
**BEYOND BURDEN: POSITIVE MEANING AND HIDDEN STRAIN
AMONG FAMILY AND PROFESSIONAL CAREGIVERS IN
ADDICTION CARE – A NARRATIVE REVIEW**

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Article Received: 17 January 2026, Article Revised: 05 February 2026, Published on: 25 February 2026

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DOI: <https://doi.org/10.1555/ijarp.7787>

ABSTRACT

Background: Alcohol and drug use disorders affect not only individuals but also those who care for them, including family members and professional caregivers in de-addiction centres: [1-4] Despite extensive research on caregiver burden, the positive aspects of caregiving such as satisfaction, fulfilment, and purpose remain under-explored in addiction settings. **Aim:** To synthesise evidence on burden and positive meaning in caregiving among family caregivers of people with alcohol or drug addiction and professional caregivers in de-addiction centres. **Methods:** This narrative review draws on empirical studies of caregiver burden, resilience, and positive aspects of caregiving in substance use disorders, with additional reference to qualitative work in de-addiction centres and Indian studies on caregiver burden and resilience. [1-4,6-9] **Results:** Family caregivers experience high levels of objective and subjective burden across financial, emotional, social, and health domains, and often show low resilience, especially when the patient has severe or chronic dependence: [2,4,7-9] Professional caregivers in de-addiction centres describe heavy workloads, emotional exhaustion, and limited institutional support. At the same time, a subset of both family and professional caregivers report satisfaction, a sense of fulfilment, and purpose, particularly when patients

improve or maintain abstinence. Positive aspects of caregiving correlate with better caregiver quality of life and lower burden and may be higher when the patient is abstinent. **Conclusion:** Caregiving in addiction is characterised by a complex coexistence of high burden and positive meaning. Routine assessment of caregiver burden, active enhancement of positive caregiving experiences, and structured support for both family and professional caregivers are essential components of comprehensive addiction care. [1–3,5–9]

INTRODUCTION

Substance use disorders (SUD), particularly alcohol and opioid use disorders, are chronic, relapsing conditions that produce wide-ranging consequences for individuals, families, and health systems^[2–4] In many low- and middle-income countries, including India, mental health and addiction services are limited, and much of the day-to-day care is provided by informal family caregivers and a small cadre of professional staff in de-addiction centres.

The concept of **caregiver burden** encompasses the physical, psychological, social, and financial strain experienced by those who provide unpaid or paid care to persons with chronic illness, including SUD.^[2,4,7–9] Studies among family caregivers of people with alcohol or opioid dependence consistently demonstrate moderate to severe levels of burden and often low resilience, with severity of dependence, longer duration of use, older age, and female gender predicting higher burden.^[2,4,7–9]

However, caregiver experience is not uniformly negative. Emerging research in addiction psychiatry and other chronic conditions suggests that caregiving may also have **positive aspects**, including feelings of satisfaction, personal growth, and a sense of meaning and purpose, especially when the care recipient shows improvement. A recent qualitative study from de-addiction centres in Western Maharashtra reported that many professional caregivers, several of them recovered addicts, described their work as fulfilling and self-satisfying as they helped patients overcome addiction.

This narrative review aims to synthesise available evidence on both the burden and the positive aspects of caregiving among family caregivers of people with alcohol or drug addiction and professional caregivers in de-addiction centres, with a particular focus on satisfaction, fulfilment, and sense of purpose when the patient improves.

Methods (Narrative Review Approach)

This is a narrative (non-systematic) review. Empirical studies were identified through searches of major databases (e.g. PubMed, Google Scholar) using keywords such as

“caregiver burden”, “substance use disorder”, “alcohol dependence”, “opioid dependence”, “positive aspects of caregiving”, “resilience”, and “de-addiction centre caregivers”.[1-5,7-9]

Priority was given to:

- Studies assessing caregiver burden, resilience, or positive aspects of caregiving in alcohol or drug use disorders. [2-5,7-9]
- Qualitative research exploring experiences of professional caregivers in de-addiction centres.
- Indian studies to highlight context-specific findings where available. [1,2,4,7-9]

The aim was to map key themes rather than exhaustively list all studies.

