



Sensation seeking in a community sample of French gamblers: Comparison between strategic and non-strategic gamblers



Céline Bonnaire*, Catherine Bungener, Isabelle Varescon

Paris Descartes University, Laboratory of Psychopathology and Health Processes, Sorbonne Paris Cité, France

ARTICLE INFO

Keywords:

Pathological gambling
Sensation seeking
Gender
Strategic games
Non-strategic games
Substance use

ABSTRACT

The purpose of this research is to examine the relationship between sensation seeking and gambling disorder (GD) in a community sample of gamblers (when controlling for the effect of substance use, gender and age) and see whether sensation seeking scores depend on the gambling activity when comparing strategic and non-strategic gamblers. A total of 380 gamblers was recruited. First, pathological gamblers (PGs) (n =143) were compared to non-pathological gamblers (NPGs) (n =237). Second, strategic gamblers (n =93) were compared to non-strategic gamblers (n =110). Sociodemographic data, gambling behavior (SOGS, DSM-IV), tobacco and alcohol use (CAGE), and sensation seeking (SSS) were evaluated. PGs have higher boredom susceptibility scores than NPGs and this factor is associated with GD. Nevertheless, the relationship between sensation seeking and GD depends on the gambling activity. In fact, sensation seeking is associated with GD in strategic gamblers only. PGs playing strategic games display different profiles from non-strategic PGs. Thus, factors associated with GD differ when the gambling activity is taken into account. These findings are consistent with the idea of it being essential to identify clinically distinct subgroups of PGs in the treatment of GD.

1. Introduction

Gambling is a harm-free activity for most individuals. Nevertheless, for a small percentage of the general population, it becomes pathological and Gambling Disorder (GD), defined as a maladaptive gambling behavior, persistent and recurrent, which alters the course of one's personal, family and professional life (APA, 2013), occurs. Zuckerman originally suggested that there would be a relationship between sensation seeking and gambling in which individuals accept the risk of monetary loss for the positive reinforcement produced by states of high arousal (Zuckerman, 1979). However, studies in this area have provided heterogeneous results. While some have supported Zuckerman's hypothesis (Kuley and Jacobs, 1988; Powell et al., 1989), others have shown no differences between gamblers and non-gamblers (Anderson and Brown, 1984; Ladouceur and Mayrand, 1986) or between pathological and non-pathological gamblers (Bonnaire et al., 2004; Parke et al., 2004). Others have found that gamblers have lower scores than normal on the sensation seeking scale (SSS) (Allcock and Grace, 1988; Dickerson et al., 1987; Müller et al., 2016). In their meta-analysis, Hammelstein (2004) concluded that non-pathological gamblers are more sensation seeking than pathological gamblers while MacLaren et al. (2011) found that there were no

signs of higher sensation seeking in GD.

Two main explanations have been proposed for these discrepancies. The first refers to the gambling type. Zuckerman (2005) emphasized the fact that the type of gambling may be a crucial factor in gamblers' relationship to sensation seeking: "The little old man or lady who sits all evening pulling the lever of a slot machine may not have the same need for excitement as the black-jack or poker player or the gambler who engages in a variety of gambling activities" (p. 363). Thus, sensation seekers prefer certain gambling form over others (McDaniel and Zuckerman, 2003). According to this idea, Coventry and Brown (1993) and Dickerson et al. (1987) found that off-course betters as a group had lower scores on the SSS than the general population, whereas casino gamblers had higher scores. People with higher (sensation seeking) scores might seek out other more exciting and risky activities. Furthermore, according to Coventry and Brown (1993) and Coventry and Norman (1997), casino gamblers showed higher scores than both the general population and the control group. In addition, pathological gamblers who bet at the racetracks had significantly higher sensation seeking scores than non-pathological gamblers (Bonnaire et al., 2006) and those who played games available in cafés (off-course betting, lottery, scratch cards and a lottery game called "Rapido" with a drawing every two and a half minutes on a TV

* Correspondence to: Université Paris Descartes, Institut de Psychologie, Laboratoire de Psychopathologie et Processus de Santé EA 4057, 71 Avenue Édouard Vaillant, 92 100 Boulogne-Billancourt, France

E-mail addresses: celine.bonnaire@parisdescartes.fr (C. Bonnaire), catherine.bungener@parisdescartes.fr (C. Bungener), isabelle.varescon@parisdescartes.fr (I. Varescon).

<http://dx.doi.org/10.1016/j.psychres.2017.01.057>

Received 20 September 2016; Received in revised form 21 January 2017; Accepted 21 January 2017

