Espiritualidade e Saúde: Evidência e Aplicação Clínica

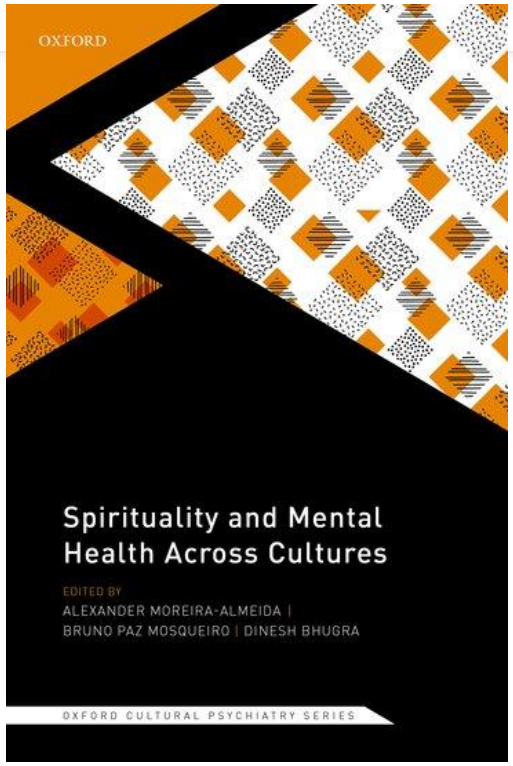
Alexander Moreira-Almeida

Prof. Titular de Psiquiatria

O que religião e espiritualidade significam?

- **Espiritualidade:** relação ou contato com uma dimensão ***transcendente*** da realidade que é considerada ***sagrada***, a verdade ou realidade última.

- **Religião:** o aspecto ***institucional*** ou ***comunitário*** da espiritualidade, como um conjunto de crenças, experiências e práticas relacionadas ao transcendente e ao sagrado.

