



RESEARCH ARTICLE

Spiritism and Covid-19: The Pandemic's Impact on Mental Health and Spiritist Involvement

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ABSTRACT

Spiritism in Brazil is a religion of psychological demand, attracting individuals experiencing psychic suffering. COVID-19 has influenced mental health and religiosity. This cross-sectional and analytical study involving individuals with Spiritist engagement in Ceará, Brazil, during the pandemic (2022) used the Spiritist Engagement Form and digital snowball sampling to measure the sociodemographic profile and the influence of COVID-19 on mental health, psychic assistance, and the relationship with Spiritist centers before and during the pandemic. A higher prevalence was observed among women (72.1%), married individuals (58.6%), parents (66.5%), postgraduates (55.0%), those with an income above R\$7,801.00 (25.4%), and self-declared Spiritists (78.8%). The most prevalent factors of psychic suffering were: illness of a close person (35.8%) and job loss/crisis or income reduction (29.1%), while COVID-19-related factors included the use/abuse of legal drugs (58.1%) and self-inflicted violence (56.1%). High rates of psychic follow-up before the pandemic dropped during the pandemic, with decreases in psychiatric care (-27%), psychological care (-41%), and Integrative and Complementary Practices (-37%). Before COVID-19, most participants were attendees (92.5%) and workers (69.8%) at Spiritist centers. During the pandemic, overall attendance decreased (-15%), particularly for Fluidotherapy (-53%) and Fraternal Assistance (-45%). Workers decreased by 8%, especially in Fluidotherapy (-32%) and Philanthropic Projects (-26%). In contrast, the proportion of attendees and workers in the Systematic Study of Spiritist Doctrine (ESDE) increased (+4% and +6%, respectively), as did administrative workers (+23%). Individuals with Spiritist involvement were characterized by high levels of education and income. COVID-19 was associated with the use of legal drugs, self-inflicted violence, and a reduction in all forms of psychic care compared to pre-pandemic levels. During the pandemic, there was a decline in attendees and workers in Spiritist centers, particularly in assistance activities (lockdown effect). However, there was a proportional increase in attendees and workers in theoretical and administrative activities, which could be performed digitally. This population demonstrated a high level of Spiritist involvement despite psychic suffering, healthcare neglect, and the challenges inherent to the pandemic process.

Keywords: Spiritism. COVID-19. Mental Health. Spirituality. Spiritist Engagement.

Introduction

Spirituality is well-established as a positive factor for mental health, promoting psychological well-being^{1 2}, reducing stress, anxiety, and depression³, fostering emotional resilience, and improving overall quality of life⁴. The Brazilian population, with nearly 90% self-declared Christians⁵, has a cultural tendency to seek psychological support through religion. Among these religions, Spiritism stands out for offering a free theoretical-practical assistance system for individuals with psychic suffering⁶, making it a religion of psychological demand⁷.

The term "Spiritist engagement" was developed in previous studies⁸ due to the challenge of defining Spiritism as a religious or doctrinal choice. For the Brazilian Institute of Geography and Statistics (IBGE) and Brazilian common sense, Spiritism is considered a religion⁵. However, for Spiritists and those more deeply involved, it is a scientific-philosophical doctrine with religious inclinations⁹. As such, religious self-declaration may not accurately reflect an individual's true engagement with Spiritism, while the term "Spiritist engagement" focuses on their relationship with its beliefs and practices without binding it to a religious designation.

During the COVID-19 pandemic, mental disorders increased globally¹⁰, with COVID-19 itself being a direct cause of psychic illness¹¹. In contrast, healthcare assistance decreased¹², directly impacting overall psychic care, particularly psychiatry¹³. Consequently, other non-medical, therapeutically inclined forms of care gained prominence during this period, including religiosity and spirituality^{14 15}, positive religious coping¹⁶, and spiritual practices¹⁷. Given that COVID-19 influenced mental health, religiosity, and spirituality across the population, it is likely to have also affected individuals with Spiritist engagement.

