

Protestantism and Psychoactive Drugs: Implications for Nursing and Health

Protestantismo y drogas psicoactivas:
implicaciones para la salud y la enfermería

Protestantismo e Drogas Psicoativas:
Implicações para a Saúde e Enfermagem

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Abstract

Objectives: To identify and analyze the social representations of psychoactive drugs to the protestant religious group and their implications for nursing care. **Method:** The data collection was carried out in the state and city of Rio de Janeiro, through the Free Evocation of Words technique. **Results:** The participants were 300 subjects divided into three subgroups with 100 Protestant evangelical subjects. Of them, 74.67% were female (224 participants) and 25.33%, males (76). **Final Thoughts:** The assistance, taking into account the factors beyond spiritual, is beneficial not only for the patient, but also for the Nursing team, because it improves the spiritual awareness and understanding of the individual as a being beyond the disease.

Keywords:

Protestantism, Psychoactive Drugs, Religion, Spirituality, Nursing Care

Resumen

Objetivos: Identificar y analizar las representaciones sociales de las drogas psicoactivas para el grupo religioso protestante y sus implicaciones para el cuidado de enfermería. **Método:** La recolección de datos se realizó en el estado y ciudad de Río de Janeiro, mediante la

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técnica de Evocación Libre de Palabras. Resultados: Los participantes fueron 300 sujetos divididos entre subgrupos con 100 sujetos evangélicos protestantes. De ellos, el 74,67% eran mujeres (224 participantes) y el 25,33%, hombres (76). Reflexiones finales: La asistencia, teniendo en cuenta los factores más allá de lo espiritual, es beneficiosa no solo para el paciente, sino también para el equipo de Enfermería, porque mejora la conciencia espiritual y la comprensión del individuo como un ser más allá de la enfermedad.

Palabras clave:

Protestantismo, drogas psicoactivas, religión, espiritualidad, atención de enfermería.

Resumo

Objetivos: Identificar e analisar as representações sociais das drogas psicoativas para o grupo religioso protestante e suas implicações para o cuidado de enfermagem. Método: A coleta de dados foi realizada no estado e município do Rio de Janeiro, por meio da técnica de Evocação Livre de Palavras. Resultados: Participaram do estudo, 300 sujeitos divididos em grupos de 100 sujeitos para cada subgrupo de evangélicos protestantes. Dos quais 74,67% eram do gênero feminino (224 participantes) e 25,33 do gênero masculino (25,33%). Considerações Finais: A assistência levando-se em conta os fatores para além do espiritual é benéfica não apenas para o paciente, mas também para a equipe de Enfermagem, pois melhora a consciência espiritual e a compreensão do indivíduo como um ser para além da doença.

Palavras-Chave:

Protestantismo, Drogas Psicoativas, Religião, Espiritualidade, Cuidado de Enfermagem

Introduction

In 1988, the World Health Organization (WHO) began a deepening of the investigations on religiosity and spirituality, including the spiritual aspect in the multidimensional concept of health¹. This fact made various biomedical professions begin a discussion regarding the insertion of religiosity and spirituality in care, from its insertion area.

Regarding nursing professionals, the aspects related to spirituality and religiousness tied to professional practice have been observed since 1617, considering that the first nursing professionals were nuns, the so-called Charity sisters of São Vincent and Paula, who took care of the sick in their homes. It is believed that Florence Nightingale, a precursor of Modern Nursing in

1853, in the Crimean War, raised the issue of spirituality in nursing care, once, for her, a holistic care was essential, i.e., a care able to see all the needs presented by the patients, including intangible needs, such as: social, psychological and spiritual aspects and even those related to the environment².

The importance of a holistic and integral care to the human being led the WHO, in 1948, to amend the definition of health. What was formerly known simply as the absence of disease begins to be understood as a complete state of physical, social and mental well-being. This psychological and mental side coupled to health, for many times, can be influenced by issues related to spirituality and religiousness³.

Protestantism, in addition to the Catholicism, is the branch of Christianity with the fastest growing in the world.

Recent surveys show the growth of this branch of Christianity among the Brazilians: in 1970, the census of the Brazilian Institute of Geography and Statistics (IBGE) recorded approximately 4.8 million evangelicals, and, in 1980, this number rose to 7.9 million. The recorded number of practitioners in 1991 was 13.7 million and, in 2000, was 26.1 million. According to the IBGE, if this growth remains stable over the years, in the year 2020, half of the Brazilian population will be evangelical⁴.

There are currently approximately 593 million Protestants in the world. The most protestant country of the world is the United States of America, with almost 163 million practitioners⁵.

