



Short communication

Pathological Gambling and Age: Differences in personality, psychopathology, and response to treatment variables

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Abstract

The aim of this study was to ascertain the possible differences in personality, psychopathology, and response to treatment in pathological gambling according to age. The sample, comprising 67 participants, was divided into three groups: 32.6% with ages ranging between 17 and 26 years, 31.3% between 27 and 43 years, and 35.8% over 44 years of age.

The participants were administered the following tests, Minnesota Multiphasic Personality Inventory [MMPI; Hathaway, S.R. & McKinley, J.C. (1943, 1961). *Cuestionario de personalidad MMPI*. Madrid Sección de Estudios de TEA ed. 1970, 1975], sensation-seeking questionnaire [SSS; Zuckerman, M. (1979). *Sensation seeking; beyond the optimal level of arousal*. Hillsdale, NJ: Lawrence Erlbaum Associates], and the Symptom Check List Revised [SCL-90-R; Derogatis, L.R. (1977). *Symptom check list-90 revised. Administration scoring and procedures manual*. Baltimore]. All underwent a group treatment programme that was carried out in the Pathological Gambling Unit at Ciutat Sanitària i Universitària de Bellvitge (CSUB), Teaching hospital, Barcelona, Spain.

The findings show differences depending on age in the participants' personality and in psychopathology and in their response to treatment.

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Keywords: Pathological gambling; Age; Sensation seeking; Psychopathology; Personality; Response to treatment

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1. Introduction

Despite the fact that most studies on pathological gambling have been carried out in the adult population, in recent years, interest in gambling problems among young adults and adolescents has grown.

However, we do observe a certain consistency in the values obtained on some personality or psychopathology subscales in pathological gamblers grouped according to the type of gambling problem that they exhibit.

The aims of the present study are to evaluate what these personality and psychopathology features of pathological gamblers are, as well as to observe any variation in these traits that occurs with age. Similarly, an attempt will be made to evaluate the different forms of response to treatment that the participants present depending on their age. In previous researches, it has been demonstrated that the sensation-seeking scores diminish with age (González-Ibáñez, 1994; González-Ibáñez et al., 2003), hence, it is predictable that young pathological gamblers score higher than adults do. The studies that take into account patients' age are even less frequent. Ladouceur, Boisvert, and Dumont (1994) evaluated the efficacy of a cognitive-behavioural treatment programme for adolescents and concluded that information about the disorder, cognitive intervention, and training in social skills produced clinically significant results in relation to favourable outcome of these patients, who remained abstinent 6 months later.

After reviewed literature and according previous studies were proposed as a starting point, the present study puts forward the following hypotheses:

- (a) Older groups of pathological gamblers will exhibit higher scores on psychopathology and psychopathological subscales, whereas the group of younger gamblers will display a higher score on Zuckerman's sensation-seeking scale.
- (b) It is also predicted that different age groups of pathological gamblers will show differences in response to treatment.

2. Method

2.1. Participants

The sample is composed of 67 participants who sought treatment at the Pathological Gambling Unit in the Ciutat Sanitària i Universitària de Bellvitge (CSUB) Barcelona, Spain, and who met *DSM-IV* diagnostic criteria for Pathological Gambling (American Psychiatric Association [APA], 1994). The age range of the sample participants is between 17 and 69 years. Mean age is 37.51 years, with a standard deviation of 15.17. They were divided into three groups. The first group is composed of 22 participants with ages ranging between 17 and 26 years; the second group contained 21 participants between 27 and 43 years; and the third group had 24 participants over 44 years of age.

The variable sex was controlled, whereby each group has a similar number of women (between 4.75% and 9%) and the male sex always predominates.

2.2. Instruments

The following questionnaires were used:

- (a) An interview in accordance with DSM-IV diagnostic criteria for pathological gambling, composed of 10 questions adapted to the criteria of the manual, and correction criteria were also included.
- (b) A questionnaire dealing with biographical and sociofamilial data (González-Ibáñez, 1994).
- (c) The Minnesota Multiphasic Personality Inventory (MMPI; Hathaway & McKinley, 1943, 1961).
- (d) Zuckerman's sensation-seeking questionnaire (SSS; Zuckerman, 1979).
- (e) Symptom Check List Revised (SCL-90-R; Derogatis, 1977; Spanish version).
- (f) A self-kept record of exposures (González-Ibáñez, 1994). The participant has to write down the place where the exposure was carried out and also to assess on a scale from 0 to 10 the level of anxiety felt before, during, and after the exposure, as well as the physical symptoms of this anxiety.
- (g) A self-kept record of expenses (González-Ibáñez, 1994). The patient describes the amount of that money he/she has at his/her disposal. He/she specifies his/her expenses. A space is left for the cotherapist's agreement.
- (h) Therapist's observation record (González-Ibáñez, 1994). Information is gathered about the patient's attendance at the session, the number of exposures performed, and presentation of the completed self-kept records, avoidance of risk situations, accumulated debts (if any), patient's mood, and familial relationship.

2.3. Procedure

The evaluation was performed in the Pathological Gambling Unit by psychologists trained in the administration and correction of tests. The administration of the test was spread over four sessions.

All the patients were included in a group treatment programme of cognitive-behavioural orientation by professionals specialized in the disorder.

3. Results

3.1. Personality and psychopathology variables

3.1.1. SCL-90 results

Variance analysis revealed statistically significant differences between age groups for all the variables, except somatization, psychoticism, and malaise rating.

