

Religiosity and spirituality: mechanisms of positive influence on the life and treatment of alcoholics

Religiosidade e espiritualidade: mecanismos de influência positiva sobre a vida e tratamento do alcoolista

Religiosidad y espiritualidad: mecanismos de influencia positiva sobre la vida y el tratamiento de los alcohólicos

Sonia Regina Zerbetto¹

Angélica Martins de Souza Gonçalves¹

Nátaly Santile²

Sueli Aparecida Frari Galera³

Ana Carolina Acorinte¹

Gisele Giovannetti⁴

1. Universidade Federal de São Carlos.
São Carlos, SP, Brazil.

2. Escola de Medicina de São José do
Rio Preto. São José do Rio Preto, SP, Brazil.

3. Universidade de São Paulo.
Ribeirão Preto, SP, Brazil.

4. Centro de Atenção Psicossocial de
Álcool e Drogas. São Carlos, SP, Brazil.

ABSTRACT

Objective: Identify mechanisms of positive influence of religiosity and spirituality on the life and treatment of alcoholics, from their perspective. **Methods:** A qualitative exploratory study was conducted at a Psychosocial Care Center for Alcohol and Drugs, located in the interior of São Paulo. A semi-structured interview was conducted with eight alcoholics. Data were analyzed using the content analysis technique. **Results:** From the perception of the interviewees, religiosity and spirituality have a positive influence, bringing comfort to people in alcohol withdrawal, promoting inner power to take care of their health and change their habits, routine and behaviors, acting as complementary support to treatment and strengthening daily prayers. **Conclusion:** Alcoholics recognize the positive influence of religiosity and spirituality, helping them face daily life and treatment challenges. Health professionals have to be prepared to use such themes in the care routine as motivation resources.

Keywords: Ethanol; Alcoholism; Religion; Spirituality.

RESUMO

Objetivo: Identificar mecanismos de influência positiva da religiosidade e espiritualidade na vida e tratamento, na perspectiva de alcoolistas. **Métodos:** Estudo qualitativo, exploratório realizado no Centro de Atenção Psicossocial-Álcool e drogas do interior paulista. Realizada entrevista semiestruturada com oito dependentes de álcool. Os dados foram analisados por meio da técnica de análise de conteúdo. **Resultados:** Na percepção dos entrevistados, a religiosidade e espiritualidade influenciam positivamente o conforto de pessoas em abstinência; a ter força interior para cuidar da saúde; promove mudança de hábito, rotina e comportamento; serve como apoio complementar ao tratamento e fortalece exercícios diários de oração. **Conclusão:** Os alcoolistas reconhecem a influência positiva da religiosidade e espiritualidade, ajudando-os no processo de enfrentamento dos desafios diários da vida e do tratamento. Profissionais de saúde precisam estar aptos a utilizar tais temas no cotidiano do cuidado como recursos motivacionais.

Palavras-chave: Etanol; Alcoolismo; Religião; Espiritualidade.

RESUMEN

Objetivo: Identificar los mecanismos de la influencia positiva en la religión y la espiritualidad en la vida y en el tratamiento, desde la perspectiva de los alcohólicos. **Métodos:** Estudio cualitativo y exploratorio realizado con ocho alcohólicos en el Centro de Atención Psicossocial de Alcohol y Drogas en São Paulo. Fueron realizadas entrevistas semiestructuradas, analizadas mediante el análisis de contenido. **Resultados:** En la percepción de los encuestados, la religiosidad y la espiritualidad influyen positivamente en la comodidad de las personas con abstinencia; dándoles fuerza interior para cuidar de la salud; promoviendo cambio en la actitud, rutina y comportamiento; sirviendo como apoyo adicional al tratamiento; y fortaleciendo el ejercicio diario de la oración. **Conclusión:** Los alcohólicos reconocen que la religión y la espiritualidad les ayudan a hacer frente a los retos diarios de la vida y del tratamiento. Profesionales de salud deben ser capaces de utilizar estos temas en el cuidado diario, como recursos motivacionales.

Palabras clave: Etanol; Alcoholismo; Religião; Espiritualidad.

Corresponding author:

Sonia Regina Zerbetto.

E-mail: szerbetto@hotmail.com

Submitted on 06/27/2016.

Accepted on 10/05/2016.

