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## CRACK IN THE FAMILY'S CONTEXT: A PHENOMENOLOGICAL APPROACH<sup>1</sup>

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**ABSTRACT:** The aim of this study is to know the meaning, for the family, of the daily contact with a member user of crack. This is a qualitative, descriptive and phenomenological study, whose empirical data collection was based on phenomenological interviews with two families of crack dependents in a Psychosocial Care Center on Alcohol and other Drugs. The analysis and categorization of experiential descriptions sued in the light of analytical of ambiguity, based on the phenomenology of Maurice Merleau-Ponty. As a result, three categories emerged - Overload care: demonstration of love and suffering; Mishaps and fantasies of crack user: between doubt and certainty; and The endless shadow of crack in the light of healing by faith. The study presents a new perspective on the use of crack in family context, through intersubjective perception, revealing the ambiguities, which opens possibilities to unveil the experience of another.

**DESCRIPTORS:** Crack. Family. Family relations. Philosophy, nursing.

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## O CRACK NO CONTEXTO FAMILIAR: UMA ABORDAGEM FENOMENOLÓGICA

**RESUMO:** O presente estudo teve como objetivo conhecer o significado, para a família, da convivência diária com um membro usuário do crack. Trata-se de uma pesquisa qualitativa, descritiva, de natureza fenomenológica, que tomou como base para coleta dos dados empíricos a realização da entrevista fenomenológica com duas famílias de dependentes do crack, em um Centro de Atenção Psicossocial em Álcool e outras Drogas. A análise e categorização das descrições vivenciais se processou à luz da análise de ambigüidade, fundamentada na fenomenologia de Maurice Merleau-Ponty. Como resultados emergiram três categorias - Sobrecarga no cuidado: demonstração de amor e sofrimento; Peripécias e fantasias do usuário de crack: entre as dúvidas e as certezas; e A sombra interminável do crack à luz da cura pela fé. O estudo apresenta uma nova perspectiva sobre o uso do crack no contexto familiar, através da percepção intersubjetiva, reveladora das ambigüidades, que abre possibilidades para desvelar a vivência do outro.

**DESCRIPTORIOS:** Crack. Família. Relações familiares. Filosofia em enfermagem.

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## EL CRACK EN EL CONTEXTO DE LA FAMILIA: UNA APROXIMACIÓN FENOMENOLÓGICA

**RESUMEM:** El objetivo de este estudio es conocer el significado, para la familia, a partir del contacto diario con un miembro consumidor de crack. Se trata de una investigación cualitativa, descriptiva, fenomenológica, que tomó como base para la recopilación de datos empíricos, la realización de entrevistas fenomenológicas con dos familias de dependientes de crack en un Centro de Atención Psicossocial en Alcohol y otras drogas. El análisis y categorización de las descripciones experienciales demandaron a la luz de la analítica de la ambigüedad, basada en la fenomenología de Maurice Merleau-Ponty. Como resultados surgieron tres categorías - Sobrecarga en el cuidado: demostración de amor y sufrimiento; peripécias y fantasías de los consumidores de crack: entre las dudas y las certezas; y La sombra interminable de crack a la luz de la curación por la fe. El estudio presenta una nueva Perspectiva sobre el consumo de crack en el contexto familiar, a través de la percepción intersubjetiva, reveladora de las ambigüidades, que abre posibilidades para dar a conocer la experiencia de otro.

**DESCRIPTORIOS** Crack. Familia. Relaciones familiares. Filosofía en enfermería.

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## HOW THE OBJECT OF THE STUDY EMERGED

Crack has arrived in São Paulo-SP, Brazil, in the late 1980s, and for many years its consumption has been associated with big cities. However, this association is no longer observed today as crack consumption has surpassed metropolitan frontiers and spread throughout the country.<sup>1</sup>

Thus, "the growth observed in crack consumption in Brazil has become a public health phenomenon, being currently known as the crack epidemic".<sup>2:337</sup> Thus, special attention should be given to crack-dependent individuals, because a correlation between crack consumption and damage to the health system is likely to exist. For example, it is possible that violence will have impacts that go beyond the subjective dimension, extending over wider spheres such as the family and society as a whole. Sometimes, such impacts are expensive to the health services.

