ABSTRACT

Objective: to learn, in the memories of children in their life history, the meaning and significance of family life with alcoholic parents. Method: this is a qualitative, descriptive, exploratory study, with emphasis on Oral History of Life, carried out with five children of alcoholic parents through semi-structured interviews. The data was analyzed through Content Analysis. Results: it was noticed that the illness is concomitant, of the parents due to the abusive use of alcohol and of the children who are in coexistence with it and have experienced situations of conflicts and violence. The ambiguous feelings developed by the children from the relationship with the father were also described, such as shame, fear, stress, anguish, but, in the adult phase, there was the resignification of the coexistence in the care with the father through the identification of the feelings of tolerance and respect. Conclusion: it was identified that the psychosocial rehabilitation of the children enabled the resignification of the relationship with the father. It was pointed out the importance of health professionals to establish strategies to care for alcoholics and their children, who are caregivers and experience situations of codependence and emotional suffering in the relationship with the alcoholic family member.

Descriptors: Family Relations; Codependency; Alcohol Use Disorders; Alcoholism; Mental Health; Health Promotion.

RESUMO

Objetivo: apreender, nas lembranças de filhos em história de vida, o sentido e o significado da convivência familiar com pais alcoolistas. Método: trata-se de um estudo qualitativo, descritivo, exploratório, com ênfase na História Oral de Vida, realizado com cinco filhos de pais alcoolistas por meio de entrevistas semiestruturadas. Analisaram-se os dados pela Análise de Conteúdo. Resultados: percebeu-se que o adoecimento é concomitante, dos pais em virtude do uso abusivo do álcool e dos filhos que estão em convivência com ele e vivenciaram situações de conflitos e violência. Descreveram-se, ainda, os sentimentos ambíguos desenvolvidos pelos filhos a partir da relação com o pai, como vergonha, medo, estresse, angústia, mas, na fase adulta, houve a
ressignificação da convivência no cuidado com o pai por meio da identificação dos sentimentos de tolerância e respeito. **Conclusão:** identificou-se que a reabilitação psicossocial dos filhos possibilitou a ressignificação da relação com o pai. Aponta-se para a importância de os profissionais de saúde estabelecerem estratégias de cuidado aos alcoolistas e aos filhos, que são cuidadores e vivenciam situações de codependência e sofrimentos emocionais na relação com o familiar alcoólico.

**Descritores:** Relações Familiares; Codependência; Transtornos Relacionados ao Uso de Álcool; Alcoolismo; Saúde Mental; Promoção da Saúde.

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**RESUMEN**

**Objetivo:** aprehender, en la memoria de los niños en la historia de vida, el sentido y el significado de la vida familiar con padres alcohólicos. **Método:** se trata de un estudio cualitativo, descriptivo, exploratorio, con énfasis en la Historia de Vida Oral, realizado con cinco hijos de padres alcohólicos mediante entrevistas semiestructuradas. Los datos se analizaron mediante Análisis de Contenido. **Resultados:** se notó que la enfermedad es concomitante, de los padres por el uso abusivo del alcohol y de los hijos que conviven con él y vivieron situaciones de conflicto y violencia. También se describieron los sentimientos ambiguos desarrollados por los hijos a partir de la relación con el padre, como vergüenza, miedo, estrés, angustia, pero, en la edad adulta, se dio un nuevo sentido de convivencia en el cuidado del padre al identificar sentimientos de tolerancia y respeto.

**Conclusión:** se identificó que la rehabilitación psicosocial de los niños permitió redefinir la relación con el padre. Se señala la importancia de que los profesionales de la salud establezcan estrategias de atención para los alcohólicos y sus hijos, quienes son cuidadores y viven situaciones de codependencia y sufrimiento emocional en la relación con el familiar alcohólico.

**Descriptores:** Relaciones Familiares; Codependencia; Trastornos Relacionados con el Uso de Alcohol; Alcoholismo; Salud Mental; Promoción de la Salud.

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INTRODUCTION

It is known that alcoholism is a chronic disease and an important public health issue in Brazil and internationally due to the repercussion it has for the user, family and community. It is affirmed that the permissiveness of alcohol consumption, in most cultures and societies, combined with its great potential for physical and psychological dependence, generates an important damage to individual and collective health. It is also noteworthy that there is a social stigmatization, both of the alcoholic and of family members.

