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# Experience and coping strategies in relatives of addicts

*Vivência e estratégias de enfrentamento de familiares de dependentes*

*Vivencias y estrategias de enfrentamiento de familiares de drogadictos*

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**ABSTRACT**

**Objective:** to understand the experience and coping strategies in relatives of drug addicts. **Method:** a study was developed with 87 relatives of addicts, registered in two Basic Health Units. The focus group was used as the study method, and content analysis was applied. **Results:** four categories were chosen: perception of relatives about the drug addiction of their family members; feelings and attitudes related to being a relative of an addict; difficulties found in the process; and, coping strategies. The findings reflected the difficulty when mentioning the subject, and the need of being cared for. Relatives believed that the addict needs to have the will to get into treatment, and they faced challenges in dealing with sporadic disappearances. They pointed to feelings of pity, impotence, disgust, hate, shame, fear of aggressiveness, and humiliation. **Conclusion:** the biggest difficulties were dealing with relapses, and the lack of public resources. Religiosity and faith, isolation and advice were used as coping strategies; ambivalence in thoughts and attitudes was demonstrated.

**Descriptors:** Family; Drug Dependence; Psychological Adaptation; Harm Reduction; Vulnerability.

**RESUMO**

**Objetivo**: compreender a vivência e estratégias de enfrentamento de familiares de dependentes de drogas. **Método**: estudo desenvolvido com 87 familiares de dependentes cadastrados em duas Unidades Básicas de Saúde, utilizando grupo focal como método e análise de conteúdo. **Resultados**: foram encontradas quatro categorias: Olhar dos familiares diante da dependência dos dependentes; Sentimentos e atitudes relacionados a ser familiar de dependente; Dificuldades encontradas no processo; e Estratégias de enfrentamento. Os achados refletem a dificuldade em lidar com esse assunto e a necessidade de serem cuidados. Os familiares acreditavam que o dependente precisava querer se tratar e mostraram dificuldade de lidar com desaparecimentos esporádicos. Apontaram sentimentos de dó, impotência, desgosto, ódio, vergonha, medo da agressividade e humilhação. **Conclusão**: a maior dificuldade esteve em lidar com recaídas e na falta de recursos públicos. Religiosidade e fé, afastamento e conselhos foram utilizados como estratégias, e foi demonstrada ambivalência nas atitudes e pensamentos.

**Descritores**: Família; Dependência de Drogas; Adaptação Psicológica; Redução de Danos; Vulnerabilidade.

**RESUMEN**

**Objetivo**: comprender las vivencias y estrategias de enfrentamiento de familiares de drogadictos. **Método**: estudio desarrollado con 87 familias de adictos registrados en dos Unidades Básicas de Salud, utilizando Grupo Focal como método, y análisis de contenido. **Resultados**: fueron halladas cuatro categorías: Visión de los familiares ante la dependencia de los adictos; Sentimientos y actitudes relacionadas a ser familiar de adicto; Dificultades encontradas en el proceso; y Estrategias de enfrentamiento. Los hallazgos reflejan la dificultad de lidiar con el asunto y la necesidad de ser cuidados. Los familiares consideraban que el adicto necesitaba querer tratarse y mostraron dificultad para enfrentar con desapariciones esporádicas. Expresaron sentimientos de

pena, impotencia, disgusto, odio, vergüenza, miedo a la agresividad y a la humillación. **Conclusión**: la mayor dificultad fue enfrentar las recaídas y falta de recursos públicos. Religiosidad, fe, alejamiento y consejos fueron aplicados como estrategias, demostrándose también la ambivalencia en las actitudes y pensamientos.
**Descriptores**: Familia; Dependencia a Drogas; Adaptación Psicológica; Reducción del Daño; Vulnerabilidad.

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## INTRODUCTION

The use of psychoactive substances is an old practice, present in several cultures since ancient times. According to each community, and considering its culture, time, knowledge and goals, use and abuse are evident and common, either with licit or illicit drugs[1-2].

This subject constitutes a public health problem, in Brazil as well as worldwide, because of the repercussion that it causes for the user, family and community.

