

Socio-Emotional Loneliness Among Alcoholics and Non-Alcoholics

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ABSTRACT

Loneliness is an integral part of human existence, with socio-emotional loneliness being one of its distinct dimensions. Easy availability of Alcohol and peer pressure contributes to the progression of alcohol consumption and its associated problems. However, the role of socio-emotional loneliness in the context of alcoholism has not been thoroughly investigated; a few studies have directly compared the loneliness between alcoholics and non-alcoholics. This research paper explores the prevalence of socio-emotional loneliness among individuals undergoing addiction treatment, with a particular focus on alcoholics and compares it to a non-alcoholic group. A total of 100 participants (50 male alcoholics and 50 male non-alcoholics) aged between 20 and 65 were selected using a purposive sampling method. Percentage analysis and the Mann-Whitney U test were used to analyse the data. The results indicated a significant difference in loneliness between alcoholics and non-alcoholics; however, there was no significant difference in loneliness based on marital status. It's noteworthy that mean scores for loneliness were higher for singles in both alcoholics and non-alcoholics.

Keywords: *Alcoholics, Social loneliness, Social isolation, Emotional loneliness, Emotional Isolation*

Loneliness is an integral part of human existence as well as extinction (Lynch, 1985). Loneliness is the central core of a range of social problems, and it is becoming a relevant factor in substance abuse, and these substances are used to cope with this loneliness. A sense of loneliness could cause problems in social interaction; the opposite of this is social interaction. Patients with alcohol and substance use disorders often experience feelings of loneliness that are more intense than those felt by people in the healthy population. The experience of loneliness is different for persons consuming alcohol within acceptable guidelines, and those who misuse or abuse alcohol. Moderate drinkers may find that alcohol enhances social interaction, helping them connect with others and potentially reducing feelings of isolation. In contrast, people who abuse alcohol often experience increased loneliness due to strained relationships, social withdrawal and negative emotional consequences of excessive drinking.

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World Health Organization formulated term alcoholic dependence syndrome as “a state, psychic and usually also physical, resulting from taking alcohol, characterized by behavioral and other responses that always include a compulsion to take alcohol on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence; tolerance may or may not be present” (1992). Loneliness is unpleasant, and the negative feelings it involves include depression, anxiety, unhappiness, dissatisfaction, pessimism about the future, self-blame, and shyness (Anderson, Miller, Riger, Dill, & Sedikides, 1994; Jackson, Soderlind, & Weiss, 2000; Jones, Carpenter, & Quintana, 1985). Sometimes, there will be perceived deficiencies in the number and quality of friendships, and this disparity between the desired and the achieved network of relationships turns out to be a negative experience. The negative experience stems from unmet emotional needs, feelings of isolation and a sense of disconnection from others. This perceived deficiency can affect their mental health and well-being.

Weiss (1973, 1987) first described the multidimensional nature of loneliness by proposing two distinct types: one for the experience of emotional isolation and the other for that of social isolation. Social isolation refers to the absence of relationships with other people. Emotional isolation is a sense of disconnection from others, lacking emotional support, intimacy, and belongingness. Emotional isolation and social isolation, though related, both have distinct differences. While social isolation is addressed through increased social engagement, emotional isolation requires deeper emotional connections and support. Despite their differences, emotional isolation focuses on a lack of emotional connection and social isolation on physical separation; both can profoundly affect an individual's well-being and negatively impact their mental health.

Perlman and Peplau (1981) developed a theoretical approach to loneliness, focusing on the subjective evaluation of relationships as well as personal standards for an optimal network of social relationships. Consistent with his earlier formulations, Weiss (1998) proposed that two types of relationships are reflective of the domain specificity of loneliness. One is social loneliness, the degree of discrepancy between one's desired number of friends and one's actual number of friends. The other is emotional loneliness, the discrepancy between one's desired level of intimacy and one's actual level of intimacy. While social loneliness might be ameliorated through social activities and group interactions, emotional loneliness requires more profound and personal connections with others.

Alcohol consumption is common among adults in late life, and alcohol abuse is increasing among older adults. For men below the age of 65, at-risk drinking is defined as more than four drinks per day or 14 drinks per week. Loneliness is a risk factor for alcohol abuse (Akerlind & Hornquist, 1992). According to the Motivational Model of Alcohol Use, people often consume alcohol to reduce or regulate negative emotional experiences (eg, loneliness) and to enhance positive emotional experiences. Individuals may drink because they are happy and expect positive outcomes from alcohol consumption (Segal, 1987). Some people may associate alcohol consumption with positive experiences and might expect that drinking will enhance their mood, increase sociability and amplify feelings of happiness.

