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Review Article

Implications of spirituality in palliative care from the perspective of Psychology in Brazil

Psychology and Spirituality in Palliative Care

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ABSTRACT

Introduction: Individuals are characterized by certain dimensions, some of which are physical, psychological, emotional, social, and spiritual. When a person falls ill, all these dimensions need to be taken into consideration, with a unique look at their suffering. The spiritual dimension is accentuated in this suffering as the search for meaning becomes more emergent.

Objective: To understand what Psychology has produced regarding the spiritual dimension and the place of spirituality in the constitution of the subject in the context of palliative care.

Method: This is a systematic literature review with a qualitative approach. The searches were carried out in the SciELO (Scientific Electronic Library Online) and VHL (Virtual Health Library) databases, in the period comprising the last ten years, using the descriptors Palliative Care and Spirituality.

Results: The research corpus consisted of six studies selected for analysis, all of which took a qualitative approach.

Conclusion: Psychology's contributions to the spiritual dimension of palliative care was identified. Spirituality is a recurrent in care, with better responses to treatment and symptoms. Faith, hope, meaning, and the re-signification of life contribute to reconfiguring the context of life. Spiritual support differs according to age group and intervention period. Including the psychologist in the team with interventions related to spirituality makes it possible to adapt to finitude and the impacts of illness.

Keywords: Palliative Care; Spirituality; Psychology; Systematic Review; Brazil.

RESUMO

Introdução: O indivíduo caracteriza-se com determinadas dimensões que o compõem, sendo algumas delas: física, psíquica, emocional, social e espiritual. Quando adoece todas estas dimensões precisam ser acolhidas, com olhar singular diante do sofrimento. A dimensão espiritual acentua-se neste sofrer uma vez que a busca por sentido se torna mais emergente.

Objetivo: Compreender o que a Psicologia tem produzido sobre a dimensão espiritual e o lugar da espiritualidade na constituição do sujeito no contexto dos cuidados paliativos.

Método: Trata-se de pesquisa do tipo revisão sistemática de literatura de abordagem qualitativa. As buscas foram realizadas nas bases de dados SciELO (Scientific Electronic Library Online) e BVS (Biblioteca Virtual em Saúde), no período que compreende os últimos dez anos, usando os descritores Cuidados paliativos e Espiritualidade.

Resultados: O corpus da pesquisa foi composto por seis estudos selecionados para análise, sendo todos de abordagem qualitativa.

Conclusão: Identificou-se contribuições da Psicologia na dimensão espiritual nos cuidados paliativos. A espiritualidade mostra-se recorrente nos atendimentos, apresentando melhores repostas no tratamento e sintomas. Fé, esperança, sentido e ressignificação de vida colaboram na reconfiguração do contexto de vida. O suporte espiritual diferencia em faixa etária e período de intervenção. Incluir o psicólogo na equipe com intervenções relacionadas à espiritualidade possibilita adaptação à finitude e impactos do adoecimento.

Palavras-chave: Cuidado Paliativo; Espiritualidade; Psicologia; Revisão Sistemática; Brasil.

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INTRODUCTION

The health sector seeks to treat and cure illnesses that affect an individual. However, the existing techniques and strategies are not always sufficient to meet this objective. This is the case for individuals facing a serious, life-threatening illness, with the possibility of an unfeasible cure[1]. In this context, Palliative Care (PC) is a care approach that aims to prevent and relieve suffering in the physical, emotional, social and spiritual spheres. It requires a multi-professional team that includes a social worker, pharmacist, doctor, nurse, physiotherapist, psychologist and chaplain, among others[2].

The experience of falling ill and the certainty of brief finitude poses challenges for those who experience it and those who care for them, especially in cases where a cure is impossible. When they become aware of their finite life span in the face of an incurable illness, they find themselves caught between a mixture of hopes and worries. Faced with precarious health in this near finitude, the emotional state becomes unique and intense[3].

Studies have shown the impact of spirituality on people's physical and mental health, relating it to quality of life and well-being[1,3]. Spirituality and Religiosity (S/R) have been highlighted as coping strategies, where family members make sense of the suffering caused by life-threatening illnesses and help patients and those around them to find meaning in their experiences. However, there are peculiarities that compete and differentiate both in form and concept[4,5].

