



# Effects of Relative's Substance Use Disorder on Family Psychological Wellbeing: Mathari Rehabilitation Centre Nairobi, Kenya

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**Abstract:** Substance abuse has become a style of life in the current generation. Research shows that young people today take substance abuse uncontrollably and irresponsibly. This is a source of agony in addict's family psychological wellbeing. This study focused on the extent of substance abuse of a relative on family psychological wellbeing. The study was conducted in Mathari Substance Rehabilitation centre in Nairobi, Kenya. The objective of the study was to assess the extent to which substance abuse of a relative affects the psychological wellbeing of family. The study was guided by Family Systems Theory (FST) (Bowen, 1990). A mixed methods approach concurrent design was adopted. The study population was 170. The age range for all respondents was 14 to 55 years. Purposive and simple random sampling techniques were used. A sample size of 119 participants was engaged. Questionnaire and a semi-structure interview guide were used. Participants included patients with substance use disorder, staff and family members. Quantitative data was analysed using descriptive statistics univariate while qualitative data was thematically analysed in line with the objective of the study and backed with narratives. The findings are beneficial to family members, the discipline of psychology and the entire society. Results showed that rehabilitee's family member is socially affected through discrimination, physically through domestic violence, financially, and psychologically through trauma, stress and depression resulting to psychological wellbeing disorientation. Recommendations were; training of more psychologists /counsellors, employment of counsellors, inclusion of rehabilitee's family programmes such as family support groups for psychological wellbeing therapy.

**Keywords:** Substance use Disorder, Psychological Wellbeing, Family, Rehabilitation Centre, Counsellor, Rehabilitee, Support Group

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## 1. Introduction

As the dynamicity of the world today continues, substance use has tremendously increased, affecting the abuser and contributing to negative effects on the abuser's family psychological wellbeing. Substance use and addiction is a physical and psychological breaking into a mood or mind-altering drug, such as alcohol, cocaine or bhang (Okpalaenwe, 2016). The individual substance consumer continuously grows from worse to worst in handling own matters and that of the family (Okpalaenwe, 2016). Substance addiction weakens the abuser's ability to align

mental actions (Cloete, 2014). The ineffective judgment of substance abuser then causes conflicts on the family psychological wellbeing. The individual with substance use disorder develops queer behaviours; stealing from family members, deteriorate in performance in pursuit of substances and eventually become withdrawn (Murray, 2020). At times the withdrawal leads to suicidal or homicidal cases. Improper decision-making of the addict heightens, aggression and domestic violence occurs contributing to psychological disturbances among family members (Murray, 2020). These devastating effects cause codependence disorders, which disorient family member's

psychological wellbeing. However, in spite of the unpleasant experiences during the active addiction period of relative, little is known about the addict's family psychological wellbeing.

Substance abuse today has become detrimental and a major cause of agony in family psychological wellbeing (Pabian, 2014). United states department of health and human services report USDHHS (2016) elaborate that substance use and addiction has destabilised many a family through conflicts, neglect and abuse eventually resulting to stress, depression and stigma on family members. This is psychological torture to family members of a substance use disorder. Family psychological wellbeing is a way of developing positive relations with other people and a mastery of the environment (Alyappan et al., 2018). Further, having a personal growth, emotional stability and spiritually nourished for a purposive living (Alyappan et al., 2018). This implies that disturbance of any of these aspects in family contribute to torment on psychological wellbeing.

Substance abuse and mental health services administration SAMHSA (2015) found that parental substance abuse contributes to financial problems in the family. Further, roles shifted to children, child abuse and neglect, violence, disrupted environments as well as inconsistent parenting increases child's risk of abusing substances (SAMHSA, 2015). The eventual result of these disruptions is family psychological wellbeing disorientation. The inability to make right decisions, abandonment of family responsibility by the addict causes psychological disturbances in family through stress and anxiety Lander et al., (2013). In addition, family member of a relative with substance use disorder suffers emotional chaos, fear, conflict and physical violence. Further, these consequences lead to stress and depression on family member disrupting cohesion and or breaking down family ties and relationships (Lander et al., 2013). Eventually, family psychological wellbeing is destabilized through codependence disorders. Pullen (2014) notes that assessment on substance use disorder effects on family, leads to psychological wellbeing attention and empowerment through substance rehabilitation services. The focus eventually leads to reintegration of the rehabilitee with a psychologically stable family. Further, rate of relapse for the individual with substance use disorder is reduced (Pullen, 2014). This reveals the need to assess the effects of relative's substance use disorder on family member. In the course of treatment and rehabilitation of person with substance use disorder, family involvement plays a great role in prevention of relapse (Melemis, 2015). Again this confirms the need to investigate on effects of substance use disorder on family member psychological wellbeing for proper therapy. Further, family member of a relative with substance use disorder should be equal recipients of rehabilitation services.

