

RELIGION AND MEDICAL SCIENCE A RELIGIO-PSYCHOLOGICAL STUDY

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1. Preface

This article examines the complex and multidimensional relationship between religion and science, with particular emphasis on the psychological dimensions of religious experience. Science aims at the objective understanding of the natural world through systematic observation and methodology, while religion provides a framework of values and meaning, guiding human morality and the search for purpose. Despite the traditional perception of conflict between the two fields, contemporary research highlights a creative interaction that profoundly influences human psychology, behavior, and quality of life (Barbour, 1997).

Through an interdisciplinary approach, the study examines how religiosity and spirituality contribute to mental and emotional health, often fostering psychological resilience, while also bringing forth challenges such as feelings of guilt or conflicts of belief (Dollahite, Marks & Dalton, 2018). At the same time, it traces the historical trajectory of science's stance toward religion, from past controversies to current tendencies of cooperation, especially in the fields of medicine and psychology (Gould, 1999).

The aim of this study is to contribute to the ongoing dialogue concerning the relationship between science and religion, by illuminating the role of religious beliefs in human experience and proposing new approaches for the integration of spirituality and religiosity into scientific research and mental health.

Keywords: *Religion, Science, Spirituality, Religiosity, Psychology, Medicine.*

2. Introduction

In the modern world, the relationship between religion, spirituality, and science is a hot topic that fascinates both the academic and the public. The interaction has led to various research approaches, as science through systematic observation and methodology looks for an objective understanding of reality while religion and spirituality provide a conceptual and ethical framework that guides human morality, life choices, and the search for meaning. Though dissimilar in methods and points of departure, the interaction between science, religion, and spirituality is the subject of interdisciplinary study, which seeks to unravel the influence of these fields on human psychology, behavior, and well-being (McKay & Whitehouse 2019, Koenig 2012, p. 3).

Psychology, as a science concerned with human thought and behavior, is at the center of this discussion, and is looking at religious beliefs and spiritual experiences as factors that affect mental and emotional health. Modern studies indicate the potentials of spirituality to be a primary source of resistance against the ordeals of day-to-day life, a provider of sense of life, and a booster of resilience in today's world (Manning et al., 2019). Nonetheless, there are instances when religiosity may be linked to the emergence of guilt, fear, or rejection, thereby, delineating the intricacy of this connection (Dollahite, Marks & Dalton, 2018, pp. 219-241).

The present work is a concern with the relationship between psychology and religion, and the psychological aspects of religious experience is the principal focus of this research. Based on research and theories, this work explores the influence of spirituality on the mental health of individuals and examines the faith-human cognitive and emotional characteristics, interpersonal relationships, and social cohesion link (Hill & Pargament 2003, Ricoeur 1969).

3. Religion and Science

In this study, the term “religion” is used in its broadest sense, encompassing both religiosity and spirituality. According to contemporary researchers, religiosity is defined as the adoption of a system of beliefs and practices through which individuals connect with the Sacred, the Absolute, or the Divine (see *Psychology of Religion*). Religiosity is closely linked to spirituality, with some scholars defining the former as the search for meaning through the Sacred (Pargament 1997, Tsitsikos 2017). Thus, religiosity can be considered the objective experience of the Sacred, while spirituality may reflect a more personal and subjective experience (Zinnbauer & Pargament 2005, pp. 21–42, Paloutzian & Park 2015, pp. 3–25).

While science aims for an objective understanding of the natural world through systematic observation and methodology, religion and spirituality offer a dimension that addresses deeper meanings of existence, morality, and the personal pursuit of happiness and the Divine (Tsitsikos, 2010). Religion provides a framework of spiritual and ethical values, while science, through its appropriate tools, offers an objective understanding of psychological and physiological processes (Van Niekerk, 2018).

