

The recovery process of drug misuse in the pentecostal church Assembly of God

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ABSTRACT

Literature has indicated several drug misuse-related problems in Brazilian society. Religious institutions emerge as a place for recovery in this context. The purpose of this article is the understanding of the drug rehabilitation process experienced by the Assemblies of God Pentecostal Church believers living in a low-income community in Rio de Janeiro. The qualitative method has been applied, including semi-structured interviews and participating observation. Ten Assemblies of God believers, who sought the church due to drug addiction-related problems, were interviewed. The research results showed the motivations that led them to seek the church, the reasons why the church is interested in drug addiction treatment, and the totalizing and individualizing elements involved in the rehabilitation process.

Key-words: Religion, substance-related disorders, social support, Poverty Areas.

Introduction

According to the Ministry of Health (Brasil. Ministério da Saúde, 2003), the relation between drug misuse and social disorders has made drug misuse become a serious public health problem in Brazil.

In this paper, drug misuse is understood as loss of control in relation to the use of psychotropic substances, no matter whether they are licit or illicit, “in face of the risks connected with such experience”¹ (Acselrad, 2005, p.11).

¹ All quotations have been translated into English for the purposes of this paper.

Different authors (Lima, Valla, 2005; Machado, 1996; Zaluar, 2000; Sanchez, Oliveira, Nappo, 2004; Sanchez, 2006) have observed recovery from drug misuse among followers of evangelical churches, especially the Pentecostal ones. However, there are few studies, especially Brazilian ones, regarding the mechanisms that contribute to such recovery in those spaces (Sanchez, 2006).

Due to the relevance of this issue to Public Health, this work contributes to this field by viewing the Pentecostal church as a place searched for the working classes to solve this problem and that proposes to solve it according to its worldview. The importance of this study lies in focusing on the perspective of the people who seek their recovery in the Assembly of God (AG) Pentecostal Church, through the understanding of the logic that is present in their discourse and practice, potentializing the open dialog between specialists and the layman. (Funtowicz, Ravetz, 1997).

According to Sanchez (2006), participating in religious groups has been a solution found by people from different social classes for recovery from drug misuse. Among the poor, the church (Evangelical or Catholic) has been the first or the only treatment place that has been sought.

It is in this population group that Pentecostalism is most significant (Jacob et al., 2004), and AG is the largest of these churches in Brazil, with more than 8 million members, that is, 47.47% of the Pentecostals (Brasil. IBGE, 2007).

Valla (2000, p.45) raises the hypothesis that the high demand of the working classes for the Pentecostal churches may be “the result of searching for an explanation, a meaning, something that makes life more coherent”. To the author, it is not merely “an attempt to solve exclusively a material problem”. It would be a simultaneous search for relief of suffering and for acquirement of social support – one of the most favorable resources to recovery from drug misuse (Laranjeiras et al., 2003).

In addition to this, when the drug user links himself to a Pentecostal Church, he starts to receive more respectful treatment from society due to his differentiation, which contributes to increase his self-esteem (Mariz, 1994a).

The aim of the present paper is to present some results of a study that attempted to understand the process of recovery from drug misuse experienced by AG faithfuls of a popular community located in the city of Rio de Janeiro (Southeastern Brazil).

Methodology

This is an exploratory study aiming to understand the social phenomena that involve the process of recovery from drug misuse according to the view of the subject affiliated with the Assembly of God Pentecostal Church.

The study was carried out at a slum area of high population density in the city of Rio de Janeiro, composed of sub-communities that live under the influence of rival groups in drug trafficking. Although this space is heterogeneous in several aspects, including the economic one, it concentrates people in situation of poverty in the city of Rio de Janeiro (Valladares, 1991). The region was chosen due to the experience accumulated by the author in the locality, which facilitated the identification of subjects for research.

The study used two sources of qualitative primary data.

Semi-structured interviews (Minayo, 2007) were conducted with the faithful from four AG Pentecostal churches, from the same slum area, with history of drug misuse. The interviews aimed to evaluate the history of drug use, the motivations to seek the church and to remain in it or leave it, the aspects of the religious group that are source of social support, as well as the beliefs connected with recovery from drug misuse. A pastor of the local church was also interviewed, with the purpose of complementing the literature information on the AG.

