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Developmental pathways to pathological gambling and reasons for treatment seeking in a Greek rural sample

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ABSTRACT

Aim: The aim of this study is to understand the developmental pathways of pathological gambling and reasons for treatment seeking.

Methods: Qualitative study featuring the use of semi-structured interviews of 32 adults who gambled pathologically and participated in treatment groups at KETHEA's ARIADNI Open Care Unit in Heraklion Crete, Greece.

Results: Onset of gambling varied from 13 to 37 years of age, with the majority reporting starting gambling at 15, mainly through betting. Pathological gambling onset age ranges from 20 to 30 years. The most frequent reasons that were reported to contribute in the establishment of excessive betting were traumatic experiences due to death or other loss, marital partnership dysfunctions, and lack of job satisfaction. Most participants asked for professional help between two (2) to 10 years after the establishment of pathological gambling. Most reported that they were motivated to seek treatment by significant others (family, friends). In addition, the majority reported that they used to punt at that time of seeking treatment.

Conclusions: Pathological gambling follows a developmental pathway, unique for each case, where certain factors relevant to gambling establishment seem to play a significant role. Thus, they should be taken into consideration in any prevention and treatment efforts.

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Introduction

Gambling is a multifactorial phenomenon attributed to the interaction between the individual and the environment. In recent decades there has been a global and sustained growth of the gaming industry with the appearance of new forms of electronic gambling. International research has indicated that disordered gambling prevalence rates range from 1% (Turner et al., 2018) to 10.4% (Calado et al., 2017; Yip et al., 2011). In DSM-5 (2013) pathological gambling is renamed "gambling disorder." As a result, pathological gambling was moved from the diagnostic category section of "impulse control disorders" to the category of "addiction disorders" (American Psychiatric Association, 2013).

The current taxonomy suggests that there are four categories of gambling games: 1) punting, that is referred to the practice of gambling against a banker, where the outcome of the game (cards, slots, electronic, slot machines, poker, casino games) is conditional and depends upon the outcome of the session, 2) betting, where the gains are conditional and depend on the outcome of a future or ongoing event (horse racing, greyhound racing, sports, elections etc.), 3) lottery, which implies the distribution of sums that depend on a draw of

lucky lots or numbers (scratch, wild cards, jokers, lotteries) and 4) investment, that is namely the practice of placing money in shares and stock market derivatives (on the stock market) (Oikonomou et al., 2016; Turner, 2011).

Gambling is used either to elicit or suppress stimulation, on the presence of a pronounced lack of other coping strategies (Ricketts & Macaskill, 2003). Most people who gamble pathologically show a higher rate of suicidal ideation (12–24%) than the general population (Oikonomou et al., 2016; Raylu & Oei, 2002). In addition, the most significant factors seem to be relevant to gender (mainly male), age (mainly young people), type of gambling, unemployment, low income, accessibility, advertising, family history of gambling, comorbidity of mental, physical health or substance use disorders, cognitive distortions (misperceptions, illusions of control), that are associated with narcissism (Levesque et al., 2018), financially focused self-concept, a process of reinforcement, a need for sensation-seeking and impulsivity (Dussault et al., 2016; Jeremie et al., 2020; Retz et al., 2016; Sharmana et al., 2019; Tabri & Wohl, 2021). Among the protective factors that hinder the manifestation of problem gambling is resilience and social support that are present in the face of adverse life situations (Holdsworth et al., 2015).

Gambling is also related to psychological trauma (direct or indirect) (Imperatori et al., 2015; Kausch et al., 2010; Levin et al., 2021). As the literature suggests, people suffering from various forms of misuse, may use excessive behaviors, such as gambling, as an external regulator and a form of self-medication for their dysregulated emotions and distressing mental states (Schimmenti & Bifulco, 2015). Furthermore, even though childhood trauma and abuse is associated with an increased risk of gambling problems in adulthood (Roberts et al., 2017), current evidence suggest that people who gamble excessively, are more likely to abuse or neglect their children (Lane et al., 2016).

Regarding the developmental pathway of gambling misuse, engaging in games (no gambling) at an early age (childhood, adolescence) increases the likelihood of gambling in later life (adolescence, adulthood) (Bestman et al., 2016). Older age of onset of problem gambling was associated with higher psychopathology (paranoid ideation, psychosis, depression), while younger age of onset was associated with greater severity of pathological gambling, greater novelty seeking, and lower self-discipline (Jimenez-Murcia et al., 2010).