In Brazil, and in some places of the world, the Protestants are known as evangelicals. From the protestant reformation, the evangelical church suffered major disruptions and changes, which culminated in the emergence of various subgroups within the evangelicals, being main ones: historical, Pentecostal and neo-Pentecostal⁴.

Coupled to the growth of evangelical religious groups, we can also observe the number of people who consume psychoactive drugs in Brazil and around the world⁶. The psychoactive drugs can be defined as any substance that change the behavior, mood and cognition⁷⁻⁸.

The recognition of the abusive consumption of psychoactive drugs as a public health problem is in line with its definition as a chronic disease linked to mental and psychiatric health that deserves treatment⁹.

From these assumptions, several questions emerged, such as: how do religions in the fastest growing in the world affect the treatment of the use of psychoactive drugs, and how should nursing professionals behave in relation to the fact.

Objectives

To identify and analyze the social representations of psychoactive drugs to the Protestant religious group and its implications for nursing care.

Methodology

This descriptive study will be developed from a multimethod approach. This type

of methodology allows analyzing, with a degree of accuracy, the results of an instrument considering the mechanisms of quantitative research and, simultaneously, allows understanding a phenomenon in the place where it happens, observing the mechanisms of qualitative research¹⁰.

Here we will present a cut of the first stage of the study. The purpose of this step is to identify the elements of the representational structure of social representations of psychoactive drugs for religious groups.

The study will consist of practitioners, of evangelical religious group and their main subgroups, namely: historical evangelical, Pentecostalevangelical and neo-Pentecostal evangelical.

The subjects were approached within the respective religious temples after participation in cult or ritual activities. Inclusion criteria were age greater than or equal to 18 years and attending the religious community in question for at least six months.

Data collection was carried out in the state and city of Rio de Janeiro, through the Free Evocation of Words technique, which is a type of open research, based on the evocation of the interviewees' answers from one or more stimuli capable of inducing thoughts on a particular topic. The Free Evocation of Words still allows evidencing semantic universes of words grouped by certain groups. This data collection method has been shown to be useful in studies of stereotypes, perceptions and attitudes, which are elements of the structure and/or organization of social representations. In this technique, the collected data allows

creating the four-house table, in which each quadrant is interpreted as follows: The first quadrant (upper left) contains the evocations of higher frequency, the elements with higher probability of integrating the Central Core; The second quadrant (upper right) contains the evocations of higher frequency and higher order of evocation, being very cited, but without relevance to the subject; The third quadrant (lower left) contains the evocations of lower frequency and lower order of evocation, but considered important for a small group of subjects; The fourth quadrant (lower right) contains the evocations of lower frequency and higher order of evocation, irrelevant to the representation and contrast with the central core¹¹.

This study was submitted to and approved by the Research Ethics Committee of Castelo Branco University, under CAAE: 06246419.7.1001.8144.

Results

The participants were 300 subjects divided into three subgroups with 100 Protestant evangelical subjects. Of them, 74.67% were female (224 participants) and 25.33%, males (76%).

Regarding schooling, 100% of the subjects were literate, distributing by levels of study, we found 4.66% with complete primary education, 42.67% with complete secondary education, 36.33% had complete higher education, 10.67% had expertise in the training area and 5.67% were MSc or PhD.

The collection of free evocations allowed analyzing the social representations of psychoactive drugs to the religious group of evangelicals

The first analysis was general, of the three subgroups, and subsequently, there will be the analysis for each subgroup individually. Table 1 demonstrates the quarters for the group of general evangelicals composed of

subgroups (historical evangelical, Pentecostal evangelicals, neo-Pentecostal evangelicals)

The construction of a four-house table considered: mean frequency equal to 20, minimum frequency equal to 10 and MEO (mean evocation order) 2.70. There was evocation of 1091 words, of which 270 were different.

Table 1. Four-House Table referring to the evocations of Evangelical participants (subgroup: historical evangelical, Pentecostal evangelical, neo-Pentecostal evangelical) to the inducing term Drugs. Rio de Janeiro, RJ, Brazil, 2020. (Note: N= 300; Fmin=10; Fintermediate=20; Rang=2.70).

M.E.O. < 2.70				M.E.O. < 2.70			
Mean Freq.	Evoked Term	Freq.	M.E.O.	Evoked Term	Freq.	M.E.O.	
≥ 20	Destruction	91	1.967	Sadness	69	2.725	
	Death	65	2.646	Help	30	3.000	
	Dependence	50	2.060	Disease	25	2.720	
	Addiction	40	2.000	Loneliness	25	3.080	
<20				Family	24	2.750	
				Suffering	23	3.130	
				Depression	20	3.200	
		Prison	17	1.941	Weakness	16	3.250
		Despair	16	1.938	Pain	13	2.769
		Treatment	16	2.188	Scape	12	2.917
					Lack	10	3.000

Source: The author, 2020.

