

## Feelings of families regarding drug dependence: in the light of comprehensive sociology

*Sentimentos de famílias na dependência de drogas: à luz da sociologia compreensiva*  
*Sentimientos de familias en la dependencia de drogas: a la luz de la sociología comprensiva*

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### ABSTRACT

**Objective:** to understand the feelings of families before drug dependence. **Method:** exploratory, analytical and qualitative study carried out with families of drug users, which are followed up by the *Centro de Atenção Psicossocial Álcool e Drogas* (Psychosocial Care Center for Alcohol and DARUGS). The collection of data took place by in-depth interview, with the support of field diary. Three visits were done, on average, for each family. The software IRAMUTEQ was adopted for textual *corpus* organization and was discussed in the light of Michel Maffesoli. **Results:** nine families participated in the research; from the analysis, four classes arose: "My life has changed a lot because of drugs"; "I fear leaving him alone"; "I trust and have faith in God", and "I am always worried in my own house". **Final considerations:** the families revealed how much drug dependence did not only affect the user, but also the whole family, provoking in the family complex feelings and emotions.

**Descriptors:** Family Relations; Activities of Daily Living; Substance-Related Disorders; Emotions; Holistic Nursing.

### RESUMO

**Objetivo:** compreender os sentimentos de familiares diante da dependência de drogas. **Método:** estudo exploratório, analítico, qualitativo, realizado junto a familiares de usuários de drogas, acompanhados pelo Centro de Atenção Psicossocial Álcool e Drogas. A coleta dos dados operacionalizou-se por entrevista em profundidade, com apoio do diário de campo. Realizaram-se em média três visitas para cada família. Adotou-se o *software* IRAMUTEQ para organização do *corpus* textual e discutiu-se à luz da sociologia compreensiva de Michel Maffesoli. **Resultados:** participaram nove famílias; da análise originaram quatro classes: "Minha vida mudou muito por causa das drogas"; "Eu tenho medo de deixá-lo sozinho"; "Eu tenho tanta confiança e fé em Deus" e "Eu vivo apreensiva dentro da minha própria casa". **Considerações finais:** as famílias revelaram o quanto a dependência de drogas não se restringe apenas à pessoa dependente de drogas, pois abarca a família que convive mais proximamente, gerando uma complexidade de sentimentos e emoções.

**Descritores:** Relações Familiares; Atividades Cotidianas; Transtornos Relacionados ao Uso de Substâncias; Emoções; Enfermagem Holística.

### RESUMEN

**Objetivo:** comprender los sentimientos de familiares ante la dependencia de las drogas. **Método:** estudio exploratorio, analítico, cualitativo, realizado junto a familiares de usuarios de drogas, acompañados por el Centro de Atención Psicosocial Alcohol y Drogas. La recolección de los datos se operó por una entrevista en profundidad, con el apoyo del diario de campo. Se realizaron en promedio tres visitas para cada familia. Se adoptó el *software* IRAMUTEQ para la organización del *corpus* textual y se discutió a la luz de la sociología comprensiva de Michel Maffesoli. **Resultados:** participaron nueve familias; del análisis originaron cuatro clases: "Mi vida cambió mucho a causa de las drogas"; "Tengo miedo de dejarlo solo"; "Yo tengo tanta confianza y fe en Dios" y "Yo vivo aprehensión dentro de mi propia casa". **Consideraciones finales:** las familias revelaron

cuánto la dependencia de drogas no se restringe sólo a la persona dependiente de drogas, pues abarca a la familia que convive más cerca, generando una complejidad de sentimientos y emociones.

**Descripciones:** Relaciones Familiares; Actividades Cotidianas; Trastornos Relacionados con Sustancias; Emociones; Enfermería Holística.

