

ALCOHOL EFFECTS ON FAMILY RELATIONS: A CASE STUDY

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Problems related to alcohol abuse have been associated to different factors, regardless of the causes attributed to this phenomenon. Alcohol consumption and dependence is considered a public health problem and deserve attention because of the social, work, family, physical, legal and violence-related risks it represents. This study aimed to identify the effects of alcoholism on family relations and, by means of case management, to encourage the recovery of these relationships. The results show that the problems caused by alcohol abuse impose profound suffering to family members, which contributes to high levels of interpersonal conflict, domestic violence, parental inadequacy, child abuse and negligence, financial and legal difficulties, in addition to clinical problems associated to it.

DESCRIPTORS: alcoholism; family practice; patient care planning; psychiatric nursing

REPERCUSSIONES DEL ALCOHOLISMO EN LAS RELACIONES FAMILIARES: ESTUDIO DE CASO ACERCA DEL TEMA

Los problemas relacionados al uso de alcohol han sido asociados a diversos factores, independiente de las causas atribuidas al fenómeno en cuestión. Cuando consideramos que el consumo y la dependencia de alcohol incrementan el riesgo para problemas sociales, de trabajo, familiares, físicos, legales y con violencia, podemos afirmar que merece atención y se configura como un problema de salud pública. La finalidad del estudio fue identificar las repercusiones del alcoholismo en las relaciones familiares y, por medio de la gestión de casos, incentivar el rescate de esas relaciones. Se trata de un estudio de caso. Los resultados demuestran que los trastornos que resultan del uso de alcohol penalizan enormemente los miembros de la familia, contribuyendo para altos niveles de conflicto interpersonal, violencia doméstica, inadecuación parental, abuso y negligencia infantil, dificultades financieras y legales y problemas clínicos relacionados al uso del alcohol.

DESCRIPTORES: alcoholismo; medicina familiar y comunitaria; planificación de atención al paciente; enfermería psiquiátrica

REPERCUSSÕES DO ALCOOLISMO NAS RELAÇÕES FAMILIARES: ESTUDO DE CASO

Os problemas relacionados ao uso do álcool têm sido associados a diversos fatores, independente das causas atribuídas ao fenômeno em questão. Quando consideramos que o consumo e a dependência do álcool aumentam o risco para problemas sociais, de trabalho, familiares, físicos, legais e violência, podemos afirmar que o mesmo merece atenção e configura-se como um problema de saúde pública. O objetivo deste estudo de caso foi identificar as repercussões do alcoolismo nas relações familiares, e por meio do gerenciamento de casos, incentivar o resgate dessas relações. Os resultados demonstram que os transtornos decorrentes do uso do álcool penalizam enormemente os membros da família, contribuindo para altos níveis de conflito interpessoal, violência doméstica, inadequação parental, abuso e negligência infantil, dificuldades financeiras e legais, além de problemas clínicos relacionados ao uso do álcool.

DESCRIPTORES: alcoolismo; medicina de família e comunidade; planejamento de assistência ao paciente; enfermagem psiquiátrica

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INTRODUCTION

Problems related to alcohol abuse have been associated to different factors, regardless of the causes attributed to the phenomenon.

The frequent consumption of alcoholic beverages increases in the Brazilian population, according to region, consumption standards, gender, age, socioeconomic status and kind of beverage consumed⁽¹⁾.

The fact that alcohol consumption and dependence increase the risk of social, work, family, physical, legal and violence-related problems deserves attention and is by itself considered a public health problem.

Concerning family problems according to the national survey about alcohol consumption standards in the Brazilian population, "25% said the partner or person they lived with became irritated with his/her drunkenness or his/her behavior while drinking. Twelve percent said they had started an argument or fight with the partner while drinking", which points out the importance of working with these people's families⁽¹⁾.

Based on this comprehension, a study was developed to identify the effects alcoholism caused in the family nucleus. The aim of the study was to identify the effects of alcoholism on family relations and, by means of case management, to encourage the rekindling of these relationships.

