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## CARE FOR FAMILY MEMBERS OF ALCOHOL AND OTHER DRUG DEPENDENTS SCOPE REVIEW

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**Abstract:** A scoping review was carried out, based on the VHL-Psi Brasil Platform, with the objective of developing a critical analysis, anchored by Phenomenology-Hermeneutics, regarding existing theories and clinical propositions about who the family members of drug addicts are and about the care(s) provided to them. Research in recent decades has revealed an exploration of this phenomenon from a biological, pragmatic and technical-scientific perspective. The studies do not seem to focus on the family population as a main 'object' of attention, but rather as part of the treatment process of the addicts themselves, which may prevent them from legitimizing their suffering within their own existential condition. There is still a lot to be explored in depth and we hope that this article can help researchers and those interested in this topic. This research had financial support from the National Council for Scientific and Technological Development (CNPq).

**Keywords:** Family members of drug addicts, Phenomenology-Hermeneutics, Scope Review.

## INTRODUCTION

Problems related to the use of psychoactive substances increasingly concern people and contemporary society (Silva, 2001; Souza, Kantorski, Vasters, & Luis 2011; Machado & Boarini, 2013; Medeiros, Maciel, Sousa, Souza, Dias, 2013; United Nations Office related to Drugs and Crime, 2013; Casthologe, Maggioni, Luciano, Santos & Santos, 2021).

Disorders resulting from substance abuse are configured worldwide as a biopsychosocial issue. In an epidemiological survey carried out by the World Health Organization, it is estimated that between 3.4% and 6.6% of the world population uses some illicit drug. Of this population we have more serious problems such as substance abuse or dependence, recorded between 10% and 13%.

Psychoactive substances, according to the same study, are responsible for one in every hundred adult deaths on the planet (World Health Organization [WHO], 2012, p. 1).

In Brazil, substance use is among the main risk factors for disability and death (Bastos, Vasconcellos, De Boni, Reis & Coutinho, 2017)

Given this scenario, we were concerned with investigating some of the impacts, exposed in the scientific literature, regarding the suffering that family members of drug addicts go through in their existential condition and we found significant results.

Schenker and Minayo (2003 and 2004), in their research on drug dependence in the family and in adolescents who live with dependence, pointed out the need to carry out studies on this topic. Figlie; Payá; Krulikowski; Laranjeira (2002), in an article on therapeutic care in brief psychiatric interventions for this population, also helped both to have an idea of a general overview regarding the topic, and to understand a little of the paradigmatic and epistemological paths followed by research. The authors understand that "many factors of different etiologies contribute to the development of chemical dependency; however, the family organization maintains a prominent position in the development and prognosis of the chemical dependency" (Figlie, et al., 2002, p.12).

Following this reasoning, they reveal that family therapy must be considered as part of the treatment and explain that a "successful program is essential in preventing relapses, as during treatment the family learns new ways of dealing with the problem and the cognitive approach -behavioral have demonstrated consistency in the clinical outcome in Chemical Dependency" (Figlie, et al., 2002, p. 12).

According to Oliveira (2019), family members can be affected socially, physically

and psychologically, because, according to the literature, when they dedicate themselves to caring for dependents, both to maintain their use and to treat them, Due to the characteristic of the disorder, they may present a reduction or deprivation of social relationships, stress, routine overload, instability or financial difficulties, in addition to presenting psychopathological symptoms as an attempt to excessively control the contingencies that surround them (Oliveira, 2019).

However, we still did not feel supported in our search, as many of the studies seemed to deal with the topic with an epistemological vision based only on health sciences, often in a sense of diagnosis, profile cutting, specialization and application of methods, techniques and practices.

Researching in the area of Phenomenology-Hermeneutics, our area of interest, we found few authors who spoke to our concerns. However, we were able to understand that, despite good studies, phenomenological research is incipient compared to the amount found in other schools of thought, revealing to us the need to continue this proposal.

We approach Sodelli (2016), who explains the need to “assume that the fundamental aspect of this phenomenon is the complex relationship between man and drugs and not just the drug itself” (p. 26). A statement that addresses the debate on public policies that have proven to be insufficient (Ong, 2015, Sodelli, 2016).

The Federal Council of Psychology also expresses itself in the same direction, pointing out the need for reflection in view of the enormous complexity of the subject: “we repudiate mass actions that aim to compulsorily remove people who visually bother society from the street, whether due to various situations of misery, or by the violence represented” (CFP, 2012, p. 5).

In the meantime, looking at human

suffering, being able to share the path of phenomenology-hermeneutics, can promote an opening of meanings that can reveal understandings that have not yet been explored.

