ORIGINAL ARTICLE

EMOTIONAL SUPPORT RECEIVED BY FAMILIES STATE OF THE CRACK USERS
CARACTERIZAÇÃO DO APOIO EMOCIONAL RECEBIDO POR FAMILIARES DE USUÁRIOS DE CRACK
CARACTERIZACIÓN DEL APOYO EMOCIONAL RECIBIDO POR LA FAMILIA DE LOS CONSUMIDORES DE CRACK

Débora Schlotefeldt Siniak[1], Leandro Barbosa de Pinho[2]

ABSTRACT
Objective: characterizing the emotional support received by relatives of crack users. *Method:* a qualitative study, of type case study, carried out with three family members between October and November 2013. The research project was approved by the Research Ethics Committee, Protocol 20157. *Results:* families seek for support through their informal networks formed by closest people as relatives, neighbors, friends and coworkers; being important strategies to minimizing the physical and emotional burden of family caregivers. In addition to informal networks, there is the role of formal networks, highlighting the participation of health care workers as the CAPS AD and Psychiatric Emergency Department, and social facilities such as religious institutions and Child Protection Agency. *Conclusion:* it emphasizes the importance of exploring these support networks in the context of mental health services, with a view to strengthening the care out of services. *Descriptors:* Nursing; Mental Health; Cocaine/Crack; Social support.

RESUMO
Objetivo: caracterizar o apoio emocional recebido por familiares de usuários de crack. *Método*: estudo qualitativo, tipo estudo de caso, realizado com três familiares, entre outubro e novembro de 2013. Projeto de pesquisa aprovado pelo Comitê de Ética em Pesquisa, protocolo nº 20157. *Resultados*: os familiares buscam apoio através de suas redes informais, formadas por pessoas mais próximas como parentes, vizinhos, amigos e colegas de trabalho, sendo importantes estratégias para minimizar os encargos físicos e emocionais do familiar cuidador. Além das redes informais, há o papel das redes formais, destacando-se, a participação dos trabalhadores de serviços de saúde como o CAPS AD e Pronto Atendimento Psiquiátrico, e, equipamentos sociais, como instituições religiosas e Conselho Tutelar. *Conclusão*: ressalta-se a importância de se explorar essas redes de apoio no contexto dos serviços de saúde mental, com vistas a potencializar o cuidado para fora dos serviços. *Descritores*: Enfermagem; Saúde Mental; Cocaína/Crack; Apoio Social.

RESUMEN
Objetivo: caracterizar el apoyo emocional recibido por los familiares de consumidores de crack. *Método:* es un estudio cualitativo, del tipo de estudio de caso, realizado con tres miembros de la familia entre octubre y noviembre de 2013. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, Protocolo 20157. *Resultados:* la familia busca apoyo a través de sus redes informales; formó por las personas más cercanas como familiares, vecinos, amigos y compañeros de trabajo, son estrategias importantes para reducir al mínimo la carga física y emocional de los cuidadores familiares. Además de las redes informales, está el papel de las redes formales, destacando la participación de los trabajadores de la salud como el CAPS AD y Psiquiatría Departamento de Emergencia y los servicios sociales, tales como las instituciones religiosas y la Agencia de Protección al Niño. *Conclusión:* se hace hincapié en la importancia de la exploración de estas redes de apoyo en el contexto de los servicios de salud mental, con el fin de reforzar la atención de los servicios. *Descriptores:* Enfermería; Salud Mental; La Cocaína/El Crack; Apoyo social.

[1]Nurse, Doctoral Student of Mental Health, Postgraduate Program of the Federal University of Rio Grande do Sul/PPGENF/UFRGS. Porto Alegre (RS), Brazil. Email: debynha33@hotmail.com; [2]Nurse, Professor, Postgraduate Programo f the Federal University of Rio Grande do Sul/PPGENF/UFRGS. Porto Alegre (RS), Brazil. Email: lbpinho@uol.com.br

INTRODUCTION

In the context of psychiatric reform, in which the focus of performance of the services and the practice of workers is the territory, not just the services should be integrated between themselves, but should extend interventions beyond, and other health equipment. In other words, the social rehabilitation should include other resources and other networks because the mental health needs are complex and inherent social functions in a given context .[1] Therefore, it is considered essential to the daily lives of mental health services the idea of that care is produced beyond the boundaries of the service and which includes as a menu of actions, the coordinated work with other features and other networks.[2]

It is in this context that highlights the importance of social support networks. Should the use of drugs, especially crack, can help identify them to question the mental health care, reflecting on wider and more complex issues than those that relate to the disease, the limitation or suffering. Support networks strengthen the family, help in understanding the universe the drug user establishes with the world, and set you up as a strategic resource within a reformist paradigm that values the care out of services.