METHODOLOGY

This is a case study, which enables direct observation of this phenomenon. This comprehensive methodological approach describes and analyzes the context, relations and perception concerning a phenomenon or social situation. It has been useful when the study generates knowledge about events experienced and change processes. Through a case study, associations can be appointed among intervention situations and real situations, their contexts, development, sense and the way they are performed⁽²⁻³⁾.

This research aimed to identify the effects of alcoholism on family relations and, by means of case management, encourage the rescuing of these relations. The analyzed units were the families and alcohol users who attended the AA in a city on the

countryside of Minas Gerais, Brazil. The proposals are related to the belief that case management applied to these subjects can permit their social re-insertion in the community and the rescuing of family relations troubled by the social costs of alcohol abuse. According to this proposal, the results of this case management strategy in the field of alcohol abuse treatment were applied and evaluated. Guided interviews were used to collect data, as well as observations and a field diary. The obtained data were transcribed (interviews) and analyzed through content analysis as proposed by Minayo⁽²⁾.

Case management (CM) "[...] is a model which promotes commitment, integrates transition and preserves continuous care, since it allows the patient to remain responsible for himself in the community [...]"⁽⁴⁾.

CM is a process that includes many roles and responsibilities, achieving a comprehensive care that needs to be identified, planned and performed, however, without massification, monitoring care actions according to the evolution in the patient's learning, or criticizing and reconsidering postures whenever necessary.

Case management, used as a strategy in the treatment of alcohol abuse, has been used for some years with good results, particularly when used in the clinical mode. In some cases, it does not only consider alcohol dependence, but also the comorbidities⁽⁵⁾.

STUDY SCENE

Alcohol dependence in the target city is observed in a large part of the population; However, there is no official figure to exhibit the problem. The city located in the North of Minas Gerais shows serious economic and social inequality problems, mainly observed from unemployment and poverty in the region. Social policies are fragile and have auxiliary characteristics, and increased urban violence, teenage pregnancy, child abuse and domestic violence are associated to alcohol abuse.

The production and sale of distilled beverages in the region are part of family income, a component that facilitates the use and abuse of alcohol among teenagers and adults. Mental diseases are also found as comorbidities in the region. There are no official services for alcohol dependence. The Family Health Program refers users to other healthcare services,

or they spontaneously contact the Psychosocial Care Center – PAC in the city, which do not have staff capable of working with these people and attends seventeen cities, always working at its maximum capacity. Another option is the Alcoholics Anonymous (AA) association in the city.

The research subjects were chosen at the AA because, at the PAC, these patients only receive care in emergency situations. There is neither systematic nor outpatient healthcare, so that patients are dispersed and do not return to the service. The AA coordinator was asked to provide a written authorization to permit the researcher's first contact with the research subjects, according to the demands of the Research Ethics Committee (CEP) at the researcher's institution. The project was submitted to the CEP of the institution and received a favorable opinion (No 324/05).

The inclusion criteria were: users who had been participating in AA meetings for at least two months and accepted to collaborating with the research. After the user's acceptance, the family was invited to participate in the study. Then, all subjects were asked to sign the consent term.

The researcher visited each family five times. During these visits, meetings were held to plan care for the user and the family according to their needs and health education activities on alcoholism. The subjects were interviewed individually in places and periods determined by the researcher, and each lasted one hour. Two interviews were held with each subject: one at the start and another at the end of the project. The members of the users' family nuclei took part in the research. All family members who lived with the alcohol user were considered.

RESULTS

Two families were followed for six months. The history of these people is presented as a narrative, constructed by the transcripts of the interview and the researcher's field diary.

Family 1

Daniel, 42, says he has been drinking alcohol for 28 years. For him, alcohol has destroyed his life because, whenever he drank, he felt like sinking more and more, and everything in his life became more

difficult. His second wife says that she knew he used to drink when they first met, but she thought it was normal, saying it was a *weekend habit*, even though she thought he abused during weekdays. Daniel was a widower and did not have children from his first marriage. In his second marriage, he had a daughter and a stepson who live at his mother's house.

Three years ago, Daniel entered the AA group, and he says his life has drastically changed. Before, *he used to change jobs all the time because he could not work or arrived late, was absent or fought with the co-workers.*

He got a new job after quitting drinking, which he has kept since then without further problems. He says his life has been difficult because his *fame of being a drunkard still lingers* in his neighborhood, even after he stopped drinking.

