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SPIRITUALITIES, RELIGIONS AND THEOLOGIES: POSSIBILITIES IN HEALTH PROMOTION?

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Abstract: Context: The theme of health promotion emerges from public health and is based as a space for reflection and health practice, indicating, among other principles, intersectoral initiatives including three recurrent themes in contemporaneity, namely: spiritualities, theologies and religions. **Objectives:** To point out brief introductory notes on heuristic aspects of theology, spirituality and religion and possible links and approaches to health promotion, in the perspective that it can be given as a contribution to the panorama of interfaces in the aforementioned themes. **Material and methods**: This was a theoretical essay that, from the scientific and academic space, taking as a strategy the bibliographic narrative, intended a critical and applied reflection in a theoretical-descriptive approach in two thematic axes: a) epistemological heuristic context; and b) approximations and entanglements. **Results**: Notwithstanding the ontological, heuristic and epistemic peculiarities among the themes addressed, promising interdisciplinary and intersectorial approaches are outlined in the academic, scientific and professional scope. A panorama of complex and potentially positive relationships is drawn up, with even moderate contributions, with initiatives with both theoretical and practical emphasis, opening up an extensive agenda to be undertaken on the horizon. **Conclusions:** The role of spirituality, theology and religion in health promotion has already been evidenced by initiatives and collaborations that are still discrete, and even potential, with a theoretical-practical agenda open to construction.

Keywords: Health Promotion, Theology, Spirituality, Religions.

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INTRODUCTION

Spirituality, theology and religion are three recurring themes in contemporary times, both with regard to better contemplation of integrity and integrality of the human dimension (including health) and alternative ways of explaining reality in relation to the hegemonic classical scientific paradigm. In some circles, they have historically been viewed with suspicion or even marginalized as a valid academic-scientific reflection dimension of producing understandings of reality.

Within the limits of the Western religious world, this may be a reflection, to some extent, of the Protestant Reformation proposition of an epistemological break between theology and the philosophical tradition – in part expressed by the adoption of the principles *Tota* and *Sola Scriptura* (totally and only the scriptures) – and later, similarly, from the comprehensive epistemological break brought about by the Enlightenment, in a science now autonomous from human tradition and oriented towards an analytical "*Sola* reason", which became the basis for understanding the natural world and, by extension, the reality itself (1).

On the other hand, more recently, the modern scientific statute has been questioned when not scrutinized by postmodernists, by the human sciences and contemporary philosophy, so that it would no longer "haunt the autonomy of knowledge" (2). Thus, the human dimension of spirituality that was once dispossessed is currently emerging in several scientific spaces and even related to health promotion, with special emphasis on "quality of life" and "lifestyles" (3) (4).

Some of the relationships between what is considered "sacred" have been aligned, among other issues, in the scrutiny of the relationship between science and religion (5), and through the retrieval of elements specific to the universe of the sacred for application to different areas of reflection, whether academic, scientific or practical. This has been evident, for example, in "political-theology" (6) (7) or in "spiritual capital and intelligence" (8) (9). These applications arise from new meanings of old constructs, often originally from a distinct and peculiar ontological identity, making the redimensioning of the concept in its new allocation universes a challenge.

As Viaro (10) warns, the sense and meaning of every word when technical-scientific will be indicated, to a large extent, by the contexts, space or area of knowledge it uses, and as there is still an unreliable etymology in scientific terms, further studies using appropriate methods are desirable, for greater clarity and rigor. Anyway, we use the available primary and secondary literature in a descriptive approach, aiming to point out brief introductory notes on theological, religious and spiritual aspects in the scientific and academic space. The perspective is that this can be given as a contribution to the panorama of the main interfaces and discussions in the aforementioned themes, in order to, from there, seek points of convergence with possibilities in health promotion.

Importantly, the theme of health promotion emerges from public health and is based as a space for reflection and health practice, indicating, among other principles, intersectoral initiatives, that is, the search for an integration of other sectors of society to copy the enormous challenges faced. Thus, health promotion constitutes an interdisciplinary space for theoretical and practical thinking both in scientific and academic circles and in professional spheres. It is not only restricted to the limits of health professionals or the public institution, but extends to all sectors of society in order to better deal with the gigantic contemporary demands (4) (11) (12).

