



# Addiction, stress and subjective wellbeing

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### ABSTRACT

There is a large body of empirical research on Stress and Subjective Wellbeing (SWB), how stress affects the SWB of an individual and how individual with high SWB cope stress effectively. This study is based on the idea that the Stress is very likely to affect the SWB in Substance Addiction. Research has shown how people get trapped with Addiction in order to reduce stress, and these addictions negatively affect their physical and mental wellbeing. The aim of the present study was to study the effect of addiction and stress on subjective wellbeing. Considering this view the data was collected from Addicted and Non Addicted individuals. In Indian context, male are in the larger risk of addiction at the age of their adulthood, thus, 30 male adult with addiction and 30 male adult with non addiction were taken as the sample. Subjective Wellbeing Inventory (SUBI) and Hari Stress Inventory (HSI) were used to measure subjective well being and stress respectively. It was found that stress had a significant effect upon the subjective wellbeing.

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### Introduction

No human being is completely satisfied. We can say the ultimate goal of life is to maintain a state of wellbeing, a state of balance between the internal and external world the surrounds the human being. Wellbeing is generally viewed as a description of the state of people's life situation. Our sense of wellbeing is an entirely subjective judgment based on the thoughts and feelings we have about our own lives. (McGillivray, 2006) state that "subjective wellbeing involves a multidimensional evaluation of life, including cognitive judgments of life satisfaction and affective evaluations of emotions and moods."

It is natural that there is growing interest in learning more about the causes of happiness (or SWB), and how to enhance one's happiness (Lyubomirsky et al. 2005). It is thus important that we investigate how stress influences the quality of our lives. Stress appears to be an aversive feeling state that can diminish one's well-being. Stress can influence a person's quality of life. In a way, stress acts like a gauge, signaling that certain levels of living conditions have been achieved. Though stress usually decreases the subjective component of quality of life (e.g., life satisfaction and happiness), it can increase quality of life when associated with arousal, which helps one succeed in challenging tasks.

This positive characteristic of stress resonates with the engagement orientation to happiness described by Peterson et al. (2005). Akin to being in the flow state (Csikszentmihalyi 1990), pursuing happiness via engagement was related to higher life satisfaction. This suggests that occasionally certain amounts of stress may be good if it motivates people to seek out challenges and helps them get into the flow, engendering goal achievement, and thereby increasing satisfaction and happiness.

The substance addiction starts with its use and leads to abuse and finally in a dependence. In Indian Context, Adolescence is a time of exploration of life. After the Higher Secondary School adolescents are free from the parental authority and live life in their own way. During this phase adolescent adopt different health related behavior; good or bad.

The academic pressure, social influence, personal preferences, anxiety about career, peers pressure, some time drain one's mind to bend into wrong direction, towards using substance for reducing stress or having fun. Once this use of substance become dependence it prevails for a long duration till this behavior is not interfered, intervened, and corrected. Thus people who are addicts' falls basically into middle age (25-35 years) in Indian society.

There is no particular research done on the topic- "Role of Stress on Subjective wellbeing in Substance Abuse". But there is a relationship between Subjective wellbeing and Stress, Stress and Substance abuse & Substance abuse and Subjective wellbeing. The three factors are influencing each other and may be related somehow (Pink, 1984).

The links between stress and well-being are not as straightforward. Chronic stress reduces quality of life, and thus also diminishes well-being. Evidence that chronically stressed people feel less happy and experience health problems more frequently supports this postulation.

For instance, individuals who felt more rushed and stressed scored lower on measures of SWB, such as life satisfaction and happiness (Robinson and Godbey 1998; Shields 1999). (Brewer, 1988) studied the relationship between stress, habits, and drug addiction. He suggested mechanism encompasses cognitive processes that may contribute to the effects of stress on addictive behavior and could drug addiction (or substance dependence) is a major burden to the individual who is addicted, to those around them, as well as to the society as a whole. It is increasingly seen as a chronic, often relapsing brain disease that is mainly characterized by compulsive drug seeking and use with impairments in social and occupational functioning (American Psychiatric Association, 1994).

### Objective

Objectives of the present study could be stated as follows:

1. The aim of the present study was to study the effect of addiction and stress on subjective wellbeing.

## Method

### An overview of the design

The study involved 2 (addiction) X 2 (stress) designs where addicts and non addicts were randomly sampled from various drug de-addiction centres in the city of Bhubaneswar.

### Sample

The sample included 60 adult male. Out of 60 adults, 30 were addict and 30 were non-addict. Addicts were taken from Sankalpa, the de-addiction branch of Open Learning System, Bhubaneswar and non addicts were taken from college students and working class people. Since addicts were taken directly from de-addiction centers there was no need to screen them for the study. While conducting research the researcher went through various addicts's personal profile available in the de-addiction centre. Participants gave informed consent to the study and completed anonymously a set of questionnaires.

