

“The chain has not broken, but opened a link between us”: the impact of maternal chemical dependency on the mother-child bond

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This research aimed to identify the perception of five drug addict mothers of Florianópolis about the bond with their children before and during recovery. Data were collected in semi-structured interviews and analyzed by Content Analysis technique. During the drug use period, the priority was focused on drug consumption, creating a gap between mothers and children. We concluded that mothers' drug use causes significant consequences to the mother-child relationship, generates distance, weakens bonds and affects the exercise of maternal role. Thus, interventions of health professionals with these women should address aspects beyond the behavior of using drugs, including issues related to the role as mother and woman, in a social reality.

Descriptors: Substance-Related Disorders; Maternity; Mother-Child Relations.

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“Não quebrou a corrente, mas abriu um elo entre nós”: o impacto da dependência química materna sobre o vínculo mãe-filho

Esta pesquisa objetivou identificar a percepção de cinco mães dependentes químicas da Grande Florianópolis acerca do vínculo com seus filhos, antes e durante a recuperação. Os dados foram coletados em entrevistas semiestruturadas e analisados pela técnica de Análise de Conteúdo. Constatou-se que no período de uso de drogas a prioridade esteve voltada a este consumo, gerando afastamento entre mães e filhos. Concluiu-se que o uso de drogas pelas mães traz consequências significativas à relação mãe-filho, gera afastamento, fragiliza vínculos e prejudica o exercício do papel materno. Assim, as intervenções dos profissionais da saúde com estas mulheres devem abordar aspectos para além do comportamento de usar drogas, abrangendo questões referentes ao papel como mãe e mulher, inseridas em uma realidade social.

Descritores: Transtornos Relacionados ao Uso de Substâncias; Maternidade; Relações Mãe-Filho.

“No quebró la corriente, pero abrió un eslabón entre nosotros”: el impacto de la dependencia química materna sobre el vínculo madre-hijo

Esta pesquisa objetivó identificar la percepción de cinco madres dependientes químicas de la Grande Florianópolis acerca del vínculo con sus hijos, antes y durante la recuperación. Los datos fueron colectados en entrevistas semiestruturadas y analizados por la técnica de Análisis de Contenido. Se constató que en el período de uso de drogas la prioridad estuvo vuelta a este consumo, generando alejamiento entre madres e hijos. Se concluyó que el uso de drogas por las madres trae consecuencias significativas a la relación madre-hijo, genera alejamiento, debilita vínculos y perjudica el ejercicio del papel materno. Así, las intervenciones de los profesionales de la salud con estas mujeres deben abordar aspectos más allá del comportamiento de usar drogas, abarcando cuestiones referentes al papel como madre y mujer, inseridas en una realidad social.

Descriptores: Trastornos Relacionados con Sustancias; Maternidad; Relaciones Madre-Hijo.

Introduction

Modern society assigns the mother a key role within the family and, in particular, in the education of children; so that her main maternal function is to be a “nourisher”⁽¹⁾. This role is represented by the support to the child’s needs, such as hygiene, feeding, emotional bond, among others. The experiences children have in their relationship with their mother, both positive and

negative, will register in their subjectivity forms and trends of dealing with society and perceive the world around them⁽¹⁾.

The emotional bond established between mother and child is a process understood as gradual as it grows and solidifies after repeated positive and pleasurable experiences. In this process occurs a kind of emotional feedback because as the mother applies an emotional investment to the child, this develops an

attachment bond and nurtures it with respect to the mother⁽²⁾. Thus, the growth of emotional investment tends to be largely linked to growth of affection – and the quality of this relationship is crucial to children to create awareness of themselves and the way they will behave in the world and in relationships.

Given the importance of the maternal role, contemporary society requires that the mother has an unconditional love for her children provide them attention and care as much as possible. Thus, it is expected that the child is her highest priority, greatest source of love and affection. A few decades ago it was common that the only roles assigned to women were being mother and housewife⁽³⁾.

Progressively, with the spaces and rights women conquered, as their participation in the public sphere, entering the labor market and consequent financial independence, woman-mother reality has been changing⁽³⁾. Today's woman has often delayed motherhood for professional and academic achievements. However, it is still common people react strangely when a woman says she does not want to be a mother and then try to persuade her with speeches about the completion and fulfillment of women in and motherhood⁽³⁾. Meaning that even with the spaces won by the modern woman, her association with maternal role is still present.

