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Mark R. Dixon

Southern Illinois University, mdixon@siu.edu

Tiffany N. Newman

Southern Illinois University

Becky L. Nastally

Southern Illinois University, bnastall@siu.edu

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A COMPARISON OF THE PREVALENCE OF AND MAINTAINING CAUSE FOR PATHOLOGICAL GAMBLING IN FRATERNITY AND NON-FRATERNITY MEMBERS

Mark R. Dixon, Tiffany N. Newman, & Becky Nastally
Southern Illinois University Carbondale

The present study investigated the prevalence rates and functions of probable pathological and problem gambling behaviors between Greek (fraternity) affiliated and non-Greek men on a Midwestern university campus. The South Oaks Gambling Screen (SOGS: Lesieur & Blume, 1987) and Gambling Functional Assessment (GFA: Dixon & Johnson, 2007) were given to a total of 200 volunteers which comprised 100 from each group, respectively. A statistically significant difference was found between the two groups, with Greek men reporting higher probable gambling problems than non-Greek men.

Keywords: Fraternity members, pathological gamblers, gambling functional assessment.

College students appear to be at an increased risk to develop into pathological gamblers (Rockey, Beason, Howington, Rockey, & Gilbert, 2005). Prevalence estimates of pathological gambling in college students are around 5%, which are almost double the overall general United States population (Shaffer et al., 1999). Additionally, college males appear to be at more risk than females (Stuhldreher, Stuhldreher, & Forrest, 2007). An interesting sub-population of college students is the individuals who are members of a Greek affiliation chapter (a fraternity or sorority). In a recent survey of wagering activity, Stuhldreher, Stuhldreher, and Forrest (2007) found higher prevalence among fraternity members with respect to playing the lottery, cards, games of chance, and gambling on sports when compared to non-fraternity men. These researchers also reported that fraternity men were four times more likely to have ever been in debt because

of gambling, and about three times more likely to have been told they needed help regarding their gambling behavior. Perhaps it is the social context of the fraternity that facilitates higher rates of risky behavior and poor decision making. Prior gambling research has demonstrated the powerful role that context can play in the modulation of types of choice making by participants (Dixon, Jacobs, & Sanders, 2005), and it remains possible that long time exposure in such a social context like a fraternity could be associated with more gambling problems.

Therefore, the purpose of this study was to compare prevalence rates of Greek and non-Greek male students using the South Oaks Gambling Screen (SOGS: Lesieur & Blume, 1987) and then to determine the function sustaining gambling behavior using the Gambling Functional Assessment (GFA: Dixon & Johnson, 2007). It was predicted that the Greek students would show higher rates of problem and pathological gambling behaviors than non-Greek students on the SOGS, and that the social context of the fraternity would yield more respondents with an "attention" function on the GFA compared to non-fraternity respondents.

Address Correspondence to:

Mark R. Dixon
Behavior Analysis and Therapy Program
Rehabilitation Institute
Southern Illinois University
Carbondale, IL 62901
Email: mdixon@siu.edu

METHOD

Participants

100 Greek and 100 non-Greek male undergraduate students completed the anonymous paper and pencil surveys. The cover letter described that informed consent was implied by completion of the documents, and the participant was aware they could stop at any point during the study. Participants ranged in age from 18 to 23 years old. Female students were not used in this study due to past reported prevalence of male problematic gambling behavior. The university's Human Subjects Committee approved this study.

Setting

Greek students received the questionnaires while in a weekly chapter meeting held in the university's student center. The 20 x 15 rooms were equipped with tables, chairs, and pencils. Non-Greek students in a common area of the student center were asked if they belonged to a Greek organization. If they reported no, they were given the survey upon willingness to complete it. The student center common area contained tables, chairs, and pencils.

Materials

The South Oaks Gambling Screen (SOGS) and the Gambling Functional Assessment (GFA) were administered to each participant. The SOGS is a 20-item questionnaire designed to identify potential pathological and problem gamblers. A score of 5 or more is the standard used to define a potential 'pathological gambler', while potential 'problem gamblers' are identified by a score of 3 or 4. Lesieur & Blume (1987) reported the SOGS to be both valid and reliable by cross-checking responses to scores with family members' and counselor's interviews. The GFA is a 20-item questionnaire in which the participant rated on a scale from 0 or "Never" to 6 "Always". The four possible functions are listed as sensory, escape, attention, and

tangible. Reliability of the GFA has been noted as adequate to excellent (internal consistency = .921; test-retest = .735) (Miller, Meier, & Weatherly, 2009). In this study, the function with the highest score was considered the "primary function" thought to cause or maintain gambling behavior.

Procedure

The fraternities typically held weekly chapter meetings in rooms of the university's student center. Upon permission to attend the beginning of the meeting and present surveys, one researcher per chapter administered the surveys. Participants were told that participation was voluntary and that answers would remain completely anonymous. They were also asked to refrain from writing their name or any identifying marks and/or comments that would lead researchers to know their name and/or chapter affiliation. Upon completion of the surveys, all were collected at one time and placed into a folder. They were thanked for participating in the study, and the researcher left the room. Several meetings were attended until 100 different Greek members had completed the surveys.

