

ALCOHOLISM AND FAMILY DYNAMICS: FEELINGS SHOWN

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ABSTRACT

The alcohol is psychoactive substance most commonly used in Brazil and the estimate of its addiction reaches great part of population than other drugs. The aim of this study is to understand the feelings expressed in family dynamics of families with an alcoholic member. It is a qualitative study, descriptive-exploratory, developed in 2014, at a family health center, in Santa Catarina state. The subjects were five family members: two wives, a mother, a sister and a daughter. Data collection occurred by semi-structured interviews and analysis through Content Analysis. From the results, three categories have emerged: Addiction history and family dynamics with dysfunctional roles and incongruous model; From fragile family relationships to domestic violence; and Family mixed feelings with an alcoholic member: illusion, conformity, pain and fear. The participants highlighted conflicting affective relationships, the coexistence with the anguish in the experienced situation and the efforts of the family in the struggle against alcohol addiction. It was noted that the interviews were moments in which the respondents were able to share their experiences, feelings and perceptions about how they live next to an alcoholic. It is emphasized the need for family support in alcohol addiction situations.

Keywords: Mental health. Alcoholism. Family relationships.

INTRODUCTION

In Brazil, alcohol is the most consumed drug and 12% of the population have problems arising from the addiction of the substance. The alcohol has a depressant effect on the Central Nervous System and its chronic abuse results in multi-systemic physiological deficiencies, including cardiac arrhythmias, muscle weakness, peripheral neuropathies, cirrhosis, digestive bleeding, pancreatitis, cerebral degenerative pictures and Wernicke-Korsakoff syndrome⁽¹⁾. In addition, its use during pregnancy is associated with the Fetal Alcohol Syndrome^(1,2).

Alcoholism has become a phenomenon in public health context, and constitutes a serious public health problem, increasing gradually, facilitated by the low price and easy access to alcohol. It is considered the third cause of

mortality and morbidity in the world⁽³⁾. It is often associated with accidents, traffic deaths, crime, violence, disruption and disorganization of interpersonal relationships, and family and emotional disagreements^(4,5).

Alcoholism is also considered a disease that affects not only those who consume the drink, but also the people with whom he lives. The most harmful consequences occur within the family. Studies mention that the daily life of most families living with alcoholism can be chaotic, with inconsistency and weakness in emotional relationships, impacting on an emotional distance between its members^(4,6).

It is emphasized that alcohol consumption among young people is increasingly common and increasingly early⁽⁷⁾. Many times, these people have their first experience of consumption within the family, through cultural habits or in a funny way⁽⁸⁾. In addition, among

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the factors that influence the onset of alcohol consumption and the development of addiction, there are family dynamics experienced in childhood and adolescence⁽⁹⁾.

Therefore, care for the family in addictions is needed, which generates significant benefits both in the patient's pattern of consumption and relapses in the improvement of family and social relationships⁽¹⁰⁾. Ministry of Health policies must be executed using a holistic approach to the family, which values the subjects and the environment they live in, allowing a broader understanding of the health-disease⁽¹¹⁾, promoting actions covering health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation and health maintenance.

There are gaps observed in the scientific literature in dealing with feelings and family dynamics of families facing this problem. Therefore, it is important to contribute with a theoretical material based on research about the topic, enabling the sharing of information and knowledge in the academic, scientific community, healthcare professionals and the community in general. Thus, knowing the family's feelings about the alcoholic subject and the effect on family dynamics enable a reflection on future interventions that may favor the treatment and improvement in health, since this topic is directly influencing biopsychosocial aspects.

Thus, the objective of the study was to understand the feelings shown in family dynamics of families with one alcoholic member.

METHODOLOGY

It is a qualitative, exploratory descriptive study, conducted from March to September 2014, in a Family Health Unit in a city in the far west of Santa Catarina. This city has a population of less than five thousand inhabitants and is primarily agricultural.

Study participants were family members of alcoholics who lived in the same house as the alcoholic family member. The search of participants was carried out from an investigation of the psychology service records, in which were alcoholics referred for

counseling in the past five years, resulting in twenty records.

All the families of registered alcoholics were contacted, being excluded: families where the alcoholic member is no longer part of the family, such as in situations of marital separation and death of alcoholics; families with alcoholics members in abstinence for over a year; and those who did not accept to participate in the interview for fear of the alcoholic's reaction. Thus, five family participated as subjects in this study.

