



IRRATIONAL GAMBLING RELATED COGNITIONS OF COMPULSIVE GAMBLER

STELIANA RIZEANU^a

^aHyperion University, Faculty of Psychology and Educational Sciences
Department of Psychology

Abstract

Gambling addiction is a current issue that concerns society in its whole, due to the negative impact it has on both gamblers and their family life. This addiction usually starts as a pleasant pastime; occasional gamblers enjoy this type of activity for which they allow limited time and a previously set amount of money (Disley et al., 2011).

This article is aimed at emphasizing the significant correlation between gambling addiction and the high level of irrational gambling-related cognitions among the 56 compulsive gamblers aged between 19 to 53 years old –our research group. We have used South Oaks Gambling Screen –SOGS in order to identify gambling addiction and Gambling Related Cognition Scale-GRCS to spot the level of irrational cognitions among the subjects within our research group. Being able to confirm important correlation between these two variables is a step forward in adopting efficient treatment methods against this type of addiction.

Keywords: compulsive gambler, gambling related cognitions, addiction journal

1. INTRODUCTION

Gambling turns into addiction when the activity itself becomes an obsession and takes over all thoughts, at the expense of interest in real life – family, friends, work.

In time, gamblers end up betting higher and higher amounts of money and spending all their spare time in gaming halls, sport betting agencies and casinos in a desperate attempt to balance game losses; this leads to negative emotions such as

Corresponding author: Steliana Rizeanu

E-mail address: stelianarizeanu@yahoo.com

depression, anxiety, insomnia, and in worst-case scenarios, suicide attempts, some resulting in death (Rizeanu, 2013, 2018).

Blaszczynski's studies (2010) showed that pathologic gambling had various negative effects on the gamblers: depression, suicidal thoughts, anxiety, alcohol and drug abuse, difficulty in having a steady job, lies and scams, decreased cognitive performance, physical symptoms.

Gambling addiction is basically money addiction; as long as gamblers play driven by the desire to win money, it is this overwhelming desire that initially brings them to gamble compulsively (Coombs, 2004).

A gambler's erroneous gambling-related cognitions play an important role in triggering and maintaining this pathology, and they refer especially to the capacity to influence or predict winning (Rizeanu, 2012). The illusion of control is most common among gamblers who are into slot machines, because the result of the gamble is out in short intervals and they provide the opportunity of instant gratification (Ladouceur et al., 2003; Rizeanu, 2014; 2017).

A meta-analysis of co-morbidity associated with pathological gambling carried out by Lorains, Cowlshaw and Thomas (2011) revealed that 60.1% of those who are addicted to gambling are also addicted to nicotine, 57.5% are addicted to controlled substances, 37.9% show mood disorder and 37.4% show anxiety disorder.

Given the high prevalence of associated co-morbidities, Shaffer and LaPlante (2005) stated that pathological gambling should be considered a complex syndrome and not just a singular mental disorder.

Cognitive behavioral therapy is currently considered the most efficient treatment method for gambling addiction (Disley et al., 2011; Grant & Potenza, 2007; Pallesen, et al., 2005; Petry et. al, 2008, Rizeanu, 2015). This type of therapy states that irrational cognitions related to a person's ability to control the game and to anticipate and predict winnings represent the main factors that lead to the development of this pathology. Cognitive restructuring has positive effects with respect to lessening the severity of the addiction by lowering the intensity of gambling-related erroneous cognitions.

A recent research conducted by Nicholson, Graves, Ellery and Afifi (2016) concluded that greater gambling severity is associated with increased endorsement of irrational cognitions.

1. OBJECTIVE AND HYPOTHESES

1.1. OBJECTIVE

The aim of this research is to analyze the connection between the severity of gambling addiction and the intensity of irrational gambling-related cognitions.

1.2. HYPOTHESES

The hypothesis is that there is a significant interdependence between pathological gambling and the intensity of gambling-related erroneous cognitions.

2. METHOD

The research group was made of 56 subjects aged 19 to 53 who went to a psychotherapist and claimed having a gambling problem, and who were tested to establish whether they were addicted to gambling and whether the level of their irrational gambling-related cognitions was high.

