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## ALCOHOL AND VIOLENCE IN MARITAL RELATIONS: A QUALITATIVE STUDY WITH COUPLES

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**ABSTRACT.** This qualitative and descriptive study aimed to understand the relation between the alcohol consumption and the violence expansion, in the relationship of couples made up by, at least, one partner with alcohol dependence. Semi-structured interviews with 10 couples were done, which were transcribed and submitted to the content analysis. All the couples reported marital violence related to alcohol use. Violence, mainly verbal and physical ones, was committed by both partners and it became worse due to increase of amount of alcohol ingestion. Other relational and professional difficulties, associated to continuous use of alcohol, were reported, in addition to the history of substance use and violence in the origin families of the participants. This study makes evident the complexity of the marital violence associated to the alcohol dependence, which must be considered for the prevention programs, interventions and the couple guiding – as a system that requires full attention.

**Keywords:** Violence; alcohol abuse; marriage.

## ÁLCOOL E VIOLÊNCIA NAS RELAÇÕES CONJUGAIS: UM ESTUDO QUALITATIVO COM CASAIS

**RESUMO.** Este estudo qualitativo descritivo objetivou compreender a relação entre o consumo de álcool e a expressão da violência no relacionamento de casais compostos por pelo menos um cônjuge dependente do álcool. Foram realizadas entrevistas com uso de roteiro semiestruturado com dez casais, posteriormente transcritas e submetidas à análise de conteúdo. Todos os casais relataram violência conjugal, atrelada ao uso de álcool. A violência, principalmente verbal e física, foi protagonizada por ambos os cônjuges e agravada com o tempo e com o aumento da quantidade de ingestão de álcool. Foram relatadas outras dificuldades relacionais e de trabalho, associadas ao uso contínuo do álcool, além de histórico de uso de substâncias e de violência nas famílias de origem dos participantes. Este estudo evidenciou a complexidade e a dinâmica da violência conjugal, associada à dependência de álcool, que deve ser considerada em programas de prevenção, redução de danos ou outras intervenções e encaminhamentos do casal enquanto um sistema que demanda atenção integral.

**Palavras-chave:** Violência; abuso de álcool; casamento.

## ALCOHOL Y VIOLENCIA EN LAS RELACIONES DE PAREJA: UN ESTUDIO CUALITATIVO DE LAS PAREJAS

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**RESUMEN.** Este estudio cualitativo descriptivo tuvo como objetivo comprender la relación entre el consumo de alcohol y la expresión de la violencia en la relación de parejas compuestas por, al menos uno de los cónyuges, dependiente de alcohol. Se realizaron entrevistas semiestructuradas con diez parejas, posteriormente transcritas y sometidas a análisis de contenido. Todas las parejas relataron violencia conyugal relacionada al uso de alcohol. La violencia, principalmente verbal y física, fue protagonizada por ambos cónyuges y agravada con el tiempo y con el aumento de la cantidad de ingestión de alcohol. Fueron relatadas otras dificultades relacionales y de trabajo, asociadas al uso continuo de alcohol, además de antecedentes de uso de sustancias y de violencia en las familias de origen de los participantes. Este estudio, evidenció la complejidad y la dinámica de la violencia conyugal asociada a la dependencia de alcohol, que deben ser consideradas en programas de prevención, reducción de daños u otras intervenciones y derivaciones de las parejas como un sistema que demanda atención integral.

**Palabras-clave:** Violencia; abuso de alcohol; pareja.

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## Introduction

The use of alcohol and other drugs has been the focus of many studies. Accidents, aggressions and deaths may present associated with the excessive use of alcohol and its potential for physical, psychological and relational harms (Monteiro, 2012; SENAD, 2014).

Alcohol dependence is a possible consequence of the continuous use of alcoholic beverages, occurring at a prevalence of about 12% in the adult population, in a male/female ratio of about 3: 1 (CEBRID, 2007). Dependency can affect family and is influenced by this recursively. This means that, from the systemic point of view, we should not be seek a single cause for complex phenomena such as violence and alcohol dependence, but, understand and caring relationships, contexts and processes that maintain, increase or hinder to reduce the use of violence and alcohol (Cunha & cols., 2011).

