

**Paranoid schizophrenia: the aid of religiosity as a benefit for quality of life***Esquizofrenia paranoide: la ayuda de la religiosidad como beneficio para la calidad de vida**Esquizofrenia paranoide: o auxílio da religiosidade como benefício para qualidade de vida***Renato Alves de Oliveira Souza<sup>1</sup>**

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**Submission:** 09-06-2019**Approval:** 08-08-2021**Abstract**

Was sought to analyze how religiosity influences the mental health of individuals in their quality of life, defining the positive aspects. Understanding from which factors the issue of religiosity is intertwined with health and the process of mental illness. This is an exploratory study of literature review carried out in the Virtual Health Library and Scientific Electronic Library Online databases in articles published from 2014 to 2018. Schizophrenia is present in all regions of the planet, presenting measures of incidence and relatively equal prevalence in populations. For the 2014 Diagnostic and Statistical Manual of Mental Disorders, the lifetime prevalence of schizophrenia would be between 0.3 and 0.7%. Its rate ranges from 0.9-11 per 1,000 inhabitants and its annual incidence is between 0.1-0.7 new cases per 1,000 inhabitants. It is estimated that schizophrenia affects 1% of the world population, that is, around 70 million individuals. This study allowed for a better understanding of schizophrenia, its aspects, reaching paranoid schizophrenia with the main objective of knowing how religiosity influences the patient with schizophrenia, the benefits that spirituality causes and improvements in the patient's quality of life.

**Descriptors:** Paranoid, Schizophrenia; Diagnostic and Statistical Manual of Mental Disorders; Schizophrenia Spectrum and Other Psychotic Disorders.

**Resumén**

Se buscó analizar cómo la religiosidad influye en la salud mental de las personas sobre su calidad de vida, definiendo los aspectos positivos. Comprender a partir de qué factores se entrelaza el tema de la religiosidad con la salud y el proceso de la enfermedad mental. Se trata de un estudio exploratorio de revisión de la literatura realizada en las bases de datos de la Biblioteca Virtual en Salud y la Biblioteca Electrónica Científica en línea en artículos publicados entre 2014 y 2018. La esquizofrenia está presente en todas las regiones del planeta, presentando medidas de incidencia y prevalencia relativamente igual en las poblaciones. Para el Manual diagnóstico y estadístico de trastornos mentales de 2014, la prevalencia de por vida de la esquizofrenia estaría entre 0,3 y 0,7%. Su tasa oscila entre 0,9-11 por 1.000 habitantes y su incidencia anual se sitúa entre 0,1-0,7 casos nuevos por 1.000 habitantes. Se estima que la esquizofrenia afecta al 1% de la población mundial, es decir, alrededor de 70 millones de personas. Este estudio permitió conocer mejor la esquizofrenia, sus aspectos, llegando a la esquizofrenia paranoide con el objetivo principal de conocer cómo la religiosidad influye en el paciente con esquizofrenia, los beneficios que produce la espiritualidad y las mejoras en la calidad de vida del paciente.

**Descriptores:** Esquizofrenia Paranoide; Manual Diagnóstico y Estadístico de los Trastornos Mentales; Espectro de Esquizofrenia y Otros Trastornos Psicóticos.

**Resumo**

Buscou-se analisar de que forma a religiosidade influencia na saúde mental dos indivíduos na qualidade de vida definindo os aspectos positivos. Entender a partir de quais fatores a questão da religiosidade se intercala com a saúde e o processo de doença mental. Trata-se de um estudo exploratório de revisão de literatura realizado nas bases de dados Biblioteca Virtual em Saúde e *Scientific Electronic Library Online* em artigos publicados no período de 2014 a 2018. A esquizofrenia está presente em todas as regiões do planeta, apresentando medidas de incidência e prevalência relativamente iguais nas populações. Para o Manual Diagnóstico e Estatístico de Transtornos Mentais de 2014, a prevalência da esquizofrenia ao longo da vida seria entre 0,3 e 0,7%. A sua taxa compreende de 0,9-11 por 1.000 habitantes e sua incidência anual está entre 0,1-0,7 novos casos para 1.000 habitantes. Estima-se que a esquizofrenia atinge 1% da população mundial, isto é, cerca de 70 milhões de indivíduos. Este estudo permitiu ter uma compreensão melhor sobre a esquizofrenia, suas vertentes, chegando à esquizofrenia paranoide com o objetivo principal de conhecer como a religiosidade influencia no paciente com esquizofrenia, os benefícios que a espiritualidade causa e melhorias para a qualidade de vida do paciente.

