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THE IMPACT OF HORIZONTAL AND VERTICAL DIMENSIONS OF FAITH ON HEALTH AND HEALTH CARE

> The most sacred place isn't the Church, the Mosque or the temple, it's the temple of the body. That's where spirit lives.[1]

Introduction

Susan Taylor, former editor-in-chief, *Essence* Magazine, emphasizes the connectedness of mind, body, and soul. There is a growing body of evidence linking religion and religious practices to health and healthy behavior.[2] However, the literature is limited on the theological foundation for these linkages and the relationship of metaphysical constructs to quality life improvements. Even less has been published on the spiritual dimensions of health and the role of faith in improving and sustaining healthy individuals, groups, and communities.

Debate continues among health-care professionals and

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[1]Taylor, Susan, [meditation for February 3], in *Acts of Faith: Daily Meditations for People of Color*, ed. Iyanla Vanzant (New York: Simon and Schuster, 1993), [unpaged].

[2]See Bruce Epperly, *Spirituality and Health, Health and Spirituality: A New Journey of Spirit and Body* (Mystic, CT: Twenty-Third Publications, 1997), esp. the chapter, "Christianity and Health."

faith leaders about factors influencing health and health care decision-making: the role of faith, spirituality, and religion on health outcomes; the impact of beliefs on disease prevention; the use of mind/body connections and other domains of complementary and alternative medicine to complement current health-delivery system modalities; and the costs and risks of depending on technology and biomedical science as the only constructs determining health outcomes. Increased attention for leadership opportunities is directed to the faith community to improve individual and group well-being. Faith institutions are expected to assume meaningful roles in health promotion and protection, disease prevention and cure which may be inappropriate, e.g., flu vaccination campaigns, HIV prevention and testing, and Medicare prescription rallies. Government officials expect enthusiastic responses from the lay community. Success, however, is minimal.[3]

The impact of faith on health and health care is critical. Because of documented consumer distrust, uncertainty in health outcomes and abuses by health-care professionals, there is a lack of confidence in organized health-care delivery by people of color and low income populations throughout the United States.[4] The title for this study, "The Impact of Horizontal and Vertical Faith on Health and Health Care," addresses this situation. Culturally specific descriptions of healing, health, health care, sickness, and illness

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[3]S.J. Zahner and S.M. Corrado, "Local Health Department Partnerships with Faith-Based Organizations," *Journal of Public Health Management Practice* 10, no. 3 (2004): 258-265.

[4]See S.M. Reverby, *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study* (Chapel Hill, NC: University of North Carolina Press, 2000); also T.L. Savitt, "The Use of Blacks for Medical Experimentation and Demonstration in the Old South," *Journal of Southern History* 48 (1982): 331-348.

with the metaphysical concepts of faith, spirituality, religion, and their synergistic theological implications are examined. Faith is a way of living. It is life-transforming and has a dramatic, lasting impact on the believer. "A person of mature faith experiences both a life-transforming relationship to a loving God—the vertical theme—and a consistent devotion to others—the horizontal theme."[5] A careful scrutiny of the constructs of health and health care enables a new paradigm—Optimal Health—to emerge.[6]

The context for understanding the impact of horizontal and vertical faith on health and health care begins with operational definitions of faith from the Greek *pistis* (faith)[7] and the Latin *fides* (trust).[8] In the *Nguzo Saba* (the seven principles of Kwanzaa), the word faith is *imani*.[9] "[Faith is] a bundle of associations [that] is the product of the [author's or speaker's] culture, historical [time] period, geographical location, and [personal] life experience."[10] In Hebrews 11:1, faith is described as "what our hope is made up of, and the evidence for what we cannot see."

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[5] Eugene C. Roehlkepartain, "What Makes Faith Secure?" *Christian Century* 107, no. 16 (May 9, 1990): 497.

[6] See John Chissell, *Pyramids of Power: An Ancient African Centered Approach to Optimal Health* (Baltimore, MD: Positive Perceptions Publications, 1993).

[7] Geoffrey W. Bromiley, *Theological Dictionary of the New Testament* (Grand Rapids, MI: Paternoster Press, 1985), 849.

[8] P.G.W. Glare, ed. *Oxford Latin Dictionary* (Oxford: Clarendon Press, 1982), 697.

[9] Maulana Karenga, *Kawaida Theory: An Introductory Outline* (Inglewood, CA: Kawaida Publications, 1980), 17.

[10] Biblical Heritage Center, *Bible Study Course*, "Through Whose Eyes," chap. 2 [book online] (Cleburne, TX: Biblical Heritage Center, Inc., 2007, accessed 12 December 2006); available from http://www.biblicalheritage.org/Bible/Bible%20Study%20Course/Chapter%202.htm; Internet.