The woman-mother transition to other roles and spaces has been gradual and difficult, such as women's stress in the reconciliation of so many functions. Working outside the house is a dimension added to the already existing⁽⁴⁾, so that the woman remains the primary responsibility for housework and care for children, but now she is also in the labor market and contributes financially to support the family.

By contrast, in some familiar contexts, man has shared these household chores, which also indicates a transition process where the father suits a new requirement of modern society and is increasingly involved in tasks which are beyond the labor market⁽⁵⁾. This division brings some balance between the father and mother roles; however, when division of responsibilities exists, it is still common to hear that the man is "helping" the woman in the care of children and in the organization of the house. This ultimately gives the idea that the task originally belongs to the woman, so the man is helping, commonly giving the man the status of generous, good husband and father. This indicates that, despite having already been some

developments in this family setting, there is still a long way with regard to equality between mother and father roles.

Based on these, the woman is widely pressed by society. In order to meet the expectations, especially in relation to maternal role, woman must have emotional availability and unconditional love to her child. However, some conditions may hinder this configuration, such as chemical dependency, an issue that, along with maternity is central in this research.

Chemical dependency is defined as a mental disorder characterized by a "set of behavioral, cognitive and physiological phenomena that develop after repeated consumption of a psychoactive substance"⁽⁶⁾. This disorder affects about 27 million people worldwide. About more than 20,000 people die each year from drug-related problems⁽⁷⁾.

Chemical dependency can cause many consequences to the user's life the same away people make up their relationships, because drug use, often becomes priority in the dependent's life and, in order to be devote to the use, other roles and functions are discarded. Some of these roles can be of fundamental importance, such as labor activities that provide the livelihood and paternal and maternal functions that support the growth of the children and are constituents of their personalities.

However, one should not reduce chemical dependency to its symptoms and its psychopathological dimension. The professional performance must comprise the subject fully and systemically⁽⁸⁾; which means considering the biological, psychological and sociological dimensions of each person, just as the social, historical and cultural context in which each operates.

National and global data point out that the number of women in chemical dependency is still substantially less than the number of dependent men^(6,9). However, fewer women in this condition should not pose less of a concern with the subject, since the consumption of psychoactive substances among these has been growing over the years^(6,9). Thus, the difference of drug use by women and men has gradually narrowed.

With regard to drug effects and consequences, there is evidence that damage reach a greater extent of the female population. The female physiological structure favors an increased absorption of alcohol in the blood, even when men consume the same amount of the substance. For this reason, alcohol addiction

as well as physical problems resulting from this use, including risk of mortality, grows more rapidly in women⁽¹⁰⁾.

In a survey of chemically dependent women, they had difficulty expressing the meanings of their social roles, so they could not talk about how they perceive themselves and how they perceived to be seen. When asked about the positive and negative aspects in their roles as mother, woman, wife and worker, "few were able to put into words the roles they played, [...] talking about their aggressiveness, lack of child care, when under the chemical effect"⁽¹¹⁾, indicating that the distancing of oneself and others, just as the loss or disregard of their identity are common in addiction.

Considering the data presented so far, this study approaches a reality more and more present in modern society, where the woman takes, carries and reconciles various roles and functions, as a mother, wife and housewife. Parallel to this, household chores are no longer enough to society, so that the woman also happens to be pressed into the labor market and building a career. With the progressive increase of drug use among women, fulfilling all that is expected of their roles can become an even more difficult task. Thus, the objective of this research was to *identify the perception of chemically dependent mothers about their mother-child bond during the period of drug use and period of recovery.*

Method

This research is qualitative, exploratory and cross-sectional. It is characterized as a case study, since the reports of the participants were broadly and in depth studied⁽¹²⁾.

The participants in this study were five women who were attending mutual help groups in Florianópolis. In the period surveyed, three were attending Narcotics Anonymous group (NA) and two, the Alcoholics Anonymous (AA). The criterion to select the participants was in accordance with the voluntary demonstration when invited to participate and after met the following inclusion criteria: age over 18 years and have at least one child aged 4 to 17 years who followed their drug use period during early childhood.

The limits of this age group for children are due to two reasons: at four, the child has passed the early childhood; when the levels of awareness and verbalization become more accurate. At 17, the adolescent is still legally under the parents' responsibility; which requires them greater involvement in the creation and care for children. Table 1 shows the women who participated in the study. In order to preserve the confidentiality of these women, their real names were changed by biblical names, following the saying that "mother is sacred."