DOI: 10.5935/1414-8145.20170005

INTRODUCTION

The recent history of the health sector shows increasing appreciation of religiosity and spirituality as therapeutic resources and study themes.¹⁻³ There has been a significant increase in the frequency of these terms associated with several studies in the areas of social and medical sciences. In this regard, a considerable number of studies linking spirituality to themes involving the consumption of substances have also been produced, exploring their various aspects.^{1,4,5}

Religiosity refers to the belief and ritualistic practice of a religion, either by attending a religious place or by praying. Spirituality refers to a personal relation with a transcending object (God or the Supreme Being), a metaphysic object, in which a person attempts to find meanings and propositions in life and that may or may not involve religion.^{6,7} Religion is an organized system of beliefs, practices and rituals related to sacred aspects, and it may also involve rules that guide life behaviors in a social group. It can be practiced individually or collectively.^{4,6}

Religiosity can offer guidelines for human behaviors, aiming to reduce self-destructive trends, prevent the adoption of harmful behaviors^{6,8} and promote strategies to cope with adverse situations.⁶ Both religiosity and spirituality are considered components of human life, as they influence social and cultural interactions and the psychological dimension, which are demonstrated through one's values, beliefs, behaviors and emotions.^{3,6} Religiosity and spirituality can affect health, reducing unhealthy behaviors, such as the consumption of psychoactive substances.^{4,9}

Regarding the drug problem dimension, religiosity or spirituality practices have been considered a protective factor against the consumption of alcohol and other drugs, in the prevention and treatment dimensions.^{4,10} It is associated with better life skills and human physical and mental well-being.¹⁰

Specifically regarding the alcohol intake issue, in the prevention dimension, studies show that religious participation and affiliation have been associated with lower rates of abusive or harmful use^a and use of alcohol in life.^{11,12} In the therapy dimension, religion¹³ and/or spirituality seem to be related to the maintenance of alcohol withdrawal.¹⁴

Considering the above, religion and spirituality can assume critical roles in the recovery process of alcoholics through relations that have been widely disseminated in the scientific community;^{4,5} however, these mechanisms of positive influence from spirituality/religiosity on the recovery from psychoactive substance dependence, in this case alcohol, are not very clear. Further qualitative studies describing how it occurs and analyzing findings and discussions on this theme are necessary.

Therefore, the aim of this study was to identify mechanisms of positive influence from religiosity and spirituality on the life and treatment of alcoholics^b.

METHODS

This is a qualitative exploratory study, conducted at a Psychosocial Care Center for Alcohol and Drugs (CAPS AD) located in a city in the interior of São Paulo, in August and September 2013. The study participants were eight users diagnosed with alcohol dependence. The inclusion criteria were: men or women over 18 years of age, diagnosed with mental and behavioral disorders due to alcohol use - dependence syndrome, according to the criteria of the International Classification of Diseases (F10.2/CID-10), under treatment, and selected after referral by CAPS AD health professionals; with the capability to understand and answer the questions; not consuming alcohol (withdrawal) in data collection period, with episodes of lapse (short alcohol use) or reversion (return to former consumption of alcohol and lifestyle) during the treatment period.

Considering this study seeks to capture the perception of alcoholics on a certain theme, the participants should not consume alcohol during the data collection period. This study did not seek to analyze relationships between participants' perceptions on the theme and the state of initial remission or sustained remission of study participants. Then, the insertion of participants with one-day alcohol withdrawal is justified. In addition, participants should have a religious affiliation. The exclusion criterion was participant intoxication (with alteration in perception, wakefulness, attention, thinking, judgment, psychomotor and interpersonal behavior) or presenting signs of withdrawal syndrome (autonomic hyperactivity, insomnia, nausea or vomiting, increased hand tremor, alteration in perception, psychomotor agitation, anxiety), according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). The sample was defined through theoretical saturation,¹⁵ a method with data collection interruption when the study question has been answered and the study objective has been achieved. The confluence of meanings attributed to the positive influence of religiosity and spirituality occurred in the eighth interview, then, one more interview was conducted to confirm the theoretical saturation, totaling nine interviews. The technique of data saturation followed the steps mentioned in the literature, indicating the point of saturation can be confirmed with one or two interviews.¹⁶

Data collection consisted in a semi-structured interview conducted in a mental health service room. The first part of the instrument collected personal and therapy data and the second part presented the following guiding answer: How can religiosity and spirituality positively influence your life and treatment?

