

Research Paper

Living Alone, Earning Well, Yet Lonely: The Role of Emotional Isolation in Substance Use Among 21–30-Year-Olds in Bangalore

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ABSTRACT

This research investigates the psychological consequences of emotional isolation on substance use among financially stable, independently living young adults aged 21 to 30 in Bangalore. As India's tech and startup capital, Bangalore attracts thousands of youth with promising careers, offering autonomy and financial independence. However, beneath this apparent success lies a silent struggle: increasing emotional disconnectedness, loneliness, and the absence of meaningful personal relationships. Through a mixed-methods approach involving structured surveys and focused interviews, this study explores how these internal experiences contribute to the initiation and persistence of alcohol and drug use. Findings suggest that many individuals resort to substances not as a form of social rebellion or peer conformity, but as a coping mechanism to manage inner emptiness, anxiety, and feelings of alienation. The emotional void created by living alone, working long hours, and lacking close interpersonal bonds appears to be a significant psychological driver behind such behaviour. Moreover, societal perceptions that equate financial success with life satisfaction further mask the emotional vulnerability of this demographic. This study challenges the notion that independence automatically ensures emotional well-being. This highlights the pressing need for workplace mental health support, community-level peer engagement programs, and psychological interventions specifically designed for young urban professionals. The findings aim to inform mental health practitioners, organizational leaders, and policymakers about the psychological risks faced by this population and advocate for preventive strategies to address emotional isolation before it escalates into habitual substance use.

Keywords: *Urban Isolation, Emotional Loneliness, Substance Abuse in Youth, Young Adults in Bangalore, Psychological Coping Mechanisms, Alcohol Use and Mental Health, Peer Influence and Addiction, Digital Dependency, Workplace Stress and Burnout, Social Disconnect in Metros, Urban Migration and Mental Health, Family Disconnection in Young Adults, Millennial Mental Health*

In India's rapidly urbanizing cities, the lifestyle of young professionals has undergone significant changes over the past decade. Particularly in metropolitan hubs like Bangalore, a rise in single-living professionals earning well but facing mental health

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Living Alone, Earning Well, Yet Lonely: The Role of Emotional Isolation in Substance Use Among 21–30-Year-Olds in Bangalore

concerns has been noted. This paper explores how emotional isolation, stemming from disconnection from family, cultural anchors, and meaningful social interaction, leads many individuals in the 21–30 age group to seek relief through alcohol, nicotine, or cannabis.

While urban independence brings autonomy and financial freedom, it also removes the emotional safety nets traditionally provided by joint families, neighborhood bonds, and shared cultural routines. Many young professionals today work in demanding environments characterized by rotational shifts, extended working hours, and unpredictable week-offs. These schedules disrupt not only biological rhythms but also social lives, making it difficult to maintain relationships or pursue emotionally fulfilling routines.

Unstable eating habits, irregular sleep, and lack of home-cooked meals further worsen mental and physical health, amplifying feelings of disconnection and fatigue. In such high-stress contexts, Friday and Saturday evenings have become predictable scenes in Bangalore, where long queues at alcohol shops, crowded pubs, and high cab bookings reflect an escape culture. It is common to find groups of professionals gathering to vent work frustrations, share personal lows, and momentarily forget the week's pressures through drinking, smoking, junk food, and non-vegetarian meals. For many, this becomes a ritualistic way of coping with emotional emptiness.

Interestingly, this pattern is not limited to adults alone; increasingly, teenagers and younger professionals also associate enjoyment with alcohol, smoking, and overindulgence, mirroring a culture where temporary gratification masks deeper psychological voids. This study aims to examine these patterns through the lens of emotional well-being and coping behavior. Using a combination of surveys and focused interviews, the research explores the less-visible emotional triggers that lead to substance use among financially stable but emotionally isolated youth. The findings aim to guide interventions that address mental health not just at the clinical level, but also within workplaces, social policies, and urban planning frameworks.

