

research snapshot

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Pathological gamblers are prone to anger and poor at expressing their emotions

What this research is about

Pathological gambling (PG) shares many common biological factors and symptoms with drug addiction. Both are behavioural addictions that result in craving and withdrawal. Past research shows that anger plays a role in drug addiction, mainly through decreasing impulse control. Anger as a personality trait reflects a tendency to react angrily in a wide range of situations. Anger as a state is a temporary feeling to a situation, which can vary from mild annoyance to intense fury. Given the similarities between drug addiction and PG, anger may also play a role in PG.

Past research has also found high alexithymia levels in drug addiction and other behavioural addictions, such as Internet addiction. People who are high in alexithymia have difficulties identifying and describing their emotions. They also tend to focus on external events and minimize emotional experiences. There has been limited research on the role of anger and alexithymia in PG. The current study examined the impact anger and alexithymia had on gambling severity. It also tested if anger could predict gambling behaviour, and if gender played a role on anger expression in PG.

What the researcher did

Participants were 100 treatment-seeking PGs and healthy controls who had no gambling problems. The controls were selected to match the age, sex, and education level of the PGs. Participants provided their demographic information, such as age and sex. They completed the South Oaks Gambling Screen (SOGS). The SOGS assesses gambling behaviour, such as history of gambling, how often a person gambles, and any problems the person has experienced as a result of gambling.

What you need to know

The current study examined the influences of anger and alexithymia on gambling behaviour. It also tested whether anger predicted gambling severity, and the role of gender on anger expression. Participants were 100 pathological gamblers who were seeking treatment (PGs) and healthy controls who had no gambling problems. PGs showed higher levels of anger and alexithymia than controls. Particularly, PGs had more difficulty in identifying and describing their feelings, and tended to focus on external events rather than internal feelings. They also had higher levels of trait- and state-anger. They were more prone to experience anger at a particular time and more likely to react angrily to a wide range of situations. Higher levels of anger and alexithymia in PGs were associated with more severe gambling behaviour. Anger predicted worse gambling behaviour in PGs, beyond the effect that alexithymia already had on gambling behaviour. There were no differences in how male and female PGs expressed their anger.

Participants also completed the STAXI-2, which was used to assess their trait and state anger. The “trait-anger” scale assesses a person’s tendency to experience anger as part of their personality. The “state-anger” scale assesses the intensity of angry feelings at a particular time. The STAXI-2 also determines how often anger is expressed verbally and physically, and how often a person expresses or controls their anger. Lastly, participants completed the Toronto Alexithymia Scale (TAS-20). It measures difficulty in identifying feelings, difficulty describing feelings, and if the person tends to focus on external events rather than internal feelings.

What the researcher found

PGs reported higher levels of anger than controls. They experienced higher levels of state-anger, suggesting that they were more prone to experience intense anger at a particular time. PGs also had higher levels of trait-anger. Thus, they were more likely to think of a wide range of situations as annoying or frustrating, and reacted angrily to them. Compared to controls, PGs were more likely to express anger both verbally and physically, and less likely to attempt to control their anger.

PGs also reported higher levels of alexithymia than controls. They had greater difficulty in identifying their feelings, greater difficulty in describing their feelings to others, and tended to focus on external events rather than internal feelings. For PGs, as levels of anger and alexithymia increased, so did the severity of gambling behaviour.

Both anger and alexithymia predicted worse gambling behaviour. When the researchers examined the impact of anger on gambling behaviour, anger predicted worse gambling behaviour beyond the effect that alexithymia already had. There were no differences in how male and female PGs expressed their anger.

How you can use this research

The results suggest that PGs have high levels of anger and alexithymia. Clinicians should screen for anger and alexithymia when they screen for gambling problems in their clients. Treatment providers may want to consider anger and alexithymia during the treatment of PG. Tailoring treatments to consider these two features may be effective in reducing gambling behaviour. Future research should examine the roles of anger and alexithymia as possible ways to control PG behaviour.

About the Researcher

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Keywords

Pathological gambling, alexithymia, anger, gambling disorder, behavioural addiction, disordered gambling

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