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GAMBLING ADDICTION AND PERSONALITY TYPE

by
Michael Athanasios Gatis

A Thesis

Submitted in partial fulfillment of the requirements of the
Masters of Arts Degree
of
The Graduate School
at
Rowan University
May 9, 2000

Approved by

Professor

Date Approved _____

5/15/00

ABSTRACT

Michael A. Gatis
Gambling Addiction and Personality Type
May 9, 2000
John Klanderman Ph.D.
School Psychology Program

Twenty-six students from a state university in New Jersey were administered the South Oaks Gambling Screen (SOGS) and the Myers-Briggs Type Indicator (MBTI) form M in order to examine the relationship between gambling addiction and personality types. A chi-square test was performed at a 95 percent significance in order to determine if statistically significant relationships existed among the following: the relationship between personality types of gamblers within the group, the relationship between the personality types of non-gamblers within the group, and finally the relationship between the personality types of gamblers and non-gamblers between groups. No statistically significant relationships were found; however, a high frequency of non-gamblers scored Extraverted Intuition with Introverted Feeling (ENFP) on the Myers-Briggs Type Indicator (MBTI).

MINI-ABSTRACT

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The purpose of this study was to examine the relationship between gambling addiction and personality types. No statistically significant relationships were found; however, a high frequency of non-gamblers scored Extraverted Intuition with Introverted Feeling (ENFP) on the Myers-Briggs Type Indicator (MBTI).

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I would like to thank Dr. Richard Smith for his guidance throughout my educational career at Rowan University and Dr. John Klanderman for his utmost patience and support with the conception and completion of this thesis.

I would like to dedicate my thesis to the loving memory of my grandmother Anne M. Wood, a person who taught me the value and importance of dignity, compassion and the human experience. Your influence on my life shall always inspire me.

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Chapter 1: Introduction

Need

The necessity of establishing that there are differences in the personalities of compulsive or pathological gamblers can be applied to preventive and post therapies in addition to creating a forum for further research in order to determine the relationship that an addiction serves within an individual. If certain behaviors and personalities are determined to be predictors of a gambling addiction, necessary steps can be taken to prevent the onset of an addiction.

Research has suggested it is common for gamblers to develop cross addictions. The evidence on cross addictions implies that addictions fulfill specific self-perceived emptiness or that an addiction is all encompassing; in other words, every type of addiction serves the same purpose or fulfills the same needs. With this in mind, therapy for those with a gambling addiction should incorporate a more holistic approach to addiction thereby preventing the possibility of a cross addiction from developing as a result of a self-perceived feeling of emptiness.

Purpose

The purpose of this study is to examine the relationship between gambling addiction and personality type. The South Oaks Gambling Screen (SOGS) will be administered to college students, at a state university in New Jersey, in order to establish the prevalence of a gambling problem. Assessment of personality will be determined by using the Myers-Briggs Type Indicator (MBTI). The scores from the MBTI will be

statistically compared to examine the relationship between the personality types of gamblers and non-gamblers respectively and between groups.

Research on compulsive gambling implies that there are dispositional tendencies, which develop during adolescence, that correlate with the onset of a gambling addiction. These dispositional tendencies are impulsivity, substance abuse and delinquency. In addition those who are clinically diagnosed as being pathological gamblers have a tendency towards cross addictions which develop concurrently or as a result of their gambling addiction. These dispositional tendencies and the susceptibility of problem gamblers to the development of cross addictions suggest that there are personality traits, which lend themselves towards such maladaptive behaviors. These personality traits may be a reflection of the personality of the individual, possibly the pathological gambler personality, or less specific the addictive personality.

Hypothesis

College students who score high on the South Oaks Gambling Screen (SOGS) will have similar personality types as determined by the Myers Briggs Type Indicator (MBTI).

Theory

Research on compulsive gambling implies that there are dispositional tendencies, which develop during adolescence, that correlate with the onset of a gambling addiction (Vitaro, Arseneault, & Tremblay, 1997). These dispositional tendencies are impulsivity, substance abuse and delinquency (Vitaro, Arseneault, & Tremblay, 1997; Vitaro, Ferland, Jacques, & Ladouceur, 1998; Vitaro, Ladouceur, & Bujold, 1996). In addition those who are clinically diagnosed as being pathological gamblers have a tendency

towards cross addictions which develop concurrently or as a result of their gambling addiction (Griffiths, 1994; Griffin-Shelley, Sandler, & Lees, 1992). These dispositional tendencies and the susceptibility of problem gamblers to the development of cross addictions suggest that there are personality traits, which lend themselves towards such maladaptive behaviors. These personality traits are a reflection of the personality of the individual, possibly the pathological gambler personality, or less specific the addictive personality.

