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Alcoholism in rural areas: biographical situation of relatives of patients admitted to a general hospital

Alcoolismo no meio rural: situação biográfica de familiares de pacientes internados em hospital geral

Alcoholismo en el ambiente rural: situación biográfica de familiares de pacientes internados en un hospital general

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Abstract

Objective: To understand the biographical situation of relatives of alcoholics living in rural areas admitted to a general hospital. **Method:** Qualitative research, with an approach based on the Phenomenological Sociology of Alfred Schutz. We performed interviews with 15 relatives of alcoholics hospitalized for treatment. The collection took place between August 2015 and July 2016. The information was organized from the phenomenological analysis of Schutz, which resulted in three concrete categories. **Results:** The concrete categories were: "The lived experiences of the relatives of alcoholics: alcohol consumption in the social world of relatives of alcoholics"; "Face-to-face relationship between relative-alcoholic: overload, illness and estrangement"; and "Reasons that led the relative to take care of the alcoholic". **Conclusion and implications for practice:** We identified the repetition of the family history of alcoholism; the clinical picture of the alcoholic interfering with the relationship between the family members, bringing consequences for the whole family group; and the care provided to the alcoholic motivated by affective bonds, moral aspects, as well as by the fact that the alcoholic maintains a good social coexistence when sober. We noted the need for nursing to foster family participation in care actions, strengthening it to cope with the inherent difficulties of interactions, thereby contributing to healthy face-to-face relationships between alcoholics and their relatives.

Keywords: Caregivers; Family Relations; Alcoholism; Rural Areas; Nursing Care.

Resumo

Objetivo: Compreender a situação biográfica de familiares de alcoolistas residentes no meio rural internados em hospital geral. **Método:** Pesquisa qualitativa, com abordagem da Sociologia Fenomenológica de Alfred Schutz. Foram entrevistados 15 familiares de alcoolistas hospitalizados para tratamento. A coleta ocorreu entre agosto de 2015 a julho de 2016. As informações foram organizadas a partir da análise fenomenológica de Schutz, que resultou em três categorias concretas. **Resultados:** As categorias concretas constituíram as experiências vividas dos familiares de alcoolistas: consumo de álcool no mundo social de familiares de alcoolistas; relação face a face entre familiar-alcoolista: sobrecarga, adoecimento e separação; e, motivos que levaram o familiar a cuidar do alcoolista. **Conclusão e implicações para a prática:** Identificaram-se a repetição do histórico de alcoolismo na família, o quadro clínico do alcoolista interferindo no relacionamento entre os membros da família, trazendo consequências para todo o grupo familiar, e o cuidado dispensado ao alcoolista motivado pelos vínculos afetivos, aspectos morais e pelo fato do alcoolista manter boa convivência social quando sóbrio. Notou-se a necessidade de que a enfermagem favoreça a participação da família no cuidado, fortalecendo-a para enfrentar as dificuldades inerentes às interações, contribuindo, assim, para relações face a face saudáveis entre alcoolistas e seus familiares.

Palavras-chave: Cuidadores; Relações Familiares; Alcoolismo; Zona Rural; Cuidados de Enfermagem.

Resumen

Objetivo: Comprender la situación biográfica de familiares de alcohólicos residentes en ambiente rural internados en un hospital general. **Método:** Investigación cualitativa, con enfoque en la Sociología Fenomenológica de Alfred Schutz. Quince familiares de alcohólicos hospitalizados para tratamiento fueron entrevistados. Recolección de datos entre agosto de 2015 y julio de 2016. Información organizada a partir del análisis fenomenológico de Schutz, que resultó en tres categorías concretas. **Resultados:** Tales categorías constituyeron las experiencias vividas de los familiares: "Consumo de alcohol en el mundo social de familiares de alcohólicos"; "Relación cara a cara entre pariente-alcohólico: sobrecarga, enfermedad y alejamiento" y; "Razones por las cuales el pariente comenzó a cuidar del alcohólico". **Conclusión e implicaciones para la práctica:** Identificada la repetición del historial familiar de alcoholismo; el cuadro clínico del alcohólico interfiriendo en la relación entre los miembros de la familia, trayendo consecuencias para todo el grupo y; el cuidado ofrecido al alcohólico motivado por vínculos afectivos, aspectos morales y por el alcohólico mantener una buena convivencia social cuando sobrio. La enfermería debe favorecer la participación de la familia en el cuidado, fortaleciéndola para enfrentar las dificultades inherentes a las interacciones, contribuyendo así con relaciones cara a cara saludables entre alcohólicos y sus familiares.