The meetings were scheduled in advance and the interviews were recorded and transcribed. Participant speeches were identified with the letter "E" followed by an Arabic numeral, according to the sequence (1 to 8). Then, Minayo's content

analysis technique was applied for thematic categories, including the following stages: pre-analysis, material exploration, treatment of results and interpretation.¹⁷

The pre-analysis referred to the selection, organization and reading of transcribed interviews. Then, in the material exploration stage, a more careful reading was conducted, line by line, in an attempt to find sentences that addressed the conception of religiosity and spirituality, types of religious practices performed, understanding of the meaning of religion and spirituality in participants' life and treatment, positive influence of religiosity and spirituality on their treatment and life, highlighting points of consideration that referred to the elements obtained by decomposing the group of messages, aiming to select units of meaning through sorting interview texts by themes.¹⁷

In this phase, themes were compiled semantically and accounts were identified in each interview, developing a summary table for each interview. Then, the following was performed: aggregation of illustrative accounts for the units of meaning, alphanumeric coding and data nomination, aiming to gather these units of meaning for the development of the first empirical categories (categorization), that is, *a posteriori* categorization, based on a semantic criterion, whose recurrent presence or implied relevance could mean something for the selected analytical objective.¹⁷

A cyclic and circular analysis of interview data was conducted, that is, a "coming and going", in an attempt to refine the categories. A large table was developed to confirm the theoretical saturation for the empirical categories, showing the total recurrences of themes in each account, as well as the sum of new themes for each interview. The scarcity of new themes corresponded to the theoretical saturation, considering the analysis attributes and interpretation of investigators, according to the literature.¹⁵ After such themes were reevaluated, a new synthesis was developed, leading to the five thematic categories described in this study.

The result treatment stage involved a description for each category, with the production of a summary text expressing the meanings captured in the analyzed messages. Then, the interpretation stage was performed, which consisted in data compilation, revealing the underlying content, inferring and interpreting¹⁷ according to the concepts of religiosity and spirituality and the literature on the theme.

The development of this study observed ethical aspects, and it was approved by a human research ethics committee, under protocol 72040/2012, of August 18, 2012, CAAE: 03196112.9.0000.5504. The participants signed an informed consent form.

RESULTS AND DISCUSSION

The study participants were characterized as follows (Table 1).

Adult male Christian Catholics predominated in this study, with short time in the CAPS AD and short withdrawal time. However, one alcoholic remained in withdrawal since the beginning of the treatment. Three participants said they were unemployed (33%). Except for interviewee 2, all others had experienced at least one relapse. Interviewees 7 and 8 had a recent lapse.

Although five participants said they were non-practicing Catholics (interviewees 4 to 8), they said they had a religious practice, that is, they attended a religious institution once a week, read the Bible habitually and prayed every day. One of the justifications may be related to their concepts of religiosity and non-confessional religious practices, which determine the actions of these alcoholics. Indeed, the literature highlights the existence of a private religious non-confessional *ethos* (corresponds to habits of a group of people and their behaviors¹⁸ that is broad and structured, disseminated in the society, ruling behaviors, and that does not necessarily corresponds to sharing and observing the religion doctrine.¹⁸ Another study addresses non-organizational religiosity, but private, that is related to religious rituals (praying, meditation, Bible reading) or relevance of these in one's life, which may also appear in adverse situations.⁹ The interview analysis resulted in the development of five thematic categories: 1) Religion comforts people in alcohol withdrawal; 2) Inner power to take care of health; 3) Religion promotes change of habit, routine and behaviors; 4) Religion is a complement to treatment; 5) Our everyday prayer: a therapeutic resource.

Religion comforts people in alcohol withdrawal

For some alcoholics in treatment and withdrawal who participated in this study, attending a religious ritual, regardless of the religion, promotes tranquility and comfort. Listening to a Christian message from a priest or another religious leader brings emotional relief. This message has such a comforting effect that, for a participant, it allows a dialog with his/her soul, and for another, despite any mental conflict, it causes tranquility.

Religion is a good thing, we go there [to the church], listen to some messages from God and leave there very relieved, because, sometimes our head is full of concerns and when we listen to the priest, we feel tranquility(E2).

When you listen to some messages or a Bible verse, you pay attention to what the speaker is telling you. What the words say to your soul, that's the most important thing, it comforts you, it doesn't matter what church you attend (E5).

Table 1. Characterization of alcoholics from CAPS AD. São Carlos, SP, Brazil, 2013

Interview	Age (years)	Sex	Religion	Occupation	Treatment duration	Withdrawal period
1	40	M	Evangelical	Storeroom	7 months	3 months
2	45	M	Evangelical	Unemployed	2 months	2 months
3	52	M	Evangelical	Retired	6 months	2 months
4	38	M	Catholic	Unemployed	3 months	15 days
5	46	M	Catholic	Machining center	4 months	3 months
6	42	M	Catholic	Legal agent	1 year and 6 months	1 year and 5 months
7	39	M	Catholic	Unemployed	2 months	1 day
8	39	M	Catholic	Bricklayer	4 months	1 day

Data suggest religion promotes personal comfort and a positive spiritual state when religious leaders read Bible verses with messages of incentive to alcoholics, consisting in a mechanism of positive influence on their lives. Many times, these messages allow alcoholics to think of their lives, attitudes with people around them and even find solutions to cope with their problems, generating comfort and emotional relief.

