



RESEARCH ARTICLE

Depression, Loneliness and Life Satisfaction in Alcoholics Compared to Gamblers

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Abstract

The study was conducted to find out the role of Depression, Loneliness and Life Satisfaction in Alcoholics and in people who suffer from Gambling addiction. The sample population chosen for this study was, 100 adults aged 20-50 years (50 for each group). The tools of assessment used were Beck Depression Inventory- II (BDI) [Aaron T. Beck, Robert A. Steer, Gregory K. Brown, 1996], UCLA Loneliness Scale [16] and Satisfaction with life scale [17]. The statistical tool used for the study was t-test. The statistical analysis was carried out using MS- Excel operation. It was found that alcoholics scored higher on the variable of Depression and Life Satisfaction as compared to Gamblers whereas, Gamblers scored higher on the variables of Loneliness.

Keywords: Depression, Loneliness, Life satisfaction, Alcoholics, Gamblers

Introduction

The development of DSM-V (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) has encouraged the discussion about the existence of non-substance related addictions in comparison with substance addictions. The concept of non-substance-related (or 'behavioral') addiction describes syndromes analogous to substance addiction, but with the focus on a certain behavior which, similar to substance consumption, produces short-term reward and may persist despite harmful consequences due to diminished control over the behavior [1]. It is important to note that addictive behavior is not necessarily restricted to substance consumption but it also involves non-substance addictions. In the present study, the terms 'addiction' and 'addictive behavior' refer to both substance-and non-substance-related addictions.

Alcoholism, also known as alcohol use disorder (AUD), is a broad term applied for any drinking of alcohol that results in problems. [2] According to the American Medical Association, "alcoholism is an illness characterized by significant impairment that is directly associated with persistent and excessive use of alcohol. Impairment may involve physiological, psychological or social dysfunction." Psychologically speaking, alcoholism has less to do with "how much" someone is drinking, and more to do with what happens when they drink. In a medical context, alcoholism is said to exist when two or more of the following conditions is present: a person drinks large amounts over a long time period, has difficulty cutting down, acquiring and drinking alcohol takes up a great deal of time, alcohol is strongly desired, usage results in not fulfilling responsibilities, in social problems, in health problems. [3]

Pathological gambling is the non-substance related addiction, which has received most attention and has been examined extensively to date and is very prevalent in developing countries such as India. Many studies that have been carried out reveal a number of substantial similarities between pathological gambling and substance-related addictions concerning phenomenology, epidemiology, personality factors, genetics, neurobiological processes, recovery, and treatment [4-7]. In the current version, DSM-V, pathological gambling is proposed to be classified as a non-substance-related addiction.

Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings and sense of well-being. People with a depressed mood can feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable, angry, ashamed or restless. [2] They may lose interest in activities that were once pleasurable, experience loss of appetite or overeating, have problems concentrating, remembering details or making decisions, experience relationship difficulties and may contemplate, attempt or commit suicide. [8] Insomnia, excessive sleeping, fatigue, aches, pains, digestive problems or reduced energy may also be present [8-10]. Loneliness is a complex and usually unpleasant emotional response to isolation. Loneliness typically includes anxious feelings about a lack of connection or communication with other beings, both in the present and extending into the future. As such, loneliness can be felt even when surrounded by other people. The causes of loneliness are varied and include social, mental, emotional

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and physical factors. Research has shown that loneliness is prevalent throughout society, including people in marriages, relationships, families, veterans, and those with successful careers. [11] It has been a long explored theme in the literature of human beings since classical antiquity. Loneliness has also been described as social pain—a psychological mechanism meant to motivate an individual to seek social connections [12].

Life satisfaction i.e., cognitive evaluation of one's life based on self-selected standards, is one of the key components of happiness. Collectively, research indicates that happiness is not a unidimensional entity, but rather consists of frequent positive affect (emotions), infrequent negative affect and life satisfaction. Given that the affective and cognitive elements are related, albeit separable, researchers prefer the term subjective well-being to reflect its multidimensional nature. Life satisfaction is very closely associated in the promotion of healthy behavior and is seen to have a positive correlation with healthy lifestyle choices [13]. Life satisfaction incorporates objective standards such as relative income, employment status, and availability of environmental resources with more subjective impressions such as current mood states, attitudes, goals and expectations. Constructs such as hope and optimism play a vital role in predicting the life-satisfaction of an individual [14]. Life-satisfaction is closely related to Maslow's hierarchy of needs [15]. Several studies, spanning over decades have depicted that certain personality factors remain common among alcoholics and among gambling. The present study focuses on the difference between alcoholics and gamblers in terms of variables such as Depression, Loneliness and Life Satisfaction.