The onset of gambling addiction associated with dispositional tendencies at an early age and the presence of cross addictions all suggest individuals with a gambling addiction may have similar personality types. In contrast, the personality types of those individuals who do not possess these characteristics should reflect a broad range of personality types instead of one specific type.

Assumptions

- Pathological gamblers have different personalities than non-compulsive gamblers.
- The personality types of pathological gamblers may cluster towards a specific type as opposed to the personality types of non-compulsive gamblers, which may be more randomly represented.

Limitations

- The small scope of this study may limit the researcher's ability to collect a sufficient amount of data and therefore hinder the examination of a possible relationship between gambling addiction and personality type.

Definitions

SOGS – South Oaks Gambling Screen

MBTI – Myers Briggs Type Indicator

ENFP - Extraverted Intuition with Introverted Feeling:

ENFPs are innovators initiating projects and directing great energy into getting them underway. Using intuition primarily externally, they are stimulated by new people, ideas, and experiences. They find meaning and significance readily and see connections that other's don't...ENFPs have exceptional insight into possibilities in others and the energy and motivation to help actualize them...ENFPs hate routine, schedules and structure and usually manage to avoid them. They are normally verbally fluent, even in extemporaneous situations; however, when their deepest values need expression, they made suddenly be awkward and express their judgments with characteristic intensity (Briggs Myers et al, 79-81).

PATHOLOGICAL GAMBLING – The DSM IV defines pathological gambling as a “persistent and recurrent maladaptive gambling behavior that disrupts personal, family, or vocational pursuits” (1994).

Overview

In Chapter 2 an extensive literary review of current issues concerning the onset of gambling addiction, the dispositional tendencies associated with gambling addiction (impulsivity, substance abuse, and delinquency) and cross addictions will be examined. In chapter 3 the design of the study, or more specifically, the sample, measures used, design and testable hypothesis will be stated. The results from this study will be discussed in Chapter 4, followed by a summary and conclusions in Chapter 5. The aforementioned issues concerning gambling addiction will now be discussed.

Chapter: Review of Literature

Overview

Research on compulsive gambling implies that there are dispositional tendencies, which develop during adolescence, that correlate with the onset of a gambling addiction (Vitaro, Arseneault, & Tremblay, 1997). These dispositional tendencies are impulsivity, substance abuse and delinquency (Vitaro, Arseneault, & Tremblay, 1997; Vitaro, Ferland, Jacques, & Ladouceur, 1998; Vitaro, Ladouceur, & Bujold, 1996). In addition those who are clinically diagnosed as being pathological gamblers have a tendency towards cross addictions which develop concurrently or as a result of their gambling addiction (Griffiths, 1994; Griffin-Shelley, Sandler, & Lees, 1992).

Onset of Gambling Addiction

There is evidence to suggest that pathological gambling develops in pre-adolescence and adolescence. In 1989 Jacobs reported that “the levels of probable pathological gambling among high school students are more than three times higher than prevalence rates found for adults...”(as cited in Becona, 1996). According to Dell, Ruzicka and Palisi:

... 33% of their pathological gambling adults had begun before that age of ten years, 47% between the ages of 11 and 18 years and only 14% at the age of 19 or over. Similarly, Fisher (1993b), Griffiths (1990, 1995), Ide-Smith and Lea (1988), and Ladouceur, Dube, and Bujold (1994) found that adolescent addicted to gambling had begun at 9, 10, or 11 years (as cited in Becona, 1996).

Lesieur and Klein surveyed 892 students from New Jersey high schools and found that 5.7% of the sample were classified as pathological gamblers according to the Pathological Gambling Signs Index (as cited in Shaffer & Hall, 1996). A study conducted by Ladouceur and Mireault used the Pathological Gambling Signs Index as a method for determining pathological gambling among 1612 students in Quebec. “Of the 1612 adolescents, 3.6% were classified as pathological gamblers according to the DSM-III criteria, 1.7% of this sample were classified as pathological gamblers”(as cited in Shaffer & Hall, 1996).