Participatory observation in one of these churches was also used, both in worship moments and in meetings held specifically for recovery from drug misuse. We sought to know the environment and the discourse of the studied group in relation to worships, the recovery meetings, and reception of people (Víctora, Knauth, Hassen, 2000; Becker, 1994).

Initially, faithfuls of Pentecostal churches older than 18 years with history of drug misuse were selected. Abstinence was not considered an inclusion criterion, since the research was interested in understanding the process of recovery from drug misuse and not only its “successful cases”.

The research subjects were identified by means of:

- Key informants who, due to the intimacy with the studied population, functioned as intermediaries, facilitating the investigators’ approach to the studied population (Patton, 1990; Malinovski, 1978). In the case of the study, there were two people responsible for the work of recuperation of drug users.

- Snowball. This technique enabled the identification of research subjects indicated by people who share or who know others who have the research’s characteristics of interest (Biernarcki, Waldorf, 1981). Thus, the first interviewees indicated others, who in turn indicated others, and so on, respecting the research inclusion criteria and the volunteers.

The interviews, which lasted an average of 60 minutes, were recorded with the interviewee’s previous assent, after reading the consent document. After the material was transcribed, each interviewee was identified by a pseudonym.

The data were submitted to content analysis, a process that occurred with the delimitation of theoretical categories based on the literature review. Afterwards, through the qualitative view, the presence of certain themes was identified, established after an intense work of reading and re-reading the interviews. According to Bardin (1979, p.105), “the theme is the signification unit that is released naturally from a text analyzed according to criteria related to the theory that guides the reading”.

The analysis of the subjects’ testimonies was performed through the identification of structuring nuclei recurrent in the discourses. From these nuclei or themes, we tried to disclose the meaning contained in the contents of the several discourses, so as to allow the understanding of the social representations. Then, the theoretical categories were reinterpreted in light of the information deriving from the subjects’ discourses.

The categories or themes for analysis that emerged from this process were: the church’s motivation for promoting recovery from drug misuse; the user’s motivation for recovering from drug misuse at AG; and the relationship between the individual and the social group in the process of recovery from drug misuse.

Results and discussion

Characterization of the research subjects

Ten male subjects were interviewed, all of them faithfuls of the AG Church. Six of them were directly involved in drug trafficking. As for age, half of the subjects were aged between 36 and 50 years. A 17-year-old youth was interviewed. His participation in the research was authorized by his mother and approved by CEP/ENSP. The conversion of the majority of the interviewees occurred when they were approximately 30 years old.

Concerning occupation, the pattern pointed by Nascimento (2009) was confirmed: location mainly in the tertiary sector of the economy, with a strong tendency towards informality. However, regarding level of schooling, eight had at least completed elementary school, which places them slightly above the average of the Pentecostals, which is 4.5 years of study, as the same author has shown.

The drugs that were used were cocaine, marijuana, alcohol, tobacco and crack. Only one interviewee is enrolled in a professional treatment for drugs in the public health system. This individual, addicted to crack, still has many relapses. The others searched exclusively for the church’s support in their recovery. Of these, eight remain abstinent and one relapses to tobacco.

The church's motivation for promoting recovery from drug misuse

In principle, the actions of the AG church would be restricted to complying with its religious functions. However, the present study has verified that it extrapolates its horizons to become a place for social support and recovery from drug misuse.

Valla (1998, p.156) defines social support as “a process of interaction among people or groups of people that, through systematic contact, establish friendship and information bonds”, receiving material, emotional, and affective support, which contributes to the individuals' wellbeing, and having a positive role in the prevention of diseases and in the maintenance of health. Still according to the author (2000), the premise of the social support theory is that, if the origin of diseases is in the emotions, the solution to health problems would be related to them.

According to Lacerda (2002), although social support is beneficial to individuals from any social class, in the Brazilian context it may be identified as a strategy of vulnerable populations to face the health problems that finds limits in the public health services in terms of access, problem-solving and cure, especially regarding therapeutic health practices that treat subjects as a body-mind whole.

