

# Religion, Spirituality and Associations with Problem Gambling

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Little is known about the contribution of religion and spirituality to the development of problem gambling. This paper examines one of the reasons associated with religion and spirituality which was given by respondents in a larger study of why people gamble in New Zealand. A survey questionnaire of reasons was derived from focus groups and interviews with practitioners, problem gamblers and their families, and was completed by a convenience sample of 244 regular gamblers in the South Auckland population. Multiple logistic regression analysis showed that the 148 problem gamblers in the sample were more than three times as likely as non-problem gamblers to endorse the reason that gambling gives hope and an opportunity for a better life, after controlling for continuous gambling and demographic risk factors. This aspiration suggests that there might be other salient factors linking religion and spirituality to problem gambling, which need further investigation.

While theologians and social historians have considered religion in relation to gambling (e.g., Costello & Millar, 2000; Grant, 1994), little attention has been given to religion and spirituality in the development of problem gambling. This is surprising given the stances adopted by major world religions and various Christian denominations with regard to gambling and the strong role of religion in community and family life in many parts of the world. It is also surprising considering that the major mutual help approach to problem gambling, Gamblers Anonymous, is a quasi-religious programme that has a spiritual dimension requiring belief in a higher power (Browne, 1994; Ciarrocchi, 2002; Koski-Jännes & Turner, 1999).

Religion has been defined as the system of worship and dogma that is shared by a group (Boswell, Knight,

Hamer, & McChesney, 2001). For the purposes of the present review, two aspects of religion are considered: religious affiliation and religious obligations. The former is usually defined by one's choice of religion nominated or selected on survey questionnaires (e.g., Kassinove, 1998). Religious obligations involve gifting or tithing monies to churches, and social pressures to participate in church fund-raising activities such as crown-and-anchor evenings and housie (bingo) sessions (Bellringer, Cowley-Malcolm, Abbott, & Williams, 2005; Perese & Faleafa, 2000).

Spirituality is a broader term that refers to existential and transcendent aspects of life that contribute to a sense of hope, meaning and purpose, coherence and connectedness to others (Spaniol, 2001). It may include belief in God or a higher power, and a religious or

other set of values to guide relationships with other people and live one's life more generally.

The *Whare Tapa Wha* model of health (Abbott & Durie, 1987; Durie, 1994) maintains that *te taha wairua* (spiritual health and practice of *tikanga Māori* or custom) is one of four essential foundations for overall wellbeing. Pacific peoples' cultures place similar emphasis on the importance of spirituality in health; for example, the Samoan *fonofale* model (Mental Health Commission, 2001).

However, there are differences between religion and spirituality. Piedmont (2001) believed that spirituality is an attempt by humans to understand life in the light of death, again stressing the importance of validating why we exist. In this sense, Piedmont (2001) viewed spirituality as a dimension for exploring what motivates us, and what goals we are striving to achieve. Longo and Peterson (2002) recognised that religion is part of spirituality. They believe that religion is organised spirituality, whereas the term spirituality has within it the concept of being individual. They also noted that one of the main barriers to the acceptance of spirituality in rehabilitation is the confusion over the meaning of spirituality.

A recent study of why gamblers in South Auckland start and continue gambling (Tse et al., 2005) revealed that gambling giving hope and an opportunity for a better life emerged as one reason for continuing gambling. This paper

examines this reason quantitatively in relation to demographic differences in problem gambling.

#### *Religion and Problem Gambling*

Very little is known about problem gambling among people with Jewish, Islamic or Buddhist affiliations, perhaps because these religions have traditions which strongly opposed gambling (Marlatt, 2002; Neusner, Brockopp, & Sonn, 2000; Rosenthal, 1975). However, high levels of gambling involvement on the part of Catholics have been noted in other studies, and Catholic affiliation has emerged as a risk factor for problem gambling (Kallick-Kaufmann, 1987; Walker, 1992). These findings are consistent with the relatively more permissive view that the Catholic Church has taken towards gambling on the part of its members as well as within society generally (Abbott & Volberg, 2000).

