

Attitudes towards gambling behaviour psychology essay



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Gambling has always tended to capture ambiguous views and opinions in society. This project discusses definitions of gambling, causes, models and treatments for those with gambling problems. The primary data is collected from an online questionnaire which was designed based on previous research, drawing particularly from the 2007 British gambling prevalence survey which was conducted in order to gain understanding about the “social impact of gambling and the costs and benefits”. Only 80 actual responses were recorded successfully. The participants’ age ranged from 17 – 52 making the mean age 24. The majority of participants were female with 37. 5% being male and 62. 5% being female. Due to the ethnic demographic of the area being predominantly White British, 81. 2% of responses were from White backgrounds. A 14-item attitude scale was used for the main body of the questionnaire, including 7 positive statements and 7 negative statements. Each statement was given a score from 1 to 5, 1 being strongly agree and 5 being strongly disagree. In order to gather the correct data for analysis, the scores of the positive statements was swapped in reverse in order to indicate the more approving attitudes for each item. The 14 items are individually scored and added together to create one score. This score is known as the ‘attitude score’. As there were 14 items and each rating which was ‘neither agree nor disagree’ was scored at 3, the mid-point attitude score is 42, anything below this suggests an overall negative response and anything above therefore suggests an overall positive response. Results show a strong correlation pointing towards a positive attitude towards gambling when the mid-point attitude score is 42, most scores show scores above 42 therefore showing a positive* response. There is only one item that received an overall negative response.

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Introduction

The topic to be addressed in this research is about gambling, the different types and forms and how the public perceive gambling behaviour. The research will discuss various views and opinions of social and problem gambling and draw upon different theories as to why people gamble. Other research studies will be evaluated also.

Orford (2009) conducted a survey based study using a 14 item attitude scaled which measures the general attitudes towards gambling. This scale was originally created to be used in a British gambling survey in 2007. This particular survey used a typical sample of 8880 partakers who were over 16 years old. It found that in most cases, attitudes towards gambling were negative, the only exception to these attitudes were from those who gambled the most. What is interesting about the results of this survey is that more people saw gambling to be a 'foolish and dangerous' and to be 'harmful to families and communities', however, the majority of participants were against the prohibition of gambling. This survey has been the basis for the questionnaire in this study and therefore I will use the results of Orford survey to guide me towards the hypothesis for my own questionnaire.

The main hypothesis is 'those who gamble regularly will have positive attitudes towards gambling'. Another key hypothesis is 'those who have ever had a gambling problem will feel empathy and sympathy towards other problem gamblers.

Gambling has always tended to capture ambiguous views and opinions in society while drawing in both massive public involvement and an increasing

amount of 'criticism on moral, social and economic grounds' (Cornish, 1978).

There are many different types and forms of gambling. The main or 'most popular' forms are 'gaming machines' 'betting' 'bingo' 'casino' 'lotteries' and 'pools'. Gaming machines allow the player to participate in a computerised game of chance in exchange for money and in some way the other forms of gambling are not dissimilar, due to either the exchange of money for a game of chance, like in betting and lotteries. Betting, pools and some casino games take some form of logic and or strategy, and therefore is less based on chance or luck, however, they are similar to gaming in regards to the exchange of money for chance (Gamble Aware, 2013). Game play therefore is a good way of describing what gambling is, for example, Herman (1976) articulates how gambling can be understood best through the example of game playing. He uses this instance because game playing is normal and inconspicuously integrated within the rest of gambling culture and society where it mostly occurs. Herman found that a common theme among previous research is that gambling is being studied as an activity that is singled out from the rest of the social society and that gambling as an activity is different to other routine activities. On the contrary, it can be argued that gambling relates to and links with other factors of society; that it is a product of this society and not separate. Therefore game play was a convenient topic for discussion in this instance.

