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## Anxiety and Depression in Family Members of People Struggling with Addiction

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## Abstract

While providing understanding and help for people struggling with addiction is essential, providing the same service for family members who have experienced distress in response to a loved one's struggle with addiction is vital as well. Therefore, the current research aims to shed light on an important topic that currently has little emphasis, understanding, or prior research: how addiction affects immediate family members' anxiety and depression levels. It was hypothesized that anxiety and depression would be significantly higher in students who had a family member addicted to drugs or alcohol than those without an addicted family member. These hypotheses were not supported by the data; there was no difference in levels of anxiety or depression based on having a family member with an addiction to drugs or alcohol. These results are not consistent with prior research, indicating that further examination of addiction's effects on immediate family members is needed.

### Anxiety and Depression in Family Members of People Struggling with Addiction

When researching the topic of drug and alcohol addiction, one will find a plethora of literature concerning adolescent drug use, effects of maternal drug use on the fetus or newborn infant, and the effects of family dynamic on a person struggling with addiction (Orford, Templeton, & Copello, 2005). However, there is substantially less research regarding the effects of a person's addiction on their family members (Bradshaw et al., 2015). While providing understanding and help for people struggling with addiction is essential, providing the same service for the family members who have experienced distress in response to a loved one's struggle with addiction is vital as well. The past research referenced in this current research are dated, mostly report family struggles qualitatively rather than quantitatively, and the total number of articles that addressed the struggles faced by family members of people who struggle with addiction was highly limited; as a result, this current research was not a replicated study but rather an original one. Therefore, the purpose of this research was to shed light on a topic with little emphasis, understanding, or prior research.

The current research focuses on the levels of anxiety and depression family members experience compared to participants without a family member struggling with addiction. In this context, the word "addiction" refers to someone who is dependent upon drugs or alcohol; as defined by the American Psychological Association, an addiction is a condition in which the body must have a substance to avoid physical and psychological withdrawal symptoms (*American Psychological Association*, 2016). Anxiety is an emotion characterized by feelings of tension, worried thoughts, and physical changes (2016). Depression is a lack of interest or pleasure in daily activities characterized by weight or sleep changes, inability to concentrate, feelings of worthlessness, or excessive guilt (2016).

In their 2015 study, Spencer Bradshaw et al. stated that addiction is a family disease. Additionally, they asserted that family members are negatively impacted by the addiction of loved ones and that the health of individual family members often suffers as a result of the addiction (2015). Furthermore, family members need recovery of their own to enhance their quality of life (Bradshaw et al., 2016).

As early as 1987, Textor wrote in his research that families were often blamed for producing a person with an addiction and enabling the behavior, which is why a number of drug treatment facilities first began utilizing family therapy in the early 1970s. Textor then delved into what family members are experiencing in response to the addiction: families tend to experience “chronic feelings of mutual alienation, loneliness, meaningless-ness, rejection, abandonment, loss, deprivation, guilt, anxiety, rage, depression, and worthlessness” (1987, p. 5). Similarly, Schlesinger and Horberg explained that in response to a family member’s addiction, social circles may shrink, economic and emotional security can be threatened, psychological growth may be hindered, and relationships among family members may become severely strained; these difficult experiences for the family members often result in family members feeling “confused, exhausted, scared, and extremely pessimistic...” (1990, p. 3).

Not surprisingly, family members may worry when someone they love is engaging in a cycle of harmful and potentially disastrous behavior (Orford, Velleman, & Copello, 2010). As stated by Orford et al., “Over and over again, family members have confirmed how very stressful it is living with this problem [family member’s addiction] ...” (2010, p. 45). In Orford et al.’s research, over 800 family members of people struggling with an addiction were interviewed over a twenty-year period; these participants were mostly female, but represented a variety of relationships (mother, father, sister, etc.) to the person with an addiction. When describing what

it was like to live with someone struggling with an addiction, the participants described how their family member with an addiction was isolated, did not communicate with the rest of the family, and had unexplained mood changes. While physical violence was not universally reported by these 800 participants, some form of aggression from the person struggling with addiction was very common (2010).

The stress family members experienced derived from tense and sometimes aggressive relationships and conflicts over money and possessions (Orford, Velleman, & Copello, 2010). Additionally, family members expressed feelings of uncertainty, worry, and threatened family/home life; these family members also frequently described feeling anxious and depressed (2010). For these participants, anxiety and depression were manifested in panic attacks, chest pains, inability to sleep, high blood pressure, and even suicidal thoughts (2010). Not surprisingly, these participants frequently described physical symptoms of ill health; the family members either attributed their ill health to the stress involved in living with someone struggling with substance abuse or at least mused that it could potentially be the source (2010). A concluding statement of this study reads: "What was universal... was an appreciation by family members that problem drinking or drug taking had affected the family's health and well-being adversely in one way or another" (2010, p. 51).

