

## Drives, Pathological Family Functioning and Gambling

Anne Betsy Thomas<sup>1\*</sup>, Dr. Anuradha Sharma<sup>2</sup>

### ABSTRACT

Gambling is a considered method to relieve stress and emotional difficulties. But recently gambling has rose from its infancy to a state where youngsters find the situation more challenging. Placing bets, chasing loses, winning money are mostly identified the interest of the game. While this goes on, the consequences are still ignored. India with larger youths, have at least tried the act of gambling once in their life due to several reasons as: feeling good, to release anxiety and pain, for fun, to make friends and to be rich. This study aims to evaluate gambling motivation and pathological family functioning as associated with gambling and how they predict gambling in young adults. Sixty participants of the age group 18 to 26 (who previously had engaged in gambling for considerable number of times i.e., 5-8 times or more than 10 times in a year) were chosen for this study. Majority of the participants were college going students and few working young adults. The Gambling Motivation Scale (GMS), the General Family Functioning Subscale of Family Assessment Device, the NORC Diagnostic Screen for Gambling Problems were used for this this study to determine the gambling motivation, family pathology and gambling symptoms in these participants. The correlational results produced a significant relationship between gambling and gambling motivation, and between gambling and pathological family functioning suggesting their crucial role in gambling. Moreover, regression analysis results indicated gambling motivation and pathological family functioning as predictors of gambling. This study has greater implications as two different variables were closely identified as related to gambling.

**Keywords:** *Gambling, Gambling Motivation and Pathological Family Functioning.*

This study aimed to assess the gambling motivation, pathological family functioning and gambling among young adults and to find the relationship among them. “Gambling is a sickness, a syndrome, an addiction, absurdity and always had been a loser in the long run.” Recently gambling is considered a route to win lucky money, to become wealthy without effort, to be known etc. Pathological gambling is described as a condition where a person participates in game or event where he risks money or any valuables to win money. Gambling becomes problematic when the behaviour is frequently exhibited and cause dire consequences in the person’s social, personal and other important areas of functioning. Gambling, motives behind gambling and pathological family functioning are interlinked. Based on the researches reviewed, both dysfunctional families

<sup>1</sup>Student, SRM University, Delhi–NCR, India

<sup>2</sup>Associate Professor, SRM University, Delhi–NCR, India

\*Corresponding Author

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and gambling motivation nurture and facilitate gambling. Both these variables are linked to gambling because of how they pave way for the pathological behaviour to take stand.

Due to availability of gambling activities online, most young adults prefer online mode over offline gambling. A recent prevalence study (Yazdi and Katzian; 2017) emphasized on the addictive potential of online gambling. The results showed greater preference for online mode among young gamblers (who are problem gamblers). Moreover, the effect of parental gambling on children also posits the mode of family functioning. Children raised in families where gambling is considered a priority are victims of the disease. Lorenz (1987) proposed that these children experience inadequate parental supervision, role modelling and display unhealthy behavior patterns.

### **METHODOLOGY**

**The present study aims to** assess the relationship between gambling motivation, pathological family functioning and gambling in young adults.

- **The General Family Functioning:** The General Family Functioning subscale was used in this study to assess the general functioning in the family. This scale is a subscale of the Family Assessment Device (also called as FAD) and correlates highly with all subscales of the Family Assessment Device, except for Behavior Control subscale. The reliability was established using the Cronbach's alpha coefficient and found to be 0.92. This scale was developed in 1983 according to the McMaster Model of Family Functioning developed by Epstein, Baldwin and Bishop. It is a paper-pencil scale which is filled by all members of family above the age of 12. The members give their responses by selecting one of four alternatives: strongly agree, agree, disagree and strongly disagree.
- **Gambling Motivation Scale:** This scale is a 28-item scale which contains 4 items for each of 7 sub scales which is clubbed to measure three types of gambling motivation namely: Intrinsic motivation, extrinsic and motivation. This scale was developed by Valler and Vallieres in 1994. The scale contains 7 constructs which include-intrinsic motivation toward knowledge, accomplishment, and stimulation, as well as external, introjected and identified regulations, and motivation. The test-retest reliability was used, the Cronbach alpha values for both pre-test (From 0.85 to 0.93) and posttest (from 0.79 to 0.94) were established.
- **The NORC Diagnostic Screen for Gambling Problems:** This is a screening tool to measure lifetime gambling symptoms based on the Diagnostic Statistical Manual criteria for Gambling disorder. This diagnostic screen includes 17 items that measure recent gambling activities, thoughts to quit gambling etc. This screening tool by Gerstein et al (1999) shows that a score of 1 or 2 indicates at risk individual. A score of 5 or greater suggests pathological gambling. A test-retest reliability-0.99 has been established for this gambling screen and it is a useful measure to determine problem or pathological gambling.