For this research we used South Oaks Gambling Screen-SOGS (Lesieur & Blume, 1987) and Gambling Related Cognition Scale (GRCS), a 23-item-questionnaire with which the participants were able to self-assess their gambling-related cognitions on a Likert scale in 7 points, where 1= strongly disagree and 7 = strongly agree (Raylu & Oei, 2004).

3. RESULTS

When applying SOGS, the group scored a mean of 11.13 points and a median of 11 points. The lowest score was 8 points and the highest 14 points- both values within the pathological gambling risk area (table 1).

Table 1 – Statistical indicators SOGS

Statistics		
N	Valid	56
	Missing	0
Mean		11.13
Median		11.00
Mode		13
Std. Deviation		1.706
Skewness		-.247
Std. Error of Skewness		.319
Kurtosis		-1.079
Std. Error of Kurtosis		.628
Minimum		8
Maximum		14

Gambling Related Cognition Scale (GRCS) is a 23-item-questionnaire where the gambling-related erroneous cognitions are divided into 5 subscales:

- interpretive biases related to the ability to control the game;
- the illusion of control;
- game prediction;
- unrealistic expectations related to game of chance;
- inability to stop gambling.

The research group's results when applying GRCS show an average of 119.91 points and a median of 118 points- both situated within the high risk gambling-related erroneous cognitions area. The standard deviation that was calculated (6.040) indicates a spread of values around a central tendency. Here are the most frequent gambling-related erroneous cognitions among the group subjects, with a key role in triggering and developing their gambling behavior: illusion of control, interpretive biases, balance loss attempts, wrong reasoning, unrealistic expectations.

Table 2 – Statistical indicators GRCS

Statistics

Total GRCS		
N	Valid	56
	Missing	0
	Mean	119.91
	Median	118.00
	Mode	118
	Std. Deviation	6.040
	Skewness	.227
	Std. Error of Skewness	.319
	Kurtosis	-.802
	Std. Error of Kurtosis	.628
	Minimum	108
	Maximum	132

In order to analyze the relation between pathological gambling, measured with SOGS, and the level of erroneous gambling-related cognitions, measured with Gambling Related Cognition Scale, we calculated Pearson correlation coefficient and we obtained significant correlations between the variables: $r(56) = 0.829$; $p = 0.001 < 0.01$ bilateral.

Table 3 Correlations SOGS – GRCS

Correlations		Total SOGS	Total GRCS
Total SOGS	Pearson Correlation	1	.829**
	Sig. (2-tailed)		.001
	N	56	56
Total GRCS	Pearson Correlation	.829**	1
	Sig. (2-tailed)	.001	
	N	56	56

** . Correlation is significant at the 0.01 level (2-tailed).

4. CONCLUSIONS

These results confirm our hypothesis that there is a significant correlation between pathological gambling and the intensity of gambling-related erroneous cognitions. Research carried out by Abdollahnejad, Delfabbro & Denson (2014) emphasized the close connection between irrational cognitions and gambling addiction and the fact that gambling addicts had a higher level of these cognitions than occasional gamblers.

Tang and Wu (2012) carried out research on the extent to which irrational cognitions are linked to gambling addiction on a group of 2835 Chinese teenagers, 934 young adults and 162 adults, and came to the conclusion that there was a close connection between these variables among the three age groups, the most common ones being inability to stop gambling and unrealistic expectations regarding the odds of winning.

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REFERENCES

- Abdollahnejad, R., Delfabbro, P. & Denson, L. (2014). Understanding the relationship between pathological gambling and gambling-related cognition scores: the role of alcohol use disorder and delusion proneness. *International Gambling Studies*, 14:2, 183-195, DOI: 10.1080/14459795.2014.886711
- Blaszczynsky, A. (2010). *Overcoming compulsive gambling*. London: Robinson.

