Table 1. Summary of the studies

Authors	Study design	Study population	Objective	Evaluated spiritual practice	Results
Lanfredi et al., 2014	Longitudinal	Patients with a diagnosis of schizophrenia spectrum disorders (N=139); age between 18 and 64 years;	Detecting predictors of QOL by assessing service satisfaction and spiritual and religious well-being in patients with schizophrenia living in RFs	SWBS	Moderate-high satisfaction with spiritual and religious well-being was positively associated with three different domains of QOL; Whereas spiritual and religious higher scores were positively associated with psychological and environment domain scores in VSSS.
Kéri et al., 2016	Cross-sectional	Patients with schizophrenia (N = 120) and 120 non-clinical individuals. Average age: 39,6 +-13 x 39,1 +-12,9.	Explores the relationship among schizophrenia, spirituality, and Christian religiosity.	BMMRS, PANSS, BSABS	Enhanced positive spirituality and decreased positive congregational support in patients with schizophrenia relative to non-clinical individuals. The schizophrenia patients with religious delusions exhibited higher positive spirituality than the patients without religious delusions. There were no significant between-groups differences in Christian religiousness, BMMRS negative spirituality, forgiveness, religious–cultural practices, and

					negative congregational support. There were several significant correlations that survived corrections for multiple comparisons: Higher positive spirituality was associated with more severe self-disorder, perplexity, perceptual disorder, and positive symptoms. Higher negative spirituality was associated with more severe self-disorder, perceptual disorder, and positive symptoms. The schizophrenia patients with religious delusions displayed more severe self-disorder than the patients without religious delusions
Ho et al., 2016	Cross-sectional	18 patients diagnosed with schizophrenia (ages of 18 and 65 years) and 19 mental-health professionals (psychiatrists, psychiatric nurses, occupational therapists/physiotherapists, social workers) from public hospitals and mental-health community rehabilitation centers in Hong Kong.	This study investigated the meaning and roles of spirituality from the perspectives of persons with schizophrenia and mental-health professionals.	Semi-structured interview, all of the interview questions were open-ended.	Patients tend to seek for stability, peace, and growth rather than an existential quest; while professionals hold a more pathological perspective, viewing spirituality as a means to relieve symptoms, increase social acceptance, and cope with illness experiences.

Gooding et al., 2017	Cross-sectional	Patients who had schizophrenia and suicidal thoughts and behaviours. (N = 21, 14 male and 7 female).	The goal of this study was to investigate resilience to negative stressors in people with disorders on the schizophrenia spectrum using a qualitative methodology.	RAS, SBQ-R	Psychological mechanisms described participants' views about the meaning of resilience which ranged from passive acceptance to resistance, and then to active strategies to counter stressors. These themes were also evident in narratives expressing personal resilience strategies but, additionally, included emotional coping techniques. External factors were highlighted that supported resilience, including, social support, reciprocity, and religious coping.
Mizuno et al., 2017	Cross-sectional	Three-hundred sixty-nine subjects were recruited from Austria (n = 189) and Japan (n = 180), consisting of 112 outpatients with paranoid schizophrenia, 120 with bipolar I disorder (DSM-IV), and 137 healthy controls.	The impact of religious/spiritual activities on clinical outcomes in patients with serious mental illnesses (paranoid schizophrenia, bipolar I disorder)	FACIT-Sp, Resilience Scale (RS), Personal and Social, PSP, PANSS, MADRS, YMRS	Attendance of religious services and importance of religion/spirituality do not show significant associations with resilience. In contrast to the findings regarding religiosity, spiritual well-being showed a strong positive correlation with resilience.
Das et al., 2017	Cross sectional study	48 patients (age 18-65 years, diagnosis of schizophrenia as per DCR-10, in remission - PANSS Score <60.	To evaluate the association between spirituality, religiousness and coping skills in patients with schizophrenia in remission.	PANSS, PSP, WHO Quality of Life-Spirituality, Religiousness and Personal Belief scale (WHOQOL-SRPB) and Ways of Coping Checklist - Revised (WCC).	Significant correlation between religiousness/spirituality and coping skills (managing their stress as they used all the adaptive strategies like planful problem solving, positive reappraisal, distancing, self-controlling, seeking social support rather than maladaptive skills like

