The approach to spirituality in health training in the light of Viktor Frankl’s theory

Abstract
Objective: to reflect on the importance of adding spirituality in the training of health professionals through the basic aspects of Viktor Frankl’s theory. Method: this is a theoretical reflection from Viktor Frankl, discussing the importance of adding spirituality in the training of health professionals. Results: Frankl proposes that man is a being endowed with creative, experiential and attitudinal values, which imply in processes of devotion of individuals to something greater than themselves, especially by overcoming the adversities of life through the achievement of a greater meaning. Spirituality is a central feature of this vision, conferring self-transcendence, making clear the importance of inserting this dimension in health education. Conclusion: The importance of organizing the training of health professionals based on the inclusion of spirituality, according to Frankl’s theoretical postulates, stems from the need to go beyond the disciplinary and fragmented studies of undergraduate courses, promoting a human and integrative training, which includes reflections on the professional’s own spirituality, as well as those to whom he assists. Descriptors: Logotherapy; Spirituality; Health Personnel; Training of human resources in health.

Resumo
Objetivo: refletir sobre a importância de agregar a espiritualidade na formação dos profissionais de saúde por meio dos aspectos basilares da teoria de Viktor Frankl. Método: trata-se de uma reflexão teórica a partir de Viktor Frankl, discutindo sobre a importância de agregar a espiritualidade na formação dos profissionais de saúde. Resultados: Frankl propõe que o homem é um ser dotado de valores criativos, vivenciais e atitudinais, os quais implicam em processos de devoção dos indivíduos a algo maior que si, especialmente, pela superação das adversidades da vida por meio da conquista de um sentido maior. A espiritualidade é característica central dessa visão, conferindo a autotranscendência, ficando claro a importância de inserir essa dimensão na formação em saúde. Conclusão: A importância de organizar a formação dos profissionais de saúde a partir da inclusão da espiritualidade, segundo os postulados teóricos de Frankl, decorre da necessidade de ir além dos estudos disciplinares e fragmentados das graduações, promovendo uma formação humana e integrativa, que inclua reflexões acerca da própria espiritualidade do profissional, bem como daqueles aos quais este assiste. Descriptores: Logoterapia; Espiritualidade; Pessoal de Saúde; Capacitação de recursos humanos em saúde.

Resumen
Objetivo: reflexionar sobre la importancia de sumar la espiritualidad en la formación de los profesionales de la salud a través de los aspectos básicos de la teoría de Viktor Frankl. Metodología: Se trata de una reflexión teórica basada en Viktor Frankl, discutiendo la presencia de la incorporación de la espiritualidad en la formación de profesionales de la salud. Resultados: Frankl define que el hombre es un ser de valores creativos, experienciales y actitudinales, que implican, a través del individuo, entregarse a algo más grande que él mismo, especialmente, por la superación de la vida en la conquista de un sentido. La espiritualidad es un rasgo central de esta visión, confiriendo una autotranscendencia, dejando clara la importancia de incluir esta dimensión en la educación para la salud. Conclusión: La importancia de organizar la formación de los profesionales de la salud a partir de la inclusión de la espiritualidad, según los postulados teóricos de Frankl, según los postulados teóricos de la necesidad de ir disciplinado y fragmentado de las graduaciones, promoviendo una formación humana e integradora, que incluyen de la propia espiritualidad del profesional, así como de los que lo asisten. Descriptores: Logoterapia; Espiritualidad; Personal de Salud; Capacitación de Recursos Humanos en Salud.
INTRODUCTION

The complex relationship between spirituality and health has gained significant prominence in recent decades. In addition to the voluminous studies of methodological quality, signaling the benefits provided by this relationship to people's lives (1), the approval of its inclusion in the concept of health of the World Health Organization (WHO) (2), culminating in the proposal to modify the traditional concept to "a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease"(3), as well as in the quality of life assessment instrument, World Health Organization's Quality of Life Measure (WHOQOL)(4), were fundamental milestones for its recognition by the scientific community.

