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RESEARCH

MIRROR, MIRROR ON THE WALL: SELF-IMAGE OF PEOPLE WHO USE DRUGS AND THEIR SOCIAL REPERCUSSIONS

ESPELHO, ESPELHO MEU: AUTOIMAGEM DE PESSOAS QUE FAZEM USO DE DROGAS E SUAS REPERCUSSÕES SOCIAIS

ESPEJO, ESPEJO MÍO: AUTOIMAGEN DE PERSONAS QUE USAN DROGAS Y SUS REPERCUSIONES SOCIALES

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ABSTRACT

Objective: to analyze the perception of people who use drugs about their self-image and the social repercussions of these perceptions. **Method:** this is qualitative research carried out with 16 users of a Psychosocial Alcohol and Other Drug Center in a municipality in the central region of Rio Grande do Sul. Data were produced during five group meetings, guided by the problem-solving methodology with the Arch of Charles Maguerez. **Results and discussion:** from the analysis of the data, themes that gave rise to the following categories emerged: drug use and reflexes in self-image; social repercussions involving when being a drug user. The self-image built by these people involves feelings of self-worth, problems with self-esteem and self-care. These subjects experience a social context rooted in prejudice and stigma, in such a way that they began to adopt negative stereotypes. In spaces where users seek treatment, it is recommended that they are encouraged to start again to enjoy themselves, to value small achievements, to regain ties of affection, to rebuild their dignity, self-confidence, and self-esteem. **Final considerations:** the challenge of the health professionals to engage in the struggle for the deconstruction of conceptions that amplify social stigmatization and the need to promote the social participation of drug users in the struggle for policies and practices that legitimize citizenship are highlighted.

Keywords: mental Health; Drug Users; Self Concept; Social Problems; Nursing.

RESUMO

Objetivo: *analisar a percepção de pessoas que fazem uso de drogas acerca da sua autoimagem e as repercussões sociais decorrentes dessas percepções.* ***Método:*** *esta é uma pesquisa qualitativa, realizada com 16 usuários de um Centro de Atenção Psicossocial Álcool e outras drogas de um município da região central do Rio Grande do Sul. Os dados foram produzidos durante cinco encontros em grupo, orientados pela metodologia da problematização com o Arco de Charles Maguerez.* ***Resultados e discussão:*** *da análise dos dados foram identificados temas emergentes que originaram as seguintes categorias: uso de drogas e os reflexos na autoimagem; repercussões sociais que envolvem estar usuário de drogas. Evidenciou-se que a autoimagem construída por essas pessoas envolve sentimentos de autodesvalia, problemas com autoestima e autocuidado. Esses sujeitos vivenciam um contexto social enraizado em preconceito e estigma, de tal forma que passaram a adotar estereótipos negativos a si próprios. Recomendamos que, nos espaços em que os usuários procuram tratamento, sejam incentivados a recomeçarem a gostar de si mesmos, valorizarem as pequenas conquistas, reconquistar laços de afeto, reconstruir sua dignidade, autoconfiança e autoestima.* ***Considerações finais:*** *destaca-se, ainda, o desafio posto aos profissionais de saúde deengajarem-se na luta pela desconstrução de concepções que ampliem a estigmatização social, bem como a necessidade de promoverem a participação social de usuários de drogas na luta por políticas e práticas que legitimem sua condição de cidadania.*

Palavras-chave: *Saúde Mental; Usuários de Drogas; Autoimagem; Problemas Sociais; Enfermagem.*

