

**NO HEALTH WITHOUT WHOLISTIC HEALTH:  
AN EMPIRICAL APPROACH TO MENTAL HEALTH CULTIVATION**

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**ABSTRACT**

*Young people living in Mudzi face a variety of life challenges. It is unfortunate that the only available service providers, especially the church, have not been actively seeking the well-being of these youths. Though the church had ministered to them spiritually, it had neglected its wholistic mission. For that reason, the mental well-being of these young people is that one that was ultimately affected. They have become so vulnerable due to the neglect of the wholistic duty of the church. Though authors have written on mental health, the wholistic nature of humanity has not yet received enough attention and research.*

*Methods—The phenomenological study sought to understand the lived experiences of young people concerning wholistic health vis-à-vis mental and spiritual health. The researcher interviewed five young people and four key informants, and their responses were transcribed, analysed, and coded to produce a key theme for this study.*

*Results—Young people and key informants believe that human beings are physical, mental, social, and spiritual and that each of their domains of development contributes to their wholistic well-being. Neither physical, social, mental/emotional, nor spiritual health is less important to achieving wholistic health. If young people are to be healthy—whole, they need to be educated, ministered to, and empowered to address health from a wholistic perspective because there is no health without wholistic health.*

**KEYWORDS:** *Wholistic, Health, Well-Being, Physical, Mental, Social, Spiritual.*

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**INTRODUCTION**

No health without mental has been a popular mantra in mental health. The absence of mental health causes many other health challenges. A focus on mental health alone leaves some of the contributors to health unattended. A look at mental health from a biblical perspective has been done but not adequately. A wholistic health approach to wellness makes more sense as it seeks to share an all-encompassing method of health provision. The Bible remains the best guidebook to the achievement of wholistic health.

Adventists are known for being “health-conscious” (Cooper, 2012) in all places they live. There have been comparatively less focus on education, publication, and training of trainers on mental health issues. A holistic approach to healthful living that brings a perfect balance must be maintained. Humanity is physical, mental, social, spiritual, and emotional. Man is not only physical or spiritual; he/she is integrated (White, 1894).

Many health teachers in the Seventh-day Adventist Church are obsessed with physical health such that

the other facets of healthful living remain unattended. The church has made many publications on physical health available through the Home Health Education Service but far too little on mental health. A balance in promoting and publishing material on physical, mental, social, emotional and spiritual health has not been achieved due to the bias towards physical health.

Health education and provision without foundation in God's Holy Word is lame. The Bible provides the basis for healthful living, and any health program not utilising the Biblical framework for a healthful living will not yield the intended results. God created humanity, and the manufacturer's manual, the Bible, will provide a firm foundation for the achievement of wholistic health.

### **BIBLICAL FOUNDATION TO WHOLISTIC HEALTH**

God created the world in six days. At the end of the creation week, God declared everything that He created “‘beautiful’...very beautiful” (Genesis 1:31), according to Hamilton (1990). God planned to provide flawless earth before making the dwellers therein. The word *eikōn* in Hebrew (Genesis 1:26-27) denotes source or replication, not a shadow (Bible Hub Online). John Gill adds that it “consisted in the form of his body, and the erect stature of it...in his intellectual powers, and in that purity, holiness, and righteousness in which he was created...as God's viceregent, and resembled him.” So God created humanity wholistic—physically attractive and apt, intellectually vigilant and valiant, socially affectionate and compassionate, emotionally steady and serene, and spiritually moral and sanctified.

From a wholistic perspective, humanity is the *tselem* (image) of God which signifies the “shadow outline of a figure” and “*damuth* (likeness) the correspondence or resemblance of that shadow to the figure” (Spence & Exell, 1985). It is not about sameness but about being a replication of God. “Man’s resemblance to God is analogous to Seth’s resemblance to his Father, Adam. This makes it certain that physical resemblance is not excluded,” postulates Buttrick (1962). The Pulpit Commentary posits that the word image expresses the body’s likeness, as far as the beauty of the body is concerned and its build as in Eve (Genesis 2:23). Sin brought the term ugly (see Genesis 29:17) into man's dictionary and daily language.