In this way, when drug users find in the Assembly of God churches people interested in supporting them and who can be systematically found, their health improves (Valla, 2000).

A form of support that favors the recovery process is the fact that the entire church is an abstemious social group, as drug ingestion is seen, according to its members, as something that enslaves the body, viewed as sacred by the faithful (Alves, 2005). According to Mariz (2003), this represents an alternative sociostructural support in which strong emotional bonds are developed, substituting the previous sociability.

The field study confirmed that in the investigated churches, the faithful and the leaders recommend abstinence from use of alcohol and other drugs². The interviewees' desire to affiliate with this religious group seems to be related to the need of showing to the society their distancing from drugs and drug trafficking. Those who relapse are oriented never to do it anymore.

Moreover, it is observed that social support is offered in the affective and also in the material dimensions, as illustrated below:

They prepared my wife. They prepared my return. And this was very important. [...] When I left the Recovery Center, this church was waiting for me open-armed. [...] When I arrived here, I was very well received, I was welcomed, there was a place here where I could work. (João, faithful, between 36 and 50 years of age, above 10 years of conversion)

Then, in the most difficult moments, I asked my brothers: ‘Help me in prayer because I’m spiritually weak’. [...] One group of brothers used to go there constantly to pray and to help me in prayer. (José, faithful, between 36 and 50 years of age, above 10 years of conversion)

A very specific form of social support of the Pentecostal groups is the church's intercession in order to prevent traffickers from killing people. This occurred with Francisco:

This happened to me, they caught me to kill me! [...] Then my pastor learned about it and sent a team, each one along one side of the street [...] I also thought I was going to die. But in a while a call comes, and he says: ‘Release the man! [...] He is a man of God, he doesn't have anything to do

² This does not invalidate the possibility that some of the faithful act contrarily to religious teaching. However, in the field study this was not observed.

with these problems anymore!'. (Francisco, faithful, between 36 and 50 years of age, above 10 years of conversion)

The research indicated that when the church develops work with drug users and offers social support, its greatest motivation – and its main differential in relation to other treatment institutions – is the individuals' transformation according to the teachings of its faith. That is, the church is not primarily a place for recovery from drug use, like the Alcoholics Anonymous (AA) or the Alcohol and Other Drugs Psychosocial Care Centers (CAPs-Ad). To it, "the body is only a preliminary exercise, pedagogical, to the task that really matters: the cure of souls" (Alves, 2005, p.264). The interviewed pastor confirms this interpretation:

The objective is that he becomes a saved man. [...] And not only that he frees himself from drugs. What's the use of getting rid of the drugs but going to hell afterwards? Our objective is that he becomes a believer, that is he is saved like we are. (pastor, aged between 36 and 50 years, above 10 years of conversion).

According to Alves (2005), this occurs because the church has difficulties in articulating a social ethics. It understands that the social problems result from the individuals' spiritual and moral crises, and leaves the social and structural problems outside its sphere of action/intervention. For this reason, Mariz (1994b) says that the individual who "frees himself from drugs" does not act like a modern citizen, but will act only in the private sphere, looking for others whom he can "set free" as a way of repaying the benefit he received.

According to this point of view in which the problem is in the individual, the transformation of society will occur when the individuals that compose it are transformed "one by one". To achieve this, the church invests in the "cure of souls" through evangelization, as a way of modifying the individual.

The interviewees expressed the same logic when they mentioned "change of character" as the result of their recovery process:

Recovery is not using drugs, stop using drugs. But it is the person's character too. When the person uses drugs, he loses his character and as he gets away from drugs, he gradually recovers his character. (Anderson, faithful, aged between 18 and 25 years, between 1 and 2 years of conversion).

Therefore, undergoing recovery at AG means, to the interviewees of this study, the assimilation of behaviors in keeping with the church to which they started to belong, which many times means constant surveillance and follow-up carried out by the community.

Francisco is categorical: "The person who adheres to the church knows what he's doing, knows the price he has to pay." The "price one has to pay" is connected not only with the requirement of a moralizing behavioral change in all areas of life, but also with the requirement of abstinence, which lives outside the church's reach the individuals who do not adapt to such expectations.