Religion can be seen as a phenomenon that involves many dimensions, observed as laws that function in a given community. In some respects, it can be understood as a search for something greater[4]. It involves a system governed by beliefs, rules, practices, symbolism and rituals that lead human beings to what they consider sacred and transcendent[3].

In contrast, spirituality is understood as a feeling of closeness and connection with the sacred, stimulating intimacy and generating feelings of respect and admiration. It can be subdivided into four dimensions: religious, with a search for the sacred linked to higher powers; humanistic, which covers interpersonal relationships; natural, when it understands nature; and cosmic, when it understands the universe[4]. It is also defined as an individual's personal search for explanations about their existence, what is sacred and transcends the physical[3].

The lack of studies on S/R in PC is evidenced by the results of the year 2020[6], especially from psychology, and the topic is not yet widely disseminated. The reason for this is the difficulties and conflicts in the personal dimension and in the professional preparation of psychology students from different regions of Brazil, even though they understand the importance of spirituality, but have difficulties in clinical practice with their patients, generating fear and insecurity[7].

Therefore, it is important to understand how psychology perceives and acts on the spiritual dimension within PC in order to bring new perspectives that can contribute to improving the quality of life of this public.

Thus, the aim of this study is to understand what Psychology has produced about the spiritual dimension and the place of spirituality in the constitution of the subject in the context of palliative care.

METHODS

This is a systematic literature review, classified as a category of research that looks for coherence between a significant corpus of documents, following specific regulations[8]. To conduct this review, five steps were considered: (1) selection of primary studies; (2) evaluation of inclusion and exclusion criteria; (3) selection of relevant studies; (4) data extraction; and (5) analysis of the results.

The articles were selected between May and August 2022 using the Scientific Electronic Library Online (SciELO) and Virtual Health Library (VHL) databases. The descriptors used were Palliative Care and Spirituality.

The inclusion of a study was determined by its relevance in relation to the research questions: do they deal with PC, spirituality, the role of psychology in the context of spirituality and PC, and year of publication between 2012 and 2022. An inclusion criterion (CI-4 year of publication between 2012 and 2022) and an exclusion criterion (CE-5 written in Portuguese) were applied directly to the database filters.

The search in the databases using the descriptors found 673 publications, and after the inclusion criteria directly in the filters, 13 eligible publications remained. Three researchers carried out an isolated assessment using the inclusion (CI-1, CI-2, CI-3) and exclusion (CE-1, CE-2, CE-3, CE-6) criteria, reading the title, abstract and conclusion. Disagreements were discussed together until a consensus was reached, and six studies were selected for the final sample. Figure 1 illustrates the sequence of steps.

In the discussion, the following order of presentation was adopted: (a) concentration of geographical area and chronological order; (b) the role of spirituality; (c) characteristics of the target public; (d) difficulties and limitations faced by researchers; (e) difficulties and limitations of the multi-professional team; (f) concepts of S/R; (g) Psychology's contributions; and (h) perception of Psychology on the role of spirituality in the subject's constitution.

