ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF MEDICINE

DEPARTMENT OF PSYCHIATRY

CLINICAL PSYCHOLOGY PROGRAM

THE LIVED EXPERIENCES OF FAMILIES WITH A MEMBER AFFECTED BY SUBSTANCE USE DISORDER: A PHENOMENOLOGICAL STUDY AT AMANUEL MENTAL SPECIALIZED HOSPITAL, ADDIS ABABA, ETHIOPIA

BY: AMIRA MUDESIR (CLINICAL PSYCHOLOGY TRAINEE)

A THESIS REPORT SUBMITTED TO THE DEPARTMENT OF PSYCHIATRY, SCHOOL OF MEDICINE, COLLEGE OF HEALTH SCIENCE, ADDIS ABABA UNIVERSITY IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR MASTER'S DEGREE IN CLINICAL PSYCHOLOGY

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Acronym

APA	American Psychiatric Association
DSM-5-TR	Diagnostic and Statistical Manual Text Review
AMSH	Amanuel Mental Specialised Hospital
NIDA	National Institute on Drug Abuse
SSCS	Stress-Strain-Coping-Support
SUD:	Substance use disorder
UNODC	United Nations Office on Drugs and Crime

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Contents

Abstract

Background: Substance use disorder is a rising public health issue in Ethiopia; it affects not only the person who uses the substance but also the family members. Considerable attention was given to the prevalence and associated factors of substance use in Ethiopia, but the lived experiences of families affected by their member's substance use disorder received limited attention.

Objectives: This study mainly aimed to understand the lived experiences of families affected by their member's substance use disorder at Amanuel Mental Specialized Hospital, Addis Ababa, Ethiopia. It aimed to offer an understanding of the challenges faced by affected families and provide support strategies.

Methods: A qualitative phenomenological study approach was used to examine the lived experiences of families affected by substance use disorder. Data was gathered from 12 participants through semi-structured individual interviews conducted in Amharic, with the data recorded, transcribed and analyzed using thematic analysis to identify emerging themes.

Results: - There are three major themes identified, reflecting the lived experience of families. These include the psychosocial impact of living with family with SUD, effects on family life and responsibility, and coping mechanisms and support systems**.**

Conclusions: - This study provides a comprehensive understanding of the lived experience of families affected by SUD. Family member experiences show difficult realities. These included emotional distress, stigma, role shifts, disrupted daily life, financial sacrifice, and threats to personal safety.

Recommendations: - The study emphasized the need for improving support for families affected by SUD by building long-term care centers, providing counselling and education, training professionals to treat families with respect, and strengthening community support.

1. Introduction

1.1 Background of the study

According to DSM-5-TR, Substance use disorder is defined as the continued use of substances despite the harmful consequences it causes to various aspects of an individual's life, including physical health, psychological well-being and social functioning. The DSM-5-TR organizes the 11 criteria into four categories such as impaired control, social impairment, risky use, and pharmacological criteria (APA, 2022).

Similarly, the National Institute on Drug Abuse (NIDA) defines addiction as a chronic, relapsing disorder characterized by compulsive drug seeking and use, even in the face of adverse consequences. NIDA emphasizes that addiction is a brain disorder due to functional changes in brain circuits involved in reward, stress, and self-control. Those changes may last a long time after a person has stopped taking drugs (NIDA, 2020; Volkow, 2018).

In exploring the concept of family, I refer to anthropologist George Murdock, who defined family as follows. "The family is a social group characterized by common residence, economic cooperation, and reproduction. It includes adults of both sexes, at least two of whom maintain a socially approved sexual relationship, and one or more children, own or adopted, of sexually cohabiting adults." This definition is cited in the paper Stories from Family: Variation and Changes Across Cultures (4).

According to the UNODC World Drug Report released in 2024. The number of people who use drugs has risen to 292 million in 2022, a 20 per cent increase over the past decade. Cannabis remains the most widely used drug worldwide (228 million users), followed by opioids (60 million users), amphetamines (30 million users), and ecstasy (20 million users). Despite an estimated 64 million people worldwide suffering from drug use disorders, only one in 11 is in treatment (United Nations Office on Drug and Crimes, 2024).

According to a narrative review of epidemiological data on “Substance Use among Adolescents in sub-Saharan Africa” journal article results indicate considerable sub-regional differences in substance use patterns, with the peak levels of recorded in southern Africa (up to 44.6% for any substance use) and western Africa (31.2 %-32.9%). Eastern Africa displayed diverse patterns, with alcohol use achieving 50.2% in certain countries. While showing more steady patterns, Central Africa has restricted data, primarily concentrated on tobacco use (ranging from 9.2% to 14.1%) (6).

Commonly misused substances in Ethiopia are Khat, tobacco and alcohol (7). Based on a systematic review and meta-analysis of data on the “prevalence of lifetime substance use among students in Ethiopia” shows that the lifetime prevalence of any substance was 52.5%. khat 24.7%, alcohol 46.2%, and smoking cigarettes 14.7% (8).

Correspondingly, Other meta-analyses done in the same year showed that the lifetime and current prevalence of any substance use by Ethiopian youth were 31.5% and 23.9%, respectively. Higher rates of lifetime alcohol consumption (33.95%), khat chewing (24.69%), and cigarette smoking (20.38%) were reported. This article also presented the lifetime prevalence of substance use in both male and female youths, so the magnitude of use is higher among young males than females (9).

Substance use disorders not only affect the people dealing with these problems but also have a significant effect on their families, especially the younger ones. A major concern that emerges in this situation is children taking on parental roles. Where children end up assuming responsibility for care, often before they’re prepared emotionally or socially. This switch in roles can greatly obstruct their growth, making them susceptible to emotional struggles, educational challenges, and a higher chance of encountering psychological problems or even being involved in substance use later in life (10).

Research indicates that mothers of adolescents who are involved in substance use experience considerable distress, marked by concern, anxiety, hopelessness, and shame due to their children's behavior. This is further exacerbated by familial discord, which leads to frustration and resentment. Also, mothers often face feelings of personal

inadequacy, experiencing guilt, self-criticism, and depression aggravated by monetary strain and related to dealing with their child's drug-related problems (11).

A study shows that coexisting with a spouse who has issues related to substance misuses cause stress in a person's daily living, such as declining well-being, unstable family dynamics, loneliness, withdrawal from social life, reduced security and assistance, and encountering challenges and social stigma (12).

The summary of two decades of qualitative research on "The experiences of affected family members" shows that families offer significant emotional, financial, and psychological help to individuals, but when a family member fails into a substance use disorder, the family dynamic can be significantly disrupted. It is also common for families to face elevated stress, conflict, and tensions in relationships (13).

Despite a few studies done on the prevalence of substance use disorder in Ethiopia. Studies on the impact of individual substance use disorders on families are very scarce. Hence, this study aims to explore the lived experiences of families affected by a member's substance use disorder to fill the gap in understanding and offer a basis for integrated methods to tackle substance use disorders.

1.2 Statement of the problem

SUD is a family disease, and if one member of the family has a substance-related problem, it has a significant impact on the entire family (14)

Family members play a significant role in assisting loved ones with substance use disorders. However, they often experience a deficiency of support and experience significant challenges to their wellness (13)

The family members of individuals with substance use disorders face extensive negative consequences, which influence their emotional, social and economic stability, safety and familial interactions and create ongoing feelings of anxiety and hopelessness about the future (15).

In Ethiopia, family togetherness and standing are greatly cherished. Societal pressure and stigma associated with substance use disorder can be challenging.

Previous studies done in Ethiopia focused on the prevalence of substance use disorder among adolescents. Research is scarce on the lived experiences of families affected by a member's substance use disorder. Therefore, this study will explore their lived experiences, challenges, and coping mechanisms.

