
WHY IS SPIRITUALITY MARGINALIZED? CRITIQUE ON NEW DEFINITION OF HEALTH IN THE MODERN MEDICINE

AHMAD KALATEH SADATI

Department of Social Sciences, Yazd University, Yazd, Iran

asadati@sums.ac.ir

Abstract

The new definition of health incorporates the spiritual aspect as a key dimension, framing health as a bio-psycho-socio-spiritual phenomenon. In this approach, a person is considered healthy when all these dimensions are in a balanced state. This perspective acknowledges the often-overlooked spiritual dimension, marking progress in understanding health. However, it also has shortcomings due to the influence of modern secular wisdom in medicine. Illnesses are managed in a secular context, reducing spirituality to a functional role focused on its impact on physical and psychological health. Consequently, the ontological essence of spirituality is diminished, and its broader significance is ignored. This reductionist approach presents several challenges: 1) Medicine overlooks humans' dependency on cosmic order; 2) It values spirituality for its functional benefits rather than its relational importance to human existence; 3) Despite recognizing spirituality, modern medicine remains one-dimensional, leading to diagnostic and therapeutic failures; and 4) Its secular framework neglects the holistic view of the human soul. As a proposed model, Islamic view has holistic approach that its' definition of health is in relation with the Ultimate Reality and His will. This paper is a documented study to evaluate the above characteristics.

Keywords: *Modern Medicine, Spirituality, Health Definition, Islamic View, Psychology.*

Abstrak

Definisi baru tentang kesehatan mencakup aspek spiritual sebagai dimensi utama, yang memandang kesehatan sebagai fenomena bio-psiko-sosio-spiritual. Dalam pendekatan ini, seseorang dianggap sehat ketika semua dimensi tersebut berada dalam keadaan seimbang. Perspektif ini mengakui dimensi spiritual yang sering diabaikan, sehingga menjadi langkah maju dalam pemahaman tentang kesehatan. Namun, pendekatan ini juga memiliki kekurangan akibat pengaruh kebijaksanaan sekuler modern dalam dunia kedokteran. Penyakit dikelola dalam konteks sekuler, yang mereduksi spiritualitas menjadi peran fungsional yang hanya berfokus pada dampaknya terhadap kesehatan fisik dan psikologis. Akibatnya, esensi ontologis spiritualitas berkurang dan makna yang lebih luas diabaikan. Pendekatan reduksionis ini menghadirkan beberapa tantangan: 1) Kedokteran mengabaikan ketergantungan manusia pada keteraturan kosmis; 2) Spiritualitas dihargai hanya untuk manfaat fungsionalnya, bukan karena hubungannya dengan keberadaan manusia; 3) Meski mengakui dimensi spiritual, kedokteran modern tetap bersifat satu dimensi, yang mengakibatkan kegagalan dalam diagnosis dan pengobatan; dan 4) Kerangka sekulernya mengabaikan pandangan holistik tentang jiwa manusia. Sebagai model alternatif, pandangan Islam menawarkan pendekatan holistik, dengan definisi kesehatan yang berkaitan dengan Realitas Tertinggi dan kehendak-Nya. Artikel ini merupakan studi yang terdokumentasi untuk mengevaluasi karakteristik tersebut.

Kata Kunci: *Pengobatan Modern, Spiritualitas, Definisi Kesehatan, Pandangan Islam, Psikologi.*

INTRODUCTION

Modern medicine is a reality that is based on the modernity (Marcum 2008). It includes some epistemological and ontological dimensions that have specific definition of world and human body. Pathological approach to the human body beside this claim that everything is controllable with observation and scientific method has led to epistemological view that every disease and ailment can be cured.

