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PERSPECTIVE

Spiritual well-being in the 21st century: It is time to review the current WHO's health definition

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Abstract

Over the years, some critics argue that the dimension of spiritual well-being was missing from the World Health Organization's (WHO) definition of health. Nevertheless, although the WHO's definition has been criticized over the past 60 years, it has never been adapted. Spiritual well-being should not be confused with psychological well-being. Moreover, spirituality, personal beliefs and religiousness are not synonymous. Spirituality has received much interest in health care services; it can improve strategies for managing stress and can positively influence immune, cardiovascular (heart and blood vessels), hormonal, and nervous systems. For this reason, it may be implicated in a wide range of physical and mental health conditions, and I believe it's time to review the WHO's health definition, adding to it the 'spiritual well-being' dimension.

KEY WORDS: spirituality; global health; holistic health; religion; spiritual therapies.

Riassunto

Secondo l'attuale definizione dell'Organizzazione Mondiale della Sanità la salute è uno stato di completo benessere fisico, mentale e sociale dell'individuo e non semplicemente l'assenza di malattia o di infermità. Alcuni studiosi hanno criticato l'assenza della dimensione spirituale da tale definizione. Tuttavia, nonostante tali critiche, essa non è stata mai modificata. Il benessere spirituale non è un costrutto astratto ed indefinibile e non deve essere confuso con il benessere psicologico. La spiritualità, che non è sinonimo di religiosità, ha suscitato molto interesse nei servizi sanitari: essa può migliorare le strategie per gestire lo stress e può avere effetti benefici sul sistema immunitario, cardiovascolare, ormonale e neurologico. Per tali motivi la spiritualità può avere un ruolo in numerose malattie fisiche e mentali. Per tali ragioni, l'OMS dovrebbe rivedere l'attuale definizione di salute aggiungendo anche la dimensione spirituale.

TAKE-HOME MESSAGE

Spiritual well-being should be added to the current World Health Organization's definition of 'Health'.

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According to a well-known definition of the World Health Organization (WHO), health is a 'complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity' [1]. This definition identifies three dimensions of health: the physical, the mental and the social. The determinants of health are the range of personal, social, economic, and environmental factors that influence both individual and population health. They include the social and economic environment (e.g. social support networks, health services, education, income and social status), the physical environment (e.g. life and workplace environments), and the person's individual characteristics (e.g. genetics and gender) and behaviours [2, 3]. As a consequence, projects, programmes and policies of the governments are based on these determinants of health [4]. Some critics argue that this WHO definition of health is utopian, inflexible, and unrealistic, because it corresponds more to happiness than to health [5]. Nevertheless, over the years, there was a general feeling by many members of WHO that the dimension of spiritual well-being was missing from the WHO definition of health. At the 36th World Health Assembly (1983) twenty-two countries from different regions and with different religious beliefs prepared a draft resolution aimed to take the spiritual dimension into consideration in the preparation of primary health care programmes [6]. In May 1984, the 37th World Health Assembly took the historic decision to adopt the resolution WHA 37.13, which made the 'spiritual dimension' part and parcel of WHO Member States' strategies for health [7]. In most Islamic countries of the Eastern Mediterranean Region, the spiritual dimension plays a considerable role in daily life. Therefore, in 1996 the WHO Regional Office for the Eastern Mediterranean Region, which included members from Islamic member countries, issued the Amman Declaration on Health Promotion [8]. Hence, a revision in the definition of health, by including the dimension of spirituality in the preamble to the WHO's Charter, was proposed at the 101st session of the WHO Executive Board by the WHO Regional Office for the Eastern Mediterranean Region [9]. In January 1998 the Executive Board of the WHO adopted the resolution EB 10 1.R2 recommending that the World Health Assembly revise the definition of health [10]. However, the proposal to revise the WHO's 'definition of health' was not discussed [9]. So, although the WHO definition of health has been criticized over the past 60 years, it has never been adapted. Possibly, because the concept of spirituality is a problematic one and there is no any universal agreement about what it means [11]; Descartes's and Newton's discoveries led to an enduring split between religion and science with which we live to these days [12, 13]. Nowadays, Western medicine retains their stance that spiritual, mental and physical health are 'split', meaning three separate entities, with physical health focusing on the body while spirituality emphasizes the soul. Moreover, spirituality, for a long time, was considered inextricably bound up with religion [14] and lay society considers religion as a taboo subject [12]. Nevertheless, even though spirituality and religion represent related rather than independent constructs [15], religiousness, spirituality and personal beliefs are not synonymous [12]. Although different religious, moral or philosophical concepts have had very practical implications for people's daily lives, spirituality and religion don't need to be at odds [16].

