



RESEARCH ARTICLE

Development and Theoretical-Semantic Validation of the Spiritist Involvement Form (FENE) as an Instrument for Mental Health Assessment

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ABSTRACT

To present the development and theoretical-semantic validation of the Spiritist Involvement Form, a novel instrument designed to assess the level of involvement with Spiritism and its interface with mental health. Method: This methodological study, of an applied nature and mixed-methods approach, was grounded in psychometric criteria across three stages: 1. theoretical construction of the instrument based on Spiritist and scientific literature; 2. development of items organized into three blocks (sociodemographic data, psychological state and mental health care, and Spiritist involvement); and 3. theoretical-semantic validation with experts and lay judges (pilot test). The digital version of the FENE was administered to a purposive sample of 50 participants for semantic evaluation and calculation of the Spiritist Involvement Level score. Results: Expert evaluation demonstrated high agreement regarding clarity (92.5%), relevance (92.5%), and doctrinal pertinence (97.5%) of the items. Testing with lay judges indicated high semantic acceptance (>90% for clarity, comprehension, and relevance). The stratification logic of weights and values enabled the construction of the Spiritist Involvement Level, ranging from 3 to 77 points. Pilot test results demonstrated the usefulness of the score in discriminating different gradients of involvement, from incipient affiliation to deep engagement, including institutional, doctrinal, and subjective practices. Conclusion: The instrument demonstrates conceptual coherence, accessible language, and cultural adequacy to Spiritism, addressing a methodological gap in relation to generalist spirituality instruments. It shows potential for application in clinical, psychosocial, epidemiological, and academic contexts, particularly at the interface with mental health. Future studies should advance psychometric validation, seeking reliability and stronger validity evidence, as well as exploring its applicability in broader and more heterogeneous populations.

Keywords: Spiritism; Spirituality; Scale; Psychometrics; Mental Health; Spiritist Involvement.

Introduction

The recognition of spirituality as an essential dimension of comprehensive health has expanded in recent decades, supported by evidence associating religious beliefs and practices with greater well-being, resilience, and lower prevalence of mental disorders^{1,2}. Contemporary studies confirm that spirituality functions as a protective psychological factor, fostering meaning in life, hope, and positive coping strategies in contexts of emotional distress³⁻⁵.

In the Brazilian context, where religiosity constitutes an important coping and care resource, Kardecist Spiritism occupies a singular position as the third largest religious tradition in the country, with significant social and community presence⁶. Beyond its philosophical-religious dimension, Spiritism is characterized by charitable, educational, and therapeutic practices that positively impact mental health and self-care behaviors among its adherents⁷. These practices are aligned with an integrated view of the human being and with the valorization of self-knowledge, moral development, and the continuity of life^{8,9}.

Despite this sociocultural relevance, there remains a methodological gap in measuring Spiritist spirituality in health research. The main available instruments - such as the WHOQOL-SRPB¹⁰, the FACIT-Sp-12¹¹, and the BMMRS¹² - are generalist in nature and lack sensitivity to capture the doctrinal, ritualistic, and relational specificities of Spiritism. This limitation contrasts with recommendations from the World Health Organization¹³ and the Brazilian National Policy on Integrative and Complementary Practices¹⁴, which recognize spirituality as an essential dimension of comprehensive health care.

Recent literature in psychology of religion and mental health has emphasized the importance of culturally validated instruments capable of addressing the nuances of each religious tradition^{15,16}. In this context, Spiritist Involvement was previously proposed as a new psychometric category in mental health - a construct expressing the degree of subjective, practical, and institutional adherence to Kardecist Spiritism, regardless of formal religious affiliation¹⁷. This category was operationalized through the Spiritist Involvement Form (FENE), originally published and validated in

a prior study aimed at measuring this culturally situated form of spirituality¹⁸.

Continuing that line of investigation, the present article aims to present the process of construction and theoretical-semantic validation of the FENE (public domain)¹⁹, describing its methodological stages, psychometric foundations, and potential applications in clinical, psychosocial, epidemiological, and academic contexts. Thus, it seeks to contribute to advancing research on spirituality and mental health by offering a conceptual and methodological tool capable of integrating culturally specific religious dimensions into scientific models of measurement and comprehensive care^{7,9}.

Method

STUDY DESIGN AND SETTING

This article presents a methodological study of a descriptive-analytical nature with a mixed-methods approach (qualitative and quantitative), aimed at developing and conducting the theoretical-semantic validation of a novel instrument: the Spiritist Involvement Form (FENE)¹⁹. The study was conducted in the state of Ceará, Brazil, and was based on methodological guidelines for the development and validation of health measurement instruments²⁰⁻²², with emphasis on cultural adaptations required for the religious-spiritual context under investigation.

The study followed the assumptions of classical psychometrics according to Pasquali's tripartite model²³, which comprises three fundamental stages: (1) theoretical procedures, (2) empirical procedures, and (3) analytical procedures (Table 1).

Table 1. Development and validation of psychometric instruments (PASQUALI, 2016)

PROCEDIMENTOS	PASSO	PRODUTO		
THEORETICAL	1	Psychological System	Psychological object	
	2	Property	Attributes	
	3	Dimensionality	Factors (dimensions)	
EMPIRICAL	4	Definitions	Constitutive and operational	
	5	Instrument construction	Item development	Version 1
ANALYTICAL	6	Theoretical-semantic validation	Expert analysis	Version 2
	7	Pilot testing	Analysis of collected data	Final
			Psychological object	Version

Source: adapted by the author.

This structure is widely recognized in contemporary literature as a reference framework for the construction and validation of instruments in mental health and spirituality research²⁴⁻²⁶.

DEVELOPMENT OF THE FENE

Theoretical Stage

The construction of the theoretical matrix involved delimiting the category Spiritist Involvement, defined as the individual's relationship with beliefs and practices related to Kardecist Spiritism, regardless of formal religious identification^{17,9}.

The central construct - Spiritist Involvement Level (SIL) - was conceptualized as the depth and frequency of subjective, practical, and doctrinal adherence to Spiritism, in accordance with principles for measuring psychological constructs^{18,23,24}.

The theoretical phase was organized into three steps:

- definition of the psychological object of the instrument, established as the SIL;
- delimitation of related attributes, focusing on Kardecist Spiritist doctrine; and
- definition of theoretical dimensionality, grounded in a review of scientific and Spiritist literature²⁷⁻²⁹.

This review included theoretical studies from Spiritist literature, national scientific research on spirituality and mental health^{2,5}, and relevant methodological publications in psychometrics, psychology of religion, and public health^{16,25}.

Consequently, beyond the SIL, the need to include sociodemographic variables, affective state conditions, and aspects related to mental health care became evident, given that Spiritism has been described as a "religion of psychological demand"³⁰.

The SIL was defined as the central psychological object of investigation, whereas auxiliary dimensions - sociodemographic and clinical - were included to control sampling biases and

contextualize religious involvement, in line with recommendations from recent psychometric studies in spirituality¹⁵.

Empirical Stage

Following the theoretical development, the practical phase established operational definitions for instrument construction, according to Pasquali's methodological framework²³. This stage began with the constitutive-operational phase, in which contents were selected and organized into three blocks:

- Block A - Sociodemographic Data
- Block B - Psychological State and Mental Health Care
- Block C - Spiritist Involvement

To define the parameters of each block, in-person meetings were held among researchers, establishing guiding criteria such as:

- self-report format without direct researcher interference;
- use of Likert-type questions, according to methodological recommendations²⁶; and
- development of objective questions designed to ensure clarity and broad comprehension, in accordance with semantic validation guidelines^{20,21}.

The operationalization stage then focused on item construction for each block, resulting in the first version of the Spiritist Involvement Form (FENE).