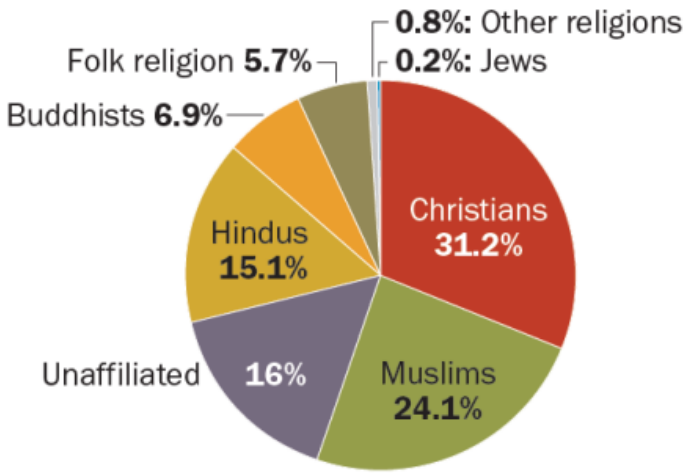


Moreira-Almeida & Bhugra, 2021

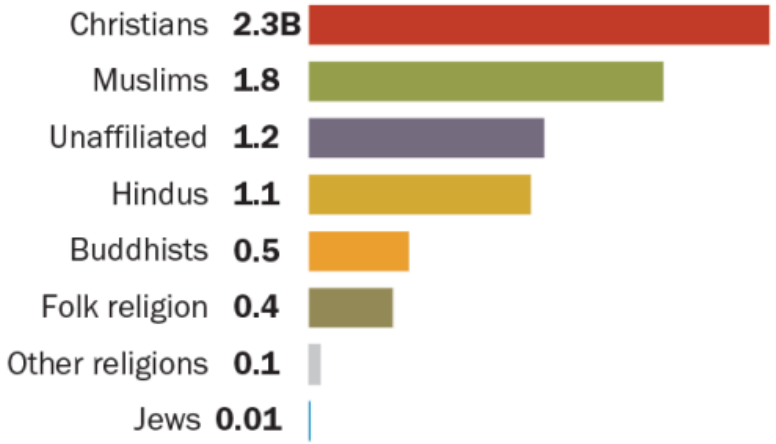
Nupes

Christians are the largest religious group in 2015

% of world population



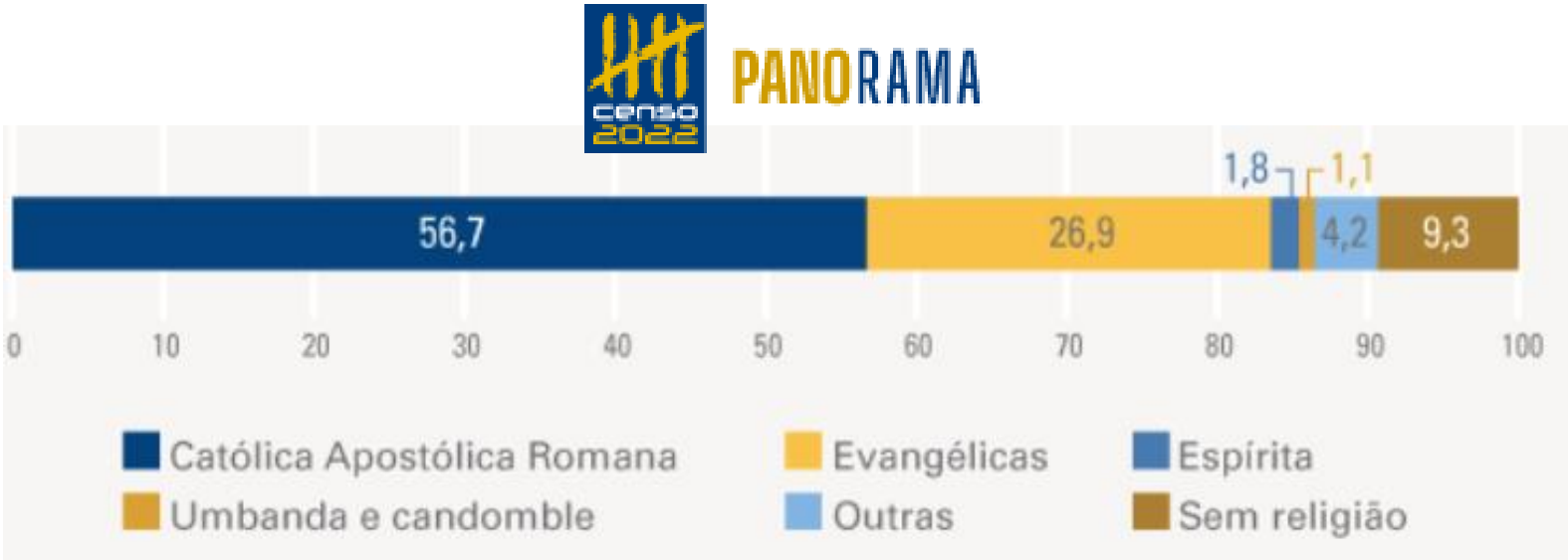
Number of people in 2015, in billions



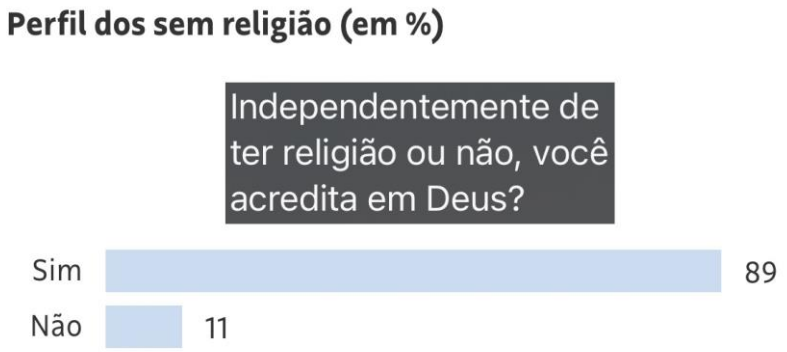
Source: Pew Research Center demographic projections.
See Methodology for details.
"The Changing Global Religious Landscape"

PEW RESEARCH CENTER

Religiosidade do Brasileiro



Brasileiros e religião, segundo o Datafolha



Datafolha
2022

Variável	Adolescentes (n = 661) %	Adultos (n = 2.346) %
Filiação religiosa		
Católico	61,7	67,9
Protestante	26,7	22,9
Espiritismo	0,3	2,5
Afro-brasileiro	0,4	0,5
Outra	1,3	1,2
Sem religião	9,6	5
Frequenta mais de 1 religião	8,8	10,4
Frequência religiosa		
≥ 1 vez por semana	35,1	37,2
1 a 2 vezes por mês	18,3	18,2
Algumas vezes no ano	12,9	14,0
Raramente	16,8	18,7
Nunca	16,8	11,9
Importância da religião		
Muito importante	73,3	83,8
Um pouco importante	17,6	9,8
Indiferente	5,4	4,3
Não é realmente importante	1,3	0,8
Não é nem um pouco importante	2,4	1,4

Rev Psiq Clín. 2010;37(1):12-5

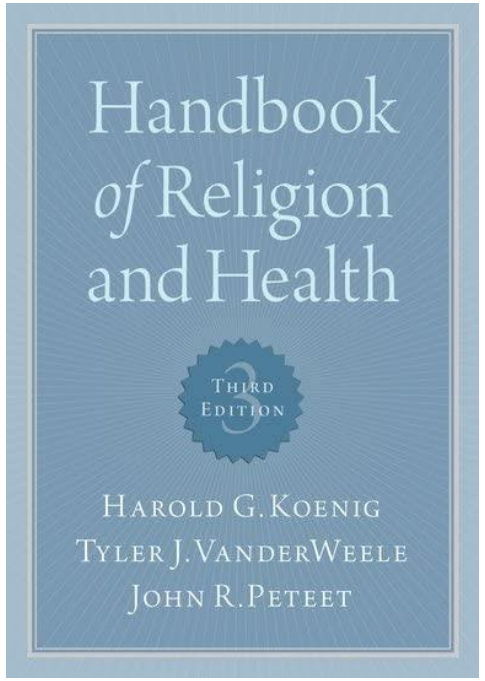
Nupes

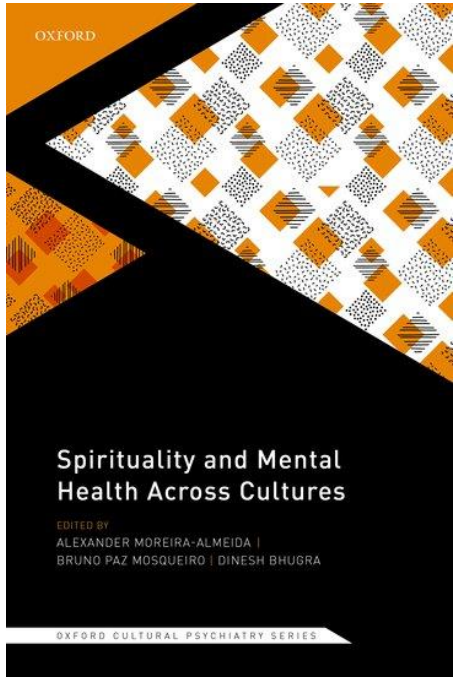
Principais Achados

- Relações complexas entre R/E e saúde

- ↑ R/E geralmente:
  - ↓ Depressão
  - ↓ Suicídio
  - ↓ Uso/abuso substâncias
  - ↑ Qualidade de vida, bem estar
  - ↓ Mortalidade geral

- Potenciais efeitos negativos
  - Coping religioso negativo
  - Conflitos sobre tratamentos





JAMA. 2022;328(2):184-197. Rev Bras Psiquiatr. 2006;28(3):242-50

Nupes

Association of Religious Service Attendance With Mortality Among Women

JAMA Intern Med. 2016;176(6):777-785.

Shanshan Li, ScD; Meir J. Stampfer, MD, DrPH; David R. Williams, PhD; Tyler J. VanderWeele, PhD

- n = 74.534 por 16 anos

Table 2. Joint Effects of Attendance at Religious Services in 1996 and 2000 With All-Cause Mortality in the Nurses' Health Study, 2000-2012

Attendance at Religious Services			Multivariable HR (95% CI)[a]	
1996	2000	Deaths, No./Person-years	All-Cause Mortality, Cox Model	All-Cause Mortality, MSM
Less than once per week	Never	5897/322 052	1 [Reference]	1 [Reference]
Less than once per week	Less than once per week	1140/132 130	0.71 (0.66-0.76)	0.45 (0.40-0.50)
Less than once per week	Once per week	425/40 790	0.76 (0.68-0.84)	0.48 (0.41-0.58)
Less than once per week	More than once per week	73/6535	0.85 (0.67-1.07)	0.54 (0.35-0.83)
At least once per week	Never	157/7828	0.90 (0.77-1.07)	1.13 (0.93-1.36)
At least once per week	Less than once per week	526/53 736	0.71 (0.65-0.78)	0.46 (0.40-0.54)
At least once per week	Once per week	3517/348 329	0.61 (0.58-0.64)	0.52 (0.48-0.56)
At least once per week	More than once per week	1802/192 776	0.55 (0.52-0.59)	0.50 (0.46-0.54)

Abbreviations: HR, hazard ratio; MSM, marginal structural model.