Winters and Stinchfield conducted two studies, at different times, of randomly selected Minnesota adolescents using the South Oaks Gambling Screen modified for adolescents (SOGS-RA). The first study conducted in 1990 “...found that 2.9% of the adolescents were classified as potential pathological gamblers and 11.7% were classified as potential high-risk gamblers according to the SOGS-RA criteria”(as cited in Shaffer and Hall). In their follow-up study, conducted in 1991/1992, Winters and Stinchfield found that “...3.5% of the same sample were classified as potential pathological gamblers and 9.3% were classified as potential high risk gamblers”(as cited in Shaffer and Hall).

Dispositional Tendencies: Impulsivity, Substance Abuse and Delinquency

Throughout the United States the legal age for gambling is 21. Yet the aforementioned studies have indicated that pre-adolescents and adolescents are gambling despite laws that regulate gambling. Research has suggested that pre-adolescents and adolescents compelled to gamble show dispositional tendencies (impulsivity, substance abuse and delinquency) which make them more likely to gamble despite legal restraints. The evidence supporting the trend towards and prevalence of pre-adolescent and

adolescent gambling and their relationship with specific dispositional tendencies suggests an underlying predisposition towards addiction. This predisposition to addiction may be a reflection of a personality type.

A common link among all addictions is problems with impulsivity, which can be traced back to pre-adolescence and adolescence.

Problems of impulsivity are manifested in the inability to stop or inhibit behavior regardless of its consequences, the tendency to act without anticipating the consequences of the action, excessive sensitivity to reinforcement and the difficulty of differentiating between types of reinforcement, and relative insensitivity to punishment (as cited in Vitaro, Ferland, Jacques and Ladouceur, 1998).

Vitaro, Arseneault, and Tremblay conducted a longitudinal study of 754 boys in Canada in order to determine if there was a relationship between gambling status and impulsivity. Impulsivity was determined by self-report using the Eysenck Impulsiveness scale and by Teacher-Rated Impulsivity Scale (teacher-rated reports) at the age of 13. When the boys turned 17, gambling addiction was assessed by using the South Oaks Gambling Screen for Adolescents (SOGS-RA). The scores from each boy on the Teacher-Rated Impulsivity Scale, Eysenck Impulsiveness Scale, and the SOGS-RA were compared to determine if there was a relationship between impulsivity and the severity of gambling addiction. "The results indicated that on both measures of impulsivity, non-gamblers scored lowest, followed by recreational gamblers, low problem gamblers and high problem gamblers"(Vitaro, Arseneault, & Tremblay, 1997). In addition these results

“show that for problem gamblers, impulse control deficits precede later gambling problems”(Vitaro, Arseneault, & Tremblay, 1997).

Vitaro, Ferland, Jacques and Ladouceur conducted a longitudinal study to determine if there was a relationship between gambling, substance use and impulsivity. In order to determine this relationship the following instruments were used in this study: teacher ratings of impulsivity, the South Oaks Gambling Screen for Adolescents (SOGS-RA), the Personal Experience Screening Questionnaire (PESQ) and the Eysenck Impulsiveness and Venturesomeness (risk taking) Scales.

Gambling and substance use/abuse were collected when the boys were 17 years old. Self-reports of impulsiveness and venturesomeness were collected when the boys were 13 and 14 years old. Finally teacher ratings of impulsivity were collected when the boys were 12 and 13 years old (Vitaro, Ferland, Jacques & Ladouceur 1998).

Vitaro, Ferland, Jacques and Ladouceur concluded that “the risk for problem gamblers being problem substance users was 2.3 times higher than the base rate of problem gamblers in the whole population [with] a similar risk applied to problem substance users”(Vitaro, Ferland, Jacques & Ladouceur, 1998). Also the “comorbid group [gamblers and substance users] was more impulsive according to self-reports and to teacher reports than the problem gamblers-only and the problem substance users-only groups” (Vitaro, Ferland, Jacques & Ladouceur, 1998).

Catellani and Rugle conducted a study in order to compare pathological gamblers with alcoholics and cocaine misusers on measures of impulsivity, sensation seeking and craving. Participants of the study (males patients admitted to the Veterans Addiction

Recovery Center) were assessed for cross addictions and administered a test battery composed of Scale N5 (impulsiveness) of the revised NEO, Scale E5 (excitement seeking) of the revised NEO, and the Barratt Impulsivity Scale. Of the 1403 participants 843 were determined not to have cross addictions. Results based on the 843 non-cross addicted patients indicated that:

...gamblers scored significantly higher than alcoholics and cocaine misusers on all Barratt impulsivity measures. For craving differences, gamblers scored significantly higher than both alcoholics and cocaine misusers on NEO impulsivity scale. [However] Gamblers were not found significantly different from either alcoholics or cocaine misusers on sensation seeking; per NEO Excitement Seeking scale (Castellani & Rugle, 1995).

