
ALCOHOLISM IN ADOLESCENTS' LIFE HISTORIES: AN ANALYSIS IN THE LIGHT OF SOCIAL REPRESENTATIONS¹

Sílvio Éder Dias da Silva², Maria Itayra Padilha³

¹ This text is part of the thesis - Life history and alcoholism: social representations of alcoholism, presented to the Post-Graduate Nursing Program (PEN) of the Federal University of Santa Catarina (UFSC) in 2010.

² Ph.D. in Nursing, Adjunct Professor II of the Faculty of Nursing of the Federal University of Pará. Belém, Pará, Brazil. E-mail: silvioeder2003@yahoo.com.br

³ Ph.D. in Nursing, Associate Professor in the Department of Nursing and the PEN/UFSC. Researcher for the National Council for Scientific and Technological Development (CNPq). Florianópolis, Santa Catarina, Brazil. E-mail: padilha@ccs.ufsc.br

ABSTRACT: The study aimed to describe adolescents' social representations of alcoholism and to analyze alcoholism's implications in the adolescents' life histories. It is qualitative-descriptive research, which used the life history method for data collection from 40 adolescents, concomitantly with the technique of non-participant observation. Thematic content analysis led to two categories: 'Alcoholic drinks, the good and the bad', and 'Alcoholism and its consequences'. Adolescents' social representations on alcohol couple it to two symbolic meanings: the association of alcoholic drinks with pleasure and fun, and the negative aspect of its use, related to violence and the loss of one's senses. It is concluded that living with alcoholism in the family influences how the adolescents perceive alcohol throughout their lives.

DESCRIPTORS: Alcoholism. Nursing. Adolescent. Life history. Social psychology.

O ALCOOLISMO NA HISTÓRIA DE VIDA DE ADOLESCENTES: UMA ANÁLISE À LUZ DAS REPRESENTAÇÕES SOCIAIS

RESUMO: O estudo tem como objetivos descrever as representações sociais de adolescentes sobre alcoolismo e analisar as implicações do alcoolismo na história de vida dos adolescentes. Trata-se de uma pesquisa qualitativo-descritiva, que utilizou o método de história de vida para coleta de dados com 40 adolescentes, concomitantemente à técnica de observação livre. A análise de conteúdo temática levou a duas categorias: 'O bom e o ruim das bebidas alcoólicas' e 'Alcoolismo e suas consequências'. As representações sociais dos adolescentes sobre o álcool o atrelaram a dois significados simbólicos: a associação da bebida alcoólica com o prazer e a diversão, e a negatividade do seu uso, relacionada à violência e perda dos sentidos. Conclui-se que o convívio com o alcoolismo na família influencia o modo como os adolescentes percebem o álcool no decorrer de sua vida.

DESCRIPTORIOS: Alcoolismo. Enfermagem. Adolescente. História de vida. Psicologia social.

EL ALCOHOLISMO EN LAS HISTORIAS DE VIDA DE LOS ADOLESCENTES: UNA ANALISE A LA LUZ DE LAS REPRESENTACIONES SOCIALES

RESUMEN: El estudio tiene como objetivo describir las representaciones sociales de los adolescentes acerca del alcoholismo y analizar las consecuencias del alcoholismo en la historia de vida de los adolescentes. Se trata de una investigación descriptiva-cualitativa que empleó el método de la historia de la vida para recolectar los datos con 40 adolescentes concomitantemente con la observación libre. El análisis de contenido dirigido a dos categorías: Lo bueno y lo malo del alcohol y el alcoholismo y sus consecuencias. Las representaciones sociales de los adolescentes sobre el alcohol lo entrelazaron a dos significados simbólicos: la asociación de alcohol con el placer y la diversión, y la negatividad de su uso, relacionados con la violencia y pérdida del conocimiento. Se llegó a la conclusión de que vivir con el alcoholismo en la familia influye en la manera en que los adolescentes perciben el alcohol durante su vida.

DESCRIPTORIOS: Alcoholismo. Enfermería. Adolescentes. Historia de vida. Psicología social.

