

SOCIAL REPRESENTATIONS OF ABSTINENT ALCOHOLICS ABOUT ALCOHOLISM AND ITS IMPLICATIONS TO MAINTAIN ABSTINENCE

REPRESENTAÇÕES SOCIAIS DE ALCOOLISTAS ABSTÊMICOS SOBRE O ALCOOLISMO E SUAS IMPLICAÇÕES NA MANUTENÇÃO DA ABSTINÊNCIA

REPRESENTACIONES SOCIALES DE ALCOHÓLICOS ABSTEMIOS SOBRE EL ALCOHOLISMO Y SUS IMPLICACIONES EN EL MANTENIMIENTO DE LA ABSTINENCIA

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Objective: to characterize the social representations of abstinent alcoholics about alcoholism, as well as analyze their implications to keep abstinence. **Method:** descriptive-exploratory study with qualitative approach, based on the Theory of Social Representations, procedural aspect. Data collection using the Technique of Free Association of Words (TFAW), with information from 20 users of CAPS AD III in Belém, Pará, Brazil, between January and February 2022. To prepare the material, ATLAS.ti software and thematic analysis were used. **Results:** alcoholism caused disorders in interpersonal relationships, resulting in the development of people and quality of life and health of those living with the problem. The family was fundamental in the abstinence process and treatment, and clarified the importance of self-care. **Final considerations:** the identification of social representations of abstinent alcoholics was significant to understand their implications in maintaining abstinence.

Descriptors: Social Representation. Alcohol Abstinence. Alcoholism. Alcohol Drinking.

Objetivo: caracterizar as representações sociais de alcoolistas abstêmios sobre o alcoolismo, além de analisar as implicações dessas para a manutenção da abstinência. Método: estudo descritivo-exploratório com abordagem

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qualitativa, sob enfoque da Teoria das Representações Sociais, vertente processual. Coleta de dados por meio da Técnica de Livre Associação de Palavras (TALP), com informação de 20 usuários do CAPS AD III de Belém, Pará, Brasil, entre janeiro e fevereiro de 2022. Para preparo do material, foi empregado o software ATLAS.ti e análise temática. Resultados: o alcoolismo suscitou desordens nas relações interpessoais, com resultado no desenvolvimento das pessoas e na qualidade de vida e da saúde dos que conviviam com o problema. A família era fundamental no processo de abstinência e no tratamento e esclarecia a importância do autocuidado. Considerações finais: a identificação das representações sociais de alcoolistas abstêmios foi significativa para o entendimento de suas implicações na manutenção da abstinência.

Descritores: Representação Social. Abstinência de Álcool. Alcoolismo. Consumo de Bebidas Alcoólicas.

Objetivo: caracterizar las representaciones sociales de alcohólicos abstemios sobre el alcoholismo, además de analizar las implicaciones de estas para el mantenimiento de la abstinencia. Método: estudio descriptivo-exploratorio con enfoque cualitativo, bajo el enfoque de la Teoría de las Representaciones Sociales, en el aspecto procesal. Recolección de datos por medio de la Técnica de Libre Asociación de Palabras (TLAP), con información de 20 usuarios del CAPS AD III de Belém, Pará, Brasil, entre enero y febrero de 2022. Para la preparación del material, se utilizó el software ATLAS.ti y análisis temático. Resultados: el alcoholismo ha suscitado desórdenes en las relaciones interpersonales, con resultado en el desarrollo de las personas y en la calidad de vida y salud de los que convivieron con el problema. La familia era fundamental en el proceso de abstinencia y tratamiento y aclaraba la importancia del autocuidado. Consideraciones finales: la identificación de las representaciones sociales de alcohólicos abstemios fue significativa para el entendimiento de sus implicaciones en el mantenimiento de la abstinencia.

Descriptores: Representación Social. Abstinencia de Alcohol. Alcoholismo. Consumo de Bebidas Alcohólicas.

Introduction

Chemical dependence is a heterogeneous disorder, since it affects people in different ways, affects both their physical body and their interpersonal relationships, for various reasons, in different means and circumstances. Culturally, society usually isolates alcoholics. As a result and because they do not feel welcomed in their differences, they end up not sharing their expectations and desires regarding their relationship with abstinence. This set of factors harms these individuals and interferes with the search for care⁽¹⁾.

