Original Article

Depression in persons with Spiritist Engagement: an analysis before and during COVID-19 pandemic

Depressão em pessoas com Engajamento Espiritista: uma análise antes e durante a pandemia de COVID-19

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Abstract

Objective: To analyze the factors associated with depression, before and after the COVID-19 pandemic, among people with some Level of Spiritist Engagement (LSE).

Method: This is a cross-sectional study that investigated the prevalence of depression in people with LSE, before and during COVID-19.

Results: Digital data on sociodemographic profile, mental state, psychological care, and LSE, in addition to the Depression Anxiety Stress Scales (DASS), were collected from 848 people with LSE using the snowball sampling technique. Significant results ($p<0.05$) showed a high prevalence of severe depression in unemployed individuals (16.2%), those in marital crisis (23.2%), alcohol users and/or smokers (28.6%), those with self-inflicted violence (44.1%); those greatly/totally affected by the "lockdown" (21.3%) and those who perceived their emotional health as poor/very poor (53.6%). Before and during COVID-19, psychiatric follow-up was highly prevalent, especially in mild depression (>60%); and people with some LSE were mainly associated with mild depression (>75%). The pandemic did not significantly change the values associated with severe depression, with a low prevalence of high/very high LSE (2.7% before, 5.0% during COVID-19) compared to low LSE (8.2% before, 9.5% during COVID-19) and very low LSE (10.7% before, 9.9% during COVID-19).

Conclusion: Regardless of the pandemic, Spiritism was attractive to people with depression and high/very high LSE was less associated with severe depression.

Keywords: Depression. Spiritism. Spirituality. COVID-19.

INTRODUCTION

Mental health is a health component that represents mind issues (or psyche) and comprises biological, psychological and social aspects[1]. A healthy mind, when weakened, damages deeply individuals and society[2]. Meanwhile, the prevalence of depression during life was estimated in 10.8%, and women were the more affected (14.4%) among the general population of over more than 30 countries with self-reports evidencing nearly 17.3%[3]. In Brazil, these numbers are increasing fast, 3.3% of the population, with adult women living for years with depression[4].

Spiritual and religious practices are sought and used by all the societies as a health resource, as a matter of faith, community support, of self-care promoted by the religious culture or due to more private issues[5]. n Brazil, Spiritism has been identified in research as a religion of psychological demand[1,47], meaning that Spiritist beliefs and practices attract people from other religions who are experiencing psychological distress. Spiritist assistance activities such as Spiritual Assistance, Fluid Therapy, and Mediumship Meetings are intended to receive and help individuals of any religion who are in need of mental health care[48]. As it does not require one to be a Spiritist, Spiritist assistance has become a reference for psychological aid among the Brazilian population, functioning alongside conventional medical and psychological care[47].

In fact, spiritual care, like the Spiritism, was a health resource even during the COVID-19 pandemic[6]. However, there is scarce research that analyses the doctrine of Spiritism on its psychological assistance function, the profile of people involved with Spiritism, and the effect of this doctrine on mental health. The current study analyzes the factors associated to depression, before and after the COVID-19 pandemic, among people with some Level of Spiritist Engagement (LSE), which means what level the individual believes and practice the spiritism doctrine.

MATERIALS AND METHODS

This analytical cross-sectional study with individuals with LSE was conducted in Ceará, Brazil, throughout the year 2021, during COVID-19 pandemic. The minimum sample size was estimated at 385 individuals, between spiritists and non-spiritists, considering a 50% prevalence and the sample size for 5% α, with 95% power, and a 10% potential loss. This study was approved by the Institutional Research Ethics Committee of the first author's institution (CAAE: 2.237.838) and met the guidelines of the law n. 466/2012 of the National Health Council.