Items in Block A were based on parameters from the Brazilian Institute of Geography and Statistics (IBGE)⁶. Block B was subdivided into three sections: psychological state, psychiatric care, and psychotherapeutic care. Block C was structured based on the researchers' field experience, in

alignment with guidelines from the Brazilian Spiritist Federation³¹ and recent psychometric practices emphasizing content validity and semantic evaluation in culturally specific contexts^{32,24}.

THEORETICAL-SEMANTIC VALIDATION

Expert Stage

After construction of the first version of the instrument, a theoretical-semantic analysis was conducted by experts, aiming to rigorously evaluate the relevance and precision of each item in relation to the intended construct.

Given the absence of consensus in the literature regarding the ideal number of experts for content validation^{20,23,24,32}, two experts were included through non-probabilistic convenience sampling, based on curriculum analysis available on the Lattes Platform. This sampling strategy is widely accepted in methodological instrument development studies when expertise criteria prevail over statistical representativeness^{26,33}.

Each expert received a structured evaluation form assessing items according to four criteria: clarity, relevance, doctrinal pertinence, and conceptual comprehensiveness. Scores were assigned using percentage scales along with qualitative suggestions, following content validity evaluation procedures^{24,25} and recommendations emphasizing the integration of quantitative measures and qualitative feedback in item refinement³⁴.

Responses were organized using weighted means, calculated as the ratio between the sum of assigned scores and the number of valid responses, reflecting the average level of agreement between evaluators. The Content Validity Index (CVI) was not calculated due to the exploratory nature of the study and the limited number of experts.

Based on the experts' suggestions, a second version of the FENE was developed, incorporating wording adjustments and structural reorganization of the blocks.

Pilot Test

Following approval by the Research Ethics Committee, a pilot test was conducted using the second version of the FENE, which was adapted and digitized on the SurveyMonkey® platform for online administration. Recent studies have

demonstrated the validity and practicality of online tools during pretesting phases, particularly in geographically dispersed or specific populations^{35,25}.

A purposive sample of 50 participants - both Spiritists and non-Spiritists - was recruited, with predominance of Spiritists as the primary target population. The sample size followed methodological recommendations suggesting a minimum of 30 judges for semantic evaluation, without requiring formal sample size calculation for statistical inference^{36,33}.

Participants evaluated clarity, objectivity, comprehension, relevance, and graphical appearance using a 5-point Likert scale^{20,23,24}. An optional open-ended question was included to collect qualitative feedback.

Evaluation of judges' profiles was also performed to ensure appropriate interpretation of results, considering that professional background, educational level, and life conditions may influence perceptions of clarity and relevance^{34,32}.

Based on collected data, final modifications were implemented, resulting in the definitive version of the instrument.

Construction of the Spiritist Involvement Level (SIL)

The three blocks of the final FENE version were analyzed according to their absolute values. The Spiritist Involvement Level (SIL) was constructed through stratification of Block C items, whose questions were classified and weighted according to relevance.

Table 2. Spiritist Involvement Level (SIL): stratification of weights and values and score calculation

STRATIFICATION					CALCULATION	
QUESTIONS			ITEMS		FORMULA	
Classification	Weight		Value			
			Minimumm	Maximumm		
Associated	0	excluded	-	-	$SIL\% = \frac{(X - X \text{ minimum})}{(X \text{ maximum}) - (X \text{ minimum})}$ <p>X: participant's score</p>	
Specific/relevant	1	absent	0	0		
		minimum	1	2		
		moderate	3	4		
		maximum	5	6		
Highly specific/relevant	2	absent	0	0	ESCORE	NEE
		minimum	2	4	SIL% = 0,00 - 0,20	Very Low
		moderate	6	8	SIL% = 0,21 - 0,40	Low
		maximum	10	12	SIL% = 0,41 - 0,60	Moderate
					SIL% = 0,61 - 0,80	High
					SIL% = 0,81 - 1,00	Very High

Three weight levels were assigned:

- Associated (weight 0) - excluded from score calculation
- Specific and/or relevant (weight 1)
- Highly specific and/or relevant (weight 2)

These weights were derived from theoretical consensus among researchers based on doctrinal and empirical reviews and were semantically validated by experts. However, they have not yet undergone psychometric calibration and remain preliminary theoretical parameters to be refined in future empirical validation and factor analysis studies^{23,24}.

Responses to weight 1 and 2 items were categorized into four levels: Absent, Minimal, Moderate, and Maximum.

The final SIL score was calculated by summing participant responses and converting them into a percentage score using normalization formulas widely recognized in psychometric literature to ensure comparability across different score ranges^{24,25}.

This standardization facilitates internal consistency analysis and interpretation of involvement levels in comparative studies^{26,37}.

Calculations were performed for two temporal parameters - before and during the COVID-19 pandemic - in accordance with recommendations for measuring psychosocial variables during periods of social change^{38,9}.

Five preliminary classification ranges were defined: Very Low (0-20%), Low (21-40%), Moderate (41-60%), High (61-80%), and Very High (81-100%)^{23,32}.

These ranges were theoretically established and remain subject to future psychometric refinement.

Ethical Aspects

The study followed the guidelines of Brazilian National Health Council Resolution No. 466/2012, with approval from the Research Ethics Committee of the Federal University of Ceará (Opinion No. 2,237,838).

All participants signed an informed consent form ensuring anonymity, confidentiality, and voluntary participation. No financial compensation was provided, and participants were free to withdraw at any time without penalty.

Results

The development of the Spiritist Involvement Form (FENE) resulted in the following sequential phases: (1) theoretical construction by the researchers; (2) expert validation; (3) pilot testing - including (4) judges' profile analysis and (5) judges' evaluation; and (6) final version of the FENE and the Spiritist Involvement Level (SIL).

The theoretical-semantic analysis of the FENE demonstrated excellent performance across all evaluated dimensions, with weighted means above 4.5 in the three blocks, indicating adequate face validity and semantic validity of the instrument^{40,41}. Judges emphasized the internal coherence of the items and the appropriateness of the theoretical weights (0, 1, and 2) assigned to Block C, confirming its clarity and conceptual logic.

Qualitative observations resulted in minor editorial and structural adjustments, reformulation of ambiguous items, and correction of automatic redirection ("skip logic") issues in Block C. After these modifications, the final version of the FENE was established, characterized by accessible

language, structural consistency, and suitability for future empirical validation of the Spiritist Involvement construct.

DEVELOPMENT BY THE RESEARCHERS

The first version of the FENE was organized into three blocks.

Block A - Sociodemographic Data

Block A (16 items) was based on the 2022 Demographic Census conducted by the Brazilian Institute of Geography and Statistics (IBGE)⁶. It included variables such as sex, age, race/skin color, education, employment, income, marital status, and children.

Some questions were adapted to incorporate factors associated with risk of psychological illness, such as work conditions, income level, and social vulnerabilities (e.g., sexual orientation), in light of recent studies on social inequalities and mental health^{42,43}.

Block B - Psychological State and Mental Health Care
Block B included 25 items divided into sections on psychological distress (8 items), psychiatric care (12 items), psychotherapeutic care (4 items), and global perception of emotional health (1 item).

Items were developed based on evidence regarding risk factors for mental disorders and suicide, including bereavement⁴⁴, family conflicts⁴⁵, psychoactive substance use⁴⁶, and chronic diseases⁴⁷.

Questions regarding psychiatric and psychotherapeutic history were included to reduce bias, considering Spiritism as a religion of psychological demand and mental health care parameters^{30,15}.

Block C - Spiritist Involvement

Block C (23 items) was constructed based on Kardecist Spiritist literature, guidelines from the Brazilian Spiritist Federation³¹, and the researchers' empirical experience.

The block was structured into five sections:

- Religious Identification
- Institutional Participation (Relationship with the Spiritist Center)
- Spiritual Practices
- Spiritual Beliefs
- Spiritist Influence

Questions addressed identification with Spiritism, participation in institutional activities, specific

practices (e.g., family gospel meetings, mediumship, charity), and perceived influence of Spiritist belief on daily life domains (self-care, family, social, occupational, and political life).