Alcohol consumption is part of the daily life of a large part of the population. The influence and permissiveness of society are important factors that contribute to consumption. Frequent use of this substance can cause social, psychological and biological damage, as well as having implications for the future life of users⁽²⁾.

Alcoholism is a public health problem characterized by the harmful use of alcohol and that causes addiction. This disease is responsible for 3 million deaths each year worldwide. The highest rates are concentrated in young male

audiences. In addition to the impacts caused by traffic deaths, alcohol directly affects interpersonal relationships between family and society, since it stimulates violent and conflictual attitudes, is a financial destabilization and brings harm to physical and mental health⁽³⁾.

To provide psychosocial support to alcohol and drug users, the Psychosocial Care Center (CAPS - *Centro de Atenção Psicossocial*) was created, with activities regulated by Ordinance 336 of the Ministry of Health from 2002. CAPS is formed by a multiprofessional team that works together, within its specificities, to meet the needs of these individuals. The activities developed in these centers can occur in groups or individually, depending on the user, so that there is an interaction that allows the construction of interventions based on the observational analysis of professionals and tutors during treatment. CAPS AD and AD III alcohol and drugs are specialized in the care of patients over 16 years with mental distress due to the use of psychoactive substance. CAPS AD III works 24 hours⁽⁴⁾.

To grasp the subjective information of this group of adult individuals, this research used the Social Representations (SR), which favor the researcher, especially in the case of unfamiliar social phenomenon that, being unknown, generates fear and anxiety. The assimilation necessary for the event to become familiar occurs when a new form of reified knowledge is presented and reworked, becoming a new form of knowledge arising from the consensus among the members of the group⁽⁵⁾.

The Theory of Social Representations (TSR) was created by Moscovici in order to explain and understand the social reality, considering the historical-critical dimension. In this process, it seeks to know how people and social groups, in the course of their lives, build knowledge about themselves, about others and about the various social objects that are relevant to them. According to this theory, in order to penetrate the universe of an individual or a group, an object enters into a series of relationships and articulations with other objects that are already there, from which it borrows the properties and adds its own⁽⁵⁾.

This research focuses on the impacts of alcoholism on public health and social living, highlighting the lack of knowledge about the condition of alcoholism and the perception of individuals about their treatment. The research focuses on the vulnerabilities and difficulties faced by abstinent alcoholics during abstinence maintenance, an area little explored by current scientific literature, since there is a lack of studies that address the Theory of Social Representations related to this problem. This gap limits the development of more effective and personalized therapeutic approaches, making it difficult to provide professional management and nursing care in the health services that assist these individuals.

The study is justified because alcoholism is a serious public health problem. In addition, by reaching part of the Brazilian population, either directly or indirectly, since the problems generated by the dependence for the subject extend to their social environment, it is important

to clarify that the beginning of consumption often occurs in an innocent and inconsequential way, and continuity, in an uncontrolled way, can bring future problems for the living environment and, especially, for the own person.

This study aims to characterize the social representations of abstinent alcoholics about alcoholism, as well as analyze their implications for the maintenance of abstinence.

Method

The study was descriptive, using a qualitative approach. The interpretation of the results occurred by using the Theory of Social Representations (TSR) as a theoretical contribution, created by Serge Moscovici and disseminated by Denise Jodelet. TSR is defined as the knowledge that individuals have about a given subject and, from this, they build their daily practices, sharing them with the group to which they belong. This theory works with the subject's cognitive and their interaction in the social environment, acting on its transformation, showing how they represent and construct the reality in front of something⁽⁵⁾. The Consolidated criteria for Reporting Qualitative research (COREQ) were adopted⁽⁶⁾.

Research Participants

The number of participants totaled 20 people of both sexes, who attended a group of Narcotics Anonymous (NA). This number was considered suitable to be a psychosocial group. The data collection was among invited members of the aforementioned group in the city of Belém, Pará, Brazil.

The study included active members of the selected NA group, aged 18 years or older, of both sexes, with comprehension and verbal communication skills to answer questions through face-to-face interviews. These have been carried out according to the availability of date and time of each participant, reserving the right to refuse or stop at any time data collection. Users who presented some comorbidity that would make

their participation impossible and those who had significant communication difficulties and cognitive deficits or other disabilities that made it impossible to perform the stages of the research were excluded.