**Desritores:** Esquizofrenia Paranoide; Manual Diagnóstico e Estatístico de Transtornos Mentais; Espectro da Esquizofrenia e Outros Transtornos Psicóticos.



## Introduction

Schizophrenia is the most common mental illness, being characterized by distortion of reality, changes in harmony, inadequacy of reasoning and affective, causing hallucinations and delusional ideas, having its acute or insidious onset as distinct characteristics, evolving into its own symptomatology<sup>1</sup>.

It is a serious psychic destruction, where the person loses the ability to assimilate emotions and feelings with thoughts, and may present beliefs that do not exist, also producing social difficulties related to work and relationships. The cause of the disease is unknown, but due to the success of medications, the biochemical imbalance is one of the most accepted causes in medicine<sup>2</sup>.

Through this observation, even if some patients have suffered a psychic weakness, the improvement of these patients with delusional schizophrenia is being efficient, giving a new perspective of quality of life to the patients. Research is being more focused on the beginning when the disease manifests itself, seeking to understand its origin<sup>3</sup>.

Schizophrenia influences all aspects of the person, both inside psychologically and outside socially, its specific cause is still not explained, but it is possible to explain through medicine how it works.

Religiosity and spirituality are important in the management of psychiatric conditions and, in most cases, present positive results in the treatment of patients. Undoubtedly, this approach should be inserted in the clinical practice of psychiatrists, however some caveats should be made in patients with delusional schizophrenia<sup>4</sup>.

For the reason of patients, specifically the delusional ones, religiosity and spirituality can bring confusion, mixing reality with their beliefs, generating hallucinations, this combination must be taken care of.

However, even with this negativity in the results of the treatment of patients who have religiosity and spirituality as an aid in their treatment, there is still great adherence to this therapy as a form of help. Studies show an association of greater external religiosity of patients, such as attending cults. In patients with schizophrenia, 131 individuals were investigated in the United States of America and concluded that religious involvement was associated with a higher frequency of delusions of a religious mystical nature<sup>5</sup>.

Religiosity can bear negative aspects in coping with situations related to health problems, for example, in the fight religiosity that involves feelings of abandonment and punishment by God, being correlated with higher mortality and higher prevalence of depressive symptoms<sup>6</sup>.

However, even with this negativity in the results of the treatment of patients who have religiosity and spirituality as an aid in their treatment, there is still great adherence to this therapy as a form of help.

Thus, we seek to discuss and understand how religiosity is manifested in patients who have paranoid schizophrenia, as it is used as an instrument for patients with chronic diseases to deal with the conditions established by the disease, as well as highlighting the importance of it as an object of attention in mental health and clinical practice. It is also important to highlight those chronic diseases determine changes in the sense of identity and require individualistic strategies to cope with this condition, everyone has a particular functioning dementia<sup>7</sup>.

The area of mental health requires greater attention, being even more related to paranoid schizophrenia, where several symptoms are presented, making its diagnosis difficult, so religiosity will benefit or not in the patient's quality of life, facilitating its diagnosis, for this reason I sought this very relevant topic these days to study. Due to the deficiency of mental health care, she decided to seek, through this research, to understand a little more about schizophrenia and its relevance to religiosity.

## Methodology

This is an exploratory investigation through bibliographical research, developed according to the following steps: literature search, reading, critical evaluation of studies and presentation of relevant data to the topic.

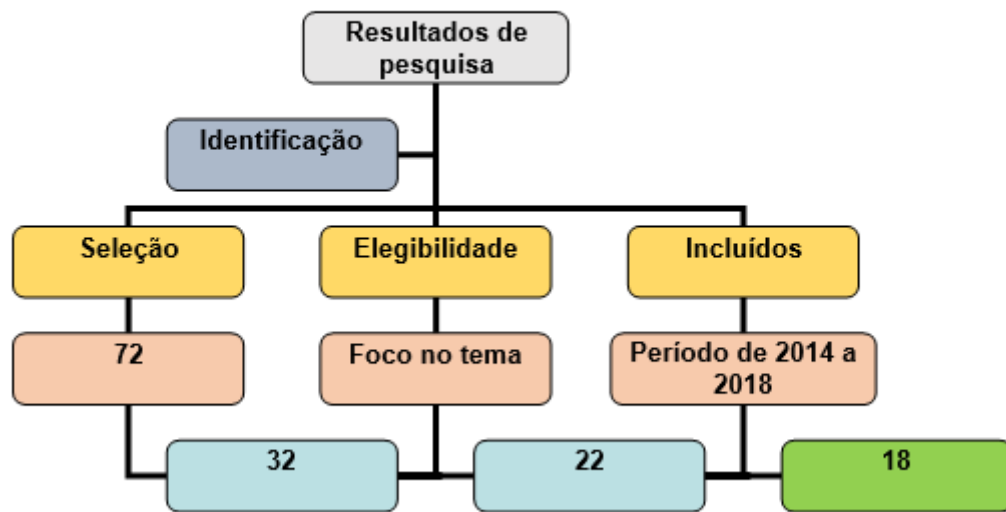
The selection of articles was based on research, the Virtual Health Library (BVS), Scientific Electronic Library Online (SciELO) and Google Scholar were consulted. For the development of this study, scientific articles published between the period 2014 to 2018 were used, available in full in Portuguese, through a search of the descriptors "Paranoid Schizophrenia".