Gamblers anonymous (2012) see gambling as any form of wagering or bet placing, either for other people or themselves, whether it is for money or just for fun, where the result cannot be determined or relies on skill or chance.
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This definition includes any form of gambling no matter how small or insignificant because to a compulsive gambler, anything can be a trigger to resume their addiction. This definition opens up a new perspective on the term ' gambling'. Routine activities that many of us participate in in everyday life may impact a compulsive gamblers life dramatically; this suggests that more should be done to sensitively create public awareness not just for ourselves but of those around us when gambling.

A more in-depth definition and explanation of gambling is proposed by Perkins (1950), whom offered the idea that gambling could be segmented into 4 factors, the first being the swapping of money which takes place without any comparable value; the second is the possession of money regulated only by luck or chance; thirdly, the profit of the winners, made possible only by the loss of other people; and finally, the risk involved which is excessive.

Using the belief that different forms of gambling all have clear fundamental features in common, people often, rationally, want to know about the connection between involvement in gambling - irrespective of type - and the descriptions of gamblers, such as age, sex, social class and income. The easiest measures are those whereby samples can be divided into ' gamblers' and ' non-gamblers' on the foundation of whether they take part in any number of gambling activities (Cornish, 1978). When talking about frequency of gambling, Downes et al (1976) found that there were considerable differences when it came to gender. Men seemed to gamble much more often than women and in particular younger men seemed to be more prone to gambling addiction, especially men from upper class and also, the poor.

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Downes also explains that younger men are more likely to participate in gambling activity.

When it comes to explaining and discussing forms of problem gambling it is likely that biological, psychological and sociological processes are involved (Lesieur & Rosenthal, Pathological gambling: A review of the literature, 1991). Each theory or model of problem gambling is more likely to only highlight one of these processes.

There are numerous ways to define problem and compulsive gamblers. Clinically, the American Psychiatric Association (APA) uses the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), and categorizes problem and compulsive gambling as an “impulse control disorder” and uses ten conditions to conduct a diagnosis of this disorder. The ten conditions range from “repeated unsuccessful efforts to control, cut back, or stop gambling” through to “illegal acts such as forgery, fraud, theft or embezzlement to finance gambling” (University of Chicago, 1999). These ten conditions represent three dimensions within problem gambling: loss of control, damage or disruption, and dependence.

Research has advocated that people who become easily attached or addicted to activities generally mistrust others around them, this could have stemmed from incidents of social or personal trauma, and therefore, they stay away from seeking help and instead turn to a specific addictive behaviour as a way of distracting them from this trauma, it is a temporary way of relieving distress. From this viewpoint, addiction may have developed as a process of relieving distress; whereas those who have negative views

about ideas of histories of trauma are more prone to seek their relief from other places, such as gambling. It was hypothesized by Hoefler & Kooyman (1996) that social and personal trauma can be related to problem gambling, and that this association would be arbitrated by perceptions of a lack of social support.

One well known model of problem gambling is the social learning model, originating from skinner's first (1953) social learning theory. This model assesses gambling as an operant behaviour, meaning a behaviour that can be modified by different consequences and outcomes. Logically, one would assume that in the instance of gambling, money or a prize would be the positive reinforcement factor to initiate addiction; however, more recent research increasing shows the significance of physiological arousal and its properties of reinforcement (Petri & Govern, 2003) which can be related to the social learning model. Intriguingly, skinner's (1953) study revealed a contradictory argument that a person's behaviour to gamble is a reflection of their prior history reinforcement issues. Skinner posited the hypothesis that beginning with success or 'beginners luck' as some would call it, leads to an increase in the probability that that person would continue to demonstrate gambling behaviours, even when the reinforcement ratio of winning had declined. Unfortunately, at the time, skinner was only able to test and demonstrate this theory on pigeons and rats. Later research on skinner's theory allowed Custer (1984) to test the theory of humans, results showed that the same pattern towards addiction reflected from skinner's results on animals, Custer's results highlighted the high significance of an 'early big win' towards the progression of a pathological gambling disorder.