					confrontive coping and escape avoidance).
Altun et al., 2017	Cross-sectional	109 patients, diagnosed with schizophrenia according to the DSM-V	To determine schizophrenic patients' strength of religious faith and its relationship with adherence to treatment.	A personal information form, the Santa Clara Strength of Religious Faith Questionnaire and the Morisky Adherence Scale.	The schizophrenic patients showed a high level of religious faith; however, a majority of them were insufficiently adherent to their treatment. Their religious faith level was found not to be one of the factors that affect their adherence to treatment.
Harris et al., 2019	Systematic literature review	27 relevant studies. Sample sizes across studies varied between 30 and 257,372 participants in the quantitative studies, between 19 and 115 in the qualitative studies, and between 36 and 145 in the mixed-methods studies.Participants aged 16 years or older or described as adults; At least 50% of the participants had schizophrenia diagnoses or non-affective psychosis determined by clinical diagnostic criteria	To appraise the evidence for psychological factors which confer resilience to suicidal thoughts and behaviours, and categorize these psychological factors into broader psychological constructs which characterize resilience.	x	Four factors which characterize resilience to suicidal thoughts and behaviors in people with schizophrenia were identified. The first category was perceived social support, the second category was holding religious and spiritual beliefs,the third category was having reasons.
Esan et al., 2021	Cross-sectional	Stable patients with schizophrenia attending the follow-up outpatient clinic who met the DSM-IV. There were 215 participants in this study. The ages ranged	The aim of this study was to investigate the relationship between spirituality and suicidality among stable patients with	Sociodemographic questionnaire; DSES; WHO; CIDI Version 3.0; HDRS; PANSS; SOFAS-DSM-IV	Participants who had low spirituality (33.3%) were more likely to have had suicidal thoughts in their lifetime than those with high spirituality (16.3%). The relationship between

		from 20 to 60 years. A total of 109 (50.7%) were males.	schizophrenia in Nigeria.		spirituality and remission was significant. Participants with high spirituality (85.7%) were more likely to be in remission than those with low spirituality (53.3%) Cr
Irawati et al., 2022	Cross-sectional	The study interviewed 6 schizophrenic inpatients from 40-60 years old, not delusion or in an acute phase. (Plus, additional 2 nurses who took the interview) (N=6)	Explore data about spiritual needs and collect themes related with religiousness in muslim schizophrenic patients	Semi-structured interview method.	Muslim schizophrenic patients need and enjoy performing the salat (daily prayers) and dhikr (remembrance of Allah). The positive effects on their mind and body can decrease anxiety, restlessness symptoms.

Fonte: Os autores

Notas: **QQL**=Quality of life; **RF**=Residential Facilities; **SWBS**=Spiritual Well-being scale; **VSSS**=Verona Service Satisfaction Scale; **BMMRS**=Brief Multidimensional Measure of Religiousness/Spirituality; **RAS**=Resilience Appraisal Scale; **SBQ-R**=Suicidal Behaviours Questionnaire-Revised; **DSES**=The Daily Spiritual Experiences Scale; **WHO**=The World Health Organization; **CIDI**=Composite International Diagnostic Interview; **HDRS**=The 17-item Hamilton Depression Rating Scale; **PANSS**=The Positive and Negative Syndrome Scale; **SOFAS**=Social and Occupational Functioning Assessment Scale; **BSABS**=Bonn Scale for the Assessment of Basic Symptoms; **DACIT-Sp**=Functional Assessment of Chronic Illness Therapy–Spiritual Well-Being Scale; **PSP**=Personal and Social Performance Scale; **MADRS**=Montgomery– Asberg Depression Rating Scale; **YMRS**=Young Mania Rating Scale;