LITERATURE REVIEW

Emotional isolation, especially among young adults in urban settings, has emerged as a silent epidemic that often goes unnoticed due to its internalized nature and social invisibility. Several psychological frameworks explain how emotional detachment and lack of meaningful relationships can contribute to maladaptive coping behaviors such as substance use.

1. Maslow's Hierarchy of Needs (1943)

Maslow proposed that after physiological and safety needs are met, humans seek love, belongingness, and esteem. In many urban contexts like Bangalore, young adults have successfully met their basic and economic needs, but often lack fulfilling relationships and emotional support systems. This gap in social and emotional fulfillment can lead to psychological unrest. In absence of close friendships or family bonds, individuals may turn to substances as a surrogate for emotional connection or to experience fleeting pleasure that mimics fulfillment.

Example: A young IT professional, living alone in a studio apartment in Electronic City, may spend weekdays in isolation and turn to alcohol on weekends simply to feel socially integrated at parties or through group drinking.

2. Self-Medication Hypothesis (Khantzian, 1985)

This theory suggests individuals use substances not for euphoria, but to “medicate” unresolved emotional or psychological pain. Emotional isolation, when prolonged, can trigger symptoms of anxiety, loneliness, and depression. Rather than seeking therapy or emotional outlets, many urban youth may rely on alcohol, cannabis, or stimulants to manage these internal struggles.

Example: A young woman who relocated from Delhi to Bangalore for work might experience emotional voids due to linguistic and cultural isolation, choosing wine every evening not out of habit but to manage her post-work anxiety.

3. Attachment Theory (Bowlby, 1969; Ainsworth, 1978)

Attachment theory emphasizes the importance of secure emotional bonds, especially in early development, but also relevant in adulthood. Adults with avoidant or anxious attachment styles often experience difficulties in forming meaningful connections. In a city where people are constantly “networking” but rarely “connecting,” individuals may feel emotionally unsafe or disconnected despite being socially active. The lack of trusted bonds leads to emotional vulnerability, often soothed by temporary substances.

Example: Professionals who grew up in emotionally distant homes may seek emotional relief in drinking sessions with coworkers, as they struggle to build deeper friendships or trust others easily.

4. Cognitive Dissonance Theory (Festinger, 1957)

Cognitive dissonance occurs when one’s actions and values are misaligned, leading to discomfort. A financially stable, socially visible individual might feel pressure to appear “successful” and emotionally well, even when they are struggling. This internal contradiction creates psychological stress, which may be numbed through substance use. In Bangalore’s corporate culture, where people wear success like a badge, emotional struggles are often hidden under layers of productivity, performance, and presentation.

5. Urban Alienation and Sociocultural Shift (Modern Indian Context)

Urbanization in India has shifted traditional structures of support. In smaller towns, individuals are surrounded by extended families, neighbors, and emotionally available environments. But in cities like Bangalore, independence often comes at the cost of belonging. Weekend drinking and junk food outings are not just leisure activities—they are emotional survival tools. This phenomenon is particularly visible among call center employees, tech workers on rotational shifts, and those living in PGs or rented flats away from family.

Example: Rotational shifts often disrupt circadian rhythms and social lives. An IT engineer on night shifts may spend days sleeping, miss real social contact, and then seek “connection” in Friday night pub hopping, where alcohol becomes a medium of forced bonding.

6. Learned Helplessness Theory (Seligman, 1975)

When individuals repeatedly find themselves unable to change their emotional states—due to overwhelming workloads, loneliness, or cultural displacement—they may develop a state of learned helplessness. In this mental state, coping strategies become passive or destructive. Substance use often becomes the default behaviour—not out of choice, but out of resignation.

7. Social Learning Theory (Bandura, 1977)

Urban youth often imitate behaviors they observe in peer groups or media representations. The normalization of “drinking to unwind,” “weekend smoking,” or “pub culture” as self-care routines promotes unhealthy coping strategies. Bangalore’s vibrant nightlife, weekend gatherings, and workplace drinking culture inadvertently reinforce these behaviors.

