



RESEARCH ARTICLE

# SPIRITIST INVOLVEMENT AS A THEORETICAL, CLINICAL, AND PSYCHOMETRIC CATEGORY IN MENTAL HEALTH

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## ABSTRACT

This article presents Spiritist Involvement as a theoretical, clinical, and psychometric category in the field of mental health through the development and validation of the Spiritist Involvement Form (FENE). The instrument was created based on a theoretical review, expert evaluation, and pilot testing, and applied in a cross-sectional study with 848 participants in the state of Ceará during the COVID-19 pandemic. Results indicated that higher levels of spiritist involvement were associated with lower prevalence of severe symptoms of depression, anxiety, stress, and suicidal ideation. In multivariate analysis, participants with regular to very high spiritist involvement before the pandemic had a 62% reduction in the likelihood of severe suicidal ideation during the pandemic (OR = 0.38; 95% CI: 0.16-0.90). The FENE demonstrated theoretical, semantic, and empirical validity, enabling the measurement of Spiritist Involvement as a continuous variable, relevant for clinical and epidemiological research, as well as for planning culturally sensitive mental health public policies.

**Keywords:** spirituality; Spiritism; mental health; suicidal ideation; psychometric instrument.

## Introduction

Spirituality has increasingly been recognized as an essential component in contemporary discussions of mental health, valued for its capacity to provide subjective support, emotional resilience, and existential meaning in the face of suffering<sup>1</sup>. In the Brazilian context, this dimension intersects with religious plurality and popular coping mechanisms for psychological distress<sup>1</sup>. Kardecist Spiritism, in particular, represents one of the most distinctive expressions of Brazilian religiosity, widely sought after by individuals experiencing suffering, including those who do not self-identify as Spiritists.

Spiritist centers serve as spaces for listening, support, and psychosocial care, revealing an informal therapeutic function that often precedes or substitutes for services provided by public health systems. Dalgalarondo<sup>2</sup> described this phenomenon as a "religion of psychological demand," highlighting the intense pursuit of Spiritism as a resource during moments of subjective crisis. Nonetheless, scientific investigation has been limited in systematizing and empirically analyzing this phenomenon in a robust psychometric and theoretical manner.

In this context, the concept of Spiritist Involvement emerges as an innovative and necessary analytical category capable of translating complex, dynamic, and culturally situated spiritual experiences into scientific language. Rather than reducing spirituality to a simple identity marker, Spiritist Involvement seeks to capture the intensity, frequency, and depth of a person's engagement with Spiritist practices, values, and institutions.

The present study aims not only to define the conceptual and theoretical basis of Spiritist Involvement but also to operationalize it through the Spiritist Involvement Form (FENE) and empirically analyze it in a cross-sectional study with 848 participants. The goal is to provide a solid foundation for future investigations of the interface between spirituality and mental health, particularly regarding the protective function of religious involvement

against common mental disorders and suicidal ideation.

The scientific importance of the concept of Spiritist Involvement lies in its capacity to capture, with cultural sensitivity and empirical precision, a spiritual experience widely diffused in the Brazilian context<sup>1,3</sup>. Spiritism, particularly in its Kardecist form, functions as a system of beliefs and practices that promote the re-signification of suffering, construction of existential meaning, and strengthening of social and community bonds, elements widely recognized as protective factors for mental health.

Several international and national studies highlight the benefits of spirituality and religiosity in coping with mental disorders, reducing suicidal ideation, improving treatment adherence, and enhancing psychological resilience<sup>4-8</sup>. However, few instruments have been developed based on specifically Brazilian frameworks, and even fewer address distinctive elements of Spiritist doctrine, such as mediumship, reincarnation, and the practice of the Gospel at Home.

Within this framework, Spiritist Involvement emerges as a construct that integrates theory, clinical observation, and empirical evidence. It allows for measuring the intensity and quality of an individual's relationship with Spiritist principles and practices, expanding the possibilities for analyzing how this relationship influences emotional health, subjective well-being, and coping mechanisms.

Moreover, empirical data collected via the FENE establish Spiritist Involvement as a psychometric category for mental health research, providing scientific robustness to the concept and supporting its adoption in future investigations and its consideration in public policies sensitive to spiritual diversity<sup>9</sup>.

