

# Exploring the Lived Experiences of Hospitalized Individuals with Substance Use Disorder and Co-occurring Anxiety Disorder: A Qualitative Phenomenological Analysis

OSUNTOYINBO BAYO PATRICK<sup>1</sup>, BAMIGBOYE THERESA OLAITAN<sup>2</sup>, AFOLAYAN JOEL ADELEKE<sup>3</sup>, OLADAYO DAMILOLA AKINWALE<sup>4</sup>

<sup>1,2</sup>*Faculty of Nursing Sciences, College of Medicine and Health Sciences, Afe Babalola University, Ado Ekiti.*

<sup>3</sup>*Faculty of Basic Medical Sciences, Department of Nursing Science, University of Ilorin*

<sup>4</sup>*Faculty of Nursing Sciences Osun State University, Osogbo*

**Abstract-** *Substance use disorder (SUD) frequently co-occurs with anxiety disorders, leading to complex clinical presentations, poorer treatment outcomes, and increased relapse risk. However, limited qualitative research has explored the lived experiences of hospitalized individuals with this dual diagnosis. This study explored the lived experiences of hospitalized individuals diagnosed with SUD and co-occurring anxiety disorders, focusing on their perceptions of illness, hospitalization, stigma, coping strategies, treatment experiences, and recovery expectations. A qualitative phenomenological design was used. Semi-structured interviews were conducted with 15 hospitalized adults diagnosed with both conditions. Data were analyzed using Braun and Clarke's thematic analysis framework, and trustworthiness was ensured through member checking, and reflexive journaling. Five themes emerged: (1) Living in a Cycle of Fear and Dependence, (2) The Burden of Stigma and Self-Blame, (3) Hospitalization as Both Refuge and Restriction, (4) Searching for Understanding and Compassionate Care, and (5) Recovery as an Ongoing Journey. Participants described using substances to manage anxiety, experiencing stigma in healthcare settings, and facing uncertainty about recovery. The study concludes that individuals with co-occurring SUD and anxiety disorders experience significant psychological distress compounded by stigma and fragmented care. Integrated, trauma-informed, and patient-centered approaches are essential to improve treatment outcomes and recovery experiences.*

**Keywords:** *Substance Use Disorder, Anxiety Disorder, Hospitalization, Lived Experience, Phenomenology, Dual Diagnosis*

## I. INTRODUCTION

Substance Use Disorder (SUD) is a chronic, relapsing condition characterized by compulsive substance use despite harmful consequences. Globally, SUD remains a major public health concern because of its association with increased morbidity, mortality, and social dysfunction. A significant proportion of individuals with SUD experience co-occurring psychiatric disorders, particularly anxiety disorders such as generalized anxiety disorder, panic disorder, and social anxiety disorder (Lin et al., 2024; American Psychiatric Association, 2022).

The co-occurrence of SUD and anxiety disorders is clinically significant because it complicates diagnosis, treatment planning, and recovery outcomes. Individuals with dual diagnoses often experience greater psychological distress, higher rates of hospitalization, poorer treatment adherence, and increased risk of relapse compared to those with a single diagnosis (Lin et al., 2024; Kelly et al., 2023). The self-medication hypothesis suggests that individuals may use psychoactive substances to temporarily alleviate anxiety symptoms; however, prolonged substance use often exacerbates anxiety and reinforces a cycle of dependence and deteriorating mental health (Lin et al., 2024; Khantzian, 2017).

Despite growing clinical recognition of dual-diagnosis conditions, there remains limited qualitative evidence exploring how hospitalized individuals experience living with both SUD and anxiety disorders. Existing studies have primarily focused on epidemiological patterns and treatment

outcomes, with less attention given to patients' subjective experiences of hospitalization, stigma, healthcare interactions, and recovery processes (Balmuth et al., 2024; Velez et al., 2017). Consequently, a significant knowledge gap exists regarding the lived experiences of hospitalized individuals managing these co-occurring conditions, highlighting the need for qualitative inquiry to inform more comprehensive and patient-centered care approaches.

#### Objective of the Study

To explore the lived experiences of hospitalized individuals diagnosed with SUD and co-occurring anxiety disorders in Tertiary hospitals in Ekiti State through an in-depth qualitative analysis.

#### Research Questions

How do hospitalized individuals experience living with SUD and co-occurring anxiety disorders?