This paradigm suggests a possible need for care technologies that result in quality healthcare practices. The services must act on the current scenario of drug use with a new look at the mental health, with basis on the Psychiatric Reform.<sup>3</sup>

The Psychiatric Reform (which was a political milestone for the reconstruction of mental health care in Brazil) seeks a new look at the mental illness, beyond the hospital-centered model. The asylum/repressive system, which has a punitive character, prevails in this model. Thus, a humanized and qualified assistance should be offered to the person who also suffers mentally due to the use and abuse of drugs.

Earlier, the war on drugs (especially crack) was a police responsibility. With the creation of Psychosocial Care Centers for Alcohol and Drug Users (CAPSs AD, for *Centros de Atenção Psicossocial Álcool e Drogas*; Ordinance n. 336/2002),<sup>4</sup> the fight was then planned with focus on health, and emphasis on action against the effects of drug consumption. Thus, licit drugs (such as alcohol and tobacco) are included in the area of mental health, in addition to drugs recognized as illicit (such as crack).<sup>5</sup>

Given this problem and the challenges posed by crack addiction, the Brazilian government launched the Integrated Plan to Combat Crack and Other Drugs (established by decree n. 7179, 20 May 2010, Article 2). Structuration, integration, coordination, and expansion of actions for use prevention, treatment, and social reintegration

of users of crack and other drugs are included in the objectives of this plan. Participation of family members and attention to vulnerable groups (including children, adolescents, and homeless persons) are included in the plan.<sup>6</sup>

Thus, the importance of family involvement in the therapeutic context of users of crack and other drugs may be so understood, because the consequences of dependence on these substances is experienced in the family context. Far beyond the individual who suffers, the health system is possibly weakened and destabilized by crack addiction. By using a phenomenological language, and with this approach, the authors seek to understand the phenomenon from the point of view of the family, a social unit who lives and suffers as a whole.

Motivation to study this subject came from the experience gained during the Curricular Activity in Community (ACC, for *Atividade Curricular em Comunidade*), known as "Interdisciplinary health care to families living with mental distress". This modality of curriculum is from the Multidisciplinary Institute for Health, Anísio Teixeira campus (IMS/CAT, for *Instituto Multidisciplinar em Saúde, Campus Anísio Teixeira*), Federal University of Bahia (UFBA), where families of persons with mental distress (PSM, for *Pessoas com Sofrimento Mental*) due to use of crack and other drugs are treated in a qualitative/interdisciplinary mode. In the ACC mentioned above, we had the opportunity to try methodological alternatives in order to better understand the problems and issues relevant to the families participating in the proposed activity at the area of health-mental illness process. Thus, we were able to collaborate in the process of working with family members, practicing recognition of the other from himself/herself, through intersubjectivity as a tool of phenomenology.

Thus, the question (objective) of this study emerged: what is the meaning for the family of living together with a member who is crack addict?

## OBJECTIVE

To understand the meaning for the family of living together with a member who is crack addict.

## METHODOLOGY

This is a qualitative and descriptive study, based on the phenomenology of experience according to Maurice Merleau-Ponty. It was developed in the CAPS AD, in the Southwest Region

of Bahia, with two families of crack addicts who were registered on that service.

We emphasize that our work in the CAPS AD was performed with nuclear families, ie, parents, and children who lived together in an interactive and dynamic manner, while they were building their system of social values, concepts, and knowledge.

The following inclusion criteria were used in this study: family living in the municipality; family with one or more crack-addict members, followed in the CAPS AD; family member with participation in the group meetings of the Living Circle of Lives! (*Roda de Vidas Viva!*, Groups for conversation and activities of the ACC IMS/CAT/UFBA); family with members who attended the CAPS AD for a period longer than six months; being older than 18 years, and being a family member with direct or indirect participation in the care to the crack addict.