Palabras clave: Cuidadores; Relaciones Familiares; Alcoholismo; Medio Rural; Atención de Enfermería.

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INTRODUCTION

Alcohol abuse is a public health problem all over the world. Faced with this reality, it is increasingly necessary to develop guidelines to address the prevention of alcohol-related health problems. In Primary Health Care, prevention and health promotion are key activities. However, in relation to the national and international context, there is still a lack of routine actions aimed at prevention of alcohol consumption, screening and brief intervention (IB).[1-2]

When the scenario is rural, these actions are even more limited. What are observed are specific situations aimed at the treatment of the alcoholic person. However, due to the lower therapeutic availability in primary care and the unequal distribution of other qualified services, one of the few resources used by alcoholics is psychiatric hospitalization in institutions that are geographically distant from their communities. Associated with these barriers that constitute a challenge for access to the treatment of alcoholism in rural areas is the difficulty of the alcoholic to admit alcohol dependence, often due to shame resulting from society's negative perception of alcoholism, and the long waiting period for the treatment.[3]

Alcoholism affects not only the affected person, but life and interpersonal relationships in the family context. Therefore, the literature indicates the importance of family inclusion in the treatment of alcoholics. Family members are essential elements in establishing links with the service through participation in therapeutic activities, becoming collaborators and multipliers of the lived experiences.[4]

Although there are published studies of alcohol consumption and alcohol-related problems in rural areas of several countries, such as the United States[5] Poland,[1,3] Kenya,[6] China[7] and Nepal,[8] there is a lack of research on this subject in Brazil.[9] More national studies need to be developed with rural populations,[9] especially those centered in the family, in order to deepen the knowledge of their particularities and needs, aiming to contribute to the adoption of public health measures, with a view to prevention, health promotion and psychosocial rehabilitation.

Thus, the question of research was listed: What is the biographical situation of relatives of alcoholics living in rural areas? The biographical situation is a concept of Alfred Schutz's Phenomenological Sociology and can be translated as the sedimentation of the experiences lived by the individual, organized as a possession that is available in his stock of knowledge. At all times of life, an individual finds himself in a biographically determined situation, that is, in his physical and sociocultural environment, in which he occupies a position not only in terms of time and physical space or his social role, but also it is about their moral and ideological position.[10] Thus, for Schutz the matrix of all social action has a common sense, but each person is situated in a specific way in the world of life.[11]

In the field of mental health and nursing, this reference has contributed to understand the reality experienced by the individual, including relatives of people with psychiatric disorders or problems related to drug use, revealing important reflections to plan and build a mental health care that consider the needs of individuals from their perspective (return to the root of things themselves).[12] This contribution refers to a level of understanding of the other in an intense way in its human and social dimension in the world of life,[4] allowing to delineate care actions focused on the expectations, needs and demands of the subjects of a given context.[4,13]

It is considered relevant to give a voice to the relatives of alcoholics residing in rural areas and to understand their lived experiences, since such knowledge may serve as a subsidy for professionals working in the area of mental health to reflect on their practices and propose care technologies that contribute to the care for alcoholics and their relatives living in rural settings. It is important to emphasize the importance of the subject of this study during nurses' training, so that nursing education is based on a learning process that allows reflection and discussion on caregiving actions for the relatives of alcoholics. Moreover, it is believed that this study may lead to reflections about the organization of services aimed at mental health in rural areas.

Thus, the purpose of this study was to understand the biographical situation of relatives of alcoholics living in rural areas hospitalized in a general hospital.