This intersectoral framework has recently been associated with the practice and exercise of spirituality and religiosity, and, although apparently few in number, there are already contributions addressing the church, religion and the spiritual as environments and contexts favorable to health promotion (13) (14). In this sense, spiritual care in health institutions is particularly relevant, as

well as the qualification of the mediator offering it in these environments, so that the patient is effectively contemplated in the practice of their faith in favor of their own health.

Thus, spiritual care based on theological, religious, scientific evidence (although the nature of what is meant by "evidence" in each knowledge may be different), is presented through thematic axes. It is intended to clarify the thematic panorama through an epistemological approach, understood as a meta-scientific investigation, of critical reflection and applied here in a theoretical-descriptive approach (15), considering the contextualization of knowledge production heuristics in the spiritual, theological and religious sphere, as well as these notes studied in the area of health sciences. In particular, some possibilities of the "sacred" in health promotion are presented.

SPIRITUALITY, RELIGION AND THEOLOGY: HEURISTIC AND EPISTEMIC CONTEXT

Initially, it seems desirable to also characterize three areas of reflection of human elaborations, namely, philosophy of science, theory of knowledge and epistemology (although there may be overlaps). For Tassinari (16), the philosophy of science addresses more general themes such as ontology and metaphysics, among other questions related to the general view of the universe and reality. In turn, the theory of knowledge deals with more general issues associated with knowledge, even the relations between the subject and the object thereof. Finally, epistemology concerns the concepts, ideas, articulations and results of given theories. The latter is applied in the following considerations.

In this sense, the approximation and characterization proposed in Adam Morton's introductory contribution on beliefs and their qualities seems relevant, in which ideas, concepts and basic epistemic questions are highlighted, indicating some assumptions of three approaches or modes of approximation of knowledge: rationalism, empiricism and Bayesianism. The starting point for a deeper understanding/positioning depends on the answers to the following question: what qualities should, have and can have our beliefs? Adam Morton also mentions, among other aspects, that some philosophers address the irrationality of religious belief, which would extend to deity and inevitably to faith (17). An alternative to this position, namely, the rationality of faith, can be found in different understandings (from those derived from St. Anselm and Blaise Pascal to Alvin Platinga) in epistemology of religion (18).

In an interesting contribution relating spirituality and epistemology, it is discussed that basic presuppositions related to immanence/transcendence, humanity/divinity, dualism/monism, body/soul pairs can lead to crucial bifurcations to radical oppositions between macro-perspectives, such as Western and Eastern. Thus, one proposal is that non-hegemonic epistemologies, such as Polanyi's in the "personal narrative", can better accommodate the relationship between spirituality and knowledge (19).

We emphasize that the term spirituality is now seen as a complex phenomenon and a multidimensional polysemic construct in various areas of knowledge, as it increasingly encompasses concepts or practices that are no longer reduced to the Christian, religious universe (20) (21) (22). A common definition in spirituality and health studies is proposed by Koenig, McCullough and

Larson (2001), according to which spirituality is "a personal search for understanding the ultimate questions about life, its meaning and the relationship with the sacred and the transcendent, being able or not to lead or originate religious rituals and formation of communities" (23). It has often been a backdrop for the development of theological and religious premises, in which religion can be understood as a source for one or more spiritualities (22).

It has been indicated that spirituality derives from the Latin noun *spiritus* ("breath of life" or "breath"), referring to the verb "to breathe" or to the breath that gives and sustains life (20); it is often related to the Biblical Hebrew term *ruach* and the Biblical Greek pneuma, although not all conceptions of spirituality are linked to religion (22). When approaching the overlaps and distinctions between religion and spirituality, in search of a conceptual operationalization for the purposes of understanding and research, Hill et al propose differentiation criteria, listed in Box 1 below (22).

Box 1 - Criteria for the conception of spirituality and religion.

Criteria for the conception of spirituality	
A	Feelings, thoughts, experiences and behaviors that arise from a search for the sacred. The term *search* refers to attempts to identify, articulate, maintain, or transform; on the other hand, the term *sacred* refers to a divine being, divine object, final reality or ultimate truth as perceived by the individual.
Criteria for the conception of religion	
A	Feelings, thoughts, experiences and behaviors that arise from a search for the sacred. The term *search* refers to attempts to identify, articulate, maintain, or transform; on the other hand, the term *sacred* refers to a divine being, divine object, final reality or ultimate truth as perceived by the individual.
B	A search for non-sacred goals (such as identity, belonging, meaning, health or well-being) in a context that has as its main goal the facilitation of (A).
C	The means and methods (e.g., rituals or prescribed behaviors) of research that receive validation and support from within an identifiable group of people.