This research aimed to measure the sociodemographic profile, the pandemic's influence on mental health, psychic assistance, and the relationship with Spiritist centers among individuals with Spiritist engagement.

Methods

This study was a cross-sectional and analytical investigation conducted in Ceará, Brazil, during the second wave of the COVID-19 pandemic, with data collection spanning from March 2021 to February 2022. The research protocol was approved by the Ethics Committee of the Federal University of Ceará (Approval No. 2.237.838), ensuring compliance with ethical standards for human subject research.

Study Design and PopulationThe study targeted individuals engaged in Spiritist activities, including both attendees and workers at Spiritist centers. Given the restrictions imposed by social distancing measures and the closure of communal religious spaces, a digital approach was adopted for data collection. Participants were recruited using a combination of social media outreach and a snowball sampling technique²⁰, ensuring the inclusion of a broad and diverse sample of Spiritist individuals across different levels of engagement.

Data Collection InstrumentThe Spiritist Engagement Form (FENE), a previously validated instrument⁸, was used for data collection. This form assessed four major thematic blocks:

Sociodemographic profile – Age, gender, educational level, socioeconomic status, and other demographic indicators.

Factors associated with general psychic distress and COVID-19-related distress – Questions addressing mental health symptoms, emotional burden, and specific concerns related to the pandemic.

Psychic assistance before and during the pandemic – Utilization of psychiatry, psychology, and Integrative and Complementary Practices (ICPs) before and after the onset of COVID-19.

Relationship with Spiritist center activities – Frequency of participation in Spiritist meetings, study groups, and voluntary work both before and during the pandemic.

Data Collection ProceduresGiven the constraints of in-person data collection, an online questionnaire was developed using SurveyMonkey®. This platform was chosen for its adaptability in dynamically adjusting questions based on prior responses, enhancing participant experience and data accuracy.

To ensure effective dissemination, dedicated Facebook and Instagram pages were created, providing information about the study and inviting participation. Additionally, WhatsApp was employed as a primary tool for recruitment, utilizing dissemination cells formed within Spiritist communities to encourage voluntary participation. The snowball sampling method was instrumental in expanding participant reach, as initial respondents were encouraged to share the survey link within their networks. This method, while inherently subject to selection bias, was mitigated by strategically requesting participants to distribute the survey to others with varying levels of Spiritist engagement²².

Data Processing and AnalysisUpon completion of the data collection phase, all responses were extracted from SurveyMonkey® and transferred to Excel® for Windows 2013 for initial organization and cleaning. The dataset was then imported into SPSS® version 23.0 (SPSS, Inc., USA) for statistical analysis. Descriptive statistics were generated to determine prevalence rates and assess percentage differences for variables comparing pre-pandemic and pandemic periods. Additionally, analytical techniques were applied to examine associations between Spiritist engagement levels and mental health outcomes, drawing upon established criteria from prior research on mental health during the COVID-19 pandemic and studies focusing on Spiritist populations^{6 23 24 25}.

The methodological rigor adopted in this study ensured a comprehensive analysis of the impact of the pandemic on Spiritist engagement and mental health, providing insights relevant to both scientific and community-based discussions on spirituality and well-being.

Results

The total number of participants—individuals with Spiritist involvement—was 848.

Table 1 - Sociodemographic Data of Individuals with Spiritist Involvement. Fortaleza, CE, 2022.