Table 1 - Characteristics of participants. Florianópolis, SC, Brazil, 2015

Name	Isabel	Miriam	Ana	Sarah	Noemi
Age	51 years-old	32 years-old	40 years-old	42 years-old	40 years-old
Education	College degree	Basic education	High school	College degree incomplete	Graduate course
Children's age	29, 22, 18 and 5 years-old	12, 10, 9 and 7 years-old	13 years-old	17 years-old	13 years-old
Time attending the mutual help group	Alcoholics Anonymous – 2 years	Narcotics Anonymous – 4 months	Narcotics Anonymous – 5 years	Alcoholics Anonymous – 3 months	Narcotics Anonymous – 1 year and 5 months
Used drugs	Alcohol	Alcohol, cocaine and LSD	Alcohol and cocaine	Alcohol, cannabis, solvent, ether, shoe glue and cocaine.	Alcohol, cannabis and cocaine
Period of drug use	13 years	7 years	8 years	25 years	19 years

We contacted the coordinators of the mutual help group AA and NA, whose phones are available on their official websites, in order to show the research, their objectives and schedule the best day for a visit. In order to meet women within the desired profile and to invite them to participate, a visit was made to 10

mutual help groups. Three calls occurred in person and two by phone, through indication of other group members.

Data collection was carried out individually, from semi-structured interviews, which lasted approximately 50 minutes. Three interviews occurred in the rooms of

mutual help groups attended by each participant and two happened in the homes of participants. The guide consisted of 22 questions that addressed aspects related to the mother-child bond, characteristics between mother-child relationship, including drug consequences to this relationship and the maternal role characterization of the interviewees.

Each question in this guide was made in order to obtain an overall understanding of every aspect investigated. Thus, it was questioned how a particular aspect of the relationship occurred during the drug use period and how it happened in the recovery period, how each interviewed perceived these changes and what were the feelings in each reported time. Apart from concrete experiences, the issues sought to encourage the expression of meaning and feeling of the interviewees in each step.

This study was assessed and approved by the Research Ethics Committee of the University of Southern Santa Catarina, CAAE: 19174713.1.0000.5369 and Opinion 357.197. Before the interview, each participant signed the Free and Clarified Consent Term (FCCT) and the authorization

term for audio recording. After the interviews, data were fully transcribed, then organized into categories and analyzed using Content Analysis technique⁽¹³⁾.

Through the full reading of the interviews transcription, there was a significant difference between behavior and feelings present during drug use and during recovery. The negative aspects of the relationship were concentrated during the period of drug use and positive aspects in the recovery period. During drug use, behaviors and positive feelings were absent or, if present, they lost in terms of quality, as had been associated with feelings such as pity, fear and shame. Then, categories to evidence this contrast was considered, in order to categorize what was present in the interviewees' discourse, namely: positive affections, negative affections and dialogue with the children.

Results and discussion

To analyze the mother-child bond during the drug use period and recovery period, three categories were then defined, as shown in Table 2.

Table 2 - Categories, period and frequency of relevant responses to the main theme. Florianópolis, SC, Brazil, 2015.

Categories	Period	Freq.	Participants
Positive affection	In drug use	04	Isabel, Miriam, Ana and Sarah
	In recovery	05	Isabel; Miriam; Ana and Noemi
Negative affection	In drug use	04	Isabel; Miriam; Ana and Noemi
	In recovery	02	Ana and Noemi
Existence of dialog	In drug use	00	No occurrence
	In recovery	05	Isabel; Miriam; Ana and Noemi

In the **Positive affection** category, which investigated the presence of positive feelings of the mother towards the children, this affection was present in the speech of four respondents. *In drug use*, it was possible to show that, despite a positive consideration at times, this affection was associated with feelings such as fear of not being able to effectively meet emergency and daily needs of the child, feelings of shame, just as fear for the child for see her in a vulnerable situation: *I pitied them because even using drugs and being insane, I had a few moments of lucidity. I did not remember if they had eaten, if they had lunch (MIRIAM).*

In the recovery category, positive affection was associated with the affection between mother and child and inherent responsibility to the maternal role, demonstrating the actual construction of emotional bonds, as can be seen in Isabel's story: *Today I kiss*

enough, I cuddle. We're always talking about things I did not say before, like 'I love you'. I say good morning, sometimes I say: 'you are the most important thing in my life'. These things I did not speak, I was not a loving mother. I even did love, but I did not show it (ISABEL).

In this sense, it was found that although most mothers nurture positive feelings towards the children, in both periods, during drug use such feelings were not reflected in their actions. Mothers worried about their children, they did not stopped using drugs for this reason though, to solve the situations that caused concern; they had lost control over their chemical dependency. In recovery, the affection happened through active positions towards the children, because in this condition they felt more capable to convey to the children positive feelings.