It was proposed that:

- i. Depression will be higher in Alcoholics as compared to Gamblers.
- ii. Loneliness will be higher amongst Gamblers in comparison to Alcoholics.
- iii. Life Satisfaction will be greater in Alcoholics as compared to Gamblers.

Method

Participants

A convenience sample of 100(50 alcoholics and 50 gamblers) participants was selected for the study. Participants were both males and females. The age range of the participants was between 20 to 50 years. All participants had at least five years of formal education.

Sample inclusion criterion

Only diagnosed alcoholics and people with gambling addiction as per DSM-V, who have not undergone any therapy or who aren't on any medication at present were included in the sample for the present study.

Sample exclusion criterion

Participants with co-morbidity of depression, schizophrenia

or any other disorder or who are under any medications were excluded. A brief interview was conducted with probing questions regarding any other psychiatric illnesses, visits to a psychiatry set-up as inpatients or outpatients. All the participants who reported negatively for these questions were selected for the study.

Measures

Beck Depression Inventory (BDI-II) [8]

The Beck Depression Inventory (BDI-II), created by Aaron T. Beck, is a 21-question multiple-choice self-report inventory, one of the most widely used psychometric tests for measuring the severity of depression. The BDI test includes a 21 item self-report using a four-point scale which ranges from 0 (symptom not present) to 3 (symptom very intense). The test takes approximately 5 to 10 minutes to complete. The BDI test is widely known and has been tested for content, concurrent, and construct validity. The BDI has also showed high construct validity with the medical symptoms it measures. Beck's study reported a coefficient alpha rating of .92 for outpatients and .93 for college student samples. The BDI-II positively correlated with the Hamilton Depression Rating Scale, $r = 0.71$, had a one-week test-retest reliability of $r = 0.93$ and an internal consistency $\alpha = 0.91$.

UCLA Loneliness Scale [16]

A 20-item scale designed to measure one's subjective feelings of loneliness as well as feelings of social isolation. Participants rate each item as either O ("I often feel this way"), S ("I sometimes feel this way"), R ("I rarely feel this way"), N ("I never feel this way"). The measure is highly reliable, both in terms of internal consistency (coefficient α ranging from .89 to .94) and test-retest reliability over a 1-year period ($r = .73$). Convergent validity for the scale was indicated by significant correlations with other measures of loneliness.

Satisfaction with life scale [17]

The Satisfaction with Life Scale, created by Diener et al., [17], is a 5 item Self-report scale. The Satisfaction with life scale includes a seven point scale ranging from 1 (strongly disagree) to 7 (strongly agree). Scores can range from a low of 5 to a high of 35. Higher scores indicate higher levels of life satisfaction. The test takes less than 5 minutes to complete. This test can be used to better understand general levels of client life satisfaction as they cognitively (versus emotionally) reflect on their experiences in the world thus far. This scale is reported to have internal consistency, with an alpha of 0.87 and test-retest reliability, with a correlation of 0.82 across a two-month time period. Concurrent validity has been established with scores on the Satisfaction with Life Scale correlating positively with scores on nine other measures of wellbeing and a self-esteem inventory. Negative correlations were also found between the Satisfaction with Life Scale and measures of neuroticism, emotionality, and a checklist of clinical symptoms.

Procedure

The participants were contacted individually. Rapport was

established with them. After the brief interview to rule out the co-morbidity, the participants who met the inclusion criterion were requested to participate in the study. The purpose of the study was explained to them and written informed consent was taken from each participant. The participants were assured of confidentiality of data. They also had the freedom to leave the study if they desired to do so. The questionnaire was then administered explaining the instructions for answering them. Any queries or doubts of the respondents were answered by the researchers. Although there was no time limit, the respondents were requested to respond with the first response that comes to their mind. It took approximately 10 to 15 minutes for each respondent to fill all the measures. After making sure that no statement was left unanswered, the participants were debriefed and thanked for their participation in the study.

Results and Discussion

In this study it was proposed that, Depression is higher in alcoholics as compared to gamblers (Table 1).

t- 3.99, df-98, sig.0.05 (Graph 1)

The results show that the mean scores of the Gamblers on Depression scale was 23.7 (13.1) as compared to alcoholics 32.1 (14.54). Therefore Gamblers have lower depression than the alcoholics. This is in line with proposed hypothesis.

A study carried out Pedrelli P. and Borsari B., (2016), [18] suggested the presence of an association between Major Depressive Disorder and heavy alcohol use. This study was carried out on relatively asymptomatic college students. Kim SW, et al. [19] in their study, “Pathological gambling and mood disorders: Clinical associations and treatment implications” reported that high prevalence rate of depressive disorders has been recorded among pathological gambling disorder patients. Another evidence in support of the present hypothesis was provided by a study carried out by Brière FN, et al. [20] on Comorbidity between major depression and alcohol use

disorder from adolescence to adulthood. This study was carried out on non-clinical population, which depicted that the lifetime rates of comorbid MDD along with AUD were considerably higher than in cross-sectional studies which provides an evidence for the present hypothesis. The above mentioned studies depict that depression is prevalent among both the disorders however, the degree of depression is noted to be higher in substance use disorders such as Alcoholism which is in line with the hypothesis, however, there are no studies which directly compare the two independent variables, thereby serving as a theoretical support for the proposed hypothesis.