Information was collected by a student of a specialization course in Public Health, through semi-structured interviews, with participant identification questions and open questions related to feelings and family dynamics. The interviews were recorded and transcribed in digital recorder. The interpretation of information was carried out following the steps of content analysis: pre-analysis; exploration of material and treatment of results/interference/interpretation⁽¹²⁾.

In the pre-analysis, reading and rereading of the interviews and initial organization were performed, aiming to get an overview of what was said by the participants and understand their peculiarities. The exploration of material allowed observing the relevance between the speeches of each family, classifying the central ideas and organizing them into categories. The treatment step of results/interference/interpretation was to elaborate an interpretive synthesis of the three categories that emerged, allowing the dialogue between topics, objectives and theoretical foundation.

This study met the ethical aspects of Resolution 466/12 of the National Health Council and was approved by the Ethics Committee in Research of the State University of Santa Catarina (CAAE 27832014.7.0000.0118). Participants signed a consent form. As one of the participants was under 18 years old, her mother signed a Consent Agreement and Informed Form accepting her participation in the research, and it signed the Informed Consent Form. To protect the identities, the names were replaced by codes.

RESULTS AND DISCUSSION

Alcoholic member's families who attended the interviews were female, being a mother, two wives, a daughter and a sister. Their ages ranged from 12 to 55 years old. A family had finished elementary school and the others had not completed elementary school. One family member was retired, one student and three were unemployed.

Subjective experience with the family of the people who gave interviews enable to know the daily living with an alcoholic family member. The following, clippings of reports of some of the family members will be described, compared with a literature.

Addiction history and family dynamics with dysfunctional roles and incongruous model

During the interviews, there was a history of addiction, occurred for several generations.

My father drank, but only that he was not like an alcoholic [...] but he drank since I remember him, he drank, my grandfather drank, my father's brother died because of alcoholism. (Sister53)

His grandmother had uncles, they all drank, it is no sense if I do not tell you, I also drank for a while. (Mother55)

People here say since eleven years old his father served beer for his children, gave each a little bit, a little bit and so on. His father drinks, his brothers, the whole family. (Wife34)

In the statements of the family members, it is noted a history of alcohol use by various relatives, showing an implicit family culture of use of the substance. Studies show that there are genetic components in the transmission of chemical dependencies between generations and environmental factors^(10,13,14). A survey cites the existence of a combination of genetic predisposition, altered metabolism by the alcohol and psychological factors, favored by low self-esteem, pleasure seeking, prevention of pain and impaired family relationships, as well as socio-cultural demands, determined by availability and cultural acceptance of abuse substances⁽⁴⁾.

Living with an alcoholic person, family members reported that family dynamics have times when the roles performed by individuals

are changed, becoming dysfunctional and with incongruent models.

When we ask him, he says that he should not give us satisfaction, but when we leave, then he is all the time asking where we go. [...] He smokes near the girls {the younger sisters} and even I stare, they smoke {The alcoholic members, that is the father and the mother} the smell comes and it seems that we want to do the same, even my sister picks up the cigarette from the floor and put it in the mouth and pretend to smoke and says: if dad and mom smoke, I can also smoke. When they grow up, they will be like him, drinking a lot and bothering. (Daughter12)

A drunk father does not like giving advice to a son. My children all left home early because of the father [...] they always argued. Because my kids could not see their father with a glass in his hand, or fighting with me because a child protects the mother, it is the same thing we have a daughter and, the husband beating, we do not want and the same thing the children, they will not want to see mistreating. (Wife47)

In the first statement, the daughter asks the inconsistent behavior of the father, since he does not agree to be questioned when he goes out, but he questions when she goes out. The presence of an alcoholic person in the family, hinders differentiate tasks for all family members. Family boundaries are usually rigid or diffuse and the roles are frequently changed or inadequate in some way⁽¹⁵⁾.

The family impact and the use and abuse of psychoactive substances happens in stages, and in one of these phases, there is the disruption of family representations, assuming rigid and predictable roles. Families take responsibility for acts that are not theirs. Often there is a reversal of roles and functions⁽¹⁾.

Wife47 also reported having questions from the children about the inconsistent behavior of the father. Parental care established in the early years of life are essential for the development of mental health of the individual, thus, adverse childhood experiences also influence the potential emergence of mental disorders in adulthood⁽¹⁵⁾.