Reinaldo and Pillon, 2020 notes that for a long time, families among communities purposively used substances like alcohol and cocaine, because they were believed to treat and control illnesses. Selected elderly male gender full of knowledge and wisdom ensured issuance and consumption of adequate quantities to prevent overdose and eventual addiction (Reinaldo and Pillon, 2020). For instance, Preeti and Raut (2013) found out that, in India, in family homestead grew substances for brewing alcohol and snuff. Similarly, in Brazil, Reinaldo and Pillon (2020) noted that substances consumed in the region such as alcohol were normal part of diet and were family friendly. This shows how family observed and preserved its welfare for psychological wellbeing stability. However, World Health Organization WHO (2018) pointed that, today, both young males and females have taken to irresponsible, pleasurable and inconsiderable style of consuming substances. This trend is worrying and torturing the psychological wellbeing of the present family. The wellbeing of the future generations is also uncertain. Family with all its components is the source of nurturance to the society. This implies that its psychological stability is paramount.

In Africa, the issue of substance abuse afflictions on family psychological wellbeing is not different. For instance, Dada (2015) reveals that South Africa admitted over 17000 male and female substance patients in the year 2014. The study further states that out of these, 20% were under the age of 20 years. Another study conducted in Nigeria by Olawole et al., (2018) revealed that, the prevalence of substance use in sub-Saharan Africa was 41.6%, with the highest rate in Central Africa at 55.5%. These studies are an indication of threatened psychological wellbeing of abuser's family.

East African community has equally suffered the global challenge of substance addiction on family psychological wellbeing. For instance, Abboet al., (2016) found out that, in Uganda, over 70.1% of young people aged 12-19 years are in the state of abusing substances. The study adds that, the use of substances by the young people project effects such as stigma, depression, and other terminal conditions on the rest of the family wellbeing. Further, parents of the addict on the other hand focus attention on the addicted child unaware that they are silently abandoning the other children (Abbo et al., 2016). The situation creates gap between the abandoned children, parent and the substance addict. Consequently, the children hook themselves on inappropriate circumstances as they attempt to deal with the duress. In Uganda, the main challenges affecting family psychological wellbeing in circumstances of substance use disorder include stigma, stress and cultural interference (Kalema et al., 2015). It is therefore important that, extent to which family member gets affected be examined. This leads to family therapeutic assistance during and after the rehabilitation of the relative with addiction disorder for a proper integration of the two towards wellness. Again, this brings the idea of offering services such as counseling, support groups and follow up

system on the rehabilitee's family for their psychological wellbeing stability in order to facilitate complete family restoration.

Kenya has not escaped the menace of substance use that has created many devastated families in the society. Kamenderi et al., (2019) found that, prevalence of multiple substance use in Kenya stood at 5.3 percent with non-multiple substance use being 10%. Mostly, for alcohol and tobacco stood at 2.5 percent, tobacco and khat (0.8 percent), alcohol and khat (0.7 percent), alcohol, tobacco and khat (0.5 percent) and tobacco, khat and bhang (0.3 percent). Finally, Kamenderi et al., (2019) observed that, the burden of substance abuse in Kenya continues to pose a challenge on rehabilitee's family wellbeing. Kintz et al., (2018) found out that prevalence of substance use in Kenya among 15-65year old was as high as 10.4 percent while that of tobacco, khat and marijuana was found to be 6.8, 3.1 and 0.8 percent respectively. Similarly, a report by National Agency Campaign against Drug and Alcohol NACADA (2015) revealed that, 17.1 percent of adolescents abuse substances. These reports are shocking considering the number of family members attached to such substance consumers who become psychologically distabilised. It looks like this menace is not alien and unless strategies are taken a generation will be wiped out through family psychological distortion.

