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Silva FM, Camatta MW, Lachini AJB, Nasi C

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Family motivations and expectations in the care for psychoactive substance users

Motivações e expectativas de familiares no cuidado ao usuário de substâncias psicoativas

Motivaciones y expectativas familiares en la atención a usuarios de sustancias psicoactivas

Francine Moraes da Silva^a <https://orcid.org/0000-0002-9226-7663>

Marcio Wagner Camatta^a <https://orcid.org/0000-0002-4067-526X>

Annie Jeanninne Bisso Lachini^b <https://orcid.org/0000-0002-3938-1256>

Cintia Nasi^a <https://orcid.org/0000-0002-4322-3701>

^aUniversidade Federal do Rio Grande do Sul (UFRGS). Escola de Enfermagem, Porto Alegre, Rio Grande do Sul, Brasil.

^bUniversidade Federal das Ciências da Saúde de Porto Alegre (UFCSPA). Departamento de Enfermagem. Porto Alegre, Rio Grande do Sul, Brasil.

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ABSTRACT

Objective: To understand the motivations and expectations of family members for the care of users of psychoactive substances.

Method: This is a qualitative study using Alfred Schutz's phenomenological sociology framework. Data was collected through semi-structured interviews with family members of substance users treated in the inpatient and outpatient clinic of a university hospital in southern Brazil. Data was interpreted through comprehensive phenomenological analysis.

Results: Five categories of motivation were identified: for fear and insecurity with the situation; for obligation; due to the relationship of love and connection; to stop suffering; to promote independent living.

Conclusion: The motivations of the family members aim to avoid the helplessness of the substance user and to achieve positive changes in the construction of a life without the use of substances, projecting a self-sufficient future for the user.

Keywords: Family. Drug users. Mental health services.

RESUMO

Objetivo: Compreender as motivações e expectativas de familiares para o cuidado ao usuário de substâncias psicoativas.

Método: Trata-se de um estudo qualitativo com a abordagem da Sociologia Fenomenológica de Alfred Schutz. Os dados foram coletados mediante entrevista semiestruturada com familiares de usuários de substâncias psicoativas atendidos na internação e no ambulatório de

um Hospital universitário no sul do Brasil. Os dados foram interpretados por meio da análise compreensiva fenomenológica.

Resultados: Foram identificadas cinco categorias de motivação: por medo e insegurança com a situação; por obrigação; pela relação de amor e vínculo; para interromper o sofrimento; para promover uma vida independente.

Conclusão: As motivações dos familiares visam evitar o desamparo do usuário de substâncias psicoativas, alcançar mudanças positivas na construção de uma vida sem o uso de substâncias, projetando um futuro autossuficiente para o usuário.

Palavras-chave: Família. Usuários de drogas. Serviços de saúde mental.

RESUMEN

Objetivo: Comprender las motivaciones y expectativas de los familiares para el cuidado de los usuarios de sustancias psicoactivas.

Método: Se trata de un estudio cualitativo con enfoque en la sociología fenomenológica de Alfred Schutz. Los datos fueron recolectados a través de entrevistas semiestructuradas con familiares de usuarios de sustancias atendidos en la clínica de hospitalización y consulta externa de un hospital universitario en el sur de Brasil. Los datos se interpretaron mediante un análisis fenomenológico integral.

Resultados: Se identificaron cinco categorías de motivación: por miedo e inseguridad con la situación; por obligación; por la relación de amor y vínculo; para dejar de sufrir; para promover la vida independiente.

Conclusión: Las motivaciones de los familiares incluyen evitar el desamparo del usuario de sustancias y lograr cambios positivos en la construcción de una vida sin uso de sustancias, proyectando un futuro autosuficiente para el usuario.

Palabras clave: Familia. Consumidores de drogas. Servicios de salud mental.

INTRODUCTION

It is a consensus in scientific literature that family can influence in the use of psychoactive substances by its members, functioning as either a risk factor or a protective one. Situations experienced in family, such as affective distancing, trouble communicating, and imprecision regarding limits and responsibilities favor substance abuse; on the other hand, an embracing attitude, proper listening, affection and protection can be protective factors against the use of substances, especially in patients under treatment^(1,2).

The family of a person in mental health care is often overloaded, especially when they become involved in the care for the relative with mental or substance abuse disorders (SAD)⁽²⁾. Frequently, the caregiver's overload is associated with physical or emotional diseases in the person cared for, as well as emotional tension, social restrictions, and financial trouble resulting from the need to provide care⁽³⁾.