Although these results demonstrate what this pattern for gambling addiction is, the explanation of why the pattern occurs, still remains, specifically, the question should be why it exists even when reinforcement has gone or is decreased massively, for example, when the gambler hasn't had a win for a long time but still continues to gamble. One explanation of this is what is known as the 'partial reinforcement extinction effect', this is when an absence of reinforcement creates more persistence of gambling behaviour because the gambler knows that if they continue, eventually they will experience a win, therefore the continuation to gamble even after a long losing streak is eventually reinforced and consequently strengthened by the most recent win (Griffiths, 1995). Another explanation is one that contemplates again the role and idea of arousal. According to Brown (1987) this explanation considers arousal as a key factor of problem gambling, while also relating to physiological views from the social learning model. According to Brown's research, each person has their own unique psychophysiological needs for arousal, for example, one individual may learn to regulate their arousal needs through gambling, therefore in this instance, the loss while gambling would be the main reinforcement of gambling behaviour.

Brown's (1987) research is not limited to the theory of arousal; he also offered the idea that there are as many as six processes which participate in the development of problem gambling. These six processes are listed according to (Upfold, 2013):

Affective states, like anxiety or depression;

Cognitive distortions about gambling;

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Behavioural reinforcement schedules;

Social and institutional determinants, like the opportunity to gamble;

Subcultural conditions, such as the prevailing attitude toward gambling, and the prevailing values of the individual's social context and reference groups,

And;

Internal fantasy relationships with personifications such as “ lady luck,” and the gambler's parents.

To give a brief explanation, a person first has to be presented to gambling to enable the trigger to be able to express gambling behaviour; this is usually due to social determinants or cultural conditions. To then continue and perhaps escalate the gambling behaviour, arousal and reinforcement is needed. At a point in a gamblers life where all ‘ affective and cognitive factors’ are present, sometimes along with ‘ internal fantasy relationships’, gambling is the most important task and a priority to that individual (Brown R. , 1987). This explanation that brown offers is broad and in depth, it offers a more complex understanding of problem gambling than the simple model of social learning (Upfold, 2013).

For the benefit of evaluation and comparison, the psychodynamic model offers some interesting theories centred on gambling behaviours. This model suggests that problem gambling exists in the psyche; it is proposed by Epstein (1994) that gambling is an unconscious attempt to resolve conflicts within the psyche. Conflicts that exist in the psyche are uncontrollable and it

is suggested that gambling is a behaviour performed in order to try to relieve psychological pain and stress.

Within this area of exploration, there are a few main psychodynamic oriented theories which can help explain behaviour such as gambling. In these theories there tends to be three key factors, as listed by Griffiths (1995) these are:

Gambling is an unconscious substitute for pre-genital libidinal/aggressive outlets.

Gambling involves an unconscious desire to lose - a wish to be punished in reaction to guilt.

Gambling is a medium for continued enactment (but not resolution) of psychological conflict

Rosenthal (1994) proposes that most problem gamblers have narcissistic tendencies, along with regular feelings of hopelessness and inadequacy which then leads to their psyche constructing a fictional world where gambling can be perceived as a solution to their pain. This fictional world enables the gambler to learn feelings of power, independence and overall, feel in control and important while they gamble. Rosenthal (1994) also comments that the narcissistic tendencies are vulnerable to fluctuating feelings of depression and arousal. It is noted that by participating in gambling behaviour, these feelings are regulated.

An alternative topic of interest in the psychodynamic theory is that of 'loss', this term includes any form of actual separation from the death of a loved
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companion to an emotional loss such as self-esteem (Upfold, 2013). To sum up the theory of loss, it is that a universal loss is a significant issue for a problem gambler, resulting in intolerance for losses in the future.

Furthermore, the psychodynamic theory suggests that gambling is triggered by an emotional loss but additionally can be a way of avoiding further risks that could cause the emotional pain to increase. The theory suggests that, if a child loses its mother when their psychic development is not yet fully matured, they will then use gambling as a substitute to the love of their mother. An obvious theme throughout the explanation of psychodynamic theories is that it is largely based upon opinions and does not hold a strong factual or scientific content, this is probably due to the concepts of the 'unconscious' and the 'psyche' being untestable as they are not physical objects or places, they are entirely theoretical, most of Rosenthal's so called evidence was based upon a few grouped or many individual case studies, therefore cannot be relied upon for accurate scientific research (Cox, Yu, Afifi, & Ladouceur, 2005).