## 2. Literature Review

The family members feel the effects of substance use and addiction in diverse ways globally. Pabian (2014) puts it that negative psychological and physical impacts such as depression and violence manifest in the family wellbeing consequently resulting to diminished levels of family functionality. This has a negative touch on family psychological wellbeing let alone that of the substance addict. Olafsdottir et al., (2018) study in Iceland on effects of drugs and substances on family addressed depression, anxiety and stress from substance use disorder among family members. The study engaged 143 participants out of which 111 were females and 32 were males. The finding of the study showed that 36% of the respondents had average, serious or very serious depression, anxiety and stress. Results also showed that all family members suffer when a family member has substance use disorder. The findings coin up with Keane, et al., (2014) who noted that family members of substance addict are psychologically affected by the addiction behaviour of a relative. In addition, the family requires workshops and seminars for psychological healing through counseling (Keane et al., 2014). The study recommended that clinicians treat the whole family and do so as early as possible to protect the next generation from similar effects (Kean et al., 2014). World Health

Organization (WHO) (2018) states that with both gender getting involved in substance consumption, fears of severe consequences falling on the rehabilitee's family psychological wellbeing are looming. The researcher notes that family members are interdependent of each other and each has a particular role to play and responsibility to fulfill. The dysfunction of one part of the system then negatively affects all.

In Africa, the psychological wellbeing of rehabilitee's family is crucial in maintaining the culture of the society. Connors et al., (2013) notes that family psychological wellbeing stability is easily notable in diverse ways including family problem solving skills, family restoration and integration, violence evasion and communication. South Africa Soul City Institute for Health and Development Communication of South Africa SCHDCSA (2016) conducted a review study on drug and substance abuse amongst youth and young women in the family. The findings reported that substance abuse imposes negative influence on psychological wellbeing of family through social disintegration, physical health and economic costs in family. Olawole et al., (2018) in a study in Nigeria addressed and recommended a holistic support and treatment of substance rehabilitee with a focus on the entire family wellbeing. Akanidomo et al. (2013) study in Nigeria reported that most young people consume drug and alcohol substances abandoning their roles and responsibilities in family. Pasche, et al., (2015) opines that to improve the psychological health care of family afflicted by substance addiction requires collective measures. This prevents further abuse and provides psychosocial support to family wellbeing of relative with substance use disorder.

In Kenya, substance addiction has become a major setback to young individuals destabilizing the psychological wellbeing of the family. Ndeti (2016) in a study laments that elderly family members psychologically affected by substance use disorder suffer an unexplainable and diffuse body pains that lacks an underlying medical diagnosis and physical cause. Makau (2019) study in Machakos Kenya revealed that family member's irresponsible behaviour especially parent's substance use disorder contributes to continued substance addiction among the young people in the family. NACADA (2015) report noted that substance use disorder in Kenya has increased deaths among family members. This trend increases stress and depression to family psychological wellbeing. The psychological distress emanating from substance use disorder hinders the family member from progressively offering psychosocial support to the recovering relative. Eventually, the entire family members become more tensional and frustrated. This implies that consumption of substances such as alcohol by

one individual member of a family diversely devastates the psychological wellbeing of the family.

### 3. Methodology

This study adopted a mixed method approach, concurrent design. The target population in all the six departments of Mathari is 1400 (National Referral Hospital Report, NRHR, 2019). The study population selected from the substance use disorder rehabilitation department was 170(N=170). This comprised of substance in-patients 50(N=50) departmental staff members 20 (N=20) and family members of ex-rehabilitated person with substance use disorder 100(N=100). This study considered a sample size of 119 respondents (n=119); 12 in-patients, 95 family members and 12 members of staff. The age range was between 14-55 years. The study used purposive sampling technique to select individuals with substance use disorder and staff members in the department. Simple random sampling was used to select family members of ex-rehabilitatee in the Clinic for Substance Abuse Therapy CSAT. In simple random sampling the researcher issued numbers to family members accompanying ex-rehabilitatee in order of their arrival at the Clinic for Substance Abuse Therapy once a week on every Tuesday. The numbers counted from one to one hundred and ninety. Then the researcher dealt with all even numbers which added up to 95 participants. This study used interview guides for data collection with substance addicts and the staff members. Questionnaires were used with the family members of ex-rehabilitatee. After the approval of proposal at Catholic University of Eastern Africa, the researcher headed to National Commission for Science, Technology and Innovation NACOSTI for a permit to conduct the research.

The researcher then got a letter of authorization from Superintendent in Mathari National Hospital which granted permission to collect data in the rehabilitation department. Ethical considerations were considered including creating rapport with the respondents, consent of the respondents about the purpose of the study as academic, and assurance of confidentiality, respect and use of proper language of communication. Eventually appreciation was done to all who participated in the study. Interview responses were analyzed thematically backed by narratives. After questionnaires were issued, filled in and collected from family members, validation was done. Then editing of data was conducted to remove any errors before coding the data. Quantitative data was analysed by use of descriptive statistics univariate whereby each individual variable was examined and determined its distribution.