The COVID-19 lockdown temporarily closed Spiritism centers and hampered data collection. Therefore, an online collection allowed to find the sample in a large community sampling. The snowball model was chosen to reduce digital sample bias and the use of Instagram, Facebook and WhatsApp because of the population's intensive use (Bethlehem, 2010). Digital pages were created with information and WhatsApp was used to disseminate the research (Berg, 2004). SurveyMonkey® was chosen for data collection, a software considered appropriate due to its ability to manage items according to responses, skipping unnecessary items

based on answers to previous ones. A link to direct access to SurveyMonkey®, was made available with the Written Informed Consent and other research instruments.

In the research invitation, it was requested that the individual be over 18 years old due to cognitive criteria, and have some minimal involvement with Spiritism, without the requirement of being a follower of the religion. This involvement was explained as any type of experience, interest, or sympathy towards Spiritist beliefs and practices. Participants were also asked to share the survey link with acquaintances who have involvement with Spiritism, ensuring the consistency of the desired sample profile in accordance with the snowball sampling method.

DASS-21 scale (The Depression Anxiety Stress Scale)[7] It was chosen for its good internal consistency (Cronbach's alpha for depression - 0.83 to 0.92), as it is self-administered, publicly available, with fewer items than other scales, which reduced response time, and provides different scores for the depression dimension (mild, moderate, or severe), allowing for the gradation of this parameter in the analysis. The questionnaire It was constructed by the researchers with multiple-choice items and contains sociodemographic data, psychic status data, and psychic assistance data (psychiatry and psychology, before and during the pandemic). and questions associated to spiritual beliefs and LSE (before and during the pandemic). To elaborate LSE, It was based on the development and validation of instruments with psychometric properties[46,49], considering the research objective. Different questions scores (0 - 2) and different answer scores (1 - 6) were attributed. The level result was estimated by arithmetic mean and classification on 4 categories – very low (< 20% da nota máxima), low (>20% - <40% da nota máxima), regular (>40% - < 60% da nota máxima), high/very high (>60% da nota máxima).

After data collection, SurveyMonkey® database was downloaded to Excel® for Windows 2013 and posteriorly were exported to SPSS® software, version 23.0 (SPSS, Inc, USA). After that, data analysis was conducted: dependent variables collected by DASS-21 depression dimension were associated with questionnaire independent variables.

RESULTS AND DISCUSSION

Sociodemographic Factors

Table 1. Characterization of sociodemographic factors and the correlation with depression levels of people with spiritist engagement in the state of Ceará. Fortaleza/CE, 2022.

Sociodemographic Factors	Depression Levels							
	N	*Mild*		*Moderate*		*Severe*		*p*Value*
		n	*%*	*n*	*%*	*n*	*%*	
Age	701	568	81.0	80	11.4	53	7.6	0.002
Between 18 and 34 years old	107	74	69.2	15	14.0	18	16.8	
Between 35 and 54 years old	348	283	81.3	42	12.1	23	6.6	
55 years old and over	246	211	85.8	23	9.3	12	4.9	
Civil status	701	568	81.0	80	11.4	53	7.6	<0.001
Married /Stable relationship	409	342	83.6	47	11.5	20	4.9	
Single	175	129	73.7	24	13.7	22	12.6	
Widower/Widow/Divorced/Separated	117	97	82.9	9	7.7	11	9.4	
Schooling	693	563	81.2	79	11.4	51	7.4	0.009
Low education level	140	103	73.6	17	12.1	20	14.3	
Bachelor's/Graduation	162	129	79.6	22	13.6	11	6.8	
Post-Graduation	391	331	84.7	40	10.2	20	5.1	
Main Source of Familial Income	666	541	81.2	76	11.4	49	7.4	0.196
Yes	363	304	83.7	36	9.9	23	6.3	

Source: Author(s) (2022). **Legend:** *Pearson's Qui-Square or Fisher's Exact Test.

LSE sample has shown that severe depression was significantly higher in people aged between 18 and 34 yrs. (16.8%, p = 0.002), single (12.6%, p = 0.001) and with completed secondary schooling, incomplete higher or technical education (14.3%, p = 0,009) (TABLE 1).