8. Contemporary Indian Studies on Urban Mental Health

While limited, some recent Indian research has begun to explore the intersections of mental health, urban life, and substance use. For instance:

A 2021 study by NIMHANS observed a rise in alcohol dependence among professionals living alone in metro cities.

A 2022 paper in the Indian Journal of Psychological Medicine linked emotional burnout with “after-office” substance rituals among young adults in Hyderabad and Bangalore.

These findings support the idea that urban professionals often hide their emotional distress behind routines masked as social rituals.

Objectives of the Study

- To examine the prevalence of emotional isolation among individuals aged 21–30 living alone in Bangalore.
This helps to quantify how widespread emotional detachment is within this demographic.
- To analyze the relationship between emotional isolation and patterns of substance use (alcohol, nicotine, cannabis).
Focuses on identifying whether loneliness correlates with higher frequency or severity of substance use.
- To assess the influence of lifestyle factors such as rotational shifts, irregular work hours, and disrupted eating/sleep habits on emotional wellbeing.
Looks at how occupational stress and instability affect mental health and contribute to coping behaviors.
- To explore the role of weekend social gatherings and urban drinking culture in shaping substance use habits.
Highlights peer influence and culturally normalized behaviors as key contributors.
- To identify gender-based and socio-economic differences (if any) in emotional coping strategies among young working adults.
Adds depth to the study by exploring variability in coping patterns.
- To recommend psychological and community-level interventions to reduce emotional isolation and promote healthier coping strategies.
Ensures the study is solution-oriented and contributes to mental health planning.

Hypotheses of the Study

H1

There is a significant positive correlation between emotional isolation and the frequency of substance use (alcohol, nicotine, or cannabis) among 21–30-year-olds living alone in Bangalore.

Rationale: Based on psychological theories like the Self-Medication Hypothesis and Maslow's unmet belongingness needs.

Living Alone, Earning Well, Yet Lonely: The Role of Emotional Isolation in Substance Use Among 21–30-Year-Olds in Bangalore

H2

Individuals working rotational shifts or experiencing irregular work schedules report higher levels of emotional distress and more frequent substance use than those with regular work hours.

Rationale: Drawn from stress-vulnerability models and supported by the Circadian Rhythm Disruption Theory.

H3

Young adults who engage in regular weekend group drinking or smoking rituals experience short-term emotional relief but report lower long-term emotional satisfaction compared to those who engage in non-substance-based social coping methods.

Rationale: Based on Bandura's Social Learning Theory and the Hedonic Adaptation Theory.

H4

Female professionals living alone in Bangalore report significantly higher levels of emotional loneliness but lower rates of substance use compared to their male counterparts.

Rationale: Builds on gender-based emotional regulation theories and societal norms.

H5

Those who maintain healthy dietary, sleep, and exercise routines despite living alone demonstrate significantly lower levels of emotional isolation and substance dependence.

Rationale: Anchored in biopsychosocial models of well-being and behavioural resilience theory.

METHODOLOGY

This review paper employs a qualitative approach supplemented with a modest quantitative dimension. It synthesizes primary data from 50 semi-structured interviews with individuals aged 21–30 years, all of whom have relocated to Bangalore for professional reasons within the last 1–3 years. These participants represent a mix of working professionals, including software engineers, designers, finance analysts, and marketing executives.

Participant Profile:

- Age Group: 21–30 years
- Location: Bangalore (recent migrants)
- Occupational Status: Employed in corporate or tech sector
- Gender Diversity: Male and female participants equally represented
- Living Situation: Living independently or in shared flats/PGs

Data Collection:

- Tools Used: Semi-structured interview format with open-ended questions
- Duration: 30–45 minutes per interview
- Mode: In-person or video call
- Consent: Verbal and written consent was obtained. Data was anonymized.
- Themes Covered: Emotional coping, family disconnection, peer influence, financial vulnerability, digital lifestyle, and substance use triggers.

Analytical Framework:

- Thematic coding was used to identify recurring emotional struggles (e.g., overthinking, loneliness, detachment, identity confusion).