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## INTRODUCTION

The service to people who abuse of alcohol and drugs in Brazil has suffered intense transformations due to Law 10.216 of April 6, 2001<sup>(1)</sup> known as Psychiatric Reform Law. Among the main characteristics aiming at implementing the change, the right to be cared for in a comprehensive manner, taking into account all the aspects that permeate the human being, such as culture, spirituality, socioeconomic, psychological, emotional, and not just biological factors, as well as ensuring that treatment is humanized and respectful, free from discrimination or prejudice. Thus, the reform sought to incorporate new ways of thinking and implementing mental health care for this part of the population<sup>(2-3)</sup>.

From this milestone, other advances occurred in the management of drug addiction, so that the *Política Nacional de Atenção Integral a Usuários de Álcool e outras Drogas* (National Policy for Comprehensive Care for Alcohol and Other Drug Users) was established, through Administrative Rule 2.197 of October 14, 2004<sup>(4)</sup>, which ensures the full and humane treatment of persons dependent on drugs and their families, with a view to prevention, health promotion, rehabilitation and harm reduction actions, as well as social and family integration. And Decree 7.179 of May 20, 2010<sup>(5)</sup>, which establishes the Comprehensive Coping Plan for Crack and Other Drugs, expanding the social care network aimed at social and family support, and the social reintegration of children, youth and adults suffering from the abuse of crack and other substances.

Although drug abuse occurs in an individual body, it produces impacts that affect not only the user, but their families and the community. In this aspect, experiencing drug addiction for an extended period of time causes the people in the family group to be affected in a number of dimensions, such as: psychological, affective, financial and social; shuddering intra-family relationships. Nevertheless, the burden of an environment permeated by drugs generates social exclusion and stigma, which can contribute to the overload and sickness of the group<sup>(6)</sup>.

In this perspective, to understand what is between the lines, what is said and what is not said by the people, and the observation of the subjective aspects are indispensable tools to the modality of comprehensive and humanized care proposed by the psychiatric reform<sup>(2)</sup>. It is necessary to consider the small daily attitudes, often considered banal and superfluous, such as the "sensitivity". For the sociologist Michel Maffesoli<sup>(7)</sup>, the "sensitivity" consists of the feelings experienced in common, such as love and hate, sadness and joy, these enable the connection of research with the reality of human relations<sup>(8)</sup>.

The "sensitivity" contemplates the complexity of human relations, which are permeated by the desire to be with the other, by affection, emotions and sensations that build the social

being and reflect the processes of health and sickness<sup>(7)</sup>. Thus, "sensitivity" must be recognized and integrated into the care of the family of drug users, so that relationships of trust and respect can be built between professional and family. Valuing the experiences of the group, taking into account the tragic, conflicting and beautiful aspects of human life, supporting the family in decision-making in drug dependence therapy, has an impact on the improvement of well-being<sup>(7,9)</sup>.

In this way, the biomedical model of Health Care, centered in curative actions, can be definitively separated from free demand, disregarding the social, cultural, beliefs and emotions of people, transforming the care relationship into a separation of "We", trained and respectable health professionals, and "them", drug addicts and their families, lazy and sick individuals<sup>(10)</sup>, so that the humanized, holistic care that promotes integration is offered to the population Social. Holistic, since it completes the human being in its totality and interaction with the environment<sup>(7)</sup>. Comprehensiveness, proposed by the Psychiatric Reform, and thus, give specific characteristics that qualify care, developed by the nurse and brings advances to mental health.

## OBJECTIVE

To understand family members' feelings about drug addiction.

## METHOD

### Ethical aspects

This study was approved by the Permanent Committee on Ethics in Research with Human Beings of the *Universidade Estadual de Maringá* (COPEP-UEM). All the participants signed the Informed Consent Term, in two ways. The ethical aspects contained in Resolution 466/12 were duly respected. In order to preserve anonymity, family members were identified by their relationship to the drug-dependent person, followed by the order in which the interviews took place and their age (Example: Mother 01, 64 years).