In this approach, the human body is divided into two parts; body and soul. Body is divided into small components and soul is reduced to the psychology. However, modern medicine has some features that are about the authority and power of medical discourse and domination of medical experts to the patients. Foucault finds modern medicine related to the knowledge-power discourse at history of medicine (Armstrong 1994; Driver 1984; Foucault 1973; McGowen 1994). Habermas, too, views the power of medical experts and institutions and its instrumental rationality as the factor in formulating a dominance-dependent relationship over patient's lifeworld (Habermas 1987; Scambler 2005; Scambler & Britten 2001). This leads to the condition that physicians suppress their patient based on rules and norms that legitimate domination of physicians' power over the patients. Another critique of modern medicine is about the medicalization means the process of considering non-medical conditions as medical problems (Cimons 2008) so that anything in society is labeled as medical (Govender and Peen-Kekana, 2010; Conrad 2005). These critiques are due to this reality that modern medicine is a one-dimensional science to control human body and soul.

Although the modern medicine from various views can be criticized, this article critique is about medical definition of health. History of modern medicine, includes evolutionary definition of health that has started with body and soul (is declined to psychology) approach and recently focuses on spiritual aspect. With critical view, although this definition of health is complete but because modern medicine has one-dimensional approach that based on its ontological and epistemological view, the new definition is not complete. If we want to present an alternative model, we need to consider and recognize the Islamic view about human body and need a healthy conditions. Ontological and epistemological approach of Islamic view is a holistic approach that in this view, human being includes body and soul and cure and treatment happen with simultaneous attention to see these in unity one. This is due to the worldview of Islamic thought. In this

article we evaluate the defects of modern medicine definition of health and present an alternative approach.

Marginalization of Spirituality in Health Definition

Spirituality concerns a person's relationship with transcendence. Therefore, genuinely holistic health care must address the totality of the patient's relational existence-physical, psychological, social, and spiritual (Sulmasy 2002). Despite the importance of *spirituality* and its situation in health, the dominant paradigm of modern medicine has not consider to this subject until now. For example, World Health Organization (WHO) as a main reference on health and medicine defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (WHO 1946). This definition focuses on the three dimensions of human beings; and the spiritual one was not considered.

Bio-psycho-social approach to health still remain as a general model until recent times. As Hatala referred here we confront with marginalization of spirituality and “the marginalization of “spirituality” in contemporary bio-psycho-social health perspectives is questionable” (Hatala 2013). Nevertheless, recent definition of health focuses on the *spiritual*; and *spirituality* as other aspect. So in the new definition of health and healthy condition, health is defined as a bio-psycho-socio-spiritual phenomena (Hatala 2013). Because of the importance of *spirituality* in health, many researchers focused on this topic (Astrow, Pulchalski, and Sulmasy 2001; Kaiser 2000; Hatala 2013; Moher 2006; Pellegrino and Thomasma 1998; Wolff 2008). So, main questions arises as follows:

1. Why is *spirituality* marginalized?
2. Why *spirituality* was negligible for hundreds of years?
3. Can consider that the new definition is a complete and holistic definition of health?
4. What are its defects?

The answers to these questions can be evaluated through the foundations of modern medicine. As mentioned earlier, the important cause of marginalization of *spirituality* is in relation to modern medicine paradigm.

Modern Medicine Features and Ignorance of Spirituality

From our point of view, the main reason for the neglect of modern medicine to the *spirituality* subject is related to its paradigmatic foundations. According to its foundations, health is limited to body and psychological dimensions and social dimensions were added later. *Spiritual* dimension is the latest subject that is considered. Modern medicine as an ontological and epistemological reality leads to the form of episteme that includes some characteristics. It is a paradigmatic system that roots in its origin called *modernity* in the west culture. Modern medicine is certainly part of a larger worldview that constitutes western culture (Marcum 2008). This worldview includes these characteristics:

1. *Control*: modern wisdom has had controller rationality. According to this, all of anything can be or must be controlled. This control does with the new approach of observation and intervention to the nature, society and human body. As a control body for epidemics, it gradually became a point for the centralization of knowledge, an authority for the registration and judgment of all medical activities (Foucault 2004).
2. *Domination*: domination is another characteristic of scientific approach that all aspects of human nature occurred in the nineteenth century. By the end of the nineteenth century and the beginning of the twentieth century, the biomedical or allopathic model of medicine became the dominant model for medical knowledge and practice (Marcum 2008).
3. *Secularization*: means that pre-modern worldview based on metaphysics lost its validity according to the new approach.