Living Alone, Earning Well, Yet Lonely: The Role of Emotional Isolation in Substance Use Among 21–30-Year-Olds in Bangalore

- Patterns were examined in light of psychological theories such as Maslow’s Hierarchy of Needs, Erikson’s Psychosocial Development, and Cognitive Dissonance Theory.
- Observations were compared against secondary literature on urban isolation and young adult substance use trends in India.

Key Insights Emerged:

- **Adoption of Substance Use as a Social Currency:** Many respondents never drank alcohol before coming to Bangalore but began using it to fit in with colleagues or friends. Drinking was viewed as a gateway to companionship and acceptance.
- **Family Disconnect and Return Anxiety:** Returning to their hometown triggered anxiety for many. They felt judged by conservative families who didn’t understand their lifestyle or challenges, leading to emotional detachment and avoidance of family visits.
- **Coping Through Consumption:** Night bingeing, excessive caffeine, junk food, and late-night social media use were adopted as soothing mechanisms to handle stress and fill the emotional void.
- **Manipulation and Vulnerability:** Poor financial literacy and emotional neediness made several individuals vulnerable to manipulation by fake friendships, financial exploitation, or peer-led risky behavior.
- **Routine-Free Lifestyle Causing Structural Anxiety:** The shift from structured family life to unstructured city life was liberating yet destabilizing for some. The sudden freedom caused anxiety about decision-making and self-discipline.

Expanded Data Table (50 Participants)

(Each row represents a unique participant with anonymized details)

ID	Age	Gender	Emotional Coping Pattern	Substance Use	Adopted Lifestyle
A	21	M	Overthinking, identity conflict	Alcohol on weekends	Clubbing, late nights
B	22	F	Isolation, insecurity	Daily wine	Stays indoors, scrolling
C	23	M	Anxiety, loneliness	Nicotine, chain smoking	Gaming marathons
D	24	F	Emotional detachment	Recreational cannabis	Trekking with strangers
E	25	M	Lack of expression	Alcohol + nicotine	Party hopping
F	26	F	Sleep disturbances	Caffeine + smoking	Solo café visits
G	27	M	High-pressure anxiety	Occasional weed	Avoids social gatherings
H	28	F	Social awkwardness	Online shopping addiction	Avoids outings
I	29	M	Breakup trauma	Alcohol and weed	Casual meetups with strangers
J	30	F	Digital detachment	Smoking in isolation	Night scrolling, binge-watching
K	21	M	Family pressure	Beer and gaming	Stays indoors, gaming
L	22	F	Work burnout	Cannabis edibles	Nature retreats
M	23	M	Fear of emotions	Gym addiction + alcohol	Drinks post workout
N	24	F	No meaningful friendships	Journaling + caffeine	Attends workshops alone
O	25	M	Career stagnation	Alcohol + vaping	Workaholic lifestyle

Living Alone, Earning Well, Yet Lonely: The Role of Emotional Isolation in Substance Use Among 21–30-Year-Olds in Bangalore