1.3 Significance of the study

In Ethiopia, substance use involving khat, alcohol, and tobacco is widespread. Kassew et.al conducted a multilevel analysis showing how common substance use is among Ethiopian youth and what factors contribute to it. The researchers used data from the 2016 Ethiopian demographic and health survey that encompassed 10,594 young people aged 15 to 24 (16).

The findings of the same study show that the general rate of occasional or daily substance use was 46.74% in the past 30 days before the survey. Specifically, 36.34% reported drinking alcohol, 12.56% chewed khat, and 0.95% smoked tobacco. Substance use was

more common among males aged 20-24, those exposed to media, employed individuals, and those living in big cities or central regions.

According to Shegaw et.al, studies the prevalence of problematic substance use is high in Ethiopia. Based on this research, peer pressure, family conflict, physical abuse, and substance use in the family are related to problematic substance use. Even with the growing prevalence of substance use disorder in Ethiopia, there is limited research on the diverse impact on families. Most research focuses on prevalence and other factors that contribute to substance use, ignoring the burden experienced by family members (17).

This study aims to fill this gap by exploring the lived experiences of families affected by SUD. This research is relevant because it focuses on understanding commonly overlooked experiences of families, supporting the development of evidence-based strategies and policies that address both individual and family needs. The outcomes will assist in guiding policymakers, health care practitioners, and community organizations, promoting a more nurturing environment for individuals with substance use disorder and their families by providing a deeper understanding of the realities faced by families in Ethiopia.

1.4 Literature review

Substance use disorders continue to be public health issues affecting individuals, families, and society (18). Families play a crucial role in helping a loved one with drug addiction. On the other hand, they often experience a negative influence on their overall wellness (19).

Lindeman and his colleagues conducted a systematic review using meta-ethnography to examine over 24,000 qualitative studies on substance-related problems influencing family life. The study included parents, children, siblings, spouses, and substance-abusing individuals, emphasizing emotional distress, interrupted roles, and tense relationships (20).

Although the analysis provided important insights into family dynamics, it acknowledged cultural and socioeconomic variations as constraints. These results align with previous research showing that families encounter physical harm and its impacts on social interaction and family dynamics, which results in considerable emotional distress and exhaustion for the family members (15). The review supports the necessity for family-based intervention in substance use recovery and mental health care.

Substance use disorder affects not only the individuals using it but also the family members. Supporting a person with substance use disorder leads to ongoing stressful situations which result in worry, anger, depression, shame, guilt, anxiety and behavioral problems among the family members ((21)(10) (22)).

A study conducted by Shamsaei et al. investigated the psychological well-being of families impacted by substance use disorder in Iran. A comparison group of 114 with at least one member of the family has a substance use disorder compared to a control group. The study found notable increased levels of somatization, depression, anxiety, interpersonal difficulties and phobia in families. Plus 29.4% of family members with a substance use disorder showed indications of mental health issues in contrast to 16% in the control group. The study also stresses the need for mental health screening and

assistance programs to address the psychological impact on families and improve their overall health (23).

Research done by Vederhus JK and his colleagues aimed to validate the Composite Codependency Scale. The study examines the psychological characteristics of families with a member who has a substance use disorder (SUD) and their impact on family dynamics and quality of life. It emphasizes that when family members show traits such as emotional suppression, a belief that they can mend the problems of their addicted loved ones, and an inclination to value others' needs over their own, they experience notable family dysfunction and a decreased quality of life. The study also stresses that the shortened composite codependency scale (SCCS) can aid mental health professionals in concentrating on families within SUD treatment (24).

The study conducted in Icelandic families investigated the psychosocial impacts of an individual substance use disorder on family members, using the Depression Anxiety Stress Scale (DASS), which included 143 participants in group therapy. The result showed that more than 36% of participants expressed moderate to severe levels of depression and stress (25).

Research done by Candice Groenewald and Arvin Bhana examines the emotional and psychological difficulties experienced by mothers whose adolescent children struggle with SUD. Mothers shared a range of emotional experiences that contain sadness, grief, and depression, because of their children's substance misuse. Many reports a heavy feeling of sadness about the past relationship they had with their children (11).

Another study examines the understanding young people have of their upbringing with their parent's substance use disorder by conducting interviews with 12 participants aged from 13 to 26. The results show that they experienced mixed and conflicting emotions about their parents, considerably affecting their day-to-day lives, regardless of living apart. They struggled to handle the nature and frequency of interaction with their parents. Besides they indicated a clear need for professional assistance to facilitate their cope with these emotional complexities (26).

Studies done in Kenya show that families of individuals with substance misuse experience psychological distress including trauma, stress and depression, which disrupt their psychological wellness (27) (28).

Substance use disorder significantly impacts family relationships, resulting in problems in communication and cohesion among family members. A study done in Iceland suggests that families with a person dealing with SUD commonly face diminished levels of cohesion and communication quality. The research was specifically evident in families in which parents battle with addiction, as adult children report experiencing detachment and worrying about the general well-being of family relationships (29).

This study employed qualitative and quantitative methods to examine the family dynamics, disclosing that family members, specifically adult children of individuals suffering from substance use disorder rated their experience regarding family cohesion and interaction as reduced compared to individuals with other types of relationships for example partners or sibling relationships. The study concludes that it provides insight into improving intervention methods for all family members especially the adult children of individuals with substance use disorder.

Two studies have reported family members of individuals with substance use disorder experience aggression or violence when they try to maintain a reasonable relationship with that individual (30) and (31). Hoeck S, (2012) indicates most parents expressed limited communication with their children who use substances regarding emotional issues such as love, anger, jealousy and aggression. Their communication was often specific to significant topics and avoided conversation about substance-related issues (32).

Across the globe, research indicates that family relationships play a considerable part in youth substance use disorder (33). In the same study done in Kenya, the quantitative study results show a strong correlation between family cohesion and drug misuse, which means that as family cohesion decreases, the probability of substance use disorder increases.

Helping a relative with a substance use disorder had a considerable financial burden. Family members had difficulty covering legal fees, drug-related debts, treatment costs, and regular expenses including food and rent. Parents indicate that the cost negatively impacted their retirement plan, on the other hand, spouses deal with stress in managing household bills and fixing the damage resulting from their loved one's substance-related behavior. This made them vulnerable in managing the household. Despite that, few reported they took control of the family finances with little involvement of a person with substance use disorder in adding to bill payments (15) (11).

Based on the findings of three different studies (34), (31) and (29) the results indicate many participants, apart from four siblings. Mentioned monetary losses as a result of their loved one's substance use. Parents frequently had to settle their children's debts and cover stolen items sold, or restore the damaged property. Spouses deal with decreased household incomes because their partners have difficulty keeping a job. Some adult children spent all their savings and even lost their jobs by lending money to their substance use parent, handling their legal fees, or being absent from work to offer support.

1.4.1 Coping mechanism

Family members utilize different coping mechanisms to handle issues associated with their loved one's substance use. This phenomenological study shows that strategies involve shifting the sadness of the person with substance use disorder, seeking spiritual help, accepting the situation, avoiding disputes and making personal sacrifices (22).

A study done in Australia shows family members cope with the stress caused by their loved one substance use disorder with physical exercise, seeking professional help and informal support from friends and family. They also use different mechanisms to manage stress and their mental health like temporarily avoiding stressful events and engaging in recreational activities for relaxation (20).

A study done in Kenya indicates family members generally utilized coping mechanisms like withdrawal or engagement. Others use singing or crying to handle the stress related to the individual substance use in the family (28).

