Family perception of adolescents about care in the drug consumption context

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ABSTRACT

The study aimed to comprehend how care related to drug consumption is perceived by family members of high school students, according to thoughts of Maurice Merleau-Ponty. We conducted the study in the first semester of 2015, in the homes of 14 family members of students of a public school located in the inner state of Bahia, Brazil, through the phenomenological interview. We submitted the experiences described to the Analytical Ambiguity technique. The results revealed the need for the family and the school to participate in the care related to drug consumption, aiming to build healthier life projects collectively. At the same time, data pointed to the importance to strengthen the harm reduction policy. The study contrasts the objectivist view about the theme and shows the importance of inter-sectoral actions for a more effective human care in the context of drugs consumption.

Descriptors: Street Drugs; Family; Adolescent; Philosophy, Nursing.

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INTRODUCTION

When addressing the drug consumption issue, it is important to note that adolescents have been considered the most vulnerable group, considering that curiosity marks this phase of life in experimenting the new and an omnipotence feeling\(^{(1)}\). Besides, in this phase, people value more social group’ behaviors that they belong, the family environment which can favor drug consumption when the family members are the ones practicing it, as well as when adolescents have conflicting relationships with their parents\(^{(2)}\).

The literature also points that the school is where adolescents attend can constitute a vulnerable place for drug consumption, once it is in schools that adolescents can be in contact with groups of friends using drugs\(^{(3)}\). However, it can also be a protection place, for example, when the school proposes to conduct educational activities with the theme\(^{(4)}\). However, not always school educators feel responsible for caring in the drug consumption context\(^{(5)}\).

This reality, which was also extended to the health field when linked to the fact of the drugs consumption issue still being seen as a public safety problem, which also contributed to stigmatizing people who did desire or could not stop to consume drugs. At the same time, it boosted important changes in the health field related to Mental Health Policies in Brazil, which started to be thought out according to the logic of the Harm Reduction (HR) Strategy\(^{(6)}\). This strategy preconizes that care in the drugs consumption context requires the involvement of different social actors, including the family, which stands out\(^{(7)}\).

Studies have revealed the family as a vulnerability factor\(^{(3,8)}\) as well as protection, in what refers to drugs consumption\(^{(9-10)}\). Although studies signal the present ambiguity in the family relationship with drugs consumption, they reinforce the objectivist vision at the measure that they search for causal explanations for the phenomenon.

Therefore, our experience in the development of phenomenological research made us see that it opens possibilities to describe and comprehend experiences and meanings transcending the world-man-thing relationship. Thus, the approximation to families vulnerable to drugs consumption can unveil profiles that confirm the incompleteness of positivist science explanations and, it shows the need to deconstruct the thesis linking care with drugs consumption prohibition.

Thus, the study aimed to comprehend how care related to drugs consumption is perceived by family members of high school students, in the light of thought of Maurice Merleau-Ponty. The present study is relevant to produce knowledge, within other aspects, as it questions some theses being defended around the subject that opens the possibility to perceive care in the drugs consumption context in the dialogic and intersubjective perspective.

METHODS

A study based on the phenomenology of Maurice Meleau-Ponty\(^{(11)}\), especially aimed at the ambiguity that involves the human perception experience, which constitutes a new intracorporal experience; which dynamic always reveal different profiles involving the coexistence of two constitutive dimensions of the human being: the sensitive and the socio-cultural\(^{(11)}\). According to the author, the sensitive dimension has to do with feelings, with
something that is common to all human beings, and the sociocultural, which is built in social relationships in the historicity context.

To us better settle down, and for the employees and students to be able to know us, we stayed in a state school in the inner state of Bahia, Brazil, for three weeks before starting to collect information. Initially, we conducted a meeting with the school coordination to clarify the study proposal; after we disclosed performing an activity aimed at the construction of solidary social networks that were life-promoting, and which would mobilize resources and individual, family and community competencies; the Integrative Community Therapy (ICT) (12).

The ICT was planned to give the opportunity to listen to students’ suffering and wisdom, to favor the reception and proximity with the group, once in the same session; it is possible to show to participants that they have problems and solutions, as well as to not request the action continuity (12).

From the 50 students that participated in the ICT group, 30 informed their telephone number for contacting their family guardian. When reaching them, we scheduled a home interview for those family members who agreed to participate, considering their resistance regarding coming to the school.