[a] For the predictors the multivariable model adjusted for, see the Covariates subsection of the Methods section.

Nupes

Association of Religious Service Attendance With Mortality Among Women

JAMA Intern Med. 2016;176(6):777-785.

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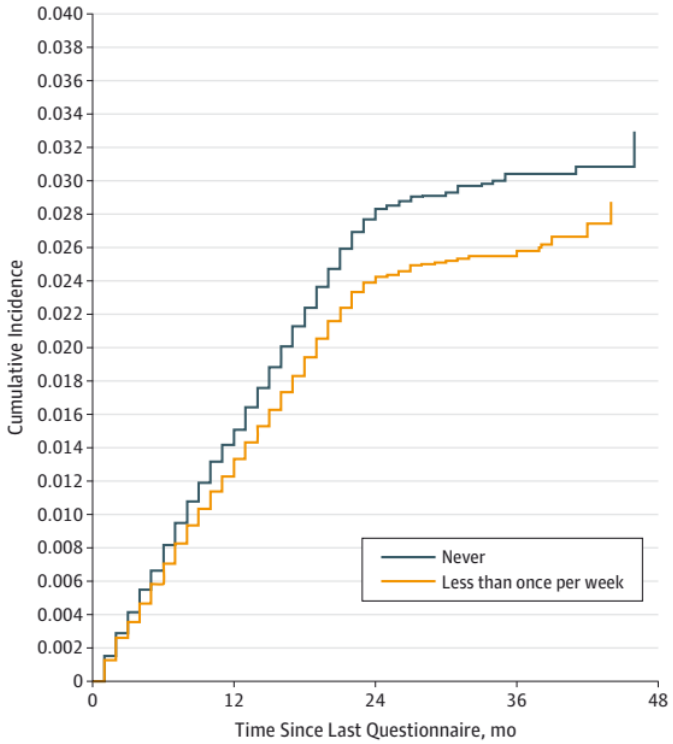
- n = 74.534 por 16 anos

Figure. Cumulative Incidence of All-Cause Mortality and Attendance at Religious Services in the Nurses' Health Study, 1996-2012



For the predictors the multivariable model adjusted for, see the Covariates subsection of the Methods section. Hazard ratio, 0.67 (95% CI, 0.62-0.71; $P < .001$ for trend for Cox model).

Table 4. Mediation Analysis Between Attendance at Religious Services in 1996 and All-Cause Mortality in 2012

Mediator	Proportion Mediated, %	*P* Value for Indirect Effect
Depressive symptoms[a]	11	<.001
Current smoking[b]	22	<.001
Alcohol[c]	0.2	.76
Diet quality[d]	−0.03	.94
Phobic anxiety[e]	−1	.65
Optimism[f]	9	<.001
Social integration score derived without religious service attendance	23	.003

[a] Depressive symptoms: continuous score in 2000; measured using the Center for Epidemiologic Studies Depression-10 scale.

[b] Smoking: current smoking vs past or never smoking in 1998.

[c] Alcohol: defined as a binary variable, heavy drinker (>50 g/d) vs moderate (≤50 g/d) or never drinker in 1998.

[d] Diet quality: continuous score, defined as Alternate Healthy Eating Index–2010 score, measured in 1998.

[e] Phobic anxiety: continuous score measured in 2004 using the Crown-Crisp Index.

[f] Optimism: continuous score, measured in 2004.

Nupes

Associação entre religiosidade e felicidade em pacientes com doença renal crônica em hemodiálise

Autores
Janaína Siqueira[1]
Natália Fernandes[1]
Alexander Moreira-Almeida[1]

TABELA 2 REGRESSÃO LINEAR ENTRE RELIGIOSIDADE E SENSO DE COERÊNCIA COM FELICIDADE (AJUSTADOS PARA VARIÁVEIS CLÍNICAS E LABORATORIAIS)

	Variável	Coeficiente BETA	Intervalo de Confiança 95%	*p*
Modelo 1	Religiosidade organizacional	0,42	-0,11 a 0,95	0,11
Modelo 2	Religiosidade privada	**0,53**	0,01 a 1,06	**0,04**
Modelo 3	Religiosidade intrínseca	**0,48**	0,18 a 0,79	**0,002**
Modelo 4	Senso de coerência	**0,11**	0,09 a 0,15	**< 0,0001**

Ajustado para: idade, sexo, escolaridade, comorbidade, tempo em diálise (anos) e hemoglobina (g/dL), Kt/V (índice de adequação da diálise) e PTH (paratormônio pg/mL) Resultados significativamente estatísticos ($p < 0,05$) em negrito.

Braz. J. Nephrol. (J. Bras. Nefrol.) 2019;41(1):22-28

Nupes

JAMA Psychiatry | Original Investigation

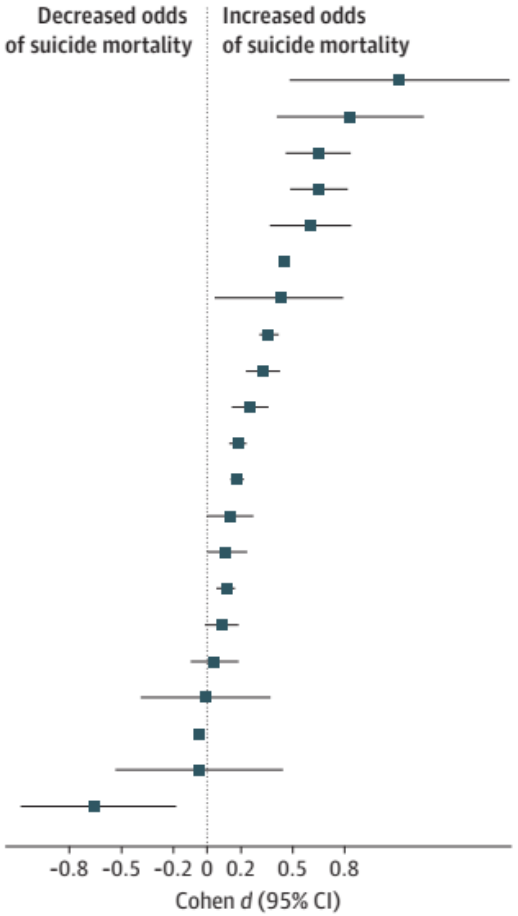
Social Determinants of Health and Suicide-Related Outcomes
A Review of Meta-Analyses

