

Overcoming Barriers to Seeking Help

Summary Report for the Manitoba Gambling Research Program

Investigators:

Funding:

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Focused Research (\$129,512)

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Research Priority:

Identify factors (individual or societal) that increase an individual's motivation to seek and commit to treatment and/or change.

Significance

Most problem gamblers fail to change their behaviour. Even when gamblers are aware that they need to change, only a small portion of people actually take action to cut down on their gambling. Unfortunately, there hasn't been a lot of research that has assessed what prevents problem gamblers from changing their behaviour, and almost no research has been done on what motivates behavioural change. What is known is that shame, guilt, and self-stigma (feelings of shame directed towards oneself) appear to undermine behavioural change. On the other hand, self-discontinuity (the sense that the self has fundamentally changed) may motivate behavioural change. This is because self-discontinuity leads to a nostalgic longing for the past. Specific to problem gambling, this means the gambler remembers and longs for who they were before their gambling addiction took hold, providing motivation to return to their former, better selves. This research addresses whether self-discontinuity affects behavioural change in problem gamblers in two different studies. The first study examined whether self-discontinuity predicts self-help activities (such as setting limits on time or money spent) in the context of known barriers to change among a community sample of problem gamblers. The second study expanded on these results, testing whether inducing feelings of self-discontinuity increases the probability that problem gamblers will actually attempt to change their behaviour.

Research Questions

This research examined the relationship between self-discontinuity and behavioural change in problem gamblers. Two studies conducted found that feelings of self-discontinuity increase the chance that problem gamblers will take action to change their behaviour. This has direct clinical implications, as leveraging feelings of self-discontinuity, and in turn nostalgia, may encourage better treatment outcomes for people living with addiction.

Methodology

Study 1:

- Problem gamblers (195 total) were recruited from two large Canadian cities to complete a survey assessing problem gambling severity, self-discontinuity, shame, guilt, and self-stigma.
- Gamblers where then contacted again six months later to see if any self-help activities had been attempted.

Study 2:

- Self-discontinuity was directly manipulated among 181 community gamblers with no prior attempt to change their behaviour.
- Participants were scored for problem gambling severity using the Problem Gambling Severity Index, then randomly assigned to either the self-discontinuity or self-continuity condition.
- In the self-discontinuity condition, participants read a paragraph about how gambling has changed the self, and gave a written response about how this was true for them. In the self-continuity condition, participants read a paragraph about how the self has stayed the same despite one's gambling, and gave a written response about how this was true for them.
- Following this manipulation, gamblers reported on how nostalgic they felt for their life before gambling.
- Finally, participants completed an assessment of how ready they were to change their gambling behaviour.
- One month after the initial session, participants were asked if they made an attempt to quit or cut down on their gambling behaviour.

Key Findings

In the first study, the researchers found that feelings of self-discontinuity predicted whether gamblers engaged in self-help activities over six months. Importantly, self-discontinuity predicted self-help above and beyond feelings of shame, guilt, and self-stigma – all of which are known barriers to change. In the second study, the researchers found that heightened feelings of self-discontinuity lead to increased feelings of nostalgia for the pre-addicted self. These feelings of nostalgia then increased gamblers' readiness to change. Importantly, those who were made to feel self-discontinuous (and therefore nostalgic) were more likely to attempt change one month later. However, this effect was only found among those with high problem gambling severity (i.e., problem gamblers). In sum, self-discontinuity promotes the likelihood that problem gamblers will take action to change their behaviour. This effect was entirely dependent on gamblers' feelings of nostalgia, which increase once gamblers become aware of the disjoint between their prior gambling-free life and current situation.

Conclusions

Overall, both studies found that feelings of self-discontinuity increased the likelihood of problem gamblers taking action to change their behaviour.

Implications

This research demonstrates a useful tool to help gamblers and potentially other addicted persons to overcome their problematic behaviours. Specifically, by leveraging feels of self-discontinuity and nostalgia, treatment providers may be able to improve outcomes for problem gamblers.



This research was funded by the Manitoba Gambling Research Program of Manitoba Liquor & Lotteries; however, the findings and conclusions of this paper are those solely of the author(s) and do not necessarily represent the views of Manitoba Liquor & Lotteries.