Influenced by a society that labels loneliness as a pathological, or a lower level of existence, nowadays, marriage is an avenue toward ameliorating social isolation and loneliness (Waite & Gallagher, 2000). A partner may not always be able to protect against loneliness. Even in a relationship, people can have feelings of disconnection or if their emotional needs are unmet. Alcohol consumption is significantly associated with monthly pocket money, parents

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consuming alcohol, friends consuming alcohol, smoking status and awareness about health effects of alcohol (Raja, L.K., 2020).

Kerala has been one of the highest in alcohol consumption. A study on the prevalence of alcohol use problems among auto rickshaw drivers in rural Kerala concluded that 77% reported lifetime use of alcohol and 65% had used alcohol in the last year. Those who are divorced/separated from their spouse, those having Below Poverty Line (BPL) ration card, had significantly high levels of alcohol use problems (Mahadevan et al., 2017). As well, these drinking habits can strain relationships, erode trust and affect adolescents' mental health. Harm from others' alcohol use to adolescents with multiple negative impacts underscores the urgent need for public health measures to reduce the social costs of alcohol use (Jayasoorya et al., 2018).

Hosseini et al. (2014) found that the feeling of loneliness is stronger in drug abusers than non-drug abusers, which could develop the sense of being different from the community. People struggling with drug abuse often experience intense feelings of loneliness, which can be both a contributing factor and a consequence of their substance use. The relationship between substance abuse and loneliness is complex and bidirectional. This cycle of loneliness and substance abuse can become self-perpetuating, making recovery more challenging.

Need and Significance

Exploring the relationship between socioemotional loneliness and alcohol consumption is a crucial yet understudied area. Alcohol consumption can result in both short term and long term health risks. Alcoholic beverages are classified as carcinogenic by the International Agency for Research on Cancer, and they increase the risk of several cancer types. Understanding the role of loneliness in alcohol consumption can help develop tailored interventions. By comparing the level of loneliness between alcoholics and non alcoholics, the research drives innovation in treatment approaches, support systems and prevention strategies.

Kerala has been one of the highest in alcohol consumption. Because of easy availability and peer pressure, alcohol consumption is progressing. Social networks influence a person's alcohol use. This study tackles the critical link between socioemotional loneliness and alcohol consumption among the sample population. Ultimately, The research has the potential to improve recovery outcomes, enhance support systems, and prevent substance abuse by addressing the complex interplay between loneliness and substance abuse. The findings from the study can help in developing targeted interventions addressing loneliness. Also, these findings enhance the understanding of the impact of loneliness.

Objectives

- To find out the difference in socio-emotional loneliness between alcoholics and non-alcoholics.
- To find out the difference in socio-emotional loneliness between alcoholics and non-alcoholics based on marital status.

Hypotheses

- **H₀**: There is no significant difference in socio-emotional loneliness between alcoholics and non-alcoholics.

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- **H0:** There is no significant difference in socio-emotional loneliness between alcoholics and non-alcoholics based on marital status.

Operational Definitions

- **Alcoholics:** Individuals having alcohol dependence syndrome diagnosed by a clinical psychologist or a psychiatrist. Those who are experiencing physical, psychological or social problems due to their alcohol consumption.
- **Social Loneliness:** Social loneliness is the discrepancy between the desired number of friends and one's actual number of friends.
- **Social Isolation:** Social isolation refers to the absence of relationships with other people.
- **Emotional Loneliness:** Emotional loneliness is the discrepancy between the desired level of intimacy and one's actual level of intimacy.
- **Emotional Isolation:** Emotional isolation is a sense of disconnection from others, lacking emotional support, intimacy, and belongingness.

REVIEW OF LITERATURE

Tokar et al. (1973) studied emotional states and behaviour patterns in alcoholics and non-alcoholics. This study compared 56 hospitalised male alcoholics and 50 non-alcoholics from similar educational and occupational levels. The non-alcoholics had repressed responses to unpleasant emotions than alcoholics. Alcoholics tend to report seeking out a bartender when they are feeling anxious, depressed, dependent or aggressive. The study concluded that the treatment of alcoholics not only aims at altering drinking patterns, but also at modifying their behaviour.