The risk of moderate/severe depression was related to working age individuals, young adults, without a stable relationship, single, widower/widow, separated or divorced and with low schooling. The findings of the current research are similar to a recent meta-analysis that comprised a population from 192 countries. This study demonstrated that the onset age of humour disorders, including depression, was between 27 and 30 yrs.[8]. An unstable relationship (e.g., single, divorced) presented a higher proneness to depression in a national sample[9] and outside Brazil[10]. Also, low schooling was associated to depression in a Brazilian sample[11] and abroad[12]

Psychic Status

Table 2. Characterization of factors related to psychic status and the correlation with depression levels of people with spiritist engagement in the State of Ceará. Fortaleza/CE, 2022.

Psychic Status	Depression Levels							
	N	*Mild*		*Moderate*		*Severe*		*p* Value*
		n	*%*	*n*	*%*	*n*	*%*	
Factors	701	568	81.0	80	11.4	53	7.6	
Unemployment	204	134	65.7	37	18.1	33	16.2	<0.001
Physical illness	138	93	67.4	25	18.1	20	14.5	<0.001
Close person illness	250	182	72.8	38	15.2	30	12.0	<0.001
Bereavement	88	61	69.3	18	20.5	9	10.2	0.008
Marital crisis	82	46	56.1	17	20.7	19	23.2	<0.001
Alcohol and/or Smoking	35	17	48.6	8	22.9	10	28.6	<0.001
Suffered violence	58	40	69.0	9	15.5	9	15.5	0.031
By covid-19	22	12	54.5	5	22.7	5	22.1	
Self-inflicted violence	34	8	23.5	11	32.4	15	44.1	<0.001
By covid-19	19	4	21.1	5	26.3	10	52.6	
Lockdown affecting emotional health	701	568	81.0	80	11.4	53	7.6	<0.001
None	107	97	90.7	6	5.6	4	3.7	
A little	293	249	85.0	27	9.2	17	5.8	
Reasonable	193	156	80.8	28	14.5	9	4.7	
Lot/completely	108	66	61.1	19	17.6	23	21.3	
Self-Perception of emotional health status	701	568	81.0	80	11.4	53	7.6	<0.001
Good/excellent	412	389	94.4	20	4.9	3	0.7	
Regular	233	163	70.0	50	21.5	20	8.6	
Bad/awful	56	16	28.6	10	17.9	30	53.6	

Source: Author (s) (2022). **Legend:** *Pearson's Chi-Square or Fisher's Exact Test.

The unemployed, 18.1% ($p < 0.001$) showed moderate depression and 16.2% ($p < 0.001$) severe. People with physical illnesses showed also severe depression 14.5% ($p < 0.001$) as well as 12% ($p < 0.001$) of people who cared for close people suffering with illness, 10.2% ($p = 0.008$) of bereaved people, 23.2% ($p < 0.001$) were experiencing a marital crisis, 28.6% ($p < 0.001$) were alcohol users and/or smokers, 15.5% ($p = 0.031$) were victims of violence, 44.1% ($p < 0.001$) were victims of self-violence, 21.3% ($p < 0.001$) showed severe depression and 53.6% ($p < 0.001$) had a bad/awful self-perception of emotional health (TABLE 2).

Own or relative's illnesses, bereavement, unemployment, death or marital crisis, use of legal drugs and a better health self-perception were related to mild depression. The self-perception of emotional health as regular, bad or worse was related to severe depression. Lockdown and the regular, bad or worse self-perception of emotional health were noticeable due to their relation with severe depression.

Evidence related to depression can be found in literature, as ageing and the onset of physical illnesses[13], chronic psychiatric disorders and unemployment[14], pathological bereavement[15], alcohol use[16], marital crisis[17] among others. Also, social lockdown was related to severe depression as stated by literature.