The exclusion criteria were as follows: non-availability of time to attend all meetings for data collection; cognitive limitation of family member as detected in the meetings, and inadequacy to the inclusion criteria listed above. Thus, the two families included in the study were composed of the respective parents (fathers and mothers). They lived daily with their crack-addict children who were treated in the CAPS AD. In addition, the number of family members participating in the study was not predetermined because the essence is taken into account in studies of phenomenological nature, not the number of subjects interviewed or meetings held.<sup>7</sup>

Data collection occurred in the first semester of 2012, after approval of the project protocol by the Ethics Committee (State University of Southwest Bahia, UESB, opinion n. 200/2011). The subjects voluntarily accepted the invitation to participate in the study and signed a Term of Free and Informed Consent.

For data collection, this study was based on phenomenological interviews conducted in groups. Due to the phenomenological nature of the study, flexible and provocative questions were used during the dialogue. These questions, which were related to the topic of the study, have guided the discussions during the meetings allowing the phenomena (that could answer the question of the study) to appear. In each of these meetings, which were mediated by intersubjectivity and empathy, two questions of the script were chosen and dis-

cussed by the group. These meetings, with a mean duration of 2 h per participant, were previously scheduled with each participant of the study and were conducted in the group therapy room at CAPS AD. In order to preserve anonymity of the participants, names of precious stones were used to identify the families, according to their own choice. We emphasize that the set of procedures during these meetings was directed to allow each participant to feel at home and thus speak freely about his/her family life with a crack-addict son. From the field experience, novel possibilities were opened by means of the interviews, and especially enabled by the speech of the interviewees.

Thus, the meetings with family members were intersubjective experiences, whose experiences were shared by all participants. The experiences allowed discovering that a better knowledge of the other can be built during the daily contact in the home environment.

The interviews were recorded, listened to several times, and transcribed as reliably as possible. Analysis of the experiential descriptions was undertaken in the next step, taking analysis of ambiguity as its basis. Analysis of ambiguity has as its theoretical matrix the eidetic phenomenological reduction of Husserl, a classic precursor of the phenomenological method. According to this method, theses based on the assumption that phenomena are complete in themselves should be discontinued.<sup>8</sup> Basically, analysis of ambiguity consists in accepting that phenomena present themselves as they are only as a starting point. This permits that phenomena that have not been considered can pass to reflection, articulating the thought as if it were an object that was perceived, not as something complete, but as something that allows other possibilities.<sup>9</sup> In the analytical ambiguity, we seek to realize the intentional living together that anticipates articulation of words. In other words, in analytical ambiguity we seek to find the essential meaning that underlies the speech. For this however, theses according to which facts are already complete in themselves must be discontinued.<sup>9-11</sup>

Therefore, the meetings allowed proximity with the family, and analysis of their answers allowed capturing not only what was said, but also what was not said. Other profiles were revealed, because while space and time of the family was considered, the silence, gestures, and attitudes, in addition to the oral discourse, were observed.<sup>12</sup>

## RESULTS FROM ANALYSIS OF AMBIGUITY: UNVEILING THE PHENOMENA

The perceptual experience while analyzing the experiential descriptions by parents of crack users (data collected) appeared as phenomena, which also presented as appearances. These always appear as a profile, bringing together a background with other profiles, which allowed us to realize ambiguities. Thus, we have constructed analytical categories, which contain such ambiguities.

### Category 1 - Care overload: demonstration of love and suffering

We included in this category family members who describe in their speeches care overload (during interaction with the crack-dependent member), sometimes impregnated by suffering of the family as a whole. Nevertheless, loving them unconditionally is possible, and love appears as both justification and natural consequence of a greater feeling.

Theoretically, there are two types of overload, which we classified as objective and subjective overload. First, represented by both social and professional modifications in the family routine, financial wear, additional care directed to the beloved person, inconvenient behavior, and physical and/or verbal attack. Second, characterized by how the family perceives and assesses their own conduct in that situation.<sup>13</sup>

When the father describes his daily contact with a crack-addict son, he is presented as a burden with regard to the care given to that person, revealing both the suffering experienced by the family and situations of concern that such experience brings. At the same time, the parent also expresses love in the form of care and zeal. This can be seen in the following speeches:

*for me, living with a family member who is crack addict means preoccupation, because he's fine, healthy, beautiful, and smelling good, and then he goes out and you don't know how he will return [...] many times, he returns well [...] and many times, in his case [...] who is compulsive, he arrives crushed, knocked down. So, this is a concern for me and my family; we never know when he's fine [...]. His head, we never know how it is. My husband talks like that: 'if we, who are his parents, don't endure, who will endure? We have to endure'. This is for love, because if it isn't for love, we won't endure! [...]* (Amethyst, Ruby's mother).

