

## Codependency in Relatives of Alcohol Addicts

A Codependencia em Familiares de Adictos

La Co-Dependencia Addicts Familia en

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### ABSTRACT

**Objective:** The study's purpose has been to investigate the impact of alcohol-addicted relatives on women in social vulnerability situations. **Methods:** It is a descriptive-exploratory study with a qualitative approach that was carried out with 11 women who were relatives of alcohol-addicted people. Data were collected by semi-structured interviews and submitted to content analysis. **Results:** Seven thematic categories were obtained from the interviewees' speech: 1) Causes of alcohol consumption; 2) Consequences of alcohol consumption for the addict; 3) Family behavior regarding the alcoholic; 4) Recurrent feelings from the relatives; 5) Sickening of a family with an alcoholic person; 6) Types of help/treatment for the alcohol addict and his family; and 7) Future expectations about the alcohol addict. **Conclusion:** Both the alcohol addict and his family deteriorate, thus needing follow up.

**Descriptors:** Alcoholism, Codependency, Family.

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## RESUMO

**Objetivo:** Investigar o impacto gerado em mulheres que possuem familiares com alcoolismo, em situação de vulnerabilidade social. **Método:** Pesquisa exploratória e descritiva, de cunho quantitativo, que, por critério de saturação, contou com 11 participantes, mulheres familiares de pessoas com dependência ao álcool, que responderam a um roteiro de entrevista semiestruturado, compreendido por análise de conteúdo. **Resultados:** Os discursos elencaram em sete classes temáticas: 1. Causas do consumo do álcool; 2. Consequências do beber para o alcoolista; 3. Comportamento da família diante do alcoolista; 4. Sentimentos recorrentes dos familiares; 5. Adoecimento da família com alcoolista; 6. Tipos de ajuda/tratamento para o alcoolista e a família; e 7. Expectativas futuras sobre o alcoolista. **Conclusão:** A família adoecido junto ao alcoolista, necessitando de acompanhamento.

**Descritores:** Alcoolismo, Codependência, Família.

## RESUMEN

**Objetivo:** Investigar el impacto generado en las mujeres que tienen familiares con el alcoholismo en la vulnerabilidad social. **Método:** Estudio exploratorio, descriptivo de cuantitativo naturaleza, que, por el criterio de saturación, incluyó a 11 participantes, mujeres familiares de personas con dependencia del alcohol, que respondió a una guía de entrevista semiestructurada, compuesto de análisis de contenido. **Resultados:** Los discursos elencaron en siete clases temáticas: 1. Las causas del consumo de alcohol; 2. Consecuencias de beber para los alcohólicos; 3. Comportamiento de la familia antes de que el alcohol; 4. Los sentimientos de los familiares de los solicitantes; 5. Enfermedad Familia con alcohólica; 6. Tipos de ayuda / tratamiento para el alcohólico y la familia; y 7. Las expectativas futuras sobre el alcohólico. **Conclusión:** La familia se enferma con los alcohólicos, lo que requiere supervisión.

**Descritores:** Alcoholismo, Codependencia, Familia.

## INTRODUCTION

Drug consumption is an ancient and common practice among various cultures since antiquity. It is a millennial act that was part of rituals, ceremonies and worship services. Humans have always sought ways to increase pleasure and decrease suffering over time. Thus, the history of drug addiction is confused with the history of mankind itself. Drug consumption has been re-signified over time with the creation of new drugs and its consumption.<sup>1</sup> It becomes even more present in contemporary society, where illicit and legal drugs are used to silence the pains and questions of the human life, sedating the subject.<sup>2-3</sup>

Drug Addiction is a complex and current issue. Its concept, consequences for the individual and for society, and ways of approach and treatment have been widely discussed. According to the most accepted definition, provided by the World Health Organization (WHO), a drug refers to any substance that, when introduced into the human body, modifies its functions, whose chemical dependence is recognized as a disease. On the other hand, the drug use as an illicit activity is stated in Article 22 of the Law 11.343, August 23, 2006.<sup>4</sup> For this reason, drugs are currently treated as a public health and justice problem — disease and crime.<sup>5</sup>