It is reflected that the family has fundamental importance in the formation and psychological development of its members, regardless of their image, structure, model or configuration. It is important to note that the beliefs, values and practices developed by families constitute a complex system, which contributes to the survival of its members. It is also important to stress that the interaction between family members is a constant challenge, since it happens in processes of approximation and knowledge of the differences that each one presents in their individualities.

It is affirmed that, in the relationship of parents and children, among the variables that interfere for a good coexistence is the abusive consumption of alcohol by the father. It is also pointed out that the paternal alcoholism can contribute negatively to the parents’ educational practices, such as neglect and physical abuse, besides the fact that they are not able to play, in a satisfactory way, the role of caregivers that guarantee the children’s emotional and physical security.

It is understood that when the alcoholic does not correspond to the care of the family or does not accept the rules of coexistence, he or she can cause an imbalance in the whole family structure, causing a break in the bond between its members, causing changes in their lives, including emotional conflicts, violence, feelings of fear, anger, anxiety and uncertainties.

The growing number of occurrences in society about intra-family violence is registered, especially in families that have alcoholics. Family violence is identified as a social problem that affects mainly women, children and adolescents, having several types, such as physical, psychological and sexual maltreatment. It is also stated that children of parents with alcohol related disorders can grow up under severe stress and are at greater risk of developing psychological and social problems.

It is important to point out, in the process of human development, that the situations experienced during life cycles have significant repercussions on people's memory, including the relationship of children with alcoholic parents. This research is justified due to the relevance of this theme and the scarcity of studies related to the experiences of children with alcoholic parents, who propose to rescue the memories of this relationship, also emphasizing the contribution to the
field of action of health professionals through care strategies directed to these children in the care of family members.

In this work, the approach of Bérgson’s theory of memory is considered in the search for the understanding of time as duration, enabling the coexistence between past, present and future in the relationship that the children experienced with their parents. It is understood that the theme of time is fundamental to this author as a fabric of reality, considering that time is succession, continuity, memory and creation that are present in the events, whether physical or psychic.9

In this sense, the memory of coexistence between past and present time is defined, with the relation of duration and the representation of previous life. In this study, the problem question was established: “What are the children’s memories in relation to the experiences of family relationships in coexistence with an alcoholic father, considering human development in various phases of his life history?”.

**OBJECTIVE**

To learn, in the memories of children in their life history, the meaning and significance of family life with alcoholic parents.

**METHOD**

It is a qualitative, descriptive, exploratory approach study, with emphasis on Oral History,10 according to the view of subjectivity in the socio-cultural experiences of the participants of the research, allowing them to visualize different ways of living history, evoking the memory of children in family relationships with alcoholic parents.

Five children of alcoholic parents, from a municipality in the interior of Bahia, Brazil, were selected as participants of the survey. Three users attended a PSCC AD and two were assisted by a Family Health Strategy (FHS) team located in a peripheral community. Participants of the survey were identified by health professionals (nurses and community health agents). The following inclusion criteria were followed: children with relationships with alcoholic parents for more than two years; over 18 years old who voluntarily accepted to participate in the research. The following exclusion criteria were listed: that they used only alcohol as a psychoactive substance and refused to participate in the research.

For data collection, a semi-structured interview was adopted following the steps as required by the method: pre-interview, interview and post-interview.10 The interview was guided by a script with two parts: the first part, with socio-demographic information related to the participants, such as age, sex, marital status, profession and time spent living with the alcoholic father, and the
second part brings guiding questions related to the memories of the children about the experiences of family relationships living with the alcoholic father.

Participants were interviewed at each other’s home, in a private room, with meetings previously scheduled via telephone according to their availability. The interviews took place from April to May 2019 and lasted an average of one hour. It is informed that a digital recorder was used upon written authorization from the participants to record the data collected in each interview.

The treatment of the material was organized and the data were coded through the Oral Life History procedure, where the passage from oral to written content took place. The following steps were used in this process: a) Exact transcription from oral to written; b) Textualization, which was the transliteration of the interviewee’s speech in a spontaneous way and in the first person; c) Transcription, which took place by approaching the original meaning and intention of the interviewee’s dialogue and allowing the convenience of the subjective dimensions; d) Conference and authorization, which was the period in which the final text of the interview was read and approved by the interviewee; e) Return of the oral stories, when the participants approved the final production of the research.10

The qualitative data was analyzed after the exhaustive reading of the material, being possible the codification, the classification and the obtaining of three categories, considering the theoretical basis, the problem and the objective of the study.11 The following categories were obtained in this study: 1) Childhood: the encounter with paternal alcoholism; 2) Adolescence: ambiguous experiences between love and hate; 3) Adult: an attempt to resignify living with the alcoholic father.