### Theoretical framework

The comprehensive sociology of Michel Maffesoli allows us to integrate subjective parameters such as feelings, emotions, imagery, stigma and play into the analysis, which represent a sociological knowledge of relevant importance in the lives of people and society. This framework seeks to focus attention on the small facts of life that constitute the inescapable ways of being and being in the world. Therefore, it can be affirmed that everyday life constitutes an important space for health research, which is efficient for understanding how each person experiences daily events, and how they interfere in the health/disease process<sup>(7-8)</sup>.

### Type of study, setting and data source

This is an exploratory, analytical, qualitative and comprehensive study, with a cut of the results of the dissertation entitled “Family relations in the coexistence with drug addiction: in the light of the comprehensive sociology of Michel Maffesoli”.

The study was conducted in a municipality in the north-western region of the state of Paraná-Brazil, at the Psychosocial Care Center for Alcohol and Other Drugs (CAPS ad). In order to select the possible participants, the following inclusion criteria were adopted: age equal and over 18 years, cohabit with a nuclear or extended family member, diagnosed according to the International Classification of Diseases in its tenth edition (ICD-10<sup>3</sup>) with mental and behavioral disorders due to drug use (F11 - F19) for at least one year, reside at the place where the research was developed and participate in the groups of families offered by CAPS ad, regardless of the time they started monitoring. Regarding exclusion: family members of individuals diagnosed with mental disorders due to the strict use of alcohol (F10). The sample was for convenience, the recruitment of the members occurred from the groups of families offered by CAPS ad, we selected people with greater narrowing of relationships with drug dependent individuals. Fifteen family members who met all the predefined criteria participated in the study. It should be noted that a family member was dependent on alcohol, but was in abstinence during the period of research.

### Methodological procedures

The methodological course took place in two stages: the first one was immersion in the research field when the participant observation of the family groups was carried out, with an average duration of four hours each (total of 48 hours), totaling, finally, 12 visits to the CAPS ad. Family meetings were held weekly, conducted by a Psychologist and a Social Worker. After some meetings, the researcher was presented to the members of the group, and explained the study proposal and its objectives; those who signaled positively about the participation, made the scheduling of a convenient date and time. In that way, we moved on to the next phase. The second stage took place in the household. The interview technique used was in-depth; the discourses were recorded in digital media and transcribed in full. There were, on average, three interviews per family, lasting between 40 and 90 minutes, which occurred in the presence of the rest of the family or individually, according to the participant’s wish. It was requested that the deponents report on their experience of living with drug addiction, the other questions were directed by the researcher, according to the themes that were presented during the interviews. The research journal was also used to recall facts, insights, and emotions that came up during the conversations.

Data collection took place from February to August 2017. The research team was composed of research nurses, doctoral students and master’s degrees.

### Data analysis

Sample size was based on the time the data became close and repetitive. The data collected were organized and managed by the software IRAMUTEQ (acronym of *R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*) 0.7 ALFA

2.3.3.1. It is worth mentioning that the use of this program consists only of a tool that cares for the grouping of information through the lexical analysis of words and statistical methods, and for the formation of classes, it is necessary to interpret the researcher. For the data processing, we adopted the Descendant Hierarchical Classification (DHC) analysis, in which, from a textual *corpus*, the text segments or the Initial Context Units (ICU) are classified according to their respective vocabularies, and broken down according to their frequency<sup>(11)</sup>. Thus, the Chi-square test ( $\chi^2$ ) is used to verify the association of the ICUs with a given class. We select the words according to the p value ( $p \leq 0.001$ ), which indicates significant association and that the word belongs to the class stipulated by the software. Subsequently, expressions that complemented the findings of DHC and allowed the delimitation of “definitive classes” were identified<sup>(12)</sup>. The percentage referring to the content corresponds to the occurrence of the word in the text segments in this class in relation to its occurrence in the *corpus*<sup>(11)</sup>. The classes were named according to the expressions that best represented it. In order to conduct the discussion of the findings, we used the Framework of Comprehensive Sociology.

## RESULTS

15 family members of drug addicts participated in the study, corresponding to nine families, their characteristics are described in the figure below (Figure 1).