In studies of social representations, there is a need to work with a social group, because the consensual knowledge is developed only in these groups. For this reason, the number of subjects in the survey must be representative of a group. The data saturation technique was employed, which consists in the delineation of the empirical framework, in which the representative elements give density to the results, since these elements conform, in a certain sense, the majority thinking about the object researched^(7,8).

Data Collection

Data collection used the sociodemographic profile, the technique of free association of words (TFAW) and the semi-structured interview. TFAW provides evocations by the deponents, which allow them to identify the representations they have about the expression used in the questions invoked, as well as their meanings, because, soon after, the word's citation is questioned⁽⁹⁾. Thus, the following words evoked were applied, made available in digital media through WhatsApp at a previously scheduled time: alcoholism, alcohol, abstinence, care and mental health.

The interview was conducted by a script that began with the sociodemographic profile followed by closed and semi-open questions. Obtaining these data was important, because it is understood that social representations are asserted in social groups. This, however, requires the perception of the social and demographic context surrounding the group. In order to maintain the anonymity of the participants in this article, they are identified by the letter E followed by a sequential number (E1, E2, E3 until E20), where the letter E means “*entrevistado*” (interviewed in Portuguese) and the number indicates the sequence of the interview.

The results of data analysis were initially obtained by ATLAS.ti version 22 software, to

which the collected material was submitted. Each participant was identified with the term documents (D), numbered from 1 to 20 (D1 to D20). Each word evoked, contained in each document, was identified with a code that allowed the creation of a competition table in the software.

The transcribed quotes of the speeches were composed of codes pointed out by the researcher and individuals were asked about the reason they cited that word. Therefore, by identifying these quotes – total of 158 –, the code created previously to each word evoked was linked. It is worth noting that, at this time, 180 codes were generated and grouped into 40 groups.

Subsequently, the thematic analysis technique was used, which consists of six phases: familiarizing with the data – transcription of the data; generating initial codes – coding; searching for topics – grouping the codes into potential topics; review the topics – check the coded extracts; define and name the topics – ongoing analysis to improve the specifics of each topic; write the report – final integration of the analysis, by selecting clear descriptions, returning to the question(s) of the study and literature, producing a research report.

To meet the ethical aspects of the research, the participants received an Informed Consent Form (ICF) to be read and signed, which contained all explanations, reasons, objectives, rights of the participant, risks and information about the researcher and the research. Any doubts that could arise would be clarified immediately by the researcher. The present research was approved by the Research Ethics Committee of the Institute of Health Sciences of the Federal University of Pará (UFPA) under the Opinion n. 5.204.858 and Certificate of Presentation of Ethical Appreciation (CAAE) 53879821.9.0000.0018.

It is important to clarify that the content of this article was extracted from the master's dissertation entitled “Social Representations on Alcoholism among Abstinent Alcoholics in Times of Pandemic”, presented to the Postgraduate Program in Nursing at the Federal University of Pará, in 2022.

Results

Following the data processing by ATLAS.ti version 22 software, the Technique of Free Association of Words (TFAW) that corresponded

to the theme was applied, which resulted in evocations that represented the symbolic ideas of the participants. It is worth emphasizing the authenticity of these meanings for the social representations of individuals in social interactions, which is observed in Chart 1 below:

Chart 1 – Constituent elements of the technique of association of free words

Participants	Term 1	Term 2	Term 3	Term 4	Term 5
	Alcoholism	Alcoholic drinks	Abstinence	Care	Mental health
P1	Regression	Bars	Agony	Me	No depression
P2	Drunkard	Desires	Stop	Take care of yourself	Insanity
P3	Negative	Beer, wine	Stop	Take care of myself	Medications
P4	Anger	Enjoyment	Love for life	My life	Outbreak
P5	Negative	Drunkenness	Sobriety	Caution	Positive
P6	Church	Desire	Prohibition	Family	Health
P7	Illness	Overcoming	Sadness	Family	Walking
P8	Shame	Pleasure	Calmness	Negligence	Forgetfulness
P9	Escape	Drinking	Slow	Family	Treatment
P10	Illness	Curse	Fight	Family	Overcoming
P11	Bad	Tragedy	Save	Doctor	Taking care of the mind
P12	Negative	Regret	Stop	Take care of yourself	Occupation
P13	Need	Party	Anguish	Help	Balance
P14	Drink	Denial	Treatment	Health	Self-control
P15	Drink	Alcohol	Stop	Take care of yourself	Taking care of the mind
P16	Drink	Disappointment	Control	Warning	Joy
P17	Drink	Stop	Agony	Health	Treatment
P18	Bad	Suffering	Good thing	Health	Health
P19	Depression	Illusion	Stop	Prevention	Strategy
P20	Defeat	Disappointment	Fear	Alert	Worry

Source: created by the authors.