Similarly, the physical, psychological, and social health of the family of a person with SAD is also impacted, more strongly among the relatives closer to the user (usually the spouse, parents, and/or children)⁽⁴⁾.

A study carried out with relatives of psychoactive substance users showed that, in addition to being exposed to drug trafficking and violence, they often suffer with prejudice and stigmas. In this regard, we must not only consider the needs of the users, but also investigate the needs and demands of their families⁽⁵⁾.

35 million people around the world suffer with SAD, and only one in seven receives some type of specific training. The main substances consumed include alcohol, tobacco, cannabis (marijuana), and cocaine (crack)⁽⁶⁾.

In Brazil, the II National Survey of Drugs and Alcohol showed that 11.7 million people are addicted to alcohol, that is, 5.73% of the general population. It also showed that the country is responsible for 20% of the worldwide consumption of cocaine/crack⁽⁷⁾. The same survey found that, in most cases, the relatives involved more closely with the care to the substance user are women (the mother or wife of the user), who usually take on the role of "head of the family". They are overloaded due to the superposition of responsibilities, almost always attributed to one of their members⁽⁷⁾.

In this regard, the overload of the caregiver of the psychoactive substance user is characterized as a state of psychological distress, emotional tension, family conflicts, and financial problems resulting from the act of caring⁽⁸⁾. The degree of overload of the caregiver is strongly related to the degree of kinship between caregiver and the psychoactive substance user⁽⁹⁾.

The act of a family member who is caring for the psychoactive substance user is permeated by expectations and feelings that must be investigated, so we can better understand the nature of the relationship between relative and user. This would help avoiding simplistic and reductionist presuppositions, such as victimizing and holding the family accountable for the substance abuse of the user.

Therefore, to unveil the essence behind the motivation of relatives who care for a psychoactive substance user, this study aimed to answer the following research question: What are the motivations and expectations of relatives who care for a user of psychoactive substances in their family? Therefore, the goal of this research was to understand the motivations and expectations of relatives who are caring for psychoactive substance users, considering Alfred Schutz's theoretical-philosophical framework in phenomenological sociology.

METHOD

We used the instrument COREQ⁽¹⁰⁾ to organize the information presented in this article.

The approach adopted during our investigation was qualitative and phenomenological, based on Alfred Schutz's theoretical-philosophical framework in phenomenological sociology⁽¹¹⁾. Through this framework we can understand human motivations and expectations by identifying the *reasons why* (reasons for an action) and the *reasons to* (expectations for an action). Thus, all human actions, especially social ones, can be understood as motivated behaviors, that is, these actions can be interpreted according to their motivations⁽¹¹⁾. Therefore, to understand the care provided to the psychoactive user, it was necessary to discover and interpret the set of motivations of these relatives that guide their actions of care.

These actions take place in the daily life of people, who work according to the knowledge they stored and have available, that is, according to their particular experiences and the particular meanings associated with each one. As we understand actions, common to the relatives of substance users, concrete categories emerge from the lived experience⁽¹¹⁾, translated, in this framework, as the typical actions of relatives of substance users. The goal, therefore, is to build a typified perspective regarding a social group at a certain point in time, describing the typical traits of the actions of this group - what is typical of the action (the type experienced)⁽¹¹⁾.

Therefore, after identifying the meanings of the *reasons why* and *reasons to* care for substance users according to each relative, we can unveil the typical characteristics of this social action⁽¹¹⁾.

This study was carried out in a service for the treatment of substance users (hospitalization and addiction outpatient care) of a teaching hospital in the south of Brazil. The hospitalization receives adult males in a treatment program focused on the detoxification and on the promotion of the rehabilitation of the users, so the treatment can continue out of the hospital. The outpatient clinic attends both men and women, in a structured treatment program aimed to last for two years, in order to generate treatment adherence and social reintegration. These services were chosen intentionally, since they provide specialized care for the relatives of substance users (individually and in group).

The study counted on the participation of 15 relatives of substance users being treated. They were chosen intentionally with 5 persons with hospitalized relatives, and 10 with relatives attending the outpatient clinic. The study included only the family member most

active in the care for the user, as indicated by the health team and confirmed by the user. We excluded relatives of users who were only being attended home, as well as those who had difficulties expressing themselves verbally. The relatives were addressed by the researchers while they were waiting for attention, and none of them refused participation.

