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Psychological profile of the Romanian pathological gambler

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Abstract

The concept of addiction has been broadened in recent years to include appetitive behaviors judged to be excessive in some sense: excessive drinking, drug-taking, gambling, eating and sexuality.

Pathological gambling is often accompanied by depression, anxiety, substance use disorders or personality disorders.

This article presents data of a sample of 119 pathological gamblers who were tested with SOGS, Beck Depression Inventory, Hamilton Anxiety Rating Scale, Inventory of Gambling Situations and the Structured Clinical Interview for DSM Disorders.

The results show that most pathological gamblers present depressive and anxiety disorders and 44,5% of them presents at least one personality disorder.

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1. Problem statement

Pathological gambling is a progressive addiction characterized by increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop, "chasing" losses, and loss of control manifested by continuation of the gambling behavior in spite of mounting, serious, negative consequences.

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Pathological gambling affects the gambler, their family, their employer, and the community; the gamblers spend less time with their family, spend more of the family's money on gambling until the bank accounts are depleted, and then may steal money from family members. Interpersonal problems between gamblers and their significant others include domestic violence, relationship breakdown, neglect of family and a negative impact on the physical and mental health of family members.

Pathological gambling does not involve use of a psychoactive substance, but the "action" which compulsive gamblers crave is an aroused, euphoric state comparable to the "high" sought by drug users. This aroused state is accompanied by changes in brain chemistry similar to those caused by alcohol or drugs.

The key difference between pathological gambling and social gambling is self-control: each social gambling session usually lasts for a set period of time and involves pre-determined spending limits.

Pathological gambling in men typically begins in adolescence although it may not come to professional attention until the man is well into adulthood. The typical pathological male gambler is white, aged 40-50 years, and comes from middle to upper socioeconomic bracket.

Pathological gambling has high co-morbidity rates with substance abuse, mood disorders, attention deficit hyperactivity disorder (ADHD), and antisocial personality disorder (Hollander, Buchalter & DeCaria, 2000).

Alcohol abuse is strongly predictive of gambling pathology and low socioeconomic status group members have higher levels of gambling pathology than other groups (Welte, Barnes, Wieczorek, Tidwell & Parker, 2004).

In the current edition (DSM-IV), pathological gambling is classified as part of "Impulse-Control Disorders Not Elsewhere Classified," which also includes disorders like kleptomania. In the new edition, gambling disorder will join substance-related addictions in a renamed group called "Addiction and Related Disorders."

There is no typical personality profile found among problem or pathological gamblers. Studies has supported both environmental and genetic factors as risks for pathological gambling, as the individuals learn, model and maintain behaviors that are observable and are reinforced.

Several individual factors have been implicated in the development and maintenance of pathological gambling and these include personality, cognition, psychological states and biology.

Pathological gamblers score higher on measures of impulsivity as compared with social gamblers and sensation seeking which is also a risk factors for developing problem gambling.

Evidence suggests that irrational and negative thoughts play a significant role in the development and maintenance of problem gambling (Hodgins & El-Geubaly, 2004). These include believing that they can influence gambling outcomes, believing that they can correctly predict the outcomes and making false interpretations about gambling outcomes.

Negative psychological states as depression, anxiety and stress have frequently been linked to the development and maintenance of pathological gambling.

Blaszczynski & Nower (2002) identifies three primary subgroups of gamblers: behaviorally conditioned (conditioning and cognitive processes are primary), emotionally vulnerable (affective disturbances, poor coping skills, dealing with painful emotional experiences, social isolation and low self esteem act to exacerbate the effect of the conditioning and cognitive processes), and biologically-based impulsive (genetic and neurochemical factors contribute to impulsivity and need for stimulation).

The personality profile of people at risk for pathological gambling is very similar to the profile that has been found in meta-analyses of Borderline personality disorder and substance use disorders (Samuel & Widiger, 2008).

The studies conducted by Lorains, Cowlshaw & Thomas (2011) indicated that pathological gamblers had high rates of other co-morbid disorders. The highest mean prevalence was for nicotine dependence (60.1%), followed by a substance use disorder (57.5%), any type of mood disorder (37.9%) and any type of anxiety disorder (37.4%).

The public health perspective takes the position that prevention of health problems and reduction of harm can be more effective in maintaining community and individual wellbeing than individual focused tertiary treatment initiatives (Dickson- Gillespie, Rugle, Rosenthal & Fong, 2008).

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