## II. CONCEPTUAL REVIEW

#### Substance Use Disorder (SUD)

Substance Use Disorder (SUD) is a chronic, relapsing psychiatric condition characterized by compulsive substance use despite harmful physical, psychological, and social consequences. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR), SUD involves impaired control over substance use, social impairment, risky use, and physiological dependence such as tolerance and withdrawal (American Psychiatric Association, 2022).

From a conceptual standpoint, SUD is understood as a brain-based disorder involving dysfunction in the mesolimbic dopamine reward system, prefrontal executive control, and stress-response pathways. These neurobiological changes reinforce compulsive substance-seeking behavior and reduce an individual's ability to regulate impulses (Lin et al., 2024).

In addition to biological mechanisms, SUD is shaped by psychosocial determinants such as trauma exposure, adverse childhood experiences, peer influence, unemployment, and socioeconomic disadvantage. These interacting biological and environmental factors highlight that SUD is a multifactorial condition rather than a moral or behavioral weakness (Vorspan et al., 2015).

#### Anxiety Disorders

Anxiety disorders are a group of mental health conditions characterized by excessive fear, worry, and physiological arousal that are disproportionate to actual threat levels. These include generalized anxiety disorder, panic disorder, social anxiety disorder, and specific phobias (APA, 2022).

Conceptually, anxiety disorders arise from dysregulation of brain systems responsible for fear processing, particularly the amygdala, hippocampus, and prefrontal cortex. Individuals often experience persistent worry, hypervigilance, irritability, sleep disturbances, and somatic symptoms such as palpitations and muscle tension (Stein & Sareen, 2015).

#### Co-occurring Substance Use Disorder and Anxiety Disorders (Dual Diagnosis)

The co-occurrence of SUD and anxiety disorders refers to the simultaneous presence of both conditions in an individual. This dual diagnosis is clinically significant because each disorder exacerbates the other, resulting in a cyclical and mutually reinforcing pattern of symptoms and dysfunction (Vorspan et al., 2015).

## III. THEORETICAL FRAMEWORK

#### Self-Medication Theory

The Self-Medication Theory, proposed by Khantzian (2017), posits that individuals use psychoactive substances as a coping mechanism to manage psychological distress, particularly symptoms of anxiety, depression, and emotional dysregulation. According to this theory, substance use is not random but is instead functionally driven by an attempt to relieve unbearable internal states.

In the context of anxiety disorders, individuals may use alcohol, opioids, sedatives, or other substances to reduce excessive worry, panic symptoms, or physiological arousal. While substances may provide temporary relief, repeated use leads to tolerance, dependence, and worsening anxiety symptoms over time, thereby creating a cyclical pattern of addiction and emotional distress (Khantzian, 2017).

This theory is highly relevant to the present study as hospitalized individuals with SUD and anxiety disorders often describe substance use as a coping strategy for managing overwhelming fear and psychological discomfort.

#### Empirical Studies on Substance Use Disorder and Anxiety Comorbidity

Research consistently shows high comorbidity between SUD and anxiety disorders. Kelly et al. (2020) found that individuals with anxiety disorders are significantly more likely to develop substance use problems compared to the general population. Similarly, Smith and Randall (2017) reported that up to 50% of individuals seeking treatment for SUD also meet criteria for at least one anxiety disorder.

A longitudinal study by Boland et al. (2019) demonstrated that anxiety symptoms often precede substance misuse, supporting the self-medication pathway. The study also noted that individuals with dual diagnosis had poorer treatment adherence and higher relapse rates compared to those with single diagnoses.

#### Empirical Studies on Neurobiological and Psychological Mechanisms

Neurobiological studies have highlighted overlapping brain circuits involved in both anxiety and addiction. Koob and Volkow (2016) found that dysregulation of the brain's reward system and stress circuits plays a central role in sustaining both conditions. Individuals with anxiety disorders often exhibit hyperactivation of the amygdala, increasing emotional reactivity and vulnerability to substance use as a coping mechanism.

Moustafa et al. (2021) further demonstrated that chronic substance use alters prefrontal cortex functioning, reducing impulse control and increasing susceptibility to anxiety symptoms, thereby reinforcing the addiction cycle.

#### Empirical Studies on Hospitalization Experiences of Individuals with SUD

Hospitalized individuals with SUD frequently report negative experiences within healthcare systems. Velez et al. (2017), in a qualitative study of hospitalized patients with SUD, found that participants often felt stigmatized, dismissed, and inadequately supported by healthcare providers. Despite these challenges, hospitalization was also viewed as a critical turning point for recovery for some participants.

