



## Priestly Performance and the Use of Medicines for Mental Health

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### **Abstract**

The high stress felt by professionals from the most diverse fields has caused the excessive consumption of medications. The problem is aggravated because the use of these does not always happen through the proper guidance of a professional, and this occurs for many reasons. It is noteworthy that the choice for this search for cure of various disorders, including food, psychological or even alcoholic ones, happens due to the exaggerated fear of what people around them will understand about the comorbidities that the subject feels. Finally, it is clear that these individuals need to disassociate their improvement only from their connection with faith and the consumption of over-the-counter medications, both of which are important, but with due professional guidance, which until then was non-existent.

## 1. Introduction

Religion consists of one or more belief systems, which determine the mode of relationship of social groups, using historical narratives, symbols or traditions, seeking meaning for life and explaining the origin of the universe (RIBEIRO and MINAYO, 2014).

Each belief is represented by hierarchical members, where each has its own functions and responsibilities in carrying out the services. Religiosity, commonly confused with religion, refers to a lifestyle based on religious dogma. That is, it consists in the belief and practice of a certain religion. Leite and Seminotti (2013) state that religiosity is a system of worship and specific doctrine shared with a group.

Both are commonly linked and even confused with spirituality, however, they differ in meaning. Spirituality is a personal quest to understand issues related to life, its meaning, about the relationships with the sacred or transcendent that may or may not lead to the development of religious practices or formation of religious communities (LUCCHETTI *et al.*, 2011).

In short, Boff (2006) apud Oliveira and Junges (2012, p. 470) exemplify religion and spirituality as a religious experience that transcends human existence. According to the authors, it is an escape valve for life itself, which allows subjects to overcome the difficulties of life, including diseases. It is common to believe that religious people have better mental health, as they deal more easily

with difficulties, and have a more relaxed and regulated lifestyle.

Mueller *et al.* (2001) apud Santos (2014) states that religious involvement and spirituality are associated with better health indices, including greater longevity, management skills and quality of life, as well as less anxiety, depression and suicide. It is possible to find in the literature numerous studies related to the importance of religiosity and spirituality for the cure of psychological illnesses. However, mental health is more than the absence of mental illness, it is a state of complete well-being, which concerns our ability to enjoy life and deal with the challenges we face (DORÉ and CARON, 2017).

Each and every individual is likely to develop mental disorders, even those who maintain an active spiritual lifestyle, such as religious entities, which work in the most diverse temples. Since, in most cases, they live under rigid doctrines, being deprived of many pleasures, among other factors, it is common that they can be affected by these pathologies. Among the countless pathologies, one of the most common that has become one of the biggest problems of the century, as it affects anyone at any age, is depression.

Contrary to what is previously known, Gomes (2011) states that “recent work demonstrates that more than the genetic influence, the family environment during childhood can be one of the factors responsible for depressive episodes.” Also, constant exposure to stressful situations can be a triggering factor.

Another common psychological illness that is difficult to recognize is pathological anxiety. This, from a biological point of view, is a state of brain functioning that is linked to environmental contexts, being commonly seen as a normal reaction to certain situations, however, when the intensity or frequency of the response does not correspond to the situation that triggers it, or when there is no specific object to target, it is necessary to seek treatment, given the great possibility of developing the dysfunction (BRAGA *et al.*, 2010).

In addition to these, another common illness that can affect even people with an effective spiritual life is panic syndrome. Which, according to Salum, Blaya and Manfro (2009, p. 87), are feelings of fear and malaise that accompany physical problems (symptoms). It is important to emphasize that “these attacks lead to persistent concerns or important changes in behavior regarding the possibility of occurrence of new anxiety attacks”.

The literature presents numerous ways to use religiosity and spirituality for the treatment of patients with psychological illnesses, however having an active spiritual life does not mean that the individual is immune to these pathologies, as some, such as depression, are caused by problems biological factors, in most cases, external factors are only aggravating. Therefore, it is of utmost importance that religious authorities receive psychological attention and treatment.

The general objective of the research is to evaluate aspects of mental

health in religious authorities and the use of medication with them. Regarding the specific objectives, they aimed to: Describe the health profile of religious authorities; Investigate signs and symptoms of psychological disorders in religious authorities; Analyze susceptibility to psychiatric disorders in religious authorities; Identify the medications used by religious authorities and list those intended for possible illnesses.

## 2. Development

### 2.1. *The health of religious authorities and the use of medications for mental health*

Since the earliest historical records of human civilization, religion, medicine and health are intertwined, having a common origin in the conceptual framework of the relationship between human beings, nature and God. However, there was a period in the not-too-distant past when practitioners of modern medicine considered patients’ religious beliefs and practices irrelevant at best and problematic superstition at worst (CHATTOPADHYAY, 2007).

In recent decades, there has been an increase in interest by scientists with regard to religiosity, this is due to the fact that the majority of the Brazilian population has some religious belief and that such beliefs and spirituality significantly interfere in the people’s quality of life, either positively, bringing support and comfort through faith, or negative, when there is religious fanaticism (PORTO;

REIS, 2013, p. 375).

