

The Relationship between Spiritual Health and other Dimensions of Health: Presentation of a Model

Received 5 Feb 2016; Accepted 9 Apr 2016

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Abstract

Attitudes to humankind will have different effects on health service delivery. Health might used to be intended to provide physical health in the past; today, however, many researchers and clinicians consider the concept health to be beyond physical health. In support of this claim, it is enough to indicate that the bio-psycho-social model has for years been held by scientific communities to be a fully admitted model. However, the missing ring in this model, as suggested by many, is the spiritual health. In recent years, the relationship between spirituality and clinical interventions with a comprehensive focus on health has been under increasing scrutiny. Although different models have been presented for investigation of the relationship between spiritual health and other dimensions, the fundamental challenge in this regard is the actual place of spiritual health compared with other dimensions. In this article, attempts are made to address the position and weight of spiritual health from the Islam's point of view.

Keywords: Health, Islam, Spirituality

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Please Cite This Article As: Heidari A, Yoosefee S. The Relationship between Spiritual Health and other Dimensions of Health: Presentation of a Model. Health Spiritual Med Ethics. 2016;3(2):38-41.

Introduction

As a traditional approach to medical healthcares, biomedical model had a tremendous share in conquering a huge number of illnesses. This model is impacted by the viewpoint which regards humankind solely as a biological being. It, however, has a considerable limitation in a wide range of human illnesses as it is focused only on physical health. In 1977, George Engel presented his biopsychosocial model in Rochester Hospital (1). He emphasized on an integrated approach in dealing with human illnesses and behaviors. Studies indicate that this viewpoint has offered substantial applications in medical sciences (2). Although it had several advantages over the biomedical model, many researchers and clinicians addressed the necessity for a change whereby more spiritual elements are made involved. The concept of spiritual health was first introduced in 1971 by Moberg as spiritual welfare (3). In recent years, the relationship between spirituality and clinical interventions with a comprehensive insight on health has been under increasing scrutiny (4-6).

In other models, references are made to such concepts as psychology, anthropology, sociology, religion, and education to describe the total person approach to improve quality of positive and active life (7). Although the word spirituality has lodged no place in the Holy Quran and tradition of the Holy Prophet (Pbuh) and his innocent progeny, but in Muslims' literature, both in Persian and Arabic languages, the words spirituality, spiritual, and other related meanings like "Rohaniyat" and its objective variables have been dominant. In European and Christian contexts, spirituality takes in a wide range: the most supreme relationship of humanity with a non-material being; seeking for an existential meaning; transcendental dimension of human beings; personal ideas and behaviors which denote an attachment to a supreme being and something beyond oneself. On the other hand, spirituality in view of divine schools and religions includes theism, God-seeking and God-orientedness aimed at understanding the purpose of creation and life, striving for spiritual development and self-improvement,

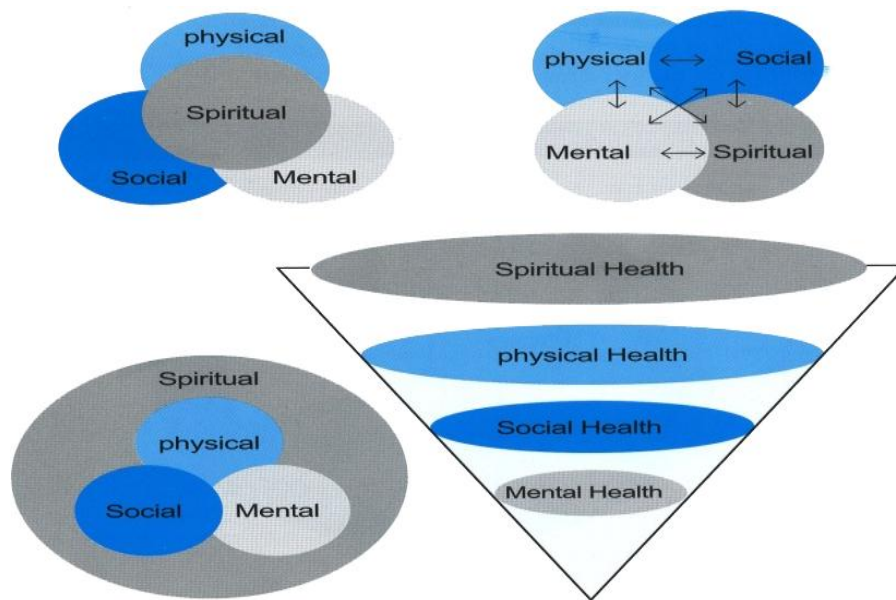


Fig. 1: The relationship among dimensions of spiritual health (adopted from Spiritual Health: Whatness, Whyness, and Howness (2014) by Fereydoon Azizi, MD

and preparing a weighty provision for the eternal life (3). On the whole, this is safe to say that applying the spiritual aspect in the concept of health appears to be mandatory, and position of spirituality, as compared to other health dimensions, deserves a more in-depth inspection. Several definitions have been made for spiritual health (8). In addition, different models have been presented for representation of the relationship between spiritual health and other dimensions (Fig. 1).