The project was submitted to the Ethics in Research with Human Beings Committee and approved with the opinion number 3,233,649. Each participant was presented with the Free and Informed Consent Term (FICT), informing them about the risks, benefits and objectives of the study and, after their approval, it was signed. The anonymity was preserved and the participants were identified, by their own suggestion, by animal codenames.

RESULTS

Five children, three women and two men, aged between 21 and 38 years, and one older than 45 years, were listed for the study. Four participants were married and one single. It was identified that, of the participants, one was a student; one was a teacher; one was a public servant; one was a lawyer; and one was a nurse, with family time with the alcoholic father between ten and 38 years old.
The results of the recollections obtained from the oral life history accounts of the research participants are presented in three categories of analysis below.

**Childhood: the encounter with paternal alcoholism**

It was found, in the children's testimonies, about their knowledge about the period when the parents started drinking alcohol, as illustrated in the following statements.

[...] *We were raised and my father had been drinking for a long time.* (Eagle)

[...] *I was born in the environment with my father already with this disease.* (Butterfly)

[...] *I believe that I was already born and he already had this problem that, because of the life history that we have tried to find out, he has had it since he was very young.* (Bull)

[...] *My father, he was an alcoholic since I understand myself for people.* (Sabiá)

It was observed, based on the reports, that the parents already consumed the alcohol since the childhood period of their children.

Some situations experienced by the children due to their parents' alcohol abuse were also described. This can be observed in the following lines.

[...] *When my father drank, we hated it [...] everything about him was cursing at us, it was just: "Pass here, you horn", "pass here, you mare", "come on, you bitch", so it was like this, sometimes we passed and we were already getting slapped.* (Eagle)

[...] *I lived inside with him in this state of total drunkenness every day, a lot of violence, physical and verbal aggression with both my mother and my three sisters.* (Sabiá)

[...] *my mother fought with him [...] and got very nervous, threw things on the ground and he, as always, never hit, but he disappeared, and I saw that it distressed her too much.* (Butterfly)

[...] *many of the attitudes my father took were also based on his lack of sobriety.* (Curió)

It was noticed, among the children's statements, that in the relationship with the alcoholic father, the existence of multiple manifestations of violence was common, such as physical, verbal and psychological, difficulties in interpersonal relationships, emphasizing the physical aggressions between the couple (father and mother) and between the father and sisters.

It was understood, in family relationships, that the son experienced mistreatment in a context of violence, represented by imperialist and oppressive attitudes on the part of the alcoholic father, as a man and head of the family, and also representing the remote influence of a patriarchal ideology that resists in egalitarian societies. One can perceive, from the accounts below, this authoritarian father figure.

[...] *my father is very authoritarian, he can't be taken care of [...].* (Butterfly)
... it got to the point where, when we were watching, my mother was talking to us like this: "When your father arrives, be silent" [...] the father has always been the head of the family, regarded as the king of the house [...]. (Sabiá)

It is expressed in the speeches of the participants how this violence is revealed in attitudes that are sometimes direct, like the authority exercised from father to son, sometimes indirect, in the form of the mother's domination in guiding how children should behave in the presence of the patriarch, in which both demonstrate the social power of the head of the family to the other members, and therefore this power is recognized as family violence.

It is pointed out, still in childhood, that the children experienced a troubled environment of mistreatment exchanges resulting from an antisocial behavior of the alcoholic father. Some feelings developed by the children from the conflicting relationship with the father were listed, such as shame and fear.

[...] I was ashamed of him many times [...]. (Bull)

[...] even when we stayed quiet, without saying anything, he always arranged a way to make us cry, to make us complain [...] it was his way of showing that he was the owner of the house. (Sabiá)

In the context of living with the alcoholic father, the children point out, in an ambiguous way, the developed affective relationships in which, for some, they present the alcoholic father as a person present in their life.

[...] he was always a great father, a father who always experienced and witnessed our growth [...] he was always a very affectionate person, so I had a good development in having feedback from him [...] I thought he was going to recover and let go of alcohol forever, in fact, I always had this hope [...]. (Bull)

On the other hand, [...] we couldn't sit on Dad's lap, we couldn't hug, he said "enough is enough" [...] I wouldn't tell people "I like you," "I love you. I didn't say these things because I didn't listen, I didn't learn to pass on [...]. (Sabiá)

It is also revealed that one of the children had a limitation in the possibility of playing outside the house.