The choice of a phenomenological attitude, therefore, “which renounces any *a priori deterministic explanation*, is based on the possibility of preserving the very meaning of human experience. It provides an understanding that favors openness to new meanings and therefore new ways of being” (Sipahi & Vianna, 2001, p. 505).

Therefore, we ask: Who are the family members of drug addicts or family members of those dependent on alcohol and other drugs? Blood members of the same family nucleus who existentially share similar suffering?

Reflecting a little more on the topic, we found ourselves carrying out a scoping review of Brazilian productions, with the objective of developing a critical analysis, based on phenomenological-hermeneutic thinking, on the existing theories and clinical propositions about who they are. family members of alcohol and other drug addicts and the care provided to them.

At the end of this brief introduction, it is up to us to say that the results and discussions exposed in this study have been re-updated, as they come from the master’s research of one of the authors - which had the financial support of the National Council for Scientific and Technological Development (CNPq) the time of its realization.

## **METHODOLOGY**

It is part of a review of productions to be able to dialogue with other researchers and research, revealing meanings and other discoveries, too, and this engagement is what this article seeks.

Alves (1992), in his text, warns us about the importance of reviewing the bibliography for

“properly addressing a research problem” (p. 54). The author also explains that the objective of a review is, therefore, “(...) to illuminate the path to be followed by the researcher, from defining the problem to interpreting the results (...)” (p. 54). Therefore, the review must serve to adequately contextualize the problem in the area of study in which it focuses and carry out an analysis of the theoretical framework.

Creswell (2010) indicates that the comparative dialogue of information gathering is one of the purposes of a review research, as it has on its horizon the communicability and exchange of analyzes for the scientific community – in the area covered by the study – and for the community in general.

We clarify that research guided by phenomenology is not premised on a hypothesis to be confirmed as in other epistemological schools, but rather a path that, guided by hermeneutics, guides the investigations to be followed (Cardinalli, 2016).

Therefore, thinking about what Creswell (2010) explains, this review of productions also includes an analysis of propositions from other schools of thought within the psychological school, based on phenomenological-hermeneutic thinking.

Thus, based on Heidegger’s clarification, we define which method this article is based on. The philosopher clarifies that *Meta Odós*, brings to light the notion of the path to be followed, always in an open way, but limited at the same time (Heidegger, 2009/1987). It is knowing the phenomena in their particularities, knowing from the outset that not all knowledge can be circumscribed and cut out by the methodological vision followed. A path taken or to be taken does not tell us the totalitarian truth about the phenomenon studied, as we only walk one path at a time.

We opted for the scoping review methodology, which stands out as an

important means of apprehending and reflecting on emerging themes and research related to the area of health (Tricco, et al, 2018; Cordeiro & Soares, 2019).

Using this methodology, there is also the possibility of mapping the literature in relation to a specific topic/theme, especially when it is an unprecedented research (Tricco, et al, 2018; Munn, et al, 2018; Cordeiro & Soares, 2019).

Remembering what Heidegger (2012/1927) explains to us, the phenomena present themselves in their concealment. Conducting a literature review can help illuminate dark corners, even if not completely.

## PROCEDURES

The survey was carried out using the BVS-Psi platform. The choice made by the VHL-Psi Brasil database was based on the fact that its indexing is very comprehensive and that it includes other important platforms in its search system, such as the Electronic Scientific Library (SciELO) and PePsic, a network of electronic journals in Psychology.

On the VHL-Psi portal, we enter the Scientific Literature section. When opening the session, there is the possibility of searching in four different indexes. They are: *Index Psi Technical-Scientific Periodicals*, *Index Psi Scientific Dissemination*, *Index Psi Theses* and *Index Psi Books*. We chose ‘*Index Psi Technical-Scientific Periodicals*’.

In each of these data indexings, we used descriptors along with the designations “OR” and “AND”, and when “OR” (coverage criterion) was used, the results presented a large dispersion of themes. Therefore, we chose to use the descriptors together with “AND”, as the grouping carried out by the database proved to be relevant to the triggering of the present study.

The research descriptor words used on the VHL-Psi platform were, therefore: *Impact* “AND” *Dependence* “AND” *Drugs*

“AND” Family “AND” Psychological Care “AND” Family “AND” Phenomenology “AND” existential “AND” hermeneutic.

## INCLUSION AND EXCLUSION CRITERIA

We used as inclusion x exclusion criteria, scientific articles indexed in the VHL-Psi Brasil database that were related to the topic addressed, having as a temporal criterion the period of 10 years, from 2023. Articles were included in which access to full text was possible. We chose to favor studies carried out in Brazil and other types of publications were excluded. Duplicate products were computed only once.

## RESULTS PRESENTATION

After reading the summaries of more than 20 articles, taking into consideration, our criteria rule, we used 9 articles in our analyses. Here we chose to organize the results in a table that makes it easier to consult.