### Measures

1. *Subjective Wellbeing Inventory (SUBI)*: The Subjective Wellbeing Inventory is approved by WHO – SEARO - India. It is developed by Dr. H. Sell and Dr. R. Nagpal (counselling psychologist- India). SUBI is a composite measure of independent feelings about a variety of life concern on 11 factors such as General wellbeing- positive affect, Expectation achieved congruence, Confidence in coping, Transcendence, Family group support, Social support, Primary group concern, Inadequate mental mastery, Perceived ill health, Deficiency in social contact, General wellbeing- negative affect. It consists 40 items (19 positive and 21 negative items) to be answered in 3 point scale. The SUBI can be scored by attributing the values 3, 2, 1 to response category of positive items- 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 21, 22, 23, 28 and score 1, 2, 3 to the negative item. The minimum and maximum scores that can be obtained are 40 to 120 respectively. The score range- 40-60, 61-80, and 81-120 to have an overall picture of wellbeing status of low, moderate and high. The reliability of SUBI was very high (Cronbach's  $\alpha = 0.84$ ).

2. *Hari Stress Inventory (HSI)*: The Hari's Stress Inventory (HSI) developed by Dr. Hari S.Chandran (Counselling Psychologist) Department of De-addiction & Mental Health, St. Gregori's Mission Hospital, India. He developed this inventory to measure the level of stress an individual is going through. HSI scales have been found to be good predictors of stress among adults in Indian context. It consists of 66 items of the individual lifestyle to be answer in Likert Scale in five points from totally agree to totally disagree. The score is given to each response of A, B, C, D, E as 1, 2, 3, 4, 5 accordingly in item no. 2, 4, 6, 8, 11, 13, 14, 16, 17, 31, 43, 44, 46, 48, 49, 60, 64, 65 and a reverse scoring of 5, 4, 3, 2, 1 in rest of the item. After adding each item score the total score is interpreted. Score ranging from 150-220 indicates the prevalence of tension, where as score above 220 indicate extreme stress that the individual needs professional help.

The product moment co-efficient of internal consistency as corrected by Spearman- Brown formula is 0.74. Test-retest coefficient of correlation was 0.79 and temporal consistency to is 0.88.

To ascertain whether HSI was a valid tool, the content validity was determined. The items were given to five teachers in Psychology (as mentioned earlier) who had sufficient orientation and experience in this area. They read every item and judged carefully the degree of stress expressed by each. For this purpose the judges were given a table in which they were required to place every item under one of the following 5

categories, fully agree/agree/undecided/disagree/fully disagree. Judges were also requested to mention such items which were either not well worded or difficult to understand. On the basis of their opinion only 101 items were subjected to item analysis and out of them 66 items which full filled the criteria were finally included in the inventory.

### Procedure

Prior to official data collection, the investigator of the study shared information about the study with the institution from where she belongs and took the permission where she was going to conduct the study. It was also clearly stated that the participation was entirely voluntary and anonymous, and that withdrawing participation at any time would in no way affect the person. The investigator dealt with three non-addicts and three addicts each day in morning and evening session. On each of the days, three addicted participant were permitted to leave from their daily routine of the de-addiction centre and report to the counseling room designated for study completion from 10am to 1pm.

The investigator provided with a brief overview of the study. In addition, the participant's questionnaire form with its items and options was then read aloud and checked for understanding. Each individual were given with 1 hour time to complete both the questionnaire of HSI and SUBI. HSI was used because it was well suited in the Indian culture. The completed forms were returned to the investigator. All of the surveys remained completely anonymous and thus could not be traced back to any particular participants. In the measure of subjective well being there were nine factors but as per the scoring criterion mentioned above in the inventory the total score of subjective wellbeing was taken into consideration for the analysis purpose. Those adults who scored above the score 220 in the stress inventory were regarded as highly stressed and those who were below the score 220 were regarded as low stressed.

### Result

**Table-I:**  
**Independent Variables (Addiction & Stress)**  
**Dependent Variable: Subjective Wellbeing.**  
**Descriptive Statistics for Addiction X Stress**