The Pathways Model (Blaszczynski & Nower, 2002) is a theoretical framework that proposes three pathways to identify causal subtypes of problem gamblers (Cluster 1/Behaviorally Conditioned Subtype, Cluster 2/Emotionally Vulnerable Subtype and Cluster 3/Biologically Vulnerable – Antisocial, Impulsive Risk-Taking Subtype). In young adulthood the categories of emotionally vulnerable and impulsive gamblers are unstable (Dowda et al., 2019). Specifically, the emotionally vulnerable subtype is the most problematic and inconsistent (Kurilla, 2021). In the revised Pathways Model of problem gambling, a fourth subtype (Antisocial Drinker/AD) was found that is characterized by high levels of antisocial, behavioral disorder and alcohol misuse (Black & Allen, 2022; Nower et al., 2021).

Unfortunately, only a small percentage of people who practice pathological gambling seek professional help (Sztainert et al., 2014). According to a relevant narrative review (Loy et al., 2018), in most studies, the percentage of people who seek help is less than 10%. Problem severity was found to be positively associated with treatment adherence. Financial issues, negative emotions and judgment from others were identified as the main motivational factors for seeking treatment (Evans & Delfabbro, 2005). Instead, among the factors that seem to prevent seeking treatment the following are included: feelings of pride, feeling ashamed, denial, resistance, fear of treatment, lack of availability of treatment services, poor infrastructure, type of organization and treatment programmes' staff (Dabrowska et al., 2017; Pulford et al., 2009).

Thus, the aim of the current study was to understand the developmental pathways of pathological gambling and the reasons for treatment seeking, according to the lived experiences of an adults' sample in rural Greece, whom participated in relevant treatment groups or had successfully completed treatment.

Study design and methods

The study was conducted at KETHEA (Therapy Center for Dependent Individuals) ARIADNI's Open Care Unit between

August 2021 to May 2022. KETHEA is the largest and the first treatment rehabilitation and social reintegration drug-free network in Greece that was established since 1983. The service network of KETHEA ARIADNI covers the regions of the South Aegean islands (Rhodes & Kos) and Crete. The Open Care Unit of Heraklion, an out-patient unit for adults, has been offering counseling and treatment services to people who gamble excessively and their families since 2012. The present qualitative study is based on semi-structured interviews conducted with 32 people who participated in treatment groups or had completed treatment for pathological gambling in rural Greece. All participants had given their written consent for study participation.

However challenging, the qualitative interview is an interesting, creative, and often exciting method of producing research data, that give access to the complexity of human existence, experience and activity (Isari & Pourkos, 2015). Content analysis was employed to scrutinize the interviews. In particular, the following steps were followed: a) definition of the coding unit: the answers to each question, b) structuring of the categories: the main ideas that emerged from the analysis of the answers were used to structure the categories, c) comparisons: amongst the perceptions of the participants, d) interpretation-comment on results: emphasis was put on the semantic content of the answers (Bauer & Gaskell, 2000; Weber, 1990).

Participants in the study were 32, out of which 28 (87.5%) were men and 4 (12.5%) women. Their age ranged from 25 to 63 years old. In relation to their marital status, 19 (59.37%) were married, five (15.62%) were single, three (9.37%) were divorced, two (6.25%) were separated, two were (6.25%) engaged and one (3.12%) was living under civil partnership. In relation to their educational level, two (6.25%) were middle school graduates, 20 (62.5%) were lyceum graduates, five (15.62%) had received Technological Educational, four (12.5%) were University graduates and one (3.12%) had a master's degree. In relation to employment status, 28 (87.5%) reported having a steady/full-time job, one (3.12%) was on temporary employment, one (3.12%) was unemployed and two (6.25%) were retired.

Interviews were conducted by the Head of the Unit whom, also coordinates the gambling treatment groups. Therefore, she is in a therapeutic relationship with all research participants. This encouraged participants to disclose important information to the interviewer and more personal data, as a trustworthy relationship was already established. The interviewer was particularly keen on this study given her clinical experience in the treatment of pathological gambling and family support. She also has several years of clinical experience in treating other forms of misuse (drugs, alcohol, internet). Her clinical experience was very helpful in understanding deeper the pathological gambling pathways.

The present study was conducted in a rural town where prejudices about seeking treatment for pathological gambling persist, especially when people seek treatment from a state funded public program that is primarily well known for its effectiveness in addressing illicit substance use. In such a restricted social context, their fears for identity disclosure while in treatment were high. Overcoming this difficulty

suggests the presence of a well-informed conscious decision to seek treatment. This makes this study even more meaningful.

One limitation of the study, however, is the dual role of the researcher and therapist that might hinder the neutrality of the results. Without a doubt, the interviewer is not distant or emotionally detached (Rubin & Rubin, 1995) and even more so when, as in the present study, has a therapeutic relationship with participants. Another limitation is the qualitative nature of the study and the focused sample in rural Greece that do not allow generalizations.