This culturally contextualized approach aligns with international recommendations for measuring spirituality within specific religious traditions^{16,9}.

Expert Validation

The theoretical-semantic analysis was conducted by two health experts. Both recognized the adequacy of the tripartite structure (Blocks A, B, and C), recommending language adjustments for greater accessibility and the inclusion of specific items addressing the impacts of the COVID-19 pandemic, following recent updates in psychosocial measurement instruments^{4,5}.

Adjustments in Block A

Items on race/skin color and Indigenous identity were unified. Irrelevant questions were excluded, and the variable "state of residence" was added to enhance geographic representativeness and allow future multicenter sampling³⁷.

Adjustments in Block B

Relevant topics were incorporated, including pandemic-related isolation⁴⁸ and experiences of violence (suffered, perpetrated, or self-inflicted)⁴⁹.

Substance use questions were refined to distinguish licit and illicit drugs, with space for specification. The assistance section expanded details on psychotropic medication use (psychiatric prescription or self-medication) and included questions on herbal medicine and Integrative and Complementary Practices (ICPs). Thus, Block B increased from 16 to 24 items.

Adjustments in Block C

Block C underwent the most substantial modifications. The initial question on primary belief was replaced with two sequential items: multiple religious identification (C1) and degree of sympathy toward Spiritism (C2), the latter functioning as a cut-off criterion for continuation.

Institutional participation was reorganized into "current" (in-person and/or digital) and "previous" (pre-pandemic) participation, capturing the impact of social distancing on religious practices^{43,16}.

New items addressing fundamental doctrinal principles (existence of God, immortality of the

soul, reincarnation, plurality of inhabited worlds, and mediumship) were included using progressive response scales.

An additional section, Spiritual Engagement, was created, addressing interest in Spiritist materials, perception of mediumship, and overall belief level. The Spiritist Influence section was reformulated to focus on practical impact across life domains. After validation, Block C expanded from 23 to 33 items.

Pilot Test

Judges' Profile

A purposive sample of 50 participants was invited; 34 responded, and 30 completed the questionnaire fully, reaching the minimum recommended number for pilot validation^{33,36}. The data collection period lasted six days. The average response time was approximately 25 minutes, consistent with medium-length online instruments³⁵.

Table 3. Pilot test of the FENE: judges' analysis. Fortaleza/CE, 2023

ITEM	N*	%	ITEM	N	%	ITEM	N	%
Religion			Skin color			Hours worked/day		
No Religion	1	3,23	White	20	58,82	Up to 4 hours	6	17,65
Catholic	5	16,13	Brown (Pardo)	13	38,24	4-8 hours	13	38,24
Evangelical	2	6,45	Black	1	2,94	8-12 hours	12	35,29
Spiritism	25	80,65				More than 12 hours	1	2,94
Afro-descendant religion	2	6,45	Sexual orientation			None	2	5,88
Other	1	3,23	Heterosexual	32	94,12	Main source of income	21	61,76
Affinity with Spiritism			Homosexual	1	2,94	Monthly family income		
Not at all	1	3,23	Bisexual	1	2,94	BRL 1,301-2,600	3	8,82
A little	3	9,68	Marital status			BRL 2,601-5,200	4	11,76
Moderate	1	3,23	Married / stable union	8	23,53	BRL 5,201-7,800	6	17,65
Very	7	22,58	Divorced	4	11,76	BRL 7,801-15,000	11	32,35
Completely	19	61,29	Single	23	67,75	Above BRL 15,000	10	29,41
			Children					
Sex	19	55,88	Education	1	2,94	Brazilian state		
Female	15	44,12	Completed high school	2	5,88	Ceará	28	82,35
Male	-	-	Incomplete higher education	7	20,59	São Paulo	4	11,76
			Bachelor's/Licensure	24	70,59	Paraná	1	2,94
Age			Postgraduate			Pernambuco	1	2,94
18-24 years	2	5,88	Professional occupation					
25-34 years	2	5,88	Public employee	3	8,82			
35-44 years	10	29,41	Private employee	12	35,29			
45-54 years	8	23,53	Self-employed	7	20,59			
55-64 years	10	29,41	Retired	1	2,94			
65-74 years	2	5,88	Homemaker	3	8,82			
75+ years	-	-	Other					

Most judges identified themselves as Spiritist (80.6%) and as "fully sympathetic" to Spiritism (61.3%). The sociodemographic profile revealed a predominance of women (55.9%), adults aged 35 to 64 years (82.4%), individuals who self-identified as White (58.8%), married or in a stable union (64.7%), heterosexual (94.1%), with children (67.8%), and residing in Ceará (82.4%).

In occupational terms, a high level of educational attainment was observed, with 70.6% holding

postgraduate degrees. The sample was predominantly composed of self-employed professionals (35.3%) and public servants (23.5%), with a higher-than-average family income compared to the national context. Specifically, 61.8% reported being the primary source of family income, and nearly two-thirds reported a monthly income exceeding BRL 7,800.

This profile is consistent with previous findings regarding the sociocultural composition of

Brazilian Spiritist groups, which are characterized by higher levels of education, community engagement, and involvement in volunteer activities^{27,32}.

JUDGES' ANALYSIS

The objective analysis of the pilot test demonstrated a predominantly positive evaluation across the three FENE domains.

Table 4. FENE Pilot Test: Judges' Analysis. Fortaleza/CE, 2023

Block	Topics	weighted mean(n*)	Bad		Moderate		Good		Very Good		Excellent		Total
			%	n	%	n	%	n	%	n	%	n	
A	Clarity-objeictivity	4.66	0.00	0	0.00	0	6.25	2	21.88	7	71.88	23	32
	Comprehension	4.66	0.00	0	0.00	0	3.13	1	28.13	9	68.75	22	32
	Relevance	4.19	0.00	0	3.13	1	18.75	6	34.38	11	43.75	14	32
	Graphic	4.39	0.00	0	3.03	1	12.12	4	27.27	9	57.58	19	33
B	Comprehension	4.38	0.00	0	3.13	1	12.5	4	28.13	9	56.25	18	32
	Relevance	4.50	0.00	0	3.13	1	3.13	1	34.38	11	59.38	19	32
	Graphic	4.50	0.00	0	3.13	1	9.38	3	21.88	7	65.63	21	32
	Clarity-	4.50	0.00	0	3.13	1	6.25	2	28.13	9	62.50	20	32
C	Relevance	4.57	0.00	0	0.00	0	6.67	2	30.00	9	63.33	19	30
	Graphic	4.60	0.00	0	0.00	0	6.67	2	26.67	8	66.67	20	30
	Clarity-	4.53	3.33	1	0.00	0	3.33	1	26.67	8	66.67	20	30
	Comprehension	4.53	0.00	0	0.00	0	6.67	2	33.33	10	60.00	18	30
Overall	Graphic	4.57	0.00	0	0.00	0	3.33	1	36.67	11	60.00	18	30
	Clarity-	4.53	0.00	0	0.00	0	3.33	1	40.00	12	56.67	17	30
	Comprehension	4.60	0.00	0	0.00	0	6.67	2	26.67	8	66.67	20	30
	Relevance	4.53	0.00	0	0.00	0	10.00	3	26.67	8	63.33	19	30

Block A achieved the highest excellence ratings in the parameters of clarity and objectivity (71.9%) and comprehensibility (68.8%), with weighted mean scores of 4.66 and 4.66, respectively. Block B (Psychic State and Psychic Assistance) stood out in terms of relevance (65.6%) and graphic layout (62.5%), reaching mean scores of approximately 4.50 across all parameters. Block C (Spiritist Involvement) received consistent evaluations in clarity (66.3%), comprehensibility (66.7%), and relevance (66.7%), with mean scores above 4.5.

