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Dossier: Spirituality and health

Carlos Frederico Barboza de Souza*

I am pleased that HORIZONTE, a journal of studies in Theology and Sciences of Religion, has just published another issue, this one dedicated to the theme of “Spirituality and Health”, a topic which has recently been on the agenda in Brazil.

The aforementioned topic is no doubt a content that has grown abundantly in Brazil in recent years, with significant output and academic events. In turn, the quality of the writings on such a topic has increased considerably, as has the formal level of the various events, which have increased both in the number of participants and also in the number of events made available to the academic community as a whole. In turn, several journals have been dedicated recently in Brazil to the aforementioned theme. This Picture, briefly presented, points to the importance of such a theme today and to the demand that one has to know and discuss it.

However, in addition to the increasing quality of knowledge production in this area in Brazil, there are some challenges that need to be faced and that seem to indicate paths that we need to follow in our country. Without being exhaustive in naming these challenges, listing some of them may be of paramount importance.

To advance in the discussion of the concept of what spirituality is, its characteristics and its constitutive elements, seems to be extremely necessary,

* PhD in Science of Religion (UFJF). Professor at the PPGCR at PUC Minas. Managing Editor of Horizonte Journal. Country of origin: Brazil. E-mail: fred@pucminas.br. Doutor em Ciência da Religião (UFJF). Professor do PPGCR da PUC Minas. Editor gerente da Horizonte. País de origem: Brasil. E-mail: fred@pucminas.br

since there is no consensus in the academic community or in the community of health professionals. And we can even ask ourselves whether this consensus would be possible and desirable. Or if it is the very “nature” of spirituality in its relationship with health not to become objectifiable, since it is not a “thing” that “is” inert and immutable in reality. However, given not only the diversity of approaches, but also the perspectives that seem to go against relevant concepts for working with health care, this task becomes fundamental. This, however, does not exempt us from seeking a historical approach to this concept, as a way of reaching at least some elements that we could consider as constituting the concept and reality of spirituality, as a human condition, or spiritualities, as possibilities of realization, as well as updating this condition in cultures, beliefs and societies. This implies the rescue of its history both in its emergence, as a concept, within the scope of ancient Christianity, but also in its understanding and use outside of religious traditions. Above all, in philosophy, psychology and social sciences, in addition to its relationship with the concept of spirit, which has historically been understood from different cultural matrices.

The improvement of the conceptual discussion concerning spirituality is also important to support research on this topic in the field of health. There are different types and methodologies of research related to the different areas that approach spirituality in its relationship with health. These are approaches from theology, philosophy, social sciences, psychology and health sciences. Some focus more on hermeneutical treatments of the issue, while others focus on empirical approaches. And this theme often demands multi, inter and transdisciplinary perspectives.

Another challenging point is how to work with spirituality in the field of health. If for a clinical listening it seems to be an interesting concept, even more challenging is the establishment of care protocols and spiritual accompaniment that go beyond the personal charisms of health professionals. In other words, there is an urgent need to establish routines that indicate paths for spiritual care and meeting the spiritual needs of those who demand health care, whether in hospitalization conditions or in conditions of outpatient and in-office clinical care.

However, the establishment of protocols has an effect only if we are attentive to a fundamental element: the training of those who work with health care for attentive and active attention and listening to the spiritual dimension of people. This training involves enormous challenges, from the insertion of the subject in professional training courses, as well as the way in which it is included in the means of professional qualification. Even more, without a doubt, there is a risk of transforming it into a “technique without spirit”, mechanically applied, which does not achieve its objectives, but gives the feeling that one is working with quality in serving people. In other words, spirituality, in all its rich dynamism, can be objectified and fetishized through pragmatic and reductive approaches, capable of “prescribing spirituality”, but ineffective insofar as they give up their vital dynamics. In this way, it can be asserted that training in this area implies important revisions regarding the paradigms that guide action in the health area, implying a broader view than the biomedical paradigm view, avoiding the focus only on the disease, but on the therapeutic and their contexts and vital situations, as well as existential desires and demands. In other words, there is an urgent need for professional qualifications that walk along the lines of an “integral education” and open to a biopsychosocial-spiritual paradigm.