So any cosmetic definition of human body or human soul was disregarded and health and treatment was defined according to material and secular bases. “The feelings, thoughts, experiences, and behaviors that arise from a search for the sacred. The term ‘search’ refers to an attempts to identify, articulate, maintain, or transform. The term ‘sacred’ refers to a divine being, divine object, Ultimate Reality, or Ultimate Truth as perceived by the individual” (Hill et al. 2000). Howbeit modern medicine hadn’t any sacred view to explain the reality of human being. According to this view human beings declined to the physical and psychological aspects without any dependency to the Ultimate Reality of cosmic order of the world.

This character leads to the limited definition of health. So, health was defined as a phenomena that is related to material reality and is controlled by scientific method and is predictable and can be dominated. And finally, health was not only has no relation with the metaphysics and Ultimate Reality, but also it has relation with the material reality. So, spirituality was ignored for hundred years.

What are Defects of New Definition of Health?

As mentioned earlier, *spirituality* is accepted as an important aspect of health condition and this is a step forward. In recent literature of medicine this aspect is considered and many researchers follow its affects on health and specifically in the coping strategies of the patients. For example, study of Sadati et al. has showed that how women with breast cancer cope with the new conditions of life after being diagnosed with cancer (Sadati et al. 2014). There are many similar studies had also addressed to this topic. This is shows that religion and *spirituality* are considered on the subject of health. Despite this studies and beside embrace the *spirituality* with modern medical in definition of health, but this approach includes some defects that are:

First, spirituality is an essential component of the care of patients with serious illness and those that are dying (Puchalski 2008) but new consideration look at *spirituality* as a margin domain. So, the role of *spirituality* in the diagnosis and treatment is so limited. The importance of *spirituality* limited to its function on the complex illness or coping strategies of patients with cancer or chronic non-communicable disease. In this case, when medicine confront with the chaotic situation it refers the patients or their relatives to the religious concepts and *spirituality* view. So, *spirituality* doesn't have any active role in all of medical management. As it is shown in the terminology of definition of health, spirituality is the latest aspect of health and it seems that it function is too marginalized and limited. *Spirituality* is so marginalized that even sometimes in the later definitions of health was ignored. For example, in this definition of which is provided by Dogar: "The modern medicine is committed to train the future doctors in the bio-psycho-social model of health care. This model expects the doctors to be an effective communicator and an ethical practitioner of art and science of medicine who train himself in the study of the psychological aspects alongside the biological determinants of health and disease (Dogar 2007)". So we can say that spirituality is seen as a marginal component of health.

Second, the new definition doesn't any attention to the human beings and his/her dependency to the cosmic order. Because modern medicine is based on the modern wisdom and its secular foundations it has not a total approach to the human beings. It can say that human being not only includes these four dimensions (bio-psycho-socio-spirit) but also is in relation to the cosmic order of Ultimate Reality. When we say about the cosmic order, it means that illness and health is due to many causes and relations that part of them is in relation to the attitude and idea of patient about the life and death. Modern medicine due to its secular context and scientific approach ignores this aspect of human attitude about life and death.

Third, medicine is more functional than relational, so, the importance of *spirituality* is due to its function not its relations with human beings and his/her interpretation of health and illness. So, according to medical functionalism, *spirituality* is considered not due to its importance in human life but due to its limited function in health and improvement. This is a reductionism approach to spirit; because spirit not only as one aspect of human beings but also as an important aspect. *Spirituality* not only has function in the healthy life but also it is one part of human beings. New definition of health Just pay attention to the function of *spirituality* and it has been waived the situation of *spirit*.

