

## THE ROUTINE OF FAMILY RELATIONSHIPS WITH A SUBSTANCE DEPENDENT INDIVIDUAL

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**ABSTRACT:** The aim was to investigate the routine of family relationships with a substance dependent individual. It is a descriptive study with a qualitative approach constituted by a rereading of a research database on 'The family care for the individual who is dependent on alcohol and other drugs'. The data were collected in August – September 2011 through open, recorded, interviews with 11 family members. The interviews were subjected to Thematic Content Analysis, resulting in the categories *Difficulties in family coexistence* and *Imbalance in the family relationship*. It is evidenced that substance dependence weakens the bonds of trust in intrafamily relationships and can cause family members to fall ill. It is concluded that substance dependence contributes to deterioration of family relationships, in which both the substance abuser and his family become slaves of the drug, and suffer prejudice and social exclusion, being stigmatized by society.

**DESCRIPTORS:** Nursing; Disturbances related to substance use; Family; Family relationships.

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**Received:** 25/05/2013

**Approved:** 03/02/2014

## INTRODUCTION

Since the beginning of human history, drugs have been used as a means of socializing. Over time, they have also come to be consumed for coping with problems or for cultural or religious purposes, among other reasons. However, the relationship between drug use and social problems is recent<sup>(1)</sup>.

Currently, drug abuse is considered a public health problem, as it causes harm in different ways to the subject, to the family, and to society. This harm may be observed through situations, such as grade repetition, loss of employment, violence, family breakdowns, crimes and accidents, among others<sup>(2)</sup>. Moreover, human beings relate differently to each type of drug and, depending on the context, this can be inoffensive or present risks. It can also, however, take a pattern of dysfunctional use, leading to biological, psychological and social forms of harm<sup>(3)</sup>.

In this respect, when the drug user reaches a level of uncontrolled consumption, what is known as substance dependence develops, a condition in which the user needs repeated doses of the drug to feel well or to avoid unpleasant sensations. This means that the user no longer has control over his drug use, even when there is harm to his health and his social relationships<sup>(4)</sup>. It is believed that substance dependence is the result of the individual's non-adaptation to the context, as well as difficulty in dealing with the social environment, or, further, inability of the same to resolve problems which life presents him with.

As a result, one of the main consequences of drug use is the instability of the user's behavior, which can cause imbalance in the routine of the people who make up the family group<sup>(5)</sup>. It is necessary to consider that the family constitutes an environment of care in which exchanges are made and ideas and support shared<sup>(6)</sup>. When people feel good because of being recognized and accepted with their specific characteristics and unique points, they are able to express themselves authentically and take responsibility for one another<sup>(6)</sup>.

In recent years, some researchers have investigated the routine of families which have individuals with mental disorders<sup>(7-8)</sup> and other chronic diseases<sup>(9-10)</sup>. However, there is a gap in the knowledge regarding families with substance-dependent individuals. It should be noted that the majority of studies on substance dependence have, as their principal subjects, specific populations – such as adolescents or students who use drugs<sup>(11-13)</sup>. They also show that the family is being

referred to only in its role as a protector or as having influence over these individuals' insertion in drug consumption<sup>(11-13)</sup>. They do not, however, specifically address these families' needs and dynamics.

Regarding the team of families who live with substance-dependent individuals, it was perceived that publications were scarce, explaining the relevancy of this study. This supports the notion that, even considering the alarming number of substance abusers and the consequences of the dependence for their families, this issue remains little studied by professionals, and that these are not duly prepared to attend the families of substance abusers<sup>(14-15)</sup>. Thus, it is necessary to undertake further studies on the issue regarding family relationships with substance-dependent individuals, so as to contribute to scientific production and provide support for the professionals in this area of health.

Considering the repercussions of the impact of substance dependence on family relationships, the question is asked: What is the routine like, of family relationships with a substance-dependent individual? To respond to these questions, this study's objective was to describe the routine of the relationships in families which have a substance-dependent individual.