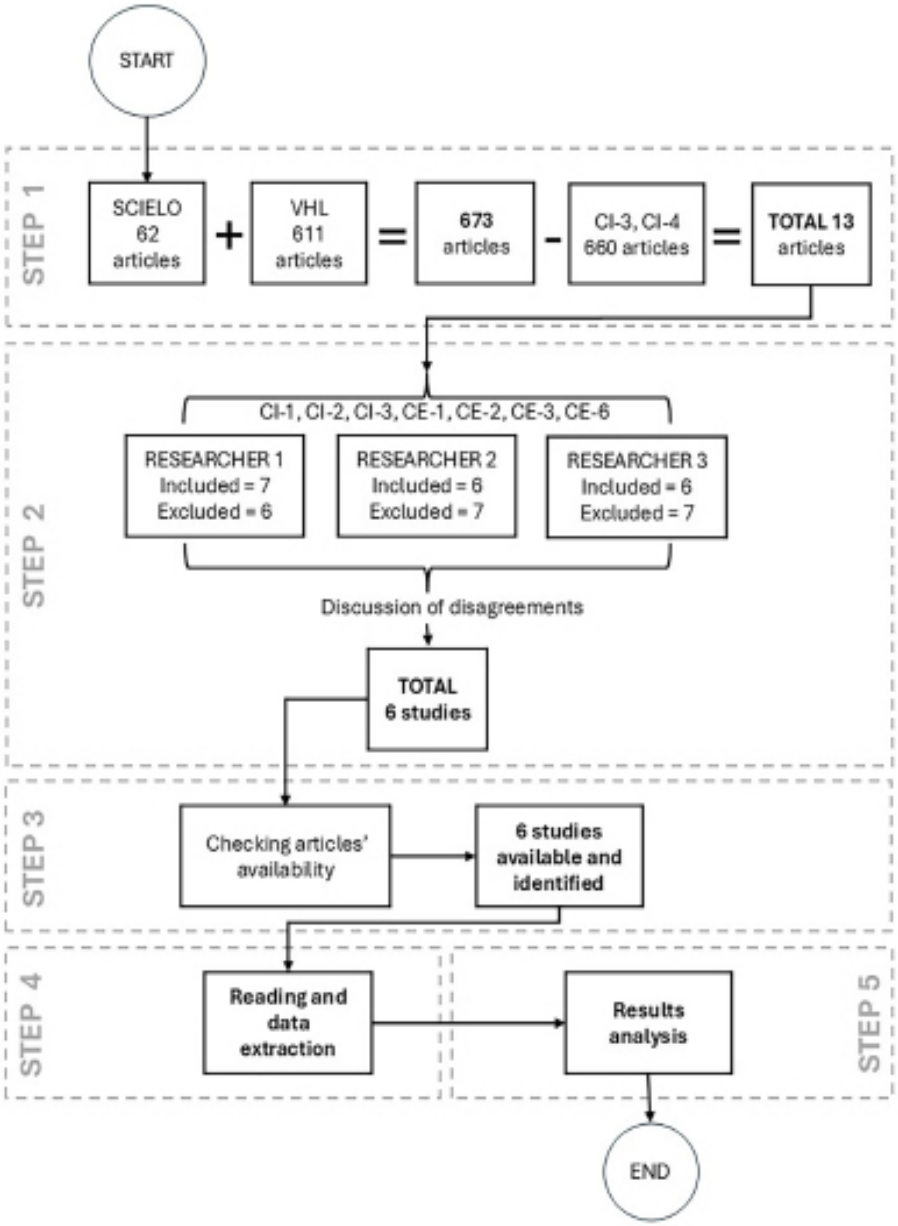

Figure 1. Sequence of the research steps.

RESULTS

The articles are summarized in Table 1. A small number of publications were found, totaling six articles, published between 2017 and 2021.

As for the methodological procedures of the articles reviewed, they were all qualitative in nature: three were exploratory, two were literature reviews and one was an intervention proposal.

DISCUSSION

Geographical concentration and chronological evolution

Most of the publications (83%) developed were concentrated in the Southeast region of Brazil, while the Northeast was in second place with only 17%. This geographical discrepancy raises important questions and invites reflection on the lack of representation of other regions of the country in research on this topic.

It is essential to investigate the reasons behind this concentration, considering factors such as access to resources, networks of researchers and educational institutions, as well as possible differences in regional realities that may have an influence.

In addition, when analyzing the output in chronological order, we observed that the articles were published between

Table 1. Articles included in the research corpus.