Ultimately, Spiritist Involvement contributes to the advancement of health sciences by challenging reductionist models and proposing a more integrated approach to human suffering, one that simultaneously considers biological, psychological,

social, and spiritual factors. Its relevance lies not only in the data it generates but also in its potential to enhance clinical listening, humanize care, and legitimize spiritual pathways as part of the journey toward healing and transformation.

## Method

This study employed a mixed-methods cross-sectional design, conducted in three main stages: (1) construction of the foundations of Spiritist Involvement as a mental health category; (2) development and validation of the Spiritist Involvement Form (FENE); and (3) empirical application using a convenience sample and statistical analysis of collected data, aimed at investigating associations between levels of Spiritist Involvement and indicators of psychological distress, such as common mental disorders (CMDs) and suicidal ideation.

### FOUNDATIONS OF SPIRITIST INVOLVEMENT

The construction of the foundations of Spiritist Involvement as an analytical, clinical, and psychometric category in mental health followed a qualitative-quantitative methodological pathway, integrating theoretical review, clinical observations, and construct formulation. The goal was to move beyond mere religious identification and propose an operationalizable concept capturing the complexity of the relationship between spirituality and mental health in the context of Kardecist Spiritism.

An interdisciplinary literature review was initially conducted, covering public health, psychiatry, psychology, religious studies, and spiritual epistemologies. This review highlighted that Spiritism in Brazil functions not merely as a religious doctrine but also as an informal therapeutic field, combining community practices, care rituals, and cosmologies aimed at re-signifying suffering.

Drawing on authors such as Koenig<sup>10</sup>, Dalgalarrrondo<sup>2</sup>, Moreira-Almeida<sup>11,12</sup>, and Peres et al.<sup>13</sup>, it was hypothesized that Spiritist Involvement constitutes a dynamic psychosocial and spiritual construct structured around five main dimensions: (1) doctrinal identification, (2) spiritual practices, (3) institutional

participation, (4) community engagement, and (5) existential influence.

This conceptual model was further corroborated through the first author's clinical experiences, ethnographic observations in Spiritist centers, and exploratory interviews with individuals seeking Spiritism as a coping resource. This empirical stage reinforced the notion that Spiritist Involvement often functions as an existential coping mechanism, with observable effects on emotional state, behavior, and subjective processing of suffering.

### THEORETICAL AND EMPIRICAL CONSTRUCTION OF FENE

A psychometric translation of the Spiritist Involvement concept was adopted, following Pasquali's<sup>14</sup> methodology, defining Spiritist Involvement as a continuous, measurable variable subject to statistical validation. The construct was operationalized through the Spiritist Involvement Form (FENE), composed of items representing each theoretical dimension and enabling quantification and statistical analysis.

FENE was designed as a novel psychometric instrument to measure the Level of Spiritist Involvement (LSI) among participants with varying degrees of engagement with Kardecist Spiritism. Its development followed classical criteria for psychological measure construction<sup>14</sup>, encompassing theoretical, empirical, and analytical stages.

The theoretical stage involved an in-depth review of scientific and doctrinal literature on spirituality, Spiritism, and mental health, complemented by clinical observations and exploratory interviews. Items were then constructed across three main domains:

- **Block A-Sociodemographic Data:** gender, age, education, occupation, etc.
- **Block B-Psychological State and Care:** history of emotional suffering, use of psychotropic medications, and professional support-seeking.
- **Block C-Spiritist Involvement:** religious practices, doctrinal beliefs, attendance at Spiritist centers, community activity involvement, and centrality of Spiritism in personal life.

The preliminary FENE version underwent expert review by two academics specialized in spirituality, mental health, and research methodologies. Experts were selected based on their academic credentials, theoretical experience, and publications related to Spiritism, suicidal ideation, psychological distress, and health promotion. Review focused on semantic clarity, item relevance, block appropriateness, and instrument suitability for the Brazilian context.

The revised version was pilot tested with 50 voluntary participants from Ceará with varying levels of Spiritist engagement. This stage assessed item comprehension, average response time, digital form functionality, and internal consistency. Data collection occurred via the SurveyMonkey® platform.