Social support networks become richer when they enter and associate the establishment of interpersonal links to resources driven by people in their daily lives, with a view of existence flows between them. Thus, social support networks would be formed not only by the people and their relationships (informal structures), but also for the services or resources that are related (formal structures).[3-4]

One should not forget that the links that are established with health services are also part of this fabric. Thus, the structure of the network of formal relations, established by health professionals and institutions, and the link with informal networks, supplemented by the relations between the subjects, constitute as essential elements that enhance the care for the family, contributing favorably in facing the problem arising from the use of drugs.

Thus, this study aimed to characterizing the emotional support as a component of social support networks of crack users' family. It is based on networks of social support rating made by Pernille Due and employees.[3] Social support is a functional aspect of interpersonal relationships, with the sense of belonging and social tensions or conflicting relationships. Support networks in this context would be a systemic point of view of social support, which uses the concept of social systems, considering broadly the types of context, the actors involved in the interactions of support and functions which are for individuals.[3] The social support in this regard would be closely related to four aspects of social relations, they are emotional support, material support, the support of information and positive social interaction. In this study, the emotional support received by these families will be addressed.

METHOD

This is an excerpt of the master's thesis entitled "Social Support Network for Families of Crack Users". It has a qualitative nature, case study. The research was conducted with three crack users of family linked to the Psychosocial Care Center for Alcohol and Other Drugs (CAPS AD) the city of Viamão/RS.

It is noteworthy that the dissertation producing this text is a subproject of ViaREDE search - "Qualitative Evaluation of the network of mental health care services for crack users." This research was funded by CNPq (Notice MCT/CNPq 041/2010), approved by the Ethics Research Committee of UFRGS (protocol number 20157) and was developed by UFRGS, in partnership with the Federal University of Pelotas. The aim of the research was ViaREDE qualitatively assess the network of mental health care services for crack users in Viamão/RS.

The choice of participants was made through the interest group "Family" of ViaREDE, composed of 11 families. In these families, the following inclusion criteria were applied, which are: have psychological and cognitive conditions to answer the questions proposed; have relative, crack user who is or has been linked to CAPS AD and allow dissemination of the results, subject to the ethical issues surrounding confidentiality and anonymity. From these inclusion criteria there were selected three families to participate.

Data collection occurred in the period from October to November 2013 and was made by means of interviews, from a specific script, being divided into two stages: the first part refers to the general guiding question, which consisted of two questions aimed at understanding the family. The second part of the interview consisted of six questions, which sought to explore the crack of the context in which the family and support mobilized by the family in coping with the crack problem.

After the interviews, the interviews were transcribed and subjected to a brief reading, in order to familiarize them with the

empirical material. After this step, the data were organized based on the classification proposed by Due *et al.*[3] Remember that this article deals with the characterization of emotional support received by the family.

The development of the study met national and international standards of ethics in research involving human subjects. In order to preserve the confidentiality and identity of the participants, the families in the study received the following generic names: Eliane, Maria and Sonia. Those involved in the family, when mentioned, were also identified by fictitious names, followed by the level of kinship. Example: Carlos - husband.

RESULTS

Emotional support involves expressions of love and affection, usually provided by those closest to the conviviality of the subject.[3] He is also characterized as "emotional support", referring to the aid process received by the person who makes you feel welcome, respected and valued, creating a positive emotional attitude and enhancing self-esteem and confidence of individuals.[5] It can help family members feel more secure, comforted and confident about the care of your family.

Remember that the design of emotional support is also intertwined building links between people and institutions of workers. These links are in trusts that give meaning to the commitment and responsibility for the care of the other.