For example, Grichting (1986) found a significant interaction effect between religious affiliation and self-assessed religious commitment on gambling frequency and expenditure among a probability community sample of residents in Townsville, Australia, after controlling for gender and socioeconomic status. Stronger religious commitment was directly related to greater frequency and expenditure for Catholics, but inversely related for Protestants and respondents without religious affiliation. An early prevalence survey of adolescents in Texas (Wallish, 1993) found that both Catholics and non-religious youth had elevated rates of problem gambling. In the 1999 New Zealand national survey (Abbott & Volberg, 2000), Catholics reported higher average weekly gambling expenditure than other religious groups. They also were over-represented among track bettors and frequent participants in continuous gambling activities, in which winnings can be risked again immediately in the same session.

Historically, as outlined in Abbott and Volberg (1999), most Protestant denominations and sects adopted a strong moral stance against gambling and lobbied for legislative and other restrictions on gambling throughout the mid-19<sup>th</sup> and early 20<sup>th</sup> centuries. In

the 1999 New Zealand survey, "other Christians", predominantly Methodists and a variety of Fundamentalist Protestant denominations, had a very low rate of problem gambling. Proportionately large numbers reported never or rarely gambling and, relative to other religious groups, few reported taking part weekly or more often. Catholics and other Christians retained their respective high and low risk statuses when other social, cultural and demographic risk factors were incorporated and controlled for in multivariate analyses.

Religious obligations might be a factor conducive to the development of problem gambling. Bellringer et al. (2005) found that Pacific mothers' involvement in traditional gifting to community, extended family members and churches was associated with gambling participation. In a small pilot study of 14 Samoans, Perese and Faleafa (2000) found that many of the participants reported gambling as a form of fundraising to meet gifting obligations. However, others said if gambling led to an inability to participate in gifting, it was disapproved of. Some participants commented that participation in church fundraising activities was associated with their gambling exposure.

The high rates of problem gambling among some indigenous, ethnic minority and immigrant populations further highlight the importance of research on aspects of religious affiliation that might be involved in the development of problem gambling in different cultural contexts (Abbott & Volberg, 2000). For example, in New Zealand, people with non-Christian religious affiliations resemble other Christians in that many are non-gamblers or infrequent gamblers and relatively few gamble regularly (Abbott & Volberg, 2000). However, from the 1999 survey, they differ in that those who do gamble regularly have particularly high average expenditure and are at significant risk for problem gambling. Many people in the non-Christian religious category were recent migrants and Asian people. Over half of the problem gamblers were of Māori, Pacific or Asian ethnicity. Religious affiliation might play important yet different roles in fostering and protecting against the development of problem gambling in each of these groups.

#### *Spirituality and Problem Gambling*

Some studies have found lower rates of addictive disorders among people with stronger religious and/or spiritual engagement (e.g., Kendler, Gardner & Prescott, 1997). Spiritual factors and religious experiences have also been found to influence recovery from problem gambling, predicting abstinence from gambling and subjective well-being (Walsh, 2001).

Some indication that spirituality is associated with gambling comes from studies of multiple risk factors for problem gambling. Clarke (2004) found that *amotivation*, which is displayed by a gambler who continues to gamble with no real purpose and with little sense of meaning accounted for a significant but small (7%) amount of variance in problem gambling, after controlling for gambling frequency, number of activities, parents' gambling, impulsivity, locus of control, and the motivations: rewards, stimulation, accomplishment, social esteem and tension release. Another study discovered that among other factors, people with problem gambling indicated that they lack direction in their lives (Turner, Sha Zengeneh, & Spence, 2003).

From studies of interventions for substance abuse and problem gambling (Orford 2001; Orford, Morison, & Somers 1996), there seem to be underlying processes common to different treatment programmes and theoretical orientations that could explain recovery. In addition to support from others and the reinforcement of self-liberation such as day-to-day commitment to quit and self-control or willpower, moral reform seems to be important, at least for some people with severe substance abuse problems. Common processes include admission of having a problem and needing help, symbolic death, surrender and new education which lead to experiential peace (lack of negative affectivity), changes in beliefs, and character change towards conscientiousness, selflessness, humility, ego-reduction and forgiveness.