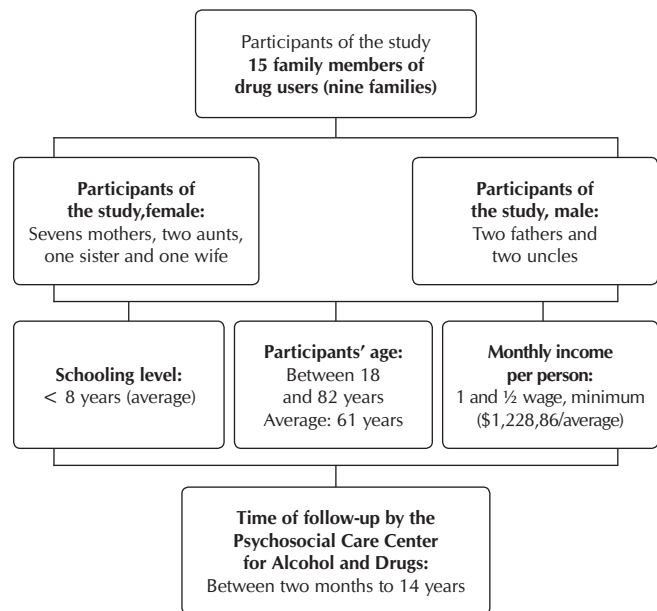
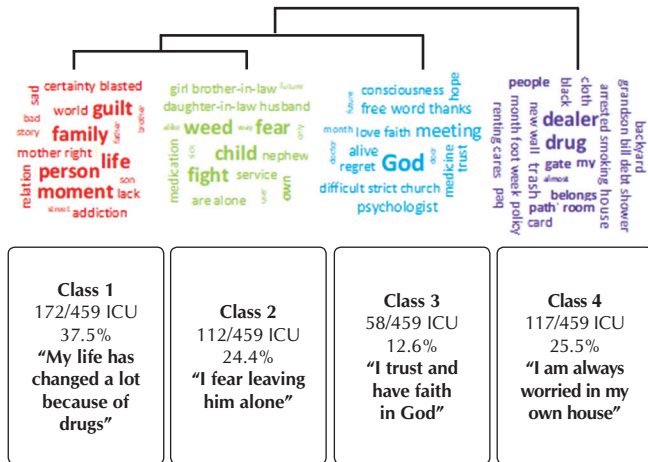


Figure 1 – Characterization of participants of this research, Paraná state, Brazil, 2018

The textual *corpus* presented 582 segments of texts through the DHC analyzed 459, which corresponds to a use of 79% of the total. From the organization of the contents, they gave rise to four classes: “My life has changed a lot because of drugs” (Class 1); “I fear leaving him alone” (Class 2); “I trust and have faith in God”



(Class 3), and “I am always worried in my own house” (Class 4). However, in order to facilitate the congruence between the class contents, it was decided to be approached in the following order: classes 1, 2, 4 and 3. The classes were named according to the main subjects, demonstrated by the words and interpretation of their convergence with the theoretical framework adopted (Figure 2).



Note: It was organized according to the software IRAMUTEQ.

Figure 2 – Dendrogram of classes, Paraná state, Brazil, 2018

### Class 1. “My life has changed a lot because of drugs”

This category represents the perceptions of the family members regarding the modifications in the daily life after the insertion of the dependence of drugs of abuse in their lives, such as the relationship between the members of the group.

*The relationship with my brother has always been bad, but it has worsened after he started using drugs, for sure. Drugs have interfered a lot in my life, everything could be different if it wasn't drugs. My brother would be calmer and our life, better. (Sister 02, 27 years)*

The empirical data contained in the speeches demonstrate that experiencing drug dependence triggers different types of experiences, feelings and emotions in participants. These evidence the suffering and stress of daily living with the consequences of drug abuse, such as community stigma and prejudice, manifested through attitudes and insults, such as “drug addicts”, which affect everyone the individuals that live closest to the dependent person, resulting in exclusion.