Granting that the psychodynamic approach isn't reliable in actual research, it is however a good path to look down when thinking about contributions to society, for example, counsellors working with problem gamblers may be led further to understand that there may be unseen, internal processes coinciding with the actual gambling behaviour itself, also, and many gamblers are thought to benefit from counselling which explores their feelings of emotional loss, intimacy and their fantasy ideas about gambling and luck. Many psychodynamic theorists advocate that some gamblers may

reunite with these feelings from their unconscious when they stop gambling, thus creating an uncomfortable urge to gamble again (Upfold, 2013).

Before moving on to results and statistics about the public's perception of gambling, first it should be discussed as to why the public's perception is important to us and society. First of all, the stances of the public community possibly will influence the capability of local and national governments to apply new, or review existing legislation associated with the control of gambling and gambling activities (Mond, Davidson, & McAllister, 2011). In many countries, controlling gambling activities legislation are already under review, for example, in Australia, high stake poker machines will require you to commit to a spending limit in order to play, this disables the player from betting any more money on that particular game that day (Parliamentary Joint Select Committee on Gambling Reform, 2011). Secondly, the more accurately public perception is studied, the higher the likelihood of new therapies and treatments becoming available for those with gambling problems and addictions. Additionally, negative perceptions regarding people with gambling problems may composite negative emotional states such as vulnerability and thus make more people hesitancy to seek help (Mond, Davidson, & McAllister, 2011).

Treatments

In numerous countries around the world, there is growing fascination in early intervention tactics to support people who are suffering from severe gambling-related problems. Key to these thoughts and considerations is whether we are able, as professionals, to recognize problem gambling

behaviour and or risky behaviour in risky gambling situations before people officially seek help or treatment (Delfabbro, King, & Griffiths, 2012).

Literature shows that interventions and treatments for problem gambling and be rather similar to the methods involved in treating other disorders such as drug addiction. Much like drug addiction, a major challenge in treating gambling problems is being able to prevent a relapse. An example to support this is that not many people that discontinue using drugs due to treatment remain sober in the long-term future. Within drug addiction, 'slips' are single episodes of drug use that subsequently lead to a major relapse (Marlatt & Gordon, 1985). There are so many factors that can affect the risk of any individual trying to recover from any kind of addiction, from relapsing, these factors can be environmental however, and the majority are personal to each individual. In order to succeed in recovering from an addiction, the development of new skills is essential. These skills should encourage positive behaviour and be integrated into everyday life so that in the event of a relapse; these skills will become easier to perform (Brown, Schubert, Saykally, & Evenson, 1986). Many of these skills will be something to substitute trigger activities from their drug addiction, many take up forms of exercise and others turn to spiritual or religious activities in order to sustain their abstinence. At this point it is unknown whether or not the same behaviour patterns will help in problem gamblers to help them quit.

It may be important to understand the characteristics of those who want to gain treatment for their gambling. Reasons for this are so that it can help develop the correct effective treatment for those who actually want to stop gambling. It has already been noted that the majority of clinical research on <https://assignbuster.com/attitudes-towards-gambling-behaviour-psychology-essay/>

the topic of problem gambling has been either case studies or small sample studies. Data collected from this type of research is not able to be generalised to the wider population. Due to this disadvantage, creating accurate demographic profiles of treatment seekers is problematic; however there has been research that gives a small insight into the most likely candidates. Research from Blackman (1986), Ciarrocchi & Richardson (1989) and Volberg (1995) have found that in general, it tends to be white middle-aged men that most commonly seek treatment for their gambling addiction; however, more recently, research is finding an increase in women wanting treatment or advice on gambling problems (Moore & Volberg, 1998). Many treatment seekers are in their 30's and 40's and have an average or higher educational background.