1.4.2 Theoretical background

1.4.2.1 Family System Theory

The basic terms and concepts of systems theory seem to fit naturally with the system called a family. A system is a set of objects with a relationship between the objects and their relationships with other people; one of their most important attributes is their communication. Therefore, a family system is a special set of people with relationships between them: these relationships are established, maintained, and evidenced by the members' communication with each other (35). According to Lindeman (2022) and Lander L, et al. (2013) family system theory originated from general system theory, it clarifies how different parts of a system interact, concerning this, the family is its own system, where a person's behavior can't be fully understood without considering the family dynamics. The theory developed in the late 1960s and 1970s by Nathan Ackerman, Jay Haley, Murray Bowen, and Virginia Satir led to the development of different family therapy models such as strategic, structural, experiential and multisystem family therapy. All of these models share the basic principle of family system theory (36) (10).

Homeostasis is the tendency of a family system to maintain internal stability, even if it's unhealthy. For instance, an adult child might cover up his father's substance use to lower conflict, unintentionally maintaining the problem. His effort allowed his father's SUDs to continue with limited consequences and keep the family system at relative equilibrium by reducing conflict between the parents. Feedback is the circular process through which family members communicate each other or influence each other's behaviors. For example, a wife's substance use could be associated with her husband's neglect; the husband may in turn, state that he avoids his wife because of her substance use.

Boundaries are a rule that regulates relationships within and outside the family. In a healthy family, boundaries are clear between children and parents. Family members

impacted by SUD may have weak boundaries between them, or they may become rigid to hide the substance use problem.

1.4.2.2 The stress-strain-coping-support model

Orford and his group developed this model to address the neglect of family members affected by their relative's substance use problem within the health care system and social support. The model concentrates on the experiences and needs of family members who struggle with their relative's substance use. The model consists of four components based on Lindeman (2022) and Orford (2010). The first component is the stress impact on the family: having a close family member with SUD is severely stressful for both the person using a substance and their family members. The second component is a strain on families: family members encounter considerable emotional and psychological strain as a direct consequence of the ongoing stress. The third is their coping responses, which are not limited to intentional strategies. The central assumption in the SSCS model is that people in such a situation have the resources to deal with the situation. The four components explain that the benefit may come from different means, both formal (e.g. professional service) and informal (e.g. friends), extending beyond immediate family members (13,36)

1.4.3 The major Gaps in literature

Globally, numerous studies have been conducted on the impacts of substance use disorder on families, but some of the existing research is unable to address certain gaps. The majority of the existing literature focuses on Western contexts, with few in number research examining the African context. Most research failed to account for the Ethiopian unique culture, religious and social structures that influence the experience of SUD, and the coping strategies utilized by family members. Research in Ethiopia focuses more on the prevalence, risk factors, and individual-level consequences of SUD. There is a notable lack of research that examines the lived experiences of families affected by SUD and their coping strategies. A majority of studies conducted in Ethiopia concentrate on statistical prevalence and risk factors. There is a lack of qualitative research that explores

the lived experiences, challenges, and coping mechanisms of families affected by substance use disorder.

2 Research questions

- How do families experience and make sense of living with a member affected by SUD?
- What challenges do families encounter in their daily lives while supporting a member with SUD?
- How do families respond to and manage these challenges over time?
- What kind of support do families seek and do they experience the support they receive?

3 Objectives of the study

3.1 General objective

The main objective of the study will be to explore the lived experiences of families with a member affected by substance use disorder admitted at Amanuel Mental Specialized Hospital.

3.2 Specific objectives

- To understand how families experience and manage daily living with a member affected by SUD.
- To explore the challenges families faced in their daily lives because of SUD
- To identify the different ways families, respond to and manage these challenges.
- To examine the types of support families, seek and receive, as well as their effectiveness.

4. Materials and Methods

4.1 Study setting

This Study was conducted at Amanuel Mental Specialized Hospital. AMSH is one of the public hospitals and the only mental health specialized hospital in Ethiopia. The hospital has 300 beds and 17 OPDs, and it has a separate substance ward with 14 beds and provides inpatient service for individuals with substance use disorders.

4.2 Study design

The study used a qualitative study design approach, utilizing a phenomenological study design to explore the lived experiences of families affected by a person's substance use. Particularly, a phenomenological qualitative design was used in this study. because it focused on the in-depth analysis of participants' lived experiences, the meaning people assign to those experiences, and how participants interpret those experiences.

4.3 Source population

The target population of this study was family members of individuals diagnosed and receiving services at AMSH. Also included are primary caregivers such as close relatives or others who provide direct care to the individuals, as they played a key role in the individuals' treatment and are significantly affected by the condition.

4.4 Eligibility Criteria

4.4.1 Inclusion criteria

- Family members who have been actively involved in the caregiving of individuals with SUD
- Age 18 years and older
- Family members who are willing and able to share their experiences

4.4.2 Exclusion criteria

- Family members who are unwilling to share their experiences.

4.5 Sampling techniques and size

Purposive sampling was employed as the primary recruiting approach and it ensures the selection of individuals who have direct, relevant experience connected to the topic. The study included 12 participants of family members: - 6 parents and 6 adult siblings, ensuring a range of gender, age, educational level, and marital status. Participants were selected based on inclusion and exclusion criteria. Collaborating with ward staff facilitated the identification and recruitment of individuals.

4.6 Data collection

Semi-structured interviews were utilized for the qualitative data. By using semi-structured interviews, qualitative data was acquired to explore the main study objectives, and a topic guide was prepared to address the entire research objectives targeted to be examined. In-depth interviews will also be used to gather extensive information from participants to address almost all of the research questions of the study. The interview was conducted entirely in Amharic and each interview will last approximately 60 minutes. The interview was conducted in a room provided by the hospital, and the interview was recorded with consent and supported by detailed notes. When necessary, a translator was in the room along with the researcher and the translator's role is to ensure accurate and culturally sensitive translation of both questions and responses while maintaining the original meaning and intent of the participants. After the interview, the researcher analyzed the data by identifying themes and patterns through an iterative and inductive process.

4.7 Data management and analysis

The interviews were recorded in audio format, transcribed verbatim, and translated. Open-code software was used to manage the data, code, and develop themes. The analysis of the data involved carefully reading and re-reading the transcripts, taking initial notes, identifying emerging themes, exploring connections between themes, moving on to the next case, and identifying patterns across multiple cases. The themes were further supported by including direct quotes from participants to provide genuine insight into their lived experiences.

4.8 Data quality assurance

Several measures were taken to ensure the rigor and precision of the data. The data was immediately transcribed verbatim, translated, and coded without delay, to minimize any potential bias and ensure that the data was not misrepresented. To further enhance the authenticity and reliability of the findings, the themes and analysis of the data were discussed with supervisors and other researchers to ensure the findings were accurate and reliable.

4.9 Ethical consideration

Ethical clearance was obtained from the Department of Psychiatry, College of Health Sciences, University of Addis Ababa, and AMSH before initiating the study. Informed written consent was obtained from participants after providing them with detailed information about the study's purpose, procedures, and their right to decline or withdraw from the study without any consequences. To maintain confidentiality, personal identifiers were omitted from the data, and information was only accessible to the research team. Audio recordings were securely stored. Participants who have active suicidal thoughts or signs of severe psychological distress were referred to the appropriate professionals in the ward for further assessment and support.