Vitaro, Ladouceur, and Bujold conducted a study “in order to establish the relationship between gambling, substance use, and delinquency in early adolescents...” (Vitaro, Ladouceur, & Bujold, 1996). In order to do this Vitaro, Ladouceur, and Bujold recruited 631 boys of varying ethnicities and social economic statuses in the Province of Quebec, Canada. Multiple measures were used to determine this relationship, all of which were administered to the participants of this study at different ages. The measures used at age 10 and 11 were the teacher and mother ratings of behavior. Both the teachers and mothers completed the Social Behavior Questionnaire (SBQ) based on the behavior of the boys who participated in the study. At 13 years of age, gambling behavior, delinquency and substance use were determined using a gambling questionnaire composed of 8 items, the Self Reported Delinquency Scale (SRDS) and the Personal Experience Screening Questionnaire (PESQ).

Vitaro's, Ladouceur's and Bujold's study supported results from other studies concerning late adolescent and adult gambling's relationship with substance abuse and delinquency. They concluded:

the relationship between gambling and delinquency or substance use was moderate but significant. The relationship between delinquency and substance use was stronger. In addition the gambler group reported more fighting alcohol/drug use, cigarette use, vandalism, and theft at age 13 years than did the non gambler group (Vitaro, Ladouceur, & Bujold, 1996).

The aforementioned study suggested that there were higher incidences, among adolescents that gambled, of alcohol/drug use, cigarette use, vandalism and theft in addition to a moderate but significant relationship to delinquency. Research has suggested that this pattern of behavior continues into adulthood and that there is evidence to suggest that some pathological gamblers can be classified with antisocial personality disorder.

Blaszczynski, McConaghy and Frankova wanted to "...obtain data on the nature, type and extent of gambling and non-gambling related offenses and the presence of antisocial personality traits in a sample of diagnosed pathological gamblers" (Blaszczynski, McConaghy & Frankova, 1989). The participants were 96 males and 13 females, all of which met the DSM III criteria for pathological gambling.

Each subject was interviewed using a semi-structured schedule. The interview schedule obtained general demographic data and specific information on gambling behavior and extent of both gambling and non-gambling related criminal behaviors...[and] the DSM III criteria for anti social personality...

Fifty-nine (54.1%) admitted having committed gambling-related offenses [embezzlement and larceny (excluding shoplifting)] with 23 (21.1%) charged, and 25 (22.9%) admitted to non-gambling related offenses [larceny, armed robbery, and burglary] (10.1%) charged...Of the total sample 16 (14.6%) met the DSM III criteria for a diagnosis of Antisocial Personality (Blaszczynski, McConaghy & Frankova, 1989).

Blaszczynski et al concluded:

...subjects committing gambling only related offenses showed a significant increase in antisocial features after the age of 15 years. It was also concluded that although a small group could be classified within the DSM III diagnostic category of Antisocial Personality, antisocial features in the majority of the cases emerge as a consequence of pathological gambling behavior (Blaszczynski, McConaghy & Frankova, 1989).

Gambling and Cross Addiction

Studies concerning gambling and substance use indicated that gambling may assist in fostering substance use or visa versa. For those who have developed gambling or substance use problems there is potential for developing multiple addictions or what is known as a cross addiction.

Griffiths was interested in determining the prevalence of gambling cross addiction in the United Kingdom. In order to do this 456 letters were sent to all drug and alcohol agencies in England "(i.e. National Health Service and private addiction treatment units and clinics, self-help groups, drug and alcohol help lines, counseling services and youth agencies etc.) requesting information regarding cross addictions to gambling (i.e.

information on individuals who were addicted to gambling and at least one other activity like drug taking, drinking etc.)”(Griffiths, 1994). A total of 196 letters, or 46%, were received and subsequently used in this study.

Griffiths concluded that “...alcohol/gambling cross addictions were the most frequently reported by the respondents (42%), followed by drugs/gambling (20%), solvents and fruit machines [slot machines] (10.5%), alcohol and drugs/gambling (7%) and amphetamines/gambling (3.5%)”(Griffiths, 1994). Griffiths determined that based on the information received in his study that approximately 10% percent of the population surveyed had a gambling cross addiction (1994).

