

Spirituality and religiosity expressed by relatives of drug users: contributions to health care

Espiritualidade e religiosidade expressas por familiares de usuários de drogas: contribuições ao cuidado em saúde

Espiritualidad y religiosidad expresada por familiares de usuarios de drogas: aportes al cuidado de la salud

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ABSTRACT

Objective: to analyze the expressions of spirituality and religiosity of relatives of people who abuse or are dependent on psychoactive substances. **Methods:** exploratory-descriptive research that dialogues with the spirituality and religiosity conceptual framework. It was performed at an outpatient clinic specialized in drug treatment in southern Brazil. Semi-structured interviews conducted with 11 relatives of patients undergoing treatment were analyzed by content analysis. **Results:** the findings were grouped into two categories: forms of expression of spirituality and religiosity practices; and their influence on relatives' lives. Spirituality and religiosity almost always serve as a protective factor against feelings of anguish, conflicts and loneliness. **Final considerations:** despite the important role of expressions of spirituality and religiosity for many relatives, not everyone seems to benefit from them. Health professionals should consider these expressions in the construction of comprehensive health care for relatives. **Descriptors:** Family; Spirituality; Religion; Drug Users; Mental Health.

RESUMO

Objetivo: analisar as expressões de espiritualidade e da religiosidade de familiares de pessoas com uso abusivo ou dependente de substâncias psicoativas. **Métodos:** pesquisa exploratório-descritiva dialogando com o marco conceitual da espiritualidade e da religiosidade, realizada em ambulatório especializado no tratamento de drogas no sul do Brasil. Foram realizadas entrevistas semiestruturadas com 11 familiares de pacientes em tratamento, sendo analisadas pela análise de conteúdo. **Resultados:** foram agrupados em duas categorias: formas de expressão de práticas de espiritualidade e religiosidade e influência delas na vida dos familiares. A espiritualidade e religiosidade quase sempre servem como fator de proteção diante de sentimentos de angústia, conflitos e solidão. **Considerações Finais:** as expressões da espiritualidade e religiosidade têm papel importante para muitos familiares, no entanto nem todos parecem se beneficiar delas. Os profissionais de saúde devem considerar essas expressões na construção do cuidado integral em saúde dos familiares. **Descritores:** Família; Espiritualidade; Religião; Usuários de Drogas; Saúde Mental.

RESUMEN

Objetivo: analizar las expresiones de espiritualidad y religiosidad de familiares de personas que abusan o son dependientes de sustancias psicoactivas. **Métodos:** investigación exploratoria-descriptiva que dialoga con el marco conceptual de la espiritualidad y la religiosidad. Fue realizado en un ambulatorio especializado en tratamiento de drogas en el sur de Brasil. Se analizaron mediante análisis de contenido entrevistas semiestructuradas realizadas a 11 familiares de pacientes en tratamiento. **Resultados:** los hallazgos fueron agrupados en dos categorías: formas de expresión de la espiritualidad y prácticas de religiosidad; y su influencia en la vida de los familiares. La espiritualidad y la religiosidad sirven casi siempre como factor protector contra los sentimientos de angustia, conflictos y soledad. **Consideraciones finales:** a pesar del importante papel de las expresiones de espiritualidad y religiosidad para muchos miembros de la familia, no todos parecen beneficiarse de ellas. Los profesionales de la salud deben considerar estas expresiones en la construcción de la atención integral a la salud de los familiares. **Descritores:** Familia; Espiritualidad; Religiión; Consumidores de Drogas; Salud Mental.

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INTRODUCTION

The diagnosis of dependent or abusive use of psychoactive substances (PAS) is generally based on a pathological pattern of behaviors related to its use, leading to clinically significant impairment or suffering⁽¹⁾. These conditions are usually characterized by losses in the relatives' dynamics and affective support network, and in addition to the identification and management of clinical demands, interdisciplinary approaches based on psychotherapeutic and social interventions with a view to rebuilding these networks are also important, as they constitute the main protective factors⁽²⁾.

One of the central aspects of the etiology of PAS dependent uses is the cultural component of stigmas and moral taboos that not only hinder pragmatic approaches in the field of health, but also cross the intrafamily environment in environments of doubts and fierce reactions.

