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Classification of Pathological Gambling as an Impulse Control Disorder

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Abstract

The purpose of this paper is to examine the appropriateness of the current classification of pathological gambling as an Impulse Control Disorder. Controversy over the current categorization is as heated as it has ever been with more research suggesting that gambling is in fact not strictly an impulse-driven behaviour. Research also shows that pathological gambling is similar in presentation and treatment outcome to other addictive behaviours such as alcohol and substance abuse. Given such findings, it is arguable that pathological gambling needs to be

re-examined in terms of where it fits into a psychiatric classification system.

Introduction

The [Diagnostic and Statistical Manual of Mental Disorders \(3rd ed., 1980\)](#) was the first to treat compulsive or pathological gambling as a separate condition labelling it a “mental disorder” ([Levy & Feinberg, 1991](#)). The [DSM-III-R \(1987\)](#) categorized pathological gambling as one of several Impulse Control Disorders, vaguely defined as mental disorders characterized by an irresistible impulse to perform harmful acts ([McElroy, Hudson, Pope, Keck & Aizley, 1992](#)). People with impulse control disorders have three central characteristics:

1. they fail to resist impulses to perform some act that is harmful to them or others;
2. they experience an increasing sense of tension before committing the act; and
3. they feel pleasure or release at the time the act is committed ([Murray, 1993](#)).

Pathological gambling specifically involves repeated failure to resist the urge to gamble, resulting in disruptive patterns that impair the ability to function in personal, family and occupational roles.

Personality Profiles of Pathological Gamblers

Descriptions of gamblers' personalities have been derived primarily from personality inventories. It is unclear whether the personality traits identified in the inventories preceded and contributed to pathological gambling or followed after and resulted from the gambling activities ([Lesieur, 1979](#)). In other words, if gamblers score high on scales of impulsivity, then presumably, they have difficulty controlling their impulses (hence an Impulse Control Disorder); it cannot be determined if this impulsivity trait was a cause of the gambling behaviour or caused by the gambling behaviour.

[Langewisch and Frisch \(1998\)](#) conducted a study in which they compared non-pathological gamblers [individuals with scores of less than five on the South Oaks Gambling Screen (SOGS) ([Lesieur & Blume, 1987](#))] with pathological gamblers [individuals who scored five or greater on the SOGS] on measures of impulsivity. They found that the relationship between gambling and impulsivity scores were not significantly different for non-pathological gamblers compared to pathological gamblers. Increased gambling severity (as measured by the SOGS) was not significantly related to increased impulsivity scores for pathological gamblers. They also found a strong relationship between gambling and other addictive behaviours.

[Dickerson \(1979\)](#) observed people betting on horses and dogs in a betting office in Scotland. He found that frequent bettors appeared to delay placing their bets until just before the start of the race. Additionally, people who follow horse racing carefully spend considerable amounts of time and energy attempting to increase their odds of winning. Studying horses, jockeys and tracks all figure into their calculations ([Ladouceur, Giroux & Jacques, 1998](#)). In the same manner, people who gamble on sporting events will often invest hours examining players, injuries, previous games and match-ups in hopes of increasing their knowledge and subsequently their odds. A reviewer for this journal pointed out that “even chasing is often a carefully calculated attempt to tap into the law of averages.” Admittedly, not all gamblers (social or pathological) behave in this purposeful manner. These are just a few examples of how gambling can be a very deliberate and calculated act, rather than a rash, impulsive behaviour. These patterns of behaviour would seem to be more indicative of someone who has control over their actions rather than someone who is acting on impulse alone. In fact, when examined, this behaviour would be better labelled as compulsive rather than impulsive.

Little research has been conducted on self-control in gambling. Evidence for loss of control as an identifying or distinctive feature of gamblers (as expected in the DSM-III-R and [DSM-IV, 1994](#)) is not yet clear ([Murray, 1993](#)). Are there distinctive personality characteristics in pathological gamblers? While much has been learned about the personality traits of gamblers, both pathological and social, a personality profile distinguishing them has not yet been identified ([Murray, 1993](#)). As a result, it seems premature, even unfounded, to categorize individuals as pathological gamblers according to a behavioural pattern rooted in a personality trait. Whether or not gamblers can be split into two distinct groups, pathological or social, or those who lack control and those who do not, are issues that require further research and clarification ([Dickerson, 1987](#); [Greenberg, 1980](#); [Murray, 1993](#)).

The DSM category of Impulse Control Disorders is a diagnostic group that is not well understood. An “impulse” is not defined, and by placing “impulse, drive, or temptation” (DSM-IV) together any debate about what is meant by an impulse and what is meant by a drive is completely avoided. Several authors have questioned the DSM category's diagnostic validity, especially with respect to gambling; many believe that pathological gamblers do not really experience irresistible impulses and that they retain control over their behaviour ([Murray, 1993](#)).

Pathological Gambling as an Addiction

There is no universal agreement about what exactly constitutes an addiction. The primary area of controversy surrounding the definition of an addiction is substance use versus behavioural activity ([Griffiths & Duff, 1993](#)). Most professionals in the field have little difficulty accepting the idea that the consumption of a substance (for example, alcohol and illicit drugs) is potentially addictive. In contrast, when

referring to behaviours such as gambling, the definition of addiction becomes the primary focus of debate. Traditional views hold that in order for addiction to occur, a chemical substance and subsequent physiological effect must be present. However, more modern models of addiction attempt to identify components of excessive behaviour and the effects (i.e. social, occupational and personal problems) thereof. In doing so, the definition of addictions is expanding to include behaviours as well as substances.