Griffin-Shelley, Sandler, and Lees conducted a study of 76 patients, admitted to a dual diagnosis unit of a private psychiatric hospital in order to determine “the possible presence of multiple addictions in a population of adolescents in treatment for psychological problems coupled with chemical dependency”(1992). “Seventy two of the 76 adolescents identified themselves as chemically dependent... Of these, 34 saw themselves as drug dependent, 27 reported dependence on both drugs and alcohol and 11 saw themselves as alcoholic” (Griffin-Shelley, Sandler, & Lees, 1992).

In order to determine the prevalence of cross addictions in the sample Griffin-Shelley, Sandler and Lees used a self-report questionnaire consisting of “behaviors relating to illicit drugs, alcohol, prescription drugs, sex, relationships, food, and gambling” (1992). This self-report questionnaire contained seven measures and they are as follows:

- (1) 45 questions on drug dependency from Narcotics Anonymous, (2) 10

questions on drinking from the Women's Alcoholism Center, (3) 20 questions on prescription drug abuse developed by Community Resources and Self-Help, (4) 20 questions on sexual addictions from Sexaholics Anonymous, (5) 15 questions on relationship dependency from Robin Norwood's book *When Women Love Too Much* (6) 13 questions on food addiction from the Rader Institute and (7) 20 questions on gambling addiction from Gamblers Anonymous (Griffin-Shelley, Sandler, & Lees, 1992).

Of the 76 adolescents who participated in this study 14 or 18.4% "identified with symptoms of gambling addiction" (Griffin-Shelley, Sandler, & Lees, 1992).

Lesieur and Blume reviewed literature on gambling addiction, eating disorders and psychoactive substance use disorders in order to examine the relationship between these disorders. Among all three disorders Lesieur and Blume found commonalities relating to issues of control and motivations for such behaviors. "Individuals report gambling, eating and using drugs for similar reasons, such as relief from anxiety, boredom, and depression. These activities are often engaged in at the same time. Furthermore, patients who suffer from these disorders exhibit similar patterns of affective illness" (Lesieur & Blume, 1993).

Additional parallels among pathological gambling, eating disorders have been described...[B]oth bulimics and psychoactive substance dependent patients exhibit loss of control over food or drug substance, are secretive about their behavior, and become socially isolated. Similar patterns have been noted for pathological gamblers (Lesieur & Blume, 1993).

In response to the findings in their literary review Lesieur and Blume conducted a survey of 209 pathological gamblers in treatment and 103 substance dependent patients.

Subjects were asked if they felt they were compulsive over eaters or have an eating disorder. [Of the participants surveyed,] Pathological gamblers who were also alcohol or drug dependent were more likely to admit to having an eating disorder than gamblers without substance use disorders or alcohol or drug dependent patients who were not pathological gamblers (Lesieur & Blume, 1993).

Of the subjects surveyed "...22 (36%) of 61 pathological gamblers with collateral alcohol or drug dependence, 35 (24%) of 148 of pathological gamblers without substance dependence, but just 11 (11%) of 103 substance dependent patients without gambling problems described themselves as having an eating disorder" (Lesieur & Blume, 1993).

Summary

The literature reviewed for this study has indicated a relationship between gambling addiction and the dispositional tendencies: impulsivity, substance abuse and delinquency. In addition there is evidence to suggest the existence of multiple or cross addictions among individuals with gambling addictions. The presence of dispositional tendencies, in pre-adolescence and adolescence, and cross addiction implies that the personality of those addicted to gambling differs from those without gambling addictions.

Impulsivity, substance abuse and delinquency are behaviors with common personality traits therefore those who do not possess these traits would not feel compelled to participate in behaviors that may lead to addiction. Addictions and cross addictions serve as a coping mechanism. The occurrence of cross addictions may result from one addiction not fulfilling the needs of the addicted individual. As a result the individual

takes on another addiction to escape and or fill self-perceived emptiness. Those without addictions possess skills that assist in dealing with everyday life. Unlike individuals with addictions whose coping mechanism involves gambling, substance abuse, or alcohol etc. These aspects of gambling addiction and cross addiction should be examined further to determine a personality type profile for gambling addiction and to investigate the role various addictions serve in the individual.

Chapter 3: Design of the Study

Subjects

A total of 50 students (25 males and 25 females), from a New Jersey State university, were given a packet consisting of an informed consent document, the SOGS and the MBTI form M. The accepting sample of 26 students (10 males and 16 females), with a mean age of 19.2 years, participated in this study.

Data Gathering Instruments

The instruments used to assess gambling addiction and personality type are the South Oaks Gambling Screen (SOGS) and the Myers Briggs Type Indicator form M (MBTI).