The probable central core of social representation, for the study participants who reported as evangelicals, is constituted by the terms “dependence”, “destruction”, “death” and “addiction”. The terms “dependence”, “destruction”, and “addiction” kept their possible centrality, however, we observed a migration of the term “death” from the first periphery to the probable central core.

Concerning the dimensions, we can realize that the term “dependence” is related to the conceptual dimension and “destruction”, “death” and “addiction” are related to the imagery dimension, reinforcing the evaluative idea of judgment of this religious group on drugs.

The presence of the word “death” in the possible central core of this representation is justified by the characteristics of the religion itself, because they consider the use of drugs as mortal sin to the body given by God and temple of the Holy Spirit¹². Death from the use of drugs is not seen as just a natural process inherent to the human being, but also as something spiritual.

In the second periphery, we find the following terms “sadness” and “suffering” related to the affective dimension. The conceptual dimension is marked by the presence of the element “disease”. Moreover, as observed in previous quadrants, the gregarious dimension is represented by the element “family”. The term “help” composes the practical di-

mension of the representation and the imagery dimension is represented by the following terms “loneliness”, “suffering” and “depression”.

The contrast zone is composed only of factors related to the imagery dimension, “prison” and “despair” and the practical dimension with the term “treatment”.

Below, we have the four-house table of those who reported as belonging to the subgroup of historical evangelicals (n=100). The mean frequency adopted was equal to 10, the minimum frequency equal to 6 and the mean evocation order equal to 2.60. There were 377 words, of which 150 were different. The analyzed data can be observed in Table2.

Table 2. Four-House Table referring to the evocations of Evangelical participants from the Historical Evangelical subgroup to the inducing term Drugs. Rio de Janeiro, RJ, Brazil, 2020. (Note: N= 100; Fmin=6; Fintermediate=10; Rang=2,60).

M.E.O. < 2.60				M.E.O. < 2.60		
Mean Freq.	Evoked Term	Freq.	M.E.O.	Evoked Term	Freq.	M.E.O.
≥ 10	Destruction	37	2.108	Sadness	28	2.607
	Addiction	26	1.808			
	Death	26	2.346			
	Dependence	23	2.174			
	Family	7	2571	Pain	7	2.714
<10				Suffering	7	3.143
				Loneliness	7	3.714
				Depression	6	2.833
				Help	4	4.000

Source: The author, 2020.

When analyzing the probable central core, we can observe the presence of the elements present in the general four-house table related to Evangelical religion practitioners. This suggests a likely indication of centrality of the terms “destruction”, “addiction” and “death” linked to the imagery dimension and the term “dependence” connected to the conceptual dimension. In the first periphery, the word “sadness” appears alone in the affective

dimension. One of the functions of the first periphery is to strengthen the likely central core. The term “sadness” appears in the first periphery, strengthening both the affective dimension and the imagery dimension of the probable central core, since one of the consequences of all the elements present in the central core is “sadness”.

In the second periphery, we find the terms “pain” and “suffering” related to the affective dimension, “help” linked to the practical dimension, “depression” in conceptual dimension and “loneliness” in imagery dimension. Furthermore, in the representation of the general quadrant for religious groups, the term “help” appears, but this is the first time that it is present as a member of the second periphery. In the contrast zone, we can find the term “family” related to the gregarious dimension.

The results found in this four-house table show that the social representation of drugs for the social group of historical evangeli-

als is based on an evaluative sphere, since there was a greater number of terms related to the imagery dimension.

When performing that same analysis for the subgroup of Pentecostal evangelicals, we can observe that, in the four-house table (Table 3), the likely central core is marked by elements of imagery dimension, evidencing evaluative aspects related to this representation. Rocha (2010)¹³ affirms that the Pentecostal religious doctrine visualizes the “demonic” action on drug consumption, and only the Holy Spirit can free the individual from demonic activity. The same author still claims that that the Pentecostalevangelicals are famous for combating drugs developed in therapeutic communities and in prisons¹³. The same author also says that, for this religious group, the spiritual treatment for drug consumption goes beyond the physical change and permeates many areas of life.

Table 3. Four-House Table referring to the evocations of Evangelical participants from the Pentecostal Evangelical subgroup to the inducing term Drugs. Rio de Janeiro, RJ, Brazil, 2020. (Note: N= 100; Fmin=6; Fintermediate=10; Rang=2,60).