Peter Jongho Na, MD, MPH; Jeonghyun Shin, MD; Ha Rim Kwak, MD; Jaewon Lee, MD, MPH; Dylan J. Jester, PhD, MPH; Piumee Bandara, PhD, MPH; Jim Yong Kim, MD, PhD; Christine Y. Moutier, MD; Robert H. Pietrzak, PhD, MPH; Maria A. Oquendo, MD, PhD; Dilip V. Jeste, MD

JAMA Psychiatry. 2025;82(4):337-34

Figure 2. Forest Plot of Cohen *d* for Suicide Mortality by Different Social Determinants of Health

Social determinant	Cohen *d* (95% CI)
Individuals serving sentences within the community[21]	1.12 (0.48 to 1.76)
Justice system-involved individuals in the community[21]	0.83 (0.41 to 1.26)
Exposure to suicide mortality[22]	0.65 (0.46 to 0.83)
Firearm access[23]	0.65 (0.49 to 0.82)
Divorced (vs unmarried)[24]	0.60 (0.37 to 0.84)
Single (vs married)[24]	0.45 (0.43 to 0.46)
Widowed or divorced (vs married)[24]	0.43 (0.05 to 0.79)
Unmarried (vs married)[24]	0.36 (0.31 to 0.41)
Perinatal (mother aged <20 y)[34]	0.32 (0.23 to 0.42)
Perinatal (single mother)[34]	0.25 (0.15 to 0.35)
Perinatal (low paternal education)[56]	0.18 (0.13 to 0.23)
Perinatal (low maternal education)[56]	0.17 (0.14 to 0.21)
Perinatal (low SES)[34]	0.13 (0.00 to 0.26)
Low job control[38]	0.11 (0.00 to 0.23)
Perinatal (later birth order)[34]	0.11 (0.06 to 0.16)
Poor job colleague or supervisor support[38]	0.08 (-0.01 to 0.18)
High psychological job demands[38]	0.04 (-0.10 to 0.18)
Job insecurity[38]	-0.01 (-0.38 to 0.37)
Immigrants or refugees[40]	-0.05 (-0.06 to -0.04)
Job strain[38]	-0.05 (-0.53 to 0.44)
Religious affiliation[39]	-0.65 (-1.08 to -0.18)



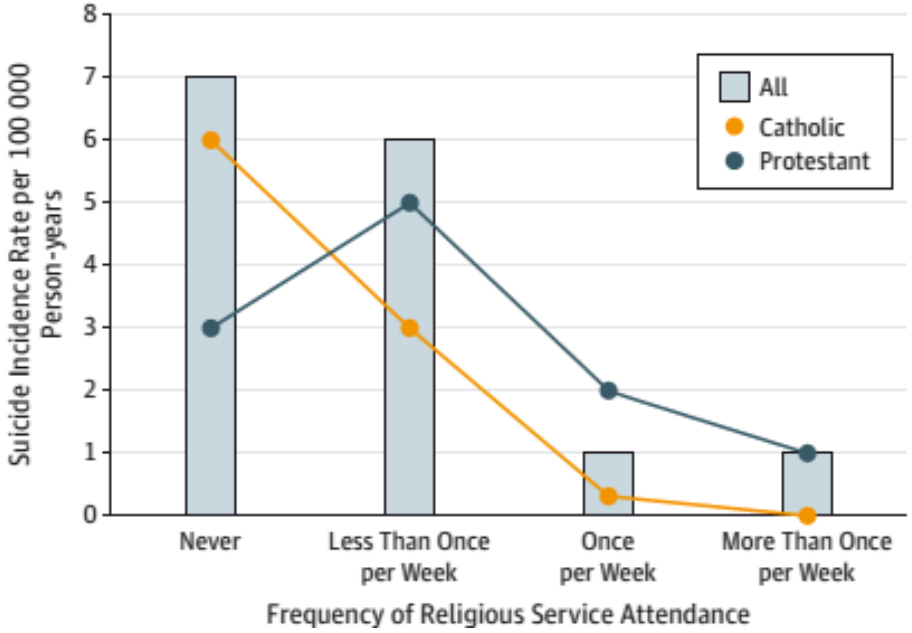
46 metanálises

Original Investigation

Association Between Religious Service Attendance and Lower Suicide Rates Among US Women

JAMA Psychiatry. 2016; 73:845–851.

Tyler J. VanderWeele, PhD; Shanshan Li, ScD; Alexander C. Tsai, MD; Ichiro Kawachi, PhD



89 708 enfermeiras nos EUA
Seguimento: 1996 a 2010

Table 4. Adjustment for Potential Mediators for the Association Between Religious Service Attendance in 1996 and Suicide[a]

	Religious Service Attendance in 1996, HR (95% CI)		
Adjustment	Never	Less Than Once per Week	Once or More per Week
Multivariable adjusted model[b]	1 [Reference]	0.85 (0.36-2.00)	0.16 (0.06-0.46)
Further adjusted for mediators			
Social integration score in 2000[c]	1 [Reference]	0.85 (0.36-2.02)	0.16 (0.06-0.46)
Alcohol consumption in 1998[d]	1 [Reference]	0.86 (0.36-2.05)	0.16 (0.06-0.45)
Depressive symptoms or antidepressant use in 2000[e]	1 [Reference]	0.92 (0.39-2.17)	0.17 (0.06-0.48)
Alcohol consumption in 1998, social integration score in 2000, and depressive symptoms or antidepressant use in 2000	1 [Reference]	0.94 (0.40-2.23)	0.16 (0.06-0.46)