In this sense, it is highlighted that in addition to a public health problem, alcohol dependence is often associated to violence, enhancing family vulnerabilities (Babu & Kar, 2009).

Leonard (2005) highlights the inadequacy of establishing a unicausal relationship between drinking and violence between partners. However, he highlights that occurs increase in the severity of violence led by partners who drank alcohol in large quantities.

Violence, often associated with the use of alcohol and other substances, is a phenomenon that, in addition to enhancing the vulnerabilities, as discussed, also brings risks to all who belong to the household (Melo, Caldas, Carvalho, & Lima, 2005). The INPAD. (2013) conducted a study in Brazil with 3007 people aged 14 or more, in which more than two in every 10 participants reported having been victims of physical violence in childhood. Of these, 2 in every 10 reported that the abuser had drunk.

Family violence can be defined as any act or omission that harms the physical well-being, the psychological integrity, the freedom or the right to the full development of a family member, committed by a member who occupies a position of power in this family. Domestic violence also occurs through acts involving physical, verbal, psychological and sexual assaults, separately or in association, and can be called intimate partner violence (IPV), as it also occurs between spouses, couples, ex-spouses and between partners without formalized union (Gebara, Feijó, Noto, & Amato, 2015).

Studies on intergenerational transmission show that the interpersonal violence and the alcohol abuse tend to occur repeatedly associated for generations, appearing as issues of great complexity and relevance in the family (Tondowski & cols., 2014). A person who grows witnessing acts of violence may participate in the perpetuation of violent relationship patterns in the future, either as a perpetrator, a victim, or both (Cervený, 2011). People who have experienced violence tend to abuse more alcohol (WHO, 2013).

There are other factors, besides the intergenerational transmission, which are linked to alcohol abuse and the use of IPV. Stresses generated by external events, as well as certain demands internal to the family, which are present throughout the life cycle of this, require confrontation and a nonviolent repertoire of behaviors and relationships (Payá, 2014; Cervený, 2012; Minuchin, Colapinto & Minuchin, 2012). The lack of contact with the social network, common in situations of domestic violence and chemical dependency worsens and makes more vulnerable those involved (Gebara & cols, 2015; Alencar-Rodrigues, Cantera, & Moré, 2014; Paiva, Costa, & Ronzani, 2012).

The social issues often involved in situations of IPV are not enclosed in the absence of exchanges with significant people and emotional and professional support. Inequalities guided on differences such as gender, are often at the basis of violent acts between partners and are social constructions, of which the families are part (Gebara & cols., 2015). The unequal power relationship and thus the imbalance of opportunities between men and women usually starts in the family (Cervený, 2011).

Here it is presented then another aspect that makes both violence and the transmission of the same, complex and linked phenomena, which can also be associated and aggravated with the abusive use of alcohol and be part of the process of progression of the dependence.

It should also be emphasized the importance of a systemic view in relation to the family in which there is a person depending on substances. Often, the families experience context of vulnerability and risk, which may be related to the repetition of patterns of violence, use of alcohol, material poverty, inequality and stigma, permeated by other aspects such as gender, class, physical appearance, ethnicity, sexual orientation (Gebara & cols., 2015). For this reason, it is important that families and individuals receive support and legitimation from the significant people around them, so from the personal social network (Gebara & cols., 2015; Cervený, 2012) and create ways to communicate, to solve conflicts and to relate, without making use of alcohol or violence.

Within this broader perspective, the need for health professionals, specialized in dependency, to be alert and prepared to eventually also act in the treatment and/or prevention of family violence, has been pointed out by authors such as Penso, Sudbrack, Ferreira e Jacobina (2012) and Paiva, Costa e Ronzani (2012). In this sense, it is essential to expand the knowledge about the recursive relationship between use of alcohol and IPV, as well as the possible interventions that minimize damages and can serve as an incentive to the search for treatment. Although there is a consistent volume of epidemiological studies on family violence and use of alcohol, there are few publications and qualitative researches on how is given the use of alcohol and marital relationship, being even rarer researches that address the theme simultaneously with the interacting couple.