A man was created intellectually vigilant and valiant like their Creator. The taxonomy task that Adam was given (Genesis 2:19-20) he did with ease and perfection, exhibiting his acuity and inventiveness of mind. God made humanity intellectually alert and brave, intelligent like their Creator God. Emotionally and spiritually, they were perfect at creation before sin caused havoc. The fall from grace and perfection was wholistic in that it affected man emotionally, intellectually, socially, and spiritually (Hamilton, 1990), as is exhibited in Genesis chapter three. When a man has a healthy relationship with his Creator, there is no “gulf...divine alienation” (Isaiah 59:2) (Motyer, 1993). Death (ultimate physical fall), distorted reasoning (intellectual fall), accusing the wife of her fall (social fall), being irrationally charged against God (emotional fall), and running away from God (spiritual fall). Men fall wholistically.

### **Wholistic Redemption**

Jesus came to the earth to fulfil His being, the “Lamb slain from the foundation of the world” (Revelation 13:8). His suffering on the cross was wholistic to achieve a wholistic redemption for His people. Luke 4:18, according to Nkansah-Obrempong (2018), presents how Jesus came to minister wholistically. “The Spirit of the Lord is upon me because he hath anointed me to preach the gospel to the [spiritually] poor; he hath sent me to heal the brokenhearted [due to social strains], to preach deliverance to the captives [of their intellect], and recovering of sight to the [physically] blind, to set at liberty them that are [emotionally] bruised.”

The experience of Jesus toward crucifixion—trial up to execution was more than physical (Matthew 26:67; 27:29, 30); neither was it intellectual (Matthew 26:38), social (Matthew 26:56) (White, 1898), emotional (Matthew 26:39), and spiritual (Psalm 22:1) (White, 1898) only—it was wholistic. Jesus' mission on the earth to save the lost (Luke 19:10; Matthew 1:23) was for the wholistic redemption of humanity. Since this redemption will be ultimately accomplished in the earth made new, it will achieve physical well-being, mental aptitude, social harmony, emotional stability, and spiritual uprightness. The environment will be tailored to promote, sustain, and achieve that holistic well-being.

### **The Bible on Holistic Health**

The study of the Bible will achieve a wholistically well individual (Solomon, 1999). The Bible students do not only gain from it the wisdom and knowledge of spirituality. They are bound to be intellectually empowered, socially improved, emotionally stabilised, and spiritually enriched. For humanity to grow up in perfect balance and not be crippled, the study of the Scriptures is the main ingredient to such results. This can only happen if one chooses to follow after Jesus, who grew up in perfect balance according to Matthew 5:48 and Luke 2:52. The terms in Luke, *brephos* (baby; 2:16), *paidion* (little child; 2:40), *pais* (child; 2:43), and His name (2:52) all present the growth pattern of this lad (Bock, 1994).

### **Jesus' Wholistic Ministry**

Weber (2000) in Matthew 25:33-46 presents Jesus ministering to the community people in a holistic fashion. The goats and the sheep will have different fates for their care for the other domains of humanity in a crisis—in jail, in need, and sorrows of life (Verse 41). Goats that did not care about the welfare of the sick, prisoners, the hungry, the naked, and the stranger will have their fate in the lake of fire. These needed not a prayer for improved spirituality but attending to their physical, mental or emotional, intellectual, and social needs. The sheep were welcomed into the kingdom for attending to the many needs of these “brothers” (Wilkins, 2004). They need more than prayer—sometimes prayer and potatoes. Jesus was here presenting how a wholistic ministry can be achieved.

### **Ellen Gould White on Wholistic Health**

The book *Christian Education* by Ellen White (1894) presents the critical role that each facet of human development has—“physical, mental, and moral.” That humanity is integrated is the key lesson from her various writings. The harmonious development of each domain provides a great platform for an all-rounded individual and, ultimately, a mentally healthy being. God wishes that we all have socially healthy relationships and spiritual perfection. Ellen White (1954) declares the importance of “physical health... a strong mind and a well-balanced character.”

### **LITERATURE REVIEW**

Physical well-being is the worry of individuals, families, institutions, and governments. The mental has technically suffered neglect in so many circles as it is easily identifiable and visible. This neglect has happened despite health being “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity by the World Health Organization (2006).” churches take care of the spiritual well-being of the populace but many have not attended to the wholistic well-being of their members and community. In the Zimbabwean setting, mental health has not received enough attention from public policies and church institutions.

