

RESUMO - SAÚDE E ESPIRITUALIDADE

SPIRITUALITY AS A PROTECTIVE FACTOR IN MENTAL HEALTH: CLINICAL AND META-ANALYTIC EVIDENCE

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Introduction: Spirituality and religion are recognized as relevant dimensions in patient-centered and holistic care, particularly in the context of mental health, although current evidence remains heterogeneous due to variability in conceptual definitions and methodological approaches. Objective: To evaluate the association between spirituality/religion and mental health outcomes, with emphasis on anxiety, based on meta-analytic evidence. Methods: This study is a systematic literature review focusing on the impact of spirituality on mental health. A structured search was conducted in the PubMed database using the MeSH terms ("Spirituality"[Mesh]) AND "Religion and Medicine"[Mesh]. Inclusion criteria comprised studies in English involving human subjects that evaluated the relationship between spiritual or religious variables and mental health outcomes, including meta-analyses. Exclusion criteria included editorials, opinion articles, studies not assessing mental health outcomes, and those related to non-religious interventions. Study selection was performed through title, abstract, and full-text screening. Due to methodological heterogeneity among studies, a qualitative synthesis was conducted. Results: Meta-analytic evidence

demonstrates a consistent positive association between spirituality/religion and mental health outcomes, including anxiety, depression, and psychological distress. One meta-analysis reported an overall Fisher's z correlation of approximately 0.19 between spirituality/religion and mental health, with stronger associations observed in affective dimensions ($z = 0.38$). Additionally, meta-analyses of spiritual interventions showed moderate effect sizes in reducing psychological symptoms, including anxiety and depression ($d = -0.65$ to -0.76). These findings were consistent across different populations and were not significantly influenced by demographic or clinical variables. Conclusion: Spirituality and religion appear to function as protective factors in mental health, contributing to the reduction of psychological distress and anxiety. The available evidence supports the integration of spiritual care into clinical practice as part of a holistic, patient-centered, and ethically grounded approach to healthcare.

Palavras-chave: spirituality; religion; mental health; anxiety; spiritual care.