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RESUMEN

Objetivo: *analizar la percepción de personas que usan drogas acerca de su autoimagen y las repercusiones sociales de dichas percepciones.* ***Método:*** *investigación cualitativa llevada a cabo con 16 usuarios de un Centro de Atención Psicosocial Alcohol y otras drogas de un municipio de la región central del estado de Río Grande do Sul. Los datos fueron producidos durante cinco encuentros de grupos, siguiendo la metodología de la problematización con el arco de Charles Maguerez.* ***Resultados y discusión:*** *del análisis de datos surgieron temas que dieron lugar a las siguientes categorías: uso de drogas y los reflejos en la autoimagen; repercusiones sociales que implican estar usuario de drogas. La autoimagen construida por estas personas incluye sentimientos de auto desvalida, problemas con la autoestima y el autocuidado. Estos individuos viven en un contexto social arraigado en el prejuicio y el estigma de forma tal que adoptan estereotipos negativos para ellos mismos. Recomendamos que en los lugares dónde los usuarios busquen tratamiento se fomente el que vuelvan a quererse, a valorar los pequeños logros, a reconquistar lazos de afecto, reconstruir su dignidad, autoconfianza y autoestima.* ***Consideraciones finales:*** *se realza también el reto para los profesionales de salud de comprometerse con la lucha por la desconstrucción de conceptos que aumentan el estigma social y la necesidad de promocionar la participación social de los usuarios de drogas en la lucha por políticas públicas y practicas que legitimen su condición de ciudadanía.*

Palabras clave: *Salud Mental; Consumidores de Drogas; Autoimagem; Problemas Sociales; Enfermería.*

INTRODUCTION

Together with the increase of technologies, modernity has brought many transformations in cultures, in societies, in relationships between people, impacting how people are defined, identified, felt, represented and how they perceive the image of their bodies. Nowadays "the revolution of the body is lived, a new way of life, more open to diversity on the one hand, but more narcissistic and hedonistic in the experience of the body",[1:32] which highlights the issue of self-image, its different contours, and diversities in the meanings of its expression.

Self-image is a multifaceted phenomenon that can be understood as "the figuration of our body formed in our mind."[2:7] We are always building a model of ourselves that is constantly changing since we are necessarily a body between bodies. A body image is in some way, a summation of the corporeal images of society, built together with our closest relationships. It transcends the body, considering the conditions of subjectivity created from various influences, including the body, its notion of body schema and its relation to a given situation or context.[3]

When the context involves people living in peculiar situations, such as those using drugs, especially illicit drugs, or when their use generates too much suffering, the psychosocial foundations must be sought to understand how people construct their self-images. These foundations give rise to worldviews and conceptions of cultural phenomena that coexist in societies.

The phenomenon of drug use is characterized by different conceptions that coexist and move. Two notable conceptions are the legal-moral conception, which has considered psychotropic drugs (especially illegal drugs) as the "great evil" of society that must be repressed and the user must be blamed; the biomedical conception, which disregards the multidimensionality of the phenomenon when considering it only a disease. Both conceptions, to a certain extent reductionist, are mixed in common sense, constituting the daily form of society dealing with the issue of drug use.[4]

These conceptions that disregard the complexity of the problem, instigate the classification of these users as delinquents, sometimes as chronic patients, which has made them historically and culturally excluded and stigmatized. Sometimes users experience situations of disqualification, reprimand, embarrassment, humiliation, aggression to the physical-psychic body as a result of the image they have constructed: "drugged', "delinquent" and "dangerous."[5] These terminologies and images compose the stereotypes related to the phenomenon of drug use.

Stereotypes are the categories the social groups are discriminated – white/black, Christian/Jewish. They refer to "a world of knowledge whose aimed at opposing the preferred 'likenesses' to the disparate 'different' and distinguish those who are not like us."[6: 21] In fact, the image exposes the subjects to an appreciative look of the other and especially puts them in the frame of prejudice that fixes it beforehand in a social or moral category, according to an aspect of the dress, the form of the face or body. The projection of stereotypes in the person who uses drugs creates self-images and produces marks on the body that suffers and is limited.

The term "person who used drugs" is an alternative to these terminologies. This phrase "makes us understand the use of drugs as a signifier to the subject and not as a meaning of the subject."[7: 220] This prevents the person from being understood as embodied temporally and decontextually by the drug. The very classification "drug user" excludes the person in its entirety and excludes us from that relationship. In this way, it is sought to attenuate the classificatory senses that limit the autonomy of the subject and situate it in the pathological field as well as to avoid the dissemination of stereotypes, which are socio-cultural constructions that segregate and generate suffering.[7]

Based on the understanding that who can say about his image is the very person who experiences this context, this research aimed to analyze the perception of people who use drugs about their self-image and the social repercussions resulting from these perceptions. Thus, some questions guided the study: how does the person who uses drugs experiment with their body? How does she perceive her image? In what ways does the other (alter) contribute to the construction of this subject's self-image? Does the subject who uses drugs feel the incisions produced by this image on the skin, are there oth-

er ways of perceiving his image? Is there a way out of stereotypes and prejudices? How to make possible the construction of new meanings that give meaning to the life of these subjects by changing the representation they make of themselves?