## DISCUSSIONS

After preparing the tables and carefully reading the 9 articles selected, we began the construction of the thematic axes based on what was exposed by each article.

A new reading was carried out and, based on our understanding based on phenomenology-hermeneutics, we arrived at three main thematic axes of discussion.

Finally, it is worth highlighting that all thematic axes are intertwined and facilitate the discussion and analysis of data on the theme proposed by this article, that is, their separation is purely didactic, as the universe of discussion between them is absolutely interconnected.

Thus, according to what we achieved in our readings and following our objective, the three thematic axes were listed as follows: “*Impacts of Dependency on Family Members*”;

“*Risk Factor versus Protection Factor*” and “*Therapeutic Modes*”.

## IMPACTS OF DEPENDENCE ON FAMILY MEMBERS

Coming into contact with the literature, the need to reflect on this topic within the researched universe became evident. Discussing the impacts of dependence also approaches the reflection on the conceptions regarding the researched population and launches us towards the discussion about risk factors *versus* protective factors and types of intervention and their objectives.

In our results, we found notes about the importance of family participation in drug addiction, both in its origin and in its treatment. In this sense, the impacts compromise “family cohesion and functioning”, as shown (Paz & Colossi, 2013, p. 553).

The recovered literature explains, each in its own way, the need for integration of family and relatives in the treatment of drug addiction, due to the characteristics that this disorder entails and the impacts generated by it. Reflecting on drug addiction suggests that we think about someone *who* is dependent; and this dependent finds himself in a world in networks of connections, sedimentations and historical meanings.

(...) Man can be seen as part of the world and in relationship with it. Your symptoms are related to this whole greater than your existence and in this relationship, they are produced. The dependent is, therefore, not the only “sick person”, the only “guilty one”, but he is a significant and updating part of a whole whose normative capacity has crystallized. (Tessaro & Ratto, 2015, p. 92)

The impact “that drug addiction generates in the lives of family members can lead to a breakdown in routine, in addition to feelings of vulnerability, helplessness and frustration, when it comes to living with the disease and treatment” as stated by Horta, Daspett, Egypt,

TITLE AND AUTHORS	MAGAZINES	THERAPEUTIC APPROACH
“Motivational approach for family members of drug users via telephone: a case study” (Bortolon, Machado, Ferigolo, & Barros, 2013).	<i>Clinical Contexts</i>	Transtheoretical Model
“Aspects of family dynamics with chemical dependency” (Peace; Colossi, 2013)	<i>Psychology Studies</i> )	Systemic
“People who depend on drugs: essay on figures and closures” (Tessaro & Ratto, 2015)	<i>Gestalt Approach Magazine</i>	Gestalt-Therapy
“Strategies used in the treatment of families with substance users” (Silva et al., 2015)	<i>Psychology in Research</i>	Cognitive-Behavioral
“Experience and coping strategies of family members of dependents” (Horta et al., 2016)	<i>Brazilian Nursing Magazine</i>	Systemic
“Codependent feelings and behaviors in family members of illicit drug users” (Costa, et. al., 2017)	<i>Acta Scientiarum. Human and Social Sciences</i>	-
“Family Treatment in Cases of Dependence of Drugs in Brazil: Literature Review” (Cavaggioni, Gomes & Rezende, 2017)	<i>Changes</i>	-
“Health care personnel, family relationships and codependency on psychoactive substances: a phenomenological approach” (Dias et al, 2021)	<i>Brazilian Nursing Magazine</i>	Maffesoli’s phenomenological approach
“Perception of Codependency and Coping Strategies of Family Members of Drug User” (Patias, Vieira and dos Santos, 2022)	<i>Psychology and Health Magazine</i>	-

**Table 1.** *Results*

**Source:** elaborated by the authors.

Macedo (2016, p. 1025). Furthermore, “the feelings of the highlighted family members were of impotence, disgust, anger, hatred, shame, guilt, incapacity, fear of aggression and humiliation” (Horta et al., p. 1026). These feelings, highlighted by the authors in the qualitative study with more than eighty families of drug addicts, have accompanied our reflections since the beginning, as they confront us with the stigmatizing process through which the concept of dependence was constructed. Patias, Vieira and dos Santos (2022), also reveal that in the care of drug addicts “self-responsibility, self-criticism and self-sacrifice were pointed out by caregivers and, as a result, they experience the user’s illness, risking becoming ill together, whether through a process of codependency, whether due to psychosomatic and psychological illnesses” (p. 12).

According to the authors, the social relationships of family members “tend to be marked by deprivation and withdrawal from social interaction, with the aim of avoiding comments that stigmatize, causing

psychological destabilization, as well as generating suffering, tiredness, shame, fear, anguish, anxiety, guilt, impotence and enable manifestations of illnesses, such as depression” (Patias, Vieira and dos Santos, 2022, p. 4).