It is estimated that 269 million people made some use of PAS in 2018, while 35.6 million of these developed dependent or abusive use⁽³⁾. The etiology of cases of abusive or dependent use of PAS is strongly associated with social determinants (living and working conditions) that cross risk and protective factors.

In Brazil, the prevalence of alcoholic beverage use corresponded to 30.1% (46 million inhabitants), while binge drinking has a prevalence of 38.4% in this population (25 million inhabitants). Tobacco consumption corresponds to 17.3% of the population and among PAS considered illicit, marijuana use is up to five times higher than that of other PAS, followed by the use of powdered cocaine and smoked cocaine⁽⁴⁾.

It is understood that people who use PAS are inserted in a context in which their values, beliefs, emotions and attitudes influence both the behavior of their social and affective support network members and are influenced by them. Therefore, the family can be the scenario where individuals have a worsening or improvement of substance use, and the living environment is considered a strong component in changing or maintaining habits, consumption and body practices⁽⁵⁾. The intrafamily environment must be broadly understood as a network of people from a broader social system who interact through different ways: they are people united by different ties, affinities, consanguinity or descent who occupy the same environment⁽⁶⁾.

The most recent national survey on drug use by the Brazilian population estimates that, in relation to the use of substances such as crack, for instance, most of the sample of respondents had broken or weakened relatives, with a predominance of intrafamily disruption and/or fragility⁽⁴⁾.

As the family often offers a significant scenario for changes or resolution of the problem, it should be inserted as an important part of treatment and one of the therapeutic approaches⁽⁵⁾. The insertion of relative care through group and individualized care helped the team in the mental health care of these relatives and patients, since in this relationship, families shared anxieties, received guidance, information and learned ways to deal with the problematic use of PAS by a relative⁽⁶⁻⁷⁾.

Living with people in abusive or problematic use of PAS in the intrafamily environment can lead to significant changes in the dynamics of relationships, which focus on risk and protection factors commonly associated with this support network, hence it also

makes sense to understand the family in its specific attention and care needs⁽⁸⁾. Therefore, the approach and treatment of these families in health services is indispensable, in an understanding of rescuing protective factors and reducing risk factors⁽⁵⁾. In this regard, the dimensions of spirituality and religiosity are often observed in the reports of relatives, when they are asked about their values and strategies to deal with psychic suffering due to the use of PAS by a relative⁽⁸⁾.

There is a knowledge gap in research on this topic, which is the fact that there is no consensus in the definition of religion, religiosity, spirituality and notions of belief and faith. Religion circumscribes a set of laws and rites constituted by a doctrine, ceremonies, an ethical system with rules and prohibitions, and a community of believers organized hierarchically. In turn, the notions of belief and faith support the conception of being voluntarily convinced to believe assertions considered true, such as moral, political and religious beliefs (religious faith)⁽⁹⁾.

Although there is recognition of semantic overlap between the concepts of spirituality and religiosity, they can be differentiated. The term spirituality, while distinct from religion or religiosity, is a recent concept in the Western world and dates from the 1960s⁽⁹⁾. Spirituality is a more personal and existential construct of belief in (or relationship with) a higher power or divinity, involving the search for self-knowledge and philosophical questioning of the existence of the universe and life⁽¹⁰⁾. Religiosity, on the other hand, includes personal beliefs (in divinity or a higher power) gathered by an organized system of symbols and practices as a means of approaching the metaphysical and transcendental dimension through institutional practices, belonging and doctrinal commitments to churches or organized religions⁽¹¹⁻¹³⁾.

Considering the above, and aiming to contribute to the operationalization of both concepts for the literature on alcohol and drugs, the following research question emerged: how is spirituality and religiosity expressed in relatives of people who use drugs? The relevance of this study is due to the recognition of the difficulties experienced by relatives of people who use drugs undergoing treatment at a public reference service, seeking to relate the implications of expressions of spirituality and religiosity in the lives of these relatives for comprehensive health care promotion.

OBJECTIVE

To analyze the expressions of spirituality and religiosity of relatives of drug users.