Therefore, we conducted the study with 14 family members who met the following criteria: to be 18 years or older; to be related to a student currently enrolled in the 1st to 3rd year of high school where the ICT group occurred; to be the student’s legal guardian.

Because this was a study using a phenomenological interview, and it was based on the phenomenology of Maurice Merleau-Ponty, there was not a pre-established number of participants, because this was not relevant, but the discussion depth that was unveiled. This characteristic allowed, including making generalizations, as it aimed to describe the sensitive world, which is similar to all human beings. This study modality is attentive to coexistence, as we consider that the world does not exist only for us, but for everything that waves in it, and therefore, the world of feelings is potentially experienced by all (13).

To produce the experienced descriptions, we conducted phenomenological interviews, proposed to comprehend the phenomenon from the perspective of who is experiencing and creating meaning, as it occurs in the lived experience. One to three guiding questions triggers this type of interview (14). In the case of our study, we used the following question: How do you comprehend care related to drugs consumption?

The interviews lasted for an average of 30 minutes, from March to May 2015. We submitted the experience descriptions resulting from the interviews to the Analytical Ambiguity (15) technique, by which we read the material in depth. In the reading of the empirical content, we feel something to which we identify and “we are captured by a new experience that makes us bring to the present a world that is strange to us, but at the same time, it seems familiar” (15). This is the presentification of creative experience in suspension of a socially constituted thesis, which apprehends the subject to an objectivist view of things. After, we proceeded to categorization.

The study met the ethical precepts of the Brazilian norms for scientific research with human beings. The project was approved by the Ethics in Research Committee of the Southwest Bahia State University (CEP/UESB), according to the protocol nº 989.705/2015. All participants signed the Free and Informed Consent Term and to keep participant’s anonymity; we identified them using Greek gods codenames.
RESULTS AND DISCUSSION

The comprehension process of the descriptions experienced by participants resulted in thematic categories. Within them, we will discuss in this article the following ones: Sociocultural expression facing the phenomenon “drugs consumption”; Sensitive expression facing the phenomenon “drugs consumption”.

Sociocultural expression facing the phenomenon “drugs consumption”

The creation of this category was inspired by thoughts of Merleau-Ponty when he talks about the sociocultural influence in the historical construction of the human being[11]. The philosopher came to bring a new view of the world to contrast the scientific naturalism and the cartesian subjectivism. With that, he strictly refuses the dichotomies: soul-body, conscience-world, man-nature, subject-object; he proposes to unbuild theses from the perspective of understanding the experienced, instead of explaining it, once for the phenomenology, every explanation is insufficient[11,13].

The descriptions of the participating family members about care related to drugs consumption reveal an objectivist view about the substance, resulting of the socio-anthropologic construction contributing to the formulation of the theses, incorporated in the social imaginary, as we can observe below:

The drugs consumption? Destruction, destroying families, destroying who uses (Apollo).
[...] I believe that for me it is destruction because, unfortunately, the end of the drug is only death or jail, isn’t it? (Artemis)
[...] Destruction, destroys himself, the family (Eros)
Drugs are killing it all [...] (Zeus).
So many children and adolescents getting lost in this world of drugs! [...] (Ares)

The unveiled theses are reflections of the human insertion in the sociocultural world over time, involving beliefs, behaviors, and values. Many times, we do not get to reflect about a particular social phenomenon imposed to us, but we usually repeat it as we learn from the media, school, other community institutions and the family environment[16].

This social imaginary about drugs seems to be related to the prohibitionist view that lasts in our society. Drugs consumption still is seen as a public safety issue, and it is considered as an offensive action that creates violence[17].

On the other hand, the study also shows the experience of drugs consumption, initially, giving some pleasure to the human being:

[...] And then the primary concern is precisely that, that drugs offer much more good things to adolescents, that they think they are good, when in truth the future for who starts to deal with drugs, I don’t even say jail, it is death. (Hebe)

It seems nonsense, but the study mobilized us to recognize that the consumption of drugs, seen from the pleasure promotion optics, can contribute to the production of life meaning and relationship. We understood that if the human being relationship with the drug only caused harms, the person would not sustain it to the point of establishing such a strong bond, getting to the dependency state.
The description of the Hebe participant called our attention for the ambiguity of the human perception about social phenomenon. The drug can be “good” at times, and it can be “bad”, once the habitual consumption can bring harms to the body and to even impair peoples’ social relationships\(^{18}\).