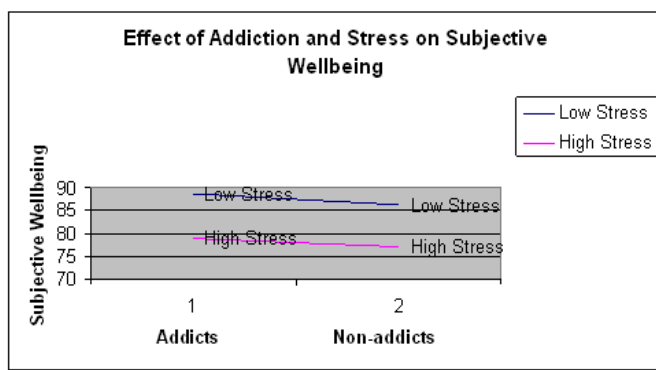
Addiction	Stress	N	MEAN	SD
Addict	High stress	11	78.81	9.9
	Low stress	19	88.73	5.99
	Total	30	85.10	8.93
Non addict	High stress	2	77.0	1.41
	Low stress	28	86.17	11.28
	Total	30	85.56	11.13

From Table-1 it is found that addicts with high stress (Score above 220) showed low subjective wellbeing (78.81) as compared to addicts with low stress (Score in the range of 150-220) (Mean=88.73). Non addict with high stress (Score above 220) showed low subjective wellbeing (Mean=77.0) as compared to non addict with low stress (Score in the range of 150-220) (Mean=86.17). Addicts mean score was 85.10 where non-addicts mean score is 85.56. There exists a minute difference between the mean score of addict and non-addict.

**Table II:**  
**2 X 2 ANOVA showing the effect of Stress and Addiction upon Subjective Wellbeing.**

Sources	Sum of Squares	df	Mean square	F	P
Addiction	28.19	1	28.19	.312	.57
Stress	536.91	1	536.91	5.933	.01
Addiction X Stress	.806	1	.806	.009	.92
Error	5067.42	56	90.49		

The findings of two-way ANOVA shown in Table-2 revealed that the individual effect of Addiction on Subjective Wellbeing is not significant  $F(1, 56) = .312, p = .57$ . So addiction as a factor has no significant impact upon the subjective wellbeing. There is no significant difference between addict and non-addict with regard to their score in subjective wellbeing. The individual effect of stress on Subjective Wellbeing is significant  $F(1, 56) = 5.933, p = .01$ . So stress as a factor has significant impact upon the subjective wellbeing. There exist a significant difference between high stressed individuals and low stressed individuals with regard to their scores in subjective wellbeing. The combined effect of addiction and stress is not significant  $F(1, 56) = .009, p = .92$ . So the combined effect of addiction and stress upon subjective wellbeing is not significant. So the study indicates that the level of addiction and non-addiction does not affect subjective wellbeing rather the level of stress affects subjective wellbeing of adults. From the analysis it has been found that stress played a significant role upon subjective wellbeing of adults.



**Figure I: Effect of Addiction and Stress on Subjective Wellbeing**

Above figure shows the effect of Addiction and Stress on Subjective Wellbeing. It is evident from the above figure that addicts with low stress show more subjective wellbeing as compared to addicts with high stress. The non-addicts with high stress show low level of subjective wellbeing as compared to non-addicts with low stress. Two lines in the above graph appear parallel to each other that indicate lack of interaction between both the factors.

### Discussion

An effort was completed in this piece of research to gain insights into the effect of Addiction and Stress upon Subjective Wellbeing included in this study. ANOVA revealed a significant main effect of Stress for Subjective Wellbeing. The main effect of Addiction upon Subjective Wellbeing is not significant. The interaction effect between Addiction and Stress was also not significant. So, stress as an independent variable is playing a very significant role upon subjective wellbeing. It is clear from the above analysis that individuals with high stress show low level of subjective wellbeing as compared to individuals with low stress. Individuals with low stress show high level of subjective wellbeing.

It was found that addiction as a factor had no significant contribution upon the subjective wellbeing. So there is no significant difference between addicts and non-addicts with regard to the score of subjective wellbeing. But there exist a significant difference between high stressed individuals and low stressed individuals with regard to their score in subjective wellbeing. High stressed individual shows low level of

subjective wellbeing where as low stressed individual shows high level of subjective wellbeing.

A person who has a high level of satisfaction with their life, and who experiences a greater positive affect, low level of stress and little or less negative affect, would be deemed to have a high level of Subjective Wellbeing. The concept of Subjective Wellbeing falls within the 'hedonic' perspective that defines well-being or happiness as being fundamentally about maximizing pleasure and avoiding or minimizing pain. This perspective places focus on meaning in life and self-realization, and the extent to which a person fully integrates this into his or her life. So, one should adjust with his/her life for leading a happy and contented life. Stress as a factor plays a very important role upon the subjective wellbeing.

### Limitation of the Study

The sample could have taken from a more randomized and touched wider area and different age group to have more significant findings. More time could have spent on each sample to rely on each finding as stress is sometime situational. The study was concentrated particularly on the area of stress and subjective wellbeing, that could have included more analysis like personality type, aggressiveness, emotional intelligence of each sample in order to have better understanding of the findings.

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