*My life has changed a lot because of drugs! I am no longer a happy person, I am always sad, outraged, I am not in Peace, and I'm Always worried about my son. (Mother 11, 82 years)*

*I can't bear listening to someone calling my daughter “addict”, feel really upset, it hurts me a lot. People should think before talking, no one is free until it happens to them; words hurt people. (Father 08, 72 years)*

Concomitantly, it has been noted from the reports that families feel responsible for their loved ones being dependent on drugs.

Nevertheless, the community and other family members daily blame them for this fact. They attribute the problem of drug abuse to misguided education, passivity towards children and/or nephews, the adoption of behaviors that reinforce dependence and poor example. It was also found that some health professionals condemn families for drug dependence of their members, which shakes the relationship between patient and professional, making it difficult to find help, as well as proving to be a great trigger for suffering and shame family.

*It is very difficult seeing people judging us. People blame on my son, on me and on my husband because my son is using drugs, they say we didn't raise him right, people say because i didn't spank my son when he was younger, my friends say he is this was because he wasn't spanked before. (Mother 10, 37 years)*

*When I arrived at the meeting, the professionals accused us, they said that blame is on us because of my daughter was drug user, they said like this: If she asks for money, you give her! The professionals were rude to me, they were not polite, the didn't know how to serve people and still they put the blame on me. (Mother 09, 67 years)*

Yet, interviewees expressed their disappointment/frustration at investing time and effort in the treatment of the dependent member, and creating expectations about recovery and the future that often do not come about due to the fact that drug addiction is a chronic disease that needs constant care and support.

*I think a story like mine shouldn't happen with other people, it is sad and disappointing! The four men of the family with drug addiction! (Mother 03, 64 years)*

*I feel like I have failed, regarding my nephew, because we couldn't achieve our goal, which was keeping my nephew as a normal person! That he wouldn't use drugs. (Uncle 06, 64 years)*

### Class 2. “I fear leaving him alone”

The second class presents itself as a complement to the first one, and refers to the fear that enters the daily life of the families, resulting from the sum of “small daily deaths” caused by drug dependence, such as thefts, conflicts and the risk of impending death. Thus, respondents expressed a strong fear of allowing individuals on drug abuse to remain alone in their homes or leave without supervision. Such a worry harms their social lives, since they postpone trips, trips and visits to distant family members.

*When my mom is not at home, i lock myself inside of my bedroom and i don't let my brother enter the house, or I go to somewhere else, but i don't stay here alone. (Sister 02, 27 years)*

*I fear of letting my son alone at home, if I had to go somewhere and my son brought home drug dealers or drug users in my house. Even worse, they kept drugs inside home. (Mother 11, 82 years)*

It was noted that fear is strongly related to violence, and this was expressed through a hostile domestic environment, filled with conflicts, discussions, physical and verbal aggression among family members.

*When my children used to abuse drugs use, they used to become very aggressive, and then there was lots of fights. They didn't want to talk, they used to say bad words to me and treat me awfully. (Father 04, 74 years)*

*I had trauma of fights, there was a lot of fight between my son and my nephew. My nephew used to drink a lot and use drugs, and then he became very violent. (Aunt 12, 72 Years)*

Due to constant tension and closeness to drugs, families have proved too fearful about the future of their children and adolescents, as they are more vulnerable to violence, trafficking, and other problems. In this sense, the individuals attempted to hide drug addiction from the minor children or grandchildren, for fear of future consequences, as well as fearing loss of authority.

*My son's wife has hidden from kids the husband's dependence of drugs; she used to say to the kids their father was sick, depressive. Perhaps, she didn't tell the kids because she was afraid he would no longer have their respect. (Mother 03, 64 years)*

### **Class 3. "I trust and have faith in God"**

It was decided to explain this category at the end, because in an overview picture, despite all the difficulties and problems faced, the deponents still found faith and hope for a favorable future for their loved ones.

