

Chemical codependence: perception of family members of users of psychoactive substances in a therapeutic community do Sul do Brazil

Codependência química: percepção de familiares de usuários de substâncias psicoativas de uma comunidade terapêutica do Sul do Brasil

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RESUMO

O Objetivo é conhecer a percepção dos familiares de dependentes químicos, de uma comunidade terapêutica, acerca da codependência química. Trata-se de uma pesquisa, cuja amostra constituiu-se por oito familiares. A coleta de dados ocorreu por meio da entrevista semiestruturada e pelo uso do diário de campo, no período de maio e junho de 2017, tendo como foco a percepção da família acerca da convivência com o dependente, os fatores de risco para o desencadeamento da codependência e as características mais frequentes dos codependentes. Mediante a análise textual discursiva, constatou-se que os familiares foram identificados como codependentes, a partir das características apresentadas, entre elas: medo, culpa, excesso de cuidado/controlado e insegurança. O funcionamento do familiar com o dependente químico está relacionado às formas de interação estabelecidas com o todo e não somente com aquele que supostamente seria o responsável pela disfuncionalidade da família. A codependência aponta para um processo relacional amplo e complexo, que está em constante comunicação com diversos contextos, principalmente o social. Assim, faz-se necessário compreendermos as relações humanas, considerando as ciências naturais e sociais, percebendo a constante interligação entre o ambiente e as pessoas.

Palavras-chave: Família. Transtornos relacionados ao uso de substâncias. Relações familiares.

ABSTRACT

The objective is to know the perception of family members of chemical dependents, of a therapeutic community, about family codependency. This is a qualitative research whose sample with eight relatives. Data collection was done through the semi-structured interview and the use of the field diary in the period of May and June of 2017, focusing on the family's perception about coexistence with the dependent, the risk factors for the onset of codependence and the most frequent characteristics of codependents. Through the discursive textual analysis, it was verified that the relatives were identified as codependents, from the characteristics presented, among them: fear, guilt, excess of care / control and insecurity. The functioning of the family member with the chemical dependent is related to the forms of interaction established with the whole and not only to the one who is supposed to be responsible for the dysfunctional family. Codependence points to a broad and complex relational process, which is in constant communication with several contexts, especially the social one. Thus, it is necessary to understand human relations, considering the natural and social sciences, realizing the constant interconnection between the environment and people.

Keywords: Family; Substance-Related Disorders; Family Relations

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INTRODUCTION

The chemical dependence is one of the most important problems of global public health, considering the magnitude and damage caused to users, their families and the community. According to data released, according to the United Nations Office report on drugs and crime (UNODC), 29 million adults are dependent on illegal drugs in the world. It is estimated that in the world, 207,400 deaths are related to drug use, one third of overdose deaths⁽¹⁾. In Brazil, according to the Second National Report on Alcohol and other drugs, Brazil occupies the 2nd place in the ranking of countries that consume cocaine and derivatives, second only to the United States⁽²⁾.

The chemical dependence is a chronic disease, however, not only affects the user, but also causes the suffering of those directly connected to it, which may get sick. Thus, the impact of drug addiction in terms of public health becomes greater when we consider the illness of those who live daily with drug addicts. Considered as a disease that alters the structure and dynamics of those who belong to his household, in many situations, the loss of the relationship between the dependent and the family can cause disease manifestations, called codependency⁽³⁾.

The codependency can manifest in the individual as a personality disorder or pathology as a system, considering that all the people who make up the family unit plays a role in how the family works. Impartially, the uniqueness of each family in the form of lead and organize your relationship models, every family spreads its standard, although some will keep watch to not have this habit⁽⁴⁾.

While there in the DSM-5 and ICD-10 definition of codependency as a disease, the literature has shown us a set of characteristics that can lead to family illness. The codependent person has low self-esteem and considers one who cares more important than herself. Feel intense guilt, which causes shall be responsible for the patient's family behaviors. Often feel anger, but not allowed to openly express this sentiment⁽⁵⁾.