INTRODUCTION

The issue of alcohol consumption is one of public health; it affects the world's population at all age ranges.¹ Adolescence is a critical period in people's lives, in which new, significant discoveries are made which are fundamental to the construction of the personality and individuality, from the bio-psycho-social point of view. In this period, the concept of group interaction is perceptible and adolescents seek to belong to a group with which they identify, which will be able to influence their actions and lead them to adopt attitudes which will "prove" their acceptance in the "tribe".² It should be noted that tribe, etymologically, refers to an ethnic community, but that here the term refers to the formation of adolescents who share the same ideals, thus composing a group of consensual belonging.²

It is clear that issues relevant to adolescents' health are of primary importance in understanding the reasons which lead them to use and abuse drugs. Besides the health problems caused by their use among individuals in any age range, it is among adolescents that this question takes on significance, due to the period/phase of life that these are passing through.³

Adolescents' early contact with alcohol is relevant to the appearance of alcoholism. The World Health Organization (WHO) considers the disease a public health problem, as it imposes on society a considerable burden of undesirable threats to health. Currently, it is estimated that the consequence of alcohol corresponds to 1.5% of the deaths among adults who are alcoholics.⁴ The WHO also emphasizes that it impacts on the population due to the high mortality and rates of disability that it causes. This context is present as much in developed countries as in developing ones. For this reason, the excessive consumption of alcoholic drinks is considered an important risk factor in the projections for the next decade – 2010 to 2020.⁴

The fact of an adolescent's living with one or more alcoholics in the family can influence the individual's formation either positively or negatively. The children of people addicted to alcohol have a higher risk for the consumption of alcoholic drinks when compared to the children of people who are not; their risk of developing alcoholism is four times higher.⁵ It is evidence that the image of a family nowadays is of a group of humans dealing with strong socio-economic pressures, with harsh and punitive educational standards in relation

to their children, overwhelmed by the clash of cultural values, where the only leisure possibility often is ingesting alcoholic drinks. These factors, when combined with the habit of abusing alcohol, have frequently been associated with intrafamily violence.⁶

Alcoholism, when inserted into adolescents' everyday, becomes part of how they see themselves and their communication with the group to which they belong, the illness moving to a psycho-social dimension, which will be fundamental for adopting a behavior, in the face of a drug so present in their family routine. For this reason, understanding the relationship between the life histories of those young people who live with a member of the family who is an alcoholic will allow a better understanding of their representation of the illness; and based on that, of their attitude to alcoholic drinks.

OBJECTIVES

To describe adolescents' social representations on alcoholism and the habit of consuming alcoholic drinks and to analyze alcoholism's implications in the adolescents' life histories.

METHODOLOGY

This study is of the descriptive-exploratory type with a qualitative approach, using the life history method to capture the study subjects' Social Representations (SRs) on the issue in question. This method is held as a field of oral history, which is regarded as an authentic and efficient investigative instrument when the researcher attributes a scientific aspect to her study.⁷

The life history consists of a narrative recounted by the subject, serving as a bridge for interaction between the individual and the social environment. Its principal feature is the recollection of some aspect of the individual's life which has influenced how they live. The qualitative approach was selected because it allows the investigation of the study object through the apprehension of the subjective universe of a specified group of individuals. It is stressed that this mode of study is based on a dynamic relationship, a live interdependency, between the individual and the object, an indisociable link between the objective world and the subject's subjectivity.⁸ The life history makes it possible to understand the adolescent's universe, based on his or her past, through the construction of his or her social representations of alcoholism,

which will be paramount for the attitude he or she takes in regard to the social practice of consuming alcoholic drinks.

The research field was the Urban Tribes Project, a program run by Belém City Hall, in the Brazilian state of Pará, set up in 2006, with the objective of serving young people and adolescents who are involved in gangs*. The initiative aims to get them off the streets and involve them in socio-educational activities.⁹

The study subjects were 40 adolescents of both sexes, of whom 30 were male and 10 female, who participated in the Urban Tribes Project. The inclusion criteria were: to be aged between 12 and 20 years old; to be participating in the program of the institution mentioned above; for permission to participate in the study to be granted by the adolescents and their legal guardians; to live with an alcoholic family member; and to consume alcoholic drinks. The number of subjects must be representative of a group, hence the researchers used the technique of data saturation, which relates to the discourses' repetition as a way of delimiting this study's sample.¹⁰ It is emphasized that data saturation was obtained in the thirtieth interview, given that the responses were already being repeated. Even so, 10 further interviews were held to strengthen the criteria of saturation. Another relevant aspect is that research of the data collection type calls for working with over 30 interviewees, which explains the total of 40 interviewees. It should also be noted that having family members who are alcoholics was a criteria for collecting SRs, as these can only exist from experience of the phenomena. It was because of this that it was necessary for the interviewed youngsters to be living with the phenomenon of alcoholism, through routine interaction with the alcoholic family member.