*sometimes we feel so, so impotent, so humiliated, because you see your child going out all dressed, and*

*then he arrives barefoot. Once you [she turns to her husband] found him at the bus station [...] barefoot, with his clothes dirty! We went to find a place for him to take a bath, a hotel, and they didn't accept him, because of the condition he was* (Turquoise, Quartz's mother).

The speeches of the participants about their feelings and the meaning of living together with a crack user in the family leads to the idea of social phenomenon. Is worth remembering that such phenomenon arises as a figure that brings a background containing several other figures, and understanding of the background may be compromised if these other figures are not noticed. Regarding the notion of phenomenon, Merleau-Ponty<sup>14</sup> states that the world always comes in perspectives. As they carry all other perspectives with them, further elaboration is not necessary. The general concept is precisely that phenomenon is what arises from itself (just as it is in itself), not as something isolated or complete, but as a figure with its consequences. Thus, all perception of a fact is considered to be the perception of a phenomenon.<sup>14-15</sup> Thus, phenomenon is a process that comes with a history connected to it; in other words, phenomenon is an exercise that is included in the living world.

Therefore, when we presented the experiential descriptions above, we realized how much daily contact is associated with concern, not only for the mother but for all family members. In the first speech, repetition of the verb endure reveals how family life sometimes seems painful and complicated. At the same time, the feeling of love for the beloved person seems sufficient to explain why they were able to endure. According to the mother, she could not endure if not for love.

The following speech draws attention because the mother compares the pain caused by the death of her son with the suffering caused by crack addiction of her other son. She stated that suffering caused by the second experience is greater than the pain caused by the first one due to the greater damage to the whole family, as highlighted below:

*[...] here, I'll tell you something that is somewhat heavy: I lost a son who was 18 years old in an accident; I suffered too much; no pain is worse than losing a child. I myself told my husband that now I'm living 50% of my life! Do you believe that suffering by this other [the addict one] is so great that sometimes I do not even remember that I lost that son? Did I forget the pain? This is worse than death! I'm sure, for me, it is! Once I said, what God is this, who takes my son away, so beautiful, so wonderful, and there are so many bad*

people there? Today however I say with all my sincerity: there is a thing that is worse than death! I've learned to live with this physical separation, that [other] people never learn; I could smell the his scent; he [used to] steal roses from the garden to give me. We suffered a lot with his death; I left the school and I thought I could not hold on, because I could not look at the room where he studied. Now I tell you: living with someone who is a crack user is far worse than death! (Turquoise, Quartz's mother).

Finitude of life is culturally accepted as a fact, and death is perceived as a *rest*. Those who die are supposed to be well. However, the living son, who is drug addict, is not well. He suffers and therefore his whole family suffers. They reveal their fragility when they tell their difficulty and pain in seeing their child as a crack addict.

The testimonies above indicate that existence of a crack-addict member in the family brings suffering in their environment. The family caregiver told he became accustomed to the lack created by a death, but not with the existence of a son who also suffers from his own addiction. Such suffering goes beyond the suffering of the parent who is also caregiver. Suffering transcends perception of oneself as an isolated being, leading the family caregiver to show his concern for the other. Thus, love is expressed in the form of care for the child who is drug addict, as well as for himself/herself, his/her other self.

Caregiving is an essential attitude of the human being. Caregiving translates a sense of responsibility for the care receiver (or for the other self) and his needs.<sup>16</sup> This type of connection allows us to better understand the relationship with the other. In such connection, the merleau-pontyan phenomenology states that the self and the other are not distinguishable, i.e., identity, as a generality of both our body and the other are based on the "universality of feeling". Therefore, we are mutually coextensive with all persons we see, hear, and understand. We are a whole in our relationships; every moment we can feel that others feel us and others can feel us as we feel them.<sup>17</sup>