His wife says Daniel caused much trouble, *fought with the neighbors, attacked her and her children and even dislodged his mother from the house in a moment of rage.*

After he joined the AA, the mother of Daniel says that things have changed and that, at the beginning, it was very difficult because *he would stop and get back to drinking for almost a year but, at a certain point, he drank less and less, until he quit definitively.*

Vera, Daniel's wife, points out that things have changed in a general way but that he still suffers with the distancing of his children, especially her son from her first marriage.

According to Daniel's mother, the problem is that *he mistreated everybody. This is difficult to forget, but he regrets it and now tries to compensate the family.* For the children, *he stopped drinking because he had blood pressure problems and almost died once, but they consider that he can start drinking again any time.*

The intervention proposal was presented to Daniel's family and they were informed that the researchers were available to cooperate with whatever was necessary. Daniel is willing to get along well with the children. Vera (his wife) *would like the neighbors to stop looking at them with diffidence, as if her husband could fail at any moment.*

Daniel's mother believes that he needs to be in peace with his children in order to be well, because their *indifference makes him anxious and nervous.*

In the face of these results, it is concluded that the focus of our work would be to approach Daniel and his children, trying to sensitize the community where he lives about the process he is undergoing, that he needs support and not contempt in his new condition. Everyone agreed this was the most important at that time.

About his children, the authors tried along with the family to list activities that were of interest to everyone. This included some walks at weekends. It was suggested for the family to spare some time during the week to plan the weekend walk. Thus, the first week, despite some resistance, the children accompanied Vera, Daniel and Leonora (Daniel's mother) to a waterfall near the town.

The first ride was considered good, but Daniel came home disappointed, saying that generally the walks happen but the children are aloof: *when they speak, it is always with their grandmother or their mother.*

A meeting was held only with the children (João, 15 years old and Thaís, 10 years old). They were informed about alcoholism and João was wary, saying he did not believe drinking was a disease. Thaís was interested in all kinds of information.

It was observed that, over time and as family activities took place that were planned for everybody, Daniel's children were sensitized about their father's problems. João and Thaís expressed interest in knowing the AA and meeting other people (men and women of different ages) who have suffered the same problems as their father. This was considered good for the whole family.

After six months, Daniel mentioned changes in the relationship with his children, noting that they were closer, not totally, but that João's anger had softened and that Thaís was more affectionate towards her father.

Regarding the neighbors, Vera decided to prepare a party to celebrate Daniel's birthday, using the opportunity to invite the neighbors. The researchers did not take part in the preparation of the party, which was delegated to Vera and Leonora (Daniel's mother).

Despite the purchase of alcoholic beverages for the party and some family members being distressed with the possibility that Daniel could re-start drinking on the occasion, that did not happen. Leonora said that everything was completely calm.

One month after the party, in family 1's house, relationships have changed. They were invited to other parties in the neighborhood, a fact that had not happened for a long time. Daniel is going to church with his wife and family. Although he says he *is not fond of churches*, he thinks this makes his family happy, so he has always gone.

At the end of the management program, the family evaluates things as good and it seems that they only needed some guidance to solve what seemed too hard in the beginning.

Family 2

Gustavo is 36 years old and has been an alcoholic for 20 years. He works temporarily as a delivery person in a city market and has never had a steady job. According to his father, drinking does not allow him to have a steady job, due to *its harmful effects on people's lives.*

He started to attend the AA two months ago but is not a regular. He has received care at the Psychosocial Care Center in the city, but has relapsed many times during the five years of treatment.

Gustavo's father decided it was good for his son to attend the AA. Gustavo agreed, even though he said that he does not believe this kind of thing can work. Gustavo says he is not an alcoholic, *drinking to feel good, and has never fought because of that, neither in the streets nor with his family.*

However, he is aware that, sometimes, his drinking disturbs the relations with people at work. However, in other aspects of life, he considers it normal. Lenise (Gustavo's mother) does not agree with her son and points out that *he looks older when compared to other people his age, being frequently sick, not eating, drinking alcohol everyday and sometimes getting late to work because he cannot get up early in the morning, as a result of spending the nights drinking.*

Gustavo's brothers say this is not their problem. *It only disturbs them when he is unemployed and the family has to provide for him, including his addiction, since he has debts in bars. His father has been paying off these debts little by little.*

Meetings were held with this family, where alcoholism was considered a disease. Everybody agreed with the topic, except for Gustavo, who considers alcoholism *foolishness*, saying he can stop drinking whenever he wishes to.