In programmes such as Gamblers Anonymous, recovery from addiction is a long-term commitment that follows the processes of admission that there is a problem, resistance, ego-reduction

surrender, compliance, re-education and maintenance. Abusers must genuinely want to solve their problems, to work hard, to make a commitment to avoid the addictive activities, and to honestly comply with formal or informal treatment plans (Sussman & Ames, 2001).

In comparing recoveries from gambling problems to recoveries from alcohol problems, one study (Hodgins & el-Guebaly, 2000) ascertained factors perceived to initiate and maintain recoveries, the role of life events in recovery, and differences between natural and assisted recoveries. The major reason for people not seeking treatment for either addiction was the desire to handle the problem on one's own, which perhaps reflects the stigmatization, embarrassment, shame and loss of self-esteem associated with alcohol and gambling addiction. The recovered gamblers gave reasons for maintaining the changes which were similar to the reasons given by recovered alcoholics and drug abusers. These reasons include not liking to see themselves as having a problem, and self-liberating behaviours such as day-to-day commitment to quit and self-control or willpower, especially for naturally-recovered gamblers and drinkers.

### *The Present Study*

While international research is identifying ways in which spiritual and religious involvement can contribute to health and wellbeing (D'Souza & Rodrigo, 2004), there appears to be little research specifically on whether or not spirituality protects against problem gambling or the extent to which factors such as a lack of meaning, guiding values or alienation contribute to problem development. It is also conceivable that, as gambling problems and associated behaviours such as lying and stealing to obtain money to gamble progress, personal values and spirituality are further eroded.

In this paper, we examined the unique contribution toward problem gambling of gambling giving hope and opportunity for a better life, after controlling for number of continuous gambling activities and demographic risk factors. The findings were derived from a larger study of why people

gamble in New Zealand (Tse et al., 2005). It was predicted that the belief that gambling gives hope and opportunity for a better life would be independently associated with problem gambling.

## **Method**

### *Participants*

The convenience sample consisted of 244 regular gamblers who indicated on a self-completion questionnaire that they gambled at least once per week. They were selected from a larger group of 345 respondents in a survey in the South Auckland area of reasons why people gamble. Four main ethnic population groups were surveyed but were not representative of their respective groups in that area of New Zealand: New Zealand European/Pākehā, Māori, Pacific (Niue, Samoan, Tongan and Cook Islands), and migrants from the Southeast Asian region residing in New Zealand for less than 10 years. Table 1 shows the characteristics of the sample. Of the 580 people approached, 59% agreed to participate, with the lowest rates for Pacific (48%) and Asian (52%) people.

### *Survey questionnaire*

The self-completion questionnaire was developed from themes emerging from earlier focus groups and interviews with practitioners, problem gamblers and their families in the greater Auckland area. In the questionnaire, participants first indicated their favourite games and if they gambled weekly or more frequently (regular gambling). Two lists of reasons followed, one for starting gambling and the other for continuing gambling. Among the 15 reasons listed for continuing gambling, one was associated with spirituality ("Gambling gives me hope and opportunity for a better life."). Only the regular gamblers answered the continuing section. Respondents rated each reason on a 5-point Likert-type scale (0 = *Does not apply to me at all*, 4 = *Very definitely applies to me*).

The Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV-TR; 2000) symptoms for pathological gambling were included to ascertain current

(12 month) problem gambling status. Problem gambling is defined by the endorsement of three or more of the ten symptoms (Abbott & Volberg, 1999). The scale's coefficient of internal consistency (Cronbach's alpha) for the current sample was 0.89. Lastly, demographic questions about gender, age, ethnicity and occupation (but unfortunately not religious affiliation) were asked.

