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SPIRITUALITY, RELIGIOSITY AND RELIGION ON CHEMICAL DEPENDENTS' CARE: A QUALITATIVE STUDY INTO DIFFERENT LIFE PERIODS

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ABSTRACT

Chemical addiction is characterized as a disease that affects the individual in a physical, psychic and social way. Its treatment aims not only on ceasing the substance use, but also its reduction and the dependent's social reinsertion. In this scenario, religiosity has been shown as a protector factor to drug use and also as an enhancer on the dependent's treatment. This is a qualitative research that had an encounter as data collection instrument. This research was performed on a farm in Sergipe State, in which participated thirty users of male sex, without distinguishing on social status, religion or race. It was commonly reported the presence in their childhood of spiritual and religious practices, as well as of an environment totally out of predisposition to drug use. However, after moving away from their religiosity and family, the majority reported to compensate their absence with substance abuse. Another predominant report was about the value, for the users, that religiosity and spirituality have on motivating them to fight against chemical addiction. It is pressing to infer that religiosity and spirituality are shown as positive factors on the therapeutic course for these patients in their integrality.

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INTRODUCTION

Psychoactive substances have the capacity of alter the individual's behavior and induce them to use it another time, which can bring this user to chemical addiction. This, show itself in a way that, even after suffering with a variety of physical or psychic symptoms, the user does not stop using the substance (Sadock *et al.*, 2017). Currently, both the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) and the International Classification of Diseases define chemical addiction as a disease (WHO, 1994; APA, 2014). Referring chemical addiction treatment, although the main goal is to cease the substance use, as says the WHO, it is as important to reduce its use and damages, in addition to the user's social reinsertion (Moreira *et al.*, 2013). In the literature, there are descriptions of the positive interference of religiosity can have on the individual's physical and mental well-being (George *et al.*, 2002; Miller & Thoresen, 2003).

Furthermore, the importance of religiosity in the therapeutic course of chronic or severe conditions is also reported, especially on their psychic and social consequences (Koenig, 2003). Finally, besides improving health in an integral way, turning dependent's recovery more efficient, religiosity was also associated with lower consumption of psychoactive substances (Hodge *et al.*, 2002). Some authors point to the power that religiosity has in promoting, upon social support, optimism and resilience on chemical dependents, and also into reducing their stress levels (Neff *et al.*, 2006). This support is made essential once it offers to the dependent not only an environment with absence of drugs, but also, one in which they may be reinserted and given aid with a network of people (Barret *et al.*, 1988). Therefore, considering that the chemical dependent is carrying a chronic pathology which triggers not only biologic, but psychological and social consequences, it is clear that the religiosity of chemical dependents can configure as a positive factor on their treatment (Sanchez, 2006).

MATERIAL AND METHODS

This is a qualitative research that considers as subject not only the individual with their beliefs, values and worldview, but also that the object of social sciences is complex, contradictory, unfinished and in permanent transformation (Minayo, 2005). This qualitative research had as instrument an encounter led by the occupational therapy team, in which were used expressive activities with painting and the recording of subjects' speeches. This methodological approach proportioned the understanding of the feelings and opinions regarding the meaning of spirituality, religiosity and religion to the dependents in their different life periods. The research was performed at Fazenda da Esperança (Hope's Farm), which is located in Sergipe State. Its services are provided to male sex users, without distinguishing on social status, religion or race. The number of users is flexible, usually between 30 and 40 people. They work in groups of: Biblical studies, activities in agriculture and livestock, cooking, groups with social workers, music and recreational activities. The farm is a set of therapeutic communities of catholic bases that seeks through spirituality, isolation (withdrawal from big urban centers), work and coexistence, the rehabilitation of chemical dependents and the reinsertion in society with dignity and humanity. During the research, there were 37 users in treatment at the farm, but only 30 were in the encounter and agreed to participate, after signing the informed consent form. The main ethic question in this research relates to the interviewed's guarantee of anonymity, which was made. It was authorized by the Research and Ethics Committee with the approval number CAAE:75475417.1.0000.5546.