### 4. Results and Discussion

The study sought to assess the effects of substance addiction of a relative on the psychological wellbeing of family members. This question was responded to through a questionnaire by family member as well as interviews posed to in-patients with substance use disorder and staff respondents. A 5 point Likert scale was provided. The Likert scale was scored as: Strongly Agree (SA)=1, Agree (A)=2, Undecided (U)=3, Disagree (D)=4 and Strongly Disagree (SD)=5. This means that the minimum score was 1 with strongly agree represented by (SA). The maximum score was 5 with strongly disagree represented by (SD) as indicated in the table. Agree is represented by A=2 scores; undecided by U =3scores. The quantitative data analyses are as tabulated in Table 1.

**Table 1: Participants' Responses on extent to which substance addiction of a relative affects rehabilitee's family psychological wellbeing (n=10)**

Statement	SA	A	U	D	SD	Mean	Std Dev
Family in no way experience neglect of roles and responsibilities from substance rehabilitee	4.9	44.7	9.0	42.3	14.6	3.99	<b>1.129</b>
Family member is emotionally stable despite experiences with addicted relative	2.3	39.7	6.9	45.2	5.9	4.12	<b>.953</b>
There is high self-esteem among family members despite addiction of the relative	3.7	15.6	4.3	63.4	29.7	4.06	<b>1.066</b>
Family finances are properly managed and allocated by the addicted relative	6.0	10.2	13.3	58.2	37.1	4.01	<b>.923</b>
There are rare cases of violence between family member and substance addict	3.2	26.3	5.7	31.1	22.3	4.05	<b>1.089</b>
There is continuous positive attitude and acceptance towards the addict by the family member	2.9	16.3	20.8	54.3	33.0	3.39	<b>1.002</b>
Family members do not experience stress or stigma emanating from substance addiction of a relative.	4.7	32.9	19.3	46.9	13.9	4.1	<b>1.068</b>
Substance addiction of a relative in no way cause trauma to family	4.3	28.6	7.4	61.4	42.6	3.85	<b>.948</b>
Family member manage anxiety and fears appropriately despite relative's addiction	3.9	10.01	10.6	61.7	17.0	4.14	<b>.893</b>
Family members have no denial of reality about substance abuse by the relative	5.8	4.89	8.06	57.4	17.0	4.23	<b>.914</b>
Informed decision making among family members in regards to growth and development is stable	5.1	5.54	8.5	61.7	17.0	4.19	<b>.924</b>
Family member's peace and cohesion is not disoriented by the behaviour of rehabilitee	3.9	2.46	6.04	62.5	14.9	4.08	<b>1.042</b>
The social interaction between family member and substance addict is stable	2.9	37.9	14.9	10.37	11.2	4.14	<b>1.128</b>
There is increased self-care, self-awareness and personal growth among family members despite the addiction	3.0	17.0	7.6	49.2	42.5	3.5	<b>1.007</b>

The analysis in this section relies on the means and standard deviation. Since the mean is 3.99 this means that on average, the respondents did not agree with the statement that family member in no way experience neglect of family roles and responsibilities from the substance-addicted relative. Therefore on average the rehabilitee neglected their roles and responsibilities. This renders family to psychological stress as family members engage in the roles abandoned by the relative with substances addiction disorder. For instance children turn to child labour in an effort to earn for their living. The report findings is supported by Borton et al., (2017) who stated that substance addiction exerts a toll in all areas of addict's family wellbeing including family neglect. The mean for the item "Family member is emotionally stable

despite experience with addicted relative" was 4.12 which implies that most of the respondents disagreed that they were emotionally stable despite experiences with an addicted relative after being discharged from the rehabilitation centre. The researcher found the mean of the item "There is high self-esteem among family members despite addiction of the relative" to be 4.06, which indicate that on average the respondents disagreed with the claim that there is high self-esteem among family members despite addiction of the relative. The findings are supported by Armlyu'u et al., (2016) who found out that family members of substance abuser suffer from social stigma, anxiety, low self-esteem and heart felt bitterness. The mean of the item "Family finances are properly managed and allocated by the addicted relative" was found

to be 4.01 meaning that the respondents on average disagreed with the claim that family finances are properly managed and allocated by the addicted relative. On the item “There are rare cases of violence between the family member and substance addict” the researcher found that the average response was 4.05 meaning that on average the respondents disagreed with the claim that there are rare cases of violence between the family member and substance addict. The mean of the item “There is continuous positive attitude and acceptance towards the substance addict by the family member” was 3.39 meaning that they disagreed with the claim that there was continuous positive attitude and acceptance towards the substance addict by the family member.