METHOD

This is a qualitative research, with an approach to the Phenomenological Sociology of Alfred Schutz. This framework is based on Max Weber's comprehensive sociology and Edmund Husserl's phenomenology. Its conceptual bases are aimed at understanding the world of daily life, permeated by human beings in social relations, who experience phenomena in a peculiar way.[12] The research scenario was a psychiatric hospitalization unit of a general hospital in the state of Santa Catarina, Brazil, which is set up as a place to treat people with needs arising from alcohol and other drug use. Participants were 15 relatives of alcoholics who were hospitalized. The definition of the number of participants was based on Gaskell (2015), which establishes that there is a maximum limit to the number of interviews that need to be done and possible to interpret in qualitative surveys. This limit varies for each researcher and is between 15 and 25 interviews. Therefore, it was decided to interview 15 family members, since this number was enough to reach the objective of the study.[14]

The inclusion criteria were: to be 18 years old or older; to live daily with the alcoholic; be considered by the alcoholist as familiar; self-declaration residing in rural areas; and, to accompany the alcoholic in the visits of relatives during the hospitalization. The exclusion criterion was not having verbalization conditions.

Family members were invited to participate in the research at the time of family visits during hospitalization. The information was collected between August 2015 and July 2016, through a semi-structured interview, recorded and transcribed, using a script containing identification data (sex, age, relationship, occupation and family income, among others) and the guiding question: Tell me about your experiences as a family member of an alcoholic.

The interviews took place in a reserved room in the hospital, according to the availability of the interviewees, with an average duration of 40 minutes. All interviews were recorded on digital media and transcribed manually after the information was collected.

The analysis of the information was performed following the steps: 1) Reading of each speech without any attempt to interpret what is expressed; 2) Re-reading of each of the statements and identification of the significant statements from the objective of the study; 3) Use of a reflexive posture in front of the significant affirmations in the speeches, describing the lived experiences of the participants, grouping fragments of lines that contained similar significant phrases; 4) Construction of the concrete categories of lived experience of the relatives of alcoholics surveyed, being: alcohol consumption in the social world of relatives of alcoholics; face-to-face relationship between family-alcoholic: overload, illness and separation; and reasons that led the family member to take care of the alcoholic; 5) Understanding the biographical situation of relatives of alcoholic residents in rural areas based on the phenomenological sociology of Alfred Schutz and the production of knowledge in the area contextualizing the essence of the phenomenon studied.

The research was conducted in accordance with the ethical standards required by Resolution 466/2012 of the National Health Council and was approved by the Committee of Ethics in Research with Human Beings of the State University of Santa Catarina (UDESC), under opinion number 1,169. 083, of August 4, 2015.

RESULTS

Of the 15 relatives, eight were men and seven were women. Their ages ranged from 25 to 73 years. Most (ten) had a maximum of four years of study. They all lived in rural areas of small municipalities in the western region of Santa Catarina. The majority (ten) worked with agriculture and livestock. One relative did not know how to report the monthly family income, the others answered between R$ 800,00 and R$ 5,000.00. In relation to the relationship with the alcoholic, a son-in-law, two children, a daughter, a grandfather, four mothers, two sisters and four siblings participated in the study. Four families lived in the same house as the alcoholic, seven lived in nearby houses on the same land and four lived more distant.

Next, the three concrete categories that emerged from the convergences of participants' speeches will be presented.

Consumption of alcohol in the social world of relatives of alcoholics

Family members revealed a history of alcohol use in the family, which was not limited to the individual who was being treated in the psychiatric inpatient unit. They all talked about the consumption of alcoholic beverages and cases of alcoholism in the family, involving mothers, fathers, siblings, uncles, grandfathers and son-in-law. History of psychiatric hospitalizations, clinical diseases and deaths due to alcohol abuse have been mentioned, besides mentioning a past marked by the very dependence or harmful use of this substance, outlining their biographical situations.