Sociodemographic Data	N	n	%	Sociodemographic Data	N	n	%
Gender	848			Black		33	3.9
Female		611	72.1	Asian		10	1.2
Male		237	27.9	Indigenous		1	0.1
Age group	848			Marital status	848		
Between 18 and 34 years		130	15.3	Married/Stable union		497	58.6
Between 35 and 54 years		412	48.6	Widowed		25	2.9
55 years or older		306	36.1	Divorced		95	11.2
Perceived race	848			Separated		24	2.8
White		413	48.7	Single		207	24.4
Mixed-race		390	46.0	Has children	848	564	66.5

In terms of sociodemographic data during the COVID-19 period, the majority of participants were female (72.1%), aged between 35 and 54 years (48.6%), self-

identified as White (48.7%) or Mixed-race (46.0%), married or in a stable union (58.6%), and with children (66.5%).

Table 2 - Occupational Data of Individuals with Spiritist Involvement. Fortaleza/CE, 2022 Occupational Data

Variable	n	%	Variable	n	%
Education	848		Retired		116
Less than high school		8	Homemaker		33
High school diploma		84	Other		88
Some college		77	Monthly Family Income	848	
Technical diploma		24	Below R\$ 1,300		64
Bachelor's degree		189	R\$ 1,301–R\$ 2,600		101
Postgraduate degree		466	R\$ 2,601–R\$ 5,200		182
Occupation	848		R\$ 5,201–R\$ 7,800		135
Unemployed		41	R\$ 7,801–R\$ 15,000		215
Public employee		220	Above R\$ 15,000		151
Private employee		156	Primary Family Income Source	441	52.0
Self-employed		194			

Regarding the socio-occupational data, most participants held postgraduate degrees (55.0%), with public employees (25.9%) and self-employed individuals (22.9%) being the most common occupations. The most

frequent monthly family income range was R\$ 7,801–R\$ 15,000 (25.4%), and more than half of the participants were the primary source of their family income (52.0%).

Table 3 - Religious Data of Individuals with Spiritist Involvement. Fortaleza/CE, 2022 Religious Data

N	n	%
Religious Identification	791	
No religion		34
Agnostic		10
Catholic		179
Evangelical		34
Spiritist		623
Afro-descendant matrix		42
Sympathy toward Spiritism	791	
Not at all		53
A little		73
Moderate		58
Very much		197
Completely		410

The religious data showed that most participants identified as Spiritist (78.8%) and Catholic (22.6%). Regardless of their religious affiliation, over half of the sample expressed complete sympathy toward Spiritism (51.8%).

COVID-19, the most prevalent were alcohol and/or cigarette use/abuse (58.1%), self-inflicted violence (56.1%), job loss/crisis or income reduction (49.0%), complicated bereavement (38.0%), and experienced violence (33.8%).

During the pandemic, the factors most associated with psychological distress in the sample were physical or psychological illness of a close person (35.8%), job loss/crisis or income reduction (29.1%), and physical illness (20.7%). Among factors directly caused by

Regarding social distancing/isolation, its influence on psychological distress was perceived by most of the sample as "a little" (40.7%), followed by "reasonable" (27.2%).

Before the COVID-19 pandemic, the sample presented high rates of psychiatric care (24.3%), psychiatric diagnosis (19.7%), psychological care (43.4%), and care through integrative and complementary practices (ICPs) (36.6%). During the pandemic, there was a significant reduction in psychiatric care (-27%) and psychiatric diagnosis (-29%), with approximately 20% of these reductions directly associated with COVID-19. Similarly, psychological care (-41%) and ICPs (-37%) also experienced notable decreases during the pandemic.

On the relationship with Spiritist centers in the pre-COVID-19 period, the majority of the sample were attendees of Spiritist centers (92.5%), with the highest prevalence for the Systematic Study of Spiritist Doctrine (ESDE) (67.3%) and Public Lectures (58.4%). Workers were also the majority during this time (69.8%), with prominence in Mediumistic Meetings (52.8%), ESDE (42.4%), and Spiritual Assistance/Spiritual Therapy

(40.5%). All activities demonstrated medium or high levels of attendance and involvement in the pre-pandemic period.