According to the legality of use, drugs are classified into two types: illicit and licit. Illicit drugs are those that are considered harmful, are not accepted by society, and are related to the disturbance of social tranquility. Licit drugs are those that can be freely produced and consumed and are accepted by society.<sup>6-7</sup>

Alcohol is a licit drug, but harmful to the users' health and their social context, which can generate dependency.<sup>8</sup> Alcohol consumption was intensified in the 20<sup>th</sup> century, when it was showed in the media with great frequency, for example in movies and novels, almost always associated with moments of leisure and relaxation and with remarkable figures, such as the heroes of American films.<sup>9</sup>

There are two forms of alcohol consumption that cause visible damage: abusive use or dependency. The abusive use results in physical or mental damage to the user's health, but he still cannot be classified as dependent. Alcohol dependency is verified when the consumption of alcoholic beverage damage the main areas of the user's life: social, professional, mental and physical ones. Therefore, the amount of ingested alcohol cannot determine the classification of its use since each organism reacts differently to the same quantity of this drug.<sup>8</sup>

According to the *Centro de Informações sobre Saúde e Álcool (CISA)* [Health and Alcohol Information Center],<sup>10</sup> since the 10<sup>th</sup> edition of the International Classification of Diseases (ICD-10), alcoholism is defined as:

*a set of behavioral, cognitive and physiological phenomena that develops after repeated use of alcohol, typically associated with the following symptoms: strong desire to drink, difficulty to control the consumption, continued use despite the negative consequences, higher priority to the substance use to the detriment of other activities and obligations, increase in tolerance (need for progressively higher doses to achieve the previous effect) and sometimes abstinence (symptoms such as sweating, shaking and anxiety when the person is not under the influence of alcohol).*

Therefore, an alcoholic person can be called an addict or dependent. The broad sense of "addiction" refers to any "toxic dependency" capable of producing a "state of slavery", in which the addictive object of the "slave" be it alcohol, a toxic substance, food, etc. is far from being the purpose of his quest, despite being experienced as an essentially good object and often constituting his only exit.<sup>11</sup>

The dependent person is intoxicated by a substance and will manifest a craving or withdrawal syndrome in its absence. These reactions produce the need to constantly search for the drug above other life priorities, changing significantly the interaction between the individual and their relatives, affecting his social and even professional

relationships.<sup>12</sup>

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5),<sup>13</sup> the primordial characteristic of substance dependency corresponds to the presence of a set of cognitive, behavioral and physiological symptoms, which shows that the individual continues to use a certain substance despite the health, personal and social problems related to it. Thus, there is a pattern of repeated self-administration, which generally results in tolerance, abstinence, and compulsive drug use behavior.<sup>1</sup> Therefore, chemical dependence is understood as something in which the subject is trapped in a state of submission; his life only makes sense with the ingestion of that substance.

In this context, the presence and participation of family members in the addict's treatment is essential. Thus, despite all the changes that the image, structure, and model of the family experiences throughout the years, it continues to be fundamentally important for the formation and psychological development of its members. The partnership bonds are fundamental for the recovery and reinsertion of this individual in their social environment, developing and building meaningful relationships and a healthy support network.<sup>14</sup>

On the other hand, it is important to remember that the family environment can be a place of healthy relationships or illness. The way in which relationships are established, the way family members interact and live together, and the different situations experienced in the family routine can contribute positively or negatively to the individual.<sup>15</sup> Living with an alcoholic relative changes the everyday life of the family members, making it difficult for them to deal with this problem, which can produce codependency.<sup>16-17</sup>

When alcoholism is a dysfunctional structure that causes changes in family development, codependency develops in a person (family member, friend, or neighbor) living with an alcohol addict. It generates a reactionary movement because codependents deal with the suffering, habits, and complications of others. It is a disease because the codependent also fights against chronic and progressive alcoholism because as the other's condition becomes worse, the codependent responds more intensely.<sup>18-19</sup>

For some authors, the codependent is perceived as someone whose personal bonds are based on problem situations. He is connected to the other by illness and not by affection. His illness can directly worsen the chemical dependency and problems experienced by the family. For this reason, when viewing the family as a partner for treating people with other chemical dependencies, it is necessary to consider their limitations and the possible needs and difficulties of this group.<sup>18</sup> Hence, this study aims to investigate the impact of alcohol-addicted relatives on women in social vulnerability situations.