## METHOD

This is a descriptive study with a qualitative approach, which consisted of a re-reading of a database of the study 'The family care for the individual dependent on alcohol and other drugs', whose research project protocol was approved by the Research Ethics Committee under Opinion N. 0159.0.243.000-11, following the principles and guidelines of ethic research.

The research was undertaken in a PsychoSocial Care Center – Alcohol and drugs (PCCad) of a city in the State of Rio Grande do Sul. 11 family members of substance dependent individuals were interviewed, the inclusion criteria being: to be a family member who attended the CAPSad Family Group; to be a family member with first or second degree relations; to be the spouse of the substance dependent individual; and to consider only one family member per substance dependent individual. The exclusion criteria was: to be a family member of a substance dependent individual aged below 18 years old.

The production of data occurred in the period August – September 2011 through open and recorded interviews. These were held in a room made available by the PCCad, so as to ensure privacy to the family members. In the interview, the following question was po

sed: for you, what is it like to care for (name of the individual dependent on alcohol or other drugs)? In order to maintain the family members' confidentiality, the letter 'F' followed by a number corresponding to the successive order of the interviews (F1, F2, F3, ...) was used.

Following production of the data, the interviews were transcribed in full by the researchers and were subjected to Thematic Content Analysis, divided in three phases: pre-analysis, exploration of the material, and treatment of the results obtained<sup>(16)</sup>.

In the pre-analysis phase, the interviews were skim-read so as to obtain familiarity with the content. Following that, the nuclei of meaning were sought, the related ideas were grouped (the family members' values, beliefs and conceptions) and the arguments present in the accounts, from which excerpts of the family members' responses to the central question were extracted, were identified. Following that, the chromatic codification of the findings and the categorization of the concepts which led to the analysis were undertaken. Theoretical questions were constituted, based on various reading, seeking to identify the relevance of the content. Regarding the phase of exploration of the material, the convergent ideas were identified through the reading and re-reading of each interview, seeking to confirm them in the family members' accounts. Finally, through the readings of the statements, it was sought to distinguish the categories from each other, which allowed the bringing-together of inter-related aspects and to identify the recording units through excerpts directed by the themes, localizing the nuclei of meaning.

## RESULTS

Two categories emerged from the analysis of the findings: difficulties in family coexistence, and imbalance in the family relationship.

### Difficulties in family coexistence

This category evidenced that the family members' coexistence with a substance dependent individual interferes in the routine of the family relationships:

*At home it sickens you. Have you had breakfast yet? Have you taken your medication yet? Do you want lunch? Everything is like that, because of the drink. (F7)*

*If he has to go out, you have to go with him. It's horrible, it's very difficult. (F8)*

*You have to have patience, you have to be making him respectable, making him comfortable and tidying him up, sometimes he needs care [...]. He seems like a little child [...]. He is dependent on me. (F10)*

Living daily with a substance dependent individual requires a reorganization of the family, as this needs to commit more time and care to the substance abuser, as he comes to be dependent on their care. This ranges from day-to-day care, through to care for his health. In this same context, the family experiences, in their routine, the regression of the substance abuser in relation to his responsibilities, who ceases to have credibility in their view. This causes the weakening of the bonds of trust in the intra-family relationship:

*It is impossible for me to trust him, or to leave my children with him [...]. He goes to the bar to drink. He wants to take the little one [his daughter] for walks [...]. So, when he is with her, I panic, I have to tell a neighbour: look, keep an eye out. (F10)*

The concerns expressed by the family member occur due to the unstable behavior of the substance abuser, which causes exhaustion in living with him and results in feelings of insecurity and impotence. In this way, it is identified that the family is not prepared to support this degree of disorganization provoked by the conditions of uncertainty. In this regard, even if only one member of the family is a substance abuser, all need treatment, as the family falls ill together.

