

## Hope, spirituality and resilience of family members of psychoactive substance users: a correlational study

Esperança, espiritualidade e resiliência de familiares de usuários de substâncias psicoativas: estudo correlacional

Esperanza, espiritualidad y resiliencia de los familiares de usuarios de sustancias psicoactivas: estudio correlacional

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**How to cite this article:** Hope, spirituality and resilience of family members of psychoactive substance users: a correlational study. Rev Enferm Atenção Saúde [Internet]. 2025 [access:\_\_\_\_\_]; 15(1): e20258057. DOI: <https://doi.org/10.18554/reas.v15i1.8057>

### ABSTRACT

**Objective:** to analyze the correlation between hope, spirituality, and resilience in family members of individuals with substance use disorders, whether in treatment or not. **Method:** cross-sectional and correlational study with the participation of 81 family members of individuals with substance use disorders, whether in treatment or not, belonging to primary health care services in a city in São Paulo, Brazil. Data collection was done through the application of the Hope, Spirituality, and Resilience scales in the form of an interview. Descriptive and inferential statistics were used to analyze the results. **Results:** the majority of family members were female (86.4%) and mothers (45.7%), with a higher prevalence between 50 and 69 years of age (60.5%). There was a moderate positive correlation between hope, resilience, and spirituality, with the strongest correlation between spirituality and hope. The higher these two forces, the higher the family member's resilience. **Conclusion:** family members of individuals with substance use disorders, even with the adversities they face, showed good levels of hope, spirituality, and resilience.

**Descriptors:** Hope; Spirituality; Resilience, Psychological; Family; Substance-Related Disorders.

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## RESUMO

**Objetivo:** analisar a correlação entre esperança, espiritualidade e resiliência de familiares de usuários de substâncias psicoativas em tratamento ou não. **Método:** estudo transversal e correlacional com participação de 81 familiares de usuários de substâncias psicoativas em tratamento ou não, pertencentes a serviços de saúde da Atenção Básica de uma cidade paulista, Brasil. A coleta de dados ocorreu por meio da aplicação das escalas de Esperança, Espiritualidade e Resiliência na forma de entrevista. Foram utilizadas estatísticas descritivas e inferenciais para analisar os resultados. **Resultados:** predominou familiares do sexo feminino (86,4%) e mães (45,7%), com maior prevalência entre 50 a 69 anos (60,5%). Houve correlação positiva moderada entre esperança, resiliência e espiritualidade, sendo a maior a força entre espiritualidade e esperança. Quanto maior estas duas forças, maior a resiliência do familiar. **Conclusões:** os familiares de usuários de substâncias psicoativas, mesmo com adversidades que lhe são impostas, apresentaram bons níveis de esperança, espiritualidade e resiliência. **Descritores:** Esperança; Espiritualidade; Resiliência Psicológica; Família; Transtornos Relacionados ao Uso de Substâncias.

## RESUMEN

**Objetivo:** analizar la correlación entre esperanza, espiritualidad y resiliencia de familiares de usuarios de sustancias psicoactivas en tratamiento o no. **Método:** estudio transversal y correlacional con la participación de 81 familiares de usuarios de sustancias psicoactivas en tratamiento o no, pertenecientes a servicios de salud de Atención Primaria de una ciudad de São Paulo, Brasil. La recolección de datos ocurrió mediante la aplicación de las escalas de Esperanza, Espiritualidad y Resiliencia en forma de entrevista. Para analizar los resultados se utilizó estadística descriptiva e inferencial. **Resultados:** predominaron las mujeres (86,4%) y las madres (45,7%), con mayor prevalencia entre 50 y 69 años (60,5%). Hubo una correlación positiva moderada entre esperanza, resiliencia y espiritualidad, siendo la mayor fortaleza entre espiritualidad y esperanza. Cuanto mayores sean estas dos fuerzas, mayor será la resiliencia del miembro de la familia. **Conclusiones:** los familiares de usuarios de sustancias psicoactivas, a pesar de las adversidades que les impusieron, mostraron buenos niveles de esperanza, espiritualidad y resiliencia. **Descriptores:** Esperanza; Espiritualidad; Resiliencia Psicológica; Familia; Trastornos Relacionados con Sustancias.