The objective of the intervention was to sensitize Gustavo about the problem together with the family. The AA coordinator was asked to help, and quickly helped us by effectively participating in some of the meetings with family 2. Gustavo was always accompanied by the researchers in the AA

meetings, but he has always showed himself apathetic on the topic.

We suggested Gustavo to start a diary about all his activities in one day including the moments he drank alcoholic beverages. At the end of two weeks, Gustavo gave his diary to the researchers for joint analysis. During this period, he drank high amounts of distilled beverages on eight occasions, while the others were regular daily doses.

The researchers and Gustavo observed together that he spends a large part of his day under the influence of alcohol. His first dose usually happens after leaving home and before getting to work. During the day, in his breaks at work, he stops at bars and pubs in the city to drink. All his friends drink abusively, and he observed that he spent a lot of his day drinking.

Regarding his difficulties, he observed that his relationship with his family was not good. As he spends a large part of the day out and is drunk when he gets home, soon going to bed, he realized that he has no contact with the house routine. Although he said he did not care about it at first, he seemed to become angry when he acknowledged some indifference about his life by the family members.

Gustavo asked the researchers to talk to his girlfriend about alcoholism as a disease, and this was done in his being present. After the six-month evaluation period was over, he said his alcohol abuse had decreased, that he had not missed the occasional appointments at the PAC, but that he still cannot spend a day without drinking. Therefore, he has been avoiding going to the AA, but the AA coordinator is a friend of the family and has helped a lot.

DISCUSSION

In Latin America, families have an essential role in providing for their members, and they have played an important role in the conception, elaboration, execution and surveillance of social programs, considering that changes in family members' social roles affect public policies, and that the relations established in the family environment can exert a positive or negative impact in society⁽⁶⁾.

Problems due to alcohol abuse harm the family members, contributing to high levels of interpersonal conflicts, domestic violence, parental inadequacy, child abuse and negligence, separation

and divorce, financial and legal difficulties, as well as clinical problems associated to alcohol abuse⁽⁷⁾.

Besides, children raised in families where others members abuse or are addicted to alcohol and other substances are also at a high risk of being physically and sexually abused. Families with one or more members suffering from disorders related to drug abuse frequently demonstrate a transmission pattern of drug abuse and other associated psychiatric disorders across multiple generations, such as antisocial personality disorder and pathological gambling⁽⁸⁾.

Pathological behavior is a risk factor favoring the existence of psychiatric and clinical disorders in parents and siblings of alcohol users. High levels of social and cross-cultural stress also play a role in the development and perpetuation of the disorder due to abuse⁽⁹⁾.

It is not easy to live with an alcoholic. It is clear in the authors' notes that the stories they followed are different and singular, based on the unique experience of each subject involved with his/her own difficulties, but at the same time alike, because they entail the same difficulties.

It is understandable that the family is likely to disbelieve in the treatment and the maintenance of the abstinence, since it is hard for the patient to understand that he is sick, and also to keep himself sober afterwards. Historically, it is a hard task to explain to the general population that alcoholism is a disease⁽¹⁰⁾.

Amidst this adverse scenario, with alcoholism as the central issue, users have defense mechanisms and also motivation to recover from the disease. Necessities include family support and the social environment, when well guided and encouraged to think in ways that help the patient, as well as the structuring of services that think and articulate partnerships with a view to a successful treatment⁽¹¹⁻¹²⁾.

Different strategies need to be used, and all are valuable when the objective is to mitigate or search for solutions for the problems the families pointed out in this and other studies⁽¹³⁻¹⁴⁾. This fact makes us reconsidering the topic and its complexity. When the approach is more humanized and individualized, like in the presented cases, favorable results are observed, which modify and benefit the lives of these people.

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