Year of publication	Title	Authors	Methodological Procedure	Journal/ Qualis rank (2017-2020)	FU*	Role of Spirituality
2018	Cuidadores principais ante a experiência da morte: seus sentidos e significados	Lima C.P.L. and Machado M.A.	Qualitative / Exploratory / Participant Observation	Psicologia: Ciência e Profissão/ A2	RJ	Its results show the importance of the spirituality factor as an element of support for caregivers of patients undergoing PC.
2021	Espiritualidade nos cuidados paliativos de pacientes oncológicos	Marques T.C.S. and Pucci S.H.M.	Qualitative / Exploratory/ Literature review	Psicologia USP/ A2	SP	It analyzes how spirituality can have a positive influence on cancer treatment, helping to improve patients' quality of life.
2021	Sentidos de vida e morte: reflexões de pacientes em cuidados paliativos	Hoffmann L.B., Santos, A.B.B. and Carvalho R.T.	Qualitative / Exploratory/ Semi-structured interview	Psicologia USP/ A2	SP	It seeks to identify the psychological and/or spiritual coping resources related to the end of life in elderly people aged 60 and over who are accompanied by a PC team.
2017	Significados da espiritualidade para pacientes com câncer em cuidados paliativos	Benites A.C., Neme C.M.B. and Santos M.A.	Qualitative / Exploratory/ Semi-structured interview	Estudos de Psicologia (Campinas)/ A1	SP	It seeks the meaning of spirituality in people with cancer undergoing PC in order to understand and collaborate by analyzing and expanding reflections on the spiritual care provided by a plural professional team in Brazil.
2021	Psicologia, espiritualidade/ religiosidade e cuidados paliativos: uma revisão integrativa	Aguiar B.F. and Silva J.P.	Qualitative / Exploratory/ Phenomenological interview	Rev. Psicol., Divers. Saúde/ B4	BA	A literature search on the interfaces between Psychology and Spirituality in the context of PC.
2018	RIME (Relaxamento, imagens mentais, espiritualidade): psicoterapia breve por imagens alquímicas	Elias A.C.A.	Qualitative and Quantitative/ Interventional	HU revista/ B3	SP	Intervention proposal using the theme of psychotherapy and spirituality in PC patients.

Note: *Federation Unit (state) of the authors of the study.

2017 and 2021, with three of them appearing in the last year of this window, indicating a potential increase in interest.

However, this concentration in time may also reflect the need for spirituality research to mature within the field of psychology, suggesting that new studies be carried out in other regions to promote a more comprehensive and inclusive view of the topic.

These factors should be taken seriously so that future research can address spirituality in a context that is truly representative of Brazil as a whole.

Role of spirituality

Of the studies analyzed, only one did not have spirituality as its central focus[9], but its results highlighted its importance as a fundamental support for the target audience. Even though it is not the main theme, its relevance permeates discussions and practices related to care. Table 1 shows the role that spirituality plays in people's lives, showing that, despite the modest number of publications, this topic is being consolidated in the psychology community.

This recognition becomes more significant in light of the continuous development of psychology, which over time has evolved from a predominantly mechanistic approach to a more holistic understanding of the human being. The movement towards this deepening indicates an expansion of the boundaries of the discipline to include broader dimensions of human experience, such as spirituality. This advance enriches the field and offers psychologists the opportunity to integrate practices that consider spirituality as an influential component of psychological well-being.

The inclusion of spirituality in PC discussions and interventions highlights the need for new studies investigating how it can be better incorporated into clinical practice and professional training, thus seeking to meet the needs of patients and caregivers more effectively.

Characteristics of the target audience

The target audience is diverse, including caregivers, patients, families, support networks, multi-professional teams and psychologists. This diversity reflects the World Health Organization's (WHO) definition of PC and its principles, when it raises the goal of PC as improving the quality of life of patients and their families[3,6,15].

Most of the studies reviewed in this research involve the patient[10-12,14] as the main character. It is clear that there is a greater concern with promoting the well-being and care of

this public, despite the fact that other characters take part in this context, requiring studies aimed at ensuring that everyone involved contributes more to patients' quality of life.

In terms of pathology, cancer was the most common in the studies observed[9-12,14]. The rationale behind this is the growing prevalence of cancer in the face of increasing life expectancy. Even with the growth of curative methods and drugs, there are still cases in which it is not possible for the cancer to go into remission, and its diagnosis is frightening for society[10,11]. Given that PC is not restricted to one disease or public, it is important to carry out a broader survey including other types of pathologies, stages of illness and characters in order to map out differences and similarities, as well as creating better care conditions.

Difficulties and limitations faced by researchers

The selected studies identified difficulties and limitations in carrying out the research, which may partly explain the small amount of published material.

When curative treatment was impossible, patients were transferred to the PC unit where they received new medical records for therapeutic follow-up, with their previous history considered to be of little or no relevance[9]. A number of reflections could be raised that could generate future research: Does this gap in previous information affect PC entremente? Does previous information contribute to the individual's care? Is previous data only information on the biological dimension? Does this data include information on the spiritual dimension?