[...] When we saw my father from afar and if we were playing, we would run inside the house, because he didn't want to meet anyone outside; if he did, we would catch him [...] when he arrived, no one would go anywhere else [...]. (Eagle)

It is also identified that another son avoided going to social events of the family, due to the embarrassment in experiencing the father's altered behavior due to alcohol consumption in the events.
there was no family party because, if he had a family party, he would make a point of spoiling [...]. (Sabiá)

Adolescence: ambiguous experiences between love and hate

It is shown, from the testimony of a son, that among the experiences acquired in this phase was the consumption of alcohol, which was stimulated by the father.

[...] we grew up and it was my father who taught us to drink [...] he always encouraged us to drink [...] we had the door opened for him. (Eagle)

From the reports below, it is exposed that parents have intensified the consumption of alcohol at this stage of life.

[...] it was in adolescence that the problems intensified [...] I think it was when alcohol started to have more effect on his life [...] it was a totally troubled phase, and what I wanted most in my life was for him to leave home [...]. (Sabiá)

[...] it was more of a responsibility for us because the age of childhood and adolescence, young, we have a commitment, others so much, nay, school, have fun, meet friends [...] my alcoholic father [...] we breathed his alcohol in the evenings, we found him lying in various parts of the house, on the sofa, on the floor [...]. (Curió)

The dissatisfaction of the children in reconciling the normal daily activities of adolescence and the coexistence with the abusive consumption of alcohol of the father was identified. In this context, it is perceived that the children developed several feelings in the relationship with the father, such as love, respect, hatred, anger.

[...] yes, there was a good phase, when he didn’t arrive drunk [...] he taught me my school activities [...] he would talk, play with us, go out, have fun [...] when my father drank, we hated, we didn’t like it, because my father was just fighting with us [...]. (Eagle)

[...] I always had a good development with him and not have more because he was always present with me, he always participated with me. (Bull)

[...] we have always related to moments of conflict and fights at home and also to many moments of fun and joys [...]. (Curió)

In the speeches of the participants above, the attitudes and thoughts related to ambivalence in living with alcoholic parents are highlighted. The existence of violence, mainly related to psychological violence and constant threats, is also perceived in the context of intra-family relationships.

[...] I would stay inside the house and fight and shout at my mother, two or three times he assaulted my mother, my mother would also go on him, beat him up; then we would watch things [...]. (Eagle)
my mother, living with it, she always had conflicts with it [...]. (Curió)

He was at the point where he got a machete saying he was going to kill us [...]. (Sabiá)

It is added, also by the account of a child, that the violence extended to the extra-family environment, with the people who had no degree of kinship.

Became verbally violent with the neighbors, unemployment came along, so I think it was along with unemployment that this really happened [...]. (Sabiá)

In this sense, it is stated that family and social groups are affected according to the evolution of the disease. In this context, it is important to point out that the alcoholic, due to the dependence on alcohol and the absence of critical sense, may not be aware of the damages he causes to his family members and society. It is pointed out that some of the consequences caused by the harmful use of alcohol are the financial problems, mainly in the groups where the alcoholic supports the house, because many are no longer able to exercise their role of leader, generating overload for the wives/mothers.

As a woman, was disrespected in many moments [...]. (Curió)

The situation became very difficult, because mainha worked alone to support the house [...]. (Sabiá)

It is observed in the accounts that the mother started to assume the role of the father, having an overload due to the alcoholism of the spouse, thus generating an accumulation of tasks, besides the need of the daughter to take care of her siblings, as it can be analyzed in the account of one of the sons below.

I was afraid to leave and when I came back he killed my mother because he said he was going to kill [...]. I, like the older sister, I felt the obligation to defend my mother, so I stayed at home, I did not leave, I was afraid [...]. (Sabiá)

Understands that in many families there is the reorganization of social roles due to alcoholism and there is the need for members to support each other and establish support networks, thus avoiding illness.