Regression – Consequence of the consumption

To survey and analyze the terms portrayed by the participants, the first term “alcoholism” appears as a precursor to the following evocations of the interviewees, related to meanings enriched by affective aspects present in their social representations. These psychosocial

interpretations are part of the cognitive of individuals and their belonging group, which are the Narcotics Anonymous, and flow in their communications. In this bias, it is possible to correlate the terms evoked with the associations

of participants, according to the following parts of the speeches:

[...] regression, bhangover, delay, cure – as a positive word because I overcame it. Today, I have a healthy, social, moral, well-lived life. I count on both my family and my friends everywhere. (E1).

Anger. Many losses. I lost a lot. When I fight with my wife. On the other hand, I overcame the excess of alcohol. (E4).

It's like this: a disease, because we start from nothing. No, this is a game we have. It starts slowly and so it goes. (E7).

Alcoholism, for me, when it comes to mind, is an escape [...] (E9).

The text constructed by the respondents allowed the analysis of the perspective in which the individual built the speech to verify whether they explained alcoholism as society understands it or if they built it based on their own interpretation of the problem and the analysis of why they did so and how this problem destroyed them or, sometimes it was a brief moment of escape – the patient's interpretation of their own illness and condition.

The feelings of regression, anger, escape and illness were related to the meaning of consequence, when returning to alcohol consumption, when using it, to drown feelings, or when healing. Therefore, there is the perspective of individuals before the affective aspects linked to a state of drunkenness, which impacted their lives and of family and friends. In short, alcoholism brought the feeling of momentary pleasure, but did not solve the real conflict. The speeches revealed the frailty and loss of the family motivated by alcohol, as well as the importance of the family core for the withdrawal and cure of alcohol.

Will – desire comes to the surface

Another inductor term, “alcoholic drinks”, generated several symbolic meanings for the participants. The most cited words were: desire, pleasure and will. Such words are linked to something harmful and, potentially, the return to drinking alcohol, memories of devastating moments or the feeling of pleasure. Thus, it was possible to define the thematic unit based on

the inducer term of the participants' speeches, according to the following speeches:

[...] there comes desire to drink comes. When I was 19, when I started drinking, I thought it was cool, I thought it was cool, I played soccer and so on. [...] (E2).

Fun, because for me it's a day of leisure, but then comes depression, regret, self-pity. It's a defeat in my life, because it's the gateway to other drugs.. (E4).

Desire, desire to drink. When someone criticizes you, too. And it depends a lot on the moment too. Some days you feel good, others you don't. I believe there are several reasons to drink. [...] (E6).

Based on the discourse established by the interviewees, it was understood that if society builds the individual, then the alcohol-dependent is a product of society. This product is therefore the result of a society that produces alcohol and legitimizes its use, being a legalized drug whose consumption is encouraged by advertising and parties watered with alcoholic drinks. Thus, drinking alcohol is related to health, leisure and joy, as mentioned by the interviewees. However, from the point of view of the social environment, can alcohol be considered something pleasurable, that facilitates social interaction, given that alcohol is a legalized drug and still very linked to the mass media? Based on the principle of social representations, in which society produces or shapes the individual, it is understood that society is saturated by alcohol. Therefore, how are people who, when they start using alcoholic drinks for leisure or “socially”, passed from something that brought pleasure, will, desire and fun and was a cause of joy and distraction to excessive consumption, which brings tragedies and extermination to their lives?

Soberness – the time of abstinence and letting go

In this unit, the inducing term “abstinence” refers to the feeling of renunciation, prohibition, agony and struggle, because it has the meaning of pain and suffering after abstaining from the use of alcoholic drinks, before understanding the harm to health. This is confirmed in the excerpts from the interviewees' speeches:

[...] abstinence comes quickly. Agony, cold sweat, turning pale, feeling very anxious, which is part of this moment, but it happens very quickly. In my case, it happens very quickly. It takes a few hours, between six in the afternoon and a few hours at night. (E1).