Health, Health Care, and Faith

Defining health is also essential if strategies to improve the human condition are expected. The long-standing definition of health by the World Health Organization (WHO) is not the absence of disease but, "the physical, social, and physical well-being of the individual."[11] However, health is seldom measured; most often what is recorded is "dis-ease" in the language of disease, sickness, illness, dysfunction, and disability. In many ways, health is not visible or measurable. Health professionals look for disease, and finding none, assume the person is healthy. Ironically, the observation about health is quite similar to faith: it is measured by "evidence of what we cannot see." Visiting the doctor is an act of faith. Patients are expected to visit a doctor, whom they may not know. The doctor poses questions, performs or orders laboratory tests, concludes with a diagnosis, usually prescribes "medicine" for a "disease" (the condition). The "medicine" may have an unfamiliar name. The pharmacist fills the prescription; the patient takes the "medicine" until finished. Eliminating the dysfunction is expected. This all too common doctor-patient scenario is an act of faith—both vertically and horizontally.

Alastair Campbell, in *Health As Liberation: Medicine, Theology and the Quest for Justice*, describes health as freedom: "I view the essence of good health care as liberation, as setting free; and I see fundamental injustices in the delivery of health care in modern society as being forms of oppression."[12]

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[11]Institute of Medicine, *Towards Environmental Justice: Research, Education, and Health Policy Needs* (Washington, DC: National Academy of Science, 1999), 1.

[12]Alastair V. Campbell, *Health As Liberation: Medicine, Theology, and the Quest for Justice* (Cleveland, OH: Pilgrim Press, 1995), 1.

He continues: "We can be healthy despite the presence of physical abnormalities that may impede our capacity to act and hasten our death provided we can retain a sense of control over our lives as a whole."[13]

Health, as defined by WHO, in many ways does not provide measurable tools as interventions to improve the well-being of populations. Developing initiatives for population health at the individual level of well-being is inadequate. However, Campbell's definition may be too broad for those working specifically in the health arena. A description rather than a definition of health may have greater utility; it frames health as interactive and interdependent relationships. Health is a relationship, a dynamic interplay between the physical, social, psychological, and spiritual well-being of the individual and the group and their interaction with the physical and social environment.[14]

There is ample evidence that improved health outcomes, at the primary, secondary, and tertiary prevention levels, many times operate outside of the traditional practice of Western medicine which focuses on disease and cure.[15] Consider how African spirituality fuses the relationship between faith and health. For some, faith manifests itself in both a Supreme Being and the Ancestors. The African notion of the living-dead relates to that period immediately after physical death when someone in the family has died, yet continue to influence those in the family who are still physically alive. The living-dead are con-

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[13]Ibid., 11.

[14]See Reuben Warren, "Assuring Oral Health in the Midst of Disease and Disability," paper presented at the Sixth World Conference on Preventive Dentistry, Capetown, South Africa, 1997.

[15]John J. Pilch, *Healing in the New Testament: Insight from Medical and Mediterranean Anthropology* (Minneapolis: Fortress Press, 2000), 19-22.

sulted on all matters of importance; they are honored, worshipped, and often feared. They advise, counsel, and protect the living family. Libations are poured, honoring them.[16] Indigenous peoples of North America also honor, worship, and place their faith in the spirits beyond. For people of color, faith is intimately tied to spirituality, particularly for people of African descent, and African spirituality is translated into daily life practices. The sacred and the secular are one in the same.[17]

The U.S. spends more money on health care than any other country in the world with only a small percentage of those resources committed to preventing disease. Even less is focused on health promotion. The late John Chissell, an African-American physician, in *Pyramids of Power: An Ancient African Centered Approach to Optimal Health,* argues that the American public is operating in a "sick-care system," not a health-care system.[18] Consequently, the vast amount of resources committed to medical care, the sophisticated and expensive biomedical research enterprise, and the resulting technology available in the health-delivery system, indicate that the U.S. is probably the best place in the world for tertiary care such as surgery or rehabilitation. However, public-health threats such environmental injustices, millions of uninsured, or the spread of homelessness suggest otherwise—the U.S. may not be the "healthiest" place to live.[19] Health disparity and the environmental justice data

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[16]John M. Mbiti, *African Religions and Philosophy*, 2d ed. (Portsmouth, NH: Heunemann, a Division of Reed Publishing, 1999), 25-26.

[17]Ibid., 3.

[18]Chissell, *Pyramids of Power*, xiv.