Referring to the data collection, it was used a group encounter of occupational therapy, with duration of three hours, in which were performed four activities of painting with the materials described: specific painting paper, brush, pens and painting. For each of the four activities, it was given a theme in which they were supposed to express on paper their subjectivity about it. The proposed themes were:

- 1st activity: "Spirituality, religiosity and/or religion in childhood and/or before using drugs".
- 2nd activity: "Spirituality, religiosity and/or religion when using drugs".
- 3rd activity: "Spirituality, religiosity and/or religion today, in treatment".
- 4th activity: "Spirituality, religiosity and/or religion in your future".

The subjects could then draw or write about the proposed theme. After all the participants ended the four paintings, each one was invited to speak about their activities, explaining each moment and its meaning to them. Before speaking, they filled a sociodemographic questionnaire (age, marital status, schooling, profession, religion and the time in the farm). These activities provided a space for exchange, experience, discussion and integration between the subjects. They rescued some events and feelings that they lived in their lifetime, from happy moments to the biggest troubles confronted. Even though it was just an encounter, all 30 subjects that were in the activities succeeded in concluding the proposal, actively participating, being extrovert and expressive, revealing wishes, potentialities, conflicts, fears, and difficulties. Bringing their past stories, as they are today and how they

would like to be in the future. They were able to speak more about what happened, the "wrong" ways they acted, with negative attitudes, and the turbulent paths they chose. Another important point was the recognition of discovering new abilities, possibilities and need of change.

RESULTS AND DISCUSSION

Knowing the subjects: The age range varied from 16 to 53 years old. The time the users were in the farm went from 1 day to almost 7 months. Table 1 presents the percentual and the number of users according with their marital status and religion. Schooling varied from unfinished high school to unfinished undergraduation. Fourteen users had children and the professions were diversified: driver, seller, public agent, flanelinha (a type of car keeper), painter, corn and soy drier, refrigeration technician, personal trainer, broadcaster, mechanical assistant, merchant, independent worker and producer.

Table 1. Marital status and religion of farm users

Marital status	Total (n)	Percentage (%)
Singles	17	56,7
Stable union	1	3,3
Married	7	23,3
Divorced	5	16,7
Religion		
Catholics	21	70,0
Atheists	2	6,7
Spiritist	1	3,3
Evangelicals	5	16,7
Without religion	1	3,3

The encounter: On arrival, the 30 users were waiting, they had already been informed about the activity that would be performed by the occupational therapy. A brief introduction about the concepts of religion, religiosity, spirituality and occupational therapy was made. After the explanation about the proposal of this work and the signature of the consent forms, they showed enthusiasm and disposition to perform the proposed activity. Some understood the activity easier and others asked for help throughout the execution. Most of them drew and painted, but some preferred just writing with pen.

The before: my happy childhood: The reason that brings someone to enter the world of drugs is still unknown. There is no rule or right context. The reports below shows a little bit of this, with various family structures, school education degrees, religion and spirituality. The only thing in common is the will to win the drug problem. However, in this phase, most of them didn't even imagine, and a lot of them report not recognizing this problem, so there is no mark of a substance, being in reality just part of the individual. In most of the paintings, the users show simple events, always next to the family. In the speeches below is possible to have a better understanding on the idea that, in this period, they show the "simplicity, purity, and the common" as being part of their lives, since that in most of the paintings and reports the family is present as the center of all actions and needs, having a fundamental importance for the subject:

"...I expressed more the part of my childhood. That pure smile, that innocence, and the happiness of being close to the ones we love. Family, friends, colleagues..." (User 10).

"...I had a really common life. A type of common that we live inside the spirituality, because when we go to the drug nothing is common. I was a very cheerful and happy person, a normal person" (User 4).