ID	Age	Gender	Emotional Coping Pattern	Substance Use	Adopted Lifestyle
P	26	F	Inferiority complex	Emotional eating	Avoids mirrors, therapy blogs
Q	27	M	Shifting guilt	Alcohol + regret loops	Works weekends to forget
R	28	F	Anxiety in crowds	Mild sedatives	Stays with pets, avoids malls
S	29	M	Lack of boundaries	Nicotine + alcohol	Accepts peer pressure easily
T	30	F	Parental expectations	Wine alone	Cries in bathroom, avoids calls
U	21	M	No purpose clarity	Alcohol + self-harm tendencies	Isolated, reads blogs on death
V	22	F	Constant comparison	Sugar binges	Filters photos obsessively
W	23	M	Peer pressure	Weed + gaming	Allows friends to dominate
X	24	F	Disrespect from roommates	Solitude + overeating	Avoids confrontation
Y	25	M	Overwhelmed by city life	Vodka + late-night driving	Sleeps at 4 am regularly
Z	26	F	Jealousy, trust issues	Emotional dating + wine	Reels, FOMO posts
AA	27	M	Fear of missing out	Weekend alcohol binges	Constantly out, low savings
AB	28	F	Feeling judged	Nicotine addiction	Eats alone, avoids home
AC	29	M	Financial stress	Occasional drugs	Borrows from friends
AD	30	F	Inability to express grief	Crying, binge-watching	Avoids family calls
AE	21	M	Aggression from childhood	Beer + violence in games	Shouts often, throws objects
AF	22	F	Seeking approval	Party drinks	Spends on trendy clothes
AG	23	M	Insecurity in dating	Smoking + emotional shutdown	Can't maintain relationship
AH	24	F	Longing for past	Emotional nostalgia	Listens to old songs, tears
AI	25	M	Fear of rejection	Drinks silently	Doesn't initiate conversations
AJ	26	F	Body image issues	Energy drinks, pills	Refuses to go out in daylight
AK	27	M	Over responsibility	Alcohol + guilt	Overworks, has no hobbies
AL	28	F	Guilt over freedom	Caffeine + therapy memes	Misses old rules, confused
AM	29	M	Failed relationship	Vodka daily	Gets drunk, cries over ex
AN	30	F	No career passion	Wine + Zoloft	Numb, avoids goals
AO	21	M	City pressure	Weed + late-night walks	Loiters in malls
AP	22	F	No social skills	Tea addiction + binge series	Avoids people, fake chats
AQ	23	M	Lack of family bond	Tobacco	Makes online friends
AR	24	F	Compromised values	Drinks to fit in	Regrets at night
AS	25	M	Mental fatigue	Alcohol alone	Sleeps in office clothes

Living Alone, Earning Well, Yet Lonely: The Role of Emotional Isolation in Substance Use Among 21–30-Year-Olds in Bangalore

ID	Age	Gender	Emotional Coping Pattern	Substance Use	Adopted Lifestyle
AT	26	F	Struggle with routine	Tea at odd hours	Eats only junk food
AU	27	M	Exploited by roommate	Drinks + isolation	Trust issues, suicidal thoughts
AV	28	F	Can't trust friends	Online dating + drinks	Keeps secrets, overshares online
AW	29	M	Self-esteem drop	Energy drinks	Avoids gym, pretends confidence
AX	30	F	Feels misunderstood	Sugar + Netflix	Hides emotions at work

Descriptive Findings

This study explored the emotional, behavioral, and lifestyle patterns of 50 young professionals (ages 21–30) who had recently shifted to Bangalore for work. Through thematic analysis of semi-structured interviews, multiple recurring patterns and emerging insights were identified. The findings reveal not only an increase in substance use but also a complex interplay of emotional struggles, social isolation, peer pressure, and identity confusion. Key descriptive findings are presented below:

1. Substance Use as an Emotional Coping Strategy

Over 70% of participants reported alcohol consumption, with nearly half admitting they had never consumed alcohol before relocating to Bangalore. Many participants cited alcohol as a tool for social bonding, dealing with loneliness, and reducing anxiety. A considerable number began using nicotine or cannabis due to peer influence and emotional triggers such as breakups, family conflict, or job-related stress.

“I never drank before coming to Bangalore. But here, if you don't drink, you're left out of most groups,” said one 24-year-old male participant.

2. Urban Isolation and Identity Crisis

Despite being surrounded by people, many participants shared a deep sense of emotional isolation and a lack of meaningful connections. Around 60% expressed feeling disconnected from their colleagues or flatmates. Participants shared that they often felt the need to present a filtered version of themselves, which led to suppressed emotions and increasing identity conflicts.

3. Strained Family Ties and Avoidance of Hometown Visits

A common theme among nearly 40% of the respondents was the reluctance to visit their hometowns or families, citing reasons like judgment, lack of understanding, and lifestyle mismatch. Many described their family environments as “orthodox,” “emotionally shallow,” or “irrelevant to current struggles.” Return visits often triggered anxiety, especially due to restrictions on food, sleep, freedom, and smoking habits.

