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ORIGINAL ARTICLE

Social representations of users with alcohol problems about spirituality: repercussions on nursing care*

HIGHLIGHTS

1. Alcoholism: initial pleasure, lasting pain.
2. Abstinence is a constant fight against addiction.
3. Faith in God: refuge and essential support.
4. Nursing in the Amazon: comprehensive and humanized care.

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ABSTRACT

Objective: To understand the social representations of users with mental health needs resulting from alcohol use regarding spirituality and their implications for the implementation of nursing care. **Method:** A descriptive-qualitative study conducted from May to December 2024, grounded in the theory of Social Representations. The data, collected through Free Association and semi-structured interviews, were subjected to Thematic Analysis. **Results:** Representations regarding alcoholism, abstinence, and spirituality were revealed. Alcoholism, initially perceived as a pleasure, turns into a nightmare. Abstinence emerged as the challenging act of rejecting drugs, marked by mental struggle and relapses. Spirituality represented faith in God to overcome addiction, serving as a refuge and crucial support for recovery. **Final Considerations:** The ambivalence of alcoholism, the challenge of abstinence, and faith are highlighted as essential. These insights inform nursing practice in the Amazon by guiding comprehensive, culturally sensitive care that strengthens the bond with patients and improves their treatment adherence.

DESCRIPTORS: Nursing; Psychology, Social; Religion; Motivation; Alcoholism.

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INTRODUCTION

Alcoholism is recognized as a chronic disease characterized by a persistent pattern of alcohol consumption associated with physical, psychological, and social harm. It constitutes a significant public health problem due to its high prevalence and its impacts on individuals, families, and communities. In Brazil, beginning in the 1980s, municipal initiatives began to adopt harm-reduction strategies, marking a transition toward approaches that were less punitive and more aligned with public health[1].

Despite these advances, these policies have not always addressed the individual's comprehensive recovery or provided systematic support to family members, who are often affected by the illness and its repercussions[2]. With the incorporation of this approach at the national level, a care model was established based on the principles of the Unified Health System, with an emphasis on comprehensive care and consideration of the biopsychosocial aspects of care[1-2].

In this context, the importance of spirituality in health care stands out. Understood as the search for meaning and purpose in life, as well as a connection to dimensions that transcend the material realm, spirituality can positively influence the management of alcoholism. It fosters resilience, promoting adherence to treatment and the rebuilding of life plans[3].

For nurses, incorporating this dimension involves recognizing health in a broader sense, as advocated by the World Health Organization, considering not only the biological aspects but also the psychological, social, and spiritual aspects of the individual[4]. In caring for people with health needs resulting from alcohol use, this approach contributes to more comprehensive practices that are sensitive to individual needs.

This study investigates the influence of spirituality on treatment adherence and recovery among individuals with alcohol-related problems in the Amazonian context, in light of Social Representations Theory. This approach allows us to understand how socially shared knowledge, values, and beliefs influence the way individuals perceive alcoholism and develop coping strategies[5-6].

Given the still limited scientific literature on the intersection of spirituality, social representations, and alcoholism, especially in the Amazon region, this study aims to contribute to the advancement of nursing practice. It supports the development of comprehensive and culturally sensitive care that promotes treatment adherence and the effectiveness of interventions.

Thus, this study aims to understand the social representations of individuals with mental health needs resulting from alcohol use regarding spirituality and their implications for the implementation of nursing care.

METHOD

A descriptive study with a qualitative approach, employing the theoretical framework of Social Representations Theory (SRT)[7,8]. This approach is considered effective in meeting expectations regarding the subject, alcoholism, by utilizing social representations to explore the universe of meanings, beliefs, and values of a group of alcoholics. The study used the COREQ (*Consolidated Criteria for Reporting Qualitative Research*) checklist to guide the conduct and reporting of the qualitative research.

The study was conducted at the Center for Psychosocial Care for Alcohol and Drug Abuse (CAPS AD III Marajoara), located in the Entroncamento Administrative District

(DAENT) in the municipality of Belém, which is situated in northern Brazil and is part of the Amazon region. The research was carried out from May through December 2024.