4. Science’s Stance Toward Religion: Past and Present

Religious views until the middle of the 20th century were mainly those that religion was a source of spiritual comfort and a way of overcoming bodily and social pressures. This view had been influenced by such events as the Enlightenment and various philosophical movements, and it was also the dominant perception in the period. Alongside this, medicine and especially psychology, as the latter were carried out through the disciplines of medical research, were setting their main goal as one of the elaboration and acceptance of the biological and psychological bases of health and illness (Shally-Jensen, 2019).

Now the situation is such that we are noticing more and more that science does not hold the answer to everything, and that we paradoxically know less about the world than we used to think. Science historiography helps us to see how scientists’ models and theories are continuously updated, and Popper’s principle of falsifiability is frequently mentioned in this context. The combination of the quantum revolution and the environmental crisis caused by the unrestricted consumption of technology has led a lot of scholars, in the coordinates of postmodernism, to take at least a skeptical stance toward scientism (see *Environmental Psychology of Religion*- Karpatne et al., 2017).

Currently, psychology and medicine accept that health and illness should also include the spiritual dimension of the person. Empiricism is represented by numerous studies that have recently been published in highly rated scientific journals, which state that religious faith and the related activities of the believers lessen their stress and thereby their overall psycho-somatic health (Meagher et al., 2025). The help given to the spirit can be the main element in healing processes where diverse types of diseases are involved - from pain that lasts long to situations where one is critically ill or near death and which, in turn, create easily stress, depression, and certain chronic diseases deterioration (see *Bioethics*; Siddall, Lovell & MacLeod, 2014).

Nevertheless, the positive influence of religion on health is not always the same. Different cultural, social and personal aspects due to which religion will have a certain effect on health (Psychology of Religion, Tsitsikos 2017). Sometimes, a toxic or heretical religiosity may result in negative eventualities like increased anxiety, guilt, or isolation, especially in a situation where a person is feeling that he is not living up to the standards of his religious community or is encountering religious conflicts and medical practices at the same time (Dengah 2017, Freud 1927, pp. 30–44).

So, healthcare professionals should be on the lookout for religious experiences which may differ from each other and their effect on life. A caring manner that acknowledges the spiritual needs of the patient can be a more efficient way of treatment for both the patient's mental and physical health (Hill & Pargament, 2003, pp. 64–65).

At one point, the whole idea of refutation between religion and science is changed to an understanding that is pretty complex. Scientists and Church representatives are coming up with new ways to overcome the gap between the two fields (Tsitsikos, 2010). The term “post-secular skepticism” refers to the option of some individuals who can merge scientific and religious views without seeing one as incompatible with the other (O'Brien & Noy, 2015). In the past, science and religion frequently got along well, the scientists of the Middle Ages and Renaissance period were the ones who took mostly religiously motivated ideas as their source of inspiration (Harrison, 2021). Yet, matters like evolution and bioethics are still a source of conflicts that, for the most part, have spread into communities holding different views (Gyekye, 2009).

The links between science and religion are, overall, complex and mixed, influenced by their past and different cultural settings. Modern investigations provide fresh viewpoints for conversation about their interplay, encouraging a more profound comprehension of the physical world (Zein, Altenmüller & Gollwitzer, 2024).

5. Collaboration Between Science and Religion

In the last 50 years the worldwide literature has been very clear about the need to bring religion and spirituality into the world of science, especially into the area of healthcare. Spiritual care is not considered as an addition to the other needs of a person, but as the most basic aspect of his/her holistic health which recognizes him/her as a multidimensional being whose needs are above the biological limits (Oviedo & Garre 2015, Sulmasy 2006, pp. 45–60).).

Working with clergy members and spiritual counselors through, for example, a sound evaluation of patient's spiritual needs and thereby, making such patients the center of care, enhances their resilience and thus, they recover faster in the course of their physical and mental challenges. Such living together, in fact, allows the deepening of the comprehension of human well-being theme where scientific information is integrated with the values of spirituality and ethics (Puchalski et al., 2014). Nevertheless, spiritual care should not be the substitute of medical practice but rather should be the support, empowering the human bond between caregivers and patients.