*Because I trust and have faith in God, I wasn't shaken so much, that what I used to see, people using drugs, I was not the only one being judged. (Father 08, 72 years)*

*I worry about drug dependence of my children, but at the same time it gives me little hope they will stop using drugs, with time. I am really confident, I have faith they will stop using drugs, and will feel better. (Father 04, 74 years)*

These feelings were based mainly on the spirituality and support provided by religion.

*Undoubtedly, our religion has helped us handling with my nephew's situation! If you don't have any religion, how will you believe in anything? If you have religion, you have a support place! You become a person like this, with knowledge of love, of home, therefore religion helps a lot. (Aunt 05, 61 years)*

Another resource cited as a source of support, in which it contributed to the daily coping of uncertainties, fear and mistrust, consisted of support groups, both those offered by CAPS and professionals and those promoted by religious entities and other sectors of society, such as the *Amor Exigente*.

*At the CAPS meetings, I've learned a lot of things about crack cocaine, and I have also participated in the group "Amor Exigente" for 4 years. For me, it is very important to participate, because after I started joining the group, several things have changes in my life, because I have learned how to manage situations. (Mother 07, 82 years)*

In these groups of such otherness, it was observed that love was the strongest feeling that prevailed and encouraged the

participants. From love, one can develop empathy for others, so that the basic, intrinsic and natural solidarity in this institution so important that is the family manifests itself, generating understanding of the community and mutual aid.

### **Class 4. "I am always worried in my own house"**

In summary, the data contained in this class denote the stress and insecurity secondary to drug dependence, essentially caused by traffickers, which represent a significant threat to the whole family. Participants revealed the need to make bank loans to pay for their family members' drug debts, which aggravated the group's economic situation and thus raised them in anguish, embarrassment and displeasure in their work activities.

*I fear staying alone in my house, mainly at night; I am afraid of drug dealers coming here, because they have already entered in my backyard and killed my dogs. (Mother 11, 82 years)*

*My daughter caught my credit card and made a loan to pay her debts with drug dealers, and I'm still paying. I owe \$4 thousand to the bank. I didn't even notice, and when I realized the situation was bad, my name was dirt before CERASA! (Father 08, 72 years)*

In this context, it can be inferred that drug addiction had a negative impact on the financial situation of these people, since in order to raise money to pay debts with traffickers, to be able to acquire new psychoactive substances, and in a certain way, not to engage with "criminality", the dependent individuals robbed belongings of the own house, generating apprehension and distrust in the interviewees.

*And I have to live with my bedroom's door locked! Otherwise, my younger son would steal everything from me! I am always worried in my own house. He has already stolen my perfums, clothes, cookware, television, money, cellphone. (Mother 07, 82 years)*

## **DISCUSSION**

The results allowed us to understand the complexity of the feelings and emotions experienced by families living with drug addiction. It was noted that the feelings present in the empirical classes have been strongly interconnected, so that one focuses on the other. Although dependence occurs to an individual, it occurs within a social body, represented by the family or community and that has collective implications. Thus, it can be seen that social relations are not only constructed based on mechanical, economic or political systems, in a hegemonic way, but by a set of interactive relations, permeated by affections, emotions and sensations that constitute the social body<sup>(7)</sup>.

It was observed that the participants noticed changes in their daily life, after the introduction of drugs in the family environment, being perceived the suffering and sadness that came mainly from stigma and prejudice. It is worth noting that prejudice is a hasty and incongruous judgment about something or someone, and stigmatization refers to the process by which people or groups are labeled by stereotyped and negative characteristics that result in discrimination and exclusion<sup>(10,13)</sup>.

In this way, both encourage, reproduce and accentuate social inequalities, representing an important barrier to access to health services, including treatment for drug addiction<sup>(13)</sup>. Literature demonstrates that it still hangs over the social imaginary, a figure of drug users connected with the danger to trafficking and the deviation of character, which generate repulsion in society and in response, promote exclusion<sup>(14)</sup>. In this sense, according to Maffesoli<sup>(15)</sup>, the imaginary and the fictional appear as resistance to worldly organicity, protection from external impositions and situations that threaten its existence.