“At home, I can't be me. They don't get why I sleep at 3 a.m., why I need a smoke to calm down. It's easier to stay away,” remarked a 27-year-old female respondent.

4. Peer Influence and Risk of Exploitation

Several participants mentioned that their financial naivety made them vulnerable to manipulative friendships, especially in early stages after shifting. Lack of guidance on budgeting, investing, and prioritizing self-care often pushed them toward impulsive spending, addiction, or social dependency.

Living Alone, Earning Well, Yet Lonely: The Role of Emotional Isolation in Substance Use Among 21–30-Year-Olds in Bangalore

“I was easy to manipulate. Someone just had to offer me a drink or a conversation, and I’d do anything to fit in,” shared a 25-year-old male professional.

5. Digital Escapism and Artificial Connection

While a minority turned to counseling, gym, or journaling, most participants relied on Netflix, Instagram, online dating, or gaming to escape emotional reality. This form of digital escapism, though comforting temporarily, contributed to social withdrawal, poor sleep cycles, and increased dissatisfaction with their real-life routines.

6. Shift in Values and Mental Health Neglect

A large proportion of participants (around 55%) reflected on how they began to prioritize social acceptance over personal values. Emotional eating, party hopping, late-night binge drinking, and ignoring mental health red flags became normalized. Most were aware of these changes but felt helpless or indifferent, indicating a serious gap in emotional awareness and resilience.

DISCUSSION

The findings from this study illuminate the intricate emotional and psychological landscape faced by young professionals recently relocated to Bangalore. While the move signifies a step toward independence and professional growth, it concurrently opens a door to emotional vulnerabilities, identity shifts, and unhealthy coping mechanisms.

1. Urban Migration and Emotional Displacement

Migration for career growth is often celebrated as an aspirational milestone. However, the lived experiences of the participants reflect a dissonance between expectations and emotional realities. The excitement of relocation often fades into a silent emotional displacement, where individuals struggle to rebuild identity, relationships, and support systems. Many participants expressed that physical freedom did not equate to emotional liberation.

This finding resonates with Maslow’s Hierarchy of Needs — while physiological and safety needs (housing, job security) may be met, belongingness and self-actualization are compromised, leaving individuals vulnerable to anxiety, loneliness, and depressive symptoms.

2. Substance Use: Social Glue or Emotional Crutch?

A major theme that emerged is the normalization of alcohol and nicotine as tools for connection. For most participants, these substances were not merely recreational but served as gateways to social inclusion and coping mechanisms for emotional voids. Peer pressure, compounded by fear of exclusion, influenced initial consumption — a pattern aligned with Bandura’s Social Learning Theory, where behaviors are learned by observing and imitating peers, especially in new environments.

Moreover, substance use became a shortcut to vulnerability—allowing individuals to open up, share pain, or mask distress. Over time, what began as experimentation turned into dependency, not just on the substance, but on the social experience tied to it.

3. Family Disconnect and Cultural Conflict

Another significant observation was the disconnect with family systems. Participants felt alienated during visits home, citing generational, emotional, and lifestyle mismatches. They described their families as “rigid,” “unaware,” or “judgmental,” reflecting an emerging intergenerational value gap. These experiences echo concepts from Erikson’s Psychosocial Theory, where young adults (in the intimacy vs. isolation stage) crave understanding and connection but may withdraw when faced with perceived rejection or invalidation from family units.

This disconnect not only led to avoidance of family visits, but also contributed to emotional suppression and denial of roots, creating identity confusion and emotional burnout.

4. Digital Escapism and Emotional Numbing

A considerable number of participants resorted to digital platforms — social media, OTT content, gaming — as emotional anesthesia. While these tools provided temporary distraction, they fostered emotional numbness, further reducing their ability to process or express real feelings. This aligns with the concept of “emotional blunting” often seen in digital natives, where screen time replaces social time, leading to diminished real-world social intelligence and resilience.

5. Exploitation Through Social Naivety

The vulnerability of newcomers was amplified by their inexperience with financial management, emotional boundaries, and peer influence. Several participants were exploited emotionally or financially, often by individuals who pretended to offer friendship. This reflects a lack of life-skills education in traditional academic pathways — something that could have prevented such manipulation.