Childhood is perceived as a magical moment for the child, in which colors, flavors, scents, and situations arouse very intense emotions and create patterns that will serve as a reference to their personal development. Moments that awake good feelings as peace and happiness will bring safety, while the ones that awake pain and frustration contribute to the development of emotional insecurity. It was possible to see this in all the reports, and none of them talk about a troubled childhood and sad childhood, but about common events, quiet but memorable places, and simple things like being with people that they love made them feel like a "normal and happy person". Below there are speeches that say more about spirituality, religiosity and/or religion:

"I had faith, everyday my mom would put my brother and I to pray" (User 22).

"I was born and raised in church, but after, with the time, I left it... my spirituality by the fact of having turbulences, but I could keep myself firm in there..." (User 25).

The majority of them report that they always had Faith, but attended the church, regardless of religion, mainly because of family (Figure 1). Children, in particular, do not distinguish spirituality from religion, but their sense of spirituality or their engagement in a religious community can promote a positive strategic coping before the situation that they are living (Santos *et al.*, 2013). According to Freud (1974), the relationship a child has with God, is nothing more than the duplication of their relationship with their parents and come from the state of helplessness they feel against situations that are out of their control, as are life frustrations and the nature forces. He says that the spirituality in children does not differ from the one in adults in its structure, but only in its manifestation. Having religious education in childhood imply to have an education with more rules and moral standards, as well as internalization of values that give meaning to life. However, more important than attending to religious cults is the internalization of moral and religious attitudes that a child need to have (Dalgarrondo *et al.*, 2004).



Figure 1. Images of activity 1 by users 22 and 25, respectively

The drug: a path of discovery and lost: In the second activity, it was remarkable the difference on speech and drawings, since the Family and close people were not present anymore, being replaced by a new group of people and a new set of activities, leaving aside those that were simple and common, but had meaning. Everything is replaced by a single and needed substance, everything revolves around this use. They report entering a dead-end world with no turning back, where they can only see themselves (Figure 2).

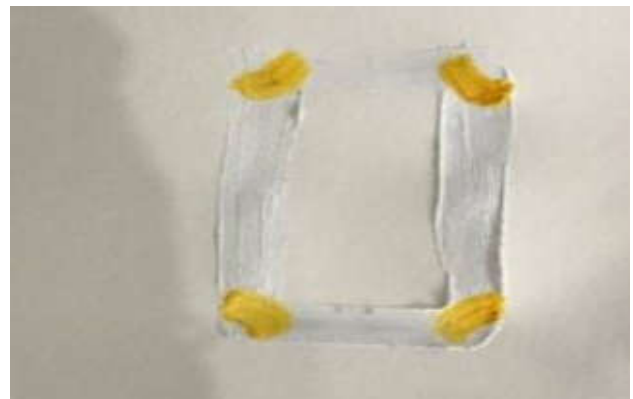


Figure 2. Images of user 3 activity 2

"...I mostly see it like a mirror, in which I only could see myself... I couldn't remember anyone, didn't think about what someone else was thinking, ...I was always a person that thought was doing the right thing and not what other people were saying, I stopped going to the church, stopped reading the bible, stopped coexisting with people that always helped me and inspired me to good things..." (User 4).

As mentioned by psychologist Zago (2011), the user transforms his existence as a drug slave, definitely there is no place to other people that, in general, are seen as instruments/objects. Therefore, the dependent cannot keep deep and lasting relationships, as the experience of "self" is linked to an object, so that the experience of "we" is nullified. Hence, drug addiction cancels their position in the world. Another consequence of chemical addiction is the bond disruption with work and family. Many of them lose their jobs because of the exaggerated use of the drug, that reaches their professional life and keep the family away. The individual compromise its physical, psychological and social life, as the drug passes to be a life priority (Souza *et al.*, 2006).

"When I came into the dark world, I didn't know where to go, no path or exit. I lost absolutely everything: Family, friends, job..." (User 24 and figure 3).

