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# Editorial

# Spiritual health: the next frontier

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About a quarter of a century ago, the WHO entertained a discussion on whether the 'spiritual' dimension should be included in the definition of health[1] in addition to physical, mental, and social well-being. A few years later, the spiritual dimension was included in a major journal dedicated to health promotion (http://www.healthpromotionjournal.com/) and at about the same time, Agenda 21 recognized the right of individuals to 'healthy physical, mental, and spiritual development' (Agenda 21, Chapter 6.23). A decade ago, governments of all European nations signed the Copenhagen Declaration on Social Development committing themselves to addressing the 'spiritual' needs of their populations: individuals, families, and communities, and to orienting their policies towards a 'political, economic, ethical, and spiritual vision for social development'. (http://www.visionoffice.com/socdev/wssdco-3.htm) More recently, the spiritual dimension of health was highlighted in the Bangkok Charter for Health Promotion.[2]

Yet, with the exception of end-of-life interventions, this dimension is almost totally absent from discussions of public health and health promotion in Europe, whether it be in the discourse of public health professionals or policy-makers. Two recent examples illustrate this: among the more than 600 abstracts submitted for the annual EUPHA conference in Montreux this year, one lone abstract refers to this dimension. A recent official discussion paper on a major reform of the legal framework for public health and health promotion in Switzerland makes no mention of this dimension. A notable exception—perhaps a harbinger of change to come—is the recent, albeit passing, reference to this theme in an article addressing inequalities in health.[3]

Why this paucity of interest in Europe? Some will no doubt say that the Cartesian, Newtonian heritage of Europe leaves us little inclined to mingle the metaphysical with the tangible. But beyond the philosophical, there are other obstacles, psychological and practical. 'Spiritual' was, for a long time, considered indissociable from 'religious' and our lay society prefers to steer as far as possible away from discussions on religion, for fear of igniting latent conflicts or encroaching on a taboo subject. The archaic and sectarian attitude of some followers of religions and in particular some religious leaders no doubt play an important role in this state of affairs. There is also the practical difficulty of identifying, defining and measuring dimensions of 'spiritual' health. It is perhaps easier to take the path of least resistance and focus on what we can readily measure, irregardless of its relative importance. However, it would not seem unreasonable to expect that a scientific community that can map the human genome and go to the moon and back can find ways and means, if the will is there and in collaboration with other elements of society, to define, measure, and ultimately improve manifestations of the spiritual dimension of health.

Just as Robert Fogel (Nobel Prize, 1993) calls to task fellow economists for their cultural lag in failing to define and measure the output of spiritual assets and to factor them into the economy,[4,5] so too, might we be taken to task for not considering the spiritual dimension of health.

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What might this spiritual dimension of health be? In spite of the various references to spiritual health over the past decades, one is at a loss to find an acceptable theoretical or working definition of what it might entail.[6] Although we can reasonably assume that there will be some overlap between the definition of spiritual health and measurements of 'spirituality, religiousness, and personal beliefs'[7] that have been proposed, we cannot assume that they are synonymous. We can also assume that just as there are individual and population indicators of health, so too, might there be individual and population indicators of spiritual health. At the risk of disqualifying, by the inadequacies of the examples given, the general principle and appeal to mobilisation of the public health community that is the intention of this editorial, one might venture to include in the dimension of spiritual health at the individual level elements of generosity, charity, solidarity, self-abnegation, concern for others, self-sacrifice, self-discipline, and self-restraint. At the societal level, indicators might be manifestations of solidarity, equity, justice, sexual equality, unity in diversity, participative decision-making, and power sharing.

Just as the physical, mental, and social dimensions are interrelated and interact, we can also assume that there will be interactions between spirituality, spiritual health, and the other dimensions of health. Belief in and commitment to the transcendental and the metaphysical, no doubt because of its intimate link to the very sense and purpose of existence, is probably the most powerful motivator of human behaviour and behaviour change known today. Its manifestations can be either positive and constructive, or unbelievably destructive. Harnessing forces for constructive human behaviour change is, and always has been, one of the stumbling blocks and major challenges of public health professionals. By ignoring the spiritual dimension of health, for whatever reason, we may be depriving ourselves of the leverage we need to help empower individuals and populations to achieve improved physical, social, and mental health. Indeed, unless and until we do seriously address the question—however difficult and uncomfortable it may be—substantial and sustainable improvements in physical, social, and mental health, and reductions in the health gradient within and between societies, may well continue to elude us.

## References

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