METHODS

Ethical aspects

This research was approved by a Research Ethics Committee involving human beings. To preserve participant confidentiality, the letter I was used for each interviewee, followed by the number in the order in which the interviews were carried out.

Study design

This is a qualitative, exploratory-descriptive study, with data explored from a larger research entitled "*Familiares de usuário*

de drogas: um olhar compreensivo de suas vivências e trajetórias assistenciais" that aimed to understand the experiences and care trajectories of relatives of people who use drugs. The instrument COREQ⁽¹⁴⁾ was adopted to organize the information in this article.

Theoretical-methodological framework

The conceptualization of spirituality and religiosity has been the subject of difficult consensus in health research, since it involves the challenge of finding a widely used theoretical framework that allows these concepts to be operationalized separately.

There was a dialogue with conceptual frameworks that allow considering spirituality as a phenomenon that involves a dimension of seeking self-knowledge and philosophical questioning of the existence of the universe and of life, without active links with formal religious institutions, such as temples, yards and churches. Religiosity, in turn, is taken as a concept that helps in the understanding of these searches, when they occur through an organized system of symbols and practices, mediated by formal religious institutions^(9,12).

Spirituality comprises a construct of a more personal and existential dimension of belief in (or relation to) a higher power or divinity, and involves the search for self-knowledge and philosophical questioning of the existence of the universe and life⁽¹⁰⁾. Religiosity includes personal beliefs (in divinity or a higher power) gathered by an organized system of symbols and practices as a means of approaching the metaphysical and transcendental dimension through institutional practices, belonging and doctrinal commitments to churches or organized religions⁽⁹⁻¹¹⁾.

Methodological procedures

Entry into the field of study was preceded by training the research team (two master's students and two undergraduate nursing students) who carried out the interviews, always in pairs. This stage served to familiarize the researchers with the service dynamics, the care team and the relatives/drug users treated. Before starting data collection, a pilot interview was conducted to assess the research instrument applicability. There was no need for any modification, given the possibility of exploring the aspects studied in depth.

Throughout the collection period, there was no refusal of any of the relatives invited to participate in the research. This first approach was made by the researchers when the relatives were at an addiction outpatient clinic, and the research objective was presented. The interviews took place in a private room at the service itself and the fact that they were conducted in pairs allowed the researchers to observe and record participants' non-verbal expressions more carefully (postural, facial and gesture changes), in order to enrich the information analysis process.

Study setting

The study was carried out at an addiction outpatient clinic (alcohol and other drugs) at a university hospital in southern Brazil, as it is a specialized care space and is linked to a higher education institution. This service offers individual and group care for people who use drugs and their relatives, using the motivational

approach, relapse prevention and social reintegration, taking into account comprehensive health care.

Data source

Eleven relatives of people who use drugs and were in treatment participated in the study. Participants were intentionally chosen and invited to participate in the research. Adult relatives of drug users undergoing treatment at an addiction outpatient clinic and more involved with the care of users, as indicated by the care team and confirmed by the relatives themselves, were included.

Data collection and organization

The collections were conducted by a research team trained from March to May 2018, through a semi-structured interview, with the following guiding questions: what do you think about Spirituality and religiosity? How do you demonstrate your Spirituality and religiosity? How does Spirituality and religiosity influence your life? How does Spirituality and religiosity influence your life, considering the situation of your relative drug user? The interviews lasted an average of 1 hour and 20 minutes, were held in two meetings for each participant and recorded on an audio recorder, and were later transcribed for analysis.

Data analysis

The collection process was terminated from the observation of non-appearance of substantially new content, indicating possible data saturation and revealing the main aspects about the object of study. The completion of new interviews took place from observation of repetition of collected information discussed in the research group with other researchers. There was not enough time to return the transcripts of the interviews so that participants could review or correct information; however, the corpus of analysis was shared and validated with the research group.

After transcribing the interviews, for data processing, the content analysis technique was applied, contemplating pre-analysis (material organization and systematization, transcription of interviews), material exploration (pair reading) and treatment of results (categorization)⁽¹⁴⁾. *A priori*, two categories of analysis were defined, described below: 1) Forms of expression of spirituality and religiosity of relatives; 2) Influence of spirituality and religiosity in relatives' lives. Throughout the research, the complexity of understanding the concepts of Spirituality and religiosity by participants became evident, since, considering the questions raised, they were able to express in an expanded way the benefits of these expressions⁽⁹⁾.