JAMA | Special Communication

Spirituality in Serious Illness and Health

JAMA. 2022;328(2):184-197

Tracy A. Balboni, MD, MPH; Tyler J. VanderWeele, PhD; Stephanie D. Doan-Soares, DrPH; Katelyn N. G. Long, DrPH, MSc; Betty R. Ferrell, PhD, RN; George Fitchett, DMin, PhD; Harold G. Koenig, MD, MHSc; Paul A. Bain, PhD, MLS; Christina Puchalski, MD, MS; Karen E. Steinhauser, PhD; Daniel P. Sulmasy, MD, PhD; Howard K. Koh, MD, MPH

Table 5. Spirituality in Health: Multidisciplinary Delphi Expert Panel 3 Top-Ranked Suggested Implications for Serious Illness and Health Outcomes[a]

Ranking of suggested implication	Suggested implication	
	Serious illness	Health outcomes
Highest ranking	Routinely incorporate spiritual care into the medical care of patients with serious illness.	Incorporate patient-centered and evidence-based approaches regarding the beneficial associations of religious/spiritual community participation to improve medical care and population health.
Second highest ranking	Include spiritual care education in the training of all members of the interdisciplinary medical team caring for seriously ill patients.	Increase awareness among public health professionals of evidence of protective health associations of religious/spiritual community participation.
Third highest ranking	Include specialty practitioners of spiritual care (eg, chaplains) in the care of patients with serious illness.	Recognize spirituality as a social factor associated with health in research, community assessments, and program implementation.

Nupes

American Medical Association Resolução 2024

Abordando a Espiritualidade do Paciente na Medicina

1. Nossa Associação Médica Americana reconhece a importância da espiritualidade individual do paciente e seu impacto na saúde e incentiva o acesso do paciente a serviços de cuidado espiritual.
2. Nossa AMA apoia a promoção de currículos de educação médica sobre saúde espiritual.

Health Care Delivery

Addressing Patient Spirituality in Medicine H-160.900

Razões para a abordagem da R/E

- Bio-Psico-Socio-Espiritual
- Maioria da população é R/E (Coping frequente)
- R/E impacta saúde
- Abordar R/E impacta prognóstico
- Pacientes desejam que seja abordado
- Parte de avaliação abrangente do paciente
- Recomendado por associações médicas

Revista Brasileira de Psiquiatria. 2014;36:176–182

Nupes

Comissão de Espiritualidade da ABP comemora 10 anos com homenagem no XLI CBP

ABP Associação Brasileira de Psiquiatria

Conselho Federal de Medicina cria Comissão de Saúde e Espiritualidade

Objetivo é avaliar estudos sobre fé e evolução clínica positiva

Baixar | Tocar

FABIANA SAMPAIO – REPÓRTER DA RÁDIO NACIONAL
7/03/2025 - 22:29
Rio de Janeiro

GT Saúde e Espiritualidade Abem

SBP cria Grupo de Trabalho para aprofundar estudos sobre a relação entre saúde e espiritualidade em Pediatria

23/12/2024 às 09h12

DEPARTAMENTO DE ESPIRITUALIDADE E MEDICINA CARDIOVASCULAR • DEMCA SBC

SOCIEDADE BRASILEIRA DE CARDIOLOGIA • SBC 1943

SBMFC Sociedade Brasileira de Medicina de Família e Comunidade

SBCO SOCIEDADE BRASILEIRA DE CIRURGIA ONCOLÓGICA

Filiada à AMB Associação Médica Brasileira

Nupes

A preliminary survey on the religious profile of Brazilian psychiatrists and their approach to patients' religiosity in clinical practice

Maria Cecilia Menegatti-Chequini, Juliane P.B. Gonçalves, Frederico C. Leão, Mario F.P. Peres* and Homero Vallada*

Attitudes regarding religion/spirituality in clinical practice	Total *n*= 484 (%)
Do you consider it important to integrate patient's religion/spirituality in clinical practice?	371 (76.8)[b]
Barriers to address religion/spirituality with patient:[c]	
None	195 (40.3)
Fear of exceeding the role of the doctor	146 (30.2)
Lack of training	108 (22.3)
Lack of time	79 (16.3)
Do you consider it important that the issues of religion/spirituality are included in medical training?	340 (71.1)[b]
How often do you enquire about patients' religious/spiritual issues?	
Frequently	220 (45.5)
Occasionally	168 (34.8)
Rarely	67 (13.9)
Never	28 (5.8)

BJPsych Open (2016)
2, 346–352. doi: 10.1192/bjpo.bp.116.002816

Nupes

Processo Saúde-Doença
Bio-Psico-Socio-espiritual

Mecanismos de impacto da R/E sobre a saúde

- Estilo de vida e comportamentos saudáveis
  - Dieta, violência, uso de substância, cpto sexual
- Suporte social
  - Quantidade e qualidade
- Sistema de crenças, enquadramento cognitivo
  - Deus, vida após a morte, sentido existencial
  - Modelos
- Prática religiosas
  - Oração, meditação, estados alterados de consciência

Rev Bras Psiquiatr. 2006;28(3):242-50

Nupes

World Psychiatry
OFFICIAL JOURNAL OF THE WORLD PSYCHIATRIC ASSOCIATION (WPA)

15: 87-88; 2016

WPA News | Free Access

WPA Position Statement on Spirituality and Religion in Psychiatry

Alexander Moreira-Almeida, Avdesh Sharma, Bernard Janse van Rensburg, Peter J. Verhagen, Christopher C.H. Cook

POSICIONAMENTO DA ASSOCIAÇÃO MUNDIAL DE PSIQUIATRIA SOBRE ESPIRITUALIDADE E RELIGIOSIDADE EM PSIQUIATRIA*

revista debates em **psiquiatria** - Mar/Abr 2018

Declaración de la posición de la WPA sobre la espiritualidad y la religión en la psiquiatría

Actas Esp Psiquiatr 2018;46(6):242-8

DECLARATION POSITION DE L'ASSOCIATION MONDIALE DE PSYCHIATRIE SUR SPIRITUALITÉ LA RELIGION EN PSYCHIATRIE

Section de l'Association mondiale de psychiatrie sur la religion, la spiritualité et la psychiatrie