This way of parental behavior is a violation of power and duty that adults have on children and adolescents to provide them care, attention and provision of their needs⁽³⁾. Research show parental alcoholism as an important risk factor

for the development or behaviors repetition. In the report, the daughter emphasizes the concern and perception of repeating behaviors⁽¹⁶⁾.

It is understood that the family through the construction of autonomy and independence of its members, must encourage the formation of individuals capable of organizing their own life and having responsibility for their social relationships⁽¹⁾. In this way, studies show that adolescents who receive less parental support are more prone to substance abuse. However, adolescents with high parental support are less influenced by alcoholism. In families where there are not domestic violence experiences, where there is dialogue about everyday problems, and there is concern of parents for children, is proven to be less likely to alcohol use and the onset of mental disorders⁽⁸⁾.

Families with an alcoholic member are not necessarily dysfunctional, as well as not all generations reproduce the little assertive behavior. However, it is clear that family environment with an alcoholic father is described with high levels of conflict and tension, lack of clarity in its organization and lack of trust and confidence among members⁽¹⁵⁾.

From fragile family relationships to domestic violence

Study participants reported that their families experience situations of emotional exhaustion and lack of proper dialogue. The alcoholic person, under the influence of psychoactive substances, sometimes shows an aggressive behavior.

But when he is, then I'm mad [...] I have my kid together, I need to find a way. (Mother55)

He said he prefers to drink than the family. I think any parent I've had so far made me happy. (Daughter12)

[...] Lack of dialogue because it is too bad to understand her {ex-wife}. [...] From the beginning was like this, so he had a treatment and she went to the clinic to argue with him, she did not understand things. And now it's even worse, because he misses his house, all was there, missing his daughter, and missing her too for sure, because he loves her, we realize that he likes her very, very much. (Sister53)

Emotional exhaustion in daily life can lead to the emergence of serious behavioral and health disorders in the family with an alcoholic

member. The situation is unsustainable, leading to the expulsion of members and generate family breakouts⁽¹⁾. Children and adolescents living with alcoholic people may develop in an unhealthy way by witnessing some negative events in the family environment⁽¹⁷⁾.

The experiences of children of alcoholics vary according to the level of emotional support provided by each parent. The behavior of parents during drunkenness is very relevant: in case there are ongoing discussions, fights or violence, the impact will be much more adverse than when it is not followed by verbal or physical aggression⁽¹⁸⁾.

Therefore, the presence of a pathology causes changes in the family group living among its component members, making everyone involved feel the need for care and support⁽¹⁹⁾.

Authors highlighted that alcoholic people are described as emotionally unavailable for their family members and may be less able to provide nutrition and consistency required for the construction of attachment. Therefore, alcohol consumption can harm the relationship between parents and children and between husband and wife, wearing the proper functioning of their home as a whole⁽¹⁵⁾.

Even on family dynamics, family members need to know the problem of alcohol abuse and ways to manage the behaviors and health problems of the alcoholic person, discussing the group division of labor in care and general attitudes that everyone should adopt⁽¹⁹⁾. Given these processes, it is essential for families to be included in prevention and treatment programs, and be encouraged in their role⁽¹⁾.

Sister53 reports the family dynamics of her brother, a reality that led to the marital separation, as well as his brother's addiction. However, when individuals seek to be clam by alcoholism, they alter qualities and quantities of feelings, replacing an uncontrollable suffering and sometimes "manageable", enabling the dysphoria that they do not understand can be replaced by alcohol, they understand and said to have control of it⁽¹⁰⁾.

For family members who have their lives shared with alcoholic people, daily life appears to be restricted and unknown, each time being permeated by behavioral changes, making the

journey to win another distressing and stressful day⁽¹⁹⁾.

It's always like this, there is no happiness. I do not want to be stubborn, discussing, but you are quite, you talked and he does not listen, then you think, but this Christ will one day stop in life, you will always taking it in a good way, because the drunk does not help, it's always nonsense. (Mother55)

He comes and everyone gets scared, the guy arrived, he is drunk! Oh we have to turn off the TV, sit everyone. A prison you know, I avoid talking because sometimes I'll go ask where are you, and he says, you do not care, why do you want to know, he does not have that excuse. (Wife34)

The daily contact with an alcoholic person implies different ways of violence, from those that are recognized as such by those who are veiled by socially established standards, asking for the wife to stay with her alcoholic spouse, even if he is unfaithful or aggressor⁽⁴⁾.

