

# Spirituality workshops: alternative care for the comprehensive treatment of drug addicts

OFICINAS DE ESPIRITUALIDADE: ALTERNATIVA DE CUIDADO PARA O TRATAMENTO INTEGRAL DE DEPENDENTES QUÍMICOS

TALLERES DE ESPIRITUALIDAD: ALTERNATIVA DE ATENCIÓN PARA EL TRATAMIENTO INTEGRAL DE DEPENDIENTES QUÍMICOS

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## ABSTRACT

This is an experience report regarding crack users following detoxification treatment, which aimed to achieve a comprehensive treatment of human beings through spirituality workshops. Cultivated and created from the inspirations of the subjects themselves, the workshops are strategies capable of encouraging a revision of attitudes and behaviors, as well as to resume life based on new values and ideals. In abstract, the workshops aim to contribute towards broadening discussions on the theme, thus supporting the revision of nursing practice in regards to detoxification treatment, in addition to highlighting the need to conduct further studies in this field.

## DESCRIPTORS

Drug users  
Spirituality  
Meditation  
Nursing care  
Mental health

## RESUMO

Trata-se de um relato de experiência vivenciada com usuários de crack sob tratamento de desintoxicação, na qual se buscou alcançar o cuidado integral ao ser humano por meio de oficinas de espiritualidade. Cultivadas e dinamizadas a partir de inspirações dos próprios integrantes, as oficinas se constituem em estratégias capazes de estimular o repensar de atitudes e comportamentos, bem como reassumir a vida com base em novos valores e ideais. O relato visa, em suma, contribuir para a ampliação das discussões sobre o tema, oferecendo subsídios para o repensar da prática do enfermeiro no tratamento de desintoxicação, além de assinalar a necessidade de condução de pesquisas nessa área.

## DESCRITORES

Usuários de drogas  
Espiritualidade  
Meditação  
Cuidados de enfermagem  
Saúde mental

## RESUMEN

Se trata de un relato de experiencia, efectuado con adictos al crack bajo tratamiento de desintoxicación, en el cual se buscó alcanzar el cuidado integral del ser humano mediante talleres de espiritualidad. Cultivados y dinamizados a partir de inspiraciones de los propio integrantes, los talleres se constituyen en estrategias capaces de estimular la reevaluación de actitudes y comportamientos, así como de reasumir la vida en base a nuevos valores e ideales. El relato apunta, en suma, a contribuir para ampliar las discusiones sobre el tema, ofreciendo elementos para el replanteo de la práctica del enfermero en el tratamiento de desintoxicación, además de señalar la necesidad de efectuar investigaciones en dicha área.

## DESCRIPTORES

Consumidores de drogas  
Espiritualidad  
Meditación  
Atención de enfermería  
Salud mental

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## INTRODUCTION

Caring for human beings as integral beings implies considering the different dimensions that comprise them. Among these dimensions, however, the less considered are those which most create doubts and discomfort among health care professionals – religiosity and spirituality – even though these have always been considered, according to scientific evidence, to be important allies in peoples' lives, above all in the lives of those who have an acute or chronic illness<sup>(1-5)</sup>.

One study found evidence that spirituality and religion in the treatment and/or process of health care – terms used as synonyms in some cases – still cause great discomfort to health care professional, more specifically in doctors, for whom the socially-recognized communication is physiological illness<sup>(6)</sup>. This discomfort is owed, in part, to the hegemony of the predominant health model, which, historically, has privileged the physiopathological dimension, that is, the dimension of the disease that is apparent. Consequently, the training of health care professionals also follows this logic, in the sense of meeting the demands of the reigning model.

Talking about spirituality takes in the individual dimension, the essence of the individual; while talking about religion underpins the multiple community connections of faith and encounter, expressed through rituals. In this sense, religious practice is particularly significant in special populations, such as the elderly, women, and people with vulnerabilities of any type. Studies have shown that religiosity can benefit physical health, producing positive effects on mental health. It can also influence factors which affect the provision of health services associated with reduction in the rates of suicide, anxiety, and of depression; improvement in the state of well-being and purposes and meaning attributed to life, among others<sup>(7-8)</sup>.

Research shows that religious practice is a powerful source of comfort, hope and meaning, especially for those confronting chronic illnesses whether physical or mental. About 500 studies, undertaken in the years before, examining the effects and relations of religious practice on the daily reality of health, found there to be a positive association, with improvement in mental state and well-being in general, as well as faster results in religious patients than secular therapies<sup>(6)</sup>. Religious practices, in other words, help patients to deal with their illnesses better and in this way help to prevent self-destructive behaviors, such as the abuse of chemical substances, among others.