Another obstacle is the amount of research on children and young people and their support network, indicating the need for more studies on these age groups[10]. The subject of death seems to be unexplored and disregarded during puberty, a stage of development in which adolescents believe their death is unlikely[16]. Furthermore, there is a lack of references to young adults and their spiritual needs, which are neglected in PC due to the lack of studies[13]. A WHO mapping in 2017 found that PC encompasses all age groups. The 0-19 age group accounts for 7% of the total, revealing the indispensability of exploring death content with children and adolescents[17].

As these were patients suffering from a serious illness, the researchers also encountered difficulties in terms of the patient's availability at the time of the research. During data collection, some participants had incapacitating symptoms or were not cognitively able or had their symptoms under control at the time of the interview in order to answer the questions satisfactorily[11].

The adversities include the fact that some patients die before being referred to PC, which makes it impossible to approach patients and their families. In this context, doctors have found it difficult to determine the end-of-life care framework for patients due to their emotional inability to deal with the proximity of death[9]. As these are individuals are at greater risk of dying quickly, it is worth considering in future studies how psychology could assist health professionals in order to achieve strategies that minimize the impact of this limitation.

From this perspective, it was observed that many PC patients were unable to take part in the research because they were incapable of maintaining a state of attention or had their cognition and ability to listen compromised by the severity of their illness[12]. This raises the question of the possible inability of professionals to communicate with the subject beyond spoken language, as well as the fragility of professionals in dealing with the limitations presented in the context of PC, signaling the challenge of creating inclusion and communication approaches that favor the subjects in PC.

Another characteristic is the number of people who are in the severe or terminal phase of their illness who are unable to enter PC treatment. In one of the studies, all the participants were in the severe or terminal phase of the disease, and their access to PC took place belatedly, at an advanced stage of the disease[12]. This fact leads us to reflect on the contingent of people who experience the palliative phase in neglect, isolation and without resources to minimize pain and suffering.

These difficulties and limitations may be a harbinger of the lack of impact on the production of research that fosters quantitative and qualitative guidelines consistent with the Brazilian population's real need for PC, limiting the development of a guiding panorama that favors the creation of more effective and comprehensive strategies.

Difficulties and limitations of the multi-professional team

There are limitations and difficulties from the perspective of health professionals. One of them is related to the difficulty in talking about the worsening of the disease for patients in a situation of palliation. There is a need to discuss the subject of death in the training of these professionals during their undergraduate studies, as it can directly influence their conduct and attitude at the last moment of the patient's life[9].

Marques and Pucci[10] raise the issue of changing the perception of spirituality in the academic context of health professionals, referring not only to a mystical term, but also as an aspect that integrates and makes up a subject's quality of life. The authors recall the past confrontation between science and spirituality as a generator of conflict.

The confrontation between science and spirituality in the past has been a source of conflict. Researchers have

observed a change in the perception of spirituality in the academic and health professional context, referring to it as a mystical term and also as a part of the whole that determines the subject's quality of life[10]. Even so, the deficiency in health professionals' training when it comes to spirituality is an issue addressed in several studies. The demand for qualifications and development of these professionals in matters involving spirituality that encompass needs beyond the area of oncology stands out. It is suggested that they clarify the ways in which patients deal with the meaning of life and death, and that they welcome and respond to demands regarding these issues[11,12].

These limitations related to professional training corroborate the lack of educational programs to teach PC, which the WHO points to as one of the main barriers currently encountered. Within this scenario, the WHO recommends an approach in this direction, along with the inclusion of other measures involving the implementation of clear policies for the establishment of PC, the availability of essential medicines to provide PC and implementation through organized programs to provide PC[17].

S/R Concepts

The authors researched are almost unanimous in their position on differentiating between spirituality and religiosity, terms that are often mistakenly used synonymously. Spirituality gives meaning to experience, an element presents in the speeches of family members, who find meaning in their faith. It emerges to fill the uncertainties that surround this moment of death, bringing a certain relief and support in moments of anguish[9].