Mullins, Woodland and Putnam (2008) studied emotional and social isolation among elderly Canadian Seasonal migrants in Florida. This study, conducted through surveys of 2731 elderly Canadian seasonal migrants in Florida, indicated a relationship between emotional isolation, and the number of friends. These findings concluded that the relationship between emotional and social isolation is complex.

Hosseini et al. (2014) conducted a study on emotional and social loneliness in people with and without substance abuse dependence disorder. The study assessed emotional, social, romantic and familial dimensions of loneliness in drug abusers and non-drug abusers. This study was conducted among 228 individuals, including a sample of 118 drug abusers, randomly selected from psychiatric hospitals and 110 non-drug abusers from their companions, students, and staff. The Iranian short version of the social and emotional loneliness scale for adults (SELSA-S), along with a clinical interview, were used for evaluation. Their results found that feelings of loneliness were stronger in drug abusers than in non-drug abusers, which could develop the sense of being different from the community and increase the likelihood of engaging in high-risk behaviours and misusing drugs. They also concluded that there were statistically significant differences between the scores of all four emotional, social, familial, and romantic dimensions of loneliness in substance dependence.

Nair, Vidhukumar and Prabhakaran (2016) researched on 'age at onset of alcohol use and alcohol use disorder: time trend study in patients seeking de-addiction services in Kerala'. Their sample included 700 participants seeking de-addiction services. They also studied independent variables like family history and psychological comorbidity. Their results found

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that the mean age at the onset of alcohol use declined from 24 to 17 years and from 46 to 21 years. This study draws out that harmful use of alcohol is a global problem that composes individual, social and economic implications.

Mahadevan et al. (2017) studied the prevalence of alcohol use problems among auto rickshaw drivers in rural Kerala to assess the socio demographic profile of participants, and their relationship to alcohol use problems. The samples were collected from 5 different auto stands, constituting 83 auto drivers. The self-report version of the alcohol use disorder identification test (AUDIT) in Malayalam translation and sociodemographic data sheets were used to assess the participants. Among the participants, 77% reported lifetime use of alcohol, and 65% had used alcohol in the last year. Participants who are divorced/separated from their spouses and from low socio-economic status had significantly high levels of alcohol use problems. The study concludes that alcohol use problems exist among the study population.

Jayasoorya et al. (2018) studied the prevalence of harm to adolescents from others' drinking, through a survey among 7560 students aged between 12 and 19 from 73 different schools. The brief version of the World Health Organisation-Thai Health Questionnaire on Harm to Others from the Drinking scale was used. They discovered that harm due to others' alcohol use was reported by 44.5%, frequent harm by 15.7%, psychological harm by 43.3%, physical harm by 9.7%, property harm by 2.9% and financial harm by 15.4%. Also, girls experienced relatively great harm within the family, whereas boys experienced harm outside the family.

Raja (2020) conducted a cross-sectional descriptive study on the prevalence and risk factors of alcohol consumption behaviours among late adolescents. Data was collected from 210 male adolescents, and results showed that 62.3% of them had consumed alcohol, and 54.3% were current drinkers. Alcohol consumption was significantly associated with monthly pocket money, parents and friends consuming alcohol, smoking status, and awareness about the health effects of alcohol. Amongst these, social influence from friends and parents consuming alcohol is strongly associated with alcohol consumption among adolescents.

METHOD

Research Design

Research design is the overall plan of the study. Quantitative research design is used, which gathers numerical data. It is a structured approach to collecting and analysing numerical data to conclude.

Participants

The Participants of the study consisted of 50 male alcoholics from the de-addiction centre and 50 male non-alcoholics. The non-probability sampling technique, the purposive sampling method, was adopted for selecting samples. 50 male alcoholics for the clinical population, were selected from 2 different de-addiction centres in the Thrissur district of Kerala.

Inclusion

- The participants of the study were males between the ages of 20 and 65.
- For the clinical population, participants having alcoholic dependence syndrome diagnosed by a clinical psychologist or a psychiatrist in a de-addiction centre are selected.

