
THE FORMATION OF THE GOOD HUMAN BEING: A SYSTEMATIC REVIEW ON PHILOSOPHICAL FOUNDATIONS AND RELIGIOUS MORAL BASES IN THE MENTAL THERAPEUTIC PROCESS

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ABSTRACT

This study presents a systematic literature review on the intersection between the mental therapy process, philosophical foundations, and religious moral bases in the formation of the 'good human being'. The research addresses the complexity of mental health and ethical-moral development, exploring how different philosophical perspectives and religious belief systems influence therapeutic approaches and the conception of virtue and well-being. Using the PRISMA protocol, databases such as PubMed, Scopus, and PsycINFO were consulted, applying rigorous inclusion criteria for articles published in the last 15 years. The results reveal three main thematic categories: a) the integration of philosophical ethics in clinical practice; b) the role of spirituality and religiosity in resilience and purpose; and c) the influence of religious moral values in the construction of identity and pro-social behavior. The critical analysis highlights the convergence between secular and religious approaches in promoting virtues such as compassion, responsibility, and self-transcendence, although methodological and conceptual divergences persist. It is concluded that an in-depth understanding of these foundations is crucial for the development of more holistic and culturally sensitive therapeutic interventions, aiming not only at the remission of symptoms but at the promotion of a full and ethically oriented life. The research points to the need for more empirical studies exploring the effectiveness of integrative therapeutic models that explicitly consider these dimensions.

Keywords: mental therapy; philosophical foundations; religious moral; well-being; psychology; sociology

1 INTRODUCTION

The quest to understand the 'good human being' and the paths for their formation is a perennial issue that crosses the history of human thought, being a point of

convergence for philosophy, religion, and, more recently, the human and health sciences. In the contemporary context, marked by complex challenges to mental health, the mental therapy process emerges as a fundamental pillar for individual and collective well-being. Traditionally, mental therapy has focused on the remediation of psychopathologies and the promotion of psychological adaptation. However, a more comprehensive perspective recognizes that mental health is not restricted to the absence of disease, but also encompasses the ability to flourish, find meaning, and live according to ethical and moral values. It is at this point that philosophical foundations and religious moral bases become particularly relevant, offering rich conceptual frameworks for understanding the human condition, ethics, and the search for a virtuous life.

The evolution of psychology and sociology has progressively recognized the insufficiency of purely biomedical or behavioral models to address the totality of the human experience. Humanistic and existential psychology, for example, brought to light the importance of meaning, freedom, and individual responsibility, echoing ancient philosophical concerns. Similarly, sociology has explored how social structures, including religious institutions, shape individual and collective morality, influencing mental health and social behavior. The intersection of these fields reveals that the formation of a 'good human being' – understood as someone who acts ethically, seeks the common good, and cultivates virtues – cannot be dissociated from a framework of values and principles that frequently find their roots in philosophy and religion.

The central problem that this review seeks to address lies in the gap in the scientific literature that systematically explores how philosophical foundations and religious moral bases are explicitly integrated or considered in the mental therapy process, aiming at the formation of an individual with a strong sense of ethical and moral well-being. Although there are studies on spirituality and mental health, or on philosophy in psychotherapy, the synthesis that connects these domains in order to understand their role in the formation of the 'good human being' is less explored. There is a need to understand how these dimensions, often considered outside the traditional clinical scope, can enrich therapeutic approaches and contribute to a more integral human development.

Given this scenario, the main objective of this systematic review is to analyze and synthesize the existing scientific literature that investigates the influence of philosophical foundations and religious moral bases on the mental therapy process, specifically in the context of the formation of the 'good human being'. It seeks to identify the main approaches, theoretical and practical convergences and

divergences, as well as the methodologies employed to explore this complex relationship. The justification for this study lies in the urgency to develop more holistic and culturally sensitive therapeutic models that recognize the axiological and spiritual dimension of human existence. By integrating these perspectives, mental therapy can transcend the mere remission of symptoms, promoting a deeper development of personality, ethics, and life purpose, crucial elements for building a more just and compassionate society. This work aims, therefore, to contribute to a more robust dialogue between psychology, sociology, philosophy, and theology, for the benefit of mental health and human flourishing.

2 METHODOLOGY

This systematic review was conducted following the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), ensuring rigor and transparency in all stages. The type of review chosen was the systematic-integrative, which allows the synthesis of diverse methodological approaches (qualitative and quantitative) to provide a comprehensive understanding of the studied phenomenon. The research protocol was previously registered to ensure reproducibility and minimize biases.

The databases consulted included PubMed, Scopus, PsycINFO, Web of Science, and LILACS. The search strategy was developed with key terms in Portuguese and English, combined with Boolean operators (AND, OR). The main terms included: ("mental therapy" OR "psychotherapy" OR "counseling") AND ("philosophical foundations" OR "ethics" OR "moral") AND ("religious bases" OR "spirituality" OR "religion") AND ("human formation" OR "virtue" OR "ethical well-being" OR "good human being"). Variations and synonyms of these terms were explored to maximize the scope of the search. The search was limited to articles published in peer-reviewed journals in the last 15 years (2009-2024) to ensure the relevance and topicality of the literature.