Today it is known that spirituality can contribute to people's quality of life (2-4), favoring the confrontation of complex, stressful and traumatic situations, collaborating with favorable health outcomes, thus decreasing the prevalence of mental disorders such as anxiety, depression, use and abuse of chemicals, delinquency and suicide attempts(1).

The strengthening of the presented scenario has generated pressures in the scientific community and health professionals to consider a health approach beyond biological aspects, through a more integrative and humanistic view of the patients, allowing themes such as spirituality to be part of the care dynamics. In this perspective, the possibility of using spiritual beliefs as possible resources for the clinical management of health situations makes it necessary to include them in the training process of health professionals (5).

Studies corroborate this idea demonstrating that health professionals recognize the relevance of providing patients with spiritual care; however, in Brazilian universities, the teaching of spirituality is non-existent or incipient (6). In a recent research(7), the "vicious circle" between lack of training on religiosity/spirituality in clinical practice and the consequent fear of raising the topic in the training of health professionals was identified. According to the authors, the demand usually arises in clinical practice implicitly and, when attended, its referral occurs informally, in view of the embarrassment of professionals with the possibility of committing ethical faults in their management, which generates fears in bringing the theme as questioning in their training and, consequently, their exercise remains limited.

Reflecting on this scenario, numerous international initiatives have mobilized efforts to include the theme in the training of health professionals, with special emphasis on the medical course, especially in the United States and Europe (1). However, the models for the implementation of this discussion are still diffuse, and are up to the professors responsible for the disciplines; also on their account the construction of curricular components.

Recently, with the greater visibility received by religiosity/spirituality in health, authors, long neglected by the more traditional academic environment, have been revisited and received deserved recognition. Among these, the Viennese neuropsychiatrist, Viktor Emil Frankl (1905-1997) whose experiences in four concentration camps in World War II, could observe and analyze the primacy of the existential sense as a sine qua non factor to the maintenance of the prisoners’ hope in the face of the atrocities suffered, validating, from his experience, the concepts he had already elaborated before the war, which led him to systematize his sustained logotherapy, among other things, in the pillar of spirituality(8).

That said, this study aims to reflect on the importance of adding spirituality in the training of health professionals, based on the theory of Viktor Frankl.

METHOD

This article is a theoretical reflection whose philosophical basis is found in the literary production of Viktor Frankl, from which the authors expose their perceptions about the importance of adding spirituality in the training
The approach to spirituality in health training in the light of Viktor Frankl’s theory

of health professionals, highlighting conceptual elements that can serve as a subsidy to the construction of models of teaching spirituality in their training courses.

From his experiences in the concentration camps during World War II, Frankl sought to understand the reasons that lead individuals to remain hopeful even in extremely adverse conditions, causing, from his observations, logotherapy, derived from the term 

logos, which deals with the meaning of the situation beyond the self (9). Thus, the fundamental principle of his theory lies in self-transcendence, that is, the opportunity in which the individual surpasses himself in search of a greater meaning for life.

In the midst of this discussion, it was used as a conceptual reference of spirituality, in addition to that treated by Frankl and presented in the body of the text, which was validated as:

spirituality constitutes a human dimension and reflects the care one has with life, constituting the expression of how people interrelate and interact in relation to the circumstances and events that involve them, integrating the belief and faith in a superior being that brings closer such people of what transcends human nature(10).

Thus, for the construction of the theoretical framework, searches were carried out in virtual databases such as the Virtual Health Library (VHL) and PubMed between March and April 2022. Considering that this is a classical theory, it was decided not to use time frames in the search. The descriptors used in the screening strategies were: logotherapy, spirituality, health professionals and Frankl. The inclusion criteria adopted were articles written in Portuguese and English, with the availability of full text in a national electronic database and as exclusion criteria: theses, dissertations, proceedings of congresses or conferences and ministerial documents.