The caring process reveals that the parents manage to find meaning in caring, although they feel both overloaded and stressed by living together with a drug-addict member and this may result in damage to their physical and mental health. So care can be understood in a more optimistic view, not just that of a suffering experience.<sup>17</sup> This is what we call phenomenon, something that is present as a profile in the perceptual experience,

although it brings other profiles associated with them. These profiles are perceived when we look at a scenario where we can perceive the coexistence of several figures although we focus on just one.<sup>18</sup>

Thus, living together with the crack-addict family member includes care overload, which afflicts and disrupts family dynamics in different ways. However, above all, there is an unconditional love that directs attitude of the caregivers toward the crack user. Therefore, despite the burden perceived by these families, maternal love has always been present and guiding the actions of crack-addict member.

## Category 2 - Troubles and fantasies of crack user: between doubt and certainty

This analytical category shows that the addict's need for compulsive consumption of crack leads him to lie to his caregiver. However, the same way as he lies (creating incredible although momentarily convincing stories), he also shows a need to tell the truth to correct and justify his actions. These aspects of his behavior can be perceived in the following speeches:

[...] in the early stages, when our children become drug addict, they start with little lies, saying, 'I'm going to the house of a friend'; he never went to a friend's house, or outside his home to sleep [...]; they start telling lies, and we begin to discover them [...]. Then, my son started with traffickers. Once, he lacked money; he stole a dog, and its owner came angry at our home. My husband had never seen that! Then, when I arrived [from work], he was already drugged: [...] 'Son, let's get the dog because your father can't stand hearing insults here at home!' [...] We went to a crack house [...]. I got there; I took the dog, scared to death [...]. We delivered the dog to its owner, and we still had to pay for the dealer. [This is] for you to see what crack leads people to [...]. His lies, they irritate the family, parents. He thinks that he fools us, that we swallow it whole, that we are stupid! It is a characteristic of crack users, thinking that they deceive [others] (Amethyst, Ruby's mother).

[...] sometimes he says things to me with such a conviction, that I go there and I believe him, I fall down. Later, I ask how this boy could devise that. Then, I guess somebody is within him because it is impossible for a single person to invent so many things as he invents and talks (Topaz, Quartz's father).

In the speeches of Amethyst and Topaz, lies of the crack user arose early in the family life (beginning of drug addiction) and transcend all

subsequent stages of his addiction, leading the father to wonder about the possibility that a spiritual being would be responsible for the origin of so many lies. The goal of such lies, an insatiable need for drug consumption (crack craving), seems clear. Therefore, given the discourses and attitudes of the crack-addict boy, trusting him is difficult because doubt between truth and lies will always exist. Furthermore, the first speech reports an unusual fact (stealing a dog in exchange for maintaining the habit). On that occasion, the lives of both Ruby and her mother (Amethyst) were put at risk because both entered the point of sale for drug users ("*boca do fumo*", an area regarded as dangerous). They had to go there to rescue the dog and return it to its owner (who was quite upset) as well as rid his son of debt with drug dealers and social punishment for stealing.

Crack craving can be considered as one of the pillars of addiction to drug use (especially crack use), and is directly associated with the constant practice of lying. This drug has a rapid effect and its consumption has a compulsive character. According to the information given by crack addicts, craving (a negative feeling) is often triggered by situations that remind crack, such as the need of not feeling the discomfort caused by its absence in the body and desire of consuming more drug (at the very moment of its consumption) until they enter a state of physical, psychological, and financial exhaustion.<sup>19</sup>

The uncontrollable desire of drug use and the need for their constant use lead dependents to activities that include sale of personal or family objects, robbery, and kidnapping.<sup>20</sup> We will see such situation in the following speeches:

*[...] he bought a pair of shoes in an afternoon, and that same afternoon he offered it for five reais to the guy in the sale, who saw that the thing was so cheap that he replied: 'I won't buy that.' Look, crack causes people to do things you can neither imagine nor dream. [...] except that, he is a great person (Topaz, Quartz's father).*

*[...] when he was 17, before he was hospitalized, he planned his own kidnapping with the drug dealer. [The rescue value] was 50 reais; those days [such amount] was worth, wasn't it? Then I went there to deliver the money. My friend stayed looking at a distance, paying attention to defend myself if the kidnapper would do anything. To my surprise, my son and the trafficker come on a bike; later, the delegate, who is my friend, came to me and said: 'I found nothing wrong, because I've never seen a kidnapped person carrying his own kidnapper!' At home, all people had fallen in such a*