Indeed, a study conducted with Brazilian religious devotees recovering from drug addiction and attending Pentecostal churches shows that, during Bible reading, the "divine words" have influenced their routine lives. This fact also helps them change their life and treatment behaviors. The Bible was considered an emotional supporting tool, for having encouraging messages that promote comfort and drive new attitudes in their routine life.¹⁹

Religious practices, attending a religious place and participating in religious rituals, also have a positive influence on the life and treatment of alcoholics. Some studies highlight that attending a church promotes comfort, relief and well-being.^{8,20-22}

Inner power to take care of health

The study participants believe that having inner power and/or willpower helps them overcome their alcohol problem, seek recovery and continue the treatment. One of the participants also states that inner power is achieved through spirituality. Another participant recognizes successful treatment and recovery depend on their own willpower and external help.

We need it, because we have to ask too, we need to have will power and help too (E4).

Spirituality is something that starts inside, an inner power (E5).

Data show the meanings of inner power and willpower as mixed, as they involve the question of responsibility for one's

own care, and consequently, for the necessary changes. Inner power related to spirituality indicates a life fortress, driving human beings to seek for a meaning in life, translated into energy that produced positive strength. Indeed, spirituality and religiosity have a positive influence on people's health^{9,23} and mental health,²⁴ leading to energy mobilization and positive initiative, making them stronger to efficiently cope with their problems.⁹

Willpower is demonstrated when one shows to be ready or motivated to change, engage and adhere to the treatment, remaining in withdrawal. This condition requires constant self-control and self-monitoring of alcoholics. This interpretation agrees with the literature when alcoholics internalize religious values²⁵ in charge of rules of moral conduct²⁶ and healthy behaviors, for instance, non-consumption of alcohol and other drugs.⁹ Some studies highlight that internalization of religious beliefs and values can contribute to self-monitoring and self-control^{5,27} towards prevention of self-destructive behaviors and trigger motivational processes²⁸ to avoid or reduce alcohol consumption.

Religion promotes change of habit, routine and behaviors

The dedication to religious activities prevents the participants of this study from consuming alcohol and/or going to bars. Although the alcoholics of this study have identified religion as a positive influence on health and that it promotes prevention and recovery from alcohol consumption, Catholicism was recognized as a religion that permits alcohol consumption. The Evangelical religion does not prohibit alcohol consumption, but it provides guidance on its damage, which constitutes a protective factor.

Catholicism doesn't prohibit alcohol consumption, this religion allows it, but now that I attend the Evangelical church, they follow exactly what the Bible says, alcohol won't be good (E1).

Now, when you have a religion, when you dedicate to it, you don't have time to go to bars (E2).

Some studies recognize religion has an intermediary role in the goal to adopt healthy lifestyles and habits, and in the production of values they should follow.^{9,19,29} Religion is an effective tool in the process to prevent non-socially normative behaviors and promote socially normative behaviors. This fact is justified by one's self-control and self-monitoring ability in emotional, cognitive (through belief) and behavioral dimensions to achieve success in many aspects of life.⁵

A religious community can be considered an environment for one's behavior adaptation through Bible teachings,²⁹ in agreement with data of this study, where Bible texts were considered a learning source.

Religion involves doctrine, that is, a group of principles or some rules that should be respected. The efforts and respect for such principles, for example, reducing or quitting the daily consumption of alcohol, can ensure opportunities for behavior change. According to the literature, an individual, when seeking for religious belief and involving with "patterns of religiosity, adopts a group of values, symbols, behaviors and social practices that promotes the acceptance or refusal of alcohol and drugs",^{30:95} as indicated in the accounts below.

It helps me in everything, even in my behavior, my way to speak, act, I didn't use to take care of myself. Then, I wanted to drink, go to parties, with no limits, then I went to the church, because they don't talk about alcohol there, they don't say this word (E1).

Ah, it influences, the participation with God, realizing we no longer can be part of the universe of alcohol (E3).

I didn't use to read the Bible, today we sit for breakfast, we pray at lunchtime, I hadn't done that for a long time(E7).