[19]Institute of Medicine, *Towards Environmental Justice*, 21; also Ibid., 14.

clearly document the problems, providing an indication of what needs to be done to resolve them. There is an opportunity for leadership from the faith community to employ a transdisciplinary team of "servant leaders" to address some of these areas.[20] Interventions in the spiritual realm using complementary and alternative medicine modalities such as meditations, affirmations, prayer, and designing qualitative and quantitative measurement tools are worthy of consideration.

The prevalence of ill-health for selected groups in the U.S. is longstanding.[21] In this instance, ill-health is used to describe specific adverse health conditions. Terms like sick and illness, health and healing are used interchangeably; but, in fact, refer to different conditions or circumstances. For example, Campbell describes illness as the subjective experience of the individual, the awareness of ill-health. Sickness is the ascription of ill-health to a person by others, an ascription that may be made in the absence of the subjective awareness of illness, i.e., mental health.[22] Disease is the medical or scientific endorsement of the social role of sickness. For example, in a May 1851 article, "Disease and Physical Peculiarities of the Negro Race," published in the *New Orleans Medical and Surgical Journal*, Samuel Cartwright wrote about diseases specific to "Blacks." He described

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[20]For a more in-depth discussion of "servant leaders" see Anne S. Wimberly, "The Role of Black Faith Communities in Fostering Health," in *Health Issues in the Black Community*, 2d ed., ed. Ronald L. Braithwaite and Sandra E. Taylor (Nashville, TN: Josey-Bass Inc., 2001), 129-150.

[21]See U.S. Department of Health and Human Services, *Report of the Secretary's Task Force on Black and Minority Health*, "Executive Summary" (Washington, DC: U.S. Government Printing Office, 1985).

[22]Campbell, *Health As Liberation*, 45.

"drapetomania," the disease of running away from slavery; and "diseasthesia Aethiopis," a "hebetude of mind and obtuse sensibility of body" known to overseers as "rascality."[23] Were the slaves ill because they sought freedom from oppression, or were their oppressors, the white slave masters or the white physicians, "mentally ill" for their barbaric treatment of other human beings?

In writing about health and healing, Campbell also suggests that healing is different from cure; healing is far more than just being healthy, requiring community sanction, acceptance, and support. Healing, he says, is releasing power rather than holding on to it and seeks "to create a community of the wounded who, from the healing of their own wounds, find the power to help others to a similar release."[24] The most devastating sicknesses may not be physical.

Optimal Health

In order to maximize the synergy between faith, health and health care, individuals, groups, and communities must harmonize physical, social, psychological, and spiritual well-being. Faith or trust must be present for health and health care to be most beneficial. Because society places individuals at risk for disease, dysfunction, disability, and premature death, health protection is imperative. People of color and low income populations are at greatest risks for adverse health conditions and because they have less access to health resources and services, their risks are elevated.[25] Even though these groups must learn to negotiate the system to obtain needed

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[23]Ibid., 63.

[24]Ibid., 106.

[25]Institute of Medicine, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare* (Washington, DC: National Academy of Science, 2003), 143-144.

services, they must also use modalities for health improvements outside the health-care system. An article in the *New York Times*, "A Doctor's View of Modern Medicine," describes the reality of practicing medicine in the urban setting: . . ."[T]he realities of medical economics encourage doctors to do less and less listening to. . .patients. . . . Instead, the doctor is encouraged to act, to employ procedures. . . .Charges for procedures . . .are universally higher than fees for talking with the patient."[26] Individual and group interventions beyond medical care are necessary to maintain and sustain health. Optimal Health is an African-centered approach to enhance well-being, having tremendous operational potential at the individual and group level.

The ancient African had a different notion of health which included more than physical well-being. Imhotep, the true Father of Medicine, was an Egyptian physician but also a priest. He understood the importance of holistic health. At that time (2980 B.C E.), most of the physicians had to be priests before they became physicians.[27] The Egyptians understood the relationship between physical, social, psychological, and spiritual well-being. They looked for ways to harmonize these various components. Centuries later, in 1946, Henry Sigrist, the great medical historian, stated that "health is promoted by providing a decent standard of living, good labor conditions, education, physical exercise, culture, and means of rest and recreation.[28] In addition, in the twenty-first century, physicians, psycholo-

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[26]David Hilfiker, "A Doctor's View of Modern Medicine," *New York Times*, 23 February, 1986, Sec. 6, p. 44.

[27]J.A. Rogers, *World's Great Men of Color*, vol. 1 (New York: Helga M. Rogers, 1947), 1.