The authors Costa; Marcon; Paiano; Sales; Maftum and Waidman (2017) describe the global impacts of the use of illicit substances and explain the need for specific action for each of the affected sectors. This is because, in their view, the contribution to the issue of “psychoactive drugs must go beyond the individual level of the drug user and understand that use negatively affects the personal, social and family context. Interventions for prevention, treatment and rehabilitation must include actions aimed at these different contexts” (p. 175; our translation).

Finally, the author and collaborators highlight the importance of this attention directed to family members, as they highlight the lack of care with which they are treated within the world of drug addiction, in addition to the (re)elaboration of public policies that

understand this phenomenon in its context. different spheres, therefore, “families must be assisted differently, with the identification of family members with codependent behavior, as they also require specific care so that the impacts of addiction do not develop into a clinical picture or psychiatric diagnosis” (Costa, et al., 2017, p. 181).

In the interesting case study by Bortolon, Machado, Ferigolo, & Barros (2013), it is noted that “the approach to chemical dependency is still focused on treating substance users. However, family members also need to receive intervention, as they can become ill due to the conflicts arising from this interaction” (p. 163).

We understand that there are severe and restrictive impacts that cause a lot of suffering to the families of drug addicts, there is no doubt about that and all the authors we contacted in our research agree. However, the greatest impact is to consider the family member only as part of the disorder, not as a totalitarian being who needs specific attention and care, and some authors suggest this approach.

It seems to us that in this form of explanation and understanding, family members are studied as an integral part of the care and recovery of an individual’s alcohol and other drug dependent disorder, precisely for this reason, they are seen as if they were an addendum to the disorder itself or of their own dependence, being displaced to a second plane of observation and care, without much right or space to express their own condition of suffering, however, despite existing without a place, they are always linked by a responsible and blaming cord.

## **RISK FACTOR VERSUS PROTECTION FACTOR**

Conceptions about the impacts of drug dependence lead us to discuss our second thematic axis “Risk factor x Protection factor”. This is because research in the area of chemical dependency reveals to us, increasingly, “the importance of the family as a factor of protection and prevention of relapse (...) In recent years, addiction and its consequences in the life of the individual and his family have been considered a public health problem.” (Paz & Colossi, 2013, p. 551); after all, “the influence of the family as a risk or protective factor for the development of chemical dependency is undeniable, as well as its importance in the evolution of treatment or duration of abstinence” (Cavaggioni, Gomes & Rezende, 2017, p. 54).

Families have been considered as a protective and relapse prevention factor (Paz & Colossi, 2013, p. 551), as the family context is understood as a generating and responsible nucleus, in addition, “several studies point to this and focus on the family as a supporting role, both in the process of developing the disease and its “cure” (Horta et al., 2016, p. 1027).

According to Silva and collaborators (2015), family participation is an important factor in patient adherence and treatment and allows for an improvement in family relationships, in addition to helping to stop substance use (p. 201). Family members or families are also seen “as a fundamental part of care; Sometimes, it is held responsible for users’ drug use, and is also delegated to accompany them in the treatment and recovery process (Patias, Vieira and dos Santos, 2022, p. 7)

As Dias and collaborators (2021) report, in the context of dependence on psychoactive substances (PAS), “the role of family members in the recovery of users is inseparable (...) but the wear and tear experienced on a daily basis

exposes them to physical and psychological vulnerabilities. At various times, they feel powerless due to little information received and/or perceived unpreparedness resulting from the low support network received to strengthen their coping strategies. This justifies the fact that the family member becomes a potential “patient” (Dias et al, 2021, p. 2).

When living with dependents, we can observe that many family members assume feelings of guilt and responsibility, also called codependent behaviors, causing endless damage to their own quality of life.

Codependent behavior originates from feelings of guilt and responsibility which, in turn, cause relatives to take the burden on themselves at the expense of their quality of life, focusing on the life of the other. Information and understanding of the subject are of great importance, since the attitude of the codependent family member can cause several difficulties in the therapeutic process of the drug user (Costa, et al., 2017, p. 176).

Codependency can be understood as a way of relating to oneself in which the individual does not prioritize themselves, but makes care or concern for others, whether blood relatives or not, a priority and irremediable (Dear; Robert, 2000).

In the research by Patias, Vieira and dos Santos (2022), the results indicate that, often,

Family members believe they are responsible for the substance user, doing what they believe is important to them, they think that, if they are not around, the addict will not be able to live. When there is a need for hospitalization, they feel like failures. They constantly adopt controlling behavior in order to guarantee that users will follow the proposed rules to avoid relapses, monitoring money, leisure, routine, to make sure they are safe. Consequently, they deprive themselves of their needs and wants, prioritizing the care of others, not recognizing their limits,

which results in physical and emotional harm. Family members tend to only look at themselves if their life is a reason for the user to relapse (p. 11).

