

Problem gambling, personality disorders often go hand in hand

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The treatment of people who cannot keep their gambling habits in check is often complicated because they also tend to suffer from personality disorders. So says Meredith Brown of Monash University in Australia, in a review in Springer's *Journal of Gambling Studies*.

Problem [gambling](#) creates a multitude of intrapersonal, interpersonal and social difficulties for the roughly 2.3 percent of the population internationally that suffers from this behavior. Previous research has shown that people with gambling problems suffer from a range of psychiatric disorders affecting their mood, levels of anxiety and their use of substances.

Brown and her colleagues reviewed existing research to establish patterns and factors that link problem gambling and various [personality disorders](#). They found that people with gambling problems share similar characteristics to people with antisocial, borderline, histrionic and narcissistic personality disorders. In particular, Borderline Personality Disorder (BPD) is found more among people with gambling problems than those who can control their gambling. This personality disorder is associated with unstable interpersonal relationships and self-image, and marked impulsivity.

The review shows that the same biological and social factors are at play in causing problem gambling and personality disorders. These include poor parental relationships during childhood, possible abuse, difficulty in controlling emotions, substance abuse, depression and anxiety disorders.

Members of both groups tend to be socially isolated, have problematic relationships with their peers, lower self-esteem and feelings of hopelessness and dissociation. They are also emotionally more vulnerable, and struggle with anger issues and feelings of shame. People with gambling problems, like people suffering from BPD, also tend to be impulsive, revert to interpersonal violence and often commit suicide.

Brown advises that routine screening for personality disorders be part of any treatment option considered for people with gambling problems. This could alert clinicians to potential difficulties in treatment, and to the need to set more stringent behavioral limits. Screening will help clinicians to adjust their expectations of what treatment may achieve, and how long it may take. Because people with both problem gambling and personality disorders are three times more likely to drop out of treatment than those with problem gambling but no personality disorders, screening could also help practitioners to be more tolerant towards poor compliance and to encourage adherence to treatment.

The review highlights that Dialectical Behavior Therapy, which is used successfully to treat BPD, could also help a subgroup of problem gambling. It is based on Eastern principles and teaches clients the core skills of mindfulness, distress tolerance, emotion regulation and interpersonal effectiveness, in combination with more traditional behavioral and motivational strategies.

"The fact that [problem gambling](#) and high levels of psychopathology often go together indicates a need to undertake routine and systematic screening and assessment of problem gamblers who sign up for treatment," says Brown. "Because the clinical picture of people with gambling problems who also suffer from personality disorders is more complicated, their successful [treatment](#) is also more difficult."

More information: Brown, M. et al (2014). The Application of an

Etiological Model of Personality Disorders to Problem Gambling,
Journal of Gambling Studies. [DOI: 10.1007/s10899-014-9504-z](https://doi.org/10.1007/s10899-014-9504-z)

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