### *Procedure*

Ethics approval for the research was obtained from the University of Auckland Human Participants Ethics Committee. Volunteers were treated in accordance with the *Code of Ethics for Psychologists Working in Aotearoa/New Zealand* (New Zealand Psychological Society, 2002). An information sheet included details about the purposes of the survey, respondents' rights as participants, the handling and confidentiality of the anonymous data, and the contact details of various ethnic problem gambling agencies if they were distressed by the questionnaire. It clearly specified that all responses were confidential and that no identifying details such as names would be sought.

Participants were approached individually in various settings in the South Auckland area. The area was chosen because there were several other ongoing gambling research projects in the area and it provided the cultural diversity necessary to ensure that the methods were appropriate for different cultural groups. National surveys have also identified Auckland as an area of high gambling prevalence, even after other factors are controlled for statistically (Abbott & Volberg, 2000).

The survey was administered to the sample of gamblers recruited from a variety of sources including training/education institutions, cultural groups, social service agencies, sports groups and clubs, and through individual networks in the South Auckland area. To ensure input from various groups, the researchers selected individuals according to gender, age and ethnicity. Participants completed the questionnaire then deposited it in a box while the research assistants waited or sought out other potential

participants in the public settings. The questionnaire took about 10 minutes to complete. The assistants were available to answer any questions. The researcher assistants were Pākehā, Māori, Pacific and Chinese who were specially briefed for the survey.

**Data Analysis**

To assess the demographic associations of giving hope with demographics and problem gambling, chi-square tests were computed. Multivariate logistic regression analysis (Walsh & Ollenburger, 2001) examined the unique contribution of gambling giving hope and an opportunity for a better life, after controlling for continuous gambling and demographic risk factors. The numbers of regular gamblers in the Pacific sub-groups were very small, so that data for the Niuean, Samoan, Tongan and Cook Islands participants were combined for data analysis. For the age, ethnic and occupational groups, the effect of each sub-group was compared to the average effect of all the categories for that group. Data were analysed by SPSS 12.0.

Prior to inferential analyses, the data for the giving hope scale were examined for assumptions of normality. The distribution of scores was far from normal (Kolmogorov-Smirnov statistic = .16,  $p < .001$ ), so that data were recoded into two categories (0 = *Does not apply*; 1 = *Applies at least a little*). According to the criterion of scores of three or greater on the DSM-IV-TR, 148 of the 244 regular gamblers (61%) satisfied the criterion of problem gambling.

**Results**

As shown in Table 1, gender, age, ethnicity, occupational status and gambling giving hope were related significantly to problem gambling. Of the regular gamblers who completed all the relevant scales, there were proportionately more male (57 of 82) than female (89 of 160) problem gamblers,  $\chi^2 (1, N = 242) = 4.37, p < .05$ . The youngest age group had the largest proportion of problem gamblers (79%), while the 30-39 group had the smallest (45%),  $\chi^2 (4, N = 244) = 16.48, p < .001$ . The Pacific and Asian groups (35% each) were least likely to be problem gamblers, in contrast to

the Pākehā (86%) and Māori (96%) participants,  $\chi^2 (4, N = 242) = 78.25, p < .001$ . For occupation, clerical workers had the lowest proportion (39%) of problem gamblers, while the unemployed/beneficiary (76%) and students (81%) had higher proportions,  $\chi^2 (5, N = 233) = 17.12, p < .01$ . Problem gamblers were more likely than non-problem gamblers to endorse gambling giving hope and opportunity for a better life as one of the reasons for continuing gambling,  $\chi^2 (1, N = 244) = 9.32, p < .01$ .

Although data are not shown, giving hope was associated only with ethnicity,  $\chi^2 (1, N = 244) = 22.22, p < .001$ . Asians (51%) were less likely to endorse the item than Pākehā (91%), Māori (82%) and Pacific (80%) participants.

For the 231 regular gamblers with complete sets of data, multiple logistic regression analysis was computed to ascertain the unique contribution of

each of the demographic variables and giving hope to the DSM-IV-TR classification of problem gamblers while controlling for the other variables in the model. Number of continuous activities as favourites, gender, age, ethnicity and occupation were entered in the first step, followed by giving hope in the second step. Table 1 shows the results of the final step in the regression. Continuous gambling activities, in which winnings can be risked again immediately in the same session, included house/bingo gambling at a casino, playing cards for money and electronic gaming machines.