The research was guided by Ordinance 196/96 of the National Health Council, and was approved by the Federal University of Pará's Research Ethics Committee, receiving the protocol number 004/08 CEP-ICS/UFGA. The data collection period was March to July 2009. The technique used for collecting the adolescents' narratives for the production of oral sources was the semi-structured interview, guided by a script composed of 15 questions, contextualizing the period from the adolescents' childhoods through to their adolescence, which made it possible to understand the

influence of the alcoholic members of their families in the adolescent's adherence to the use of alcohol. It should be clarified that the semi-structured interview is a fundamental technique for capturing research data, as the discourse which emerges from its use reveals structural categories, of principles of values, norms and symbols, and at the same time has the magic to transmit, through a spokesperson, specific groups' representations, in specific historical, socio-economic and cultural conditions.¹¹ So as to respect the adolescents' anonymity, the alpha-numeric system was used, using 'I' for 'Interview', followed by the statement's number according to its place in the order of interviewing.

Another technique used for validating the data was observation. This technique was used because it allows the capture, on the part of the interviewer, of the interviewee's global behavior throughout the entire course of the interview, which serves as important data for the conclusion of the study. In the observation, besides the physical components of the spoken word, value must also be given to the multiple elements of the personal presentation, aspects of global behavior, and, in particular, the informant's non-verbal communication (language).¹² This technique allows the researcher a personal and close contact with the phenomenon being researched. The observation allowed the capturing of the gestures and the emergence of feelings which appeared with each application of the above-mentioned data collection techniques. This data was fundamental for a better understanding of the affective focus which surrounded the social representations of the group in question.¹²

Observation, like interview, has various modalities, among which the researchers opted for free observation. In this modality, the observer remains outside the community she wishes to observe, spontaneously noting everything which seems appropriate. To undertake this stage, a field diary was kept, in which all the impressions perceived during the field work were noted down. It is evidenced that all notes were made shortly after finishing interviews.¹²

Thematic analysis was chosen for working on the information, which consists of the meanings deduced from the text, allowing it to be interpreted through the focus of the theory which guided the study. This technique of analysis allows one to investigate a context through the communications of

* An organized group of adolescents who break the Law.

individuals who have links with it.¹³ It was sought to develop the thematic analysis in three stages: 1st) pre-analysis, which consisted of the selection and organization of the material, when successive readings were made and the *corpus* constituted; 2nd) the exploration of the material; and 3rd) the treatment of the data.¹³ At the end of the analysis, the following thematic categories were found: 'Alcoholic drinks: the good and the bad' and 'Alcoholism and its consequences'.

Characterization of the subjects

The theoretical pathway selected for producing this study considers the relationship between the subject and the object to be relevant, favoring the understanding of the adolescents' symbolic construction on alcoholism. It is necessary, further, to investigate the individual's socio-cultural context, as this provides the link between his universe and his social representations. Another point to take into consideration is the previous experiences and common points, which favor both the adaptation of these symbolical constructions and their acceptance by the group of which they are part.

It should be outlined that the subjects are not mere personal receptors of the dominant ideologies produced and transmitted by social classes through the social institutions such as churches, state and school, among others. There is an autonomous option, in which they are constantly producing and communicating representations which they share with their groups, which have decisive influence on their relationships, their choices and their lives. Thus, the individuals are always exchanging knowledges which they find in their everyday, through discussions which they have at work and in other places.

In this perspective, it was sought to characterize the study subjects' universe using data referent to identification (name, address, age, sex, marital status, number of children, where they have come to the city from, where they are from, level of schooling, profession and religion).

The study subjects were 40 adolescents, of whom 30 were male and 10 female. The age range among the males was from 15 to 20, with predominance for the age range of 17 to 20 years old. Among the females on the other hand, the age varied between 15 and 19 years old, with the age range of 16 to 19 years old predominating.

Regarding the monthly income of the families of the subjects of the research, it was noted that among the men 11 have a family income of one minimum salary, seven have a minimum salary and a half, six have two minimum salaries, four have half a minimum salary, and two have three minimum salaries*. Among the females, it was observed that five have a family income of one minimum salary, two have one-and-a-half minimum salaries, one has two minimum salaries, and two have three minimum salaries.