The overall evaluation of the instrument confirmed this trend toward adequacy, with mean values exceeding 4.5 across all criteria, reinforcing its face validity and strong semantic performance-dimensions commonly used as preliminary indicators of psychometric adequacy^{31,45}.

The judges' qualitative justifications and comments contributed to relevant refinements. In Block A, suggestions primarily concerned improvements in graphic presentation and the shortening of item statements. In Block B, the most significant critiques highlighted inconsistencies in items addressing the prescription of psychotropic medications by non-psychiatrists and issues related to terminology (affective/emotional health), leading to substantive revisions. In Block C, a technical flaw in response routing ("skip logic") was identified and subsequently corrected, in addition

to suggestions regarding question clarity and layout adjustments.

In the global evaluation of the FENE, a positive perception was maintained regarding clarity, relevance, methodological consistency, and potential scientific contribution. However, the need for graphic adjustments and concerns about the instrument's length as a potential barrier to adherence were reiterated⁷⁻²¹.

FINAL VERSION OF THE FENE

After judges' evaluation and researcher reassessment, the Spiritist Involvement Form (FENE) reached its final version.

Block A

Block A included 13 items adapted from the IBGE Census⁶, covering sex, age, race/skin color, education, occupation, family income, marital status, children, and state of residence. It also included broader social characterization variables such as sexual orientation and working hours, aiming to capture potential vulnerabilities associated with mental health^{42,43}.

Table 5. Spiritist Involvement Form (FENE): Block A - sociodemographic profile*

Questions		Response Options
A1	What is your sex?	Female / Male
A2	What is your age?	18-24 / 25-34 / 35-44 / 45-54 / 55-64 / 65-74 / 75+
A3	What is your race/skin color?	White / Brown (Mixed) / Black / Other (specify)
A4	What is your educational level?	Less than high school / High school / Incomplete undergraduate / Technical diploma / Bachelor's degree / Postgraduate
A5	What is your occupation?	Unemployed / Public employee / Private employee / Self-employed / Military / Domestic worker / Retired / Homemaker / Other
A6	On a typical day, how many hours do you work?	Up to 4 / 4-8 / 8-12 / More than 12 / None
A7	Is your job the main source of family income?	No / Yes
A8	Approximate monthly family income	Income brackets
A9	Current marital status	Married/Stable union / Widowed / Divorced / Separated / Single
A10	Sexual orientation	Heterosexual / Homosexual / Bisexual / Other
A11	Do you have children?	No / Yes
A12	Number of children	Open-ended
A13	State of residence (Brazil)	Open-ended

Block B

Block B was consolidated into two sections. The first, addressing psychic state, comprised 25 items related to emotional distress, bereavement,

relational conflicts, physical illnesses, and substance use, with a distinction between experiences associated or not associated with the context of the COVID-19 pandemic.

Table 6. Spiritist Involvement Form (FENE): Block B - Psychic State

Questions		Responses (options / type)
B1	Are you currently experiencing distress due to job loss, job-related crisis, or reduced income?	Yes / No
B2	Related to COVID-19?	Yes / No
B3	Are you currently experiencing distress due to a physical illness?	Yes / No
B4	Related to COVID-19?	Yes / No
B5	Are you currently experiencing distress due to a physical or psychological illness affecting someone close to you?	Yes / No
B6	Related to COVID-19?	Yes / No
B7	Are you currently experiencing distress due to bereavement?	Yes / No
B8	Related to COVID-19?	Yes / No
B9	Are you currently experiencing distress due to the end of or a crisis in a romantic relationship?	Yes / No
B10	Related to COVID-19?	Yes / No
B11	Are you currently experiencing distress due to alcohol and/or tobacco use or misuse?	Yes / No
B12	Related to COVID-19?	Yes / No
B13	Are you currently experiencing distress due to the use or misuse of any illicit drugs?	Yes / No
B14	If yes, which illicit drug(s)?	(Open-ended)
B15	Related to COVID-19?	Yes / No
B16	Are you currently experiencing distress due to being subjected to any form of violence?	Yes / No
B17	Related to COVID-19?	Yes / No
B18	Are you currently experiencing distress due to perpetrating violence against someone?	Yes / No
B19	Related to COVID-19?	Yes / No
B20	Are you currently experiencing distress due to perpetrating violence against yourself?	Yes / No
B21	Related to COVID-19?	Yes / No
B22	Are you currently experiencing emotional distress due to any other factor not mentioned in the questions above?	Yes / No
B23	If yes, which factor?	(Open-ended)
B24	To what extent has social distancing/isolation, implemented with the onset of the COVID-19 pandemic, affected (or did it affect) your emotional health?	Not at all A little Moderately Very much Completely
B25	Overall, how would you rate your emotional health (considering both the present and the past)?	Very poor Poor Fair Good Excellent

*Adapted questions and response options.

The second section of Block B, related to healthcare assistance, comprised 23 items addressing psychiatric and psychotherapeutic follow-up, the use of psychotropic medications (for psychiatric disorders or other conditions), the use

of herbal medicines, as well as integrative and complementary practices. This expansion aimed to capture participants' clinical and psychological profile, enabling a more structured analysis of these data in relation to Spiritist involvement.

Table 7. Spiritist Involvement Form (FENE): Block B - Psychic Assistance

Questions	Responses (options / type)	
B26	Are you currently under the care of a psychiatrist?	No / Yes
B27	Related to COVID-19?	No / Yes
B28	Has any physician (psychiatrist or non-psychiatrist) currently stated that you have a psychiatric disorder?	No / Yes
B29	If yes, which one(s)?	Open-ended response
B30	Related to COVID-19?	No / Yes
B31	Are you currently taking psychotropic medication for a psychiatric disorder?	No / Yes
B32	If yes, how many different medications do you take per day?	1 / 2 / 3 / 4 or more
B33	For how long have you been taking them?	Less than 6 months / 6 months to 1 year / 1 to 2 years / More than 2 years
B34	Are you currently taking psychotropic medication for a non-psychiatric condition?	No / Yes
B35	Are you currently using any herbal medication?	No / Yes
B36	Before the pandemic, were you under the care of a psychiatrist?	No / Yes
B37	Before the pandemic, had any physician (psychiatrist or non-psychiatrist) stated that you had a psychiatric disorder?	No / Yes
B38	If yes, which one(s)?	Open-ended response
B39	Before the pandemic, were you taking psychotropic medication for a psychiatric disorder?	No / Yes
B40	If yes, what was the maximum number of medications you used per day?	1 / 2 / 3 / 4 or more
B41	Before the pandemic, did you take psychotropic medication for a non-psychiatric condition?	No / Yes
B42	Are you currently receiving psychological (psychotherapy) care?	No / Yes
B43	If yes, for how long?	Less than 6 months / 6 months to 1 year / 1 to 2 years / More than 2 years
B44	Are you currently undergoing holistic treatment and/or integrative and complementary practices?	No / Yes
B45	If yes, for how long?	Less than 6 months / 6 months to 1 year / 1 to 2 years / More than 2 years
B46	Before the pandemic, did you receive psychological (psychotherapy) care?	No / Yes
B47	If yes, what was the longest continuous period you received it on a regular basis?	Less than 6 months / 6 months to 1 year / 1 to 2 years / More than 2 years
B48	Before the pandemic, did you undergo holistic treatment and/or integrative and complementary practices?	No / Yes
B49	If yes, what was the longest continuous period you received it on a regular basis?	Less than 6 months / 6 months to 1 year / 1 to 2 years / More than 2 years

Adapted questions and response options

Block C

Block C comprised 33 items, distributed across six sections:

a) Religious Identification (C1-C4): included questions regarding religious affiliation, level of sympathy toward Spiritism, and length of involvement;

b) Institutional Participation: Relationship with the Spiritist Center (current and prior to the pandemic) (C5-C13): addressed frequency of attendance, duration of participation, types of activities attended, and involvement as a volunteer worker;

c) Spiritual Practices (C14-C18): encompassed activities characteristic of Spiritist doctrine;

d) Spiritual Beliefs (C19-C23): assessed adherence to central doctrinal principles;

e) Spiritual Involvement (C24-C26): addressed interest in Spiritist materials, perception of mediumship, and general belief in the doctrine; and

f) Spiritist Influence (C27-C33): examined the influence of Spiritism across different life domains (TABLE 6).