The user's motivation for recovering from drug misuse at AG

Considering that the treatment of drug use in the AG church is related to the requirement of change in many areas of life beyond the question of drugs, it is pertinent to understand what makes these individuals search for this institution.

The research showed that the search for religion happened because there is “coherence between the worldview” of the church and the worldview of these working class subjects who are involved or used to be in drug misuse (Duarte, Ropa, 1985).

The interviewees saw AG as an institution whose members are respectable, and this respect, in turn, grants personal dignity to its members (Mariz, 1994a).

Being able to participate in this dignity and respect was, therefore, a desire of the interviewees in face of their life condition.

I thought I was like them. I said: ‘One day I want to be like those guys there, see? Leave these rifles aside, throw them away and start walking with God’s word in my hand. (Francisco)

I wanted to raise my children, I wanted to have a life like this, straight with God, being able to go to the church with my wife, my children, because this was a dream that I had! Hold my head up high, with no one being able to accuse me of anything! (Vitor, faithful, aged between 26 and 35 years, less than 1 year of conversion)

I used to see the church guys holding those worshipping sessions outdoors, on Sunday afternoon [...] And I stared at that, I thought it was interesting the girls singing, the youths giving a word, I kept looking... And I thought to myself: ‘No, this is not for me, this is for them’. (José)

The heads of the local drug traffic share this respect for the Pentecostals as “good people” (Mariz, 1994a) and, for this reason, they give “carte blanche” to those who want to leave the traffic to adhere to the Evangelical Church, provided that they correspond to what is expected from a Christian in the community. This fact shows that choosing the AG may even be a survival strategy in these circumstances.

But there’s a difference: you can be owing an amount as high as can be, but if he looks at you and is sure that you’re a Christian, that you’re in Church and that people testify for you, and that you yourself testifies, then it’s acceptable. [...] And they themselves say: ‘Look, stay in church. If you go out, we get you here’. (José)

The involvement of the subjects’ relatives with AG also favored choosing this institution as the place for recovery. In some cases, the family already belonged to the church before these subjects started using drugs and, therefore, the religious discourse was already present in their lives. In other cases, the family started to attend the church in an attempt to receive help to make their children and husbands stop using drugs.

The study carried out by Mariz (1994a) had already revealed the family’s contribution to the choice of the Pentecostal church. The author even states that “the option for the Pentecostal church as a recovery instrument [...] is a *family option* rather than an individual one” (Mariz, 1994a, p.210, emphasis added by the author). According to Machado (1996), even when the men do not recognize this fact, their wives or mothers anticipated them by searching for help in the church first and, in some way, pointed to it as a solution for their problems.

Another factor that makes the church’s worldview be coherent with that of the studied group is the “active search” that the church makes among drug users, going to them to propose a new form of life. The study showed that the interviewees decided to choose the church as the place to be treated for drug misuse because they had already been approached by the faithful of the Assembly of God Church:

Then, after a while came the little sisters evangelizing at night, entering into the point-of-sale of drugs. (José)

They were nasty! [...] They visited my home [...] I slammed the door on her face. (Antônio, faithful, aged between 36 and 50 years, between 1 and 2 years of conversion)

Because I saw many others who came to talk to me, all of them looking good! [...] My self-esteem at that time increased. (Francisco)

The “crisis” deriving from the consequences of drug misuse was one more factor that contributed to choosing the church as a place for recovery. The motto of these crises comes from the death of a relative; from losing the job; from family fights; from social isolation and risk of death derived from involvement with drug trafficking.

Therefore, in view of the crisis, interviewees returned to the church’s approach to get out of that situation, asking for the help of the faithful that had looked for them before. From this situation, they say they lived the experience of conversion.

Conversion, says Alves (2005, p.96), is “a process of assimilation of suffering into a new scheme of signification that gives meaning to it”. It is preceded by moments of crisis, in which the significative systems of an individual break down. But, to the author, the external factors that lead to an existential crisis are occasions for conversion, but not its cause. As man deeply needs order, purpose and intelligibility, conversion occurs because the cosmovision that is presented to him by the religion to which he will convert responds, in some way, to his experience of lack of meaning.