[...] If he gets drunk here, he has to talk or fight, he gets nervous, and we have to sleep early, sometimes the TV is on there and we have to turn it off, and sometimes we are asleep and he puts a loud sound. (Wife34)

When he's drunk he says, because you are a bitch, slut. That's what hurts me, because we are not, why did you do this or that, something I've never done in my life. (Wife47)

The speeches of the study participants reveal that they experience daily violent events. However, they do not perceive them as forms of violence, especially those that the literature points to psychological or emotional aggression, which is far more serious than the physical and is a typical behavior of extortionists, rejects and humiliation⁽⁴⁾.

I'm going to bed and already speak to my daughters: go to bed. But he comes, and makes jokes and teases every single day. He calls me a bitch, that I do not do anything, threatens to break my teeth. The situation is so sad. (Wife34)

The violence faced by this population of women is less lethal and remains "invisible" because often someone close to them - father, stepfather, partner or relative - commits it most often in their own homes⁽²⁰⁾.

Participants in several ways mentioned violence: physical, verbal, to heritage. In

addition, they talked about the lack of dialogue between family members.

It has no dialogue, just discussion, it is only to sit down to discuss [...] with the daughters, in the beginning was a fight with the older one, she pulled the knife, he pulled a wood, they were always fighting. (Wife34)

And the father ends up hitting her {referring to the mother}. One day, just because I asked him money, he knocked on my face too [...] Not to mention that when he gets angry he always wants to break something, he sees something and if it is not as his way, he wants to break, even if bought it. (Daughter12)

[...] Because the violence is not good, with the violence we will not win ever. He retorts me, I know I'm right, but we are always wrong, he never is. (Mother55)

My daughter always thinks we will start to fight, she is quiet and suspicious at home and is caring. One day she told her dad to stop fighting with me, then he said: I'm not fighting, I'm not drunk. But she often cries and asks why his father fight with me, he says that the father does not like me and that other men do not fight with women, only her father does [...]. (Wife47)

Physical violence refers to the use of force to produce injuries, wounds, and pain or others' disability. Psychological violence happens through verbal or gestural aggression in order to terrorize, reject, humiliate the victim, restricting freedom, or even isolate it from society⁽²⁰⁾.

The harmful use of alcohol can result in psychological and psychiatric problems (aggressiveness, depression, anxiety and psychotic episodes related to alcohol); social and interpersonal problems (family conflicts, domestic violence and problems in the workplace); conflict with the law (drunk driving offenses related to aggressive or antisocial behavior); and accidents⁽⁹⁾.

The daughter's behavior, quoted by Wife47 shows the impatience and understanding of the father, representing physical and psychological violence, related to action and omission intended to degrade or control behaviors, beliefs, and someone else's decisions through intimidation, handling, direct or indirect threat, humiliation and isolation⁽²⁰⁾.

Family mixed feelings with an alcoholic member: illusion, conformity, pain and fear

Despite the family talk about the aggressiveness of the alcoholic member and admitted at different times that the drink was causing problems, it may be noted in some reports the inconsistencies and contradictions that reveal a reluctance to accept the problem or even a sense of illusion that causes distortion of perception. It can also be observed conformism, which, for various issues, do not break relationships with the alcoholic person.

He regrets and says: I'm sorry, forgive me, I will not do that anymore. He no longer does it for fifteen or twenty days, then back to drink and do it all over again [...] I think, I'll clean the house, the house is in my name, and it may be that one day he gets older and changes. And I'm sorry to leave home, abandoning what is mine. (Wife47)

I do not move forward, because separate women is not good, and also I'm here alone. He always tells me I can call ten, fifteen lawyers on me, to take the girls, he has a family to speak for him, and I have no one [...] I stay with him, because I went through the situation without the girls' father, and it was sad, a woman alone is difficult. [...] Single woman with man in fact, they think is a messy woman. (Wife34)

Alcoholism differs from other diseases that can affect family life, since the family, as well as the drinker, develop a hard denial system in an attempt to avoid recognition of the problem. The effects of alcoholism destroy and distort the self-confidence and self-esteem in the family⁽¹⁵⁾.

Studies show that to ensure marriage, it worth up to silence their will in the name of ethics, sense of satisfaction by fulfilling the social mandate to be married. The wife has to deal with both emotional and practical problems. The practicalities are tangibly threatening: it can result in serious personal injury^(4,18).