There are many methods to treat problem gambling, the methods derive from many approaches such as psychoanalytical/psychodynamic and behavioural approaches. This discussion of treatment approaches will both reiterate and contradict previous evaluation of the same approaches that have attempted to explain the causes of gambling problems.

Psychodynamic professionals look for an understanding of gambling by reflecting upon the motivation influences that come from our unconscious processes; they refer to it as the 'science of the mind' and consider how these processes may be able to oppose cognition and emotion and turn them into a behaviour (Lesieur & Blume, 1987). Although psychodynamic therapies and treatments have not proven to gain effective results, they are the most regularly used forms of treatment for problem gambling behaviour at this time. The psychodynamic perspective proposes that problem

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gambling is an expression or a symptom of an underlying issue within the psyche. The best way of helping gamblers at the moment is by attempting to make them understand their underlying issue and confront it (Rosenthal & Rugle, 1994).

While many other academics have recorded the significance of psychodynamic treatments relating to addiction, there are no controlled studies or research that investigates the efficiency of this approach in terms of treating a gambling problem.

Moving onto a behavioural approach, treatments within this approach are more active, especially looking towards classical and operant conditioning theories as a solution or treatment. One known treatment that is currently used is aversion therapy. This involves a negative stimulus being applied to the patient while they are thinking about or participating in gambling behaviour, the negative stimulus is quite often small electric shock. Obviously, this method has many ethical drawbacks and is used only in severe cases and if the patient is mentally stable to agree to it (Epstein, 1994).

A second example of a behaviourist treatment is a simple procedure called 'imaginable desensitization'. It uses two stages in the process. First of all the patient is taught how to relax, once they are in a relaxed state, the behaviourist professional will ask them to imagine some situations related to gambling that they find stimulating. From this, the patient will learn to relax then they find themselves in situations where they are able to gamble, the relaxation will be a substitute to giving in to their addiction (Brown R. ,

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1987). This approach links closely to some psychodynamic theories, but initially is seen as a cognitive treatment.

Methods

It was decided that an online questionnaire would be used to conduct this research because they are quick and easy to create and collect data from. Choosing to conduct this questionnaire online proved to be the right choice also as it did not take up lots of time for either the researcher or for the participants. Online questionnaires are effective for a number of reasons, the main one being that they are inexpensive and easy to gain fast responses from a large sample size (Deutskens, Ruyter, Wetzels, & Oosterveld, 2004). I designed my questionnaire based on previous research, drawing particularly from the 2007 British gambling prevalence survey which was conducted in order to gain understanding about the “ social impact of gambling and the costs and benefits” (Orford, 2009). General lifestyle and demographic questions are at the beginning of the questionnaire in order to gain data of who is participating in the research. The main body of the questionnaire is the 14-item attitude scale originally produced by Orford (2009) who believed that it was vital that his survey about attitudes towards gambling should contain a dependable and legitimate scale that can reliably measure general attitudes towards gambling. This scale uses a straight forward format containing a sequence of statements which express either a specific negative or positive attitude, the participant would rate how much they disagreed or agreed with each statement using a lickert scale. My questionnaire used all 14 items in its attitude scale, 7 positive statements and 7 negative statements. Each statement was given a score from 1 to 5, 1

being strongly agree and 5 being strongly disagree. In order to gather the correct data for analysis, the scores of the positive statements was swapped in reverse in order to indicate the more approving attitudes for each item. The 14 items are individually scored and added together to create one score. This score is known as the 'attitude score'. As there were 14 items and each rating which was 'neither agree nor disagree' was scored at 3, the mid-point attitude score is 42, anything below this suggests an overall negative response and anything above therefore suggests an overall positive response.

The aim was to have a sample size of 100, only 80 actual responses were recorded successfully. The participants' age ranged from 17 - 52 making the mean age 24. The majority of participants were female with 37.5% being male and 62.5% being female. Due to the ethnic demographic of the area being predominantly White British, 81.2% of responses were from White backgrounds. The sample was collected online via email, Facebook and twitter accounts along with a description of the study and its purposes. None of the participants are excluded as all relevant questions were answered in every response.

