



ORIGINAL ARTICLE

RESILIENT CHARACTERISTICS OF FAMILIES IN DEALING WITH PSYCHIC SUFFERING
CARACTERÍSTICA RESILIENTE DE FAMÍLIAS EM CONVÍVIO COM O SOFRIMENTO PSÍQUICO
CARACTERÍSTICA RESILIENTE DE FAMILIAS EN CONVIVENCIA CON EL SUFRIMIENTO PSÍQUICO

Ana Paula Gomes de Medeiros¹, Mariana Albernaz Pinheiro de Carvalho², Jhessica Rawane Araújo de Medeiros³, Gisele Dias Dantas⁴, Ana Quitéria Ismael Carvalho do Nascimento⁵, Edlene Régis Silva Pimentel⁶, Francilene Figueirêdo da Silva Pascoal⁷, Gabrielle Porfirio Souza⁸

ABSTRACT

Objective: to investigate the resilient characteristics of relatives who live with the reality of a relative in psychic suffering. **Method:** a qualitative, descriptive study in a Child and Adolescent Psychosocial Care Center with nine family caregivers. The semi-structured interview technique was used to produce empirical data and, for the analysis, the Content Analysis technique in the Thematic Analysis modality. **Results:** It was identified that the process of caring is transformed into a sometimes-difficult mission, however, over time, the interviewees presented an optimistic and hopeful position in overcoming adversities and trying to maintain a positive family bond based on love, respect, faith, solidarity and fellowship. **Conclusion:** the family members showed significant changes in attitude and personalities in the evolution of a better coexistence and way of acting with their relative with psychic suffering, allowing the identification of resilient characteristics. **Descriptors:** Family; Psychological Stress; Psychological Resilience; Mental Health; Caregivers; Mental Disorders.

RESUMO

Objetivo: investigar a característica resiliente de familiares que convivem com a realidade de um parente em sofrimento psíquico. **Método:** trata-se de estudo qualitativo, descritivo, em um Centro de Atenção Psicossocial Infanto-juvenil, com nove familiares cuidadores. Utilizou-se a técnica de entrevista semiestruturada para a produção de dados empíricos, e, para a análise, a técnica de Análise de Conteúdo na modalidade Análise Temática. **Resultados:** identificou-se que o processo de cuidar se transfigura uma missão por vezes difícil, no entanto, com o passar do tempo, os entrevistados apresentaram uma postura otimista e esperançosa na superação das adversidades e de tentar manter um vínculo familiar positivo baseado no amor, respeito, fé, solidariedade e companheirismo. **Conclusão:** refletiram-se, pelos familiares, mudanças de atitude e personalidades significantes na evolução de uma melhor convivência e forma de agir com seu parente com sofrimento psíquico, permitindo a identificação de características resilientes. **Descritores:** Família; Estresse Psicológico; Resiliência Psicológica; Saúde Mental; Cuidadores; Transtorno Mental.

RESUMEN

Objetivo: investigar la característica resiliente de familiares que conviven con la realidad de un pariente en sufrimiento psíquico. **Método:** se trata de un estudio cualitativo, descriptivo, en un Centro de Atención Psicossocial Infanto-juvenil, con nueve familiares cuidadores. Se utilizó la técnica de entrevista semiestructurada para la producción de datos empíricos, y para el análisis, la técnica de Análisis de Contenido en la modalidad Análisis Temático. **Resultados:** se identificó que el proceso de cuidar se transfigura una misión a veces difícil, sin embargo, con el paso del tiempo, los entrevistados presentaron una postura optimista y esperanzada en la superación de las adversidades y de intentar mantener un vínculo familiar positivo basado en el amor, respeto, fe, solidaridad y compañerismo. **Conclusión:** se reflejaron, por los familiares, cambios de actitud y personalidades significantes en la evolución de una mejor convivencia y forma de actuar con su pariente con sufrimiento psíquico, permitiendo la identificación de características resilientes. **Descriptores:** Familia; Estrés Psicológico; Resiliencia Psicológica; Salud Mental; Cuidadores; Trastorno Mental.