There is suffering in familiarity with dependence on alcohol and other drugs. We understand, however, that there is a reductionist process in the understanding that family members have in this relationship determined by scientific literature.

However, also seeking other understandings in this photograph presented by the articles, we can open a discussion that goes in another direction; In other words: a phenomenological attitude renounces any *a priori deterministic explanation*, because, in this view, we seek to preserve the very meaning of human experience as it occurs in the lives of those who live (Sipahi & Vianna, 2002). In this sense, dependence ends up revealing itself as a possibility given the precariousness of life.

Heidegger (1987/2009) tells us about the sense of being-in-the-world as a fundamental feature of the being that exists. And every being that exists, exists and occurs in a very specific and specific world. Being *-there*, *Dasein*, is familiar with the world in which it lives and, considering this world where we are all, therefore, it is important to return to the notion of familiarity.

The feminine noun: ``familiarity``, according to the *online Priberam dictionary*, has the meaning of: i. Family coexistence and ii. Great intimacy <sup>1</sup>. When the articles we obtained as results expose the issue of the family, the context of *family coexistence* was addressed, however, in this being-of-family members of drug addicts with whom they have *great intimacy*, the specific meanings that this population can reveal us, more than that, without individualities.

What opens up for our reflections, therefore, is being able to think of family members not

1. “familiarity”, in Priberam Dictionary of the Portuguese Language [online], 2008-2013, Available at: <<https://dicionario.priberam.org/familiaridade>>. Accessed on: 7 April. 2019.



only as a family nucleus, family coexistence or great intimacy, habitual and common meanings to the designation of *family member* that we came across in our research, but also with the sense of We are in a world where we are all *familiar* with drug addiction.

There is a need to think about the family being as being open to other determinations and therapeutic possibilities. To do so, it is necessary to think not only about family members, but about who they are individually. After all, behind the conceptualization there is a human being existing.

Individuals who are familiar with addiction, dependence or PASs need specific therapeutic care and attention, due to the impacts that the dependent disorder entails. Before being considered as dependent family members, however, even in their interrelationship with the disorder, they need to be considered in light of the inexorability of their own existence.

That is, family members are unique people, who are going through some upheaval in their lives. They cannot be viewed through a reductionist notion that determines them existing through a dependent umbilical cord or dependency alone.

Therefore, what opens us up as a light in dark corners is being able to see the family being that does not appear, that is dimmed by the guilt of having caused a disorder, by the responsibility to care or cure, driven and stimulated by the war against drugs., themes largely determined by an epistemological vision of natural sciences that predominate in scientific literature and appear in the mainstream media.

Family-being does not (a) seem like an immanent condition of existing, in which we all find ourselves as being-in-the-world and with-others in the world in which we are. The notion of dependence, which evokes this sense of crystallization, gives family members a place of non-belonging. But not belonging

in the world is a place: not feeling like you belong, not being taken into consideration.

This way, we can say that the familiar being, which is familiar with the harmful and dependent use of drugs, is the familiar of subjection. Perhaps, for this reason, Horta et al. (2016) talk about the feelings of anger, hatred, guilt, shame, humiliation, fear of aggression and helplessness felt by family members in the study they carried out.

It is worth saying, with this discussion that has opened up for us, that we are all, ultimately, the relatives of subjection, as familiarity. If not because we face a situation of dependence in our own families, in our homes, but in relation to the implications of our common world, that same world-in-which-we-are-all and in which there is suffering and issues related to use and dependence drugs. Perhaps we can also reflect on how this issue affects us; how being family impacts our daily lives and how we (re)act regarding this contemporary demand. This opening launches us into the discussion of our last thematic axis: "Therapeutic Modes".

## **THERAPEUTIC MODES**

This axis covers the discussion regarding both public policies and the conceptions of drug and family dependence. It is also worth mentioning that this thematic axis seeks to explore each therapeutic mode of care, currently available to family members and drug addicts, cited and explained by the authors of the articles.

It is possible to note from our research that, to work with dependence on alcohol and other drugs, there are actually many approaches and therapeutic modalities, as the authors explained.

Although we found two results, based on the systemic approach, among the list of cognitive-behavioral approaches, psychiatry and biosciences in general "have monopolized studies on addictions, producing knowledge –

truths – and, in a fruitful way, contributing to expand the biological and behavioral understanding of chemical dependence” (Tessaro & Ratto, 2015, p. 85).

When we bring other authors into our debate, this openness becomes evident. The age of technology is scientific. It generates more and more technique and invites us to participate and generate it (Heidegger, 1997/1953; Duarte, 2010; Pompeia & Sapienza, 2011).