Spirituality is not necessarily tied to any particular religious belief or tradition. In recent years the historical link between religion and spirituality has been broken [17]. Religion and spirituality have distinct but complementary influences on health: religiousness is associated with better health habits, such as lower smoking rates and reduced alcohol consumption and spirituality helps regulate emotions, which aids physiological effects such as blood pressure [18]. Valid and reliable assessment can be used to extend knowledge about both spiritual and religious well-being [19, 20].

Spirituality is innate within all humans. Ac-

cording to traditional Chinese Medicine which dates back over 3000 years and may be considered the most complete and time-tested system of medicine, the mind, body, and spirit of a person are inseparable. To be in good health, people must have good spirit and pay attention to cultivating their spirit. Spiritual well-being is not an undefinable and unworkable construct. It is part of the human being, as much as the mind and the body are [21]. Today, the 'spiritual disease' in many parts of the world has led to widespread psychological insecurity with the consequent deleterious effects on mental and physical -health. For this reason, the interplay between our physical selves and our spiritual selves is being recognized.

Contemporary western medicine is becoming increasingly aware of the significant links between spirituality/religion and health. There is some evidence of links between spirituality and improvements in people's mental health, although research does not know exactly how this works. The practice of incorporating the spiritual dimension into psychotherapy was introduced into Western psychology by Jung [22]. However, spiritual well-being should not be confused with psychological well-being. Although these two dimensions are inter-related, psychological well-being focuses on the study of the psyche, while spiritual well-being goes to the core of a person [23]. Spiritual beliefs and practices can affect the way people understand health and strategies they use to cope with illness, their resilience, resources and sense of support and overall health outcomes [24]. By alleviating stressful feelings and promoting healing ones, spirituality can positively influence immune, cardiovascular (heart and blood vessels), hormonal, and nervous systems. Scholars have conducted many studies and literature reviews on the relationship between religion/spirituality and a wide range of physical and mental health conditions, including high blood pressure, cerebro-vascular disease, heart disease, immune system dysfunction, improved ability to cope with cancer, chronic illness, longevity and health behaviours such as in living with pain and disability, and smoking prevention [25-27]. Moreover, spirituality has received much interest in health-care services, in which spiritual care has been considered as inseparable from physical, social and psychological care because together they form the whole [28].

On the topic of spiritual illness, currently, 'trance and possession' disorders (the experience of being 'possessed' by another entity) are under the general rubric of dissociative disorder (ICD-10 and DSM 5) which is a mental condition in which two or more personalities appear to inhabit a single body [29]. Nevertheless, in my opinion, a demonic possession is something more than a psychiatric disease. I think that it is caused by a spiritual, unexplained, strain. Science, it is often said, is restricted to the search for natural causes and the rejection of the supernatural. Nevertheless, paranormal activity such as remote viewing and precognition have been established on an empirical basis [30], the efficacy of prayer has been researched [31, 32] and scholars have studied the phenomenon called 'spiritual crisis' (or 'spiritual emergency') such as mystical experiences, near-death experiences, paranormal experiences or other spiritual practices. The latter is said to cause significant disruption in psychological, social and occupational functioning, making a bridge between the spiritual and psychological dimensions [33, 34]. Today, even though the importance of the spiritual dimension in providing health-care to peoples has been recognized, it's difficult to take religious aspects into account in elaborating and developing primary health care programmes, because psychologists and other social scientists keep their distance from religion and spirituality. Nevertheless, spirituality and religion are linked to the other dimensions of health and can interact [12, 25]. Both spiritual and religious well-being of all people might improve society's health as a whole, as materialism of industrialized countries can rise the levels of stress, despair, mental illnesses and suicide [9]. Therefore, spirituality might be particularly helpful in times of chaos, struggle, and distress [35]. It's time that

health-care systems began to consider health in a holistic view, as a state of well-being in body, mind/psyche, and spirit, in which spirit is viewed differently from psyche and can influence both the physical and mental health of the individual. If the current WHO's health definition concerns 'happiness' more than 'health', in my opinion it should also include spiritual well-being, both at an individual and population level, because spiritual well-being is a source of happiness (or unhappiness) and subsequent well-being for people who lives in the present day. In this way, the healing process might be also more efficient. Readers are welcome to contact the author to explore opportunities for international collaborations to further the discourse on the relationship between health and spirituality.

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