For data collection, we carried out a phenomenological interview, allowing them to freely express their experiences, motivations, feelings, and expectations about the phenomenon under study. In this type of interview, the interviewer assumes an empathetic attitude, while suspending (*epoché*) their own beliefs, pre-judgments, and concepts established in their own lived experience, opening space for the emergence of the essence of the phenomenon experienced by the relatives. In phenomenological research, *epoché* is the exercise of suspending values, beliefs, and presuppositions of the researcher, in a conscious attempt to abstain from prejudice, judgment, and ideals, in order to understand the reality experienced by another as it is, in a transparent way and devoid of pre-judgments that could invalidate the expression of the essence of the phenomenon researched⁽¹²⁻¹⁴⁾.

Collection took place from March 2018 to March 2019, considering the following questions: 1) How do you care for your relative?; 2) Why do you care for your relative?; 3) What do you expect from these actions? Interviews took place in one or two meetings, lasting for a mean of 45 minutes, according to the availability of the relative and the need to carry out in depth interviews. They were carried out in a private room in the health services themselves and conducted by a MS student and an undergraduate student in nursing, both of whom were trained beforehand.

We employed a comprehensive analysis according with Alfred Schutz's phenomenological sociology framework, operating with the concepts of: *motive* (why and what for) and action typification (network of typical motivations)⁽¹²⁻¹⁴⁾.

The analysis of participant statements was constructed according to the expectations of relatives in the care to the users of psychoactive substances. The starting point was a context of subjective descriptions of the experiences of the interviewees, in order to construct a context of objective meanings (typical actions), characteristic of the group of relatives of psychoactive user substances attended in the service.

The research was conducted in the following stages: attentive reading of the statements, to capture the situations experienced and the *reasons why* and *to* of the subjects; identification of concrete categories that constitute objective synthesis of the different meanings of the action that emerge from the experience of the subjects, which includes their actions; and rereading of the statements, to selected and group the extracts that contain similar

significant aspects in regard to the actions of the subjects. Considering the typical characteristics of the statements, we established the meaning of the actions of the subjects, in an attempt to describe the typical actions of the relatives in the care of the psychoactive substance users⁽¹²⁻¹⁴⁾.

An analysis of the statements of the participants was the starting point to understand the subjective descriptions of the experiences of each interviewee, so, progressively, we could construct a corpus of analysis with an objective meaning, which could report what is the typical experience of this social group of relatives of drug users.

This process of phenomenological reduction of the phenomenon revealed, as its essence, five concrete categories⁽¹¹⁾: I care for fear and insecurity about this situation; I care because it is my obligation; I care because of love and connection; I care to stop suffering; and I care to promote an independent life. This allowed an interpretation of the meaning of the actions (motivations) of the relatives, and to describe what is typical in the care to the user of psychoactive substances - what is typical in the action of caring.

This study is part of a larger research, approved by a Research Ethics Committee (CAAE: 80602517.8.0000.5327). To guarantee the anonymity of the participants, we used the letter P (participant) and a number from 1 to 15 to refer to them (P1 to P15).

RESULTS AND DISCUSSION

We interviewed 15 relatives of people with a history of substance abuse in their family. Most were female (86%), from 28 to 80 years old. The main substance abused by the user was alcohol (53%), followed by multiple substances (26%), and all had a history of previous treatment, 10 of which were being attended in the outpatient clinic during research (Table 1).

Table 1 - Characterization of relatives of psychoactive substance users. Porto Alegre, Rio Grande do Sul, Brazil, 2018-2019

Participant (P)	Sex	Age (years)	History of substance abuse in the family	Regarding the user of psychoactive substances		
				Main substance abused	Previous treatment	Current treatment
	F	43	X	Alcohol	X	Outpatient clinic
	F	54	X	Marijuana	X	Outpatient clinic
P3	F	73	X	Alcohol	X	Outpatient clinic
P4	F	44	X	Cocaine	X	Outpatient clinic
P5	F	69	X	Multiple	X	Outpatient clinic
P6	F	80	X	Alcohol	X	Outpatient clinic
P7	F	77	X	Alcohol	X	Outpatient clinic
P8	F	73	X	Alcohol	X	Outpatient clinic
P9	F	28	X	Alcohol	X	Outpatient clinic
P10	M	59	-	Cocaine	X	Outpatient clinic
P11	M	77	X	Multiple	X	Hospitalization
P0,001	F	52	X	Multiple	X	Hospitalization
P13	F	55	X	Alcohol	X	Hospitalization
P14	F	50	X	Alcohol	X	Hospitalization
P15	F	43	-	Multiple	X	Hospitalization

Source: The authors.