*We are*, therefore, captured by the era in which we live. And in this era, explanations that have natural sciences as their paradigmatic axis and therapies based on diagnoses and quick results are more requested and are part of this framework (Pompeia & Sapienza, 2011).

Chemical dependency is a phenomenon that must be treated seriously given the gigantic mobilization around it. It is a public health issue as explained here. However, if so many results can represent a topic of great repercussion and debate, the prevalence of biological and behavioral understanding, co-opting and maintaining the *technical framework*, tells us about a certain way of seeing and accessing the world that has predominated around the discussions of this topic and which align not only with what is exposed by Tessaro and Ratto (2015), but produce a static meaning that prevents the *ek-stasia* necessary for its discussion.

However, we need to say that from Silva et al (2015), we find guidance that seeks with Cognitive-Behavioral Therapy, “the inclusion of strategies aimed at family members of addicts, providing changes in the patterns of behavior involved in drug consumption (...) therapists must be attentive to the inclusion of family members in both escape and coping strategies” (p. 202).

Our discussion, we remember, follows the methodological direction of the meaning of

*differentiation in relation to something* and seeks to follow the notions explained by Heidegger (2009/1987). Our concern is not only with effective speed with guaranteed results, but with the personal meaning that each individual *family* opens up in their existentiality.

Thus, we can see in the writings of the articles that there are other fronts of understanding that, despite being observed in smaller numbers in the productions compared to other schools, distance themselves from the way in which approaches based on natural sciences embrace the theme.

We are talking here about *systemic-based therapies*, as shown by Horta et al. (2016) and Paz and Colossi (2013), phenomenological-based understandings such as that of Dias et al (2021) and humanistic-based understandings, such as Gestalt *therapy* (Tessaro & Ratto, 2015), which were found in articles that we obtained as results.

Other public and private “therapeutic” fronts, where several professionals work, also emerged when we came across the articles written, mainly in the exhibition held by Paz and Colossi (2013):

Among the treatment modalities adopted in these cases, the most commonly used are hospitalizations in therapeutic communities (TC) or detoxification clinics, care in psychosocial care centers for alcohol and other drugs (Caps Ad) and participation in support groups., also called self-help groups. (p. 551-552)

Each of these modalities is based on a specific way of understanding man and the world, and the articles researched illustrate their objectives, which we must transcribe here, as they refer to common approaches and paths in the psychological environment of attention and care.

In the case of systemic based therapies, drug dependence is understood as a family symptom triggered by the identified patient

which, roughly speaking, indicates the need for treatment of the entire family system. Its objectives are based on understanding the entire symptomatic network and the difficulties of coping with the family system affected by the compulsive drug use of one of its members. “Its function seems to be to denounce family deceptions such as coalitions and alliances” (Paz & Colossi, 2013, p. 556), so that it can then provoke a “profound change in family functioning, to support a new, more functional and more healthy, capable of minimizing the possibility of new familiar symptoms” (Paz & Colossi, 2013, p. 557).

Maffessoli’s phenomenology, used as a basis in the article by Dias and collaborators (2021), can be interpreted, roughly speaking, as a comprehensive sociology, which offers another basis of understanding that seeks to rely on the human sciences and places us (a) in the face of relativism and the possibility of reaching the myth of the *social nebula*. In any case, it is a reading of man and the world that seeks to break with natural dictates.

In the case of humanism, the specific approach we came into contact with in the research carried out was Gestalt Therapy. And despite the timidity in producing knowledge about the phenomenon of drug addiction, Tessaro and Rato (2015) highlight the distancing of perspective that such an approach can produce in a scenario dominated by other ways of understanding the phenomenon, contributing to other biases and modes of harvesting. “Professionals who work in the treatment of chemical dependency, if they do not look at it from other angles, run the risk of reducing the complexity of the topic, which involves very broad social issues.” (2015, p. 85)

This risk could be observed by this research. Authors such as Ong (2015) and Sodelli (2016) show how public policies and notions generated around chemical dependency have presented themselves in contemporary times.

These are policies that are rigid and imprisoned substantially by stagnant conceptions that prevent an opening to new care and meanings, but that generate massive knowledge with *the status* of undoubted pragmatic truth.

Without impediment, it is worth highlighting that this article did not aim to fill this apparent gap, nor would it be possible even if it was our intention, but rather to be able to position itself as a possible opening to other interested researchers and contribute to the construction of knowledge, within our area of study, on this theme that is now open and ready for new readings, meanings and constructions.