5. Main Findings

5.1 Socio-demographic characteristics of participants

Twelve participants were interviewed for this study; all of them are family members of individuals who received treatment at Amanuel Mental Specialized Hospital, both inpatients and outpatients. Their age ranged from 27 to 70. Of 12 participants, 8 were married, 3 were single, and 1 was divorced. In terms of education, 2 were uneducated, 3 had a degree, and 1 had a master's; 2 were educated up to grade 8 and 1 up to grade 12; and 3 of them were educated up to grade 3, 6, and 10+2, respectively. There were 3 Muslims, and the remaining were Orthodox Christians. In terms of relationships to the person with SUD, there were 6 parents: 2 fathers and 4 mothers, and 6 siblings: 2 sisters and 4 brothers. Regarding employment status, 6 participants were self-employed, 1 was unemployed, 2 worked as laundry workers, 2 were retired, and the remaining 2 were employed in government institutions.

In the thematic analysis, three themes were identified: psychosocial impact of living with a SUD, effects on family life and responsibilities, and coping and support systems.

5.2 Psychosocial Impact of Living With a SUD

Participants described struggling emotionally and feeling distant from others as a result of living with a family member affected by SUD. Emotions like hopelessness, stress, discomfort, and fear are common throughout their experience, resulting in significant psychological problems and social difficulties.

5.2.1 Emotional distress

Few participants mentioned that their family member's substance use doesn't affect their emotions and mental health. They described that their use only affects them.

"*His substance use mainly impacted himself, not us; it led him to depression, social withdrawal, and loneliness*." (P4 brother, 37)

In contrast, many participants reported experiencing high emotional distress because of the continuing impacts of their family member's substance use. The most frequently reported emotions were hopelessness, stress, discomfort, and a high sense of helplessness. Some participants expressed intense emotional suffering. One participant reported that the emotional suffering became so overwhelming that they began to have frequent suicidal thoughts, and she also mentioned that this thought started 5 months ago.

"*I am confused and always have negative thoughts. Last night I was talking to myself about ending my life to find rest, because no one is here for me, not even my sister.*" (P9 sister, 27)

5.2.2 Stigma, Shame, and Social Isolation

Participants reported feeling judged and ashame due to their family's substance use. Many reported being isolated from social circles because of judgment from others. One mother reported how frequently questions from others about her son's condition made her feel exposed, judged, and emotionally isolated.

"*When people ask about my son, I get irritated, and later, when I see them talking to each other, I start to think they're talking about me, which makes me feel suspicious. This is what I am currently struggling with.*" (P8 mother, 60)

Feelings of shame were frequently reported by participants, often in the behavior of a substance-using family member. Another mother reported that she felt that when her son demanded cigarettes, which she eventually provided to avoid public embarrassment and conflict.

"*He forces us to buy cigarettes for him. I feel ashamed, but I usually buy a pack and keep it with me. When he asks, I give him one. But he keeps asking for more, and that makes me very anxious. When his father is around, he doesn't ask much because he's afraid of him.*" (P11 mother,60)

5.2.3 Change in family relationships

Having a family member who uses substances usually causes considerable changes in the family relationship. Many participants shared that their relationship with the person using substances was difficult, with emotional distance and ongoing conflict. These disturbances result in decreased communication, loss of trust, or emotional distancing. Also, participants shared that substance use not only affects their relationship with the individual using the substance but also results in serious tensions with other family members. One sister reported a painful conversation with her sister, who suggested asking doctors to give their brother an injection that would impair him.

"*My sister told me to ask the doctors to give him an injection that would completely impair him. She said there is a medication like that. I told her we don't have the right to do such a thing to him just because he is a mentally ill person. But she said, 'You're only refusing because you have the resources to take care of him.' Then she just said, "I don't care anymore*." (P9 sister, 27)

5.2.4 Social life and Community engagement

The majority of participants shared that their family member's substance use considerably impacted their social lives and community engagement. Many reported being isolated from social activities, limiting interactions because of fear of judgment, gossip, or emotional exhaustion. Some participants reported intentionally isolating themselves from community events because of the emotional burden of caregiving. One father reported that his son's substance use results in a reduction of his social engagement and uses reasons to avoid community obligations.

"*My social life has decreased. When people invite me to weddings, I make excuses not to go. Even when I asked his mother to go instead, she refused because of him. On Sunday morning, there is 'edir,' and when something requires my time, I tell them my mother is sick. Since they know she has heart issues, they believe me*." (P2 father, 61)

In contrast, few mentioned keeping good relationships within their communities, usually attributing this to their attitude or the understanding nature of those around them.

"*It hasn't impacted my relationship with others. That is just who I am; I can live with anyone. I still have a good relationship with my friends and with society.*" (P3 father, 70)

5.3 Effects on life and responsibilities

Participants repeatedly described how living with a family member affected by SUD interferes with the overall functioning of the household. The impact extended beyond emotional suffering to concrete changes in daily routines, financial stability, and family roles. The majority of participants experienced increased stress related to caregiving duties, loss of personal time, economic problems from treatment or damage caused by the substance user, and, in some cases, physical harm. These changes overload families, affecting both their wellness and their ability to function as a unit.

5.3.1 Disruption of Daily Routines and Normal Function

Many participants explained how their daily lives were significantly disrupted by the continued challenges of living with a relative who has a substance use issue. Their normal routines, like sleep patterns, work, education, and personal activities, are disrupted by the instability of the substance user's behavior, the emotional burden of the situation, or the need to provide consistent care. A mother reported how her son's behavior has severely affected her daily life.

"*He comes home drunk in broad daylight. Since I work near our house, I often see him, and it makes me feel sick and ashamed, especially in front of people who might be my friends or enemies. He doesn't lack anything; I give him 200 birr every day*." (P8 mother, 60)

Another participant reported how his brother's behavior impacts his daily functioning.

"*By chance, I work near the area where my brother hangs out. When he shows up, I feel very uncomfortable because he begs for money and gets into fights with people. After dealing with all that during the day, I come home at night only to face more problems. He disturbs the house and even tries to hurt our mother and sister. It's very difficult to live like this*." (P6 brother, 37)

5.3.2 Financial Burden

Families affected by a member's substance use often encounter unbearable financial problems. This burden exceeded daily expenses and pressured many to make extreme sacrifices in an attempt to cover debts or treatment-related costs, especially at private clinics. Some are forced to sell valuable assets, such as land or personal items, while others take out loans or fall into debt, worsening their emotional and economic challenges. One mother shared her experience:

"*We never lost our hope. We tried everything we could; we even took him to a private clinic. We spent a lot of money there. To tell you the truth, we were paying 8,000 birr for one day just for the card and lab tests. All of that was covered with the small money we get from our pension*." (P11 mother, 60)

Another participant shared how his brother's substance use led the family into debt:

"*I ended up borrowing money. At one point, he was diagnosed with blood cancer at Balcha Hospital, and they said it was caused by his substance use. I borrowed money to get him treated. He was saved from death at Black Lion Hospital. Thank God we had people we knew there who helped us*." (P6 brother, 37)

Moreover, in some cases, participants reported stories of selling jewellery and livestock, which is a sign of their personal success or family assets, just to afford personal treatment or repay debts.

"*I sold the gold jewellery I brought back from working in an Arab country. I had to sell it at a low price. It makes me sad, but I needed the money for his treatment.*" (P9 sister, 27)

Another participant described the difficult financial impact her son's substance use and mental illness had on her life. After selling land to cover the debt he had caused, she was left with no option but to sell the few remaining properties she had.

"*I come with the money. I sold my marriage jewellery and the only goats I had. I don't know what will wait for me when I return home.*" (P10 mother 42)

5.3.3 Burden of care and threats to safety

Families of individuals with substance use disorder usually find themselves burdened by caregiving. Parents, siblings, and other relatives take on multiple roles, providing daily support, managing finances, and attending to users' physical and emotional needs. This caregiving responsibility is not only emotionally exhausting but also physically and socially disturbing.