> *I started at 14 and went to 24. I was very sick, I decided to leave and never again* [...] *The mother has been drinking for about 20 years. Dad does a lot more, I was small, I was about five because he had a bar. The mother* [...] *these days she was hospitalized, had a stroke* [...]. *Also because of the drink. Only it continues again.* (F3 - brother)
>
> *His brother had to get hospitalized* [...]. *Their father is also an alcoholic, he was hospitalized.* (F7 - mother)
>
> *I have another brother besides him who drinks, uncles also drinks*. (F5 - brother)
>
> *He has been drinking since he was seven.* [...]. *In the old days, it was nice to give, to watch them go around. I know why his father did it.* [...] *That's breed! My father was an alcoholic and I have two children too.* [...] *The woman's family is even worse.* (F8 - grandfather)

Within this historical context of familiarity with alcoholism, family members detailed their experiences with their alcoholic family members today. It was mentioned the coexistence with the lack of control of the alcoholic, who used to drink alcoholic drinks exaggeratedly from the time he woke up. Several types of beverages were mentioned, and he reported on an alcoholic who, in the absence of the alcoholic beverage, even had ethyl alcohol for domestic use and motor fuel. It was observed that the priority in consuming the alcohol made the alcoholists have behaviors inconvenient to obtain it and left everything aside to maintain its use.

> *Alcohol, that of liter, of kitchen* [...] *he had taken. He drinks alcohol even in the car.* [...] W*hen he did not find anything else to drink, he would go to the alcohol in the car because his father hid everything.* (F2 - sister)
>
> *In the morning* goes *to work without food and with glass of rum. I was going to take some milk and would have the beer with me* [...]. *He had beer in the tractor and hid in the machines.* [...] *He spends three days just drinking, without eating.* (F4 - mother)

> *He left us working in the fields and went to town to drink. Coming back late. Sometimes she even stopped eating food at home because of alcohol.* [...] *He woke up early, at six o'clock in the morning he was drinking.* (F14 - son)

Other aspects highlighted by family members were the effects of alcohol on the body and the behavior of the alcoholic. Feelings of annoyance and concern about the signs and symptoms presented by alcoholics, such as gastric problems, loss of interest in the environment and their appearance, inappetence, impaired judgment, mental confusion, anxiety and alterations of sense perception were perceived in the speeches. Family members reported emotional and social problems due to alcohol dependence. The alcoholics became depressed, angry, and aggressive. There were situations of verbal and physical aggression with relatives and people of the community, as well as suicidal behavior.

> *He's been seven days without taking a bath. He lies in the bedroom.* [...] *cried, lying there and all dirty* [...]. *Once he came to eat, it was all coming from his stomach. Neither take chimarrão nor eat anything.* [...] *Many times I took him ill in the hospital.* (F1 - son-in-law)

> *He was leaving too much of the family, being alone.* [...] *He was at the bar and had a wheel of old gentleman playing card, he gave up on them. In a bar that also has in the community, there in the earth, they took it out. We're ashamed.* (F7 - mother)

> *He threatened to hit his mother, us, we tried to calm him, and he got angrier. One day, they could not control him, called the police, he calmed down, went to sleep.* [...] *I already took it twice he had hanged himself.* [...] *He saw a snake, a bug on the walls, people running after him, but there was nothing.* (F10 - son)

> *She came with a knife and said she was going to slice me* [...]. Now *you get there in a house where the person is your mother and runs over you. When she's angry, she can jump and leave because it's even bad to stay there because she has a fight with us, how are you going to stay there fighting inside a house?* [...] *She wanted to fight, there were people who came to complain to me, your mother did it to me, she did that.* (F13 - daughter)

Family-alcoholic face-to-face relationship: overload, illness and separation

The routine of face-to-face relationship with the family member under the effects of alcohol caused many adversities for study participants. The fact that they did not count on other people to share the care of the alcoholic brought them an overload of objective and subjective aspects. The objective aspect included the accumulation of responsibilities, assuming activities of the alcoholic; and financial expenses with it, from food and light bill payment to the cost of car repairs and home construction. The subjective aspect overload encompasses the constant psychological tension and worry, potentialized by the fear of the alcoholic suffer or cause an accident or other type of tragedy.