S/R is seen as a resource that contributes to reducing the individual's anxiety and fear, promoting greater security and confidence in making decisions in the face of conflict. Spirituality occupies a place capable of indirectly producing quality of life for the individual and for those who base their lives on meanings[9,10].

The most common ideas about spirituality were the search for meaning in life and closeness/connection with the transcendent. Similarities were also found with regard to the concept of religion, even though most of the articles opted to provide only a definition of spirituality[13].

Religion is defined as a system of shared beliefs and dogmas that shape behavior, to be experienced spiritually or not, including moral doctrines and rituals within a community. The spiritual dimension, on the other hand, concerns the transcendental meaning that a person attributes to their life, the values and purposes associated with it[11]. In this way, the publications explain that the constant use of the terms S/R share the same meaning but have different concepts.

Psychology's contributions

This systematic review identified some of psychology's contributions. Some of the elements highlighted are faith as hope for healing, support and trust. The search for meaning/resignification of life was identified as an axis that awakens thoughts about the meaning of living and dying, as well as stimulating the search for acceptance, investigation and help[12].

Another axis analyzed was the search for meaning in death, beliefs about the afterlife and the experience of transcendence. The hope of recovering was a guiding factor of meaning revealed by the group surveyed; this axis collaborates in combating and convincing people that existing can happen one day at a time, reconfiguring the context of present life and the qualities that nourish it[12].

Another valuable cooperation found refers to the representation and demand for support in the spiritual sphere as something particular, which changes according to age group and the period between diagnosis and the start of PC. Immediately after being diagnosed with a fragile health situation, the subject, stunned and unable to elaborate, seeks to consider the value of present life and redefine the time to come. On the other hand, individuals with a long diagnosis and new to PC, the symbolism of the illness and spirituality were linked to the proof of their own death, which led them to reorganize a new value for life and a constant interest in maintaining it[12].

The spiritual dimension is a unique characteristic for each individual, moving away from the mechanistic view of the human being. This approach transcends the concrete and practical aspect, moving towards something more subjective and abandoning the fragmented perspective that sees the being divided into isolated parts.

This particularity is well detailed in Viktor Frankl's speech, which states that, when facing daily challenges, the individual feels gratitude, joy and appreciation. They are able to recognize the value not only of the day that is ending, but also of the one that is beginning. This gives them the opportunity to love and suffer courageously. Although suffering is an undesirable feeling, it can give a sense of honor to the journey of life[18].

On another note, some people experience hopelessness and depressive temperament as the signs of illness develop. After these effects are established, a transformation is perceived in relation to living and becoming ill, an opportunity in which spirituality presents itself in the expectation of an increase in the number of days of life and socializing with relatives[12].

The experience of the finitude of life provides an analysis of the meaning of death based on convictions about the

afterlife. Transcendence is not limited to religious practice or belief in a deity, but rather something that goes beyond the normal order of the palpable. Believing in life after death has been shown to be an organizing factor when it comes to coping with near death, as the knowledge that after physical death there is still the possibility of continuing to exist preserves hope[12].

Evoking life and its purpose move the subject to establish resolutions to personal complaints and operate with enthusiasm. In another aspect, there is a desire to die in the sense of understanding finitude and agreeing to the end of life, wishing to rest from the corporeal scourge, with the aim of putting an end to torment and emotional fatigue[12]. Guilt and fear are feelings present due to the intention of death itself, causing too much torment and the impulse to correct them through devotion to religious matters and transcendence[12].

Perception of spirituality in care

Spirituality has become a recurring theme in treatments and has been used as a care tool in PC, with positive results for patients. Individuals undergoing psychological treatment who are connected to their spirituality show better responses to treatment and a reduction in symptoms. Patients with a greater spiritual connection benefit more from treatment than those who don't use spirituality as a resource[10].

Spirituality presents itself in different ways, differentiating between age groups, where the older the age group, the greater the use of this tool to deal with the process. The search for religion, the concept of faith and spiritual belief increases after diagnosis; on the other hand, faced with the prospect of death, patients turn to the search for meaning in life[10].