METHOD

This is qualitative research developed in a participatory perspective, through the use of a problem-solving methodology with the application of the Arch of Charles Maguerez.

The problem-solving methodology has been considered an appropriate method for teaching, for the study, for solving work problems and for academic research.[8] It shows a methodological way of guiding research, concerned with the development of its participants and with their intellectual autonomy, aiming at critical and creative thinking, as well as preparation for political action.[7]

The data production was between April and June 2014 and it was before a period of adjustment with the research scenario, lasting two months. In this setting, the principal researcher can know the dynamics of the service and approach the potential participants, who were intentionally selected, considering the following criteria: adult user, male or female, who was performing treatment in the service during the period of data collection and that contained needs related to the improvement in self-esteem, self-care and social reintegration in its plan of care (Unique Therapeutic Project). To meet these criteria, the researcher had the collaboration of the service workers, who indicated the possible participants. All users who were nominated and invited accepted to participate in the survey. Only those users who were attending the service were invited during the period of data collection.

Thus, the research was developed with 16 participants who were performing their treatment at a *Centro de Atenção Psicossocial Alcool e outras Drogas*(CAPS Ad), a city in the interior of the state of *Rio Grande do Sul*, Brazil. The data were produced by five group meetings, called by the researchers as "Reflective Meetings". The meetings took place fortnightly, with an average duration of one hour and thirty minutes, in a reserved room provided by CAPS Ad.

In each meeting, the activities were guided by the arch of the problem-solving formulated by Charles Marguerez, with the following steps: observation of the reality; identification of key points; theorizing; hypothesis of solution and intervention in the reality.[9]

The speeches were audio recorded and transcribed at the end of each meeting. The information emerged was analyzed in three phases adapted from the Monticelli study: collection, description, and documentation of the raw data; identification of recurring codes; and identification of emerging themes.[10]

After these steps, emerging themes were discussed by relating them to the current scientific literature on the subject and with the interpretations before the practical experience of the researchers in the care of these people. Despite the description of the analysis in sequential phases, the process was constructed in a constant movement of coming and going.

In all its steps, this research met the ethical precepts in Resolution 466/2012 of the *Conselho Nacional de Saúde* (CNS), approved by the *Comitê de Ética em Pesquisa com Seres Humanos*, with Opinion number 513.041.[11] The letter P (of participant), followed by a number that represents the order in which they were manifested in the meetings was used for their identification.

RESULTS AND DISCUSSION

Fourteen of 16 participants in the study were male and two were female, with ages between 31 and 58 years old. All of them were linked to the service in semi-intensive care of treatment in the period of data collection, attending the service two to three times a week.

The time of treatment of the problems related to the use of alcohol and other drugs ranged from three weeks to 11 years. Ten of the participants stated that they only used drugs considered licit, such as alcohol and tobacco, and the others had a history of concomitant use of alcohol, cocaine, crack and other drugs.

From the data analysis, the following themes were identified: drug use and reflexes in the self-image and social repercussions that involve being a drug user. A critical analysis will then be presented on these topics.

Drug use and reflexes in self-image

The elaboration of self-image is a form of construction of personal identity. For the participants of this study, this identity is a life history through experiences of drug use, which modified the way they perceive their own image. At the first meeting, instigated by a presentation technique called "who am I", the participants were invited, looking at an adapted mirror in a box, talking about themselves to their colleagues and to the person who was there (reflected in the mirror). The stories showed how the meeting with the mirror has become a difficult and perceived experience in a negative way.

> *I had a moment that I was even afraid to look at me in the mirror because I was in a deplorable state!* [...] *Cause I was lost, deep in the crack. In the beginning, I did not even want to look at me! And the day I went to look at myself, I freaked out* (P8).

> *As she said, we'd turn into a trash!* [...] *I did not want to see myself in the mirror* (P9).