*story, including the sheriff, who thought that this was like that! (Amethyst, Ruby's mother).*

*[...] one day, I was lying and watching TV there [...] my son and two other people came and he said [to one of them]: 'You can get it there, young man!' I asked what this is. One of his companions said 'Shut your mouth!' My son changed our DVD for a gun, and I think there was anything else. Then I went there, and when I saw the red car, I started to write down its plate. He put his gun on my face, less than four fingers. I said: you can shoot; shoot; you can shoot because, for me, I'm a dead woman, and for me, you are also a dead person, who no longer exists, you can shoot! Then he became like this, oh [he made the gesture, simulating a gun in his hand] he stayed quiet for two or three minutes, and he did not shoot. For me, living with a family member like this means death. I felt nothing for him and that day, I felt he was nobody for me (Turquoise, Quartz's mother).*

Amethyst and Turquoise revealed a financial decline in their personal and family properties. This situation was characterized by the sale of a personal item (tennis) and armed kidnapping (probably to pay a debt to the drug dealer), and once again the lie was revealed later. It should be noted that often addict persons practice illegal activities to meet their own need of crack cocaine. Such activities include extortion of money and/or objects from their own families, in a direct link with criminals, and this connection greatly concerns their relatives.<sup>20</sup>

The participants in this study believe that the strategies used by crack-addicted persons in their relationship with relatives and the society in general reveal attitudes characterized by a distorted reality.

*Once I was taking my son to be hospitalized in São Paulo. Then my cousin got a car, and I took my son. Then he told a so beautiful story to the two people who were together in the car, so they may have thought I was lying. They may have thought this: 'My God, what unfair woman! She is taking her son to be hospitalized; such a good boy.' He behaved like a healthy person from here to there! On the way back, they told me: 'Lady Amethyst, I think you've been unfair!' I replied: you should live with him! You say that because you do not know what happens to him, you do not know enough to talk! I would never spend my money on a clinic, never! Imagine! Paying in order that my son stay out of home. If I did that, I deserved to die! (Amethyst, Ruby's mother).*

Often, crack users develop characteristics of deceitful and manipulative persons in order to re-

late well with other people. Probably, these people are aware of their attitudes and consider them as responsible for the lack of confidence in themselves by others.<sup>19</sup> In the perception of these others, who do not live together with the addict, reality is distorted by him. Thus, they may doubt the need for treatment of the crack addict and judge the attitude of their family caregivers as being unjust.

Coexistence involves the existence of an opening for interaction with the other, where there is a possibility of reconstructing bonds (which are permeated by conflicts inherent in the family), and from where mutual aid between caregiver and the addict is manifested. The parents recognize the other (the crack addict) as a part of themselves, and thus they share their fears, sorrows, wishes, and relationship mechanisms. Similarly, inferences made by Amethyst on the behavior of her son and his need for hospitalization should be considered relevant because she lives together with the crack-addict son and feels (or does not feel) his need for specialized treatment.

We can see that attitudes of the crack-addict son are surrounded by doubts and certainties, truths and lies, which increase the family suffering and help maintain a fragile family environment. On the other hand, building bonds of trust is an initial step to establish a better interpersonal relationship among family members.

### **Category 3 - The endless shadow of crack in the light of healing by faith**

In this category of analysis, we describe faith, a representation of spirituality, as the only alternative for healing and hope, as expressed by the family, although they understand that the shadow of drug addiction will always be present in the path of their families. Faith helps them withstand the difficulties of living daily together with both the crack-dependent member and "the endless shadow crack", because its undesirable presence is remembered in the day-to-day of the family given the ever-present possibility of relapse.

Some studies indicate religiosity and faith as efficient and beneficial mechanisms in sickness, because they help positively to understand the social and psychological changes arising from the disease process, and contributes including for improvement in the quality of life of the sick person.<sup>21</sup>

When we turn to the daily contact of the participants in the study, we realize that they envision their own faith as both alternative and

reason for them to bear the burden due to living together with the crack-dependent member. For the parents, the beloved sons will only be good if they are cured by faith, apart from any professional help they may have.