VERTALING VAN HET WPA POSITION STATEMENT OVER SPIRITUALITEIT EN RELIGIE IN DE PSYCHIATRIE

بيان موقف الجمعية العالمية للطب النفسي حول الروحانيات والدين في الطب النفسي

世界精神醫學會的靈性及宗教與精神醫學立場聲明

www.religionandpsychiatry.org

Nupes

Posicionamento da Associação Mundial de Psiquiatria (WPA) sobre Espiritualidade e Religiosidade em Psiquiatria

Seção de Religião, Espiritualidade e Psiquiatria da WPA

- R/E:
  - Deve ser considerado na coleta na história: podem ter impacto positivo ou negativo
  - Componente essencial no treinamento em psiquiatria
  - Deve ser mais investigado (aplicações clínicas)
  - A abordagem deve ser centrada na pessoa
  - Profissional de SM deve ter abertura para trabalhar em conjunto com as comunidades religiosas
  - Respeitar R/E da equipe
  - Disseminar informação de modo imparcial

World Psychiatry 15:87-88, 2016

religionandpsychiatry.org

Nupes

Arq Bras Cardiol. 2019; 113(4):787-891

Atualização

Atualização da Diretriz de Prevenção Cardiovascular da Sociedade Brasileira de Cardiologia – 2019

Coordenadores: Álvaro Avezum Jr e Roberto Esporcatte

Autores: Emilio Hideyuki Moriguchi, Fernando Antonio Lucchese, Fernando Nobre, Hermilo Borba Griz, Lucélia Batista Neves Cunha Magalhães, Mario Henrique Elesbão de Borba, Mauro Ricardo Nunes Pontes, Ricardo Mourilhe-Rocha

9. Espiritualidade e Fatores Psicossociais em Medicina Cardiovascular
9.1. Conceitos, Definições e Racional
9.1.1. Introdução
9.1.2. Conceitos e Definições
9.1.3. Racional e Mecanismos
9.2. Anamnese Espiritual e Escalas para Mensuração da Religiosidade e Espiritualidade
9.2.1. Porque Abordar a Espiritualidade e Religiosidade
9.2.2. Objetivos da Avaliação da Espiritualidade e Religiosidade
9.2.3. Como Abordar a Espiritualidade e Religiosidade do Paciente
9.2.4. Escalas e Instrumentos para Avaliar Espiritualidade e Religiosidade
9.2.5. Atitudes e Condutas após a Anamnese Espiritual
9.3. Prevenção Primária
9.4. Prevenção Secundária

Impacto de coletar história espiritual

- 118 pac. oncológicos ambulatoriais
  - Duração: 5 a 7 minutos
  - ↓ depressão e ↑QV e qualidade do cuidado

Int'l. J. Psychiatry in Medicine 35: 329-47, 2005

- 3.141 pac. clínicos internados
  - 41% desejavam discutir sobre R/E
  - ↑ 40 a 120% avaliar como ótimo o atendimento recebido

J Gen Intern Med. 2011;26:1265-71

Nupes

FICA

- F – Fé e crença
  - Você se considera religioso ou espirtualizado?
    - “O que dá sentido à sua vida?“

- I – Importância e influência
  - Qual importância da sua fé ou crença em sua vida?
  - Suas crenças influenciam o modo em que você se cuida?

FICA

- C - Comunidade
  - Você frequenta algum grupo religioso ou espiritual?

- Ação no cuidado
  - Como sua R/E pode te ajudar no seu tratamento ou a lidar com seus problemas?

Nupes

Brazilian Psychiatric Association Guidelines on the Integration of Spirituality into Mental Health Clinical Practice: Part 1. Spiritual History and Differential Diagnosis

Bruno Paz Mosqueiro, Marianna de Abreu Costa, André C. Caribé, Fabrício Oliveira de Oliveira, Leandro Pizutti, Rogério R. Zimpel, Leonardo Baldaçara, Antônio Geraldo da Silva, Alexander Moreira-Almeida

Brazilian Journal of Psychiatry
bjp
Revista Brasileira de Psiquiatria

Braz J Psychiatry. 2023 Nov-Dec;45(6):506-517

Box 2. Summary of Recommendations for Obtaining the Spiritual History
1. The SH assessment should be patient-centered, neither prescribing nor proselytizing and be culturally sensitive to patients' beliefs, practices and worldviews. 2. Together with obtaining important religious/spiritual information, the main objective is to create an open and respectful environment where patients share beliefs, concerns and perspectives regarding R/S. 3. R/S assessments should be actively and routinely included in mental health interviews. 4. SH could be performed with patient-centered, open-ended questions. 5. Initial R/S inquiries could be initiated by asking questions about patients' social, community and personal interests. 6. The inquiry should be flexible and adapted to patients' responses, observing patients' language and non-verbal clues. 7. Brief interviews are viable and provide useful information for screening, time-limited and initial assessments.

Table 1: Questions for Assessing Spiritual History in Mental Health

Relationship with God / the Transcendent, R/S Struggles and Coping	Do you believe in God or some transcendent or higher power? [a] If so, what is God like? [a] Do your R/S beliefs and practices support your well-being and mental health, or do they make it more difficult to deal with some part of your treatment?[a, b] Do you find yourself struggling with some concerns about God or with your spiritual beliefs?[a] Do you feel: loved, accepted, a sense of belonging, forgiven, closer to God, or rejected, guilty and ashamed; safe, afraid, more distant from God?[a, b] Do you have any R/S needs in your life that are not being met? [b]
Integrating R/S into the treatment	Do you believe that your R/S practices and beliefs can support your recovery? If so, how? [a] Do you have R/S questions that you want to explore? Is there someone who cares for you with whom you can talk about your spiritual life?[a] If there is something that can help you, but you are unable to gain access, how can I help you get access? It is important for you to know that: -You can talk to your faith leader and involve him in your treatment. [a] - Several current treatments consider R/S issues such as 12-step programs for alcohol and substance misuse, mindfulness-based intervention for dealing with stress, anxiety and depression, and spiritually and religiously integrated psychotherapy. [a]

Braz J Psychiatry. 2023 Nov-Dec;45(6):506-517

Nupes

Complementary religious and spiritual interventions in physical health and quality of life: A systematic review of randomized controlled clinical trials

PLoS ONE 12(10):

2017

Juliane Piasseschi de Bernardin Gonçalves[1]*, Giancarlo Lucchetti[2], Paulo Rossi Menezes[3], Homero Vallada[1]

Conclusion

Clinical trials on RSIs demonstrated that they had small benefits compared with other complementary health therapies by reducing pain and weight, improving quality of life and promoting health behaviors. The lack of clinical trials that included biological outcomes and the diversity of approaches indicate a need for more studies to understand the possible mechanisms of action of RSIs and their roles in health care.