^{1,2,3,4,5,6,7}Federal University of Campina Grande/UFCG. Cuité (PB), Brazil. ORCID : <https://orcid.org/0000-0002-1916-5628> Email: anapaulagomes.2@hotmail.com ORCID : <https://orcid.org/0000-0002-2911-324X> Email: mary_albernaz@hotmail.com ORCID : <https://orcid.org/0000-0001-6437-3138> Email: jhessicasantos.18@hotmail.com ORCID : <https://orcid.org/0000-0001-5393-9765> Email: diasgd19@gmail.com ORCID : <https://orcid.org/0000-0003-2489-9658> Email: edleneregis@hotmail.com ORCID : <http://orcid.org/0000-0003-0352-5825> Email: aninhacarvalho@gmail.com ORCID : <https://orcid.org/0000-0002-6220-0759> Email: franfspascoal@gmail.com ⁸University Center of João Pessoa/UNIFE. João Pessoa (PB), Brazil. ORCID : <https://orcid.org/0000-0002-3123-1712> Email: gabriele_132@hotmail.com

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INTRODUCTION

In Brazil, the Psychiatric Reform (PR) of many changes in the field of mental health was followed, especially the implantation of health services, such as the Psychosocial Care Centers (CAPS), Day-Hospitals and the Therapeutic Residences. It is inferred that, from this movement, the patients, who were previously hospitalized in psychiatric hospitals, were able to count on a treatment that proposed the contact with the family and the community and, therefore, mental health care now includes the family and the context as participants in the process between the health services and the family.¹

In this sense, the insertion of the family into the treatment is an indispensable element. The CAPS have an essential role in the process of welcoming users of mental illness and their families, aiming at family, professional and social reintegration, contributing directly to an improvement in the quality of life of these people. It is revealed in studies that both the individual in psychological distress and the family agree that the treatment in the CAPS positively influences the relationships and the home context.²

In this way, the family's role in psychic suffering, as well as in society, can be seen as unprepared to accept it and to assist in the necessary care and support. On the other hand, the majority of health services and health professionals strive to work towards the exclusion and prejudice that prevails over many years around mental health care, seeking to support the family in this partnership.³

After the diagnosis of a family member with mental suffering, it is assumed that the family needs to adapt to a new life situation accompanied by difficulties, mainly in the initial phase, due to the dependence and implications of the clinical picture, which usually arise accompanied by crises and mood instability, which may directly influence family life and harmony, leading to conflictive situations and causing wear and tear on bonding relationships.⁴

In this context, psychic suffering causes an interruption in the family plans, especially of the caregiver, who feels distressed, which can generate feelings of denial and revolt, and such situations are capable of causing a family overload, involving the patient in mental suffering and the familiar environment, being able to reach them routinely.⁵

It is believed that, in this way, families will need support from health professionals, who need to act as a link between the service and the family, aiming to build a healthy coexistence when seeking strategies to reduce existing burdens.⁵

Resilience can be found in these families, which is characterized by the ability to develop and use coping strategies in the face of potentially adverse situations involving psychosocial processes, being acquired through personal development.⁶ In this sense, the role of the family as an entity endowed with a coping and overcoming potential is highlighted, as well as its participation in the development of the resilience of the suffering subject, since it is characterized as the main source of reference and support.⁷

The resilience capacity and coping strategies of adversity are constructed from a set of acquired characteristics throughout life. Security is produced by living in a protected and non-threatening environment to relate to the outside world, and resources to overcome the adversities of life. Thus, the care, attention, affection and discipline of the family can be strategies used to develop a resilience potential, showing that the capacity to overcome difficulties is related to the way they are faced, being the decisive family environment together with shared interpersonal relationships.⁷

It is verified that the problematic described above constitutes an instigating thematic regarding the relatives of individuals in psychic suffering. In this sense, this study is justified by the scarcity of publications involving family members and living with psychic suffering, investigating the resilient characteristic in the midst of adversity, since these subjects experience situations that lead to changes in life involving feelings of dependence and influencing the whole family life.

OBJECTIVE

- To investigate the resilient characteristic of relatives who live with the reality of a relative in psychic suffering.

METHOD

This is a qualitative, descriptive study in a Child and Youth Psychosocial Care Center in Campina Grande/PB, and the family members responsible for the users served at the CAPSi were part of the research. Participants were represented by family members who met the criteria of inclusion: being over eighteen, literate or not, who accompanied the relative in psychological distress and who predominantly assumed the responsibilities inherent in caring for these individuals, following their psychiatric treatment and making part of the family life.

A semistructured interview script was used to obtain the empirical material. Data was processed using the Content Analysis technique in the Thematic Analysis modality, which uses a set of communication investigation techniques based on discovering and interpreting the answers found

during the interviews, observing the frequency of appearance that may mean something to be analyzed in the research and contribute to the construction of knowledge.⁸

It is emphasized that this research was in accordance with the ethical precepts contained in resolution 466/12, and was approved by the Research Ethics Committee.