A cross-sectional study encompassing more than 100 persons in Saudi Arabia has shown that lockdown was related to the high prevalence of depression, besides anxiety and stress, with reports linked to 'being away from the family' (90%) and 'lack of emotional support' (79%)[18].

Another investigation in Nepal demonstrated more than 10% of prevalence in depression during quarantine[19], a lower number than the number found in this study. A meta-analysis and a meta-regression during the lockdown, with more than 60 international studies with more than 200.000 individuals have shown that the estimation of depression was 24%, almost ¼ of the population investigated[20]. A national integrative review with more than 90 papers has assessed the psychological side effects of social lockdown, and depression was one of the most reported topics[21].

A Portuguese study has evaluated the sef-perception of the emotional status and a weak health perception (17%) (33) was linked to a higher assessment of depression, anxiety and stress, a lower number than the current study. A national investigation with more than 1000 women assisted in the primary health care revealed that the positive self-assessment of health was considered a factor of protection against depression[11].

Social lockdown was identified, even before the pandemic, as a risk factor of cardiovascular diseases and mental disorders[22]. During the pandemic, social lockdown was considered by the experts as a 'second pandemic' due to its impact on mental health[23].

The violence reported by the current research has demonstrated that the suffered and the self-inflicted violence were associated to mild and moderate depression. A systematic-review in 2020 has shown a domestic violence increasing and the reduction of sexual function worldwide[24]. Likewise, the measures taken by the different governments to hinder the violence against women during the pandemic revealed to be ineffective[25]. The Brazilian Southeast showed more than 50% reduction of notices of cases of violence, thus showing a sub-notice due to the difficulties faced by social and medical assistance during the pandemic[26].

Concerning the psychic illness and violence, depression has shown to be the most common non-psychotic mental disorder in women who suffered domestic violence (70%)[27]. Psychological violence was also associated to depression in women[28]. In Brazil, the victims of violence inflicted by the close partner have more probability to report depression than those wo did not suffer this kind of violence (OR = 2.9), and the victims have more odds of becoming depressive compared to men (OR = 2.4)[29].

Approximately 10% of the in-patients in Ceará, victims of accidents, presented depression as well as 29% of those who were victims of interpersonal violence[30]. Evidence has shown that the self-inflicted violence had a strong association with 'some mental disorder'[30], with an emphasis on depression[32]. The same relation was seen when self-mutilation was specifically seen[33]. A recent systematic-review and meta-analysis with more than 35.000 adolescents from different countries, with depressive symptoms demonstrated more prevalence of self-mutilation (OR = 4.4) and suicidal behaviour (OR = 6.6)[34].

Table 3. Characterization of the factors associated to psychic assistance before COVID-19 pandemic, and the correlation with the depression levels of persons with spiritist engagement in the State of Ceará. Fortaleza/CE, 2022.

Psychic Assistance Before COVID-19	Depression Levels							
	N	*Mild*		*Moderate*		*Severe*		*p*Value*
		n	*%*	*n*	*%*	*n*	*%*	
Psichiatry	701	568	81.0	80	11.4	53	7.6	
Psychiatric follow-up	172	112	65.1	32	18.6	28	16.3	<0.001
Psychiatric disorder	141	81	57.4	31	22.0	29	20.6	<0.001
Medication for psychiatric disorder	680	555	81.6	76	11.2	49	7.2	<0.001
Never	436	380	87.2	36	8.3	20	4.6	
Yes, once	141	117	83.0	18	12.8	6	4.3	
Yes, twice or more	103	58	56.3	22	21.4	23	22.3	
Psychiatric medications a day	265	188	70.9	44	16.6	33	12.5	<0.001
1	164	137	83.5	19	11.6	8	4.9	
2	66	35	53.0	15	22.7	16	24.2	
3 or more	35	16	45.7	10	28.6	9	25.7	
Psychiatric medications for clinical desease	154	109	70.8	28	18.2	17	11.0	0.001
Non-medical treatments	701	568	81.0	80	11.4	53	7.6	
Psychotherapy	304	230	75.7	41	13.5	33	10.9	0.003
Time								0.505
Less than 6 months	52	35	67.3	11	21.2	6	11.5	
6 months-1 year	59	44	74.6	10	16.9	5	8.5	
1 year-2 years	69	55	79.7	7	10.1	7	10.1	
Over 2 years	124	96	77.4	13	10.5	15	12.1	
Integrative and complementary practices	264	206	78.0	40	15.2	18	6.8	0.052