Prohibition. That I can't drink because I'm undergoing treatment. When I don't drink, I find myself very boring. I become a straight face. Staring at the wall is very hard. I won't be able to go very long without drinking. I've already lost a lot in this life. (E6).

Struggle, because I feel that strong desire, right, even when I'm not in my right mind, when I wake up, I'm in my right mind, I get my clothes on, to try to remember, right, that thing, I leave the house, I remember the cachaça and I want to drink it. Then I fight, right, when I get home, I don't solve anything, I get drunk again, drugged, it's all going to come back again. Then I can't know. I'm still in the fight, even though [...] (E10).

Participants reported how difficult detoxification was and how they dealt with situations of agony, despair and prohibition, because prolonged alcohol use had long-term consequences. Under this analysis, it is necessary to highlight the social representation of the term "abstinence" in relation to the deprivation of alcohol consumption and the positive interest of not using it anymore. Another relevant point, which is something good and positive, is related to some terms mentioned in the table, such as love for life, soberness and calm, referring to the fact of being in abstinence, because they reflect the feeling of calm and relief when removed from a harmful moment.

It should be mentioned that the individuals who participated in this study attended discourse and interaction groups that focused their communications on problematic consumption of alcohol and other drugs, such as the disease that affected them. These groups conceived the carriers of addiction disease, because they had compulsion for licit or illicit chemical substances. They called themselves addicts and realized that they needed to escape the disease that the reified medium brought them with the denomination of chemical dependence, as presented by the social group they attended. From that moment, they realized that the abstinence that initially brought suffering abruptly, in the long term, brought the so desired release of alcohol and other drugs – treatment, soberness.

Family – support and affective core for care

The fourth associated term "care" is related to care for oneself, self-care and family affective bond. These findings highlight the need to understand the meanings of the words issued centered on consensual knowledge. For better understanding, the following are the participants' statements regarding self-care and the affective core:

[...] care, for me, as they say, is taking care of my family and that is reciprocal. Family comes first. Then I want to take care of myself and take care of my wife. That's what care is. [...] (E9).

Speaking of care, I always think about my life, about not taking care of myself, about having low self-esteem. (E4).

You have to take care of yourself, take care of your health. Only my sister says: "Man, you're going to die." I'm going to die any day. Drinking cachaça now won't make my day any better. She says: "You really want to die!" (E2).

Alcoholism causes rupture and disorganization of interpersonal relationships, resulting in the development of people and the quality of life and health of those living with the problem. Indeed, the statements of the deponents expressed the family's need for the abstinence and treatment process, as well as clarified the importance of self-care, because during consumption, they stopped taking care of themselves, because of drinking. Moreover, the reflections of the process of construction of social representations are also highlighted, such as anchoring and objectification, with the return to living with the family. In the experience of abstinence by this individual and their group of belonging, the family went through the experience of getting sick and living with the consequences of alcoholism after years of consumption. Therefore, it started to assign representations based on the meanings and values of the words cited by the deponents.

Taking care of the mind – a healthy action

Finally, the last term "mental health" clarifies how much care is needed with mental health, because it is known that the effects of alcohol on the body and mind bring disorders during use and even after stopping drinking. Nevertheless, participants considered the state of mental

health as without depression, health, mind care, treatment and achievement. Such words can be considered positive, because they expressed the care that the deponents had to have with them. Thus, to exemplify the speeches of the participants, here are some excerpts:

[...] mental health has no depression, no alcohol. It's when you sleep at night and don't have nightmares. It's when you wake up feeling energetic. It's when you don't have agony. It's when you don't feel short of breath. It's when you don't have a hangover, right? And because... because all of this brought damage one day, delay, and I know how it works very well. So, I prefer to keep... going through... dodging these situations that I already know. When it's coming, I already know how to avoid it. [...] (E1).

Mental health will always be positive, because it allows us to do everything in our lives. Anyone with healthy mental health is a person capable of living in society. [...] (E5).

It is worth mentioning the relevance, meanings and symbolism that these terms brought to participants. Although the unit “care” refers to the care of the mind, other terms were addressed, such as feeling about mental health being related to “insanity” and “outbreak”. This portrays pain, suffering and fear, as well as there are positive points about alcohol consumption in relation to mental health, because the participants were doing treatments to free their minds from nightmares of alcohol.