One of the probable reasons for the lack of studies with couples derives exactly from the complexity of interviewing both spouses at the same time, having as focus two so delicate themes (Alencar-Rodrigues & cols., 2014). For that, researches that value the different perspectives of the spouses, as well as the recursiveness of the behaviors and contexts that permeate the violence associated with alcohol consumption are necessary.

## Methods

It was intended to study the marital relationship where at least one spouse has been diagnosed as alcohol dependent, understanding the occurrence of violent behaviors and their possible association with the use of alcohol. It was conducted a descriptive qualitative study, considering the same as appropriate to the study of human relationship in its complexity.

### Participants

The participants were invited to the research through disclosures in the media and in social and health services. There were 3 services in which the couples were recruited and interviewed, one in the capital and two in the countryside of the State of São Paulo.

Couples in stable union, aged 20 to 65 years with at least one spouse under treatment for alcohol dependence, without any diagnosis of loss of mental functions or comorbidities in one or both spouses, were included in the study. The diagnosis of dependence, evaluation of mental and cognitive functions of the spouses was conducted by psychiatrists from participating institutions. Reports from 10 interviews with couples, therefore from 20 spouses, were used. The number of participants was defined as a function of the process of theoretical saturation, that is, the point at which the interviews began to repeat contents, without adding new meanings related to the problem studied. As it was prioritized the understanding of the relationship and contexts linked to the use of alcohol and violence between

intimate partners, it was not planned comparisons between couples, nor generalizations about the themes studied. According to the new-paradigmatic systemic view, also called complex and integrative, the understanding of processes, contexts and relationships, individually (in this case, about each couple), is what allows to broaden the view on the phenomena (violence and dependency), on what keeps them and on what can help different couples to confront them (Minayo & Tôrres, 2013).

**Table 1**

*Main data of research participants*

Couples	Age He and She	SDA *	Violence	Income Couple (R\$)	Education
1	60 and 61	He	Verbal and Physical	15 thousand	Higher – He; Incomplete higher – She
2	41 and 32	He	Verbal, Physical and Psychological	7 thousand	Technical –He; Higher – She
3	58 and 55	He	Verbal, Physical and Psychological	3,6 thousand	Incomplete secondary – He; Incomplete primary – She
4	57 and 55	He	Physical, Psychological and Sexual	2,8 thousand	Primary – He; Secondary – She
5	46 and 48	He	Verbal, Psychological	21 thousand	Higher – Both
6	30 and 43	Both	Verbal, Physical and Psychological	0	Incomplete primary – Both
7	52 and 49	He	Verbal, Physical and Psychological	4 thousand	Incomplete primary – He; Secondary – She
8	24 and 30	He	Verbal, Physical and Psychological	2 thousand	Secondary – He; Incomplete primary – She
9	38 and 35	He	Verbal and Physical	1 thousand	Primary – Both
10	47 and 49	He and her ex- husband	Verbal, Physical and Psychological	5 thousand	Incomplete primary – He; Higher – She

\* SDA – Spouse diagnosed with alcohol dependence.

### Data collection procedures

The interviews were conducted, using semi-structured schedule, recorded in audio, in rooms for service with acoustic insulation, in the services in which they were recruited.

A pair of researchers, one female and one male, conducted the first six interviews with the couples, in order to see how it would be the reaction of the couples in the face of the questions and if the spouses of a given biological sex could show less participatory, which did not occur. The four last interviews were conducted by the leading researcher, specialist in family therapy and experienced in assistance to couples. In general, the spouses presented the themes, use of alcohol and violence, with openness, which led the researchers to evaluate that the questions did not incite judgment or guilt, but showed to be facilitators of dialogue. These questions, were of circular and reflective nature (Grandesso, 2012), about violence, use of alcohol and its consequences for the couple, therefore they

presented potential to expand the vision on the relationships and contexts that permeate such behaviors.