The following accounts show common feelings in both childhood and adolescence, such as shame and humiliation.
He drank and fell down the street [...] we sometimes went out with him, he was ashamed because he drank and shouted at us in the middle of everyone [...] (Eagle)

I wanted my father to be present at some things at school, where he didn't go, and when he did, he was drunk, that made me ashamed. (Butterfly)

I was ashamed of him many times [...]. (Bull)

When they talked she was a so-and-so's daughter, it was a great shame, you know, shame because the family wasn't structured, shame because he was falling down the middle of the street drunk [...]. (Sabiá)

It is recalled, with the participants of the research, that there was an isolation of them in society during childhood, but it was in adolescence that the social isolation had greater intensity precisely because of situations of constraint experienced.

When we wanted to go out for the feast, sometimes he wouldn't let us [...] sometimes, when he had an event for his own sisters, he wouldn't invite them because he said he would end up with the joy of the people, [...]. (Eagle)

I avoided some places, like, if I had a social party where I studied, I'd go and talk to my mom, if you're going to need my dad's presence, we'd avoid going. (Butterfly)

I saw my friends sitting at the door, my friends were going out, and until I was 18, I didn't know what it was like to have adolescence because I never went anywhere [...]. (Sabiá)

It can be seen from the above reports that the family stopped going to many places, because there was a feeling of shame, due to the changes in behavior that the father presented in the social environment, being also exposed, in the participant's speech, the social exclusion of the alcoholic father by relatives in family events.

It is also identified that the relationship with the alcoholic father may affect other behavioral attitudes of the children, such as a participant who gave up his life and personal goals to care for him and support the mother.

I got a job, I was already wanting to leave home a lot and I couldn't because I had to support my mother, I couldn't get out of it [...]. (Butterfly)

accepting my father's condition, not hiding my father's condition was also a way for me to face my problem and not be ashamed of it [...]. (Bull)

society, she doesn't understand the situation, so, fulana is the drunkard's daughter [...]. (Sabiá)

Adult: an attempt to resignify living with the alcoholic father

It should be noted that the adult phase was a period in which there was a resignification of family coexistence between children and parents, which can be observed in the reports below.
Today, he already feels the need for us to take care of him, regardless of what we’ve been through, that’s a past [...]. (Eagle)

I don’t want to have that kind of coexistence that I had before, today I look at it with a fragile person who needs my care. (Butterfly)

I always try to work the emotional part and the mental part of him, encouraging him, raising his self-esteem [...]. (Bull)

I’m more aware that certain things don’t change easily in life, so it was only after 20 years old [...]. (Curio)

my life began to walk, to develop from the moment I began to forgive that which was in the past [...] I saw that it was an illness that was not because he wanted it [...]. (Sabiá)

It is understood from the testimonies of the children that they have provided new experiences in the relationship with their parents, thus demonstrating the resignification of coexistence. However, the lack of affection and the presence of social isolation, reported by two children, were observed.

I can’t come out of nowhere and give my mother a hug [...] we don’t have that affection because, since we were kids, we’ve grown up that way, each one in his own corner. (Sabiá)

until today we have a little distance from our family, today we are far apart because of him [...]. (Eagle)

It is emphasized, in the adult phase, that the concern with the parents in relation to the adolescence remains. In this context, it is important to point out that a son declared to annul himself to take care of his father and his family, interfering, even, in his work functions.

today, I have a job, if he feels something, I leave everything [...] even if I work, have condition to take a walk, usually, I annul myself because of that, I do not want to go because I know I have my children and have them [...]. (Eagle)

today, I realize that I can no longer dissociate myself, talk about my father being of good [...] I will be of good, but no, I am always worried because he drinks, goes out at night [...]. (Butterfly)

It was found that children have learned throughout their lives, especially in adulthood, to live peacefully with their parents, with tolerance and respect.

I have always adapted to his way of acting, his way of being [...]. (Bull)

Today, I am very happy with his presence [...] so today I am more tolerant and more open to him [...]. (Sabiá)

nowadays, I already tolerate, I lived with my parents for about 30 years, so I lived with them a lot [...]. (Butterfly)
It is shown, in this context, that some of the parents stopped consuming the alcohol because the substance caused physical and emotional consequences.

[...] when he stopped drinking, he stopped for health problem [...] when he got sick, had the stroke and stopped drinking, then he doesn't drink anymore [...]. (Eagle)

[...] he only stopped even when he reached the very peak of the problem; then he had to stop drinking because his family was no longer supporting him. (Sabiá)

In this sense, the following reports show that the children started to understand the process of living with the alcoholic father in adulthood.