The specific setting for the study was the community discussion group called "A New Look at Alcohol" (NOA), which was developed within the CAPS AD III program. This group serves as a therapeutic and supportive space for people with alcohol-related problems, promoting the exchange of experiences, the strengthening of bonds, and the collective development of coping strategies.

The study included 30 male and female participants who were registered with and receiving support from the NOA group, affiliated with CAPS AD III Marajoara. The inclusion criteria were as follows: participants must be currently enrolled in the NOA group, aged 18 or older, with intact cognitive function, and capable of verbal communication to answer questions posed by the interviewer based on a pre-designed questionnaire. Participants affiliated with other CAPS therapeutic groups were not included.

Data collection was terminated using the theoretical saturation technique. In qualitative research, saturation is understood as the point at which continuing the interviews no longer yields new, relevant, or significantly different information from that already obtained. In other words, the data begins to show repetition and redundancy, indicating that the phenomenon under investigation has been sufficiently explored[9].

The Free and Informed Consent Form (FICF) was administered to the research participants, and a copy was provided to each interviewee. Subsequently, the Free Word Association Technique (FWAT) was introduced and administered, using the following prompt terms: alcoholism, alcoholic beverages, religiosity, faith, and spirituality.

This was followed by the administration of a semi-structured interview, which was recorded using a mobile phone. The statements made by users of the CAPS AD III Marajoara were recorded in person and transcribed manually to preserve the authenticity of their words. The transcripts were entered into text documents, with participants' statements labeled using the code names I1, I2, and I3.

The research data, collected through FWAT and semi-structured interviews, were organized in a spreadsheet and analyzed using the *ATLAS.ti software* (version 2025). Codes were developed based on the participants' statements, according to the meaning of each quote. The words evoked in the FWAT were also coded, and the repetition of these codes revealed the predominant themes in the interviews.

To analyze the data, Thematic Analysis (TA)[10] was used as a qualitative data analysis method, which allows for the identification, thorough examination, interpretation, and description of themes based on qualitative data[10]. The decision to use thematic analysis is justified by the ease of applying its stages and the clarity of the research questions, demonstrating that the entire analysis process is not uninterrupted or continuous but is shaped by the requirements of each phase.

Next, the thematic analysis technique was employed, which is widely used in qualitative research because it enables the identification, organization, and interpretation of patterns of meaning present in the data. This approach unfolds in six interdependent stages[10].

The first stage consists of familiarizing oneself with the data through repeated, free-flowing reading of the empirical material, as well as the full transcription of the interviews, to ensure closeness to and immersion in the content[10]. In the second stage, initial codes are generated through the systematic coding of the most relevant excerpts, highlighting elements significant to the study's objectives[10]. The third stage involves the search for themes, during which the codes are grouped into provisional categories, considering similarities, convergences, and emerging patterns[10].

In the fourth stage, the themes are reviewed to verify the internal coherence of each category and their consistency with the dataset as a whole, refining the groupings when necessary[10]. The fifth stage involves defining and naming the themes, at which point the analysis is further refined to delineate the scope clearly, content, and specificity of each thematic axis[10]. Finally, the sixth stage consists of preparing the analytical report, integrating the findings with the scientific literature and the research objectives, and presenting illustrative excerpts that support the interpretation and ensure the consistency of the analysis[10].

This study complied with national and international standards governed by Resolution No. 466 of December 12, 2012, and Resolution No. 510 of April 7, 2016, both issued by the National Health Council (CNS), regarding ethics in research involving human subjects, respecting human dignity, and protecting the lives of research participants. The study was submitted to the Research Ethics Committee of the Institute of Health Sciences at the Federal University of Pará, which approved it under decision No. 5,175,205.

RESULTS

Thirty clients receiving treatment at CAPS for issues related to alcohol and/or other drug use participated in the study. It was observed that 28 (93.3%) clients were male, with only two (6.7%) female participants. Ages ranged from 22 to 68 years, with a mean of 42 years.

Regarding educational attainment, 12 (40%) had completed high school; 2 (6.6%) had completed college; and 2 (6.6%) had completed graduate school. Of the remaining participants, 3 (10%) had not completed elementary school; 4 (13.3%) had completed elementary school; 3 (10%) had not completed high school; and 4 (13.3%) had not completed college.

