avoidance of all types of pollution, land, water, air and not in the least noise pollution.
- (e) Creation of centres for spiritual retreats;

Earlier, we mentioned that what is in the cosmos is also found within an individual. On similar lines, what is true for the health of an individual, is true also for



an Institution and any other organization unit of people, such as a State or a country or even the world as a whole.

## 8. STRATEGIES FOR ENHANCING SPIRITUAL HEALTH

In order to achieve the highest level of human health, we have to create new institutions or reorient the existing ones so that they can meet the needs of tomorrow and the day after and be part of that unique human evolutionary process, which will enable the man of today to become the divine human being of tomorrow.

UN and its agencies, such as WHO and UNICEF, will have to orient themselves and become more effective in the realization of their aim and goals of ushering in the universal peace, prosperity, good health and education.

At man's level, some of the strategies that need to be followed are as under:

- (a) Awareness that inculcation of spiritual health is the basis of good social, mental and physical health.
- (b) This has to be inculcated through all educational systems, right from early childhood and therefore parents must be made aware of the need and importance of spiritual health.
- (c) Biologists, psychologists and sociologists should emphasise that "man" is being evolved. He has aim and goal and its achievement is of primary importance. He has to be prepared to receive the highest consciousness unto him and he must become an active partner in the evolutionary process.
- (d) The teaching of meditations, asanas, pranayam and other yoga exercises which are essential for all, throughout the life.
- (e) Health care should be in the hands of those who are well versed in spiritual dimension of health.
- (f) Health must be taught as a "dynamic equilibrium" and balance in all its dimensions – spiritual, social, mental and physical.
- (g) Centres of spiritual (dimension) "Health" should be created, supported, and they should be integrated into general education. These should undertake research and developmental activities conducive to the furtherance of "spiritual health".
- (h) Work, wisdom and experiences of ancient rishis, seers and mystics should be appropriately recorded and not be confined to only a few individuals but should be adopted for the common good of mankind.
- (i) India, from time immemorial, has been a country which has given to the universe the highest form of wisdom through its Vedas, Upnishads, Brahmanas, Aurveda etc. India should take up the central role of the development of an international "spiritual grid" for coordinating spiritual activities and information dissemination. One such institution has been started at Pondichery the abode of Sri Aurobindo, one of the greatest philosopher of

modern time, where “studying and understanding health in depth in all its dimensions, with a new and total awareness of the human being, so as to build a universal movement towards the realization of integral health by the Human Kind” has been started. This is aptly named after him, and is named as “Sri Aurobindo International Institute for Integral Health and Research”. It is the good fortune of the writer to have been associated with the institution from its very inception.

## 9. LOOKING FORWARD

Before we conclude, it is better that we reiterate the story of human evolution and surmise on the future evolution of mankind.

According to Indian mythology, there are ten incarnations of Lord Vishnu. This aptly describes the various stages of the human evolutions in a story form, which are highly symbolic. The series starts with matsya (fish) which denotes the ‘life’ originating in water. The next is kurma (Tortoise). Life tries to enter the ‘Land’. Next is varah (Boar) which is symbolic of a new manifestation of vital force – goading the earth and digging into it. The next is Narasimha (man lion) which is symbolic of half animal half human. The next is Parshuram (the axe man) which denotes the earliest of human being with a stone “axe” for his survival and the use of a tool for his protection; however, still violent in a violent world full of huge animals. The next is Lord Ram who truly reflects a genuine human being full of ethics, morality and capacity to conquer his own emotions.

Next is Lord Krishna and his brother Balram. Their symbols are chakra and a plough which denote dominion of agriculture and the wheel of power with ability to govern and destroy all that is evil.

Next is Lord Budha, who chalks out a way to achieve “Nirvana” on realization of the deeper self, who reiterates that the cycle of birth and death, can come to an end by achieving this Nirvana through enlightened soul. What an excellent concept of things. The last of the incarnations is said to be Kalki, who has yet to manifest; who will put an end to all barbaric elements in man and will lead humanity towards the glorious path of spiritual realization. This tenth incarnation is promised but has not yet been manifested. However, when we look around us and see that man is making endeavours to put an end to barbarism in different forms, and is organising himself in various ways but with similar aims, we can safely assume that our Kalki has already been born in the hearts and souls of mankind and that future will see that man does achieve – his goal and aim for which he has been evolved from the lowest to the highest form of life.

We started our theme with quotation from Sri Aurobindo as Man’s 7 aspirations. Based on his teaching we can summarize the various evolutionary phases of man as:

1. Physical man,
2. The vital man,
3. The mental man,

4. Psychic man; and finally
5. Spiritual man.
6. Different aspects of the phases have been beautifully described in poetic form by Norman c Dowscott from Sri Aurobindo Ashram Pondicherry and are reproduced below:-

### Physical Man

Labour with longing,  
 Labour with might,  
 Labour all dyatime,  
 sleep deep in the night,  
 Plough the green valleys and scatter the seed,  
 Climb the Red mountain,  
 feel proud of the deed,  
 Fear not thy longings,  
 ask and demand – The beast of the fields are thine to command.  
 Call on the elements,  
 Conjure the fire,  
 Master they nature, conquer desire,  
 Then when thy labours have fashioned a man,  
 fashioned the best, that labouring can,  
 Break all forms that upheld it,  
 the ritual façade,  
 The appearance that man and society made;  
 Break the yoke of your ploughing – earth's prison bars;  
 lift your eyes to the sun and the beckoning stars.

### Mental Man

To know, is to be – unalarmed, unafraid, unashmed  
 To know is to be – fearless in darkness, faithful in doubt and more obstinate than  
 desire

I would recapture experience through the memory of my mind  
 Capture the form of the Formless, analyse class and kind.  
 I would arrange and assemble feelings and thoughts that abound  
 Into their place – the senses must rise to a higher ground,  
 I would enquire and discover where true energy lies,  
 Discover the truth of the world and why an eagle flies:  
 I would search for the reason of colour, light and sound  
 Whether they truly exist or only in sense are found  
 I would seek the meaning in Matter, its elements I would unfold  
 I would search the secrets of Nature to find the Alchemist's gold. I would fashion new  
 ways and new methods and organise. Time and Space. I would believe in a God  
 above when I meet him face to face,  
 I would seek for the truth and the purpose in Matter, Life and Mind,  
 And I would rather challenge creation than remain a mortal blind

But lastly, I would truly know myself, the truth of I, the symbol of my birth,  
This secret sense of immortality that is in me and in this blessed earth.

### Vital Man

I live in a world of action and strife  
the warrior fighting for his life  
Wars and battles rage in my breast – Untamed is the conflict and the unrest  
And yet I see a vast beauty around  
The flight of the birds, the wonder of sound. The green of the grasses, the high blue of  
the sky, the dawn of the sunset that says, I am I”  
the power which runs through the blood in my veins  
The threat of the thunder, the voice that remains, The thrill of energy out of desire –  
The knowledge that I am born of the Fire. Deep in my darkness, grim passions arise,  
Yet will I offer them up to the skies. I will use my power to climb the steep way and  
mount up to that glorious Summit of Day.

### Psychic Man

My hearts rose up within me, like the dawn of day, And everything around me was a  
means of say : Fire flowering into flame, sweet, blessed earth, waters sacred name,  
and Air's Name and Air's new birth – Manifest the bliss that would be born O  
wonderous Sun O happy smiling morn!