In general, crack users family can count on the immediate support of the nuclear family (spouse, parents, children and siblings). The offered emotional support basically comes through affection and listening events:

> Then he [Carlos-husband] said: Let's take care of this, let's find aid, research clinics, we're going to get. There was always present, giving support to help in the treatment. (Sonia)

> I don't know what I would do without her [Carina-daughter]; it is very important to me. A person who, if I need to, I can tell you is my daughter ... By the time I'm sad, when I'm happy, if I need something she will help me. The help of [Carina-daughter] is psychological ... She supports me enough. (Eliane)

Among the social relations, the help of friends, neighbors and co-workers turned out to be another important source of emotional support:

> I have a neighbor too dear ... She supported enough. She talks a lot about God, says: have faith in God that you will achieve everything will be alright. (Eliane)

> Friends we have enough. To support, we have enough. (Eliane)

> I talk a lot too with my colleagues here, as I told you right ... More so, the outburst huh. Of course we always hear a word that gives an emotional balance. (Sonia)

The school was another institution cited as a source of emotional support and is mentioned by one of the family. For her, the school is one of the first contacts with the formal networks, mainly because of the crack user begins to show a lower performance or different behaviors:

> At the school they helped me a lot. They called me, ' o had an outbreak, o the [Daniel-son] did not come, or the [Daniel-son] wants to leave early '. The school helped me a lot, that part I can't complain about the school. (Maria)

Other institutions included in the territory of family Participants were also cited. Of note is the involvement of the Guardian Council, considered an important support for coping with drug use situations, as reported by one of the interviewees:

> It as a tutelary Counselor from Viamão that interest in the case of [Daniel-son], he saw [Daniel-son] in the hallway of the hospital ... The Councilor supported us; ' you guys want I can vouch high '. Then we signed the high. (Maria)

In addition, Narcotics Anonymous plays a key role in the emotional support of crack users' family. Within groups achieved by Narcotics Anonymous, participants have the opportunity to vent and talk about issues related to drug use within the family situation:

> I took a lot from him [Daniel-son] the Narcotics group, was the family group. They helped so like ... He sat there he counted his situation and we count on our right ... ' Oh how Mama '. Was very emotional right, each told their stories, they would force. (Maria)

Another source of emotional support refers to spiritual help, which is an element mentioned by all interviewees. For them, this feature was important because it favored the face of adverse situations, helping to overcome moments of difficulty and burden of caring for family crack users:

> I believe in God right, the power of prayer is very important, strengthens me too! (Sonia)

> If you have faith in God, if you have faith in the word, because those businesses everything that happened with the [Fernando-brother], I won, of course, with the help of the people, but also won in the word, the Bible. (Eliane)

Health services also appeared as sources of support, highlighting, among them, the CAPS AD. In general, the emotional support is shared by certain professionals, such as psychologists and the practical nurse. They are, according to the family, the more available and motivated to divide the family's anguish:

> I quoted the CAPS because I can't complain, they always supported me. I've always liked, always treated us well. By the time I get there, they reserve a room, talk with us. The psychologist him [Daniel-son] for me was all right, she supported me very. (Maria)

> I welcome all the time. Care, and always meet. It's always very clearly ... Were [psychologist and nursing technician] who knew more about the [Fernando-brother]. I was looking for and always listen, never turned their back on me. Always had one to hear me. Then they were reference for everything. (Eliane)

Within the CAPS AD, also highlight the therapeutic groups as sources of emotional support, and a time when family members feel valued and can share their anxieties with people living the same problems:

> I came to participate in the Group at the CAPS ... I think you arrive at a conclusion that it's not just you who is going through it. I think they give a lot of value for what you say you know. (Eliane)

> I went to the parents meeting at the CAPS ... We heard reports of cases much worse than ours; people in a much worse situation. Then we saw that we could keep fighting that was not the worst. (Sonia)

On the other hand the lack of listening, bond and interest within the formal support networks was brought in the following report; when family stress the absence of emotional support in times when they need it. Maria revealed, for example, that the interventions made by the nursing staff of a Psychiatric Clinic were directed only to the drug user son, so she did not receive any support for the admission of her child, how can we follow this speech:

> The nurses were more to take care of him right, thought I was a mother who was always there, pushing things from [Daniel-son]. Usually the family abandons. (Maria)

In the case of Eliane, it was highlighted that the care provided by the General Hospital to crack user and the family itself was of low quality, because in all the services the family received no emotional support with the situation it was facing with her being, as can be seen in her testimony:

> It was a precarious attendance... I passed through humiliation. The nurses said to me

> 'get this kid shut the fuck up, this is not the place for him!' And I said 'but I have fault?' Always been like that, said there was no place for him. (Eliane)

DISCUSSION

With the discovery of crack or cocaine use, family members seek to assimilate reality, to then try to reorganize daily tasks. In this sense, one of the first actions within the social support network of family is just the emotional support, so they can cope.

In this context, we highlight some features of the support network deployed by households. First, the most driven people are those restricted to the nuclear and extended family, mainly related to the partnership's spouse, children, brothers and mothers. Interpersonal resources formed by friends, neighbors and co-workers, in the background, were also identified as important sources of emotional support.