Regarding employment status, 9 (30%) identified as self-employed and 4 (13.3%) as unemployed. The categories of civil servant, student, and retiree were each mentioned by 3 participants (10%). Regarding housing conditions, 23 (76.6%) participants lived in brick houses, 4 (13.3%) lived in wooden houses, and 3 (10%) reported being homeless.

The results of the coding, organized according to the frequency and relevance of the words mentioned, are presented in the table below, highlighting the representational content that emerged from the participants' statements.

Chart 1. Free Word Association Technique. Belém, Pará, Brazil, 2025

(continue)

Interviewee	Term 1 Alcoholism	Term 2 Withdrawal	Term 3 Religion	Term 4 Spirituality
I1	Drunkenness	Drugs	God	God
I2	Destruction	Will to drink	God	Religiosity
I3	Fear	Discomfort	Rules	Self-knowledge
I4	Will	Alcohol and Drugs	Faith	God
I5	Something bad	Will	God	Spirit of the people
I6	Self-destructive	Victory	God	God
I7	Get drunk	Stop drinking	God	Life After Death
I8	Addiction	Compulsion	God	Spirit
I9	Beer	Do not use	Church	Faith

Chart 1. Free Word Association Technique. Belém, Pará, Brazil, 2025

(conclusion)

Interviewee	Term 1 Alcoholism	Term 2 Withdrawal	Term 3 Religion	Term 4 Spirituality
I10	Pleasure	Anxiety	Restriction	Seeking God
I11	Death	Abandon	Institutionalization of faith	Evolution
I12	Drugs	Stress	Church	Don't know
I13	Cachaça	Cigarette	Church	Wellness
I14	Addiction	Lack of alcohol	Belief	Supernatural
I15	Pleasure	Missing	God	Spirit
I16	Addiction	To abdicate	To Reconnect	Universality
I17	Parties	Drugs	Church	He cannot tell
I18	Have fun with booze	Stepping away from alcohol	God's Presence	Seeking God
I19	Addiction	To stop	Church	Eternity
I20	Walk away	Will	Church	Strengthening the Spirit
I21	Alcoholic beverage	Craving	Church	Spirit
I22	Addiction	Craving	Church	He can't tell
I23	Dependency	Missing	Family	Something bigger
I24	Bad term	Need	Church	God
I25	Get drunk	Addiction	God	Christianity
I26	Bar	Sadness	Church	Jesus
I27	Dependency	Symptoms	Faith	Trinity (body-soul-spirit)
I28	Use	Will	God	He cannot tell
I29	Disease	Walk away	Church	Invisible
I30	Alcoholic beverage	Missing	God	Invisible

Source: The authors (2025).

The words spoken by the interviewees when prompted by the study's trigger terms made it possible to create Chart 1, which shows the trigger terms derived from FWAT; these were explored in greater depth during the interviews, and their consensus meanings are discussed below:

Alcoholism - The Delight That Turned into a Nightmare

The first prompt elicited various responses from the interviewees, in which they expressed their psychosocial interpretations regarding the group to which they belong and the social environment in which they are embedded. These responses reflect a shared experience and reveal their understanding of alcoholism. Below are some statements from the interviewees that express this ambivalence between joyful and negative feelings.

Fun. For me, I always liked, you know, hanging out with friends, having a good time, a break from it all. That meant a lot to me, you know? Going out, visiting different places, like the park, you know? Being in comfortable settings and having a moment of

distraction. (I18).

These days, it's not easy for us to pass a civil service exam or study; we have to give up a lot, and everything we achieved through hard work, alcoholism came along and destroyed—taking away my family, my job—and now I have to scramble to get it all back. And all that destruction had to happen so that "I" could reach a point where I recognize that I'm an alcoholic—so that "I" can go after the things that are gone and try to achieve other things from now on. (I2).

It is evident that feelings of pleasure, satisfaction, fun, and triviality regarding alcohol consumption are very common among the group surveyed. However, this same habit can lead to a series of harmful consequences in the life of an alcoholic. At first, and deceptively, alcohol induces pleasant feelings in the drinker until the reality behind the pleasure sets in, and thus negative perceptions of alcoholism emerge, as reported in the following testimonials:

This [alcoholism] has already caused me a lot of harm in my life. I lost my wife, I lost my mother, my upbringing; I lost many friends, many people, I almost lost my life. (I20).