In some cases, participants reported providing for both their parents and their children while also managing the burden of a sibling with SUD.

"*I'm the one who supports my mom, and I also have my own family. He's like a third family. Imagine the cost of living right now; it's overwhelming."* (P6 brother, 37)

In particular, in family situations, caregiving is not only challenging but also emotionally conflicting, especially when caring for a sibling with both substance use and mental illness.

"Sometimes he comes home wearing different shoes. It's hard to take care of him. I don't know why this is happening to me; maybe it's because I'm the only female in the family. I was conflicted between living my own life and taking care of him. His mother is still alive, but somehow the responsibility falls on me. It's a big test." (P12 sister 48)

In certain families, caring for a person with both mental illness and substance use is also physically dangerous. Participants reported being attacked by the very individuals they were trying to help.

"He once hit me on the head with a stone. I had stitches. His father is a mosque imam, and my son broke his waist and broke his teeth." (P7 mother, 45)

Families of individuals with SUD frequently experience serious risks to their safety, including the unexpected and dangerous behaviour of their loved one, which can lead them into hazardous situations. Moreover, community members may be unwilling to help because of fear. Leaving them isolated and vulnerable. This left them to physical harm

and emotional trauma, compounding the challenge of caregiving in an already difficult situation.

*“My son went to a mountain where bandits live. When I ask others to help find him, they refuse because they don’t want to risk their lives. But as a mother, I went alone. When I arrived, I found him chewing khat on the ground. Thankfully, the bandits weren’t there at that time.” (*P10 mother, 42)

5.4 Coping and Support Systems

Families use different coping mechanisms, both active and avoidant, to manage the emotional, practical, and psychological burdens they face. These coping mechanisms show wide variation depending on personal religious beliefs, cultural access to resources, and the intensity of the burdens they encounter.

Some participants rely on emotional outlets, such as sleeping, crying, or simply avoiding the person, as a temporary escape from stress. Others engaged in prayer, attending church, taking the person to a holy water site, or using traditional healing methods. A few also mentioned seeking practical solutions, such as taking the person to a formal treatment place or relying on financial support from relatives or community members. Others reported coping through mental disengagement, saying they attempted to forget or not think about it, while a few stated feelings were overwhelming, admitting they had no coping mechanism at all.

5.4.1 Emotion-Focused Coping

Participants frequently depend on emotion-focused coping mechanisms to deal with emotional and psychological problems. These mechanisms were intended to manage their internal distress rather than directly solve the problem. Some participants used sleep as a way to escape unbearable emotions and calm their minds when faced with ongoing stress related to caregiving.

“I sleep; otherwise, I become restless, so I sleep and try to get through everything.” (P9 sister, 27)

Another participant described how verbal expression and emotional sharing helped as a coping mechanism, allowing the participant to process difficult feelings and feel heard by others.

"*Talking helped me a lot. When I spoke to others, I released what I held inside. It was through talking that people began to understand me."* (P11 mother, 60)

Several participants shared how spiritual and emotional release through crying and prayer served as a powerful coping mechanism, helping participants manage overwhelming emotions and repair inner peace.

"*When I go to church and cry, I feel relieved. Then I come back home feeling happy*." (P12 sister, 48)

5.4.2 Problem-Focused Coping

Participants frequently reported that they directly addressed the challenges posed by their family members' substance use and related behavior. These strategies involved taking tangible actions to change or manage the situation. It included seeking medical treatment, taking the person to a holy water place or a traditional healer, and removing them from harmful environments to prevent escalation.

"*When we take him to Amanuel Hospital, we get some rest, but it's only for a short time, like one or three months. Because of the number of patients, they don't let them stay longer than that." (*P6 brother, 37)

Another participant believed in actively seeking professional help as the first way to manage their loved one's substance problem.

"*The only solution is to take him for treatment*." (P1 brother, 30)

"I will try different ways, but if it's beyond my ability, I will hand him over to the professionals because they are qualified in these things." (P4 brother, 37)

5.4.3 Social Support Systems (Informal and Formal)

To manage the burden of caring for a family member's substance use, participants access different social and institutional support. They mentioned both formal and informal sources of support that helped them cope emotionally, financially, and practically.

5.4.3.1 Informal support

Help provided by relatives, neighbours, and community members was common and the most accessible resource. Participants emphasized the strong role their siblings played in caregiving and crisis management, and their family provided practical support, including financial help and intervention during legal or behavioral crises.

"My sisters supported me when he became aggressive or angry. I called them, and they came to talk to him. They've bought him shoes, a meal, and even paid to get him out when he was jailed." (P8 mother, 60)

Another participant reflected on the diverse forms of spiritual and community-based support initially received, including multifaith prayers and family involvement.

*"We tried everything; pastors came and prayed, and even Muslims made dua for him, even though we're Orthodox. Other families supported us at that time. But after that, everything becomes your burden." (*P6 brother, 37)

5.4.3.2 Formal Support

Participants reported receiving support provided by professionals and institutions such as hospitals, rehabilitation centres, psychologists, social workers, and religious settings. They shared how these structured systems offered guidance, treatment, and relief from caregiving challenges. Such support is seen as vital when the situation becomes unbearable and beyond the family's ability.

"For example, today we were with the psychologist, and my brother's friends. We received advice on what steps to take next after this treatment. So, we got counseling." (P1 brother, 30)

"Last time, the doctor called me and gave me advice, and it helped me a lot." (P2 father, 61)

“The social workers at Amanuel Hospital helped me a lot. They supported me through the process of admitting him to the Gefersa rehabilitation center.” (P6 brother, 37)

5.4.4 Barriers To Accessing Effective Support

Participants encountered different barriers when they were trying to access or sustain support, both formal and informal. These barriers not only limited their ability to care effectively for their loved ones but also increased their psychological distress. Some families reported negative experiences with some health care providers, such as harsh or judgmental comments, which discouraged them from seeking formal treatments for themselves. The attitude of professionals sometimes causes significant emotional problems, creating an additional barrier in their way toward care. In addition, service limitations such as overcrowding in hospitals and short-term treatment availability left families with little option but to manage the situation without consistent support.

“*I think it would be better if I didn’t talk. What happened was that I was called to meet the doctor last time. He asked me about my son, so I told him everything from the start. Then he said, ‘Mother, I don’t like people who talk too much and talk before they ask.’ We talk because we believe maybe he might have a solution for our son. Otherwise, we could stay silent. I was irritated he made me afraid to talk to other doctors.*” (P11 mother, 60)

6. Discussion

This study explored the lived experiences of families affected by a member's substance use disorder. The analysis centers on three major thematic areas: the psychosocial impacts of living with someone with SUD, the effects on family life and responsibilities, and the coping strategies and support systems used by families.

The results show that substances greatly affect not only the individual's behavior but also change how families live, feel, and support one another. Participants didn't bear the burden alone but also reported experiencing emotional conflict, role confusion, and struggling to maintain family unity and dignity in the face of social judgment and personal exhaustion.

Some participants shared that they were under intense emotional pressure, with a few even expressing thoughts of hopelessness or not wanting to live, as a result of the overwhelming responsibility they carried. This emotional suffering was specifically intense when the person had a comorbid mental illness. Participants explained feeling emotionally drained, living in a persistent state of alertness, and feeling worried.

These results emphasized the immediate need for mental health professionals and SUD treatment centers to recognize and respond to the emotional needs of families. Regular screening for families should be integrated into addiction services. (23).

Findings have been documented in previous studies, where families affected by a loved one's substance use disorder have their lives filled with stress, fear, and sorrow, frequently resulting in overwhelming desperation (15).