Given the conformation of the social support network of the interviewees, one realizes that the nuclear and extended family was established as an important source of support. In this sense, it is understood that the family play an important role in the provision of care for its members, usually being in the center of care functions. In other words, you can consider it as the first level of health care to individuals.[6]

The testimonies indicate that emotional support is a reflection of the enduring links between certain members of the family group. These links are manifested not only in issues involving affection and sensitive listening to problems, but also through the gestures of affection, concern and solidarity between individuals. It's like Eliane reports when commenting that her daughter helps her psychologically, and also Sonia when she says that her husband intends to find clinics or similar aid.

Therefore, it is observed that the family generally comprises the main support network, so that is not the amount of people doing this strengthened network, but the quality of these relations, noting that the most important ways of coping is internal the family, and the external social support constitutes an add.[7]

The family is of paramount importance in the face difficulties and establishing itself as the main source of support, as they serve to aid in critical moments and make possible to share the suffering in situations of adoecimento8 and can provide different types of support.

Thinking emotional support as part of the social support network of people, it is understood that this constitutes, mostly from family. However, you must realize that these relations are also connected to others in their circle of social relations.

At the meeting that, in the reports is also possible to see that within the circle of the interviewed family relationships, friends, neighbors and co-workers are resources that are directly involved with the emotional support the involvement situations with crack by a family entity. Therefore, it is understood that, although in most cases the family constitute the main support network of families, the support received from friends, neighbors and co-workers should also be emphasized as essential to overcome the difficulties with the burden of the situation of emotional distress.[8]

Therefore, the family daily interactions with people outside the nuclear family but who remain within their circle of relationships, it is important to build relationships and expand their support networks. Therefore, one should invest in the everyday knowledge of the relationships of each family in order to identify the resources or people to help relieve anxiety and to provide new conditions to minimize the wear suffered by the charges generated by the use of crack.

Another important point in the shaping of social support from family networks is the possibility of interface between people and the social resources in the territory. In this sense, the speeches also point to the participation of formal networks, especially school, tutoring assistance, therapeutic groups (especially those of social groups) and spiritual help from religious institutions. The family seems to access them as an opportunity to find hope and answers to very complex questions.

Within the reality of existing networks in the territory of the people, the school can be in one of the first tools to detect the drug problem and to talk with families. Therefore, it is thought that the importance of school pervades the issue of education and training of the student, given that it also has a social function that goes beyond the school system itself, may involve directly on issues involving family background.

Thus, it emphasizes the relevance of the establishment of links between school and family, so that this integration should be rethought and enhanced due to the commitment and social responsibility with the formation of an individual capable of questioning their reality.

In school, the Guardian Council was another social facilities cited as a source of emotional support. In this light, we consider the importance of counselors who can offer a host and listening space of suffering, and to be able to understand the different social demands within the community.

Thus, the Guardian Council could be considered as one of the first "gateway" of the family in formal networks/user service techniques, since it is a social institution to meet vulnerabilities. In Mary's case, for example, the host counselor showed not only a source of emotional support, but also committed to meeting family demands in a reality as complex and vulnerable as is the use of crack.

It is considered therefore that the role of social protection bodies can strengthen intersectoral partnerships (when we speak specifically of the services involved in formal networks), and the links established between people of these networks, forming a rich and extensive support to families to help them in the fabric of care trajectories able to handle the complexity brought by the crack familial every day.

Once inside the formal networks, social resources of the region continue to be essential in a process of understanding the problem and also help in the treatment. The importance of therapeutic groups, such as those existing in Narcotics Anonymous; agree as a form of encouragement; because, in most cases, family members do not know how to manage the costs related to suffering. Thus, the interaction across groups provides listening, valuing feelings and therefore can strengthen family emotionally, enhancing not only their understanding of the problem, but also its ability to find new resources to enrich the network.

Regarding the emotional support offered through spirituality, there was its relevance in addressing the problems experienced by the family. With the findings of this study, other studies indicate the importance of spirituality, giving the faith a major significance, serving as a source of support to caregivers in coping with adverse situations and in maintaining health. Thus, spirituality can contribute to the improvement of health status, in that it brings hope, allowing the choice of the best strategies to deal with the problems.[9-10]

Emotional support through spirituality usually arises from the informal network of individuals composed by family, friends and neighbors, and consists of courage, hope.[5] In

addition, the church, the prayer groups and others that the family will participate are to function as a source of emotional support, helping to manage the tensions and sufferings.[10]

It is emphasized that the understanding of the spiritual dimension, treated in this study refers to the meaning of life and their meanings, not limited to specific religious beliefs or practices. From this perspective, it is evident that spirituality can be used as an important emotional support resource for crack family, since it can contribute to the alleviation of the burden and strengthening families suffer from this problem, bringing hope, faith and the desire to get a breath, an answer.