The popular phrase “no health without mental health” is supposed to be “no health without wholistic health.” Since humanity is wholistic, integrated, and all-faceted, health cannot be only one aspect of human development. The World Health Organization's definition of health somehow presents what

health is supposed to be—“no health without wholistic health.” O'Sullivan (2016) tracks the root word of “health” to have the same root as the word “whole.” He posits a position that I strongly agree with that healthcare should be tackled from a wholistic perspective to reduce glitches. According to Ivbijaro and Funk (2008), scary statistics tell us that “approximately 14% of the global disease burden can be attributed to neuropsychiatric conditions.” Such need attention lest we be negatively affected.

Mental disorders are generally accompanied by or accompany another ailment. Vladu (2016) posit that “psychiatry and primary care are creating a new alliance,” but argues that this has not been done fully wholistic as it skips or ignores one obvious one in many institutions—spiritual. Without fully implementing a wholistic approach to health, mental health disorders will cost the world “\$6.0 trillion by 2030” (Eaton et al., 2014). McClanahan, Hluff, and Omar (2006) support the concept of a holistic approach to health education and care since humanity is integrated. Each of the domains has a bearing on the other. Neglect of any domain will lead to ‘no health’.

### **A. Wholistic Health**

The overemphasis on specifying and separating ‘mental health’ from health continues to build a wall between mental and the rest of the domains of development. Trying to specify like this “does not allow for the concept of wholistic health (O’Sullivan, 2016).” Wholistic well-being should be strived for and preserved as we wait for heaven where there will be wholistic well-being untainted. The physical houses the rest, and it is visible and tangible. Its deterioration can be seen easily and addressed. It is quite critical to the well-being of the other domains. Jain et al. (2018) posit that “physical exercise... also helps control emotions and instincts, helps in building thoughts and realising the power of concentration... lessens anger, agony, jealousy, tensions and heated discussions, and it makes a person happier and positive.” Whatever the body experiences have a bearing on the rest of the domains.

Smith (2014) theorises that mental health is a “state of well-being in which every individual realises his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and contribute to her or his community.” Separating mental health from the rest of the domains leaves room for cooperation and teamwork in achieving wholistic well-being by these domains. The handling of life stressors is not the goal of life; it should also get to the extent of enhancing spirituality and supporting physical well-being, unlike what Jain et al. (2018) conjecture when they said: “social factors sometimes exert positive effects on the well-being and ameliorate the negative effect of the life stress on well-being.”

The role of spirituality is critical to the achievement of holistic health. “Spirituality refers to a personal quest for ultimate meaning in life and for a personal relationship with a transcendent or sacred realm” (Ahmad, 2013). This definition intimates that spirituality impacts the whole life. The physical, mental, intellectual, social, and emotional get influenced by spirituality. This strong influence and impact of spirituality are what O'Sullivan postulates when he says, “the orientation of the spiritual is towards whole life-integration.” When the church sets up hospitals, clinics, and sanitariums, their approach should be holistic, nurturing the whole person. When they do that, says White (1946), the sick “will be benefited physically, mentally, and spiritually. The weary will be refreshed, the sick will be restored to health, and the sin-burdened will be relieved.” All the church’s efforts should intimate towards a wholistic ministry. Spiritual solutions without temporal, physical, social, emotional, and economic ones reduce the power of the gospel and the church's influence and impact on the communities. When facing death, Taghipour et al. (2017) propose that spirituality helps the bedridden “in accepting the inevitable realities such as death...determine one's coping mechanisms, viewpoints, and perceptions towards death...raise hope in patients with chronic diseases...Therefore, spiritual health and intelligence are positively associated with mental and

physical health.” Unfortunately, the role of spirituality is missing in the World Health Organization's definition of health. Without it, there is no health at all.

### **B. Wholistic Illness**

The literature reviewed has proven that health is not only physical, mental/emotional, spiritual, or social. If there is wholistic health, there should also be wholistic illness. If one domain contributes to the well-being of the rest achieving wholistic health, the same can contribute to the ailment of another, leading to wholistic illness. Illness can permeate others domains—physical ill-health can lead to emotional, social, and spiritual illness, though it originated from one. The Zimbabwe Mental Health Act (1996) states that “mental disorder or defect” is "mental illness, arrested or incomplete development of mind, psychopathic disorder or any other disorder or disability of the mind." Whenever there is a discussion of mental illness, its impact on the rest of the physical, social, emotional, and spiritual emerges.