Similarly, Balmuth et al. (2024) reported that hospitalized patients with SUD experienced both appreciation for medical stabilization and frustration with judgmental attitudes and lack of integrated care. The study emphasized the need for patient-centered and non-stigmatizing healthcare environments.

#### Empirical Studies on Anxiety and Substance Use Coping Patterns

Turner et al. (2018) examined self-medication behaviors and found that individuals frequently use alcohol and sedatives to temporarily relieve anxiety symptoms. However, this coping strategy often leads to dependency and worsening psychiatric symptoms over time.

In a systematic review, Smith and Randall (2017) concluded that anxiety-driven substance use is strongly associated with avoidance coping styles, emotional dysregulation, and reduced help-seeking behavior.

#### Empirical Studies on Stigma and Healthcare Experiences

Recent qualitative research by Rajab et al. (2023) found that individuals with substance use histories often perceive emergency and inpatient healthcare settings as judgmental, leading to reduced trust in healthcare providers and delayed care-seeking.

## IV. METHODOLOGY

#### Research Design

A qualitative phenomenological design was employed. Semi-structured interviews were conducted with 10 hospitalized adults diagnosed with SUD and a co-occurring anxiety disorder. Data were analyzed using thematic analysis following Braun and Clarke's six-step framework. Trustworthiness was ensured through member checking, triangulation, reflexive journaling, and audit trails.

#### Study Setting

The study was conducted in psychiatric units within tertiary hospitals in Ekiti State.

#### Inclusion Criteria

- Adults aged 18 years and above
- Diagnosed with SUD according to DSM-5 criteria
- Diagnosed with a co-occurring anxiety disorder
- Currently hospitalized
- Able to provide informed consent

#### Exclusion Criteria

- Severe cognitive impairment
- Acute psychosis
- Inability to participate in interviews

### Sampling Technique and Sample Size

Purposive sampling was used to recruit participants with rich experiential knowledge. Sample size was determined by data saturation, anticipated at 15 participants.

### Semi-Structured Interview Protocol

Data were collected using semi-structured interviews and analyzed thematically. Open-ended questions were designed to elicit detailed accounts of participants' lived experiences with substance use disorder and anxiety, with a focus on personal challenges and the effects of these conditions on their daily lives. Each interview lasted approximately 30–40 minutes per participant. Example interview questions included:

### Procedure

Data were gathered from in-patients across three selected tertiary hospitals in Ekiti State that serve as referral centres for individuals with mental disorders. Ethical clearance and permission to carry out the study were obtained from the appropriate authorities in each of the participating facilities.

Semi-structured interviews were conducted with selected participants, with emphasis on their experiences of dual diagnosis. Interviews were arranged at times that were convenient for the participants to minimize disruption and ensure their comfort. With informed consent, all interviews were audio-recorded, transcribed verbatim, and subsequently analyzed using thematic analysis.

### Data Analysis

Braun and Clarke's thematic analysis framework guided analysis was used to analyze the data:

1. Familiarization with data
2. Initial coding
3. Theme generation
4. Theme review
5. Theme definition
6. Report production

### Results and Findings

**Theme 1: Living in a Cycle of Fear and Dependence**  
Participants described anxiety as a constant presence in their lives. Many reported initially using substances to manage overwhelming fear, panic, or emotional distress.

### Participant Narratives

"The drugs quieted my mind. Without them, I couldn't stop worrying."

"I wasn't trying to get high anymore; I was trying to feel normal."

Participants often recognized that substance use worsened anxiety over time, creating a cycle of dependence.

### Interpretation

The findings support evidence indicating bidirectional relationships between anxiety disorders and substance misuse, where substances may initially reduce anxiety but ultimately exacerbate symptoms.

### Theme 2: The Burden of Stigma and Self-Blame

Participants reported experiencing stigma from family members, society, and healthcare professionals.

### Participant Narratives

"Once they see addiction in your chart, they look at you differently."

"People think it's all your fault."

Many participants internalized negative stereotypes, leading to shame and reduced self-worth.

### Interpretation

Previous qualitative studies similarly identified stigma and perceived bias as central barriers to effective care among hospitalized individuals with SUD.

### Theme 3: Hospitalization as Both Refuge and Restriction

Participants expressed mixed feelings about hospitalization.