The codependent may unconsciously manifest this negative feeling by self-harm. psychoactive substance users of family present levels of quality of life lower when compared to individuals who do not live with drug addiction⁽⁶⁾.

Thus, because it is a mental disorder that translates into suffering for the life of the co-dependent, such as the chemical dependent, it is important to consider that this also requires professional care, since it significantly changes your lifestyle, not just in the with regard to their interaction with the patient family, but with others, either from family life, social or work, including himself⁽⁷⁾.

Focus professional practice only in the user breaks

and hinders the effective treatment of chemical dependency. Codependents affect your life around the user and, therefore, no longer have life. In this context, the family, which should be an important ally in the treatment of the drug addict, cannot get more support and care for your dependent, since it also became ill for allowing unconsciously deepening of pathological and dysfunctional relationships.

Assuming that family, to have direct and constant contact with the drug addict, can come to express codependency and consequently have a negative impact the quality of life for these families, it is necessary to know how the families of drug addicts experience such a situation in order that they can be included in the treatment of chemical dependency and thus regain their health and quality of life.

In this perspective, this study aimed to know the perception of relatives of psychoactive substance users, a therapeutic community, about chemical codependency. Specifically, it seeks to identify the characteristics of codependency, from living with drug addict and identify as expressed codependency in families steering group for drug addicts.

METHODOLOGY

This is a qualitative, exploratory and descriptive study, developed with families of drug addicts in treatment in a therapeutic community in southern Brazil. The choice of qualitative research is justified because of the possibility of working with the universe of meanings, motives, aspirations, beliefs, values and attitudes, is, the researcher has the possibility to deepen the universe of interactions of the subjects studied⁽⁸⁾.

For this, we used the case study, the method establishes an investigation based on experience, that investigates a contemporary phenomenon inserted in a context of real life when the boundary between the event and the context is not clear⁽⁹⁾. In this study, it is considered that the case study describes the history experienced by families, based on phenomena such as drug addiction, comprising facts, data and information, focusing on the ultimate goal of the author, which is to show this data and they caused the family functioning in the course of time in the spotlight.

From the point of view of its purpose, this study can be classified as exploratory, since the studies covering the drug addicts do not consider the possibility of family illness. This gap has justified the need to know the manifestations of codependency among relatives of drug addicts⁽¹⁰⁾.

The research was conducted in GOF of a Therapeutic Community, which is responsible for the treatment of drug addicts, sex male, 18 years. This community in

the extreme south of Brazil, in Rio Grande / RS, which, according to data from the Brazilian Institute of Geography and Statistics⁽¹⁾, has a population of approximately 200,000 inhabitants. It is a port city located between Mirim lagoon, a Duck's lake (the largest lagoon in Brazil) and Ocean Atlantic and your channel is the only link between shipping routes and the state.

After authorization of the Coordinator of the Therapeutic Community and the favorable opinion of the Ethics Committee of the FURG under the CAEE 52761515.0.0000.5324 it was held a first approach in order to understand the operation of the GOF and present research to family.

Eight family members participated in the study drug addicts, multiple drug users who were previously identified as co-dependent, from the literature, professional knowledge through practice of researcher and lines identified during the group. We used the following inclusion criteria: dependent family of alcohol and other drugs, older than 18 who were attending assiduously the Family Steering Group of Therapeutic Community, which agreed to participate in the study and to provide co-dependent features such as: denial, shame, guilt, fear, anger, and low self-esteem. Were excluded, family participants under 18 who did not maintain the minimum rate of participation in 3 monthly meetings,

After three meetings, the interviews started with those family members who expressed codependency characteristics. The GOF during the observation period of co-dependent participants had an average number of 31 families. During this period, the group addressed situations experienced with the chemically dependent family, routine, emotional state, family perspectives and experiences of the previous life. From the reports addressing these issues, and notices that the interviewer assessed to be relevant, it occurred to the identification / selection familiar with codependency characteristics. Participation in groups occurred during the months of May and June 2017, weekly from 19h to 21h.

