

Interpersonal dependency, self-esteem and depression in primary alcoholism

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ABSTRACT - This study was undertaken to clarify the relationship between alcoholism and depression by means of the personality traits interpersonal dependency and self-esteem. In a sample of 52 alcoholics that met Feighner's criteria for primary alcoholism, the subjects were assessed by means of the Zung Depression Self-rating Scale, the Hirschfeld Interpersonal Dependency Scale and the 23-item version of the Janis & Field Self-esteem Scale by Rimée & Leyens. By means of the score on the Zung scale the subjects were divided into depressive vs. non-depressive alcoholics. There were no intergroup differences in interpersonal dependency. However, the depressive alcoholics scored significantly lower on the self-esteem scale. The authors suggest that the level of self-esteem in alcoholics is a function of secondary depression, whereas the interpersonal dependency might be influenced by the pathological drinking pattern.

Received November 29, 1987; accepted for publication April 16, 1988

Since Dornigg & Economo (1928) postulated that dipsomania is a periodical mood disorder, the relationship between alcoholism and depression has been widely discussed (1). Numerous authors have pointed to the concomitance of depression and alcoholism.

In a review by Keeler et al. (2), the rates of secondary depression ranged from 8.6% to 66%. Several authors (3-5) have emphasized the similarity of symptoms in patients with depression secondary to alcoholism and those with primary depression. On the other hand, alcoholism may complicate primary depression. Mayfield (6) reported that 21% of depressive patients increased drinking and Morrison (7) found that 67% of bipolar patients had periods of excessive drinking. In a more recent study, Lewis et al. (8) observed secondary alcoholism in 15% of individuals with primary depression.

Genetics is another approach to the study of the relationship between alcoholism and depression. Hensel (9) raised the question: "Are alco-

holics' relatives genotypically affectively ill and phenotypically alcoholic?" He found in his study the morbid risk for alcoholism significantly increased among relatives of patients with primary affective disorders and drinking problems compared with relatives of patients without drinking problems. It might be that some alcoholics are really depressives with alcoholism as a depressive equivalent. However, there is disagreement about the increased risk for depression in relatives of primary alcoholics (10-12).

Winokur et al. (13, 14) introduced the presence of alcoholism in family history as a criterion for subtyping unipolar depression. Thus, he defines the depression spectrum disease as an illness with early onset, predominantly in females and with familial alcoholism and/or antisocial personality, whereas in pure depressive disease, onset is later and familial alcoholism less frequent.

Finally, the connection between depression and alcoholism has been emphasized by studies of the alcoholic personality. Barnes (15, 16) and

Nerviano (17, 18) have demonstrated that the structure of the alcoholic personality and of the "pre-alcoholic" personality presents features of depression such as increased dependence, a decrease of self-esteem, high neuroticism, and low autonomy.

In a more recent review, Schuckit (19) concludes that alcoholism and depression probably are separate and distinct psychiatric disorders with some evidence of clinical and genetic overlap.

The present study was an attempt to validate the relationship between primary alcoholism and depression using the traits of interpersonal dependency and self-esteem. It is well established that these traits are part of the depressive personality make-up (20-22).

Material and methods

The sample comprised 52 alcoholic inpatients at the Psychiatric Hospital in Jebel, Romania (34 males, 18 females, mean age of 32 ± 5.7 years). All patients met Feighner's criteria (23) for primary alcoholism. Cases in which alcohol abuse was secondary to other psychiatric disorders were excluded. For this investigation the distinction between primary affective disorders accompanied by alcohol abuse and primary alcoholism with secondary depression was important. This distinction was effected by gathering chronological data on the development of symptoms according to Schuckit (1, 5, 19).

Therefore, only patients who developed depression subsequent to alcohol abuse were included in our sample.

An additional inclusion criterion was a minimum score of 10 on the Michigan Alcoholism Screening Test (MAST) (24, 25).

Before any biological or psychological treatment was initiated, the patients were assessed by the Zung Self-rating Depression Scale (26), the Hirschfeld Interpersonal Dependency Scale (21) and the 23-item version of the Janis & Field Self-esteem Scale by Rimé & Leyens (27).

The total sample was subdivided into two groups. One consisted of alcoholics with a Zung score of ≥ 50 and the other of alcoholics with a Zung score < 50 , i.e. subjects without clinical depression. These two groups were compared with regard to differences in interpersonal depen-

Table 1
Mean scores of the total sample in comparison with standard scores

Instrument	Mean score \pm SD	Standard value or cut-off point
MAST	26.5 ± 4.7	10
Zung Depression Self-rating Scale	54.2 ± 8.0	50
Self-esteem Scale	52.7 ± 10.4	$68.4 \pm 14.3^*$
Interpersonal Dependency Scale		
- emotional reliance on another person	53.2 ± 10.0	$39.2 \pm 7.8^*$
- lack of social self-confidence	38.8 ± 7.4	$29.8 \pm 6.4^*$
- assertion of autonomy	33.5 ± 6.3	$30.2 \pm 6.1^*$

* $P < 0.01$ (Student's *t*-test)

Table 2
Mean scores in relation to degree of depression

Instrument	Zung score	
	≥ 50 ($n = 36$)	< 50 ($n = 16$)
MAST	30.0 ± 4.9	23.0 ± 4.5
Zung Depression Self-rating Scale	67.2 ± 8.8	41.2 ± 7.1
Self-esteem Scale	46.2 ± 9.3	$59.3 \pm 10.6^*$
Interpersonal Dependency Scale		
- emotional reliance on others	52.3 ± 10.2	54.0 ± 10.0
- lack of social self-confidence	40.0 ± 7.4	37.6 ± 7.4
- assertion of autonomy	35.0 ± 6.6	32.1 ± 6.0

* $P < 0.01$ (Student's *t*-test)

dence and self-esteem in order to examine if there is any relationship between these factors and the presence of depression in primary alcoholism. Thus, the results should enable us to attribute the traits of interpersonal dependence and self-esteem either to depression or to alcoholic personality or to both of them.

Results and discussion

The scores of the total sample on the variables under investigation are shown in Table 1.

Our sample of alcoholics scored high on the MAST, were slightly depressed, had an increased need to rely on others, showed lower social self-confidence and self-esteem, while the level of autonomy was close to the standard score.

Table 2 shows a breakdown of these factors in the subsamples of depressive vs. non-depressive alcoholics (divided according to Zung score).

The alcoholics who reported depression were found to have a significantly lower self-esteem score compared with the non-depressive alcoholics. This result indicates that level of self-esteem might be a function of depression rather than of alcoholism. On the other hand, there was no difference in interpersonal dependence, suggesting that the increased interpersonal dependence in alcoholics is unrelated to depression, i.e. it can be regarded as an alcoholic personality trait.

Some authors (20-22) have identified low self-esteem and interpersonal dependence as features of the depressive personality. Our results show that interpersonal dependency is a significant feature in alcoholics independent of depression, whereas lowered self-esteem might be a function of depressive state.

To further validate these suggestions, longitudinal studies are required, especially for observing changes in self-esteem and interpersonal dependency during the course of treatment.

Acknowledgements

The authors appreciate the critical comments of Dr. M. Schuckit (University of California) and Dr. M. Eisemann (University of Umeå) on an earlier version of this paper.

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