### Positive Experiences

- Access to treatment
- Temporary safety from substance use environments
- Emotional support

### Negative Experiences

- Loss of autonomy
- Isolation
- Anxiety about discharge

### Participant Narratives

"Being here keeps me safe."

"I feel trapped, but I know I need help."

### Interpretation

Hospitalization created opportunities for recovery while simultaneously increasing feelings of vulnerability. Similar findings have been reported

among hospitalized patients with SUD who viewed hospitalization as a potential turning point in recovery.

#### Theme 4: Searching for Understanding and Compassionate Care

Participants emphasized the importance of respectful and empathetic interactions with healthcare providers.

#### Participant Narratives

"The nurses who listened made all the difference."

"I wanted someone to understand both my anxiety and addiction."

Participants valued integrated treatment approaches addressing both conditions simultaneously.

#### Interpretation

Compassionate, patient-centered care improves trust, engagement, and treatment adherence among hospitalized individuals with SUD.

#### Theme 5: Recovery as an Ongoing Journey

Participants described recovery as nonlinear and deeply personal.

#### Subthemes

##### Hope and Motivation

Many participants expressed optimism regarding recovery.

##### Fear of Relapse

Anxiety regarding future relapse remained prevalent.

##### Need for Continued Support

Participants emphasized the importance of ongoing psychological and social support.

#### Participant Narratives

"Recovery isn't one day; it's every day."

"I'm scared of going back, but I'm hopeful."

#### Interpretation

Recovery was viewed as a dynamic process involving personal growth, resilience, and continuous support

## V. RESULTS

Five major themes emerged: (1) Living in a Cycle of Fear and Dependence, (2) The Burden of Stigma and Self-Blame, (3) Hospitalization as Both Refuge and Restriction, (4) Searching for Understanding and Compassionate Care, and (5) Recovery as an Ongoing Journey. Participants described using substances to alleviate anxiety symptoms, experiencing judgment from healthcare providers and

society, and struggling with uncertainty regarding recovery.

## VI. DISCUSSION

The findings reveal the complex interplay between anxiety disorders and substance use among hospitalized individuals. Participants frequently described using substances as maladaptive coping mechanisms to manage anxiety symptoms, supporting the self-medication hypothesis. This finding is consistent with contemporary neurobiological models that suggest shared mechanisms and overlapping pathways between anxiety disorders and substance-related disorders, particularly within brain regions associated with stress regulation, reward processing, and emotional control (Lin et al., 2024; Khantzian, 2017). The cyclical relationship between anxiety and substance use observed in this study highlights the challenges associated with treating co-occurring disorders and reinforces the need for integrated treatment approaches.

Stigma emerged as a pervasive influence on participants' treatment experiences. Consistent with previous qualitative studies, participants reported feeling judged by healthcare providers and society, often leading to feelings of shame, self-blame, and distrust of healthcare systems (Balmuth et al., 2024; Rajab et al., 2023). Such experiences may hinder treatment engagement, reduce help-seeking behaviors, and negatively affect recovery outcomes.

Hospitalization represented both a challenge and an opportunity for recovery. While participants valued access to treatment, safety, and temporary separation from substance-use environments, they also described feelings of restriction, loss of autonomy, and uncertainty about the future. Similar findings have been reported among hospitalized individuals with SUD who viewed hospitalization as both a protective environment and a source of emotional vulnerability (Velez et al., 2017).

The desire for compassionate, integrated care underscores the importance of trauma-informed and patient-centered approaches that address both addiction and mental health needs simultaneously. Previous research suggests that empathetic healthcare interactions and integrated dual-diagnosis treatment models improve patient satisfaction, treatment adherence, and long-term recovery outcomes (Balmuth et al., 2024; Lin et al., 2024).

## VII. CONCLUSION

Hospitalized individuals with co-occurring Substance Use Disorder and anxiety disorders experience a complex interplay of fear, dependence, stigma, and hope. Their lived experiences emphasize the need for holistic, integrated, and compassionate care approaches that address both psychological and substance-related needs. Strengthening patient-centered care models and reducing stigma within healthcare systems are critical for improving recovery outcomes.

## VIII. RECOMMENDATION

- Implement integrated dual-diagnosis treatment programs.
- Promote trauma-informed care.
- Reduce stigma among healthcare providers.
- Strengthen discharge planning and follow-up services.
- Increase access to mental health support during hospitalization.

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