RESULTS

Characterization of participants

Eleven relatives of people who use drugs participated in the study, one man (111), 59 years old, of Lutheran religion, and 10 (11-110) women, aged between 28 and 80 years, of various religions or beliefs (five Catholics, two Lutherans, one Universalist Spiritualist, one Umbandist and one mentioned having "life philosophies").

Chart 1 - Sociodemographic profile of relatives and guardians of patients interviewed at an addiction outpatient clinic at a university hospital in southern Brazil, 2018

Relative (I1-I11)	Sex	Age	Education	Marital status	Religion and/or spirituality	Patient	Live together
E1	F	53	Complete higher education	Separated	Catholic	Ex-husband	No
E2	F	54	Complete higher education	Divorced	No	Child	Yes
E3	F	73	Incomplete elementary school	Married	Catholic	Husband	Yes
E4	F	55	Complete high school	Married	Lutheran	Child	Yes
E5	F	64	Incomplete elementary school	Separated	Believes God	Child	Yes
E6	F	80	Complete high school	Widow	Catholic	Child	Yes
E7	F	77	Complete high school	Widow	Catholic	Child	Yes
E8	F	73	Complete higher education	Married	Catholic	Child	No
E9	F	72	Complete elementary school	Married	Lutheran	Child	Yes
E10	F	28	Incomplete higher education	Married	Umbanda	Mother	Yes
E11	M	59	Complete high school	Married	Lutheran	Child	Yes

Caption: I1 to I11 (Relative interviewed followed by number of the order of the interview); M (Male); F (Female).

In the context of this research, the gender approach corresponds to theories that point to the role of women as caregivers and guardians in intrafamily relationships. Of the 11 people interviewed, eight attended the service as guardians of their children, seven of whom lived in the same household, while one interviewee accompanied her mother, one interviewee accompanied her husband and one of these, her ex-husband. The male participant was his son's guardian. In the education item, complete higher education (four) and complete high school (four) predominated; one interviewee had complete elementary school; and three interviewees had incomplete elementary school.

Forms of expression of relatives' spirituality and religiosity

From the statements, it was identified that all relatives adopt some kind of expression of Spirituality and religiosity in their daily lives. Many reported expressing their religiosity attending spaces such as church, spirit center, Umbanda center and mutual support groups.

Before, we went only to the mass of the Catholic church [...] we went a lot to Allan Kardec center [...] now, weekly, there is an Umbanda center that we went through spiritual handstand [...] we will get attached in all forms. I always go to the Catholic church on Sunday afternoon. (I1)

At Amor Exigente, I began to go more regularly to spirituality classes. (I2)

I have my parish that I go to, and there is a Catholic church very close to my house. (I4)

I have a universalist group [Spiritualist]. (I5)

I like to go to Mass [...] in the chapel Santo Antônio Pão dos Pobres. (I7)

I go on Sundays to Mass. (I8)

Another form used by relatives happens through simple acts such as reading texts of a spiritual and religious nature, which characterizes an expression of spirituality.

I read a lot about Buddhism [...] I have a routine of readings, which I read on various topics like this, right, I read... (I2)

I had a bible stored [...] and then it's already open at home, I think I feel good there. (I6)

The acts of praying, asking and thanking were mentioned by the interviewees in order to seek a relationship with the divine/transcendental, most of which refer to the Christian God, making it possible to neutralize "bad" thoughts and feelings of sadness, even if momentarily.

I believe in God, I pray a lot, I ask him for help [...] I pray at home, I have my saints, my thoughts. (I3)

I learned much more to cling to God [...] today I thank God every day for everything. (I4)

When I realize that I am thinking about bad things, I start those prayers, those things that we say automatically. [...] then the thought goes away. I realized that when my energy is good, I attract good things. (I5)

Say a quick prayer, I don't stop praying an Our Father, whenever I think I have to do it, I do it [...] sometimes, I feel sad, right, then I ask, I always do that [...] I'm looking for more God. (I6)

I pray for help and thanks. (I9)

I'm always asking. Some entities themselves, I mean, I adore lemanjá, I always ask her 'that this tide of bad waves go away and bring only good waves'. (I10)

Influence of spirituality and religiosity on relatives' lives

The interviewees identified that expressions of Spirituality and religiosity have a significant influence on their lives, since they recognize them as fundamental elements of their existence. This can be seen in the following statements.