For the participants of this study, attending a church is beneficial to their lives, unlike alcohol. This religious ritual allowed them to change their habits and daily routine, behaviors and social practices, especially in their interpersonal relations, attitudes and self-care autonomy. It allowed participants to realize and prevent high-risk situations, set limits and make efficient decisions to minimize their addictive behavior. For some study participants, some values were incorporated into their routine lives, such as praying and thanking for the food and reading the Bible, which promoted a moment of sharing among family members. In this sense, according to the literature, having religious practices can help make people aware of the problems that alcohol causes and then, develop the power to change.¹⁰

A successful alcohol treatment consists in changing alcoholics' habits, their daily routine and, consequently, behaviors. Alcoholics try to replace the moment of alcohol consumption with other activities, including religious practices, whose goal is to help them and change their focus from drinking. The attempt to change the routine means ensuring a new meaning to life, having a productive life, feeling useful and able to realize that it is possible to perform activities other than drinking. Religion allows reflections about self-care, autonomy and identification of limits in life, especially in terms of drinking.

Religion is a complement to treatment

The study participants understand that religion positively influences their treatment when it assumes a supporting complementary role. In the perception of drug users, religion promotes the acquisition of knowledge that helps them understand the mental disorder and its damages and assume their drug dependence. They recognized church is an additional tool for their treatment, in addition to the CAPS AD. They highlighted church members and the religious leader provide support, offering attention and help.

In my treatment, it influences on a specific aspect with me, it influences my understanding that I am an alcoholic and that I can't drink (E1).

Ah, it helps me a lot in my treatment, you leave here [CAPS AD], you go find a religion, and there, they say beautiful things that help us. It's not that being there [at the church] makes you free of the bar, but you're talking about God, they say beautiful things. [...] Ah, because there, at the church, we receive help, our brothers help, give attention to us, they're not those friends from the bar, the priest helps us a lot (E2).

It's helping us seek for church support and not returning to drinking (E3).

The mechanism of religion consists in promoting embracement, bonding and providing social support. Attending a religious ritual and/or church is a complementary resource which helps validate the success of the treatment provided by CAPS AD, and becomes another moment and space to listen. These data confirm literature findings, as they highlight religion can enable a social support restructuring to alcoholics and the church can be a promising environment for making a new network of friends.^{8-10,26} In this space, religious leaders provide individualized hearing and appreciate the potentialities of drug dependents, without judging them. These attitudes are understood by them as unconditional support, promoting the creation of a 'new family'.^{10,31}

The participants' accounts allow to that infer religion as a complementary treatment can ensure alcoholics a greater acceptance and understanding of their illness. Scientific evidence shows that when a patient seeks religious support, one of the goals is to have a better understanding and knowledge of some aspects of their disease, which not always medical sciences have been able to clarify.⁹

Our everyday prayer: a therapeutic resource

Praying, as a religious practice, was recognized by study participants as an important resource during treatment, a help for their desire to be free from alcohol dependence. For them, praying also promotes spiritual strengthening and the hope that God can guide them on how to conduct their own life, showing the best ways to overcome their problems.

In the perception of study participants, praying has the meaning of a blessing; therefore, wishing good things to a person or having God's favor. However, to achieve that, the participants mentioned the need to thank by kneeling and attending religious rituals.

Praying was also recognized as an important aspect when linked with the willingness to change inside, that is, praying helps recovery. However, the dependent has to be willing and motivated to change and help himself/herself achieve a successful recovery, considering that there is no use in praying every day and not being prepared to quit drinking.

I pray every night at home, I ask God to help me, if it wasn't for Him, I wouldn't be here (E8).

I asked God to help open my eyes, I prayed God and all saints to help me, because I wanted to get out of that situation, my faith increased after I started the treatment (E6).

I've never gone to church for help, but I believe, for example, in praying (E4).

The only thing that makes me stronger is kneeling and praying and asking God to help light my way and show the light at the end of the tunnel, that you can do the right thing(E5).

Ah, I prayed for me, to help me stop drinking, but they told me... [...] I'll bless you but you have to do your part, attend the church to leave these bad things behind and replace them with good things, good things always help us, the good things (E3).

Then, we talk, they pray for us, for us to keep firm, religion is a good thing, we always have to seek help (E2).

According to the participants' accounts, praying is a moment that enables an intimate dialog with the Supreme Being, showing their suffering, desires, questions, guilt, and recognizing the most urgent needs and the need to seek help. This dialog with a Supreme Being leads to reflections about their own life and the willingness to expose what they wish for themselves.