Death… this thought comes to mind because it is one of the paths of alcoholism. My father died at age 39 after being hit by a drunk driver. So, alcohol—with this trajectory toward death—has changed my life to this day. It destroyed our family. Our family was never the same again. It changed the course of my life, my siblings' lives, my mother's life—it changed everything. Everything took a turn for the worse. So, it was because of the death caused by a drunk driver who killed my father that I ended up where I am today. So much suffering, so many losses. (I11).

Abstinence - the challenge of saying no to drugs

The second trigger term, abstinence, prompted the interviewees to share their experiences and feelings. Upon analyzing this trigger term, it is clear that this group of interviewees views abstinence as being linked to staying away from drugs, breaking free from addiction, and saying no to alcohol. However, this is an extremely difficult task, which is why relapses occur, a return to one's former way of life. As a result, these individuals wage a mental battle, struggling against their cravings and the triggers that might lead them back to the hardships of the world of drugs. Below are some accounts that illustrate this point:

Abstinence sets in, and I immediately think about missing alcohol. What I like to do - or rather, what I used to like to do. (I14).

Withdrawal is about giving things up, right? (I16).

For me, withdrawal is when you're away from alcohol, right? And then you feel that urge to drink. That strong urge to consume it, but you just can't at that moment. (I18).

The urge to drink… is something that people with substance use disorders feel, right? In my case, I still feel the urge to drink every day, because I still miss a lot of things—because, whether I like it or not, that false illusion that it's good brings you a lot of worldly things that are actually satisfying, right? (I02).

The statements made by clients deserve special attention; they need to be valued, and every professional must practice active, deep listening that allows them to understand the details of each statement. Consequently, this group of users undergoing treatment at CAPS AD III shares these negative feelings when they are in a state of withdrawal

from alcohol and/or other drugs, during which sadness, anxiety, distress, anguish, fear, and similar emotions prevail.

Religion - Faith in God to Overcome Addiction

The third prompt used the word religion to elicit responses from the interviewees and, in this way, understand how this group views religious issues and the importance of religion—if they have one, to their recovery. Religions aid in individuals' recovery because they strengthen people's mental well-being and create barriers through faith, helping users remain steadfast in their resolve to stop using drugs. Users associate religion with God and the faith they have in Him to achieve recovery or healing. In light of the above, below are some statements from CAPS AD users that clarify what religion means to them.

God. Being close to God. Closeness to God. (I05).

Faith in God and hope that better days are coming. (I04).

Because God has been the reason I haven't fallen back into my old ways, I'm seeking this new path now. Because after I turned to God, I started letting go of worldly things, right… I started drawing closer to God, and from the moment you start drawing closer to God, you automatically start moving away from worldly things. (I02).

First of all, if I don't have this greater strength, I'll be nothing, right? Because no one believes in me anymore. My siblings don't believe in me anymore; my mother has passed away, my father has passed away; society doesn't believe in me. So, as the Bible teaches - and religion preaches to its followers - it is said that He will never abandon me. So, it's the greater power that I carry within me, because it's the only one that believes in me. (I25).

It is evident from their statements that the clients place their hope in God, and religion is the path that connects them to the divine. Thus, religion has a positive influence and fosters hope, resilience, willpower, psychological strength, and optimism in the clients of CAPS AD. This set of ideas, beliefs, and values regarding religion and God are the social representations of these people undergoing treatment for alcohol and other drug abuse.

Consequently, these perceptions lead the group to exhibit certain shared behaviors, interact with one another, and spread the same ideas about the benefits of religion to people struggling with addiction.

Religion means freedom to me, a source of strength that allows me to recover… Since I'm religious - I believe, I'm a Christian, right? I believe in Jesus, so God is there - and He represents my refuge. If there's a problem, religion is my closest, most intimate refuge. (I26).

I used to not believe in God; I didn't believe in those things. Nowadays I do believe. It means a lot to me; it comforts me. The only thing that comforts me these days is knowing that God loves me. (I24).