RESULTS

The data was processed through the technique of Content Analysis in the Thematic Analysis

Interviewee Code	Sex	Age	Marital Status	Education	Occupation	Degree of kinship
Relative 1	F	30	Stable Union	Incomplete Highschool	Housewife	Sister
Relative 2	F	60	Stable Union	Complete Highschool	Housewife	Mother
Relative 3	F	48	Divorced	Complete Elementary school	Housewife	Mother
Relative 4	F	36	Stable Union	Complete Highschool	Maid	Mother
Relative 5	F	40	Stable Union	Complete Highschool	Housewife	Mother
Relative 6	F	53	Divorced	Incomplete Elementary school	Housewife	Mother
Relative 7	F	38	Single	Incomplete highschool	Housewife	Aunt
Relative 8	F	38	Stable Union	Complete Highschool	Housewife	Mother
Relative 9	F	55	Divorced	Illiterate	Housewife	Mother

Figure 1. Characterization of CAPS users. Campina Grande (PB), Brazil, 2016.

It can be seen from the table presented that the study shows a profile of female caregivers. It was demonstrated, by the predominant age groups, an adult and young adult profile; Regarding marital status, most interviewees reported living in a stable union; in terms of schooling, they have passed primarily between Primary and Secondary education and, as an occupation, one is a housewife.

The discourses were grouped, after reading the answers of the relatives to the questions made through the interview, in discursive sequences by similarities of meanings and, therefore, were constructed the discursive formations that allowed the analysis and the reflection of the study.

It should be emphasized that caring for the mentally ill is marked by a demand for physical and psychological efforts experienced by caregivers due to the limited cooperation and agitation, often characteristic of the psychic picture itself. There is a family relationship with the relative in psychological distress filled with feelings of distress, fear and worry and, often, the family feels powerless to take care of their family member, causing a difficulty to unite to resolve possible barriers on the way, considering that the mental disorder does not only affect the life of the patient and his family, but in all the social groups in which they are inserted, because it occurs in an

modality that defined the following Categories of Analysis:

- ◆ The family and the challenge of coexistence with psychic disorder
 - Resilience mobilizing and generating resources
 - ◆ When the lack generates competence: tracing ways of overcoming

DISCUSSION

The family and caregivers responsible for the children and adolescents of the CAPSi.

unexpected way and for demanding a new organization and adaptation to this new scenery of life, deserving attention and different looks.⁹

◆ The family and the challenge of coexistence with psychic disorder

The presence of a relative in psychic suffering directly affects family life, requires special care and requires a change in family routine. Thus, a family member needs to assume the additional role of caregiver, arising from the need to adapt to the new situation, and also from the imposed modifications that can produce situations of physical and emotional overload and overload.¹⁰

Thus, when asked the following question: "For you what is it like to live with a relative in psychic suffering and how have you dealt with this experience?", The family members interviewed revealed:

At first it was very difficult because I lived sick. At the time of the diagnosis, my mother had to have a surgery and it was all at once, everything was very difficult, there after that it was improving a little more. (F3)

It is not easy, but we can not surrender either. I've had depression. There are days I take soothing because I can not stand. And her limitations at times make me sad. (F5)

It's a little heavy because he does not understand, does not want to know, is stubborn,

likes to mess up. Then it gets kind of hard to fight. (F7)

The report of F5, for example, reports on the overload of coexistence with the family member, evidencing the simultaneous impairment of the caregiver by depression. In this way, it was clearly identified in the dialogues mentioned above, by the familiar view of the presence of difficulty in living with the relative in psychological distress.

It is emphasized that the majority of families facing the diagnosis of psychic disorder initially feel frustrated by the future expectations of the development of the sick person. Therefore, there is a feeling of impotence in the face of the responsibility to perform care.¹¹

Through the statements of the family caregivers, it has been identified that the process of caring is a difficult task, either because of the lack of support and commitment of the other family members, or because of the dependencies of the family member who is ill, of realities, care is carried out by a single person, which causes an overload.¹²

Still in this context, the interviewees presented the difficulties and obstacles in the family life, which was revealed in the following speeches.