It is believed that, if linear questions, with the logic of cause and effect, were conducted, the interviews would point to attempts of blaming and could generate more of the same, that is, the couple could revive violence during the interview, without thinking of difficulties, tensions, contexts, relationships that weaken them and that, thus, help to keep stories of violence and use of alcohol as an attempt to cope.

Despite the care when addressing the issues, it was considered the risk of respondents to become emotional at the time to describe their marital relationships. The researchers were attentive to the expression of such emotions in order to support the interviewees, change the course of the interview or interrupt it, which was not necessary. Referrals to treatment and other health services were conducted.

The research project was approved by the Committee on Ethics in Research of the university, according to the consolidated opinion under the number 81359 of 08/31/2012 and following all its recommendations.

### **Data analysis**

It was used the Content Analysis technique (Bardin, 2009) and the categories of analysis of the themes studied were defined from the topics addressed in the interviews and the speeches of the interviewees. Therefore, some categories were created a priori and others a posteriori, according to questions and answers of the interviews.

A first floating reading was taken in order to gain familiarity with the interviews. After, all reports were read several times and their contents were separated into major themes (nodes), observed in all interviews. The content of the interviews was organized with the help of the software NVivo 10. Repeated and central themes were highlighted and discussed based on the literature and data obtained in the research as a whole. In the discussion of data and final considerations, it was taken up again the systemic thinking applied to the studies on the family relationships and on the relationship between the use of alcohol and violence, as well as studies on marriage, marital discords in increasing the use of alcohol, since according to many authors, both the members of the couple, in this case (s) spouse (s), and the other family members are part of the problem, they affect and are affected by it (Gebara & cols., 2015).

## **Results and discussion**

### **An overview of the respondents**

The 10 couples interviewed, listed in Table 1, presented different conditions of income and schooling and a certain heterogeneity in the age group. All respondents experienced domestic violence associated with use of alcohol and increase of violence associated with the increase in the use of alcohol. The spouses, who are under treatment, are at different stages of the same, including in the stage of maintenance.

The 20 spouses interviewed, began the marital relationship in which there was violence, aware that, at least one spouse made regular use of alcohol. They also recognized the relational difficulties, as present at the beginning of the marriage, except for the couple 6, who g& colsong with each other when the spouses are not drunk. It is noteworthy that only in this couple the woman also depends on the alcohol.

### **On the main themes addressed in the interviews and the categories of data built**

According to the method described above, some of the main themes included in the questions asked, therefore defined a priori, were classified as nodes by the Nvivo software. Thus, Differences and Marital Difficulties, Reasons of the Marital Conflicts, Consequences of the Use of Alcohol, Violence, Use of Violence in the Family of Origin, and Use of Alcohol in the Family of Origin, were the main themes addressed in the interviews and focused by this work (Categories defined a priori).

Other themes, not foreseen, were repeated in the answers of the participants and, therefore, were also classified as nodes in the NVivo and addressed in this article: codependency and complementary behaviors, and separation (Categories defined a posteriori).

However, personal and family difficulties were identified, being prior to marriage and that may have contributed to the early and abusive use of alcohol, as well as to the consumption pattern of this. The need to develop social abilities such as assertiveness and confidence in decision making, losses and important gaps and other sufferings experienced in the family of origin have been reported by some participants. The use of alcohol started before marriage, according to the participants, as already discussed.

The work was pointed as a source of fulfillment and good social image for some of the respondents who use alcohol. Poor working conditions and remuneration, according to part of the interviewees, contributed to the increase in the use of alcohol and were reasons of marital conflicts. It cannot be untied, however, the influence of the use of alcohol in the difficulties of work. Some reports have shown that the use of alcohol hindered the development of some activities and the relationships with managers and customers, including with loss of confidence of these in relation to the professional (participant of the research who is alcohol dependent). The second stage of research was proposed in order to deepen the data on the relationships and conditions of work and its relationships with the use of alcohol and violence.

The main reasons for fights, identified by the participants were: Use of alcohol (main reason), conflicts with family members, financial and work problems, expenditure on beverage, time spent at the bar and away from home, forgetfulness, material loss and unemployment, always want to be right (after drinking), not listening to the other (after drinking), picking on others (after drinking), reducing tolerance (initially of those who use alcohol and with time, of the spouse), aggressiveness towards people and the spouse (insults), jealousy. The financial and work problems and the unemployment, were often reported as a result of the increase in the use of alcohol.