Source: Author(s) (2022). **Legend:** * Pearson's Qui-Square or Fisher's Exact Test.

Taking into consideration the psychic assistance before COVID-19 pandemic, severe depression was found in people who have had previous psychiatric follow-up (16.3%, $p < 0.001$), on those diagnosed with a psychiatric disorder (20.6%, $p < 0.001$), people who used psychiatric drugs for a psychiatric disorder on 2 or more early events (22.3%, $p < 0.001$), people who used 3 or more psychiatric drugs a day (25.7%, $p < 0.001$) and on those who used psychiatric drugs for a non-psychiatric illness (11.0%, $p = 0.001$). Before COVID-19, and reporting non-medical treatments, 10.9% ($p = 0.003$) of people who underwent psychotherapy showed severe depression as well as 6.8% ($p = 0.052$) who underwent Integrative and Complementary Practices (ICPs) (TABLE 3).

Previously to COVID-19, the participants of this study reported that all the parameters of the psychiatric assistance were mainly linked to mild depression. Moderate and severe depression was associated to follow-up and previous psychiatric diagnosis and to the use of 3 or more psychiatric medicine in 2 or more different occasions (1/5 of the sample). This drug use for non-psychiatric illness was associated to moderate depression (1/5 of the sample). Before the pandemic the psychotherapeutic follow-up and the ICPs were mostly connected to mild depression.

The higher number of medication used is in agreement with the increasing tendency of the selling rates and with drug consumption worldwide, whose rate is now above 4%/year[35]. In a

São Paulo's municipality, data have shown that the increasing of these drugs in primary care was above than the predicted by the World Health Organization (WHO). In an outpatient clinic for depression at a quaternary hospital in Minas Gerais, only half of the women with follow-up and less than 40% of men were advised for psychotherapy, while the great majority used medicines[36].

Psychic Assistance during COVID-19

Table 4. Characterization of the factors associated to psychic assistance during COVID-19 pandemic, and the correlation with the depression levels of persons with spiritist engagement in the State of Ceará. Fortaleza/CE, 2022.

Psychic Assistance During COVID-19	Depression Levels							
	N	*Mild*		*Moderate*		*Severe*		*p*Value*
		n	*%*	*n*	*%*	*n*	*%*	
Psichiatry	701	568	81.0	80	11.4	53	7.6	
Psychiatric follow-up	125	76	60.8	27	21.6	22	17.6	<0.001
Psychiatric disorder	96	47	49.0	23	24.0	26	27.1	<0.001
Medications for psychiatric disorder	155	94	60.6	31	20.0	30	19.4	<0.001
Psychiatric medications a day	156	95	60.9	31	19.9	30	19.2	
1	89	68	76.4	15	16.9	6	6.7	
2	48	18	37.5	12	25.0	18	37.5	
3 or more	19	9	47.4	4	21.1	6	31.6	
Psychiatric medications for clinical disease	98	62	63.3	19	19.4	17	17.3	<0.001
Non-medical treatments	701	568	81.0	80	11.4	53	7.6	
Psychotherapy	174	133	76.4	21	12.1	20	11.5	0.066
Integrative and complementary practices	162	128	79.0	17	10.5	17	10.5	0.265

Source: Author(s) (2022). **Legend:** * Pearson's Qui-Square or Fisher's Exact Test.