Anderson et al., (2018) found out that in many families, rehabilitees had relapsed as soon as they joined the family after rehabilitation period in the centre. The challenge was associated with unstable psychological state of family that included holding bitterness against addict, negative attitude towards the rehabilitee and lack of knowledge on how to handle recovering addict and inadequate provision of support services. The mean of the item “Family members do not experience stress or stigma emanating from substance addiction of a relative” was 4.1 meaning that they disagreed with the claim that family members do not experience stress or stigma emanating from substance addiction of a relative. The mean of the item “Substance addiction of a relative in no way cause trauma to a family member” was found to be 4.14 meaning that on average the respondents disagreed with the claim that the substance addiction of a relative in no way causes trauma to a family member. The mean of the item “Family members have no denial of reality about substance abuse by the relative” was found to be 4.23 meaning that the respondents on average disagreed with the claim that family members have no denial of reality about substance abuse by the relative. Therefore there was a denial of reality about substance abuse by the respective inpatient. The findings were supported by Takalani (2016) on a study in South Africa who viewed that family affected by substance addiction undergoes psychological torture as they suffer denial of the reality about their relative. The mean of the item “There is increased self-care, self-awareness and personal growth among family members despite the addiction” was found to be 3.5 meaning that on average the respondents disagreed with the posed claim

Standard deviation is the measure of how dispersed the data is around the mean (Edemann, et al., 2019). If the standard deviation is within one standard deviation, then the researcher would conclude that the data is clustered around the mean making it more reliable. This was the case in most of the items on the questionnaire whereas shown in table 1 all the standard deviations lay between 0.893 and 1.129. This implies that most of the responses were clustered around the mean making it reliable.

Interview data was thematically analysed. Emerging themes were backed with narratives from respondents. For instance, a substance in-patient who was a civil servant responded,

*I have been drinking alcohol almost every day for the last 24 years I have been working as a teacher. I think this has stressed my parents and my wife and children becoming emotional. I was interdicted once for failing to report on duty for two weeks. I had borrowed a loan but I can't account on what I did with the money. My children were always suspended from school for lack of fees. I wanted to advance myself professionally but I failed to complete my diploma course at Kenya Institute for Special Education (KISE). If I were not drinking my children would have achieved academically. Me too, I would have been promoted to another job grade. (Verbal communication, Participant code IP<sub>3</sub>, May, 9<sup>th</sup>, 2022)*

## **Family Financial Misappropriation and Constraints**

Majority of substance in-patient respondents (IP 1, IP2, IP3, and IP6,) reported that substance addiction of a relative constrains family financially. In their report, respondents expressed that most of the family funds are directed into purchase of substances. As a result of misappropriated funds, family members' needs are not adequately met rendering the dependents to constrain and eventual psychological torture. A majority of respondents explained that family members are denied their basic rights for instance, good health, food, shelter and education.

A substance in-patient (IP<sub>6</sub>) reflected on how he had abandoned family projects and misappropriated family resources/finances to his own loss and pain. The respondent said,

*I had two public vehicles and a shop which my wife was operating. When I started drinking, I could not service my vehicles. I borrowed money from the shop business but eventually none of the two businesses could withstand. I went into addiction due to stress until when my wife asked me to come for rehabilitation. (verbal communication, participant code IP<sub>6</sub> May, 10<sup>th</sup>, 2022)*

The researchers enquired from the respondent about the psychological wellbeing of his family. He responded, “I know they were psychologically affected, especially my wife when the shop business collapsed and she went to stay at home. They became stressed and emotional. This report indicates the consequence of substance addiction of a relative on family which results to psychological disturbance. Olafsdottir, et al., (2018) on depression, Anxiety and Stress among family members in Iceland,

showed that, 36% of the respondents indicated that family members of substance addict had average, serious or very serious depression, anxiety and stress. Similarly, Alsuwaidi (2019) shared that rehabilitee's family suffer psychological disorders including anxiety, stigma and stress while dealing with their substance addicted relative. Eventually, the family member becomes too weak to interact socially and finally stagnate in economic developments (Alsuwaidi, 2019). When rehabilitee's family member is psychologically distressed, they are incapacitated to provide psychosocial support to the rehabilitee. Eventually relapse is inevitable.