The type of link between the participants and drug addicts were father, mother, daughter, sister, wife and paternal aunt. To preserve their identities, the study participants were identified by the letter "F" (family) accompanied by the degree of chemical dependent relationship. Study participants were asked to sign the Informed Consent and Informed after the researcher has informed about the objectives and methodology of work, explaining about their freedom to withdraw at any time without personal injury.

The techniques employed were the semi-structured interviews and the records in field diaries, which served to facilitate the identification of co-dependent families. For the semi-structured interview, we used a script com-

posed of twelve guiding questions regarding the perception of the interviewed about the experienced situation, feelings experienced with the situation of addiction of family and family life from the problem.

The interviews lasted about one hour and were recorded with the participant's consent occurred in private atmosphere in order to make possible an approach that without external intervention.

After transcribing the interviews, data were submitted to the discursive textual analysis through rigorous and thorough reading, and its deconstruction, especially the units of analysis⁽¹²⁾. From the analysis of the relationship between the categories, this was validated in GOF.

RESULTS AND DISCUSSION

Codependency chemical unveiled from interaction with the drug addict

All family members who composed this research were emotionally dependent on their sons, daughters, wives, brothers. For the most part, they could not maintain their identity and autonomy, and began living the life of the addict. It was also observed, attitudes as excessive control over the dependent and difficult to set limits for themselves and for dependent. Such behavior turned out to be the largest generator conflicts and misunderstandings in family relationships, as well as detrimental to both parties.

Family members see themselves as co-dependent, from the time when there is the involvement and mobilization due to the problem, making it vulnerable and affected by the addict's behavior. This fact seems to be one of the triggers for this social group review its operation and thus also realize how inadequate actions of the other hits. It is then that arise multiple negative feelings among them, low self-esteem, guilt, anger, grief, helplessness among others that compromise health and family lifestyle.

Even today, the reflections suffered by the addict's family have been ignored. Despite the codependent not verbally admit the misdeeds of their attitudes / behaviors was observed, through silence, the crying, the look, the lack of personal perspectives, dreams and desires how difficult it is for the family (con) live with chemical dependent.

The problem experienced by a codependent family usually affects the rest of the family, shifting the meaning of perception of individuality; even if each try to keep it, it is difficult to do because of the bond that permeates these relationships. However, the trend of the family is seeking the supposed "perfection", arising from the historical socio assumption about the "idealized family," as can be seen through speech:

I wish things were different from now on, so that peace reigned between the family (F5 - Father).

A “family peace” seems to be unique due to the chemically dependent, as if it were external to this group and solely responsible for the feelings and family positive and negative situations. From there, it manifested codependency, due to the inability to maintain a certain homeostasis, even in the face of the problems of everyday life, especially because of a chronic illness.

The ideal family model above is internalized in family patterns when the family refers to a “normal” training:

The only thing that has changed a lot was this all happened because, good things are still a little far from a normal family background (F6 - Father).

I feel rejected it, I feel away from the family because I'm his sister and I have this problem at home. My mother and I were cornered, rejected by family (F8 - Sister).

The data show certain fragility in the relationship between the chemical codependent and his extended family. The way family members perceive your life, from the addict shows the difficulty in maintaining their individuality, before the use of drugs by another, revealing a pathological involvement with a disease that is not yours. Thus, we see this damaging relationship because imprisons and unbalances the individual.

The family-ashamed to recognize the disease from their family because of the pressure, the labels and the social stigma that experiences from that time, perhaps for not understanding addiction as a health problem. Although each codependent present a unique experience, stemming from his interaction with people and their personality, a common thread appears in all the stories of codependency: the influence of others on codependent behavior and the way the codependent tries to influence others, most often through the victimization as a form of manipulation or giving the disease always external factors⁽¹³⁾.