Regarding psychiatric assistance during data collection, severe depression was found in 17.6% ($p < 0.001$) of the people with active psychiatric follow-up, on 27.1% ($p < 0.001$) of those diagnosed with a psychiatric disorder, on 19.4% ($p < 0.001$) of people who used psychiatric drugs for a psychiatric disorder and on 17.3% ($p < 0.001$) of people that used psychiatric drugs for a non-psychiatric disorder (TABLE 4).

During COVID-19 the psychiatric assistance has shown that mild depression was the most prevalent parameter in all the categories. Moderate depression was associated to nearly 1/5 of the sample, to psychiatric follow-up and diagnosis and to the use of 2 medicines a day on the mental disorder and non-psychiatric illnesses. Severe depression was linked to a psychiatric diagnosis and to the use of until 2 drug prescription a day. Psychotherapeutic follow-up and the ICPs were mostly connected to mild depression.

During the pandemic, the mental health care was affected, the structure, the organization and the professionals, worldwide[37]. The outcomes showed a decreasing of the assistance and the "lack of assistance" to the population with pre-existing mental health before the pandemic[38], and the decline of new beginnings of new treatments with medicines[39]. A systematic review, in parallel with a sample from several countries, has shown an increasing on the rate of depressive symptoms, with values 14% - 48%[14] with a 30% interval. Another

systematic review and meta-analysis with more than 2000 papers showed that the prevalence of depression reached nearly 16%[40].

Religious Belief And LSE

Table 5. Characterization of the factors related to religious belief and to the Level of Spiritist Engagement (LSE) before and during COVID-19 pandemic and the correlation with the depression levels of people with spiritist engagement in the State of Ceará. Fortaleza/CE, 2022.

Religious Belief and LSE	Depression Levels							
	N	*Mild*		*Moderate*		*Severe*		*p*Value*
		n	*%*	*n*	*%*	*n*	*%*	
Religious Identification	701	568	81.0	80	11.4	53	7.6	
Without religion	28	21	75.0	4	14.3	3	10.7	
Agnostic	10	5	50.0	1	10.0	4	40.0	
Catholic	161	132	82.0	15	9.3	14	8.7	
Evangelist	31	22	71.0	5	16.1	4	12.9	
Spiritism	556	451	81.1	63	11.3	42	7.6	0.984
Afro descendant religions	39	27	69.2	2	5.1	10	25.6	
Another	10	9	90.0	1	10.0	0	0.0	1.000
LSE before COVID-19	650	252	80.8	76	11.7	49	7.5	0.034
Very low	121	95	78.5	13	10.7	13	10.7	
Low	233	177	76.0	37	15.9	19	8.2	
Regular	183	155	84.7	14	7.7	14	7.7	
High / Very High	113	98	86.7	12	10.6	3	2.7	
LSE during COVID-19	701	568	81.0	80	11.4	53	7.6	0.011
Very low	191	150	78.5	22	11.5	19	9.9	
Low	273	208	76.2	39	14.3	26	9.5	
Regular	157	140	89.2	13	8.3	4	2.5	
High / Very High	80	70	87.5	6	7.5	4	5.0	

Source: Auhor(s) (2022). **Legend:** *Pearson's Chi-Square or Fischer's Exact Test.

Regarding the Spiritism engagement before COVID-19 (p = 0.034), severe depression dropped as the LSE rose – very low (10.7%), low (8.2%), regular (7.7%) and high/very high (2.7%). During COVID-19 it was different (p = 0.011) because the prevalence of severe depression of people with a very low (9.9%) and low (9.5%) LSE was similar, but for regular LSE this value dropped (2.5%) and rose again on the high/very high LSE (5.0%) (TABLE 5).