The LSI score was calculated based on weighted item responses in Block C. Each item received differential weighting according to theoretical importance, and total scores were converted into five ordinal categories: very low, low, regular, high, and very high. This classification enabled subgroup comparisons and analysis of relationships with clinical, behavioral, and psychosocial variables.

#### CROSS-SECTIONAL STUDY

The empirical application of FENE took place between 2021 and 2022 during the COVID-19 pandemic. A non-probabilistic convenience sample was used, employing snowball sampling and dissemination through social media, messaging apps, email, and direct contacts with Spiritist centers in Ceará<sup>15</sup>. The form was administered digitally via SurveyMonkey®.

A total of 848 adults aged 18-79 participated. Inclusion criteria were: (1) residence in Ceará; (2) internet access; and (3) some degree of engagement with Spiritism, from occasional participation to formal institutional involvement. Virtual data collection allowed broad geographic coverage and diverse participant profiles.

Alongside FENE, two psychometric instruments validated for Brazil were applied: the Depression, Anxiety, and Stress Scale (DASS-21)<sup>16</sup> to measure emotional symptoms associated with CMDs, and

the Multidimensional Suicidal Tendencies Scale (EMTAS), with 21 items across five domains, assessing severity of suicidal ideation<sup>1,9</sup>. Both scales were administered concurrently with FENE on the same digital platform<sup>9</sup>. Scores were analyzed quantitatively and categorically, allowing measurement of severe cases' prevalence and correlation with Spiritist Involvement levels.

Data analysis was performed using SPSS® version 20.0, including descriptive statistics for sociodemographic and clinical data, bivariate tests (Chi-square and ANOVA) to assess initial variable associations, multivariate logistic regression to control confounders and calculate odds ratios (OR), and multinomial regression models to evaluate LSI effects across different suicidal ideation severity levels. A significance threshold of  $p < 0.05$  was used.

#### ETHICAL CONSIDERATIONS

The study was conducted in accordance with ethical principles established in Resolution nº 466/2012 of the Brazilian National Health Council, regulating research with human subjects in Brazil<sup>17</sup>. The project was approved by the Ethics Committee of the Federal University of Ceará (CEP/UFC), under protocol nº 4.980.738, issued on August 23, 2021. All participants were informed about the study's objectives, methods, potential risks, and benefits, providing digital informed consent (ICF). Data collection was virtual, ensuring anonymity, confidentiality, and respect for participants' dignity, autonomy, and privacy.

## Results

#### FOUNDATIONS OF SPIRITIST INVOLVEMENT

Spiritist Involvement is a dynamic, multidimensional psychosocial construct expressing the degree of interaction and commitment an individual establishes with the doctrine, practices, values, and community life of Kardecist Spiritism. Its conception goes beyond self-reported religious affiliation, seeking to capture the depth of the bond between the individual and the Spiritist worldview, and how this bond shapes the comprehension, coping, and transformation of psychological suffering.

Unlike dichotomous approaches to religious affiliation, Spiritist Involvement is conceived as a continuum, ranging from individuals who sporadically engage in Spiritist practices to those who maintain intense, daily, and structured involvement with Spiritist principles and institutions. This continuum was operationalized in the Spiritist Involvement Form

(FENE), Block C, in five levels: very low, low, regular, high, and very high.

Based on theoretical foundations and empirical data, the construct was subdivided into the following dimensions (Table 1):

Table 1. Dimensions of Spiritist Involvement as a Mental Health Category.

Dimension	Definition	Key Indicators / Examples
Doctrinal Identification	The degree to which an individual recognizes and internalizes the principles and teachings of Kardecist Spiritism.	Knowledge of Spiritist doctrine, belief in reincarnation, understanding of mediumship, alignment with Spiritist ethical values.
Spiritual Practices	Engagement in rituals and personal practices associated with Spiritism.	Daily prayer or meditation, reading Spiritist literature, participation in personal or family spiritual exercises.
Institutional Participation	Active involvement in Spiritist centers or organized institutional activities.	Attendance at Spiritist meetings, volunteering in institutional activities, participation in study groups, assisting in charitable projects.
Community Engagement	Integration into the Spiritist social community and collaborative support networks.	Social interaction with Spiritist peers, involvement in mutual support groups, engagement in collective rituals, social help or charity projects.
Existential Influence	The degree to which Spiritist beliefs and practices shape life choices, coping strategies, and meaning-making processes.	Use of Spiritist framework to manage suffering, decision-making guided by Spiritist principles, perception of life’s purpose through Spiritism.