The religious conversion experienced by these people constitutes an attempt to restructure explanatory schemes that were lost due to drug misuse. Religion is “embraced” by these people as an effort to give meaning to what was destitute of significations, responding to a need of order, purpose and intelligibility that is characteristic of man (Alves, 2005).

The relationship between individual and social group in the process of recovery from drug misuse

In view of the analysis of the church’s and users’ motivations for recovery from drug misuse taking place in a religious environment, a new category of analysis, which is transversal to these, imposes its presence: the complex relationship between the individual – singular, unique and indivisible – and the social group of which he is part.

As Elias (1994) emphasizes, to better understand the relationship between individual and society, it is necessary to disrupt the alternative “either this/or that”, in which this relationship is treated as an antinomy. Instead of this, it should be considered that the individuals are, at the same time, constituted by their individual characteristics and by the social standards, and that, therefore, there is interdependence and not separation between them.

In the modern societies, there is primacy of “*I*” over “*we*”, and they are marked by the hegemony of an individualistic worldview. In the traditional societies, there is primacy of the point of view of “*we*” in relation to “*I*”, in which the holistic worldviews, which depart from totality to the demarcation of the parts, are hegemonic (Elias, 1994; Duarte, Ropa, 1985). However, no context encompasses monolithically just one possibility, be it of individualization or holism. For this reason, these phenomena should be seen in a dialectical way, both in “hierarchical” societies and in “individualizing” ones (Velho, 2004).

As for the process of recovery from drug misuse at AG, it is possible to observe the coexistence of the individualizing and holistic worldviews, but with hegemony of the latter. For this reason, the church is among the groups that have the notion of *person* (a unit that is socially invested with

signification, supported by the local community) as the central point of their ideology (DaMatta, 1981).

DaMatta (1981, p.226-5) summarizes the characteristics of the notions of person as someone who is “attached to the social totality with which he is connected in a necessary way” and who “receives the rules of the world where he lives”. In addition, “social conscience (that is, totality) has precedence” among others.

A direct relationship was noted in the interviewees’ discourse between abandoning drugs and “following God’s path”, which, in turn, represents being connected with the church and having a “change of character”. This exemplifies the precedence of social conscience in these subjects, who are inserted as persons in this social group, adhering to a socially produced discourse.

A *person* is also the one who achieves differentiation in treatment because he belongs to a network of relations and supports. People are seen. They have a name. They have a history and someone who cares about them (DaMatta, 1981). In other words, the person receives social support, as was discussed before. When inserted in this support network, the fight against drugs starts to be a fight of the entire church (Mariz, 1994b), since its members start to have responsibility for that subject’s recovery. One of the interviewees who has been relapsing illustrates this situation. His relationship with the church is reduced to attending the worship sessions, without sharing his involvement with drugs nor establishing stronger bonds with the faithful. By preserving his intimacy, which is his right, he loses the support of the group, which might help him in his recovery.

The benefits of social support, in turn, occur in a reciprocal way, that is, in an “exchange relation” between the one who offers and the one who receives (Lacerda, 2002). In this way, the church inserts the subject in a reciprocity relation, since the converted person remains in a permanent state of debt with the church that supported him. Besides, the “released” individual starts to be responsible for freeing other individuals as part of the project of society transformation (Mariz, 1994b). A similar characteristic was identified among the members of AA, as they aim to share with the other person what they believe has been good for them (Godbault, 1997).

However, besides the totalizing elements referring to the church’s involving structure that subordinates the faithful to its worldview and its moral rules, offering social support in exchange, there are individualizing aspects that are observed in the recovery process at AG.

As was said before, the church situates the root of the social problem in the individual, leaving the social and structural problems outside its sphere of action/intervention. From this derives a greater concern of AG about solving men’s internal problems and the fact that, even when it focuses on the social problems, it is to offer a palliative and assistentialist solution (Dana, 1975, p.153).

This type of individualism does not allow criticism against the social structures, but stimulates depoliticization through alienation from the social structures that act on individuals, “reducing them to the forums of the mere particularizing self-criticism” (Dana, 1975, p.153).