The biopsychosocial-spiritual model (Porter 2014, pp. 203–205, Galbadage et al., 2020) outlines how the different faiths that have been the source of comfort, meaning, and strength to the individuals have affected the health and recovery of the patients. The Holistic/Comprehensive approach is a collaborative, more open one, and as such, it accepts and respects the patients' spiritual needs bringing in a larger healthcare scene (Hughes, Shaw & Greenhalgh, 2020). Taking spiritual well-being as an element of health is the decisive step that leads to the formation of care strategies which are personalized and address the body, mind, and spirit (Steinhorn, Din & Johnson, 2017).

6. Medical and Psychiatric Education

The integration of spiritual and religious elements into the medical curriculum strengthens the demand for a comprehensive approach. The spiritual needs of patients, in combination with physical and psychospiritual aspects, must be recognized and adopted in care by specialized healthcare professionals. The achievement of harmony between care and the cultural context will emerge from education in cultural and religious sensitivity, which will simultaneously contribute to avoiding misinterpretations in this matter (Hefti & Esperandio 2016, Joe & Kearney 2020, pp. 100–120).

The evolving relationships between religion and science create space for dialogue around ethics in medical practice and the importance of spiritual support. The introduction of spirituality into psychotherapy and medicine must be carried out with full certainty that it will not create conflicts with each patient's religious views or the various medical guidelines (Cohen et al., 2014). In this way, healthcare professionals can experience the satisfaction of a comprehensive, deep, and authentic connection with the patient, thereby enhancing their mental health and the quality of their daily life (Baldacchino, 2015).

What is mentioned in this article is observed in some psychiatric institutions in various countries; by way of example, we refer to those in the USA, which have proceeded to a substantial adoption of religious and spiritual aspects in the training of their psychiatrists. The training programs with an emphasis on the sensitivity of mental health counselors toward patients provide healthcare professionals with the necessary resources of knowledge and skills to address patients with respect and empathy (Gattari, Arfken & Morreale, 2017).

By way of example, we refer to the *Spirituality and Mental Health Program at McLean Hospital*: The program, led by Dr. David H. Rosmarin and Dr. Caroline C. Kaufman, as part of Harvard Medical School, examines the interactions between religion, spirituality, and mental health. Using clinical studies and therapeutic techniques, it incorporates spiritual components into the management of conditions such as anxiety and depression, while adapting the methods according to each patient's preferences (Rosmarin & Forester, 2019).

Sutter Psychiatric Center, Sacramento: This mental health hospital serves children, adolescents, and adults, adopting a care model that unites mental, physical, and spiritual dimensions. To address complex mental and behavioral challenges, the institution applies pioneering therapeutic approaches and support networks from the local community (Harper, 2024).

Christian Counseling Center, Memphis: The center focuses on the treatment of various mental disorders, preferring the integration of Christian faith into counseling sessions. The therapist, who combines roles as a psychologist and theologian, views spiritual intervention as a tool for empowering the patient's inner strength and mental resilience (Felts, 2016).

Beyond these programs, numerous academic and clinical initiatives delve deeper into the connection between religion and mental health. Contemporary research underscores that religiosity can serve as a shield against anxiety and depression, while regular religious practice cultivates mental resilience. In some cases, the rigid imposition of strict religious rules can generate feelings of guilt or internal conflicts in people of our time. Therefore, attention to individual and cultural differences is required when examining this issue (Ryff, 2021).

In conclusion, the educational programs described here offer substantial assistance in understanding spirituality as a key element of mental health, while also

aiding in the improvement of the therapeutic process through the integration of religious elements (Pearce et al., 2019).