*There are people who do not seek faith. However, I live well seeking Jesus, because I live by faith, trusting in God, praying to my Lord. I pray almost 24 hours a day and I trust him. In my house, I just live by faith, and only faith sustains me [...]. I guess people who do not seek such faith, who do not embrace Jesus, our Savior, it must be very difficult for them. I trust in my Lord, and I know that one day my son will be fine by faith because by the man himself [medicine] it is very difficult; People, it's hard to live without Jesus! (Amethyst, Ruby's mother).*

*Sometimes I go there and come back, and I see no solution! However, God will look at him. I say: oh, my God, my Lord who gave me this child, help me, help me get this child out of this ill, give me strength! (Topaz, Quartz's father).*

The speeches are emphatic and show that these parents fully trust in a higher power represented here by God. They seek in their faith a solution or mitigation of problems and adversities of life, which were generated by the chemical dependency of their children. As discussed earlier, they seek above all encouragement to face the trials of life, represented herein by the overload of living together with a son who is crack addict.

In addition, we may question the real role of health professionals before a cure that, in the family perception, will only happen through faith. This leads us to ask whether the therapeutic services are really effective in helping the drug addict and his/her family. Moreover, what is or what should be our posture as professionals in this situation. Such situations lead us to think whether families are contemplated as a whole during the treatment we offer, as characteristics such as culture, religion, and expression of faith of the families are not considered.

In the second speech, although the son is seen as a gift of God, the boy's father asked for help from this same God for cure of his son and a possible reconstruction of his life. Thus, living together can be understood as a divine mission, which helps and gives strength for the parents to live together with their child who is crack addict. Such strength would give encouragement for the parents to take care of their children, in the certainty of their success given the difficulties of caregiving.<sup>17</sup>

Thus, the endless shadow of crack seems less somber because people are driven by faith. Therefore, the path to hope of the parents, and healing and salvation of the crack-addict son are in their faith.

## NON UNDERSTANDABILITY OF LIVING TOGETHER: FINAL CONSIDERATIONS

This study has shown that living together with a family member who is crack addict is neither easy nor simple. Furthermore, such interaction generates a burden for the whole family, especially on those who are responsible for direct care. Despite this overburden, the family continues taking care of their crack-addict son with the necessary warmth and affection, and hopes his life may continue the best way possible and far from drug. Thus, parental love is something far beyond any family conflict.

As described by the parents, their other difficulty in living together with the crack-addict son is that he lies easily when he feels the need to consume the drug. As a result, attitudes of the crack-addict in his everyday life with the family always raise doubt about the truth of his speech, because the family members do not know whether or not they can trust in him.

Faith of the parents has proven to be present in the daily contact, and can be understood as a strategy to overcome adverse and conflicting situations involving the crack addict son. Thus, in the testimonies above, faith was shown to be a confidence that drives the families (especially caregivers) to better withstand the burden associated with the shadow of the crack in their respective contexts.

The use of analysis of ambiguities in this study allowed us to perceive phenomena, which showed profiles that allowed other profiles emerge. Thus, the source of knowledge construction is inexhaustible, for we will surely make new inferences if we look at the same phenomenon more times, because in principle it never shows itself in full. In conclusion, exhausting all possibilities of reflection on what use of crack means in the family context is not possible.