During COVID-19, there was a decline in the number of attendees (78.7%), representing an approximate 15% reduction, with the most prevalent model of participation being hybrid (31.2%). Almost all activities experienced a relative decline in attendance during this period, particularly those of an assistance nature, such as Fluidotherapy (a 53% reduction) and Fraternal Assistance (a 45% reduction). On the other hand, the relative proportion of people attending ESDE increased slightly (by 4%). Regarding workers, the reduction was smaller (8%), with the largest declines seen in assistance activities such as Fluidotherapy (32% reduction) and Philanthropic Projects (26% reduction). Conversely, the number of ESDE workers increased slightly (by 6%), and Administrative Functions saw a significant rise (by 23%).

Table 4 - Influence of COVID-19 on factors associated with psychological distress among individuals with spiritual involvement. Fortaleza, Brazil, 2022.

Factors associated with psychological distress during COVID-19	N	n	%
Job loss/crisis or income reduction	848	247	29.1
Due to COVID-19	247	121	49.0
Physical illness	847	175	20.7
Due to COVID-19	175	15	8.6
Physical or psychological illness of a close person	846	303	35.8
Due to COVID-19	301	45	15.0
Bereavement	843	108	12.8
Due to COVID-19	108	41	38.0
End or crisis of a romantic relationship	842	101	12.0
Due to COVID-19	101	9	8.9
Alcohol and/or cigarette use/abuse	842	44	5.2
Due to COVID-19	43	25	58.1
Use/abuse of illicit drugs	841	9	1.1
Due to COVID-19	9	4	44.4
Experienced violence (physical, psychological, and/or sexual)	840	77	9.2
Due to COVID-19	77	26	33.8
Perpetrated violence	839	22	2.6
Due to COVID-19	21	4	19.0
Self-inflicted violence	836	41	4.9
Due to COVID-19	41	23	56.1
Other stress factors	835	468	56.0
Social distancing/isolation (COVID-19)			
Not at all	827	130	15.7
A little	827	337	40.7
Reasonably	827	225	27.2
A lot	827	113	13.7
Completely	827	22	2.7

Table 5 - Influence of COVID-19 on mental health care among individuals with spiritual involvement. Fortaleza, Brazil, 2022.

Mental Health Care	Pre-COVID-19		During COVID-19		Difference (% Change)
	N	n	%	N	n
Psychiatric care	812	197	24.3	827	146
Due to COVID-19					146
Psychiatric diagnosis	812	160	19.7	826	116
Due to COVID-19					114
Psychological care	801	348	43.4	805	204
Care through integrative and complementary practices (ICPs)	797	292	36.6	803	185

Table 6 - Relationship with the Spiritist Center Before and During COVID-19 in People with Spiritist Involvement. Fortaleza/CE, 2022.

Relationship with the Spiritist Center	Before COVID-19	During COVID-19	*	Relationship with the Spiritist Center	Before COVID-19	During COVID-19	*
N	n	%	N	Philanthropic Project (charity)	167	27.7%	103
Frequency and Model	652		660	Administrative Function	100	16.6%	81
Do not attend	49	7.5%	140	Other	3	0.5%	20
Attend**	603	92.5%	520	Worker/Facilitator	597	417	69.8%
Attend, in-person only			150	Type of Work	417		330
Attend, digital only			164	Public Lecture	92	22.1%	71
Yes, both in-person and digital			206	Spiritual Care/Evangelhotherapy	169	40.5%	112
Type of Activity Attended	603		520	Systematic Study of Spiritist Doctrine	177	42.4%	149
None	8	1.3%	8	Mediumship Studies	138	33.1%	108
Public Lecture	352	58.4%	224	Fraternal Care	119	28.5%	73
Spiritual Care/Evangelhotherapy	264	43.8%	160	Fluidotherapy (passes and fluidized water)	143	34.3%	77
Systematic Study of Spiritist Doctrine	406	67.3%	365	Mediumship Meeting	220	52.8%	156
Mediumship Studies	230	38.1%	163	Philanthropic Project (charity)	129	30.9%	75
Fraternal Care	172	28.5%	81	Administrative Function	93	22.3%	91
Fluidotherapy (passes and fluidized water)	227	37.6%	92	Other	4	1.0%	1
Mediumship Meeting	260	43.1%	174				

Percentage difference between values before and during COVID-19, approximately.