In this context of deep changes to social patterns, the human being experiences incapacity and anguish feelings, as there is more value in having in detriment of being, of the body culture, as the beauty patterns that people are not always able to achieve and, to search for quick solutions for their problems\(^{19}\).

Besides, existential condition of the human being and the recognition of his finitude cause suffering. Merleau-Ponty affirms that the humankind dream is to conceive a “life eternity”, that is, the human being cannot deal with finitude, for this reason, he classifies the time in past, present, and future, hoping that there is always something coming. However, according to the philosopher, in fact, there is only the “here and now”, that has to do with the perceptive body understood as a dimension of our being\(^{11}\).

Considering the temporality, the human being experiences the world, with the other and with oneself. At the moment that we dialogue, we are united to other human beings; there is reciprocity, which allows us to affirm that we participate in the other’s life\(^{20}\). Therefore, the moment when a group gets together to consume drug can signify a dialogic experience and of reciprocity in the condition of peers.

The human being has in his essence the need to seat at the table and so share not only the food but the conviviality and the dialoguing\(^{20}\). Therefore, in the capitalist society that we live in, this exchange is getting lost, as everything liquefies very quickly, including the relationships, which are short and utilitarian\(^{19}\). Facing this context, we feel the need to rescue the human meaning of the table, the conviviality.

Therefore, the reflection about the care related to drugs consumption makes us see care in a multifaceted way and allow us to live the experience of the other-me-self, understanding that there is not a way to classify this practice as “good” or “bad”; once each person can live the experience in a singular form. Thus, the care should also occur through dialogic experiences that favor building affection and reciprocity relationships in the family as well as in the school environment.

**Sensitive expression facing the phenomenon “drugs consumption”**

The merleau-pontyanian notion about the sensitive experience sustains this category, described from his phenomenological studies about the experiences of feelings or world of life\(^{11}\).

The description of one participant reveals her sadness feeling when configuring the drugs consumption as a determinant element of adolescents’ deaths. She personifies the psychoactive substance (drug) as a person in itself, capable of taking someone’s life, of making children, still young, to lose their lives before the death of their parents:

*I get very sad! Because of people...I see some kids in the middle of drugs, losing life straight because of drug...I feel very sad for that, it is not because of something else, because before it was like that, the children buried their parents and nowadays the parents are burying their children because of drugs, because drugs are killing everything. (Zeus)*

However, we found in our study that, in the drug consumption context, the person has to be in parenthesis and the attention focus aimed at the drug in itself. Drugs are seen as villains, being capable of “producing suffering
and death” of those who consume them, and the family, in function of affective bonds with their members, feel co-responsible by the person’s attitudes and guilty when they establish a habitual relationship with drugs(21).

In this perspective, the description of Zeus makes us perceive that the family associates drug to violence – thesis incorporated in the social imaginary when facing a moralist speech that guides the expression of value judgment, that is always negative and creator of stigma. This fact has to do with the socio-cultural vision about the drug as an object of family destruction, which reinforces the merleau-pontyian thinking that, in the cultural universe, incorporated theses mobilize feelings and human conducts(11).

Therefore, according to Merleau-Ponty, there are two tangled worlds in our experience, the “world of feelings” and the “world of culture”. What we feel relates to something that is human to us and inherent, as also refers to something that we learn in our cultural environment(11).

Therefore, the drugs consumption needs to be thought not with a focus in the substance itself, but as a phenomonic experience of the human being, that is mobilized in its sensitive dimension as well as in the sociocultural dimension surrounding him. We cannot consider that there is a whole relationship between the drug and violence.

The following descriptions reveal that many feelings of study participants about drugs consumption can be mobilized by the strong influence of the prohibitionist model that still is current, that proposes the elimination of drugs considered illicit, once they alter the social order:

*It is difficult to explain, but it is very painful to me. It is the worst thing that exists, the worst problem that a family can have is this, drugs.* (Cronus)

*I... I fear for the young that are ending, destroying themselves, this word, drug, already brings terror.* (Artemis)

*The drug use is..., the correct is not to use, isn’t it? I feel pity for who uses it.* (Ares)

*Talking about drug, we get concerned, we say...my God! Especially when we see children.* (Persephone)

In the perspective of dealing with many relationships that people establish with the drug, considering the singularity of each human being, a new approach comes out: the Harm Reduction (HR) strategy. It comes from the principle that we cannot know the consumption pattern of specific substance considering the pharmacological properties but through the relationship between the drug, the subject and the social environment(22).