To eliminate social desirability, whereby the participant might purposely give the answers the researcher is looking for, the questionnaire aims were distorted slightly by asking general exercise, drinking and diet questions along with gambling questions. The second part of the questionnaire will be the main part used for analysis; this section will state that it is a control group questionnaire about gambling. The title of the questionnaire was explained to be assessing how the public perceive social behaviours, <https://assignbuster.com/attitudes-towards-gambling-behaviour-psychology-essay/>

although the questionnaire aim was to measure how the public perceive only gambling behaviours. Ethical situations were taken into consideration in this instance and it was decided that slightly deceiving participants was needed in order to enable the study to gain more realistic results and validity.

The next part of the questionnaire measured if each participant had a gambling problem, ever had a gambling problem or if they're parents or guardians ever had a gambling problem, the results from this section are to be taken into consideration when analysing the final question. The final question is a vignette about a young male's gambling problem and some trouble that gambling had got him into; participants were given a list of attitudes and feelings such as ' Anger' ' sympathy' 'empathy' and were asked if they blamed the characters parents or himself. This section is relevant because those with positive attitudes towards gambling may relate to the character and therefore give a positive or ' sympathetic' attitude towards the situation.

A recent study about profiling problem gamblers shows that there is near enough a 50/50 weighting of female problem gamblers to female social gamblers. Also, there are a considerably higher amount of males at risk to problem gambling than when compared to women.

When analysing demographic results, findings show that there was a significantly lower amount of problem gamblers in the 65 years and over age category. The second most at risk age group was found, in this case to be 35 - 49 year olds, leaving the most at risk category to be the 18 - 24 year olds (Department Of Justice, 2013).

Demographic Analysis and Results

The following results present demographic data collected from the primary survey conducted. The data contains the total number of responses returned for all questions and the representative percentage of responses for each modality available. If there were any non-responses to any questions, this will not be included in the charts and tables. If the value of representative responses is 0, this will not show in the charts, however will be shown in the tables.

This chart shows the representative percentage age of all participants.

Age ranges

Frequencies

% representative

From 17 to 20

29

36. 2%

From 21 to 29

40

50. 0%

From 30 to 37

3

3.8%

38 and over

8

10.0%

Total

80

100.0%

This chart shows the representative percentage gender of all participants.

Gender modality

Frequencies

% Representative

Male

30

37.5%

Female

50

62.5%

Total

80

100.0%

Etiological reports of problem gambling have commonly concentrated on men from Gamblers Anonymous (GA) men from the Veterans Administration hospital system (Lesieur & Blume, 1987) Therefore, women are diagnostically underrepresented also. Numerous initial studies that did include women used small samples or case studies from Gamblers Anonymous (Lesieur & Blume, 1991). These results show a much higher percentage of female respondents than men. Thus, it enables this type of research to be analysed for gender specific data if needed.

This chart shows the representative percentage ethnicity of all participants.

The table below shows all the modalities available for selection within the survey.

Ethnicity modality

Frequencies

% Representative

White

65

81.2%

Mixed white and black Caribbean

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7

8. 8%

Mixed white and black African

1

1. 2%

Mixed white and Asian

0

0. 0%

Any other mixed background

2

2. 5%

Asian indian

3

3. 8%

Asian Pakistani

0

0. 0%

Asian Bangladeshi

0

0.0%

Any other Asian background

0

0.0%

Black Caribbean

1

1.2%

Black African

0

0.0%

Any other black background

1

1.2%

Chinese

0

0. 0%

Any other ethnic group

0

0. 0%

Total

80

100. 0%

Results frequency score and attitude score table

The results shown in the table below indicates the response count to each modality and also to each option within that modality. The frequencies are shown to indicate how many responses were given, however any non-responses are not shown in the table. In place of a percentage score, an attitude score is present. An explanation of the attitude scores is presented below the table.

Strongly agree

agree

neither agree nor disagree