### Spiritual Man

To be, in its essence, is to be at peace, in silence, at rest in action  
In love with Life and Nature and God  
I bow to the rising Dawn, and the new day's beginning with a great joy in the heart!  
I bow to all these wonders of the earth! My lord is the creator  
I adore the sun and the moon and the stars and my hearth is aflame!  
I faint not for His strength is with me and His energy sustains the worlds.  
I grieve not thought he sufferings of the world I have known – His peace is upon me. I  
rejoice for the Wisdom of the Lord is with me as I breathe His name. I enter in the  
secret of my being that the true self may emerge – O great unfolding Love!  
I venture out, in the cosmic worlds, To widen the reaches of my mind – vast is the  
knowledge Thou wouldst show to me  
I aspire, above the Powers beyond, that they may here descent into this labouring  
earth

Supreme is Thy energy O Lord;

O manifest the truth of Thy Joy!

O manifest the knowledge of Thy Bliss!

O manifest the power of Thy Delight!

We conclude here with the ardent hope that this article will be able to  
stimulate the reader to become an active comrade and a participant in the pursuit of

human “True happiness” the Chidananda which is the ultimate goal of both ‘ Life’ and ‘Health’.

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## ANNEXURE

**BACKGROUND DOCUMENT PREPARED BY DR D.B. BISHT FOR  
CONSIDERATION BY THE EXECUTIVE BOARD AND WHO CONSEQUENT  
TO EB.74.R3**

“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 in the 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, not merely the absence of disease or infirmity”. In 1978, when I had the opportunity of representing India on the Executive Board of 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, according to the definition, be ideally ‘health’. 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, and have often repeated, 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 the perceptions 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 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 or life as a liberation of the soul or absolute bliss has been emphasized by many metaphysicists and seers. The idea itself deserves more attention than what has been given to it in the present century.

As Einstein had mentioned, most of our programmes in the world are aimed at perfecting the means for achieving what at best can be termed as ambiguous goals. Achievement of "health" on the contrary should be the means to create a group of human beings with all humane 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 the 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 crystalising.

In our pursuit of learning more about life, and thereby about science in particular, we have achieved tremendous progress – albeit with a few setbacks too – but the transition from acquiring a peripheral knowledge to an 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 hierarchical 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. Schuhmacher has summarised the four levels of being as:

Mineral	—	m
Plant	—	m + x
Animal	—	m + x + y
Man	—	m + x + y + z

Where m = inanimate matter

x = life force (unexplained)

y = consciousness

z = self-awareness

x, y and z are invisible; only m is visible.

There has been commendable research work to determine a relation between consciousness and awareness, utilizing 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 be "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.

## “Spirituality” from a Buddhist's view

Masaya Yamaguti

I. First, let me introduce the late Dr. Shin'ichi Hisamatsu. He passed away in 1980 at the age of 91. He was the best friend of D. T. Suzuki who introduced Zen to the western world. He was really the most spiritual person between those who lived in Japan in this century. His religious outlook was formed by Zen Buddhism. But, he could clarify the most profound essence of all disciplines in all schools of Buddhism.

Let me first explain a simple classification of all human attitudes. Dr. Hisamatsu wrote this classification in one of his article entitled “Awakening to our true self”(1951)(ref. 9 and 10). Dr. Hisamatsu mentioned 5 typical attitudes of human beings faced with the crisis of their existence. In this article, he compared these attitudes to that of one who falls into very deep water without knowing how to swim.

First type : This type will try to swim or at least try to float, but he is only going down. By chance, sometimes he can go upward, and then go down. Repeating these movements, he is gradually falling deeper. As he goes down deeper, he is losing his self-confidence. Of course, he happens to float upward and can recover his self-confidence slightly. But again his body continues going down, his self-confidence is lost. Finally he can not float. He recognizes his self-confidence was a mistake. But it is too late. He is driven to the last extremity. His existence is to be lost. Dr. Hisamatsu called this first type “the idealist”.

Second type : This type knows that, he is sinking in the water without knowing how to swim. He recognizes his fate to be lost. Then he is seized with fear of death. He can not figure out what to do. He is fallen into the state of absent mindness. Dr. Hisamatsu called this attitude “the nihilism”.

Third type : This type also recognizes that he is fallen in the deep water and that there is no way to be saved. But Dr. Hisamatsu distinguished 2 categories in this type. First one is the person who does anything he wants after the recognition of his fate. This attitude is called "the decadent". The next category is the person who also recognizes his fate, but he does not become desperate. He wants to do his best and continues to do his best until the last moment. He is called "the existentialist".

Fourth type : This type first tries to swim, as he does not know how to swim, his efforts result in failure. He is only going down in spite of his efforts. Thus he is forced to be driven to the last extremity. At this moment, he calls out to be rescued by some others. Responding to his calling, some one appears to save him. Finally he is freed from his crisis by this savior. And he is able to swim by this help. He continues to swim by the help of the other. Dr. Hisamatsu called this type "ordinary religious".

Finally, I want to introduce the fifth type : When a person of this type recognizes his crisis of drowning and faces to the last extremity knowing his own powerlessness, he becomes able to swim. This capability is emerged spontaneously from the interior of his self. One can say that he can swim by the power which emerged newly in his self(that is something like the metamorphosis from chrysalis to a butterfly). Dr. Hisamatsu said that this fifth type was truly "the Buddhist".

These types represent a kind of parable or simile. But you can see easily that the person of the fourth type in the attitude of Christianity and other faith religions. In this case the savior is God. Thus for the fifth type person, the savior is not an other. It is the very self who is awakened.

II. Now our problem is how to define "spirituality", taking account of this fifth type of human being. I am satisfied with our starting definition of "spirituality". Let me repeat this expression :

A phenomenon that is not material in nature but belongs to the realm of ideas that have arisen in the minds of human being, particularly ennobling ideas(Provisional Agenda 11). My problem is to define the word "ennobling".

In part I. I mentioned 5 types of persons who face their fundamental crisis. But, the fourth type and the fifth type found something other than themselves just after the recognition of their powerlessness. For the fourth type, this something is an other(which is God in the case of Christianity). For the fifth type, this something is our true self which is awakened. Now, I can explain what is spirituality. That is . I define "ennobling ideas" as the ideas toward this transition from usual selfness to some other new state, that appears in both the fourth type and the fifth type.

I think that all human being have a desire to know what is whole life to which one belongs. This whole life truly includes himself, all his ancestors and all his descendants. It is not one's possession. It is never personal. But also if one gets this idea, it gives the true *raison d'être* for his existence. Of course our existence is limited. It begins at our birth and ends at our death. To have the above desire starts at our youth. And it becomes strongest just before the death. The recognition of this whole life is closely related to the recognition of our true self. In other word, if we awake to be true self, we see that all person is Buddha(God) including himself and all others. That is the reason to say spiritual. The term spiritual should be used in this sense.

One might ask the person of the category 2 of the third type also has a kind of "spirituality". I think this type is still sticking to himself in usual sense, therefore I would not say spiritual. Perhaps these type has personal belief.

I conclude this article by quoting "the vow of Humankind" which is the vow of our society called FAS society. This society was founded by Dr. Hisamatsu in 1959.

"The vow of Humankind"

Calm and composed,  
awakening to our true self;  
being fully compassionate humans,  
making full use of our abilities  
according to our respective vocations,  
discerning suffering both individual and social, and its sources.  
Recognizing the right direction  
in which history should proceed,  
joining hands as kin beyond the differences  
of race, nation, and class.  
With compassion, vowing to bring to realization  
humankind's deep desire for emancipation,  
let us construct a world which is true and happy.

