From the Editor’s Desk

JOHN S. HATCHER

HEALTH AND SPIRITUALITY

The well-known dictum by Juvenal “orandum est ut sit mens sana in corpore sano” translates into English as “one should pray for a healthy mind in a healthy body.” Of course, Bahá’ís may also be familiar with Bahá’u’lláh’s observation that our essential reality—the soul—is not injured by illness of mind or body: “Know thou that the soul of man is exalted above, and is independent of all infirmities of body or mind” (Gleanings 153). But the fact is that, so long as we abide in this life, enduring an associational relationship between our conscious self and our physical temple, we are usually more comfortable and happy when our noble intentions are easily manifested through the intermediary of a healthy brain situated in a fully functioning and healthy body.

This issue of the Journal focuses on the subtle and inextricable relationship between spirituality and health—whether of mind or body, and whether or not that relationship be direct and obvious or indirect and subtle. In the previous issue, the article by oncologist Dr. Aaron Alizadeh touched on this subject as he discussed his dilemma of whether or not to speak openly about death with terminal patients, when to do so, and to what extent he could or should share with them his perspective about the afterlife.

The articles in this issue concerning health and spirituality are more directly concerned with how spiritual attitudes on the part of the physician and the community can be viewed from three distinct perspectives.

The first article, “Spirituality in Medicine: Reflections of a Bahá’í Physician,” is by Dr. Sharon Hatcher, assistant dean of the Faculty of Medicine and Health Sciences at the University of Sherbrooke, and the Daquenay Medical Program Director. A practitioner specializing in family medicine, Hatcher recently completed a master’s degree in Clinical Science in Family Medicine specializing in the integration of spirituality in the practice of medicine. Her paper focuses on what physicians are now discovering about the inextricable relationship between healing and spirituality, whether in the context of the patient’s perspective or that of the physician’s use of spiritually oriented practices to expedite healing.

This discussion does not focus so much on some of the recent studies regarding the direct effects of spiritual practices—such as Larry Dossey’s work The Healing Words: The Power of Prayer and the Practice of Medicine—where evidence is presented about the medicinal effects of prayer. Rather, Hatcher provides us insight into an emerging field especially designed for the contemporary physician. As she importantly notes, according to
'Abdu'l-Bahá, “science of medicine is still in a condition of infancy; it has not reached maturity” (Some Answered Questions ¶ 73.2). She then goes on to observe that the maturation of the field of medicine will depend to a large extent on the degree to which “spirituality is integrated into patient care and health education.” As she further points out, inasmuch as “individual caregivers already acknowledge to themselves intuitively the power of the spirit when faced with illness and death,” then it is certainly time to begin a “more open dialogue about spirituality among health professionals as an essential component of a holistic patient-centered approach to health care.”

The second paper, by Dr. Abdu'l-Missagh Ghadirian—noted psychiatrist, author, and professor at McGill University—discusses depression and makes important conclusions about the relationship between spirituality and various affective disorders. In a well-documented discourse, Ghadirian surveys the prevalence, the causes, and the nature of depression. He notes that, according to the World Health Organization (WHO), depression “is now the fourth leading cause of disability in the world, and it has been estimated that by 2020 this illness will rank as the second leading cause of disability.”

Perhaps one of the most important parts of this discussion is how sufferers of this disease must so often experience the “stigma of psychiatric illness,” a disdain which, Ghadirian notes, “is one of the reasons that people avoid seeking help for mental health problems.” Consequently, he continues, since “depression is a major risk factor for disability and suicide, it is important to eradicate this barrier to treatment.”

Ghadirian concludes by noting how a supportive belief system, like the Bahá’í Faith, and an equally supportive community of fellow believers, can make a major contribution to the success with which depressives can seek professional help without feeling stigmatized because they suffer from something that, heretofore, was considered a sign of weakness or of insufficient willpower, rather than a disease that often has physiological causes.

An especially valuable insight is Ghadirian’s observation that “belief in God and having a spiritual understanding of the purpose and meaning of life can be very reassuring, especially if the religion teaches that illness and suffering can be a source of spiritual growth for those who appreciate that it is only through testing and stress that we are compelled to examine our beliefs and strengthen our faith.”

