

# Understanding spirituality from the perspective of patients with mental disorders: contributions to nursing care



*Compreensão da espiritualidade para os portadores de transtorno mental: contribuições para o cuidado de enfermagem*

*Espiritualidad de entendimiento para transportistas trastorno mental: contribuciones a la atención de enfermería*

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#### ABSTRACT

**Objective:** To understand the meanings of spirituality from the perspective of patients with mental disorders.

**Method:** Qualitative phenomenological research conducted with nine users of a centre for psychosocial care in a city in the interior of Minas Gerais, Brazil, in February 2014.

**Results:** Two units of meaning emerged from the comprehensive analysis: Spirituality is a therapeutic support for mental health; The temple is the religious manifestation of spirituality. The patients believe that religion helps them cope with their health problems, and claimed that being religious helps them express their belief through prayers, attend a place of worship, and behave in a way that reveals their faith in God and in the saints.

**Conclusion:** It is essential to train health professionals, especially nurses, to adopt new care practices that address spirituality/religion as part of the set of comprehensive actions provided in mental health services.

**Keywords:** Spirituality. Mental health. Nursing.

#### RESUMO

**Objetivo:** Compreender os significados da espiritualidade para o paciente portador de transtorno mental.

**Método:** Pesquisa qualitativa, fenomenológica com nove usuários do Centro de Atenção Psicossocial em um município do interior de Minas Gerais, em fevereiro de 2014.

**Resultados:** Da análise compreensiva, emergiram duas unidades de significado: A espiritualidade é um suporte terapêutico para a saúde mental; O templo religioso é o local de manifestação da espiritualidade. Verificou-se o suporte oferecido pela religião para o enfrentamento dos problemas de saúde dos usuários e que estes expressam sua crença através de orações, além de frequentarem templos religiosos e apresentarem comportamentos que revelam a fé em Deus e nos santos.

**Conclusão:** Há a necessidade de capacitar os profissionais de saúde, em especial o enfermeiro, para que ofereçam novas práticas assistenciais que contemplem o cuidado espiritual/religioso no conjunto de ações integrais que deve ser oferecido nos serviços de Saúde Mental.

**Palavras-chave:** Espiritualidade. Saúde mental. Enfermagem.

#### RESUMEN

**Objetivo:** Comprender el significado de la espiritualidad para los pacientes con trastorno enfermo mental.

**Método:** La investigación cualitativa, fenomenológica con nueve usuarios del Centro de Atención Psicossocial en el interior del municipio de Minas Gerais, en febrero / 2014.

**Resultados:** El análisis exhaustivo surgió dos unidades de significado: la espiritualidad es un apoyo terapéutico para la salud mental; El templo religioso es la manifestación local de la espiritualidad. Se encontró el apoyo ofrecido por la religión para hacer frente a sus problemas de salud de los usuarios. Se encontró que la religiosidad está presente y expresando su creencia a través de oraciones, asistir a los templos religiosos y el comportamiento de creer, tener fe en Dios y de los santos.

**Conclusión:** Existe la necesidad de formar a profesionales de la salud especialmente de enfermeras, para proporcionar nuevas prácticas de cuidado que se ocupan de la atención espiritual/religiosa en todo el conjunto de acciones que deben ser ofrecidos en los servicios de salud mental.

**Palabras clave:** Espiritualidad. Salud mental. Enfermería.

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## ■ INTRODUCTION

Mental health is a state in which individuals are in harmony with themselves and with the social relations they establish, in spite of everyday adversity. However, when people are not in harmony with society and are unable to transform their possibilities into realities, they are said to suffer from a mental disease<sup>(1)</sup>. For many years, the treatment of the mentally ill in Brazil was directly linked to psychiatric hospitals, where the sick were subjected to prolonged hospital stays and kept away from society and their families. The psychiatric reform in the 1980s expanded the debate of politicians and mental health workers regarding treatment for mentally ill patients.

Since then, the idea of deinstitutionalisation permeated the debates of mental health professionals, the families of patients, and the community in general<sup>(1)</sup>. The sum of these efforts helped create a healthcare network that articulates several primary, secondary and tertiary care services to ensure comprehensiveness, which is a principle of the Unified Health System ("SUS") that targets the specific needs of the population. In mental healthcare, this network is based on policies and projects that aim to assist patients admitted for long periods and those who are outside closed institutions and use alcohol, crack and other drugs<sup>(2)</sup>.