Meetings with the mirror can generate a mix of affective experiences because they reflect more than an aesthetic image, but also social influences. The speeches of the participants of this research seem to be in full harmony with the stereotyped discourses of common sense and circulating in the media. They are reflections of sociocultural influences injected into the conception of the world that most people have, in which what is different from a pattern is "ugly", wrong, inferior. Therefore, they feel like "garbage", "deplorable".

In recent years, these stigmatizing conceptions have taken on greater proportions in the discussions on health and public safety, especially in the media, when the issue of crack use was discussed. The media of culture on drugs, with symbolic images of crack, produces an idea that all users are "hooked" the first time and that every cracker, especially of the disadvantaged classes, becomes a criminal, among other judgments. This situation ends up establishing and/or maintaining the drug user's ideology as delinquent or as an ill person.[5,12]

The problem is that the messages in the media are seen by many people, including those who use drugs, providing that the images are assimilated (albeit not passively) and assumed in two poles: as mine (the one that discriminates) or as being the other (the one who is discriminated). In this I-image-other relational process, social relationships are constituted. This shows that the body image is not a pure and simple construction of subjects, but a phenomenon that arises from the body's identity and the relation of the subject to the world, including the media of great circulation.

With the dissemination of these ideas in the social imaginary, the person who uses drugs can incorporate and even reproduce attitudes of submission and prejudice. This incorporation is at the level of collective discourse, that is, the subject ceases to be singular and becomes a universal category - there is no "I" but a "we":

> *The physiognomy of the person is different for those who use it there [drug]. It is enough for us to see, the before and after, the "bad" that the person stays, anything, any kind of drug. The person looks like this* [...] *even losing the word. So, I mean, they just keep imagining ... We're an equal figure!* (P3).

> *Because before these drugs we are all the same, you know?* (P8).

Self-image is also an illusion that can lead people to a restrictive and impoverishing identification. This was evidenced in the participants' statements, which reveal the construction of an identity that puts them in the condition of socially oppressed. Oppressed are those who have lost consciousness of their possibilities and who live adapted to the system of the dominant structure. One of their characteristics is self-esteem, which results from the introjection that the oppressed make of the oppressors' view of them.[13] This feeling makes the person who uses drugs constructing an image of himself that is exactly like the oppressor (society) has of him, and who shows him as a transgressor, marginal, incapable. When this self-image is incorporated, the subject loses the capacity to question his reality, and then to transform it.

Also, the existence of an adverse social reality can potentiate the damages to the person who uses drugs, leading him to believe in his personal incapacity to produce changes. In this situation, significant losses occur to the self-esteem of these subjects, as mentioned in the statements:

> *Self-esteem is transformed. The person is isolated and drawn in the drug* (P3).

> *When using it, the first thing we lose is self-esteem. Then we stop, the treatment begins, it is well and the first thing that we begin to recover is the self-esteem again. Today, the first thing I think about is self-esteem, you know, feel good, be okay, be clean* (P9).

Low self-esteem and a negative self-image are related events and indicate the importance of evaluating these aspects in mental health care since they affect the social and affective life of people, their well-being and quality of life. Another study has already shown that people with self-perception of positive body image tend to develop self-care behaviors, are proactive in caring for their bodies and compassionate towards themselves when compared to those with self-image deficits.[14]

Conviviality with these feelings is somewhat dangerous since it can feed perceptions of inabilities and self-limitations, removing these subjects from the social environment, insertion into the job market, motivating them to continue to use drugs to forget, anesthetize or reduce negative feelings arising from this representation.[15]

Besides changes in appearance, participants also reported changes in their attitudes, reflecting on bodily constructs that suggest disapproval of the subject "they became" when using drugs:[5]

> *Speaking of the harmful part of alcohol and drugs, the appearance is shaken, always for less. Now the character is also something else. There is no doubt that the person has nothing to do with it sane* (P3).

> *The person changes with alcohol in the head. He finds everything easier* [...] *And in a word, the guy can hurt a person* (P4).

> *I, when I drank, I used to be very bad! My personality changed, I became an animal, as it is said* (P5).

There is an understanding that the drug is one thing and the person is another, an object/subject separation, an addicted person/healthy person, animal/human. Through antinomies, old representations that prevent the person from looking in the mirror are reinforced, recognizing him, finding his subjectivity and assuming himself as a subject that has rights, but also responsibilities.