Roles and Responsibilities of Caregivers in Addiction

Family and professional caregivers perform overlapping but distinct roles in the management of SUD.

Family caregivers (informal caregivers):

- Monitor substance use, supervise medications, accompany patients to treatment, and manage finances affected by substance use.pmc.ncbi.nlm.nih+3
- Provide emotional support, crisis management, and conflict resolution within the family, often in the context of repeated relapses.
- Navigate stigma and social judgment, sometimes hiding the illness to protect family reputation.

Professional caregivers in de-addiction centres:

- Include nurses, counsellors, administrators, and support staff who provide direct care, psychosocial interventions, and coordination of services.
- Manage challenging behaviours, withdrawal, risk of self-harm, and aggressive outbursts in residential or inpatient settings.
- Often work long hours with limited staffing, facing emotional exhaustion and occupational health risks.

In both groups, caregiving is continuous rather than time-limited and occurs in the context of uncertainty, relapse risk, and social stigma, which contributes to cumulative stress and burden.

Burden and Adverse Outcomes among Caregivers

Family caregivers of people with alcohol or drug addiction

Quantitative studies in India and other settings have consistently documented substantial burden among family caregivers of individuals with alcohol or opioid dependence.^[2,4,7-9]

- A study from Eastern India on caregivers of alcohol-dependent patients found that more than half of caregivers experienced moderate burden and over one-third experienced severe burden, with most caregivers showing low resilience.
- Caregiver burden was positively correlated with both patient and caregiver age, years of drinking, and severity of alcohol dependence, while resilience was negatively correlated with these factors.
- In a rural Indian sample of family caregivers of alcohol-dependent patients, the majority of patients were moderately dependent, and about 60% of caregivers reported moderate burden; female caregivers were more burdened and less resilient compared to males.
- Studies of caregivers of patients with opioid use disorder have also reported high burden, with predictors including severity of use, comorbidities, and limited social support.

The consequences of this burden include increased risk of depression, anxiety, somatic complaints, social isolation, and financial strain.^{2,4,7-9} Caregiver gender, lower education, unemployment, and lack of stable housing have been identified as predictors of higher burden among caregivers of alcohol-dependent patients.

Professional caregivers in de-addiction centres

Professional caregivers in de-addiction settings also experience significant stress related to high caseloads, long working hours, and challenging clinical situations. A qualitative study in Western Maharashtra identified themes of occupational strain, sleep deprivation, financial difficulties due to low salary, and emotional exhaustion among caregivers working in de-addiction centres.

Despite these strains, many professional caregivers continue in their roles, suggesting the presence of counterbalancing positive factors such as meaning, purpose, and job satisfaction, which will be discussed in the next section.

Positive Aspects of Caregiving: Satisfaction, Fulfilment and Purpose

Although caregiving in addiction is often framed in terms of burden, recent studies underscore the importance of **positive aspects of caregiving** (PAC), including satisfaction, feeling needed, personal growth, and enhanced meaning in life.

Family caregivers

An exploratory cross-sectional study of caregivers of patients with opioid dependence assessed positive aspects of caregiving using the SPACE (Scale for Positive Aspects of Caregiving Experience) and examined their association with quality of life, social support, and burden.

- Caregivers of patients who were currently abstinent reported significantly higher positive caregiving scores and lower burden compared to caregivers of patients with active substance use.
- Positive aspects included caregiver satisfaction, motivation for caregiving, personal gains, and increased social support.
- The authors concluded that positive aspects of caregiving could be utilised for better caregiver engagement and improved caregiver outcomes in addiction treatment.

These findings support the clinical observation that some caregivers report satisfaction, a sense of fulfillment, and purpose when the patient improves or engages in treatment. Caregivers may experience greater control and mastery over difficult situations and may feel that their efforts are meaningful when they see tangible changes in the patient's substance use, functioning, and relationships.

Professional caregivers in de-addiction centres

The qualitative study of caregivers employed in de-addiction centres in Western Maharashtra highlighted that many professional caregivers, including those who were themselves recovered addicts, described their work as fulfilling and self-satisfying. Participants reported that helping patients overcome addiction and witnessing recovery journeys gave them a sense of purpose and fulfilment.