Exchanges of positive affections between mother and child are crucial for structuring important aspects of child development. It is from an atmosphere of affection and protection at home that the child develops the necessary security to relate to the social environment⁽¹⁴⁻¹⁵⁾. The consequences of the quality of these interactions, whether positive or negative, will follow them until their adult life, setting trends as how they will behave in relationship with others.

The positive affection on families facing drug addiction, however, as found in this study, is not common: “most of the time, the children [of drug addicts] suffer from a negative family interaction and an impoverishment in solving problems”⁽¹⁶⁾; these families are seen as dysfunctional and the consequences of this lack of positive aspects are reflected in the child’s development.

In a survey conducted with 54 children of alcoholics, 94.4% had feelings of inferiority and inhibition, and 88.9% had affective deficiency⁽¹⁶⁾. Thus, it is important to pay attention to the affective pattern that these children are developing, because the tendency is that when they build their own families, they reproduce this lack of affection, creating a vicious circle⁽¹⁴⁾.

In the **Negative affection** category, which investigated the existence of negative feelings about the children. *In the drug use* period, four mothers claimed to have realized this kind of affection. In this period, the negative affection was in most part related to mothers’ irritability to have to provide some kind of care or attention to the child instead of being able to devote that time to substance use, as shown by the Isabel’s speech: *The things I remember is that sometimes I got irritated because I had to pay attention to him instead of drinking.* (ISABEL).

In Noemi’s story, negative affection happens since pregnancy, because this mother had to give up the drugs in favor of her daughter, resulting, in her perception, rejection of pregnancy: *I was enjoying, I was dating the drug, I had just got into cocaine. I had a very complicated pregnancy, I had a lot of nausea, almost had a miscarriage. Man, I had nausea until the end. Total rejection of pregnancy* (NOEMI).

In recovery, the negative affection was observed only in the story of two mothers. While Ana experienced this affection “*for not knowing how to deal with situations*”(sic), Noemi demonstrates difficulty to develop positive feelings about her daughter, there is room only for the guilt: *Today I still feel guilty. [...] I’ve been*

finding some feelings yet. It’s been only 1 year and 5 months that I am at NA, I have not figured out any feeling yet (NOEMI).

The negative affection identified in the interviewees’ speech was one of the aspects found in a survey of six Colombian chemically dependent mothers⁽¹⁷⁾. During drug consumption period, the mothers understood the maternal role as “difficult, hard and nasty” and the task to take care of the children was taken or shared with other family members⁽¹⁷⁾, this aspect was also identified in this research.

The results for the existence of negative affection during drug use period are confirmed by authors who observe that negative family interactions are associated with drug use by the child’s parents, which permeates the family atmosphere by “low sensitivity and negative affection, less verbalization and low responsiveness to the child”⁽¹⁸⁾. In this sense, we found that the negative affection experienced by the interviewees is a constant for chemical dependency and was associated with the priority that the drugs had won in the mothers’ lives. Thus, any person or activity that would jeopardize this priority and would take time that could be invested in drug use was understood as a barrier and causer of irritability, which did not happen so often in the recovery phase.

Regarding the first two categories, Positive affection and Negative affection, it is important to highlight the participation of the interviewed Noemi. As for the feelings that this mother has for the child, at first, when asked, the interviewee claimed to have positive feelings about her daughter, which was deconstructed after. It could be observed that the first Noemi’s response was possibly associated with social values, so that she tried to bring a socially accepted better answer: *I always loved her very much. She was always very affectionate, very loved. She was very loved. I never had any other feeling; I always loved her too much.* (NOEMI – First answer as to her feelings towards her daughter). *I think I only felt guilt for her, it was not even love. I just felt guilt for her. Today I still feel guilty and I’ll tell you a very sincere thing, I understood her as a very strange person. She was a stranger to me* (NOEMI - Second answer as to her feelings towards her daughter).

Motherhood tends to be experienced as the decisive factor in the recognition of women as individual, as a social being⁽¹⁹⁾. In this direction, “being a mother today is not so simple; refusing to be so is even harder”⁽¹⁹⁾. Thus, it is socially expected that the woman embraces the maternal role and experiences this moment as unique and special in her life.

The woman who shows no desire to become a mother is usually estrangement target, questioning and attempts at persuasion⁽³⁾, meaning that the woman in today's society has no space to express or even build her own desires related to maternity that are contrary to what the society expected.