One can perceive from this data that the majority of the adolescents belong to families which have incomes of, at the most, one-and-a-half minimum salaries, which means that they are part of the economic and social class considered low. This fact hinders access to adequate nutrition, adequate schools and guidance with health care.

In relation to marital status, it stood out that of the males, 29 were single and one was in a stable relationship. Among the females, on the other hand, eight were single, one was in a stable relationship and one was married. Bearing in mind their age, this data is in line with the Brazilian context, in which the majority of adolescents are single. Of those who are married, 100% are female, who often get married as a way of leaving home or because they have become pregnant in this period.

Regarding the level of schooling, among the males it was observed that 16 had not completed junior high education, 13 had not completed senior high school, and one had completed senior high. Among the females on the other hand, eight had not completed junior high and two had not completed senior high.

In the Urban Tribes Project, the adolescents do professional courses so as to be trained for their first job. The professions in which the males graduated were: three as check-out operators, two as lathe operators, four in basic IT skills, three in electronic security, one as a painter, one as a car mechanic, and three as building/industrial electricians; a further thirteen were doing the courses. Among the females, three were still doing professional courses, three had graduated as waitresses, one as a hairdresser, two as check-out operators, and one in basic IT skills.

In relation to the leisure activities in the Urban Tribes Program, among the male interviewees

* In 2009, the minimum salary in Brazil was R\$465 per month. Translator's note.

there was the following distribution: three had no leisure activity, 14 played soccer, nine went to parties, one went on trips, and three went to church. Among the female interviewees, two had no leisure activities, two played soccer, four had parties as leisure activities, one went on trips and one practised capoeira.

Regarding religion, it was observed that among the males, two stated that they had no religion, 12 were Roman Catholics, and 16 were Pentecostals. Among the women, one stated that she had no religion, four were Roman Catholics, and five were Pentecostals.

RESULTS AND DISCUSSION

In the first thematic unit, 'Alcoholic drinks: the good and the bad', positive and negative points on the consumption of alcohol were evidenced by the adolescents. The second unit, 'Alcoholism and its consequences', presents the adolescents' representational phenomena on the consequences created by alcoholism present in their everyday in an alcoholic family member who was, in most cases, the mother or father.

Alcoholic drinks: the good and the bad

In this thematic unit, it becomes conspicuous how in their SRs the adolescents see alcoholic drinks as something beneficial, given that these provide spontaneity and relaxation. However, they also emphasize that excessive consumption, leading to drunkenness, is a harmful fact for their physical and mental health.

Because of being consumed by various different peoples and cultures, alcoholic drinks have acquired some positive meanings in the world's population, as through the sensations of relaxation and fun, the individual abstracts the idea of alcohol consumption being 'good'.

Alcohol is good because it makes us high, when we drink we become more outgoing, you feel more self-confident. I used to drink a lot, because I thought my problems were at home, because my grandma criticized me a lot, because I smoked cigarettes and drank, so I thought that doing that I would forget about my problems at home. Another reason for us drinking is our friends' influence, because to be one of them, you have to drink, because otherwise you're lame, you're a girl's blouse, all that macho stuff (I₁).

Alcoholic drinks loosen us up, make us more cheerful to enjoy the party, it gets rid of my shyness, but

at the same time you mustn't drink too much, because you end up doing dumb stuff, and the next day you feel really bad (I₇).

In the adolescents' discourses, it was identified that alcoholic drinks were related to the feeling of calmness, to feelings of excitement and fun, to strengthening of affective links such as friendship. There was also a correlation between using alcohol and forgetting problems.

Various social subgroups see alcoholic drinks as a way of providing happiness. This study's subjects' positive assessment of alcohol consumption is related to occasional consumption, to entertainment, although often the consumption is not restricted to these variables. The consumption of any alcoholic drink represents something "normal" to these people. This is considered excessive when it culminates in people becoming drunk and causes aggressive behavior which exceeds the rules of social co-existence.¹⁴

One of the characteristics of adolescents is the perception that nothing will happen and that they can deal with all the situations. This aspect leads them to have a lower perception of risk and can increase drug use. In this way, the feelings obtained while under the effect of the alcohol in the organism become pleasurable, although the search for new and intense feelings can lead the youngster to become an addict.¹⁵

Another point identified was that in spite of alcohol consumption's being part of party activities in specified social groups and its consumption being normal unless it causes drunkenness, the adolescents could identify its negative effects when it is consumed in excess, as may be identified in the following discourses:

[...] alcohol is bad, because it gives you a hangover the next day. You spend money on drinking and everything. You wake up the next day stony broke, with a headache, terrible bad breath, you don't know what you did, if you had fun or if you got into rows. You don't know what you do (I₁₀).