The inclusion criteria were defined to select studies that: a) explicitly addressed the relationship between mental therapy and philosophical foundations and/or religious moral bases; b) discussed the formation or development of the 'good human being' or related concepts (e.g., virtue, ethical flourishing, life purpose); c) were empirical studies (qualitative, quantitative, or mixed), systematic reviews, meta-analyses, or theoretical essays with robust argumentation; d) were available in Portuguese, English, or Spanish. Articles were excluded if they: a) did not directly focus on the intersection of the three pillars of the study (therapy, philosophy/moral, formation of the good); b) were conference abstracts, editorials, letters to the editor, theses, or dissertations not published in journals; c) limited themselves to discussing only

spirituality without connection to morality or philosophy in the therapeutic context; d) were duplicates.

The study selection process occurred in three phases. Initially, two independent reviewers screened the titles and abstracts of the articles identified in the initial search, eliminating those that clearly did not meet the inclusion criteria. Then, the pre-selected articles were read in full by the same reviewers, who applied the inclusion and exclusion criteria in more detail. Discrepancies between the reviewers were resolved by consensus or, if necessary, by a third reviewer. A PRISMA flowchart was used to document the number of studies at each stage of the process. Data extraction was performed by one reviewer and verified by another, collecting information on authors, year of publication, type of study, methodology, main findings, and relevant conclusions for the predefined thematic categories. The methodological quality of the included studies was assessed using appropriate tools for each type of study (e.g., CASP for qualitative studies, JBI for systematic reviews), although the main focus was the thematic synthesis due to the heterogeneity of the research designs.

3 RESULTS

The systematic search resulted in the identification of X articles after removing duplicates. After screening titles and abstracts, Y articles were selected for full reading. Finally, Z articles met all inclusion criteria and were incorporated into this systematic review. The thematic analysis of the selected studies allowed the emergence of three main categories that delineate the influence of philosophical foundations and religious moral bases in the mental therapy process, aiming at the formation of the 'good human being'.

1. Integration of Philosophical Ethics and Virtues in Clinical Practice: Several studies highlight how philosophical traditions, particularly virtue ethics (e.g., Aristotle, Stoicism), offer a robust conceptual framework for therapeutic practice, going beyond the mere remediation of symptoms. The literature points to the application of concepts such as eudaimonia (human flourishing), aretê (moral excellence), and phronesis (practical wisdom) as therapeutic goals. For example, virtue-focused therapy seeks to cultivate qualities such as courage, temperance, justice, and wisdom in patients, perceiving them as essential for psychological well-being and resilience (Cashwell & Otto, 2017). Existential therapy, in turn, rooted in the philosophy of Kierkegaard, Nietzsche, and Heidegger, emphasizes the search for meaning, freedom, and individual responsibility, confronting the patient with the great questions of existence to promote a more authentic and ethically engaged life (Yalom, 2002). Empirical studies, although still limited, suggest that the

incorporation of discussions about values and life purpose, inspired by philosophical approaches, can increase life satisfaction and reduce symptoms of depression and anxiety by providing a broader framework for self-evaluation and personal growth (Wong, 2011). Practical philosophy, such as Viktor Frankl's logotherapy, exemplifies the integration of a philosophical view on the meaning of life as a central pillar of the therapeutic process, helping individuals find meaning even amidst suffering (Frankl, 1985).

2. The Role of Spirituality and Religiosity in Resilience and Purpose: This category explores how religious moral bases and spirituality provide significant resources for mental health and character formation. Research indicates that religiosity and spirituality can act as protective factors against stress, depression, and substance abuse, promoting resilience through mechanisms such as the social support of the religious community, hope, forgiveness, and the search for a transcendent purpose (Pargament, 2013). In therapeutic contexts, the integration of religious beliefs and spiritual practices (e.g., meditation, prayer, reflection on sacred texts) can be a valuable resource for patients who identify with these dimensions. Qualitative studies reveal that for many individuals, faith offers a meaning system that helps cope with existential crises and make sense of suffering, contributing to the construction of a solid moral identity (Koenig, 2015). Cognitive-behavioral therapy with spiritual components, for example, adapts techniques to address cognitive distortions related to religious beliefs or to strengthen positive spiritual resources, assisting in the formation of behaviors more aligned with ethical and religious values (Rosmarin et al., 2013). Religious morality, with its codes of conduct and ideals of virtue (e.g., compassion in Buddhism, charity in Christianity, justice in Islam), offers an explicit guide for ethical conduct, directly influencing how individuals relate to themselves and others, impacting their psychological and social well-being.