These agree with the findings of the literature, as they point out praying is predominant in all religions and commonly used by psychoactive substance users who have a religious belief, especially in moments of drug craving, when the patient feels an uncontrollable desire to consume drugs.¹⁰

Therefore, the practice of praying is encouraged by religions, as it helps prevent relapses or lapses, making it a daily activity. Praying as a "sacred and therapeutic" ritual can be practiced any time of the day, asking for protection the whole day and thanking God for having received it.¹⁰

Praying is considered by Christian religions a way to be in direct contact with God, an opportunity of dialog between a father and a son.¹⁰ The sensation of feeling the presence of a Supreme Being can be considered by drug users a factor to start and keep the therapeutic recovery process. Turning to the Supreme Being when feeling a craving for drug may promote tranquility and power to continue fighting against drug use.^{32,33}

Praying can be understood as an act, strategy or activity of a person who believes in a Supreme Being, through which this person asks for improvements in his/her health conditions. Even agnostic people pray and establish a relation of faith when experiencing difficult moments due to a disease.^{32,33}

CONCLUSIONS

The way religion showed to positively influence the life and treatment of alcoholics was related to the comfort achieved through messages, praying and a better understanding of the consequences of alcohol consumption. The alcoholics of this study consider religiosity as a complementary tool to their treatment and believe it promotes changes of habit, routine, behavior and social support. They realize religion helps them cope with daily challenges through religious rituals, practices and dogmas, becoming a mechanism to cope with their problems.

Regarding spirituality, the interviewees understand its positive influence refers to driving an inner power for self-care and spiritual strengthening through praying. These aspects appear as a way to intensify one's resilience, self-efficacy and hope when coping with alcohol dependence.

This study contributes to considerations for health professionals in terms of their preparation to include spirituality/religiosity in their routine of care provision as motivational resources.

One limitation of this study refers to the population comprised of exclusively male alcoholics and the small number of participants, suggesting the need to analyze such positive influence mechanisms of religion and spirituality on the life and treatment of female participants and users of other psychoactive substances as well.