Source: Author’s own elaboration based on data extracted from the study (2025).

FENE: DEVELOPMENT AND VALIDATION

After the initial elaboration of the Spiritist Involvement Form (FENE) by the researchers, the instrument underwent a two-stage qualitative validation process: content analysis by experts and practical evaluation through a pilot test with the target population.

Experts provided specific suggestions regarding terminology, question structure, and response scales. These contributions resulted in the reformulation of potentially ambiguous items, improvement in logical flow between blocks, and inclusion of more specific indicators of Spiritist practices and beliefs. This stage culminated in a second version of FENE,

technically and conceptually refined, maintaining coherence with the theoretical foundations of Spiritist Involvement as a clinical and psychosocial category.

The second version was then tested with 50 participants, resulting in structural adjustments and additional semantic validation. Pilot data indicated a high completion rate and low incidence of questions or omissions, suggesting strong acceptability. Most participants reported that items were easy to understand and considered the content appropriate to Spiritist practices. Some suggestions regarding wording and question order were incorporated into the final version.



**Table 2.** Expert Evaluation in the FENE Pilot Test.

Block / Dimension	Item Clarity (%)	Item Relevance (%)	Language Adequacy (%)	Construct Relevance (%)
Block A – Sociodemographic Data	96	98	94	97
Block B – Psychological State and Assistance	92	96	90	95
Block C – Spiritist Involvement	94	99	93	98
FENE Overall (all blocks)	94	98	92	96

**Source:** Author's own elaboration based on data extracted from the study (2025).

All blocks obtained indices above 90% across the four evaluated criteria, demonstrating high semantic and content validity. Block C stood out in terms of "item relevance" and "construct pertinence," reflecting its theoretical centrality within the FENE structure. Based on this stage, minor structural and

linguistic adjustments were made, culminating in the development of the final version of the FENE, consisting of 24 items organized into three blocks, with clear language, logical structure, and culturally sensitive content. The table below presents the topics included in the final version of the FENE:

**Table 3.** Spiritist Involvement Form (FENE): Blocks and Topics.

BLOCKS	TOPICS
A – Sociodemographic Profile	Gender / Age / Skin Color / Education / Occupation / Work Hours / Family Income / Marital Status / Sexual Orientation / Children / State of Residence
B – Psychological State	Emotional suffering due to: unemployment / physical illness / illness of close person / bereavement / romantic crisis / alcohol or tobacco use / illicit drug use / experienced violence / committed violence / self-inflicted violence / social isolation (COVID-19)
B – Psychological Assistance	Psychiatric care / Diagnosis / Psychotropic use (before and during pandemic) / Psychological care / Duration (before and during pandemic) / Holistic or Integrative Practices / Duration (before and during pandemic)
C – Spiritist Involvement	Religious identification / Sympathy for Spiritism / Reason for sympathy / Time as Spiritist / Frequency at Spiritist center / Duration / Activities / Work at Spiritist center / Duration / Activities / Engagement in: Prayers / Gospel at Home / Philanthropy / Requested mediumistic sessions for self or others / Level of belief in: God / Immortality of the soul / Reincarnation / Afterlife / Mediumship / Level of: Interest in Spiritist materials / Mediumship / Overall Spiritist belief / Spiritism's impact on mental health / Self-care / Marital, family, social relationships / Work / Political views

**Source:** Author's own elaboration based on data extracted from the study (2025).

#### CROSS-SECTIONAL STUDY (FENE in Action)

Following FENE's development and validation, the cross-sectional study was conducted with 848 participants, revealing statistically significant associations between the Level of Spiritist Involvement (LSI) and various mental health indicators.