> *At his house we looked for the beads of light, because I wanted to pay, otherwise I was going to three, today another one has come. Go there and cut off his light!* [...] *the two beads of light I have already come and paid.* (F6 - sister)

> *I made a house, I lent money* [...]. *It does not have conditions, in the agriculture does not give so much money. In the end I'm going to have to take out my family, sell my things, to support him* [...] *He must take food, wash his little dish, do his laundry, feed himself with clothes, he does nothing.* [...] *He cannot be alone; he must be careful every day.* (F9 - brother)

> *He was always drunk, the sellers offered things for cows, fences, he went shopping, gave a pre-dated check and went down.* [...] *How come we'll be quiet if he's going to work drunk? Have you ever wondered if you fell under the machine! He kills himself and kills us together.* [...] *To protect him I say go lie down a little, the mother will do.* [...] *he was very aggressive, I took the key from the small truck, afraid because he leaves, will kill a family.* (F4 - mother)

> *I helped the mother in the fields.* [...] *money would come in and he would get it. He dumped a land that we thought was paid, had worked to pay. But he would take the money and stay three days. All because of alcohol.* (F10 - son)

The overload experienced in dealing with the alcoholic daily affects the individuals in the family group, which can cause them a feeling of exhaustion and even influence their illness. Expressions of fatigue and suffering were manifested by the study participants, implying a relationship with the alcoholic as a difficult burden to bear, leading to clinical problems in some relatives, such as increased blood pressure and the origin or worsening of depressive symptoms.

> *I come home in the afternoon and there's a drunk there bothering. For my wife it's worse because she gets along better with him than I do. She suffers more, even depressed because of it [...] when I am in a state of nerve, of the will to kill. It's not easy.* (F8 - grandfather)

> *It is not easy to fight with a drinking person! When hospitalized I get better.* [...] *Then I have quiet because when he is at home I do not have!* (F11 - mother)

It's difficult, the woman is depressed [...] *I did heart surgery; I take five pills a day. I cannot bother, if I bother with something it's to let it go,* [...] *because it can change the pressure and give a problem.* (F9 - brother)

Still, in describing aspects of their biographical situation, study participants revealed that alcoholism within the home life caused separations between family members; and in acting in the world of life, wives, children, brothers and others, broke the relationship they had with the alcoholic, as a result of living with aggressions, discussions and other problematic behaviors.

His family wants nothing to do with him because of his drinking. [...] *The children do not want anything to help him* [...] *He does not hit either his mother, his brothers, or his sisters with anyone.* (F1 - son-in-law)

My mother could not stand it and did not want it anymore. It's been nine years since they separated. (F14 - son)

Reasons that led the family member to take care of the alcoholic

It can be seen from the statements of family members that, despite living with the alcoholic, they kept them in a situation of fragility, they never ceased to take care of him, thus expressing the 'reasons why' to act in this way. These reports were based on the affective and moral aspects, since the relatives felt responsible for the care of the alcoholic because of the ties of consanguinity and affection that they had with him.

My husband and I take care of him. Who will care if the father and the mother do not care? (F4 - mother)

I've been taking care of you, how you're going to get off the road, you're a father. (F10 - son)

Now he's alone, if I do not mind, I'll die there. My heart does not let anyone suffer. (F6 - sister)

We will hold him at home because he is leaving and already going to work in the city has no way [...]. *So stay home with us.* (F12 - mother)

In one report it was noted that the family member sought to understand the acts of his alcoholic relative, since he had also experienced exposure to other treatment processes related to harmful alcohol consumption in his life, revealing an empathic attitude.

The only thing that hits him is me, because I have patience because I've been through it. I was hospitalized once in a clinic for over ten years. (F1 - son-in-law)

The relatives also referred to the fact that the alcoholic when he was sober maintained a good coexistence with the members of the family and the community, presenting behaviors antagonistic to those of when it was under the effect of the drink, being usually calm, willing to help and working.

Because he is good people, he works in the fields, he helps the community, he helps the neighbors. But, it's that damn cachaça! (F15 - brother)

DISCUSSION

The family history of alcohol use described by the interviewees can be interpreted from Schutz's relatively natural conception of the social world. In this way, in families that have a habit of consuming alcoholic beverages, adults end up transmitting this custom as a cultural standard to children who are born and grow up within the group.