[...] Today, I'm in the process, I won't say that I fully recognize as my father does not, but I'm in the process of recognition [...] today, after he has stopped drinking, I want him to be close, to be part of our family, of our life [...]. (Sabiá)

[...] there came a time when we began to face him [...]. (Eagle)

[...] with the years passing by, I've changed my mind, I don't believe he'll be 100% fine, I believe he'll manage the difficulties [...]. (Bull)

**DISCUSSION**

Childhood is pointed out as a period in which the child needs protection, care and love, being a stage in life when he should have the right to play, study, smile and dream. It is also considered that this is a phase of development and expectations, of preparation for adult life, being fundamental that the child lives in an affectionate and healthy environment.¹²

It was found, in the testimonies of the research participants, that the parents already consumed the alcohol since their childhood. It is important to point out that when parents experience alcoholism in this stage of life, they may suffer consequences that harm their growth and development. It is added that the participants informed that conflicts, physical aggressions between parents, as well as verbal and psychological violence, were frequent in the domestic environment. It is said that alcoholism and low schooling of husbands are important determinants for domestic violence¹³. It was identified in a study with family members of alcoholics that the situations experienced by family members were similar to those reported by their children in this research, such as psychological and physical violence, conflicts and aggressions¹⁴.

It is known that alcoholism is a disease that develops in a progressive way with repercussions on living conditions. It is also understood that the abusive consumption of alcohol can weaken family relationships, promoting psychosocial suffering in family members.⁷ It is pointed out that children can develop various feelings towards the aggressor, as a response to assisted violence in the family context, such as anger, anxiety or even fear which, although considered functional for survival, can trigger dysfunctional defensive processes and intense psychic suffering due to the repeated
situations to which they are exposed. Some of the feelings developed by the participants of this research were listed from the conflicting relationship with the father, such as shame, fear, social exclusion and humiliation. Among the common characteristics of families where there is violence, the existence of an excessively authoritarian father or the situation of alcoholism is admitted, and children submitted to family violence have a greater risk of developing psychiatric disorders, besides Post-Traumatic Stress Disorder (PTSD).  

It is emphasized that domestic violence is present in several families where there is the abusive consumption of alcohol by some family member, highlighting, in this context, the emergence of traumas in the lives of children who, still children, go through several situations that generate impacts in their lives. It is highlighted that the impacts on children's lives may affect their health not only in the physical aspect, but also in the psychological one, thus harming the personal and social performance. It should also be noted that alcohol abuse can provide behavioral changes, such as violence, mood instability and Central Nervous System depression.

In this sense, it is important to emphasize that the difficulties in establishing affective bonds with parents and the constant family quarrels provide that the children do not develop aspects of trust in the other, besides affecting self-confidence. It is also thought that lack of affection or indifference can produce negative feelings that can remain present in children not only with parental figures, but also affecting relationships with other people with whom they interact.

In the context of this research, it is pointed out that the participants had different ways of establishing the affective relationship with the alcoholic father: for "Bull," the alcoholic father was considered a person present in his life who accompanied his growth; already "Sabiá" informed that there was no affection or love in the relationship with the father. It is admitted, then, that a harmonious and healthy relationship between parents and children allows the reduction of existing conflicts, because when there is not a good dialogue, there can be an increase in conflicts, thus harming the affectionate coexistence between both.

It was also revealed that one of the participants in the research had the social restriction imposed by their father, which did not give him the freedom to play outside the house. Play is recognized as a primordial characteristic for the infantile phase, being a necessary condition for the healthy development of the child, besides providing psychic maturation and favoring social interaction. It is admitted that the latter can be harmed in environments where family conflicts occur, especially when one of the parents is an alcoholic. In this sense, it is inferred that children do not have the opportunity to experience the games with their parents, who are the first contacts in the social support network.
The report of a son about his non-attendance in social events of the family was also identified, preferring social isolation, due to the embarrassment of experiencing the father's altered behavior due to the consumption of alcohol in the events. It is added that this isolation can happen by free choice, so as not to witness the inadequate behavior of the alcoholic family member in the social environment, or when society itself segregates the alcoholic due to his attitudes, which also affects the family group, and can generate the appearance of some psychic sufferings, such as depression, anger, and anxiety.

Following the childhood phase, some characteristics of the experiences of the participants of the research with the alcoholic father during adolescence were revealed.