It's difficult, I will not deny it to you, it's difficult! I ask God every day for wisdom. I think because I love him a lot, I take life as if he were a natural person because he is very stubborn. (F8)

It is difficult because he is very aggressive. We keep him in good shape, but at the same time he gets angry, he just wants to do what he wants, especially when he does not take the medication. (F9)

Well, for me, it's a bit difficult, you know? I ask God for patience to understand his side and not to provoke him because, if I say something that he does not agree with, he is already losing control and it is bad to deal with the situation. (F4)

It is verified through the lines that the relationship with the mental disorder reaches directly the family's breast, its emotions and routines and how much can be exhausting and difficult this relation, but, even in the face of so much difficulty, the family, nevertheless, it is a place of affection, care and support.¹²

One of the great challenges in caring for these patients is the aggressiveness and disobedience present in the day-to-day caregivers' family, as the speeches F5 and F9 assert, converging with the speeches pointed out. It was revealed, by interviewees, as the cause of these behaviors, most of the times, the non-acceptance of the medication.

It becomes the conviviality with the person with complicated and exhausting mental disorder for the relatives, however, when the symptoms resulting from the pathology are controlled, it

provides a more calm, balanced and calm coexistence.⁹⁻¹²

◆ Resilience mobilizing and generating resources

It is noticed that the family still has many difficulties in accepting and dealing with the psychic suffering, finding in the faith a support that impels it to continue seeking a better quality of life. In this way, family members are needed, in most cases, to support them in difficult times, finding them in religiousness and holding on to faith in order to keep up with adversity.²

In this perspective, the participants of the research were brought up with significant content when asked the following question: "When you experience difficult and delicate experiences with your being, do you know where to draw the strength to overcome them?".

Only God Himself, only Him! My son is everything to me. I ask for a lot of patience and wisdom, that there are hours that I do: "My God, the Lord knows that I am a good mother, so help me!" His father also gives me a lot of strength because he has more patience than I do. (F8)

I could never count on my family. I live for my son. I only have God, I ask everything to Him and I thank Him when I can, I always thank Him. I seek a lot of strength in my mother too, that wherever I am, I know that she is looking after us. (F1)

It is verified that the contributions of the collaborators are directly related to this study, considering that, given the situation of vulnerability and dependence of their children, child care is the priority of their lives, fully integrated with them and accumulating many responsibilities. It has been demonstrated in the speeches that the routine of care is arduous, difficult and tiring by physical exertion and emotional exhaustion.¹³

Many of the carers are also lonely, like F1. It has been reported, for many, that his relatives and friends have withdrawn after the onset of psychic suffering in the family, and this separation becomes detrimental to the patient, who feels rejected and abandoned, which extends to the caregiver, who feels overwhelmed by not having the help of the family, generating stress in the family environment and causing a distance in the reach of the resilience.¹⁴

It was verified by the study that valuing faith and hope provides individuals with a means of restoring themselves after experiencing difficulties in the face of daily conflicts, serving as a support to remain on the journey with psychic suffering, enabling changes in the ways of living and seeking, for patients and families, a more concrete and daily change of life capable of reducing the burden of suffering.¹⁵

It is noted in the following testimonies that the mobilizing and generating resources of resilience are directed mainly to religiosity and that the faith reported by the interviewees is a transforming instrument of suffering, arousing hope and the power of change in each human being.

My strength comes from God! It is he who gives me strength to try to overcome. It's my faith! (F2)

There, my energy is God because, if it is not Jesus in our life, we end up doing a crazy, a bullshit and it does not solve anything. Because, with aggression, boredom and revolt, nothing will be resolved. (F4)

You get very attached to God, right? I ask a lot of prayer to the neighbors and I also seek strength with the friends. (F6)

It is translated, by such lines, that trust in God and prayers are artifices used to face difficulties and provide an emotional balance by the fact that faith enables people to understand the situation and help them to seek strength and better the challenges they are likely to face.

The discursive fragments are combined with the study that points to religiosity as a positive contributor in the life of family members, since they find in it an amparo that gives them comfort, reduces anxieties, enhances the family to believe in their capacity to face the possible situations caused by mental disorder, insofar as they also recognize that they can be support for other people, facilitating the adaptation to this new routine of life.¹³

Another strategy was found in some narratives, used to deal with the difficulties, which was the social support, as pointed out in the following statements.

I feel much stronger. I'm happier because, if it was not CAPS, I do not know what was wrong with me. (F3)

I do not count on the family, no one helps me, when I want something, I come here at CAPS. (F6)

It is reinforced by these cuts, the idea that reintegrating the family member into the actions offered by the CAPS contributes to strengthening care. In this way, the family and the psychosocial rehabilitation services, together with society, contribute to a better rehabilitation and reintegration of the patient in psychological distress both in the family environment and in the community sphere.