[...] alcohol, when it's drunk in excess, causes great physical and psychological malaise. Besides that, sometimes you do a whole load of really stupid things under the effect of alcohol, which you regret later (I₁).

In the light of the discourses shown, it was grasped that the meaning "Bad" in relation to alcohol consumption was related to failure to control the quantity ingested. At another point, the meaning shifted focus to the financial loss resulting from excessive use of alcoholic drinks.

My Dad used to drink a lot, he would spend everything he earned. Alcohol made him lose his job, and he became self-employed, but even so he spent all the money he earned working on alcohol. He would drink until he fell down (I₁₃).

RSs were also noted depicting alcohol as something "bad", caused by overdoing it and also by the hangover, which represents a set of symptoms such as nausea, vomiting, headache, dehydration and alcoholic amnesia. It is noteworthy that despite being widely accepted and even encouraged socially, the consumption of alcohol, when excessive, becomes a significant problem entailing high costs for society. The events caused by alcohol go beyond those which are widely disseminated in the literature, characterizing it as a problem which causes serious social consequences and placing it among the main public health problems of the present time.¹⁵

One should bear in mind that people dependent on alcohol present a series of episodes related to the abuse before being diagnosed as alcoholics and referred for specific treatment. Considering that the gateway to the health services is the primary care units, it is possible to infer that many individuals with an abusive pattern of consumption are attended in these services as a result of early complications of alcoholism – such as traumas and malaise, among others.

My dad, when he drank, he'd get really drunk. Once he drank so much he was unconscious, and we were scared he'd die and we took him to the Pedreira Primary Health Care Center. When we got there, a doctor hooked him up to a drip and said the medicine was to stop drinking (I₁₂).

My sister used to drink 'til she fell down. Once we took her to the City Emergency Room, but the doctor said the medicine for her was coffee and cold water (I₂₅).

The direct, and most common, relationship between alcohol and aggression is through intoxication, which occurs through lack of inhibition of fear, as a result of the anxiolytic action; it can also increase perception of pain, which can be one of the causes of stronger defensive aggression. However, it can also serve as a trigger mechanism to release violent reactions irrespective of reasons. An example of this is the changes in cognitive function which reduces, along with the individual's ability to plan actions in response to threatening situations; that is, he acts without thinking.¹⁶

[...] of me too, because I still drink. I think the person is giving away their life. Alcohol is bad for you, but they are always drinking. You only have to look at

the paper, it's always telling about problems caused by people who are drunk, like traffic accidents, like a son beating up his mother or a husband his wife. People who drink do things like that. Drink changes a person a lot. Once one of my drinking buddies tried to shoot his girlfriend, so I held him back and the bullet hit me in the leg, it went through my leg (I₂).

The various health problems associated with the consumption of and dependence on alcohol and other licit and illicit substances require greater attention from health professionals and require adequate responses and public policies, aimed at resolving or at least minimizing these problems, in different societies. Knowledge on matters related to substance use and addiction still has many gaps to be filled, hence the importance of representatives of all social segments joining forces: politicians, legislators, researchers, health professionals and other groups from civil society.¹⁴

At various times, when questioned about what leads a human being to drink alcohol, the majority of the interviewees mentioned family or social problems. It is known that stressing events in life are subjective for each individual, and that the ability to overcome depends on factors which involve, in principle, the person's maturity in the socio-cultural context in which they are inserted. The discourses below support these statements:

[...] I think it's sometimes to forget problems, and a person begins to drink to actually enjoy it, to fight with other people, to find courage, that's my point of view. I drink nowadays with my girlfriend, but I don't drink with the guys on the street, because there's no future there, that there isn't. Through friendships, through seeing everybody drinking, people want to try it, and they see it's fun (I₁₂).

[...] I only drink beer, I always have it when I go out to a party, every weekend. I don't drink to get smashed. One day I went to a party, and there was a boy there who asked me to down a glass in one go, I said I wasn't that much of an alcoholic to do that. At a party, I just drink for enjoyment and to have fun, really to have fun! Because, you know, there are people who drink to fight. Well you know, I keep quiet and don't mess with anyone, I enter the party at midnight and leave round about three in the morning, I just have two cans, that way I don't get drunk. After I have a drink, the party improves (I₉).