Frequency during COVID-19: (in-person only + digital only + both in-person and digital)

Discussion

In terms of the sociodemographic profile of individuals with Spiritist involvement, the highest prevalence was among women aged 35–54, of White or Mixed-race ethnicity, married or in a stable union, and with children. This profile aligns with previous research on this population²⁶ and with epidemiological studies showing that Spiritists are predominantly women of older age and with children^{27, 28}. The predominance of women in Spiritist activities may be attributed to gender-related social and cultural roles, where women often engage in religious and spiritual practices as a means of emotional and social support²⁹.

Regarding socio-occupational data, more than half of the sample had postgraduate education, in stark contrast to the general population of the state, where most have only incomplete primary or secondary education⁵. This educational disparity suggests that Spiritist involvement may be more common among individuals with greater access to higher education, possibly due to the doctrinal emphasis on study and intellectual development. Family income was predominantly above R\$7,801.00, significantly higher than the minimum wage or less (up to R\$1,046.00), which applies to more than half of Ceará’s population⁵. This economic advantage may facilitate greater access to health services, including mental health care, and contribute to a differentiated experience of psychological distress during the pandemic. The high education and income levels of Spiritists had been highlighted in previous studies^{26, 28}, demonstrating consistency in this population’s profile across different regions of Brazil.’

In terms of religious data, nearly four-fifths of the sample identified with Spiritism as their religion, a finding justified by the research focus on this population, given that the number of self-declared Spiritists in Brazil is much smaller (2%)⁵. Catholicism was the second most reported religion in the study, consistent with the Catholic dominance in Brazil⁵. Moreover, Spiritist involvement does not exclude the practice of other religions, fostering interreligious dialogue within the sample, which prior studies identified as a positive factor for coping during the pandemic²⁹. This syncretic aspect of Spiritist engagement may provide additional emotional resources and contribute to resilience in times of crisis.

Among factors associated with psychological distress, the most prevalent was the physical or mental illness of a close person, which, even before COVID-19, had been evidenced as a cause of mental suffering³⁰, aggravated during the pandemic due to morbidity and mortality risks³¹ and the absence of treatment protocols³². Next were job loss, employment crises, or income reduction, factors that were already causes of distress pre-COVID-19^{33, 34} but were exacerbated during the pandemic, becoming the second leading cause of mental disorders in the United States³⁵. The financial strain resulting from the pandemic highlights the vulnerability of even higher-income groups, demonstrating that economic insecurity was a widespread stressor, affecting mental health across different socioeconomic strata.

Regarding suffering directly caused by COVID-19, the most prevalent factor was the use/abuse of legal drugs, consistent with data collected during this period for both alcohol^{36, 37} and tobacco³⁸. Self-inflicted violence

ranked as the second most prevalent factor, corroborating evidence of increased self-harm and suicidal behavior during this time³⁹. Other significant factors included job loss or income reduction, complicated grief, which caused up to 40% psychological disturbance during the pandemic⁴⁰, and experienced violence, which increased significantly in incidence during this period⁴¹. The high prevalence of substance abuse and self-harm underscores the psychological burden of the pandemic, reinforcing the need for targeted interventions to mitigate these effects.