The same authors also emphasize that religiosity serves to help people with regard to the search for quality of life. This is because it is a feeling, a sensation that tends to minimize the difficulties that a subject feels, enabling the construction of individuals. According to Murakami and Campos (2012), the good influence of religiosity can be caused by the mobilization of energies and positive initiatives, initiatives that strengthen the individual and make them able to deal with their conditions more effectively, encouraging them to accept drug therapy.

Because of this, as Vicente (2015) says, the themes involving the relationship between spirituality and psyche become important for health professionals who want to have a more accurate view of all spheres that make up the human being. The presence of faith in the lives of religious leaders is obvious, but as Castro, Nunes and Souza (2018) say, even the function of these leaders consisting of counseling, being understood also as a source of pleasure in the profession, there is at the same time a experience of suffering, that is, the activity causes pleasure and displeasure, which causes wear and tear to the individual, and the stress caused by this can be a triggering factor for depression.

According to the research by Castro, Nunes and Souza (2018, p.377) carried out with evangelical leaders, a considerable number of the sample indicates that they have already sought psychiatric help, the equivalent of 50%,

while 40% use some medication to treat the mental health. Corroborating with the discrepancy of these results are the facts that, due to the complexity of the subject, religious leaders must always show themselves strong for being examples, presenting great difficulty in accepting the sick, as well as the difficulty they have to identify the symptoms, due to the division they make between earthly and spiritual life. The same authors also argue that religious must always present themselves well, physically and psychologically speaking, because according to what they preach, the closer the works of divinity, the greater the possibility of spiritual ascension and minimization of problems related to the pains of the Earth. In this way, leaders cannot demonstrate “a sign of weakness and inability to lead, consequently generating discouragement among members” (CASTRO; NUNES; SOUZA, 2018, p. 377).

]Thus, it is possible to emphasize that depression is one of the most common diseases of the 21st century, and although religiosity often helps in quality of life and brings positive effects on mental health, there is a possibility mentioned by Passos, Silva and Souza (2015) that it can also guide the person in a rigid and inflexible way, discouraging them from seeking medical care, as both health and disease are not immune to religious and/or scientific beliefs. In some cases, it happens that the mental health professional ignores or criticizes the religiosity of their patients, which makes them uncomfortable and makes them have difficulty and even disbelief

in mental health treatments.

In cases where religiosity is present in the patient's life, it is of paramount importance to combine treatment strategies with respect for their beliefs, because, as suggested by Azevedo and Dias (2020), many depressive patients place great value on their beliefs and assign them a relevant role in dealing with the disease, thus noting the benefits of the association between the resources of medicine and its religiosity. Among the difficulties for adherence to mental health treatment is religious fanaticism.

Fanaticism, regardless of the area in which it presents itself, is something dangerous, because, as Neves (2012, online) says, in a comprehensive way, when someone believes that a single answer is capable of solving all the questions that involve them, she usually does not consider or respect other points of view, which can become a life habit, thus causing her to designate a very strong belief about a subject and not see other possibilities, thus having difficulty in listening and absorbing other opinions and facts that put into question what he believes, which can generate, consequently, suffering in personal and professional relationships.

Being among the most common types of fanaticism, in the case of the religious, the individual in question often believes in a "divine intervention", his belief makes him believe that a greater force or a God who will solve all his problems and that difficulties of any kind are part of a larger plan or "ordeal", thus making it difficult to get him to believe anything that goes beyond ideas derived

from his belief.

Neves (2012, online) states that these people are not open to a democratic debate and that life is very complex and cannot be exhausted in a single thought or model. Understanding this information, it is worth emphasizing what are the signs and/or symptoms that lead religious people to psychological disorders, directing this understanding to the need regarding the use of medication, which often takes time to be considered by individuals who are connected to matters of faith and who believe that this can lead to mental rest caused by anxiety, depression and other mental disorders.

## *2.2 Religion and drug treatment*

There are several scientific studies that prove how religion can influence health maintenance. It is important to emphasize that religiosity differs from spirituality, the two are not synonymous and, therefore, should not be used in an assertion. Religiosity is characterized by a belief that determines dogmas that must be adopted and consequently obeyed.

There is a religion where there is a community, because, according to the individuals who attend there, religion is what gives a greater meaning to life. Religion proposes a social organization and makes contributions to security, in addition to enriching the spirituality of those who believe in it (CARVALHO; BARROS, 2013).

Corroborating the above statement, Jacintho (2017, apud, Moreira-Al-

meida; Stroppa, 2008, p. 427) states that “religiosity is the individual’s involvement with a religion, in which there is a search for the sacred and the transcendent represented by a creator deity of the universe. These beliefs influence habits and relationships with the world, which reflects on the individual’s life”.

The expressed relationships between the use of drugs to contribute to health and religiosity can be dated back to ancient times, when the Egyptians, Greeks and religious authorities made a connection between all health practices and religion. Some authors approach that religiosity brings positive and negative consequences for the individual’s health, however, these determinants will depend on different particularities (ABDALA *et al.*, 2010).