(FAS Society)

F : Formless Self

A : All mankind

S : Super historical History

Thank you.

DR. SHIN'ICHI HISAMATSU'S WRITINGS  
PUBLISHED IN ENGLISH

I. (The titles of articles from the Index of a book planned in 1992 among Masao Abe, Jeff Shore, and Gishin Tokiwa, supplied with a few titles of articles made public up to Spring 1998)

ABBREVIATIONS:

Ives, Shore, etc.= family name of principal translator.

EB = *Eastern buddhist*. New Series, Volume, No.

FSJ = *FAS Society Journal / Newsletter*.

HSC = *Hisamatsu Shin'ichi Chosakushū*. Risosha, Volume, page #.

*AWAKENING TO THE FORMLESS SELF:  
ANTHOLOGY OF SHIN'ICHI HISAMATSU*

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(Ives: EB 18, 1; shore: FSJ Sum., '85/ HSC 1, 415~434.)
2. After My Student Life  
(Tokiwa: FSJ Win., '85~86/ HSC 1, 435~438.)
3. Preface to Oriental Nothingness  
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5. Zen: Its Meaning for modern civilization/HSC 3, 11ff.)
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14. Post-Modernist Manifesto: Renovation of the World

(Abe: FSJ July '76.)

15. An Interview with Shin'ichi Hisamatsu

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16. To Live in History Transcending History

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17. True Sitting: A Discussion With Shin'ichi Hisamatsu

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19. Mondo: At the Death of a "Great-Death-Man"

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21. Zen in America and the Necessity of the Great Doubt: A Discussion Between D. T. Suzuki and Shin'ichi Hisamatsu

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23. Problems of Religious Method

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24. Slavery

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25. Talks on the *Vimalakirti Sūtra*

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26. Dr. Shin'ichi Hisamatsu's "Postmodernist Age"  
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30. The Significance of the *Nampo Roku*  
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32. Dialogues. East and West: Conversations Between Dr. Paul Tillich and Dr. Hisamatsu Shin'ichi  
(DeMartino: EB 4, 2; 5, 2; 6, 2/ HSC 2, 563~591.)
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## Buddhism and Quality of Life

Pamela Cameron

This paper contains information gathered from a limited review of literature about Buddhism and quality of life, as a contribution to the overall understanding of the relationship between spirituality and quality of life. Some central concepts of Buddhism are discussed, and their relationship to health and quality of life are noted.

Goleman (1997) has written "Buddhism has as principal aims the goal of transforming perception and experience and synchronising mind and body" (p.4). These aims permeate the literature about Buddhism. Buddhist teachings involve several concepts that can be related to QOL issues. The following are central concepts to the Buddhist religion. It should be noted that this is a limited overview, and does not include all concepts related to Buddhist teachings.

### CONCEPTS

Compassion, or loving kindness is a central concept. The Dalai Lama has explained "there are different ways to respond with compassion...if one can come from one's own heart, rather than from the head, that is a sign of a skillful teacher" (Goleman, 1997, p.122). Compassion has been described by the Dalai Lama as a quality that needs to be "naturally drawn from within one's own inner resources" (Goleman, 1997, p.245). An example of the Buddhist concept of compassion is a Tibetan doctor who was tortured, but never got angry at the people torturing him, because he continued to maintain a sense of compassion for their profound ignorance that they could do such things to people (Goleman, 1997, p.103).

Karma is also significant in Buddhist teachings. The Buddhist concept of karma, as Goleman (1997) has explained, "is a process of cause and effect in which motives and actions produce physical and mental effects for the person who has engaged in the actions, as well as the recipients of the actions" (p.32). The Dalai Lama has noted that Buddhists attribute their suffering to mistakes they have made in past lives (Goleman, 1997, p.103).

Suffering is of primary importance in the Buddhist religion, as one cannot create suffering for oneself without creating suffering for others, nor can one create suffering for others without creating suffering for oneself (Goleman, 1997, p.18). Therefore, "the model for perfection for the highest development of the human being is someone who has come to the complete end of suffering himself or herself, and therefore will never create suffering for others" (Goleman, 1997, p.18).

Enlightenment is fundamental to Buddhist teachings. Sullivan (1989) has noted "one of the fundamental goals of Buddhist practice is the achievement of wisdom and insight sufficient to break this chain, sufficient to end the continuous round of birth-death-birth-death-birth" (p.37). The chain progressively becomes weaker as the individual cultivates certain enlightened states of mind, and as the ways of actions are reformed to embody the fundamental benevolence of the Buddhist teachings (Sullivan, 1989, p.37). No matter how flawed a physical body may be, or how difficult the circumstances, all persons have the innate ability to attain enlightenment (Sullivan, 1989, p.38).

The concepts of sense of self and happiness are important to the Buddhist religion. The Dalai Lama has stated “I start from a sense of self, and a sense that I wish for happiness. I wish to be free of suffering, and I am worthy to experience the happiness that I seek, worthy to be free of the suffering. Both the happiness that I strive for, and the suffering that I wish to be free of, are results” (p.170).

The notion of Buddha nature is also relevant. Buddha nature is understood as something that pervades all sentient beings and “when you apply that personally it follows that the essential nature of our own mind is utterly pure; and this provides a basis for self-confidence and also for overcoming despair” (Goleman, 1997, p.200). The Buddha nature of all beings is “not dependent on the body or the brain” (Goleman, 1997, p.212).

Detachment, or nonattachment is central to the Buddhist religion. Nonattachment implies “letting go, the capacity to see clearly and just not touch” (Goleman, 1997, p.122). Detachment is often discussed in Buddhist literature in its contrary form of attachment. Attachment is considered to be a negative emotion, that can arise “on the basis of grasping the given object as being truly existent. If you’re attached to something, that attachment will arise on the basis of grasping it as truly existent” (Goleman, 1997, p.82). Therefore, detachment from objects is seen as desirable in Buddhism.

### **PHASES OF LIFE**

In Buddhism, birth and death are seen as parts of continuous cycle of life. A “single birth constitutes a mere single link of a weighty chain of experiential suffering” (Sullivan, 1989, p.37). In relation to death, in essence, “death marks the end of life, which is nothing but a temporary combination of bodily and mental elements” (Sullivan, 1989, p.29). Death is viewed as the necessary prerequisite for the process of rebirth, which is destined to continue according to the principle of karma (Sullivan, 1989, p.29). In Buddhism, “religiously speaking, death is not an evil but an integral part of universal suffering which, according to the first of the Four Noble Truths, characterises the nature of existence” (Sullivan, 1989, p.29).

The life cycle in the Buddhist tradition is marked by four inevitable sufferings: birth, sickness, old age and death (Sullivan, 1989, p.36). As Sullivan (1989) has written, “for humans with a full span of life, sickness is inevitable” (p.36). The acceptance of suffering as a part of life, indicates that “for Buddhists, sickness may provide a jolt of urgency, a vivid sense of the immediacy of suffering and the necessity of conquering it (Sullivan, 1989, p.47). Thus, for followers of this religion, “disease-a very great source of suffering-may be viewed as beneficial by Buddhists intent on enlightenment” (Sullivan, 1989, p.47).

### **HEALTH AND BUDDHISM**

Among international religions, Sullivan (1989) has noted that “Buddhism has been notable for its intense interest in healing. From the earliest days, Buddhist teachings have been termed a method for gaining freedom from suffering, and within Buddhist traditions much attention has been given to the causes and consequences of disease” (p.34).