Arise, then the questions: What is a normal family? What are the characteristics of this family? When we know that normal is associated with the mode of being and acting of each, as well as their routines and cultural values, which hinders a normal pattern for families in general.

It notes that the family is not just a group of people related by blood or ties of dependence, but also a unit designed for individuals who have gender, age and social position distinct. Still, a group constantly changing as it transforms and is transformed by the demands of society.

Among other things, it is important that family's exposure to drug use, enables the emergence of serious diseases, including, depression, becoming apparent that

the consequences go beyond the addict. In this sense, there is the importance of qualifying interactions of the family system, so that there is the discovery of new ways to build healthy relationships in the family⁽¹⁴⁾.

Although the use of substances is linked to intrinsic and extrinsic aspects to the individual, it is important to consider how to establish the family dynamics through the generations, such as modes of communication, roles and marital roles, parenting, rules and regulations family, rigid or flexible relationships as important as the behavior is often observed and reproduced across generations. Thus, the importance of communication and family and healthy mutual influence enables a healthy formation of the individual during development⁽¹⁵⁾.

Codependency characteristics expressed by relatives of the GOF

When considering the different theoretical approaches of codependency, it sought this category list the main characteristics expressed by family members, which are indicative of codependency. It has been observed many feelings from this indicative list of codependency, among which stands out fear, insecurity and excess care / control were the most frequent.

Fear is considered as one of the feelings present in their lives, due to the hostile environment in which they operate, which make them feel unsafe and insecure. This situation weakens the increasingly unable to maintain control of their lives, allowing unconsciously, determine how others should live, or abdicate themselves to live according to other people's choices:

I kept away for fear, because he was different, he was different with the drug (F1 - Wife).

I'm afraid it starts all over again, I hope God not (F2 - Mother).

I started to think differently because they might kill my son (F5 - Father). I'm afraid to be like my brother (F8 - Sister).

Such speeches reinforce the drug present in the family routine, most of the time, creates or strengthens a chaotic system that leads to illness of its members, specifically women, probably because of the greater responsibility they take on the care of the house, mate and children. Most families identified as codependent are female, strengthening the cultural role of the mother as responsible for the education and care of children, coming to meet studies that highlight the exercise of parenting by women as the main caregiver and responsible for home contributing as a risk factor for codependency⁽¹⁶⁾.

Another predominant feeling in codependent families is insecurity, which arises due to the threat that the chemically dependent family is in your life, since the unpredictability of their behavior due to the abusive use

of the drug as well as the incessant need to it takes full biopsychosocial instability. The objects begin to disappear and, soon, all that was purchased, no longer exists. Often, even the basic to the maintenance of survival as a bed to sleep, clothes to wear, food, all objects are used for payment of the consumed substance.

This feeling reveals the perception of codependent as someone unable to intervene in situations that generate insecurity, as shown by the following lines:

What I want is to see the then see how it goes. I hope God does not give relapse, because if you give, I'll kill myself. If he comes out and gives relapse, oh no! There has! (F2 - Mother).

So when I go out, closing the whole house or only the closing quarter, but my main things all there and closing. If they want to pick up, they will have to break (F3 - Tia Paterna).

Insecurity caused due to the unstable and unpredictable behavior addict becomes the daily routine of the family unit, as families remain in constant danger because of the lack of control of the situation, since they need to continue working and living, not can stay at home to prevent theft of goods. However, when there is codependency, insecurity intensifies, because the codependent can not impose rules and limits, its excessive flexibility will allow chaos sets in and the family system becomes ill⁽¹⁷⁾.

Concurrent with the addict's disease process, we see the impact of this on other family members who also go on to develop signs of codependency. Fear, guilt, insecurity and excess care / control are some symptoms observed:

For times I felt responsible and questioned me about what led him to use it, what I did wrong (F1 - Wife).