M.E.O. < 2.60				M.E.O. < 2.60		
Mean Freq.	Evoked Term	Freq.	M.E.O.	Evoked Term	Freq.	M.E.O.
≥ 11	Destruction	29	1.793	Sadness	22	2.909
	Dependence	15	2.067	Death	19	3.105
	Addiction	14	2.357	Help	16	2.750
<11	Despair	7	2.429	Suffering	11	3.000
	Weakness	7	2.143	Depression	10	3.100
	Prison	7	1.714	Family	10	3.100
	Loneliness	7	2.429	Disease	8	2.625
				Loss	8	2.700

Source: The author, 2020.

For the construction of Table 3, there were 383 words, of which 135 were different. The minimum frequency adopted was of 7, intermediate frequency of 11 and mean evocation order (MEO) of 2.60. The elements “destruction”, “dependence” and “addiction” appeared as members of the probable central core. Those terms also appear as likely central core in the representation of the general quadrant of the evangelical religious group. The term “dependence” is related to the conceptual dimension and the terms “destruction” and “dependence” with the imagery dimension.

As previously mentioned, for this religious group, the consumption of drugs is related to “demonic action” and yet, for this religious group, the “devil” came to kill, steal and destroy¹⁴, justifying the presence of the term “destruction” in the probable central core.

The first periphery is composed of the terms “suffering” and “sadness” linked to the affective dimension, “death” linked to the imagery dimension and “help” connected to the practical dimension, reinforcing the probable central core. The second periphery is marked by the presence of the elements “depression” and “disease” linked to the affective dimension, “family” connected to the gregarious dimension and “loss” linked to the imagery dimension. The term “family”, in the general quadrant, was present in the first periphery and, in this representation, the term migrates to the second periphery. However, the term is still present in the four-house table for this religious group, showing the presence of the family in all aspects involving the drug. In

the contrast zone, we observe the elements “disdain”, “weakness”, “prison”, “loneliness” linked to the imagery dimension.

Below, we have the four-house table (Table 4) for study participants who reported as evangelicals and belong to denominations that form the subgroup of the neo-Pentecostal. For the construction of this table, the minimum frequency adopted was of 5, intermediate frequency of 11 and mean evocation order of 2.50.

[table 4 here]

Unlike what happens in other representations, in the subgroup of the Neo-Pentecostal evangelicals, the term “treatment” belonging to the practical dimension appears in the probable central group. The treatment modalities offered by Neo-Pentecostal are based on the belief of a “major plan” of God to all, able to treat and release all individuals of alcoholism and drug addiction¹⁵.

Also in the central core, we can observe the term “destruction” related to the imagery dimension and the term “dependence” linked to the conceptual dimension. Equal to the subgroup of Pentecostals, the term “destruction” appears as one of the members of the probable central core. The understanding for the neo-Pentecostals is not different, because they believe there are sneaky spirits that act into over human’s lives and lead them to the consumption of substances considered harmful to the physical body and with the ability to break the link of the practitioner with God¹⁵.

In the first periphery, we observe elements related to the conceptual, affective and imagery dimensions, namely: “sadness” related to the affective dimension, “death” and

“loneliness” to the imagery dimension, and conceptual dimension is represented by the cognomen “disease”. The element “sadness” remained in the first periphery in all subgroups of evangelicals.

The second periphery is represented by cognomens “help”, “disease” and “suffering” connected to the practical, imagery and affective dimensions respectively. In the contrast zone, we found for the first time in the drug representation for religious groups, until then presented an element related to the transcendental dimension: Jesus. For Sanchez (2008)¹⁶, in the religious treatment for drug consumption, “Jesus” represents the help in three aspects: protection against the consumption of drugs; improving the esteem and serving as a moral foundation for the practitioners. Also in the contrast zone, we find the terms “prison” and “despair” linked to the imagery dimension and “family” connected to the gregarious dimension.

In relation to the contrast zone of this representation, this seems to point to the existence of a subgroup within the neo-Pentecostal evangelicals, because this quadrant manifests itself with a more religious character about drugs and reinforces the need for a social network of support for those in jail by drugs.

Discussion

In the context of the lives of individuals, religion represents a fundamental part for the development as a human being, once it provides maneuvers to think issues related to life and decide the best way to follow, thus, each religion, from its doctrine, states rules and guides the individual daily¹⁷.

The aforementioned facts are in line with the results presented in this study, in relation to the inducing terms drugs and alcohol and drug user, the representations found present greater normative aspect, observed in the first stage of the study, in view of the large number of elements related to the conceptual dimension.