[28]See Henry Sigrist, *The University at the Crossroads* (New York: Henry Shuman, 1946).

gists, dentists, public-health workers, and other health professionals are acknowledging mind/body connection and other complementary and alternative medicine modalities. For example, Bloodworth[29] and Chopra[30] suggest that physical, social, psychological, cultural, and spiritual elements are necessary for human health to thrive. Some even suggest that spiritual well-being, i.e., meaning and purpose in life, is foundational for the other elements of health to be most effective.

Even though the WHO definition of health is accepted by most people as having essential physical, social, and psychological components for individual well-being, unacceptable morbidity, disability, dysfunction, and premature death indicate that much more work is needed. Reframing the notion of health may allow the necessary intellectual exchange from both theoreticians and practitioners in order to conceptualize health differently. Their collective thought should allow—even demand—creative, meaningful, and measurable strategies for improvement. Propositions that focus on mean, mode, and median of health trends as goals are short-sighted. The emphasis should not be striving for normal blood pressure, normal weight, or normal anything. The end result should be optimal, and any deviation from this should be viewed as abnormal. When Optimal Health is achieved, one will move towards one's greatest potential.

The metaphysical constructs of spirituality and faith are deeply embedded in the values, beliefs, and culture of different groups; a growing body of research links religion and faith to health. The theological literature indicates

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[29]See Venice Bloodworth, *Key to Yourself* (New York: Devors and Company, 1979).

[30]See Deepak Chopra, *Creating Health* [2 second recordings] (United States: Random House Audiobooks, 1995).

that religion and faith are not the same.[31] The former is usually a group experience and the group generally agrees on a common dogma, including the notion of God. Faith can be, and often is, individualistic and may or may not include a God Force. Yet, in the final analysis, religion converges upon faith in something that transcends the human existence. This faith then provides the medium for a spirituality that encompasses the believers' thinking and actions. As the Persian poet, Jalauddin Rumi points out, "the lamps are the same" whether they are from institutional religion or simply personal faith. The important similarity, he writes, is that the light comes from "beyond."[32] In the context of health, spiritual well-being provides meaning and purpose to life. Unfortunately, health data suggest that African Americans, in particular, are not living long enough to make the contributions that living a healthy life allows; thus, the meaning for spiritual well-being for this population is not fully realized.

Sustaining Health

What must be done to sustain health? First, health must be acknowledged as more than going to the doctor for check up or when there is illness. Even with preventive services, health care really must ultimately be the responsibility of the individual, understanding how to remain healthy. This does not mean that one can control the factors that influence health. For example, Chissell lists five components of Optimal Health and gives specific instruc-

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[31]Taylor E. Johnson, "Spiritual Needs of Patients with Cancer and Family Caregivers," *Cancer Nursing*, 26, no. 4 (2003): 260-266.

[32]John Hick and Brian Hebblethwaite, eds., *Christianity and Other Religions* (Philadelphia: Fortress Press, 1981), 174-177.

tion for each area: optimal emotional health, optimal intellectual health, optimal physical health, optimal spiritual health, and optimal socioeconomic health. The writer's essay, "The Social Context for Faith and Health," in *The Health Behavioral Change Imperative*, recommends five health-promotion principles: eating the right food, taking care of your body, getting along with others, protecting and respecting the environment, and believing in a Divine order to the universe.[33] There is ample evidence that each reduces risk factors and promotes health. Both Chissell and the writer emphasize that everyone needs a competent primary-care physician and dentist.

Last and most importantly in sustaining health, many people in the U.S. live in unhealthy physical environments. There are physical threats, biological, chemical, and radiological.[34] There are equally devastating perils to social, psychological, and spiritual well-being. There is a cadre of health professionals who can help reduce these problematic areas in health care. Leavell, in his classic "levels of prevention framework," outlines three important preventions for health care: primary, secondary, and tertiary. Primary prevention is disease free with effective health education and protection. Secondary prevention is early disease and/or disability detection with forceful screening and primary-care services. Tertiary prevention requires

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[33]Reuben C. Warren, "Social Context for Faith and Health," in *The Health Behavioral Change Imperative: Theory, Education, and Practice in Diverse Populations*, ed. Jay Chunn (New York: Kluwer Academic/Plenum Publishers, 2002), 145.

[34]Bailus Walker Jr. "Environmental and Occupational Health," in *Improving the Health of Underserved Populations Through Public Health Collaborations at Historically Black Colleges and Universities, Proceedings*, ed. Rueben Warren, B. Walker, S. Miles-Richardson, and J. Reede (Woodstock, GA: Spectrum Publishers, 2004), 43-44.

major intervention such as surgery and rehabilitation.[35] Primary prevention is more effective, less costly, requiring less technology than secondary prevention, and the same is true for secondary compared to tertiary prevention.

