Abstract

Introduction: Religion has helped the lower classes to raise the perspective of "divine justice" in the struggle for survival by allowing their believers to seek, in their practices, under the influence of religious leaders, the main guidelines to alleviate the suffering from the health-disease process.

Objective: Know the influence of religious leaders in the health-disease process.

Materials and Methods: Research of the exploratory type, with a qualitative approach, methodologically based on the Historical Dialectic Materialism. The scenario consisted of the context of two churches located in a small municipality located in the state of Paraíba, Brazil. The participants of the research were priests, pastors and followers of the catholic and evangelical religions. In order to assist in the development of the research, interviews with semi-structured guides were carried out within the studied churches. The data analysis used the discourse analysis technique proposed by Fiorin.

Results: From the empirical universe, two analytical categories emerged: (1. Limits and possibilities of religious influence in relation to the
Introduction

Restlessness regarding the influence of religious leaders in the health-disease process has stimulated reflections in the academic sphere. Epistemological discussions on the subject have been prominent in Brazil, especially in the context of popular social classes, since religion has helped them to raise the perspective of “divine justice” in the struggle for survival [1].

The terms “social networks” and “power”, necessary for the study of postmodern societies, are worked out and relate more to the ways popular classes defend themselves and how they seek their survival before those who dominate them. It is, therefore, a defensive stance, since they are more concerned with the justice to be done than the scope of power [2].

In those circumstances, statistics have expressed a significant variety of religions in Brazil, as well as a decrease in citizens considered Catholic. Data from the Demographic Census of the Brazilian Institute of Geography and Statistics conducted in 2010 indicate that the proportion of Catholics has followed the trend of reduction observed in the previous two decades, although it still represents the majority [3].

At the same time, the growth of the evangelical community increased from 15.4% in 2000 to 22.2% in 2010. The religions with more followers in Brazil involve: Catholic religion (65% of the Brazilian population); Evangelical (22.2%), Spiritism (2%), Jehova’s Witness (0.7%), Umbanda (0.2%), Buddhism (0.13%), Candomblé (0.09%), new eastern religions (0.08%), Judaism (0.06%), among others [3].

This study refers to the health-disease process as an intelectual instrument to seize the individual’s health and disease, which, influenced by the theory of social determination, since it allows understanding how each society creates a certain pattern of attrition according to the energy consumption and expenditure by the people in the process of social reproduction. In classist societies, specifically in those organized under the capitalist mode of production, each social class would correspond to certain pattern of wear and potential, manifested through negative conditions (risks of illness or death) or positive (survival possibilities), consequent to forms historically adopted by society to conduct their social health-disease process; 2. Vulnerabilities of the Unified Health System and the complementarity of religion: Interfaces of the health-disease process in postmodernity), in which religious practices, institutions and leaders express positively health care in the face of the disease process. However, the religious leader’s power relations over the community and religious fanaticism make the search for religion to have a negative influence on people’s health-disease process.

Conclusion: Religious leaders encourage the complementarity between religion and medicine only at times when their believers need medium and high-complexity assistance, showing little attention to the preventive of the health-disease process, which reinforces the need to invest in new studies in the area.

Keywords
Leadership; Religion; Health; Disease.
life. From that point of view, the process of sickness requires the analysis of interferences and effects on the social relations and emotional stability of the person, whether or not they lead to situations of stress, conflict, feelings of threat and fear or even dissatisfaction [4].

In view of this background, one seeks to contribute to the consolidation of studies involving the relations between leaders of the catholic and evangelical, predominant religions in the studied geographic region and its followers focusing on the influence of that leadership in the health-disease process. When finding religion as an alternative to their inner longings, Catholics or evangelicals find guides in the health-disease process in leaders. In this way, in the context in which the rationality of modern medicine becomes increasingly technical and less human, religious leaders are considered fundamental for the search for something transcendent, sacred, supernatural and somehow able to soften the sufferings of body and soul [2, 5].

The limitations of structural, material and human resources offered by the Unified Health System in Brazil lead to a sense of impotence in the human being, contributing significantly to the search for religion, therapeutic resources that are not costly, through integrative and complementary practices in health. Therefore, the church, as a place for social insertion, allows the community to search, in that micro-space, for resolutions, support and guides to face life problems, and, if interpreted with complementary therapy, it would improve the public health in Brazil [6]. In this way, one assumes that the posture of some catholic or evangelical leaders is distant from the prerogatives of the allopathic model adopted by the current Brazilian public health policies [7].