Thus, it is considered that spirituality is directly involved in the care for individuals, and needs to be inserted in mental health practice, since the understanding and appreciation of the spirituality of the subject can facilitate interventions and enhance the relationship between professional and family. It's what showed Sonia and Eliane in their statements, when they claim that faith in God the comforts and strengthens.

Regarding the CAPS AD, as a strategic service within the health system, one is also talking about a new technical capacity to meet the demands of family, ie receive them due to a problem or a difficulty coping. In this case, emerge lightweight technologies that can provide emotional support to families, but also new media and work processes to understand so unique demands within the services.

Soft technologies refer to existing technologies in health work, characterized the relations established between the worker and the user. These relationships produce ties, autonomy and new ways to operate with work in services. [11] In the case of CAPS, be upheld at all times, as reported Eliane, or just understand that the situation can be resolved or minimized, brought Sonia, reinforces the tendency to value and strengthen the family as well as the needs identified by them.

Hosting is emerging as care technology in mental health, as it brings the subject as an essential element in the context of health practices. Welcoming the other is differential by adding efforts around a single project, which reorient the practice and can enhance the health service as a producer space/inducer exchanges, experiences, perspectives, and especially of people.[12]

Host can revitalize the links between formal and informal care networks, because we understand that the link opens room for individualization of the situation experienced by each subject. It is this bond that reframes the close ties of families, enriching their support networks.

Thus, it is understood that the relations of production involved in professional-user by listening, interest, building bonds of trust, enables capture the uniqueness, the context, the ways of life of each user, enriching and enlarging work processes.[11]

It is noticed that drug users see family in CAPS AD a chance to support, so the family should be included in the care process.[13] As against this, it is understood that the development of the strategies adopted by the family offers contributions to the strengthening of actions in the psychosocial field and positive impact on the professional-family relationship. However, the use of these tools require professional availability and interest in implementation and, above all, demand reflection on their practices in order to check the qualifications of care to patients and families. On the contrary, without the presence of listening, bond and interest, no care production.

Looking at the situation as regards the lack of emotional support provided by the formal network, it is understood that we must direct our interventions from the perspective of acceptance and empathy, so that the interaction, exchange and dialogue must be incorporated as north for any therapy related to users and their families. In this sense, it is thought that dispenses the need to broaden our gaze to the needs not only of health but in all aspects that permeate the lives of family members, especially, trying to understand the suffering and the consequences brought by a disease situation. Listen carefully to the demands of the family can help relieve their suffering, providing a new rationality of the problem, treatment and possible alternative networks.

In this perspective, the health professionals believed play a crucial role in the consolidation of social support networks, because, besides being as sources of emotional support, can also promote their empowerment and its extension in order to minimize the stress suffered by the family and the burden to the care user family of drugs.

CONCLUSION

It was observed that the presence of the crack in the family context has significantly changed the routine of its members, creating different effects to each of its members. Therefore, the family is mobilized to maintain its operation and restructure to adapt to the

reality they experience. Therefore, its members need to find strategies to help in facing this situation.

Faced with this, it was found that the family point to the importance of the link and listening, offered by both relatives and closest to the conviviality of the respondents as the health services and social facilities of the territory. These are tools that are part of a very unique dimension of human care, and it is considered in the field of health practices, reveal technologies work processes centered on the subject, their needs and their desires.

In addition to informal networks, there is also the role of formal networks that seam of family support networks. It was emphasized, for example, the importance of employee participation in certain health services and social facilities.

In relation to health services and workers of these services, it is important that these elements can accommodate the family, whether in individual sessions or in groups, listening to him and helping to empower families and to make them co-participants of the user's treatment.

Given our results and before so many reflections in the household everyday life, highlights the importance of systematic monitoring of mental health services worker; therefore, to understand the way of life and the relationship that these families have with their networks support, you can help them in strengthening and maintaining these networks, enhancing care out of health services.

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Corresponding Address

Débora Schlotefeldt Siniak
Universidade Federal do Rio Grande do Sul
Programa de Pós Graduação de Enfermagem
Rua São Borja, 354
Bairro Pippi
CEP 98805-350 – Santo Ângelo (RS), Brazil