Once the guidelines and reformulations of the care model were reinforced by the psychiatric reform, nursing care started to consider and value the importance of safeguarding the civil rights of mental patients and their social conviviality<sup>(3)</sup>. Thus, mental healthcare shifted toward the promotion and production of life and health<sup>(4)</sup>.

Comprehensiveness should be the main axis of nurses in order to ensure care based on the needs of individuals rather than merely on disease. Therefore, nursing for mental healthcare that considers comprehensiveness meets the overall needs of people, promotes physical, spiritual, emotional, social, and family health, and guarantees the individualised care of patients<sup>(3)</sup>.

The centres for psychosocial care ("CAPS") were created to implement the principles of the psychiatric reform with activities that aim to promote the psychosocial rehabilitation of people with mental disorders who are in the process of deinstitutionalisation. The therapeutic modalities offered by these centres include individual, group and community activities provided by professionals of several fields, as established in Ordinance 336/2002<sup>(5)</sup>.

In these centres, nurses must interact with patients at interpersonal level since the treatment is considered effective insofar as nurses are capable of helping patients find their own solutions to their problems. This arrangement

must consider new, more human and more innovative strategies that address individuals and communities, and acknowledge the need to approach users in all their biological, psychological, social and spiritual dimensions<sup>(6)</sup>.

Mental healthcare workers must therefore consider the multiple dimensions of people<sup>(4)</sup>. The construction of therapeutic interventions is elaborated during the daily encounters between professionals and users, where both parties produce the tools and strategies they need to share and mutually establish mental healthcare. In this setting, nurses can better understand patients in their entirety since their training provides a unique approach to care in the context of mental health, although they do not hold degrees in this specific field.

Nurses use the acquired skills and scientific knowledge to understand, accommodate and support people with mental disorders and their families<sup>(7)</sup>. This is reflected in the opportunities and enhancement of citizenship in the context of health services, in addition to the multidisciplinary and intersectoral approach that must guide their actions<sup>(8)</sup>. Therefore, nursing care for patients with mental disorders must include emotional, physical, spiritual, social and family-related aspects to ensure the monitoring, promotion, maintenance and restoration of patient health and the reintegration of patients into society, considering their civil rights.

Spiritual and religious aspects are rarely considered by health professionals because they are based on biomedicalisation, although the importance of including these aspects in comprehensive care is recognised. Defining the concept of spirituality and religiosity causes controversies between some studies<sup>(9)</sup>. Spirituality can be understood as the individual quest to understand the meaning of everyday situations and relationships that these situations establish with the sacred/transcendental<sup>(10-11)</sup>. Religion is considered an organized system of beliefs, practices and symbols designed to facilitate rapprochement with the sacred. Individuals start to believe and follow certain practices<sup>(11)</sup>.

It is therefore important and necessary to identify and recognise the role of spirituality and religious in improving the quality of life of individuals with mental disorders. It is also important to know how to deal with the religiosity and spirituality of these patients in order to understand them<sup>(12)</sup>. Health workers should study the spiritual history and explore the beliefs of users since these aspects of their lives can directly affect therapy and the mental disorder. The fact that these individuals must face the limits imposed by the disorder should also be noted<sup>(13)</sup>.

When nurses gain access to this array of knowledge, they can plan nursing care to better confront the mental

disease and trigger the healthy potentialities of patients. Studies on the inclusion of disciplines that address religiosity and spirituality in mental health in nursing education concluded that these topics are part of the theory classes, and should be extended to the medical practice given their proven benefits for the emotional balance and mental health of patients<sup>(9)</sup>.

Considering that nursing care should be constructed around the needs of users, the guiding question of this study was: How do individuals with mental disorders understand spirituality in their daily lives? The aim of this paper was to understand the meanings that patients with mental disorders attribute to spirituality.

## ■ METHOD

This is a qualitative, descriptive study with a phenomenological approach<sup>(14)</sup>. This approach is used to analyse the object and purpose of this study because it allows proximity with the specificities and subjectivities of the individuals who receive care, and involves the portrayal of perceptions, experiences and experiences<sup>(14)</sup>.

According to this method, the essences are intuitive and knowledge can come from observation contemplated by perception since the researcher questions the phenomenon and therefore has no “a priori” definitions and theories, but does have the foundation of thoughts and studies that, nonetheless, do not interfere with the inquiry in question. The hope of “getting to the essence of things” provides the opening that is needed to analyse essential structures regarding spirituality from the standpoint of patients with mental disorders<sup>(14)</sup>.