At the same time, chemical addiction causes an existential emptiness and emerges as the possibility to fill this emptiness. The individual searches to supply his pain, breaking with reality and using psychoactive substances, in attempt to escape, forget, and deny his most difficult matters. However, right after its use, the emptiness, pain and depression arise, bringing the need of a new consumption to reverse those bad sensations. Living, then, in a cycle of searching relief and using the substance (Silva & Fraga, 2009). The speech below portrays this:

"Rock bottom. Here I saw distress, depression, overdose, suicide attempt, delusion. It's like it was an escape from something I don't know, but that you search and search all the time..." (User 25).

Religion and spirituality do not exist or are remembered by most of the users, others say that they kept faith and spirituality, however, it was left aside, because the desire, the search and need for the drug use stood out in every moment, replacing any activity or person.

"...the routine was riding my motorcycle and doing the wrong thing. At this time, I didn't attend church, was using drugs, believed in God, but didn't have any religion. Instead of going to church I'd rather go to a party..." (User 1).

The harm caused by the drug use is noticeable. The dependent, unconsciously thinks that in this period he is fooling others, but the harm they do hurts mainly themselves, destroying what they most value: Their dignity and their life.

"I started using drugs inside the church, it's like it softened me when I used it inside the church. In this I represent that, to people that were there, I was communing with God, but no, I was making myself a fool. Here I was the main character and the most deceived in the story..." (User 23).

Another point brought by almost everyone, is about the disappointment and loneliness that consumed this period, speaking about losing themselves, their identities. In the beginning the chemical substance produce a sensation of immortality and happiness, bringing the addict to live in a continuous fantasy, which generate a marked frustration when they realize is not real.

"...my experience with drugs, at first was a happy life, because it really brought me happiness and euphoria, but also brought me a lot of disappointment, a state of desert. I felt lonely many times" (User 3)

The user loses every meaning of life, living in an existential emptiness in which the process of sickness, apart from drastically harm oneself, also has intimate relation with the difficulty the family has on dealing with the addict's behavior, which needs therapeutic support and care. Different situations are experienced by the family, as fear, anguish, doubts, and even abandonment (Orth & Moré, 2008). The process the family passes through deserves great attention from professionals during the user's care, so that the benefits are not only for the user but also for the ones that are involved in the situation. The maximum expression of religiosity is love, meanwhile the chemical addict relates only to the effect the drugs cause. Therefore, one does not perceive the suffering it causes to the family, since the sensation of belonging to someone does not exist anymore. The drug has the "control", he isolates from people and interests that differ. Despite feeling great at the beginning, with time the love is shifted to the drug, falling in love with it. The addict gets away from everything; it's a distorted religiosity. It brings the loss of autonomy, one loses the self and, consequently, the world around, remaining only the "loneliness" (Tiba, 2002). After the loneliness, the users in the Farm report the questions of humiliation and/or prejudice:

"Humiliation in many situations, even by my own family. Today I understand that I was the one that asked for it" (User 20).

The use of psychoactive substances is one of the conditions that carry the biggest moralizing connotation in the world, being considered mainly an individual problem in which the diagnostics and treatment many times exacerbate the moral aspects of the use, making the addicts feel excluded and humiliated (Ronzani & Furtado, 2010). Therefore, in a society in which chemical addiction has this moral connotation, social

stigma turns into a problem to them, as the professionals responsible for the diagnostics or treatment may, many times, think that chemical substance use as a character weakness (Room, 2006). Another factor perceived in the speeches and on literature is the life condition chosen by the users. The reality made explicit in the addict's behavior, who gives away comfort and benefits offered by the family and go to live in subhuman conditions in the streets, triggers incomprehension of their attitudes associated with feelings of shame, compassion, and fear of social judgement, which may blame Family for it (Masood & Sahar, 2014).