The interviewees mentioned feeling of shame, shyness of the neighbors who hear fights and community reporting situations. Studies reveal strong sense of shame in relation to alcoholic family member due to his embarrassing and compromising attitudes in social life of the family⁽²¹⁾.

However, the set of small specific problems which must be faced are common, in which is embedded a lack of money, influencing dependency. This is deeply rooted in cultural, social, economic and political structure⁽²⁰⁾. Therefore, the woman may feel attached to the

relationship due to the lack of perspective of life and the possibility of survival impairment⁽⁴⁾.

Addiction is perceived in two ways. First, by the wife, daughter and mother, as their major source of income is the alcoholic person, and often the only worker in the house. Later, the cultural dependency is seen in situations where the spouse of the alcoholic person is described as someone "guided" to each other's needs, dependent too much of other people's approval and with low self-esteem⁽¹⁸⁾.

This relationship is presented by Wife34, demonstrating a tireless dedication to the partner, having a condition of dependency to the relationship and emotional care:

I have to demean me, you do not see a fight, you do not see a mess. You are a boot licker offering mate and food, but never says to go to sleep because it is the right fight. He says, you do not order me, who are you, neither my father orders me, no woman will order me. (Wife34)

Some theories mention that some wives wish that her husband, son and brother are alcoholics. Based on the fact that many families have had an alcoholic father, it is argued that women marry an alcoholic person seeking to resolve the dynamic unresolved, therefore having a sense of illusion⁽¹⁸⁾.

In recent days he has changed, he drinks, but he does not fight anymore, he changed after he began building houses, but sometimes it still happens a discussion. [...] I thought like this, take away this love I have for him, I would suffer less. He always says I do not like him, you know, he suspects. (Wife47)

The speeches of Wife47 demonstrate the hope that the family member will change one day and the great love for the partner. The impression is that this love is an addiction, as at other times, she says that would accept him to drink, but drinking less, or she shows joy by her husband already be drinking less.

Authors cite the caring of alcoholic people shows as something exhausting, humiliating, frustration generator, causing difficulties, both emotional for the caregiver as in the general context of life of each one⁽¹⁹⁾.

I do not cry around him, he says it not worthy to cry, he calls me fake, he does not care. [...] I think I've never felt what a happiness is, with my

parents I suffered, I worked, I was until thirteen years old away from home, without help from anyone, by myself. And, today I am also alone, I cannot say I have happiness. The first husband cheated me twenty-four hours in front of the girls. So, for me now 34 years old, away from home, with no one, to separate again is totally worse. I do not know how is to live quietly. (Wife34)

When my father comes home drunk, we will sleep late, because the girls also cannot sleep. So the other day I cannot wake up, I'm falling asleep, how am I going to pay attention in class. (Daughter12)

It is because I get very nervous. (Wife47)

The family members also fluctuate humor, sometimes demonstrating attack, manipulation, pampering, inertia or avoidance. However, what is often perceived is the stress imposed by the unpredictability of what will happen; the wife does not know if he left the bar, her husband is sentimental and affectionate or in a bad mood, ready to attack her⁽¹⁸⁾.

[...] Nervous, worried ... he will arrive in the evening, he will drink, it always looks like he's at the bar drinking. I worry, I see the time to get home, to see if he is drunk or not. (Wife47)

Beyond the overall impact on psychological health, many important dynamic processes related to psychological growth can be affected. For example, the child can be severely deprived of a satisfactory model parent⁽¹⁸⁾.

With regard to the children welfare, research shows they are among family members most affected by alcoholism and that living with an alcoholic parent can cause them to become people whose lives will be marked by a history of mistrust and fear⁽⁴⁾.

She already has that fear [...] Afraid, afraid he'd hit me [...]. (Wife47)

Algumas entrevistas não foram realizadas em consequência do medo que alguns familiares tinham de falar sobre alcoolismo. Também, a entrevista com a Esposa47 precisou ser remarcada duas vezes, pois, quando foi agendada pela primeira vez, o marido estava em casa e, na segunda tentativa, ele a acompanhou, deixando-a com medo.

Fear is a feeling that provides an alertness shown by the fear of doing something, usually feel threatened, both physically and

psychologically⁽²⁰⁾. At high levels, it can also be a stress factor.

Some interviews were not carried out as result of fear that some families had to talk about alcoholism. Also, the interview with Wife47 had to be rescheduled twice because, when it was scheduled for the first time, her husband was at home and in the second attempt, he followed her, making her with fear.

