The Wager, Volume 8(10) – Looking ahead: Relating future time perspectives to problem gambling

March 5, 2003

When you think about the future, how far ahead do you typically look? A week? Two weeks? A month? Research suggests that individuals vary and there is evidence that people tend towards shorter or longer future time perspectives and that these tendencies influence current behaviors and choices (Rothspan & Read, 1996; Strathman, Gleicher, Boninger, & Edwards, 1994). For example, people with very short time horizons might see only the immediate advantages of a choice and not the long-term consequences of their behaviors. This week's WAGER reviews a study of the relationship between time perspective and pathological gambling (Hodgins & Engel, 2002).

Hodgins and Engel recruited (1) 22 social gamblers by using media announcements, (2) 20 psychiatric patients through a psychiatric day treatment program, and (3) 20 pathological gamblers (PGs) from an ongoing longitudinal study of relapse for problem gambling. All PGs met DSM-IV criteria and scored greater than 5 on the SOGS. Participants completed a battery of self-administered measures, including, but not limited to, the Future Time Perspective Inventory (FTPI; Wallace, 1956), the Zimbardo Time Perspective Inventory (Zimbardo & Boyd, 1999), and the Brief Symptom Inventory (Derogatis, 1975). This WAGER concentrates on results from the FTPI. Task I of the FTPI asked participants to list ten events that might happen to them in the future and indicate how old they believed they would be at the time of each event. The difference between the predicted age at the event and their current age was recorded as their extension into the future. The researchers used two measures of time perspective: (1) the longest extension given and (2) the mean extension over the ten events. In task II, participants were given the beginning sentence of four stories and asked to finish them any way they wanted. The researchers recorded the length of time that lapsed in the story created.

	Mean Group Scores (±SD)		
Task I FTPI Measure	*Pathological Gamblers*	*Psychiatric Patients*	*Social Gamblers*
Longest Extension into the Future	4.0±20.0[a]	23.5±17.6[a]	38.6±18.6[b]
Mean Extension into the Future	5.4±4.9[a]	7.6±5.2	9.7±4.1[b]

a, b Means with different superscripts differ significantly ($p < .05$).

The three groups were significantly different on both task I measures. Also, Table 1 shows that the longest extension varied widely within groups. Despite the large variation, on average the PGs displayed significantly shorter time horizons than the social gamblers, but did not differ significantly from psychiatric patients. The longest extension into the future listed by PGs averaged only 4 years; however, social gamblers listed events that averaged 39 years into the future. Similarly, when the means of all ten events were compared, pathological gamblers exhibited an average extension in the future only half as long as social gamblers (5 versus 10 years).

Of the four stories participants were asked to complete in the second task, only a single significant group distinction was observed. The stories created by psychiatric patients in response to one prompt had shorter time spans than those created by the gambling groups.

The results of the FPTI were mixed, with PGs showing shortened time horizons on task I but not task II. The authors suggest that the outcome of task II might be due in part to the methodology used in the study. Specifically, task II is typically conducted using oral instructions and participants have an opportunity to ask for clarification of things they did not understand. This procedure usually results in responses ranging from months to years. However, in the current study, the researchers provided only written instructions and the authors suggested that this may have compromised the validity of the task. Rather than ranging from months to years, as is common is previous research, the participants in the current study provided responses that only spanned days.

This study is an initial investigation into the relationship between time perspective and problem gambling. These findings suggest that perhaps what appears to be an impulse disorder is actually a time recognition problem. Problem gamblers might not anticipate the consequences of gambling beyond the more immediate losses – for example, they might fail to recognize how financial losses could impact their living situation. If further research lends supports to this claim,

this could have implications for treatment strategy. In recognition of their short-term orientation, providers could offer more immediate rewards to keep problem gamblers motivated during treatment while also teaching them to think more long-term.

Comments on this article can be addressed to Rachel Kidman.

References

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