

Risks and benefits of spirituality and religion: An analysis of medical anamnesis

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Abstract. Abstract. Research indicates that spirituality can have a significant impact on an individual's health and well-being. However, there is limited discussion about how to effectively address spirituality in medical history, considering its potential benefits and drawbacks for patients. Recognizing this gap, we conducted a study to analyze the effectiveness of various models used worldwide to approach spirituality in medical anamnesis. One model we explored is the FICA questionnaire, which involves asking about the presence of faith, its importance/influence in the person's life, participation in a spiritual community, and the patient's preferred approach to addressing spirituality in their healthcare. While the FICA questionnaire is practical, we found that it did not address potential issues related to negative religious coping or religious/spiritual struggles. Additionally, we examined the Brief RCOPE, considered more advanced in this area. However, we observed that it was limited in terms of religious diversity, making it challenging for healthcare professionals to address a broader range of religious beliefs in their assessments. Consequently, we conclude that further research is necessary to reevaluate and enhance the medical anamnesis by incorporating and addressing more extensive and diverse aspects of patients' spirituality. This approach should also explore both the potential benefits and harms of spirituality to the patient's health. By doing so, healthcare professionals can ensure a more comprehensive and patient-centered approach to addressing spirituality in medical consultations.

Keywords. Systematic review, Struggle, Mental health, Questionnaire, Faith.

1. Introduction

It is recognized that spirituality has a significant impact on an individual's health. However, there is a lack of comprehensive information regarding the risks and benefits associated with spirituality as manifested in patients. As a result, our research aims to investigate whether the anamnesis model utilized by doctors can effectively evaluate the effects of spirituality on human health.

2. Research Methods

The research method used in our systematic review was to search PubMed's data base for articles from renowned journals regarding religion and spirituality to identify the examination through medical history interviews (anamnesis) of both positive and negative aspects of those two domains. Many articles about this topic were read over the course of weeks, and for this review, only the ten most relevant were chosen. The criteria for

selection were relevance to the discussion, groundbreaking approaches to the theme and being written by well-known authors in the fields of religion, spirituality, and health practice. Recent publication wasn't an elimination condition since many vital studies in the field were written more than 10 years ago. However, recent studies were also analyzed. Articles on the subject often include research using surveys and systematic reviews. The problem with surveys and questionnaires is that the means of evaluation are highly subjective and frequently form a biased sample.

Tab. 1 – Keywords for article research.

Keywords	Rationale
Religion (AND) Spirituality	A broad approach to the topic
Religious Struggle	Focused on the negative aspects
Negative Religious	Known concept in the

Coping (NRC)		context of harmful religion thoughts
Religion Anamnesis	(AND)	Focused on the existing methods to assess patients' religious background
Spirituality Anamnesis	(AND)	Focused on the existing methods to assess patients' spiritual background
Health Spirituality	(AND)	Search for topic correlation

Tab. 2 – Article Review.