Note that if the guilt and questions concerning the husband's disease are present in the sense of what happened in daily life that caused such a problem. Generally, this feeling mobilizes and even paralyzes people making them feel fully responsible for what is happening, so come to revolve around the life of the other, setting aside their own existence.

Next, we see among other things, that "faith" is constituted as an important ally against disease:

I have great faith that it will come out the other, because I do everything, where you have to go to the end of the world, that the world has no end, to help him (F2 - Mother).

From the speech, it reinforces how the mother is able to face all the events that come to retrieve and / or seek the health of the child. However, codependency shows if present, from the realization that do everything for each other is not a way to help you take responsibility for the consequences of your decision making, and that

this course of action is precisely what will strengthen it.

The health production always includes the will and determination of another in committing to the changes necessary for their recovery. Therefore, recognition of the limitation of each is essential to the restoration of health and the pursuit of quality of life. Already, when a mother gets to define its limits and enforce rules to maintain their health, the father's interference arises contradictory to what is expected for the re-establishment of family health:

My wife did not want to him at home, so I went along with it. I moved to another house, because not let the kid on the street. I ended up living with the problem, but trying to solve (F5 - Father).

This situation makes explicit the absence of border demarcation in the marital subsystem, as well as the difficulty of communication between the couple to maintain the same approach in the exercise of parental functions, which most often leads to lack of limits necessary for the healthy development and maintenance of biopsychosocial health.

The boundaries play a prominent role in the practice of parenting⁽¹⁸⁾. Equivalently, people, subsystems and families are circumscribed by boundaries, and there may be hidden obstacles that demarcate. Through the boundaries that are organized by the subsystems, it happens the definition of who participates, as well as when and how there is the presence of components in family relationships. In this way, the authority and the adjustment in relation to the borders are essential in the parental subsystem, including personal, social and psychosocial identification of each⁽¹⁸⁾.

Through speech F5, it shows the excess of care, from the moment that allows your personal life begin to be threatened by choosing someone else.

Never lived my life, I have always lived my father's life (F7 - Daughter).

Currently, we we watch it, we watch his steps, where he goes, what time he arrives (F8 - Sister).

F7 shows the side of caution when he says that lived throughout life due to his father's illness, leaving his life aside. Already F8 shows the same attitude as F7 to verbalize control trying to keep on life's brother, which does not help in their improvement, showing family dysfunction and an excess of zeal that does not help in recovering addict, nor the family. The control constitutes an illusion of being caring, but in reality, is a family dysfunctionality.

The speeches show up codependency as disease installed in the family, making clear its inability to take care, since family members are also sick. However, if these people do not seek help or professionals fail to realize

and manage the chaos caused in family life, this will worsen, leading usually to disruptions and triggering psychopathology and / or physical ailments.

CONCLUSION

This study has highlighted that daily contact with the addict makes the family get sick emotionally, needing professional help. The characteristics presented by the codependent and how these influence the intra-family relationships reinforces the idea that care needs to be directed not only to the addict, but also for the family. The results of this survey show how these families are exposed and vulnerable against the chemically dependent.

It is considered that the study is innovative because it is an issue that has been highlighted in the scientific community, but little explored in the academic environment and in health services. The family uses health services, often to combat the physical and psychological symptoms

presented and not the behavior before the dependent. This behavior can pose a disease and thus compromising the quality of life of family members, a fact that justifies the importance of the study. In relation to health services serving these clients, focus their approach to drug addict, not like having a job directed to codependent family.

Despite the increase in the number of studies on the subject are fledgling initiatives recognize that this family is an individual who needs help, which justifies a major gap in knowledge, highlighting the need for greater scientific production on this subject.

As Study limitations it is emphasized that was carried out in only one location, not being exploited in other devices, for example, in Psychosocial Centers (CAPSAD) and other therapeutic communities, besides the identification of the co-dependent not have contemplated other participants, who perhaps could have maintained a stance that made it difficult the perception of the researcher.

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