The current study has shown that all LSE levels were associated mostly to mild depression before and during the pandemic. Before, very low LSE was linked to the highest prevalence of severe depression, if compared to the other levels, and its increasing progressively reduced this prevalence. During the pandemic, a low or very low LSE presented more moderate and severe depression than the regular and high/very high levels. Once again, the potential effect of the population's profile could be seen through the high prevalence of depression related to LSE, because Spiritism represents psychic care[41].

However, before and during the pandemic, lower LSE was associated to a more severe depression and higher LSE levels related to mild depression. Available data showed positive results of spiritists practice and beliefs about mood. Depression represented less than 45% of the total health problems among the participants of São Paulo's city spiritist centres,and was the most prevalent disorder in this population[42].

Complementary Spiritist Therapy (CST), which includes several approaches of Spiritism, was investigated in a randomized controlled trial with inpatients and has demonstrated a reduction of the emotional exhaustion and the improvement of negative affections[43]. Depressive patients, in São Paulo, undergoing spiritist treatment, which included educative lectures, disobsession, “passe” (spiritist healing touch) and counselling, showed remission[44]. Inpatients in Minas Gerais, who underwent spiritist “passe” presented a significant reduction of depression parameters ($p = 0.008$), compared to pre and post intervention[45].

COVID-19 did not change significantly LSE, as all the levels kept associated mainly to mild depression. Pandemic also did not change importantly the values associated to severe depression, with a low prevalence to high/very high LSE if compared to a low LSE and very low LSE.

Limitations and Possible Biases

Despite the large number of participants in the sample, it was not possible to determine whether this sample truly represents this population niche for two reasons: the absence of comparative similar research[50] and the snowball collection method, which ensured access to this profile with spiritualist involvement in the large sample of Ceará's population[51] but made geographical or any other type of randomization impossible.

Due to the lack of similar instruments available, the LSE was a score developed for this research, based on the creation of psychometric assessment instruments[3]. Although it was evaluated by experts, tested, and validated[46], the lack of comparative material weakens its validity, as well as the results derived from its use. Thus, the research results do not necessarily represent the reality of this population niche.

Practical Applications

The free nature of Spiritist assistance is noteworthy, allowing access for low-income individuals, and its deviation from the biomedical model, as this assistance is directed by the population in a non-hierarchical and non-commercial manner. These aspects align with the principles of democratic health, making Spiritist assistance a potential target for public and social policies. Thus, it is suggested that this assistance could be part of a mental health care network, where health structures and professionals coexist and interact with Spiritist therapy and other forms of community-based care.

CONCLUSIONS

In relation to the sociodemographic profile and the psychic sample condition, young adults without a stable relationship, a lower schooling, the great impact of social lockdown, the self-perception of emotional health as regular, bad or awful, the individual victims of violence and

those with self-inflicted violence have been more associated to severe depression. All data related to psychiatric assistance, before and after the pandemic, have been associated, at least, to mild depression, whereas moderate and severe depression was associated to follow-ups and to psychiatric diagnosis and to the use of two or more psychiatric medications. The high prevalence of psychiatric follow-up and its close relation with depression demonstrated the profile of the mental illness of the sample even before the pandemic, hence corroborating Spiritism as a religion of psychological quest, beyond the highest socioeconomic status of the individuals involved.

Concerning the Spiritism engagement, before and during the pandemic, all the levels were associated mainly to mild depression. Lower LSE levels were correlated to a higher prevalence of depression whereas higher LSE was associated to a lower prevalence of severe disorders, regardless of the pandemic. The Spiritism has confirmed itself as an attractive religion for people with psychic suffering and higher Spiritism engagement has related to a lower prevalence of severe depression. Thus, it is possible to assert that Spiritist therapy has some effectiveness in mental health care.

Further studies are needed to understand the impact of Spiritism on mental health. It is anticipated that new instruments, such as the LSE, will be developed for additional analyses. Qualitative studies on this topic could provide insight into the subjective perceptions of this population. Additionally, longitudinal studies may demonstrate the potential effectiveness of Spiritist therapy by showing its direct impact, isolated from other factors.

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