The bibliographic survey was carried out based on the need to build knowledge about the subject to be studied. The adoption of criteria for the selection of articles took place according to the objective of this research.

The criteria adopted were complete articles carried out in Brazil, available free of charge in the databases mentioned above, which presented aspects related to the paranoid schizophrenia topic in the title. The bibliographic survey was carried out based on the need to build knowledge about the subject to be studied. The adoption of criteria for the selection of articles took place according to the objective of this research. And as an exclusion of duplicate articles, less than 2014 and in a language other than Portuguese and English.

After collecting the articles, the reading that met the inclusion criteria was performed. The second stage consisted of selecting the most relevant articles to the topic, totaling 18 articles. The third step was the synthesis of all information to find relevant points for the perception of the benefit of religiosity and spirituality in the quality of life of patients with paranoid schizophrenia.

Figure 1. Flowchart for article findings. São Paulo, SP, Brazil, 2020



Results and Discussion

Chart 1. Distribution of publications in relation to the results of the articles included. São Paulo, SP, Brazil, 2020

No.	Results
1	Among these aspects, we identified the places of work and social conditions as fundamental factors in understanding addictions. As a response to existing theories and as a clinical proposition, we resorted to Nathalie Zaltzman's theoretical formulation on what she called the construct anarchist drive, which the psychoanalyst directs to the clinic of extreme situations.
2	The field of psychiatry, historically in dispute with psychology and psychoanalysis (when the form of assessment and therapy), continues to support a qualifying practice (taxonomic), based on characteristics and diagnostic criteria of verified disturbances or disorders, mostly, empirically.
3	The study showed that family members have empirical knowledge of the disease, describing the symptoms and side effects, but they are unable to frame the same face to similar psychiatric pathologies. The knowledge that family members have about schizophrenia is scarce, 8 of the family members are unaware of the disease and 2 confuse it with other pathologies.
4	The findings of this work indicate that, although psychoanalysis has rejected religion, it is open to other forms of expression of spirituality and that Lacan's clinic of Real is like spiritual practices of oriental origin. Empirical data confirm spirituality as a phenomenon on the rise in current Brazilian society and demonstrate that, through the entry of spirituality into the university space, it has been attesting to its validity both as a research focus and as a medical and educational practice. However, its presence in the academy still suffers from prejudice.
5	This work is an important tool for pastors to better understand the characteristics of human behavior and be able to better differentiate spiritual and emotional issues.
6	Brazilian Criminal Law is not effective in the treatment of homicidal psychopaths, as they are not subject to re-socialization, and would need another type of measure imposed on them so that they do not pose a risk to society. Still, it is important to emphasize that Brazilian law does not even have specific rules for this type of individual who is highly dangerous, with doubts regarding the culpability and imputability of the psychopath, which is resolved only according to the understanding of each magistrate. Measures such as prison separation from psychopaths and specific upbringing, aiming at their treatment, would already be a start for the situation to become more adequate.
7	To achieve these goals, we chose to apply the quantitative method (surveys), built for this purpose and with the compilation of several measurement tests, introducing an open question to cross which will serve as support to understand even at what point these elderly people claim to have quality of life.
8	Therefore, this editorial aims to instigate readers about the dissemination of scientific data among their peers, expanding the view towards the construction of a reflective and critical base on the information conveyed daily in their social networks. It is believed that the dissemination of news that generate disinformation for society is still one of the greatest challenges to be faced, including in the post-pandemic period.
9	The data found demonstrate both positive and negative aspects of this association, indicating that health professionals need to consider the patient as a biopsychosocial being, that religiosity can contribute to clinical practices and that the number of studies involving religiosity and mental health has been increasing considerably in recent years.
10	It was observed that within the same category there are a series of inequalities, which allow them to have symbolic capital. Not everyone handles their identities in the same way and the place of dialogue between the "crazy" and the curatorship can both silence and allow social and discursive ascent. The struggles of these people for the right to voice, health and social inclusion necessarily involve their re-inscription in the social and discursive scenes and assume new places of dialogue, in which they are considered as individual, subjective subjects, distinct from each other and endowed with legitimacy as beings. human and social, which would allow them to be seen, heard, and believed. None of these conditions apply to the place of dialogue of a person with schizophrenia, mental illness, or psychiatric patient, for which they must live with the complete lack of credibility and the denial of their right to communication.
11	It was evident that R/S has been incorporated into the notions of health, care, and integrality, being recognized as a dimension that has cultural aspects that must be considered in the clinic. The literature presents some protocols and strategies that can be used in clinical