Adapted from Hill et al. (2000)

Despite the recent schism between religion and spirituality, resulting from changes in understanding and paradigms, as well as historical and cultural events, there are many common characteristics found between them, and just seeing the contrast of this relationship can mean to disregard a potential, rich and dynamic relationship (22). Thus, the co-occurrence between spirituality and religion and their interfaces with health should preserve concepts that are not restricted to the point of generating research with limited value or so broad as to de-characterize them from their identity distinctions (22).

In their contribution, Koenig, Mccullough and Larson define religion as "a system of beliefs, practices, rituals and symbols designed to facilitate proximity to the sacred and the transcendent – God, superior force or absolute truth" (23). It should be noted that the word *religion* derives from

the Latin root *religio*, which means a link between humanity and some power greater than human. Scholars identify at least three historical designations of the term: 1) a supernatural power to which individuals are motivated or committed; 2) a feeling present in the individual who conceives such power; and 3) the ritual acts performed in relation to that power (22).

As already mentioned, religion, despite once being devoid of usefulness and even considered inappropriate to human well-being – an argument based on a logical reason –, has been reflected by explanations based on the tensions between it and science. In this sense, the studies by Rodrigues and Balardi can be very useful in elucidating the historiographical approaches applied to the analysis of the relations between science and religion, suggesting three main ones: the conflict thesis, which suggests an antagonism between them; Yates' thesis, who perceives a relationship of friendship; and the complexity thesis, which, unlike the two others, proposes a new dynamic look at this relationship, leading to tensions or corroborations, depending on the period and historical contexts (24).

In this sense, in contemporary times, religious knowledge has been consolidated as a space for investigation, even in higher education, more closely, although not exclusively, by the sciences of religion, in sociological, anthropological and psychological approaches, among others, based on: the historical pillar and the systematic pillar (25). Roughly speaking, **theories of religion** have been aligned with substantive characteristics, relating to the question "what is religion or religious phenomena?" and functional characteristics mediated by the question "what does it do?" (26). Its epistemological statute, as well as its academic affirmation, has been made explicit in part by the discussion of its differentiation from its co-worker: theology. This is because this is constituted by a knowledge produced by "looking from within", while the scientist of religion produces a "look over" that does not start from the experience of faith, but from certain scientific assumptions (25).

The word *theology* – *theologia* (*θεολογία*) – is made up of the Greek terms *θεός* (*theos*), which means "god", and *logia* (*-λογία*), which can mean "word", "discourse", "reasoning". The (patristic) Church Fathers incorporated the term into Christianity, in which it came to be understood as "discourse about God", then "idea of God" and finally "study of God" (definition today tremendously objectionable, as God is not an object of analysis) (27). In turn, we can broadly categorize traditional Judeo-Christian theology, albeit at the risk of being reductionist, into three broad branches of inquiry/reflection: biblical theology, systematic theology, and practical/pastoral theology. All of them have theoretical-practical applications and implications, approached from different perspectives (historical, anthropological, linguistic, praxiological, etc.) and, sometimes, researched in combination with more than one area. This is the case, for example, of missiology, which is generally allocated to practical theology, but in some situations, it is fundamentally systematic or biblical.

Systematic theology is related to the effort to organize knowledge into systems, building it thematically. Biblical theology, on the other hand, is related, as its name suggests, to a study of the so-called "Word of God" through **hermeneutics** (investigation of the text's meaning) and **exegetics** (scrutiny of different contexts in which the text is inserted, such as linguistic, literary, biblical, historical, cultural, etc.), with the intention of an appropriate interpretation (28) (29). Practical theology (PRT) and pastoral theology (PAT) refer to the centrality of practice/action in their theological work, however they distance from each other due to the different ways in which they work: PAT is marked by an *ad-intra* perspective, whereas PRT is characterized by an *ad-extra* perspective (30). It seems reasonable to infer by extension that other theologies of different matrices, in one way or another, similarly to what has already been mentioned, maintain an approach aimed at theological systematization and study of "sacred precepts" (whether oral or written) according to their "tradition".