## INTRODUCTION

In the adverse context of psychoactive substance dependence (PSD), families seek internal and external strategies that can help them remain persistent, persevering, and hopeful in the recovery and rehabilitation of their PAD-using relative. Maintaining hope motivates them to face and seek solutions to adversity<sup>1-2</sup>, as well as understanding hope

as a positive motivational state for developing and achieving desired goals.<sup>3</sup>

A study shows that families in the context of chemical dependency draw on spiritual and religious resources, considering them protective factors against the use of PAS by their family member who is a user. It also aids them in their treatment and recovery.<sup>2</sup> In addition, these resources are also considered driving forces in the process of resilience<sup>2,4</sup> to maintain hope in



the therapeutic and recovery process of their family member who is a user,<sup>4-5</sup> as well as influencing family life between users and family members.<sup>6</sup>

Religiosity is understood as each person's individual way of experiencing their religion and engaging with their religious beliefs and practices, regardless of whether they are associated with religious institutions or not. Spirituality, as a dimension of human existence, enables people to search for meaning and significance in life, as well as the emergence of transcendental feelings and connection with a higher power.<sup>7</sup>

In caring for the family unit, hope can be understood as a facilitating resource in the process of coping, recovering, and overcoming an adverse and challenging situation.<sup>1,8</sup> Hope is an important force in increasing the resilience of families suffering from the context of SPAs.<sup>9</sup>

This study hypothesizes that hope correlates positively with spirituality in family members of PAS addicts. The greater the family member's hope and spirituality, the greater their resilience.

By expressing their thoughts and feelings of optimism and confidence, the family promotes the recognition of driving forces that help them believe in their ability and capacity to face and solve problems.

There is a noticeable lack of national quantitative studies measuring correlations among spirituality, hope and resilience in the context of family PAS dependence. Particularly, those focused on the length of time the user and their family member have been in treatment.

Therefore, it is important to study these three family forces together, as they contribute to the family member's recovery process.

The objective of this study is to analyze the correlation between hope, spirituality, and resilience in family members of psychoactive substance users, whether in treatment or not.

## METHOD

This observational, cross-sectional, correlational-descriptive study was derived from a final project for an undergraduate nursing degree, which also received funding from a funding agency. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) checklist, as provided by the EQUATOR network for observational studies, was used to prepare this manuscript.

Data collection was conducted from November 2018 to July 2020 in a city in the interior of São Paulo State, Brazil. The research sites were health facilities



responsible for treating psychoactive substance users, such as Family Health Units (FHUs), Basic Health Units (UBSs), Psychosocial Care Center for Alcohol and Drugs (CAPS AD), and in family homes. Due to concerns for the safety of researchers and participants due to the COVID-19 pandemic, data collection was also conducted online. Eight UBSs and 18 USFs representing the five health regions of the municipality were accessed. It is noteworthy that one UBS, nine USFs, and the CAPS AD indicated families that met the inclusion criteria for participation in the study. Although one USF and one UBS committed to forwarding the list of family members to the researchers, they failed to do so before the end of the study. Finally, nine USFs and seven UBSs claimed they could not identify these family members or claimed they did not have any family members meeting these criteria at the unit.

The sample was non-probabilistic, representing 81 family members of psychoactive substance users, whether in treatment or not, as indicated by healthcare professionals. Inclusion criteria were: family members aged 18 or older related by blood or not, responsible for the care of the psychoactive substance user, living with the patient at least twice a week, or having lived with the patient prior to hospitalization. Family members who claimed to be

dependent and showed signs of psychoactive substance intoxication on the day of the interview; who did not recognize that their relatives were addicted to psychoactive substances; and those who did not support their relative's treatment were excluded from the study.

A survey of families was conducted with the Primary and Specialized Health Care (CAPS AD) services, with the support of health teams. After telephone contact with the families, the in-person interview was scheduled at the health unit or at their homes (pre-pandemic), depending on the availability of both parties.

Due to the pandemic, the data collection method was changed. The last eight interviews were conducted online and by phone (WhatsApp or email). After contacting the family members by phone, the Informed Consent Form (ICF) was sent for signature and scanning, along with the questionnaire and scales for completion. All documents were returned to the researcher by email. Only two family members preferred to complete the questionnaire with the researcher, by phone. The average time to complete the questionnaire and scales was approximately fifty minutes.