The scenario was the centre for psychosocial care (CAPS) of a municipality in Minas Gerais, Brazil. Nine users with mental disorders participated in the study in February, 2014. Inclusion criteria were patients over 18, of both sexes, with any form of mental disorder, and participants of the activities at the CAPS. The exclusion criterion was patients with mental disorders who were suffering an episode.

The statements were obtained after the participants signed an informed consent statement and answered the following open-ended interview question: How do you perceive spirituality in your daily life? The statements were recorded in a consultation room of the CAPS, after some rapport and empathy was established between the researcher and the participant. A field journal was also used to record any perceptions regarding gestures, silence, crying, and other emotions, as well as posture and body language.

After the recordings were transcribed, the researchers listened to the recordings thoroughly and attentively sev-

eral times as they read the statements to correctly grasp the core structures from the attributed meanings<sup>(14)</sup>. To protect the identities of the interviewees, the interviews were identified with the codes D1, D2, D3 and so on.

After institutional approval, the research project was accepted by the ethics committee of the Universidade Federal de Juiz de Fora with opinion # 454.802/2013<sup>(15)</sup>.

## ■ RESULTS/DISCUSSION

The essential structures were joined using the chromatography that emerged from the following units of meaning: Spirituality is a therapeutic support for mental health; The temple is the religious manifestation of spirituality. To better understand the statements, we created a historiography of the participants, as follows: The age of the participants ranged from 35 to 64; the time of diagnosis ranged from 03 to 41 years; the time patients had frequented the CAPS varied from 02 months to 11 years; the medical diagnoses were schizophrenia, bipolar depression, panic attacks and depression.

### Spirituality is a therapeutic support for mental health

The subjects claimed that spirituality was present in their everyday lives through the presence of God, Jesus and the saints. They revealed the communication they have with these elements and the inadequacy of medication as a cure. They perceived spirituality as being a synonym of faith:

*I believe in God, I believe in Jesus and God, Jesus and the saints all up there, I have contact with the saints at home, I talk to all of them up there. (D1)*

*I believe in God alive, because medication, lately I take several types of medication that soothes, but does not cure! (D3)*

*It's in God. For me he is a master, he is my master. (D8)*

Spirituality is defined as one of the main sources of inspiration of human self-transcendence, and as a means to support hopes for building a new life. For human beings, spirituality is considered necessary for the birth of individuation and to solve social and existential conflicts and desolations<sup>(16)</sup>. The spirituality of the research subjects can be understood in its multidimensionality that is expressed as belief in God, who is referred to as “alive” and “master”.

This reflects the importance of belief or religion in their lives, but also the extent to which concepts of religion (the concept of sacred) and spirituality are intertwined<sup>(17)</sup>.

The meanings of this embodiment of spirituality in everyday life occur through the religion of the mentally ill patients, and how religion helps them recover their health and soothe their suffering. We therefore understand that spirituality is individual and reveals itself through the ability to dialogue with oneself. The professionals who work in the area of mental health must be aware of the spiritual history of patients because this knowledge and an understanding of how faith helps patients cope with their disease can ensure the success of treatments and balance mental problems<sup>(10)</sup>. Other elements are also mentioned by the subjects and described as faith, prayer and the Bible:

*Faith and prayer feed my spirit. I invoke the Holy God and believe he is close to me. (D2)*

*I believe in God. He is present every day, I read the Bible [...] It helps in the spirit. (D5)*

*Inside it helps that I believe, in God! God because he gives me life, every time I play with my grandchildren, I thank God, I thank God for one more day of life. (D6)*

*I believe in the saints [...] I pray, I'm Catholic, I have faith in the souls, always put a candle for the souls. (D9)*

The subjects understand that these religious elements strengthen their health and help them balance their psychosocial needs and live within their limitations. The meaning of spirituality in their lives is experienced in different ways, and reflected as religious practices that strengthen their beliefs.

