



Mental Health of Priests

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Abstract

Psychological illnesses are becoming one of the biggest problems in the world, as they affect a large number of people, regardless of age, ethnicity or class, in addition to being difficult to identify and treat. Studies show that adopting an active spiritual life can be effective in treating illnesses or aggravations, starting to seek a meaning for their existence and comfort for their pain. Depression is a subject that has been increasingly discussed in the media, social networks and academic environments, it is characterized by a set of depressive symptoms that when they appear for a long time cause a functional impairment for the individual, can be diagnosed as a disease, that is, it is not a sporadic sadness. Depression is a change in mood, and within health, mood is not described as joy or sadness, considering that these characteristics have very superficial aspects to define such a comprehensive theme.

1. Introduction

Mental health can be affected in a subject inserted in any context, but it is worth noting that there are some specific ones that tend to trigger this process more extensively, which are those that establish greater psychological stress. This mental exhaustion translates, most of the times, into the development of diseases, namely: depression, anxiety or even disorders such as Intellectual Development Disorder, Attention Deficit/Hyperactivity Disorder, and Specific Learning Disorder, among others (PEREIRA; NETHERLANDS, 2019).

It is noticed that, currently, most people feel this psychic wear, and understand other problems in the body, that is, physical ones. Zerbetto et al., (2017) emphasize that the important thing at this moment is to accept the difficulties you have been feeling and look for a professional who can help you in preventing pathological developments.

Chaar et al. (2018) point out that it is first necessary to understand that well-being and self-care are more important than the maintenance of these problems, for fear of exposure, in front of a leadership position, for example. The authors argue that these illnesses have considerably affected religious leaders, as they believe and often affirm to their faithful that illnesses such as depression are the lack of God, they fear the loss of credibility in their parishes. Understanding this scenario, it is worth knowing that in 2008, in an interview with religious leaders, being these priests and nuns, Bernardo (2017)

identified that 28% (1,600) felt that their emotional health was compromised, due to stress they felt because of their church performances.

It is noteworthy that due to the lack of prior care, many subjects tend to need to use several medications in order to minimize the problems they experience in their daily lives. It is also important to know that many of these medications are ingested concurrently, which consequently tends to guarantee other health problems to individuals who take them. One of the biggest problems in looking for late help is precisely the fact that the prognosis increases the chances that the subject will have to take medication. When looking for a professional psychologist, for example, it becomes easier to solve the problem without necessarily having to use medication as a treatment. But it is known that in the case of religious people, they overemphasize how much contact with religion helps the faithful to face these problems, without necessarily seeking professionals or medicines so that there is “a cure” (WIRGUES et al., 2020).

Understanding this scenario, it is important to emphasize that the problem arising from this discourse occurs, above all, because people do not know how to separate religion from religiosity and start to buy certain discourses that at some point negatively affect themselves and others to their surroundings. Salimena et al. (2016), emphasizes that one cannot be linked to another, as their concepts are different. Corroborates Wirgues et al. (2020, p.03), when he states that “spirituality may or may not be linked to a reli-

gion, because, despite having a close relationship, there is a conceptual difference, making them not synonymous”.

Goyal et al. (2018), emphasizes that religion, in many situations, tends to minimize the possibilities of the subjects in these issues of medication use and search for professionals who help in their spirituality. Whereas spirituality does the opposite, that is, it encourages people to unite both (spirituality and medicines) in their healing process. Including the study by Stroppa et al. (2018), reached the conclusion that there are significant aspects regarding the care of patients with their depressive symptoms and also bipolar disorders (BD).

Thus, it is clear that the thought that religion alone can be sufficient to meet urgent psychological demands affects not only church believers, but also the religious themselves, as they experience psychic difficulties, tend to delay the search for professionals. Pereira and Holanda (2019), even argue that this is one of the reasons that provide people with a greater connection with spirituality than religion. Because spirituality frees the individual from some dogmas that can lead to problems regarding, above all, their mental health. Understanding this scenario, the general objective of the research is to assess the mental health profile of priests. With regard to specific objectives, they seek to: describe aspects of the mental health of religious people and analyze the susceptibility to mental disorders or disorders in the population studied.