7. Applied Clinical Spirituality

The exploration of how religion impacts health and how science can deepen these benefits calls for an interdisciplinary approach. Such an approach draws on the insights of theology, psychology, medicine, bioethics, sociology, and other scientific fields (Elk & Aleman 2016, James 1902, pp. 200–250).

In the modern era, everyone recognizes the absolute necessity of integrating religion and spirituality into mental and physical health (see Cognitive Psychology of Religion; Elk & Aleman, 2016). For instance, religious and spiritual practices—such as meditation in Eastern religions, prayer in monotheistic traditions, or the deep contemplation of sacred texts—can yield significant health benefits and serve as a source of strength and encouragement in the face of psychological, social, and even economic challenges of our time (Cavaliere, 2021).

Understanding human personality is inherently complex, spanning from the initial diagnosis to the implementation of treatment. Thus, approaching this issue from such a multifaceted perspective, mental health counselors must cultivate the essential skills and emotional sensitivity that enable them to connect with patients not only on a clinical level but also in the deeper aspects of their daily lives and priorities. A prime example is the creation of a spiritually safe space, where patients feel free to express their spiritual concerns and explore how faith and spirituality support the management of their health (Hojat, 2016, p. 150).

Nevertheless, spiritual needs do not always manifest explicitly, and we should not expect patients to articulate them directly. Healthcare professionals, who interact daily with individuals in moments of vulnerability, are obligated—within the framework of linking religious and spiritual dimensions to health—to create opportunities for such discussions, even if the patient does not initiate them. It is a critical element for healing psychological wounds to foster a warm and supportive environment that allows patients to share their spiritual concerns, especially when these do not emerge from the very first encounter with specialists (Batstone, Bailey & Hallett, 2020).

To a greater extent, cognitive psychology, medicine, and neuroscience are incorporating the mind-body theme of the complex relations between the mind, brain, and body. They all underline the absolute necessity of the integration of religion and spirituality in mental and physical health (see Cognitive Psychology of Religion; Elk & Aleman, 2016). As an illustration, it is mentioned that religious and spiritual activities like meditation in Eastern religions, prayer in monotheistic religions, or the contemplative learning of sacred writings can bring about positive health effects and be a source of resilience to biological, psychological, social, and even economic hardships (Cavaliere, 2021).

Knowing human personality is complicated initial diagnosis and treatment, so seeing the situation this complex way, healthcare experts are mandated to obtain necessary skills and emotional sensibilities that help them to engage patients not only at medical levels but also in their lives and other things that matter to them. A typical example is forming a spiritually safe zone where patients feel comfortable discussing their spiritual worries and finding out how faith and spirituality contribute to health management (Hojat, 2016, p. 150).

Still, spiritual need is not necessarily always clear-cut and must not even be expected as a direct statement from the patient. Health workers who are tactful and accommodating are required to provide such slots for patients to discuss their spiritual

concerns and needs even if the patient does not normally do so. It is of great help to the healing process to institute a cordial atmosphere for patients to reveal their spiritual concerns when they are unavailable at the first contact with healthcare professionals (Batstone, Bailey & Hallett, 2020).

Scientific studies indicate that the incorporation of spirituality into healthcare services can result in a significant improvement in patients' mental and physical health. The concept of spirituality is not confined within the parameters of religious beliefs but is inclusive of a broader aspect of finding the reason and a relationship with something bigger than oneself. One study states that spiritual practice reduces an individual's stress level and increases the person's capacity of acceptance and management of health problems through spirituality giving a deeper sense of meaning which leads to the development of the spiritual quality of resiliency and emotional stability (Tabei, Zarei & Joulaei, 2016).

Health and the quality of life will be improved through active involvement in spiritual activities. A study conducted recently revealed that medical students who indulged in spiritual practices, such as meditation and prayer, had a better focus and stress control during the exams, than those who didn't practice spirituality (Borges & Marchi, 2024). Basically, as spirituality is repeatedly stressed in the present study, it can be held responsible for being a defensive agent during adversities or crises by aiding individuals in accomplishing mental equilibrium.