The data collection instruments consisted of a form to characterize the family member (gender, age, ethnicity,

education, origin, degree of kinship, religion, current professional and employment status, length of therapeutic follow-up of the relative and participation in family groups) and the SPA user (age, gender, education, religion, current employment status and profession, length of treatment, type of drug currently used by the user, number of hospitalizations, relapses, whether abstinent or in harm reduction), the Herth Hope Scale (EEH)<sup>10</sup>, the Pinto and Pais-Ribeiro Spirituality Scale (EEPP-R)<sup>11</sup>, and the Wagnil and Young Resilience Scale (ER).<sup>12</sup>

The EEH is a self-administered scale of American origin, quick and easy to administer, and has been culturally adapted and validated for the Brazilian context, achieving an internal consistency of 0.86. It aims to measure life expectancy and consists of 12 items, written in affirmative form. Each statement is composed of items graded on a 4-point Likert-type scale, ranging from "completely agree" to "completely disagree," with 1 indicating "completely disagree" and 4 indicating "completely agree." Statements in items 3 and 6 are reverse-scored. The total score ranges from 12 to 48, with a higher score indicating a higher level of hope.<sup>10</sup>

The EEPP-R is of Portuguese origin and was adapted and validated in Brazil. It consists of a self-administered

instrument that assesses spirituality in a health setting from a positive perspective on life. It contains five items that encompass components such as valuing spiritual and religious beliefs in attributing meaning to life (questions 1 and 2), positive meaning in life with hopeful future perspectives (question 3), and redefining life values (questions 4 and 5). It is a Likert-type scale with four alternatives, ranging from "I do not agree" to "I completely agree." Scoring is calculated by averaging the dimensions of "beliefs" and "hope/optimism." The higher the score obtained for each item, the greater the agreement with the dimension being assessed.

The Resilience Scale (RS), of American origin and translated and validated in Brazil, aims to measure individual resilience levels, considering a person's positive psychosocial adaptation to important life situations. It contains 25 items with phrases from a positive perspective, covering domains directed at the essential characteristics of Resilience: serenity, perseverance, self-confidence, meaning in life, and self-sufficiency. It contains Likert-type responses ranging from 1 (strongly disagree) to 7 (strongly agree), with scores ranging from 25 to 175 points, considering that the higher the score, the higher the level of resilience. Scores up to 125 represent low resilience, between

125 and 145 represent medium resilience, and above 145 represents high resilience.

The data were entered into the Microsoft Office Excel editor and transferred to the Statistical Package for the Social Sciences (SPSS for Windows) software, version 22.0, to build a database and to analyze it.

The Kolmogorov-Smirnov test (to verify the normality of variables), the Friedman test (to verify whether the means of the variables were significantly different or equal), the Wilcoxon-Mann-Whitney test (to verify whether the means of two variables (paired or not) were significantly different or equal), the Kruskal-Wallis test (to compare three or more populations), and the t-test for independent samples were used. Cronbach's alpha coefficient was used to verify the internal consistency of the instruments.

Verification of the existence and magnitude of the correlation strength between the EEH and EEPP-R, EEH and ER, and EEPP-R and ER scales required Spearman's correlation test (for quantitative variables) and Kendall's correlation test, which are given by a p-value that can range from -1 to +1, passing through zero. A value of +1 indicates perfect correlation, zero means no correlation, and -1 indicates perfect negative or inverse correlation. A positive correlation is considered

proportional when the p-value is close to 1, and an inverse correlation when the p-value is close to -1.

The nonparametric Mann-Whitney test was performed to determine whether the medians or means of two samples were significantly different or equal. This test allowed analyzing resilience, spirituality, and hope based on whether family members participated in a family group, as well as gender and age differences, as well as whether the user was undergoing treatment or whether their use situation influenced their family member. Confidence intervals (CIs) of 95% and 99% were used.

The research was approved by the Human Research Ethics Committee, in accordance with National Health Council Resolution No. 510/2016, under opinion No. 4,200,415. Free and Informed Consent was obtained from all participants involved in the study through written and virtual means.

## RESULTS

Table 1 shows the sample characteristics, in which there was a predominance of female family members (86.4%) and mothers (45.7%). The age of the family members varied, but with a higher prevalence between 50 and 69 years (60.5%), with a mean age of 54.7 and a standard deviation of 13.8. Of the total



family members, 38.3% reported not having completed elementary school, followed by 32.1% who completed high school.

When asked how long they had been receiving therapeutic support from a

family member who used psychoactive substances, 58% of family members did not receive support and 67.9% did not attend family groups.

**Table 1**– Characterization of family members of psychoactive substance users (n=81), São Carlos, São Paulo, Brazil, 2020.

