Social Science & Medicine 78 (2013) 70–77

Contents lists available at SciVerse ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Addiction in the family is a major but neglected contributor to the global burden of adult ill-health

Jim Orford [a,*], Richard Velleman [b,c], Guillermina Natera [d], Lorna Templeton [e,1], Alex Copello [a,f]

[a] School of Psychology, University of Birmingham, Edgbaston, Birmingham B15 2TT, UK
[b] Department of Psychology, University of Bath, Bath, UK
[c] Sangath Community Health NGO, Goa, India
[d] Department of Epidemiological and Social Research, National Institute of Psychiatry Ramon de la Fuente, Mexico City, Mexico
[e] Independent Research Consultant, Bristol, UK
[f] Addictions Programme, Birmingham and Solihull Mental Health NHS Foundation Trust, UK

ARTICLE INFO

Article history:
Available online 8 December 2012

Keywords:
Addiction
Family
Stress
Coping
Social support
Costs

ABSTRACT

This paper offers a conceptual overview of a neglected field. Evidence is presented to suggest that, globally, addiction is sufficiently stressful to cause pain and suffering to a large but uncounted number of adult affected family members (AFMs), possibly in the region of 100 million worldwide. A non-pathological stress–strain–coping–support model of the experience of AFMs is presented. The model is based on research in a number of different sociocultural groups in Mexico, England, Australia and Italy and aims to be sensitive to the circumstances of AFMs in low and middle income countries and in minority ethnic and indigenous groups as well to those of majorities in wealthier nations. It highlights the social and economic stressors of many kinds which AFMs face, their lack of information and social support, dilemmas about how to cope, and resulting high risk for ill-health. The public sector and personal costs are likely to be high. Attention is drawn to the relative lack of forms of help designed for AFMs in their own right. A 5-Step form of help aiming to fill that gap is briefly described. Family members affected by addiction have for too long been a group without a collective voice; research and action using the model and method described can make a contribution to changing that state of affairs.

Introduction

In her influential book, *Women and Human Development*, the philosopher Martha Nussbaum (2000) developed her theory of human capabilities, referring throughout the book to two Indian women. Their husbands' excessive engagement in forms of consumption which have addiction potential is mentioned in both cases: 'Vasanti's husband was a gambler and an alcoholic. He used the household money to get drunk… Eventually, as her husband became physically abusive, she could live with him no longer and returned to her own family'… 'Jayamma's husband usually used up all his income (not large in any case) on tobacco, drink, and meals out for himself, leaving it to Jayamma not only to do all the housework after her backbreaking day, but also to provide the core financial support for children and house' (pp. 16, 21). It will be the argument of this paper that there has been neglect of a massive source of adult ill-health, constituting a major factor undermining the capabilities of individuals throughout the world, and with enormous implications for public sector costs and for public health and economic development generally. We refer, not to addiction *per se*, but to the impact of addiction (defined socially and broadly to include dependence/pathological use or misuse/problem use of sufficient severity to cause significant difficulties for both the using relative and family members; including non-substance addictions such as gambling) on the lives of wives, mothers, husbands, fathers, children and other close family members of those who themselves are experiencing alcohol, drug or some other form of addiction.

The present paper provides a conceptual overview (Grant & Booth, 2009) of a field that remains under-researched. It uses, as a framework, a model designed specifically to describe and explain the experience of AFMs, and rests heavily on the findings of one programme of research carried out in Mexico and England and with indigenous family members in Australia (Orford, Natera, et al., 2005) and in Italy (Velleman, Arcidiacono, Procentese, Copello, &

* Corresponding author.
E-mail address: j.f.orford@bham.ac.uk (J. Orford).
[1] Formerly Avon & Wiltshire Mental Health Partnership NHS Trust/University of Bath, Bath, UK.

0277-9536/$ – see front matter © 2012 Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.socscimed.2012.11.036

Sarnacchiaro, 2008). It is not a systematic review of the literature, which is in any case very small, although other research is cited where relevant. We believe this field would benefit from a clear conceptualisation of the kind we offer here in order to guide research in different societies.

Throughout this paper use is made of the expression 'family members affected by addiction' or 'affected family members' or AFMs. Particularly in mind are partners or parents who live under the same roof with relatives with addiction problems. Also included are family members with other relationships to their relatives (e.g. siblings, grandparents, aunts and uncles), family members not living under the same roof but who are closely affected, other extended family members who have obligations to their relatives, as well as close friends and associates whose involvement is sufficiently close that they are 'like family'. A very important group of AFMs, referred to in places in the paper but who are not the focus of it, are children of parents with addictions. There are whole literatures devoted specifically to the offspring of parents with addiction problems (Arria, Mericle, Meyers, & Winters, 2012; Velleman & Templeton, 2007) and it is not possible to do justice to their experiences in this paper.

