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Research Artilce

The Impact of Religion on Patients with Mental Disorders in the Light of Integrative Literature Review

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Abstract

Objective: Identify, through an integrative literature review, the impact of religion on patients with mental disorders.

Method: The scientific electronic bases were used: LILACS, MEDLINE, BDENF and SCIELO. The research took place between March and October 2019, with the inclusion criteria: articles published in Portuguese, in full and between the period 2007 to 2019, available in the consulted databases and related to the proposal. Exclusion criteria were: editorials, literature reviews, abstracts, theses and dissertations.

Results: We found 3015 articles related to the theme and selected 10 that reflected relevant aspects of religion in the patients' lives.

Conclusion: Religion has an impact on the lives not only of people with mental disorders, but also of family members and people in their support and coexistence network in various ways, positively reflecting on self-esteem, quality of life and welcome. Religion can also negatively impact and manifest itself, according to the literature, through fanaticism, anxiety, and the fact that health professionals do not adequately address the issue with their patients.

Keywords: Mental Health; Religion; Mental Disorders And Psychiatric Nursing

Introdution

The issue of spirituality has been analyzed in new treatments as an integrative part of care in various diseases, coming from a multiprofessional consensus that religion is an ordering and significant factor in people's lives, especially in unstable and difficult times, referred to as an environment of refuge [1]. It is further reinforced by the World Health Organization [2]. (WHO) when it defines health as "a state of complete physical, mental and social well-being and not just the absence of illness and disease". Since these states are a social right inherent to the condition of citizenship, they must be ensured without distinction of race, religion, political ideology or socioeconomic condition.

The definition of religion, according to the Michaelis Online dictionary [3], refers to the conviction of the existence of a superior being or supernatural forces that control the destiny of the individual, nature and humanity, to whom obedience and submission are due. As religiosity would be a form of accuracy and regularity in the fulfillment and execution of acts and duties [3].

Using this line of definitions and concepts, it is worth highlighting the historical moment since the late nineteenth and early twentieth centuries, where several scholars have generated research on religiosity and the relationship with individual suffering and mental disorders. Dalgalarrondo [4] states that during studies of black and brown beliefs, for example, it was considered an epidemic of collective madness. From this also emerges a sociopolitical context of rapid change, which may increase social tensions, which would facilitate the spread of this collective madness, when an individual affected by severe mental illness would act in a population mass of the excluded, at a troubled moment, triggering hysterical phenomena, neurastenics and mystics of great proportions.

Most hospitals designed to care for mentally ill patients at the beginning of this story were organized by priests and monks, where "moral" treatment was dominant as a psychiatric line of care. As time went by, new studies and lines of thought were observed, so the ideas of Singmund Freud and G. Stanley Hall were that religion generated neurosis and that psychological theories would replace religion as proponents of worldview and a source of treatment. However, these negative ideas came without scientific basis, leading most of the twentieth century to underestimate and disqualify patients' religious beliefs and practices [5].

The scenario of change begins to appear at the turn of the twentieth to the twenty-first centuries in various parts of the world, where systematic investigations have shown that religious people were not always neurotic or unstable, that individuals with faith seemed to cope better with stressors, recovered more quickly and had fewer negative emotions than those without beliefs. Given that religion is important to Brazilians, it should not be surprising to link religious involvement and mental health [5].

Any religious following arises in specific historical, socioeconomic, political and cultural contexts, having a specific meaning and becoming a social and cultural dimension of the human experience [6]. In a more current scenario, mental health being characterized as a balance of all dimensions of life, religion, followed by propensity for religiosity, plays a fundamental role in the harmony of human beings, as the existential void affects many people and search for a meaning of life, gains more notoriety. Many reports also refer to the form of encounter with other people, energies, even cosmos, in a way that creates a relationship between the subject and the world and the learning of new values [7].

The present work was developed with the objective of drawing both positive and negative lines of treatments that take into consideration the religion and consequent religiosity of the individual, since their importance is recognized, but most health professionals do not yet understand and they are not trained to continue this process, creating a gap between care and one considered, in some patients, the need for religion in one's life[1].

Objective

Identify, through an integrative literature review, the impact of religion on patients with mental disorders.

Method

Integrative literature review research. For the bibliographic survey the following scientific electronic bases were used: Latin American and Caribbean Health Sciences Literature (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), Nursing Database (BDENF) e Scientific Eletronic Library Online (SCIELO). Four descriptors were defined that were associated with the Boolean term “and”: Mental Health, Religion, Mental Disorders and Psychiatric Nursing.

The research took place between March and October 2019, with the inclusion criteria: articles published in Portuguese, in full and between the period 2007 to 2019, available in the consulted databases and related to the proposal. The exclusion criteria adopted were: editorials, literature reviews, theses and dissertations.