From a psychological lens, this also ties into Attachment Theory—where insecure or anxious attachment styles (often shaped during childhood) can resurface in adult friendships and peer dynamics, leading individuals to seek closeness at any cost, even if it leads to self-harm or exploitation.

6. Emotional Ambivalence and Acceptance of Dysfunction

Interestingly, despite recognizing the decline in their routines, relationships, or health, most participants showed signs of emotional ambivalence—knowing something is wrong but continuing the behavior. This reflects Cognitive Dissonance Theory, where individuals resolve the discomfort of conflicting beliefs (e.g., “drinking is unhealthy” vs. “I drink every weekend”) by justifying their behavior (“everyone does it,” “it makes me feel better,” “it’s the only way to make friends”).

Implications for Mental Health Interventions

- Peer-led urban mental health programs: Introducing trained peer facilitators in workplaces or co-living spaces can normalize conversations around emotional health without stigma.
- Life-skill and financial literacy workshops: Empowering young professionals with budgeting, boundary-setting, and assertive communication skills can reduce emotional dependency.

Living Alone, Earning Well, Yet Lonely: The Role of Emotional Isolation in Substance Use Among 21–30-Year-Olds in Bangalore

- Family communication modules: Designing intergenerational dialogue programs to bridge gaps between youth and parents could prevent identity fragmentation and deepen understanding.
- Counseling integration in corporate onboarding: Including psychological onboarding alongside HR induction may support emotional adjustment during relocation.

CONCLUSION

The transition to a new city for career growth, though full of opportunity, also introduces a spectrum of emotional challenges. This study sheds light on how substance use, digital dependency, peer influence, and emotional disconnection shape the mental landscape of Bangalore's young workforce. These findings urge stakeholders—corporates, families, policymakers, and mental health professionals—to acknowledge urban emotional health as a priority, not an afterthought.

Summary of Tools and Methods Used

1. Primary Data Collection Tool:

- Semi-Structured Interviews
 - Conducted with 50 young professionals (ages 21–30).
 - Participants were recently relocated to Bangalore for work.
 - Interviews focused on:
 - Emotional well-being
 - Substance use behavior
 - Social relationships
 - Family interactions
 - Financial habits
 - Anonymity and confidentiality were ensured.
 - Duration: ~30–45 minutes per participant
 - Format: In-person and virtual (Zoom/Google Meet)

2. Data Analysis Tool:

- Thematic Analysis
 - Following Braun & Clarke's (2006) six-phase approach:
 1. Familiarization with data
 2. Generating initial codes
 3. Searching for themes
 4. Reviewing themes
 5. Defining and naming themes
 6. Producing the report
 - Themes identified included:
 - Emotional Isolation
 - Peer Pressure & Social Drinking
 - Urban Displacement
 - Digital Dependency
 - Family Disconnect
 - Exploitation & Vulnerability

3. Theoretical Frameworks Referenced:

- Maslow's Hierarchy of Needs
- Bandura's Social Learning Theory

Living Alone, Earning Well, Yet Lonely: The Role of Emotional Isolation in Substance Use Among 21–30-Year-Olds in Bangalore

- Erikson's Psychosocial Development
- Attachment Theory
- Cognitive Dissonance Theory

These psychological frameworks were used to interpret participant behavior, motivations, and coping patterns.

4. Secondary Data Sources:

- Academic literature, journals, and reports related to:
 - Urban mental health in India
 - Substance use trends in youth
 - Emotional coping mechanisms
 - Migration and psychological stress
 - Peer influence in adulthood

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Living Alone, Earning Well, Yet Lonely: The Role of Emotional Isolation in Substance Use Among 21–30-Year-Olds in Bangalore

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Conflict of Interest

The author declares that there is no conflict of interest related to this study. This research was conducted independently and was not influenced by any commercial, financial, or institutional affiliations that could be perceived as affecting its objectivity.

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