This evidence makes it possible to affirm the importance of carrying out more research involving different age groups. Identifying similarities and differences in a more representative audience could contribute to a greater understanding of the spiritual phenomenon. In addition, further research could be carried out to clarify and detail the benefits and positive responses to treatment that the intervention of the spiritual dimension reverberates.

Psychology professional vs. spirituality

Regarding the psychologist who is part of the multidisciplinary PC team for cancer patients, spirituality can be used as an auxiliary resource in their practice. Its use can help patients adapt better to the final stages of life and the impacts of cancer. Another possibility is to bring patients and their families closer together and create bonds. It can also be used to re-signify the new reality and draw up a plan to finalize issues that, from the patient's point of view, cannot be left unfinished[10].

Within this multi-professional team, it was identified that the psychologist is the professional who has the most tools to welcome the patient and their support network. They are also the professionals who show the greatest understanding of spirituality as an ally in the therapeutic process10. The psychologist is essential for understanding the psychic impacts on the patient and facilitating a greater connection with the dimensions of their life in order to elaborate on the condition, bringing them closer to spirituality.

However, the lack of discussions in the academic environment and of studies conducted by these professionals on spirituality, religion and religiosity shows that there is much to be explored. Contact with these themes is recommended in the professional development of psychologists to enable them to provide comprehensive care for patients.

Ethics, knowledge and skills are required to integrate the spiritual and religious dimensions of patients into the psychologist's work. Every professional must recognize their limits when dealing with the subject. When collecting the patient's individual history of spirituality, the psychologist can consult the chaplain's services within the multi-professional team to understand the best courses of action[13].

PC target audience

Spirituality appears for family members and their support network, acting as comfort and help in dealing with future mourning and saying goodbye. In different ways, it is used as a coping strategy for the family member, generating reflections on the meaning of life, the quality of relationships and support for beliefs[9,10].

In the multidisciplinary team, spirituality emerges as a positive auxiliary force for professionals to understand the total impact caused to patients by the diagnosis and to be able to carry out interventions in the biopsychosocial-spiritual context of patient care and family support[10].

The experiences of people who use PC, including relatives, need to be seen, punctuated and differentiated by everyone in the team of professionals who deal with the work of assisting people in the phase of illness and finitude, so that their work is really a contributing factor to mitigating anguish and distress[12].

An intervention proposal called RIME (Portuguese acronym for Relaxation, Mental Imagery, and Spirituality), classified as brief psychotherapy, is considered a form of intervention “developed for the hospital environment, which integrates relaxation techniques, directed imagination and elements of spirituality, in a symbolic and transpersonal approach”. This intervention proposal promotes a connection

with inner wisdom, with the Sacred, in order to minimize anguish. It also promotes the re-signification of psychic pain, spiritual pain or suffering defined by the patient in order to promote quality of life in the face of illness. It is a tool that helps beyond the patient, including the care team, promoting psycho-spiritual maturity[14].

In view of the findings, it is clear that there is an urgent need to include spirituality as a psychic organizing factor for individuals undergoing PC. Although the number of publications is a limiting factor, it opens up a range of possibilities for a better understanding of the context of spirituality and PC in different audiences, which can be explored in future studies and create models or structures for interventions in the aspects identified as the greatest contributors to suffering.

Psychology's perception of the role of spirituality in the constitution of the subject

Issues of psychological suffering are less recurrent in spiritually directed individuals, given that they are more satisfied with their lives and achievements and have a greater tendency to have good quality social and family relationships and even self-esteem. Older people (aged 60 and over) are faced with issues of wholeness vs hopelessness. And when faced with the diagnosis of death, people who have achieved wholeness find it easier to accept it as a natural process of life, looking back on their experience with satisfaction and joy. As such, spirituality is an auxiliary factor in the process of integrality, enabling the re-signification of experiences, demonstrating greater peace and tranquility when dealing with the finitude of life[10].

In some caregivers' speeches, spirituality is identified as a source of comfort and support, providing an outline for the unknown moment of death, concluding that this dimension can help the subject to find meaning in the experience[9]. Because it is part of the psychic constitution, the spiritual dimension generates behaviors that influence the perception of the health/disease dichotomy, and in individuals under PC it is considered an urgent need given the moment of great vulnerability[13].