The South Oaks Gambling Screen (SOGS) provides sufficient reliability and validity for the purpose of this study.

The MBTI personality inventory is a self-report test used to determine an individual's "best fit" personality type through the use of four dichotomous scales of which sixteen possible personality types can be created. The MBTI:

is based on Jung's ideas about how different ways of perceiving and judging, in combination with different attitudes, describe different types of people.

Perception and judgment are conceived as mental functions; the term attitudes refers to orientation of energy and orientation to the external world. Personality types result from interactions among the MBTI dichotomies. The dichotomies encompass four opposite domains of mental functioning: opposite ways of

perceiving, opposite ways of judging, opposite attitudes in which preferred perception and preferred judgment are typically used, and opposite ways of relating to the world (Briggs Myers et al, 1998).

The internal consistency of the MBTI was computed using logical split-half reliability, consecutive item split half reliability and coefficient alpha. On all three measures of internal consistency the MBTI scales scored high on reliability. The correlation values for the logical split-half reliability of the MBTI dichotomies ranged from .90 to .92. Consecutive split-half reliability of the X half and Y half ranged in values from .89 to .92. Finally values for internal consistency as determined by coefficient alpha ranged from .88 to .93.

Test-retest reliability of the MBTI shows consistency over time. Test-retest reliabilities consisted of “...(a) correlation of continuous scores, (b) the proportion of cases assigned to the same letter (direction of preference) on retest, and (c) the proportion of cases reporting the same preferences on retest for all four dichotomies (i.e. the same type), three preferences, two preferences, one preference, or no preference” (Briggs Myers et al, 1998). Values for test-retest correlations ranged from .83 to .97. The test-retest percentage agreement of the four dichotomies ranged from 75% to 77% in an interval greater than nine months and between 82% and 87% in an interval less than nine months. Finally the percentage of people with preferences the same at retest varied according to the numbers of preferences, the percentages are as follows: four preferences 65%, three preferences 28%, two preferences 6%, one preference 1% and no preference 0%.

There are two areas in which the validity of the MBTI has been assessed, the validity of the four preference scales that compose the indicator and the combination of those preference scales. “Correlations of the four preference scales with a wide variety of scales from other instruments support the predictions type theory regarding the meanings and behaviors believed to be associated with the four dichotomies” (Briggs Myers et al, 1998). “Evidence presented...on type distributions, attraction and satisfaction in couples, reactions to stress, and factor scores derived from other measures suggests that there are whole types that are not predictable from knowledge of the individual preferences alone or from simple additive models of the preferences” (Briggs Myers et al, 1998).

Design

This is a correlational and descriptive study. Testing took place over a two-week period. The test administrator distributed 50 packets to 25 male and 25 female students attending a state university in New Jersey. The participants of this study received a packet consisting of the following: an informed consent document, the SOGS, the MBTI form M item booklet and response sheet. The participants were asked to fill out the informed consent document and two questionnaires. The administrator read the directions for both measures and asked the participants to complete the items to the best of their ability, making sure that all the items on both measures were answered. After instruction the participants were given the option to: complete the packet after the initial instruction, take the packet to their residence, complete and return it to the test administrator, or the option of not participating in the study.

Description of Variables

The independent variable is college students attending a state university in New Jersey. The dependent variables are the scores the participants received on the South Oaks Gambling Screen (SOGS) and the Myers-Briggs Type Indicator (MBTI).

Testable Hypothesis

1. Null Hypothesis:

Gamblers will not demonstrate a common personality type.

Alternate Hypothesis:

Gamblers will demonstrate a common personality type.

2. Null Hypothesis:

Non-gamblers will demonstrate a common personality type.

Alternate Hypothesis:

Non-gamblers will not demonstrate a common personality type.

3. Null Hypothesis:

The personality types of gamblers and non-gamblers are not significantly different.

Alternate Hypothesis:

The personality types of gamblers and non-gamblers are significantly different.

Summary

The South Oaks Gambling Screen (SOGS) and the Myers-Briggs Type Indicator (MBTI) was administered to 50 college students attending a state university in New Jersey in order to examine the relationship between gambling addiction and personality types. Of these 50 students, the accepting sample of 26 students participated in this

study. The relationships that were examined are as follows: the relationship between personality types of gamblers within the group, the relationship between personality types of non-gamblers within the group, and finally the relationship between the personality types of gamblers and non-gamblers between groups.