The greater involvement of the individual in their religious community, the greater the influence of doctrine in an individual’s life, influencing their habits and their relation with the world¹⁷. Thus, the higher the rate of intrinsic and organizational religiosity, the more the doctrine will influence the way of thinking and acting of the individual. The study participants generally presented high levels of intrinsic and organizational religiosity, thus justifying the representation of normative nature, based on religious doctrine.

Analyzing the results obtained for the inducing term drugs, we can observe that the elements with confirmed centrality have a negative connotation, however this is not a new fact, bearing in mind that there is a major burden of stigma and prejudice in relation to drugs. The consumption of drugs as present throughout humankind’s history with several modifications in its definition over time, what we know today as a public health problem in the past was listed as an exclusive police-related problem¹⁸. Other authors also indicate the definition of drugs as sacred, bearing in mind that some religions could only increase their connection with the sacred using substances¹⁹.

Among all the changes, the definition we find today and more present in society is

based on a normative and biomedical definition, which corroborates a representation full of negative elements, considering that the biomedical area condemns the use of this substance and uses the consequences of its use as justification.

Another factor that may explain the emergence of many elements of negative connotation in the representation of drugs for religious groups is the way the information regarding drugs is publicized on social medias, the Ministry of Health has been intensifying campaigns that deal with the consequences of drug use, especially in relation to crack and adolescence¹². The media has an important role in the construction of social representations, addressed and discussed until currently by theorists of the area. The individual usually has an image of an object or a particular subject only with the information from the media²⁰. The media is a determining factor of representations, as well as in thought and in the construction of social reality²¹.

Therefore, as the media, religious doctrine also collaborates to a representation of drugs full of negative representation, because the doctrine of religious groups belonging to the study discourages the use and reinforces the concept of distancing from the transcendental form after their abusive use.

We can observe in the representation of drugs to religious groups beyond the negative elements of this representation the emergence of elements not linked to the substance but to the consequences of its use, since the substance itself is not a representation, only acquiring a social sense

when associated with the user's image, thus suggesting an inseparable barrier between drugs and their users.

The knowledge about the spiritual consequences of drugs for the religious groups in question is essential, since 1974 the human being has been defined as biopsychosocial-spiritual, which, in addition to presenting a physical aspect²², social and intellectual needs, also has spiritual needs that must be met, particularly in care, in order to restore the user's health in its broader and updated concept²³.

The factors that lead to the consumption of drugs and alcohol mostly are permeated by factors intrinsic to the patient, suggesting, therefore, that the search for inner strength would be a factor indispensable to fight internal issues that lead to this consumption. Moreover, in studies, religiosity is a protective factor for the consumption of drugs and alcohol¹⁶.

Thus, the Nursing must understand the meaning of the consumption of those substances for those religious groups so that we can offer a care that favors the differences among religious groups. The basic human needs theory described by Wanda Horta rests on three fundamental laws, the law of balance, law of adaptation and law of the holism. The latter conceives the universe as a whole, the cell as a whole, not only part of a bigger organism²⁴.

Therefore, the author describes the basic needs of the human being through the pyramid of basic human needs, however, she still describes the existence of major individual psychological, social and spiritual

needs²³. The definition of the psychological, social and spiritual needs corroborates the change of health definition raised by the World Health Organization (WHO) and the replacement of a disease-centered model, allowing fully achieving the patient, thus leading to a new definition of health.

Final thoughts

In the perspective of proposing an individualized care taking into account the religious and spiritual aspect, we must take into account the results obtained in tests of centrality, because they define the social thinking regarding psychoactive drugs.

Thus, regarding the religious groups of historical and Pentecostal evangelicals, the findings allow proposing the concept of drug related to physical illness, demonstrating a conceptual dimension, which considers the biomedical model, in contrast to the neo-Pentecostal evangelicals, who mentioned the concept of religious treatment,

demonstrating the practical dimension, considering the religious model, developed in therapeutic communities.

The assistance taking into account the factors beyond spiritual is beneficial not only for the patient, but also for the nursing team, because it improves the spiritual awareness and understanding of the individual as a being beyond the disease. In this way, it is essential to insert spirituality in Nursing care.

Coupled to this fact, it is possible to notice the failure in spiritual care, which often results from the unawareness of the other's religiosity. Religiosity and spirituality are distinct factors, but, when the religiosity is present, it brings great influences on spirituality, even changing the individual's perception about the illness.

In this perspective, we believe that the nurse must participate actively in the activities related to the search for the inner strength of the individual, which requires the nurse's ability to know what is important for him/herself and respect the meaning for the other.

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