A study by Lee et al. consisted of 200 participants completing a semi-structured interview with a researcher; half these participants were family members of addiction patients and the other half were controls (2011). Results from this study included significantly greater depression, stress, and poorer overall well-being among family members of someone who has an addiction in comparison to those without an addicted family member (2011). Additionally, family members of addiction patients experienced poorer functioning and greater psychiatric morbidity, which

refers to the presence of a mental or psychological condition, than the control group. A final conclusion of this study was that individual needs of family members are often neglected when addressing the problems of the addiction patient (2011).

Based on the reviewed literature, it can be concluded that family members of people struggling with addiction deserve attention and understanding for what they experience during their loved one's struggle. Empathy and understanding of the anxiety and depression experienced by family members affected by addiction is essential; considering the severity of effects that result from these circumstances, it is necessary that more research be conducted on this topic. Therefore, the current research investigated depression and anxiety in family members of those struggling with addiction by comparing the results with control participants. As family members of people with an addiction were examined, it was hypothesized that anxiety would be significantly higher in the students with an addicted immediate family member than the students in the control group; similarly, depression was hypothesized to be significantly higher in the students with an addicted immediate family member than in the control group.

## **Method**

### **Participants**

For this research, participants were undergraduate students studying at a small private university in the Midwest. Participants were recruited from their classes; the recruiter explained the importance of the research and provided the survey link to the professor, who distributed the link to the students. The students either clicked on the link directly if it was given to them in an email by a professor, or they typed the web address into their browser on their own computer or phone devices. Participants were separated into two groups in this study: one group had a family member who was addicted to drugs or alcohol, and the other group did not have a family

member addicted to drugs or alcohol. Thirty-four participants had a family member with a drug or alcohol addiction, and 101 participants did not have a family member with a drug or alcohol addiction. Participants who did not complete the entire survey were excluded. Incentives for participants included the chance to win one of two \$5.00 coffee shop gift cards and extra credit for select classes.

Of the total 135 participants in this study, 27 were male, and 108 were female. Class standing was fairly evenly distributed: 22.22% freshmen (n = 30), 22.22% sophomores (n = 34), 28.89% juniors (n = 39), and 23.70% seniors (n = 32). Regarding the marital status of the participant's parents, 70.59% had married parents (n = 96), 19.12% had divorced parents (n = 26), and 10.29% were unspecified (n = 14). 42% Of participants had one sibling (n = 56), 29% had two siblings (n = 39), 19% had three siblings (n = 25), 7% had five or more (n = 10), 1% had four siblings (n = 2) and 1% had no siblings (n = 2). Of the total participants (n = 135), 25.19% did have a family member with an addiction to drugs or alcohol (n = 34), but 74.81% did not (n = 101)

### **Instruments**

Zung's Self-Rating Anxiety Scale (1971) is a twenty-item Likert-type scale; the participants read each statement and rated it on a 1 for "some or little of the time," to 4 for "most or all of the time" scale. Each of the twenty statements is an "I" statement expressing a feeling, state of emotion, or behavior, including: "I feel more nervous and anxious than usual," and, "I have nightmares." Scoring this scale consisted of taking a sum of all the participant's responses. A score below 45 indicated a normal range of anxiety, and a score between 45 and 59 indicated minimal to moderate anxiety, a score of 60 to 74 indicated marked to severe anxiety, and a score of 75 and over indicated most extreme anxiety. These ranges were established by Dr. Zung.

Zung's Self-Rating Anxiety Scale has strong consistency, no subscales, and reported a Cronbach's Alpha of .90; the Cronbach's Alpha for this current study was .87 (Zung, 1971).

Zung's Self-Rating Depression Scale (1965), a well-known and world-widely used measure, is an 18 item Likert-type scale; the participants read each statement and rated it on a 1 for "a little of the time," to 4 for "most of the time" scale. On this scale, there is an option to circle "A" if the participant would prefer not to answer the statement. Each of the eighteen statements is an "I" statement expressing a feeling, state of emotion, or behavior, including: "I feel down-hearted and blue," and "I am more irritable than usual." Scoring this scale consisted of taking a sum of all the participant's responses; most people with depression score between 50 and 69. A score of 25-49 was within normal range, a score of 50-59 indicated "mildly depressed," a score of 60-69 indicated "moderately depressed," and a score of 70 or above indicated "above severely depressed." These ranges were established by Dr. Zung. The highest possible score was 80. Zung reported a split-half reliability of .73, and the Cronbach's alpha for this survey in this current study was .87.