Through the possibility of conducting studies that investigate the extent to which the opinions of religious leaders interfere in people’s life, one questions: do guides of religious leaders influence the health-disease process? Thus, this study aims to know the influence of religious leaders in the health-disease process.

**Material and Methods**

Exploratory study, developed from the qualitative approach and under the aegis of the theoretical and methodological prism of the historical dialectical materialism. The historical dialectical materialist method is the thought movement through the historical materiality of men’s life in society, that is, by discovering (by the thought movement) the fundamental laws that define the organizational form of men during history of humanity [8].

The scenario consisted of two churches located in the small city of Cuité, part of the state of Paraíba, Brazil, being one catholic church, and the other, evangelic, considering the activities developed by the religious leaders and their followers. The catholic and evangelical religions are predominant in the city and have an expressive number of followers, once it was possible to observe the stigmatization and prejudice regarding other religions. Therefore, from the city cultural knowledge, the catholic and evangelical religions were chosen. The bureaucratic procedures of the Research Ethics Committee required to enable researches involving human beings were respected, expressed by CAAE 32793214.7.0000.5182, with the fieldwork activities carried out between October and December 2014 and January to March 2015.

The participants of the research were: priests, preachers and followers of the catholic and evangelical religions. There was inclusion of priests and preachers who had been involved in labor activities developed and recognized by the presuppositions of their corresponding religion for at least six months. The eligibility criterion was voluntary participation in the research, in compliance with the ethical precepts of Resolution 466/12 [9] of the National Health Council. The anonymity of the participants and the free decision of withdrawal at any moment the research
were guaranteed, identified by the initial "E" followed by the order of interviews. Two priests and two preachers who were willing to collaborate with the study were interviewed and converged with the inclusion criteria.

In addition to voluntary participation, believers were invited to participate in the study as long as they had been involved and practicing religious activities for at least six months, being called by the initial "F" followed by the order of interviews until saturation of the information necessary to the study. In all, it was possible to work with the statements of five Catholic followers and five evangelical followers.

To assist in the development of research interviews were performed by using semi-structured guides [10] and the analysis of the empirical material produced through the interviews was performed by the discourse analysis technique, since it is indicated for qualitative researches by the possibilities of relationships of the materials that involve values, necessary and preferable judgments of the participants, related to the totality of the socio-historical context, since the person does not think and speak what he/she wants, but what reality imposes him/her to think and speak [11].

From the statements transcription, there was the understanding of the main themes, which were grouped into meaning blocks, which originated the empirical category, raw data extracted from the speeches. In other way, it was possible to encode the fragments of the statements of the leaders and their followers into units representing what they described regarding their experiences involving religion and the health-disease process. The empirical categories were read many times in order to extract the abstraction and coherence between them, converging to analysis categories or analytical categories [11].

Results and Discussion

The basic principle of discourse analysis is to, when receiving a text in which everything seems scattered, empirical, analytically recognize its more abstract (thematic) level that gives it coherence [9]. In this study, it was possible to identify one analytical category and three empirical categories of the speeches of religious leaders and one analytical category and three empirical categories for the believers.

For a better visualization of the analytical and empirical categories, a table was created, below, which highlights their distribution. (Table 1)

Table 1. Distribution of analytical and empirical categories of religious leaders and believers. Cuité, PB, Brazil, 2015.

<table>
<thead>
<tr>
<th>Category</th>
<th>Average</th>
<th>Median</th>
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<tbody>
<tr>
<td><strong>Religious Leaders</strong></td>
<td>Limits and possibilities of religious influence in the health-disease process</td>
<td>Influence of the religious leader on tertiary health care</td>
</tr>
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<td></td>
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<td>Convergence between religion and science</td>
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<td></td>
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<td>Visit to the sick: involvement of the religious leader in facing the health-disease process</td>
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<tr>
<td><strong>Believers</strong></td>
<td>Vulnerabilities of the Unified Health System and the complementarity of religion: interfaces of the health-disease process in postmodernity</td>
<td>The role of religious leaders in the health-disease process of their followers</td>
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<td>Confronting the health-disease process: Unified Health System versus religion</td>
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<td>Attaining healing through religion</td>
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Source: Research data, 2015.

Analytical category 1. Limits and possibilities of religious influence in the health-disease process.

Empirical category 1. Influence of the religious leader on tertiary health care

From discussions involving referral to the physician, it is possible to see that religious leaders pray...
for people and then ask them to seek the doctor, but that referral, in many cases, depends on the patient's faith in prayer, as recorded in the following statements:

[...] in this case the person comes to me, I pray for the person, if the person does not get well, he/she does not have faith, I say look for a doctor for this disease [...] E1.