Family variable	n*	%**
<b>Gender</b>		
Feminine	70	86.4
Masculine	11	13.6
<b>Degree of kinship</b>		
Mother	37	45.7
Father	7	8.6
Others	37	45.7
<b>Age</b>		
18 to 29 years old	5	6.2
30 to 39 years old	7	8.6
40 to 49 years old	10	12.3
50 to 59 years old	27	33.3
60 to 69 years old	22	27.2
70 to 79 years old	10	12.3
<b>Education</b>		
Incomplete elementary school	31	38.3
Incomplete high school	6	7.4
Complete high school	26	32.1
Incomplete higher education	11	13.6
Completed higher education	3	3.7
Never studied	4	4.9
<b>User's therapeutic monitoring time</b>		
None	47	58.0
Up to one year	10	12.3
From one to two years	5	6.2





From two to ten years	14	17.3
More than ten years	5	6.2

### Participation in family group

Yes	26	32.1
No	55	67.9

\*n=Number

\*\*%= Percentage

Table 2 shows a comparison between the scores on the spirituality, resilience, and hope scales, according to the gender and age group of the family

members interviewed. No significant differences were found for any of these last two variables.

**Table 2**– Description of Spirituality, Resilience and Hope, according to sex and age group (n=81), São Carlos, São Paulo, Brazil, 2020

	Gender			Age Range				
	Feminine	Masculine		<20 years (Young people)	20 -40 years (Young Adults)	40 -60 years (Older Adult)	≥60 years (Elderly)	
Scale	Mean±SD	Mean±SD	P-value <sup>1</sup>	Mean±SD	Mean±SD	Mean±SD	Mean±SD	P-value <sup>2</sup>
Resilience	135.7±17.0	131.5±17.8	0.460 <sup>3</sup>	128.5±10.6	131.1±31.1	138.7±13.4	132.7±15.2	0.333 <sup>3</sup>
Spirituality	17.1±3.0	15.4±3.4	0.111	15±2.8	16.5±3.4	17.4±3.2	16.5±2.9	0.382
Hope	40.67±5.02	38.91±5.41	0.266	36.50±7.78	39.40±4.58	40.68±5.58	40.72±4.55	0.537

<sup>1</sup>Mann-Whitney U test

<sup>2</sup>Kruskal-Wallis test

<sup>3</sup>T-test for independent samples

Table 3 shows the correlations between hope, spirituality, and resilience for the entire sample of family members studied, disregarding whether the family member was undergoing treatment or not. All correlations were found to be statistically significant at a 95% CI.

Regarding the strength of these correlations, it was observed that on the Resilience scale, an increase of 1,000 units resulted in a 0.473 increase on the Spirituality scale and a 0.509 increase on the Hope scale. The values were positive, indicating a positive and proportional correlation with a moderate correlation.





Furthermore, an increase of 1,000 units on the Spirituality scale resulted in a 0.699 increase on the Hope scale, also indicating

a positive and proportional correlation with a moderate correlation (99% CI).

**Table 3-** Correlation analysis between the Spirituality, Hope and Resilience scales among family members of SPA users (n=81), São Carlos, São Paulo, Brazil, 2020.

		ER	EEPP-R	EEH
Resilience	CC*	1,000	,473**	,509**
	P-value		,000	,000
Spirituality	CC		1,000	,699**
	P-value			,000
Hope	CC			1,000

\*CC = Correlation coefficient

\*\*The correlation is significant at the 0.01 level (Spearman's Correlation)

Table 4 shows that there was no difference in the results depending on whether the family member was part of the family group or whether he/she was in

treatment or not, as well as whether he/she was abstinent, reducing consumption or maintaining consumption.

**Table 4-** Correlation analysis between the Spirituality, Hope and Resilience scales among family members of SPA users who are in treatment or not (n=81), São Carlos, São Paulo, Brazil, 2020

	Participate	Family	User Treatment	User						
	Group									
	No	Yes	No	undergoing	Abstinent	Maintaining	It is	reducing		
			treatment	treatment		consumption	consumption			
Scale	Mean±SD	Mean±SD	P-Value	Mean±SD	Mean±SD	P-value	Mean±SD	Mean±SD	Mean±SD	P-value
Resilience	135.2±18.1	135.0±15.1	0.899 <sup>3</sup>	133.6±20.2	136.6±13.5	0.770	138.4±14.1	129.2±20.8	138.8±1	0.116 <sup>3</sup>
									3.2	
Spirituality	17.1±3.0	16.3±3.3	0.370	16.7±3.2	17±3.0	0.740	17.5±2.9	16.2±3.4	16.8±2.	0.272
									9	
Hope	40.11±5.05	41.12±5.14	0.328	40.0±4.66	40.85±5.47	0.276	40.97±4.80	39.40±6.10	41.14±3	0.724
									.67	

<sup>1</sup>Mann-Whitney U test

<sup>2</sup>Kruskal-Wallis test

<sup>3</sup>T-test for independent samples



## DISCUSSION

Among the participants in this study, female family members predominated (86.4%), which corroborates the literature. A large percentage (45.7%) consisted of family members with a degree of kinship as the “mother” of alcohol and other drug users, as reported in other studies.<sup>9,13</sup> These data reinforce the social image of the role and responsibility of women in society as caregivers and mothers.