The presence of and suffering from two ailments at a time by an individual is very common. Though one of the two might be prevalent and bring more pain, the fact will be that an individual is suffering from more than one ailment—comorbidity is at play. This happens because of humanity's integrated nature, which calls for an integrated diagnosis. Prince et al. (2007) support the notion that there is integration and interconnectedness between mental disorders and other communicable and non-communicable. They say, “Mental disorders increase the risk for communicable and non-communicable diseases, and contribute to unintentional and intentional injury. Conversely, many health conditions increase the risk for mental disorder, and comorbidity complicates help-seeking, diagnosis, and treatment, and influences prognosis.” One ailment often leads to many ailments resulting in wholistic illness.

Mental health affects life in its entirety. As we are concerned about the well-being of an individual, we are to look at the spiritual state with a sharp and pointed eye as it has a greater impact on the rest, positively or negatively. According to Eaton et al. (2014), the poor state of mental health among the populace has affected “many central issues in development, such as poverty and economic progress, governance, peace, human rights, and access to justice.”

## **3. METHODS**

### **A. Research Design**

Akhtar (2016) posits that research design is like the glue “that holds all of the elements in a research project together.” If the research outline is well-presented, it “makes possible the smooth sailing of the various research procedures,” resulting in more professional work “with a minimum expenditure of effort, time and money.” Since qualitative methods are generally “exploratory,” and they seek “to explain 'how' and 'why' a particular phenomenon, or programme, operates as it does in a particular context (The Open University),” they proved the best for this study. Data were collected in a natural setting as the researcher kept “a focus on learning the meaning that the participants hold about the problem or issue, not the meaning that the researchers bring to the research” (Creswell, 2009). This phenomenological study considered “all the perceived phenomenon, objective and the subjective” (Omona, 2013).

### **B. Population**

This study used a small and eligible sample to implement the study (Asiamah et al., 2017). A sample of nine accessible populations was drawn from the target population of Mukota A Ward, young people between 18 and 35 years old, and key informants responded to interview questions. The general population was Mudzi District. As shared by Murphy (2016), the researcher knew that “a lack of



clarity in the population definition may lead to misunderstanding and dissatisfaction among survey participants.”

### **C. Purposive Sampling**

According to Umar and Magudu (2015), it is difficult to get responses from some populations, and in that case, only the "purpose of the research" can convince the respondents to participate. The researcher used the purposive sampling method for this study. Those informed on wholistic health and youth mental were the best to participate.

### **D. Research Procedure**

Data was collected using interviews, and the study participants responded freely without duress, and the interviews were recorded with their consent. The interview guide was pretested with two participants to ensure that the data to be collected would be authentic. All participants filled out the consent forms and participated as they pleased. They were free to exit though none retracted.

### **E. Data Collection**

Interview questions served to elicit responses. The questions were asked, and responses were recorded using a recorder and stored in a MacBook. The open-ended questions allowed the participants to freely share their views and opinions (Creswell, 2009). The interviewer had the freedom to modify the question and follow up with more questions during the interviewing exercise (Abawi, 2013). This improved the quality of the data collected.

### **F. DATA ANALYSIS AND DISCUSSION**

The data was transcribed and produced 3 to 6 pages. The study findings are discussed here. It was discovered that mental health is key to achieving wholistic health as much as other domains are critical. Youth 1 shared that “there is a solid relationship among the domains of development; the well-being of one contributes to their well-being.” Medical Professional 1 argued that mental and spiritual well-being “ensure humanity is well wholistically.” Mental ill-health can cause an individual to behave and act differently from normal. Youth 2 believes “poor social relations affect mental well-being, often leading to anger, bitterness, and sometimes violence.” All participants agreed that humanity is integrated.

Though each Ward had Youth Officers, it was surprising to learn that Youth 5 felt they were not effectively assisting young people in their various needs and challenges. When one is ill physically, they often have "mental strain and stress", according to Youth 3, who also emphasised that "socially healthy relationships play a key role in the restoration of wholistic health." the young person also said youth affected by stress “can be rough and throw tantrums at others.” Youth 4 believed spirituality has a crucial role in the "restoration of wholistic health” by "stabilising mentally ill young people.” Unfortunately, he was convinced that “connecting with God when mentally unwell was so difficult.” An emotionally unwell individual often has “poor or a breakdown of communication between.” Humanity is five-in-one, and each domain is crucial to the well-being of all.