Among the behavioral changes which alter the family's routine, the aggressivity on the part of the substance dependent individual stands out; this impairs even further the family relationships. As a result, the family experiences various forms of suffering which upset their life, which leads to psychological and physical consequences, as may be perceived in the accounts below.

*Everything was a reason to be aggressive, he would be taking things out from in the house, he would be leaving with things. We wanted to attack him, he would leave grabbing anything he saw in front of him, he would shove, punch, anything. (F4)*

*If you got close to him, he would push at you [...]. He was really violent, he would arrive at the door breaking everything, wanting to hit me [...]. I had to hide from him outside the house or in the neighbor's house so he wouldn't find me, he was cruel. (F6)*

The implications of the substance dependence directly influence the family ambit, transforming tranquil relationships into aggressive and inharmonious ones. With this, the conflicts, quarrels and the weakening of the links appear, causing the family member no longer to feel at ease in her own space.

*Lately, he has been threatening me. One night I woke up with him in my room, already with his hand around my throat. (F1)*

It may be noted that the family, in its daily routine, feels intimidated and comes to coexist with threats from the substance dependent individual, making family coexistence even more difficult.

### **Imbalance in the family relationship**

In this category, it was identified that the relationships of the substance dependent individuals with their family can lead to family breakdown, causing relationship difficulties between its members.

*His father did not accept this, he was very unhappy about it and said that he was very ashamed of his son being this way, as he would say: I am in the military, a figure of authority, and how can I have authority over others, if within my house I don't have it with my own son! (F1)*

*We didn't let him come into the house. He had his own room there in the yard, and still does now. He has to respect me. And wanting to be abusive here, this scumbag here inside the house, no. In the yard, no. (F2)*

*He does not get on with his father, he can't stand him [...]. My husband didn't accept these things. He was very angry [...]. (F3)*

The routine of the family relationships can, sometimes, cause feelings of shame in the family and cause it to feel disrespected, when it has a substance abuser among its members. Furthermore, it stands out that when the family can no longer bear the difficult coexistence, due to it being conflictual and physically and emotionally exhausting, it sometimes abandons the family member:

*In the beginning, he got on well with his brothers and everything. After, he began to annoy them. He would go to one brother and annoy him and then, the brother wouldn't want him around anymore: Don't come in*

*here, because I don't want anything to do with you [...]. (F1)*

*I told him: the problem is yours! I don't have anything to do with you any more [...]. I have done everything I could. (F2)*

*So, I say to him: go and look for some help with your own legs because I'm not going to help you anymore! And if you come home I will call the police, because you are not entering the house again. (F4)*

*His family don't ring, although they have a telephone! (F10)*

One can perceive, based on the statements, that the presence of a substance abuser in the family ambit causes revolt in the family's daily life, and weakening, and even breaking, of the family ties.

### **DISCUSSION**

Substance dependence is expressed through contacts in which the individual infringes rules and fails to act in accordance with his responsibilities and commitments, which affects his interpersonal relationships. The family is a human institution in which the individuals interact through emotional relationships and a history of which they form part and which they share. The role of the family in the development of its members is fundamental, as it is in the family that the moral and social values are transmitted. It is important for a family which has a substance dependent member to receive assistance from qualified and sensitive professionals, trained to prepare the family for coping with the situation, given that the family is this individual's main support network.

The family suffers from the consequences of substance dependence, which produces conflicts and crises. These cause difficulties among the family members in managing the issue<sup>(14)</sup>. Having a member who is dependent on substances brings, for the family, experiences which transform the relationships established between it and society, as well as the destruction of people. In addition to this, behavioral changes can be observed, such as violence, indifference, isolation and contempt<sup>(17)</sup>.

Daily life with a substance dependent individual has a negative effect on the dynamic of the whole family, which creates weakness in the emotional links, and difficulties in the family relationships, requiring the family to make efforts to succeed in maintaining its daily acti

vities<sup>(5)</sup>. Thus, one can assert that substance dependence causes conflict in the family relationships, causing the family to experience in its daily life feelings of insecurity and uncertainty regarding the addiction, and causing it to come to live with family crises and disorders. As a result, it needs intense and constant reorganization.