Exclusion

- Participants with a history of psychiatric illness.
- Participants with dementia

Instruments Used

1. **Personal data sheet:** It includes educational qualification, locality, type of work, type of family, marital status, and monthly income.
2. **Emotional / social loneliness inventory (Vincezi & Grabosky, 1987):** It is used to measure emotional and social loneliness and isolation. It is a 15-item instrument designed to measure both loneliness and isolation from social and emotional points of view. The ESLI has very good stability, with a two-week test-retest reliability of 0.80 for the total score. It has good known-group validity, significantly distinguishing between the clinical and nonclinical groups on all four subscales. This scale has four factors that differentiate social loneliness (items 1-8, first set of questions), emotional loneliness (items 1-8, second set of questions), social isolation (items 9-15, first set of questions) and emotional isolation (items 9-15, second set of questions). Scores for the subscales and scale can be obtained by simply summing the pertinent score items.

Procedure

Participants were collected through purposive sampling. Data is collected from two different de-addiction centres in the Thrissur district for the clinical population. Required permissions were taken from the authorities of the de-addiction centres. Consent from participants was also collected if they were willing to participate in this study. A personal data sheet and a questionnaire were given, and asked to fill them out with appropriate answers. The first part has to be answered according to the information which is true in their life, and the second part according to the feelings they had during the last two weeks.

Ethical Considerations

Participants undergoing the study were provided with enough information about the nature of the test and the purpose for which the data is used. Data is collected after receiving informed consent from the participants. Personal details of the participants and their responses are kept confidential. They are not used for any other purpose other than research. Participants were allowed to withdraw when they felt uncomfortable.

Statistical Analysis

Normality of the data was checked, and nonparametric tests were used since the data was not normal. Percentage analysis and the Mann-Whitney U test were used to test the significance of the difference between the two groups.

RESULT AND DISCUSSION

Table 1 Percentage analysis of alcoholics and non-alcoholics based on marital status

Marital status	N		%	
	Alcoholics	Nonalcoholics	Alcoholics	Nonalcoholics
Nonmarried	17	25	51.5 %	50 %
Married	33	25	66%	50%

51.5% of the participants among alcoholics and 50% of the participants among non alcoholics are non-married. 66% of the participants among alcoholics and 50% of the participants among non alcoholics are married.

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Table 2 Percentage analysis of alcoholics and non-alcoholics based on socioeconomic status

Socioeconomic Status	N		%	
	Alcoholics	Nonalcoholics	Alcoholics	Nonalcoholics
Lower class	7	3	14 %	6 %
Middle class	42	44	84 %	88 %
Upper class	1	3	2 %	6 %

14 % of the participants among alcoholics and 6 % of the participants among non alcoholics are from the lower socioeconomic class. 84 % of the participants among alcoholics and 88% of the participants among non alcoholics are from the middle class, 2% of the alcoholics and of 6 % of the non-alcoholics are from the upper class.

Table 3 Descriptive statistics and Mann-Whitney U test comparing the socio-emotional loneliness of alcoholics and non alcoholics

Variable	Group	N	Mean	SD	Median	W	U	Sig.
Socio-emotional loneliness	Alcoholics	50	36.4	18.3	35.5	0.975	941	0.033
	Non alcoholics	50	28.8	16.5	27.0			

$p < .05$

Table 3 indicates that scores of socio-emotional loneliness differ between alcoholics and non-alcoholics, $U=941$, $p < .05$

Alcoholics tend to have higher scores in socio-emotional loneliness compared to non-alcoholics. In the sample of 50 alcoholics and 50 non alcoholics mean scores obtained were 36.4 and 28.8, respectively. Standard deviation and median for alcoholics and non alcoholics are 18.3 & 16.5 and 35.5 & 27, respectively. Shapiro-Wilk values for normality were 0.975 for alcoholics and 0.941 for non alcoholics. Since the p-value is 0.033, which is less than 0.05, indicating a significant difference in loneliness among alcoholics and non alcoholics. Loneliness is a negative experience that accompanies the use of alcohol. There is an interplay between alcohol use and loneliness (Ferlai, 2019). Results show that loneliness is becoming a relevant factor in alcohol dependence, and they use alcohol to cope with this loneliness.