CONCLUSION

The results showed that alcohol addiction has an impact on various aspects of life of individuals and their families. The family gets sick with the alcoholic person, mainly due to the family relationship and roles of dysfunctional family members. The fact that one of the family members drink can cause separations, misunderstandings, physical, psychological and heritage violence. Commonly, children see parents being criticized by relatives, neighbors and friends.

Among the feelings mentioned by the family, fear was noted. This explains the fact that some interviews were scheduled and subsequently canceled, which was considered as a limitation of this study.

It is important to reflect and suggest more actions of public health, as the very public policy of the Ministry of Health request, realizing health care to the family as a whole, not just focused on the alcoholic person. This is because family members get sick around this, and may be new alcoholics, repeating their internalized family culture.

Therefore, it is necessary family support in cases of alcohol addiction, in an attempt to address both patient consumption of the standard as the improvement of family relationships and rescue of the roles played by each family. Based on the public policy, it is vital to include the family in the care and planning of health care, with a collective vision of the problem.

Moreover, it is interesting to provide a supportive space and psychological support, individual and group, both for the alcoholic member - to overcome problems of this order and in the exercise of social roles, seeking healthy alternatives to live and socialize - and for the family in order to promote the strengthening and recovery of self-esteem and emotional balance.

ALCOOLISMO E DINÂMICA FAMILIAR: SENTIMENTOS MANIFESTOS

RESUMO

O álcool é a substância psicoativa mais consumida no Brasil e a estimativa da sua dependência atinge maior população que as outras drogas. O objetivo deste estudo foi conhecer os sentimentos manifestos na dinâmica familiar de famílias com um de seus integrantes alcoolista. Trata-se de um estudo qualitativo, descritivo-exploratório, desenvolvido em 2014, em uma Unidade de Saúde da Família, em Santa Catarina. Os sujeitos foram cinco familiares de alcoolistas, sendo duas esposas, uma mãe, uma irmã e uma filha. A coleta de informações ocorreu por meio de entrevista semiestruturada e a análise a partir da Análise de Conteúdo. Dos resultados, emergiram três categorias: Histórico de dependência e dinâmica familiar com papéis disfuncionais e modelo incongruente; De relações familiares frágeis à violência doméstica; e, Turbilhão de sentimentos da família com membro alcoolista: ilusão, conformismo, dores e medo. As participantes ressaltaram as relações afetivas conflituosas, a convivência com a angústia diante da situação vivenciada e o esforço dos familiares na luta contra a dependência alcoólica. Notou-se que as entrevistas foram momentos nas quais as entrevistadas puderam partilhar suas vivências, sentimentos e percepções sobre como vivem ao lado de um alcoolista. Ressalta-se a necessidade do acompanhamento familiar em situações de dependência de álcool.

Palavras-chave: Saúde mental. Alcoolismo. Relações familiares.

EL ALCOHOLISMO Y LA DINÁMICA FAMILIAR: SENTIMIENTOS MANIFESTADOS

RESUMEN

El alcohol es la sustancia psicoactiva más consumida en Brasil y la estimación de su dependencia alcanza una mayor población que las otras drogas. El objetivo de este estudio fue conocer los sentimientos manifestos en la dinámica familiar de familias con uno de sus integrantes alcohólico. Se trata de un estudio cualitativo, descriptivo-exploratorio, desarrollado en 2014, en una Unidad de Salud de la Familia, en Santa Catarina. Los sujetos fueron cinco familiares de alcohólicos, siendo dos esposas, una madre, una hermana y una hija. La recolección de informaciones ocurrió por medio de entrevista semiestructurada y el análisis a partir del Análisis de Contenido. De los resultados emergieron tres categorías: Histórico de dependencia y dinámica familiar con roles disfuncionales y modelo incongruente; De relaciones familiares frágiles a la violencia doméstica; y Remolino de sentimientos de la familia con miembro alcohólico: ilusión, conformismo, dolores y miedo. Las participantes señalaron las relaciones afectivas conflictivas, la convivencia con la angustia delante de la situación vivida y el esfuerzo de los familiares en la lucha contra la dependencia alcohólica. Se observó que las entrevistas fueron momentos en los cuales las entrevistadas pudieron compartir sus experiencias, sentimientos y percepciones sobre cómo viven al lado de un alcohólico. Se resalta la necesidad del acompañamiento familiar en situaciones de dependencia de alcohol.

Palabras clave: Salud mental. Alcoholismo. Relaciones familiares.

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