Mental health services have an important role in the process of making the family and individual with mental disorder more comfortable, providing an environment of exchanges, which supports and clarifies their doubts, aiming to improve the coexistence with their family member.¹⁶

◆ When the lack generates competence: tracing ways of overcoming

It involves, in understanding the anxieties that relatives face in the face of the new reality of living with the mental disorder, to perceive the human being as a being of abilities and potentialities, regardless of the limitations caused by mental suffering, representing a challenge for the family that, in the perspective of overcoming adversity, often develops the capacity to accept this reality and, consequently, to improve the ways of living.¹⁷

It was observed, considering all that was approached in the interviews and the subjectivity before the speeches, that many families manage to transform, in a positive way, this new scenario of life, as it is signaled in the speeches of some caregivers.

Today, everything is better! I've suffered a lot, a lot. Now, I feel much stronger. I look happier. I'm a renovated person and I feel much better. (F3)

I was a little nervous and agitated, something was tightening. Today, Jesus showed me that it is not that way and that child is not to blame for coming to the world like that, because we need to have patience and wait on Him. I want, up front, to see that my children are proud of the mother that I am. (F4)

Oh, it's changed a lot! Today, I have more patience with children. Before, I thought what he had was laziness, I fought, even patted. Today, I totally changed, I learned to take more love for my children and in my family, we only created more love for him. (F8)

In this sense, patience is an important tool in the caring process, being essential for a good relationship between the patient and his family, making it possible to learn how to deal with a challenging situation.

By the reports of F4 and F8, the importance of patience for a better coexistence is reflected, because the majority stated that they face the care initially, as an obligation and, over time, through a lot of patience and dedication, the family goes strengthens itself and is able to resignify its pain in the face of achievements.

The family burden was reduced proportionally according to the interviewees' statements, when the family member and the user became part of the CAPS actions, and these were started from the perspective of psychosocial rehabilitation, which provided the conditions for them to establish exchanges affective conditions consistent with the reality of psychic suffering, as the statements below show.

My daughter completely changed my life. Sometimes I even say at home, "I believe she came not by chance, but because God knew I was not going to put up with your pressure!" But, for love of her, I can handle anything, I go to the end, as long as I can I will. (F2)

I liked partying, that and that ... and today I live for him. Today, I use all my strength for him and

defend him more than my own children, understand? (F1)

Before, I was more closed, but now, I can hug her, kiss, because I did not accept the diagnosis soon. And today I try, every day, to tear down this wall and live one day at a time: "Calm down, one more day". And I see myself thus much more resilient. (F5)

It is observed that the interviewees present an optimistic and hopeful position in overcoming adversities and trying to maintain a positive family bond based on love, respect, faith, solidarity and companionship. They become the ability to cope with change and adaptation fundamental to a better family reorganization, and that exchanges of experiences have provided a differentiated look at changes in behavior.¹⁷ It is possible to overcome the adversities of life through a set of strategies acquired throughout the experience of each subject, reinforcing the idea that it is necessary to know the real dimensions of a given situation so that reality is lived with maturity and discernment, to the extent that adversities are faced as challenging and fleeting situations that lead to personal growth.⁷

CONCLUSION

In view of the foregoing, it is considered that the family care of the individual in mental suffering directly affects the health and quality of life of families who provide basic care for the maintenance of well-being, as well as in the process of social reintegration and resignification of circumstances.

In this sense, it is reaffirmed by these results, that the family and society are not yet fully prepared to face the complex process of rehabilitation of people with mental disorders, however, the voices of their relatives reflected changes in attitude and significant personalities in the evolution of a better coexistence and way of acting with their relative with psychic suffering, allowing the identification of resilient characteristics and potentializing the capacity to overcome and to adapt to adversities, accepting the differences and making the familiar conviviality more pleasant and happy.

It was evaluated in this study that the assistance practice involving families of people with mental disorders should be permeated in the construction and consolidation of a support network that prioritizes the sharing of suffering, fears, and frustrations so that caregivers and family members can if it finds itself resilient in the process of acceptance and context of life, that ends up negatively influencing the context and the routine of these people.

It is emphasized, in light of the above, the need for assistance for families to be supported in their psychological, social and spiritual dimensions, helping to provide a humane and resolute care

together with health services. In this way, it reinforces the provision of a care based on diversity in order to meet specific needs, despite limitations and difficulties, aiming at a better relationship between family members and relatives with mental disorders.

In the course of this research, we found some difficulties related to the scarcity of literature related to the subject under study, justifying the importance of new studies that appreciate the familiar coexistence with the psychic suffering, the challenges and overcoming the adversities of this scenario of life.

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Corresponding Address

Ana Paula Gomes de Medeiros

Email: anapaulagomes.2@hotmail.com



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