Specific references about spiritual health are frequent in Buddhist literature. Sullivan (1989) has written that the Buddha “as a supreme physician, diagnosed and presented the remedy for spiritual health of humankind in Four Noble Truths: (1) the fact of suffering as the basic feature of existence; (2) the cause of suffering; (3) the cessation of the cause; and (4) the eightfold path that leads to cessation – right understanding, right thought, right speech, right action, right livelihood, right effort, right mindfulness, and right concentration” (p.10).

The Buddhist view of injury and disease includes the doctrine of karma. Fundamentally, for Buddhists “disease is viewed as the direct or indirect result of karma, either retribution for specific acts or the ultimate effect of long-established patterns of thoughts, words and deeds. Since the mind drives the speech and actions that generate karma, it is the mind especially that is seen as the root of disease” (Sullivan, 1989, p.39). Sullivan (1989) has written that “whether or not and to what extent disease and injury are caused by one’s karmic volitions have remained serious questions in the Buddhist community, questions without clear-cut resolutions” (p.13).

Buddhist teachings categorize disease into six classes. Among these six classes of disease, first there is “seasonal predominance of the four elements, leading to imbalance within the body and resulting in unpleasant manifestations”, second, there are diseases caused by improper diet, third, there are illnesses caused by improper meditative practice, fourth and fifth are diseases caused by the intrusion of negative spirit forces into the body or mind, and sixth, there are diseases directly related to the karma of significant deeds of past lives or the present one (Sullivan, 1989, p.39).

The synchronization of the mind and body is evident, as “one can improve the physical and mental state of his or her future by the right mental attitude and by careful attention to measured food, proper digestion, and a regulated lifestyle” (Sullivan, 1989, p.12). Goleman (1997) has noted this connection by stating “according to this tradition, illness is the result of an imbalance in the psychophysical body which is produced by conflicting emotions such as anger or greed” (p.4).

The Buddhist literature reflects the understanding that those who are not enlightened are considered ill. Thus, the process of enlightenment is equated with the healing process (Sullivan, 1989, p.34). A large emphasis of Buddhist healing involves meditative methods, internal analysis and mental control (Sullivan, 1989, p.40). Such so-called “religion-based” cures include the following: “meditation; invocation of healing deities through visualization, prayer, and ritual use of images; confession and repentance; and recitation of potent phrases and scriptures” (Sullivan, 1989, p.40).

## **QUALITY OF LIFE**

Quality of life in the Buddhist religion, appears to be closely connected to the process of enlightenment. Difficulties in life are seen by Buddhists, to stem from self-cause, and thus are “beneficial as teachers for they can awaken individuals to faults that must be corrected in order for enlightenment to be obtained” (Sullivan, 1997, p.54). This positive view of difficulties in life is important to individual perceptions of quality of life.

Likewise, in Buddhism, death is viewed in a sustaining sense: “as a transition experience leading to a judgement of the karma amassed in that particular incarnation

prior to entering the next birth" (Sullivan, 1997, p.49). Sullivan (1997) has written "death may be staved off through medical techniques and religious techniques, including prayer and invocation of potent deities, but the purpose in this extension of the life span should not merely be more days and years but further opportunity to pursue a beneficial course leading to more spiritual growth" (p.54). In other words, "while the quest for longevity is indeed real, there is profound concern for the quality of those additional days and years; the more enlightened one becomes, the more fully and more properly one lives" (Sullivan, 1997, p.48).

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## THE HEALTH OF AYMARA SOCIETY

Jaime Quispe, 22 June 1998

The Aymara are an indigenous people spread across Bolivia, Peru, Northern Argentina and Chile. They comprise about 8 million inhabitants.

Together with the Quechua, the Aymara form part of what used to be the Inca Empire.

Health for the Aymara is synonymous with the balance man strikes with his spirit, with his family; the balance within his habitat; this balance includes feeling at ease within his community, and also the balance with other communities. Thus, health in Aymara society is enjoyment of complete well-being of the soul, the spirit and the physical body both as individuals and within the community. The loss of this balance brings suffering and an urgent need to restore the balance.

The preventive system in indigenous health comprises diet, alimentary formulas, esteem associated with praiseworthy behaviour, the rational use of resources, proper distribution and control of housing, purges and tonics (for the body and the spirit), physical activity and guidelines for sexual behaviour, recreation, etc.

Ill-health creates individual, family and community tensions. The Aymara depend upon a complex system of knowledge, more often than not well distributed in the community, that helps to challenge the cause and to alleviate symptoms.

However, to re-establish a balance requires reaching the origin of the sickness. To this end, as in societies that have their doctors, the Aymara have Yatiris or wisemen, who are endowed with a special strength or profound knowledge and who have the ability to draw upon the intimate resources that affect the forces of nature.

The role of the Yatiris is to oversee the well-being of the Aymara, to cure spiritual ills, as well as those of the soul and the body.

The Yatiris treat all aspects of the patient (emotional, family, community) using practices that include psychological techniques, natural and spiritual methods, etc.

But their real strength is in their capacity of detecting what is wrong, explaining the origin and removing it by freeing the patient of the causative agent. These strengths with which he empowers natural elements to act is of a spiritual nature and while incarnated in the Yatiri, is in fact a collective force.

In his healing the Yatiri utilizes vegetable products ( medicinal plants), those of animal origin, water, minerals, etc. The act of healing depends upon the illness, but generally resembles a ceremony in which the patient and the Yatiri have a dialogue surrounded by the smoke of incense or other plants which leads to a cleansing of the patient's body. The cleansing must be both physical as well as spiritual; physical cleansing is done with water in which certain plants

have been prepared, with alcohol or with fire. Spiritual cleansing is achieved through rites with the help of the smoke of incense.

For example, in the case of a fall of a few metres in which the patient has fractured a foot, the first step is to cure the fracture but at the same time the Yatiri carries out spiritual/emotional therapy, taking the patient to the site of the accident so that the "Ajayu" or the spirit return to the body of the patient.

The Aymara world is based on duality: man with woman; sun with earth; those from above/those from below. The balance is found between the two, thus in the "Tinku" ceremony to thank Mother Earth. This is also an occasion for collective therapy between those from above and those from below, those from the valley and those from the Altiplano. This rite is often the occasion for collective confrontation, or musical confrontation that can last for several days. It normally takes place once a year.

Indigenous peoples of Bolivia still practice traditional medicine, but to continue enjoying good health, the Aymara and other indigenous groups require recognition by the Bolivian State of this traditional medicine at national level on the same basis as occidental practice. To respect indigenous health is to respect the habitat, the environment in which they live, the territory where they go to seek their plants, their animals, their minerals, their Gods, so as to be able to perpetuate the kind of medicine that they have practised for centuries despite colonialisation.

## Ways in which WHO could cooperate with Indigenous Peoples

1. WHO could encourage Governments to adopt legislation and appropriate policies in addressing the health of indigenous peoples.
2. WHO, together with Governments, could develop policies to strengthen and revive traditional medicine. It is felt that this project would be long-term and that WHO's participation would be a guarantee of continuity in the face of frequent political change in many countries.
3. WHO could recommend to Governments State recognition of traditional doctors.
4. WHO could recommend to Governments setting up of "bicultural" ministries of health.
5. WHO could recommend to Governments that universities and other institutions related to health could incorporate in their programmes training in traditional medicine. This is with a view to favouring interaction between occidental medicine and indigenous medicine bringing about bicultural medicine.
6. WHO is in a position to convene an international conference on this theme with the participation of Government specialists, indigenous peoples and others whose contribution would serve as a basis for the development of an international instrument in health along the lines of Convention 169 of the ILO.