	practice to integrate R/S into the care provided. It is suggested that Brazilian researchers continue to investigate the topic, aiming to provide subsidies for ethical and innovative practices regarding the difficulties faced by psychotherapists and recent graduates.
12	In education, the summaries of the selected theses indicated greater concern for a more humane formation and believe that spirituality is the foundation of educational practice, which can help in the task of forming a more cohesive, whole, and complete human being, and postulate that the teacher would need experience spirituality in their self-education process.
13	A final way of creating cross-cultural diagnostic criteria, given the impossibility of implementing the previous strategies, based on support, could only involve research in the biological, neurological, and genetic fields. In this case, for example, changing the object of study may be a contribution. Thus, the analysis of stable societies, instead of analyzing problematic social groups, may bring out the biological intrapersonal etiological phenomena of the disease. The inclusion of these biological alterations in the list of diagnostic criteria could contribute to culturally neutralize the interpretation of symptoms. However, research into schizophrenia has proved difficult to find a common denominator for all schizophrenic patients, given the great diversity of the clinical presentation of the disease.
14	Patients (n=143) with RIA and RIB showed no differences in age, gender, ethnicity, marital status, socioeconomic status, and occupational status. Patients with RIA had greater symptoms (HAM-D, BPRS), worse functionality (GAF), greater severity of symptoms (CGI), less education, greater social support, and fewer suicide attempts on admission. At hospital discharge, patients with ARI report greater resilience (with a large effect size between groups) and better quality of life. In regression analysis, intrinsic religiosity was associated with resilience, controlling the analysis for variables such as social support, education, depressive symptoms, and length of stay.
15	When comparing the values obtained by the patients' religiosity questionnaires with the controls, no statistically significant differences were found between the two groups regarding organizational religiosity, non-organizational religiosity, and intrinsic religiosity. In bipolar patients, when we correlated the religiosity questionnaires with clinical data (age of the first crisis, number of hospitalizations and number of attacks), no statistically significant correlation was shown. However, there was a strong correlation between quality of life and organizational religiosity ( $r=0.790$ , $p<0.01$ ), as well as with intrinsic religiosity ( $r=0.894$ , $p<0.01$ ). In the control group, there was no correlation between the global brief WHOQOL score and aspects of religiosity.
16	Here, our clipping consists of a bibliographic survey to show the family as the caregiver of a member with schizophrenia, but also an organism in need of care, ranging from the necessary information about the disease to the offer of a space where they can build new ones. meanings for family relationship after diagnosis; train the ability to resolve conflicts through clear communication; and, above all, feeling welcomed in their role as caregiver, as well as supported by care. For this, we see systemic family therapy as a fundamental way to meet this demand, aimed at listening to the subject in his multiplicity, dynamics and structure, fundamental aspects of his condition in the world.
17	In the situations analyzed here, we could observe the limits imposed on religious expression due to its relationship with other spheres and social domains, such as, for example, that configured by the practices of collection and preservation of public heritage, promoted by museum institutions. From the presentation of these episodes, we hope to have managed to suggest that modernity, although it imposes limits on the expression of the religious sacred, is not averse to the production of other sacred ones. In the case analyzed here, this seems to be incarnated by a specific entity — the target of singularization practices such as those configured by preservation, safeguarding and exhibition — the public property.
18	The QoL at the beginning of treatment was impaired, with low scores in the physical (M=60) and (SD=17.23) and mental (M=49) and (SD=17.63) components. However, after three months of treatment there was a significant improvement in the scores of these components, for (M=88.6), (SD=10.85) and (M=82.2), (SD=16.72) respectively. The domains functional capacity (M=69), (SD=18.05) and vitality (M=58.8), (SD=20.04), with low initial scores, also stood out. Presenting, however, higher scores at the end of treatment, being (M=95.3), (SD=9.54) and (M=86.8), (SD=13.58), respectively. It was concluded that the therapeutic interventions carried out by the multidisciplinary team contributed to an improvement in the perception of QoL of patients, as well as in treatment adherence.