They help me a lot! They help me a lot! It's very good! [cries/thrilled]. (I1)

I think it's extremely important, I think it's like this, it's a base for you to be well. (I2)

I think it's the key. (I4)

It's my life! (I5)

It is my life, I live, I am Catholic and I have studied theology, so I see religion very differently from what many people see. (I7)

Oh, I think it's very fundamental, no matter what you are, whatever religion you are!! (I10)

It is evident that relatives find support in expressions of Spirituality and religiosity. For this reason, they see them as fundamental and structuring practices for their lives so intensely that a participant, during the interview, feels emotional and cries when talking about how much their practices help her, including in relation to living with a relative substance user.

Moreover, in the interviewees' reports, other benefits generated by expressions of Spirituality and religiosity are observed, especially when experienced in a group, since they relieve feelings of anguish and loneliness, rebuilding the strength of these individuals and strengthening them through the support found in people.

[...] there [Spiritualist center, Umbanda, Catholic and Lutheran churches, Indian therapies and Reiki] is the moment when you go and can cry what you cannot, be weak [...] we feel so abandoned, when you find these places like this, it's very good! [...] for you to rebuild your strength [...] that anguish you have of not knowing what it will be like tomorrow, they give you this support and then it is a moment that is also yours alone, and then you can leave there feeling relieved [...]. It does me a lot of good, because you find support from people. (I1)

It is the group [Universal Spiritualism] that gives me the strength to continue living. (I5)

We have always believed in God and the church seems to be a temple that gives you strength, "recharges" you, and I feel good. (I11)

Calmness and tranquility were also cited as repercussions of expressions of Spirituality and religiosity, since in this way it is possible to understand, soothe and relativize the context in which they are.

I like it very much because it gives you a calm, gives you a peace of mind. (I1)

I think it brings you a peace of mind, another vision like that, you know, relativizes things a little [...] you have bigger things and you have to deal with it, being calmer also helps. (I2)

The faith that we have, I care a lot about hope, and these two things have to be together [...] I don't lose that hope, that faith, that I'm going to get through this [...] that we're going to be able to overcome the barriers of [relative user] and bring it to us. (I4)

It's what makes me wake up, what makes me sleep. (I5)

Religion helps me [...] it gives me peace, I have confidence [...] you keep calm, there is no fight, there is no revolt. (I7)

We feel calmer, we have more faith. (I9)

These feelings of tranquility and calm occur through the "faith" and "trust" provided through spiritual and religious experiences. However, in contrast to these findings, a relative questions himself about the real influence of Spirituality and religiosity in his life, taking into account the problem of drug use.

Look, I don't know, I don't think so. Because I prayed my whole life, but all my life he drank, so sometimes, God forgive me, sometimes I say that I'm not going to ask God anymore, I'm going to ask the Devil... the crazy thing that goes on in your head, because I say, "but I pray", suddenly I'm going to change. (I3)

This report reveals the complexity of expressions of Spirituality and religiosity experienced by the relative, raising questions for discussion, such as the feeling of frustration in the face of the lack of response to their anxieties and experiences.

DISCUSSION

The reports on the mode of expression of Spirituality and religiosity meet scientific literature, since belief in and adherence to rituals of formal religious practices help to strengthen and self-confidence to face subsequent problems, provide support and protection for relatives dealing with the stressful situation, who point to faith as a strong ally when faced with difficult situations⁽¹⁵⁻¹⁶⁾.

By participating in a formal religious community, individuals feel accepted and belong to a network of individuals who support them and share the same beliefs, while, by establishing informal habits, associated with an autonomous spiritual search, they actively dedicate themselves to strengthening themselves in the face of difficult experiences⁽¹⁷⁾.