"...I started to use drugs at age 11. Until now I am alone, living in conditions worse than a street animal..." (User 14)

This change of habits is one of the purposes at the Hope's Farm. The purpose of the twelve months in there is to achieve a new way of life, there is no promise on a cure from drugs. Even though the parents hope their sons come back cured, this is an error on assignment, since the farm cannot do this much for them. It just shows a path to go through, and the users have to choose if they will follow it (Room, 2006). Appealing to prayer is one of the resources that is learned in the farm and that contributes to strengthen the user during temptation. A qualitative research tried to clarify the mechanisms of religious intervention suggested by the 3 biggest religions in Brazil: Catholicism, Protestantism and Spiritism. The importance given to praying (conversation with God) was observed as a common factor in the treatments, being used as a method to control drug craving and acting as a strong anxiolytic. To Protestants and Catholics, confession and forgiveness, respectively by conversion (faith) or by penance, exercise strong appeal to restructuring life and elevating self esteem (Santos, 2009; Sanchez & Nappo, 2007). One of the users brings in all his speeches a search for comprehension and understanding of spirituality, religiosity and/or religion. In this moment, he seeks to understand why "God gave up on him" in such a difficult and desperate moment, the one he most needed help.

"...this portrays a bit of this moment. Death, betrayal, prison. here I put: God?? Some say that this one is dead. Does he have personality? Does he? Does he needed to exist? He really died? My God, my God, why did you give up on me..." (User 18)

The search for care: self-knowledge

It was seen, in most of the participants, the return of hope, the possibility of a new beginning, reconstruction and rescue of their identities, the search for a new lifestyle.

"...it is the hope of a new life, hope of living, go back to the life I had, rescue my identity or one even better. And for that I have to believe and live the present moment, which is what I have to do every day. And in the end find a new lifestyle, totally different from the one I had before..." (User 3).

The family is seen again as fundamental and important, it has a strong bond of union and so it is an essential element to help the user not feeling alone in such troubled times. Through family support he will be stimulated to move on and do not give himself up to addiction another time.

“When they introduced me to the hope’s farm, I could see a light, ..., I find myself in a moment of light and hope, that I can continue with my life, from here and now to do things different and really change” (User 4).

The awakening to this reality makes it possible to adapt the feelings of responsibility from their attitudes and, consequently, provides a change in the way they perceive themselves and the world around. It also favors maintaining the treatment, helping to prevent relapses, recognizing spirituality as an important ally to reach the amplified concept of health (Fuchs, 2011).

“After I stopped drugging, found the farm, came here from Fortaleza, found these brothers and started living in God. I didn’t know the gospel, didn’t know anyone from the bible, so, now I started to know who is really God and the power he has in my life. So, I’m exchanging my life to have in fact a life to live in God” (User 10 and figure 4)

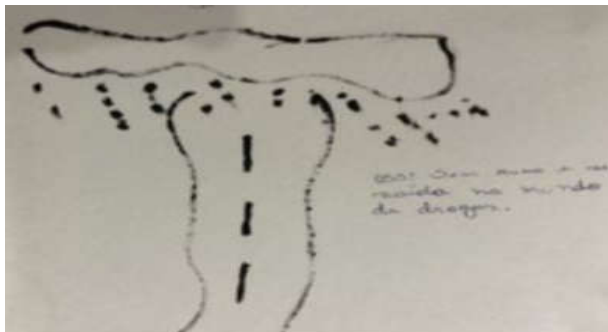


Figure 3. Images of user 24 activity 2.

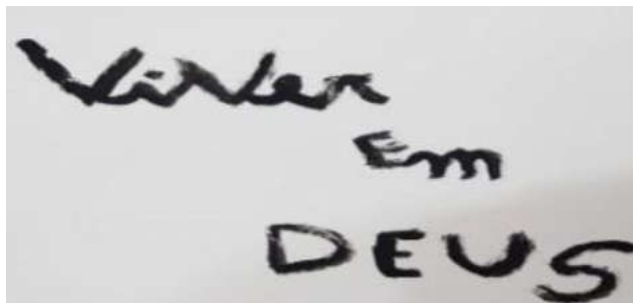


Figure 4: Images of user 10 activity 3

The spiritual experience promoted by the farm acts on strengthening the resilience against chemical addiction, collaborating to restore their balance with spirituality, work and coexistence. This tripod collaborates with them to overcome their own difficulties and feel useful and important to the group, favoring social reinstatement. When returning to society, the welcomed have aid of the Groups Living Hope (Grupos Esperança Viva), in which they can practice spirituality as when they lived on the farm (Santos, 2007). Faith, religion and spirituality come back to be extremely important for the ones that lost them in the second period and, also, turn into a way of possibilities to the ones that never believed.