### **Procedure**

Data was collected in two ways: random selection of college going students during their lectures hours and through online google forms to a group of participants of age group 18-26. Before distributing the questionnaires (Gambling Screen, Gambling Motivation Scale, General Family Functioning Scale), participants were made aware of why this study is conducted. Discussion as to what is gambling, the form of gambling was held and

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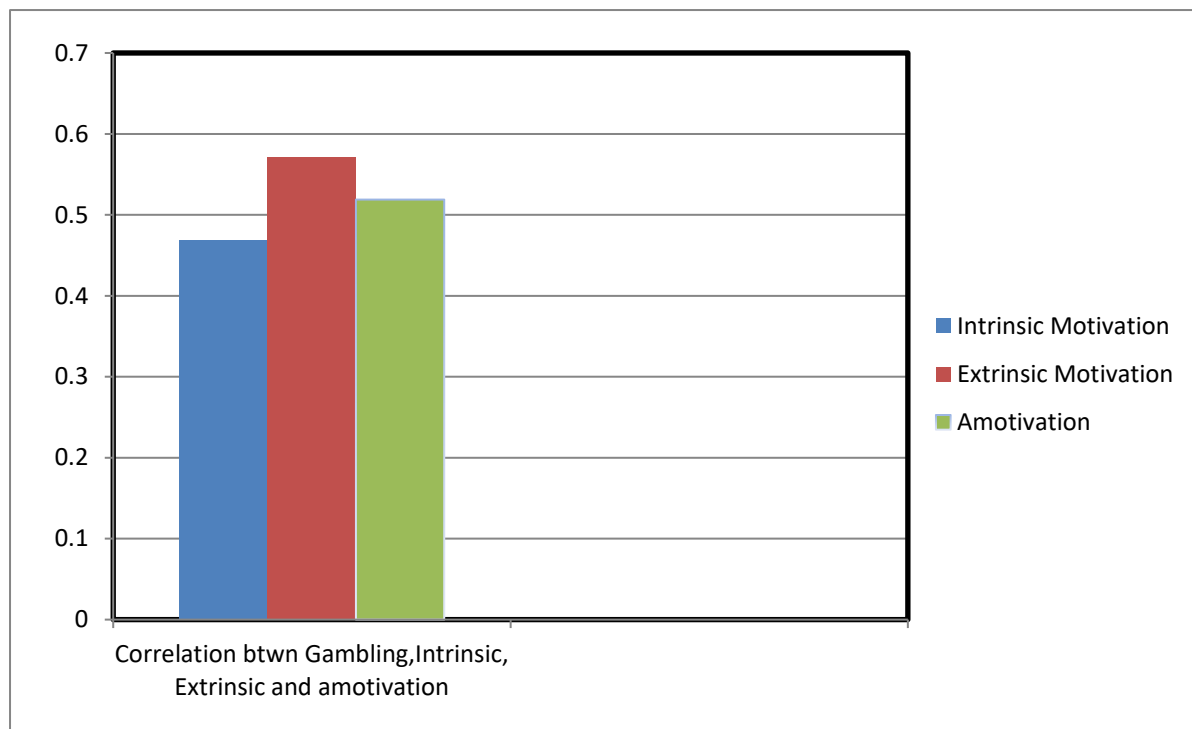
participants who have gambled for a considerable number (5-8 times in 3 to 4 months, > 10 times in a year) were asked to be a part of this study. With the consent of the faculty in charge and the student, the questionnaire was handed over. Participants were asked not to worry of filling the questionnaires as their results will be used only for this study and will not be disclosed.

### RESULTS

*Table I Showing the Correlational Analysis of Gambling and Gambling Motivation (Intrinsic, Extrinsic and amotivation) in Young Adults.*

Variable (DV)	Variable (IV)	Pearson's r	P value	Level of Significance
Gambling	Gambling Motivation (Intrinsic)	0.469	0.354 p<0.01	Significant at 0.01 level
Gambling	Gambling Motivation (Extrinsic)	0.572	0.354 p<0.01	Significant at 0.01 level
Gambling	Gambling Motivation (Amotivation)	0.519	0.354 p<0.01	Significant at 0.01 level

The Pearson's value of correlation between gambling and intrinsic motivation was found to be 0.46 which is significant at 0.01. Similarly, the correlational value of gambling and extrinsic motivation and amotivation was found to be 0.57 and 0.51 respectively. Thus, it was found that Gambling is positively correlated with intrinsic, extrinsic motivation and amotivation at 1% significance levels. The same data is graphically represented below.



