Faites vos jeux anouveau: Still another look at sensation seeking and pathological gambling

Marvin Zuckerman *

Department of Psychology, University of Delaware, 1500 Locust St., Apt. 4013, Philadelphia, PA 19102-4326, USA

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Abstract

This is a response to a critique of the role of sensation seeking in pathological gambling (PG) by Hammelstein (2004). In studies comparing pathological gamblers in treatment programs with controls most studies have shown no difference with control groups or even lower SSS scores in the pathological gamblers. However in most studies of gamblers in the community sensation seeking has been related to the characteristics of PG including high frequency of gambling, size of bets and expenditures on gambling, reported loss of control and the pattern of “chasing” (good money after bad). The failure to find differences using gamblers in programs may be due to the effect of the program on self-reported desire to take risks and need for excitement, or to a selective effect based on personality differences between those pathological gamblers who actually seek treatment compared to those who do not. These are like differences between two types of alcoholics and drug users. Furthermore sensation seeking is related to specific types of gambling activities and variety of activities. Hammelstein suggests that independent measures of impulsivity, novelty, and intensity seeking should be used but these can be measured with subscales of the standard SS measures.

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* Tel.: +1 215 732 2408; fax: +1 302 831 3645.
E-mail address: zuckerma@udel.edu

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Based on a meta-analysis of the role of sensation seeking in pathological gambling disorder Hammelstein (2004) has questioned the validity of the Sensation Seeking Scale (SSS) as a predictor of this disorder. Meta-analysis is useful in summarizing a large body of literature, but because it adds together studies with many differences in subjects, methods, and circumstances it must be interpreted with caution.

My characterization of pathological gambling (PG) (Zuckerman, 1999) as describing the “essence of sensation seeking” was based on Custer and Milt’s (1985) description of the pathological gambler as one who needs intense stimulation, excitement, and change and loves risk. Apart from this description from a leading authority in the area, the hypothesis was based on the similarity of pathological gambling (PG) to drug abuse (Zuckerman, 1999). Sensation seeking has been repeatedly shown to be involved in drug and alcohol abuse (Zuckerman, 1994, 1999).

The hypothesis was not based on the actual studies using the SSS. In fact I pointed out the paradox of lower scores of pathological gamblers than controls in some studies (Breen & Zuckerman, 1999; Zuckerman, 1994, 1999). In some of these studies the control group was younger than the PG group and age was not controlled in the comparisons. Since sensation seeking drops with age it could influence the differences between groups. In most of the studies of PG based on psychiatric diagnostic criteria, the PG group was in treatment or seeking treatment. Only a minority of those with PG go into treatment so there could be a selective factor operating.

Most of those going into treatment are currently depressed, whether or not the depression is primary or secondary to the stress produced by debt, and legal and relationship problems. Depression can lower SSS scores (Carton, Jouvent, Bungener, & Widløcher, 1992). Apart from transient depression the program itself, stressing a more responsible and sober life-style, may discourage the expression of sensation seeking behaviors of all types. In one study the SSS was given before and after treatment and in a follow-up the clients were classified as abstinent, controlled or uncontrolled, gambling (Blaszczynski, McConaghy, & Frankova, 1991). SSS total scores dropped 3.7 points in the abstinent, 2.2 points in the controlled, and hardly changed in the uncontrolled (+0.71). Did the change in the abstinent reflect a real change in personality or was it based on mere accommodation to the expressed values of the program? Either way it is clear that programs can change scores on the SSS, particularly in those who are successful.

Outside of the treatment situation sensation seeking or impulsive sensation seeking have shown correlations with interest in gambling and frequency of gambling activities (McDaniel & Zuckerman, 2003), size of bets in a real casino gambling situation, and the “chasing” pattern characteristic of PG, which consists of trying to make up losses by raising bet sizes (Anderson & Brown, 1984; Dickerson, Hinchy, & Fabre, 1987). In a laboratory analogue of “chasing,” Breen and Zuckerman (1999) found that those high on the impulsivity component of the Impulsive Sensation Seeking (ImpSS) scale gambled longer in the face of an increasing frequency of loss. Coventry and Brown (1993) studied gamblers not in treatment and found that sensation seeking (disinhibition and boredom susceptibility) varied directly with number of different gambling activities, typical bet sizes, expenditures on gambling, and self-reported arousal and loss of control, all symptoms of PG.

Kuley and Jacobs (1988), in one of the rare studies of problem gamblers outside of a treatment situation, found that the problem gamblers scored significantly higher than social gamblers on the total and three of the four subscales of the SSS. The Disinhibition and Experience Seeking subscales correlated significantly with the percentages of their income spent on betting.
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