“I BET IT’S NOT MY FAULT”

An exploration study into how disordered gamblers deny accountability through cognitive distortions
Cognitive Distortions and Gambling

- Cognitive theory remains one of the most dominant approaches that provide a causal explanation for gambling (Clark, 2010).

- Research into disordered gambling has previously focused on associated cognitive distortions that work to maintain the persistence of gambling despite negative implications (Jacobsen, Knudsen, Krogh, Pallesen & Molde, 2007).

Gamblers Fallacy
Illusion of Control
Superstitions
Rationale for research

Limitations of existing research?

• Whilst cognitive distortions are a central characteristic of excessive gambling behaviours, they are not a well understood phenomenon (Ward, Polaschek & Beech, 2006).

• This has equated to several limitations including:
  • Constricting definition
  • Lack of holistic focus
  • Less powerful than expected reductions in gambling symptoms (Goodie & Fortune, 2013)

Aims of current research

• To broaden the current definition of cognitive distortions within gambling literature to provide a more holistic representation of how it is that disordered gamblers cognitively distort.

• To explore depth of experience from the perspective of disordered gamblers and inform understanding regarding cognitive distortions and mechanisms.
Methods

Participants

• 48 male participants who met the clinical criteria for disordered gambling.

Why Qualitative?

• Rich descriptions of phenomena to inform understanding
• The use of these methods enhance peripheral vision at the early stages of inquiry
• Holistic focus
Method and Rationale

RATIONALISATION
MINIMISING
BLAMING
DENIAL
DIVERSION
HOSTILITY
Method and Rationale

- RATIONALISATION
- MINIMISING
- BLAMING
- DENIAL
- DIVERSION
- HOSTILITY
From the three pieces of written work per individual, four themes were identified:

- Need for escape
- Product of environment
- Distraction Pieces
- Ever the optimist
Need for Escape

- Participants justified their pre-occupation with gambling as a form of “relief” or “escape” from distressing or overwhelming negative mood states / situations.

‘Running to the refuge of the bookies seemed to be my answer to most situations. The buzz of the bookies temporary took me away from responsibilities. It was my place of fantasy and refuge’.
Product of Environment

• Participants reduced individual agency and culpability for their gambling by implying that the act was pre-determined.

• E.g. because the child was vulnerable to social and societal influence e.g. parents, friends and easy accessibility, they subsequently had no choice in their past, and therefore the adult gambling addict has not choice either.

‘Growing up around gambling played a major part of me becoming an addict…fast forward ten years and sure enough I have developed a gambling problem‘.
Distraction Pieces

- Participants reduced their culpability for their excessive gambling behaviour by directing attention to seemingly more severe acts of the addiction.

‘I would see people spending £100 a spin on the roulette wheel. I would often think to myself at least I'm not that bad’
Ever The Optimist

• Participants reduced their liability for their excessive gambling by maintaining that gambling was a means to an end, a way of “doubling money”, “recuperating losses” and “building a future”.

‘If gambling got me into this mess, then it could get me out. I could always sort it out eventually, it was always going to be tomorrow that I win’
Discussion

• Disordered gamblers utilise cognitive distortions beyond those already identified in order to diminish their own responsibility for their actions

• Follows a similar pattern to that of offenders and other areas of addiction

• The identified cognitive distortions have empirical links to established theory and many models of psychopathology within gambling literature

• Practical implications would be identifying these cognitive distortions as additional treatment targets, alongside those identified by Ladoouceur, (2002), in order to increase the efficacy of current treatment interventions.
Limitations

- Readability and Coherence from questionnaires
- Level of Description
- Time Constraints


