

“The elephant in the room”: The spiritual dimension in health care practices

Mary Rute Gomes Esperandio¹

 <https://orcid.org/0000-0001-8521-8794>



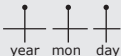

The expression “the elephant in the room”, marking the reflection on the relationship between spirituality and health (S&H), has already been used by two major references in the field: religion psychologist Kenneth Pargament, creator of the “spiritual-coping religious” construct, and Doug Oman, a reference in the Public Health field. Pargament used it as a way to characterize what happens in the Clinical Psychology field⁽¹⁾. He observes that, for feeling uncomfortable with the theme and unsure about how to deal with spiritual issues, many psychotherapists make a great effort to prevent the spiritual domain from appearing in the therapeutic setting. A futile effort! Although the topic is not mentioned, the “elephant” finds a way to make its presence known.

Spirituality is both a relevant resource and a source of problems for people, even when not addressed in psychotherapy. It is worth mentioning the study by Propst, et al.⁽²⁾, who sought to evaluate (for a 3-month period and in a 2-year follow-up) the effectiveness of treatments by separating participants into some groups: Religious and non-religious Cognitive-Behavioral Therapy (CBT); Pastoral Counseling; and People on waiting lists. The most surprising finding was about the patient-therapist interaction, showing a difference in performance between cognitive treatments performed by religious and non-religious therapists. The latter showed better performance in treating religious patients than their religious counterparts. The group that presented better results was that of religious patients who received cognitive behavioral treatment by non-religious therapists. The authors found that both CBT and Pastoral Counseling “showed long-term prophylactic effects” for the researched population and that “treatment gains measured at post-treatment were generally maintained both at the 3-month and at the 2-year follow-up [of the study]”⁽²⁾.

In the Public Health field, in a recent Springer publication, edited by Doug Oman under the title: “Why Religion and Spirituality Matter for Public Health: Evidence, Implications and Resources”, the author criticizes the field, warning that although it is “involuntary intellectual blindness”, it is time to recognize the elephant in the room and harness its power for good⁽³⁾. The presence of the elephant in the room is noted through more than 100 systematic reviews and over 3,000 empirical studies published in the last 20 years, and the topic remains neglected in curricula and research studies in the Public Health field.

¹ Pontifícia Universidade Católica do Paraná, Escola de Educação e Humanidades, Curitiba, PR, Brazil.

How to cite this article

Esperandio MRG. “The elephant in the room”: The spiritual dimension in health care practices. SMAD, Rev Eletrônica Saúde Mental Álcool Drog. 2023 Apr.-June;19(2):4-5 [cited ]. Available from: .
<https://doi.org/10.11606/issn.1806-6976.smad.2023.000222>

In Brazil, research on S&H has been growing since 2007, even with the emergence of new Research Groups (and/or Research Lines) registered with the National Council for Scientific and Technological Development (CNPq). In the country's medical schools, there is an increase in the inclusion of this theme in the curricula between 2011 and 2021 and, more recently, a study was published with the "Guidelines for Integrating Spirituality in the Prevention and Treatment of Alcohol and Other Substance Use Disorders"⁽⁴⁾, showing that the path is starting to change.

Although Brazil is a markedly religious country, where the coping strategy most used by sick people is prayer and more than 90% of the population believes in God, in some academic areas, research on this topic is still an "elephant in the room". Simultaneously, Brazilian studies show that: a) patients integrate this dimension in the course of treatment and, in general, would like the theme of spirituality to be addressed by professionals; b) spirituality/religiousness has more positive than negative effects on health; and c) Health professionals continue to have difficulty integrating spiritual/religious issues into care.

The change in the path to be followed is also envisaged due to the growth of Palliative Care (PC), given that the World Health Organization considers the provision of spiritual care as an intrinsic part of good practices in PC, although it is still an obstacle to be overcome⁽⁵⁾.


The main challenges today are as follows: a) provision of professors with knowledge in this theme, to work in undergraduate courses in the Health area; b) integration of the topic in the curricula; c) seeking a national consensus on the concepts of spirituality and religiousness with a view to advancing theoretical and practical knowledge to guide the implementation of spiritual care in the PC context; d) creation of spiritual care models; e) developing a national standardization of competencies in spiritual care; f) integration between universities and society in professional training efforts in spiritual assistance as a specialized service integrated with multidisciplinary teams; and g) to investigate the negative causal effects of spirituality and religiousness on health (religious and spiritual struggles and negative spiritual and religious coping).

Diverse evidence shows that it is no longer possible to ignore the elephant in the room! May the elephant help us realize how much the spiritual dimension (source of the will for meaning and the search for the purpose of life and everyday experiences; the place from which the human need for connection with oneself, with others, with nature and with the sacred emerges; the space of the deepest core beliefs about human existence) impacts health in all its expressions and, consequently, the quality of relationships and life on the planet!

To continue reflecting, I reiterate Oman's questions⁽³⁾: How does the intersection between spirituality/religiousness and health affect your personal life and express itself in your work? Which is your next step to contribute to planetary health?

References

1. Pargament KI. *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*. New York, NY: Guilford Press; 2007.
2. Propst LR, Ostrom R, Watkins P, Dean T, Mashburn D. Comparative Efficacy of Religious and Nonreligious Cognitive-Behavioral Therapy for the Treatment of Clinical Depression in Religious Individuals. *J Consult Clin Psychol*. 1992;60(1):94-103. <https://doi.org/10.1037/0022-006X.60.1.94>
3. Oman D, editor. *Why Religion and Spirituality Matter for Public Health*. Cham: Springer International Publishing; 2018.
4. Pinto AR, Moreira-Almeida A. Guidelines for Integrating Spirituality into the Prevention and Treatment of Alcohol and other Substance Use Disorders. *Braz J Psychiatry*. 2022. <https://doi.org/10.47626/1516-4446-2022-2984>
5. Esperandio M, Leget C. Espiritualidade em cuidados paliativos no Brasil: revisão integrativa de literatura. *Rev Estudos Religião*. 2020;20(2):11-27. <https://doi.org/10.23925/1677-1222.2020vol20i2a2>

Corresponding Author:
Mary Rute Gomes Esperandio
E-mail: mary.esperandio@pucpr.br
 <https://orcid.org/0000-0001-8521-8794>

Copyright © 2023 SMAD, Rev. Eletrônica Saúde Mental Álcool Drog.
This is an Open Access article distributed under the terms of the Creative Commons CC BY.

This license lets others distribute, remix, tweak, and build upon your work, even commercially, as long as they credit you for the original creation. This is the most accommodating of licenses offered. Recommended for maximum dissemination and use of licensed materials.