Moreover, spiritual and religious activities could also contribute to the improvement of physical health. Considering a review of current studies, people who consider spirituality as an essential part of their lives are found to have low levels of body inflammations, low blood pressure, and well-regulated immune systems. The reason for such a phenomenon is the alleviation of stress, which is a major cause of the development of chronic diseases (Charles, 2018).

One of the most decisive connections between spirituality and mental health is their relationship, which is just as impressive. A study indicates that individuals who adopt spiritual routines encounter less frequently the feelings of depression and anxiety (Makwana, 2012). It can be understood from this that spiritual communities are the emotionally supportive homes that keep one grounded with the feeling of hope and purpose which is what the spiritual life offers.

Nonetheless, as spiritual life is being praised for its many virtues, it would be incorrect to force or impose it upon patients. Understanding differences among individuals and fostering a supportive atmosphere are two necessary conditions of applying clinical spirituality. Compassionate caregivers must be at ease with patients' differing religious and spiritual needs and preferences and therefore should not assume the role of promoters of specific practices (Memaryan, 2017).

On top of that, putting spiritual practice in the clinic needs healthcare personnel to undergo training and to have the right skills. Medical schools and training programs for mental health professionals may offer during their courses lessons on how to proficiently and respectfully integrate the spiritual dimension into treatment considering patient beliefs (McWhorter, 2020).

8. Personalized Spiritual Psychotherapy

Mostly, the religious and spiritual aspects of life have been an issue in the development of different kinds of medical therapies and research, but the real challenge now, outside of all interdisciplinary research, is the incorporation of such discoveries into medical care without hurting patients' spiritual needs and beliefs. Respecting and understanding individual boundaries and preferences is a must when incorporating religious and

spiritual practices into medical care. Consequently, it becomes essential for medical workers to know in depth the different ways in which people live their spirituality and be religious in their lives. This includes adjusting the care delivery to satisfy the needs and preferences of everyone while allowing the promotion of respect and understanding in the context of the medical practice. Hence, healthcare providers must be prepared to have spiritual needs discussions with their patients and check which parts of these needs can be combined with the therapeutic process (Balboni, Puchalski & Peteet, 2014, pp. 150-170).

Contemporary individuals, regardless of their ideological system, can connect with their inner world through activities that are not necessarily linked to religious elements. Examples include studying books, practicing meditation, or participating in volunteering and philanthropy. Equally important is identifying and promoting forms of spirituality guided by assistance to fellow humans, as these contribute decisively to the holistic health and well-being of clients—since humans possess both body and soul (Pong, 2018).

Personalized spiritual psychotherapy introduces the aspect of religion and spirituality into mental therapy, maintaining full harmony with each patient's personal values and requirements. As noted by American psychologist and professor P. Shafranske, specialized in clinical psychology and psychotherapy with an emphasis on religion and spirituality (Shafranske, 2009), the client gains the opportunity to integrate and express their spiritual dimension into the psychoanalytic process. This allows them to explore their religious and spiritual views more deeply, attributing to them their true value in the broader context of their psychic existence. The proposed model does not aim to impose specific spiritual or religious principles but provides a safe environment where clients can reconnect and strengthen their own beliefs through psychological development and appropriate support.

A key feature of personalized spiritual psychotherapy is the integration of spirituality into existing psychotherapy methods, such as cognitive-behavioral therapy (CBT). According to American psychologist and researcher Kenneth I. Pargament, linking CBT with spiritual elements enhances the speed of cognitive reappraisal, mobilizes positive behaviors, and improves stress coping techniques—especially when incorporated through practices such as prayer or meditation. This approach proves particularly beneficial for individuals facing existential dilemmas or possessing a strong spiritual dimension in their lives.

