

The WAGER Vol. 10(7) - I make bets, I lose my savings, my wife threatens to leave. No problem.

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Most of us have probably heard the joke about the guy who tells his doctor, "I don't have a drinking problem. I drink, I get drunk, I pass out. No problem." Though in poor taste, the joke illustrates a real and unfortunate phenomenon.

People who suffer from addiction are often unaware of the seriousness of their problem. There are multiple reasons for this lack of awareness. For example, although the lifetime prevalence of mental illness is about 50% (Kessler, et al., 2005), western cultures still stigmatize people with mental disorders. This stigma could result in significant motivation not to admit, even to oneself, that one has a mental illness. Also, addiction can progress gradually and disordered behaviors can insinuate themselves into the addicts' lifestyles. As a result, awareness of the existence of a problem is delayed and many addicts seek help only several years after onset (Wang, et al., 2005).

Hardoon, Derevensky, and Gupta (2003) assessed the extent to which adolescents and young adults who gamble problematically ("Pathological Gamblers," or PGs) are aware of the severity of their problem behavior. In their study, 980 students (chosen without regard to gambling behavior, mean age = 18.6) completed gambling behavior questionnaires. The investigators used three diagnostic instruments: the DSM-IV-J (based on Diagnostic and Statistical Manual IV, criteria for diagnosis of adult pathological gambling; Fisher, 1992); the SOGS-RA (South Oaks Gambling Screen; Lesieur & Blume, 1987); the GA 20 (Gambling Activities 20 Questions); and a self-assessment question in which respondents rated themselves on a scale from 1 (social gambler) to 7 (PG). The researchers divided responses into three categories: social gamblers (1-2), problem gamblers (3-5), or pathological gamblers (6-7). The authors compared the percentage of respondents who were classified as a PG by each of the three screening instruments to the percentage of participants that rated themselves as being a PG. The proportion of respondents identified by the three screening instruments as PGs ranged between 3.4%-5.8%, whereas only 1.1% of the respondents classified themselves as PGs.

This finding could suggest that lack of awareness or reluctance to admit to a problem are among the reasons that so few adolescents seek treatment.

Table 1. Classifications of participants based on the screening tools and self classification

Instrument	Nongambler (%) ^a	Gambler: no problems ^b (%)	Gambler: some problems ^c (%)	Probable pathological gambler (%)
DSM-IV-J	28.8	55.5	12.3	3.4
SOGS-RA	28.8	45.2	22.0	4.0
GA 20s	28.8	25.4	39.9	5.8
Self-classification	28.8	66.0	3.3	1.1

a Nongamblers did not complete the gambling screens. Thus, percentages are the same.

b In self-classification, participants indicated that they were social gamblers.

c In self-classification, participants indicated that they were gamblers with some problems.

There are a few important limitations of this study. Although the authors propose that the self/screen discrepancy is large (i.e., ranging from 2.3%-4.7%), the discrepancy among the screens also was large (i.e., ranging from 0.6% to 2.4%). Further, the investigators used only one simple measure of empirical versus self-perceived differences: discrepancy between the percentages of individuals identified as PG's by empirical versus self-judgments. This measure does not reveal whether people identified as PG's by the screens and those who self-identified as PG's were the same individuals. Knowing the extent of this overlap is central to the hypothesis under investigation. Finally, the authors implicitly assume that the screening instruments are more accurate assessment devices than individuals' self-perceptions; currently, there is no evidence to support this assumption.

It would be informative to correlate scores on the screening tools with self-ratings. The reported measure, the relative proportion of PGs as rated by the instruments versus by self assessment, does not reveal the underlying association between the two types of measure. Correlations would reveal whether the ratings were in approximate agreement (a positive correlation) or were unrelated (no correlation).

Despite the study's limitations it raises important issues about the diagnosis of mental illness and adds to our knowledge of adolescents' perceptions of problems related to their gambling behavior. Most importantly, it points to the need for

further research on people's perceptions of their potentially dangerous behavior so that it can inform future intervention efforts about what kind of interventions are needed and which individuals need them.

Interventions providing information that help people assess the severity of their gambling behavior could promote more rapid progress to help-seeking.

What do you think? Comments on this article can be addressed to Cheryl Browne.

References

Fisher, S. (1992). Measuring pathological gambling in children: The case of fruit machines in the UK. *Journal of Gambling Studies*, 8, 263-285.

Gupta, R. & Derevensky, J. L. (1996). The relationship between gambling and video-game playing behavior in children and adolescents. *Journal of Gambling Studies*, 12, 375-394.

Hardoon, K., Derevensky, J., & Gupta, R. (2003). Empirical measures vs. perceived gambling severity among youth: Why adolescent problem gamblers fail to seek treatment. *Addictive Behaviors*, 28, 933-946.

Kessler, R., Berglund, P., Demler, O., Jin, R., & Walters, E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 593-602.

Lesieur, H. R., & Blume, S. B. (1987). The South Oaks Gambling Screen (SOGS): A new instrument for the identification of pathological gamblers. *American Journal of Psychiatry*, 144, 1184-1188.

Wang, P., Berglund, P., Olfson, M., Pincus, H., Wells, K., & Kessler, R. (2005). Failure and delay in initial treatment contact after first onset of mental disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 603-613.