## METHODS

### Type of study

In this work, an ethnographic descriptive exploratory study with a qualitative approach was carried to understand more about family codependency related to alcohol addiction.

### Participants

Eleven female relatives of alcohol-dependent people (2 wives, 3 sisters, 5 mothers and 1 daughter) participated according to a saturation criterion. Inclusion criteria were: relatives of alcohol-addicted people; being over 18 years of age; and participating in some self-help organization or group. The following exclusion criteria were highlighted: relatives without a family member with alcoholism; and being under 18 years of age.

### Instrument

In this study, semi-structured interviews were used having a script with questions about the difficulties found in dealing with alcoholism, facing the feelings about this reality, and executing the used strategies.

### Ethical and Data Collection Procedures

Initially, the research project was approved by the Research Ethics Committee under the Legal Opinion No. 807.068. Then, we contacted the previously known participants. They were invited to read and sign the Free and Informed Consent Form, elaborated according to the Resolution No. 466/12 on research involving human beings, informing the participant that it is a scientific study and all information will be treated with complete confidentiality. Then, individual interviews were conducted in a closed room with a tape recorder.

### Data analysis

The interviews were submitted to the content analysis according to Bardin<sup>20</sup>, using the following steps: 1) analysis organization; 2) message encoding; 3) categorization; and 4) inference.

## RESULTS AND DISCUSSION

The general corpus was composed of 11 interviews, consisting of the Initial Context Units (ICUs), in which were found 422 Elementary Context Units (ECUs), distributed in seven thematic classes: 1) Causes of alcohol consumption; 2) Consequences of alcohol consumption for the addict; 3) Family behavior regarding the alcoholic; 4) Recurrent feelings from the relatives; 5) Sickening of a family with an alcoholic person; 6) Types of help/treatment for the alcohol addict and his family; and 7) Future expectations about the alcohol addict.

The “Causes of alcohol consumption” category is composed of the relatives’ speech about the reasons that led addicted to start drinking alcohol. The social influences of friends and relatives and the apparent lack of cause for drinking alcohol were considered. According to Pechansky, Szobot and Scivoletto,<sup>19-21</sup> the alcohol consumption by young people starts earlier and earlier and is linked to situations of social interaction, such as parties, where young people influence each other to start drinking.

*It was the influence of friendship, of friends. Precisely of a friend, who came to offer it to him. It was he who told me that. (Participant 5)*

Equally, it is observed that living with alcoholic relatives influences the development of alcoholism. For instance, alcohol-addicted relatives with dependent children have a risk of approximately four times greater of developing dysfunctional alcohol consumption. Nevertheless, this is a facilitator cause, not a determinant one:<sup>22</sup>

*I think he started drinking because he saw my dad, because my dad drank and I think he was influenced by him. (Participant 4)*

On the other hand, the social dissemination and acceptance of alcohol makes the passage from “social drinking” to alcohol addiction tenuous, often making it difficult for family members to perceive motivations or triggers for alcohol use:<sup>23</sup>

*To my knowledge, there was no problem for him to start drinking, neither a health nor a family one. (Participant 7)*

The “Consequences of alcohol consumption for the addict” category presents the implications of alcohol abuse for the alcoholic person and sometimes for his family. Changes in the alcohol addict’s behavior and routine; health problems; financial problems due to material losses and impossibility of working; and social and family problems resulting from behavioral changes were found:

*When we noticed it, it was no longer just for drinking. He was already using other things and was losing weight. (Participant 2)*

*My mother began to find his behavior different, more aggressive, rebellious, and then my mother was feeling the smell of alcohol when she got close to him. (Participant 1)  
He’s fallen into the gutter, made confusion, disappeared, drunk enough to fall. He’s lost his shoes, documents, everything. (Participant 8)*

The numerous negative consequences of inadequate alcohol consumption found in this study are in a good

agreement with the studies by Meloni and Laranjeira<sup>23</sup> and Laranjeira and Pinsky,<sup>24</sup> who affirm that excessive drinking causes several losses for the alcoholic. Also, the WHO data<sup>25</sup> confirm that alcohol abuse causes various morbidity and mortality impacts.

The “Family behavior regarding the alcoholic” category shows the different behaviors and reactions of the interviewees and their relatives in the face of excessive alcohol consumption. This category is divided into three emerging subcategories: “Lack of the perception about the alcohol problem,” “Family involvement for helping the alcoholic,” and “Aggressive family reactions”.

*I had no idea that alcoholism was an illness, I believed it was just a weekend thing, something normal. (Participant 10)*

*His sisters were very aggressive at him, they did not have patience. Their way was to resolve with aggression, threatening him and me too. They said that I overlook his bad behavior, they wanted me to do it in the same way they do. But everyone had already rejected him, the whole family, if I, his mother, do this to him, I won’t know what’s going to happen. One of his sisters felt very bad about his life more than me, so much that her depression has increased. She cries for any reason, she often thinks he’s a lost cause, she’s already tried suicide. (Participant 6)*

Regarding the family aggressiveness, Filzola *et al.*<sup>26</sup> states that violence is something common in the daily life of those who live with an alcoholic person, which can generate guilt and shame and make it something forbidden to be spoken among family members.

The “Recurrent feelings from the relatives” category addressed the most frequent feelings among the participants towards the addicted relative, especially the negative ones, such as sadness, anger, shame, and suffering:

*For me, it was sadness. The person who has an alcoholic father or brother, it affects everyone in the family (Participant 1).*

*When I knew it, I was ashamed, because I raised my children and the others are not like that, only him (Participant 3).*

*It was very painful because I never expected to have someone like that in my family. So, to this day, this still causes much suffering (Participant 7).*

The feelings reported by the interviewees match with the data found by Matos, Pinto and Jorge,<sup>27</sup> who reported that due to these negative feelings emerging in the family members, one should not only think about the treatment for the dependent but also about the people related to him,



thinking of some source of support because the relatives' health is extremely important for the addict subject's reorganization .

The "Sickening of a family with an alcoholic person" category shows the participants' views on the consequences of a family member's alcoholism. The reports were unanimous in stating that the family becomes ill due to this unfavorable environment.

*There are days when I have a headache, it hurts, It seems I do feel sick. My daughter cannot take this situation anymore (Participant 5).*

*Surely you get sick. Alcoholism makes the whole family sick (Participant 11).*

Such statements about the sickening of the family members disagree with the Soratto's research,<sup>28:219</sup> who states that:

*Being ill because of alcoholism is not restricted to the dependent person because it affects all the family members in some way. The disruption in an individual's health causes a crisis not only for the family but also for the individual himself, being a condition that requires long periods of supervision, observation, and care due to the need for a long time. The individual often relies on family members for physical care, social contact, and emotional and financial support.*

Some interviewees also reported how they perceived this sickening. Signs of sickening similar to those presented in the studies by Sobral and Pereira,<sup>16</sup> Guevara<sup>29</sup>, and Moraes et al<sup>15</sup> about the Codependency Disorder:

*We end up developing habits to live with that disease and when the disease disappears, those bad habits continue. And this is sick (Participant 9).*

There is a good match between the results and the studies by Filzola et al.,<sup>26</sup> which show that with the course of alcoholic beverage consumption, changes occur in the family space and both the addict and the family are affected. Aggressive behaviors become more frequent, which ultimately weakens personal relationships.