Group 1 (participants aged between 17 and 26) do not score higher than the other two groups in any case.

Bonferroni's post hoc test revealed differences between the groups in the following cases:

Group 2 participants (participants aged between 27 and 36) are more obsessive-compulsive than their younger companions are ($P=.022$) and just as much so as the group of oldest participants.

Group 2 also scores higher on the "interpersonal sensitivity" subscale than do the participants in the other two groups. Nevertheless, this difference is only statistically significant when compared with the younger group ($P=.015$).

Groups 2 and 3 display a higher score in depression than the did the group of youngest participants, and this difference is statistically significant in both cases ($P=.002$ and $.01$).

Groups 2 and 3 differ significantly on the anxiety subscale ($P=.04$ and $.048$) with respect to Group 1. The older groups exhibit more anxiety.

Group 2 achieves a higher score in hostility than either of the other two groups does. This difference is statistically significant in comparison with Group 1 ($P=.092$).

Group 3 exhibits greater phobic anxiety than the other two groups do, and this difference is statistically significant when compared with Group 1 ($P=.040$).

Group 2 scores higher than the other two groups in paranoid ideation do, and the difference is statistically significant when compared with Group 1 ($P=.076$).

Group 2 displays the highest global severity index, and the difference is statistically significant when compared with Group 1 ($P=.014$).

Groups 2 and 3 obtain a higher score in positive symptomatology with respect to Group 1, and it is statistically significant when compared with both groups ($P=.005$ and $.019$).

On converting the direct scores to T scores in relation to the reference values for the "nonpatient" population, it is observed that Groups 2 and 3 would be defined as "psychiatric cases." This diagnosis requires a T over 63 in the global severity index, as well as two dimensions where a score over 63 is obtained. In both groups, almost all dimensions have a score over 63, including the global severity index. In contrast, Group 1 does not meet the abovementioned diagnostic criteria.

3.1.2. *MMPI results*

Variance analysis and Bonferroni's post hoc tests revealed that Group 2 scores higher than the other groups do on most of the scales. This difference achieves significant or marginally significant values in the following cases:

Depression: The participants in Group 2 score higher than the other two groups do, and this difference is marginally significant in relation to Group 1 ($P=.068$).

Hypochondria: Group 2 participants display higher scores than the other two groups do, and this difference is marginally significant in relation to Group 1 ($P=.060$).

Psychopathic deviation: Again, Group 2 participants score higher than the other two groups, and this difference is statistically significant in relation to Group 3 ($P=.045$).

3.1.3. SSS results

Variance analysis and Bonferroni's post hoc tests show a stronger presence of the trait "sensation-seeking" in Group 1 with respect to the other two groups on each of the subscales in this test. These differences are statistically or marginally significant in the following comparisons:

Thrill and sensation seeking (TAS): Group 1–Group 2: $P=.001$; Group 1–Group 3: $P=.001$.

Experience seeking (ES): Group 1–Group 3: $P=.070$.

Total score in sensation seeking: Group 1–Group 2: $P=.026$; Group 1–Group 3: $P=.003$.

3.2. Treatment variables

Variance analysis and Bonferroni's tests reveal statistically significant differences between the groups in the number of exposures and in the number of records of gambling behaviour. In both variables, it is the youngest participants who carry out the least number of exposures or gambling behaviour records. The differences emerge in the following comparisons:

Number of exposures: Group 1–Group 2 ($P=.095$).

Gambling behaviour records: Group 1–Group 3 ($P=.026$).

Treatment was completed by 59.7% of participants, 35.8% dropped out, and 4.5% are referred to other centres; 71.6% of the participants experience no relapse and, in general, comply with therapeutic instructions.

4. Discussion

With regard to the psychopathological symptomatology variables studied, it will be observed that the two older groups present higher scores in psychopathology, whereas the group of younger participants stays within the normal range. This could be accounted for by the fact that habitually older pathological gamblers have experienced the problem for a longer period. Hence, they have suffered its repercussions for a greater period of time, which would lead to scales such as depression, anxiety, obsession-compulsion, or interpersonal sensitivity being higher in this group. Consequently, gambling behaviour interferes to a greater extent with their daily life, bringing with it greater emotional difficulties.

As far as the personality of the participants evaluated is concerned, differences have also been noted between the groups. Once again, Group 2 stands out by scoring higher in depression, hypochondria, and psychopathic deviation.

The trait sensation seeking confirms what was pointed out previously in the literature, namely, a stronger presence of this trait among younger participants, which diminishes as the participants grow older.

Finally, on analysing the treatment variables studied, group treatment with a cognitive-behavioural approach is found to be efficacious, especially for participants committed to completing it. Regarding response to treatment, the three groups provided similar results, but the youngest group of participants performs a lower number, both of exposures as well as of records of gambling behaviour.

The differences identified between the three groups regarding both personality variables and the presence of psychopathology or response to treatment reveal that this topic undoubtedly offers many possibilities for further research.

The search for treatment approaches that would suit the youngest group of pathological gamblers, with both less psychopathology and awareness of their problem, is a necessity that remains patent in this report.

Further research into the reasons why participants between the age of 27 and 46 exhibit more emotional alterations and, consequently, a longer history of the problem is a path that remains open. Such research is required to compare findings or draw new conclusions.

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