- Coombs, R. H. (2004). *Handbook of Addiction Disorders*. New Jersey: John Wiley & Sons.
- Disley, E., Pollitt, A., Culley, D.M., Rubin, J. (2011). *Map the Gap, a critical review of the literature on gambling-related harm*. Santa Monica: RAND Corporation.
- Grant, J. E. and Potenza, M. N. (2007). Commentary: Illegal behavior and pathological gambling. *Journal of the American Academy of Psychiatry and the Law*, 35(3), pp 302-305.
- Ladouceur, R., Sevigny, S., Blaszczynski, A. P., O'Connor, K., & Lavoie, M. E. (2003). Video lottery: Winning expectancies and arousal. *Addiction*; 98, 733-738.
- Lesieur, H. R., & Blume, S. B. (1987). The South Oaks Gambling Screen: A new instrument for the identification of pathological gamblers. *American Journal of Psychiatry*; 144, 1184-1188.
- Lorains, F. K., Cowlishaw, S. and Thomas, S. A. (2011). Prevalence of comorbid disorders in problem and pathological gambling: systematic review and meta-analysis of population surveys. *Addiction*, 106(3), pp 490-498.
- Nicholson, R., Graves, C., Ellery, M. and Afifi T.O (2016). The Temporal Relationship Between Faulty Gambling Cognitions and Gambling Severity in Young Adults. *J Gambl Stud*; 32(4): 1215–1229. doi: 10.1007/s10899-016-9605-y
- Pallesen, S., Mitsem, M., Kvale, G., Johnsen, B. H. & Molde, H. (2005). Outcome of psychological treatments of pathological gambling: a review and meta-analysis. *Addiction*, 100, 1412-1422.
- Petry, N. M., Weinstock, J., Ledgerwood, D. M. and Morasco, B. (2008). A randomized trial of brief interventions for problem and pathological gamblers. *Journal of Consulting and Clinical Psychology*, 76(2), pp 318-328.
- Raylu, N., & Oei, T. P. S. (2004). The Gambling-Related Cognition Scale (GRCS): Development, confirmatory factor validation and psychometric properties. *Addiction*; 99, 757-769.
- Rizeanu, S. (2018). Cognitive-behavioral therapy for gambling addiction. In Senormanci, O. (eds). *Cognitive Behavioral Therapy and Clinical Applications*, pp. 61-81. Rijeka: InTech. DOI:10.5772/intechopen.72671
- Rizeanu, S. (2017). A compulsive gambler case study. *American Research Journal of Addiction and Rehabilitation*; VI, II, pp: 1-4.
- Rizeanu, S. (2016). Romanian Pathological Gambler's Psychology- A Review. *Abnormal and Behavioural Psychology*, 2:1. DOI: 10.4172/2472-0496.1000110
- Rizeanu, S. (2015). Pathological Gambling Treatment – Review. *Procedia - Social and Behavioral Sciences by Elsevier*, Vol. 187, pp 613–618. DOI: 10.1016/j.sbspro.2015.03.114
- Rizeanu, S. (2014). The efficacy of cognitive-behavioral intervention in pathological gambling treatment. *Procedia - Social and Behavioral Sciences*; Vol. 127, pp 626-630. DOI: 10.1016/j.sbspro.2014.03.324
- Rizeanu, S. (2013). Pathological gambling and depression. *Procedia - Social and Behavioral Sciences*. Vol. 78, pp 501-505. DOI: 10.1016/j.sbspro.2013.04.339
- Rizeanu, S. (2012). Proposal for a Cognitive Model to the Treatment of Pathological Gambling. *Procedia - Social and Behavioral Sciences by Elsevier*. Vol. 33, pp 742–746. DOI: 10.1016/j.sbspro.2012.01.220

Shaffer, H. J. & LaPlante, D. A. (2005). Treatment of Gambling Disorders. In Marlatt, G. A. and Donovan, D. M. (eds), *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors (2nd ed.)*, pp 276-332. New York, NY: Guilford Press.

Tang, C.S., Wu, A.M. (2012). Gambling-related cognitive biases and pathological gambling among youths, young adults and mature adults in Chinese societies. *J Gambli Stud. Mar*; 28(1):139-54. doi: 10.1007/s10899-011-9249-x

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