Finally, it is understood that these projects would be implemented with the full participation of those directly affected, in this instance indigenous peoples.

Thank you very much.



WHO June 1998  
Geneva

**Name of Measure: Daily Spiritual Experiences**  
Proposed by: Lynn G. Underwood, Ph.D.

***DRAFT***

**Domain:**

These items are intended to measure the individual's perception of the transcendent (God, the divine) in daily life, and the perception of interaction with, or involvement of the transcendent in that life. This attempts to more directly measure experience, rather than cognitive constructions. It is composed of a number of dimensions. Although a variety of the domains in the wider Fetzer/NIA instrument address issues listed under the term "spirituality," this particular domain has this as a central focus. This domain may effectively cross many religious boundaries.

**Background/Context:**

This domain tries to capture a part of normal life for many people that may be a particularly good representation of day to day spiritual experience. It may be a marker of an aspect of spirituality/religiousness that is a particularly important direct measure of the impact of religion and spirituality on daily life.

These items aim to capture aspects of day to day spiritual experience of an ordinary person, which should not be confused with measures of extraordinary experiences such as near death or out of body experiences, which may tap something very different and have a different relationship to health outcomes. The experiences reflected in this domain may be evoked by a religious context or by ordinary experiences in everyday life. They may also reflect the individual's religious history and religious or spiritual beliefs. Cognitive interviews with this instrument, across a variety of cultural, religious and educational groups, has encouraged the use of the word God to describe the transcendent. Even for the relatively small number of people for whom this word is not the usual descriptor of the transcendent, there seems to be the ability to connect this word with their experience. Although this instrument assumes a predominantly Judeo-Christian population, in preliminary evaluations, it has shown promise for other groups and may require only minor modifications to address these groups.

This domain as a whole has not been individually addressed in any published, tested instrument. In developing this instrument the author drew on in-depth interviews and focus groups over a number of years exploring in an open-ended way the experiences of a wide variety of individuals, from a variety of religious perspectives. These reports of individual experience plus a review of features of the spiritual life as highlighted in theological, spiritual and religious writings such as Buber 1937, van Kaam 1991, Merton 1969, Thich Nhat Hanh 1994, Underhill 1927, De Wit 1991, were used to develop this instrument. A review of current scales that attempt to measure some aspect of spiritual experience, (Hood 1975, Elkins 1988, Idler and Kasl 1992) was also conducted. Some of the most helpful insights came from reading works of those with a deep understanding of the spiritual as an integral aspect of life, and seeing many of these same issues emerge in the open-ended interviews. Cognitive interviews on earlier drafts of the instrument led to further

refinements. Efforts were repeatedly made to ground the questions in daily life experience.

Certain issues were recurring in the literature and in those interviews with persons exploring their own spiritual life as it was manifested in daily experience. **Connection** was an important concept. Western spirituality emphasizes a more personal connection with God and with other people. Eastern spirituality has more emphasis on connection with all of life, and connection in unity. Many people have a frequent interaction with the transcendent on a daily basis, looking to God for strength, asking for help, and feeling guidance in specific circumstances - this naturally falls into the concept of **practical support**. **Emotional support** from the transcendent is found in feelings of being loved and comforted. A concept that emerges frequently in the spiritual literature is the concept of spiritual integration with the resulting sense of **inner harmony** or wholeness. This extends throughout eastern and western traditions.

Another concept that emerged was the sense that one can have existence which does not depend on physical or mental aspects of self, or social definitions. The ability to transcend the limits of ones present situations frequently comes from a spiritual and religious context. Van Kamm 1986, suggests that **awe** is the central quality of the spiritual life and all other aspects flow from that. It comes from a realistic picture of the fact that one is not the center of the universe, and a sense that the universe speaks of the transcendent, and can frame ones approach. David Steindal-Rast 1984, describes how an attitude of **gratefulness** can provide a resting place for much of the rest of spiritual life. Does one feel that life is a gift or a right, to be adjusted to taste?

**Compassion** emerges in many spiritual traditions as a central component in the spiritual life (Smith 1991). It is definitely a way in which we can actively express many beliefs, and it's capacity to benefit the one who is compassionate might be profitably explored in the setting of health.

Forgiveness is mentioned in another section of the larger instrument, however, this domain addresses the concept of **mercy**. The underlying attitude of giving the benefit of the doubt, of dealing with others' faults in the light of ones own, and being generous, is one of the possible ways the spiritual is evident in everyday life.

It was also brought up in the context of developing this instrument that one might not have a connection with the transcendent, but one might long for one. There is much discussion by mystics of **longing** for connections with God, of the divine, as an aspect of the spiritual life. It crops up in the mystical literature of many traditions, and can definitely be an element of daily spiritual experience of ordinary people as well. It taps into the sense of wanting to be closer to God, or merge with the divine

In response to a need to address this domain the attached form of the instrument was developed which divided this domain into nine key dimensions: connection with the transcendent, sense of support from the transcendent, wholeness, transcendent sense of self, awe, gratitude, compassion, mercy, and longing for the transcendent. The response categories, except for question 16, relate to frequency.

## **Connection with the Transcendent**

- 1) I feel God's presence.
- 2) I experience a connection to all of life.

These questions address both people whose experience of relationship with the transcendent is one of personal intimacy and describes a sense of unity which may be another way of experiencing connection. As in human relationships this quality of intimacy can be very important.

## **Sense of Support from the Transcendent**

There are three ways in which this is experienced:

### **Strength and Comfort**

- 4) I find strength in my religion or spirituality.
- 5) I find comfort in my religion or spirituality.

Someone described this dimension as "social support from God". The Index of Religiosity question (Idler and Kasl 1992): "I obtain strength and comfort from my religion", was broken into two parts based on cognitive interviews, where these two aspects were deemed distinct experiences. These questions intend to measure a direct sense of support and comfort from the transcendent.

### **Perceived Love**

- 9) I feel God's love for me directly
- 10) I feel God's love for me, through others

Individuals can hold a belief that God is loving without feeling loved. It may be that the emotional support of feeling loved may prove important in the relationship of religious issues to health outcomes. The quality of love imputed to God has potential differences from that which humans give each other and there is a kind of love from others which many attribute to God. God's love can be experienced as very affirming, helping self confidence and a sense of self-worth independent of actions.

### **Inspiration/Discernment:**

- 7) I ask for God's help in the midst of daily activities.
- 8) I feel guided by God in the midst of daily activities.

These questions address the expectation or orientation that expects divine intervention or inspiration, and the sense of that happening. The question on guidance was most often deemed similar to a "nudge" from God, and more rarely something more dramatic.

## **Sense of Wholeness, Internal Integration**

- 6) I feel deep inner peace or harmony.

This question is trying to get past mere psychological well-being. In the cognitive interviews, the question was repeatedly asked whether one could experience this while feeling overwhelmed, stressed, or depressed. It was reported to be harder but still possible. The word deep seems to enable people to get at something other than psychological ease.

### **A Transcendent Sense of Self**

3) During worship, or at other times when connecting with God I feel intense joy which lifts me out of my daily concerns.

This question attempts to get at some of the experience in a lively worship service, where one's day to day concerns can dissolve in the midst of participation in worship. Also there can be times that one is able to transcend the difficulties of one's present physical ills or psychological situation by an awareness that life consists of more than the physical and psychological. For further exploration of this concept see Underwood 1998. This was a particularly difficult dimension to address, particularly trying to avoid metaphysical language for those of limited education, translating it into the practical.