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5.7 A perspectiva da Espiritualidade como fator de prevenção e tratamento do uso/abuso de álcool e outras drogas

Alexandre de Rezende Pinto[7] & Alexander Moreira-Almeida[9]

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Guidelines for integrating spirituality into the prevention and treatment of alcohol and other substance use disorders

Alexandre de **Rezende-Pinto**, Alexander **Moreira-Almeida**

Braz J Psychiatry. 2023 May-Jun;45(3):274-279

- Abordagem Bio-Psico-Socio-Espiritual
- Coletar história espiritual, identificando e estimulando os recursos R/E do paciente que podem auxiliar na prevenção ou tratamento
- Parceria em mão dupla com recursos comunitários de base R/E (ex.: AA, NA, pastoral da sobriedade, grupos de apoio, igrejas, etc.) como mais um aspecto de uma abordagem abrangente
- Integração da R/E dos pacientes nos programas de tratamento e recuperação

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Braz J Psychiatry. 2023 May-Jun;45(3):274-279

Endorsements

Institutions

Brazilian Association of Christians in Science (Associação Brasileira de Cristãos na Ciência – ABC[2]) (Brazil); Brazilian Evangelical Christian Alliance (Aliança Cristã Evangélica Brasileira) (Brazil); Brazilian Spiritist Medical Association (Associação Médico Espírita do Brasil – AME-Brasil) (Brazil); Sobriety Pastoral (Pastoral da Sobriedade) (Brazil).

Individuals

Ageu Heringer Lisboa. Psychologist, Co-Founder and Past President of the Corps of Christian Psychologists and Psychiatrists (Corpo de Psicólogos e Psiquiatras Cristãos – CPPC) (Brazil); Alan Fung, MD, ScD, FRCPC. Co-Chair, World Psychiatric Association (WPA) Section on Religion, Spirituality and Psychiatry, Vice-Chair, American Psychiatric Association (APA) Caucus on Spirituality, Religion and Psychiatry, University of Toronto and Tyndale University (Canada); Antônio Geraldo da Silva, MD, PhD. President of the Brazilian Psychiatric Association (ABP), University of Porto School of Medicine (Portugal); Bruno P. Mosqueiro, MD, PhD. Chair of the ABP Section on Spirituality, Secretary of the WPA Section on Religion, Spirituality, and Psychiatry (Brazil); Christopher C. H. Cook, MD, PhD, FRCPsych. Emeritus Professor of Spirituality, Theology & Health, Durham University, Chair, Spirituality & Psychiatry Special Interest Group, Royal College of Psychiatrists (UK); Felix Henrique Paim Kessler, MD, PhD. Associate Professor of Psychiatry, Federal University of Rio Grande do Sul (Universidade Federal do Rio Grande do Sul), Chief, Addiction Psychiatry Service, Hospital de Clínicas de Porto Alegre, member of the Center for Drug and Alcohol Research (Centro de Pesquisa em Álcool e Drogas) (Brazil); Frederico D. Garcia, MD, PhD. Associate Professor, Department of Mental Health (Departamento de Saúde Mental), Federal University of Minas Gerais (Universidade Federal de Minas Gerais) (Brazil); Harold G. Koenig, MD. Professor of Psychiatry and Behavioral Sciences, Director, Center for Spirituality, Theology and Health at Duke University (USA); Homero Vallada, MD, PhD. Associate Professor of Psychiatry, University of São Paulo (Universidade de São Paulo) (Brazil); John R. Peteet, MD. Associate Professor, Department of Psychiatry, Harvard Medical School, USA, Past Chair, APA Caucus on Spirituality, Religion and Psychiatry (USA); Jorge Alberto Costa e Silva, MD, PhD. Past President of the Brazilian Academy of Medicine (Academia Brasileira de Medicina) (2017-2020), Past President of the WPA, Past Director of the Mental Health Department of the World Health Organization (WHO) (Brazil); Jorge Jaber, MD. Director, Jorge Jaber Clinic (Brazil); Kenneth I. Pargament, PhD. Professor Emeritus, Department of Psychology, Bowling Green State University (USA); Marc Galanter, MD. Research Professor of Psychiatry, New York University (USA); Robert Cloninger, MD, PhD. Professor Emeritus of Psychiatry, Washington University School of Medicine (USA); Ronaldo Laranjeira, MD, PhD. Professor of Psychiatry, Federal University of São Paulo (Universidade Federal de São Paulo – UNIFESP) (Brazil); Tyler J. VanderWeele, PhD. Professor of Epidemiology, Department of Epidemiology, Harvard T. H. Chan School of Public Health, Director, Human Flourishing Program, Harvard University (USA); Uriel Heckert, MD, PhD. Professor of Psychiatry (retired), Federal University of Juiz de Fora (Universidade Federal de Juiz de Fora), Co-Founder and Past President, CPPC (Brazil); Zila Sanchez, PhD. Associate Professor of Epidemiology, UNIFESP (Brazil).

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Religion-Adapted Cognitive Behavioral Therapy: A Review and Description of Techniques

Marianna de Abreu Costa[1] · Alexander Moreira-Almeida[2]

Journal of Religion and Health (2022) 61:443–466

Table 2 Summary of interventions

	Techniques	Description
Initial therapy session	Psychoeducation about symptoms and mental health disorders	Discussion about religious theories for the causation of symptoms and disorders. Information provided about the impact of R/S on mental health
	Psychoeducation about CBT model	Explanation about the relationship between thoughts, behaviors, and emotions using R/S content
Motivational strategies		Use R/S content to motivate clients to engage in treatment
	Religious activities	Explicitly encourage private religious activities (e.g., praying, reading religious texts, meditating) and religious community activities (e.g., religious services, engaging in charity), and R/S activities as homework tasks. These activities are used for behavioral activation
Behavioral intervention	Coping strategies	Encouraging clients to cope using positive R/S strategies (e.g., secure relationship with God, sense of spiritual connectivity with others) and reducing the use of negative R/S coping strategies (e.g., viewing God as punishing or abandoning them, being unable to forgive)
Life values		Motivating clients to act according to their R/S values (e.g., forgiveness, generosity, altruism, compassion)
Cognitive intervention	Cognitive restructuring	Modifying distorted automatic thoughts and beliefs using R/S content
	Religious imagery modification	Combining cognitive restructuring with systematic desensitization. Clients are encouraged to imagine a depressive image while also imagining themselves coping using a R/S perspective