The terms evoked favor the understanding of social representations that link alcoholism to lack of care for mental health, considered by the World Health Organization (WHO) as a disease that needs to be treated. In Brazil, the Brazilian Unified Health System (UHS) recognizes alcoholism as such and offers treatment. The coexistence of individuals in new social groups, constantly disseminated by the social group of NA, which allows the conversation about problematic consumption of alcohol and other drugs, leads them, through new communications, to understand the need for changing attitudes and behaviors to achieve mental health.

Discussion

The terms evoked in this study showed the real meanings of alcoholism for the interviewees. In their perception, alcohol consumption is

characterized as a heterogeneous disorder that affects people in different ways, reaching their own bodies and interpersonal relationships in different ways and for different reasons. This is a consequence of social exclusion, because they fail to share their expectations and desires about abstinence, which leads them not to seek care and help⁽¹⁾.

Thus, the study of social representations, since it operates in individual fields, which are inserted and influenced by social networks and contexts, shows that the alcoholic's actions are influenced by groups, the community or a social category. Such factors induce and contribute to the exacerbated consumption of alcohol, damaging and intervening in their social, mental and physical life^(2,10).

The representation of “alcoholism” is indicative of the need for analyses, because it takes into account the contexts of insertion of the subjects, their culture and history, that is, it does not treat the use as a “problematic consumption”, but it seeks to understand the meanings and reasons for drinking. Although technical-scientific knowledge understands alcoholism as a multifactorial disease to be treated in an integral way, the common sense knowledge believes that this is a strictly social problem. Considering the symbolism of alcoholism as an object of study, it was possible to understand that the social representations developed deviate the real sense of alcohol consumption from what is represented as alcoholism, by allowing the values and norms on the consumption of drinks to prevail⁽¹¹⁾.

The constitutive elements of the research allowed the observation of the different modes of interpretation of “alcoholic drinks”. These perspectives allowed witnessing the positive and negative repercussions and consequences in relation to the use of alcoholic drinks. Considering the extent of this use, it was found that alcohol was not only a health problem, but should also be analyzed as a social and cultural practice⁽¹¹⁾. The word evoked “pleasure” may be related to moments considered positive, obtained by the consumption of alcohol. Similarly, the evoked word “will” reveals the desire to control

the intake, in view of the consequences of the effects of alcoholism on human relationships, by bringing harm both for the alcoholic and for their family⁽¹²⁾.

Another fundamental meaning was the notion of “care”, since the family was the central focus of this question for the interviewees, who experienced the loss and damage caused by addiction. This evocation is full of feelings, because there were moments of high levels of conflict and tension that shook the family bond. This reality caused the decrease of the union between the members of the families, resulting in interpersonal isolation and general communication impairment, leading to difficulties in living together. Another aspect mentioned positively was the relationship between support and recovery that the family provided during the period of cure and abstinence, as well as for the care of itself^(12,13).

The effects of psychoactive substances have infinite representations for the diversity of groups. Therefore, it is necessary to understand that, even if the evoked terms are portrayed in different ways, the interviewees had similarities in what referred to their conflict with alcohol, because they stated that alcoholism represented loss of control, destruction, curse, disorientation, aggressiveness that brought severe consequences to their lives. It is in this process of regression that the role of nursing comes before preventive actions, being the main agent for the social transformation process through health promotion⁽¹³⁾.

The results revealed that the meaning of abstinence was strongly marked by positive and negative elements, when identified by the words of the central core: “stop”, “sobriety”, “prohibition”, “sadness”, “struggle”. The word “stop” was more frequent and, when it was promptly evoked, demonstrated the dimension that addicts had on the risks of financial and health complications occurred in their past as an alcohol user. Negative words about abstinence may be in the context of complications that alcohol can cause, especially over the years, when it becomes an addiction⁽¹²⁾. Abstinence was linked to another evocation “mental health”. The

representations by means of the words “without depression”, “health”, “treatment”, “overcome” and “care of the mind”, constituted themselves in comfort before the situation of mental decay caused by the effect of alcohol, transforming the life of individuals into a complete destruction of the mind. This interpretation, however, refers to the risks of health complications and death, as well as to the search for treatment⁽¹⁰⁾.

Considering social representations as systems composed of knowledge, beliefs or images collectively constructed and shared by social groups leads to the understanding that they function as common sense opinions for the orientation of social practice. In this sense, social representations are produced by individuals and groups through socio-cognitive processes, objectification and anchoring^(1,7). In general, the representation becomes familiar to belonging to something unknown, built on the basis of the objective and subjective reality of the phenomenon. In short, alcoholism has the specific function of promoting communication within social groups. This reinforces the need to justify practices related to objects of representations that are linked to the social identities of a social group⁽¹⁴⁾.