Author/ Year of publication	Title	Location of study	Overview of method	Key findings
Samuel R. Weber and Kenneth I. Pargament (2014)	The role of religion and spirituality in mental health	United States America (USA)	of Article review of research on spirituality and religion's capacity to benefit or harm the mental wellness of believers and those implications in the psychiatric settings.	Religion and spirituality can promote or damage mental health. The damages are related to negative religious coping (NRC). Instruments have been developed to assess patients' religious/spirituality history: FICA, SPIRITual History, FAITH, and HOPE.
Claire Hollywell and Jan Walker (2008)	Private prayer as a suitable intervention for hospitalized patients: a critical review of the literature	United States America (USA)	of Systematic review to gather evidence (due to the absence of experimental research in hospitalized patients) from qualitative and correlational studies, to identify if there is evidence that private prayer is capable of improving wellbeing for adult patients.	Private prayer is linked to reduced depression and anxiety, particularly in regions with strong Christian traditions. The study distinguishes between devotional prayers, which involve intimate dialogues with a supportive God, and petitionary prayers, characterized by desperate pleas or bargains with God. It was found that the latter type is associated with increased distress and impaired functioning.
Stephen Duane King, George Fitchett, Patricia E. Murphy, Kenneth I. Pargament, Paul J. Martin, Rebecca H. Johnson, David A. Harrison and Elizabeth Trice Loggers (2015)	Spiritual or religious struggle in hematopoietic cell transplant survivors	United States America (USA)	of The study's data were collected by survey from adult survivors of hematopoietic cell transplantation (HCT) to identify religious or spiritual (R/S) struggle. The questionnaire included Brief RCOPE, measures quality of life and the Patient Health Questionnaire 8.	The study revealed that R/S struggle is common among HCT survivors, and the best approach is to indicate and refer to a professional with expertise in the area. The Brief RCOPE measured negative religious coping (NCR) in two subscales: struggle with the Divine and interpersonal R/S struggle (regarding the community).
Margaret G. Williams, Autumn Voss, Barb Vahle and Sheila Capp (2016)	Using FICA spiritual history tool to assess patients' spirituality	United States America (USA)	of The study used FICA to gather data regarding spirituality through a convenience sampling approach of 31 patients at a rural medical center in the Midwest (29 females, 2 males), 55.4% participation rate, and an age range of 18 and 24 years.	The FICA questionnaire was used by nursing students to assess patients' spirituality and plan spiritual care. The FICA tool questions patients' faith and belief, importance and influence, community, and address in care, it's meant to determine their spiritual strength, so the health professional can use them to promote healing.
Julie J. Exline, Joshua B. Grubbs, Kenneth I. Pargament and Ann Marie Yali (2014)	The religious and spiritual struggles scale: development and initial validation	United States America (USA)	of The method used was a 61-item's survey designed to analyze religious and spiritual struggle and the areas it might correlate (divine, demonic, interpersonal, moral, doubt and ultimate meaning). The questionnaire was taken by a diverse demographic.	As spirituality enter patient care more frequently, it is important to develop a means to assess their struggles. The article proposes a questionnaire to discover how religion and spirituality-related topics affect mental health. The most protective factor was ultimate meaning. In some answers, thoughts about the divine were linked with depression and anxiety. Doubt was found to be linked with slightly better mental health.

Dr. Yusuf Ransome (2020)	Religion, spirituality, and health: New considerations for epidemiology	United States America (USA)	of	About method used to establish causal inference between religion and health, epidemiologists need to engage with other aspects of the issue, such as emerging trends and historical predictors.	Religion and public health are interconnected. Epidemiologists need to study established and emerging mechanisms to understand the causal relationship. One possible explanation for the connection between attending religious services and lower mortality rates is the social support systems found within congregations.
David H Rosmarin, Kenneth I Pargament, Harold G Koenig (2020)	Spirituality and mental health: challenges and opportunities	United States America (USA) and Saudi Arabia (HGK)	of	The article analyzes population groups in the USA with the aim of proving the relationship between spirituality and health and the importance of approaching it	Demand for mental health services in developed countries outstrips supply. Integrating spirituality with evidence-based treatments and collaborating with non-medical professionals such as clergy can offer fresh perspectives and new solutions to mental health treatment.
David M. Steinhorn, Jana Din, Angela Johnson (2017)	Healing, and medicine	United States America (USA)	of	This is a review article discusses the importance of spirituality in palliative care and how it can be integrated into healthcare. The authors present studies that show how spirituality can help patients cope with pain, anxiety, and depression, as well as improve their quality of life.	Spirituality is a significant source of comfort for palliative care patients. Healthcare providers should support patients' spirituality, regardless of their own beliefs. Integrating Western medicine with spiritual and alternative practices can benefit patients, but the lack of scientific evidence remains a challenge.
Jeff Levin (2016)	Partnerships between the faith-based and medical sectors: Implications for preventive medicine and public health	United States America (USA)	of	This Review Article that discusses partnerships between the faith-based and medical sectors, outlining ten points of intersection and highlighting potential benefits for preventive medicine and public health.	Religious-public health partnerships enhance medical care and public health but encounter challenges. Research shows positive health outcomes in religious populations regardless of background. Media misinterprets religious health studies as controversial distant healing prayer trials. Addressing legal, political, professional, ethical, and research issues is crucial to unleash the potential of these partnerships.
Radka Zidkova, Petr Glogar, Iva Polackova Solcova, Jitse P. van Dijk, Michal Kalman, Peter Taveland Klara Malinakova (2020)	Spirituality, Religious Attendance and Health Complaints in Czech Adolescents	Czech Republic (CZE)		The article data was collected through questionnaires and statistical analyses were performed to evaluate the relationship between the variables. The goal was to provide empirical evidence on the relationship between religiosity/spirituality and health in adolescents, which may have important implications for health promotion and the development of effective interventions.	Spirituality is positively associated with better self-reported health in Czech adolescents. Religious attendance without spirituality is not associated with better self-reported health and may even increase the risk of worse health. The study did not find any significant differences in the associations between religiosity/spirituality and the study highlights the need to distinguish between religiosity and spirituality in future research and interventions aimed at promoting adolescent health.