The motivations and expectations of the relatives for the care of the psychoactive substance user were organized in five concrete categories, which were then interpreted in the light of Alfred Schutz's phenomenological sociology and discussed with the scientific literature about the phenomenon being studied.

Table 2 shows the structure of the motivation of the relatives to care for the user - *reasons why ad reasons to* - according with their routine experiences with the substance users.

Table 2 - Network of typical motivations of relatives caring for the psychoactive substance user. Porto Alegre, Rio Grande do Sul, Brazil, 2018-2019

Concrete Categories	Conceptual structure of the motivations to care for the users
1. Because of fear and insecurity 2. Because it is an obligation 3. Because of love and connection	Reasons why they should care for the user (Reason why)
4. To interrupt suffering 5. To promote an independent life	Expectations when caring for the user (Reasons to)

Source: The authors.

Reasons why they should care for the user

The relatives feel worried, afraid, and insecure in their daily lives, due to the circumstances experienced by the psychoactive substance user, who, with no family support and help, are characterized by solitude and the absence of social bonds, as described:

"I care because I'm afraid, that he (son) will go away, but he doesn't have where to go to [...], we can't even go on vacation with him like this, you know, he comes first, we come later! During Christmas, it's just us, we have dinner and go to bed, we don't go anywhere, it's just him! It revolves around him! Because if he goes anywhere he drinks".(P6)

"I don't want him to have trouble, to need anything [...]. I think I take care in many different ways so he won't fall down this hole again, and doesn't have to suffer all the consequences he did last time, because I can't see, it's a lot of suffering, it really is".(P4)

"Something happens with the person, which is his case, his alcoholism is severe [...]. So you have to do something so they won't die. So I do my part, of course it depends a lot on him" (P1). The relatives are constantly apprehensive due to the probable helplessness of the psychoactive substance user, always afraid of further relapses and of the worsening of the consequences already experimented by the user. These take significance, as in the case of the fear experienced by relatives in regard to the possible death of these users, in case they do not provide the adequate support and care.

The statement from P4 highlights how afraid the relative is to experience once again negative situations regarding the use of substances by the user, reporting that they do not want the user to suffer once more the consequences they already experienced due to the use of substances - "I don't want him to fall on this again".

In this regard, previous experiences from these relatives, associated with the use of substances by the user, stands out, that is, the experience of the relative is retrieved based on the knowledge they have at hand. The suffering caused by these situations left marks on the family, making them afraid to relive these experiences.

For Schutz, the knowledge stored at hand has a particular story, constructed by the experiences of our consciousness. In other words, it is an interpretative scheme of past and

present experiences, and of experiences anticipated by projections, created by consciousness, of the things to come⁽¹¹⁾. Therefore, we can notice that the family worries and fears that their relative will relapse in the use of psychoactive substances.

The family is the first set of relationships of the user that tends to be affected by their relapse into psychoactive substances, and it is common for them to feel fear and apprehension regarding the continuity of the abstinence of the drug user. This tends to hold the user accountable for any relapses, attributing to them an idea of moral failure⁽¹⁵⁾.

It is common for the relative of the psychoactive substance user to see the relapse as harmful to the well being of the user, not as an opportunity to recognize their difficulties regarding the consumption of substances. As a result, the relatives tend to live in constant anguish, a state of suffering and apprehension.

In this regard, difficult previous experiences regarding substance use, several relapses of the user, and feelings of preoccupation and fear end up informing a "baggage" that motivates these relatives to care for the user.

It is also possible to notice an important change in the social dynamics of the family, since they end up refusing participation in certain social activities (festivities), afraid that the user may relapse.

Nevertheless, these relatives state that they participate in the daily life of the user, living in a social space of the relationship, so the user will not have to face difficulties, as the statements below indicate:

"We had to be more careful with her, because she could not be alone at home, because if she stayed alone even a little bit she'd feel anguished, depressed, ill, and she would resort to alcohol". (P10).