Following the writings of the articles that we obtained as results about other therapeutic modalities, we observed that these other modes refer to generally private institutions, such as detoxification clinics and therapeutic communities (CTs), the replacement devices of old mental hospitals and psychiatric hospitals made available by the SUS in the act of psychiatric reform, implemented as Psychosocial Care Centers for alcohol and other Drugs (CAPSad) and the widely known Mutual Aid Groups, Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Family Groups Al- Anom and Nar-Anom for family and friends of alcoholics and addicts – the latter with no connection to public services (Paz & Colossi, 2013).

About TCs, we can say that “they are health care modalities that emerged in Great Britain in the 1940s, used to treat chronic psychiatric patients and later adapted to the treatment of drug addicts” (Paz & Colossi, 2013, p. 552). They are long-term therapeutic spaces and are generally managed by former drug users.

In the case of detox clinics, these can be considered specific treatment centers or beds in public or private institutions, such as general hospitals, for example, with the aim of monitoring withdrawal symptoms

and possible psychological and physical complications. After this period of monitoring and abstinence, patients are referred to psychological monitoring programs and, often, depending on their financial condition, they are referred to CAPSad (Paz and Colossi, 2013).

In both modalities presented, when we dialogue with the report carried out by the Federal Council of Psychology, we notice a prevalence of crystallized and mistaken therapeutic projects for a large population of residents and inmates (CFP, 2011).

The Federal Council of Psychology (CFP, 2011), in a booklet on the inspection report on inpatient institutions for users of alcohol and other drugs, explains to us that there is often a lack of implementation of new therapeutic guidelines for service that law no. 10.2016, provides.

These considerations accompany the need to rethink therapeutic approaches to this population and explain the need for a change in conception regarding drug dependence.

Paz and Colossi (2013) explain the Psychosocial Care Centers for Alcohol and Other Drugs as public health units, regionalized as provided by law, that offer specialized care for users of alcohol and other drugs. Such unit's praise health promotion through the social reintegration of the service user, but, in dialogue with other authors such as Amarante (1995, 2007) Goulart (2007) and Pitta (2011), we understand that the devices cannot cope with all demand.

We also find mutual help groups. These stand out as form of therapeutic option. They are coordinated by members who have abstained from drug use and returned to their lives. Among them, "AAs (Alcoholics Anonymous) and NAs (Narcotics Anonymous) stand out, recognized and active on five continents since 1935, having their origins in the United States and later spreading around the world" (Paz &

Colossi, 2013, p.552).

Support Groups were also reported (Cavaggioni, Gomes & Rezende, 2017 It is Patias, Vieira and dos Santos, 2022) and Support Networks (Patias, Vieira and dos Santos, 2022), care strategies widely used in CAPS AD and, in some cases, in CTs, which differ from the mutual aid groups mentioned above; as well as Family Guidance Groups, which can be understood as a cognitivist model that:

It does not require neutrality from the therapist. It consists of family guidance and awareness work with the aim of improving, precisely, the quality of relationships between its members in order to collaborate with the patient's recovery. It has an informative-educational character, seeking to respond to family demands in relation to chemical dependency. There is a positive impact on the family's feelings, on the understanding of chemical dependence as a pathology, in addition to helping them in dealing with the dependent family member (Cavaggioni, Gomes & Rezende, 2017, p. 53).

Patias, Vieira and dos Santos (2022), finally, reveal that the

faith and belief in a superior being were a strategy found by family members to face the experiences of substance use by a member of their family. Spirituality and religiosity are an integral part of the caregivers' routine (...) Religious and spiritual practices were able to provide positive aspects, giving comfort and greater understanding to caregivers, helping the integrative needs of the human being, biopsychic, spiritual dimension and social (...) (pp. 9-10).

We can understand that much has been improved, taking into consideration, the historical moments that public health has already encountered. And that is indisputable. But there still seems to be a lack of certain differentiation and criticism to address this issue, both in relation to the notions surrounding chemical dependency as a

substantiated entity, necessarily under the notion of control and eradication proposed by public policies, and in the stance that health professionals can adopt when accept this demand. “In general, dominant therapies have difficulty contributing to a process of singularization and autonomy, working more on a logic of control – which can be useful at first – rather than resolution” (Tessaro & Rato, 2015, p. 84 -85).

What stands out to us is the lack of truly considering families in the therapeutic modes and treatments offered. “The therapeutic possibilities mentioned so far are treatment options that do not take into consideration, family integration. However, the existing literature on the subject has mentioned the importance of a family focus for the treatment of addictions” (Paz & Colossi, 2013, p. 552) and also:

There is no doubt that the involvement and treatment of the drug addict's family not only has a positive impact on their recovery, but also on the family relationship. (...) However, there is a limitation of the State in offering specific services, and little research has been carried out in Brazil in this regard (Cavaggioni, Gomes & Rezende, 2017, p. 54).