The group's energy and the feeling of belonging to a larger whole helps people to endure the arduous moments of life. Thus, the family can seek out the community of a church, for instance, as a way to receive help. It is observed, therefore, that expressions of Spirituality and religiosity of relatives occur in different spaces significant to each one, not being restricted to a single place of expression.

It is believed that religious and spiritual practices promote personal comfort and positive spiritual states, through the reading of texts considered sacred, whose messages or teachings allow a

reflection on the life of individuals and their attitudes towards the people around them, and even in finding solutions to face problems experienced by them, having repercussions in their daily lives⁽¹⁵⁾.

It is noticed that everyday acts performed by relatives of people who use drugs, such as reading and reflecting on spiritual/religious texts, reflect positively on their lives in the face of difficulties and even help to deal with their relative's substance use problem.

The ritual of praying, either with a specific religious institution or autonomously, is a spiritual practice frequently reported by the relatives interviewed aiming at attracting good energies to their lives. These findings corroborate other studies, which bring that prayer is one of the most commonly performed religious practices, which, depending on religious belief, can be silent, audible, a praise, a petition, a mantra, a confession, or a worship⁽¹⁷⁾. Often, this practice is carried out through words that originate from feelings⁽¹⁸⁾ and have the meaning of wanting good for a person, in addition to obtaining a grace or reaching a certain mental state⁽¹⁶⁾. It is noteworthy that the act of praying has the ability to relieve stress by changing the mind's focus on problems and tensions^(12,19).

It is observed that prayer is a simple and easy exercise to be performed in relatives' daily lives, and originates from different motivations, such as thanking, relieving suffering, asking for grace and changing thoughts. It is practiced by the relative, with a view to seeking support and comfort to deal with the substance use problem of its user.

As spirituality is present in most individuals, it is evident that it often makes it possible to give meaning to life⁽²⁰⁾, or to seek new meanings for it⁽¹⁷⁾. Spirituality is an essential strength for life maintenance and care in its different dimensions and perspectives⁽¹⁰⁾.

Practices of Spirituality and religiosity among people who are in psychological distress represent a relief from feelings of anguish or loneliness, which is in line with scientific literature, since belief gives them strength and confidence to face moments of difficulty as a source of support to circumvent difficult situations of life⁽¹⁶⁾.

People who believe in some higher power can better go through the difficult stages of life. Spirituality acts as a strategy capable of facing existential and coexistence crises and assists in the development of greater resilience to stress, i.e., it expands the ability to overcome life adversities in difficult contexts^(17,20).

It is noticed that the several expressions of faith are strongly present in the lives of these relatives, because they renew their strengths, find security and feel good, even to deal with the stress caused by their relative's drug abuse problem.

Feelings such as calm and tranquility are reported as a result of faith used in different ways in the daily life of relatives, which becomes an important support system, acts to reduce stress and allows feelings of well-being in the face of adverse situations, reducing anxiety and improving skills to deal with situations of suffering⁽²¹⁻²²⁾.

Thus, Spirituality and religiosity were present in the reports as a practice capable of bringing serenity to relatives, even in the face of a complicated situation in which they find themselves, to be closer and involved with the treatment of a PAS user.

Thus, it is possible to note that relatives use spiritual and religious practices to face suffering, through growth, hope and trust, feeling more supported and renewed to continue dealing with the stressful circumstances of life⁽²³⁾. The use of faith and

belief in something greater welcomes relatives in turbulent situations, being a foundation of hope for an improvement⁽²⁴⁾. In this research, the reports suggest that through the hope generated by Spirituality and religiosity, the relatives of people who use drugs remain encouraged to deal with adversity and continue their lives.

As an important counterpoint to the most predominant reports in this study, the feeling of conflict, reported by one of the interviewees, was identified, regarding the expectation of effectiveness of expressions of Spirituality and religiosity on suffering associated with the experience of being a relative of a drug user undergoing treatment. This report suggests the importance of not taking these expressions as protective factors by themselves, as not everyone seems to experience the reported sensations, such as tranquility, confidence or calm. This should be considered in health care, in order to help a person to elaborate their experiences.