It may be observed in the discourses that one of the principal problems leading the study's subjects to drink alcohol is to deal with unpleasant circumstances of life. In spite of alcohol obtaining this symbolic value in the perception of the

adolescents interviewed, it is known that alcohol can cause aggressive behavior as previously mentioned in this study.

Adolescence is also a period of crisis for the parents, as they have to live with the adolescent in the process of developing into adult life. These changes make the adolescent feel the need to spend less time with his parents, which allows the possibility of establishing new relationships, principally with other adolescents. The process of transformation which occurs is naturally more complex. In a certain way, one can say that the disturbance of the balance leads to feelings which are both agreeable and disagreeable.¹⁶

Alcoholism and its consequences in the family

One can perceive in this thematic unit how alcoholic drinks bring disturbances in the adolescents' life stories, as a result of which there are many SRs which emphasize how the family life is confrontational, principally taking into account that many adolescents live with family members who are alcoholics. Alcoholism is an endemic disease, although one can perceive in the adolescents' SRs that it brings consequences for the addicted person, as can be observed in the discourses below:

[...] I'll give the example of my Dad, who is addicted, who never drank so as to fight with us. When he drinks and wants to talk about things, he talks to Mom, so she'll call our attention to those points. When it's the next day, and he's not drunk anymore, he sits there and says what he has to say. There are people who drink and hope to get drunk to say things, and hit their wife and children (I₃₆).

[...] in my case, my Mom is an alcoholic, because I speak to her and she pretends it's nothing to do with her, but even so I insist, because I'm not going to let her drink because she becomes a figure of fun, because she talks rubbish, and starts lots of rows. Whenever my Mom drinks she becomes a figure of fun for everybody at home, maybe because nobody at home, nobody likes her, not even the family of my grandmother like her. The only person who likes her is my Grandma because she's her mother, but my Mom's brothers and sisters don't like her (I₁).

Analyzing the adolescents' discourses, one could infer that they are aware of the effects of alcohol in their bodies and of its social effects. This was expressed in the words addiction, violence, broken family bonds and self-degradation. It is relevant to emphasize, however, that many assert

that they do not cease to consume alcohol because they are in control, because they do not ingest it in large quantities.

According to a survey undertaken by the National Anti-Drug Secretariat, the five studies carried out up to the present time (1987/1989/1993/1997 and 2003) indicate that alcohol consumption is fairly high among children and adolescents between nine and 18 years of age. Alcohol did not appear as these youngsters' favorite drug, but its recent consumption (in the last 30 days) was still found at the level of 43% in the cities researched, and weekly or daily consumption reached 22% in the last year researched.¹⁷

Via an agreement with the Ministry of Health, since 1988 this Secretariat has received information concerning hospitals all over the country which admit patients with disturbances related to the consumption of psycho-tropic substances. Although approximately 450 hospitals should send information on their patients - including gender, age and diagnosis - on average, only about half (variation: 35.5% - 79.6%) do so. In the last year analyzed, 1999, 44,680 admissions were reported, of which 84.5% were referent to alcoholic drinks.¹⁸

Alcoholic drinks, when consumed in abuse, can also entail psychiatric and psychological problems, such as situations of *delirium tremens*, illusions and paranoia. Aggressive behaviors have much to do with the exaggerated consumption of alcohol. Various studies have shown that more than 50% of cases of wife-beating are directly related to the consumption of alcohol by the aggressor. Sexual abuse and incestuous acts against children have also been proven to have been committed under the influence of alcohol. Victims of a way of living involving domestic violence can present long-term or even incurable problems, such as illnesses of an affective, neurotic or developmental nature.¹⁴ This can be perceived in the following discourses:

[...] my Dad, when he was drinking, used to get really angry, he'd arrive home hitting Mom and he'd send us to bed so he could carry on drinking (I₃₀).

[...] my Mom and Dad, when they started drinking, it was okay, but later, once they were drunk, there would always be an argument. Once my Dad hit my Mom, we had to separate them, otherwise he would have killed her (I₃₃).