Next, excerpts of answers illustrate the main categories, organized around the themes addressed in the interviews, and facilitate the discussion of them.

### **Consequences of the use of alcohol**

Besides discussions and the use of violence, many are the personal consequences of the use of alcohol, reported by the participants. Guilt, fear, forgetfulness when drunk, memory loss with the progression in the use, hangovers with body aches and intense discomfort, difficulties to rise and remain standing, difficulties of concentrating and production at work, material and financial losses and unemployment.

The husband of the couple 10 reported that if he was not receiving treatment and without drinking, "he was no longer in this world ... if so, he would be as a beggar (wandering around the street)"; and that he had nothing when he was hospitalized and now regained dignity; he drank and consumed everything he earned. The wife of the couple 2 expressed concern with financial losses, "he has had a much greater capital in his hands and lost because of alcohol".

### **The role of alcohol in domestic violence**

Irritation, aggressiveness, increase in the extroversion and jealousy, decrease in the notion of limit in the social relationships, tendency to provoke, to impose ideas during the period of drunkenness were also reported by the participants who are dependent on alcohol and their spouses; withdrawal, isolation, distance from the spouse and home and conflicts with family members were also observed by the

respondents as consequences of the use of alcohol, being most of these considered by them as harmful to the relationship.

The progressive and continuous use of alcohol made by the husband contributed to the emotional distress of the wives, who in 9 reports addressed aggressions on their part, loss of control or feeling of imminent physical violence, which may indicate change or oscillation in the power relation between spouses when the man advances in the process of alcohol dependence. Depressive symptoms, exaggerated fear, mood swings, excessive accumulation of unused objects, recurrent thoughts, aggressiveness and impulsivity were identified in the reports on the female behavior. Only one of the ten women who reported or strengthened the speeches of the husbands about presenting one of the symptoms listed here, reported having been diagnosed as dysthymic at the beginning of the marriage. Such data indicate the importance of conducting cross-sectional studies about the mental illness of spouses of people who develop alcohol dependence, without disregard the difficulty of the person whose dependency progresses, dealing with the emotions and behaviors of the spouse, who will probably start getting ill or worse in parallel with the increase and worsening of the use that the spouse makes of alcohol.

The wife in the couple 1 talked about the use of alcohol made by her husband as "if it were a mark, thus, in my head ... it does not erase, it is useless trying ... like a ghost who lives behind me ...". She also stressed that she does not want that he ends his life this way and cannot even hear the noise of the beer can when it is open: "it looks like someone is tearing out, opening a wound inside me".

The wife of the couple 7 said to need psychological support today, and expressed: "I think that I have to have more time for me". At another point in the interview, she said that she would seek help "for anguishes from 50 years ago ... for these hurts, so that I can live a different life, because I think I did everything, but I did everything wrong. I wanted to do a lot of things for him, things that I should not have done".

As addressed, experiences of fights and increase of violence associated with the use of alcohol in the current marital relationship were reported by the respondents.

Regarding violence, reports show increased frequency and severity of this, as the use of alcohol increases. All spouses reported to be protagonists in violence, and in the couple 8, the husband, who is dependent on alcohol, reported that only when he was repeatedly provoked, assaulted his wife verbally. The other spouses reported acts of violence, and for the couple number 6, fights and violence only occur when both are drunk, which differs from the other reports, which showed that over time and with the progression in the use of alcohol, both partners started to use violence in communication. The couple number 10 reported experiences that they have had before the spouses separated from their previous spouses, when he was still using alcohol. Verbal violence (curse, insult) was the most reported by the 10 couples, followed by physical (hit, push, hurt) and psychological (neglect, leave talking alone, disqualify) violence, which, in this way, they were identified in the report of 4 couples. Only the couple number 4 reported an episode of sexual violence (force the other to relate sexually and/or as commanded) performed by him when drunk.