"Because he has no one else to care for him [...] I care because he no longer had working conditions, he no longer could support himself, no longer could... how can I say... stay alone... socially to, because he started drinking and he becomes very aggressive". (P6)

The hopelessness seems to be related with the constant fear and disquiet of families associated with the idea of leaving the drug user alone in their homes, due to their isolation, anguish, depression, and inability to support themselves financially or integrate themselves socially. These situations, exemplified by the users, motivate them to care for the users, since, in essence, they want the drug user to be inserted in the social world, providing for themselves. In addition to insecurity, the feeling of guilt in the family itself is evident as an element that can give support to a process of overprotection of the user when dealing with the

adversities of life, which, instead of helping them, harms their ability of living a more autonomous life.

"I consider this as a type of care and, at the same time, as a type of protection, because, it's wrong but it's right, so I feel guilty because I'm protecting him in the wrong way, I and his dad, that maybe if we asked more from him, if we would not give the things he needs and let him search for them instead." (P4)

In the context of substance abuse, relatives tend to manifest guilt regarding the overprotective nature of their treatment of the user concerning the adversities of life. Also, this overprotective behavior predisposes the user being treated to relapse⁽¹⁶⁾.

In families that motivate and encourage the treatment of the drug user, it is common, during crises, that both relatives and drug user seek mutual support to overcome the adversities, promoting family union and seeing the crisis as a challenge and a possibility to solve the problem⁽¹⁷⁾.

Drug users and their relatives find themselves in this intersubjective world, shared with their loved ones, where they can share their experiences⁽¹¹⁾. Therefore, the social interactions that give support to drug user and their families strengthen the treatment of SAD.

The social obligation was mentioned by relatives as another reason why to care for the user. They argue that it is a moral duty or a way to repay the participation of the user in the life of the family in other stages of the family cycle.

"Because you always think of your family, what you'll tell your grandson right, how you'll explain to your grandson you didn't care for his grandpa". (P1)

"Let's say it's my mother, I love her, she raised me, she cared for me, and I think the children ought to give it back to their relative [...]. So we have to care, I think that's it, a mother-son relationship, right? A blood one, I think that's it. [...] Because I found out this is a disease [...]. So we have to always care for him, it's our duty". (P10)

The SAD affects both user and family. Thus, we can observe that the process of caring for another who makes use of substances is complex. It can be a choice, often negotiated, where user and family are mutually influenced by the disease originating from this relationship, when it is carried out because it is a duty⁽¹⁾.

We observe that relatives care for their users, supported by another type of motive for caring, transmitted in their statements as a relationship of love and bonds created.

"Because he's my son, because I love him, because I want what's best for him [...] I am responsible for him". (P4)

"Love! I had my children for love, they were born with my love, even this daughter who won't talk to me, I love her immensely, I love my grandson I've only seen once. I love him!". (P5)

"It's a mother's love, right. Only a mother's love. If my daughter complains about him, I get, not mad, I get bothered, right, because I'm not home, in my home, in my home he pees outside the toilet and that's normal, he says it's normal, and I already have the alcohol there, a cleaning product, and I clean it right then and there". (P6)

"Because it's my brother, my blood, and I love him, and it hurts (speaking very emotionally), I don't like it, I feel, I get really sad seeing him like this (cries), it's very hard for us". (P12)

Although relatives are often the ones who suffer the most with consequences from the user's SAD, love bonds are, often, stronger than the memories left behind by these consequences. Still, even when the care provided by relatives is motivated by an obligation to care, it is clear that bonds of affection are almost decisive for the provision of this care.

It is possible to perceive in the statements a relationship constructed from experience and from the recognition of each one's uniqueness (users and their relatives), showing that care provided to users motivated by a relationship of proximity, reliability, care, friendship and love, overcoming stereotypes and prejudice attributed to them as "drug addicts", "junkies", "bums", among others.

In this regard, prejudice and stigma associated with drug users have influenced their relationships in several sectors of our society, immediate relating them to criminality and violence, and making these users automatically marginalized and stigmatized in society⁽¹⁸⁾.

It stands out that, in addition to premature and discriminatory pre-judgment in regard to the or abuse of psychoactive substances, the individual themselves are stigmatized, treated as ignoble and depreciated. This individual is reduced, judged, and recognized as such⁽⁸⁾. As a result, it becomes clear in the statements that there is a love and care relationship between the psychoactive substance user and their relatives, one that goes beyond prejudgments and social stigmas associated with drug abuse.