Therefore, a lot has been written on the characteristics, initiation and consumption of drugs, harm reduction, innovative strategies, risk and protective factors, control, through the science of epidemiology, user decriminalization, and the importance of working with the family[3-4].

The impact that drug dependence causes on the lives of the relatives may lead to a change in their routine, and feelings of vulnerability, abandonment and frustration over living with the disease and dealing with treatment. Emphasis is given to the worsening of pre-existing conflicts, threatening the family's relationship[5]. To talk about harm reduction related to the use and/or abuse of substances, the contemporary challenges in the field involve prejudice and the intersectorial demands to address the issue[6].

In practice, the interaction with the relatives often leads to dissatisfaction for health professionals, related to the difficulty with getting a satisfactory result in a short time. Little has been said about how the relatives experience this situation, during which we should aim to comprehend the coping strategies that they utilize. Some questions that emerge to be explored refer to how these families live through this situation, what are the resources that they use, and what happens to these people that are part of the alcohol and other drug-related problems?

## OBJECTIVE

The aim was to understand the experience and identify the coping strategies used by relatives of drug addicts.

## METHOD

A qualitative study was developed with 87 relatives of drug addicts registered in two Basic Health Units (BHUs) of the city of Diadema (SP), Brazil.

A focus group (FG) was used, considering the analysis possibility of study designs that consider the vision of the participants related to an experience or event[7-8].

Data collection occurred in two BHUs, through invitation and by checking the availability of the relatives to participate in the study. Nine focus groups were conducted: four in one BHU and five in the other, lasting approximately 90 minutes. A researcher, who was expert in working with families in several contexts, and in the study's theme, moderated the groups, which had eight to ten participants on average. The inclusion criterion for the participants was being a relative of an alcohol or other drug-addicted individual who was receiving follow-up at the BHU. Regardless of whether or not the addicted individual was still alive, the relatives had lived through the situation of being a family member of an addict of licit or illicit drugs.

The role of the moderator was to conduct the group and maintain the focus of the discussion in the research topic. There was also an observer that helped the moderator/researcher, notating important aspects related to the meeting, to be discussed afterwards.

For that, the structure of the meetings included the research question: "What was it like to live or have lived with a family member that is a drug dependent, and how are you dealing with it?".

The meetings were recorded and, after transcription, content analysis of the statements was conducted, considering the comprehension not only of what had been said but also of its emotional context. The participants' statements were organized; gathering them together into categories based on the themes that emerged from the statements that were relevant to the study's aim. The statements were presented using the letter P and a number corresponding to each of the participants.

This study conformed to the 466/2012 national and international standards for ethics in research with human beings.

## RESULTS

A total of 87 relatives of individuals addicted to alcohol and other drugs were approached by the researcher, nurse and family therapist; and all agreed to participate in the research. Of those, only 12 were men. The age of the participants varied from 24 to 82 years. The degree of relatedness was grandson, son, brother, nephew, uncle, father, husband and ex-husband. Of those, three addicts had passed away.

The data analysis generated four categories: perception of relatives about the drug addiction of their family members; feelings and attitudes related to being a relative of an addict; difficulties found in the process; and, coping strategies

### Perception of relatives about the drug addiction of their family members

The participants indicated that the use of illicit drugs had an early start in the individual's life cycle. They emphasize that the triggers of the use/abuse were possibly constituted as a resource to deal with tragedies, losses in general, death due to disease or murder, and grief.

> *He was dependent on alcohol since he was a boy, and when a tragedy in the family, happened, they murdered his parents, it has been eight years ago, then he fell and started to use everything. And he stays only with that thought of the parents.* (P18)

> *He fell because of the fact of losing his son to cancer at a very young age, the boy was 15 years old, and then he went deeper into this… Then when his son went away* (died)*… it was the last straw, he went to shambles.* (P7)

Drugs were also seen as a prison for the ones who use them, and not as a way to freedom, as some of the users claim to feel when they use drugs.

> *At home they think they don't have the freedom that they have outside, but it is a dream, because actually they are stuck in there, it is a prison.* (P64)

They also stated that the alcohol dependence was full of social and family values that stimulated the dependent behavior, many times from generation to generation.