Recognizing spirituality as an important ally in reaching a wider concept of health, the World Health Organization (WHO) emphasizes that health is *a dynamic state of complete physical, mental, spiritual and social well-being and*

*not merely the absence of disease*, with religiosity, spirituality and personal beliefs being included in the generic quality of life instrument<sup>(9)</sup>. In the same sense, the Brazilian Federal Constitution, in Article 196, asserts that health is a right of all and a duty of the State, ensured through social and economic policies which aim for universal and equal access to actions and services for the promotion, protection and recuperation of health; and the broad concept of health as the result of conditions of food, housing, education, income, environment, work, transport, employment, leisure, liberty, access to and ownership of land, and access to health services.

In this perspective, the concept of health embraces human beings as integral beings. Thus, it is necessary to go beyond the barriers of ad hoc provision of care actions and recognize that housing, school, transport, income, leisure, religion and other spheres must be recognized, although religion/spirituality may be touched on with less expressiveness.

Recognizing the effort – that is, in widening the understanding of the phenomenon of health and, above all, the possibilities for intervening in the area, so as to assure the population's right to health as guaranteed by the text of the Constitution – one may ask: why does spirituality create discomfort among health care professionals, even though it is considered an essential dimension of the human being as an integral being? How can one widen the debate about the importance of spirituality in integral health care?

Based on the above, and considering the need for translating academic research into clinical practice, in the sense of helping patients and their families, as well as fostering a more welcoming and restorative care environment<sup>(10)</sup>, the authors determined to set up spirituality workshops for groups of drug addicts hospitalized in hospital detoxification units, with the aim of achieving integral health care. The present study – part of a research project financed by the Foundation for Supporting Research in Rio Grande do Sul (*FAPERGS, in Portuguese*) aims to report the experience with crack addicts under detoxification treatment, which – through spirituality workshops – sought to achieve the integral care of human beings

## METHOD

This is a report of experiences, related to the process of the detoxification of drug addicts, more specifically crack addicts, through spirituality workshops, in which it was sought to achieve the care of the human being as an integral being.

The spirituality workshops - which at the time of writing have met forty times – arose from the interest of one of the

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researchers and the express request of one of the addicts who was in the initial stages of detoxification. The workshops integrate an expanded project of actions and initiatives, termed: “The promotion of care for human beings as integral beings, through valuing the physical, emotional, social and spiritual dimensions of crack addicts”, approved by the Franciscan University Center’s Research Ethics Committee, under protocol number 279/2009. The partial analysis of the data from this project reveals that spirituality is a dimension that needs to be considered in the treatment of drug addicts, both in the detoxification phase and later treatment, in the sense of preventing relapses.

The Crack Detoxification Unit is part of a hospital institution located in the central region of the state of Rio Grande do Sul, which provides services solely to the Unified Health Service (SUS, in Portuguese). It has 15 beds available for male adolescents between the ages of 10 and 17, and ten for females. The addicts remain detained under a semi-closed regime for a period that comprises between one and five months.

The majority of the addicts were rescued from the street, by the Guardianship Council or Federal Police, in conditions of extreme physical, psychiatric and social vulnerability, besides abandonment by their families. Data already gathered by the research reveals that 80% of the male adolescents already had criminal records resulting from involvement in theft, kidnapping or death. Of the female addicts, prostitution and theft both stood out; 50% of the females were pregnant when they were detained, and were between twelve and thirty years of age.

During the process of detoxification, the addicts undertake occupational activities, such as: I.T classes, educational reading, sports, drawing and painting, among others. The hospitalized persons are supervised and monitored by a multiprofessional health team and by students from courses in the health care area run by the Franciscan University Center (UNIFRA, in Portuguese), as part of official academic curricular activities in this unit. Among the academic activities, there are music therapy, gaming and sports activities, the promotion of self-care, ‘beauty day’ and others.

As a result of a counseling meeting with the female addicts, one of the members of the group developed the desire to attend the hospital’s chapel, for the purpose of nurturing moments of personal encounter, as had been a habit when she was a child. Meeting this desire, which was shared with and accepted by the other group members, the spirituality workshops got started, being held two or three times a week, on a voluntary basis, with about twelve of the addicts.

The workshops, guided by lecturers and staff from UNIFRA’s nursing course, follow an active and participative methodology, which has the purpose of stimulating the addicts in the running of the activities and in making

them more dynamic. For a period of approximately sixty minutes, in the calm and welcoming atmosphere of the hospital chapel, the meetings were conducted so as to follow the steps of devotional reading of the Bible, these being: attentive reading of a Bible text, chosen by the addicts themselves; reflective re-reading of the text to capture the meaning of each phrase or word; meditation on what the text says for me/us, today, and, lastly, a personal prayer on what the text provoked in me/us and what it makes me say to God, to family, to friends, to health care professionals and others. It is worth emphasizing that the last step of the devotional reading of the Bible was, in the majority of cases, a highly emotional moment, accompanied by strong emotions, crying, confessions, supplications, requests for pardoning, and gratitude for the opportunity and possibility to be re-born for a new life.

