

Impact on AFMs: Relationship

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Historically, family members of patients with addiction have not been seen as an affected party, but rather as pathological in their own regard (e.g., codependent), and occasionally colluding with the patient's maladaptive behaviors. However, since the emergence of a stress-strain perspective in the early 1980s, clinical researchers also started looking at family members' distress as a consequence of the so-called spillover effects of addiction on surrounding people. In fact, relatives of individuals with addiction are generally forced to deal with personal, relational, social, and/or economic costs deriving from the relative's addiction. Indeed, research in this field has produced mounting evidence that family members of patients with addiction do experience hardship and increased risk for mental and physical ill-health [1]. Factors buffering or amplifying the impact suffered by family members exist: family members' individual attributes (e.g., personality, resilience, age), type and severity of

addiction, or the global functioning of those with addiction can and do shape the occurrence of specific stressors in the family, along with family members' capacities to appraise and cope with such stressors.

Along this line, this chapter will provide an overview on the effects that addiction may have on family members (for a review, see also [1]). Rather than focusing on family members as a homogenous group, this summary reports quantitative research findings related to individuals holding specific relationships with the subjects with addiction: offspring, partners, and parents.

6.1 Offspring

Several studies documented effects on offspring. Among them, many recent findings focus on morbidity, indicating exposure to parental alcohol or substance use as a risk factor for developing psychiatric and medical conditions. For example, children aged 0–7 with substance-abusing mothers were found to be more often hospitalized because of injuries and infectious diseases than other children [2]. Longitudinal analyses indicate that exposure (vs. non-exposure) to parental alcohol or substance use is related to increased psychiatric morbidity in offspring [3–5]. Excess psychiatric morbidity between 15 and 25 years old was found to be particularly high for children exposed to paren-

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tal alcohol or substance use at earlier developmental stages (i.e., before 9 years old) or in case of repeated exposure [5]. Longitudinal studies also show that offspring of people with substance use are at particularly high risk for developing alcohol or substance use disorders themselves [3] and for earlier onset of such disorders [4]. This risk increases even further across the lifespan when more than one parent has an alcohol use disorder [6]. Alcohol and substance using parents also have children with higher risk of conduct and attention deficit/hyperactivity disorders, mood, anxiety, and psychotic disorders [3, 4], and with earlier onset of depressive and anxiety disorders [4]. In other words, risk is not limited to substance use but broadly encompasses internalizing and externalizing psychopathology and even global medical conditions.

Beyond official diagnoses, studies have also shown that children of substance or alcohol using parents manifest broader impairments in cognition and emotion, and subthreshold psychological disorders [7]. For instance, Rochat and colleagues [8] found 7- to 11-year-old children of caregivers with problematic alcohol use to have lower cognitive performance compared to children of nondrinking parents, along with higher mean scores for psychological problems. Offspring of individuals with a lifetime history of alcohol use also manifested higher negative emotionality [9]. Moreover, the severity of parental substance use was associated with both offspring's negative moods and physical and psychological symptoms [10].

While studies are mostly concordant on the negative emotional impact of parents' substance use, some studies found more mixed or even seemingly positive correlates in offspring. For example, parents' lifetime history of drug use has also been independently associated with higher social potency in adolescence, an aspect of positive emotionality [9], while adolescent social adjustment was found to be unaffected by the severity of parental alcohol use [10]. Also, although parental drinking was related to offspring retrospectively reporting higher family disharmony and childhood problems than con-

trols, studies also found adult children of substance users to be equal to controls in current levels of adult adjustment (e.g., purpose in life, relationships quality), self-esteem, and locus of control [11, 12].

These findings suggest that the strength and duration of the effects of substance use on children may depend on the complex interplay of several risk and protective factors. Indeed, a recent systematic review, although limited to children of "alcoholic" parents, summarized four classes of intervening factors: individual, parental, familial, and social [7]. To name a few, the review suggests that children of alcohol using parents are more severely affected when they are temperamentally more difficult and exposed to parental alcohol use earlier in life (individual factors), when global parental abilities are more compromised (parental factors), when the severity of alcohol consumption and the number of alcohol using parents are higher (familial factors), and when external support is lacking (social factors).

6.2 Partners

There are several studies that focus on the difficulties experienced by partners of individuals with either subthreshold or diagnosed alcohol/substance use. Most of the times, evidence comes from women's reports, partnered with substance using men [1]. This certainly mirrors the higher prevalence rates of addiction in men compared to women; however, it is of note that the gender gap in substance use seems to be narrowing recently [13], suggesting that research data cannot yet offer a comprehensive view of this topic.