2. Development

The interest in religiosity and spirituality has always been present in the population, but only in 1960, with the emergence of the first periodicals such as the *Journal of Religion and Health* and subsequent articles on the subject, they proved to be really adequate and reliable on the relationship of illnesses such as depression and anxiety versus quality of life (PERES, 2007).

The belief in a superior being is ancient and lasts until the present day, being rare those who claim to have no religion or spirituality. They claim to have a direct influence on the life and behavior of human beings, however, science, which governs medicine, does not consider theories that cannot be proven with real data, because of this, religious or spiritual beliefs and customs were, historically, disregarded in medical treatments (MOREIRA-ALMEIDA; LOTUFO NETO; KOENIG, 2006). Still, according to these authors, since antiquity, there has been a preconceived concept that psychological illnesses consist of lack of belief, faith or are effects of spells/witchcraft.

In this way, religiosity and psychoanalysis are historically divergent. While medical professionals believe that religious customs can be harmful to patients, society believed that psychic problems were caused by supernatural factors or lack of religiosity.

According to Murakami and Campos (2012, p.362) religion is considered “a set of beliefs, laws and rites that aim at a power that man considers supre-

me, on which he considers himself dependent, with which he can enter into a personal relationship and from which he can obtain favors”. Even being changeable over the decades and in the midst of different social styles, religion has a great impact on the lives of human beings.

For Moreira-Almeida, Lotufo Neto and Loenig (2006, p. 244), “religion consists of an organized system of beliefs, practices, rituals and symbols designed to facilitate proximity to the sacred or transcendent”. While “spirituality is the personal search for comprehensive answers to the final questions about life, meaning and the relationship with the sacred or transcendent, which can lead or arise from the development of religious rituals and the formation of a community”.

Because it is closely related to spirituality, which consists of “a personal feeling, which stimulates an interest in others and in oneself, a sense of meaning in life capable of supporting debilitating feelings of guilt, anger and anxiety” (MURAKAM; CAMPOS, 2012, p.362), religion is often used as a means to treat or understand mental disorders, being used even by professionals.

Bernard et al. (2017) states that the meaning of life represents a central element of spirituality, while religiosity may or may not be related to an individual’s spiritual dimension. These factors have a direct influence on the mental health of human beings, and can be a refuge or an instigation for the occurrence of aggravating factors, which is why it is necessary to study how religion and

spirituality can affect a patient’s health.

In their research, Murakami and Campos (2012) found that religious people, with high spirituality, have a better quality of life and are less likely to develop mental illnesses than those without religion and with low spirituality. Thus, there is a strong positive association between religious involvement and mental health. This fact occurs because religiosity is governed by faith, which consists of a positive energy that makes the person believe in the existence of a superior being capable of curing their ills, thus, the patient becomes more fond of the treatment.

Furthermore, following a religious doctrine makes the individual have a more moderate lifestyle. The non-use of alcoholic beverages or drugs and the prayer routine, which bring spiritual comfort, are examples that can reduce the possibility of developing chronic diseases. Thus, religious practices can help not only to maintain mental health but also to prevent mental illnesses (MURAKAMI; CAMPOS, 2012).

Moreira-Almeida; Lotufo Neto and Koenig (2006, p.245) state that “several recent studies have used measures of spirituality, mainly spiritual well-being, and they have generally found positive correlations with psychological well-being and other indicators of positive mental health.”

Thus, Murakami and Campos (2012) clarify that studies prove that emotions tend to have beneficial effects on the human body, as they release endorphins, causing well-being in the sub-

jects. These emotions are compared to the feeling expressed by people's faith, as they tend, through it, to feel stronger to face the adversities that arise.