Although there is the premise that religion, irrespective of creed, is influenced by family and/or personal reasons, this was not determinant in the process, either for the addicts or the mediators. It became clear that spirituality, even if associated with religion, is expressed in a personalized way, centered in the essence of each individual. Each meeting reinforced that the human being is multi-dimensional, comprised of physical, emotional, social and spiritual dimensions, which interweave and form an integrated whole.

The workshops – from the point of view of the lecturers’ and nursing faculty’s involvement, took place in a free, creative and voluntary way; always starting from the addicts’ considerations and constructions. It was sought never to take anything ‘ready’, and neither to impose ideas or rituals. This way, the interventions took shape in a dialogical and reflexive way, in the sense of respecting their consciousness, emphasizing their position as the protagonists in their own stories.

## RECOGNIZING THE CHALLENGES AND CONQUESTS OF THE PROCESS

The biggest challenge relating to spirituality workshops was to do with the multiprofessional health team’s discomfort in releasing the addicts to the environment of the chapel (an environment outside the detoxification unit) and, in some cases, with disbelief in such a care process. Over the course of the meetings, the discomfort of some of the health care professionals became noticeable as they noted that the addicts began to present more confident, serene and tranquil attitudes in relation to the clinical treatment as a whole.

This way of thinking is corroborated by scholars of the area, who argue that health care professionals feel uncomfortable addressing questions related to religion and spirituality, firstly because of the supremacy of the biomedical model, and secondly because professional training places little emphasis on these matters<sup>(6,11)</sup>.

Another challenge is related to the motivation for the meetings. No matter how much they wanted to participate in the workshops, the addicts showed a certain initial discomfort due to the need to have to get out of bed earlier, as the workshops took place at seven o'clock in the morning (at the addicts' request, as following this they already had a timetable of daily activities).

Besides this, another problem was related to the impulsive intention to flee during the workshops on the part of some of the addicts, even if this fact never actually took place, and to the difficulty of managing addicts who did not yet have the clinical conditions to leave the unit to go to the meetings, causing, in some cases, a backlash and discomfort among the team.

The challenges, however, were gradually overcome, as the members began to present the first signs of recuperation, associated with individual and collective attitudes and behaviors. As the workshop activities became more important, during the course of the day the addicts adopted meditation or personal reflection in the room, voluntary prayers at the dining table, and, principally, changes in attitude, which became calmer and more flexible between the members. These changes were witnessed as well by a neighbour who lived next to the hospital - who as the days went by, observed that the addicts became calmer and more serene - by the reduction in volume and intensity of the noise, and by their insertion into work, in the sectors of laundry, cleaning and hospital maintenance.

Because of being a reflexive and dialogical space, motivated by the selection of biblical texts of their own choosing, the spirituality workshops constituted, in the words of the addicts, moments of meeting one's own self, of encountering God and other people. In a general way, the texts led to personal and family reflections, that is, they brought to the surface varying feelings of triumph and achievement, but also feelings of loss and frustration, resulting from the use of the drugs. Comments such as the following were frequently to be heard:

The workshops are helping me in the detox process... I can assess my acts and outline new life plans; The workshops pray our life, because we choose the text, it's always related to our reality, everything we want to say at the moment; In the workshops I can get all my feelings out, my pain, those things you can't talk about at other times to anybody.

The transformation of one member in particular deserves to be recorded here. A twenty-five year old addict, three months into her fifth pregnancy, her four children aged between two and ten years old had already been taken into care by the Social Services' Guardianship Council and the Juvenile Court, due to the conditions of extreme socio-economic vulnerability in which they were found. The addict herself, who had been using crack cocaine for seven years, arrived at the detoxification unit via the Guardianship Council, owing to having been found preg-

nant in subhuman conditions, that is, totally abandoned by family and society. Even though it was against her will, she was taken to the unit, after a pre-natal check-up in the hospital itself.

However, even in the first few days her powers of communication and persuasion and strong leadership called the team's attention, which immediately mobilized to provide identity documentation the addict, considering that she lacked even personal identity documents. In their turn, the nursing faculty organized a successful baby shower. Due to her captivating and altruistic potential, before long she was invited to give statements to other addicts, health care professionals, lecturers, faculty staff and others.

With only four months of detoxification, the addict's transformation was so visible that the health care professional, generally speaking, joined together to inter-mediate on her behalf with the Guardianship Council for the possession of her child, whose taking into care on its birth had already been decided on. In addition to this intermediation, they also mobilized their resources to find her a job, housing and a crèche for her child. In the end, the woman was released from detention in the unit; a new life opened up and renewed the hope in those who believed in the possibility of a cure.