“Now I am always seeking God, the Faith, mostly to see if it put away this bad things, wrong things of the world...” (User 6).

Religion and/or spirituality do not promote only abstention from drug use, but also offers social resources for

restructuring: a new friendship network, free time occupation with volunteer work, appreciation of individual capacities, group cohesion, unconditional support from religious leaders, without judgement. and a new hope of change (Sanchez *et al.*, 2004). A possible role of religiosity on chemical addict recovery and relapse control is given by the development of optimism, improving their perception of social support. promoting a bigger resilience to stress and lowering levels of anxiety. These would be aspects responsible for the success of programs and/or communities that embrace spirituality, religiosity and/or religion on treatment against drugs (Pardini *et al.*, 2000).

The hope and the credibility in myself: Most of the drawings and speeches brought the need to achieve things and people that were lost in the past due to the drug use and also the need of an internal change so they can fight life challenges. Drug use provokes distancing and affective withdrawal in families, which makes communication between members difficult. However, it is necessary and possible to convince family to assume its responsibilities in helping the addict, therefore the next step is to create a channel of communication by which they can talk without guilt, charge and hurt, because the lack of confidence by the relatives is evident most of the times (Bezerra & Linhares, 1999).

“When I leave, I want to win back my family, or better, have a real family ...” (User 1).

“What I hope is for forgiveness from every person I hurt, mostly my family” (User 5)

It is important that the farm’s users return to their place of origin, it is part of the process of recovery and, although challenging, can promote the reconstruction of family ties/ It is needed to remember that this return is painful, because it is a process of regain of other people’s trust, which was lost by the drug use. Moreover, in other side, there is the possibility of going back to the drug use with this liberty (Santos, 2009). After leaving the farm, normally the first contact is with family, which should be prepared to this return because its involvement can be essential to consolidate the changes promoted by the treatment. As referred by Santos³¹ “with the recovery work, soon it was understood that active participation from parents on their son’s life change was determining, and condition, for effective liberty of addiction”. Thus, to recover, the addict and his family need to strengthen and promote their capability of resilience (Krüger, 2005). The dreams of the ones in recovery and their cravings for returning to the society are many. They bring mostly a construction of something new.

“Here it means construction, construction of something new...” (User 13).

The aspects of religion, religiosity and/or spirituality also appear in some of the speeches with different perspectives as: important allies on treatment inside the farm, need of better understanding and discover, and possibility of help to keep away from drugs in the future. According to a survey of Hanson (2002), the main protector factors to drug use include family, the information received by professionals, and religious activities. The association between religiosity and recovery of chemical addicts is noticeable, given that when practiced intrinsically, religiosity can promote change of thinking on attitudes, breaking the vicious cycle in which the addict is stuck, anesthetized from their lives and from the world around them. It brings confidence and determination, a

solid base so the addict can acquire the domain of their own lives against drugs (Freire & Moreira, 2003). The reports from this last activity show some common points as: Faith in God as help source and support in recovery and its maintenance; trying every day to be a better person; gratitude for feeling loved, valued and protected by God; lost on different sections of life; a new way of seeing themselves and the world, making therefore a review on life, in terms of the suffering the sight of the drug as priority caused, and trying each day to allow a positive change.

"I chose the color green, the hope, and then I wrote: "spirituality: a philosophy in which I strive to convince myself, knowing that as human I feel the vulnerability and fear front of my disability in control circumstances". "Religion: a diversified institution of precepts that have pretends to personify the spirituality". Then I wrote: " My God, my God, why did you give up on me? Eli, Eli, lama, sabaquitan..." (User 18).