Alcoholics have higher life difficulties in factors like building and maintaining relationships, satisfaction with life, self-distrust, loneliness, cognitive bias, self-acceptance and empathic understanding relative to non-alcoholics (Ito & Keiko, 2017). Unlike nonalcoholics, alcoholics were social isolates before, during and after drinking. Alcoholics become more depressed and less active than non-alcoholics once drinking begins (Nathan et al., 1971). Alcoholics tend to have lower cognitive abilities, such as reasoning, making decisions. This cognitive impairment leads to interpersonal conflicts and progressively makes them isolated from others. It creates a psychological dependence on alcohol, which predisposes them to loneliness. Impaired judgment in alcoholics than non-alcoholics results in family disorganisation as well as social disorganisation. When the brain is exposed to addictive drugs like alcohol, it alters the neurochemical structure of the brain, which results in behavioural problems in Alcoholics that progressively result in socially deviant behaviours and get rejected by their loved ones. If socially avoidant behaviour becomes habitual, it can

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gradually cause a person to become more and more detached and isolated from others. The resulting alienation, in turn, is experienced as loneliness and depressive-type symptoms. To deal with these issues, they turn to alcohol to deal with feelings of loneliness and rejection.

Table 4 Descriptive statistics and Mann-Whitney U test comparing socio-emotional loneliness of alcoholics and non alcoholics based on marital status

Variable	Group	N	Mean	SD	Median	W	U	Sig.
Socio-emotional loneliness	Alcoholics - nonmarried	17	39.9	14.7	41	0.958	220	0.219
	Alcoholics - married	33	34.6	19.8	30			
	Nonalcoholics- nonmarried	25	33.8	18.6	33	0.931		
	Nonalcoholics - married	25	23.7	12.5	23	0.960		

* $p > .05$

Table 4 indicates that scores of socio-emotional loneliness do not differ between alcoholics and non-alcoholics, $U=220$, $p > .05$ for alcoholics and $U=215$, $p > .05$ for non-alcoholics based on marital status.

Results show that mean scores for non-married and married participants among alcoholics are 39.9 & 34.6, respectively, and the mean scores for non-married and married participants among non alcoholics are 33.8 & 23.7, respectively. Standard deviation for non-married and married participants among alcoholics are 14.7 & 19.8, and for non-married and married participants among non alcoholics are 18.6 & 12.5, respectively. Shapiro-Wilk values of normality for non-married and married participants among alcoholics are 0.958 & 0.954, and for non-married and married participants among non alcoholics are 0.931 & 0.960, respectively. Since p values for alcoholics and nonalcoholics are 0.219 & 0.060, respectively, which is greater than 0.05. Even though there is no significant difference in loneliness based on marital status, mean scores for loneliness are higher for unmarried individuals in both alcoholics and non alcoholics.

Pinquart and Martin (2003) conducted a study on loneliness in Married, Widowed, Divorced, and Never-Married Older Adults. Their results showed that unmarried men showed higher levels of loneliness than unmarried women. People believe that loneliness is due to a lack of a romantic partner. Intimacy, number and quality of friendships, anxiety, unhappiness, dissatisfaction, and pessimism about the future are also determinants of loneliness. A partner may not always be able to prevent loneliness. A romantic partner alone cannot always determine an individual's loneliness. Kumar et al. (2018) study on loneliness among adults concerning marital status, family structure and age reported that there is no significant difference in loneliness based on marital status. Heavy drinking makes them vulnerable to marital discord and violence, which ruins their family.

CONCLUSION

The study compared socio-emotional loneliness in alcoholics and non alcoholics. The results indicate that there is a significant difference in loneliness between alcoholics and non alcoholics. When socio-emotional loneliness among alcoholics and non-alcoholics is

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compared with marital status, results indicate that there is no significant difference in loneliness based on marital status, even though mean scores for loneliness are higher for unmarried individuals in both alcoholics and non alcoholics.

Scope of the Study

Some people can recover from loneliness through their strategies, while others need professional help. Cognitive intervention strategies and social skill training can bring a change in these feelings of loneliness. An effective approach for people experiencing social aspects of isolation and loneliness is to help them develop satisfying personal relationships. Also, they can be encouraged to develop enjoyable solitary activities that seem to be effective for introverts.

Limitations of the Study

The present study could not cover a large number of the population from vast areas. The study did not collect pieces of information about family histories, and the comorbid mental health abnormalities associated with their alcohol use. The study only assessed loneliness experienced by those who use alcohol.

Suggestions For Further Research

This study can be explored by collecting a large sample across different cultures and wide geographic locations. Beyond that, exploring the relationship between loneliness and other variables like depression, marital history, relationship standards, social network, health, and personality characteristics can help gain insights to improve individuals' social relationships.

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Conflict of Interest

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