> *… all my family has a problem with alcohol, because my father, he was an alcoholic.* (P42)

The statements showed that, even though addiction was a daily issue for those families, it was hard to understand dependence as a pathology that needed treatment, and, many times, the relative was the last one to know what was really happening.

> *The relative is the last to know. I only realized that she wasn't doing the right thing* (she was using drugs) *when she didn't go out with me anymore and then I became suspicious.* (P19)

They highlighted that they still did not understand how someone that had everything wanted to keep living in the streets, becoming vulnerable to violence and aggressions.

> *She is a very nice person, I like her very much… we do everything for her to stay home… I get scared that something may happen to her under the bridge… I'm scared that someone might beat her…* (P50)

Other important factor was the perception that, for the user to get into treatment, he/she needs to ask for help and want to change. Therefore, it was necessary to understand and accept that a problem was going on.

> *You can move the earth and the sky, if he doesn't want to, this treatment thing won't work, I believe in that. You can take him, pay for the best treatment, be kind, be aggressive, you can curse, if he doesn't want to, it won't work.* (P30)

**Feelings and attitudes related to being a relative of an addict**

The relatives' feelings identified were: pity, powerlessness, sorrow, rage, hate, shame, guilt, shame, fear of aggressiveness, and humiliation.

> *I have a lot of pity, because I see that he is going go shambles and he doesn't realize it… as much as it is said, it is like they live in their own world.* (P52)

> *I saw that I was the one who wrecked him. Those moments when he asked for help, it was the moment that I was supposed to help… but I didn't have that word of encouragement to give him, I gave him a scolding that made him feel even worse than he already felt.* (P44)

The confirmation that a relative has become chemically dependent led to several attitudes defined by the relative in the following sequence: disturbance – advice – aggression – isolation.

> *When he looks for me for some reason, I look up to talk, give some advice, but he is brutish and doesn't accept any advice and says that he is not an addict.* (P66)

> *So than what do I do? I try to avoid engaging myself too much with what I see, I look to counsel, because talking may work, treatment is too hard.* (P70)

It was understood that, during the time of licit/illicit substance use, the relationships where becoming fragile, especially because of the fear of the user's aggressiveness when he/she was under the effect of the drug.

> *In the last years, he started to get aggressive with my mother and with my son who, today, is 14 years old. This was when I said: not anymore. I will have to put him on the streets, because there will be a time when I'll come home with my mother dead, either by having a heart attack or by him harming her.* (P47)

On the other side, it was noticed that no relative felt prepared to deal with the situation of having a drug addict at home. Many times, they thought about using force/aggression as an action strategy, considering even killing the family member as a desperate way of overcoming the problem and permanently ending the situation.

> *We think that by killing him we would solve the problem, because you are offering advice, explaining, and it doesn't work, then killing is the solution, it means getting rid of the problem, of this nightmare. I've dreamt of throwing him out the window, killing him, for all the problems that he brought us.* (P21)

The death of the user was described as a possibility of relief for the family and, sometimes, the only possible solution to ease the user's suffering. Therefore, it was a strategy of preservation of the caregiver.

> *My brother, he died because of alcohol, too. The death relieves! We, the sisters, use that line to comfort each other: don't cry, because we know where he is now, now we know that he is not suffering!* (P79)

The feeling of hopelessness was identified during the whole duration of the focus group, showing the difficulty of these relatives to deal with this subject.

> *I can't see what to do… what to do for him to get out of this. Because I think that he will go to shambles, go to shambles and die… We talk, we advise… I don't know, we've already tried everything… We try to help try, we've done everything, but it is hard, it doesn't work.* (P16)

Some testimonials went on the way of the will to protect and, at the same time, of the perception that they had lost their children to the drugs.

> *We didn't put them on the world to pass through this… We put him in the world, we took care of the layette, we had him… when we see our son thrown on the street… we see that he has lost all his dreams and destroyed ours too.* (P13)

> *Yes, we teach something to them and they end up going for drugs in their lives.* (P31)

**Difficulties found in the process**

Several factors facilitated the user's relapse. The participants pointed to the lack of trust by the relatives as a major factor, who, on the other hand, felted powerless, not knowing how to act. They highlighted the lack of recognition of the status of drug dependence and the difficulty of embracing treatment as reasons to relapse, and for the demotivation of the relatives to help.