Appreciating the spiritual dimension of care improves therapeutic communication, interpersonal relations, and the construction of independence and dignity of patients, which also ensures their rights are respected by society<sup>(18)</sup>. Issues experienced by subjects are reflected in their feelings, which in a way also includes their spirituality:

*My faith in God and the saints is huge. Everyone should have faith and believe that they can improve everything in life. Faith removes everything. (D4)*

*Lots of faith in God, I wish everyone in the world were more friendly than evil, you have to have God in your heart and people should be more humble with others. (D7)*

This finding corroborates literature in that it reinforces the benefit of spirituality for emotional balance and, consequently, for mental health<sup>(10)</sup>. The importance of addressing religiosity and spirituality should be highlighted in health-care and nursing education to enable a transformation and appreciation of comprehensiveness in the clinical practice of mental healthcare. This new psychosocial model of care should consider comprehensive care as a therapeutic resource mediated by a flexible approach that meets the needs, singularities, and demands of patients<sup>(9)</sup>.

The statements signify that God and the saints partly help, relieve, and heal mental illness. They show that faith changed their lives for the better and that the subjects understand that God gives them strength and courage to carry out their activities and cope with their difficulties, and serves as a support and factor of protection in their lives. They indicate the close relationship between spirituality and religiosity, where the two often come together as if they were one and the same, and how faith offers the therapeutic support they need to confront health-related problems.

*They help me, protect me. The divine eternal Father healed me very, very much! It didn't fully cure, but it cured. Saint Rita cured me quite a lot, I prayed a lot to her. Saint Anthony protects me. (D1)*

*So the faith I have in God has helped me on a daily basis, because God has improved my luck, my life changed for the better. (D2)*

*It's God who helps me, I ask him for solutions and slowly he helps me, giving me the answers. If it weren't for him, I'd be wandering around streets. (D3)*

*Yes, I do, I have this faith in Saint Joseph and Saint Gerald, anything I lose, I lose then I remember and I look up to Saint Joseph and Saint Gerald, then I have the faith and I find it. (D9)*

Although the subjects understood that there is a close relationship between religiosity and spirituality, studies indicate that they are conceptually different; the first is related to the sacred, where God represents a higher power and the dimension of sacred exceeds the material dimension (souls, angels, saints, and demons); and the second is related to an organized system of beliefs and practices that draw individuals from the transcendent dimension and approach them to the human space, which can be defined as the institutional aspect of spirituality<sup>(13)</sup>.

The support offered by the CAPS and other mental health services are considered therapeutic because they favour spirituality and help improve the quality of life of mentally ill patients. There is a positive relationship between religion, spirituality and health, and this relationship has a protective effect on health. Religious faith seems to have a positive effect on physical and mental health in several ways, and it helps patients cope with adverse situations<sup>(8)</sup>.

It is important to highlight the support that spirituality provides in the lives of CAPS users, rather than merely the physical dimension as proposed by the biopsychosocial model. The spiritual dimension should be valued and incorporated into care practices to help users improve their quality of life, both individually and socially<sup>(9)</sup>.

The situations of stress, suffering and vital problems can be minimized with religious beliefs and the related cognitive processes. Religiosity also influences the way people deal with the limitations imposed by their health problems. The statements revealed that religiosity can increase the subjects' acceptance, firmness and ability to adapt to difficult life situations, leading to peace, self-reliance, forgiveness, and a positive self-image<sup>(8)</sup>.

*He helps me a lot, because depending on the recourses I've been using, it is God who helps me! Lately not even the doctors have helped me: Help me! Just the thought of him, listening to the hymns, at home, I sing and feel a little relief. (D3)*

*Giving me strength, giving me encouragement to come here to the CAPS, and to be able to go to [...] do the things that I do, my activities, you know. (D6)*

*Oh for me, as I told you he is like a father, a master who created, who is up there looking out for me, telling me it will get better. (D8)*

The statements show that greater religious and spiritual involvement is positively associated with psychological wellness indicators, such as life satisfaction, happiness, positive affection and high morale, and better physical and mental health. D7 notably understood the moral and behaviour indicators since, according to him, cultivating spirituality and having it present in our hearts is positive, while its absence is associated with something bad.

*You see, there are lots of people that have money, that case of Nardoni who killed that girl, how can he kill the child just out of evil, with so many woman out there he kills that child. That is all a lack of God in the heart. (D7)*

Article 2 of Federal Law 10.216, 6 April 2001, addresses the rights of mental healthcare patients and establishes that "the needs of patients must be met in therapeutic settings by less invasive means"<sup>(4:1)</sup>. Spiritual and religious support is therefore considered in the treatment of mental disorders as a means to comply with the legal precepts of care.