In addition to responding to these two surveys, participants were asked demographic questions. These questions included age, gender, year in school, major(s), marital status of parents, and number of siblings. Following demographic information, there was a question regarding whether or not the participant had a close family member (brother, sister, half-sibling, step-sibling, parent, step-parent, or guardian) struggling with an addiction. A separate question asked if the participant had a relative (cousin, aunt, uncle, grandparent, etc.), significant other, spouse, or close friend with an addiction.

## **Procedure**



Prior to recruiting participants and administering surveys, this research received approval from the University Human Participants Committee. These surveys were compiled and made available on questionpro.com. Participants were informed of this research's purpose and received verbal instructions regarding the URL location of the survey. Instructions were written before each of the three sequential surveys, which were administered in the following order: demographic questions, Zung's Self-Rating Anxiety Scale and Zung's Self-Rating Depression Scale. Each individual survey took on average five minutes to complete; when the surveys were completed by the participant, a "Thank-You" page appeared indicating that he or she qualified for the incentives.

### Results

The hypotheses were tested using two independent sample *t*-tests with alpha set at 0.05. Because Levene's Test indicated that variances were not equal between the groups ( $p < .01$ ), equal variances were not assumed. The mean depression score for the participants who did have a family member with a drug or alcohol addiction was 38.30 ( $SD = 10.56$ ), and the mean anxiety score for this group was 35.76 ( $SD = 12.03$ ). The mean depression score for the participants who did not have a family member with a drug or alcohol addiction was 35.88 ( $SD = 7.33$ ), and the mean anxiety score for this group was 35.26 ( $SD = 7.94$ ).

When tested with two independent sample *t*-tests, the data did not support hypotheses that anxiety and depression would be significantly higher in participants who had an immediate family member with an addiction: there was no significant difference in depression scores between participants who had a family member with an addiction and participants who did not,  $t(42.54) = 1.23$ ,  $p = .23$ , Cohen's  $d = .27$ . Furthermore, there was no significant difference in

anxiety scores between the participants who had a family member with an addiction and those who did not,  $t(43.18) = 1.59, p = .12$ , Cohen's  $d = .34$

Similarly, the correlation between having a family member with an addiction and depression was not significant, ( $r = -0.13, p = .15$ ) based on 135 observations. The correlation between having a family member with an addiction and anxiety was not significant, ( $r = -0.17, p = .06$ ), based on 135 observations. Therefore, according to these correlations, having an immediate family member with an addiction was not correlated with depression or anxiety (see Figure 1).

Based on existing research, it was expected that both anxiety and depression would be significantly higher in participants with a family member with an addiction than those without. Though in this current research anxiety and depression levels were slightly higher in participants with a family member with an addiction, this difference was not statistically significant. Since anxiety and depression were not significantly different in participants who did or did not have a family member with an addiction, these results were not consistent with expectations.

### **Discussion**

The purpose of this research was to investigate anxiety and depression in family members of people struggling with addiction in comparison to those without a family member struggling with an addiction. The results of this study did not support hypotheses that the group with family members struggling with addiction would have significantly higher anxiety and depression than the group without family members struggling with addiction.

### **Results Explained**

Neither of the original hypotheses for this study were supported by the data collected; there was no difference in anxiety or depression between people who had a family member with

an addiction and people who did not have a family member with an addiction. The first hypothesis about anxiety being higher in participants who had a family member with an addiction was not supported since there was no statistically significant difference in anxiety scores between participants who had a family member with an addiction and participants who did not have a family member with an addiction. Similarly, the second hypothesis about depression being higher in participants who had a family member with an addiction was not supported since there was no statistically significant difference in depression scores between participants who had a family member with an addiction and participants who did not.

However, even though the difference between the two groups' anxiety and depression scores were not significant, both the anxiety and depression scores were slightly higher for the participants who had a family member with an addiction. The mean anxiety score in the participants who had a family member with an addiction was 38.61 (SD = 12.18). This was 2.36 points higher than the mean score of participants who did not have a family member with an addiction, which was 35.26 (SD = 7.94). The mean depression score for participants who had a family member with an addiction was 38.30 (SD = 10.56); this was 3.45 points higher than the mean score of participants who did not have a family member with an addiction, which was 35.94 (SD = 7.34). These differences are interesting to note despite not being statistically significant.