Chapter 4: Analysis of Results

Analysis of Data

A chi-square test was performed at a 95 percent significance level in order to examine if statistically significant relationships existed among the following: the relationship between personality types of gamblers within the group, the relationship between personality types of non-gamblers within the group, and finally the relationship between the personality types of gamblers and non-gamblers between groups.

Restatement of Hypothesis

Testable Hypothesis 1:

Null Hypothesis:

Gamblers will not demonstrate a common personality type.

Alternate Hypothesis:

Gamblers will demonstrate a common personality type.

No significant statistical relationship exists between the personality types of gamblers. The null hypothesis could not be rejected.

Testable Hypothesis 2:

Null Hypothesis:

Non-gamblers will demonstrate a common personality type.

Alternate Hypothesis:

Non-gamblers will not demonstrate a common personality type.

A non-significant but high frequency of non-gamblers scored “ENFP” on the MBTI. The null hypothesis could not be rejected (Graph 4.1 & Table 4.1).

Testable Hypothesis 3:

Null Hypothesis:

The personality types of gamblers and non-gamblers are not significantly different.

Alternate Hypothesis:

The personality types of gamblers and non-gamblers are significantly different.

No statistical significance exists between the personality types of gamblers and non-gamblers. The null hypothesis could not be rejected.

Summary

A chi-square test performed at a 95 percent significance level determined no significant statistical relationships among personality types of gamblers within the group and between the personality types of gamblers and non-gamblers between groups. However, a high frequency of non-gamblers scored the ENFP personality type within the group.