In a practical way, hermeneutic and exegetical studies have substantiated and better contextualized the operationalization of the *Dicta-Probantia* (proof text), a method commonly used in Christianity (31). These interpretive exercises have somehow been aligned either with a grammatical-historical approach (based on *Sola* and *Tota Scriptura* principles, a system of interpretation of the Bible from the Protestant Reformation of the 16th century) or with the historical-critical approach that, at its foundation, was indelibly influenced by Enlightenment concepts (32) (29), or even structuralist (analysis of linguistic signs in which each text has its own identity and autonomy and must be investigated through the historical-critical stages) (33). Although there are approaches (methods) and sub-methods that could be mentioned, these derive to a greater or lesser extent from those already mentioned.

Similar to proposals for classifications of the relations between science and religion, Lambert proposes three possibilities of interaction between science and theology (at an ontological, epistemic and ethical level): concordism (characterized in an explicit or implicit position, which places science and theology on the same plane, erasing or attenuating their specific differences); discordism (raises a hermetic barrier between the two approaches, preventing, in principle, any contribution from one to the other); and articulation (the fundamental principle of which is respect for the differences between approaches, although it does not take this respect to the point of preventing any dialogue between science and theology – reciprocal dialogue) (34).

In contemporary times, given the social heterogeneity and diversity of religious confessions, there has been emphatic talk of "theologies" (2), which, similarly to the science of religion, have also been established as a space for academic reflection, differing from the latter in the pastoral aspect inherent to the theologian (since they are a "religious specialist in their tradition") and in the distinction not of the object of study, but in the way of approaching it (35). Thus, the theological method has practically inexhaustible scope, with different proposals being cited that, in large part, maintain a practical orientation focused on service, and in some others, an interpretation of reality in the light of hope (36) (37).

The spiritual and religious dimension has taken several paths, in which its heuristics of knowledge production generate developments that are still uncertain, but which can already be seen in some way in light of the evolutions and dynamic paths they have taken in religious expressions such as "emerging churches" (38), and even tends to an unconventional religiosity, in a kind of spiritual bricolage (39). Note that religious traditions have health hermeneutics when interpreting illness and death with different religious reasons, sometimes conflicting, sometimes cooperative with health sciences. Expanding these religious hermeneutics, composing both the wisdom of life present in religious expressions and the scientific knowledge in the health area, aims at a cooperation for the common good interests of civil society.

Given all that has been indicated so far, we infer that it is evident that the reflection and investigation of religious and spiritual practice, whether by the theologian or by the scientist of religion, is not detached from the reality experienced by those who assume a certain confession or practice and their repercussions in the different circumstances of life. In other words, the exercise of faith is experienced in the different environments in which people relate, learn and work (assumed in this relationship with the sacred all the intrinsic implications of each belief), and this includes the various health institutions in their various levels of care attended throughout life. It is in these human relationships with the sacred, whether spiritual or religious – which, at times, may be based on a certain theology – that the intersection with scientific investigations in the area of health is found.

FORMA MENTIS IN HEALTH: MODELS AND SOCIO-HISTORICAL CONTEXT

Going back in history once more, the treatment of illnesses, in one way or another, was linked to religion, which was sometimes associated with a mystical, if not occult, nature (40). In the West, the Greek tradition is revisited for its influence on the formation of medical thought. In ancient Greece, the Greeks worshiped Asclepius (also called Aesculapius), the son of Apollo, as a god of medicine. Asklepios had two daughters, Panacea and Higeia (who apparently were in competition), who represented the paradox between individual and collective medicine. Panacea is seen as a precursor of clinical medical thought, whereas the hygeian tradition, based on later applied Hippocratic principles, is seen as a precursor of public health thought (41).

Generally speaking, from Hippocrates to Machiavelli, the forma mentis of knowledge production was based on the "semantic web of resemblance", in particular associated with the "concept of nature" intertwined with the magical-astrological conception, in a belief of "unity of the universe" in which this is considered "alive". Hence the belief in "marks" that would make possible the discovery of "similarities" (a discovery that would only occur due to the existence of a unit in the whole, considered to correspond to a "living universe"); therefore, all you have to do is find the "marks" and then decipher them through correspondence, that is, the "similarities". It is noteworthy that among the elements of articulation and structuring of this "language of correspondence", the analogy and the game of sympathies/antipathies (opposites) operationalized several applications in the construction of models for understanding reality, such as the "dynamics of moods" based on the cosmogonic principle of Love (sympathy) and Hate (antipathy), producing the union or separation of essential elements (water, fire, earth and air) (41).