The DSM-III-R's criteria for pathological gambling were modelled after the criteria for psychoactive substance abuse (from the DSM-III) and included notions such as “tolerance” and “withdrawal” ([Lesieur & Rosenthal, 1991](#)). Pathological gambling can also be viewed as an addiction whereby a pathological gambler appears to be completely enthralled in the gambling activity and will tend to increase bets in the same way that drug addicts increase their dosage and/or use ([Jacobs, 1988](#); [Lesieur, 1988](#)). Similarly, pathological gambling is often treated in programs based on or modelled after other addictions, i.e. Alcoholics Anonymous and Gamblers Anonymous. Pathological gambling, clinically speaking, is generally considered analogous to alcoholism and substance abuse as they are often present in the same people, as well as in the same families ([Blume, 1987](#); [Lesieur & Rosenthal, 1991](#)). Pathological gamblers have actually been successfully treated in treatment programs with alcoholics and substance abuse addicts ([Murray, 1993](#)). Admittedly, pathological gambling differs from substance abuse addictions because physical drugs are not consumed. However, what gamblers often describe as the sensation they experience while gambling is similar to the sensation substance abusers describe when using drugs or alcohol. Gambling, similar to drug and alcohol abuse, are all characterized by increases in tolerance, cravings and a consistent need to continue to take the drug or indulge in the behaviour.

Conclusion

Future Diagnostic and Statistical Manuals of Mental Disorder need to carefully evaluate where pathological gambling fits into a classification system. While there are arguments for and against both the current classification and the idea of gambling as an addiction, the latter seems to be gaining more and more support, from both researchers and clinicians. The implications of achieving the most applicable and “correct” classification spread into the realms of prevention, treatment and social policy.

References

- American Psychiatric Association. (1980). *Diagnostic and Statistical Manual of Mental Disorders*. (3rd ed.). Washington, DC: Author.

- American Psychiatric Association. (1987). *Diagnostic and Statistical Manual of Mental Disorders*. (3rd ed., revised.). Washington, DC: Author.
- American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders*. (4th ed.). Washington, DC: Author.
- Blume, S.B.. (1987). Compulsive gambling and the medical model. *Journal of Gambling Behavior*, 3, 237-247.
- Dickerson, M.. (1987). The future of gambling research: Learning from the lessons of alcoholism. *Journal of Gambling Behavior*, 3, 248-256.
- Dickerson, M.G.. (1979). FI schedules and persistence at gambling in the U.K. betting office. *Journal of Applied Behavior Analysis*, 12, 315-323.
- Griffiths, M., Duff, J.. (1993). Etiologies of excessive behaviour: A study of non-professional peoples beliefs. *Addiction Research*, 1, 199-206.
- Greenberg, H.. (1980). Psychology of gambling. In Kaplan, H.. , Freedman, A.. & Saddock, B.. (Eds.), *Comprehensive Textbook of Psychiatry*. (3rd ed., pp. 347–357). Baltimore, MD: Williams and Wilkins.
- Jacobs, D.. (1988). Evidence for a common dissociative-like reaction among addicts. *Journal of Gambling Behavior*, 4, 27-37.
- Ladouceur, R., Giroux, I., Jacques, C.. (1998). Winning on the horses: How much strategy and knowledge are needed? *Journal of Psychology*, 132, 133-142.
- Langewisch, M.W., Frisch, G.R.. (1998). Gambling behavior and pathology in relation to impulsivity, sensation seeking, and risky behaviors in male college students. *Journal of Gambling Studies*, 14, 245-262.
- Lesieur, H.. (1979). The compulsive gambler's spiral of options and involvement. *Psychiatry*, 42, 79-87.
- Lesieur, H.. (1988). Altering the DSM-III criteria for pathological gambling. *Journal of Gambling Behavior*, 4, 38-47.
- Lesieur, H., Blume, S.. (1987). The South Oaks Gambling Screen (SOGS): A new instrument for the identification of pathological gamblers. *American Journal of Psychiatry*, 144, 1184-1188.
- Lesieur, H., Rosenthal, R.. (1991). Pathological gambling: A review of the literature (prepared for the American Psychiatric Association Task Force on DSM-IV Committee on Disorders of Impulse Control not elsewhere classified). *Journal of Gambling Studies*, 7(1), 5-39.
- Levy, M., Feinberg, M.. (1991). Psychopathology and pathological gambling among males: Theoretical and clinical concerns. *Journal of Gambling Studies*, 7, 41-53.
- McElroy, S., Hudson, J., Pope, H., Keck, P., Aizley, H.. (1992). The DSM-III-R Impulse Control Disorders not elsewhere classified: Clinical characteristics and relationship to other psychiatric disorders. *American Journal of Psychiatry*, 149, 318-327.
- Murray, J.B.. (1993). Review of research on pathological gambling. *Psychological Reports*, 72(3), 791-810.

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