As such, drugs begin to be consumed by all social layers to the point that they are seen as merchandise offering great economic power(22). Therefore, actions of “war against drugs” are not directed to the substance, but to the producers, traders, and consumers, who have economic interests tangled; it has been considered as a legitimate instrument for persecution to people with less favorable economic conditions(23).

In this context, the modern capitalist view intends to adequate human beings to established social patterns, with the intention that they cannot meet with other people’s opinion(19). The prohibitionist idea is still present in the subjects’ speeches, being challenging to deconstruct this view that the media tries to focus as a solution for the issue of drugs consumption.

The description of one participant reveals her feeling of impotence facing the need to care for her nephew who consumes drugs habitually, which makes her very apprehensive. She highlights that the conviviality with him causes suffering not only for her but other people in the family:
We get very apprehensive, we try to help, and we are not having ways, because in my family, there is a nephew who is a user and we are suffering so much, especially my mother, she is destroyed, it is terrible for who passes for the same moment, it is terrible! (Ares)

The description shows the suffering experienced by the family is not only the fact that the family member consumes drugs but the lack of support to the family in the situation, which leads to the need to plan and implement effective actions in the territory including the family and the conviviality with integrants who experience the condition.

Descriptions revealing the feelings of fear and concern of participants called our attention when reflecting on the possibility of having a child becoming a drugs consumer. At this moment, the first alternative that they can see is to tell the child about the effects and harms to which one would be subjected. Let’s look at the descriptions:

Right away I think of my son who is small; so, the only thing that I can do is to guide him, to tell the reality of drugs, so he does not fall in this, as many fell [...]. (Persephone)

We see kids nowadays getting involved with drugs...I say: my God; it could be my son, it could be my daughter, couldn’t it? We keep thinking, concerned; we put ourselves in the other parent’s place [...]. (Ares)

This family concern makes sense, at the measure that it is a convention that the family is the central social institution responsible for the children’s moral construction, and it is the family compromise to form citizens with behaviors coherent with the social culture\(^{(24)}\). If, for example, one mother does not have this role about the child, she will be subjected to social justice as being irresponsible, which can result in feelings of guilt and anxiety.

In this perspective, we reflected that the fear might not be consisted only by concern with the other’s suffering, but with a self-care, of one’s social reputation. Besides, the frequent involvement of one person with drugs, possibly, will implicate in affecting the family context. However, the man in his essence is care, and he cares about everything that pertains to existence: of the world, of the things in the world, of themselves and other men\(^{(22)}\).

It is our humanity that moves us to care, and that has to do with the co-existence feeling. Although we do not have the internal experience that our fellow man is living, when we share feelings and attitudes in the relationship with him, we have an intracorporal experience\(^{(11)}\). This thought strengthens the contemporary approach of mental health policies which logic is the integral human care, including the recognition of the importance and incentive to the harm reduction strategy, which involves the valuing of the social dimension and sensitivity of the drug user.

**CONCLUSION**

The study revealed the presence of theses instituted in the social environment about drugs consumption related to the objectivist view, once the family members see the drug as “a thing in itself”, capable of causing harms. It also demonstrated a new sight over the drugs consumption as something that brings pleasure and, therefore, benefits the man.

When we refer to drugs consumption, we noted that appeared descriptions related to participants’ sensitive dimension, once they reported feelings of pain, terror, and fear. These feelings are mobilized by what
participants learned in the cultural environment that drug is something “bad”, “that cause destruction”. Therefore, we perceive that the sensitive and sociocultural dimensions are tangled, one refers to the other.

Therefore, the study reveals that care related to drug consumption occurs through affectionate relationships developed in different environments, at the same time that challenges the family and the school to become more attractive and dialogic spaces, that is welcoming and of collective construction of healthier life projects. On the other hand, it recognizes the importance and incentive to the harm reduction strategy as a fundament for the respect to the person who consumes drugs.

In this context, the results of this study show the need to deconstruct existing theses related to drugs consumption in the social environment, demonstrating the need to implement health educational activities directed to family members of adolescents, especially in the school environment. We believe that this study reached its goal and its results are of extreme relevance for the implementation of health and education strategies directed to drugs consumption.

REFERENCES