This indicates that some people may experience dissatisfaction with their beliefs, especially when they do not identify answers or concrete changes in their lives⁽²⁵⁾. Although in most reports, formal religious practice or some notions of spirituality are directly related to the comfort received through words and prayers, not all people who said they had spiritual and religious practices felt their benefit in understanding and alleviating the processes of psychic distress

In addition to being a mere exception, the report that refers to conflicts and doubts in this field challenges the bias naturally associated with spiritual and religious practices, as if they meant protection factors in their essence.

Among the main findings of this study, the theme complexity is reaffirmed, replacing the concepts of Spirituality and religiosity as being rich in singular meanings, which can be useful for clinical and research practices.

Studies indicate that the recognition of this complexity should be part of the health care repertoire among health professionals^(10,16), and advocate that researchers on this subject appropriate this complexity⁽¹⁶⁾. Therefore, it is about going beyond the mere identification of these expressions, such as knowing if a person follows a religion or not, allowing a greater understanding of the meanings attributed to them, enhancing the incorporation of these resources in the construction of health care with users or their relatives.

The understanding of spiritual and religious practices in their complexity and nuances should compose the framework of mental health professionals, as a way of understanding risk and protection factors that permeate the daily lives of relatives of people who use drugs⁽²⁶⁻²⁷⁾.

According to the reports presented here, such practices are mainly associated with support, comfort, tranquility and hope, positively influencing their lives. However, they can also appear as tensioning elements in experiences of doubt, frustration, lack of belonging and conflicts with the unique dimensions of Spirituality and religiosity, whose practices and beliefs are challenged in the face of an accompanied relative's mishaps between non-compliance, lapse and relapse.

Limitations of the Study

As a limitation, the approach of a single representative of the relative nucleus of patients treated by specialized services at a

hospital in southern Brazil is pointed out. It is essential to investigate the influence of expressions of Spirituality and religiosity among other relatives and their crossings in intrafamily life.

Contributions to nursing and health

When carrying out a comprehensive approach in the care of families of people who use drugs, health professionals must use care that understands spiritual needs in a unique way, taking into account and respecting each individual's beliefs and values, identifying how these interact with risk and protection factors, in order to understand the etiology of PAS dependence.

Thus, it is expected that investigations on expressions of Spirituality and religiosity of relatives of people who use drugs are not limited to pre-established labels in a dichotomous way, as if the discussion were restricted to "who has" and "who has not". Thus, the understanding of this phenomenon allows qualified observation of reports.

It is suggested that further research be carried out in other contexts on Spirituality and religiosity in the care of relatives of people who use drugs, for understanding this phenomenon as an important element of health care and nursing, beyond a mere specific data of the anamnesis (values and beliefs), with implications as a human dimension.

FINAL CONSIDERATIONS

Through this study, it was possible to analyze how spirituality is expressed in relatives of people who use drugs in treatment at a public hospital's outpatient clinic. From the relatives' reports,

their expressions were identified in their daily lives and how they affect their lives.

Regarding the way relatives express their spirituality, in the reports, the search for spaces where they could practice their faith predominated, such as church, spiritual center, Umbanda center and mutual support groups. Furthermore, they highlighted other activities through small acts, such as reading religious texts, as well as the act of praying, asking and giving thanks, seeking a relationship with the divine/transcendental to change bad thoughts and sadness. These different forms of expression corroborated the importance of a conceptual distinction between Spirituality and religiosity.

With regard to the influence of Spirituality and religiosity in relatives' lives, it was evident that these expressions played a significant role in relieving feelings of anguish and loneliness, rebuilding the strength of these individuals and strengthening them through the support found in people, providing calm and tranquility through faith and hope. It is also noticed how the etiology of PSS dependent uses, especially in the face of periods of relapse and non-adherence to treatment, is reported as challenging, which can allow feelings of conflict both in relation to patients and in relation to the meaning of their own practices of Spirituality and religiosity in relatives' lives.

The results of this study demonstrated that Spirituality and religiosity are reported primarily as protective factors. However, it is important to take into account the biases in the identification, considering each person's cultural issues and unique experience. Therefore, it is necessary to open to a conceptual review, which allows health professionals and researchers to understand these nuances in order to give them better meaning.

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