REFERENCES

- Cook CCH. Addiction and spirituality. *Addiction* [internet]. 2004 May [cited 2015 Mar 30]; 99(5):539-51. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2004.00715.x/epdf>. ISSN 1360-0443. doi: 10.1111/j.1360-0443.2004.00715.x
- Monod S, Brennan M, Rochat E, Martin E, Rochat S, Büla CJ. Instruments Measuring spirituality in clinical research: a systematic review. *J Gen Intern Med*. [internet]. 2011 Nov [cited 2015 Mar 30];26(11):1345-57. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3208480/pdf/11606_2011_Article_1769.pdf. ISSN 1525-1497. doi: 10.1007/s11606-011-1769-7
- Henning-Geronasso MC, More CLO. O campo. Influência da Religiosidade/Espiritualidade no Contexto Psicoterapêutico. *Psicol., Ciênc. Prof.* [internet]. 2015 set. [cited 2016 Jul 9];35(3):711-25. Available from: <http://www.scielo.br/pdf/pcp/v35n3/1982-3703-pcp-35-3-0711.pdf>. ISSN 1982-3703. doi: <http://dx.doi.org/10.1590/1982-3703000942014>
- Koenig H. Religion, spirituality, and health: the research and clinical implications. *ISRN Psychiatry* [internet]. 2012 Dec [cited 2016 Jul 09]; 2012:1-33. Available from: <http://www.hindawi.com/journals/isrn/2012/278730/>. ISSN 2090-7966. doi: <http://dx.doi.org/10.5402/2012/278730>
- McCullough ME, Willoughby LB. Religion, self-regulation, and self-control: associations, explanations, and implications. *Psychol Bull* [internet]. 2009 Jan [cited 2016 May 14];135(1):69-93. Available from: https://www.researchgate.net/publication/24001207_Religion_Self-Regulation_and_Self-Control_Associations_Explanations_and_Implications. ISSN 1939-1455. doi: <http://dx.doi.org/10.1037/a0014213>
- Koenig H. Medicina, religião e saúde: o encontro da ciência e da espiritualidade. Abreu I, tradutor. Porto Alegre (RS): L&PM; 2012.
- Hufford DJ. Visionary spiritual experiences in an enchanted world. *Anthropology and Humanism*. 2010 Nov;35(2):142-58. ISSN 1548-1409.
- Melo CF, Sampaio IS, Souza DLA, Pinto NS. Correlação entre religiosidade, espiritualidade e qualidade de vida: uma revisão de literatura. *Estud pesqui psicol* [internet]. 2015 [cited 2016 Jul 9];15(2):447-64. Available from: <http://www.e-publicacoes.uerj.br/index.php/revispsi/article/view/17650/13050>. ISSN 1808-4281
- Murakami R, Campos CJG. Religião e saúde mental: desafio de integrar a religiosidade ao cuidado com o paciente. *Rev. Bras. Enferm.* [internet]. 2012 abr [cited 2016 Jul 9]; 65(2):361-67. Available from: <http://www.scielo.br/pdf/reben/v65n2/v65n2a24.pdf>. ISSN 1984-0446. doi: <http://dx.doi.org/10.1590/S0034-71672012000200024>
- Sanchez ZVM, Nappo SA. Intervenção religiosa na recuperação de dependentes de drogas. *Rev. Saúde Pública* [internet]. 2008 Abr [cited 2013 Dec 10]; 42(2):265-72. Available from: http://www.scielosp.org/pdf/rsp/v42n2/en_6163.pdf. ISSN 1518-8787. doi: <http://dx.doi.org/10.1590/S0034-89102008000200011>
- Lucchetti G, Koenig HG, Pinsky I, Laranjeira R, Vallada H. Religious beliefs and alcohol control policies: a Brazilian nationwide study. *Rev. Bras. Psiquiatr.* [internet]. 2014 Jan-Mar [cited 2016 May 03];36(1):4-10. Available from: <http://dx.doi.org/10.1590/1516-4446-2012-1051>. ISSN 1516-4446
- Lucchetti GL, Peres MF, Lucchetti AL, Koenig HG. Religiosity and tobacco and alcohol use in a Brazilian shantytown. *Subst Use Misuse*. 2012 Jun;47(7):837-46. ISSN 1532-2491
- Martin RA, Ellingsen VJ, Tzilos GK, Rohsenow DJ. General and religious coping predict drinking outcomes for alcohol dependent adults in treatment. *Am J Addict.* [internet] 2015 abr [cited 2016 May 02]; 24(3):240-5. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4685938/pdf/nihms741115.pdf>. ISSN 1521-0391. doi: 10.1111/ajad.12181.
- Castaldelli-Maia JM, Bhugra D. Investigating the interlinkages of alcohol use and misuse, spirituality and culture - insights from a systematic review. *Int Rev Psychiatry*. 2014 jun; 26(3):352-67. ISSN 1369-1627.
- Fontanella BJB, Luchesi BM, Sidel MGB, Ricas J, Turato ER, Melo DG. Amostragem em pesquisas qualitativas: proposta de procedimentos para constatar saturação teórica. *Cad. Saúde Pública* [internet]. 2011 Fev [cited 2016 mai 14]; 27(2):388-94. Available from: <http://www.scielo.br/pdf/csp/v27n2/20.pdf>. ISSN 1678-4464. doi: <http://dx.doi.org/10.1590/S0102-311X2011000200020>
- Fontanella BJB, Ricas J, Turato ER. Saturation sampling in qualitative health research: theoretical contributions. *Cad. Saúde Pública*. [internet]. 2008 Jan [cited 2015 Apr 02];24(1):17-27. Available from: <http://www.scielo.br/pdf/csp/v24n1/02.pdf>. ISSN 1678-4464. doi: <http://dx.doi.org/10.1590/S0102-311X2008000100003>
- Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12ª ed. São Paulo: Hucitec; 2014.
- Barros MML, Heilborn ML, Peixoto CE, Duarte LFD. Sexualidade, família e ethos religioso. Rio de Janeiro: Garamond; 2005.
- Santos ARM, Dabbicco P, Cartaxo HGO, Silva EAPC, Souza MRM, Freitas CMSM. A systematic review of the influence of religiosity on the adoption of an active lifestyle. *Rev. Bras. Promoc. Saude* [internet]. 2013 Jul-Set [cited 2016 Jul 09];26(3):419-25. Available from: http://ojs.unifor.br/index.php/RBPS/article/view/2950/pdf_1. ISSN 1806-1230. doi: 10.5020/18061230.2013.p419
- Bonelli R, Dew RE, Koenig HG, Rosmarin DH, Vasegh S. Religious and spiritual factors in depression: review and integration of the research. *Depress Res Treat.* [internet]. 2012 [cited 2016 Jul 09]; 2012:1-8. Available from: <http://www.hindawi.com/journals/drt/2012/962860/>. ISSN 2090-133X. doi: <http://dx.doi.org/10.1155/2012/962860>
- Geronasso MCH, Coelho D. A influência da religiosidade/espiritualidade na qualidade de vida das pessoas com câncer. *Saúde Meio Ambient.* [internet]. 2012 Jun [cited 2016 May 14]; 1(1):173-87. Available from: <http://www.periodicos.unc.br/index.php/sma/article/view/227/270>. ISSN 2316-347X
- Nepomuceno FCL, Melo Júnior IM, Silva EA, Lucena KDT. Religiosidade e qualidade de vida de pacientes com insuficiência renal crônica em hemodiálise. *Saúde debate* [internet]. 2014 Mar [cited 2016 May 15]; 38(100):119-28. Available from: <http://dx.doi.org/10.5935/0103-104.20140006>. ISSN 0103-1104
- Silva AF, Ferreira AGC, Melo RM, Lins HLCC, Feitosa UNS, Araújo Neto EA, et al. The influence of religiosity/spirituality on mental health. *Int Arch Med*; 2015;8(116):1-4. ISSN 1755-7682
- Weber SR, Pargament KI. The role of religion and spirituality in mental health. *Curr Opin Psychiatry*. 2014 Set; 27(5):358-63.
- Mason WA, Spoth RL. Thrill seeking and religiosity in relation to adolescent substance use: tests of joint, interactive, and indirect influences. *Psychol Addict Behav*. 2011 Dez; 25(4):683-96. ISSN 1939-1501
- Rocha MLA, Guimarães MBL. O processo de recuperação do uso indevido de drogas em igrejas pentecostais Assembleia de Deus. *Interface : Comunicacao, Saude, Educacao* [internet]. 2012 Mar [cited 2016 Jul 9];16(40):177-90. Available from: http://www.scielo.br/pdf/icse/v16n40/en_aop1012.pdf. ISSN 1807-5762. doi: <http://dx.doi.org/10.1590/S1414-32832012005000012>
- Wills TA, Pokhrel P, Morehouse E, Fenster B. Behavioral and emotional regulation and adolescent substance use problems: a test of moderation effects in a dual-process model. *Psychol Addict Behav* [internet]. 2011 Jun [cited 2016 May 15]; 25(2):279-92. doi: 10.1037/a0022870. ISSN 1939-1501