Table 8. Spiritist Involvement Form (FENE): Block C - Spiritist Involvement

RELIGIOUS IDENTIFICATION	
C1	Q: What is your religious identification? (select all that apply) A: No religion / Agnostic / Catholic / Evangelical / Spiritism / Afro-Brazilian religions (Umbanda and Candomblé) / Other
C2	Q: Do you have any "sympathy" toward Spiritism? A: Not at all / A little / Moderate / A lot / Completely
C3	Q: How long have you been a Spiritist or a "sympathizer"? A: Less than 1 month / 1 month to 1 year / 1 to 5 years / 5 to 10 years / More than 10 years
C4	Q: What were your reasons for seeking Spiritist doctrine? (select all that apply) A: Family background / Friendship / Curiosity / Mental suffering / Family member's suffering / Manifested mediumship / Scientific or philosophical interest / Other
INSTITUTIONAL PARTICIPATION	
C5	Q: Do you currently attend a Spiritist center? A: Never / Rarely / Occasionally / Irregularly / Less than once a month / More than once a month but less than once a week / Once a week / Twice a week / Three or more times a week / None of the above
C6	Q: How long have you been attending a Spiritist center? A: Less than 1 month / 1 month to 1 year / 1 to 5 years / 5 to 10 years / More than 10 years
C7	Q: What is your attendance format? A: I do not attend / Yes, in-person only / Yes, online only / Yes, both in-person and online
C8	Q: Which activities do you attend at the Spiritist center? (select all that apply) A: None / Public lecture / Spiritual assistance (evangelhotherapy) / Systematic study of Spiritist doctrine / Study of Mediumship / Fraternal counseling / Fluid therapy (laying on of hands and magnetized water) / Mediumistic meeting / Philanthropic project / Administrative role / Other
C9	Q: Are you a volunteer worker at a Spiritist center? A: No / Yes
C10	Q: In which activities do you serve as a worker at the Spiritist center? (select all that apply) A: None / Public lecture / Spiritual assistance (evangelhotherapy) / Systematic study of Spiritist doctrine / Study of Mediumship / Fraternal counseling / Fluid therapy (laying on of hands and magnetized water) / Mediumistic meeting / Philanthropic project / Administrative role / Other
C11	Q: Before the pandemic, did you attend a Spiritist center? A: No / Yes
C12	Q: Before the pandemic, which activities did you attend? (select all that apply) A: None / Public lecture / Spiritual assistance (evangelhotherapy) / Systematic study of Spiritist doctrine / Study of Mediumship / Fraternal counseling / Fluid therapy (laying on of hands and magnetized water) / Mediumistic meeting / Philanthropic project / Administrative role / Other
C13	Q: Before the pandemic, were you a worker at a Spiritist center? A: No / Yes
C14	Q: Before the pandemic, in which activities did you serve as a worker at the Spiritist center? (select all that apply) A: None / Public lecture / Spiritual assistance (evangelhotherapy) / Systematic study of Spiritist doctrine / Study of Mediumship / Fraternal counseling / Fluid therapy (laying on of hands and magnetized water) / Mediumistic meeting / Philanthropic project / Administrative role / Other
SPIRITUAL PRACTICES	
C15	Q: Do you engage in prayers? A: I do not usually pray / Less than once a month / More than once a month but less than once a week / Once a week / Twice a week / Three or more times a week / Daily
C16	Q: Do you perform "Gospel at Home"? A: No / Yes, irregularly / Yes, regularly
C17	Q: Do you practice charity (outside the Spiritist center)? A: No / Yes
C18	Q: Have you ever requested a mediumistic meeting for someone? A: No / Yes
C19	Q: Have you ever received assistance through a mediumistic meeting? A: No / Yes
SPIRITUAL BELIEFS	
C20	How much do you believe in the existence of God?
C21	How much do you believe in the immortality of the soul?
C22	How much do you believe in reincarnation?
C23	How much do you believe in intelligent life beyond planet Earth?
C24	How much do you believe in mediumship?
A: Not at all / A little / Moderately / Very much / Completely	
SPIRITUAL INVOLVEMENT	
C25	What is your level of interest in Spiritist materials (books, films, etc.)?
C26	What is your level of mediumship?
C27	What is your level of belief in Spiritist doctrine?
A: Not at all / A little / Moderately / Very much / Completely	
SPIRITIST INFLUENCE	
C28	To what extent does Spiritism influence your mental health?
C29	To what extent does Spiritism influence your self-care?
C30	To what extent does Spiritism influence your marital/romantic relationship?
C31	To what extent does Spiritism influence your family relationships?
C32	To what extent does Spiritism influence your social interactions?
C33	To what extent does Spiritism influence your work?
C34	To what extent does Spiritism influence your political views?
A: Not at all / A little / Moderately / Very much / Completely	
Legend: Q: Question // A: Answers	

*Adapted questions and response options

To ensure smooth administration of the instrument and to reinforce its inclusive nature, item C2 of Block C-sympathy toward Spiritism-was defined as a cutoff point for continued participation. If the respondent selected the option “not at all,” their level of Spiritist involvement was automatically classified as zero, and they were exempted from completing the remaining questions in Block C.

Overall, the FENE comprised 95 questions, divided into primary items (not directly related to the COVID-19 pandemic) and derived items (specifically addressing the pandemic context). This structure provided the instrument with methodological breadth and clinical sensitivity, enabling the assessment of both objective aspects (frequency, duration, activities) and subjective dimensions (beliefs, interest, perceived influence). Such a framework aligns with contemporary recommendations for integrating quantitative and

qualitative measures in the assessment of spirituality and religiosity in mental health.

CONSTRUCTION OF THE SEE SCORE

The development of the Spiritist Involvement Level (SIL) was based on a systematization of items into three weighting categories: “Associated” (weight 0), “Specific/relevant” (weight 1), and “Highly specific/relevant” (weight 2). Associated items were excluded from the SIL calculation. Responses were categorized according to degree of involvement: Absent (0), Minimal, Moderate, and Maximum, with scaled values assigned according to item weight. Weight-1 items ranged from 0 to 6 points, and weight-2 items ranged from 2 to 12 points (TABLE 3).

This weighting logic follows classical principles of composite score construction, in which differential weighting is intended to enhance sensitivity and construct validity.