The experience with God and the coexistence with others, most of times impactful, will capacitate and provide resources for the moment the recovered returns to society, including strength to rebuild themselves if they relapse in the middle of preparation (Santos, 2009).

Conclusion

From the reports above, provided by the chemical dependents in treatment, it is pressing to infer that religiosity and spirituality are shown as positive factors on the therapeutic course of these patients in their integrality. Likewise, it is valid to mentioning the common speech between the users about the feeling of emptiness and isolation that the addiction promoted in their lives, and how religiosity, regardless of religion, is capable of helping them to fight this feeling, strengthening the recovery process.

REFERENCES

- APA. (2014). Manual diagnóstico e estatístico de transtornos mentais: *DSM-5*. Porto Alegre, RS: ArtMed.
- Bezerra, V.C., Linhares, A.B. (1999). A família, o adolescente e o uso de drogas. *Cadernos juventude, saúde e desenvolvimento*, 1, 184-197.
- Barrett, M.E., Simpson, D., Lehman, W.E. (1988). Behavioral changes of adolescents in drug abuse intervention programs. *J Clin Psychol*, 44(3), 461-73.
- Dalgalarondo, P., et al. (2004). Religião e uso de drogas por adolescentes. *Revista Brasileira de Psiquiatria*, 26(2), 82-90.
- Freire, J.C., Moreira, V. (2003). Psicopatologia e religiosidade no lugar do outro: uma escuta levinasiana. *Estudos Psicologia, Maringá*, 08(02), 93-98.
- Freud, S. (1974). *Obras psicológicas completas de Sigmund Freud*, vol. 21. Rio de Janeiro: Imago. O futuro de uma ilusão, p. 15-74.
- Fuchs, G.C. (2011). A influência da espiritualidade na recuperação de dependentes químicos, Riomafrá. Disponível em: <http://www.clickriomafrá.com.br/portal/noticias/riomafrá/?p=5720>.
- George, L.K., Ellison, C.G., Larson, D.B. (2002). Explaining the relationship between religious involvement and health. *Psychological Inquiry*, 13(3), 190-200.
- Hanson, G.R. (2002). New vistas in drug abuse prevention. *Nida Notes*, 16(6), 3-7.
- Sadock, B.J., Sadock, V.A., Ruiz, P. (2017). *Kaplan & Sadock compêndio de psiquiatria: ciências do comportamento e psiquiatria clínica*. 11. ed. Porto Alegre: Artmed.
- Hodge, D.R., Cardenas, P., Montoya, H. (2001). Substances use: spirituality and religious participation as protective factors among rural youths. *Soc Work Res*, 25(3), 153-60. doi: <https://doi.org/10.1093/swr/25.3.153>
- Koenig, H.G. (2003). Religion, spirituality, and medicine: research findings and implications for clinical practice. *Southern Medical Journal*, 97(12), 1194-200. doi: 10.1097/01.SMJ.0000146489.21837.CE.
- Krüger, R.R. (2005). *Comunidade Terapêutica: Como Acolher Egressos de Instituições de Recuperação de Dependentes Químicos? Um Exemplo da IECLB em Florianópolis*. São Leopoldo: Escola Superior de Teologia.
- Masood, S., Sahar, N.U. (2014). An exploratory research on the role of family in youth's drug addiction, *Health Psychol Behav Med [Série en internet]*, 2(1), 820-32. Disponível em: <http://www.tandfonline.com/doi/pdf/10.1080/21642850.2014.939088>.
- Miller, W.R., Thoresen, C.E. (2003). Spirituality, religion, and health: an emerging research field. *American Psychologist*, 58(1), 24-35. doi: 10.1037/0003-066x.58.1.24.
- Minayo, M.C.S. (2005). Qualidade de vida e saúde: Um debate necessário. *Revista Ciência e Saúde Coletiva*, 5(1).
- Moreira, F.G., Haiek, R., Silveira, D.X. (2013). Redução de danos no Programa de Orientação e Atendimento a Dependentes - PROAD. [Série en internet]. Disponível em: <https://doeplayer.com.br/18922426-Reducao-de-danos-no-o-proad-programa-de-orientacao-e-atendimento-a-dependentes-fundado-em.html>.
- Neff, J.A., Shorkey, C.T., Windsor, L.C. (2006). Contrasting faith-based and traditional substance abuse treatment programs. *J Subst Abuse Treat*, 30(1), 49-61. doi: 10.1016/j.jsat.2005.10.001
- Orth, A.P.S., Moré, C.L.O.O. (2008). Funcionamento de famílias com membros dependentes de substâncias psicoativas. *Psicol. Argum.*, 26(55), 293-303.
- Pardini, D.A., et al. (2000). Religious faith and spirituality in substance abuse recovery: determining the mental health benefits. *Journal of Substance Abuse Treatment*, 19. doi: 10.1016/s0740-5472(00)00125-2.
- Ronzani, T.M., Furtado, E.F. (2010). Estigma social sobre o uso de álcool. *Jornal Brasileiro de Psiquiatria*, 59 (4).
- Room, R. (2006). Taking account of cultural and societal influences on substance use diagnoses and criteria. *Addiction*, 101(1), 31-39.
- Sanchez, Z.M. (2006). As práticas religiosas atuando na recuperação de dependentes de drogas: a experiência de grupos católicos, evangélicos e espíritas. Tese de Doutorado. Departamento de Psicobiologia. Universidade Federal de São Paulo, São Paulo, p. 389.
- Sanchez, Z.V.M., Oliveira, L.G., Nappo, S.A. (2004). Fatores protetores de adolescentes contra o uso de drogas com ênfase na religiosidade. *Ciência & Saúde Coletiva*, 9(1), 43-55.
- Sanchez, Z.V.M., Nappo, S.A. (2007). A religiosidade, a espiritualidade e o consumo de drogas. *Rev. Da Psiquiatria Pública*, 34(1), 73-81. doi: <https://doi.org/10.1590/S0101-60832007000700010>