Forth, due to its secular context, modern medicine doesn't any attention to totality of *spirit* that called *soul*. *Spirit* and *spirituality* is in relation with the larger concept and entity called the soul. Human soul is dependent to his/her religious affiliations which are non-secular. Modern medicine is alien to this field and so any definition of *spirituality* is a shallow and superstructure definition.

So, we can say that *spirituality* has no significant situation in the new definition of health. In other word, it can't say that the new definition is a basic definition that includes a holistic approach. So, medicine need alternative approach that can detect higher level of health and disease in reality. Some scholars have referred to the definition of health and many changes that affects on this definition based on the cultural diversities (Green 2014; Airhihenbuwa 1995; Dubos 1959). Green has noted "the definition of health has evolved with the changing conditions of societies, with the changing technologies for identifying abnormalities at finer tissue and molecular levels and at earlier stages of disease, and with the redefinition of conditions as health problems that were previously considered within the range of normality or at least outside the realm of medicine, sickness, and health" (Green 2014). So medicine needs the complementary and alternative approach.

An Alternative Approach

Islamic epistemology is *tawhidi* (Choudhury 1998a, Choudhury 2000b; Choudhury 2002c; Choudhury 2006d; Iman and Sadati 2014). This epistemology is based on the *tawhidi* ontology so that the Universe is under the power of Allah and His will. This view opens a different window to health and illness definition. This definition includes body illness and psychological disease that occurred in the span of human life.

According to Islam, growth is the main criteria of mental health which means; self-consistence, guidance, rescue, goodness and perfection. In reality, according to Islam access to the minimum level of growth (equal to perfection) is the life of philosophy and outcome faith to God (Khoshtinat 2012). According to Islamic view health is a totality. It means that we can not take a simplistic view of health. Health is a totality that has hierarchy. In this hierarchical levels physical health is in low and spiritual health (a health that is related to the soul) is in high level. At high level *spiritual* health is in relation with the faith and good deeds. So, despite modern medicine that starts with physical health, Islam starts with *spiritual* health. Healthy society is a society where have *spiritual* health. This is a holistic view.

The foundations of Islamic worldview are about human beings with a holistic view. Health is viewed in Islam in a holistic way with the consequence that Islamic medicine too is holistic in nature. One of the names of the *Quran* is *al-shifa* meaning “that which heals” or “the restorer of health”. Muslims understand this health refer to spiritual, intellectual, psychological, and physical health. All these different dimensions of human health were integrated and unified within the religious worldview of Islam (Diwani 2005). In this view, human beings not only must be healthy beings, but also must be pure and righteous existence. Therefore according to Islamic view:

1. Health is a totality that its' basis is *spiritual* in high level of existence and physical health is in the lowest importance.

2. *Spirituality* has three dimensions among others: mental, psychological, and the highest figure that is in relation to soul.
3. Although physical health has less importance but it doesn't mean that it is not insignificant.
4. Human must save his/her healthy, because it is the gift of God.
5. Healthy soul or healthy body includes responsibilities and duties for any individual. "At the level of the law, Islam conceives of the human body mainly in terms of its rights and duties. Islam attaches great importance to the overall health, welfare, and well-being of the body, not for its own sake, but for the sake of the spiritual soul which constitutes the real essence of man. A body that is normal and healthy may serve as a perfect instrument for either virtues or vices. Islam insists that all activities of the body must be for the sake of the health and felicity of the soul. In Islam, the idea of having a perfectly healthy body is, it may act as a perfect instrument of the soul to realize the very purpose for which it has been created" (Diwani 2005).
6. Health not only in its relation with soul but in relation with cosmic order of Ultimate Reality.
7. Healthy condition not only shows good function of body and soul, but also shows the balance condition of human existence.
8. Due to multi-dimensional feature of health, access to healthy situation needs to multi-dimensional approach to health and illness in one hand and specifically in its relation with religious concepts and propositions.