In this study it was proposed that, Loneliness is higher in Gamblers as compared to Alcoholics (Table)

t- 6.29, df-98, sig.0.05 (Graph 2).

The results show that the mean scores of the Gamblers on Loneliness scale was 42.7 (17.2) as compared to alcoholics 29.1 (19.54). Therefore Alcoholics have lower rate of loneliness than the gamblers. This is in line with proposed hypothesis.

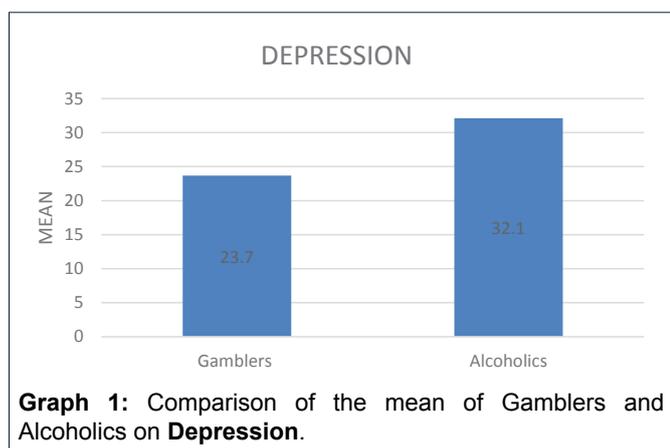
Porter J, et al. [21] carried out a study on, “Loneliness and life dissatisfaction in gamblers” which depicted that people who have gambling addiction experience a great deal of loneliness in their life activities. [21] Gupta R, et al. [22] in their study, “Adolescent Gambling Behavior: A Prevalence Study and Examination of the Correlates Associated with Problem Gambling” reported that people with gambling addiction showed high affinity for risky behavior and substance abuse such as alcohol. [22] Lee HP, et al. [23] carried out a study on, “The five-factor gambling motivation model”. In the study they provide evidence that loneliness is one of main factor which comes into play in gambler. [23] There has been evidence stating the prevalence of loneliness among alcoholics, however, based on the data obtained from the present study we can conclude that, the attribute of loneliness is more prevalent in non-substance addictions such as gambling.

Depression	Gamblers	Alcoholics
Mean	23.7	32.1
Standard Deviation	13.1	14.54

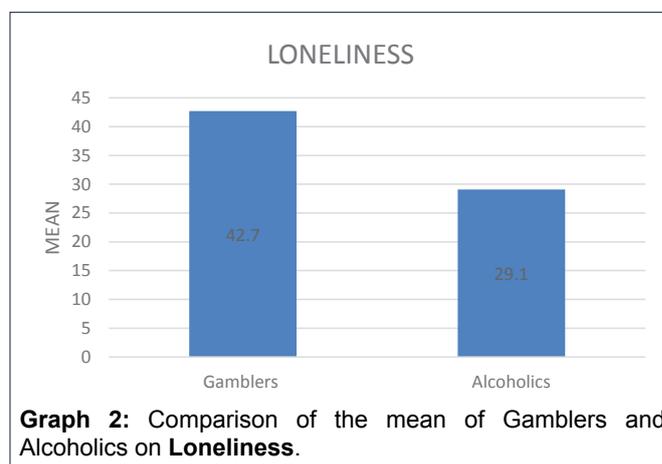
Table 1: Mean and SD of Depression of the Gambling addict group and alcoholic group.

Loneliness	Gamblers	Alcoholics
Mean	42.7	29.1
Standard Deviation	17.2	19.54

Table 2: Mean and SD of Loneliness of the Gambling addict group and alcoholic group.



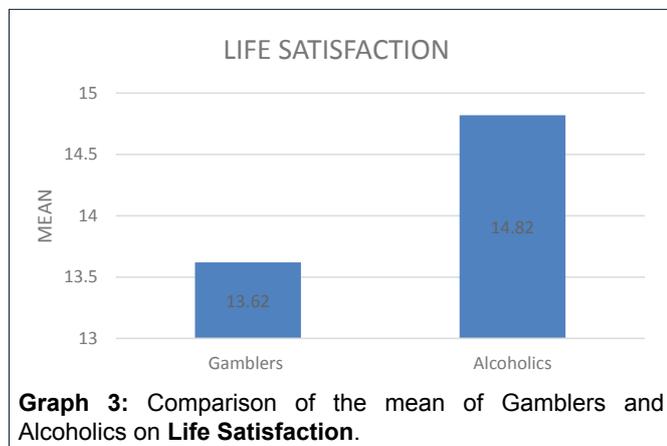
Graph 1: Comparison of the mean of Gamblers and Alcoholics on Depression.