- Some caregivers felt proud that their families now respected their work and that patients' families held them in high esteem for their support and encouragement.
- Expressions of gratitude from patients' relatives, such as visiting temples to pray for the caregivers and bringing offerings, were described as emotionally rewarding and reinforcing the caregivers' sense of meaning in their work.

Thus, alongside burdensome aspects, professional caregiving in de-addiction centres can be experienced as a vocation that offers existential meaning, particularly for recovered addicts who view their role as "giving back" by helping others achieve recovery.

Caregiver Burden, Resilience and Positive Meaning: A Coexisting Paradox

Evidence from alcohol and opioid dependence suggests that **burden and positive meaning often coexist** rather than being mutually exclusive^[3–5,7,8]

- In family caregivers, higher severity of dependence, older age, and longer duration of use are associated with greater burden and lower resilience.^[2,4,7–9]
- At the same time, caregivers of patients who are abstinent or show good treatment outcomes report higher positive caregiving scores, better quality of life, and lower burden.
- Qualitative accounts of both family and professional caregivers describe a complex emotional landscape where exhaustion, anger, and despair coexist with hope, satisfaction, and pride when patients improve.^{pmc.ncbi.nlm.nih+3}

Positive aspects of caregiving may act as a **coping resource**, buffering the negative impact of burden and enhancing resilience, similar to findings in caregivers of people with dementia and other chronic illnesses. In addiction settings, facilitating and recognising these positive experiences—such as celebrating small milestones in recovery—may improve caregiver engagement, reduce burnout, and indirectly support patient outcomes.

Implications for Clinical Practice and Policy

Given the dual nature of caregiving in addiction—high burden alongside potential positive meaning—several implications emerge for clinical practice and policy.

1. Routine assessment of caregiver burden and resources

- Clinicians should routinely assess caregiver burden, resilience, and social support in both family and professional caregivers using structured tools wherever feasible.^[2–4,7–9]

2. Psychoeducation and family-based interventions

- Psychoeducation should emphasise the chronic, relapsing nature of SUD, realistic expectations of recovery, and strategies to manage relapses, thereby reducing unrealistic guilt and self-blame among caregivers.^[2,4,7–9]
- Family interventions and support groups can provide a space for caregivers to share experiences, normalise stress, and learn adaptive coping, while also reinforcing positive aspects of caregiving.^[3–5]

3. Enhancing positive meaning and recognition

- Clinicians and service providers can actively acknowledge caregiver contributions, validate their efforts, and highlight progress in the patient as partly supported by caregiver engagement, which may strengthen caregivers' sense of purpose.

- Incorporating discussions about caregiving strengths and successes into routine follow-up can help caregivers recognise their own resilience.

4. Occupational health support for professional caregivers

- De-addiction centres should address long working hours, staffing shortages, and financial insecurity that contribute to professional caregiver burden.
- Regular supervision, debriefing sessions, mental health support, and recognition of caregivers' work may mitigate burnout and enhance job satisfaction.

5. Research and policy priorities

- More longitudinal and qualitative research is needed to understand how positive aspects of caregiving evolve over time and how they interact with burden and resilience in addiction contexts.^[3-5]
- Policies that formally integrate caregiver assessment and support into addiction treatment programmes could improve outcomes for both patients and caregivers.^[1-4,7-9]

CONCLUSION

Caregiving in the context of alcohol and drug addiction is a multidimensional experience marked by substantial burden and strain, particularly for family caregivers and under-resourced professional staff in de-addiction centres.^[1,2,4,7-9] At the same time, a significant proportion of caregiver's report satisfaction, a sense of fulfilment, and purpose, especially when patients improve or maintain abstinence.

Recognising and addressing caregiver burden while actively fostering positive caregiving experiences is essential for a holistic approach to addiction treatment. Integrating routine caregiver assessment, psychoeducation, family-inclusive interventions, and occupational support for professional caregivers can help transform caregiving from a predominantly hidden burden into a more balanced experience that acknowledges both its costs and its potential for meaning and growth.^[1-5,7-9]

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