The rational basis of daily life in the social world, in which individuals are born of exclusive parents and because they are conceived rather than invented, is the unique formative period of each life. Each person grows guided by adults, learns a language, comes in contact with the like, receives an education and throughout life interprets the world from particular interests, motivations, desires, religious and ideological commitments.[15] After being born, the person experiences the world as a network of social relations, systems of signs and symbols, with a particular structure of meanings and institutionalized forms of social organization. All these elements are assumed as natural and the sum of the natural aspect of the social world for those who live in it composes the inner customs of the group.[10]

From this perspective, the relationship of families with their alcohol abusers may influence other family members in the consumption of alcohol. It is highlighted that in this study the concept is assumed that family is who its members say they are.[16] Such behavior of alcohol abuse is a passing habit from generation to generation, which was already present in the world of predecessors. This idea is illustrated in the speeches in which the interviewees related the action of drinking as something from "family", "race", and expressed about the abuse of alcoholic beverage by several relatives with whom they live today and by their ancestors.

Results of a study conducted in rural communities in Kenya suggest that the social environment is the main determinant of alcohol consumption, since the participants of the survey with more than one alcohol user in the family had an increase of more than 35 times in the probability of other members consuming alcohol when compared to those who did not have alcohol users in the family. From this, the researchers say that interventions to reduce alcohol consumption need to target the social networks of alcohol users.[6]

In the speeches of some interviewees, we highlight details of the cultural aspects of alcohol use. One family member recalled that he began drinking alcoholic beverages in adolescence and had been living with his father since the age of five with alcohol; another reported that in their infancy, family members provided alcoholic beverages to the children. These cultural aspects of alcohol use and the family history of alcoholism identified in the speech agree with the findings of research[7] held in rural regions of China. For many people drinking alcohol daily is reflective of longstanding practices and traditional patterns of consumption. Alcohol, in these settings, is considered a habitual drink served with meals and to refresh. In addition, it is essential in festivities, celebrated with toasting and social drinking. These are even occasions where the style of drinking socially may allow a greater margin for heavy drinking and some violent behavior.[7]

Therefore, the family can put its members in risk situations, since there is a naturalization of drinking. There are situations where the drinking action occurs before the legal drinking age is reached. In Brazil, it is forbidden to sell and supply alcoholic beverages to persons under 18 years of age,[17-18] however, as some of the speeches illustrate, illegalities occur since, since childhood or adolescence, people buy and/or try alcoholic beverages. This fact was also noticed in a rural study in the United States that described the patterns of alcohol use in adolescents. Researchers emphasized the importance of primary preventive efforts from the onset of adolescence.[5] It should be emphasized that in rural areas the sale of alcoholic beverages to children and adolescents needs to be supervised by public security. Moreover, in the rural environment of the South region of Brazil, families usually produce wine and cachaça for own consumption and for sale.

These identified aspects corroborate with the Schutzian perspective which presupposes that experience and action do not result from a mind that produces sense, but from the connection between several minds, in interaction in the social process. Therefore, we speak of intersubjectivity, of understanding subjectivity as an intersubjective act. Social knowledge, whether empirical, theoretical or affective, and how subjects organize and govern the situations of their life, are socially transmitted. However, such knowledge and manners are also elaborated, reworked, fused, and undone in a continuous intersubjective sedimentation process. Therefore, through this proposition, we have a vision of cultural phenomena as dynamics resulting from intersubjective processes of the world of life, that is, as dynamics of continuous sedimentation.[19]

It can be seen in the statements of the relatives that the cohabitation with the alcoholic and with the side effects presented by him highlighted negative social and physiological consequences in their biographical situations. These aspects were addressed in a survey,[20] who pointed out the suffering of families due to alcoholism, leading to disrespect, violence, discussions and negative feelings towards the family alcoholic. Both the family and the alcoholic suffer the aftermath of this use in the family environment, and over time, it is ignored by the family as a response to attempts to end the fighting. Thus, constant conflicts, the difficulty in maintaining affectionate relations, the existence of aggressions and the non-acceptance of the opinions of the alcoholic can lead to a naturalization of violence.