Caring for people who use drugs is to consider the historical advances that underpin the biopsychosocial health care model, looking at the subject as a whole and as an active being and protagonist of their health/illness process.[15] In this sense, professionals who act in the services of assistance to this population are jointly responsible for overcoming the paradigm that sustains the blame, exclusion, prejudice, and invisibility of these people in society. Thus, they need to be organized in a creative way, with spaces that allow the exchange of knowledge and dialogue, the user's appreciation and potentialities.

Social repercussions involving when being a drug user

The abusive use of drugs can condition the subjects to social repercussions that reach several spheres of their daily life. In their statements, the users showed a social context full of prejudice, in which they are labeled, stigmatized, without being able to glimpse possibilities for change. They are victimized by a system that judges and excludes them, causing suffering and frailty, especially in relationships with friends and family. In this scenario, being a drug user is conditioned to being the drug:

> *The one who uses alcohol will be labeled as an alcoholic. The one who uses drugs will be labeled as drugged* [...] *they will always have that label* (P2).

> *We get labeled. The label, we'll take it for the rest of our lives. This is always going to have a bad thing with us. Mistrust will always be. You are marked!* (P9).

> *If you drank, if you had a vice of some drug or thing, they will say that you are always that one* (P11).

This brand or label these subjects refer is what can be called stigma. This type of stigma is called social or public. People who use drugs suffer constantly from the harmful effects of this stigmatization process, established in a vicious circle: stigma triggers prejudice and discrimination, which in turn encourages the maintenance of stigma.[16]

When the user becomes aware of the negative view that other people in society have about using drugs and perceives themselves as having a stigma, this perception may discourage them from seeking treatment services such as CAPS AD, because there are spaces for the inclusion of a stigmatized group.[16] The participants in this study described the feeling that prejudice is everywhere, including attending CAPS Ad and showing the card on the bus, factors that contribute to stigmatizing them more:

> *You leave here at the gate, you take the wallet on the bus and it is a shame. And the worst of this card is because it says: "alcohol and drugs, special card". Everyone looks looks like the guy is crippled* (P2).

> *I am condemned until today, I have always been, I am until today and I will always be, and because I am here at CAPS, they still enjoy because I am here* (P5).

> *This is a burden that we carry for the rest of our lives. The moment we get out of here and step outside that door: an addict is leaving* (P10).

The prejudice, stigma, discrimination and other social problems that are part of the CAPS AD users´ lives constitute a great obstacle to the construction of the identity of these individuals as citizens. The effects of this process of stigmatization are also revealed when they express a hopeless attitude towards these situations. As the years go by and evolve in treatment, the participants believe that it will never be the same because, for others, they will always be that person of the past:

> *Prejudice will always exist, no one will change! Whoever knew you, who knows that you used drugs, or that you use, will always have this prejudice! Even if you are standing* (P6).

> *I think I'll spend my whole life treating myself, taking care of myself, that I'll always be that person from the past* (P8).

> *This is a burden that we carry for the rest of our lives. And you can stop, it can be 10 years that you do not drink, but you will always be that one* (P11).

Hopelessness represents the loss of sublime expectations of life, a dejection that has the power of frustration.[13] The sub-

jects understand that even if they are able to maintain abstinence, which is better accepted morally and socially by their determination of adjustment, they will still be subjected to situations of vigilance and mistrust. This is due to the spread of the concept of chemical dependency as an incurable disease that can stabilize, but will always be present, making the person who uses drugs always a "different" person, who cannot be trusted to be permanently subject to crises and relapses.[17]

It is necessary to think about the influences of the construction of this discriminatory pattern. One of them is in the hegemony of anti-drug discourse in today's society that reflects repressive actions and in adopting an exclusively biomedical-curative perspective.[12,16] Also, prejudice with the use and the person who uses drugs includes the fact that such situation is seen not as a health problem, but as a character defect, causing the individuals to be attributed responsibility for the appearance and solution of their problem.[16]

The participants in this research feel excluded by society, their families and some friends. They feel that little by little they are being forgotten by people:

> *We are excluded from our own family and from some people around us because friendship does not exist!* (P1).