Spiritual psychotherapy can be differently adapted in each case depending on the specifications of the patient. For instance, some patients may utilize prayer as a source of power and comfort, whereas others perform meditation or take time for self-reflection and get the same amount of support. Thus, as pointed out by (Rosmarin et al., 2021), identifying these variances and implementing proper spiritual practices can be a big factor in making therapy more effective.

One of the main factors in personalized spiritual psychotherapy is therapists' proper training in spirituality and its related issues. The majority of mental health professionals do not get enough training in handling spiritual issues in psychotherapy sessions. McWhorter (2020) proposes that therapists be taught the skills necessary for them to spot and comprehend the spiritual needs of their patients without they themselves getting influenced spiritually.

Besides, spiritual psychotherapy is a resource for the most depressed populations who have a lot of challenges such as chronic illness or psychological trauma. David H. Rosmarin, a renowned psychologist, a professor and a researcher (2019) along with his team have come up with a spiritually oriented psychotherapy program for the

hospitalized patients or the ones in the ICU setting. The intervention results showed that the patients who took part in this program had a wonderful reduction in anxiety and depression symptoms besides the improvement of their general health condition.

A significant aspect of the entire topic relates to the connection between spiritual psychotherapy and the caregivers who provide it. Patients receiving spiritual psychotherapy from non-religious mental health therapists reported the greatest benefits, according to a study, as these therapists were more neutral and focused on overcoming the patients' spiritual challenges (Rosmarin et al., 2021). Furthermore, this study reveals that spiritual psychotherapy constitutes an effective treatment method, regardless of the therapist's beliefs, if they are professional and respect the patient's particular needs.

In conclusion, the integration of scientific knowledge with spiritual approaches cultivates a personalized spiritual psychotherapy as an effective technique. The study of this specific issue shows that an individual's spiritual dimension functions as a pillar of psychological resilience, reducing symptoms of anxiety and depression and thereby improving the patient's overall quality of life. A significant element is the proper incorporation of spirituality into the overall therapeutic process, which requires particular attention, specialized training for therapists, and adaptation to everyone's personal spiritual needs (Post & Wade, 2009, pp. 134–146).

9. Collaboration Between Physicians and Spiritual Counselors

The integration of the spiritual dimension into patient-centered medical care can highlight the need for meaningful interaction between patients and caregivers, as well as for mutual understanding of the ways in which spiritual needs may change during each therapeutic encounter (Reblin et al., 2014).

One of the most effective approaches in this regard is the encouragement of dialogue among the medical community, the Church, and the patients themselves. Healthcare professionals, scientists, and the wider society are among those who benefit from open communication and the unrestricted flow of information among the parties involved. This process contributes to a deeper understanding of the patient's complex needs and fosters the development of interventions that equally respect both the biomedical and the spiritual dimensions of therapeutic care (Haruta, 2023).

Today, it is very beneficial for doctors to work together with religious leaders and spiritual counselors as they can provide patients with a significant amount of support and guidance. Besides, such a partnership may avail the healthcare professionals of the necessary resources which may help in the development of the programs and interventions that not only promote the integration of the religiosity and spirituality but are also quite compatible with the medical principles and practices, thus, enabling easy communication between the medical and the comprehensive care fields. If best of the patients' preferences and needs are to be met, the healthcare should be adapted accordingly (Best, Butow & Olver, 2013).

Issues concerning how an interdisciplinary approach can be the steppingstone towards health care that portrays patient-centeredness and needs ensuring. The extent of the patient needs being considered by the doctors through the teaming can be figured out. Proper collaboration organized distinguishing beliefs and practices, among other things, has to be conducted to achieve the goal of designing supportive care systems and guaranteeing that they are suitable with each patient's idea of values and needs. The key to truly comprehensive healthcare lies in the awareness of the diversity of spirituality and the ability to embrace changes in the strategies based on patients' needs (Sulmasy, 2002, pp. 25–27).

