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Functional and dysfunctional impulsivity in pathological gambling

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Abstract

Impaired control leading to excessive gambling and subsequent adverse consequences is the primary feature of pathological gambling. Defined as an impulse control disorder, elevated traits of impulsivity are associated with increased levels of intensity of gambling and symptoms severity and are predictive of treatment dropout. However, to date, research has failed to explore the differential effects of functional and dysfunctional impulsivity in gambling and the relationship between these two forms of impulsivity to treatment compliance and treatment outcome. This study investigates the interrelationship between functional and dysfunctional impulsivity as measured by the [Dickman \(1990\)](#) scale, gambling severity, substance use and depression in a clinical sample of 60 pathological gamblers seeking cognitive–behavioural therapy. Results indicate that dysfunctional impulsivity is associated with poorer response to treatment but not with treatment completion.

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1. Introduction

Impulsivity is a predominant characteristic of widely utilized conceptual models of gambling: impulse control (American Psychiatric Association, 2000), addiction (Blume, 1987; Jacobs, 1986) and obsessive–compulsive spectrum disorders (Hollander, Skodol, & Oldham, 1996). Evidence of elevated impulsivity scale scores have been found in samples of pathological gamblers in treatment (Blaszczynski, Steel, & McConaghy, 1997; Castellani & Rugle, 1995; Steel & Blaszczynski, 1996) although some contradictory results have been reported in a small number of studies (Allcock & Grace, 1988; Langewisch & Frisch, 1998). In addition, high scores appear to be associated with correlates of behavioural impairment and psychosocial dysfunction (Steel & Blaszczynski, 1996), development of pathological gambling among adolescents (Vitaro, Arseneault, & Tremblay, 1999), and both non-response (Gonzalez-Ibanez, Mora, Gutierrez-Maldonado, Ariza, & Lourido-Ferreira, 2005) and attrition (Leblond, Ladouceur, & Blaszczynski, 2003) in gambling treatment settings.

Impulsivity is a multifaceted behavioural construct, characterised by deficits in self-control expressed as a repeated failure of self-discipline, self-regulation, or sensitivity to immediate reward (Moeller, Barratt, Dougherty, Schmitz, & Swan, 2001; Strayhorn, 2002). It is characteristically used to describe actions that are considered to be spontaneous, carried out without forethought and with disregard to their consequences, risky in nature, and often resulting in harmful outcomes (Barratt, 1983, 1985; Dickman, 1990; Eysenck & Eysenck, 1977, 1978; Green, Fristoe, & Myerson, 1994; Jaspers, 1963). Variable emphasis is placed on overt behaviours, cognitive processes, speed of responding, and environmental factors as determinants of “impulsiveness” (Claes, Vertommen, & Braspenning, 2000), with the construct inadequately differentiated from related concepts of risk, sensation seeking and behavioural disinhibition (National Research Council, 1999). Nevertheless, Moeller et al. (2001) has proposed three basic elements that generally define impulsivity: (a) decreased sensitivity to negative consequences of behaviour; (b) rapid, unplanned reactions to stimuli before complete processing of information; and (c) lack of regard for long-term consequences.

Despite awareness of these elements, most studies in gambling have characterized impulsivity as uni-dimensional, correlated with but not fully defined by negative outcomes and psychopathology. In contrast, Dickman (1990, 2000) reconceptualized impulsivity as multi-dimensional in nature and comprised of two factors – functional and dysfunctional impulsivity – that interact to foster positive or negative consequences, depending on unsuccessful outcomes in the context of quick and non-judicious decision-making. He suggested that a proportion of individuals receive rewards for rapid decision-making abilities despite lack of accuracy, while others experience predominantly negative consequences. Functional impulsivity refers to the tendency to engage in rapid, error-prone information processing when such a strategy is optimally beneficial. In contrast, dysfunctional impulsivity represents the tendency to engage in rapid, error-prone information processing in situations where slower methodical approaches are required.

Therefore, speed of decision-making is the hallmark of high impulsives, while consequences measured by the accuracy of those decisions differentiate adaptive behaviours from those negatively labeled “impulsive”. Functional impulsives are described as enthusiastic, highly active, and productive risk-takers whose output compensates for lack of accuracy and precision (Dickman, 1990). Dysfunctional impulsives, on the other hand, are careless and inattentive, greatly

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