The procedure for non-Greeks was nearly identical to that of the Greeks, with the exception of the room location. During a heavy traffic time in the university's student center, researchers were located in a common area. Participants were asked if they were members of a Greek-letter organization and if their response was no, they were then asked if they would like to participate in a study on gambling behavior. If they agreed, they were told that participation was voluntary and their answers would remain completely anonymous. They were asked to refrain from writing their name on their survey, and instructed to submit their completed survey to a folder located at a table in the common area. Researchers were in the area for the duration of collection of 100 surveys, which was approximately two hours.

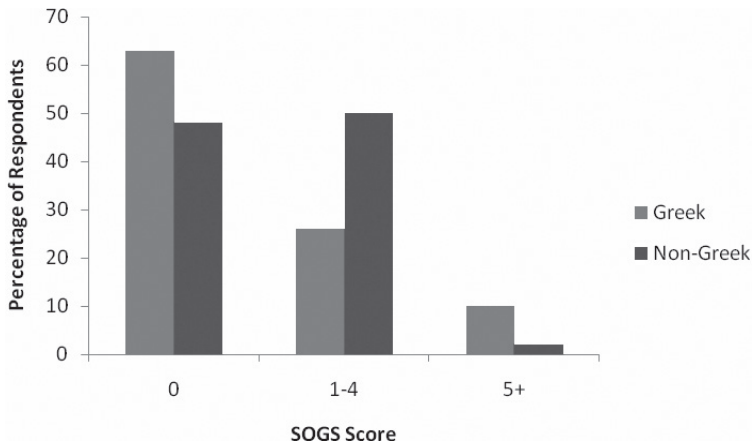


Figure 1. Comparison of SOGS scores for Greeks and Non-Greeks.

RESULTS AND DISCUSSION

Figure 1 displays the percentage of participants from each group that were self-reported non-gamblers, potential problem gamblers, or potential pathological gamblers as indicated by their obtained SOGS score. In short, 10% of the Greek students scored as potential pathological gamblers while only 2% of the non-Greek population indicated so. Potential problem gamblers were nearly identical among the two groups, with 6% Greek and 7% non-Greek reporting scores of 3 or 4. Conversely, Greek males held a higher percentage of scores of 0 versus non-Greek males (63% Greek vs. 48% non-Greek). A significant difference was found between the Greek and non-Greek students based on SOGS scores ($n = 200$; $df (1,99)$; $p < .0001$).

Figure 2 displays the percentage of participants that yielded a specific function on the FGA as the greatest potential maintaining cause for their gambling behavior. Both groups reported the ‘attention’ function to be the greatest cause most often (42% Greek vs. 56% non-Greek). The “none” category depicted on the figure refers to 51 of the 200 respondents that scored a 0 on the GFA which

indicated either they did not gamble or there was no function of their gambling. When scores of 0 or none are removed, ‘tangible’ was the second most frequently reported function of gambling (17% Greek vs. 25% non-Greek). A 2 X 5 (group x function) ANOVA was conducted to examine if the two groups differed on GFA scores. No significant differences were found ($n = 200$; $df 1,195$; $P > .05$).

The present data suggest that participating in a Greek fraternity may in fact be somehow related to an increased chance of potential pathological gambling or vice versa, and thus support prior research examining the gambling activity of fraternity members (Stuhldreher, Stuhldreher, & Forrest, 2007). Our data are only correlational, and the direction if any, of causation is not known. However, the differences obtained do in fact suggest that future research is warranted that examines the social network of pathological gamblers. Given that the attention function of the GFA was the most commonly reported function for both groups of participants, it may be the case that the social culture of college and not just that of a fraternity is what

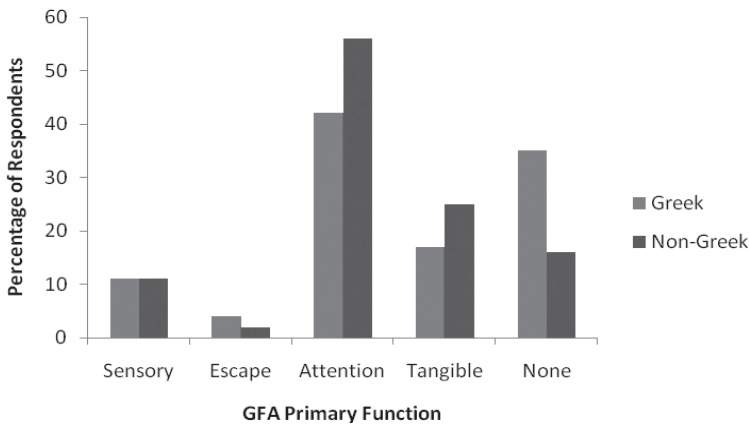


Figure 2. Comparison of GFA Primary Function for Greeks and Non-Greeks.

sustains college students' engagement in gambling activity. Future research might explore how to assess the number of gambling friends or the size of a participant's social network. The current data are similar to Browne & Brown (1994) who found that the gambling of parents and friends was a strong predictor of college student gambling, and that men who have friends who gamble were more likely to gamble more. With friends having such powerful influence, perhaps fraternity men are especially prone to this "attention" function or cause of gambling.

No matter the type of therapy used to treat gambling problems, it is important to assess the severity of the problem prior to implementing treatment. Once pathology is determined it is important to identify what controls it (i.e., the sustaining variables) which is the prime purpose of the GFA. Given the data of the present study, it appears that college fraternity members do in fact gamble more heavily than non-fraternity members, and that the most frequent function for this gambling is the social attention that it brings. Treatment for eliminating or reducing the gambling behavior of such college students might begin with identification of and

the participating in competing forms of social activities that are incompatible with gambling.

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