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Pathological Gambling and Depression

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Abstract

Pathological gambling represents the end spectrum of gambling behaviors. This behavior affects the gambler’s family and the most obvious consequence of gambling problems is a poor private economy. Pathological gamblers were many times more likely than the general population to report others psychiatric disorders: depression, antisocial personality disorder or history of alcohol misuse (Cunningham-Williams et al., 1998). The objective of this study was to explore whether there was a correlation between gambling and depression in a sample of 119 adults who joined the Responsible Gaming Project in Romania. The results shows that pathological gambling is associated with depression.

Keywords: pathological gambling; slot machines; depression; responsible gaming project.

1. Problem statement

Gambling is a socially acceptable and legal leisure activity which involves wagering something of value (usually money) on a game or event whose outcome is unpredictable and determined by chance (Ladoceur et al., 2002).

The compulsion to gamble progressively takes over an increasing amount of gambler’s time, money and energy.

Those who become addicted to gambling are caught in a serious behavioral disorder that is associated with depression, anxiety and substance abuse (Rizeanu, 2012).
Pathological gambling can adversely affect the individual, family and society, and also carries high rates of psychiatric co-morbidity. Depression is probably the most common psychiatric disorder comorbid with pathological gambling.

A number of previous studies have indicated that pathological gambling is often associated with depression (Blaszczynski, 2010; Fernández-Montalvo & Echeburúa, 2004; Kessler et al., 2008; Lorains et al., 2011). Equally, a number of theoretical models of pathological gambling have included depression as a key variable (Blaszczynski & Nower, 2002; Oei & Raylu, 2008).

Efforts to understand the determinants of problem gambling have led to the examination of a range of individual factors: biological factors, physical health, temperament and personality factors, psychological states and disorders and cognitions.

Mood states, particularly anxiety and depression, have been found to be associated with aspects of gambling behavior and problem gambling.

Using gambling to relieve negative emotional states such as depressed mood and anxiety may be a significant risk factor for problem development (Abbott, 2001; Blaszczynski & McConaghy, 1989).

A study conducted by Hills, Hill, Mamone & Dickerson (2001) found that depression is a causal factor in addictive gambling.

In a study of 3,596 individuals, Momper, Delva, Grogan-Kaylor, Sanchez, & Volberg (2010) found that about 33% had experienced at least a depressive symptom; problem gamblers were more likely to experience one symptom of depression when compared with non-gamblers or those not at risk.

In a Scottish study, pathological gamblers had significantly higher rates of depression than did problem gamblers, non-problem gamblers, and non-gamblers (Moodie & Finnigan, 2006).

2. Purpose of study

The objective of the present study was to investigate the relationship between pathological gambling and depressive symptoms in pathological gamblers addicted to slot machines, seeking treatment for problem gambling.

Clinical research has consistently revealed that up to 75% of compulsive gamblers suffer from symptoms of major depression (Blaszczynsky, 2010).

The study has the hypothesis that compulsive gambling symptoms and behavior are associated with depressive symptoms.

Here we report a study of depression in pathological gamblers identified within a sample of 119 adults living in Bucharest, Romania, who decided to join the Responsible Gaming Project.

3. Research methods

In this study we used a semi-structured interview designed to obtain demographic information and gambling history, the South Oaks Gambling Screen, the most widely utilized instrument for the general screening of gambling disorders and the Beck Depression Inventory to evaluate depression.

One hundred and nineteen problem gamblers who joined the Responsible Gambling Project in Romania, ranging in age from 18 to 61 years, with an average age of 29.86 years, were interviewed (SD=7.453 years). One hundred and twelve participants were male and seven were female. In terms of education, 37.8% had a high school degree whereas 62.2% had either some college or bachelor’s degree; also 95 participants were married, while 24 were single.

All of the participants were recruited through advertising the Responsible Gaming project in Romania on the website, help-line and brochures existing in the gaming halls. Participants defined themselves as problem gamblers on the basis that their gambling behavior had caused them significant problems.
Face-to-face interviews were conducted during the evaluation session in order to formulate the case and offer psychological treatment for pathological gambling.