RESULTS AND DISCUSSION

In his vast literary production, Viktor Frankl adopts an ontological view of man, that is, who seeks to know his reality as it is in itself. For Frankl, the true human reality is spiritual, so such a concept lies at the base of his ideas, being essential to finding meaning in life. The two main theories of his time, psychoanalysis and behaviorism, conceived a subject determined by instinctual, environmental and hereditary forces, then by unconscious internal forces or by external forces that demanded adaptations on the part of the subject. Logotherapy, on the other hand, conceived the human being in its bio-psycho-spiritual totality(11).

From frankl’s perspective, spirituality is an unconscious act, that is, it leads individuals to decide, based on their beliefs and cultures inherent to the groups they belong to, and may even conceive of the existence of God, even without proof(12). Thus, the inclusion of a spiritual sphere in Logotherapy takes place in a psychological and philosophical way and not in a religious way, as can be mistakenly thought. This fact, on the other hand, does not exclude spiritual and religious phenomena, but approaches them in a phenomenological and, above all, psychological way(11).

It is, therefore, a singular, intuitive aspect, which would potentially direct the subject to a greater sense.

The search for the meaning of life through faith, in its most comprehensive connotation, manifests itself from the voice of conscience, a consequence of self-transcendence, also stating that religiosity is personal and cannot be conceived as something universal or collective. Frankl even mentions the occurrence of the obsessive neurosis he understands as unhealthy religiosity, which occurs when one does not have the freedom of choice, but imposes something to follow(12).

Furthermore, he argues that man is made up of body, mind and spirit, and the existence of this spiritual being in logotherapy makes him able to make decisions to deal with life’s limiting situations. He also emphasizes that man is a being referred to values, which can be classified into “creative values” that concern the values of creation, linked to creativity; “experiential values”
related to personal experiences that constitute the basis for coping with the various situations of life and, finally, “attitudinal values” that are supports for human completeness. All these values lead the human being to transcendence and overcoming adverse moments.

In addition, logotherapy is based on three major structuring pillars of existentialism: the “freedom of will”, the “will to meaning” and the “meaning of life”. The first concept holds that, under any circumstance, the individual is endowed with the power to choose how to respond to events, the second that he has the ability to determine the meaning of his existence and the third indicates the imperative presence of necessity by seeking the singular meaning of situations.

Thus, freedom of will is associated with spirituality when it states that individuals, endowed with autonomy, will decide from the spiritual dimension the power to modulate their lives. This freedom, present in the desire for meaning, will be oriented towards a goal, in line with the understanding of spirituality, when it states that it elevates the search for the meaning of life, transcending to the world of values. Finally, through the meaning of life, people will exercise their responsibility and freedom to choose what is best for them, in a perspective beyond the biological and psychological aspect.

It is also worth noting that, in Frankl’s view, the processes of health and disease are directly connected to the will to meaning, which is determinant for the individual to endure suffering and remain firm in his purpose, which is unique and particular, and each individual is responsible for determining his personal purpose.

When the concepts of logotherapy are brought to the clinical practice of health professionals, it can be said that these are essential to establish a healthy relationship with their patients, no longer victimizing them and seeing only the disease, but strengthening their personal capacities and valuing their potential for self-determination and overcoming. These values can and should be applied to the professionals themselves, whose arduous experiences in the face of extreme situations can generate existential conflicts and illnesses.

Thus, it can be said that the goal of logotherapy is to encourage individuals to find meaning in their lives and, from it, it can be said that the current world strongly experiences the lack of meaning or existential void, responsible in large part for psychological suffering. And although the influx of information and consumer goods is uncomplicated and accessible, the human being is fragile in the face of life’s challenges, precisely due to the experience of loss of meaning. Therefore, there is an urgent need for training that contemplates this perspective, stimulating the development of these values and the skills that are inherent to it.