The data showed a predominance of family members in the 50-69 age group (60.5%), in line with a study with an average age of family members of 51.1 years.<sup>15</sup> However, there was divergence from another study with younger family members<sup>14</sup>, which may be related to the fact that the age groups of psychoactive substance users are predominantly between 30 and 59 years old (65.6%). It explains the high presence of adult and elderly family members.

Regarding profession, the highest rates were among retirees (28.4%), unemployed (28.4%) and salaried workers (22.2%). A study points to the correlation of greater family vulnerability in relation to reduced educational conditions and access to work and income.<sup>9</sup> It is inferred that such indicators, such as low educational levels and income, can hinder access to

information, understanding of care and treatment guidelines provided by the health team, as well as enable self-stigmatization or stigmatization, exclusion or social segregation, increasing the vulnerability of this group.

The results of this study confirmed the hypotheses of a positive correlation between the strengths of hope and spirituality, with the higher these two strengths, the greater the family member's resilience. The strongest correlation was between hope and spirituality, meaning that people with a higher degree of spirituality had a higher level of hope. Hope and spirituality also have a strong relationship in cancer patients, elderly caregivers, and people on hemodialysis. A qualitative study with family members of people who use SPAs highlights that spirituality generates hope, which motivates families to face adversity, reinvigorates their strength, and strengthens them, enabling them to move on with their lives.

The spiritual dimension permeates situations of chronic illness or adverse and challenging situations, such as drug addiction, as they prompt reflections on the meaning and significance of life. Spirituality constitutes a coping strategy for adversity and is linked to hope, as both activate belief systems. Therefore, it is suggested that health and nursing

professionals develop spiritual coping as a therapeutic intervention strategy to increase and maintain hope for these family members.

A study that used religious coping, such as prayer to increase the level of hope and religious spirituality of patients with chronic kidney disease, showed an increase in these strengths.<sup>19</sup> Finally, another study demonstrates how religious coping is used as a coping modality by informal caregivers.<sup>20</sup>

There were no significant differences in the correlation between spirituality, resilience, and hope among family members of different genders and ages, family group participants, or whether the user was undergoing treatment, abstinent, reducing their use, or maintaining their use of psychoactive substances. This finding contradicts a study that found a negative correlation in family hope related to psychoactive substance users due to not being in treatment, having used the drug for more than 24 years, and being polyusers.<sup>9</sup>

Regarding these strengths among family members who do or do not participate in a family group, no significant differences were observed. However, to obtain more robust conclusions, it would be necessary to recruit a number of participants matched in terms of sociodemographic data for each group, which was not the case in

this study. However, a qualitative study addressing the family resilience process of substance abusers highlights that even when experiencing adverse situations and exposed to negative emotions, hope and faith constitute positive forces for facing and overcoming such difficulties.<sup>1</sup>

The results of this study help nursing professionals better understand these measurement instruments, according to their technical and legal specificities, and apply them during reception, nursing consultations, home visits, and other settings, both in primary and specialized care. These scales allow for the identification of individual needs of family members, which can be addressed in care through spiritual coping strategies and resilience-building strategies, helping them empower themselves and overcome adversity.

## CONCLUSION

The results of this study confirmed the hypothesis that the strengths involving hope, spirituality, and resilience of family members of psychoactive substance users, whether in treatment or not, are positively correlated. Both hypotheses of this study were confirmed, which are hope and spirituality correlate positively, and the more intense they are, the greater the family member's resilience. Furthermore, it was



observed that family members of psychoactive substance users have positive correlations between hope, spirituality, and resilience. Interestingly, despite the interviewees' age, gender, or participation in family support groups, the three variables investigated showed correlations, which can be further explored in other studies, especially those using qualitative methodology.

The limitations are inherent to the study design, specifically in relation to the fact that the sample was not probabilistic, which does not allow the results to be extrapolated beyond the interviewees.

### Funding:

This work was carried out with support from the São Paulo Research Foundation-FAPESP (Process no. 18/15070-8) and the Coordination for the Improvement of Higher Education Personnel – Brazil (CAPES) – Financing Code 001.

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RECEIVED: 10/26/24

APPROVED: 08/29/25

PUBLISHED: 09/2025