Adolescence is understood as a period of transition between childhood and adult life in which the individual begins to relate to the world, without having to assume responsibilities of adult life. It is recognized that, in this phase, there is an intense process of learning, memory development and experiencing new and pleasurable situations. It is shown, from the testimony of a research participant, that among the experiences acquired in this phase was the consumption of alcohol, which was stimulated by the father. It is evident that alcohol is a licit drug, economically accessible to the several social classes and that it can contribute to the beginning of the social interaction of young people, and in the above mentioned case, it is observed that the son was stimulated, still young, to consume the drink by the father.

It is also exposed at this stage of the research participant's life that his father intensified the consumption of alcohol. It is affirmed that the progression of the disease, with behavioral and cognitive changes, is associated with the abusive consumption of alcohol, in coexistence with a sense of memory built since childhood in family coexistence. It is considered that, even with the shocking and suffering moments experienced in childhood and, mainly, in the adolescence phase, young people have the capacity to differentiate themselves from alcoholics so that, in adult family life, they may make correct decisions and have a structured family.

In this context of life, it is understood that children have developed an oscillation of feelings, positive and negative, in relation to alcoholic parents, such as love and hate, remoteness and closeness, freedom and imprisonment, hope and hopelessness, with good and bad moments, which characterizes the existence of ambiguity. In a study conducted with family members of alcohol and other drug users, the existence of the affective ambivalence of family members with the alternation of positive and negative feelings was noted. This confirms the idea that ambiguity is a perception of the situations people experience through two circumstances: the object and the sensitive. It is reflected that adolescents, by experiencing the situation of alcoholism in the family, can develop the ability to adapt to the environment and overcome adverse situations. This
capacity is described as resilience, which is considered an important protection factor for the promotion of mental health and also for the prevention of abusive consumption of alcohol and other drugs.22

It was noticed, in the children’s reports, that the violence present in childhood took a greater proportion in adolescence, and the coexistence was becoming more and more fragile due to the presence of intrafamily violence when the father was under the effect of alcohol abuse. It is pointed out that alcohol abuse can lead to the practice of violence, causing traumas and potentiating conflicts and aggressions, hindering affectionate relationships, not only during childhood, but throughout the entire adolescence. It is also added that the violence reported by the participants of the research happened beyond the intrafamily milieu, and started to happen also in the extrafamily milieu, with people who had no degree of kinship.

It was revealed, still in this period of adolescence, that the abusive consumption of alcohol by the father interfered in financial problems in the domestic environment, which generated overload in the mother, who needed to assume the role of the father, besides the need of the daughter to take care of her siblings. She understands that, in many families, the physical, emotional and social protection and care by members of the family group living in the same place occur. Through this supportive relationship, it helps to strengthen coexistence and to face the challenges that family members face in this context of alcoholism.21

It was also identified that some feelings present in childhood prevailed in adolescence, including, among them, shame and humiliation. Added to these feelings was the option for social isolation due to situations of embarrassment experienced by the father’s alcoholism. It is important to note that the consequences of alcohol dependence, accompanied by behavioral disorders of an anti-social nature, are numerous in the social context, especially with those close to the alcoholic, such as family members,9 and can lead to illness and codependence22 of children and other family members.

It is understood that, through the testimonies, children became codependent in adolescence and began to live according to their parents, wanting to change their behavior. It is affirmed that codependency is a physical, social, and especially emotional dependence that occurs due to living with people who are dependent on alcohol or other drugs, so that the family becomes more concerned with the life of the other than with its own.22

Following the adolescence phase, some characteristics of the experiences of the participants of the research with the alcoholic father during the adult life phase were revealed. It is defined that to be an adult is to assume responsibilities, build or break affective bonds and have financial
independence, besides facing several difficulties, such as instabilities in professional, financial and family life.¹⁹

It is affirmed that the different forms of development, adaptation, individual and collective confrontations of children between their siblings, parents, grandparents, are present in the relationships of family coexistence,¹⁰ permeating significant exchanges in the utopia of a family relationship with better conditions for affective exchanges of care.

It was understood from the testimonies of the research participants that they provided new experiences in the relationship with their parents in adulthood, thus emphasizing the resignification of coexistence, following the example of feelings of care and forgiveness. It is considered that, even with this resignification, which favored the improvement of family relationships, there was still, in the adult phase, the absence of affection and the presence of social isolation reported by two participants.