> *He came back a lot different from the other times that he had the relapse. He came back worse. He didn't steal before this; he just stole on the streets… now he is starting to take things from the house.* (P52)

The interaction with the user was also hard regarding the smell of alcohol on the clothes and in the urine, the state of filth in which they returned home, and the difficulty to communicate. Many times, the alcohol user forgot what he had said and this caused a lack of trust.

> *Think about a woman all dressed up and he hugging her all dirty, like that… I felt powerless, I said: "how can you stay in this life, in these conditions?" …and that was it; that was the reason for many fights and discussions, we couldn't even talk anymore, neither he nor I listened to anything, we just fought.* (P75)

The lack of money to pay for the treatment, the difficulties of getting public care and hospitalization, mostly for women, and not having anyone with whom to talk, led to family vulnerability, reporting the struggle to get material resources and a support network.

> *There is no free clinic! The least that we found that was the cheapest was R$300.00 plus the food basket, and we had to bring the cleaning products as well, toilet paper… things like that, you know. Then they say that there is no one to talk - including with us - to know what to do. It is worthless… My aunt tried to pay for the hospitalization, he stayed a couple of months, but she dropped because it was expensive, that's why I say I won't get it with the government.* (P47)

> *You search for help in public services and there is nobody to help you. And the worst part is finding a place for a woman to be hospitalized… it is very hard.* (P34)

**Coping Strategies**

One of the strategies was avoiding the user's exposition, sometimes excluding him or her from interaction with other relatives, especially when the user was aggressive. Other times they tried to keep the situation a secret, either about the use and /or abuse or even that the family member was a user of a substance at all.

> *Because the family never knew what happened, because I was scared to tell, because I'm sure that even though the brothers are wrong, they wouldn't accept that he is not well, that he uses drugs.* (P44)

> *I decided to keep him inside the house for two years, so he wouldn't go out for drugs.* (P55)

The family member said that the chosen way of coping was giving advice to stop the drug use, change habits and companionship, search for other activities, study more, and take care of the body and be concerned about nutrition. Regardless of the advice, they tried not to get too involved, either for self-defense or because of the struggle to talk about it, taking one day at a time.

> *I try not to get too involved in what I see, I seek to advise, but as I said, talk is hard and sometimes there is no way, the treatment is really hard… there are days when I'm blocked, there are days when I'm well, but I say: tomorrow is another day.* (P48)

Another adopted strategy was isolation or distance. However, they highlighted that it was not a measure to leave the user behind, but a break so they could stand the situation and attach a new meaning for that experience.

> *Today I think that I can talk better with him, for all that we've been through, for the outbreaks that he had inside the house. Today I try to do differently than what I did back then, but because now he does not live with me anymore, then I can do it.* (P68)

The families used faith and spirituality as a protective and hope factor, delivering the situation into the hands of God, trying to have the problem solved, and to continue having strength to never give up.

> *I look up to put it in the hands of the Lord* (God)*, because when I see that they are in a bad situation and they look to me, I put it in the hands of the Lord… I attach to God, I say: oh God, give me strength.* (P6)

## DISCUSSION

The importance of the family in the prevention and treatment of drug use has become a common theme. Several studies identified this and focused on the supporting role of the

family in the process of development of the disease and in the "healing"[9-11].

On the other hand, the impact of this on the family's structure and the caring directed to the relatives remain ignored. The relevance of this study is an attempt to fill this gap.

The family, when experiencing this situation, frequently faces a reality for which it is unprepared, and all of its members are affected. Therefore, it is a phenomenon bound to the family's development, occurring in any social class[12].

Several studies identify some of the aspects that might predict the use of psychoactive substances: violence inside the family, psychoactive substance use by one of the parents, social and economic pressure, strict and punitive educational patterns for children, conflicting three-way communication, presence of matrimonial or generational conflicts, existence of intergenerational alliances, repetitive cultural models of drug use perpetuation, and a negative family environment towards affection[13-15].