So, we can say that Islamic view is a different view. This approach is holistic, multidimensional and sacred. In addition, health is not a simple reality but a complex phenomena that is in relation with Ultimate Reality and also in relation to the Islamic concepts such as faith and good deeds.

Conclusion

Spiritual concerns are important to many patients (Sulmasy 2002). Consideration to *spiritual* is a holistic approach (MacBrien 2005). But this dimension was ignored in the history of modern medicine. Because modern medicine is based on secular wisdom. Although in recently definition of modern medicine *spirituality* is considered, but it has a marginalized role. As an alternative approach, Islamic view about health is holistic that its definition of health is non-secular and is in relation to Ultimate Reality and His will.

References

- Airhihenbuwa, Collins O. 1995. *Health and culture: Beyond the Western paradigm*. London: SAGE Publications.
- Armstrong, David. 1994. "Bodies of Knowledge/Knowledge of Bodies". In C. Jones and R. Porter (eds.). *Reassessing Foucault: Power, Medicine and the Body*. London: Routledge.
- Astrow, Alan B., Christina M. Pulchalski, and Daniel P. Sulmasy. (2001). "Religion, Spirituality, and Health Care: Social, Ethical, and Practical Considerations". *American Journal of Medicine* 110: 283-287.
- Choudhury, Masudul Alam. 1998a. *Studies in Islamic Social Sciences*. London: Macmillan Press LTD
- . 2000b. "Regulation in the Islamic Political Economy: Comparative Perspectives". *J.KAU: Islamic Econ* 12: 21-51.
- . 2002c. *Explaining the Qur'an Books I and II*. Lewiston: The Edwin Mellen Press.
- . 2006d. *The Koranic Principle of Complementarities Applied to Social and Scientific Themes, Science and Epistemology in the Qur'an*. Lewiston: The Edwin Mellen Press.
- Cimons, Marlene. 2008. "The Medicalization of Menopause: Framing Media Messages in the Twentieth Century". Dissertation,

- Maryland: University of Maryland. Accessed March 2, 2014. <http://drum.lib.umd.edu/bitstream/1903/8352/1/umi-umd-5616.pdf>.
- Conrad, Peter. 2005. "The Shifting Engines of Medicalization". *J Health Soc Behav.* 46: 3-14.
- Driver, Felix. 1994. "Bodies in Space: Foucault's Account of Disciplinary Power". In C. Jones and R. Porter (eds.). *Reassessing Foucault. Power, Medicine and the Body*. London: Routledge.
- Diwani, Rachida. 2005. "Health Issues in Islam". *Islam and Greek Philosophy* 3 (2): 1-46. <https://doi.org/http://dx.doi.org/110.21043/equilibrium.v3i2.1268>.
- Dogar, Imtiaz Ahmad. 2007. "Biopsychosocial Model". *APMC-Annals of Punjab Medical College* 1 (1): 11- 13.
- Dubos, René. 1959. *Mirage of health*. New York: Harper & Row.
- Foucault, Michel. 1973. *The Birth of the Clinic: An Archeology of Medical Perception*. England: Tavistock Publications Limited.
- Govender, Veloshnee and Loveday Penn-Kekana. 2010. "Challenging Gender in Patient-Provider Interactions". In Gita Sen & Pirooska Östlin (eds.). *Gender Equity in Health: The Shifting Frontiers of Evidence and Action*. New York: Routledge.
- Green, Lawrence W. 2014. "Definition of Health". *Oxford Bibliographies*. <http://www.oxfordbibliographies.com/view/document/obo-9780199756797/obo-9780199756797-0132.xml>.
- Habermas, Jürgen. 1987. *Theory of Communicative Action Vol. 2: Lifeworld and System*. Cambridge: Polity Press.
- Hatala, A. R. 2013. "Towards a Biopsychosocial-Spiritual Approach in Health Psychology: Exploring Theoretical Orientations and Future Directions". *Journal of Spirituality in Mental Health* 15 (4): 256-276.
- Hill, Peter C., Kenneth I. Pargament, Ralph W. Hood, Michael E. McCullough, James P. Swyers, David B. Larson, and Brian J.