Graph showing the correlation between Gambling, Intrinsic, Extrinsic and Amotivation

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**Table II Showing the Beta coefficients of predictor variable, Regression coefficient, R square, R<sup>2</sup> change, F ratio and significance.**

Variables	Beta Coefficients		(R)	R <sup>2</sup>	R <sup>2</sup> Change	F-ratio	Sig.
	Unstandardized	Standardized					
Intrinsic Motivation	0.078	0.469	0.469	0.220	0.220	16.349**	0.01
Extrinsic Motivation	0.088	0.572	0.572	0.327	0.327	**28.174	0.01
Amotivation	0.235	0.519	0.519	0.269	0.269	**21.368	0.01
Pathological Family Functioning	2.953	0.419	0.419	0.175	0.175	**12.34	0.01

This table shows the standardized and unstandardized beta coefficients, the R square, the R square change, F values and the level of significance respectively. From this table we can understand that intrinsic motivation produces 22% variance on gambling suggesting its predictability. Similarly extrinsic motivation and amotivation creates 32% and 26% variance on gambling respectively. Pathological family functioning was found to create least variation on gambling (17%). Although the percentage of variation created by the predictor variables on gambling is minimal, this doesn't imply that they are bad predictors. Intrinsic motivation, extrinsic motivation, amotivation and pathological family functioning do have an inevitable influence on gambling.

### DISCUSSION

This study was conducted to understand the relationship between gambling motivation, pathological family functioning with gambling among young adults. After analysis of the statistical data was done, significant results were found between each variable. This highlights a notable fact that both gambling motivation (intrinsic motivation, extrinsic motivation and amotivation) and pathological family functioning is an important factor in the development and maintenance of gambling behaviour. Gambling becomes a problem when the person finds it difficult to control his gambling urge and further begins to risk valuables, money to chase the losses incurred during gambling. Finally, person experiences trouble with maintaining relationship and experience isolation and withdrawal.

From Table II, the correlation results between gambling, intrinsic motivation, extrinsic motivation and Amotivation was found to be 0.469, 0.572 and 0.519 respectively at 1% level of significance ( $p=0.354$ ). Thus, there exists a positive significant correlation between gambling and gambling motivation and thus raising chances of gambling among intrinsically motivated, extrinsically motivated and Amotivated players. This is validated by a study conducted by (Allen.F.C. et.al; 2009) that measured gambling motivation as one factor that promote gambling among young adults. This study identified three motivational types: to escape problems, easy access, and to socialize. Although three of them were associated with gambling, gambling to escape from problems and easy accessibility were linked higher gambling frequency.

Similar results were found when gambling and pathological family functioning was correlated (Table III). At 0.01 level of significance, the Pearson's correlational value between gambling and pathological family functioning was found to be 0.419 ( $p=0.354$ ).

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This suggests that there is a significant positive correlation between gambling and pathological family functioning; indicating a role of poor family functioning in the emergence of gambling behaviour. This is supported by various studies. One notable study done in 2002 indicated that parent-child relationship accounted for behaviour and emotional problems in adolescents.

To find the impact of intrinsic motivation on gambling, the  $R^2$  value from Table IV was referred. The  $R^2$  value was found to be 0.220 and the subsequent  $R^2$  change obtained was also the same. The  $R^2$  value suggests that intrinsic motivation explain 22% of the variability in gambling. At 0.01 level of significance, the F ratio obtained was 16.349;  $F(1, 58)$ ,  $p < 0.01$ . This indicates that the regression model of intrinsic motivation is a good predictor model of gambling. In the similar vein, the  $R^2$  values for extrinsic motivation and amotivation was obtained as 0.327 and 0.269. The appropriate  $R^2$  change values were found to be the same for both the variables. The proportion of variability ( $R^2$ ) was explained by extrinsic motivation and Amotivation showing a 32% and 26% influence on gambling. Therefore, we can conclude that both extrinsic motivation and Amotivation is a good predictor of gambling.

The F values was found to be significant at 0.01,  $F(1, 58)$ ;  $p < 0.01$ , showing that the regression model is a good fit. The  $R^2$  value for pathological family functioning was obtained as 0.175 and the  $R^2$  change was also similar. This implies that pathological family functioning accounts for 17% variation in gambling- thereby having a significant influence on gambling. At 0.01 level of significance, the F value for pathological family functioning was obtained as 12.34 where  $F(1, 58)$ ;  $p < 0.01$ , again suggesting that the regression model is a good fit. Out of 60 people randomly chosen, 53 of the participants were males and only 7 were females. Like other addiction forms, gambling behaviour is comparatively less frequent in females. It is also necessary to understand that easy gambling access and freedom to gamble is a mode to gambling. In country like India, gambling is illegal. Therefore, mental health professionals and other service providers think that this activity is not prevalent among young children. But the fact is that young adults still find sources where they can engage and explore their gambling skills.

Another point of discussion is that among the participants, there were differences in the games preferred during gambling. Among the participants assessed, it was found that males preferred sports betting, jackpots, roulettes, casinos and pokers over females who prefer cards, lotteries and pokers.

To conclude, it is always necessary for mental health professionals to keep check of their growing youth through means like holding campaigns and conferences, highlighting the symptoms of risky behaviour and the inevitable consequences. Parents can also be informed about giving love, care, warmth and affection to their young adults, sparing time for etc. Moreover, methods should be devised to monitor parental gambling as well. "It is better to keep check when we feel everything runs smoothly; rather than experiencing bitterness, pain when calamity and destruction steps in".

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### ***Conflict of Interest***

The author(s) declared no conflict of interest.

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