In a series of studies conducted in India [14, 15], where wives tend to be the primary care providers to their substance using husbands, most wives of patients with a diagnosed substance use disorder have been found to suffer from moderate to severe levels of burden of care. The concept of burden indicates how family members who take care of any vulnerable relative (e.g., substance users, elderly, people

with disabilities) experience a deterioration in health and quality of life. The studies mentioned above measured burden as a blend of several aspects, including but not limiting to excess economic costs, disruption of family interactions and leisure time, and physical and mental problems (objective burden), as well as the distress associated with these difficulties (subjective burden). In these studies, the highest levels of burden were found in case of patients' heroin use (compared to alcohol), patients' lower level of education, and wives' younger age [14], as well as patients' broader medical and social impairment [15].

Unsurprisingly, heightened levels of burden have also been associated with reduced mental health and quality of social life in individuals who perceived their partners to have a problem with alcohol or substance use. For example, a UK study found that higher perceived difficulties in relating to a partner with a drinking problem were associated with greater psychological distress in women [16]. Moreover, US women reporting concern over a partner's substance use also described overall poorer social adjustment compared to controls [17], including arguments at work, quality of leisure time, or arguments and relationships within the family.

A further consequence associated with living with a substance using relative is the risk of being subject to violence: in fact, the link between substance use and violent behavior is generally quite established, although variably explained. On the one hand, acute and chronic intoxicating effects on neuropsychological functioning and inhibitory control can result in heightened aggression; on the other hand, substance use could share common causes with aggressive behavior (e.g., antisocial tendencies) or exacerbate preexisting aggressive predispositions [18]. As an example, a US case-control retrospective study [19] showed that partner's problematic drinking not only determined and eightfold increase in the likelihood of intimate partner violence toward women but also resulted in a twofold increased risk of femicide or attempted femicide compared to the one associated with nondrinking partners.

6.3 Parents

Despite the relatively limited research findings, an alcohol/substance using child can be distressing and disrupting for parents' life. In a recent study by Richert and colleagues [20] conducted with a sample of more than 600 parents of substance using children—the majority of which were mothers—around 85% of parents described their child's substance use as having negative consequences to a great or very great extent on their lives. This included impact on their social and relational life and on their mental health and emotions: more than 90% of parents believed to have been greatly affected emotionally, experiencing powerlessness and grief, and—to a lower but still high extent—guilt and shame in relation to their child's substance use.

Interestingly, Oreo and Ozgul [21] demonstrated that average levels of trauma-related distress and grief in parents (again, mostly mothers) of substance using children were similar to those reported in previous scientific literature by family members of patients with a serious mental illness. More than half of the parents enrolled in their study showed clinically relevant psychiatric symptoms (e.g., somatic, anxiety, depressive symptoms). Moreover, grief was related to greater distress and life disruption, lower mental health, and reduced family cohesiveness, suggesting a central role of this emotion in parents' reactions.

Alike partners, parents of substance users can also be subject to violence. In fact, the contribution of substance use to child-to-parent abuse is still open to investigation: on the one hand, a relationship between children's substance use and violence perpetrated against parents is frequently reported in the literature; on the other hand, the strength of this relationship is unclear and may depend on intervening factors, such as gender and different types (e.g., substance used) and patterns (i.e., severity and proximity in time) of substance use [22]. Among others, cross-sectional investigations conducted on a large Swedish sample [23, 24] demonstrated that, in parents of adult children with alcohol or substance using problems, there was a 40% prevalence of lifetime

exposure to property damage [24] and up to 50% prevalence of lifetime exposure to property crime (i.e., being stolen things from children). Parental victimization to physical violence at some point in life was less but still common (around 20%) [24]. These studies also indicate a number of intervening characteristics: a current active substance use in the child was related to higher likelihood of past-year property damage and property crime [23, 24], while longer duration of substance use was related to higher likelihood of *lifetime* property crime [23].

6.4 Comparisons by Relationship Status

While the studies reviewed above focused on specific family relationships, most existing studies investigated the impact of substance use on samples of mixed family members, with different relationships to the user(s). These studies were very rarely designed to offer comparisons in stress and strain between relationships statuses [1]. In spite of this, a few of them still offer some information and report direct between-group comparisons, especially when it comes to the partners vs. parents distinction.