The third paper is titled “Achieving Universal Participation of Older Adults” and deals with what is very rapidly becoming one of the most challenging issues regarding the relationship between spirituality and community health care—namely, our rapidly aging population—a situation that the field of gerontology is specifically designed to help us understand and address.
This thoroughly informative piece is written by Catherine Bigonnessse—a PhD candidate in gerontology at Simon Fraser University in Vancouver, Canada—in collaboration with her father, Dr. Jean Marc Bigonnessse—a family doctor and associate professor at the Faculty of Medicine and Health Sciences at the University of Sherbrooke in Quebec, Canada—who specializes in palliative care and end-of-life care for adults. The abiding theme of this discussion concerns the role of the community in dealing with aging and ageism. Focusing especially in terms of how the Bahá’í community can play a critical role in establishing inclusiveness in its relationship with the elderly in its midst, the paper also deals with specific practices the community can undertake in helping those who are in assisted-living facilities or else are in need of home health care.

One important point the paper makes is the need for the elderly to be considered active participants in society, both within and outside of the Bahá’í community. As the article pointedly notes, the accomplishment of this goal is often hampered by a prevalent prejudice in the negative perception of older adults, an attitude manifested through such pejorative epithets of the aging population as “the silver tsunami” or “apocalyptic demography,” terms that underscore prejudices toward our aging population that so often result in older adults facing exclusion and loneliness.

Of course, this is a multifaceted area of social concern, but the article by this daughter-father team offers some important insights into how the Bahá’í community can establish a model of integrating the elderly into community life, a paradigm that must begin at the local level with the goal of involving the community at large as it takes its cue from patterns of response practiced by the Bahá’ís in its midst.

The fourth paper—“Valleys, Mountains, and Teacher Preparation” by Dr. Barbara Johnson, director of education at Colorado Mountain College in Glenwood Springs, Colorado—is the first in a series of articles we hope to include about education programs developed by Bahá’ís, whether in the form of establishing independent permanent schools or by infusing Bahá’í concepts and practices into educational systems and institutions.

This particularly imaginative discussion examines how the paradigm of Bahá’u’lláh’s Four Valleys served the author as a useful guide to a process whereby she and the school administration were able to develop a teacher education program at a college with an ethnically and culturally diverse population. In particular, the paper discusses how the Bahá’í attitudes and consultative tools assisted the author in developing a program that meets the needs of an institution dealing with a vast gulf between students from its migrant population and extremely well-off students from a nearby affluent community.

With a doctorate in global education, and having served as co-director
of Louhelen Bahá’í School and as director of the National Teacher Training Center, Johnson demonstrates deftly how a deep knowledge of Bahá’í spiritual principles can have practical application in the workplace, most particularly in devising educational programs at an institution of higher learning.

In this issue we also include two brief but powerfully affective lyric poems, “Fadwa Says,” by J. C. Todd, a Pew Fellow in the Arts and finalist for the 2015 Robert H. Winner Award from the Poetry Society of America, and “One Month After Returning From China,” by Elinor Mattern—who received her MFA in Writing from Fairleigh Dickinson University, was the recipient of its Director’s Award in Poetry, and presently teaches creative writing at Atlantic Cape Community College.

Now that book reviews are no longer published in the print version of the Journal, we invite you to find them online at http://www.bahai-studies.ca/publications/journal/book-reviews. In particular, we wish to direct your attention to the most recent one, Dr. Michael Penn’s review of Toward a Socially Responsible Psychology for a Global Era, edited by Elena Mustakova-Possardt, Mikhail Lyubansky, Michael Basseches, and Julie Oxenberg.

Finally, in the coming year or two, we will be putting together issues focused on the topics of race and racism, global attitudes toward women, and the Bahá’í concept of the “essential self.” If you are interested in writing a piece related to one of these themes, or if you have suggestions about other themes you think should be discussed, please get in contact with the editor. We sincerely value your feedback and contributions, and we would like more.