### **Sense of Awe**

1) I am spiritually touched by the beauty of creation.

This is a way in which many experience the transcendent. It can be provoked by exposure to nature, or to human beings, or the night sky. It has an ability to elicit experience of the spiritual even in those with no religious connections, and to cross religious boundaries (van Kaam 1986).

### **Sense of Gratitude**

12) I feel thankful for my blessings.

This aspect of spirituality has been highlighted as being central for many. It has potential connection to positive ways of viewing life from a psychological perspective. There are potential connections to circumstances of life, therefore assessment of external stressors can moderate this experience, but it is important to note that some people can see blessings in even the most dire of circumstances.

### **Sense of Compassion**

13) I feel a selfless caring for others.

This question was preferred to "I care for others without expecting anything in return" which carried some negative connotations about expectations of others. "Selfless caring", although it sounds unwieldy was understood well by those of lower SES. This quality is given important value in Buddhist, Christian, and Jewish traditions.

### **Mercy**

14) I accept others even when they do things I think are wrong.

This is trying to address the felt sense of this, rather than just a cognitive awareness that it is a good idea. It seems to have been successful, given the cognitive interviews, in placing this concept in a neutral way, and is easily understandable. The concept addressed in this question is closely linked to forgiveness, but addresses an underlying experience.

### **Longing for the transcendent**

15) I desire to be closer to God or in union with Him.

This question needs question 16 to evaluate it fully. There are two opposed interpretations of a low frequency answer to this question. Those who feel they

are so close to God that it is not possible to get closer, or those who have no desire to become closer. To address this issue the following question was added. If question 15 is used, question 16 should also be added.

**16) In general, how close to God do you feel?**

Question 15 was included to tap experiences of feeling drawn to the spiritual, of desire or longing.

These dimensions form a starting point, and will probably be expanded on as this work develops. The hope is that a number of these dimensions will be strongly correlated. A wide variety of dimensions are hoped to tap a few common effects.

The short form was developed by selecting key dimensions, and their respective questions, from the longer form. Exceptions were using the Idler and Kasl wording of "I find strength and comfort in my religion" in the short form as its psychometric properties are known and it has been extensively used. The other exception is that love directly from God and from God through others have been combined into one question. It is hoped that enough of the items have been included in the short form to give a basic measure of spiritual experience. A number of significant aspects explored in the long form have been left out in the shorter form - in constructing the NIA/Fetzer short form we tried to maintain a balance of questions across the various domain. Questions 13, 14 and 16 were added after the short form in its current phase had already been incorporated into a variety of studies - If possible one should include them to fully assess this domain. Only extensive testing of the long form in health studies will isolate the items most predictive of positive health outcomes and therefore the ideal short form instrument for this domain.

### **Relationship with Health:**

While the existing scales on mystical or spiritual experience attempt to capture some aspect of this domain that may be associated with psychological well-being, there is little empirical work that links the spiritual experiences of daily life with health outcomes. However, one of the questions most strongly predictive of positive health outcome in the Oxman study of cardiovascular disease (Oxman et al. 1995) is one of the questions that has been incorporated into this scale (I obtain strength and comfort from my religion).

The emotional and physical feelings described by these items may buffer individuals from stress. Psychological stress has been extensively linked to health, with specific physiological effects (Cohen et al. 1995). Positive emotional experiences have also been seen to have positive effects on the immune system, independent of the negative effects of stress (Stone, 1994). Positive expectations for outcomes have been linked to positive immune effects. (Flood et al. 1993, Roberts et al 1995). There also may be overlap between endorsing a "sense of deep peace", and the condition that leads to, or emanates from, direct neurological and endocrine effects similar to those identified during meditation (Benson 1975). The inclusion of this domain in health studies as part of the instrument in this paper has great potential for establishing one pathway by which religiousness and spirituality might influence health, providing a possible link between certain religious practices and/or cognitions, and health outcomes. This domain also provides an

opportunity to assess potential direct effects of spiritual experiences in day-to-day living on physical and mental health.

#### **Previous Psychometric Work:**

The instrument is currently undergoing extensive psychometric testing, as it is being incorporated into two large studies of physical health outcomes as well as other studies. The form as attached in its entirety is currently being included in a multi-center menopause study, as well as a daily study of pain patients at Ohio University. Qualitative and quantitative evaluation on a non Judeo-Christian Asian population is also underway at the University of California San Francisco.

A short form has been pre-tested and included in the General Social Survey for 1997-1998, as well as several current studies on the role of spirituality in the rehabilitation process. This short form has attempted to combine a number of the items on the long form to pick up the wide spectrum of dimensions in only a few questions. The 'strength and comfort in my religion' item comes straight from Idler and Kasl's Index of Religiosity, 1992. Other items are close to items validated in other scales (Hood's Mysticism Scale, 1975) (Howden, 1992) (Elkins, 1986) (Koenig, 1988).

Pre-testing for the GSS and other pre-testing with multireligious groups has shown patterns that reflect good variability among response categories. Cognitive interviews and focus group testing were used to refine the questions and determine their validity and understandability by those from a wide variety of socioeconomic backgrounds.

**Estimated completion time:** Less than two minutes.

#### **Other considerations:**

It is to be hoped that a number of the dimensions are so strongly correlated that a final version of the short form could be developed using only two or three of the total list, and that this would adequately represent the domain as a whole. This measure is attempting to tap into a trait. However it is to be expected that since it is measuring a perception and feelings associated with that, this may vary with external stressors, and emotional state. Therefore ideally these other psychosocial variables would be addressed in concurrently given measures to assess this domain most clearly.

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McGuinn  
Bernard

SPIRITUALITY AND MYSTICISM:  
IN QUEST OF SOME UNDERSTANDING

In discussing the meaning of spirituality, I often begin with Justice Potter Stewart's remark, "I don't know how to define obscenity, but I sure know it when I see it." Spirituality, like obscenity, is very much in the eye of the beholder.

Over the past generation, one of the remarkable and unforeseen aspects of cultural semantics has been how the word "spirituality," forty years ago largely a technical term within Roman Catholic circles, has become a word in such general usage that it implies a common sense meaning that no one can quite define but one with obvious power in our society. At the very beginning of this surge to popularity the Italian medievalist Gustavo Vinay referred to spirituality as "a necessary pseudoconcept we don't know how to replace." If religion itself (another virtually undefinable term) often seems to have taken on ambiguous connotations today--wholesome for many, but suspicious for others--spirituality has tended to be used in a more and more optimistic and positive way. To be a spiritual person, that is, to have a spirituality of one sort or another is a eminently a good thing, almost as unassailable as motherhood and apple-pie, which are terms that enjoy more immediately representable referents.

I don't want to bore you with a scholarly review of the development of the term spirituality, though I will be happy to discuss that if called upon. I would be failing my assigned task,

## definitions of spirituality

however, were I not to note that the vague, yet powerful, present connotations of "spirituality" do have a root in both the Hebrew Bible's notion of the "spirit of God" and in the New Testament references the "Holy Spirit" as the "Spirit of Jesus." While spirituality as a concept has gone in and out of popularity over the ages of Christian history, its reality has always played a significant role, however it was conceived and expressed.