Stigma was a dominant influence shaping how families experience and communicate with others. Participants explained that being judged by neighbours or feeling embarrassed in front of friends. This social pressure often led to isolation not only of the caregiver from social spaces but also of other family members from the caregiver. A mother described that she stopped attending community gatherings because she feared being asked about her son.

Stigma didn’t just come from the community; it also made families stay silent about their pain, which added to their sense of isolation. This resonates with studies indicating that family members of individuals with substance issues commonly face societal and indirect stigmas. This made them more hesitant to talk about their experiences with others, which made them feel more isolated. Also, when they did share their situation with others, it could make them feel even more alone (37) (38).

Substance use changes the structure and emotional tone of family life. Trust diminished, and responsibilities were commonly shifted to siblings who had to take on caregiving roles toward their brother while at the same time managing their children or household. This double burden created resentment and moral tension. An additional layer of complexity emerged in the form of role reversal and unclear cultural boundaries. In situations where parents were emotionally or physically absent, caregiving responsibilities were often assumed by siblings or children, roles traditionally held by the parental figures.

This finding aligns with the studies that explained about role reversal, often referred to as “parentified,” which occurs when a child takes on adult responsibilities because their caregiver's inability to fulfil their role. They even end up caring for their parents, a situation known as “reversal of dependency needs (10).

Participants reported a marked reduction in social participation not only because of shame or time-consuming activities but also due to emotional exhaustion. Going to weddings, community gatherings, or even visiting neighbours becomes emotionally difficult. Some felt the burden of caregiving shifted how they were perceived in the community, not as a contributor but as pitied or avoided. These changes in social engagement are reinforced by isolation (39).

Families described how their overall daily structure was disrupted by their family member's substance use. Regular activities like sleeping, education, work, or spending time with their children were commonly interrupted.

The money problems weren’t just about paying for treatment, but also families had to make big sacrifices. Participants reported spending everything they own. Like borrowing

money, selling their jewellery in some cases, even selling land and livestock. Others reported giving a daily allowance to escape conflict or keep their loved one temporarily calm, and a draining mechanism that added to their financial suffering (14).

Families are often exposed to aggression, violence, and emotional distress. Participants described being physically attacked, being struck with stones, facing broken furniture, or being threatened in their own homes.

These acts were specifically upsetting because they came from someone they loved. Some took extreme risks to protect or find their loved ones, which placed them in danger. This finding matches with other studies where aggression was upsetting and tiring, with behaviours like arguing, manipulating, and lying. Violence includes pushing, biting, and punching (28).

Many participants depend on strategies to manage their internal states. Sleeping, crying, praying, and emotional distancing were common. These mechanisms were not about a complete solution but gave participants just enough strength to keep going (22) (28).

Problem-solving behaviours such as seeking medical and spiritual treatment show active efforts to change the situation. However, these efforts were sometimes undermined by resource limitations, stigma, or inconsistent outcomes.

Some families also turned to social and family support as a coping mechanism. Talking with friends, visiting relatives, or sharing coffee with colleagues were used to momentarily relieve emotional suffering. In contrast, findings in Australia show family members cope with their stress resulting from their loved one's substance use issues with physical exercise, seeking professional help, and engaging in recreational activities for relaxation (19) (32).

Support from siblings, neighbours, spiritual leaders, or professionals played a vital role but was often short-lived. Participants faced different obstacles when seeking support, from rude comments or treatment by professionals to institutional constraints like short hospital stays. Some shared that they had given up on seeking help completely because of how they were treated. These experiences show how stigma is not just societal, but it

is also institutional, integrated in the very systems that families are expected to rely on (40).

Besides the main themes of the study, some important points also came up. One of these unique experiences was the emotional pain of being left alone by a close family member. These situations were hurtful because families are often expected to support one another during difficult times. When this support was missing, the caregiver felt abandoned and isolated. Another issue that arose was that some participants reported they had no way of coping with their situation. This didn't mean they didn't care; it revealed they were completely drained. These kinds of stories show a quiet, continuing struggle where caregivers keep on, not because they have hope, but because they feel they have no option. These hidden struggles are worthy of more attention in any plan to improve mental health and addiction support.

This study shows how significantly substance use affects not just the person using substances but also their family emotionally and in their everyday lives. Families are facing more than just daily struggles, but they are trying to survive, protect their loved ones, and hold their families together, often with little or no help. The support systems around them often fail to meet their needs.

What this research makes clear is that families need more than just short-term help. They need ongoing emotional, practical, and social support. It's not enough to focus only on the person with SUD; families who carry the burden also need care and attention.

7. Strengths and limitations

One of the main strengths of this study is its focus on the lived experiences of families affected by SUD, which are ignored in both research and service provision. The study also included participants with comorbid mental illness, which gives a better understanding of how SUDs overlap with other mental illnesses. Another strength is that it looked at both the expected themes and new ideas that came up during the interview, like being left alone by family, feeling helpless, and not knowing how to cope. This shows that the study was open and supportive, helping to identify the core issues faced by the families. The findings were also presented with direct quotes from participants.

Despite the strengths of this study, it has limitations. Firstly, the sample size was small and limited to participants from a single setting, which may not reflect the full range of families' experiences across Ethiopia. Another limitation is that the majority of participants were parents and siblings of individuals with SUD. The study did not include adult children or spouses, whose experiences might differ; including these groups could have provided broader perspectives on the findings. There is a lack of published literature specifically addressing the impact of SUD on families. Furthermore, the sensitive nature of the topic could have led some participants to withhold particular experiences due to stigma or fear of judgment, despite efforts to create a safe interview environment.

8. Conclusions

This study explored the lived experience of families affected by a member's substance use disorder in the Ethiopian context. Through in-depth interviews, the research showed that families faced emotional, social, financial, and mental stress, often without any formal support to help them.

This study is organized around three themes: psychosocial impacts of living with a person with SUD, the effect on family life and responsibilities, and coping mechanisms and support systems used by families. Within these themes, the subthemes emphasized complex realities like emotional distress, role shift, disrupted daily life, financial sacrifice, stigma, and threats to personal safety. It was evident that the families carried a significant weight, often silently, as they tried to protect their loved ones while holding their households together.

Major results from the study show that support systems, whether formal or informal, were frequently inconsistent, inadequate, or absent. Many families presented being emotionally abandoned by their relatives or discouraged by a lack of understanding from professionals. The emotional cost of families was exacerbated by the unpredictability of SUD and the absence of reliable structures to assist families.

Even with all the difficulties, families found ways to keep going. They depend on emotion-focused coping strategies such as prayer, sleep, and avoidance, as well as problem-solving methods including behavioral management at home and treatment seeking. However, the effectiveness of these coping methods was limited by exhaustion, lack of training, and little external support.

The study also brought up other issues that require attention in future research and intervention planning, such as the complete absence of coping mechanisms among some families and the emotional abandonment they experienced from close relatives. These hidden struggles show that families need a more holistic and family-centered approach to SUD support. Future interventions should not only focus on the person with substance

use disorder but also provide ongoing psychological, emotional, and social support to the families who stand behind them.

9. Recommendation

One of the most important needs identified in this study is the creation of long-term care and rehabilitation centers for people with SUD. Families need a safe and structured place where their loved ones can stay and receive treatment.

One participant mentioned, “The government should build an institution that keeps the substance user and lets the family get some rest.” This indicates how deeply families need relief from continuous care. Having long-term centers would give families a break, reduce their stress, and help them recover their well-being. Building these centers would not only support families but also strengthen the overall mental health system in Ethiopia.

Families felt emotionally tired and helpless. Families need emotional help from counselling, support groups, and education about SUD and mental illnesses. This will help them cope better and feel less alone.