To our knowledge there are no sources that would enable us to estimate the numbers of AFMs other than by simply applying a multiplier to the estimated prevalence of addiction problems. If it is assumed, cautiously, that on average one adult is adversely affected by each case of addiction, then the number of AFMs worldwide, based on WHO (2006, 2011) figures, may well be in the region of 100 million. Although reports by WHO, UN and EU sometimes recognise the harm caused to AFMs, they are unable to calculate the magnitude of that harm (Velleman, 2010). AFMs remain largely unknown and uncounted and they mostly suffer in silence. This is not a group of people who themselves suffer from a single diagnosable illness – although they are at heightened risk for a wide variety of stress-related conditions (Ray, Mertens, & Weisner, 2009) – or who constitute an obvious threat to public health or order. Nor are they generally in a position to take collective action to change the social conditions, such as the wide availability of dangerous substances, which have given rise to their circumstances (although there have been exceptions e.g. Brent, 2009; Marshall & Marshall, 1990; Wright, 2009).

AFMs appear in large numbers amongst the users of services, or participants in research, dedicated to mental ill-health and domestic violence, however. A notable illustration is research carried out by Brown and colleagues on stressful life circumstances, in which relatives' excessive drinking has regularly appeared as an example of the kinds of stress involving 'humiliation' and 'entrapment' that puts women at risk of depression (Brown & Moran, 1997). It is noticeable, however, that the mental health literature rarely highlights the circumstances faced by family members living with serious drug or alcohol problems as deserving of special attention or comment. The area that we are principally interested in – the experiences of AFMs and the contribution that makes to ill-health globally – and that of domestic violence, overlap substantially (Chermack et al., 2008; Lipsey, Wilson, Cohen, & Derzon, 1997). They are not identical however: serious addictions nearly always give rise to family conflict but are not always associated with domestic violence; the latter is very often associated with excessive alcohol, cocaine or other substance use but very often exists in its absence. In many parts of the world the combination of patriarchal gender relations, domestic violence and heavy alcohol or drug use is a frequent one which affects women's capabilities and health, and that combination also exists for some women in all countries (Bourgois, Prince, & Moss, 2004; Nussbaum, 2000; Saggers & Gray, 1998; Yang, 1997). Even in those conditions, however, it is probably unhelpful to ignore the substance misuse component or to consider it as purely secondary to patriarchy and violence. To ignore the way in which the addictive use of a substance is itself disempowering for wives, mothers and other AFMs, both female and male, is to be neglectful of what is often one of the most important factors constraining people's lives.

Nor is it simply neglect that has been suffered by affected family members (AFMs) at the hands of theorists and service providers. When they have been identified they have typically been referred to in pejorative ways. The sub-group that has probably received the most attention—wives and partners of men with drinking problems—was for many years described in frankly psychopathological terms, as possessing various character defects, showing complementary 'fit' with a dysfunctional husband, having a stake in his continued deviance, and undermining any attempt he might make at recovery (e.g. Whalen, 1953). Continuous with that tradition has been the more recent concept of codependency which, despite its critics (e.g. Krestan & Bepko, 1991) and the absence of other than anecdotal evidence for psychopathology and codependency theories (Orford, Natera, et al., 2005), remains a leading perspective in many parts of the world. As we shall see later, women and other family members affected by addiction are usually in circumstances that make them particularly vulnerable to attack. The derogatory and unsympathetic way in which theory and practice has often dealt with AFMs therefore serves to compound those circumstances (Jackson, 1954; Kokin & Walker, 1989).

Other affected adult family members have fared no better. Parents of young adults with drug problems have generally been viewed as inadequate in their parenting. Reviews on the subject typically take the form of a catalogue of failures and dysfunctions on the part of mothers and fathers which, it is assumed, have contributed to a young person's drug misuse (e.g. Clark, Neighbors, Lesnick, Lynch, & Donovan, 1998), although more sympathetic attention is starting to be given to parents in their role as grandparents caring for the young children of their drug misusing offspring (e.g. Barnard, 2007). Husbands of women with drinking problems, when they have been noticed at all, have generally been described in very unsympathetic terms, often being stereotyped as men who show little interest in their wives' problems and who leave at the earliest opportunity. Other family members concerned about their relatives' drug taking or drinking, such as siblings, aunts and uncles and cousins, or in-laws, have received scarcely any attention (Orford, Natera, et al., 2005).

A stress–coping model of addiction and the family

The model developed in the course of our programme of research, the stress–strain–coping–support (SSCS) model, is depicted in summary form in Fig. 1. Unlike other models in the addiction field its focus is deliberately on the experiences of, and outcomes for AFMs. It is in the tradition of stress–coping models, popular in health psychology and related disciplines (e.g. Lazarus & Folkman, 1984). It treats the affected family member as an ordinary person exposed to a set of seriously stressful circumstances or conditions of adversity. Analogous conditions include a relative's illness or disability, chronic family unemployment or poverty, and exposure to catastrophic events and their aftermath such as flood, famine or earthquake. In contrast to a number of earlier models of addiction and the family, the SSCS model is designed to be non-pathological in its assumptions about AFMs and their thoughts, emotions and actions in relation to their addicted relatives. In particular the model avoids any suggestion that blame for the development or maintenance of the relative's addiction problem can be attributed to family members' actions: family members are