The study has limitations that must be taken into account, such as: TFAW presents an aspect of subjectivity that can influence the interpretation of data; the absence of quantitative methods limits the ability to quantify and generalize the results. Furthermore, the results are specific to the cultural and social context in which the study was conducted, making it difficult to extrapolate the results to other cultures with different perceptions about alcoholism and abstinence.

The participants' personal opinions reflect personal experiences that can vary significantly, which limits the ability to identify common or universal patterns in social representations of alcoholism and abstinence. The data collection period, being limited, did not capture possible changes or developments in the perceptions and behaviors of participants over time, which suggests the need for more in-depth studies.

This study significantly expanded the theory of social representations, applying it to the study of alcoholism, abstinence and maintenance of abstinence. The analysis of perceptions and interpretations of these phenomena by different social groups allowed a deeper understanding of the social representations that relate to alcohol use. The study presented a critical review of the theory of social representations in the field of alcohol, highlighting gaps and presenting new theoretical approaches.

The practical implications of the results indicated the need for personalized care models, which take into account the different ways of dealing with abstinence and alcohol treatment. Public policies and models of health care should be adjusted to promote a humanized service that is focused on the specific needs of each individual. The study has the potential to improve the quality of care, reduce discrimination and prejudice faced by individuals with alcohol-related problems, and increase awareness about the harm caused by alcohol advertisements.

The study showed that there is a large gap in research on alcoholism, abstinence and mental health in the nursing field, which highlights the need for more studies to improve care and develop innovative behaviors. The results can be applied in training health professionals to better train nurses to deal with the complexities of alcohol abstinence and its implications for mental health.

Final Considerations

This research contributes to the unveiling of social representations of individuals who are part of the social group of Narcotics Anonymous and how this form of naive knowledge has led to maintain abstinence. The deponents who reported experiences of problematic alcohol consumption in their daily lives shared experiences, such as loss of freedom from drug use, recognition of the substance as capable of bringing suffering, loss of the emotional bond with relatives during addiction, abstinence as an initial moment of pain that turned into victory

and social coexistence, which favored changes in attitudes and behavior when joining Narcotics Anonymous.

It should be noted that joining a new social group was fundamental for the rehabilitation of individuals, which, unlike the previous one, did not conceive drugs as a form of pleasure, but rather as a disease that was affecting them psychologically and physically. The Narcotics Anonymous instituted new social representations that generated social identities of addicts, that is, carriers of addiction disease. Therefore, they began to understand themselves as carriers of a disease that had only one form of treatment recommended: abstinence.

Social representations are forms of knowledge generated in the social environment, being derived from scientific knowledge, considered as a foundation for the construction of this new form of consensual knowledge. This knowledge is present among the individuals of the research and was erected through communication, which is responsible for the genesis and maintenance of common sense knowledge. A recurrent fact in the Narcotics Anonymous meetings is the communication that is used as a premise of the twelve steps and that favors the adoption of new ways of thinking and new ways of acting centered on rehabilitation provided by the maintenance of abstinence.

Health is still very much focused on the biomedical model. This Cartesian model, besides fragmenting care, makes the human being conceive that every disease has a cure. However, this is not the reality for many chronic diseases, such as diabetes mellitus, hypertension, among others, in which the individual has to learn to live with the disease. In this category, there is the pathology investigated here – the problematic consumption of alcohol and other drugs –, which has no cure, as it occurs with acute diseases. In these cases, the establishment of health is achieved with the maintenance and control of the disease.

Collaborations:

1 – conception and planning of the project: Sílvio Éder Dias da Silva and Márcia Aparecida Ferreira de Oliveira;

2 – analysis and interpretation of data: Hewelly Demetrio Itaparica Rodrigues and Thiago dos Reis de Oliveira Costa;

3 – writing and/or critical review: Paula Monik Silva de Castro and Jaqueline Alves Ferreira;

4 – approval of the final version: Sílvio Éder Dias da Silva and Márcia Aparecida Ferreira de Oliveira.

Competing interests

There are no competing interests.

Data Availability Statement

The data that support the findings of this study are available in the article itself.

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