Results

The study findings suggest that initiation to gambling for 22 out of the 32 participants, happened between the 13th and the 20th year of age. For the remaining 10, initiation to gambling took place between the ages of 21 to 37 (Table 1).

I remember myself waiting to sing the carols and go with my friends to play dice, from the age of 13 ... very young ...

I am 34 years old ... I started at 14 ... with my father ...

Now I am 62 years old... I started gambling from my teenage years... around the age of 15... with my father ...

Regarding the type of gaming at the initial gambling phase, most (22) reported betting, seven punting and only three, lottery (Table 2).

I started with betting, sparsely at first ...

Betting ... once a week ...

Betting ... small amounts but intensively ...

The age of establishment of pathological gambling ranges between the age of 20 and 30 for 17 participants, between 31 to 40 in the case of seven participants, between 41 to 50 for five participants and between 51 to 57 years old for the remaining three participants (Table 3).

At the age of 20 when I had a lot of money of my own...

I started to lose myself after 28, when I took over my father's business ...

Around 30, when I divorced my first wife ...

Table 1. Age of initial gambling.

Age of initial gambling	Frequency (f)	Relative Frequency (%)
13–15	11	34.37
16–20	11	34.37
21–30	8	25.00
31+	2	6.26
Total	32	100.00

Table 2. Type of initial gambling.

Type of initial gambling	Frequency (f)	Relative Frequency (%)
Betting	22	68.75
Punting	7	21.87
Lottery	3	9.38
Total	32	100.00

Tables 3. Age of pathological gambling establishment.

Age of pathological gambling establishment	Frequency (f)	Relative Frequency (%)
20–30	17	53.12
31–40	7	21.87
41–50	5	15.63
51+	3	9.38
Total	32	100.00

Regarding the type of game with respect to which pathological gambling was established, most (17) played bet games, especially online (12) and the rest punt games (15) (Table 4).

I lost control with online betting...

After retirement I got involved in electronic gambling, specifically betting...

I switched to online Betting and the frequency and amounts I was playing changed...

Regarding the etiology of pathological gambling, participants were referred to the following qualitative categories: 1) traumatic experiences (9), 2) partnership dysfunction (7), 3) lack of job satisfaction (7), 4) economic problems (5), 5) over-protection from parental family (4), 6) loneliness (4), 7) emphasis on money (3), 8) dealing with professional football (3), 9) death anxiety (3), 10) family history of gambling (3), 11) working with professional gambling (2), 12) psycho-emotional immaturity (2), 13) trying for autonomy (2), 14) seeking emotional stimulation (2), 15) frustration/quit (2). They also suggested: 16) indifference through overconfidence, 17) retirement and contact with family problems, 18) personal recognition only from people who also gamble and 19) peer influence (Table 5).

I went through two losses then ... my breakup with the girl I wanted and loved and the death of my brother's child ...

Because of this sadness I had with my wife ... there was no moral and psychological support ... being understood, felt by the other person ...

They had changed my job at the time, and it had bothered me a lot...

Duration of pathological gambling until seeking professional help varied. Most reported that it took them more than two or even up to 10 years (22) to seek treatment, others managed to do so after 11 to 20 years (9) and one participant asked for professional help after 33 years of pathological gambling (Table 6).

Table 4. Type of game by which gambling addiction established.

Type of game by which gambling addiction established	Frequency (f)	Relative Frequency (%)
Betting	17	53.13
(Online betting)	(12/17)	(37.50)
Punting	15	46.87
Total	32	100.00

Table 5. Etiology of gambling addiction establishment.

Category	Aspects	Freq.
1. Loss-traumatic experiences	separation, divorce, failed IVF, repeated traumatic events	9
2. Marital-partnership dysfunction	dysfunctional relationship/communication, abuse, emotional withdrawal, loss of interest due to child birth, feeling of inferiority	7
3. Lack of job satisfaction	disliked job, work stress, lack of autonomy, impersonal service	7
4. Economic problems	financial recovery, paternal family debt	5
5. Over-protection from paternal family	no responsibilities, not being financially independent, overprotection	4
6. Loneliness	lack of friends-companion, self-isolation	4
7. Emphasis on money	too much work, lack of free time	3
8. Professional football	hang out with people who gamble	3
9. Anxiety of death	workplace deaths, family health issues	3
10. Family history of gambling	father/ aunt pathological gambling, early exposure to gambling within father's agency	3
11. Professional gambling	long hours of work in an environment where everyone is involved in gambling	2
12. Psycho-emotional immaturity	responsibilities without ability to manage them, complete freedom	2
13. Autonomy	autonomy attempt in a quick and easy way	2
14. Emotional arousal	boring everyday life without tension	2
15. Quit	frustration, self-destruction	2
16. Indifference	excessive trust	1
17. Retirement	contact with family problems	1
18. Recognition	only from the people involved in gambling	1
19. Others influence	daily contact with brother who gamble	1

Table 6. Duration of pathological gambling until seeking professional help.