According to Schutz's framework, this relationship of love and care can be expressed by the construct of intersubjective relationships between human beings in the world of life, where it is possible to experiment one another directly, face to face (familiarily), or indirectly, when, in a relationship, the subject turns themselves to the contemporaneous (anonymity)⁽¹¹⁾.

Among participants, it has become evident that intersubjective relationships between relatives and psychoactive substance users are face-to-face relationships, that is, familiar relationships permeated by continuous presence in time and space, in the life of the user, which is expressed by trust, care, friendship, and love, as shown in the statements.

Face-to-face relationships take place as the relatives attempt to reestablish a relationship of proximity, so they and the drug user can mutually recognize the other's subjectivity, when they share the same space and the same time. This course of action strengthens the construction of a more intimate relationship with the user, contributing for an authentic relationship, a more vivid apprehension of the subjectivities involved⁽¹¹⁾, providing a substantial contribution to the treatment. This is why the relative of the drug user makes a free and spontaneous decision to care for them, a decision that emerges from the family relationships throughout life, from the process of construction of knowledge at hand, which caused feelings of love and responsibility to emerge from this relationship.

Expectations when caring for the user

This category shows family expectations of stopping the suffering of the user by stopping the use of the substance, and consequently, the user's reintegration in their normal lives.

"I hope he finally learns, at some point, that he gets that insight [...]. So I keep hoping that, maybe one day, he'll have that insight and he'll stop".(P1)

"I hope he won't drink and we won't fight". (P3)

"I hope for what I'm having right now, a positive result [...] to stop the wish to use it". (P10).

"I hope [...] he can live and leave the drug behind [...] as hard as it is for him to use, because he is paralyzed". (P12)

"I'm going to do everything I can to help him, because he can't walk alone... I'll organize my schedule, so I can go with him, give him his medication, get out with him on the weekends. I hope this can help him get sober". (P14)

The statements show that the family expects users to stop using the substance and to go back to routine life activities that were prejudiced, wishing for the complete abstinence from the substance. With that, they expect the user to, once again, become an autonomous, independent person as they carry out their lives. However, the family seems not to be aware of another alternative of treatment that can attend to their expectations of leading to the user to abstinence.

The relatives expect substance users to accept treatment and to be associated with the health services, thus stopping substance use. The connection with mental health services is essential to guarantee the care provided to the substance user after hospitalizations for detoxification. The community where the user and the family are inserted are characterized as

an active, dynamic territory, filled with inter-relations and built daily, in a space where collective life happens. It In this space, care in freedom is potent, transforming, a fertile ground to continue the treatment started in hospitalization⁽¹⁹⁾.

Human beings, due to their lived experiences, tend to project future experiences that express reliable and safe expectations regarding the future¹¹. The statements show idealized projections, such as that of relative P3, for example, of a daily life with no fights and with assertive communication, mostly characterized by the stopping of substance abuse. Nonetheless, this reality is not so common, as shown by a study that revealed there are many difficulties in the relationships between drug users and their families, such as violent (non-assertive) communication, fights, and discussions, resulting in affective distancing, family exhausting, and loss of support⁽²⁰⁾.

In this regard, the family needs support to continue treating the psychoactive substance user. This can be a motivating factor for the user to see in the family support to seek and sustain behavioral changes associated with their treatment⁽¹⁵⁾. In addition to the expectation of abstemious life, these relatives care for the user hoping that they will suppress their desire and drive towards the substance, by acquiring self-knowledge that would allow them to write another possibility to carry out their lives.

Relatives also project a future where they will be able to recover aspects of the user's life that were lost due to their experience with substance abuse, wishing for the recovery of a "normal life", assuming responsibilities and commitments in their own loves (engagement).

"I hope he'll be a normal person, you know, independent, that can walk around clean, well-dressed, with a normal life [...]. You think that the person may have a better life with someone else". (P1)

"I wish it would go back to what it was [...] with responsibility and commitment". (P4)

"I hope he can live a good life, not for me, for him, you see. That he can walk, that he can work, that he can make his dreams come true". (P8)

"That he'll improve a lot, that he'll be cured for good [...] search for other relationships, something he wishes for away from these dependency. I believe that". (P10)

We can see, in the statements of the families, the feeling of hope that the user will change behavior, as a motivating factor for them to continue following the treatment of the psychoactive substance user. They project a life for the user where they will have more autonomy and independence, wishing that they will be able to manage their own lives.

