

The Role of Faith in Pain Perception and Management: A Prospective Cohort Study

C. O'Flynn¹, G. Curran ^{1,2}, A. Jalali^{3,5}, O. Sheahan⁴, D. Harmon⁴.

1. School of Medicine, University of Limerick, Castletroy, Co. Limerick, Ireland.
2. Beaumont Hospital, Department of Neurology, Beaumont Rd, Beaumont, Dublin 9, Ireland.
3. Research Institute, University of Limerick, Castletroy, Co. Limerick, Ireland.
4. Department of Anaesthesia, University Hospital Limerick, St Nessel's Rd, Dooradoyle, Limerick, Ireland.

Dear Editor,

Pain is a complex, multifaceted experience that encompasses physical, emotional, and psychological components¹. Its perception and management vary widely among individuals and are influenced by numerous factors, including cultural background, personal beliefs, and religious faith. Despite the significant body of research exploring the relationship between ethnicity and pain, less attention has been given to the role of religious faith in shaping pain experiences².

Pain perception is highly subjective and can be affected by various psychosocial factors. While it is well-established that cultural and ethnic backgrounds influence how pain is experienced and expressed, the influence of religious faith has only recently garnered attention³. Faith can provide a framework for understanding suffering and offer solace in times of distress. In religious contexts, pain is often interpreted not merely as a physical experience but as a spiritual trial or a path to deeper understanding.

A survey was conducted at a chronic pain clinic at University Hospital Limerick. 116 adult patients completed a questionnaire on pain and faith. An appropriate length of time was given to each patient to complete the questionnaire. On completion, the questionnaire was put into a safe box under lock and key until it was uploaded onto a password protected Excel file. The data was then analysed.

Patients that stated they were either spiritual or religious reported a lower pain intensity and stated their faith was of high importance in managing their chronic pain ($p < 0.001$). Those that believed in faith and that have faith currently used it as a reframing tool in reducing stress levels. The numbers of those that reported to be engaging in religious practices daily was low

(24%), yet they rated their resilience to be much higher than those that never or rarely engaged in faith-based practices. The impact of pain on sleep, mood, and mobility was similar across groups. The impact of pain on work was notably impactful in the religious/spiritual group ($p = 0.027$).

Faith is often employed as a coping strategy, helping individuals manage chronic or acute pain. Through prayer, meditation, and other religious practices, patients may find relief not necessarily through the alleviation of physical pain but through reduced emotional suffering and an increased sense of peace. This spiritual support can lessen the perception of pain intensity and improve overall well-being.

Integrating spiritual assessment and culturally competent care into pain services will enhance patient-centred outcomes. Recommendations include training clinicians in spiritual competence, provision of spiritual care services, and empirical research to evaluate faith-integrated interventions.

Declarations of Conflicts of Interest:

None declared.

Corresponding Author:

Conor O'Flynn,
School of Medicine,
University of Limerick,
Castletroy,
Co. Limerick,
Ireland.

E-Mail: cdoflynn4@gmail.com

References:

1. Cox J, Molassiotis A, Yardley J. An exploration of religious faith and the management of pain among older people. In: 8th EFIC Congress "Pain in Europe"; 2013 Nov; Florence, Italy. Vol 4. Available from: https://www.researchgate.net/publication/266154511_An_exploration_of_religious_faith_and_the_management_of_pain_among_older_people
2. Wachholtz A, Pearce MJ, Koenig H. Self-management of chronic pain: The role of religious faith. J Disabil Relig. 2016;20(4). doi:10.1080/23312521.2016.1239152. Available from: https://www.researchgate.net/publication/311515716_Self-Management_of_Chronic_Pain_The_Role_of_Religious_Faith

3. Schmitz FM, Buzzi AL, Brem BG, Schnabel KP, Berger-Estilita J, Roten F-M, et al. Learning how to explore spiritual aspects in encounters with patients with chronic pain: a pre-test post-test trial on the effectiveness of a web-based learning intervention. BMC Med Educ. 2024;24)
4. Klimasiński MW, et al. Bidirectional relationship between chronic non-cancer pain and spirituality. Palliat Med Pract. 2025;19(1):66–78.