Available online 22 January 2017

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screen) (Bonnaire et al., 2004). Nevertheless, Müller et al. (2016) found no differences in terms of sensation seeking scores between slot-machine gamblers (defined by the authors as a type of gambling activity that seems to be motivated by distraction from problems rather than by seeking arousal) and gamblers preferring high arousal gambling activities (sport betting and roulette). However, this study was carried out on pathological gamblers seeking treatment, unlike that of Bonnaire et al. performed on a community sample of gamblers. Yet, as proposed for substance- and non-substance-related disorders, there are some differences between individuals who seek treatment and those who never enter a counseling program (Freyer et al., 2005). In fact, there is some evidence that sensation seeking is related to the extent of gambling and signs of GD in gamblers who are not in treatment (Zuckerman, 2005). This relationship does not appear among gamblers in treatment programs when compared to a control group, which suggests that the minority of pathological gamblers who seek treatment would show little sensation seeking behavior and high harm-avoidance behavior. On the other hand, those who avoid treatment or have to be coerced into it would be more antisocial and have higher sensation seeking scores (Zuckerman, 2005). Thus, it seems necessary to pursue this hypothesis and develop research among gamblers in the general population, especially since most previous research has been carried out in gambling-treatment centers. Furthermore, in Müller et al.'s study, the pathological gamblers group was split according to the "motivation" of the gamblers (patients preferring high arousal gambling activities, like sport betting and roulette, vs. patients who try to avoid negative mood states rather than seek arousal, like slot machine players). However, recent studies have highlighted the importance of classifying gamblers according to whether the activity is related to skills or chance (Odlaug et al., 2011; Moragas et al., 2015). In Müller et al.'s study (2016), roulette and sport betting gamblers were grouped together. Yet, while roulette is non-strategic gambling (i.e. chance gambling), sport betting is strategic (i.e. skill-based gambling). Moreover, most gamblers play several games and thus it is sometimes difficult to investigate gamblers of only one gambling activity. Nevertheless, in a recent study on poker gamblers, Barrault and Varescon (2016) showed that sensation seeking was high across all gamblers groups (non-pathological gamblers, problem gamblers and pathological gamblers), confirming that sensation seeking may determine interest in poker.

The second explanation refers to the role of sensation seeking subscores. Fortune and Goodie (2010) demonstrated the importance of subscales and showed that pathological gamblers who were not seeking treatment displayed higher scores than non-pathological gamblers on the disinhibition (DS) and boredom susceptibility (BS) subscales. Their results support the notion that the SSS can be divided into two concepts. The first reflects actual behaviors (DS and BS subscales) and the second, hypothetical behaviors (thrill and adventure (TA) and experience (ES) seeking subscales). Pathological gamblers in their study appeared to prefer the more behavioral subscales while non-pathological gamblers preferred the more hypothetical subscales. Nevertheless, in Fortune and Goodies' (2010) study, the age range of the sample (university students between 17 and 19 years old) could explain the elevated DS and BS scores in the pathological gambling group. Yet, adolescence is a period of increased sensation seeking (Steinberg et al., 2008; Collado et al., 2014).

Finally, most studies do not control for the effects of gender and substance use although sensation seeking scores differ by gender (Vitaro et al., 1997; Lopez-Bonilla and Lopez-Bonilla, 2010) and are associated with greater alcohol consumption frequency and higher levels of substance use (Coskunpinar et al., 2013; McCabe et al., 2015) including tobacco (Hwang and Park, 2015). Thus, the aim of this study is to explore further the relationship between sensation seeking and gambling and to see whether: i) sensation seeking is associated with GD in a community sample of adult gamblers who are not seeking treatment, when controlling for the effects of substance use, gender and

age; ii) pathological gamblers have higher BS and DS scores than non-pathological gamblers; iii) sensation seeking scores depend on the gambling type when comparing strategic and non-strategic gamblers.

2. Methods

2.1. Participants and procedure

A total of 463 gamblers were approached and 83 refused to participate in our study, mostly because of lack of time and the unwillingness to participate in a study that involves talking about their gambling behavior. A total of 380 gamblers was included in this study (age range 18–50 years old). Gamblers were recruited in different gambling locations: cafés (n =194 gamblers randomly screened in two Paris-suburb cafés during 4 months), racetracks (n =80 gamblers randomly recruited at the five racetracks closest to Paris during 6 months) and a casino (n =65 gamblers randomly recruited in the slot-machine room during 3 months, and n =41 gamblers in the traditional gaming room (roulette and cards) during 3 months of the Enghien Les Bains casino, the only one near Paris). In each gambling location, participation in the study was proposed to all the subjects available when the recruiter was present in the various venues. Only men were included at racetracks and in the traditional gaming room of the casino. Women were excluded because they are underrepresented in skill-based gambling (Ladd and Petry, 2002; Petry, 2003). However, women prefer games characterized by chance, especially slot machines (Delfabbro, 2000; Svensson et al., 2011), so both men and women were included in cafés and in the slot-machine room of the casino.

A briefing note explaining the objective of the study was given and explained to each participant, recalling the principles of freedom of participation and anonymity of data. Each participant provided their written consent and was tested in accordance with national and international norms governing the use of human research participants. No reward was given to the participants.

Games investigated were scratch cards, Rapido, lottery, sport betting, horse race betting, slot machines, roulette and cards. Based on the first question of the SOGS (assessing the gambling type practiced and the frequency), participants were classified whether the type of regularly gambling activity or activities that they engaged in (playing this activity once a week or more) was or were related to skill or only to chance: strategic games included horse race betting, sport betting and cards while non-strategic games included lottery, scratch cards, Rapido, roulette and slot machines. Thus, the sample was composed of 93 strategic gamblers, 110 non-strategic gamblers, 81 gamblers who played both and 96 non-gamblers. Non-gamblers were defined as gamblers who play less than once a month.

None of the gamblers was currently seeking treatment or had been in treatment for their gambling problem.

2.2. Measures

For the survey study, several sociodemographic questions were included: age, gender, marital status, and employment status.

The South Oaks Gambling Screen (SOGS) (Lesieur and Blume, 1987), French version (Lejoyeux, 1999).

The SOGS is a 20-item self-report measure assessing gambling symptoms. Its development included measurement criteria based on counselors' evaluation of patients' gambling and DSM-III-R criteria for pathological gambling. A score of 5 or more indicates a case of probable pathological gambling. Stinchfield (2002) reported satisfactory reliability and validity in a general population sample (Cronbach's alpha =.69). In addition, evidence for construct validity was reported since scores discriminated between a general population and a gambling-treatment sample.

The DSM-IV criteria for pathological gambling (APA, 1994).

Although the DSM criteria were developed for clinical use, many

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