On the other hand, Rebollo addressed the legacy of Hippocratic Corpus (collection of medical treatises), and drew attention to the coexistence of significant theoretical differences, interpreted and commented on in an effort that resulted in the construction of Western medicine. This process highlighted the contributions of both the Hellenistic period in the face of new anatomical discoveries, plurality of philosophical thought and medical schools (dogmatism, empiricism, methodism and pneumatism), as well as the important exegesis of Galen (who worked in Rome), being assigned to it the role of explaining the Hippocratic Corpus via natural philosophy (reconciling Hippocrates, Plato and Aristotle), until, around the 15th century, humanists began to demand "pure" works (sola), free from interpretation (42).

Later, at the same time that explanatory models of understanding are proposed by naturalist philosophers (moving away from the sphere of the supernatural and approaching the natural world), methods of investigation, control and systematization of knowledge resulting from this understanding, with special repercussions for the life and health sciences. Thus, two medical approaches with important implications for clinical practice are evident, namely, vitalism (Aristotelian proposition of the existence of a vital force additional to known physical forces) and mechanical philosophy (deterministic causality) (43).

Among the various propositions that have emerged since then, we highlight that, at the end of the 16th century, a movement of reaction to faith, experience and reason was designed, having among other contributions that of Descartes, so to speak, "Cartesian" (44). Later, Isaac Newton became the heir of the two important movements in the development of science – the empirical and

the experimental (45) – in such a way that Newton's mechanical philosophy became an important approach in structuring the knowledge and thought of the sciences of life and health.

It should be noted in the following centuries, Darwin's ideas, deeply rooted in the mechanistic tradition, and his relentlessly materialistic theory of natural selection had an important impact in inaugurating a new epistemology within science. Although his view of nature was mechanistic (with the accidental origin of variations and the mechanical process of selection as central elements of the theory of natural selection), it was quite different from the mechanical philosophy of classical physics, in proposing the "machine" as self-generating and self-operating (46). For Mayr, Darwin's work inaugurated the foundation of a new philosophy of biology, completely secularized, breaking with the dominant worldviews of the time, namely, essentialism, finalism, determinism (47).

In parallel to mechanical philosophy propositions, there were those aimed at human physiology, such as that of George Stahl in his formulation of the "vital tonic movement" (breaking with some galenic theories). To some extent, he was the precursor of Claude Bernard, who in the 19th century, with his contribution to the study of experimental medicine, marked the end of conventional vitalism (*a priori* immaterial assumption) and inaugurated physical vitalism, that is, a hybrid model that developed the idea of "organism" as a "vital machine" and not as a "mechanical machine" (48) (49).

Added to this, even from the 17th century onwards, was the formalization of "the measure of the State", namely, statistics, with emphasis on the so-called "political arithmetic" by William Petty (1623-1697), and the pioneering surveys of "medical statistics" by John Graunt (1620-1674). During this period, different types of state intervention on the issue of population health occurred, in a kind of precursor movement of what would become social medicine, such as the "hospital movement" and the welfarism that preceded a workforce medicine already partially supported by the English state in urban areas (a broader approach to hospitalism is made in the next section). Thus, the tripod clinical medicine, statistics and social medicine forged the context of roots of epidemiology, the latter having been consolidated as an important support for public health (50).

On the other hand, Ayres mentions that despite John Graunt's contribution having been a landmark, the conformation of quantitative methods as an epidemiological discursive feature only emerged in the late 19th century, especially "in the context of modern North American Public Health". Thus, driven by a "scientifically founded social reformism", the American School of Hygiene and Public Health found a model for a "new public health" (less ideological than the then old public health) in the contribution of Max V. Pettenkofer, who, as a type of "Claude Bernard of public health", proposed to approach social health issues as a "macrophysiology" (51).

Ayres (2011) argues that the social, scientific, economic and cultural environment, added to the articulation of these scenarios, created a fertile ground for the establishment of the modern scientific discourse on hygiene in the American context. This author also proposes a technical pragmatic emphasis during the development of the epidemiological subject, which occurs in three respective stages/approaches – epidemiology of constitution, exposure and risk –, thus suggesting that the formalization of the concept of risk and the probabilistic character has passed to guide causal reasoning in epidemiology and the biomedical sciences in general (51).