Note. R/S religious or spiritual

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Intervenções envolvendo R/E

- Abordagem colaborativa explorando e estimulando potenciais recursos espirituais
  - Práticas Privadas
    - Leitura de textos religiosos
    - Prece, meditação
    - Ouvir/assistir programas ou músicas R/E
  - Práticas Comunitárias (ativação comportamental)
    - Serviço voluntário
    - Frequência atividades religiosas
  - Esquemas cognitivos
    - Sentido existencial e do sofrimento
    - Esperança, redenção do pecador
  - Valores
    - Perdão, compaixão, generosidade, altruísmo

Journal of Religion and Health (2022) 61:443–466

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The contribution of faith-based health organisations to public health

Cristiane Schumann, André Stroppa and Alexander Moreira-Almeida
International Psychiatry Volume 8 Number 3 August 2011

AJPH EDITORIALS

March 2019, Vol 109, No. 3

Partnerships Between Public Health Agencies and Faith Communities

Faith-based health care

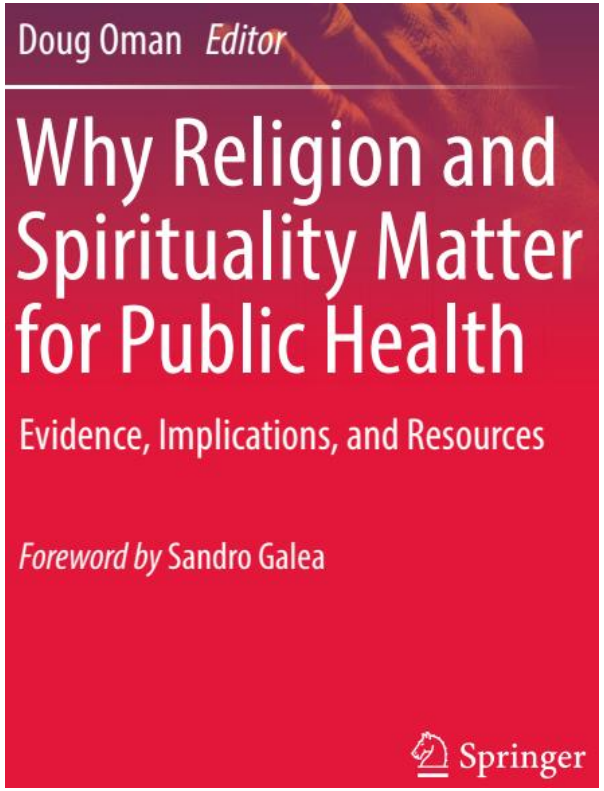
Lancet 2015; 386

See Series pages 1765, 1776, and 1786

Boundary Crossing: Meaningfully Engaging Religious Traditions and Religious Institutions in Public Health

Religions **2019**, *10*, 412;

Katelyn N.G. Long [1,2,*], Ryan J. Gregg [3], Tyler J. VanderWeele [1,2,4], Doug Oman [5] and Lance D. Laird [6,7]



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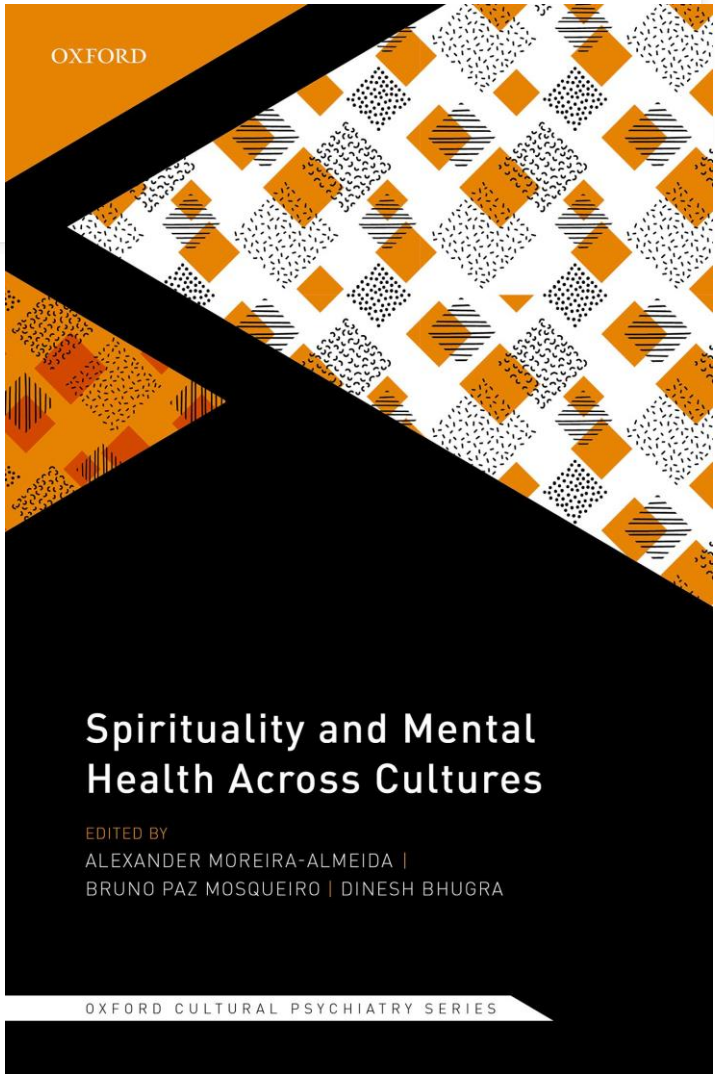
Resumo principais aplicações clínicas

- Coletar história espiritual
- Acolher e validar crenças, práticas e experiências espirituais
- Identificar e estimular coping R/E positivo

“Em resumo, em respeito à evidência disponível e às crenças, comportamentos e valores R/E da maior parte da população mundial, integrar a R/E na prática clínica e na saúde pública não é apenas apropriado, mas uma responsabilidade científica e ética”

Moreira-Almeida & Bhugra, 2021



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Obrigado!

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