These days, it (religion) represents a middle path for me. It's a place where I can reconnect with society in a certain way. And I draw strength from the teachings that religion offers so that I can have more autonomy over my own will. (I16).

In short, religion can be considered a tool to aid in the rehabilitation of individuals dependent on alcohol and other drugs, as it can influence people to adopt healthy lifestyle habits and abandon old habits that are harmful to their health. The testimonials

above show that users hold similar views regarding religion and share the belief that religion is essential for the full recovery of people struggling with addiction, as well as providing the support these individuals need to strengthen their spirit and psychological resilience so they do not succumb to adversity and withdrawal symptoms.

DISCUSSION

Given the perceptions of people who use alcohol and/or other drugs regarding the issue of dependence on psychoactive substances, SRT is essential for analyzing the details, motives, and context of how and why this group expresses certain concepts about an object and/or phenomenon, in this case, alcohol, and drugs[6-7].

One of the main difficulties faced by people undergoing treatment for alcohol and/or other drug use is withdrawal syndrome. This phenomenon occurs when there is a reduction or cessation of substance use, especially after prolonged use and in patterns of dependence[11].

Withdrawal symptoms vary and can range in severity depending on the type of substance used, the duration of use, the amount consumed, and the individual's medical condition. In the case of alcoholism, for example, signs and symptoms may include physical, psychological, and behavioral changes, ranging from anxiety, irritability, and tremors to more severe conditions, such as mental confusion and medical complications[11].

The severity of withdrawal symptoms varies among individuals; they can be a significant risk factor for relapse and require qualified professional care. Thus, proper management of withdrawal is a fundamental step in the therapeutic process and in consolidating recovery[12].

Withdrawal manifests as a series of physical and psychological signs and symptoms resulting from the interruption of a psychoactive substance's supply to an individual's body; the body reacts in this way due to an imbalance of neurotransmitters in the brain's reward system[12].

Thus, when studying the group of users with alcohol and other drug dependencies, it is essential to delve into the details of their subjective world, understanding not only the clinical aspects of abstinence but also the meanings they attribute to themselves in this process. The experience of abstinence is not limited to physical and psychological manifestations; it has a direct impact on self-image, self-esteem, and the way the individual perceives themselves in relation to their history of substance use and treatment[13].

Thus, when studying the group of users with alcohol and other drug dependencies, it is essential to delve into the details of their subjective world, understanding not only the clinical aspects of abstinence but also the meanings they attribute to themselves in this process. The experience of abstinence is not limited to physical and psychological manifestations; it has a direct impact on self-image, self-esteem, and the way the individual perceives themselves in relation to their history of substance use and treatment[13].

Thus, investigating social representations of the self allows us to understand how individuals undergoing withdrawal negotiate their identity, reinterpret their history, and construct new meanings for their existence, elements that are fundamental to the consolidation of care and recovery[14-15].

Religion can be conceptualized as the institutionalization of faith—of belief in God. Therefore, every religion has norms, rules, a hierarchy, rituals, and symbols, and is routinely practiced within a specific place, such as a temple, church, etc. Spirituality is

a broader concept that refers to the divine, the sacred, and the non-physical, but is not necessarily tied to a specific religion. It involves cultivating self-knowledge, connecting with that which transcends the material world, and having a belief in a higher power[15].

Therefore, religiosity and the cultivation of spirituality are approaches commonly adopted by these individuals in the hope of successfully breaking this harmful habit. Thus, the religious and spiritual dimensions of the human being are fundamental to their inner development and to finding answers to their questions. They are essential because they influence individuals' behavior and actions, instilling in them courage and perseverance in the face of life's adversities[16].

It should be clarified that religion has proven to be a positive influence in the daily therapeutic lives of individuals with problematic alcohol use. Its contribution has been linked to the emotional comfort provided by practices such as prayer, participation in rituals, and the communal experience of faith, in addition to fostering reflection on the consequences of substance abuse[16].

The study participants view religiosity as a complementary component of treatment, attributing to it an important role in promoting changes in attitudes, behaviors, and lifestyles. For many, faith serves as a source of motivation for maintaining abstinence, strengthening hope, self-control, and commitment to recovery[17].