Years	Frequency (f)	Relative Frequency (%)
2–10	22	68.75
11–20	9	28.13
33	1	3.12
Total	32	100.00

In the last 4 years, the situation had gotten out of hand. . .

It must have been about 5 years . . .

About 10 years I played out of control until I asked for help . . .

Reasons for seeking professional help were: 1) pressure from significant others (12), 2) loss of self (7), 3) theft (6), 4) shame (6), 5) a feeling of dead-end as a result of constant lying and accumulation of debts (5), 6) fear of divorce (5), 7) separation-divorce (2), 8) supporting a son with pathological gambling (2) and 9) psychological need for personal and professional development (1) (Table 7).

Then my brothers caught me and told me either you go to rehab or forget about us and do whatever you want. . .

My wife told me that I should come too and so I came. . . to help my son who gambled worse than me. . .

It was the desperation I saw in my little son. . . he told me mom I can't do with it anymore. . . I saw this thing in his look that I was giving up. . . that's where I was really shaken. . .

I could see that I was losing myself. . . I didn't care so much about the finances in those years, but about changing myself. . . changing my behavior towards others. . . my image was different now. . . I had a lot of stress every day, I couldn't take it anymore downhill, there was not any control . . .

While seeking professional help, 23 participants reported playing punt games and 16 bet games, especially online (12) (Table 8).

I was playing punting games at that time . . .

I got to my worst with punting games . . .

I was playing online betting . . . both legal and illegal . . .

Discussion

The current study focuses on pathological gambling. According to the present findings, the age of gambling initiation ranged from 13 to 20 years of for most of the participants, while the largest percentage started at 15. In addition, most of the participants reported that pathological gambling was established at a relatively young age (20 to 30 years old). These findings confirm the relevant literature that also suggests that gambling onset and pathological gambling occur at an early age (Bestman et al., 2016; Carbonneau

Table 7. Reasons for seeking professional help.

Category	Aspects	Frequency
1. Mobilization from significant others	spouse, parents, siblings, partner, children, friends, psychologist	12
2. Loss of self	alienation of character, change of behavior, loss of control	7
3. Theft	from work, spouse, children, utilities	6
4. Shame	to self, to child-children	6
5. Dead-end due to lies and accumulated debts	borrowing, even from moneylenders (2) revelation of truth	5
6. Fear of divorce	threat of divorce, increasing gambling	5
7. Separation-divorce	psycho-emotional pain	2
8. Supporting son with gambling addiction	father's mobilization for treatment due to son's addiction	2
9. Psychological need for development	overcoming gambling addiction for personal and professional development	1

Table 8. Type of gambling game during seeking professional help.

Type of Gambling Game	Frequency (f)	Relative Frequency (%)
Punting	23	71.85
Betting	16	50.00
(Online betting)	12/16	(37.50)
Total	32	100.00

et al., 2015; Chan & Ohtsuka, 2011; Jimenez-Murcia et al., 2010). Furthermore, social, environmental, and cultural factors seem to be more important than personal factors for gambling initiation, while personal factors were found to be playing a more significant role in the continuation of gambling (Clarke et al., 2006).

In relation to the type of gambling, the study concludes that while most participants referred playing bet games during initiation and when pathological gambling was established, when they seek professional help, they seem to play more punt games than bets or they mix gambling (punt and bet). The recent literature shows that the type of gambling is significantly associated with gambling severity and coping motives (Mathieu et al., 2020). Moreover, mixed gambling has been found to have higher severity scores and higher coping motivation than skill gambling, while skill gambling has been found to place the individual more at risk for developing interpretative bias (Scalese et al., 2016). Nevertheless, there is empirical data that the structural characteristics and the degree of gambling participation rather than the game type are also critical in the acquisition, development, and maintenance of problem and pathological gambling (Griffiths & Wood, 2001; LaPlante et al., 2011).