In the first step (not shown) number of continuous activities, gender, age, ethnicity, and occupation were significant predictors in discriminating between problem and non-problem gamblers, accounting for 19% of the correct classification. When giving hope was entered, the total correct

Table 1: Numbers (row percentages) of Current Regular Problem Gamblers by Demographics and Gambling Giving Hope (N = 244<sup>a</sup>)

	Problem Gambler		$\chi^2$	(df)
	Yes (%)	No (%)		
Gender			4.37*	(1)
Female	89 (56)	71 (44)		
Male	57 (70)	25 (30)		
Age (years)			16.48***	(3)
<29	37 (79)	10 (21)		
30-39	38 (45)	47 (55)		
40-49	38 (64)	21 (36)		
>49	35 (66)	18 (34)		
Ethnicity			78.25***	(3)
Pākehā	49 (86)	8 (14)		
Māori	50 (96)	2 (4)		
Pacific Island	34 (35)	62 (65)		
Asian (Chinese)	13 (35)	24 (65)		
Occupation			17.12**	(5)
Unemployed/beneficiary	28 (76)	9 (24)		
Student	13 (81)	3 (19)		
Homemaker	26 (68)	12 (32)		
Office/clerical	16 (39)	25 (61)		
Factory/manual	35 (62)	21 (38)		
Professional/managerial	23 (51)	22 (49)		
Gambling giving hope			9.32**	(1)
Does not apply	22 (42)	30 (58)		
Applies	126 (66)	66 (34)		

<sup>a</sup> $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$

classification increased by 1%. The Wald statistic is used to test for the significance of each predictor in the model. Partial correlations (*pr*) assess the effect of each variable given the presence of other variables in the model. The Hosmer-Lemeshow goodness-of-fit test was not significant,  $\chi^2(8, N = 287) = 6.17, p = .63$ , indicating that there was an adequate fit to a perfect model (Tabachnick & Fidell, 2000). Overall, 80% of the regular gamblers were correctly classified. The  $\exp(B)$  value of 3.33 for giving hope indicates that regular gamblers who endorsed the item were, on average, more than three times as likely to be problem gamblers as those who were not problem gamblers, when the other variables were controlled.

**Discussion**

Except for the Pacific respondents, the high rates of problem gambling among males, young people, Māori and the unemployed/beneficiary and student groups were consistent with findings

from the 1991 New Zealand national survey (Abbott & Volberg, 1991). In the 1999 survey, males, young people and Māori again had high rates, but the rates for the unemployed/beneficiary and student groups were lower than in 1991 (Abbott & Volberg, 2000). Gambling giving hope and opportunity for a better life applied across all demographic groups, except for Asians. This aspiration played a small part in distinguishing problem from non-problem gamblers, after controlling for some risk factors for problem gambling.

While the number of participants who completed the questionnaire was reasonably large, they were not representative of the South Auckland population. Although over-represented in the sample, Pacific sub-groups had too few problem gamblers for adequate data analysis. A much larger sample would be needed to examine the relationships of religion and spirituality to problem gambling within each gender, age, ethnic and occupational

group.

The information and data provided retrospectively by the respondents were possibly subject to the problems of response bias and faulty recall. By asking about DSM-IV-TR symptoms in the last twelve months on a questionnaire, research participants, especially Pacific and Asian respondents, might have been reluctant to reveal problems. Despite the likelihood of higher levels of gambling problems, research has indicated that Māori, Pacific peoples and Asians may be less likely to seek help for problems (Paton-Simpson, Gruys, & Hannifin, 2003), possibly because of shame and lack of culturally appropriate helping agencies (Raylu & Oei, 2004).

Anecdotal evidence from early discussions among the research team, and from interviews with focus groups, practitioners, problem gamblers and their families suggested some connections between religion and spirituality, and gambling behaviours. We propose that the links exist in the following way and that the relationship is bi-directional. In other words, in some cases religious affiliation or spirituality might start, reinforce or shape gambling behaviours; alternatively, gambling behaviours might influence religious affiliation or spirituality.