In addition to the discriminatory labels, families were found guilty of drug dependence on children and/or nephews, self-referenced and/or granted by family members and friends, in which they attributed the fact to their inability to educate their heirs. Thus, the findings corroborate the existing data<sup>(10,16-18)</sup>, and that according to the assumptions of the comprehensive sociology of Michel Maffesoli, due to the fact that the family is consolidated as the first social institution, which all individuals will have access to the place where people's culture, meanings, values and morals are rooted, which are shared and constructed<sup>(15)</sup>, becomes socially responsible for the failure and immoralism of their progeny<sup>(18)</sup>.

In this sense, drug dependence violates the societal expectations of productive citizenship and the group's own standards of good behavior, representing a failure to effectively materialize parental roles. It shakes the family's self-esteem, arousing feelings of disappointment, mistrust, disbelief, impotence and anguish, which, when routinely tried, discourage people from continuing to invest efforts in caring for others<sup>(16,18)</sup>.

It should be noted that it is not for health professionals to judge or stereotype whatever patients, drug users or family members. Rather, one has the commitment and duty to receive and care for them in a respectful and efficient manner, helping them to cope with their sufferings. In the follow-up, a North American study found that health systems that exclude family members from treatment decisions neglect information, do not support the family, and still treat them with stigma. They generate such frustration that users give up looking for help, aggravating the situation of this group so vulnerable to exclusionary processes<sup>(19)</sup>.

Thus, it is imperative that care be free of prejudice and stigma, in order to guarantee human dignity. In this sense, the practice should be structured from the point of view of post-retirement mental health, anchored in the logic of living work, which allows building a relationship of respect and trust between the service and the community, through bonding, listening, communication, and co-responsibility of care among professionals, individual and family. As well as promoting articulated access between the points of the *Rede de Atenção Psicossocial* (Psychosocial Care Network- RAPS), such as the Family Health Strategy, specialized outpatient clinic, *Referência de Assistência Social* (Social Care Reference Center- CRAS), so that it can actually cover the demands of this population<sup>(20)</sup>.

Concerning fear, it was found that this feeling was prominent in the speeches and affected in a substantial way the daily life of the participants; was associated with the violence, thefts and constant threats of traffickers. It is known that families living with drug addiction have their daily life degenerated by violence,

which can present itself in many facets, such as physical, verbal, emotional and sexual. However, it is the economically disadvantaged groups that experience the most violence related to drug use and trafficking. Thus, it can be inferred that social exclusion and use of drugs of abuse establish a vicious cycle that feeds back and amplifies its effects even to those who do not even use the substance<sup>(21)</sup>.

The scientific production also emphasizes that fear emerges from a context of distrust and hesitation, which thin the affective bonds between the members of the family. Thus, domestic violence is based on arbitrary aggression, which is manifested merely as a way of imposing or restoring power within a hierarchy of roles, as well as threatening other people and "taking" material possessions for themselves<sup>(21-23)</sup>.

Thus, living with drug addiction causes the days to be accompanied by threats to life from drug dealers. Families experience fear in different situations. Because even when physical aggression is not used, there is terror and insecurity, establishing another kind of (silent) violence, used as control and inhibition of these people. Besides the risks and the apprehension, the deponents reported feeling isolated, since after the involvement of their family members with drugs, family members and friends moved away from their social circle, as could be seen in the study developed in the communities of Rio de Janeiro<sup>(23)</sup>.

Michel Maffesoli<sup>(7)</sup> invites us to reflect on reality as something that must be seen in the face of this tragic scenario that families experience in their daily life, full of "small deaths", characterized by the context of drug addiction, such as financial burdens and disagreements be viewed from an angle that surpasses simple judgments. In order to realize that, even in the face of all the misfortunes, exploitations and domination, in the case of drugs, families continue to struggle incessantly to live, helping each other, in search of the group's well-being<sup>(7)</sup>.