Thus, today, from a constitutive point of view, health has been considered a state of homeostasis (balance) of four main types: biochemical, physiological, psychological and social (52). However, in a recent contribution, Piko and Brassai (2016) propose to complement this understanding with a fifth element, namely, spiritual balance. The authors argue that existential attitudes are closely related to identity formation, moral development, attitudes associated with personal value and goals, as well as lifestyle choices. Thus, meaning in life and the pursuit of meaning serve health

better, as they can encourage people to engage in behaviors that promote health and avoid others that put them at risk, such as obesity and eating disorders (53).

The approximation to the Cartesian model, among other contributions that influenced a naturalistic conception in the life sciences, did not only have repercussions in clinical medicine due to its anatomical, physiological, biological and pathological technical advances (discovery of disease-causing microorganisms), aimed at causality, but also produced effects on the conception of what was considered normal and pathological (unhealthy).

Recently, in order to provide a more effective social response, emerging paradigms in scientific thought have been developed through less linear, more flexible and interdisciplinary approaches, such as systemic, holistic and ecological models. These models share the search for overcoming the fragmentary and mechanistic character of traditional natural science, called the biomedical model (54) (55). Such overcoming does not refer to denying the merit of contribution of the biomedical paradigm in the historical moment in which it occurred, or even of its important role today; however, it partially concerns the limitations of the aforementioned model for effectively facing the complex demands of collective health in the current context, namely, epidemiological transitions, including the lower occurrence of infectious diseases due to the higher incidence of non-communicable chronic diseases (NCDs) and violence (54).

Despite a historical and epistemological epidemiological practice, partly hostage to an emphasis on "disease or related events" – that is, a negative model of health understanding – models of positive conception, centered on health, rather than on disease, even though epistemic challenges to be overcome in relation to these practices loom on the horizon (56). In this sense, from the 1970s onwards, discussions on health promotion gained expression, with emphasis on the proposal for the report by Lalonde on health in Canada. Among other aspects, it questioned the prioritization of investments for "medical care" to the detriment of other fields of health: human biology, environment and lifestyle (57).

THE SACRED AS HEALTH PROMOTING ENTITY

In general, the "sacred" as an intervening entity in health has followed three paths of reflection, practice and investigation. One of them has followed an anthropological and philosophical investigation of the "sacred" in its different expressions in human constitution and integrality/integrity with an inter- and multi-disciplinary focus, more focused on theoretical ontological-epistemic repercussions. Two other paths have a practical and technical nature more directly linked to life sciences, which reflect two proposals for approaching medical sciences, namely: the preventive and welfare approach, with a negative focus, that is, on the disease and, therefore, aimed at overcoming of this in health care contexts (primary, secondary and tertiary); and health promotion (with a focus on denying the negative, that is, emphasizing health).

Thus, on the one hand, spirituality and religiosity have been associated in healthcare studies with what has been called positive *coping*, that is, a resource of spiritual/religious origin for coping with situations of harm or illness (58). The epidemiological approach in health science investigations has been its foundation since its constitution as a subject; thus, it is emphasized that under the designation "spirituality/religiosity", the theme has been widely reflected in this area, in which

conceptual and methodological investigations and discussions have been central (59), as well as the development of instruments for measuring these relationships (60). Research has been undertaken in studies relating health and spirituality in cardiology (61), psychiatry (62), clinical medicine and geriatrics (63), neurology and chronic pain (64), nutrition (53), among others.

On the other hand, the "sacred" has been associated with a potential environment for health promotion; it has been reported as a topic for reflection not only in the epidemiological approach, but in different areas of knowledge such as psychology, sociology, education, economics, politics, etc. (65). Health promotion has been classically defined as a process of social and individual training, to act to improve their health and quality of life, in an environment of co-responsibility between social actors (66). In this sense, we infer that the constructs "healthy" and "sustainable" are central, as core in the final objectives of health-promoting actions, being guided as important articulators of an intersectoral nature (54) (11) (66).