In addition, insertion in religious communities expands the social support network, reduces feelings of isolation and contributes to the reconstruction of identity and meaning of life. In this context, religious rites, practices and values are important coping strategies, helping individuals to deal with daily challenges and the weaknesses inherent to the rehabilitation process[17].

This study has relevant implications for nursing practice in the field of mental health in the Amazon, especially because it addresses a theme that is still little explored in a systematic way in this context: the interface between spirituality and care in situations of psychic suffering and problematic alcohol use. Considering the sociocultural specificities of the Amazon region, marked by strong religious and symbolic diversity, it is essential that mental health care dialogues with these dimensions.

By revealing the social representations of spirituality constructed by the participants, this study offers concrete insights for improving the holistic approach to nursing. The thoughtful incorporation of the spiritual dimension into the therapeutic plan enables the development of care strategies that are more humanized, culturally sensitive, and aligned with the subjective needs of patients, recognizing spirituality as a potential resource for coping and empowerment in the recovery process.

Furthermore, valuing this dimension helps strengthen the therapeutic bond, as the professional demonstrates respect for the patient's beliefs, values, and sense of purpose. This approach contributes to greater adherence to treatment and to better clinical and psychosocial outcomes.

Finally, the study also supports the training and continuing education of healthcare professionals by encouraging the ethical, critical, and evidence-based integration of spirituality into clinical practice. By recognizing spirituality as a constitutive element of the human experience and a potential pillar of mental health in the Amazonian context, it broadens the understanding of care as a holistic and person-centered process.

Furthermore, there are some limitations to this research; since it is a qualitative study focused on a single CAPS AD III, its findings may not be generalizable to other Brazilian or international contexts, or to other regions of the Amazon. The Social Representations (SR) are contextual, and the city's cultural and religious uniqueness, while representative of part of the Amazonian landscape, does not encompass the vast diversity of groups and beliefs present in the region. Data collection through semi-

structured interviews and the FWAT, while rich, depends on the participants' ability to verbalize their experiences.

FINAL CONSIDERATIONS

The study revealed an ambivalent view of alcohol, initially associated with fun and sociability, but later perceived as a cause of loss, suffering, and the breakdown of one's life, while abstinence is experienced as a daily struggle marked by habits that are difficult to break, constant triggers, intense physical and emotional symptoms, and the risk of relapse. In this context, religion and faith in God emerge as foundational pillars in coping with addiction, serving not only as devotional practices but also as a source of strength, emotional support, hope, and resilience, contributing to the reconstruction of identity, the restoration of self-esteem, and the maintenance of motivation for recovery.

In the Amazonian context, where religious experience plays a central role in social and cultural organization, spirituality offers a sense of belonging, collective support, and existential purpose, thereby promoting therapeutic adherence and establishing itself as a valuable symbolic and community resource.

For nursing practice, these representations imply the recognition of the spiritual dimension as a legitimate and necessary component of holistic care. It is necessary to incorporate systematic spiritual assessment into routine evaluations (identifying beliefs, practices, spiritual leaders, and sources of support), promote empathetic and nonjudgmental listening, coordinate interdisciplinary interventions with psychology, social work, and religious representatives when desired by the patient, and plan relapse prevention strategies that take spiritual triggers into account and strengthen community support networks.

Furthermore, it is essential to include content on spirituality and religion in nursing curricula and continuing education, equipping professionals to conduct spiritual assessments, integrate faith-based resources into care plans, and strengthen the therapeutic relationship, always respecting patient autonomy, religious diversity, and informed consent, and ensuring that religious interventions complement, rather than replace, necessary biomedical and psychosocial treatments.

In summary, the study demonstrates that spirituality is not merely a complementary aspect but a vital component in the recovery process of people recovering from alcohol use. For truly effective nursing practice, it is essential to understand and incorporate these social representations, recognizing the spiritual dimension as a therapeutic resource that strengthens recovery, improves clinical outcomes, and promotes care that is more humanized and contextualized to the Amazonian reality.

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Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - **Hatherly WEL, da Silva SÉD.** Drafting the work or revising it critically for important intellectual content - **Hatherly WEL, da Silva SÉD, de Oliveira MAF.** Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - **Hatherly WEL, Rodrigues DP, Santos AL.** All authors approved the final version of the text.

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