[...] about any disease, if someone approaches me, I say to look for a doctor [...] E3.

[...] but I always send to the doctors. E3.

The religious leader seeks to offer faithful support in all health needs, whether physical or emotional. In physical diseases, he seeks to guide the search for a health service, leaving the leader with the responsibility to treat diseases affected by the emotional aspect [12].

Prayer is a way for the Christian to communicate with God [13]. However, believers seek religious leaders for a way to facilitate, together, the communication with the Supreme Being. The statement of "E1" rejects the need and importance of prayer before any kind of illness, whether physical, spiritual or social converging to the active participation of that religious leader in the health-disease process. Nevertheless, if the prayer demonstrates a satisfactory, expected result, that is, the cure, the spiritual leader does not encourage preventive practices of self-care, that is, does not guide his followers to seek medical care, only when there is illness, since he/she does not have "faith enough" to heal with the prayer support [14].

In that context, faith allows the sick person to feel stronger in the face of an illness, but the religious leader influences the inspiration and trust [12, 15], which, through the prayer proposed by the spiritual leaders, are complementary activities that citizens use before a disease, although it is necessary to argue that there is the essential importance of medicine of the alopatic method to ensure the fulfillment of biopsychosocial and spiritual finally, of the health-disease process needs, since the religious leader, through the compiled statements, exerts a contradictory influence on the health-disease process [16].

**Empirical category 2. Convergence between religion and science**

From the results found, with regard to patient care, leaders report that the church offers different types of community care through activities focused on both the spiritual as the physiological spheres, a fact that can be observed in the statements below:

[...] after the prayer, he continued with the same symptoms, I put him in the car and I took him to Campina Grande, where he underwent the examinations. I took him to João XXIII and there the exams were done and he came back with a lot of exams, his diagnosis, his medicines, I mean, I believe this is a good thing, is not it? For the people who are looking for us [...]. E1.

[...] yes, we do look for a doctor, So-and-so was one of the notorious cases here in our church. E1.

[...] understanding him in that bed of pain sometimes in the abandonment of the diseases, to listen to him, to try with the family, to probe if they are doing something for him, something that involves everything from the eating to the pillow, the mattress that he sleeps to the procedure, if the family is seeking the medicine to remedy that situation or another that he naturally needs [...]. E2.
The person, faced with a process of illness, starts to seek religion as an alternative treatment, since religious practices are understood as a form of self-care to improve a person's health. However, biomedical treatment should not be neglected and religion should not interfere with allopathic therapy. Science and religion should complement each other in order to provide qualified and optimized assistance, enabling an improvement overcoming the disease and preventive practices in the health-disease process. The participants of the research emphasized that convergence between religion and science, mentioning everyday examples that they value that practice [17].

On the other hand, contrary to the participants' statements, religiosity becomes more visible in the life of a sick person, since that state favors a misrepresentation of the pathological process so that, in some cases, the search for religion allows improving the disease condition without the need for allopathic treatments [18-19]. The way religious leaders behave toward people's religion, influencing them through their reception, service delivery, prayer, and other actions, motivates people to stop following allopathic treatment, since they all believe that religious practices enable the so-desired cure of the health-disease process [7].

Some cases of believers with successful evidence of healing in the religious context, without the intervention of allopathic treatment, may contribute to therapeutic success because of the "placebo effect". Such effect occurs not only in cases of use of inert drugs, but also in psychological treatments or in other types of treatments that lead to the suggestion of cure. In this way, that faith is deposited in a Transcendent Being, Jesus Christ, a saint, a healer or in oneself. From the participants’ statements, the religious leader is likely to have significant influence in the community regarding whether or not to accept allopathic treatments in the health-disease process [20].

Empirical category 3. Visit to the sick: involvement of the religious leader in facing the health-disease process

According to the reports obtained, patients can receive assistance through home visits, which can be attributed to the religious leader of a community, as observed in the following statements:

[...] and another important role, as an activity that I exercise, is to be willing to go to the home of the sick.

E2.

I think it is very positive that we always have, in the warnings, that patients need to be visited [...] E4.

The home visit gives the patient a better confrontation of life, alleviates the pain brought by the illnesses, and reestablishes hope in the faith, since it is a positive way for the patients to restore their health. That practice, in the health-disease process, alleviates the suffering caused by the pathology, through praises, words of comfort and prayers, enabling communication with the Supreme Being, since it allows understanding life on earth, providing better problems resolution [21-23].