The sample was predominantly female (79.4%), with a mean age of 41.3 years. Most participants held a university degree (66.3%) and formal employment (55.2%). Regarding religious identification, 77.4% self-identified as Spiritists, while the remainder had more flexible or transient ties, highlighting the plural and

fluid nature of Spiritist Involvement as a psychosocial category.

LSI was categorized into five levels: very low, low, regular, high, and very high. Approximately 58% of respondents had regular or higher LSI pre-pandemic, increasing to 64% during the pandemic, suggesting that crisis contexts deepen spiritual experience and

engagement in Spiritist practices despite social distancing measures limiting physical access to centers.

Bivariate analyses revealed a protective gradient of Spiritist Involvement against common mental disorders (CMDs) and severe suicidal ideation, both before and during the pandemic.

**Table 4.** Prevalence of Severe Psychological Distress by Spiritist Involvement (Bivariate Analysis).

Indicator / Period	Very Low (%)	Low (%)	Regular (%)	High (%)	Very High (%)
Severe Stress (pre-pandemic)	19.0	18.9	14.2	10.4	9.1
Severe Stress (during pandemic)	20.6	19.8	14.8	9.5	8.6
Severe Anxiety (pre-pandemic)	20.8	20.3	15.0	11.8	11.2
Severe Anxiety (during pandemic)	23.5	22.9	17.2	11.4	10.9
Severe Depression (pre-pandemic)	10.7	7.7	5.3	3.2	2.7
Severe Depression (during pandemic)	9.9	9.5	6.2	4.2	5.0
Severe Suicidal Ideation (pre-pandemic)	22.2	21.4	13.6	10.5	9.8
Severe Suicidal Ideation (during pandemic)	26.5	20.1	15.7	9.4	10.1

**Source:** Author's own elaboration based on data extracted from the study (2025).

The bivariate analysis shows a clear protective gradient: higher LSI corresponds to lower prevalence of severe symptoms. Severe stress was most prevalent among very low (20.6%) and low (18.9%) LSI groups, versus high (10.4%) and very high (8.6%) groups. Severe anxiety followed a similar pattern. Severe depression was observed in 10.7% of very low LSI participants versus 2.7% of very high. Severe suicidal ideation was significantly higher among very low and low LSI participants, both pre- and during the pandemic.

Multivariate analysis identified several vulnerability factors associated with severe suicidal ideation, including single marital status (OR = 4.05; 95% CI: 1.89-8.69), unemployment (OR = 2.93; 95% CI: 1.45-5.92), negative self-perceived emotional health (OR = 4.84; 95% CI: 2.55-9.17), prior psychotherapy (OR = 2.57; 95% CI: 1.40-4.71), and motivation to seek Spiritism due to psychological suffering (OR = 2.11; 95% CI: 1.11-3.99). Interestingly, self-identification as Spiritist increased the likelihood of severe suicidal ideation (OR = 2.13), possibly due to Spiritism's

accessibility to individuals experiencing psychological distress as a "religion of psychological demand."

Multinomial logistic regression confirmed that higher LSI levels were significantly associated with reduced likelihood of severe suicidal ideation, even after adjusting for sociodemographic, clinical, and care-related variables. Participants with regular, high, or very high LSI pre-pandemic exhibited a 62% reduction in odds of severe suicidal ideation during the pandemic compared with very low LSI participants (OR = 0.38; 95% CI: 0.16-0.90).

As a continuous, multidimensional variable, LSI remained statistically protective, reinforcing its robustness as a psychometric category and its relevance in understanding the interplay between spirituality, psychological suffering, and mental health.

## Discussion

The findings of this study reinforce the relevance of Spiritist Involvement as an emerging theoretical, clinical, and psychometric category, with high

explanatory and predictive potential in the field of mental health. Beyond a mere identity or religious variable, Spiritist Involvement represents a multidimensional construct integrating beliefs, practices, community bonds, and existential reframing. Its operationalization through the Spiritist Involvement Form (FENE) enabled the measurement of this spiritual experience in a continuous and statistically robust manner, opening new possibilities for empirical investigation of the interface between spirituality and psychological distress.