The experiences lived by the relatives in the relationship with the alcoholist portray peculiarities of the relationships in the family group, which involve a high degree of intimacy. For Phenomenological Sociology, in the life in the home, people have in common with others a section of time and space, objects of the surroundings as possible ends and means; and interests based on a system of homogeneous relevance.[10] Partners in a US relationship experience each other with the possibility of following the unfolding of the other's thinking as an ongoing occurrence, sharing their anticipations of the future as plans, hopes, or yearnings; and each of them can restore the relationship of the Nodes if it is interrupted and continue like this, as if no blinking had occurred. For each partner the life of the other becomes part of his own autobiography. Thus, what he is, what he has become, and what he will be is co-determined by his participation in the relations of the Nodes existing in the domestic group.[10]

Schutz says that life in the home follows an organized routine, with defined objectives and means already tested to reach them, which cover, for example, traditions, habits, institutions and schedules for activities. The problems of daily life can usually be solved by following a standard. Still, in the management of the acts of the members of the family takes into consideration a scheme of expression and interpretation. Everyone can trust that if they use this scheme they will understand what others want to say and will also be understood.[10] However, alcohol use disorders interfere with the routine of home life, because the alcoholic loses his or her critical sense of social life, neglects his or her needs, and physical and psychic problems arise. Alcoholics often make alcohol consumption a priority, even though they must cope with traffic accidents and economic and social losses. With all this, the relatives of this study mentioned that they overburden themselves by accumulating responsibilities and activities, paying higher financial expenses and having a constant preoccupation with the alcoholic.

Among the situations that worried the relatives, it is observed the fear of an interviewee as to her family member to get hurt when working in the field when she is drunk. A study[8] points out that agricultural work is a dangerous occupation in all countries, since farmers are working in unsafe conditions. This population is at risk of injury and death because agricultural work involves various tasks and dangerous instruments such as hoes, animals, chainsaw, tractor, among others. What's more, most tasks are done outdoors, exposing workers to adverse working conditions.

For Schutz, the system of relevance adopted by family members presents a high degree of conformity. An individual has a good chance to predict the actions of others in relation to themselves and the reaction of others to their own social acts. One can predict both what will happen the next day and how to plan a more distant future. Thus, new situations and unexpected events will arise; but even daily deviations from routine can be managed in a manner defined by the general style with which people deal with extraordinary situations.[10]

It is observed in the family narratives that the family of the alcoholic experiences situations of stress and anxiety and lives in function of expectations related to the act of drinking of the other, becoming vulnerable to feelings, such as anger, compassion, sadness, among others. Experiencing these situations makes family members fragile, which can lead to illness,[21-22] as depression, mentioned by F8 and F9.

However, there are cases where there have already been breaks in family ties and separations. This is seen in the speeches of the participants who, in telling their stories about alcoholism, described aspects of their biographical situations that define how they and other family members observe the scene of action, interpret their possibilities and face their challenges. Some members of the family, from the experience built up during their concrete existence, turned away from the alcoholic, interrupting with them the relation of the Nodes.

Experiencing a family context with people with psychoactive substance use disorder presupposes a relationship of people closely connected in daily life, exercising a kind of relationship "from us", according to Schutz. This profoundly marks the biographical situations of the members of this family circle, since frequent influences, interactions, and disturbances interfere with people's way of being and acting in the present and future situation.[4]

Choosing to stay away from socializing with the alcoholic can be understood that, from Schutz's idea, people present two types of delimiting elements of their daily lives: those that they control or can begin to control (system of intrinsic relevancy); and those that are out of control possibilities (imposed system of relevancies).[10] Based on this last system of relevance, it was noticed that family members, when they realized that they could not change the situation of the alcoholic by their spontaneous activities, chose to distance themselves from them.

The aspects that have been addressed about life "at" home deal with the social structure of the home for the individual living in it. However, when a person leaves this scenario, as is the case of separations between family members and alcoholics, the change of environment causes changes to occur in these systems of relevance. Things that had no relevance can become important because old experiences are re-evaluated, and new experiences emerge in the life of each individual.[10]

When a person returns home - after psychiatric hospitalization, for example -, although she does not realize that changes have occurred in the life of the group or in its relations with it, the home to which it returns is not the same as it left. The person who returns is not the same as when he left. Even when it comes to a brief period, it is possible to notice that the environment gained new meanings, derived from experiences during the absence and based on them.[10] Therefore, the problem of the one who returns from hospitalization is that there is no guarantee that functions well performed by him in a system (hospitalization) will continue to be when transferred to another system (return home, for example).