### **Strategies used with the intention to reduce the use of alcohol**

The spouses who make or made harmful use of alcohol, except for those who compose the couples 6 and 10, complained a lot about the demands and threats by the spouse who does not use alcohol. The care and attempts to change the drinking behavior of the partner were described as excessive and innocuous, besides generating bad effects for the relationship. Such information should be considered by professionals who guide and assist people with family problems related to the use of alcohol.

In some reports, apparent and insistent attempts to save the husband from dependency, showed increase in the protection of the husband and mainly of children. In others, there was acceptance of disqualification and scapegoating due to the use of alcohol made by the husband to his wife, and increase of phobic symptoms and difficulty in changing behavior by wives who do not use alcohol.

As previously stated, in the interview with the couple 7, the wife concluded: "I wanted to do a lot for him, which I should not have done". Both spouses agreed that she does a lot for the house, for her

husband and children, in addition to her external work. To the husband, “she does the things with love, but by doing she gets nervous” and her demands affect them.

In the interview with the couple 3, which fights when he makes use of alcohol, the wife, who has assaulted verbally and physically the husband, said that seeks the same at the bar: “I call him and he does not come home, you know, I call once, twice, and three times and he says ‘I am going, I am already going home’. This going, never happens, right, then at that time, things get messy, because when he comes, he is already messy”. She explains everything that she does to help and adds: “I do what I can, because at the time that he is leaving, I say: ‘Look, do not take too long to come back, think of what you did; I try to remember him ... I just try to open his eyes, so he does not do the messy he does, but he thinks I talk too much and does not listen to me because he thinks I am ordering ...”

For the husband of the couple 1, to stop using alcohol today, depends exclusively on him, who complained a lot about his wife’s demands “... the great secret for the individual to stop drinking is to let him burn in blood. It is useless keep talking to the individual ‘do not drink, do not drink’, fighting; those things annoy, bother, remain at the back of your mind and you go and do it again”.

The loss of autonomy is a consequence that, despite not having been, thus, expressed by the participants, was visible through their reports. Maternal, work and marital relationships may become co-dependent or so remain, with the increase in the use of the beverage. The excess of care for the other, the expectation that he drinks and recurs, the constant threats of separation, the punishment and attempts to control were not good strategies and the couple not always recognizes that certain well-intentioned acts are types of psychological violence.

There are, on the other hand, reports of interruption and reduction of violence in the period after an event considered serious by the respondents, generally an act of physical violence, which left one spouse injured. Strategies of control of their own aggressiveness, but mainly of distancing from the nervous spouses and their offensive words were reported, which shows that the shock generated by a violent act can result in reflection about their own behaviors and about the behaviors of others who increase violence.

The referral performed by professionals and people from the social network of the couple, prepared to understand and support them without moral judgments or impositions, at the time of fear, the questioning or the confirmation of the need for change by one or both spouses, can be essential. Punishment does not usually generate strengthening, adherence to treatment, or lasting results in the context of alcohol dependence associated with domestic violence. The reports show that there are more behaviors that involve psychological violence than the couple can recognize.

### **Domestic violence and use of alcohol – the complexity of maintaining relational patterns**

In the study, some relational patterns were repeated. The choice for a spouse who used certain amount of alcohol favored the repetition of family stories (alcohol and violence). The use of alcohol increased and, linked to other problems (individual, marital and social), the spouse, who is not dependent on alcohol was emotionally eroding, who brought into focus the other (forgetting herself), started trying to “save him from the alcohol”, but when tired, used violence against him; some wives in this context took advantage of the fragility of the husband and of an eventual change in the hierarchy and power relation, to fight back the aggressions, being the beverage often interpreted as an aggression to her. The fights revolved around different reasons, but often were related to the consumption of alcohol directly or indirectly. From verbal violence, they changed to the physical and in some cases to psychological. Almost all spouses interviewed, when involved with the problem of alcohol, used violence, usually after one of them have used alcohol. The violence then started with men and women, burnt out with the high and frequent use of alcohol by one of them and, in nine couples, also by the marital relationship already weakened.