Regarding the etiology of pathological gambling the current findings suggest the following: 1) loss-traumatic experiences, 2) marital-partnership dysfunction, 3) lack of job satisfaction, 4) economic problems, 5) over-protection from paternal family, 6) loneliness, 7) emphasis on money, 8) dealing with professional football, 9) fear/anxiety of death, 10) family history of gambling, 11) working with professional gambling, 12) psycho-emotional immaturity, 13) trying for autonomy, 14) seeking emotional stimulation, 15) frustration/quit, 16) indifference through overconfidence, 17) retirement and contact with family problems, 18) personal recognition only from people who also gamble and 19) peer influence.

Most of the above are confirmed by the relevant literature. According to other findings, key factors relevant to gambling are alike those linked to substance misuse. Accordingly, alcohol and substance misuse are considered risk factors for the development of problem gambling. Advertising, ease of access to money, electronic gaming machines through continuous draws, the installation of gaming in social spaces, small wins, impulsivity, depression, anxiety, and illusions about winning skills are strong reasons to start and continue gambling (Binde, 2009; Clarke et al., 2006; Gori et al., 2022; Hing et al., 2014; N. Turner et al., 2008; Wohl et al., 2008). Findings of a related study highlighted six factors in the etiology of gambling: anti-social-impulsive risk-taking, coping with stress, psychological mood before the onset of the gambling problem, psychological mood after the onset of the gambling problem, as well as childhood abuse and motivational meaning-making (Nower & Blaszczynski, 2016).

Participants reporting pathological gambling demonstrated a statistically significant difference in traumatic experiences from the general population. According to the data, 64% of those who had entered a gambling treatment program reported a history of emotional trauma, 40.5% a history of physical trauma, and 24.3% a history of sexual trauma (Kausch et al., 2010), that reaches 35.4% in another study (Diona et al., 2015). Most of the traumatic events occurred during childhood (Felsher et al., 2010; Imperatori et al., 2015; McCormick et al., 2012). In fact, the neglect of physical needs has been found to be the type of trauma that significantly increases the chances of developing a gambling disorder in adulthood (Horak et al., 2021).

Furthermore, social influences have also been found to be important in the development of problem gambling (Gay et al., 2016). Particularly when it comes to women's gambling, while the prevalence of women's participation in gambling is steadily increasing (McCarthy et al., 2019), it has been found that women who gamble recreationally and those who gamble problematically differ from each other in terms of the strength of social support networks and the ways they employ in order to cope with stress and especially stress related to a major life event (Nuske et al., 2016).

Regarding the reasons for seeking professional help, the following were reported: 1) mobilization from significant others, 2) a sense of a lost self, 3) an incident of theft, 4) feeling ashamed, 5) feeling a dead-end due to constant lies and accumulation of debts, 6) fear of divorce, 7) actual separation-divorce, 8) supporting a son with pathological gambling and 9) a psychological need for personal and professional development. In fact, the largest percentage sought help within the first 10 years of gambling (several of them after only four years). Most of the above are confirmed by the literature, while causes have also been found that explain the time it takes for participants and/or their families to seek professional help. However, an assumption can be made about pathological gambling, compared to other forms of drug and alcohol misuse, is that people who gamble and their families are motivated sooner to seek help due to economic burden.

It is commonly recognized that in the help-seeking process, family members play a crucial role (Itapuisto, 2019). Particularly, according to our clinical experience, most of the times, it is the relatives that seek help, and they generally seem to be more motivated than the people who gamble pathologically. This seems to be the case even to drug and alcohol misuse. Help is sought through various sources (via helplines, self-help techniques, nonprofessional, and professional sources). It is widely acknowledged, in relevant literature, that relatives are concerned about the likelihood of gambling eventually undermining the capacity of the person to carry out normal daily activities. Families also seem to undermine the probability of such practices ultimately affecting the well-being and physical health of the whole family. Nonetheless, feelings of shame and embarrassment are cited as significant factors that prevent most people who gamble excessively to seek help (Hing et al., 2013).

Additionally, it has been found that people who gamble, they initially prefer self-help strategies to avoid shame,

embarrassment, stigma and the difficulty to recognize problem gambling, as well as the issues related to treatment per se (Hing et al., 2012, 2016; Suurvali et al., 2012). On the other hand, telephone surveys have consistently shown that financial and emotional problems arising from problem gambling are amongst the main factors that prompt them to seek professional help (Valdivia-Salas et al., 2014). In addition, online assistance may also be available. A relevant study suggests that the reasons for which people prefer online support for their gambling problems over telephone or face-to-face support, include ease of access, privacy, and anonymity (Rodda et al., 2013).

In conclusion, it is very important to consider the dimensions of economic burden resulting from pathological gambling – compared to other forms of misuse – in future efforts to prevent and treat pathological gambling. The effects will be beneficial for both, the people who gamble and their families.

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