In that context, visits to the sick can also be carried out in hospital institutions, in chaplaincies, which correspond to the religious care provided to hospitalized persons [22], which is articulated between the health professional and the religious leader, requiring the religious leader to come to the patient’s hospital bed [5, 23-24].

Religious leaders, when visiting hospitals, provide the patient with better coping with the pathological process, renewing faith, increasing self-esteem, and helping the family face the daily challenges. They affirm that the terminal patients, when receiving the religious visits, begin to understand life better, allowing them a better cope with death. However, it is worth emphasizing that visits should be individualized, respecting idiosyncratic beliefs and opinions,
trying to understand the essence of each being, with the purpose of offering religious comfort to the sick [22].

Analytical Category II. Vulnerabilities of the Unified Health System and the complementarity of religion: interfaces of the health-disease process in postmodernity

Empirical Category 1. The role of religious leaders in the health-disease process of their followers

Religious leaders, in the face of the health-sickness process of the believers, are understood as people who guide their followers to solve their problems. They work in their respective churches based on the Holy Bible and doctrines pertaining to each type of religion, which bring to the fore topics such as ethics, quality of life, salvation, love, among other subjects.

Regardless of religion, religious leaders are respected people who have a great influence on the personal lives of each believer. When asking believers how their religious leaders work on aspects of health and illness in the church, they answered:

By listenings. And referrals, counseling, and also the issue of people with mental problems. As he can freely go to hospitals that work this psychic part, he also makes referrals, directly [...].

It is usually with doctrines, with teachings, within the word of God. Because the word of God has everything. He has teachings, has advices, has ethics, has prudence, and it is within the word of God [really] that the Preacher works this health issue.

Based on the statements, religion has a strong influence on the lives and in the health-disease process of people, especially those who attend the religious precinct, the Church. The role of religious leaders in the routine decisions of the believers indicates they importance of being aware of that influence. Depending on the leader’s behavior, there will be significant interference in personal lives, and may have positive or negative reactions.

In the report of the believer “F10”, there is the influence of fanatical leaders, guiding only the spiritual option as a solution to all problems.

Depending on the leader who is influencing this population, if he is a fanatical leader, it would be a negative influence. Because he would only give the spiritual alternative to the search for healing. People would have only that choice of search, the spiritual side.

In those circumstances, when analyzing the interviews reports, the religious leaders of that target group are having sensible conducts to the health-illness process of the believers. They seek support in the health team, when necessary, and enable them to search for science in moments of confrontation of the pathological state.

The believers are aware of the importance of the interdisciplinary health team in facing the pathologies, considering that the convergence between science and religion, aiming at the success of the cure, would give them more security in the course of the treatment and the health-disease process [12].

The interviewees reported that partnership between science and religion, and they assumed to be a positive union. Giving strength to each other, the boundaries of both could be overcome, thus leading to a successful treatment.

The patient ends up joining the proper question of medicine with the spiritual question. So one thing ends up influencing the other, I think it speeds up the healing process.
The churches develop social activities of great relevance for the confrontation of the health-disease process of the community. They also have the opportunity to work on the promotion, protection and recovery of health, since they work to improve the quality of life and restore the health of individuals [25].

The main projects and social activities carried out include: active search for users with abusive alcohol and drug use, investment in the reduction of prostitution, encouragement of donations and charity, emotional support and follow-up, among others, opening space for religious institutions to work the health-sickness process of the believers with themes focused on protection and recovery of health, through workshops and lectures. An example of that work is the “farm of hope”, in the catholic religion context which develops actions from the prevention to the rehabilitation and reinsertion of an alcoholic and/or chemical dependent for the social scope [26].

It was possible to observe, in the reports of the followers of the Catholic Church, the exposition of those social actions and projects developed by the Church.

\[\text{It works with advice, referrals. He (the priest) is a volunteer, too, for people with cancer. As he also works in an NGO that provides services to the cancer hospital, they make donations, also help. Also on the issue of people with mental problems [...]}.\]

F3.

\[\text{[...] Religion is very important, especially in mental health, where we see that there are many people with depression. When young people engage in drugs, they even give up drugs when they listen to the Priest, the religious leader [...]}.\]

F5.

The reports emphasized the importance of religion, as a strengthening and complementary alternative to the health-disease process of the community, which regardless of the treatment, acts positively in the recovery of individuals’ health [27], in the context highlighted of the abusive use of alcohol and illicit drugs. The reception of the churches allows some users to reintegrate into society, seeking the constant overcoming of the health-disease process and improvement in the quality of life [25].