## **4. RESULTS**

### **Wholistic Nature of Humanity**

Human beings are integrated and holistic. Each facet of human development contributes to the well-being of all others. If one is not well, the whole cannot be well. Youth 1 posited that “there is a solid relationship among all the domains of development. The well-being of one contributes to the well-being of all.” All domains are related and positively or negatively influence each other; all study participants concurred.

### **A. Physical Health**

The human body serves as the hardware, and the rest of the domains are attached and dependent on it. The mental is like the software and commands and controls the activities of the rest. Youth 1 posited that “physical ill-health can lead to mental illness,” and Youth 3 advocated that “stress may not go if it is a physical ailment that has caused me to be unwell mentally until the physical ailment goes.” Study participants agreed that physical well-being positively impacts mental health and vice versa. Some of the bodily effects like “loss of weight, body weakness and headaches” can come as a result of stress, according to Medical Professional 2 and the Prophet. Conclusively, “an understanding of this relationship helps avoid mental illness or maintain good mental health,” according to the Prophet.

### **B. Social Health**

Mental health can be affected by social relations either positively or negatively. Youth 1 felt that “one's social status affects their mental, spiritual, and emotional state, ” while the Prophet stated an inverse relationship between social and mental health. The Prophet said, “when I am stressed, it may cause poor communication between me and my relations.” Medical Professional 2 supposed that poor social networks will cause an individual not to get help easily. Additionally, Youth 2 stated that “poor social relations affect mental well-being leading to anger, bitterness, and sometimes violence,” leading to a rancorous circle.

### **C. Spiritual Health**

Spiritual health serves to achieve the wholistic well-being of any individual. The higher power has a critical role in making humanity wholistically well. Mental health enhances one’s spirituality and vice versa. Guilt, shame, and remorse, all impact one's mental well-being, according to Youth 2 and the Pastor. When one’s spirituality is firm, one can “better face and overcome life challenges. It helps manage anger from a spiritual perspective,” said Medical Professional 1. On the other hand, Youth 2 argued that “evil spirits cause mental illness and therefore *muteuro* (prayer) works best.”

Youth 1 intimated that “spirituality is the conscience of humanity, regulating young people in all spheres of life.” However, some use religious rituals like “using *muteuro* (prayer) with tangible things like water, stones to force ladies to go out with them.” Youth 3 contends that “spirituality stabilises your mental being by suppressing any possible mentally challenging issues”, while Youth 4 confirmed that some “that seemed mentally disturbed went to seek spiritual help and became well.”

One’s mental state has a bearing on their religious life and spirituality. The Pastor declared that “if one is mentally unwell, they cannot listen to the Word or worship God in spirit and in truth. Therefore, the mental affects the spiritual while spirituality impacts one's mental being.” These two interrelate and impact each other. Medical Professional 2 believed that “spiritual activity through prayer and fasting and other worship activities divert one’s focus from the worries of this life while giving hope for the future.” In order to place the church at the core of wholistic health promotion and provision, the Prophet contends that “the church should seek to stabilise the mental state of its church members, giving hope beyond today's challenges.”

## **5. CONCLUSION**

One cannot be healthy in the absence of holistic health. The absence of well-being in any development domain automatically leads to the absence of health. Since humanity is physical, mental/emotional, social, and spiritual, health is only achieved by all domains, while sickness comes in the absence of anyone. When discussing health, it cannot be in the context of wholeness. There is no health without one of the domains, while one cannot be healthy with only one. No domain is less important than the other as God created men to enjoy all these while ultimately preserving them with

wholistic well-being. Without one, there is no health at all. Spirituality is the software that impacts and stabilises the whole of human existence and well-being.

The neglect of the crucial role of mental health in achieving wholistic health has led to the deterioration of situations that could have been rescued before it is too late. The church has the primary responsibility of ensuring its members' mental and spiritual well-being is achieved. These two serve more like the software of humanity controlling and giving direction and tone to the rest. There is no health in the absence of wholistic health. The church's role is to provide a platform for achieving, promoting, and maintaining wholistic well-being in both the young and the older people's lives—there is no health without wholistic health.

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