Understanding the data together allowed, therefore, broadening the view about the complexity of the recursive influence between several aspects that affect and are affected by the spouses, by their relationships and contexts. In general, there is a combination of factors that favor the maintenance of both the use of alcohol and the use of violence, mainly verbal and psychological, which remains for many years and generations. Other difficulties and individual psychological symptoms, difficulties in the

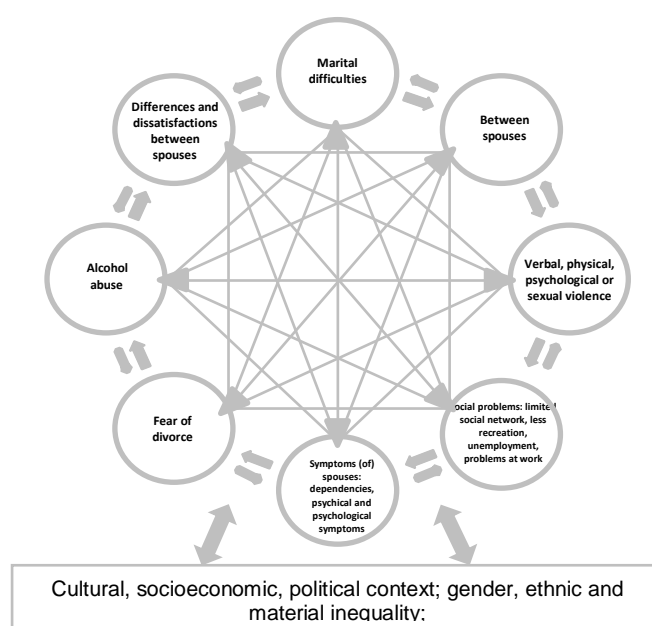


marital, family and work relationships worsen and increase the difficulty to change the pattern of use of alcohol and the violent relational pattern. Figure 1 was created, based on the answers given by the respondents, to illustrate the complexity of the marital relationship, mainly the one that involves use of violence and dependence of alcohol.

Although the spouses talk too much about the possibility of solution or interruption of the violence and suffering through marital separation, the decision and the achievement of this are not always easy. Many factors are also involved in the maintenance of the relationship, even if the couple recognizes that this relationship is diseased.

**Figure 1**

Complexity of the relationship between conjugality, alcohol dependence and use of violence.



Some aspects that hinder the interruption of the violent relational pattern, either through marital separation, or through the change of behavior of one or both spouses, were assumed. It is known that if one changes, the other will also have to change, but then they would break a repeating cycle of old intergenerational pattern, they would need to review the distribution of power regulated by the use of alcohol and other factors stated above. Such assumptions start with intergenerational theories of family therapy studied by Cervený (2011), in which relational patterns linked to loyalty debts and family alliances are difficult to change and that behaviors and ways of tackling are learned, and narratives about themselves, about their histories and about their relationships keep certain feelings, actions and thoughts that in recursive influence, direct the future (of each spouse and their relationships), and that internalized dominant ideologies contribute to the maintenance of inequality and that competitive and aggressive attempts to achieve equity in the marital relationship distance the couple from a balance of power (Grandesso, 2012). In this sense, gender stereotypes could be maintainers of an unequal heterosexual relationship, which would have as a starting point our still sexist and patriarchal culture that empowers and values the man, even if with the woman remains the centralization of the tasks and information about the family, the house and children (Feijó & Macedo, 2012). For 8 couples interviewed here, such a patriarchal and matrifocal family pattern, common in the Brazilian society, can be temporarily broken with the loss of power by the man, who continuously and excessively makes use of alcohol and becomes financially fragile, in the family and work relationships.

We reflected, therefore, if among other functions, the alcohol could reverse the hierarchy commonly seen in the Brazilian families. Is the man, who is dependent on alcohol, undervalued, voiceless in the marriage? Does he allow the woman centralizing the tasks even more and to connect with children with lower involvement of him? In doing so, does she push away the husband from the family and allows him to stay a long time away from home? Does she generate pressures? Does she feed the myth about the possibility that the woman saves the man after marriage or that love saves? Do they construct a pseudo-conjugal union with no room for individuality? Does he favor the woman to keep her life focused on the illness of the husband? Does this make her sick or enlarging its symptoms? Does he keep the woman stuck to social expectations related to gender, in which she is the caretaker and responsible for what is not going well at home? Does she weaken the man from who it is expected socially to be the provider and the "family head"? Does she reinforce the maternal role of the woman, even in the marital relationship?