In surveying how the term spirituality has been discussed in recent religious scholarship, it is useful to recognize the difference between "first-order" definitions concerned with defining or describing the phenomenon itself and "second-order" definitions that attempt to define the academic study of the phenomenon. Even on the level of "first-order" definitions (which is what I will be concerned with here), we have to remember that spirituality often includes formulated practical teaching about how to live a particular spirituality, so even "first-order" definition involve both practice and theory.

Most contemporary approaches to spirituality fall into three categories, what I call the "anthropological/phenomenological," the "historical/contextual, and the "theological/normative."<sup>1</sup>

The anthropological/phenomenological approach sees spirituality as a basic element in human nature and experience.

It involves "the inner dimension of the person where ultimate reality is experienced" (Ewart Cousins); it is "a capacity for self-transcendence" (Joann Wolski Conn), or, more fully, it is "the constituent of human nature which seeks relations with the ground or purpose of existence" (Gordon Wakefield). Sandra

Schneiders, who organized one of the better academic programs in spirituality, defines it as "the experience of consciously striving to integrate one's life not in terms of isolation and self-absorption but of self-transcendence toward the ultimate value one perceives." Such perspectives answer to the current cultural mood by distinguishing between the religious and the spiritual, insisting that it is possible to be spiritual without being formally religious.<sup>2</sup>

Even if many people today insist that they are spiritual without being religious, it is equally true that most forms of spirituality are and have been historically and contextually rooted in particular religious traditions and communities. Hence, other students of the history of spirituality (primarily Christian spirituality) adopt definitions and descriptions that emphasize historicity and contextuality. Thus spirituality has been described as "the lived experience of Christian belief in both its general and more specialized forms" (B. McGinn), or the task of each believer to make "his or her own the engagement with the questioning at the heart of faith" (Rowan Williams). André Vauchez, one of the foremost students of the history of spirituality, speaks of spirituality as "the dynamic unity of the content of faith and the way in which it is viewed by historically determined human beings."

Both the anthropological/phenomenological and the historical/contentual approaches to spirituality are primarily descriptive, not normative. That is to say, they describe "spiritual" behavior in relation to some aspect of being human or

to belonging to a particular group or religious tradition, but they do not, of themselves, provide criteria for determining what may be a legitimate or healthy spirituality. But normative questions are never far off. Some religious traditions, for example, would refuse to accept the notion of a secular spirituality,<sup>3</sup> and most of us would feel uncomfortable in the face of someone who asserted the value of a "Nazi spirituality" or a "Satanic spirituality" and argued that their adherence to Nazism or Satanism helped them to integrate their lives and transcend themselves in the service of a higher value. Therefore, it is difficult to exclude some kind of normative dimension to the study of spirituality. Normative definitions of spirituality, however, have mostly come from the direction of Christian theology, and therefore are of limited value in an inter-religious situation.<sup>4</sup> Further investigation of spirituality by ethicists and philosophers is needed to investigate the normative issues lurking beneath the surface of the current interest in spirituality.

These different approaches to spirituality should not be taken as mutually exclusive. Like the blindfolded sages examining the elephant, spirituality is so protean and often confusing a phenomenon that each mode of examination reveals something about the power of the term and the forms of behavior it points to that the other approaches cannot afford to neglect. One thing that all the current approaches to spirituality, even the most theological, agree upon seems to me to be of particular importance for the theme of this dialogue on "Spiritual Resources

in Health Care." Forty years ago, when spirituality was largely the province of Catholicism, it was often viewed as pertaining to "Everything connected with the interior exercises of the soul free of the senses."<sup>5</sup> Spirituality today has recaptured the original Pauline sense of pneuma, not as referring to an immaterial reality, but as indicating the whole form of human living empowered by the pneuma theou. Christianity invented the term spirituality, but it was not intended to express a distinction between body and soul, but to emphasize the gulf between the old way of living and the new form of life "in the Spirit" made possible by the Resurrection of Jesus from the dead. In Christian circles this return to a holistic sense of spirituality, as well as the realization of the intimate connection between spirituality and theology, have been among the most notable achievements of the past decades. They may also be of relevance for the kind of dialogue we are undertaking.

In closing these brief remarks on "what they are saying about spirituality," I want to add two personal reflections on a possible dialogue between spirituality and health resources, at least at the outset. The first should be obvious--I hope that we can engage in a dialogue that moves in both directions. If those interested in spirituality are being asked to reflect on what various traditions of spirituality have to contribute to the health professions, then it is equally important for those involved in health professions to be asked how their lives and practices are important for the cultivation of what some

Christians call "the spiritual life." The second reflection is that spirituality, as distinct from the study of spirituality, involves a personal commitment, religious or not, to some form of belief and practice. The implication of this is that no one can speak for "spirituality" in general, but only for a particular form of spirituality. But from the conversation of many voices and the interaction of various perspectives new insights may still emerge.

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#### NOTES.

1. For more on the history of the term and these three approaches, see Bernard McGinn, "The Letter and the Spirit: Spirituality as an Academic Discipline," Christian Spirituality Bulletin 1, no. 2 (Fall, 1993), 1-10.
2. For more on the distinction, see Spirituality and the Secular Quest, ed. by Peter H. Van Ness (New York: Continuum, 1996).
3. The issue of whether or not to include a volume on secular spirituality (see previous note) was hotly debated in the editorial meetings of the World Encyclopedia of Spirituality Project in the mid-1980s.
4. E.g., "Spirituality is that part of theology which deals with Christian perfection and the ways that lead to it" (Pierre Pouret), or "Spirituality is a theological discipline studying Christian existence by describing its progressive development and elucidating its structure and laws" (C. A. Bernard).
5. This is a seventeenth-century French definition, but such an understanding prevailed down to recent times in Catholic theology.

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perspective*

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## HOW IS PSYCHOLOGY CHARACTERIZING SPIRITUALITY AND SPIRITUAL RESOURCES IN RELATION TO HEALTH OUTCOMES.

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### STARTING POINTS:

For the past forty years, I have traveled extensively in the lands of both psychology and spirituality. With one foot in the world of psychology as a clinical psychologist, and I have also had one foot in the world of spirituality as a religious professional. I know for certain that spirituality has shaped many of my attitudes and beliefs about the human condition--how people grow, develop, go off the deep end and find the healing they need. I have always valued my own spirituality and spiritual growth, and consider it one of the major sources of my effectiveness in helping patients achieve positive health outcomes.

Psychology basically concerns itself with human motivation and behavior. While there are many different schools of psychology, some are more directly concerned with the understanding and promotion of human growth and maturity, and of these some schools are even more compatible with the Christian understanding of what it means to be human. These would include Existential branches (represented by Maslow and Rollo May); Developmental branches (represented by Erikson, Piaget, Kegan, Gilligan and Fowler); Therapeutic branches (represented by Freud, Jung, Ellis and Rogers)

Because psychology is such a vast field, I will confine my remarks to three psychological concepts that I believe have direct bearing on spirituality, spiritual resources and health outcomes. These are: 1) Stages of Human Development and Life Transitions. These concepts have roots in many spiritual traditions of the East and West. 2) Meaning-Making Activity in Human Life. When one's meaning-making capacity is psychologically challenged, one often draws on spiritual resources. 3) Ego Strength and Resiliency. These psychological attributes parallel the spiritual resources of grace, hope, and faith.