From the participants’ reports, the existence of their codependency in relation to the alcoholic father was highlighted, also in adulthood, highlighting the emotional, physical and social connection, in which the children placed the needs of their parents above their own.³ One of the participants stated that he was canceling to stay with his father, giving up leisure activities and also working functions. It is also added that codependent relatives may consider themselves responsible for their family members who abuse alcohol and also for the failures that happen in their next of kin’s life.³ In this sense, it is pointed out that this condition of total donation for the care of the other can interfere with the self-esteem of the codependent and the ability to establish healthy interpersonal relationships, being important that this family member receives care in order to avoid illness of physical and psychic health.

It is admitted, with the reports of the participants, that they got to know and get closer to their parents, showing feelings of affection, tolerance and respect. These feelings, in turn, can promote the necessary support for the user's return to the family and social circle.⁴ It is also noteworthy, at this stage of life, that the parents of the participants stopped consuming alcohol because the substance caused physical and emotional consequences, in addition to having faced the feeling of loneliness due to the abandonment of the family and also due to health complications. At this juncture, it is affirmed that the family plays a fundamental role in the therapeutic process of the alcoholic, often being the motivation for him to achieve psychosocial rehabilitation.

It can be seen that psychosocial rehabilitation can also be considered a process of restitution of the alcoholic's contractual power, aiming at expanding his/her autonomy.²³ It is recognized, then, for the alcoholic to be able to rehabilitate himself/herself, that it is important that he is able to reestablish relations with his/her social network (which includes the family), exercising
contractuality in the family context. It was identified, in this research, that the approach and the support of the participants with the alcoholic father favored the psychosocial rehabilitation of both.

It is also revealed that the children began to understand the process of living with their alcoholic father as an adult. It is evident, in the reports, that adult children are undergoing psychosocial rehabilitation in which they have become strong enough to live with their parents. Rehabilitation is defined as a set of factors that helps users and their families to exercise their rights in society, breaking all prejudices, taking into account their needs. It is noteworthy, therefore, that it provides people with resistance to overcome the obstacles that prevent them from living with people who abuse alcohol abusively.24

**CONCLUSION**

It was pointed out, with the study, that many mental and personality disorders are reflections of a difficulty in establishing affective bonds during childhood, and these become more fragile or even broken if they have problems with alcoholism in the family. It was noticed, in the testimonies of the children, reported in the first category, which dealt with the coexistence with the alcoholic father in childhood, that they experienced situations of conflicts and violence, resulting from the abusive use of alcohol, affecting the quality of life, in which negative feelings were generated, such as humiliation, shame and fear, in addition to social isolation due to the situation imposed by the father, which, according to the reports, extended to adolescence and adulthood, configuring itself, then, as a situation that affected interpersonal interaction.

In the second category, it was identified that the interviewees reported that adolescence was a period in which there was an increase in the abusive consumption of alcohol by their parents, in which the practices of violence and conflicts increased. It was understood that the codependency of children by their parents started in adolescence, and ambiguous feelings emerged in this period, in addition to the prevalence of shame and humiliation, causing fragility of family life, leaving these children stressed and distressed.

It was emphasized, in the third category, through the participants' reports, that there was a resignification of coexistence, that is, there were positive changes in the coexistence of family relationships that did not exist in other phases. It was highlighted that the children started to get closer to their parents and to understand the disease process, however, without minimizing, in their lives, the negative marks left by alcoholism, such as social isolation, lack of affection and codependency. It is pointed out, however, that, even in the face of difficulties, the children...
managed to achieve psychosocial rehabilitation, living, tolerating and respecting their parents through virtues.

It is important that families have a social support network or are inserted in services of the health care or intersectoral network, in order to promote mental health, prevent the emergence and impairment of psychological disorders, in addition to sharing situations experienced with colleagues who have similar stories. In this way, it is emphasized that family members can reframe the aspects that cause suffering through the formation of bonds and the strengthening of social support networks. In this sense, the study points out the need to listen to other family members, and it is essential that health professionals direct their care practices to the families of alcoholics, helping them to redefine the suffering of alcoholism.

CONTRIBUTION

It is informed that all authors contributed equally in the design of the research project, collection, analysis and discussion of data, as well as in the writing and critical review of the content, with intellectual contribution and in the approval of the final version of the study.

CONFLICT OF INTEREST

Nothing to declare.

REFERENCES


23. Carvalho PAL, Moura MS, Carvalho VT, Reis MCS, Lima CBO, Sena ELS. The family in the psychosocial rehabilitation of people with mental suffering. J Nurs UFPE online. 2016 May; 10(5):1701-8. DOI: 10.5205/reuol.9003-78704-1-SM.1005201616

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