Results

Descriptors	Lilacs	Medline	Bdenf	Scielo
Religion and Mental Health	72	0	17	86
Religion and Mental Disorders	31	0	6	13
Religion and Psychiatric nursing	3	0	5	5
Mental Disorders and Psychiatric nursing	110	0	94	49
Mental Disorders and Mental health	508	0	89	843
Psychiatric nursing and Mental health	372	0	382	330
Total	1.096	0	593	1.326
Articles: 3.015 Selected: 10				

Table 1: List of descriptors and databases. Jundiaí, SP. Brazil. 2019.

Author / Year	Base	Theme	Method	Conclusion
Floriano PJ., *et al.* 2007.	LILACS	Mental health, quality of life and religion in the elderly of a Family Health Program.	Cross-sectional study consisting of a systematic sample of individuals aged 60 years and older.	The network of relationships and beliefs is fundamental for understanding and understanding the health-disease process and the determinants of quality of life.
Leão FC., *et al.* 2007	LILACS	Use of spiritual practices in institutions for the mentally handicapped.	Controlled trial comparing experimental group submitted to spiritual practice with control group.	The use of spiritual practices has positive results in the clinical and behavioral evolution of patients with mental disabilities.
Soeiro RE., *et al.* 2008	LILACS	Religion and mental disorders in patients admitted to a university general hospital.	Cross-sectional study carried out in the wards of the University of Campinas Clinical Hospital.	Religiosity as a significant dimension associated with the prevalence of psychoactive substance use disorders.
Souza RC., *et al.* 2009	LILACS	The meanings of the relationship between mental health and religiosity for family health professionals in Ilhéus - Bahia.	Social constructionist research with a qualitative approach.	The dialogues produced reflect on care through religions, valuing the discovery of local resources in the production of care.
Reinaldo AMS. 2012	LILACS	Mental suffering and religious agencies as social support network: subsidies for nursing.	Qualitative, descriptive, exploratory research.	The social support network in religious agencies does not abandon those who seek it.
Henriques HIB., *et al.* 2015	LILACS	CAPS user discourses on therapeutic and religious practices.	Qualitative research based on the discursive social psychology approach.	The biomedical system is not attacked by users, but is portrayed as a system that does not respond to the demand, which would be for healing.
Salimena AMO., *et al.* 2016	SCIELO	Understanding of spirituality for people with mental disorders: contributions to nursing care.	Qualitative, phenomenological research with nine users of the Psychosocial Care Center.	Spirituality in life helps in treating and coping with its limitations imposed by the health problem.
Reinaldo AMS., *et al.* 2016	SCIELO	Religion and mental disorders from the perspective of health professionals, psychiatric patients and their families.	Ethnographic study aiming at understanding human behavior.	Need for research to create tools to measure how religious / spiritual experiences may or may not be beneficial in the treatment of mental disorders.
Gonçalves JS., *et al.* 2017	BDENF	Religiosity and the common mental disorders in adults.	Descriptive and analytical cross-sectional study with a quantitative approach.	Dimensions of organizational religiosity and non-organizational religiosity can be an effective strategy in addressing the concerns that mental health raises.
Kalam AFA., *et al.* 2017	BDENF	Demands from family members of people with mental disorders.	Descriptive research with qualitative approach.	Most family members cited religion as a strategy in coping with the disease.

Table 2: List of articles by author, year, base, theme, method and conclusion. Jundiaí, SP. Brazil. 2019.

Discussion

In the present study, it was verified the need to divide the discussion into positive (spiritual necessity and welcoming) and negative (spiritual necessity and professional approach) themes, in order to be able to properly follow the thought lines of the referenced authors.

Positive aspects

During the research, it was identified that higher levels of religious and spiritual involvement are positively associated with indicators of psychological well-being, with life satisfaction, happiness, positive affect and high moral, better physical and mental health.

- Spiritual need (quality of life and self-esteem)

In the words of Salimena., *et al* [8]. spirituality through religion assists the mentally ill in the treatment, recovery and alleviation of suffering. The patient finds in religious support resources that enable him to live with balance his psychosocial needs and living with his limitations.

Leão., *et al* [9]. did not evidence the search for healing possibilities through religious support, but the clinical improvement of the patient's occasional complications and behaviors. Religion would influence the behavior and lifestyle of individuals through positive incentives, such as healthy living, for example. Regarding lifestyle and thinking about certain religions, Soeiro., *et al* [10]. say that young evangelicals have reduced alcohol and drug use and fewer psychiatric symptoms than young Catholics and spirits.

In Reinaldo's statement [11], people who engage in religious activity report less mental distress, because religious participation and prayer are considered protective factors for mental illness. It also states that religious women and men have greater personal, marital and sexual satisfaction. Gonçalves., *et al* [12]. reported that women devote more time daily to religious practices and believe that beliefs are directly related to the way of life. It is also shown that religious activities can be an effective strategy that helps to cope with the concerns that mental health needs.

For Reinaldo [11], the suffering subject finds in the religious agency, that is, in the place where the beliefs and rituals of each religion will be exposed and experienced, comfort to express themselves and not be discriminated against by their suffering. In this religious environment, there is a concern to understand why certain behavior is unusual, and although the subject is identified as someone who shows some deviant behavior, he is welcomed. Still for Reinaldo., *et al* [13], the religious and spiritual experience brings comfort to the life of the mentally ill, when associated with the support of the social network. For patients, the fact that they are not seen as different or treated as sick helps in coping with the symptoms of the disease on a daily basis.