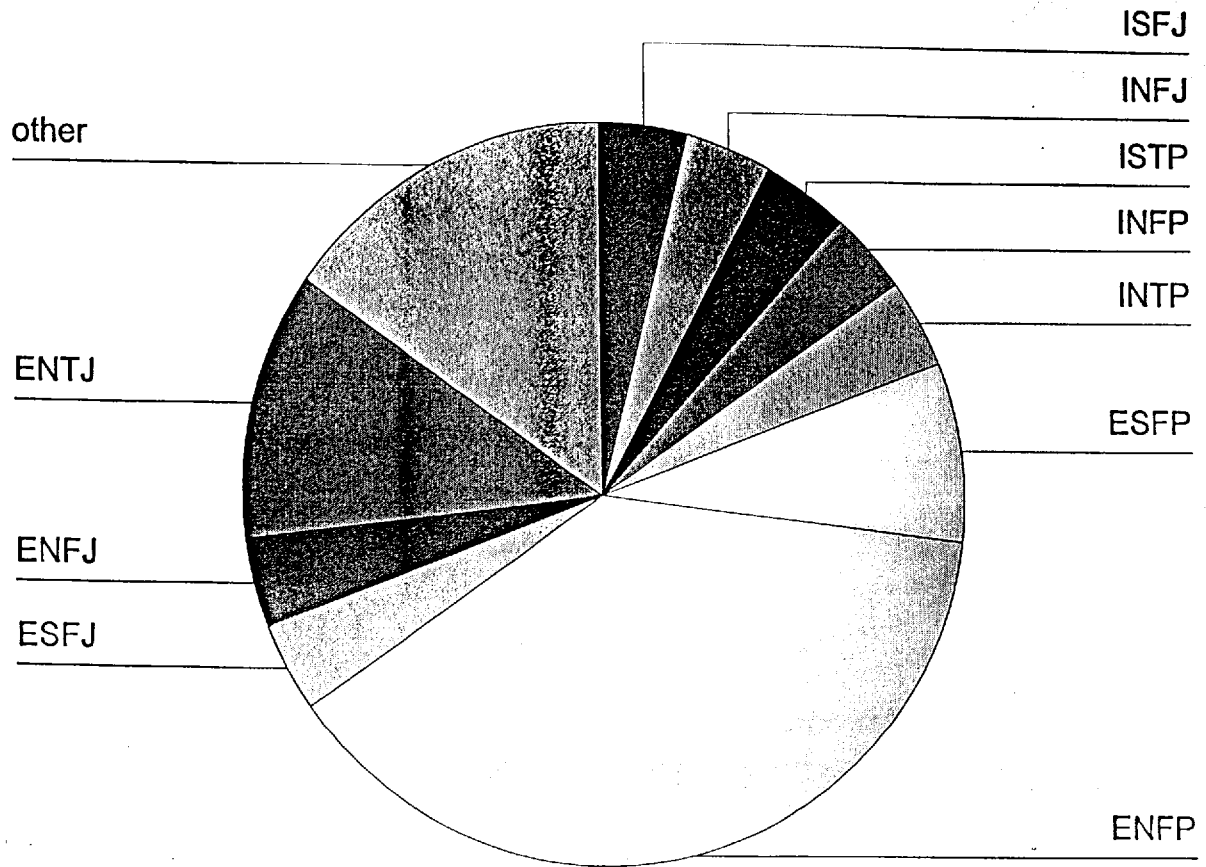
Table 4.1

Frequency of Personality Types

	Observed N	Expected N	Residual
ISFJ	1	2.4	-1.4
INFJ	1	2.4	-1.4
ISTP	1	2.4	-1.4
INFP	1	2.4	-1.4
INTP	1	2.4	-1.4
ESFP	2	2.4	-.4
ENFP	10	2.4	7.6
ESFJ	1	2.4	-1.4
ENFJ	1	2.4	-1.4
ENTJ	3	2.4	.6
other	4	2.4	1.6
Total	26		

Graph 4.1

Frequency of Personality Type



Chapter 5: Conclusion

Summary

Twenty-six students from a state university in New Jersey were administered the South Oaks Gambling Screen (SOGS) and the Myers-Briggs Type Indicator (MBTI) form M in order to examine the relationship between gambling addiction and personality types. A chi-square test was performed at a 95 percent significance in order to determine if statistically significant relationships existed among the following: the relationship between personality types of gamblers within the group, the relationship between the personality types of non-gamblers within the group, and finally the relationship between the personality types of gamblers and non-gamblers between groups. No statistically significant relationships were found; however, a high frequency of non-gamblers scored ENFP on the Myers-Briggs Type Indicator (MBTI).

Conclusion

The literature reviewed for this study has indicated a relationship between gambling addiction and the dispositional tendencies: impulsivity, substance abuse, and delinquency. In addition there is evidence to suggest the existence of multiple or cross addictions among individuals with gambling addictions. The presence of dispositional tendencies, in pre-adolescence and adolescence, and cross addiction implies that the personality of those addicted to gambling differs from those without gambling addictions.

The research conducted for this study fails to support the reviewed literature and the hypothesized relationship between gambling addiction and personality type in the

sample of college students from a state university in New Jersey. A high frequency of college students who scored “no problem” on the South Oaks Gambling Screen scored ENFP on the Myers-Briggs Type Indicator (MBTI) contradicting the hypothesized outcome of no relationship between the personality types of non-gamblers. Of the 26 participants, one student scored “high risk” for a gambling problem and the other student scored “problem gambler” on the South Oaks Gambling Screen (SOGS). Concluding the existence of a possible relationship between gambling addiction and personality type and the relationship among the personality types of individuals at risk or with a gambling problem on the basis of two participants would be inaccurate. Therefore the aforementioned relationships in question are contrary to the hypothesized result of a relationship among the personality types of gamblers and the relationship between gambling addiction and personality types.

Factors that could have influenced the outcome of this study include the method of test administration, participants falsely responding to the items on South Oaks Gambling Screen (SOGS), the sample and sample size. Students who participated in this study had the option to: complete the packet after initial instruction, take the packet to their residence, complete and return it to the test administrator or the option of not participating in the study.

Many of the participants opted to complete the packet in his or her residence. As a result the test administrator was not able to control for differences in the testing environments. These differences may have affected the responses given by the participants who opted to complete the packet in their residence. Twenty-four participants of the original sample did not complete the packet. These 24 participants

may have decided not to complete the packet because it was too lengthy or involved. However, due to the nature of this study it is fair to assume that some participants did not complete or return the packet for fear of being “discovered” as a problem gambler.

The South Oaks Gambling Screen (SOGS) consists of questions pertaining to gambling behavior in the past 12 months in order to screen for a gambling problem. The questions in this screening device are straightforward and therefore enable individuals to falsify responses, which would suggest a gambling problem. Some of the 24 participants who returned and scored “no problem” on the South Oaks Gambling Screen (SOGS) may have intentionally responded “no” to questions concerning problem gambling behavior thereby influencing the outcome of this study.

Due to the fact that only 26 participants returned the packet, the randomness of the sample and representative nature of this study can not be applied to the overall population of college students attending a state university in New Jersey. In addition the small scope of this study may have hindered the true representation of personality types and gambling problems in the population.

Implications for Further Research

Taking into account the factors that may have influenced the outcome of this study, another study, with a larger sample size, should be conducted with modifications made to the test administration of the packet questionnaire. A larger sample size with modifications made in test administration should greatly enhance the ability to determine if a statistically significant relationship exists between personality type and gambling addiction.

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