MahdiNejad, Azemati and Habibabad (2019) state that religion and spirituality promote quality of life for individuals, as they increase their well-being, providing a feeling of comfort and conformity. These are important aspects that prevent the development of mental illnesses or contribute to the treatment and/or cure. It is worth noting that participation in religious groups is also of paramount importance to the patient's treatment, as it is a way for them to be part of the social environment, considering that, in most cases, they are excluded from many groups and have a network of interaction suitably reduced. Religious institutions pay attention and care to all people, being of paramount importance to the development of the psychiatric patient (MUKAMI; CAMPOS, 2012).

The same author, in controversy, claims that in some cases, religiosity can act as an aggravating factor for diseases, including psychiatric ones, especially when there is fanaticism or is driven by oppressive traditionalism, as in these cases resistance to treatments and/or drugs is common. , in addition to the belief of healing only through faith. Thus.

Moreira-Almeida, Lotufo Neto and Koenig (2006) state that religiosity can be beneficial or not to the health of the psychiatric patient, considering that it can be a way of strengthening, encouraging and welcoming or harming the treatment, as it can cause resistance in

the case of the need for practices not acceptable by the rules and norms of the patient's religious doctrine.

In his research, Bernard (2017) finds that religiosity has more negative influence on mental illnesses, such as anxiety and depression, than positive ones, however, the result is inverted in diseases such as anxiety, depression and cancer, acting as a strengthening force for patient who seeks his cure, the same being observed in older people and patients in terminal cases.

MahdiNejad, Azemati, Habibabad (2019) understand in their studies that religiosity allows the individual a feeling of well-being, contributing to the treatment and prevention of mental illnesses and especially in cases of cancer or terminal illnesses, however, when strong repression is observed religious, the effect can be opposite, that is, the individual can develop mental disorders, such as anxiety and depression, due to religious aspects and taboos. Even though there is little research on the subject, those already developed affirm the existence of a mutual relationship between mental illness and religiosity, especially in cases of depression.

Sanchez et al. (2019) proved that religiosity reduces the risk of suicide, especially among men, however, this cannot be presented as the only factor responsible for this reduction. It is noteworthy that the influence of the individual's religion and spirituality on their mental health varies from person to person, as well as in the temporal, social and emotional aspects.

According to Mukami and Campos (2012), religiosity is an interpretive resource and a reframing experience of mental suffering, daily challenging health professionals. Therefore, the professional must respect and know how to deal with the religious and spiritual beliefs and customs of each patient, without transmitting their own beliefs and opinions, in order not to aggravate the patient's condition or alienate him.

Authors such as Moreira-Almeida, Lotufo Neto; Koenig (2006) emphasize that it is important that an assessment carried out by a psychiatrist be able to show the patient whether religion is an important characteristic, as this allows him to understand to what extent the spirituality followed by his patient can be predominant in the worsening of your illness.

Even with the recent discovery that religiosity has a direct influence on the patient's life and health and the growing number of studies in the area, Moreira-Almeida; Lotufo Neto and Koenig (2006) claim that none is aimed at potential mediators of the relationship between health, well-being and religiosity/spirituality.

LeFavi and Wessels (2003) addresses, in part, about religious counseling in rehabilitation patients, where improvements in the patient's well-being were perceived, as well as the reduction of stressful events. The bonds of trust between individuals and the emotions of optimism, love and peace promoted by individuals endowed with faith, strengthen the initiative of communities that

offer psychological support to believers (Josephson, 2004)

Following this line of thought, we wonder if priests, people endowed with such faith, would be predisposed to develop psychological problems, as some studies show that faith can be used as an aid in the treatment of these problems, as well as if this select population feels comfortable seeking psychological help when needed and what would lead them to develop such problems. Therefore, anticipating the issues that are related to lack of mental health, it is necessary to understand the risk factors that involve the same problem.

3. Conclusion

Depression is a subject that has been increasingly discussed in the media, social networks and academic environments, it is characterized by a set of depressive symptoms that when they appear for a long time cause a functional impairment for the individual, can be diagnosed as a disease, that is, it is not a sporadic sadness. Depression is a change in mood, and within health, mood is not described as joy or sadness, considering that these characteristics have very superficial aspects to define such a comprehensive theme.

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