"I hope he can find the 'lost thread', that he can deal with his issues, as a person [...] be self-sufficient, not only emotionally, but even financially". (P2)

"This is the first treatment he's going through that's this long, of course his head can change, right, I tell him: 'My son, you need to get this better', he said he wants to change a lot, but I believe in change". (P12)

Relatives glimpse at a future where the user can recover or even develop the ability to manage their lives in many dimensions - financial, emotional, relational, and subjective. This is the essence of the main idea of intentionality of their consciousness when they care, since the essence of this phenomenon is achieving a life with more autonomy and independence, where the user can dream and participate in social life in a satisfactory way, in the community they are living in.

In this study, as we investigated the motivation of relatives in the care to the drug user, we attempt to construct the typical characteristics of the action of the social group which experiences the situation in daily life. To typify them, we had to understand the network of motivations (*reasons why and reasons to*)⁽¹¹⁾ of the families in the care for the drug user attended in the services studied.

Therefore, the lived type of the relatives of drug users cares for their relative due to fear and insecurity (guilt and anguish) regarding their physical and psychic integrity, as well as because they feel socially compelled to play this role (responsibility), since they recognize the user as a member of the family. They are also motivated by love and by the bonds created throughout their lives as a family. Furthermore, the family is motivated. Finally, the reasons for this care indicate expectations that the user will interrupt their suffering, stopping the use of the substances and going back to a regular day-to-day life, assuming a satisfactory and healthy management of their own lives.

CONCLUSION

The use of phenomenological sociology theoretical-philosophical framework allowed a better understanding of the social world of relatives of substance users, especially revealing nuances of their social relations and expectations that motivates user care. As the interviews progress, we have found a mix of feelings of affection, responsibility, preoccupation, and fear of the family member regarding experiences with the psychoactive substance user, made clear by the emotional fatigue caused by the several relapses and previous treatment experiences.

The lived experiences of the families are a "storage of knowledge at hand" ("experience baggage") which informs their motivations and actions in the current moment.

Their main expectations were shown to be complete abstention from the use of substances on the part of the user, so they can manage their own lives and find the means for their autonomy.

Although family can represent a risk factor or a protective one, when it comes to substance use, the health worker and the nursing worker must evaluate the organization and dynamics of the relationships of the user in their family. This study indicates a gap in the care to the family, that needs to be studied better and attended in services that can care for substance users, since the care to the family unit is always essential for more consistent, long-lasting results. Therefore, the care should consider the family of the user by understanding its uniqueness, (desires and intentions) created throughout their lived experiences (biography).

Relatives indicated stopping the use of substances (complete abstinence) as the only alternative to reach the outcome of recovering the previous life, not seeing damage reduction alternatives as a possibility of treatment, which should be discussed in future research.

This study looked at the family and its uniqueness, highlighting its importance as an essential element to treat SAD, since their motivations to care for the user can be strengthened and support in their relationship with nursing and health professionals.

A limitations of the study is the fact it was carried out in a single service for the attention of psychoactive substance user (hospitalization and outpatient) and their families, in a specific context of assistance in the south of Brazil. Further investigations should be conducted, in other services targeted at mental health care, with different epidemiological characteristics and a different social assistance and health networks.

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Authorship contribution:

Project administration: Francine Morais da Silva, Marcio Wagner Camatta.

Formal analysis: Francine Morais da Silva, Marcio Wagner Camatta, Cintia Nasi, Annie Jeanninne Bisso Lachini.

Conceptualization: Francine Morais da Silva, Marcio Wagner Camatta.

Data selection: Francine Morais da Silva, Marcio Wagner Camatta.

Writing - original draft: Francine Morais da Silva, Marcio Wagner Camatta, Cintia Nasi, Annie Jeanninne Bisso Lachini.

Writing - revision and editing: Francine Morais da Silva, Marcio Wagner Camatta, Cintia Nasi, Annie Jeanninne Bisso Lachini.

Investigation: Francine Morais da Silva, Marcio Wagner Camatta.

Methodology: Francine Morais da Silva, Marcio Wagner Camatta, Cintia Nasi, Annie Jeanninne Bisso Lachini.

Supervision: Marcio Wagner Camatta.

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Corresponding author:

Francine Morais da Silva

E-mail: morais.francine@hotmail.com

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