One of the recent definitions which has pinpointed this issue from Islam's viewpoint holds spiritual health as a condition with multiple stages where required insights, attitudes, and abilities for spirit elevation, i.e., nearness to the Almighty God, are delivered as proportionate with individuals' capacities and capabilities. In this fashion, all internal facilities are adopted to reach at intended general objective in a harmonious and balanced way, and voluntary internal and external behaviors are manifested corresponding their proportion with the Almighty God, community, and nature (9).

According to above-cited definition, spiritual health comes with different degrees and hierarchies that are associated with one's capabilities and capacities. Another important

point is transcendental nature of spiritual health. Simply put, spiritual health provides required conditions for achieving life's supreme objective: 'nearness to the Almighty God.' Furthermore, the insight, attitude, and ability in spiritual health might have either positive or negative impacts on transcendental approach of human beings. Spiritual health is attained when all coordinated internal facilities are applied aimed at achieving above-mentioned objective. Internal facilities are employed to signify those capacities which are directly related to spiritual health. Such capacities could encompass mental and emotional powers as well as the capability to select and make decisions. Harmony among these powers connotes a lined-up movement toward actual perfection. For instance, a supremacy of the Almighty God's wrath over His mercy, or the vice versa, before human beings might avert them from driving in the proper route of perfection. Internal voluntary behaviors mean those human dispositions like thinking, deciding, regretting, preferring, and believing. Also, external voluntary behaviors include such actions as saying prayers, providing charities, showing affection, sympathizing, and respecting others' rights (9).

Based on Islam's standpoint toward human beings, following model can be presented to display position of spiritual health (Fig. 2).

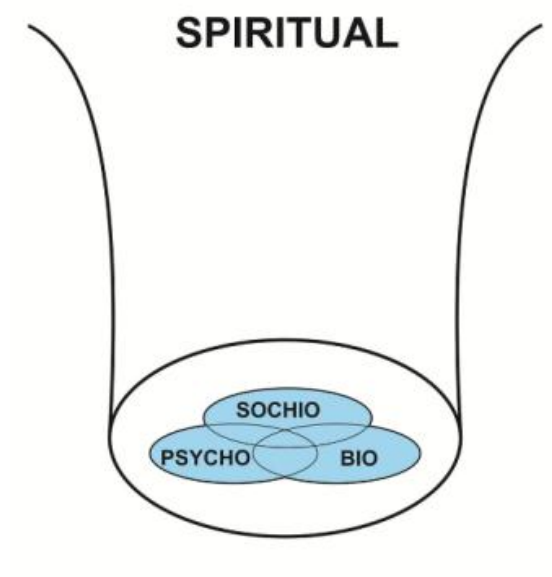


Fig. 2: Representation of spiritual health's position compared to other aspects of health based on Islam's supreme viewpoint

This model, in which the relationship between spiritual health and other aspects of health is taken into account, does not intend to elucidate Islam's viewpoint as to other dimensions of health and the relations there among. In other words, existence of physical, mental, and social dimensions in this model does not mean that such aspects are approbated by Islam. This issue, accordingly, demands further research. The presented model is considerable from some aspects:

One of the features of the present model is that it is three-dimensional. A three-dimensional model is able to display extensiveness and importance of spiritual health compared to other dimensions of health, so that other aspects of spiritual health dimensions floor of a cylinder whose other parts are occupied by spiritual health.

Another important characteristic of this model is unboundedness of its spiritual dimension, so that it might be developed to the unlimited. This is to display unmeasurability of the existence beyond the material world, which is unfathomable by the human mind.

Noteworthy in this model also is the fact that other existential dimensions of human beings serve only as an introduction to or a means to improve the spiritual dimension. This point is shown through the rise of spirituality over the base, which is intended to indicate that spirituality constitutes the ultimate goal of life.

Conclusion

Different studies have addressed the necessity of paying tremendous attention to spiritual dimensions of health as an influential factor in improvement of health's level. As mentioned above, therefore, position and weight of spirituality deserve a particular attention as compared to other dimensions of health. The model presented here is a contribution to understanding this position. In case the important dimension of spiritual health in health service delivery and educational programs of medical universities is incorporated within this approach, more valuable outcomes are anticipated to be achieved from health service delivery.

Conflict of interest

The authors declare there are no conflict of interest.

Acknowledgements

We thank Mr. Morteza Heidari for his cooperation.

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