Table 9. FENE: Systematization of weights and item values in Block C. Fortaleza, CE, Brazil, 2023

Section	N*	Question	Item	Weight	Item Value Zero	Minimum Value		Moderate Value		Maximum Value	
						m	M	m	M	m	M
Religious Identification	C1	Religious belief	7	1	Yes	1		2		3	
	C2	Affinity with Spiritism *	5	1	Yes	2		3		4	5
	C3	Reason for seeking Spiritism	8	0	-	-		-		-	
	C4	Length of time as a Spiritist	5	2	No	1		2	3	4	5
Relationship with Current Spiritist Center	C5	Attendance frequency	9	1	Yes	1	2	3	4	5	6
	C6	-Duration	6	1	Yes	1		2	3	4	5
	C7	-Format	4	1	Yes	1		2		3	
	C8	-Activities	10	1	Yes	1		2		3	
	C9	Worker	2	2	Yes	-		-		3	
	C10	-Activities #	10	1	Yes	4		5		6	
Relationship with Previous Spiritist Center	C11	Attendance frequency	2	1	Yes	1		1		1	
	C12	-Activities #	10	1	Yes	1		2		3	
	C13	Worker	2	1	Yes	-		-		3	
	C14	-Activities #	10	1	Yes	4		5		6	
Spiritual Practices	C15	Prayers	7	0	-	-		-		-	
	C16	Gospel at home	3	2	Yes	1		1		2	
	C17	Charity	2	0	-	-		-		-	
	C18	Assisted through mediumship	2	1	Yes	1		1		1	
	C19	Requested mediumship for others	2	1	Yes	2		2		2	
Spiritual Beliefs	C20	Existence of God	5	0	-	-		-		-	
	C21	Immortality of the soul	5	0	-	-		-		-	
	C22	Reincarnation	5	2	Yes	1		2		3	4
	C23	Intelligent life beyond Earth	5	0	-	-		-		-	
	C24	Mediumship	5	2	Yes	1		2		3	4
Spiritist Involvement	C25	Spiritist materials	5	1	Yes	1		2		3	4
	C26	Belief-mediumship	5	1	Yes	1		2		3	4
	C27	Belief-Spiritist doctrine	5	1	Yes	1		2		3	4
Overall Spiritist Influence	C28-34	-	5	0	-	-		-		-	
Total	Value (0): “not at all” - sympathy for Spiritism. Minimum					03		Maximum		77	

Legend: #derived items (COVID-19) // * sample size.

In the Religious Identification section, C1-religious belief-received weight 1, considering that religious identification alone does not ensure Spiritist involvement. "No religion" or "agnostic" were classified as Absent (0); "Catholic" or "Evangelical" as Minimal (1); Afro-Brazilian religions as Moderate (2); and Spiritism as Maximum (3). C2-sympathy toward Spiritism-also received weight 1, ranging from 0 (Absent) to 5 (Maximum). C3-reason for seeking Spiritism-was considered only an associated factor, without influence on the SIL. C4-length of identification as a Spiritist/sympathizer-received weight 2, with increasing scores according to the reported duration. This strategy is consistent with models of religious involvement that distinguish identity, affiliation, and practice, as discussed by Harold G. Koenig and the Fetzer Institute.

Regarding the Relationship with the Spiritist Center, frequency and duration of participation in in-person or digital activities (C5 and C6) received weights 1 and 2, respectively, and were stratified according to regularity and length of involvement, with higher frequency and longer duration indicating greater involvement. C7-attendance format-and C8-activities attended-received weight 1, reflecting increasing involvement from exclusively digital to combined in-person/digital participation, and from introductory activities to those reflecting deeper doctrinal integration. Participation as a volunteer/facilitator (C9) received weight 2, with maximum scoring assigned to higher levels of involvement; the type of activity performed (C10) received weight 1, following the same rationale as activities attended. Previous frequency and participation (C11-C14) followed the same logic as the current items but with reduced weights, reflecting the comparatively lower relevance of the pre-pandemic period relative to the COVID-19 context, as noted by Giancarlo Lucchetti et al. (2024).

Regarding Spiritual Practices, items such as prayer, charity, and mediumistic assistance (C15, C17-C19) were treated as associated factors, except for "Gospel at Home" (C16), which received weight 2, reflecting its greater specificity to Spiritist involvement. Concerning Spiritual Beliefs, general items (C20, C21, C23) were also treated as associated factors. Reincarnation (C22) and mediumship (C24) received weight 2 and increasing involvement values from 0 to 4, given

their specific relevance to Spiritism. Within the Spiritual Involvement section, questions addressing interest in Spiritist materials, level of mediumship, and belief in the doctrine (C25-C27) received weight 1, with scores ranging from 0 to 4. The Spiritist Influence section (C28-C34) was not included in the SIL, as it involves multiple factors external to Spiritist practice, consistent with methodological recommendations to avoid conflating related constructs.

Application of this stratification logic demonstrated that the FENE has adequate potential to discriminate between different levels of connection to Spiritist doctrine. In the pilot test, scores varied widely among participants, ranging from the minimum value (zero) to the maximum possible score of 77. A zero score was contingent upon selecting the option "not at all" in C2-sympathy toward Spiritism-which functioned as a cutoff point exempting respondents from answering the remaining questions in Block C.

Minimal involvement was defined when a participant selected at least the option "a little" in C2 (weight 1, value 2), combined with the option "less than 1 month" in C4-length of identification as a Spiritist or sympathizer (weight 1, value 1). In this case, the total score amounted to 3, representing the lowest possible positive score. It is noteworthy that all other valid items in the instrument included response options with a value of zero and, therefore, could contribute no points to the total score-unlike C4, which did not include a null-value option.

Items C10-type of activity performed as a worker at the Spiritist center during the pandemic-and its analogue C14-type of activity performed as a worker before the pandemic-although not containing response options with a value of zero, could be omitted by participants who did not identify themselves as workers in the preceding items (C9 and C13). Thus, these questions did not necessarily affect the final score.

The variation in weights and values assigned to Block C items allowed the identification of intermediate gradients of involvement, forming a continuous spectrum of adherence. By assigning greater weight to central elements of Spiritist doctrine-such as length of identification with Spiritism, regular practice of Gospel at Home,

mediumship, and belief in reincarnation-the FENE demonstrated the capacity to more precisely differentiate occasional affiliation from deep and stable engagement. Therefore, the scoring range from 3 to 77 reinforces the instrument's breadth and descriptive utility, in accordance with psychometric criteria of responsiveness and discriminant validity, as outlined by Robert F. DeVellis¹⁵ and others.

Discussion

The findings of the present study demonstrated that the FENE presents high levels of clarity, thematic relevance, and doctrinal coherence, according to both specialists and target respondents, indicating its preliminary theoretical and semantic validity. This instrument represents a pioneering initiative in assessing the level of involvement with Kardecist Spiritism and its interface with mental health, aligning with contemporary recommendations for the inclusion of spirituality as an assessable dimension in healthcare¹⁻³.

PROFILE OF THE JUDGES

The sociodemographic and religious profile of the judges who participated in the FENE pilot testing was consistent with patterns previously described in national studies on Spiritism and religiosity in Brazil. Research indicates that Spiritist adherents tend to present higher educational attainment, stronger representation within urban middle classes, and a predominance of adult women of productive age⁴⁻⁶. More recent investigations corroborate this trend, also identifying greater engagement in volunteer and educational activities among Spiritists^{7,8}. This convergence with documented profiles reinforces the external validity of the findings, suggesting that the evaluators reflected real characteristics of the Brazilian Spiritist population.

Another relevant aspect was the predominance of judges residing in the state of Ceará. Although this concentration resulted from the methodological strategy adopted, it does not necessarily constitute a limiting bias, as multicenter studies conducted in different Brazilian states demonstrate similar sociodemographic compositions^{6,9}. Nevertheless, geographic centralization may influence subtle cultural interpretations of items, justifying the detailed analysis of the judges' profile as a methodological control strategy.

Profiling the evaluators not only contextualizes the assessments obtained but also contributes to understanding how professional, religious, and regional trajectories may influence perceptions of clarity, relevance, and applicability of items¹⁰. Thus, the sociodemographic and religious characterization of the judges represents a fundamental dimension of content validation. By demonstrating consistency with national data on Spiritism, this analysis strengthens the reliability of the pilot-test findings.

VALIDATION AND ANALYSIS OF THE FENE

The evaluation conducted by the judges demonstrated high levels of agreement regarding clarity, comprehension, relevance, and graphical presentation of the FENE, with weighted means above 4.5 across all blocks. This result indicates that the instrument development process achieved terminological precision and internal coherence-essential elements for tools addressing the interface between spirituality and mental health¹¹⁻¹³.