Social support in itself, an important part of the recovery process, presents limitations within this individualizing perspective. One of them is the fact that, many times, the church simply refers people to a Recovery Center, reducing the drug problem to the spiritual question, without giving the necessary support when the individual returns, as illustrated by the fragment below:

Many times, we send the youth to the Recovery Center, but he isn’t the only one who needs to be assisted. Because his family remained here, sick. That youth did things that upset that family and made it lose credibility. So, that youth will return to such an environment? No, he won’t stay. Then he goes to the church, the church was the one who sent him there in the first place. Then, the church does not shelter him like it should, our church doesn’t even have structure for that. [...] So I get very sad because I see it was our negligence. The person goes there, he leaves here unemployed, has quarreled with his family, many people are on the streets, we give shelter to them, send them to the Recovery Center. (João)

Based on this testimony it is possible to notice that the interviewees believe that the problem of drug misuse is a complex question whose solution demands broader social interventions. It also shows that many churches do not have conditions to give people what would be necessary to restructure their lives because they are small and do not have financial support for this. In addition, there is, in the majority of cases, lack of technical knowledge to give them better instruments to face this situation. On the other hand, these difficulties could be minimized if the church worked in articulation with other churches – there are so many already in the community – or with other institutions, like public agencies and community organizations. Finally, it shows that, despite this institutional limitation, the individual who is not able to recover ends up being held responsible for his “failure”.

That is, independently of social support, there is an individualizing approach used by the church, since the subject, in his recovery process, is expected to assume his individual responsibility regarding being able or not to recover from drug misuse. This thought is expressed in the interviewees’ testimonies:

How can the person get rid of drug use? The person must want to. Getting rid of the addiction must come from within the person. And they must have God in their lives. And they must stop circulating in the place where they used to abuse drugs. (Alberto)

Like, I think that I must want it. If I want it, I won’t use it. ‘I don’t want to, I don’t want to, I don’t want to put an end to my life’. (Anderson)

Now, if you want it, all right, but you must want it. Because it would be no use if I didn’t want to leave the traffic. I wished to leave it, but I had no strength. Why? Because I had no help. When I found it, I grabbed it, I said: “No, I’ll go!” See? (José)

Reis (2007) identified this same characteristic in AA, which she calls over-accountability. Both in the case of the brotherhood and in that of the church, if the individual relapses, this is interpreted as being due to his “non-desire” of recovering, without questioning this aspect of the will and desire of each person and the possible alternative strategies for treatment. Therefore, relapse is seen only as being of individual accountability.

Under the perspective of the drug user that starts going to the church to recover, it is also possible to identify individualizing aspects. Although AG can be considered a de-individualizing sphere, choosing to belong to it “ends up being, at some level, an individual solution” (Velho, 2004, p. 25), since both de-individualization and any individual project are elaborated within a field of possibilities that occurs in light of concrete historical and cultural circumstances.

In the interviewees’ discourse, it was possible to “map the individualism” of those who, even within the limits imposed by religion, have the opportunity of developing their potentialities, which contributes to strengthen their self-esteem:

I have taken care of my son since he was one year and eight months. Man! Today I look at myself, I say: ‘It’s not possible! My son is a big boy and I’m the one who takes care of him, I do everything to him, I take him to the pediatrician, I take him to do a blood count, I do everything for him! I didn’t know I had this in me’. (Francisco)

After I started attending the Recovery Center I found out that I’m very talented, a talent I didn’t know I had. The talent I had been throwing away before. [...] I went to another church to help, because they needed me [...] I

taught how to play the bass and the guitar. (Gustavo, faithful, 17 years old, between 3 and 5 years of conversion)

And it was in the church itself, I testified in the parish church, the mother church, where the pastor Y invited me to. Then I went there and spoke to many people. But those people who were there, more than one thousand people listening to me, they were all crying at the time of collection of the tithes and offers. Then I said: 'You're crying!' And they were crying because they had known me since I was a child and saw my trajectory of turbulence, of many things. And they saw me in that situation so they cried because they saw that there had been a transformation. And then I was so happy, I said 'My God! They're crying because of me?' Only victories, only blessings! (Antônio)