**Empirical Category 2. Confronting the health-disease process: Unified Health System versus religion**

Since the creation of the Unified Health System - SUS by the Federal Constitution of 1988, regulated by Law No. 8,080/90, in order to guarantee the right of access of all citizens to public health, there were some potentialities, such as the creation of public policies focused on life cycle and other needs, implementation of government programs of great impact such as immunization, training of professionals, technological developments, treatments for serious diseases, oncology and a significant increase in the coverage of preventive and specialized assistance [28].

Although qualities and improvements are pointed out, there are limitations that need to be worked out and overcome, since it is a system that still serves mostly popular classes whose solvency is slow, with scarce material resources and structural problems, which makes people discredit the public health system, which constantly has a demand greater than the offer of services [28] in many cases due to the lack of specialized professionals, increased bureaucracy for consultations, examinations and difficulties to refer clients to reference centers [29].

In that context, citizens seek alternatives to solve their problems and one of those alternatives involves the search for private health services; however, the demand of that sector has also increased. Thus, both the public and private systems are currently facing difficulties to meet the requirements found in those services.
Do you see today, even the large ones, how can I say? Large private health plan firms are also in crisis. Because a lot of people are going from the public to the private service and increasing the demand in the same way [...] F1.

The participant’s statement allows reflecting that, in response to SUS weaknesses, the private system is also facing the challenge to meet all the demands of the community seeking assistance in the private sector.

The existence of those high demands, especially the delay to get consultations, examinations, and most importantly, to solve the health problems of individuals, is leading the population to consider alternative therapies, seeing the support of religion as a decisive, additional aspect in the health-disease process.

We can state that idea by analyzing the reports of two believers of different religions. The believer “F1” is a follower of the Catholic religion, and the believer “F9”, of the evangelical religion. Both elucidate the reason for the search for religion in order to obtain a cure.

I think, firstly, by people discrediting the public health. Then, that patient who has an illness, perhaps of terminal character, he will seek the immediate. So, you see, often the public health issue, the it has been treated in our country, the disregard that happens. So the citizen who is sick, he wants something immediate. He does not want anything for a year from now, several months from now. So I believe that, for those two reasons: discrediting public health, neglect, and trying, somehow, to believe that the spiritual will solve what the public/medicine could not. F1.

I would say it is the difficulty. It is the difficulties of having access to SUS. You see that there are several months of waiting for consultations, exams, for procedures that have to be done. Surgeries, that is, when you arrive [pause]. There is a brother here in the Church, his name is “So-and-so” he has had heart surgery and three times, it has come to three times; when came time for surgery, they said, “come back, you will not do it”. I find this access the most difficulty. F9.

The public health system offers several alternatives to promote, recover and rehabilitate society's health, but demand is greater than supply. It impacts on the difficulty of prioritizing more urgent cases and the principles of equity, universality and completeness become threatened. With that, the queues increase and the difficulty in obtaining consultations, specialized exams or procedures of high complexity extends, lasting for months, even years to accomplish.

My wife has surgery to do, she has been waiting for SUS for two years, and nothing. Then she asks God, may God cure her [...]. F6.

The report explains the fragility of the public health supply system. People seek the SUS, but the lack of resolution causes them to adopt alternative strategies, seeking religion, crying out to God for healing, while awaiting interdisciplinary health care and treatment.

Another reason to search for religion is when the disease has no cure from the perspective of science, medicine. For situations of incurable diseases, the course of illness goes through five psychological stages described as negation, anger, bargaining, depression and acceptance [30]. The person suffering from an illness seeks protection, support, someone whom he/she can trust and that listens to him/her.
Faced with that scenario, the church has become the environment where people are managing to find a new meaning for life, in order to cope with that inhospitable situation. They are able to discover groups of people who listen, cheer for victories, and plead collectively to God for healing and to overcome the health-disease process.

Thus, even people who have a high socioeconomic level and can pay for services like massage, spas, homeopathy, and acupuncture, still seek religion to cope with difficult times. They seek the church for the relief of anguish, or because they feel protected, welcomed, and ultimately stimulate personal motivation to face the challenges [31]. The following speech of a believer reports that idea:

I think they look for the SUS, but when the problem transcends the medical part, medicine cannot solve it, it turns out that people end up looking for, looking for God. I would not say looking for religion, but God. Religion too. F10.