In this context, it was possible to understand the meaning of spirituality with regard to combating mental disease since the subjects put their expectations and experiences in their faith and religious belief, which, in turn, represent sources of strength and emotional support for life. Spiritual support was characterised as an ally in the treatment of psychological and emotional disorders, so we should consider whether this meaning is based on a religion or on religious practices in general, which leads to reflection on the importance of nursing care within the human dimension of spirituality. This effective practice in the mental health services provides greater emotional support for patients and contributes to the comprehensiveness of care, especially in terms of uniqueness.

### **The temple is the religious manifestation of spirituality**

The subjects meant that religious temples are the locations where they exercise their faith. They expressed that changing temples improved their lives, that they vent their problems in these locations, and that the temples can be their homes. They understood that the CAPS is not a location to manifest their spirituality since they claimed to experience their spirituality when they attend a religious temple.

*After I quit macumba and I started attending the church my life improved a lot! 98% (D2)*

*It helps me a lot! Because I go to church, rant a bit, then I get on with my life. (D3)*

*I pray every day, I go to mass every Sunday. (D5)*

*I talk, I talk to the saint, I go to church and I kneel there. (D9)*

The statements help us understand that spirituality is linked to religious practice. Spirituality makes sense when they attend the location where they practice their faith, which is represented by the church or a religious temple. Thus, spirituality is the desire of the subjects to find God or let God find them through prayer. This religious prac-



tice changed the lives and, consequently, the health of these subjects.

Individual subjectivity reveals that the experience of faith is private and variable, which means that religious practice occurs in various ways. However, this practice has one common goal, which is to improve the lives of people, and is considered a way to cope with the limitations imposed by health problems since “religiosity can also act in a preventive manner regarding health-related outcomes”<sup>(19:141)</sup>.

The statements showed that religious practice is associated with spiritual health, which consequently influences mental health. This reinforces the importance of acknowledging this link, and providing CAPS users with moments that allow them to engage in this practice. In spite of the strong influence of the religious and spiritual dimension on the emotional and mental health of individuals with mental disorders, the services that provide care for these patients failed to allow room for religious practices.

*At the CAPS no, only at home do I say I have a place there at home, that there is Saint Francis of Assisi there and everything, so I talk to them there. (D1)*

Scholars recognize the difficulties of mental health nurses and other mental health professionals regarding the spiritual care approach. They also acknowledge the importance of improving care from the perspective of comprehensiveness to cater to individuals in their spiritual and religious dimensions<sup>(19)</sup>. Regarding religious and spiritual support for people with mental disorders and/or addictions, scholars claim that “assessing the relationship between patients and their religiosity requires caution” since this approach must be based on the principles of ethics and respect the rights of citizens<sup>(19:143)</sup>. These are also the principles of nursing care.

According to the precepts of the mental health service provided by the CAPS regarding assistance and guaranteeing the civil rights of patients, nurses must rethink and reflect on the religious and spiritual needs of these users in order to improve the emotional and physical health of patients and help them reconstruct their “social identity”<sup>(20)</sup>. For the subjects, it was evident that the CAPS is not a place that stimulates spirituality, which leads us to debate the importance of this issue since most users spend most of their time at the centre.

Appreciating spirituality in these settings is therefore essential, considering that spirituality helps patients cope with their problems and complements the psychological and emotional treatment of patients with mental disorders.

## ■ FINAL CONSIDERATIONS

The subjects understood that spirituality is present in their everyday lives, and that religiosity as a complement to treatment can help them cope with their disease, solve trivial everyday matters, remain optimistic and improve their overall wellness. The religious temple in churches or homes was considered the setting where they can practice their religion, and at no moment did they refer to this stimulus in the CAPS, which leads to reflection on the guidelines and education of workers at these services so that they may offer moments that value the spirituality of users.

Spirituality in the lives of people with mental disorders supports treatment and helps them cope with the limitations imposed by their health problem. Literature confirms the precepts of the influence of spirituality on the treatment of patients with mental disorders and addictions by introducing the prospect of considering the spiritual dimension as a way of supporting these patients.

Therefore, this study corroborates the practice of nursing by stressing that the dimension spirituality be the focus of investigation and reflection to improve care, although the limitation of this study was that research was conducted at a single CAPS.

We believe that this study contributes to the practice of healthcare workers by encouraging thought on the need to create and extend investigations on this subject, and to adopt a new outlook that considers the spiritual and religious aspects of patients in order to provide comprehensive care. Respecting the spiritual and religious wishes of patients should be considered a part of nursing care, and serve as a basis of care according to the precepts of comprehensiveness.

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