28. Faria MGA, David HMSL, Rocha PR. Inserção e prática religiosa entre mulheres: aspectos protetores ao uso de álcool e violência. *Revista Eletrônica Saúde Mental Álcool e Drogas*. [internet]. 2011 Jan-Abr [cited 2013 Dec 10]; 7(1):32-7. Available from: <http://www.revistas.usp.br/smad/article/view/38737/41592>. ISSN 1806-6976
29. Borges MS, Santos MBC, Pinheiro TG. Representações sobre religião e espiritualidade. *Rev. Bras. Enferm*. [internet]. 2015 Jul-Ago [cited 2016 Jul 9];68(4):609-16. Available from: <http://www.scielo.br/pdf/reben/v68n4/0034-7167-reben-68-04-0609.pdf>. ISSN 1984-0446. doi: <http://dx.doi.org/10.1590/0034-7167.2015680406i>
30. Abdala GA, Rodrigues WG, Torres A, Rios MC, Brasil MS. A religiosidade/espiritualidade como influência positiva na abstinência, redução e/ou abandono do uso de drogas. *REVER - Revista de estudos da religião* [internet]. 2010 Jan [cited 2015 Dec 3];9:77-98. Available from: http://www.pucsp.br/rever/rv1_2010/i_abdala.pdf. ISSN 1677-1222
31. Moreira-Almeida A. Espiritualidade e saúde: passado e futuro de uma relação controversa e desafiadora. *Rev. psiquiatr. clín.* [internet]. 2007 [cited 2013 Dec 10]; 34(Supl.1):3-4. Available from: http://www.scielo.br/pdf/rpc/v34s1/en_a01v34s1.pdf. ISSN 1806-938X. doi: <http://dx.doi.org/10.1590/S0101-60832007000700001>
32. Shamsalina A, Norouzi K, Khoshknab MF, Farhoudian A. Recovery based on spirituality in substance abusers in Iran. *Glob J Health Sci*. [internet]. 2014 July [cited 2015 Apr 02];6(6):154-62. Available from: <http://ccsenet.org/journal/index.php/gjhs/article/view/36168/21662>. ISSN 1916-9744. doi: 10.5539/gjhs.v6n6p154
33. Caldeira S. Cuidado espiritual - rezar como intervenção de enfermagem. *CuidArte Enferm*. [internet]. 2009 Jul-Dez [cited 2013 Dec 5]; 3(2):157-64. Available from: <http://www.fundacaopadrealbino.org.br/facfipa/ner/pdf/ed05enfpsite.pdf>. ISSN 1982-1166

^a According to the International Classification of Diseases (ICD-10), mental and behavioral disorders due to psychoactive substance use (F10.1) consist in the type of consumption that is harmful to health, with physical, psychical and social damage.

^b According to the International Classification of Diseases (CID-10) the mental and behavioral disorders due to alcohol use - dependence syndrome (F10.2) is characterized by behavioral, cognitive and physiological symptoms resulting from continuous use of alcohol.

^c Early remission: the person no longer presents criteria for alcohol use disorders for at least 3 months, but less than 12 months, except for the criterion of craving or strong desire or need to consume alcohol. Sustained remission: the person no longer presents criteria for alcohol use disorders for 12 months or more, except for the criterion of craving or strong desire or need to consume alcohol, according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).