Interestingly, in this study, social isolation as a cause of distress was less relevant, affecting most of the sample only slightly or moderately. In contrast, even before the pandemic, social isolation was recognized as a cause of deteriorating mental health⁴², even associated with suicide risk⁴³, and during the pandemic, it was widely linked to common mental disorders^{44, 45}. It is hypothesized that the lesser impact of social isolation in this sample was due to their higher socioeconomic status, which provided better living conditions, financial stability, and access to healthcare. Additionally, the Spiritist practice of virtual study groups and online doctrinal meetings may have contributed to a sense of community and emotional support, counteracting the psychological effects of isolation. Conversely, poverty, previously associated with a higher prevalence of mental disorders⁴⁶, globally increased the risk for these disorders during the pandemic⁴⁷, indicating that financial security may have acted as a protective factor for this population.

Regarding mental health care in the pre-pandemic period, one-quarter of the sample was under psychiatric care, one-fifth had been diagnosed with a mental disorder, nearly half were receiving psychotherapy, and more than one-third used Integrative and Complementary Practices (ICPs). These data indicate a higher prevalence of mental disorders and treatment needs in the sample compared to the general population of the state⁴⁸, corroborating Spiritism as a religion of psychological demand, as observed in previous research⁷. The emphasis on spiritual and psychological well-being within Spiritism may explain this higher engagement with mental health services, suggesting that religious involvement does not replace, but rather complements, conventional psychological care.

During the pandemic, there was a significant decline in psychiatric care and diagnoses, with one-fifth of this reduction directly related to COVID-19. There was an even more significant drop in psychotherapy and ICPs, indicating a general reduction in mental health care during this period. In contrast, this period saw increased demand for mental health services^{10, 31}, higher prescription and consumption of psychotropic drugs⁵⁰, and greater need for psychological care due to COVID-19-related factors⁵¹. It is suggested that the reduction in mental health care for this sample during this period of greater need is explained by Fortaleza, the capital of

Ceará, already having poor indicators for public mental health services even before the pandemic⁵². Additionally, the potential access to private services enabled by the sample's better socioeconomic condition was affected by the pandemic's global negative impact on the structure, organization, and professionals in mental health care¹², greatly hindering both public and private assistance. The mismatch between increased psychological distress and reduced access to care underscores the limitations of healthcare systems in responding to crises and highlights the necessity for more resilient and adaptive mental health policies in future pandemics.

Overall, these findings emphasize the complexity of mental health outcomes in the Spiritist population during the pandemic, revealing both protective factors, such as financial stability and spiritual engagement, and risk factors, including economic instability and lack of access to care. Future research should explore long-term psychological consequences and the role of religious practices in post-pandemic mental health recovery.

Final Considerations

Spiritist-affiliated individuals in Ceará are more educated and have significantly higher income levels than the general population of the state. However, they showed a high prevalence of psychological distress related to the illness of close individuals and job/income crises, as well as distress linked to legal drug use and self-inflicted violence, all directly associated with COVID-19. A high prevalence of psychiatric, psychological, and ICP care was also noted before the pandemic, likely enabled by private access given the poor quality of public mental health services in Ceará. However, with the pandemic, there was a significant decline in these forms of care, likely due to COVID-19's negative impact on health services and professionals, creating obstacles even for those with greater financial resources. Before the pandemic, this studied population was predominantly involved in activities at Spiritist centers, both as attendees and workers. Despite COVID-19, there was only a slight reduction in attendees and workers, with the latter being even less affected. Therapeutic and assistance activities saw the greatest declines, likely due to social distancing measures. However, through digitalization, theoretical activities experienced little decline or even growth, such as ESDE, which showed increased prevalence among attendees and workers during this period, demonstrating this population's high level of commitment to Spiritism. This study reaffirmed Spiritism as a religion of psychological demand, attracting individuals with such profiles, while also highlighting the therapeutic function of Spiritist involvement for mental health, evident even during the COVID-19 crisis. It is plausible to consider Spiritist involvement as a non-institutional public health tool, self-directed by the population and non-commercial, aligned with the principles of democratic collective health. Longitudinal studies are needed to establish the direct impact of Spiritist involvement on mental health, along with qualitative approaches to expand the subjective understanding of this involvement.

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