In the last concrete category are the 'reasons why' that led the family member to take care of the alcoholic. In it, it is identified that when the relative directs his action towards the care, before he has resorted to his stock of available knowledge, in which he has typifications of the alcoholic, attributing to him typical groups of reasons for which he acts.

When the relative projects their action or when they live it, the *reasons why* which could explain aspects of your project, such as its causal conditions, are hidden from your consciousness. Only after the action is accomplished, can he turn to his past, becoming an observer of his own actions, and capturing the motives of his own deeds.[15]

To understand the *reasons why* one must consider the biographical situation of family members, know their stories and what led them to practice a given life action.[11,13] The *reasons why* are rooted in lifelong learning. For family members of the study their *reasons why* of acting in the care of the alcoholic are related to the affective bonds and the typical social roles interpreted by them. Relatives assume in the world a social action that is typically expected for these roles, especially in care in situations of suffering and illness.

It is observed that one of the interviewees justified his actions with the alcoholic while narrating about his own history as a dysfunctional alcohol user, identifying himself with the situation faced. Thus, this familiar being in a natural attitude, seeks what Schutz calls the 'understanding of the other' *self'*,[10] in interpreting the actions of the other, taking into account his lived experiences involving both the experiences he has of the alcoholic and his own experiences as another alcoholic.

Another reason that led the family members to take care of the alcoholic was the fact that she was considered an adequate person when she was sober. This perception may lead to the understanding that the major problems of the family are associated with dysfunctional consumption of alcohol, not the person itself. A research[23] shows that the belief of alcohol as the cause of violence can justify violent acts, favoring family violence due to alcohol abuse. The aggressors are not attributed to those who commit them, and there is greater tolerance to them, since the aggressor is seen as a good person, whose problem lies mainly in alcohol.

CONCLUSION AND IMPLICATIONS FOR THE PRACTICE

This study allowed the understanding of the biographical situation of relatives of alcoholics living in rural areas. The lived experiences demonstrated the repetition of the history of alcoholism in the family and the clinical picture of the alcoholic interfering in the face-to-face relations between the subjects, generating conflicts, illness and social distancing. However, even with the difficulties, the relatives were motivated to take care of the alcoholic. Care is taken due to affective bonds, the typically expected responsibility among family members, and the fact that the alcoholic maintains good social coexistence when not under the influence of alcohol.

The experiences heard - and interpreted in the light of the Phenomenological Sociology of Alfred Schutz - (re)thinking about the Nursing activity and demonstrated the need for increased care, aiming to support the relatives of alcoholics in rural areas. It was evidenced the importance of nursing in favoring the family's participation in care, providing means for a better interaction between hospitalized alcoholics and their relatives, allowing the maintenance - or reconstruction - of healthy face-to-face relationships.

It is considered that this study allows the broadening of the view of several social actors on the subject researched, contributing to the knowledge and reflection of professionals - in the theoretical and practical context of the health care network - that aid alcoholics in the scenario of countryside. Thus, it is hoped that the study will strengthen the understanding of the importance of taking care of the most integral care to this public, recognizing the family as an important part of the psychosocial care-rehabilitation process.

The research had as a limitation the fact that the interviews occurred in a single contact with the relatives during the hours of visits in the Psychiatric Hospitalization Unit. However, when analyzing the participants' speeches, no fragilities of information were observed, since the empirical material collected allowed a comprehensive reading with the theoretical reference. However, it is suggested that in future studies of this nature the contact with the participants be recurrent and with greater time, giving the opportunity to reflect more deeply on the phenomenon under study.

Finally, we suggest investigations that consider the perspective of the alcoholics themselves and of the professionals involved in the care, as it will enable an amplification of information, enabling a more in-depth interpretation of the experiences of individuals involving alcoholism in rural areas.

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