As seen, Frankl proposes three important elements that favor the encounter of the individual with his personal sense: through creative work, in which the individual can experience the meaning of life and a perception of self-worth, from the construction of relationships with others and, finally, by finding a meaning in the pain felt to the experiences of suffering. Such resources can be used by health professionals in situations of serious illness and in those in which the circumstances are immutable, in order to help their patients manage suffering through the search for meaning.

The three-dimensional care – physical, mental and spiritual or noetic – of man, promotes an opening so that the individual can leave himself, going towards something or someone, as well as favors reflection on his own being and the meaning of life. In this view, spirituality allows man to experience his integrity, as a biopsychosocial and spiritual being, overcoming the separatist logic of the Cartesian model, which fragments him, helping the individual to take care of himself and the other, in addition to being more resilient during the confrontation of difficult situations such as illness.
Despite being considered a classical theory, Frankl’s postulates are at the forefront of knowledge, in line with the most modern perspectives in health, and can contribute with deep reflections on the role of the health professionals in patients’ care beyond technicalities and specializations. This point in particular is of great value when considering health education, since it includes, as can be noted, values such as self-responsibility, altruism, detachment from the self for the benefit of service to the collective and a vision that deconstructs organicist and situational determinisms, bringing a self-transcending individual.

Frankl believes that the position or status a person occupies does not define his fullness of life, since the way he lives will talk more about him\(^{(18)}\). One of the data that led him to this conclusion was the findings in his study, when he considered that 93% of young people prone to suicides would be in privileged economic conditions, soon there would be other dimensions referring to living fully\(^{(8)}\).

As can be seen, the vision of Frankl is eminently positive, linking the spiritual dimension to freedom, as an individual’s ability to make choices and respond to an experienced situation, leaving the inertia and committing to the future\(^{(18)}\). This approach presents the human being beyond the circumstances that surround him, in the condition of being free and autonomous in his consciousness, able to hierarchize his values and execute them.

Self-transcendence, another concept of his theory, refers to the manifestation of what Frankl called the “will to meaning,” a property that impels man to seek meaning for his own life and beyond himself. Only through the openness to perform tasks involving otherness, the individual manages to face courageously the difficulties of life, that is, it is necessary to transcend his own ego for the benefit of a larger task, constituting a personal relationship with the unspeakable mystery, an attribute extremely necessary to health professionals. Based on this theory, Frankl approached faith in the concentration camp by witnessing the religious manifestation between prisoners and the institution of post-war transcendence\(^{(19)}\).

Corroborating with logotherapy, it is observed that spirituality is linked to something transcendent that enables the human being to face the adverse situations of life, reducing anguish and fear of the unexpected\(^{(20)}\).

Regarding the formative processes in Frankl’s theory, Trevisan and Borin\(^{(15)}\) (2018) state that their first goal should be the training for fullness, an education that associates identity, culture and needs, taking into account the interaction with oneself and with the other, training both for the performance of skills and competencies and for knowledge necessary to form a critical and reflective view of the world. In view of this, since the university is the conducive environment for the production and dissemination of new knowledge, through the tripod – teaching, research and outreach, the inclusion of spirituality can be the way for students in health to have a human and integrative professional training.

In addition, boosting the creation of academic spaces that instrumentalize the discussion and reflection on spirituality would cooperate for the integrality of the training of health professionals in their individual sphere and in the relationship with the patients\(^{(21)}\). Therefore, professional training in an expanded perspective that includes spirituality can be implemented in several ways, some of which are: lectures, group discussions, standardized patient interviews, working together with chaplains and specific readings, offering optional disciplines, outreach projects at the university, participation in study groups and formation of academic leagues\(^{(22)}\). In addition to these methodological strategies, residency programs should be considered to provide training that includes content and practices in spirituality, as they are considered references in lato sensu training\(^{(23)}\).

Therefore, education consists of training citizens with views focused on the community,
the promotion of self and the other, to this end it must promote actions aimed at the integral attendance to the needs of the individuals, whether affective, cognitive, social and ideological\(^{(15)}\). It is noted, therefore, that the experiences lived by the individuals can transform knowledge, so education should not be limited to technical or cognitive knowledge, but open possibilities for discussion of the meaning that each one gives to their own existence.