Schizophrenia is present in all regions of the planet, with relatively equal measures of incidence and prevalence in populations. For the 2014 Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the lifetime prevalence of schizophrenia would be between 0.3 and 0.7%. Its rate ranges from 0.9-11 per 1,000 inhabitants and its annual incidence is between 0.1-0.7 new cases per 1,000 inhabitants. It is estimated that schizophrenia affects 1% of the world population, that is, about 70 million individuals. In recent years, systematic studies have started to discover and identify the positive relationship between religiosity, spirituality, and mental health in various ways, through the rules of coexistence and encouragement of behaviors that promote health; Currently, according to Faria and Fonseca (2020), it is necessary to expand the reflection on information that, in a media way, harm mental health in the broad sense of the issue<sup>7</sup>.

The literature points out that men develop schizophrenia earlier, manifesting the first symptoms suddenly or insidiously between 18 and 25 years of age. Women usually have the disease from 25 to 35 years, with 3 to 10% of them after 40 years<sup>8</sup>.

Researchers show that the causes of schizophrenia are still unknown. However, there is scientific evidence

about the influence of genetic and environmental factors in the onset of this disease<sup>9</sup>.

Religious beliefs have great influences on how people deal with situations of stress, suffering and vital problems. Religiosity provides individuals with comfort and acceptance to face problems, motivating them to have a positive image of themselves, to overcome difficulties without losing peace and emotional balance<sup>10</sup>.

Religiosity is an important and significant factor of ordinance in people's lives, which is why they turn to shrines, saints, and their beliefs, as a kind of emergency room for comprehensive care, thus seeking to alleviate suffering<sup>11</sup>.

Psychiatric illnesses generally fit into the scenario of chronic illnesses, so that religiosity should be the objective of the medical team's attention when handling psychiatric patients, such as those with schizophrenia<sup>12</sup>.

Recent studies carried out at the University of Geneva, where it was observed that two thirds of patients with schizophrenia in follow-up say that religiosity plays an important role in their lives. Another study carried out in Australia found that 82% of psychiatric patients consider the importance of approaching religiosity as essential by their physicians, with 67% of these assuming as essential the role of religiosity in coping with the disease<sup>13</sup>.



Estimates by the Galluo Institute in the United States indicate that 70% of the American population reported moderate to high levels of religiosity when asked the importance and how much religion represents in their own lives. In a recent epidemiological study in Brazil, 73.3% of the interviewed adolescents and 83.8% of the adults considered religion as a very important dimension in their lives, and on average 30% of the sample reported attending a religious group or institution at least once per week<sup>14</sup>.

It is essential to emphasize that clear margins cannot be delineated between the normal beliefs of healthy individuals and the fantastic beliefs of psychotic patients, and delusions, specifically those of religious content, must be analyzed in the light of the sociocultural context in which the patient is inserted<sup>15</sup>.

In research at the University of Manchester, he defined that both religious behavior and the presence of

delusions of religious content can portray ways found by the patient to deal with negative events in their life and that the increase in religiosity among schizophrenic patients can be understood because of religious delusions and not as their cause<sup>16</sup>.

The results of these surveys point to several positive effects, including reduction of anxiety, ability to manage stress, drive for solidarity and cooperation, direction and existential purpose<sup>17</sup>.

It found through studies that religious involvement positively influences people's lives and health: as social support, as a determinant of a healthier lifestyle, often functioning as protective factors; as a guide of a sense of pain and suffering and, consequently, overcoming in its confrontation; as a motivator of faith, comfort and hope<sup>18</sup>.