Concerning the "Types of help/treatment for the alcohol addict and his family" category, the interviewees' speech revealed their actions towards searching help and treatments for themselves and for the alcoholic family member.

It was noticed that some of the alcohol addicts had no treatment; others had unsuccessful treatment by means of hospitalization in therapeutic communities, self-help groups and the Centro de Atenção Psicossocial (CAPS) [Psychosocial Care Center]:

*He never sought help. Nor did he let us look for it (Participant 7).*

*I went to the Youth Challenge Program, then was going to the meetings, he stayed strong, then he left and got worse, this situation is very difficult. He also went to the CAPS, accepted, spent 3 months in there, then left. They wanted to hospitalize him and he accepted, then they wanted to take him to the Bahia State, he said he would, but then he quit, he did not want to go (Participant 5).*

From the data collected, it was noticed that there was a greater demand for the CAPS service and self-help groups. Such types of treatment have also been developed in studies about the main types of treatment for alcohol abuse.<sup>8</sup>

Religion is one tool considered important to the family in treating alcoholics. Psychotherapy, however, was not reported much by the participants. It is important to emphasize that the psychologist is integrated into the CAPS service, which suggests that psychotherapeutic treatment may be present in a more significant way, although it has not been recognized by the interviewees.

With regard to the types of help that family members have sought for themselves in order to deal with the family sickening, which resulted from living with the alcoholic member, the following were highlighted: no treatment, religious help, self-help groups, and psychotherapy.

*I went to the church and my husband went to the church too, he went to coordinate the rosary. This brought more peace of mind (Participant 7).*

*Today I'm also going to the psychotherapy. I'm in the third session and I think it's helping me a lot (Participant 8).*

*I went to the Al-Anon [association of relatives and friends of alcoholics]. After I joined the Al-Anon, I became more patient because I came to understand the disease more (Participant 7).*

From the data collected, it was noticed that the participants searched more for religious experiences. According to Filzola et al.,<sup>26</sup> self-help groups are considered important source of support for bringing together people with similar difficulties, goals, and needs, and can collaborate to help people and families by means of religious/spiritual practices.

The "Future expectations about the alcohol addict" category contains the family members' statements about their future expectations about the alcoholic member. Negative expectations refer to the disease treatment and recovery: "I don't believe he's going to stop drinking" (Participant 10). Positive expectations, on the other hand, focus on the desire for alcohol abstinence: "I want him to stay clean, to not fall" (Participant 8).

Therefore, direct contact with a family member who engages in the abusive use of some kind of drug causes the other family members to suffer from the difficulties in dealing with this problem.<sup>16</sup> Because of these difficulties, family members may encounter barriers in believing that the familiar alcoholic will recover one day.

## CONCLUSIONS

Based on several studies on alcoholism and the results of this research, it is possible to conclude that alcohol abuse is a disease that affects not only the alcoholic but also the family, sickening it. It is necessary the attention of the authorities responsible for the dependent's care and those that surround him.

Furthermore, it was possible to perceive that the set of feelings and behaviors identified by some authors as codependency is present in the interviewees. It was observed that they experienced several changes in their life routines, having developed mechanisms to deal with the suffering caused by alcoholism. They began to behave in a way that hid the alcoholic's actions, taking responsibility for these actions and choices. The shame for the addict's attitudes became part of their daily lives, as well as the excessive care, seeking to minimize the family's social exposure.

In the face of this suffering, some relatives were able to seek help not only for the alcoholic but also for themselves. Different types of treatment were mentioned by the research participants, which helped them in dealing with the alcoholic and had an important role in reestablishing their well-being.

Nevertheless, this study has the limitations of an exploratory research, and it is necessary to point out that further studies on this subject are necessary, especially regarding the support and treatment offered to the alcoholic and his family. It is important to realize that Psychology help to treat alcoholism, being a tool to alleviate the suffering of both the dependent and their family members.

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