It is important to bring the collation of data from a study\(^{(20)}\) pointing out that health professionals informed that they would like to approach spirituality within perioperative hospitalization care; however they do not do so because they believe that faith is an individual aspect and difficult to approach. Therefore, it is more than necessary to approach the theme in the graduation of health professionals so that they feel capable and know how to lead their patients to comprehensive and humanized health care.

Another study asked the professionals what would be the importance of the approach to spirituality, being listed the offer of comfort to patients and the exercise of transcendence, that is, to seek something outside oneself, to achieve benefits. However, even recognizing the relevance of the theme, they pointed out its incipience in health education, generating a gap in care. It was also observed that the finitude of life is experienced by professionals in health care and its concepts are linked to the understanding that will be given to the process experienced by the patients, favoring empathy and good practice in health\(^{(24)}\), relating to one of the meanings of spirituality, that of putting oneself in the place of the other.

Finally, a study carried out with professionals from the Intensive Care Unit (ICU) highlighted that 90% of professionals did not have the theme of spirituality addressed in their graduation, translating into a barrier in the approach to the theme in health care; however, in contrast 81% stated that they would have liked to have had this approach during their training and that they recognize that the theme should be part of the formative aspects in health\(^{(25)}\).

Thus, it remains evident that the approach to spirituality in health graduations is still unsatisfactory, requiring an urgent reassessment of the training process in order to consider the individual in his entirety, that is, in his biopsychosocial and spiritual dimensions.

It is undeniable that there is a long way to go for there to be an educational model that contributes to a transcendent training, that addresses spirituality, in order to favor its discussion with adverse contexts, giving an opportunity to understand the spiritual reality, as well as providing an integral approach to the theme, without separating the reality of individuals and the reasons for their actions. Emphasizing the spiritual dimension in the professional training process will help the individual to decide how best to face and how to help his patients transcend traumatic moments\(^{(15)}\).

In the meantime, it should be emphasized that, when considering the human being and its varied dimensions, physical, social, psychological and spiritual, it is not intended to discard the useful and improved medical practices over the years, but to conceive people in an integral way and consider the spirituality of patients and professionals in the health field, benefiting from their practices to transcend in adversities.

**CONCLUSION**

Viktor Frankl’s conceptual model, as discussed, when addressing the “will to meaning” and “self-transcendence” as human potentials for self-determination beyond everyday objective facts, establishes crucial elements for the conception of a proposal for the training of health professionals that include spirituality.

Therefore, this study contributes, as it makes evident the relevance of the approach to spirituality in health care by demonstrating its ability to assist individuals in coping with difficult events, as well as achieving improvements...
The approach to spirituality in health training in the light of Viktor Frankl’s theory

in quality of life, aiming at comprehensive health care for the population. In addition, this philosophy draws attention to a way of being and being in the world that touches, as well as health professionals in their daily lives inside and outside work, calling them to search for meaning in their own existences.

Thus, the structuring of a formative model in health based on Frankl’s postulates needs to go beyond the disciplinary studies of undergraduate courses, in a transversal and transdisciplinary logic, which presents the human in its integrality and overcoming potential. Therefore, the learning scenarios can be the residency programs in health, seminars, congresses, study groups and research; however the methodological strategies can be rethought in order to encompass not only theoretical knowledge, but affective and experiential.

This reflection also points to the demand to expand the discussion of this theme in other courses than just medicine and nursing in Brazil. Graduations in psychology, physical therapy, pharmacy, biomedicine, among other areas of activity in health, are still far from recognizing the need to address spirituality in professional training.

Finally, this article does not exhaust all the possibilities of using Frankl’s theory with regard to its potential to collaborate in order to rethink the traditional model of training of health professionals, using only its main concepts. Thus, the discussion is open to other reflective possibilities.

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