### STAGES OF HUMAN DEVELOPMENT AND LIFE TRANSITIONS

#### A) Stages of Human Development:

Psychology is not only interested in how things go wrong in a person's life, but also how they go right. According to Erikson's notion of an epigenetic principle, there is a fundamental ground plan out of which various parts of the human organism emerge. This theory suggests inner laws of development, laws which create a succession of potentialities for significant interaction. Erikson tracked facets of the human personality that, when successfully negotiated, would produce a healthy, responsible and mature individual. And isn't it interesting that Erikson uses the word "virtue" to signify the human strength that facilitates in the person the capacity to gain a favorable synthesis out of the positive and negative dimensions of life's developmental crises?

Psychologists and spiritual writers alike have connected Erikson's life-cycle psychology and the realm of spirituality and spiritual resources. For example: "The last four crises of Erikson's life cycle, centered on identity, intimacy, generativity and integrity, offer optimal occasions for dimensions of Christian conversion, not in the sense of content change, but rather in the sense of structural transformation. The adolescent crisis of identity is an opportunity for a basic moral conversion to conventional values. The young adult crisis of intimacy is a time for affective conversion, for a falling-in-love that transforms the self's desire from absorption in its own interests into generous concern for the good of others. The adult crisis of generativity presents an occasion for a critical conversion to a post-conventional moral orientation of responsible caring rooted in universal ethical principles. The older adult crisis of integrity offers the opportunity for the radical religious conversion of universalizing faith that allows God to move to the center of one's life, now truly experienced as a gift." (Joann Wolski-Conn & Walter Conn, "Christian Spiritual Growth and Developmental Psychology" *The Way Supplement*, No. 69, Autumn, 1990, p. 9)

#### B) Transitions.

The psychological study of transitions reveals a deeper underlying design which suggests that all transitions begin with an ending, encompass a "between and between" period, and hopefully end in a new beginning. The heart and soul of a transition is the time "in-between". Jungians label this process the movement from separation through liminality to reintegration. Freud's notion of the transition from the pleasure principle to the reality principle parallels the transitions identified by many of the spiritual writers in various traditions.

Transitions are about movement and growth, about breakdown and breakthrough, about dying and rising. They are about embracing loss and giving grief a voice. They challenge one to locate reliable internal resources deep within the psyche, as well as, trustworthy circles of support to cope during these difficult times. While transitions are times of increased vulnerability, they are also times of heightened potential. Increasingly, psychologists are finding that rituals, often borrowed from spiritual traditions, most effectively facilitate the transformational power of a transition.

### MEANING-MAKING ACTIVITY IN HUMAN LIFE.

From the work of Jean Piaget, through the contemporary work of Robert Kegan, psychologists have been looking at how a person constructs reality. Psychologists who favor this cognitive framework assert that a fundamental property of the human personality is to be a meaning-maker. From birth to death, one is constantly processing data and attempting to make sense of experience. Psychology is interested in how persons perceive and name their reality. In this regard, psychology undertakes an analysis of a person's "tape library" which will reveal underlying assumptions, beliefs, convictions, attitudes and orientations. Erikson pointed out that while the past has the power to predetermine the present, the present also has the capacity to re-determine the past. In



this sense, the past is dynamic in that it is always open to new interpretations. On the basis of life experience and with new information, it is possible to attribute new meaning to past events and experiences. It points to an on-going power to re-appropriate meaning.

In the past when psychology spoke of meaning-making, it often stressed the cognitive domain. However, a more holistic approach includes both the affective and cognitive dimensions of a person's world view. Thus today we are increasingly employing a more integrated approach to connect psychology and spirituality. For example: "Spirituality has to do with the nature and quality of a person's soul, the language and the values of a person's heart, and the attitudes and beliefs of a person's mind, which cause each of us to live out our world view in the context of a relationship with God, other human beings and creation." (Craig Miller, *Babyboomer Spirituality*.)

It fascinates me to see how psychology and spirituality ask similar questions around the issue of meaning-making. Why do you hold this belief about yourself? Why do you hold this theology of sin? Why do you think this way? What do you believe about suffering? Why can't you get this thought out of your head? Who is your God? Why are you so angry? Why do you pray in times of crisis? Why can't you forgive?

When the theologian says your God is too small, the psychologist says your thinking is too narrow. A constricted spirituality often reveals distorted or even impaired thinking, and neurotic thinking cannot possibly produce a healthy spirituality. Observe the following: "The type of insight that is involved in the discovery of new potentialities is perhaps best described as growing faith...The kind of faith I have in mind is not the 'blind' faith based on authority or one's own wishes and fears but the faith of widening vision. The neurotic's range of vision is restricted; he wears blinders and can believe only what he sees....When this person starts dispensing with his blinders and looks beyond his habitual range, he sees at first only indistinctly; this makes his perception different from knowledge and akin to faith. Rather than revealing clearly articulated detail, the new vision is an experience of an enlarged horizon. The patient comes to feel that what he previously took for the whole world was just a small corner of it." (Angyal, *Neurosis and Treatment*, p. 252)

### EGO STRENGTH AND EGO STRENGTH

What is the capacity in persons that helps them to overcome and survive a cruel past, a devastating loss, or a major health crisis? How is it that some individuals bounce back, regroup and put their lives back together again?

Psychologists recently have been looking at the concepts of resiliency and ego strength. The literature on ego strength has a longer history, stemming from the Freudian school which long ago articulated concepts such as resistance and the ego's defense mechanisms. It is in the sphere of the addictions that I find a close connection between psychology,

spirituality and health outcomes. In a sense, psychology has sanctioned 12-step programs for many addictions because they provide an effective structure to help persons bring their addiction under control. Because a person feels powerless over alcohol, food, gambling, drugs or sex, the need to surrender to a higher power becomes essential. The 12-step programs we have today have their parallel in the spiritual disciplines which have been used for centuries. A person realizes he cannot control his behavior--he must take a moral inventory, confess his faults and failings, and submit to a power and presence greater than himself to stay well. Gerald May's book, *Addiction and Grace*, is a persuasive testimony to the power of grace in the lives of the addicted.

The study of addiction offers clues about the concept of ego strength. What we have learned is that an addictive pattern feeds from the same source of strength within the person as a basic healthy pattern. Angyal views health and illness as two separate systems that exist within the person. "Health and illness are determined by the dominance of one of the two systems. When one system becomes dominant, it tends to organize the total field, the total life of the person, since every Gestalt tends toward a complete realization of its system principle." (Angyal, *Neurosis and Treatment*, p. 102)

So, for the addictive personality, the strength used to maintain illness comes from the same source within the person which he will convert toward wellness. There is only one source of strength--call it ego strength if you wish. And we know that the intensity of resistance is a measure of personal strength. 12-step programs work because, within a supportive and safe environment, people tell their stories to each other and get the assistance they need to keep their healthy system strong. They realize that by helping others, they are healing themselves in the process. Erikson's biographical studies of Luther and Gandhi emphasized this point. He demonstrated that their neurotic symptoms and conflicts were converted into creative and constructive social purposes through a re-direction and re-channeling of their inherent strengths.

More recent studies of resiliency point out that resilient adults are persons who have developed a faith in the ultimacy of human relationships. Even though many were victims of horrific childhood abuse, neglect and abandonment, through it all they held on to the belief they were made for more. Many found much of their faith in the love of surrogates, and it was ultimately love that anchored them and propelled them toward something larger. (See Gina O'Connell Higgins, *Resilient Adults*.)

The stories of resilient adults testify to the utter grace-fullness of the life cycle. Life itself relentlessly invites us to face the truth about ourselves and to see the big picture. And like the "Hound of Heaven", the Mystery of Life pursues us until we become convinced that indeed we are anchored in Love and are always made for more.