Some families felt judged or ignored by doctors and health workers. Healthcare professionals should receive training on how to communicate with families in a good and respectful way so that families feel safe to seek help. Strengthen community support: This kind of support should be made stronger by teaching communities about SUD. This can reduce stigma and help people understand and support families better.

Families hold most of the burden but are often not included in health care. The government and health programs should build a service that helps both the person with SUD and their family members.

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Appendix

Annex I

Information sheet

Hello, my name is Amira Mudesir. I am a second-year clinical psychology trainee at Addis Ababa University. I am conducting research titled “The lived experiences of families with a member affected by Substance Use Disorder at Emanuel Mental Specialized Hospital.” This study is part of the requirement for a master of science in clinical psychology.

You are invited to participate in a research study about the experiences of families affected by substance use disorder.

The purpose of the study is to explore the challenges families face due to individuals’ substance use and the coping mechanisms they use. Your participation will help to provide insights that may contribute to improve support systems for affected families.

Study procedure

If you agree to participate in this study, you will be asked to participate in a one-on-one interview that will last approximately 60 minutes. The interview will be conducted by the researcher and will be audio recorded. During the interview, you will be asked questions about your personal experiences, challenges, and coping strategies.

Confidentiality

All information you provide will be kept confidential. Your name and other identifying information will not be included in any reports or publications. The audio recording will be securely stored and transcribed anonymously.

Right to refuse or withdraw:

You have the right to withdraw from the study at any time without penalty. You may choose to leave this study at any time. This might occur before the interview, during the interview or even following the interview but before the data analysis process starts.

Risk and benefit:

While no identified risk is associated with participating in this study, discussing personal experience can evoke emotional discomfort. There are no direct benefits to participate in this study. However, your participation might help to develop better support systems for families facing the same problems.

Contact information:

If you have any questions about this study, please do not hesitate to contact the researcher

- Amira Mudesir: amirahmudesir@gmail.com, +251925375955
- Addis Ababa University, Department of Psychiatry, Clinical Psychology Program,+251-118962052

If you are willing to participate in the study, you will be given a copy of the information sheet and you will be asked to sign an informed consent form.

Annex II

Informed Consent Form:

Lived experiences of families with a member affected by substance use disorder at Amanuel Mental Specialized Hospital

Principal Investigator**:** Amira Mudesir

Department: Addis Ababa University, College of Health Sciences, Department of Psychiatry, Clinical Psychology Program

Statement of Consent:

- I have read the information sheet about this research study exploring the lived experiences of families affected by a member's substance use disorder. I understand that my participation in this study is voluntary and that I have the right to withdraw at any time.
- I have been informed that the interview will be audio recorded and that the researcher will take measures to protect my privacy.
- I have understood the purpose, procedures, risks, and benefits of this study.

By signing below, I consent to participate in this research study.

Participant Signature: _____

Date: _____

Annex III

Demographic Information

Date: _____

Identification Number**:** _____

Thank you for agreeing to participate in this study.

Demographic information

- personal information

1) Age:
2) Gender:
3) Marital status:

   A. Single B. Married C. Divorced D. Widowed

4) Educational level:

   A. No formal education B. Diploma C. Degree D. Masters

5) Employment status:

   A. Employed
   B. Unemployed
   C. Self-employed
   D. Student
   E. Retired

- family background

6) Relationship to the person with SUD:

   A. Parent
   B. Sibling
   C. Spouse
   D. Children
   E. Other specify_____

7) Number of family members living in the household:_____
8) Main source of family income:_____

Annex IV

TOPIC GUIDE

General background information

1. Can you tell me a little about your family and your relation with your family member who is affected by substance use?
2. How long has your family been affected by substance use and how often did your family members use substances during this time (e.g., daily, weekly, and occasionally)?
3. What type of substances has your family member used?

The experience of living with a family member affected by SUD

1) What challenges have you faced as a family member?
2) Can you explain how your life has changed since your family member started using substances?
3) In what ways has your daily routine been affected by your family members' substance use?
4) Have you noticed changes in your stress level, mood or overall mental health?
5) How has a member's substance use affected relationships with family members?
6) Has your social life or interactions with friends and extended family changed? If so, how?

Responses and ways of managing the situation

1. What strategies or methods have you employed to cope with the challenges presented by your family members substance use?
2. Have you found certain approaches more effective than others?
3. How do you communicate with your family member regarding their substance use?
4. How do you handle conflicts or disagreements related to substance use?

5. Can you provide example of challenges you have faced and how you have addressed them?

Seeking and receiving support

1. Have you received support from external sources such as friends, extended family, religious institutions or community services?
2. What types of support have been most beneficial to you?
3. Have you engaged with professional services such as counselling or support groups?
4. Have you faced any obstacles in accessing support or resources?
5. Is there anything else you would like to share that we have not discussed?

Annex V

Amharic Version

የመረጃ ቅጽ

ሰላም ስሜ አሚራ ሙደሲር ይባላል፣ በአሁኑ ሰአት በአዲስ አበባ ዩንቨርስቲ በስነልቦና ህክምና ዘርፍ የሁለተኛ አመት ተማሪ ነኝ። "በአማኑኤል ሆስፒታል ዉስጥ ተኝተው የሚታከሙ የሱስ ችግር ያለባቸው ታካሚዬችን ቤተሰቦች የደረሰባቸው ትፅኖ ከህይወት ተሞክሮዋቸው ምን ይመስላል " በሚል ርዕስ ጥልቅ የሆነ ጥናታዊ ጽሁፍ እያደረኩ ስለሆነ ይሄ ጥናታዊ ፅሁፍ ለሁለተኛ ድግሪ አስፈላጊየሆነ መስፈርት ነው። የጥናቱ ተሳታፊ አንዲሆኑ በትህትና እጠይቃለው።

የጥናቱ ዋና አላማ፡ በቤተሰብ አባላቸው የሱስ አጠቃቀም ችግር ሚክኒያት እየደረሰባቸው ያለ ተፅኖ የቤተሰቡን ችግርን የመቋቋም ዘዴ ያስሳል።

የጥናቱ ቅደም ተከተል፡ የዚህ ጥናት ተሳታፊ ለመሆን ከተስማሙ ለ60 ደቂቃ ያክል የሚያቆዮት ቃለመጠየቅ በግል ይኖሮታል። ቃለ መጠየቁ በጥናቱ ባለቤት የሚደረግ ሲሆን በተጨማሪ ቃለመጠይቁ የድምጽ ቅጂ እንደሚኖረዉ ልናሳስቦት እንወዳለን። እንዲሁም የግል ተሞክሮዎትን፣ ያጋጠመዎትን ችግር እና የማምለጫ ዘዴዎትን ያማከለ ጥያቄ ይኖረዋል።

ሚስጥራዊነት፡ የሚሰጡን ማንኛዉም መረጃዎች ሚስጥርነታቸው የተጠበቀ ነዉ። ጥናቱን በምንገልጽበት ወይም በህትመት ወቅት ስሞንና የርሶን ማንነት ሊያሳዩ የሚችሉ ነገሮች አንጠቀምም።

በጥናቱ ያለመሳተፍ ወይም የማቋረጥ መብት፡ ከጥናቱ ካልፈለጉ በማነኛውም ሰዓት ያለ ምንም ቅጣት የመውጣት መብቶ የተጠበቀ ነዉ።ይህም የሚሆነው ከቃለመጠየቁ በፊት፣ ቃለመጠየቁ እየተደረገ ባለበት ሰዓት ወይም ከቃለመጠየቁ ቡኋላ የመረጃ ትንታኔ ዉስጥ ከመገባቱ በፊት መሆን አለበት።