## DISCUSSION

Thinking about the spiritual dimension of care means welcoming a person in their integrality. In all times, cultures, contexts and places, human beings have sought to bestow meaning on their existence. In this search, the following questions recur: what is my place in the context of nature? What is the meaning of life? Can I expect anything beyond this life? Questions which emanate from logical-rational thought, from the experience of the uncertainty, pain, anguish and successes of daily life in the process of the life and existence of human beings, sometimes perplexed by their own nature.

Based on the process lived through by the addicts, it is possible to argue that spirituality translates into day-to-day life, through attitudes, behaviors and actions. Much more than any short-term occupation, spirituality expresses the values by which a person lives and believes, the life-style they follow, how they pass their time, how they dress, how they use their money - at the end of the day, how they live and what they live for. It means the spirit with which somebody lives their life. It is related to everything which has to do with the profound experience of being human. Spirituality means more than religiosity because, while the latter applies preferentially to people's religious needs and feelings for something more spiritual/non-material, spirituality refers to a life in the spirit - a life which transcends the logical, rational and materialist dimension<sup>(12)</sup>.

To consider that spirituality transcends religiosity and is a state of Spirit and/or a singular way of living and revitalizing one's life suggests immediately the question: why does spirituality still create so much discomfort among health care professionals and others, even knowing the positive evidence in confronting uncertainties, pain and illnesses of all types? A study shows that even in the south of Brazil, where religion is more prevalent, less than 10% of doctors have any relationship with spiritual care<sup>(13)</sup>.

The gradual and continuous transformation which took place in the lives of some of these addicts demonstrated that spiritual care favors and makes possible harmony with oneself, with one's fellow man and with the universe, in addition to contributing to the discovery of a feeling of living life. This way of thinking is corroborated by studies which provide evidence that spirituality is related to the essence of life, producing behaviors and feelings of hope, of love and of altruism, in a perspective of consciousness and transcendence<sup>(3)</sup>.

In relation to mental health, there is scientific evidence that religiosity and spirituality present a positive association in 50% of cases analyzed, as well as being considered protective factors against suicide, use or abuse of drugs and alcohol, delinquent behavior, marital dissatisfaction, psychological suffering and some diagnoses of functional psychosis<sup>(14-18)</sup>. This being so, it raises the question: why is this alternative for care so little valued, in the context of health?

The nurse, because of her generalist training, has a fundamental role in the process of re-thinking and broadening conceptions of health/care, as well as evaluating and identifying intervention needs in the field of spirituality. Studies show, however, that despite ample recognition of the need for spiritual care and of its positive perspectives for the treatment of physical and mental illnesses, the spiritual dimension of health care is still not valued, and not even incorporated into daily practice on the part of nurses<sup>(19-20)</sup>.

Among the varying roles of nurses involved in hands-on care, the following stand out: welcoming, being present, having a listening attitude, recognizing and understanding different needs, both of patients and their family members, as well as ethical and respectful attitudes vis-à-vis beliefs and values. For this, it is necessary for the nurse to create and provide interactive and participative

environments for the nurturing of integral care, in which everybody not only cares, but also feels cared *for* in their different dimensions.

## CONCLUSION

The spiritual condition is, in human beings, an integrative and unifying force, in which all potentialities may be developed, without spirituality having to have any superior status for this. Therefore, it is an essential, vital force for the maintenance and care of life in its different dimensions.

It is possible to argue that in the experience with the crack addicts, the integral care for the human being sought through spirituality workshops constituted an essential dimension of the treatment, due to its power in unifying, animating and revitalizing life and hope, as well as its power to integrate and reconnect all things.

Promoting integral health care is one of Nursing's aims. For this, religion and spirituality are sources of comfort and hope, irrespective of the beliefs and conditions in which the patient and/or family find themselves. Knowing each patient's religious practices and unique way of life in the spirit, Nursing will have the possibility to strengthen their confrontation mechanisms and help them to potentialize health-promoting practices.

Spiritual care with addicts under treatment for detoxification, however, is still a challenge, as much for the nurse as for the other health care professionals. That fact that this is an issue that generates debate in the field of science and health leads to nurses feeling insecure concerning the matter. Thus, the study brings elements that put into discussion the professional training of nurses in spiritual care, allied to their own knowledge of their spirituality.

In short, it falls to the nurse to identify, in the best way possible, the right moment to intervene and offer creative strategies that involve spiritual care. In this process, the nurse's commitment and willingness for the care are essential. Lastly, it is an opportunity for debate on the issue, offering support for re-thinking nurse training and their practice, in the different spaces of work, besides indicating the need for further research – above all in the field of mental health.

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