The results show that higher levels of Spiritist Involvement are consistently associated with lower prevalences of stress, anxiety, depression, and suicidal ideation, both in bivariate analyses and multinomial logistic regressions adjusted for sociodemographic and clinical variables. For example, regular, high, or very high LSI pre-pandemic reduced the likelihood of severe suicidal ideation during the pandemic by nearly two-thirds, even after controlling for age, marital status, occupation, and history of psychological care. These data support the potential protective function of Spiritist Involvement, both as a subjective resilience resource and as a psychosocial mediator in contexts of collective crisis.

These findings are particularly relevant in the Brazilian context, marked by high prevalence of emotional suffering, limitations in access to psychosocial care, and increasing demand for alternative or complementary therapeutic practices. Kardecist Spiritism, widely practiced in Brazil, constitutes a symbolic system that provides not only explanations for suffering but also informal care devices: empathetic listening, spiritual passes, Gospel at Home, study groups, collective prayer, and fraternal assistance. Far from being restricted to the religious sphere, these elements act as structuring therapeutic practices capable of promoting meaning, belonging, and emotional regulation.

From a public health perspective, Spiritist Involvement can be understood as a potential primary and secondary protective factor. Primary, by offering a repertoire of beliefs, values, and practices that

strengthen identity and existential coping; secondary, by functioning as accessible and supportive care during psychological suffering, preventing aggravation and reducing demand on already saturated services. Its integration into care strategies, however, requires a critical approach sensitive to individual and contextual variations.

It is important to note that the effects of spirituality on mental health are not uniformly beneficial. Instrumental or escapist use of Spiritism, fanaticism, or denial of clinical conditions through spiritual beliefs can compromise expected therapeutic outcomes. Therefore, Spiritist Involvement must be approached ethically, clinically, and culturally informed, acknowledging its complexity and avoiding both idealization and pathologization of religious experience.

The introduction of FENE as a psychometric instrument represents a methodological innovation. Unlike generic spirituality scales imported from Eurocentric or North American contexts, FENE was developed based on the Brazilian spiritual, cultural, and linguistic reality. Its theoretical, semantic, and empirical validation demonstrated sensitivity to nuances of the Spiritist experience, good internal consistency, and high acceptance by the target population. Additionally, measuring LSI as a continuous variable and applying multivariate statistical models allowed integration of lived spirituality with objective clinical indicators, advancing methodological approaches in spirituality and health research.

Despite these promising results, further research with FENE in post-pandemic contexts is essential to verify its psychometric stability and measurement capacity in scenarios less marked by collective crises. Data collection during the COVID-19 pandemic may have influenced both levels of spiritual involvement and indicators of psychological distress. Additional revalidation studies in diverse social, geographical, and historical contexts are necessary to ensure broad applicability. Comparative studies with other validated spirituality and religiosity instruments could



further consolidate concurrent validity, internal consistency, and cultural sensitivity of FENE, reinforcing its use as a complementary tool in epidemiological, clinical, and psychosocial mental health research.

Consequently, this study highlights the need for longitudinal and multicenter research to deepen the understanding of Spiritist Involvement and its impact across different clinical profiles. Likewise, it underscores the importance of strengthening health professional training for listening to and integrating spirituality as a legitimate dimension of holistic care, especially in countries like Brazil where religiosity plays a structurally significant role in daily life and collective imagination.

## Conclusions

This study presented Spiritist Involvement as an innovative, theoretically grounded, clinically relevant, and psychometrically measurable category in mental health. The development and application of FENE demonstrated that higher levels of involvement with Kardecist Spiritism are associated with lower prevalence of psychological suffering, highlighting its protective function in adverse contexts.

Beyond religious affiliation, Spiritist Involvement integrates practices, beliefs, and community bonds with therapeutic potential, whose systematic evaluation can enrich clinical practice and inform culturally sensitive public policies. Measuring this construct allows a broader perspective on spirituality as a legitimate dimension of comprehensive health care.

Revalidation of FENE in post-pandemic contexts, adaptation for diverse clinical populations, and comparative studies with other spirituality instruments are recommended. Such initiatives could consolidate its validity and expand its use as a complementary assessment tool, reinforcing the dialogue between science, culture, and spirituality in Brazilian psychosocial care.

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