Currently, according to Scarpioni (2016), living in communities in large urban centers has become a challenge for many. Issues that cross this imaginary and therefore the physical, such issues deal with social and public health problems, the use of legal drugs being one of them.

Scarpioni (2016) therefore argues that there are great motivations to intensify debates on this subject by various secular institutions and even within religious institutions, and the performance of the latter constitutes a very important element in the social environment.

For De Assis Trindade, Diniz and Sa-Junior (2018), the use of these substances, legal or not, with risk for the development of abuse or dependence, has been, since the dawn of humanity,

inserted in the most diverse contexts: social, economic, medicinal and religious. Thus, the need to use these drugs is directly linked to the context in which the individual is inserted, resulting in personal and social adversities.

These drugs for Dinis-Oliveira (2014) can be composed of xenobiotics or endobiotics that act primarily on the CNS, temporarily changing perception, mood, state of consciousness and behavior. And that, according to the socio-legal status, may exhibit lawful use as in the case of psychotropic drugs and not always accepted by the religious, who believe that only through faith they manage to overcome mental problems.

Therefore, according to Volcov (2017), finding the perfect substance to relieve a headache, an exacerbated anxiety or a deep sadness imposes a search that in turn will demand the belief that the problem has a solution and that there is an available market of specialists and pharmaceuticals. Which categorically does not cease to be a problem to be seen. Foucault (2010, p. 499) mentions that medical power (where by citing medical power refers to strictly medicalizing knowledge), it ends up being equated with magical power, posited in the myths of scientific objectivity and not always accepted by religious people.

Thus, it is possible to see that the (mis)meeting with the appropriate professional for the treatment, the absence or multiplicity of options for medical contacts and diagnoses, the countless arrangements in the drug sales market do not exhaust the consumption dynamics.

Ending up strictly relating to the supply and demand market, consequently leading to an increase in the production and use of these drugs (VOLCOV, 2017).

Thus, for Carvalho and Barros (2013), these drugs are purely transformed into merchandise like any other, in which they mostly assume a prominent place in the scope of health services or in the lives of individuals. This perception of medicines as merchandise and the belief based on the practice of self-medication are reinforced in the speeches of advertisements through words, expressions and scenes that signal to the consumer a certain essentiality of the product, recommending that such medicines are always available (PACHELLI, 2003).

Volc (2017, p.67) points out that “the path of recognizing people’s pain and suffering, the search for relief from everyday difficulties, the search for pleasure and ecstasy, the role of responsibility in drug use and their respective specificities are not the same for people”. When faced with these various nuances, whether social or pathological, the individual turns to different places of confrontation, religion being one of them.

In the last census of the Brazilian Institute of Geography and Statistics – IBGE (2010) more than 89% of the Brazilian population declared to have a religion. The data draws attention to the social representation given by Brazilians to the religious dimension in their lives.

For Pargament (1997) the concept of religiosity rests on what is sacred and on the search for meaning, involving expressions of spirituality, traditional

expressions of faith, participation in established churches, political and social actions, as well as personal acts of mercy and compassion.

Monteiro *et al.*, (2020, p. 3) say that “religion is not a static set of beliefs and practices; it is a dynamic process, primarily aimed at discovering meaning. Faced with this discovery, people are motivated to nurture and maintain their relationship through religious practices”. Being within the religious practice, conjunctural, which shapes the moral practice, in which the use of legal drugs is discussed.

For Sanchez, Oliveira and Nappo (2004), there is an inverse association between religiosity and the initial use of substances, that is, the more religious the individual, the lesser his interest in consumption would be. For individuals, religiosity works as a secondary or tertiary preventive factor, helping them to abandon consumption or even to drastically reduce consumption, exposing them to less harm (ABDALA *et al.*, 2010).

Stroppa and Moreira-Almeida (2008, p.5) emphasize that “religious beliefs influence the way people deal with situations of stress, suffering and vital problems. Religiosity can provide people with greater acceptance, firmness and adaptation to difficult life situations, generating peace, self-confidence and forgiveness”. While, spirituality encompasses the existential domain and the essence of what it is to be human, providing meaning to life through feelings of hope and faith, capable of promoting the well-being of individuals, where, in this

perspective, religiosity and spirituality they constitute themes of great relevance (DE OLIVEIRA *et al.*, 2017).

Therefore, questions about the use of these legal or illegal drugs are dealt with in the church, due to their high level of involvement as a social practice. Even though, for Baumann (2003) contradictorily, the use of legal drugs permeates certain religions with a Christian matrix. It is noteworthy that accepting the use of these substances, for religious, is generally related to the fact that God and their faith are put aside so that they are replaced by the human understanding of how it is necessary to proceed to conceive the reliefs that bring with them happiness. In this bias, it is possible to emphasize that this thought tends to bring greater problems for people of faith, as they take a long time to seek help and consequently worsen their mental state, being obliged, at a certain moment, to accept that the faith and mental health of the human beings, at some point, become distinct.

### **3. Conclusion**

Finally, it is clear that these individuals need to disassociate their improvement only from their connection with faith and the consumption of over-the-counter medications, both of which are important, but with due professional guidance, which until then was non-existent.



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