### **Consistency with Past Research**

A study by Dr. Lee et al. from 2011 revealed that family members of addiction patients had significantly higher depression scores than matched controls ( $t = 4.6, p < 0.001$ ), and that a significantly greater proportion of the family members were at least mildly depressed (39% vs. 12% of controls) (Lee et al., 2011). The results of this current research were not consistent with

Dr. Lee's research. Spencer Bradshaw et al. asserted in their 2015 study that family members are negatively impacted by the addiction of their loved ones, often suffering health-related consequences (Bradshaw et al., 2016). Again, the data of this current research did not support negative impacts from having a family member with an addiction.

In Orford, Velleman, and Copello's 2010 study, family members of people struggling with addiction frequently described feeling anxious and depressed. These participants' anxiety and depression manifested in panic attacks, chest pains, inability to sleep, high blood pressure, and even suicidal thoughts. Similarly, Textor wrote that family members of people struggling with addiction experienced feelings associated with anxiety and depression, such as "chronic feelings of mutual alienation, loneliness, meaningless-ness, rejection, abandonment, loss, deprivation, guilt, anxiety, rage, depression, and worthlessness" (1987, p. 5). These descriptions of qualitative data are also inconsistent with this current research. Not only were the anxiety and depression levels of participants with a family member with an addiction not significantly different from that of participants without a family member with an addiction, but these participants' average anxiety and depression scores were in the normal ranges.

### **Implications**

A few implications can be made from the results of this research. Firstly, it is striking that all groups in this study, both those with family members with an addiction and those without, had normal levels of depression and anxiety. Of all 135 participants, only 5% (n=7) exceeded the normal range for depression, and 18% (n=24) exceeded the normal range for anxiety. This could have positive implications on the emotional health of the student body at this university. Furthermore, though the students who had a family member with an addiction to drugs or alcohol had slightly higher levels of depression and anxiety, the difference was not significant. This non-

significant difference could indicate that students at this university could be receiving or have received in the past professional counseling. It could also potentially indicate that these students had emotional support from friends and/or family.

Overall, these results had positive implications. However, since they contradict existing research, one final implication of this study is simply that more research on the effects of addiction on immediate family members is absolutely essential.

In spite of lacking significance, these results indicate an especially valuable implication on the long-term effects that can result from having a family member with an addiction: living on a college campus rather than at home and potentially having a family member with an addiction in the past rather than in the present, the anxiety and depression scores from family members of people with an addiction were still slightly higher than those without. This could imply that there are lasting effects involving anxiety and depression in those who have an immediate family member with an addiction.

### **Limitations**

The first limitation of this study was the limited existing research. While research addressing how a person struggling with addiction is affected by the immediate family members was abundant, finding research that addressed how a person struggling with addiction affects the rest of the family was difficult to find. There were also a few limitations regarding the participants of this study; firstly, the participants were 80% female (n=109) and 20% male (n=27). This is not surprising considering substantially more women attend the university from which these participants were recruited than men, and that the students were recruiting from classes of female-dominant majors. The final limitation concerning population size was the difference in sizes of the two groups: approximately 75% (n=101) of the participants did not

have a family member struggling with addiction, and approximately 25% (n=34) did have a family member struggling with an addiction. It would have been ideal for each of these two groups to have been closer to 50%. Finally, there is no indication from the participants regarding whether or not their family member is currently struggling with addiction or if this was a problem in the past. If the problem was far in the past, the time lapse could partially explain why the results were not significant.

### **Future Research**

Both qualitative and quantitative data would be beneficial to collect from families whose loved one is currently undergoing treatment for drug or alcohol addiction. The qualitative data collection would be beneficial in order to identify the emotions, guilt, shame, isolation, fear, anxiety, depression, etc. the family members could be potentially experiencing in their raw forms. Further quantitative research on anxiety and depression in family members of people struggling with addiction would be beneficial since the results of this current data were not consistent with other existing research, ensuring sample sizes are split more evenly regarding gender and having a family member with an addiction. Additionally, this data collection should be specific to participants who currently have a family member struggling with an addiction.

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371-379.



Table 1. *Correlations between Variables*

<b>Measure</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>
<b>Mean (SD)</b>			
1. Immediate family member (sibling, parent, spouse) who has been diagnosed with a drug or alcohol addiction (1 = "yes", 2 = "no")	-		
2. Anxiety	-.12	-	
3. Depression	-0.13	0.83**	-

\*  $p < 0.05$ . \*\*  $p < 0.01$