It seems that, with the exception of Al-anon and Nar-anon, which specifically focus on therapy for family members and not just the family system, including people who identify themselves as family members, we are left without a more comprehensive reception for this population. However, having just one vision and way of understanding and welcoming does not seem enough to us.

It is necessary to give due importance to psychological care for families of drug addicts “in public health care services, services that still lack a broader understanding of the symptom that is presented, not only of the drug addict patient who is ill, but of the system family of which he is a part” (Paz & Colossi, 2013, p. 557).

Horta et al. (2016) also launch us into the relevant need to think about the impacts that drug dependence causes on the family structure, but tell us that “care aimed at family members is still ignored” (p. 1028). Just like Costa, et al. (2017) who highlight the importance of therapy that is specific to family members and explain the lack of targeted care.

We need to highlight that in the research by Cavaggioni, Gomes & Rezende (2017), however, group interventions seem to exist, despite still being linked to an umbilical dependent and accountable notion, just:

Such group interventions, in which participants live with others who experience a similar situation, facilitate identification, intimacy and mutual support among group members. In the family treatment strategies found, there is a concern with welcoming families and acting as a source of information about the disease and creating strategies that strengthen and guide the management of drug addicts. This way, it will be better able to collaborate with its evolution (p. 53).

It is worth noting, moreover, that the authors refer to professional unpreparedness in dealing with family members, due to the lack of knowledge and commitment to being able to include the family as “agent receiving care” (Horta et al. 2016, p. 1028); just as the importance of training professionals who carry out family interventions is “undeniable” (Cavaggioni, Gomes & Rezende, 2017, p. 54).

Along these lines, Tessaro and Ratto (2015) present us with a very interesting vision regarding the interpretation of codependency and professional unpreparedness. They call these professionals “codependent therapists”, as they would be, “(...) in this sense, producing more dependence: no longer on the drug, but on themselves” (p. 89-90).

This therapeutic circumvention is part of the main characteristic of the technical era. Professionals caught up in the compulsion to solve and guide addicts prevent them from

finding their own path. It seems that the biomedical, technical-scientific bias remains in vogue and this concerns rigid and unprepared therapeutic attitudes.

## FINAL CONSIDERATIONS

In this article we seek to develop a critical analysis, based on phenomenological-hermeneutic thinking, on care for family members of alcohol and other drug addicts.

From the beginning, we were faced with the need to look at this phenomenon and verify what was *hidden* by the crushing scientific reality that predominates in theoretical constructions and notions regarding the understanding of drug addiction.

More than just moving away from this technical-scientific, biomedical crystallization that permeates it, we seek to clarify the impact of drug dependence on a population that is identified or identifies as family members of drug addicts.

Family members are considered guilty and, at the same time, responsible for the emergence of drug dependence and, therefore, also for interrupting this behavior, that is, for the recovery of the addict, which seemed limited to us as an understanding.

Furthermore, we come across not the speeches of family members themselves, but rather articles that, immersed in this compromising of our era, triggered the lack of specific care for this population that ends up being placed, historically, as someone *who adds to something* so that it appears complete; an addendum to the dependent disorder itself – as it is classified by psychopathology today.

It is worth saying that this limitation was present throughout the course of carrying out this research, which, despite presenting a scientific gap regarding the productions and conceptions of this population, especially in the phenomenological-hermeneutic approach, indicates the need for other researchers be

able to explore this phenomenon; and that they can explore it with a closer look.

We were also able to observe, in relation to the therapeutic methods, exposed from our results, that there is often no specific assistance for family members of drug addicts. And when there is, there seems to be a concern in inviting the family to therapeutic participation, reductionistically in a responsible sense.

However, the very notion of *familiarity*, evoked by the authors, is compromised by homelessness and domination by the dictates of our time. In this sense, the types of therapeutic interventions presented did not prove to be sufficient to meet this specific demand. These are at the service of a logic that ends up, in the first place, *subjecting* the individual who makes harmful use of drugs to a therapy based on taking care of the substance itself.

Family members, for the modes of intervention that we were able to present, follow this same Cartesian calculation and, despite being called upon to deal with the dimension of a *public health problem*, they are absolutely placed as *family members of the subject*, including taking into consideration, the current health situation public. They occupy a place blurred by the shadow of conceptions about dependence, which highlights the blame and places them crystallized and linked as marginal to the issue, without the right to their place; to the legitimacy of their individualized suffering.

It is also worth saying that not all existing therapeutic methods are sufficient as long as conceptions are not changed. All are many without contemplating even *one*. In other words, we end up with the same generalizations imposed by contemporary pasteurization when we think that only quantity and speed can solve an issue that is still presented hidden.

Finally, as every conclusion opens again, we do not seek to criticize the authors of the

articles, nor their positions, but rather to differentiate *the* positions that we believe are necessary for rigorous scientific construction.

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