


EDITORIAL

Is Spirituality a New or Renewed Tool?

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Editorial referring to the article: *Religiosity and Spirituality: The Relationship Between Psychosocial Factors and Cardiovascular Health*

The topic of spirituality and religiosity has become more prevalent in scientific publications and clinical practice. Researchers recognize that studying this area can lead to a better understanding of physiology and potential therapeutic interventions. There are even discussions about establishing a prognosis based on spirituality and religiosity, and we are finding evidence related to this topic.

The *International Journal of Cardiovascular Sciences* plays a crucial role in advancing knowledge and understanding within the academic community. Despite the presence of biased and conflicting analyses in some papers, all of them are a result of the framing phase for future understanding. This is accomplished through the publication of rigorous scientific research, which has been demonstrated to produce more reliable and robust outcomes; for example, the article titled “Religiosity and Spirituality: The Relationship Between Psychosocial Factors and Cardiovascular Health” provides valuable insights into this important area. This study analyzes the correlation between spirituality/religiosity levels and cardiovascular health in typical patients at cardiology outpatient clinics, using established clinical research scales. It is essential to share this information with both established and emerging professionals in the field.¹

Currently there is still some confusion regarding the meanings of certain terms, such as spiritual issues, spirituality, religion, and religiosity. The Updated Guidelines for Cardiovascular Prevention of the Brazilian Society of Cardiology published in the *Brazilian Archives of Cardiology* incorporates concepts that are aligned with Brazilian cultural values, but differ from those found

in publications from other cultures. There is a need to reconcile these terms.²

For instance, there are different beliefs about the origin of the word “religion” among scholars and the general public. Some suggest that it comes from “*religare*,” meaning reconnection, while others argue it comes from “*relegere*,” meaning rereading. It is challenging to accept the idea of reconnection, since this aspect of ourselves has always existed and remains an integral part of our being, even if it is not the most crucial one.

The authors of “Psychological Health, Well-Being, and the Mind-Heart-Body Connection: A Scientific Statement From the American Heart Association,” published in the journal *Circulation*, state: “we are very good at treating disease but often not as good at treating the person. The focus of our attention has been on the specific physical condition rather than the patient as a whole.” In the conclusion of the same article, among other findings, they state: “The mind, heart, and body are all interconnected and interdependent in a relationship that can be called the mind-heart-body connection.” It is not only the mind/psyche that is involved in illness or that interferes with biological and physiological processes; it is also connected to factors that extend beyond them, such as rational processes. The ability to analyze and interpret both internal and external experiences or intra- and interpersonal life circumstances and, indeed, the subsequent responses to adversity have a significant impact on overall health beyond just behavior and actions. Thoughts and emotions have a direct impact on physical wellbeing. The effects of intellectual processes and mental states can be almost immediate, or they may take time to manifest, similar to how we take time to comprehend a written text.³

The impact of spiritual and religious factors on clinical outcomes is more noticeable when patients are

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experiencing severe conditions or dramatic situations. This impact is greater when the patient's life or important values are at risk, and these effects can be observed at any point during clinical practice. This was evident in the recent publication of the American Medical Association: Special Communication Clinical Review & Education, titled "Spirituality in Serious Illness and Health".⁴ Their review identified the following eight findings:

- 1) Spirituality is important to most patients with serious illness (e.g., literature estimates ranged from 71% to 99%).
- 2) Spiritual needs are common in that setting (e.g., estimates ranged from 23% to 98%).
- 3) Spiritual care is frequently desired by patients with serious illness (e.g., estimates ranged from 50% to 96%).
- 4) Spirituality can influence medical decision-making in serious illness.
- 5) Spiritual needs of patients with serious illness are frequently unaddressed within medical care.
- 6) Spiritual care is infrequent in the care of such patients (e.g., estimates of patients not receiving spiritual care ranged from 49% to 91%).
- 7) The provision of spiritual care in the medical care of patients with serious illness was associated with better end-of-life outcomes.
- 8) Unaddressed spiritual needs can be associated with poorer patient quality of life.⁴

Notwithstanding the growing interest in the topic and the abundance of evidence in the literature, it seems that the medical community has not fully recognized the potential benefits of spirituality and religiosity. However, experts in the field have concluded that incorporating these practices can significantly improve health, promote healing, and potentially prevent disease. Despite this, there still seem to be many misunderstandings about the topic.