Cooperative efforts between the medical professionals and the spiritual care providers go a long way in the achievement of a successful practice of holistic care. Among the factors, the spiritual one is the most dominant in the patient's condition and the whole healing process. Studies support that the model that combines the various spiritual aspects with the medical routine brought in the practice improves the quality of patients' lives and puts less pressure on them psychologically during the time of infirmity (Puchalski et al., 2006).

The collaboration between doctors and spiritual care workers is, in essence, about figuring out what roles and responsibilities each of them should have in the treatment process. Handzo and Koenig (2004) suggest a framework in which the doctor is the one who initially identifies, among other things, the spiritual needs of the patient and refers the patient for help to a religious figure like a priest or a spiritual counselor, who is more competent to handle such issues. This idea balances the provision of spiritual care to experts while doctors continue to look after the medical aspects of the patients.

In order for justice to be done to the issue of cooperation, doctors should have training and be knowledgeable on the spiritual matters which will be the new dimension of care. Surveys show that many doctors feel uneasy or unprepared to engage in a spiritual dialogue with their patients. The inclusion of spirituality into medical intervention does not necessarily entail that the physician takes on the role of a spiritual counselor; rather, he/she should acknowledge the significance of the patient's spirituality and direct the patient to the right resource person (Williams, 2013).

Spiritual care can also be an indispensable support for the terminally ill and for those who are in the last stage of life. Puchalski and coworkers (2006) demonstrate that patients who have spiritual support during suffering are less anxious and depressed and adjust better psychologically to their condition. The involvement of spiritual counselors in the care team, especially in hospitals and palliative care units, can make the overall experience of the patient better.

Yet there are some issues in the cooperation between doctors and faith-based counselors. The lack of communication and misunderstanding of roles is one among the numerous problems to the collaboration. These teams might be unsure of how to do it, or they might think there isn't enough time for such talks. Research findings reveal that nurses recognize patients' spiritual needs more and make a referral to caregivers, while doctors considerably less so (Kelly et al., 2021).

One way to get over these obstacles is to create well-organized models of collaboration between physicians and spiritual counselors. By setting up referral routes, hospitals can make it easier for patients to access a counselor and train the staff on the relevance of the issue. The adoption of such measures can result in a shift towards the holistically and person-centered care (Thiel & Robinson, 1997).

10. Epilogue

In summary, the relationship between religion and health constitutes a multidimensional and dynamic field that offers substantial potential for a deeper understanding of human health and well-being. Harnessing this relationship requires a careful, interdisciplinary, and holistic approach to religiosity and health. Collaborative efforts can contribute to understanding how religious beliefs and practices influence health and how they can be positively integrated into medical practice and psychotherapy. Such integration requires a balanced approach that respects individual beliefs and needs, while at the same time drawing upon the positive contributions of religion to health. Recognizing the multifaceted nature of human existence and adopting a comprehensive approach to

healthcare can foster deeper understanding and respect for patients' needs (Hood, Hill, & Spilka, 2018, pp. 400–420).

As these relationships are increasingly understood, it is important to explore new ways of incorporating religious and spiritual approaches into medical and psychotherapeutic processes. Continuous research and evaluation of these approaches are vital for understanding the impact of spirituality on health and for developing improved practices in healthcare. Ongoing education and the development of resources that help health professionals understand and respond to patients' spiritual needs are crucial issues for enhancing the quality of care. Continued research into the interaction between religion, spirituality, and health is necessary, as a deeper understanding of these connections may reveal new pathways for improving healthcare and well-being.

Continuous training and the development of programs that link religiosity with health are essential prerequisites for introducing innovative practices in the field of healthcare. Health organizations are called to support the research and evaluation of such approaches, while also promoting the exchange of knowledge and the adoption of best practices. Through collaboration among different scientific disciplines and sectors, new perspectives can emerge that allow for the meaningful integration of spirituality into medical care, taking into account the particular spiritual needs of each individual.

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