One of the ways found to make sense of the experience is to stay by the patient's side until the last moment, motivated by the need to fulfill their role as caregiver, transforming it into something meaningful even in the face of suffering. Another way is that some caregivers need to organize memories, making a kind of review of the patient's life. By telling the family member's story, the meaning of this person's life is somehow raised, creating a space for reflection in order to give meaning to one's own life. This can lead to changes in the family's structural dynamics, resulting in personal growth in the face of difficulties[9].

The senses identified by patients help to alleviate suffering and cope with the situation, since they highlight significant and positive issues, instead of suffering and anguish. As a PC patient in contact with their own finitude, the main coping resources were internal, in the sense of valuing the life lived and the achievements made, as well as faith[11].

The core of spiritual suffering is not finitude itself, but what follows from it, an individual subjective process of representing death and what comes with it. Therefore, talking about death does not bring out suffering, but suffering related to concerns about family members, loss of functionality and values that are compromised by illness and the limits of finitude. Therefore, spiritual care becomes important so that existential issues have a voice and are part of care as a whole[11].

Spirituality in cancer patients undergoing PC results in a search for meaning in life, based on the expectation of recovery and the support received. The subject's intense experience of the finitude of life reveals a journey of discovery of existence and its meaning[12].

With the progression of the disease and the inability to recover, the individual is confronted with their finitude. This moment causes a split in emotional connections, unlike any other lived experience. Thus, the practice of spirituality, belief and religiosity supports individuals in accepting death, especially when it becomes inevitable. These practices enable the search for meaning and the transformation of the different singularities of existence, reestablishing values and a perspective on death[12].

Cancer patients on PC use spirituality to resist affliction and continuous suffering, bringing new meanings to each moment of their experience. It is also a way of preserving hope, or even of having an honorable death, without anguish, which can be understood as a heavenly purpose after a great battle[12].

The support network associated with the expertise of understanding the spiritual dimension can foster more humane attitudes and comprehensive treatment of patients in situations of illness that shorten their life span[12]. Spirituality has an important place in the constitution of the subject. The results show that its management makes it possible to minimize psychological suffering as a strategy for finding meaning and significance in the experience. As a result, comfort, support, space for personal reflection and a better quality of social and family relationships are achieved.

CONCLUSION

The PC approach involves comprehensive care that covers the physical, social, psychological and spiritual dimensions. People affected by a serious, life-threatening illness can benefit from this care with access to a multi-professional team that will advocate comfort, prevention and relief from suffering in all these dimensions. Suffering of an existential nature manifests itself in this context of vulnerability, and the spiritual dimension becomes important in providing consolation, support and psychological strength for patients and their families.

The analysis of this research made it possible to understand the different forms of suffering related to spirituality in PC and their psychological impacts. Together with knowledge on the limitations and difficulties encountered, this understanding enables psychologists to be better prepared to care for this people.

We noticed that, in most cases, the research is exploratory with the aim of deepening our understanding of this area. This foundation is crucial to support future studies investigating the spiritual dimension in psychological management and interventions, which are still scarce.

Moreover, research has focused on hospital settings, with all participants belonging to the adult/elderly age group, and cancer patients. It is known that PC involves other environments such as home care, hospices and long-stay institutions, as well as all age groups and various pathologies. This makes it important to understand these other contexts as well.

Given the relevance of the spiritual dimension highlighted in this research, we believe it is essential that psychologists, as well as other health professionals, receive adequate training on this subject. Although this research focuses on the context of PC, the spiritual dimension is part of every individual's life, regardless of the environment in which they find themselves. Incorporating this topic into clinical care and other areas of psychology can bring significant benefits to individuals.

Another relevant aspect was the small number of studies published in this area, which can be attributed to the use of only two search systems, limiting the discovery of other significant findings. Therefore, we suggest expanding this study to include other platforms in the Brazilian context.

Given these considerations, it is essential that psychology professionals conduct new research to strengthen this field of study. We conclude that this study was significant in mapping the current state of psychology's output on spirituality in the context of PC, as well as highlighting the need for more research that integrates this knowledge into the practice of psychologists. The spiritual dimension in PC proves to be an important resource, providing better conditions for coping with daily suffering and offering psychological support to all those involved.

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