Graph 2: Comparison of the mean of Gamblers and Alcoholics on Loneliness.

Life Satisfaction	Gamblers	Alcoholics
Mean	13.62	14.82
Standard Deviation	5.9	6.46

Table 3: Mean and SD of Life Satisfaction of the Gambling addict group and alcoholic group.



In this study it was proposed that, Life Satisfaction is higher in Alcoholics as compared to Gamblers (Table 3)

t- 1.34, df-98, sig.0.05 (Graph 3)

The results show that the mean scores of the alcoholics on life satisfaction scale was 14.82 (6.46) as compared to gamblers was 13.62 (5.90). Therefore alcoholics have higher life satisfaction than the gamblers. This is in line with proposed hypothesis.

Koivumaa Honkanen H, et al. [24] conducted a study on Life Satisfaction and Alcohol use. This was a study carried out on normal twins across a span of 15 years. This study indicates that alcohol indications and risk factors are associated with people becoming dissatisfied regardless of study period. However, evidence from the study carried out by Tavares H, et al. [25] on “Comparison of Craving between Pathological Gamblers and Alcoholics” depict that there is the lack of impulse control and the lesser susceptibility to experience positive emotions among gamblers. These factors in a broad sense could also be associated with the overall life satisfaction of an individual. [25] A study by Victoria Manning V, et al. [26], on “An Exploration of Quality of Life and its Predictors in Patients with Addictive Disorders: Gambling, Alcohol and Drugs” explained that gamblers have a lower quality of life as compared to that of alcoholics. They also suggested that treatment services should pay close attention and target the specific life domains where poor satisfaction is reported by the different addiction populations [26].

Significance of the Study

The findings of this study will redound to the benefit of the society considering that degree of Depression, loneliness and life satisfaction present in an individual plays an important role in combatting addictions, both substance and non-substance. Literature indicates that persons that use alcohol to relieve depressive symptoms may require treatment of depression to

achieve full remission after alcohol use disorder treatment. Secondly, it is possible that continued use of alcohol by these participants may have sustained the depression. Research indicates that the more a person drinks the more they are likely to develop major depression, and presence of either AUD or major depression is associated with a double risk. The greater demand for psychologists to come up with new and effective therapeutic techniques justifies the need of incorporating the component of depression into the formulation of novel approaches towards rehabilitation of the individuals suffering from chronic addictions such as alcoholism. In the present study, it was seen that occasional drinkers have a lower score profile in terms of Depression as compared to Alcoholics. Gambling addiction is a form of impulse control disorder, in which a person has little to nil control over their urges and impulses, in that sense, it is evident that such people are lonely as they devote their maximum time and energy in the gambling activity and have little time to spare for interpersonal relationships. Moreover, being isolated and lonely may give rise to increased gambling as a means of coping. Life satisfaction was observed to be lower in gamblers than alcoholics. This follows a similar trend where an individual is so involved in his activity that it drives him away from other sources of interpersonal communication, thus giving rise to an overall decrease in interactions. The present study serves as a ground work for the further development of studies which could provide more insight in the characteristic personality patterns of individuals with addictions.

The findings of the study, therefore, would be helpful for the enhancement of the Quality of Life of the people who suffer from alcoholism and gambling addictions whilst they are in recovery. Thus, a new methodology of holistic rehabilitation for alcoholics can be attained, by focusing on the right aspects that need to be targeted during recovery. The present study also opens up a gateway to a whole new domain of studies which might be explored in future.

Limitations

The present study involves a comparison between two sets of populous, namely the clinical group consisting of Alcoholics and a clinical group consisting of gambling addicts on the variable of depression, loneliness and life satisfaction. The topic at hand is multifaceted and because of this, there tends to be certain limitations to the study. A limitation of the present study could be that matching of gender across the two groups of participants could not be achieved. Also, the small sample size of the two groups of populations involved in the study which is not a representative of the total population. The geographic location was restricted to Western and Southern parts the city of Mumbai which may not a representative of the other regions of Mumbai City. The socio-economic level of the participants in the gambling addiction could be kept relatively stable across the group; however there are disparities in the socio-economic levels of participants in the Alcoholic group which could also serve as a limitation for the study.

Conclusion

The results of the study found that Depression was significantly higher in Alcoholics compared to Gamblers.

Loneliness was higher in Gamblers as compared to Alcoholics. Life satisfaction, though low in both the groups, showed that the degree of life satisfaction was even lower in Gamblers as compared to Alcoholics.

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