As to the stressors, there is some evidence that partners are subject to more violence than parents [25]. On the other hand, mothers and fathers were found to have greater *lifetime* financial and legal problems compared to partners [26]. Yet, depending on the study, *current* financial problems were either greater in parents [27], or in partners [26], or equal across the two groups [25]. Moreover, Kirby and colleagues [26] also noted that the differences between partners and parents in *lifetime* legal and financial consequences were only significant for relatives who did not live with the substance user: living in the same household may therefore somewhat flatten differences in financial and legal burden. Finally, it is also important to note that there is no evidence of significant differences between partners and parents in other dimensions of perceived stress, including emo-

tional problems, family problems, health-related problems (mental and physical), or social and occupational ones [25, 27]. In addition, Rafiq and Sadiq [28] found no significant difference in caregiver stress across wives, adult daughters, and sisters of substance users, and Mattoo and colleagues [29] report no difference between wives and other relatives of substance users in their levels of objective burden (e.g., financial burden, disruption of family routine).

As to the measures of strain, there again seems to be little evidence of an impact of relationship status on these outcomes, although few direct comparisons are available in mixed-family-member studies. For example, some studies found partners and parents to be equal on measures of health-related quality of life, happiness, or frequency of physical and psychological symptoms [27]. Beyond the parent-partner comparison, no difference emerged between wives, adult daughters, and sisters of substance users in either perceived substance-related stigma or mental health [28]. Additional studies with adult family members failed to identify significant differences by relationship status in symptom-related distress, hopelessness, concern [30], or global subjective burden [29].

Overall, it seems that differences in family members' experiences may be better explained by more prominent factors that overlap with relationship status. These include, for example, the living arrangement of the person with substance use [26]. In fact, multiple studies agree that family members living with the substance users (vs. independently) report greater life problems [20, 25], more frequent exposure to antisocial behavior in the past year [23, 24], and greater psychological distress [31], namely higher levels of both stress and strain. After all, living with the substance user more likely leads to taking on an active caregiving role, including setting up laypersons' strategies for controlling the relative's substance use, participating in formal treatment, and investing emotionally in the perspective of remission, therefore being highly affected by events of relapse.

6.5 Critical Remarks and Future Directions

As shown, there is limited evidence of significant differences on the effects of addiction on family members depending on their relationship with substance users. However, a few more speculative thoughts can be advanced on this matter. Even in the absence of direct children–adult comparisons, it is interesting to note that several studies on offspring target and highlight increased psychiatric morbidity in children [3–6], with a heightened risk persisting in the long-run and especially in case of earlier exposure [5, 7]. On the other hand, research on adult family members mostly focuses on broader emotional and objective distress related to caregiving, although evidence of excess morbidity in adult populations is also available [32]. In this sense, it is reasonable to expect underage children—due to their greater sensitivity, vulnerability, and dependence upon the parent(s)—to be subject to more disruptive consequences of addiction compared to adult relatives. In particular, offspring may face higher risks for persistent psychopathological outcomes, beyond the sole caregiving burden. On the contrary, adult family members could most likely incur in stress- or trauma-related conditions that are more related to their direct involvement in the management of the substance using relative. In this regard, it is also of note that living with the person with addiction—which is in fact associated with increased distress—is most likely inevitable for the underage child, while an adult family member may rely on higher degrees of and opportunities for independence and freedom.

These differences between adults and underage children, however, will need confirmation by novel research. In fact, methodological issues make such comparisons potentially hazardous. First of all, as a general remark, research targeting family members can be highly heterogeneous in terms of severity and types of addiction, sample size of affected family members, and also recruitment strategies: for example, family members have been recruited both from the general population and from clinical groups, enrolled in

formal family support and treatment programs, who can be expected to be more severely affected and distressed. This large degree of heterogeneity and lack of systematic mapping of intervening factors can limit the clarity of research findings, let alone the conclusions pertaining fine comparisons between relationship statuses.

In addition to this, it is important to note that most studies on adult family members rely on cross-sectional designs, only providing a static frame of the phenomenon [1], while more longitudinal data seem to be available only on children of alcohol and substance users. However, additional longitudinal studies would be needed for at least two reasons. First, more general for this field of research, is that only longitudinal evidence can guarantee an assessment of family members' preexisting levels of functioning, therefore precisely indicating whether distress and psychopathology are exacerbated, or rather generated, by a relative's addiction (see also below for a discussion of individual differences). The second reason, more specific to the investigation of differences by relationship status, is that longitudinal studies are essential to compare the long-term consequences of addiction across groups of family members (e.g., adults vs. offspring).