## REFERENCES

1. Dualibi LMF. Profile of cocaine and crack users in Brazil [dissertação]. São Paulo (SP): Escola Paulista de Medicina da Universidade Federal de São Paulo. Mestrado em Ciências; 2010.
2. Pulcherio G, Stolf AR, Pettenon M, Fensterseifer DP, Kessler F. Crack - from rock crystal to treatment. *Rev AMRIGS*. 2010 Jul-Set; 54(3):337-43.
3. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Coordenação Geral de Saúde Mental. Reforma psiquiátrica e política de saúde mental no Brasil. Brasília (DF): MS; 2005.
4. Brasil. Portaria n. 336, de 19 de fevereiro de 2002. Estabelece os Centros de Atenção Psicossocial nas seguintes modalidades: CAPS I, CAPS II e CAPS III. *Diário Oficial da União*, 19 fev 2003. Seção 1.
5. Organização Mundial da Saúde (OMS). Relatório sobre a saúde no mundo 2001. Saúde mental: nova concepção, nova esperança. Genebra (CH): OMS; 2001.
6. Brasil. Decreto n. 7119 de 20 de maio de 2010. Institui o Plano Integrado de Enfrentamento ao Crack e outras Drogas, cria o seu Comitê Gestor, e dá outras providências [online]. Presidência da República Casa Civil, 20 maio 2010 [acesso 2011 Set 24]. Disponível em: [http://www.planalto.gov.br/ccivil\\_03/\\_Ato2007-2010/2010/Decreto/D7179.htm](http://www.planalto.gov.br/ccivil_03/_Ato2007-2010/2010/Decreto/D7179.htm)
7. Boemer MR. Conducting a study according to the methodology of phenomenologic investigation. *Rev Latino-Am Enfermagem*. 1994 Jan; 2(1):83-94.
8. Sena ELS, Gonçalves LHT. Life experiences of family caregivers to elderly with Alzheimer's under Marleau-Ponty's philosophic perspective. *Texto Contexto Enferm*. 2008 Abr-Jun; 17(2):232-40.
9. Sena ELS, Carvalho PAL, Reis HFT, Rocha MB. Family members' perceptions on care given to people with advanced cancer stage. *Texto Contexto Enferm*. 2011 Out-Dez; 20(4):774-81.
10. Sena ELS, Gonçalves LHT. Intercorporeidade na experiência do cuidado: familiar cuidador e portador da doença de Alzheimer. In: Silva AL, Gonçalves LHT, organizadores. *Cuidado à pessoa idosa: estudos no contexto luso-brasileiro*. Porto Alegre (RS): Sulina; 2010. p. 193-218.
11. Sena ELS, Gonçalves LHT, Müller Granzotto MJ, Carvalho PAL, Reis HFT. Analytic of ambiguity: methodic strategy to the phenomenological research in health. *Rev Gaúcha Enferm*. 2010 Dez; 31(4):769-75.
12. Carvalho AS. Metodologia da entrevista: uma abordagem fenomenológica. 2ª ed. Rio de Janeiro (RJ): Agir; 1991.
13. Galera SAF, Zanetti ACG, Ferreira GCS, Giaccon BCC, Cardoso L. Research with families of people with mental disorder. *Rev Bras Enferm*. 2011 Jul-Ago; 64(4):774-8.
14. Merleau-Ponty M. *A prosa do mundo*. São Paulo (SP): Cosac & Naify; 2002.
15. Sena ELS, Boery RNSO, Carvalho PAL, Reis HFT, Marques AMN. Alcoholism in family context: a phenomenological approach. *Texto Contexto Enferm*. 2011 Abr-Jun; 20(2):310-8.



16. Boff L. *Ética e eco-espiritualidade*. Campinas (SP): Editora Verus; 2003.
17. Reis HFT. *Families of people in mental distress: a phenomenological view about the relationship of living together [dissertação]*. Jequié (BA): Universidade Estadual do Sudoeste da Bahia, Mestrado Enfermagem e Saúde; 2010.
18. Merleau-Ponty M. *Fenomenologia da percepção*. 3ª ed. São Paulo (SP): Martins Fontes; 2006.
19. Chaves TV, Sanchez ZM, Ribeiro LA, Nappo SA. *Crack cocaine craving: behaviors and coping strategies among current and former users*. *Rev Saúde Pública*. 2011 Dez; 45(6):1168-75.
20. Selegim MR, Marangon SL, Marcon SS, Oliveira MLF. *Family ties of crack cocaine users cared for in a psychiatric emergency department*. *Rev Latino-Am Enferm*. 2011 Set-Out; 19(5):1-8.
21. Sanchez ZVDM. *As práticas religiosas atuando na recuperação de dependentes de drogas: a experiência de grupos católicos, evangélicos e espíritas [tese]*. São Paulo (SP): Universidade Federal de São Paulo, Escola Paulista de Medicina; 2006.

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