Edward Wimberly, Anne Wimberly, and the writer suggest that primary prevention should be divided into two components: disease prevention and health promotion.[36] Behavioral interventions for both components may be similar; however, disease prevention suggests that disease is inevitable; health promotion does not. Promoting health fosters Optimal Health of the community by maintaining the relational ties of the village, social networks, neighborhood, cross-generational bonds, strong mediating structures (marriage, family, extended family, churches, fraternities/sororities), communally-based healing practices, and oral traditions—all encouraging images and expectations of healthy relationships. Health promotion posits that Optimal Health is a journey that is possible even in the midst of disease, despair, and longstanding trends of adverse health conditions.

With reference to health care, there are three major challenges that frame the quality of care delivered: availability, accessibility, and acceptability. Availability means services are suitable and/or ready to use. Accessibility means the service is used, entered, or reached. Acceptability means the service attains minimal requirements.[37] The literature is also

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[35]See H. Leavell and E. Clark, *Preventive Medicine for the Doctor in His Community*, 2d ed. (New York: McGraw Hill, 1965).

[36]See Edward Wimberly, Anne Wimberly, and Reuben Warren, "A Model for Promoting the Health of the Community Through Attending to African-American Marriages, " paper presented at the African American Health Marriages Innitiative Connecting Marriage Research to Practice Conference (Chapel Hill, NC: University of North Carlina, 2006).

[37]See Rueben Warren, *Oral Health for All: Policy for Available, Accessible, and Acceptable Care* (Washington, DC: Center for Policy Alternatives, 1999).

clear that seldom are all of these levels realized, particularly for the underserved or with disproportionately ill populations.

So what can the health-care system do to influence the causes of ill-health? Our health-care system is designed to prevent and manage disease, disability, and dysfunction, at the individual patient level; and it should be judged by what it is intended to do, not by what is needed. The health-care system is not concerned with issues of poverty, environmental pollution, justice, or institutional racism; although these factors strongly influence human health and health-care outcomes. However, there are reasonable, manageable, and measurable criteria to evaluate the health-care system. Suchman, in *Evaluation Research,* says evaluation "is placing value." He provides five excellent categories for evaluating systems, including health-care systems: effort, performance, and adequacy of performance, efficacy, and process.[38] Using these criteria, it is possible to evaluate the health-care system in order to guide individuals towards health by disease prevention, protection, early intervention, treatment, and cure.

Conclusion

Moving populations toward their greatest awareness is the vision for Optimal Health. Given the history and culture of the U.S., a public theology which includes Optimal Health is a ministry with great promise, particularly for African Americans because of tremendous value placed on spirituality and religion by people of African descent.

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[38]See E. A. Suchman, *Evaluation Research: Principles and Practices in Public Service and Social Programs* (New York: Russell Sage, 1967).

Embedded in both of these metaphysical constructs is the notion of vertical and horizontal faith. Vertically, faith is relationship with God. Horizontally, faith is trust in other human beings who have the knowledge and skills to provide health promotion, disease prevention, treatment, and cure. These skill sets, though not fully developed, are within the capacity of the health and faith communities if the goals, objectives, and strategies are conceptualized, developed, implemented, and evaluated. The outcome fully embraces a public theology which includes Optimal Health and develops public theologians who are servant-leaders, willing to serve the underserved. This theology, when fully actualized, will provide the physical, social, psychological, and spiritual foundation for individuals, in concert with communities, to reach their greatest potential.

Reclaimed

"I am dying," she whispers,
a raspy confession
full of wonder and fearless
to the end

and then, her body wracks with pain that pulses
through her veins, her heart and organs
ginger to such damage

She leans her head to the side,
Heavy from strokes that paralyze
Her, and still she manages to sing

"Precious Lord, take my hand"

I kiss her forehead and run
My fingers along her temple,
Pray for peace and my own courage
To let her go

She is not afraid of Death
Who comes, not as a thief
But as an open door to Glory
Her eyes looking beyond
This mortal plane to some mysterious place
I cannot see except within the smile
That overtakes her lips

"I'm tired now," she says and slips
into a sonorous snore
and curls into the primordial
position of the womb

The light catches her veins, translucent
And weak with time, but her hands
Remain as strong as when
She used them to knead bread

She laces her fingers around my hand
And grips my soul in unison
There is no sadness in this moment,
Filled with holiness and grace

Heaven's angel seeking her way
Back from this dirt and grass
To pasts redeemed and reclaimed
In celestial roads paved
By her own greatness