Furthermore, in the field of training, another question arises, thus punctuated: how to encourage health professionals to deal with and develop their own spirituality? This is because it is not possible to listen to the spirituality of patients or therapists if there is no listening to their own spirituality. In this way, it can be asserted that it is not a matter of technical training, but, above all, awareness and attention to this dimension of human existence that the deeper it is, the more subtle it becomes. And this being done in a balanced, integrative way, not excluding other human dimensions as important as corporeality, psyche, life stories, sexuality, politics and the relationship with the environment. In fact, without this ability to dynamically work spirituality in relation to other human dimensions, it does not fulfill its function – perhaps, one of its primary functions – of providing unity and integration between this multifaceted diversity that constitutes us as beings.

Finally, it is urgent that work based on spirituality be made explicit in care environments and health-related practices, in order to give visibility and

recognition to professionals who are dedicated to this type of work, as well as to their practices. Furthermore, for professionals who dedicate themselves exclusively to the work of spiritual care and support in health-related environments, it is also important to provide them with formalizations that guarantee them the perception of acting as professionals of equal value in a health team, with equality of dignity and participation in care processes.

Based on what we said above, we hope that this dossier will be a fertile subsidy for the reflection of those who approach it and, at the same time, it will also be a sort of incentive to more reflection and production of knowledge. Due to the large amount of texts submitted for this dossier, HORIZONTE will publish an extra issue in which more articles on the aforementioned topic will be published.

In relation to the "**Spirituality and Health**" dossier, this issue has 13 articles. After the editorial written by Roberto Pereira Miguel (Moffitt Cancer Center), whose title is **Spirituality and Health: Possible Repercussions for Theology and Sciences of Religion**, we will have the first article: **Religion, spirituality and health: function, coexistence and implications**, by Lisete Mónico (University of Coimbra). Soon after, Mary Rute Gomes Esperandio (PUC PR) and Hartmut August (PUC PR) will present us with the **article "Spiritual caregivers in palliative care"**. **The third article, entitled "The two alternatives of research in spirituality and health"**, is by Humberto Schubert Coelho (UFJF). The text **"Spirituality and health: polysemy, fragilities and risks of the concept"**, is authored by Silas Guerriero (PUC SP); Ana Luísa Prospero Leite (PUC SP); Fábio L. Stern (PUC SP) provides us with the fourth article. In turn, Thiago Antônio Avellar de Aquino (UFPA) presents us with his writing entitled **"Religion, spirituality and health: a look at logotherapy"**. **The sixth article, Perception of Brazilian teachers on the relationship between health, religion, spirituality and their teaching**, was written by Taís Oliveira da Silva (UFJF), Alexander Moreira-Almeida (UFJF), André Luis Mattedi Dias (UFBA) and Marcus Welby -Borges (UFBA). With **"Spirituality in the care of women substance users"**, **Jamine Targino (IUPERJ-UCAM; UNIRIO) brings us the seventh article. With Relations between spiritism and madness**

in Europe: doctors and Allan Kardec in Debate, Angélica Aparecida Silva de Almeida (IF Sudeste MG) and Marcelo Gulão (Colégio Naval) publish the eighth article, while Thi Phuong Anh Dang (Vietnam National University of Social Sciences and Humanities) writes **Viewpoints on humans in the philosophy of Confucianism and lessons for Vietnam today**. The tenth article is written by João Luíz Correia Júnior (UNICAP) and has the following title: **Spirituality and health: the modus operandi of Jesus in Mk 1,32-39. With “If we are afflicted, it is for your consolation and salvation” (2Cor 1,6a): the catalogs of peristasis and the concept of resilience in Paul in the Second Letter to the Corinthians**, by Luís Henrique Eloy e Silva (PUC Minas), we have the eleventh article. In turn, Marcos Meireles (IFG), and Maria da Glória Dittrich (UNIVALE) present us with **"The contribution of natural spirituality to health in times of crisis"**. Finally, José Carlos Bermejo (Centro de Humanización de la Salud and Centro Asistencial San Camilo de Tres Cantos) concludes our dossier with the text "Espiritualidad y salud".

In the Free theme section we have an article written by Marcus Baccega (UFMA): **The two veils of the Deus Absconditus: Pascal and the (un)reason of the moderns**.

Finally, the reader will find reviews and abstracts of theses and dissertations, a section that is being suspended from HORIZONTE Journal.

Wishing everyone a fruitful reading, we hope to contribute to the academic debate and enrich reflection and practices associated with the relationship between spirituality and health.