When looking at these comparisons, one should also consider the possibility that studies with different populations select different outcomes in the first place. For instance—inspired by varying degrees of developmental considerations—researchers may tend to focus *a priori* on psychiatric morbidity (i.e., diagnoses) when studying underage offspring and on subthreshold distress or caregiving burden when targeting adult relatives. This upstream selection of outcomes results in uneven research findings and does not allow for definitive group comparisons.

Whether cross-sectional or longitudinal, it is important to note that current research still needs to dispel doubts on the specificity and mechanisms of the spillover effects of addiction. Furthermore, these mechanisms may differ across different relationship statuses. In children, it seems that both internalizing and externalizing disorders can derive from exposure to a parent's

addiction, indicating somewhat unspecific heightened risk for mental distress. At the same time, the pluri-confirmed accentuated risk of developing alcohol or substance use suggests specificity in the impact of parental addiction on children's functioning. As to the mechanisms by which difficulties are transmitted from parent to child, they may as well be highly kaleidoscopic. In fact, high risk in a child of a substance user can be due to reduced parental sensitivity to infant signals [33], indicating that the detrimental effects of parental addiction on children may be indirect (mediated by reduced parenting capacities). At the same time, the socialization with alcohol or other substances could also directly explain offspring's increased risk for substance use disorder. Finally, third variables may account for both parents' and offspring's psychiatric risk (e.g., common genetic vulnerabilities) [34]. Direct, indirect, and confounding effects are also not necessarily conflicting, as these mechanisms can have summative and multiplicative effects on the final outcomes.

As for the specificities and mechanisms generating strain in adult family members, particularly partners, the gene vs. environment debate is possibly less relevant, although the issue of individual differences remains of crucial centrality, in line with the implications of a broad stress-strain-coping perspective. Ways of coping with a relatives' addiction, for example, can depend on family members' social and psychological resources, including defensive strategies, attachment styles, personality traits, and so on. While the stress-strain-coping perspective fostered a lot of research in this sense, the high prevalence of cross-sectional designs is again limiting our understanding of the dynamic mechanisms linking addiction with a relative's strain. In other words, studies to date only scratched the surface of all the possible intervening factors that shape the effects of substance use on all types of family members. This is probably also the reason why negative effects on family members, though very likely, are not deterministic, with a few studies also reporting good adjustment in family members (e.g., in children of substance users).

One last aspect to consider stands in comorbidity. It is of note that disorders of addiction are frequently comorbid with other psychiatric conditions. Among them, personality disorders (PDs) are quite common in substance using patients, especially Cluster B PDs: a recent review [35] suggests that the prevalence of PDs ranges from 34.8% to 73.0% in patients with substance use. Several studies demonstrate that PDs drastically reduce patients' global functioning and put relatives at high risk for negative psychological consequences, such as harsh punishments and intrusive behaviors toward offspring [36] or increased psychological distress in both parents and partners [37]. Research should therefore also aim at disambiguating the spillover effects of addiction from those deriving from comorbid conditions that also have known negative consequences on different family members.

6.6 Conclusion

While understanding the effects of addiction on family members is a matter of high complexity, spillover effects of substance use can hardly be overlooked or reduced to chance. Offspring are subject to increased psychiatric morbidity, including increased risk for addiction but extending to several internalizing and externalizing problems. Partners report high levels of subjective burden, experience reductions in global adjustment, and are more likely to be victims of violence and lethal aggression. Mothers and fathers experience negative emotional reactions (e.g., grief), heightened psychological distress and, again, can be exposed to aggressive behaviors, both against themselves and their goods.

While there is limited evidence that relationship status explains major differences in stress and strain, findings suggest that the level of intimacy with and proximity to the person with addiction are instead relevant factors. Overall, limiting spillover damage is an important challenge with public health implications. Targeting affected family members reduces the societal cost required to take care of the excess physical and mental difficulties of this population.

Prevention with at-risk offspring is particularly relevant to reduce the long-term consequences and costs of parental addiction, including costs for future treatment. Ad hoc support, information, and treatment for partners and parents can help them develop effective coping strategies to reduce the risks of strain and victimization. Meanwhile, research will have to advance to detail the specific short- and long-term risks associated with relationship status to the user, their determinants, and the risks and protective factors implied.

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Further Reading

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