4. Findings

After applying SOGS, all participants obtained a mean score on pathological gambling of $m=10.55$ ($sd=1.78$), thus revealing that all of them were pathological gamblers.

Analyzing the scores, the histogram shows a slight tilt to the left and a platykurtic distribution of the curve, which states that the scores are scattered around the central value (see figure 1.a).

The initial sample (N=119) obtained a mean score on depression of $m=19$ ($sd=9.2$), a value which is situated in the moderate depression area. In this sample, scores ranged from 6 points minimum score (normal state) and the maximum score of 43 points (severe depression). The score with the highest frequency, the mode, was the value 9.

The histogram shows a slight tilt to the left and a platykurtic distribution of the curve, which states that the scores are scattered around the central value (see figure 1.b).

Fig. 1. (a) Histogram – Initial SOGS scores (N=119); (b) Histogram – Initial BDI scores (N=119)

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Fig. 2. Initial depression (BDI) scores distribution (N=119)
Out of 119 pathological gamblers, 76.47% were found with different symptoms of depression; 28.57% presented mild depression; 34.45% moderate depression and 13.45% severe depression (see figure 2).

During the pathological gambling treatment offered within The Responsible Gaming Project (Rizeanu, 2012), from the original group (N=119), only 53% of the subjects (N=63) remained within the program until the end.

The final sample was divided in 2 groups based on the original SOGS scores. Group 1 (N=28) had subjects with SOGS scores equal to or above 10 points, and the second group (N=35) had subjects with SOGS bellow 10 points.

The Beck scores of pathological gamblers were positively correlated with the pathological gambling as indicated by the scores of South Oak Gambling Screen - SOGS. A correlation between depressive and gambling symptoms was found amongst the 2 study groups: r(28)=0.783; p=0.001 (two-way); r(35)=0.723; p=0.009 (two-way).

As gambling is often used to escape negative emotion states, numerous studies have found that negative emotional states and related psychological disorders (e.g depressive) play a role in the development and maintenance of pathological gambling (Boughton & Falenchuk, 2007; Dougherty et. al., 2004; El-Guebaly et al., 2006; Moodie & Finnigan, 2006).

Depression is very common in problem gamblers and some symptoms of depression include emotional state, thought process, social functioning and physical well-being (Korn & Schaffer, 2004; Raylu & Oei, 2010; Rizeanu, & Săvou, 2012).

Clarke (2006) reported that impulsivity mediated the pass of depression to problem gambling severity.

5. Conclusions

The extend of problem gambling among youth in Romania is estimated to be around 6.8% of adolescents (Lupu et. al, 2002).

This research supports the existence of a positive correlation between pathological gambling and depression among pathological gamblers presenting for treatment. Validity studies are required in order to verify the correlation between the pathological gambling and depression to Romanian gamblers.

Improved awareness among health professionals of problem gambling can lead to early recognition and treatment, thus limiting the more severe adverse consequences.

McCown and Chamberlain (2004) suggested that psychologists who specialize in the treatment of gambling disorders are among the poorest paid mental health practitioners, regardless of their training.

One limitation of this study was that it finally involved only 63 participants, although, for a qualitative study of this kind it is quite a large sample; by surveying much larger numbers of the general population it would be possible to include a number of problem gamblers.

These findings suggest that interventions aimed at helping gamblers also need to involve careful attention to the depressive symptoms that gamblers experience.

In the future, prevention plans and treatment interventions should aim to increase the gambler’s contact with non-gambling peers and non-gambling activities.

Unfortunately, there are very few resources and absence of sufficient numbers of trained clinicians to provide necessary services to the population and the number of people affected by problem gambling is certainly increasing.

In Romania, public policy related to gambling aims at the prohibition of online gambling activities and ensures the prohibition of access to gaming services to minors (those under 18 years of age) but also ensure that gambling services are not advertised on mainstream media.

A responsible gambler is a person exercising a rational and sensible choice and acting upon that choice based on his/her individual circumstances and awareness of the intention of the entertainment experience and its limitations.
Problem gamblers are at great risk of relationship breakdown, poor physical health, mental-health problems such as anxiety, depression and suicide.

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References