Drug use is understood by society as lack of character and both the drug user and his family are stigmatized and suffer prejudice due to this situation, which evidences the need to investigate the families in their various aspects. Thus, it falls to health professionals to support and assist the family, so that it may understand and cope with the routine which surrounds caring for a drug abuser.

The family also needs therapeutic monitoring so as to learn to handle the situations imposed by the substance dependent member, as it suffers an overload in caring for the substance dependent member, passing through various difficulties<sup>(18-19)</sup>. Its members are constantly subjected to physical and emotional strains which, in a short space of time, potentially make them ill<sup>(20)</sup>.

In this context, the nurse can be considered an agent for mobilizing strength, as she is a professional who maintains a systematic relationship with the families, enabling them to identify and reveal the family potentialities<sup>(21)</sup>. For this, it is necessary for this professional to be able to publicize the work of care in the extra-hospital environment, reduce the prejudice, undertake activities with educational purposes, attend the families and, in this way, help the process of social reinsertion to occur in practice and not only in theory<sup>(7)</sup>.

The urgency for the existing intervention policies to focus on both prevention and health promotion is evidenced, regarding the multidimensional rehabilitation of the service users as a whole, not forgetting the family context which needs to be supported at the same time as the substance dependent individual<sup>(4)</sup>. It is essential that public policies and measures for the prevention of drug use should be related and should encompass distinct spheres, including: primary care, educational institutions, family and society. Thus, it is essential to address this issue during nursing training, through teaching and research activities, so that, in this way, the students may be instrumentalized as future professionals to work with this clientele<sup>(22)</sup>.

## FINAL CONSIDERATIONS

The results of this research evidenced that substance dependence is an element which causes family relationships to worsen and disintegrate. The substance

dependent individual and his family end up becoming slaves of the drugs, suffering prejudice and social exclusion and being stigmatized by society. Furthermore, it may be asserted that there are common features in the daily life of these family members, including threats, physical violence, relationship difficulties, suffering, distress and transference of responsibility. It may be noted that the requirements of coexisting with a substance abuser require one to constantly confront the difficulties related to this coexistence.

It was identified that substance abusers' families become susceptible to a variety of illnesses, including codependency. Because of this, the prioritization of actions with a scope aimed at preventing the use of drugs is essential, even before there is a substance abuser in the family ambit.

This study alerts professionals from the health area to the need to use health education spaces for supporting the families of substance abusers, so as to re-strengthen the weakened family bonds, as well as to assist in the development of their potential and in their coping with their daily life. It is recommended that actions supporting health education should be undertaken in public spaces, including: the waiting rooms in the Primary Care Centers and the Family Health Strategy centers; the support groups for substance abusers and their family members in the territory in which they live; and the spaces for discussion and promotion of health in school environments.

Regarding nursing, this study provided support for rethinking the practice undertaken with the families of substance abusers in these spaces, and for helping these families based on joint strategies with other professionals from the health area. Regarding the identification of these family members, it is emphasized that these do not always come to the service reporting the difficulties of having a substance abuser in the house. Therefore, it falls to the nurse to develop sensitivity and provide times for listening in these services so that she may, in this way, understand these families' needs.

It is suggested that issues to do with families of substance dependent individuals should be incorporated, as content, in the health professionals' training, so as to prepare them to attend to and intervene in this context. Moreover, it is recommended that further studies should be undertaken on this issue and that their results should be publicized in other regions of Brazil, as this is a relevant subject which allows society to perceive how important the family is in the prevention and treatment of substance dependence. Emphasis is

placed on the need for studies to be undertaken which focus on the family's daily life, and that these should be conducted based on an approach which considers the human being in her completeness.

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