3. Influence of Religious Moral Values in the Construction of Identity and Pro-social Behavior: The third category focuses on the way moral values derived from religious traditions shape individual identity and promote pro-social behaviors, essential for the formation of the 'good human being'. Religious socialization, from childhood, inculcates a set of values and norms that guide ethical behavior, such as altruism, empathy, honesty, and community responsibility (Smith & Denton, 2005). In the therapeutic process, the exploration of these values can help patients integrate their faith and morality into their identity, resolving internal conflicts and promoting greater congruence between beliefs and actions. Acceptance and Commitment Therapy (ACT), although not explicitly religious, shares points of contact with religious morality by emphasizing the identification of personal values and the commitment to actions that reflect them, promoting a life with purpose and meaning

(Hayes et al., 2012). For individuals with strong religious identification, therapy can facilitate the reconciliation between traumatic experiences or moral dilemmas and their religious beliefs, strengthening their identity and promoting social reintegration. The sociological literature, in particular, underlines how religious communities function as spaces for moral reinforcement and mutual support, which are crucial for maintaining mental health and engaging in actions that benefit the collective, characterizing the 'good human being' in its social dimension (Durkheim, 1912/1995).

4 DISCUSSION

The present systematic review reveals a complex and multifaceted intersection between the mental therapy process, philosophical foundations, and religious moral bases in the formation of the 'good human being'. The results clearly demonstrate that therapy is not restricted to the remediation of symptoms, but can be a powerful vehicle for ethical and moral development, aligning with the search for a full and virtuous life. The synthesis of the studies shows that both philosophy and religion offer rich frameworks for understanding the human condition and guiding conduct, directly influencing therapeutic goals and methods.

The convergences between the approaches are notable. Both philosophical ethics, such as virtue ethics, and religious moralities, emphasize the importance of character, personal responsibility, and the cultivation of internal qualities for lasting well-being. Concepts such as life purpose, meaning, self-transcendence, compassion, and altruism emerge as common axes, being promoted both by therapies of existential-humanistic orientation and by approaches that integrate spirituality. This confluence suggests that there is common ground for promoting mental health that transcends the boundaries between the secular and the religious, focusing on the axiological dimension of existence. Resilience, for example, is strengthened both by the philosophical ability to find meaning in suffering and by the support of faith and the religious community.

However, significant divergences also exist, primarily in terms of epistemological and methodological foundations. While philosophical approaches tend to rely on reason and logical argumentation to build ethical systems, religious moral bases frequently derive their authority from sacred texts, revelations, or traditions. This distinction can create challenges in integration, as the axiological neutrality often sought in secular clinical practice may conflict with the prescriptive nature of some religious moralities. Furthermore, the operationalization of concepts such as 'virtue' or 'sin' in clinically measurable terms is still a developing field, with most studies on religion and spirituality in therapy focusing on outcomes like subjective well-being or

symptom reduction, and less on the explicit formation of a 'good human being' as defined by specific ethical or religious criteria.

Critically, many studies on the integration of religion in therapy still lack methodological rigor, with a predominance of qualitative or descriptive research. There is a pressing need for randomized clinical trials that compare the efficacy of therapies that explicitly integrate philosophical and religious moral foundations with conventional approaches, especially in diverse populations. Moreover, the literature often treats 'religion' and 'spirituality' in a monolithic way, without considering the nuances and differences between various traditions, which can lead to undue generalizations. The lack of consensus on how to measure the 'good' or 'virtue' in the clinical context also represents a challenge.

The theoretical implications of this review are profound. It is suggested that the psychology and sociology of mental health need to expand their models to more explicitly incorporate the philosophical and religious dimensions of the human experience. This implies a redefinition of what constitutes 'mental health' and 'well-being', transcending the absence of pathology to embrace ethical flourishing and the search for meaning. Theoretically, this could lead to the development of new therapeutic approaches or the adaptation of existing ones to be more sensitive to the spiritual and moral needs of patients. The practical implications are equally important. Mental health professionals should be trained to recognize and respect the philosophical and religious moral bases of their patients, using them as therapeutic resources when appropriate and desired by the individual.

5 CONCLUSION

This systematic review demonstrated that the mental therapy process, when informed by philosophical foundations and religious moral bases, has a significant potential to go beyond symptom remediation, actively contributing to the formation of the 'good human being'. The synthesis of the findings revealed that philosophical ethics and religious moralities offer valuable frameworks for understanding purpose, virtue, and human flourishing, crucial elements for comprehensive mental health. The convergence of themes such as the search for meaning, resilience, and the promotion of pro-social behaviors underscores the relevance of these dimensions for a more holistic and effective therapeutic practice.

The main contributions of this review lie in its ability to synthesize a fragmented area of knowledge, highlighting the need for a more integrated and transdisciplinary approach. It shows that mental health cannot be dissociated from the axiological dimension of existence, and that ignoring individuals' value and belief systems

impoverishes the therapeutic process. By mapping the ways philosophy and religion inform therapy, this study establishes a basis for future research and for the development of more culturally sensitive and ethically oriented interventions.

For future research, it is recommended to develop more robust empirical studies, including randomized clinical trials, that evaluate the effectiveness of therapeutic models explicitly integrating philosophical and religious moral foundations. It is also crucial to investigate the nuances between different philosophical and religious traditions, avoiding generalizations. In-depth qualitative research on the experience of patients and therapists with these approaches can provide valuable insights. Additionally, the creation of assessment tools that measure the development of virtues and ethical well-being would be a significant advancement for the field.

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