- Santos, C.A. (2009). Já aconteceu... e se espalhou: a história, o carisma e a espiritualidade da Fazenda da Esperança. Guaratinguetá; SP: Fazenda da Esperança.
- Santos, F.S. (2009). Abordando a Espiritualidade na Prática Clínica. In: Cuidados Paliativos: Discutindo a Vida, a morte e o morrer. São Paulo: Atheneu, 373-386.
- Santos, R.Z., *et al.* (2013). A espiritualidade e a religiosidade na prática pediátrica [dissertação]. Sorocaba: Pontifícia Universidade Católica de São Paulo, Faculdade de Ciências Médicas e da Saúde.
- Santos, C.A., Brusckhe, K. (2007). Da esquina para o mundo. São Paulo: Cidade Nova.
- Silva, M.M.L., Fraga, V.B. (2009). O vazio existencial: de Lacan à contemporaneidade. Contemporânea-Psicanálise e Transdisciplinariedade, Porto Alegre. [Série en internet]. Disponível em: www.contemporaneo.org.br/contemporanea.php.
- Souza, J., Kantorski, L.P., Mielke, F.B. (2006). Vínculos e redes sociais de indivíduos dependentes de substâncias psicoativas sob tratamento em CAPS AD. SMAD, Rev. Eletrônica Saúde Mental Álcool Drog. (Ed. port.) [online], 2(1).
- Tiba, I. (2002). O uso da maconha e as alterações nos relacionamentos humanos. In: Levisky, D. L. Adolescência e violência: ações comunitárias na prevenção “conhecendo, articulando, integrando e multiplicando”. São Paulo: Casa do Psicólogo.
- WHO. (1994). Manual de instrução da Classificação Estatística Internacional de Doenças e Problemas Relacionados à Saúde - 10ª revisão. v. 2. São Paulo: Edusp.
- Zago, J.A. (2011). Drogadição: um jeito triste de viver. [Série en internet]. Disponível em: http://adroga.casadia.org/tratamento/DROGADICAO_UM_JEITO_TRISTE_DE_VIVER.htm.