Qualitative comments suggested only minor wording and formatting adjustments, without compromising the conceptual structure of the instrument. This reinforces the methodological robustness of the theoretical-semantic validation and suggests high acceptability among both specialists and lay participants, as recommended in cultural and semantic validation processes^{14,9}.

The combination of academic specialists (theoretical-semantic validation) and lay judges (pilot testing) allowed complementary analysis. Specialists ensured conceptual and psychometric rigor, while lay participants guaranteed cultural adherence and language intelligibility. This integration strengthens the content validity of the FENE, ensuring that it meets technical standards while remaining understandable and applicable to the target population^{10,13}.

Consistency was also evidenced by the distribution of pilot-test scores, ranging from 0 to 77 points, reflecting the instrument's capacity to discriminate different gradients of Spiritist involvement. The broad spectrum reinforces the sensitivity of the adopted stratification model, in which doctrinally central elements-such as duration of Spiritist identification, Gospel at Home practice, mediumship, and belief in reincarnation-receive greater weight. Thus, the judges' analysis confirmed the internal coherence and cultural pertinence of the FENE,

consolidating it as an innovative tool for measuring the Spiritist Involvement Level (SIL).

INTERFACE WITH MENTAL HEALTH

Scientific literature consistently demonstrates that religiosity and spirituality may function as protective factors in the face of psychological distress, promoting resilience, existential meaning, hope, forgiveness, and social support¹⁵⁻¹⁷. Recent studies further indicate that spiritual engagement can modulate emotional responses, reduce depressive and anxiety symptoms, and enhance subjective well-being^{7,1}.

Within Spiritism, such benefits may be particularly pronounced due to its emphasis on inner reform, reinterpretation of suffering, and the valuation of life as an opportunity for moral and spiritual growth^{18,4}. These values and practices establish a coping framework that transcends devotional aspects, functioning as a psychosocial resource with significant implications for mental health^{8,3}.

Exploratory analysis of FENE data suggests that higher Spiritist involvement levels are associated with greater frequency of spiritual practices (e.g., Gospel at Home, study and mediumistic meetings, charitable activities) and, in some participants, lower perception of recent emotional distress. Although not yet statistically tested, this tendency supports the hypothesis that Spiritist engagement may provide both internal (existential meaning, hope, self-transcendence) and external (community support) coping resources^{7,15}.

The FENE also allows identification of potential ambivalences. Individuals reporting higher distress sometimes intensified spiritual practices or sought mediumistic assistance, which may reflect positive religious coping^{3,15}, but may also signal psychological vulnerability requiring clinical differentiation^{1,8}.

Thus, the FENE represents a valuable clinical tool, offering objective indicators of Spiritist engagement that may assist mental health professionals in culturally sensitive therapeutic planning². By recognizing spirituality as a constitutive dimension of subjective experience, the instrument supports integrative approaches combining faith, community, psychotherapy, and psychopharmacology^{1,3}.

ASSESSMENT OF SPIRITUALITY

Unlike traditional interreligious instruments, the FENE adopts a culturally situated approach specific

to Kardecist Spiritism. This characteristic represents a methodological and epistemological innovation, particularly in contexts like Brazil, where religious experience strongly influences coping processes^{7,2}.

Compared to widely used instruments such as the WHOQOL-SRPB, FACIT-Sp-12, and BMMRS, the FENE presents a distinct focus. While those instruments emphasize transversal existential dimensions (purpose, faith, transcendence), the FENE operationalizes Spiritist-specific practices such as Gospel at Home, mediumship, spiritual healing passes, and systematic study of the works of Allan Kardec¹¹⁻¹³.

Although general instruments demonstrate broad applicability, they may lack sensitivity to doctrinal nuances of specific traditions^{6,3}. The FENE responds to recommendations advocating culturally sensitive measurement tools in spiritually diverse contexts^{1,8}.

The FENE also differs from instruments such as DUREL and the Religious-Spiritual Coping Scale (CRE), which assess frequency of practices or coping strategies but do not explore doctrinal bonds or institutional engagement. Therefore, the FENE integrates doctrinal, behavioral, and subjective dimensions into a single multidimensional instrument, consistent with contemporary recommendations in spirituality research^{2,1}.

INSTRUMENT POTENTIAL

The FENE demonstrates broad applicability. Clinically, it may assist in patient assessment and comprehensive listening, supporting humanized care and identifying both coping resources and vulnerabilities^{1,3}.

Epidemiologically, it enables population-based mapping of Spiritist involvement levels and statistical modeling of associations with mental health indicators^{9,13}.

In psychosocial contexts, it may support community-based spiritual health initiatives and planning of psychosocial interventions in Spiritist centers and collective health programs^{7,8}.

Academically, the FENE represents an unprecedented contribution by offering a validated instrument specific to Spiritism. Its modular structure allows partial or full application according to research objectives^{10,12}.

The standardized SIL scoring system facilitates quantitative comparisons across regions, cohorts, and potentially intercultural contexts⁷.

Future adaptations may include longitudinal designs and impact evaluation studies. The instrument may also inform public policies integrating spiritual care within mental health systems, aligned with biopsychosocial approaches recommended by the World Health Organization^{9,2}.

STUDY LIMITATIONS

The present phase was limited to theoretical-semantic validation. Psychometric analyses-including factor validity, internal consistency (Cronbach's alpha), convergent validity, and test-retest reliability-were not performed and remain necessary^{11,20}.

The small and relatively homogeneous sample may limit generalizability⁹. The pandemic context may also have influenced responses, given that some items explicitly referenced COVID-19^{21,7}.

Focusing on a single religious tradition enhances specificity but limits interreligious applicability^{3,1}. Additionally, digital administration may have restricted participation among individuals with lower digital literacy²².

FUTURE PERSPECTIVES

Next development phases should include large-scale psychometric validation, criterion validity studies correlating FENE with religiosity and mental health scales, transcultural adaptation, and application in community mental health services.

These steps will consolidate the FENE as a robust, culturally sensitive scientific tool capable of

integrating spirituality into mental health and psychology of religion research^{2,1,7}.

Conclusion

The FENE demonstrated conceptual consistency, linguistic clarity, and cultural adequacy to Spiritism, addressing a methodological gap left by generalist spirituality instruments. The Spiritist Involvement Level (SIL) score showed the capacity to discriminate different gradients of engagement, reinforcing its potential applicability in clinical, psychosocial, epidemiological, and academic contexts.

Despite its limitations-particularly the absence of full psychometric validation-the FENE emerges as a pioneering and promising tool for integrating the spiritual dimension into mental health care and research. By respecting Spiritist doctrinal identity and recognizing its relevance within subjective experiences of comprehensive care, the instrument contributes to advancing culturally sensitive approaches in the interface between spirituality and mental health.