**Chart 2.** Distribution of publications on non-pharmacological methods of pain relief used during normal labor. São Paulo, SP, Brazil, 2020

No.	Title	Authors	Year	Research Type
1	A fome da alma: psicanálise, drogas e política na modernidade	Alencar R	2016	Approach to psychoanalysis
2	DSM-5: Manual Diagnóstico e Estatístico de Transtornos Mentais	Nascimento MIC	2014	Bibliographic research
3	Necessidades sentidas pelo familiar do doente com esquizofrenia	Bastos MTCGY	2015	Qualitative, descriptive, retrospective study
4	Espiritualidade no divã: do tabu à universidade	Braga GP	2014	Phenomenological-hermeneutic approach
5	Psicologia Pastoral – A Ciência Do Conhecimento Humano	Oliveira JL	2018	Broad and didactic study
6	O psicopata homicida e a eficácia no seu tratamento pelo direito brasileiro	Duarte R	2017	Deductive thinking approach, qualitative in nature
7	Percepções de Qualidade de Vida e Bem-Estar em Idosos Institucionalizados	Fernandes RCS	2017	Quantitative method (surveys)
8	Pandemia de COVID-19 e de desinformação: um panorama do Brasil	Faria MGA	2020	Descriptive study
9	A influência da religiosidade na saúde mental: uma revisão bibliográfica	Ferreira FLS	2014	Bibliographic study
10	Comunicação e Desrazão: Entre contextos e mediações, o direito a voz da pessoa com esquizofrenia	Garcia CC	2017	Field research
11	A Dimensão Religiosidade/Espiritualidade na Prática Clínica: Revisão Integrativa da Literatura Científica	Cunha VF, Scorsolini CF	2019	Integrative review
12	A espiritualidade na obra de autores da psicologia, saúde e educação	Lousada MG, Barreto MO	2017	Exploratory study with a qualitative approach
13	Aspetos Culturais no Diagnóstico da Esquizofrenia	Medeiros ABC	2015	Descriptive summary
14	Religiosidade, resiliência e depressão em pacientes internados	Mosqueiro BP	2015	Literature review
15	Influência da religiosidade na qualidade de vida de pacientes com transtorno afetivo bipolar	Pinheiro MCP	2012	Quantitative study
16	Esquizofrenia e o Cuidado À Família em uma Abordagem de Terapia Sistêmica	Santos G	2015	Quanti-Qualitative Study
17	Coping Religioso E Espiritualidade: A Importância Da Religiosidade No Tratamento Da Saúde	Silva RAS	2016	Bibliographic research with a qualitative approach
18	Religiões e temas de pesquisa contemporâneos: diálogos antropológicos	Tavares FE, Giumbelli	2015	Qualitative approach
19	Qualidade de vida dos usuários de drogas	Targino RLO	2017	Quantitative-descriptive, cross-sectional research

## Conclusion

This study allowed for a better understanding of schizophrenia, its aspects, describing paranoid schizophrenia with the main objective of knowing how religiosity

influences the patient with schizophrenia, the benefits that spirituality causes and improvements to the patient's quality of life. Mental health started to be seen in a more comprehensive way and not just as a mere absence of



illnesses. The individual's religiosity can be of intrinsic or extrinsic orientation.

In the early 60s, studies on religiosity and mental health were propagated, from that time onwards, some studies were carried out focusing on serious illnesses, depression, and anxiety disorders. Religiosity is a fundamental element in the life of patients with schizophrenia, it can be considered a privileged object in the dialogue with health, mental disorders, and quality of life.

The presence of religiosity in the aspect of building and experiencing mental suffering has been observed by many researchers. Several studies point out that knowledge and appreciation of religious beliefs collaborate with the individual's acceptance of psychotherapy, as well as greater benefits for the patient. Although delusions, which may be present, do not influence the aspect of improvement of the schizophrenic patient, delusions in the case of religion are reflections of elements that are present in their religious life or not in the pursuit of religiosity that they built throughout their life.

Each life experience related to spirituality is seen in a unique way and can present both negative and positive aspects in the existing link between religiosity and mental health. Therefore, there are points that predominate in this literary review. Undoubtedly, religion, faith and religious beliefs are part of the quality-of-life process for people with paranoid schizophrenia. Therefore, this theme must and must be thought about, discussed, and included in the academic training of future health professionals, especially in the field of nursing, who, regardless of their beliefs and religious orientation, need to observe the human being in its entirety, respecting cultural diversities.

However, religiosity for the paranoid schizophrenic patient is essential to improve their quality of life, not only important for patients with mental disorders, but for all people in general, young people, children, and adults. Further research is needed regarding the benefit of religiosity in schizophrenic patients, as religiosity, together with all other treatments and therapies available, makes the patient improve and seek a quality of social life, spirituality, personal care, of satisfaction and happiness.

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