> *I went on a birthday, I got there and the people did not even look at me, they did not talk to me. "But what do I want with this crap here? Nobody wants to talk to me!"* (P4).

> *The society marginalizes us a lot* [...] *The appearance of people is changing day by day, people are forgetting people* (P8).

These people have shown that they adhere to this negative view of society in such a way that they apply negative stereotypes to themselves. Such a condition characterizes what is called internalized stigma, or self-stigma, a complex phenomenon of emotional and behavioral consequences that lead them to attribute responsibility for recovery only to themselves.[16,18,19] This shows that "society excludes to include, and this transmutation is a condition of unequal social order, which implies the illusory character of inclusion."[20:8]

When addressing the rehabilitation and treatment to socially reintegrate people who use drugs, it is somehow legitimizing that this use had social consequences (beyond physical and psychic aspects), such as isolation, disruptions, and withdrawals, which need to be rescued. That is, the consequences of chemical dependence are the presuppositions of the need for social reintegration.[21]

Within the life of people who live under such conditions, social reintegration is allocated as a possibility to stop reproducing practices that led to situations of self-destruction, alienation, isolation and/or social exclusion and once again have their potential developed.[22] Guaranteed as a permanent goal in mental health care under Law 10.216/2001, social reintegration needs to be made feasible by professionals in the services. However, it is also possible to affirm that there is no possibility of effective social reintegration without public policies that provide and guarantee them.[21]

To date, drug policies in Brazil recognize harm reduction (HR) as a strategic model to guide care for these people. Based on the respect for autonomy and the conception of expanded health care, the HR is a counterpoint to the practices of moralization-criminalization of the user resulting from the discourse against drugs, since the actions seek the experimentation of new ways of thinking, being in the world and take care.[23]

The overcoming of this discriminatory view for people who use drugs is a challenge that will demand the permanent struggle of social actors who dream of reducing the stigma and marginalization of these people. Reflecting on the reality that surrounds them, the participants of this research could perceive that this is a struggle for citizenship beyond the reconstruction of the image of themselves.

FINAL CONSIDERATIONS

Sociocultural constructions about people who use drugs can contribute to making them historically excluded and stigmatized subjects. The self-image constructed by them was influenced by a life crossed by the experiences of using these substances, reverberating negative feelings and problems with self-esteem and self-care.

Besides the changes in appearance, they reported changes in their attitudes, suggesting disapproval to the individual they became for using drugs. They are constructions influenced by a prohibitionist paradigm that is rooted in prejudice, excluding ideological visions that influence the individuals to reproduce this posture of self-esteem.

The study revealed that these subjects experience a prejudiced social context in which they are often labeled, stigmatized, in such a way that they adopt negative stereotypes of themselves. They feel that prejudice will not end even if they definitively stop drug use, showing a hopeless attitude towards possible changes in this scenario of discrimination and exclusion.

It is suggested that the unveiled situations in the experience lived through this research open the way to other ways to improve understanding about how these people experience this place of exclusion and what role the CAPS AD and other services of the mental health network in the face of disarticulation family and social conditions that hinder for them to be reinserted.

As the strategies for this situation not occur, it is important that in spaces where users seek treatment, they could be

encouraged to start again to enjoy themselves, value life, recover friends, rebuild their dignity, self-confidence and regain self-esteem. The proposal to have discussion spaces such as those proposed in the data collection step of this research may be an alternative.

The importance of instigating these people to "discomfort" with these conditions and intervention for change is highlighted. These imply the dialectic between the denunciation of the dehumanizing situation and the announcement of its overcoming. They do not occur as a natural process, but from a choice, a human need for transformation.

The limitations of the study are the time for each meeting, which due to the high number of participants may have been an impediment for all to manifest in an egalitarian way. This study does not have permanent solutions for applying to the reality of individuals who use drugs, because they are built at all times. However, its results may help other health professionals to engage in this struggle to deconstruct certain conceptions that broaden the social stigmatization of people who use drugs, as well as to encourage them to occupy spaces of social participation in the struggle for policies and practices that expand e guarantee citizenship. This is an ongoing process that must be revitalized every day.

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