- Zinnbauer. 2000. "Conceptualizing Religion and Spirituality: Points of Commonality, Points of Departure". *Journal for the Theory of Social Behavior* 30 (1): 51-77.
- Iman, M. T. and Ahmad K. Sadati. 2014. *Methodology of Human Science in the Views of Muslim Scholars*. Qom: Hawza and Daneshgah Pub.
- James A. Marcum (ed.). 2008. *Humanizing Modern Medicine: An Introductory Philosophy of Medicine*. Dordrecht: Springer Science.
- Kaiser, Leland R. 2000. "Spirituality and the Physician Executive: Reconciling the Inner Self and the Business of Health Care". *The Physician Executive* 26 (2): 6-13.
- Khoshtinat , V. 2012. "A Comparison between Islamic Ideology and Other Schools Theories about Mental Health and the Impact of Religious and Spirituality on Human Psychology and Drug Rejection." *International Research Journal of Applied and Basic Sciences* 3 (8): 1744-1754.
- McBrien, B. 2006. "A concept analysis of spirituality". *Br J Nurs* 15 (1): 42-5.
- McGowen, R. 1994. "Power and Humanity, or Foucault Among the Historians". In Colin Jones and Roy Porter (eds.). *Reassessing Foucault. Power, Medicine and the Body*. London: Routledge.
- Mohr, W. (2006). "Spiritual Issues in Psychiatric Care". *Perspectives in Psychiatric Care* 42 (3): 174-183.
- Pellegrino, Edmund D. and David C. Thomasma. 1988. *For the Patient's Good: The Restoration of Beneficence in Health Care*. New York: Oxford University Press.
- Puchalski, Christina M. 2008. "Spirituality and the Care of Patients at the End-of-Life: An Essential Component of Care". *OMEGA: Journal of Death and Dying* 56 (1): 33-46.
- Sadati, Ahmad K. et al. 2014. "Religion as an Empowerment Context in the Narrative of Women with Breast Cancer". *Journal of Religion and Health* 54: 1068-1079.

- Scambler, G. 2005. "Habermas and the Power of Medical Experties". In G. Scambler (eds.). *Medical Sociology: Major Themes in Health and Social Welfare*. USA: Routledge.
- . 2001. "Introduction: unfolding themes of an incomplete project". In G. Scambler (eds.). *Habermas, Critical Theory and Health*. London: Routledge.
- Scrambler, G. and N. Britten. 2001. "System, Lifeworld and Doctor-Patient Interaction: Issues of Trust in a Changing World." In G. Scambler (eds.). *Habermas, Critical Theory and Health*. London: Routledge.
- Sulmasy, D. P. 2002. "A Biopsychosocial-Spiritual Model for the Care of Patients at the End of Life". *Gerontologist* 3: 24-33.
- Tom Wolff. 2008. "Spirituality and Social Change: Appreciation, Acceptance, Compassion, and Interdependence in Our Community Work". *A Newsletter from Tom Wolff and Associates*. Spring.
- World Health Organization. 1948. *WHO Definition of Health, Preamble to the Constitution of the World Health Organization*. Official Records of the World Health Organization, no. 2, p. 100. Adopted by the International Health Conference, New York, June 19–22, 1946, and signed on July 22, 1946, by representatives of 61 states. Entered into force on April 7, 1948. In Frank P. Grad. 2002. "The Preamble of the Constitution of the World Health Organization". *Bulletin of the World Health Organization* 80 (12): 982.