Certainly, part of such processes emotionally wears out those people involved: spouses, children and other family members, whose views of themselves can be undermined, increasing the chance of remaining stuck in such a cycle and be bound violently (performed and/or suffered) also in the future. It is closed a cycle that for love, belief, repetition, complementarity and other difficulties (material and social) is maintained.

The change of behavior of the person under the influence of alcohol affects the environment of coexistence and marital relationship, which may take part in the change in behavior of the spouse who does not use alcohol, which in turn and recursively, feeds back on the spouse user the conditions favorable to the continuity of use of the substance.

The questions raised above are questions to which this study does not issue definitive answers. They can guide studies and practices that aim to improve the relationships, which certainly implies equity, in which many couples do not know how to achieve.

## Final Considerations

This study, which started with an integrative systemic view, therefore with the understanding of violence as a phenomenon associated with multiple causes maintained by relational processes, embedded in contexts, did not aim at addressing a major cause for the marital violence and alcohol dependence. It considered precisely the recursive circularity between several phenomena, behaviors and relationships. It allowed to understand the mutual influence between choice of the spouse, transmission of relational patterns and behaviors through generations, social, marital and individual difficulties and symptoms of illness, among them, harmful use of alcohol and violence. It pointed to the preventative work that can be done, before the formalization of the wedding or in its beginning, for the expansion and maintenance of the social network and individual and marital leisure activities, as well as the identification of possible behaviors and symptoms that require professional approach or that should be avoided. This is the case of the constant separation threats that do not take effect, but are used as attempts to bargain in relation to the use of alcohol, containment of violence or change in power relation. The focus on the other and his/her caretakers, which becomes excessive and repetitive in the case of women who restrict their lives to taking care of their husbands and in the effort that they stop drinking, are also points that should be addressed by counselors and health professionals. Guidance in the construction of life projects with women, so that they can recover the focus on taking care of themselves, can be helpful. However, there are other behaviors that should also be discouraged whenever there is openness: discuss when someone is drunk or under the influence of other psychoactive substances, try to convince him/her that this is not good for him/her, give up to take care of himself/herself and to change the very undesirable behavior justifying that the other is the cause and the only one who needs to change and receive treatment.

The referral and intervention, in later stages after the beginning of the marriage, are also important and the earlier and more reflective, the better, since the progression of the dependency generates several emotional and relational distresses, exacerbates violence and to change it depends on the

awareness at least one spouse. This work showed that generally feelings and behaviors of the spouse, such as sadness, anger, insistence, excess of care become recurrent and contribute to maintain the illness of the couple, which in turn contributes to keep the illness of the spouses.

The assistances, often conducted in legal (when there is violence or divorce process) and health services, after episodes of violence, even late, can be an opportunity to care and refer the spouses, as long as there are in these services, trained professionals to this end. The study showed that some spouses, concerned about the extent of the violence between them, demonstrated openness to start the treatment for dependency, improve the marital relationship and or codependency. In some cases, the spouse who does not make use of alcohol also reflects on his/her needs and symptoms and becomes engaged in their treatment and in retaking the investment in his/her own health (affected by the use of alcohol by the spouse). Such referral may contribute to the review of the relationship and for reflection on the possible role of the use of alcohol in the maintenance of this relationship and the repetitions involved by it.

Prevention programs, services of counseling and assistance to couples and individual spouses, focusing on relationships, reduction of harms and subsidized in deep knowledge of dependency, conjugality and violence, can be more effective. The circularity and multi-casualty need to be considered by counselors. Punishment, control, fanfare and other practices that undermine the confidence, expose and stigmatize, often reduce the autonomy and unprotect those who might adhere to treatments and achieve changes in the long-term.

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