Faced with the limits of medicine, the found solution to overcome the problems has been the religion, reinforcing the search for the transcendent, often forgetting that not every one is able to achieve the cure by religion, clarifying the contradiction between the benefits and the limitations of religion in the health-disease process.

Empirical Category 3. Attaining healing through religion
Hopelessness, suffering and disease have been one of the reasons for people to seek religion as a source of support and comfort for humanity. Another great reason to search for religiosity, especially the evangelical religion, is the incessant search for healing, which may justify the cause for the increase in the number of believers in the last two decades.

Faced with all the advancement of science and technology, there are still diseases without therapeutic possibilities of cure, such as cancer, AIDS (Acquired Immunodeficiency Syndrome), which surround people with despair, suffering and uncertainties.

Given that panorama, religion has been a complementary alternative to assist people in the health-disease process from the perspective of an environment of constant renewal of hope, self-esteem and overcoming problems.

There are numerous attempts to reach the cure and, in the most diverse situations, are characterized by the presence of prayer, performed by the believers and their leader, a fact exemplified by the speech below.

In my church, healing is obtained through prayer. The brothers get together, go to another brother’s house, and pray for him. There are prayer groups, prayer circles for ladies, Saturdays have consecration, as well as Sundays. In all cults, there is the healing question, of someone asking: "Let’s pray for a certain person, she needs it, she's passing through difficult times". On Friday, which is a doctrine worship, everyone gets up and asks a prayer for someone specific. F10.

Anyone can develop that prayer phenomenon, not necessarily the leader. All the believers and the religious leadership practice the moment of prayer in the search for healing one's own or others while facing the health-disease process.

Anyone willing to help others can perform the prayer. There is no need for having any special office within the Church to develop it. It serves the human being as an alternative to alleviate some problem, obtain healing and transformation of life [12].

The statement of a believer reports an interesting achievement of healing obtained through prayer in the church.
[...] And we've seen people being cured from real serious illnesses. We have even an example: She is 96 years old and was cured from a myoma in her breast. She had a scheduled surgery, and when she went to surgery, she did not have to have the surgery. When the tests were done again, it was verified that she had been cured.

Prayer does not have a positive influence on healing in all cases. Analyzing the interviews of two believers allows observing that the person who prays and does not have faith in God, faith in prayer, does not have the grace of healing achieved. Another interesting passage is when one of the believer reports that healing is a divine permission, one can pray and have faith, but God is responsible for allowing or not the cure.

When he wants to heal, he conceives it. When he wants to take, he takes to eternity.

The interviewed believers reported they also use prayer as a priority aspect of healing, focusing on credulity, faith in prayer, believing it can work miracles. By being an effective process in people's spiritual balance, health professionals, such as the nursing staff, who deal directly with planning and direct care of the person, should stimulate allopathic treatment in conjunction with prayers, facilitating and accelerating the healing process and, thus, achieving integral health care positive aspects in the health-disease process [32].

The believers reported other forms of healing, such as: anointed oil (anointing the sick), which also serves as a form of relief for the spirit; the promises, when the person offers something of sentimental value or performs some behavior in exchange for the reach of the cure; fasts, among others.

There is the Charismatic Renewal which, with the prayer groups, with the moments of healing and liberation ends up helping.

A follower of the Protestant church also reported the anointing evangelical church, in which uses an oil that went through a previous moment of prayer between the religious leader and the transcendent being, in this context, God converging to the significant influence of religious leaders and their doctrines in the health-disease process [12].

Conclusion
The opportunity know the influence of religious leaders on the health-disease process revealed some disturbing contradictions, as well as evidenced satisfactory complementarities between religious practices and the guidelines suggested by allopathic treatment. As revealed, people have used religion as an alternative practice to confront the pathological processes and the fact those leaders stimulate that complementarity in the moments when their believers need medium and high-complexity assistance, taking into account they do so once the person's
faith has been insufficient and, at no time, they highlighted the importance of preventive practices for a better quality of life.

The interviewed believers presented sensible statements expressing the importance of science to face the health-disease process, revealing that, although SUS has some frailties, they exercise complementarity with religion, ensuring their religious leader shares the same ideology. However, there is a pressing need to direct that leader’s influence at the preventive aspects of the health-disease process.

In that way, there should be the development of more studies that deepen the theme in order to clarify and/or train religious leaders regarding the preventive aspects of health care, in addition to strengthening alternative therapies, including religiosity and spirituality, in health services as a significant complement to the health-disease process.

References