### **Domestic Violence and Strained Relationship**

A majority of substance in-patient respondents (IP 1, 2, 4, 5, 6,) stated that family with a relative with substance use disorder suffers frequent aggression and physical violence. Respondents expressed that as addict spends a lot of time in the drinking sprees, erosion of trust among family members emerges which then causes emotional distress and sometimes family disintegration. For instant, one substance interviewee responded,

*I used to spend most of the time with my friends sometimes drinking alcohol. But my wife misinterpreted that I had extra marital affair resulting to my coming home late in the evening. The misunderstanding between us caused frequent fights. The crisis was projected to children who then became psychologically distressed affecting their academic performance.* (Audio recorded communication, IP<sub>2</sub> May, 9<sup>th</sup>, 2022)

A majority of substance in-patient respondents agreed that violence is common in families with substance addiction and sometimes contribute to separation and divorce. Another respondent narrated how they had lived in a strained relationship for five years before they separated. He said,

*My wife kept complaining that I had extra marital affair because I was a daily drinker. As much as I tried to clear the air, she was so rude to me and never trusted me. Despite parents intervening and resolving our differences we were never in good terms. Eventually, she left with our two children. I got stressed and went into drinking alcohol and taking bhang because of duress. It is then, when my father brought me here for treatment and rehabilitation.* (Verbal communication, Participant code IP<sub>7</sub>, May, 14<sup>th</sup>, 2022).

When asked about his expectations afterwards, the respondent said, "I will go for my family because I have abstained from drinking and I don't want to remain alone least I lapse." It seems that substance addiction causes mistrust between relatives especially spouses. The mistrust causes psychological stress and anxiety and sometimes

violence and death. SAMHSA, (2016) noted that family psychological wellbeing stability can be restored through counselling. The family is enabled to resolve differences especially those resulting from substance addiction (SAMHSA, 2016). Conclusively, the researcher agrees that the family is the basic unit of a society. For a society to stabilize, family psychological wellbeing must remain strong and healthy.

### **Transmission of Illnesses such as HIV and AIDS**

Majority of respondents reported that they were aware that contagious diseases such as HIV and AIDS and hepatitis have eliminated many substance addicts and family members. For instance, respondents stated that there are many orphans suffering because of substance addiction effects where parents have succumbed to HIV and AIDS.

A substance in-patient narrated how his brother and who was a senior government officer both died with his wife leaving their young children as orphans. The interview touched the heart of the respondent and expressed his grieve saying,

*Truly I will stop taking any kind of substances or drugs. My brother engaged with extra marital affairs and later got HIV and AIDS. My nephew and two nieces are now orphans assisted by my old parents and well-wishers which could not have been the case if my brother was not an alcoholic.* (Verbal communication, Participant code IP<sub>4</sub>, May, 10<sup>th</sup>, 2022).

In another interview, a substance respondent narrated how his male parent died of cirrhosis as a result of drinking. He said, "I inherited drinking and smoking from my father, but I will completely abstain." (Verbal communication, Participant code IP<sub>3</sub>, May, 9<sup>th</sup>, 2022).

Similar responses came from staff interviewees about how families especially spouses psychologically suffer as a result of substance addiction of a partner. In an interview with a staff she narrated how she had clients whose spouses were substance addicts and with several extra marital relationships. The respondent said, "I have a dilemma in counselling such a client because they reveal their greatest fear as contracting diseases such as HIV and AIDS. This is because they were not aware whether the spouse takes any precautions." (Verbal communication, Participant code C<sub>3</sub>, May, 10<sup>th</sup>, 2022).

A staff interviewee also narrated,

*Some drug addicts commercialize their bodies to get money for drugs. As a result, they get diseases from their counterparts and sometimes succumb to the illness. The family member for instance a spouse, become psychologically distressed due to*

*disbelief, fear and denial which consequently bar them from seeking help from professionals. Eventually, this spouse becomes depressed to a point of being incapable to help self and the offspring. (Verbal communication, Participant code S/W<sub>1</sub>, May, 10<sup>th</sup> 2022).'*

The respondent added, *''Most substance addicts share needles while injecting drugs as a form of bonding in the group of addicts hence transmit illnesses.''*

Majority of staff respondents agreed that substance addiction is a major factor contributing to psychological disorders in family such as trauma, anxiety, posttraumatic stress, depression, fears and anger due to neglect. Report shows that family members experience embarrassment or guilt as a result of the deteriorating substance addicted relative. For instance a respondent stated, *''in some instances, a family member presents a healthy facial appearance to the people around, but on the contrary suffering psychologically because of substance abuse disorder in the family.''* Another family member responded, *''substance addiction creates anger and anxiety in the family. I don't know how to deal with the situation especially when I see my son drank''*. Verbal communication, Participant code FX<sub>8</sub>, May, 13<sup>th</sup>, 2022). This is one family among many who feel disgusted by the addiction of a relative and uncertain of what to do.