Meditation is an excellent illustration of how medicine is still attempting to categorize various spiritual practices. It is unclear whether meditation is a passive or active activity, and whether it is a placebo effect or has a positive and noticeable impact. Mindfulness meditation, in particular, is a form of mental training that aims to enhance awareness. Various meditation programs utilize

different approaches to achieve this goal. Once we achieve mental stillness by focusing or quieting our thoughts, true meditation begins. During this process, we can access our intellect and develop resilience to better handle life's challenges and find purpose in them. Furthermore, it is important to point out that there are still unanswered questions regarding whether the individual engaging in meditation should be religious or not.

The researchers of this issue suggest that the act of remaining silent and calm is a common practice in Eastern traditions, particularly in religious traditions like Buddhism. However, this practice is also encouraged in other religions such as Hinduism, and Abrahamic religions. Although often referred to as prayer, the concept may require a review because, in the English language, there are few words that can express the same situations. In the Portuguese language, we have *reza*, *rogativa*, *prece*, *suplica*, and *oração*. Although these words are often seen as interchangeable synonyms for prayer or even worship, their meanings differ greatly. *Reza* is the repetition of words that can be part of a rogation, while *prece* (prayer) is an expression of one's innermost feelings, and it may sometimes include a plea. *Oração* (prayer), however, is essentially the act of creating an *oros*, a "space" within oneself to become receptive to the answers that lie within us. Our confusion and the mind's distractions can make it difficult to notice these answers. In fact, this is what the teachings of Christianity recommend, "Enter into your closet, shut the door, and pray in secret, for your Father knows what things you have need of."

In addition, the idea that truth can be revealed through silence is not limited to religious communities. Einstein famously said, "I think 99 times and nothing happens... I stop thinking and dive into a deep silence and the truth reveals itself." Similarly, philosophers such as Plotinus have also emphasized the importance of introspection and observation, as seen in his quote, "Retract yourself and contemplate." The temple of Delphi also contains the inscription, "Know thyself." Perhaps, this is because, when we introspect, we take the first step toward truly understanding ourselves. Once we have knowledge of ourselves, we gain the ability to exert control. It is impossible to control something we do not know and do not understand. Once we have recognized how to respond to different situations, it is possible to anticipate reactions and determine how much adrenaline is necessary to face the situation. We are then able to choose to face it boldly or let it go.

The idea of prioritizing silence, the act of creating an *oros* and focusing on one's inner world is not exclusive to Jesus, Buddha, or Einstein. Anyone can benefit from this advice to escape the chaos of the world. Many have suggested that this is the key to finding happiness and peace, but it is not enough to simply know the way; one must also walk it. This ability to be open to receiving allows us to listen to the teachings of figures like the Father or other holy figures. By doing so, we may gain insights and connect with the "cosmic consciousness." The terms that are used to describe this connection may vary, but they all hold the same meaning.

It is important to consider that religious or spiritual experiences can sometimes lead to conflicts that are challenging to resolve. It is crucial to exercise caution in such situations. For instance, a patient who has experienced rejection from their community may encounter anxieties, which could negatively affect their ability to cope with their present illness.

In conclusion, it is important to acknowledge that, although microbiology has been around for some time, it took a while to develop antibiotics, and we still have much to learn about immunology. Let us have patience and trust that advancements in this field will lead to improvements in medicine.

References

1. Cruz JIN, Cardozo ACL, Melo EV, Lira JMC, Santos GV, Salazar GO, et al. Religiosity and Spirituality: The Relationship between Psychosocial Factors and Cardiovascular Health. *Int J Cardiovasc Sci.* 2023;36:e20220176. doi: 10.36660/ijcs.20220176.
2. Prêcoma DB, Oliveira GMM, Simão AF, Dutra OP, Coelho OR, Izar MCO, et al. Updated Cardiovascular Prevention Guideline of the Brazilian Society of Cardiology - 2019. *Arq Bras Cardiol.* 2019;113(4):787-891. doi: 10.5935/abc.20190204.
3. Levine GN, Cohen BE, Commodore-Mensah Y, Fleury J, Huffman JC, Khalid U, et al. Psychological Health, Well-Being, and the Mind-Heart-Body Connection: A Scientific Statement from the American Heart Association. *Circulation.* 2021;143(10):e763-e783. doi: 10.1161/CIR.0000000000000947.
4. Balboni TA, VanderWeele TJ, Doan-Soares SD, Long KNG, Ferrell BR, Fitchett G, et al. Spirituality in Serious Illness and Health. *JAMA.* 2022;328(2):184-97. doi: 10.1001/jama.2022.11086.