Stressors present in the routine of caregivers of mentally ill patients are identified in basically four categories according to Kalam., *et al* [14]: difficulty with behavior, routine, socioeconomic and lack of time to give attention. Thus, it is considered as a strategy for facing these demands and overcoming religion, responsible for the emotional support of these caregivers. In this same line of reasoning, Floriano., *et al* [15]. concluded that relationships and beliefs are fundamental for understanding and understanding the health-disease process and determinants of quality of life.

- Reception

In the words of Souza., *et al* [16], it is highlighted that the knowledge coming from religions gives meaning to mental illness, besides referring to the spaces where religiosity predominates, such as welcoming environments, where people can feel accepted and integrated.

According to Henriques., *et al* [17], it is common for users of support networks to resort to various care options in the pursuit of their health. Thus, it is common for individuals to seek various forms of religion in times of crisis, pain and suffering. Especially when the traditional model does not meet the patient's demands and expectations, in this case relief from mental suffering or healing.

Unlike the biomedical model of treatment, religion gives meaning to the experience of getting sick, so the patient may be able to understand and cope with symptoms. The beliefs, agencies, practices and religious cults appear positively in the treatment of the person with mental disorder, because when compared to the model of traditional medicine, the former seeks to understand the phenomenon that happened within the sociocultural context of the patient. Reinaldo [11] reinforces that the person in mental distress seeks in religious agencies, whatever their orientation, tends to witness a feeling of acceptance and acceptance, seeking to belong somewhere before a society that does not understand it. The sup-

port of these places assumes a protagonist role for the patient: it welcomes, advises and forwards when necessary, but does not exclude or trivialize it.

Leão., *et al.* [9] report that a religious institution with interdisciplinary activities has an additional stimulus to the members of the technical teams, observing organizational benefits.

Negative aspects

In contrast, religion is cited in some cases as harmful in treatment. In these, religious support is seen as something that unbalances the patient, making intervention difficult.

Spiritual need (embarrassment, fanaticism and anxiety)

For the person in mental distress, some religious manifestations expose as someone possessed or demonized, generating embarrassment, which culminates in a social isolation detrimental to the individual, as it aggravates symptoms and makes treatment difficult. On the other hand, when people with mental disorders present fanatic involvement with religion, family members report more frequent crises, with religious manifestations and speeches. Reinaldo., *et al.* [13] report that religion can contribute to the production of psychopathological symptoms or integrate the patient into society by motivating the search for treatment, but at the same time, prevents the feasibility of treatment when psychotherapy or the use of psychotherapy is prohibited. medication.

Reinaldo [11] says that religious adolescents have lower self-esteem, express feelings of inadequacy towards their social group and have a higher level of anxiety when compared to non-religious adolescents. In a study by Soeiro., *et al.* [10], it was identified that patients hospitalized for psychiatric disorders belonging to evangelical groups have a higher frequency of diagnosis of psychosis. He also mentions that there is a possibility that people without religion with a diminished support network tend to develop more manic paintings with religious themes and contents.

Surveys of elderly people from the Family Health Program conducted by Floriano., *et al.* [15] surprisingly concluded that in some religions the quality of life of patients is reduced in relation to the social and environmental domain.

- Approach professional

It is necessary to understand that patients have spiritual needs that must be identified and addressed, and it is extremely important to have knowledge of their patient's belief system to identify how it positively or negatively interferes with the treatment of mental disorder.

For Reinaldo., *et al.* [13] health professionals' approach to religion with patients has been identified as a problem when they need to deal with the consequences of this theme, although many report not addressing this issue because they do not find it relevant. In the same study, however, it was identified that patients do not feel safe to talk about their religious life with these professionals, as they have the impression that they will not be heard or have increased medication.

According to Salimena., *et al.* [8] comprehensiveness should be the nurse's main axis of action in order to guarantee total assistance based on the individual's needs, without focusing only on their illness. Nursing care for people with mental disorders includes emotional, physical, spiritual, social and family aspects, in order to ensure the monitoring, promotion, maintenance and recovery of their health, thus assisting in social reintegration, considering their rights as a citizen.

The spiritual and religious aspects are few considered by health professionals when developing the therapeutic plan, because they focus care on the biomedical model, even though it is already known the importance of considering these aspects in comprehensive care.

Conclusion

Religion has an impact on the lives not only of people with mental disorders, but also of family members and those in their support and coexistence network in various ways, positively reflecting on self-esteem, quality of life and welcoming.

Religion can also negatively impact and manifests itself, according to the literature, through fanaticism, anxiety and the fact that health professionals do not adequately address the issue with their patients.

Thus, the production of this theme allowed us to understand that the impact of religion on the individual in mental distress is a field that demands attention and new research for the scientific literature.

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