When it is stated that "the values of a society are often so compelling that they give an incalculable weight on our desires"⁽²⁰⁾, it points to the difficulty in building desires that are incompatible with the society. This ambivalence of wishes was present at Noemi's story, although she mentioned she has planned to have her daughter, when she learned she was pregnant she realized the consequences of this condition (which included stop the "dating"(sic) this mother was establishing with the drug) and realized that, in fact, never wanted to be a mother.

As a result of these social values, the woman who does not feel what socially is expected before motherhood tends to feel guilty and frustrated because she realizes that failed in her role as a woman, by not being able to desire the pregnancy or not unconditionally love her child⁽¹⁹⁾. From this, one should reflect on the motherhood "social rule": it is socially established that every woman must become a mother and it is from this maternal role that she will feel complete and fulfilled. Maybe it is easier to follow the rule that is accepted than reject it and face conflicts and social criticism. Thus, this mother, at first, did not feel comfortable to expose a feeling contrary to what is socially expected of the maternal role.

In the **Existence of dialog category**, in the drug use period, *none of the respondents acknowledged a dialogue existence with their children, considering that chemical dependency brings serious damage to family interaction: I could not talk before. It was the basics, putting clothes on, eating, and sleeping. The time I liked better was when he slept* (ISABEL).

The opposite occurred in the *Recovery* period, where all five interviewees perceived the existence of dialogue between them and their children. The quality of this interaction varies among respondents, which is understood as natural, since the experiences of each family before chemical dependency, just as the time each person needs to be able to re-establish bonds, are unique, as noted in some of their speeches: *[I talk to my daughter] very, very, very much. About several subjects. At the moment we are talking about dating because she is getting interested in it* (ANA). *I cannot get closer to him yet, I think I'm still at the early stage in the recovery process, but I see that he gives*

me more attention when I talk, he looks at me and there is a greater complicity (SARA).

From communication with the mother, children give meanings to themselves and to the world around them, and this interaction is fundamental for the continuity of their development. It is from communication that the child organizes the thoughts, perceptions and develops structure as a subject⁽²¹⁾. In this sense, considering that the mother tends to be the main reference for the child, especially during their first years of life, it is important that she is available to introduce the world to the child and deal with their anxieties and concerns, through the guiding and training character in communication.

It was found that drug use stage was filled by distance between mothers and children of different orders, and dialogue is one of the most affected aspects of the lives of these families. The loss of dialogue quality caused by chemical dependency is a consensus among the literature, because the chemically dependent is with their priorities aimed at drug use, creating greater isolation and, therefore, reducing the possibility of dialogue. When communication occurs, it tends to be confrontational because the family environment is fragile and mobilized⁽²²⁾.

Final considerations

This research investigated the impact of drug use on the mother-child bond. We observed that motherhood plays an important and special role for most mothers; however, during the period of drug use, the priority was directed to substance use and motherhood was left in second place at different times. During drug use, the love felt by mothers was not reflected in their actions, so affection, dialogue and social relations were, among others, aspects sometimes overlooked, which distanced them from what is socially expected from motherhood.

Drug use period caused a global distance between mothers and their children in all aspects investigated. The bonds were significantly weakened. In recovery, these mothers have tried to rebuild their relationship with their children and many behaviors related to provision of support, dialogue and transmission of love are being reinserted in their family relationships. However, this bond reconstruction has happened with more difficulty in some cases and some mothers

still cannot get closer to their children; a situation in which a professional intervention could facilitate. Also, another point which proved possible to intervention was resistance, especially Noemi, by expressing the real feelings she had in relation to her daughter; because they are incompatible with what is socially expected that mothers feel.

These issues highlight the need for a space that care about these mothers and goes beyond the chemical dependency dimension, considering them, first of all, women and mothers. In these circumstances, the development of these feelings will be favored, which may enable the update and reconstruction of feelings and bonds.

Currently, the chemically dependent women can count on two main support services: CAPS-AD and mutual help groups, such as Alcoholics Anonymous and Narcotics Anonymous. Among these, only CAPS has professional help, and in mutual help groups the recovery process occurs through testimony and motivation speeches of colleagues. In these two services groups are trained to care for drug addicts and their family members, focusing on chemical dependency. However, both groups are composed of men and women.

It is evident that the work with chemically dependent women requires a multidisciplinary approach, which considers them – effectively – as biopsychosocial subjects. Moreover, these women need a space among equals, where they can feel comfortable sharing the particularities of female chemical dependency. During the visits to mutual help groups, the few women present reported the shame and difficulty they had before joining the groups, for knowing that there would be men sharing their testimonies.

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