ጥቅም እና ጉዳት፡ እዚ ጥናት ላይ በመሳተፎ ይደርስቦታል ተብሎ የሚታሰብ ጉዳት የለም ነገች ግን የግል ተሞክሮዎን በሚገልፅ ጊዜ ሊያጋጥሞ የሚችል የስሜት መረበሽ ሊኖር ይችላል። እዚህ ጥናት ላይ በመሳተፎ በቀጥታሊያገኙት የሚችሉት ጥቅም የለም ነገች ግን የእርሶ ተሳትፎ በዚህ ችግር ተፅኖ እየደረሰባቸው ላሉ ቤተሰቦች የተሻለ ድጋፍ እንዲያገኙ ሊረዳ ይችላል።

ከጥናቱ ጋር ተያይዞ ማነኛውም ጥያቄ ካሎት ከታች ባለው አድራሻ ሊያገኙኝ ይችላሉ።

የጥናቱ ባለቤት ስም፡- አሚራ ሙደሲር

ስልክ፡- +251925375955

ኢሜል፡- amirahmudesir@gmail.com

የአዲስ አበባ ዩኒቨርስቲ ሳይካትሪ፣ ክሊኒካል ሳይኮሎጂ ትምህርት ክፍል ስልክ ቁጥር፡ +251118962052

መረጃ ለመስጠት ወይም ለመሳተፍ ፍቃደኛ ከሆኑ ሲለ አጠቃላይ ጥናቱን በተመለከተ መረጃ የሚሰጦት ግልባጭ ወረቀት ይሰጦታል። መረጃ ለመስጠት ፍቃደኛ መሆኖትን ለማረጋገጥ የፍቃደኝነት መግለጫ ፎርም ላይ እዲፈርሙ ይጠየቃሉ።

በመረጃ የተደገፈ የስምምነት ቅጽ

ስለ ጥናቱ የሚገልጸውን መረጃ ያነበብኩ ሲሆን እዚህ ጥናት ላይ መሳተፌ በራሴ ፈቃደኝነት ላይ የተመሰረተ ሲሆን በማነኛውም ሰዓት ከጥናቱ የመውጣት መብት እዳለኝ ተረድቻለው። ቃለመጠይቁ የድምጽ ቅጂ እንደሚኖረዉ እና ሚስጥራዊነቱንም የጥናቱ ባለቤት እንደሚጠብቅ ተነግሮኛል። ስለጥናቱ አላማ፣ ሂደት፣ አደጋ፣ ጥቅም አንብቤ ተረድቻለው።

ከዚህ በታች በመፈረም ጥናቱ ላይ ለመሳተፍ ተስማምቻለው።

ፊርማ፡ _____

ቀን፡ _____

Annex VI

ቃለ መጠየቅ

ግላዊ መረጃ

ቀን_____

የመለያ ቁጥር_____

1. **እድሜ፡_____**
2. **ጾታ**

ሀ. ሴት ለ. ወንድ

3. **የትዳር ሁኔታ**

ሀ. አላገባውም ለ. አግብቻለው ሐ. ተፋትቻለው መ.አጋሬ በህይወት የለም/ችም

4. **የትምህርት ደረጃ**

ሀ. ያልተማረ ለ.ዲፕሎማ ሐ. ድግሪ መ.ማስተርስይ

5. **የስራ ሁኔታ**

ሀ. የመንግስት ስራ ለ. የግል ስራ ሐ. ተማሪ መ. ጡረተኛ

- **የቤተሰብ መረጃ**

6. **ከሱስ ተጠቃሚው ግለሰብ ጋር ያለ ዝምድና፡**

ሀ. ወላጅ ለ.ወንድም/እህት ሐ. የትዳር አጋር መ. ልጅ ሠ. ዘመድ

7. **በቤት ውስጥ የሚኖሩ የቤተሰብ አባላት ብዛት**

8. የቤተሰቡ የገቢ ምጭ ምንድን ነው?

አጠቃላይ መረጃ

1. ስለ ቤተሰብዎ ትንሽ ሊነግሩኝ ይችላሉ እንዲሁም የሱስ ችግር ካለበት ግለሰብ ጋር ያሎትን ዝምድና ሊነግሩኝ ይችላሉ?

2. በዚህ ችግር ቤተሰቦ መጠቃት ከጀመረ ምን ያህል ጊዜ ሆነው? የሱስ ችግር ያለበት ግለሰብ በየስንት ጊዜ ነው ሱስ አምጪ ነገሮችን የሚጠቀመ ለምሳሌ በየቀኑ፣በየሳምንቱ፣ አልፎ አልፎ ነው?

3. የሚጠቀሙት ሱስ አምጪ ነገር ምንድነው?

የሱስ ችግር ካለበት የቤተሰብ አባል ጋር የመኖር ልምድ

1. በቤተሰብ አባሎ የሱስ ችግር ምክኒያት ምን አይነት ፈታኝ ሁኔታ አጋጥሞዎት ያቃል ?

2. የቤተሰብ አባሎ ሱስ መጠቀም ከጀመሩ ጀምሮ ህይወታቹ አንዴት እንደተለወጠ ሊያብራሩልኝ ይችላሉ?

3. የቤተሰብ አባሎ የሱስ ችግር የእርሶን የእለት ተእለት ውሎዎን በምን መንገድ ጎድቶታል?

4. የጭንቀት፣የስሜት ወይም የአእምሮ ጤናዎት ላይ ለዉጥ አስተውለው ያቃሉ?

5. የቤተሰብዎ አባል የሱስ ችግር በቤተሰብ ዉስጥ ያለውን የእርስ በእርስ ግንኙነትን እንዴት ተፅኖ ያደርግበታል?

6. ከጓደኞቾ እና ከሌሎች የቤተሰብ አባላት ጋር ያለዎት ማህበራዊ ግንኙነት ተለውጦዋል? ከተለወጠስ፣ እንዴት?

ምላሽ መስጫ እና ሁኔታዎችን የምቆጣጠር መንገዶች

1. የቤተሰብዎ አባል የሱስ ችግር በቤተሰብ ውስጥ የሚፈጥረውን ተፅኖ ለማምለጥ ምን አይነት ዘዴዎችን ወይም መንገዶችን ይጠቀማሉ?

2. ከሌሎች በበለጠ የሰራሎት የማምለጫ ዘዴ አለ?

3. የሱስ ግርች ካለበት የቤተሰብ አባል ጋር ከሱሱ ችግር ውጪ በሌላ ነገር እርዴት ነው ምትግባቡት?

4. ከሱስ ችግር ጋር ተያይዞ የሚመጡ ግጭቶችን ወይም አለመግባባቶችን እንዴት ነው ሚፈቱት?

5. ካሳለፉት ችግሮች ውስጥ ምሳሌ ሊሰጡኝ ይችላሉ ያንንስ ችግር እንዴት አለፉት?

ድጋፍ መፈለጊያ እና ማግኛ መንገድ

1) ከለሎች አካላት ድጋፍ አግኝተው ያቃሉ ለምሳሌ ከጓደኛ፣ ከሌላ የቤተሰብ አባል፣ ከሃይማኖት ተቋማት ወይም ከማህበረሰብ አግኝ?

2) በጣም ጠቃሚ ሆኖ ያገኙት የድጋፍ አይነት ምንድ ነው?

3) በባለሞያ የታገዘ እንደ የምክር ወይም የዲጋፍ ቡድን ውስጥ ተሳትፈው ያቃሉ?

4) ድጋፍ ለማግኘት ሞክረው ያጋጠሞት እንቅፋት አለ?

5) ሊጨምሩት ሚፈልጉት በውይይታችን ውስጥ ያላነሳነው ነገር አለ?