Affective ambivalence was emphasized in this study, i.e. the alternating between positive and negative feelings and their manifestation: love and hate; abandonment and sheltering; freedom and prison; pathology and tramping; life and death; human powerlessness and divine powerfulness; information and misinformation; asking for help and struggling to embrace treatment; hope and hopelessness. These are some of the themes that illustrated this ambivalence and led us to reflect on the development and transmission of affective bonds in these families, in addition to its possible relation to the use and/or abuse of licit and illicit drugs.

There are several factors involving the development of chemical dependence. In their statements, relatives justify traumatic events, and losses in general, caused by separation, disease, death and murder of close relatives (mostly father, mother or grandparents) experienced by the user in his or her early age as triggers of use and /or abuse of alcohol and other drugs. It is well known that the environment has an influence on the individual's formation and makes him more or less vulnerable to risk factors[16-17].

The mothers who participated in the study justified their desire for death, affirming that if they give life, they can also take it. This line shows an attitude full of desire for protection, associated with an attempt of ease the feeling of powerlessness, generated by the guilt that comes from a social construct affirming the mother as responsible for the acts of her children, in addition to an emotional exhaustion.

The results also exhibit that the beginning of the use and/or abuse of drugs in the families of the participants in this study began during adolescence, confirming other studies[18-19]. In this phase, the family finds itself in the middle of a vital cycle in which the teenager experiences the need of detachment of the family, so he/she can search for belonging in other social groups, as an affirmational need. This experience by itself already facilitates a family crisis, in which roles and functions pass through variations, and new arrangements and agreements need to be defined, so that the teenagers' process of search for autonomy can become more suitable.

Another highlight found in the literature is that the reality expressed in the dependent person's behavior, who turns away from the comfort and benefits offered by the family to live in sub-human conditions on the streets, is not understood by his/her relatives, and is also associated with the feelings of shame, compassion, and fear of social judgment that usually blames the family.

The interventions aimed at the family of the individual with alcohol and other drug dependence that include all family members amplify the focus concerning the way that families experience this situation. National and international studies support this as a productive and affective approach, for it promotes the chemical dependent individual's adherence to treatment, improves the family's adaptive patterns (family functioning); reframes problematic family interaction; reduces drug consumption; lowers the relapse rate; and narrows problem resolution[20-23].

In the reports, isolation and abandonment are emphasized as the hardest coping strategies to be lived by the participants. Such an attitude would be a way of getting distance from the problem, so they could bare the situation and give a new meaning to their own experiences, taking back their life projects, study, work and quality of life.

Religion and spirituality emerge as the relative's most common way to find strength to deal with the problem. The quest for the sacred triggers the resilient potential and decreases the stress and anguish of the ones who suffer and sicken silently. Besides, they lay on God the only possibility of healing their dependent family member. In the religious institutions, the participants of the study felted accepted and sheltered, raising their hope of life's continuity[24].

In addition to these findings, a limitation of this study was having only one family member as a respondent, given the complexity on getting in contact with the entire dependent person's family. However, it was possible to obtain testimonials from other family members besides the mother and father, amplifying the understanding of the repercussion in the people involved with the family system, considering that the event may disturb all the family's structure and dynamics.

We observed the suffering and unpreparedness of the family members, as well as the inability of the professionals to deal with them, due to the lack of knowledge and effort to include the family as an agent and receiver of caring. The doubt over whether they do not seek help because they do not want to, or because they do not feel sheltered and respected by the health team still remains. Although, once they are sheltered, they talk openly about the experiences and show gratefulness and feelings of relief because of the sharing.

Therefore, we understand that drug dependence treatment demands an integrated approach by the several dimensions implied in a multidisciplinary focus, and also by the knowledge of those relatives' experience and their coping strategies. The treatment requires a systemic proposal that works based on what they have as possibilities and competencies, as well as involving all of the family in the care process. Thus, this study allowed the amplification of a dependent person's family perspective, showing the need for inclusion of relatives in the caring process by all the health team members, supporting public policies on drugs, and amplifying family health focused actions.

## CONCLUSION

This study emphasizes the importance of amplifying discussions about the drug addicted individual, including the family as a part of care, and considering the knowledge that relatives have on the matter as well as the several possibilities made by them to deal with such event. We also showed the struggle experienced by them and the strategies adopted to confront the situation.

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