RESUMO - SAÚDE E ESPIRITUALIDADE

THE SPIRITUAL DIMENSION IN REHABILITATION CARE: ASSOCIATIONS WITH QUALITY OF LIFE, MENTAL HEALTH, AND CHRONIC PAIN INTENSITY

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Introduction: The experience of chronic pain extends far beyond nociception, deeply affecting patients' functionality, sleep patterns, and social interactions. The continuous persistence of pain often precipitates profound emotional

distress, demanding robust internal resources to cope with the condition. In this clinical scenario, spirituality emerges as a subjective dimension of great interest, with the potential to modulate the experience of illness and offer essential existential support in the face of ongoing suffering. Acknowledging these subjective coping mechanisms is vital for a comprehensive understanding of patient health.

Objective: To evaluate the relationship between spirituality, quality of life, and emotional aspects in patients experiencing chronic pain.

Methodology: An observational, cross-sectional, and quantitative field study was conducted at a specialized rehabilitation center located in Santa Rita, Paraíba, Brazil. The sample consisted of adult patients in regular outpatient follow-up, diagnosed with chronic pain for at least three months. The assessment protocol utilized the Visual Analogue Scale (VAS) for pain intensity, the WHOQOL-BREF for multidimensional quality of life evaluation, the Pinto and Pais-Ribeiro Spirituality Scale to measure hope and beliefs, as well as the PHQ-9 and GAD-7 inventories for depression and anxiety screening, respectively. Data were rigorously analyzed utilizing both descriptive and inferential statistical methods, including comparative tests and correlations.

Results: Data analysis revealed a consistent association between higher levels of spirituality and superior overall quality of life scores, with a particularly significant impact observed within the psychological and social relationship domains. Notably, a high proportion of participants—ranging approximately from 70% to 85% of those who reported greater spiritual engagement—presented noticeably lower levels of anxiety and depression. Clinically, indicators suggest that these patients possess a greater capacity to manage daily physical limitations, which translates into a more functional and resilient adaptation to chronicity. The personal experience of a transcendent dimension was frequently linked to feelings of inner support, the preservation of a sense of meaning in life, and a greater perception of emotional backing during severe pain crises. Furthermore, there was an identifiable trend toward lower perceived pain intensity among the most spiritualized individuals. This suggests that cultivating existential purposes and beliefs relates to better subjective well-being indicators,

acting as a likely moderator of both the affective and sensory impacts of chronic pain.

Conclusion: The clinical findings provide substantial grounds to interpret spirituality as an intrinsically relevant subjective coping resource within the context of chronic pain management. Although the cross-sectional design of this investigation precludes the establishment of definitive causal pathways, the consistency of the observed associations highlights the urgency of adopting clinical reasoning that transcends the strictly biomedical model. Integrating existential and emotional dimensions into the therapeutic plan proves to be a fundamental strategy. This reiterates that successful rehabilitation fundamentally requires an integral and multidimensional care approach, focused on fully embracing the patient's complexity and actively strengthening their inherent capacities for resilience.

Palavras-chave: chronic pain; spirituality; quality of life; anxiety; depression.