[...] my Mom's an alcoholic, because she doesn't know how to drink. When she starts, she throws herself into it, and only stops when she's falling down. I've also

got a sister who is addicted to alcohol, as every weekend she's out drinking at parties, she doesn't know how to drink, if there's a party every day, she goes to the party, sometimes she spends three days away from home. I have difficulty dealing with her, because when she's drunk she winds everybody up (I₃).

The incidence of domestic violence has been considered to be higher in abusers of psycho-active substances in the majority of societies and cultures, being present in the different economic groups. One cross-sectional study of domestic violence, in which 384 married women from different social classes in a city in Mexico were interviewed, found prevalences of 42% for sexual violence, 40% for physical violence, and 38% for emotional violence. The research evidenced that antecedents of violence and use of alcohol or other drugs in some member of the family are factors which are observed consistently in the dimensions explored.¹⁹

The abusive consumption of alcohol also causes, directly or indirectly, high costs to the health system, as the conditions triggered are expensive and difficult to manage. In addition to this, alcohol dependence increases the risk of family problems.¹⁹ It is known, today, that the intensity and the complications from psycho-tropic drug consumption vary along a continuum of seriousness. That is to say, there is not only the alcohol-dependent person who drinks two bottles per day, has the 'morning shakes' and cirrhosis of the liver; there is also the person who drinks within standards considered normal, and who has accidents when he or she is driving. It follows that it is not enough to look only at the consumption in itself – it is necessary to consider the harm it entails to the individuals and the groups in which they live.²⁰

FINAL CONSIDERATIONS

The SRs revealed by the life history method allowed the understanding of the consensual universe of the adolescents whose daily routine has alcohol inserted, which favored the understanding of the true extent of this problem.

In the unit 'Alcoholic drinks: the good and the bad', it was conspicuous how the adolescents, in their social representations, visualize the benefits and harms of alcohol. The positive aspect of this licit drug was evidenced by the feeling of well-being and spontaneity which the effect of alcohol caused in adolescents. The negative side was depicted by the problems which drunkenness provokes.

Alcoholic drinks are wide-spread, mainly because those who appreciate them like the feeling of pleasure which the drug causes. The majority of its consumers, however, do not perceive alcohol's harms, such as addiction, car accidents and other social problems.

In the second thematic unit, it was perceptible how the use of alcoholic drinks causes disturbances in the adolescents' family lives, the principal cause being an alcoholic member of the family, the majority of the adolescents depicting this as their father or mother. This context favored a disruptive family environment for the adolescents.

It should also be mentioned that this co-existence with an alcoholic family member provided the adolescents with a lesson to ingest alcoholic drinks when they encountered problems which had led their parents to become addicted. The adolescent takes on the role of an apprentice, following in the steps of the master – the parents.

Adolescence is a phase of change, in which one seeks to break the family ties in search of a group which accepts one's more independent attitude for what is new. From what was visible in the SRs, this is the time which gives the adolescent the most opportunities to encounter alcoholic drinks. For this reason, shedding light on the adolescents' universe of alcoholism favors the implementation of strategies which must be applied so as to stop this clientele, which so needs care, from using alcohol, whether for 'just trying' or for abusing.

This research emphasises the phenomenon of the SRs as a form of knowledge which is appropriate for revealing the universe of interaction between adolescents and alcoholic drinks. The studies which bring Social Representation Theory as a phenomenon and not as a theoretical construct favor investigating the context which is represented by the social subject; for this reason, they are relevant to the academic universe, given that they allow the researcher to cover the context in the form of practical knowledge. It is essential to investigate the representations of the adolescents researched here, because in this way one can understand how the consensual knowledge influences young people's attitudes and behaviors in the face of the psycho-social object of alcoholism.

There is a need to institute strategies for preventing the abusive consumption of alcoholic drinks by adolescents. These strategies should not be centered purely on transmitting scientific knowledge – rather, they should provide a rela-

tionship of mutual influence with the knowledge, which may serve young people's interests and needs so that they may interact in society, so that adolescents feel able to use their knowledge to participate in society as citizens, emphasizing the importance of the practical applicability of this knowledge for their relationship with the world.