3. Critical Appraisal

3.1 Current methods of assessment

The current methods for fully exploring patients' religion and spirituality during anamnesis are still inadequate. Despite the popularity of the FICA questionnaire, it falls short in identifying negative religious coping or religious/spiritual struggle. While it is concise and covers important aspects such as patients' faith, its importance, the impact of community, and expectations in care, it does not address these critical issues adequately. Additionally, there is a scarcity of current studies and practical protocols for assessing spiritual struggles through anamnesis. The Brief RCOPE, which is considered the most advanced in this area, has its limitations as well. It is primarily based on Christian theology and lacks inclusion of different forms of spirituality. Most existing research emphasizes the significance of religion/spirituality in patients' wellbeing and attempts to correlate religious themes with mental health effects, both protective and harmful. However, there is still a need for health professionals to have effective means to identify negative religious coping and struggle in a clinical setting, ensuring that appropriate care is provided. Efforts should be made to develop more comprehensive and inclusive methods that address the limitations of current questionnaire approaches. This will allow for better understanding and support of patients' religious and spiritual needs during medical assessments and treatments.

3.2 The role of healthcare professionals

It is well-known that religion and spirituality have a significant impact on health, as per its expanded concept. While there is ongoing research and discussion about their positive effects, it is important to also consider the negative and potentially harmful effects [1]. These effects may not always be easily discernible and may go beyond the scope of medical knowledge [5], often requiring specialized professionals [3]. While it may be idealistic to expect healthcare professionals to possess the skills to effectively address issues related to religion and spirituality or to utilize these strengths to promote healing [4], it is crucial that they are aware of appropriate referral options for patients experiencing such struggles.

3.3 The approach to spirituality in the context of the health/illness process is limited.

In Western medicine, illness is viewed as the center of all curative efforts, rather than an opportunity for personal growth through the experience of dealing with various forms of illness and discovering one's innate resilience and strength. As a result, palliative care becomes more challenging and less structured. [8], This is not only due to the industrialization of medicine, but also to a deficit in the psychosocial

approach to obtaining medical history, which does not recognize how a patient's spirituality or religiosity can impact their health in a broad and forceful way [7].

4. Conclusions

Therefore, there is a clear need to restructure the medical anamnesis to include a more comprehensive approach to the patient's spiritual beliefs during consultations, while also increasing health professionals' understanding of the positive or negative impact such beliefs may have on the patient's health and illness. This is essential to ensure effective management of the patient post-consultation. Further research is required to concretely establish the parameters that must be analyzed during the anamnesis process to enhance it.

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"Give thanks in all circumstances; for this is God's will for you in Christ Jesus." 1 Thessalonians 5:18

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