First, religion might influence gambling behaviours. Religious affiliation might lead to an increase in gambling because certain religions sanction or endorse participation in gambling activities. Adhering to some superstitious beliefs, praying to win, performing rituals and wearing religious medallions as lucky charms strengthen habits that encourage belief that one can increase one's chances of winning (Toneatto, 1999). Conversely, religious groups and beliefs give people strengths to recover from problem gambling. The associated social support is helpful to rebuild the family, to regain their trust and to promote a sense of forgiveness. Spirituality might reduce or stop gambling behaviours. It has special healing processes, and the notion of a "higher being" can help individuals stop addictive behaviours and find meaning in life.

Secondly, gambling behaviours might influence religious behaviour or

Table 2: Multiple Logistic Regression of Continuous Gambling, Demographics and Gambling Giving Hope on Problem Gambling Classification (N = 231)

Variable	B	SE	Wald	pr	exp(B)
Continuous gambling	0.30	0.18	2.93 <sup>†</sup>	.10	1.35
Gender	1.14	0.42	7.47 <sup>**</sup>	.18	3.13
Age (years)					
<29	0.01	0.00	6.93 <sup>†</sup>	.14	1.01
30-39	-0.74	0.31	5.80 <sup>*</sup>	-.14	0.47
40-49	0.11	0.33	0.12	.07	1.11
>49	0.61	0.36	2.90 <sup>†</sup>	.10	1.83
Ethnicity					
Pākehā	0.66	0.00	33.15 <sup>***</sup>	.39	1.94
Māori	2.49	0.60	17.14 <sup>***</sup>	.29	6.22
Pacific Island	-1.31	0.34	14.65 <sup>***</sup>	-.26	0.14
Asian (Chinese)	-1.84	0.45	16.94 <sup>***</sup>	-.28	0.08
Occupation					
Unemployed/beneficiary	0.15	0.00	8.43	.13	1.16
Student	0.93	0.80	1.35	.04	2.53
Homemaker	0.56	0.47	1.43	.05	1.75
Office/clerical	-0.24	0.41	0.36	-.06	0.78
Factory/manual	0.12	0.39	0.09	.07	1.12
Professional/managerial	-1.21	0.46	6.84 <sup>**</sup>	-.17	0.30
Gambling giving hope	1.20	0.46	6.94 <sup>**</sup>	.17	3.33
Constant	-0.70	0.52	1.80		

R<sup>2</sup> = .405

<sup>†</sup>p < .10; \*p < .05; \*\*p < .01; \*\*\*p < .001

spirituality. Gamblers might attend more religious activities and make generous promises to God so that "God will treat me well, and help me win again". Individuals might feel more spiritual as they sense God's presence when they go through wins and losses. Conversely, people with problem gambling might stop all activities, including religious ones, in favour of gambling. Also, the guilt associated with problem gambling, lying, cheating and stealing becomes so intense that individuals stop attending religious activities.

Based on studies of substance abuse (Orford 2001; Orford, Morison, & Somers 1996) and of recoveries from alcohol problems (Hodgins & el-Guebaly, 2000), we suggest that further spiritual areas could be explored in future interviews and surveys of problem gamblers; for example, the extent to which gambling with people at one's church group helps to strengthen unity in spirit; the belief that one's reward from a higher source for trying hard is due and is getting closer; and underlying quasi-religious experiences common to different treatment programmes that could explain recovery and quitting in one session (Raylu, & Oei, 2002).

## Conclusion

Some aspects of religion and spirituality seem to offer a small yet significant contribution to the development of problem gambling and recovery. In New Zealand, churches which accept gambling or which pressure congregations to fulfil financial obligations might increase the risk of some members becoming problem gamblers. Even though only one reason associated with spirituality, gambling giving hope and opportunity for a better life, was examined in the present investigation, there is some indication that spiritual reasons should be considered in the study and treatment of problem gamblers.

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