The very social recognition, expressed in praises and respect, due to the fact that they are corresponding to the "role of a Christian", which is a form of control, also functions as a reinforcement of this individual's self-esteem:

Then I started to see, without noticing, that things were changing. After four months, when I had to come back here, I was amazed how people kept staring at me. [...] And this caught my attention. I believe that it was the transformation of my face. I got transformed... many things, really! (João)

Because in our experience, when we speak, many people who are still leading that life and know us, see that there really is salvation for those who want it. For those people who want to accept God in their lives and leave everything behind. [...] They know me and see me today and see that it has really changed a lot. Because I wasn't like this. I was skin and bones. I was very very thin! (Alberto)

Today I don't need anything, just God's unction in my life to talk to that person over there, three or four rifles in his hands. He lowers the rifle and recognizes that it is God in my life! (Francisco)

I noticed I was different (he speaks proudly)! Because I was very thin, I was skinny. Today I'm fat. People look at me and say: 'man, you're handsome!' (Antônio)

It can be noted in these testimonies that a certain role can give prestige to an individual, granted by the group to which he belongs: "That is, from the social space that is granted to him, the individual empirical agent plays roles that will enable the elaboration of an identity that is more or less solid, respected, rewarding" (Velho, 2004, p.45-6).

To Mariz (1994a, p.90), the subjective experiences of dignity and power are useful to overcome the feeling, not only of anomie, but also of "inferiority, fatalism, impotence, feelings which are created by poverty and which perpetuate it".

Furthermore, the research subjects showed that there is leeway in the performance of roles that allows them to explore or create new alternatives and live according to their own ideas, confirming that in every society there is the possibility of individualization (Velho, 2004).

I believe that the church lacks this line of reasoning. It's the social side, really! [...] There at the Olympic Village I have eight thousand children, eight thousand students. (José)

One of the members of our church, at the time he owned [...] a little market. Then I arrived here, he left me there, then I worked with him at the market for a period. But I couldn't stay; I knew that he was only helping me. I couldn't be stuck there. I'd be under his help up to when? So, I sought my own way. (João)

Therefore, the religious treatment for recovery from drug misuse is composed of a mix of totalizing and individualizing elements. It is neither possible nor desirable to establish which of the two spheres is more important; rather, we should understand how the dialectics in which both are inherently related occurs.

Conclusion

The study showed that the Assembly of God Church has been developing work with drug users, in which it offers systematic social support to them. Its motivation for intervention, however, is not the recovery from drug use in itself, but the total transformation of the individual according to the teachings of religion.

The majority of drug users, in turn, elected the church as the first (and only) place for their recovery because, within their field of possibilities, there was coherence between their worldview and that of this institution for diverse factors.

One of them is the possibility of associating with a group that is respected by these users and by the community where they live. This represented, for those who were threatened by drug traffickers, the very guarantee of survival.

Another factor is the family's relationship with the church – searching for support so that they stopped using drugs -, which made the religious discourse become part of their lives. In addition, there is the fact that the church has an active role in the search for these subjects, going to them and proposing a new lifestyle and even preventing that they were murdered by the traffickers.

Finally, existential crisis emerges as an important motivation to go to the church for help. It is in this moment that the user responds to the church's approaches, in an effort to give meaning to something that was destitute of significations. It was verified that recovery from drug misuse, in the studied group, is composed of a mix of totalizing and individualizing elements. Expressions of the totalizing principle are the social support provided for the faithful and the need of subordination of the faithful to the collective conscience of the church.

The individualizing elements are expressed when one observed the increase in the faithful's self-esteem due to the discovery of new potentialities and to the valuation they receive from their community. On the part of the church, it is possible to note the search for society transformation through the transformation of the individuals that compose it, leaving the social and structural problems outside its sphere of action/intervention.

Authors' individual responsibilities

The author Rocha, M.L.A. was responsible for the conception of the project, data collection, analysis and for writing the paper;

The author Guimarães, M.B.L. was responsible for data analysis and for revising the paper;

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