Returning our gaze to the understanding of the term *healthy*, etymological dictionary of Cunha presents it as a variation of the feminine noun *health*, which means "state of health", "salvation", from the Latin word *salus-utis*, mentioning the source of the 15th century (67). This somehow converges with the thinking of other authors, although not in all points and not without discussion (68) (69). For Almeida Filho, the etymology of the term *health* "denotes a quality of intact, unaffected beings, with a sense linked to the properties of wholeness, totality. In some aspects, health indicates solidity, firmness, strength. On the other hand, modern Western languages developed a distinct variant, based on a religiously based medieval etymological root, linked to the connotations of perfection and sanctity" (69).

Thus, the theological influence in relation to a possible religious origin of the term is indicated by Sathler-Rosa when explaining that in "Biblical Hebrew, the etymology of the word *shalem* (healthy, whole) has the same root as *shalom* (peace, whole or entire), salvation)" (70). In his article, Paiva walks in a similar direction by quoting the Latin proverb "*medicus curat, Deus sanat*" (man cures, God heals), addressing, from a psychological point of view, the concept of cure as care and recovery from illness, relating it in particular to religious confrontation. The author distinguishes several possible relationships between healing and religion (71).

In this sense, we infer that this constitutive intertwining seems to occur not only in the etymological expression of one of the constructs we propose as central to health promotion, but extends to its theoretical and practical constitutive proposal of a space focused mainly on health in different environments where human life takes place, which includes faith-based initiatives. Among them, we highlight the promotion of church-based health, which is gaining increasing attention among strategies to address health disparities. Sometimes the understanding of the role of local churches in health promotion is limited, which would otherwise enable meaningful partnerships to address public health challenges (14).

More directly, in an interesting qualitative study, Ayton et al. address three different expressions of church – traditional, new, modern and emerging –, finding that the levels and types of health promotion activities differed from each other, reporting the different expressions of how the mission of the church influences health promotion activity. In other words, traditional churches were particularly involved in disease screening and health education activities; modern churches tend to have material and human resources to be used in health promotion activities involving members of the congregation and others; and emerging ones, in contrast, engage in broad health promotion with activities including disease prevention, lifestyle initiatives, and socio-ecological approaches at the community level (14).

Another contribution, in addressing the growing obesity epidemic in the West, in general, highlights that the religious community is not immune to these morbidities, suggesting that changing health behavior in the community requires both the contribution of knowledgeable and credible individuals as a receptive public (13). Thus, religious leaders have been ignored contributors to promoting healthy behaviors; otherwise, by virtue of their association with time-honored religious traditions and the status this affords, as well as their communication, persuasion skills, weekly audience, mastery of religious texts advocating the virtues of healthy living, the ability to anchor actions and rituals related to health to the person's values and spirituality, they could promote healthy habits among their congregants (13). Regarding the need for healthy living, religious leaders can be effective agents in promoting health.

Recently in the journal Lancet, one of the world's most prestigious academic journals, the potential importance of faith in supporting global health concerns was highlighted (72) (73) (74). In addition, it drew attention to the growing concerns of physicians regarding the importance of addressing the faith needs of patients in the health context, pointing out that actions are urgently needed in relation to policy and practice in the field, in order to meet spiritual and faith demands of patients in health institutions. However, no reference was made to the role of the chaplain, and this may reflect the invisible nature of the health chaplaincy service in some contexts (75) (76) (77).

Although in many countries spiritual and religious support in the hospital is considered a fundamental right rather than an optional adjunct to care, in some places the publicly funded health care chaplaincy is being questioned, asking whether patient faith should be financed by public money (78).

FINAL CONSIDERATIONS

Considering religion and the spiritual as social determinants of health and the promotion of spiritual and religious health in an interdisciplinary, interprofessional and intersectoral health context, we hope that, although introductory, this pioneering effort to present possible links and approximations between health promotion and core expressions of the "sacred", from an academic and professional perspective, can partly contribute to filling the significant gap that still persists in the theological, academic and scientific editorial space.

It is desirable to build appropriate spaces for the clarification of proposals for deepening the theoretical, methodological and praxiological repertoire that equip those interested in ways to promote health through theologies, religions and spiritualities, favoring the development of significant contributions that they do not just include, but extrapolate the dimensions of university academic education at its different levels, markedly resonating in the promotion of individual and collective health, public and private.

Therefore, in conclusion, the role of spirituality, theology and religion in health promotion has already been evidenced by initiatives and collaborations that are still discrete, and even potential, with a theoretical-practical agenda open to construction.

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