## **Family Denial**

Report findings from staff respondents in Mathari revealed that many a times the family of substance addict is caught up in a double minded situation about substance addiction of a relative. Majority of respondents expressed that family members deny that the consumer is sick and need help. A staff respondent elaborated,

*Family with substance addiction has considerable dissonance. At times what is visible and problematic is vehemently denied by the family members especially parents of an adolescent. As much as the family member denies the reality, they at the same time explain the biting challenges from the substance rehabilitee. New knowledge about substance addiction and the family then cannot be acknowledged because it poses a threat to their denial. The family maintains denial about the substance addict and his behavior. Eventually, the person with substance abuse disorder may commit a crime that leaves the family members traumatized or even succumb to the situation. (Verbal communication, Participant code N<sub>3</sub>, May, 11<sup>th</sup>, 2022).*

Similar response was given by substance interviewees. A substance respondent stated.

*While some family members view addiction as a determined way set by the individual to humiliate family, others consider it as a defense mechanism to evade taking family responsibilities. Whatever the case, the annoyance bites the family member psychologically and in diverse ways (Verbal communication, Participant code IP<sub>6</sub> May, 10<sup>th</sup>, 2022).*

In yet another interview, a substance respondent expressed,

*Family members' denial continues to cause conflict between the rehabilitee and the family member. For instance, on one hand the parent dissociates with the relative neglecting, rejecting and ignoring them. On the other hand the patient feels hated by the family members. This makes them find refuge among other addicts and continue taking substances even more frequently. This widens the family relationship gap. (Verbal communication, Participant code IP<sub>5</sub>, May, 11<sup>th</sup>, 2022).*

A respondent narrated how he and a friend kept it concealed to themselves that they were smoking and drinking alcohol. He narrated,

*For a long time, my parents did not know that I was smoking and taking alcohol. One day, my mother discovered it when in my absence she entered my room and found butts of cigarettes under my mattress and empty bottles of beer under my bed. When I was interrogated about it by my parents, I denied. I cheated them how my friend visited me drank and smoking. I could tell from my mother's face that she had conceded to the lie. However, when I got a job I went out of control drinking heavily. Late last year I was advised to come for rehabilitation. (Verbal communication, Participant code IP<sub>4</sub> May 11<sup>th</sup>, 2022).*

These report findings show what happens when young people and their family members keep distance. Some parents over trust their child who on the other hand indulges in drugs and substances. The family member only discovers when the relative develops addiction disorders.

In another report, a substance respondent explained,

*Different family members especially parents live in denial about substance abuse of their child. This stops them from seeking help. They even deny that only a professional such as psychological or spiritual counsellors would help demystify the menace. (Verbal communication, Participant code IP<sub>3</sub>, May, 9<sup>th</sup>, 2022).*



In an interview a substance respondent reported, 'non-addict individuals develop same behaviour and thinking patterns just like their addicted relative and are controlled by the reality of substance addiction.

## Discussion

The findings revealed that substance addiction of a relative negatively affects the psychological wellbeing of family. For instance research study showed that family members experience stress from neglect of family roles and responsibilities by the relative with substance use disorder. Borton et al., (2017) support the findings by stating that substance addiction exerts a toll in all aspects of the family wellbeing. Further, the family member become emotionally unstable and experience low self-esteem, stress or stigma emanating from behaviour of substance use disorder of a relative (Borton et al., 2017). Results indicate that cases of violence between family member and the relative with substance use disorder are rampant, finances are inappropriately managed and family members develop anxiety and fears. Armlyu'u et al., (2016) found out that family member of substance abuser suffers from social stigma, anxiety and heart felt bitterness.