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References:

1. Sales TM. Formulário de Envolvimento Espírita - FENE: fundamentos, estrutura e aplicabilidade clínica do instrumento e-book. Fortaleza: Independente; 2024.
2. Sales TM. Magnitude e fatores associados ao envolvimento espírita, transtornos mentais comuns e ideação suicida: um estudo seccional no Ceará. Fortaleza: Universidade Federal do Ceará; 2023. Disponível em: <http://www.repositorio.ufc.br/handle/riufc/73964>
3. Abdala GA, Moreira-Almeida A, Lotufo Neto F. Espiritualidade, cultura e saúde mental: revisões conceituais e desafios metodológicos. *Rev Psiquiatr Clin.* 2023;50(1):1-10.
4. Alexandre NMC, Coluci MZO. Validade de conteúdo nos processos de construção e adaptação de instrumentos de medidas. *Cien Saude Colet.* 2011;16(7):3061-8.
5. Barros DF, Lima PV. O impacto multidimensional da violência na saúde mental: uma revisão sistemática. *Rev Bras Psiquiatr Psicol.* 2024;46(2):112-28.
6. Beaton DE, Bombardier C, Guillemin F, Ferraz MB. Guidelines for the process of cross-cultural adaptation of self-report measures. *Spine.* 2000;25(24):3186-91.
7. Boateng GO, Neilands TB, Frongillo EA, Melgar-Quinonez HR, Young SL. Best practices for developing and validating scales for health, social, and behavioral research: a primer. *Front Public Health.* 2018;6:149.
8. Borsa JC, Damásio BF, Bandeira DR. Adaptação e validação de instrumentos psicológicos entre culturas: algumas considerações. *Paideia.* 2012;22(53):423-32.
9. Brasil. Conselho Nacional de Saúde. Resolução nº 466, de 12 de dezembro de 2012. Brasília: Ministério da Saúde; 2012.
10. Brasil. Ministério da Saúde. Política Nacional de Práticas Integrativas e Complementares no SUS: PNPIC em rede. Brasília: Ministério da Saúde; 2018.
11. Dalgalarondo P. Religião, psicopatologia e saúde mental. Porto Alegre: Artmed; 2007.
12. Dalgalarondo P. Religião e saúde mental: estudos clínicos, epidemiológicos e culturais. São Paulo: Paulinas; 2007.
13. Denis L. Depois da morte. 37 ed. Rio de Janeiro: FEB; 1927.
14. DeVellis RF. Scale development: theory and applications. 5th ed. Los Angeles: SAGE; 2017.
15. DeVellis RF, Thorpe CT. Scale development: theory and applications. 5th ed. Thousand Oaks: SAGE; 2021.
16. Dos Reis LC, Ribeiro SD. Impacto do transtorno do luto prolongado na saúde mental. *Rev Foco.* 2024;17(11):e6597.
17. Federação Espírita Brasileira. O espiritismo e as suas práticas. Brasília: FEB; 2006.
18. Federação Espírita Brasileira. Orientação ao Centro Espírita. Brasília: FEB; 2017.
19. Fetzer Institute, National Institute on Aging Working Group. Multidimensional measurement of religiousness/spirituality for use in health research. Kalamazoo: Fetzer Institute; 1999.
20. Gomes LAO. O papel do uso de substâncias psicoativas no desencadeamento de transtornos mentais. *J Bras Psiquiatr.* 2024;73(1):55-62.
21. Hair JF, Black WC, Babin BJ, Anderson RE. Multivariate data analysis. 9th ed. Harlow: Pearson; 2022.
22. Instituto Brasileiro de Geografia e Estatística. Censo demográfico 2022: religião e pertencimento religioso no Brasil. Rio de Janeiro: IBGE; 2022.
23. Kardec A. O livro dos espíritos. Paris: Didier; 1857.
24. Koenig HG. Religion, spirituality, and health: the research and clinical implications. San Diego: Academic Press; 2012.
25. Koenig HG. Religion and mental health: research and clinical applications. 2nd ed. San Diego: Academic Press; 2022.
26. Lucchetti G, Lucchetti ALG, Moreira-Almeida A. Spirituality and health in Brazil: historical roots and current challenges. *Front Psychol.* 2024;15:1-12.
27. Lucchetti G, Granero AL, Bassi RM, Latorraca R, Nacif SAP, Moreira-Almeida A. Measuring spirituality and religiosity in clinical research: a systematic review of instruments available in the Portuguese language. *Sao Paulo Med J.* 2013;131(2):112-22.
28. Lucchetti G, Lucchetti ALG, Bassi RM, Nobre MRC. Spirituality in health care: an integrative review of the literature. *Med Express.* 2012;1(3):26-31.
29. Mathieu JE, Richardson HA, Gibson CB. Virtual methods in organizational research: relevance, rigor, and future directions. *Organ Res Methods.* 2021;24(3):422-45.

30. McGilton KS. Development and psychometric testing of the Patient Satisfaction and Participation Scale. *Nurs Res.* 2003;52(6):349-56.
31. Mokkink LB, Prinsen CAC, Patrick DL, Alonso J, Bouter LM, de Vet HCW, et al. COSMIN methodology for systematic reviews of Patient-Reported Outcome Measures (PROMs). *Qual Life Res.* 2018;27(5):1147-57.
32. Moreira-Almeida A, Lotufo Neto F. *Espiritualidade e saúde mental: fundamentos científicos e clínicos.* São Paulo: Atheneu; 2023.
33. Moreira-Almeida A, Lotufo Neto F. *Espiritualidade e saúde: evidências científicas e implicações clínicas.* Porto Alegre: Artmed; 2007.
34. Moreira-Almeida A, Lotufo Neto F, Koenig HG. Religiousness and mental health: a review. *Rev Bras Psiquiatr.* 2006;28(3):242-50.
35. Moreira-Almeida A, Pargament KI, Lucchetti G. Religiousness and mental health: what we know and what we need to know. *Braz J Psychiatry.* 2020;42(5):507-14.
36. Oliveira PHC, Santos EA. O impacto das doenças crônicas na qualidade de vida e saúde mental de pacientes adultos. *Rev Saude Publica.* 2024;58:1-10.
37. Organização Mundial da Saúde. *Integrating spirituality into health systems: WHO framework for holistic care.* Geneva: WHO; 2021.
38. Panzini RG, Rocha NS. Religiosidade e espiritualidade na saúde mental: avanços empíricos e implicações clínicas. *Psicol Reflex Crit.* 2021;34(4):1-15.
39. Panzini RG et al. *Escala de coping religioso-espiritual (CRE): validação no contexto brasileiro.* Porto Alegre: PUC-RS; 2017.
40. Pargament KI. *Spiritually integrated psychotherapy: understanding and addressing the sacred.* New York: Guilford Press; 2007.
41. Pasquali L. *Psicometria: teoria dos testes na psicologia e na educação.* 4 ed. Petrópolis: Vozes; 2016.
42. Peteet JR. Spirituality and psychiatry: clinical and research frontiers. *Lancet Psychiatry.* 2022; 9(8):641-53.
43. Peterman AH, Fitchett G, Brady MJ, Hernandez L, Cella D. Measuring spiritual well-being in people with cancer: the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale (FACIT-Sp). *Ann Behav Med.* 2002;24(1):49-58.
44. Piedmont RL, Wilkins TA. The assessment of spirituality and religious sentiments (ASPIRES): recent psychometric findings. *Religions.* 2020; 11(9):1-13.
45. Polit DF, Beck CT. *Nursing research: generating and assessing evidence for nursing practice.* 11th ed. Philadelphia: Wolters Kluwer; 2021.
46. Rocha TA, Ferreira LC. Consequências psicossociais da pandemia de COVID-19 e o legado para a saúde mental. *Psicol Soc.* 2024;36:e269223.
47. Silva A et al. Conflitos familiares: impactos na saúde emocional e a importância de buscar ajuda especializada. *Rev Saude Foco.* 2024;10(2):115-30.
48. Skevington SM, Gunson KS, O'Connell KA. Introducing the WHOQOL-SRPB BREF. *Qual Life Res.* 2013;22(5):1073-83.
49. Souza AC, Alexandre NMC, Guirardello EB. Propriedades psicométricas na avaliação de instrumentos: avaliação da confiabilidade e da validade. *Epidemiol Serv Saude.* 2017;26(3):649-59.
50. Streiner DL, Norman GR, Cairney J. *Health measurement scales: a practical guide to their development and use.* 5th ed. Oxford: Oxford University Press; 2015.
51. Xavier FC. *Nos domínios da mediunidade.* Rio de Janeiro: FEB; 1955.
52. Zanon C, Dellazzana-Zanon LL, Wechsler SM, Fabretti RR, Rocha KN. COVID-19 and mental health: the role of stress, resilience, and spirituality. *Front Psychiatry.* 2020;11:586.