So the participants rested on support groups and spirituality, so they found the support they needed to continue to engage and rave against their reality. Thus, the literature documents the relevance of religiosity in the protection of people in situations of vulnerability, chronic or end stage sicknesses and drug addiction<sup>(21,24-25)</sup>.

Religion has a unique aspect to other institutions, even to the family, because it is the only social system that does not reinforce the exclusionary processes. On the contrary, he is able to restore the identity of the individuals, as well as to remind him of his capacity. This is because it allows us to transcend the accumulation of negative social expectations and replace them with hope<sup>(21)</sup>. When spirituality and faith are valued, experiences of pain, suffering, and deception, become more tolerable. Therefore, it is necessary for nurses and other health professionals to ratify spirituality as essential to the human being and to be able to identify the anguish of patients and their family members<sup>(24)</sup>.

Thus, through faith, hope and love, families were able to nurture positive thoughts about the future, but it was through living "in the here and now" and succumbing to the present that they faced and still do, in search of a better future. In this sense, Maffesoli portrays that the acceptance of the present is made through the crystallization of sensed pleasures, lived moments that attribute dignity to its existence, it is precisely there that extracts its capacity to resist the daily tragic<sup>(7,15)</sup>.



There is also a need to emphasize the importance of a systemic and sensitive view of families with people who are dependent on drugs. So that the nurse, as a member of the multidisciplinary health team, can act in a humanized and holistic way, promoting the comprehensiveness of care, valuing culture, spirituality, feelings and emotions from experiences, not just biological, without discrimination or prejudice, in order to prevent the aggravation of the case, and facilitate access to health services and social care as a coping of this problem<sup>(6)</sup>. Thus, the care becomes consonant with the precepts of the Psychiatric Reform, taking into account the specificities of the person, family and community, and thus, in fact, it is possible to obtain advances in the mental health care model.

By understanding participants' experiences and feelings about drug addiction under the sociological gaze, one can acquire subjective information of paramount importance for planning improvements in care, incorporating humanistic aspects such as compassion, acceptance without judgments, the promotion of the dignity of these people, which today has been so scarce in the field of practice, essentially by corporatism so ceaselessly proposed by our rulers, which limits the care provided, but which in no way should overlap with health of our population.

### Study limitations

As for the limitation of the study, it is mentioned the fact of having at most two family members as respondents, due to the difficulty of contacting the whole group, as well as not adding counterpoints to the experiences of the drug dependent himself, the understanding of the repercussion in people involved in the family system, considering that the event can shake the entire family structure and dynamics. However, it should be noted that despite these limitations, the study has strengths that make it relevant in this area of knowledge, due to the fact that the technique of in-depth interviewing has been used, which

allows for a detailed understanding of the social data with minimal interference of the researcher, so that one can understand the social fact from the experiences of those who experience it. Also, by using a dense and robust theoretical framework, which allows the understanding of the subjectivities inherent in human interactions, and thus, attribute particularities to care that are expressed in improving the quality of care, professional satisfaction and community.

### Contributions to the sectors of nursing, health and public policy

Nurses can also be indispensable because they develop and reproduce care, are more sensitive to the other, and dedicate more time to care activities, because the understanding of different family configurations is only possible through proxemics, the bond, building a relationship of trust and respect, between services and the community. It should be noted that it is not enough only quantity, but quality of time, employing humanistic aspects that make care more friendly and resolute, such as welcoming, touch, empathy and qualified listening. The need for professionals to respond to the demands of families living with drug addiction, to help them modify behaviors, while respecting the values, culture and belief of this population, and not to reinforce strong practices that stigmatize and blame people.

### FINAL CONSIDERATIONS

The results allowed understanding the complexity of feelings and emotions experienced by families living with drug addiction, namely: stress, suffering, sadness, guilt, frustration, failure, disappointment, worries, fear, uncertainties, constraints, faith, hope and love. These reveal how much this problem is not restricted to the person dependent on drugs, but embrace the subjects that coexist more closely.

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