It is evident that most relatives with substance use disorder lapse on arrival back home. This is due to lack of psychosocial support from the family member who has not psychologically let go off. On the other hand most family members fail to offer the necessary support to their recovering relative because they themselves are unaware that they are psychologically sick. This results to negative attitude and lack of acceptance among the family members. Takalani (2016) supports the findings by viewing that family affected by substance addiction undergoes psychological torture as they are unaware of the reality about substances and the behaviour of their relative with substance use disorder. This implies that the relative is cast out of the family since the family believes that the relative is willingly misbehaving to avoid participating in family roles and responsibilities.

The findings showed that informed decision making among family members in regards to family growth and development become inconsistent. Further, the results indicate that social interaction between family member and the relative with substance use disorder gets disrupted. Again, peace and cohesion in family becomes a thing of the past as family relationships break down. Alsuwaidi (2019) noted that rehabilitee's family suffers psychological disorders including stigma, trauma and stress while dealing with their substance-addicted relative. Eventually, the family member becomes too weak to socially, interact or economically and physically continue with developments (Alsuwaidi, 2019). This implies that the general stability is collapsed when the family psychological wellbeing is disoriented.

The findings showed that family member psychological wellbeing deteriorates which then contributes to lack of self-care, lack of self-awareness and personal growth and development is stunted. Salwan et al., (2014) noted that therapeutic services to substance addict's family and family support groups are necessary for family psychological wellbeing. SAMHSA (2020) notes that counselling and therapeutic services offered to relative with substance use disorder is not complete without the family members being psychologically empowered. This advocates for attention on rehabilitee's family psychological wellbeing. Male gender in particular are the most consumers of alcohol and other substances, thus family members become psychologically stressed, aggressive and incapacitated to carry out the roles considered for male gender in the family (Githae,2015). Again, the family disintegrates when they are unable to control substance use behaviour of the head of the family. Ndeti (2016) lament that elderly family members psychologically affected by substance addiction suffer an unexplainable and diffuse body pains that lacks an underlying medical diagnosis and physical cause. This implies that substance use disorder of a relative negatively influence the entire family psychological wellbeing. The family systems theory addresses the need to engage a whole system and not just a part when dealing with family issues more so in substance use disorder.

The findings showed that some family members deny the reality about substance use disorder by the relative. Family denial may be a contributing factor to suicidal and or homicidal crimes. Bowen Murray (2005) in the family system theory explains that family is a system of interconnected and interdependent individuals and therefore the individual cannot be understood in isolation from the family. Creation of awareness about substance effects on the user and the family would reduce stigma, denial and clear away negative attitudes harboured in family members. Soul City Institute for Health and Development Communication in South Africa SCHDCSA (2016) explains that family members with a relative with substance use disorder suffers depression, physical violence, loss of job consequences and more serious crimes that affect the entire family psychologically. Poole, Smith and Simpson (2015) advocated for psycho-education programmes to disseminate information pertaining to needy groups of people in the society. Family members of substance abuser are needy people. They suffer from dissociative disorders due to trauma and stigma attached to them by society. Worrnan, et al., (2018) concludes that substance addiction is a mental illness that sprinkles negative effects to the family members and the society and therefore requires psychological therapy. It is clear that family member with a relative with substance use disorder is psychologically, socially and physically tormented and therefore needs psychological attention.

## 5. Conclusion and Recommendations

### 5.1. Conclusion

The main purpose of this study was to assess the extent to which substance use disorder of a relative affects the rehabilitee's family psychological wellbeing, Mathari substance use disorder rehabilitation centre Nairobi County, Kenya. The study concludes that rehabilitee's family member(s) are psychologically distressed by substance addiction of a relative. The psychological distress is evidenced socially through family disintegration, in economic deterioration, physical health through violence, abuse and even in spiritual malnourishment. The effects of all these aspects result to family psychological wellbeing destabilisation. The study therefore concludes that there is great need to attend to rehabilitee's family psychological wellbeing through rehabilitation services provision.

### 5.2 Recommendations

From the findings obtained in this study, the following recommendations were provided:

1. More psychologists are required in order to meet the dire need in the society in regards to family with relatives with substance use disorder.
2. The curriculum developers should seek to attain the development of psychological skills in a more holistic way. The holistic development will increase more experts with an aim to help in this important field of rehabilitee's family psychological wellbeing.
3. The government through the Ministry of Health (MOH) and the county government should increase the financial ratio allocated to substance rehabilitation sector to enable employment of more psychological counselors.
4. Institutions of higher learning (colleges and universities) should endeavour to train more professionals in the field of psychology to enable facilitation of services to rehabilitee and family members for a wholesome society.

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