REFERENCES

1. Braga ABB, Bastos AFB. Formação do acadêmico de enfermagem e seu contato com as drogas psicoativas. *Texto Contexto Enferm*. 2004 Abr-Jun; 13(2):241-9.
2. Cavalcante MBPT, Alves MDS, Barroso MGT. Adolescência, álcool e drogas: uma revisão na perspectiva da promoção de saúde. *Esc Anna Nery Rev Enferm*. 2008 Set; 12(3):555-9.
3. Rocha RM. O enfermeiro na equipe interdisciplinar do Centro de Atenção Psicossocial e as possibilidades de cuidar. *Texto Contexto Enferm* [online]. 2005 [acesso 10 fev 2010];14(3):350-7. Disponível em: <http://www.scielo.br/pdf/tce/v14n3/v14n3a05.pdf>
4. World Health Organization. Global status report on alcohol 2004. Geneva (CH): Department of Mental Health and Substance Abuse; 2004.
5. Moscovici S. Representações sociais: investigações em psicologia social. 5ª ed. Petrópolis (RJ): Vozes; 2007.
6. Bertaux D. Los relatos de vida. Barcelona (ES): Edicions Bellaterra; 2005.
7. Chizzotti A. Pesquisa em ciências humanas e sociais. 6ª ed. São Paulo (SP): Cortez; 2003.
8. Fundação Papa João XXIII. Projeto Tribos Urbanas [online]. Belém (PA): Prefeitura de Belém; 2008. [acesso 10 Fev 2010] Disponível em: http://www.belem.pa.gov.br/portal/new/index2.php?option=com_events&task=view_detail&agid=506&year=&month=&day=&Itemid=280&pop=1
9. Padilha MICS, Guerreiro DMVS, Coelho MS. Aspectos teórico-metodológicos das representações sociais e seu uso na enfermagem. *Online Braz J Nurs* [online]. 2007 [acesso 25 Mar 2010];6(2). Disponível em: <http://www.uff.br/objnursing/index.php/nursing/article/view/j.1676-4285.2007.601/199>
10. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 10ª ed. São Paulo (SP): HUCITEC-ABRASCO; 2007.
11. Turato ER. Tratado da metodologia da pesquisa clínico-qualitativa: construção teórica-epistemológica, discussão comparada e aplicada nas áreas de saúde e humanas. Petrópolis (RJ): Vozes; 2003.
12. Lüdke M, André MEDA. Pesquisa em educação: abordagens qualitativas. São Paulo (SP): EPU; 1986.
13. Bardin L. Análise de conteúdo. Lisboa (PT): Edições 70; 2008.
14. Castillo CO, Costa MCS. Significados do consumo de álcool em famílias de uma comunidade pobre venezuelana. *Rev Latino-Am Enfermagem*. 2008; 16(esp):535-42.
15. Vargas D, Luis MAV. Alcohol, alcoholism and alcohol addicts: conceptions and attitudes of nurses from district basic health centers. *Rev Latino-Am Enfermagem* [online]. 2008 [acesso 16 Abr 2010]; 16(esp):543-50 Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692008000700007&lng=pt&nrm=iso
16. Pillon SC, O'Brien B, Chavez KAP. The relationship between drugs use and risk behaviors in Brazilian university students. *Rev Latino-Am Enfermagem* [online]. 2005 [acessed 20 Apr 2010]; 13(Sp2):1169-76. Av: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692005000800011&lng=pt&nrm=iso
17. Sena ELS, Boery RNSO, Carvalho PAL, Reis HFT, Marques AMN. Alcoolismo no contexto familiar: um olhar fenomenológico. *Texto Contexto Enferm* [online]. 2011 Jun [acesso 27 Ago 2011]; 20(2):310-8. Disponível em: <http://www.scielo.br/pdf/tce/v20n2/a13v20n2.pdf>
18. Castillo BAA, Marziale MHP, Castillo MMA, Facundo FRG, Meza MVG. Stressful situations in life, use and abuse of alcohol and drugs by elderly in Monterrey, Mexico. *Rev Latino-Am Enfermagem* [online]. 2008 [acesso 20 Abr 2010]; 6(esp):509-15. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692008000700002&lng=pt&nrm=iso
19. Chalub M, Telles LEB. Álcool, drogas e crime. *Rev Bras Psiquiatr* [online]. 2006 [acesso 20 Abr 2010]; 28(supl2):69-73. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1516-44462006000600004&lng=pt&nrm=iso
20. Mendes IAC, Luis MAV. Uso de substâncias psicoativas, um novo velho desafio. *Rev Latino-am Enfermagem*. 2004 [acesso 21 Abr 2010]; 12(esp) Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692004000700001&lng=pt&nrm=iso