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Gambling Interacts with Trauma to Predict Alexithymia Scores among College Students

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Introduction

Gambling is likely common among college-age students, with incidences ranging from 15% (Kibrick, 2005) to 42% (Gallagher, LaForce, & Woodhouse, 2006). Furthermore, gambling among college students is associated with a variety of negative consequences, particularly for males (Eggert, Hense, & Steckling, 2004). Despite this, little is known about psychological factors linking gambling among college-age students.

A recent study conducted among college students, the relationship between pathological gambling and psychological variables (e.g., alexithymia) was examined. Findings indicate that psychological variables like alexithymia might be a noteworthy risk factor to problem gambling (Parkak, Boust, & Meagher, 2001).

Alexithymia is characterized by difficulty identifying and describing feelings, externally oriented thinking and limited imaginative capacity. Alexithymia has been linked with behavioral problems such as pathological gambling (Parker et al., 2005), trauma (Frewen, Paez, Dozois, & Lanius, 2006) and the onset and maintenance of several psychiatric disorders (Lundy, Nalty, & Budge, 2005). Despite this, little is known about alexithymia scores among gamblers might be influenced by psychological factors associated with alexithymia (e.g., trauma).

The relationship between trauma and alexithymia is well pronounced. For instance, among individuals with post-traumatic stress disorder (PTSD), there was identified as alexithymic (Frewen et al., 2006). Furthermore, a history of trauma may also affect the severity of alexithymia presentation (Frewen, Lanius, Dozois, Neufeld, Pain, Hopper, et al., 2006). Lastly, gender differences between trauma and alexithymia have been observed, including during male combat with PTSD (Frewen, Lanius, Dozois, & Neufeld, 2006).

Given findings on the relationship between gambling alexithymia, alexithymia-trauma, and trauma-gender, the purpose of this explanatory study was to examine the interactive effects of gambling (high/low) and trauma (high/low) on alexithymia scores for male and female college students.

Method

Participants

N = 160 (female = 48%)

Age: M = 19.79 (SD = 2.31) Range: 18 – 37 (95%)

Ethnicity: Caucasian = 168 (86.8%), African American = 8 (4.3%), Hispanic = 4 (2.5%), Asian American = 5 (3.1%)

Measures

Early Trauma Inventory Self Report - Short Form (ETI-SR; Bremner, Vernick, & Mann, 2006), is a 28-item questionnaire that quantifies four scales examining general trauma, physical punishment, emotional abuse, and sexual events before the age of 18. A median-split was conducted on the trauma total score to determine cutoffs, a procedure consistent with other studies (Parkak & Breunin, 2001). Participants with scores ≤ 5 were classified as Low Trauma, while those with scores > 5 were classified as High Trauma.

Toronto Alexithymia Scale - 20 (TAS-20; Bagby, Taylor, & Parker, 1994), is a 20-item questionnaire rated on a 5-point Likert scale with which = "strongly disagree" and = "strongly agree." Clinical cutoff for alexithymia is ≥ 64. Gamblers habit questionnaire, a 22-item questionnaire that quantifies gambling habits of participants and their parents. Respondents were asked to rank each as something they do "never," "rarely," "sometimes," or "often.

Univariate statistics are presented in Table 1.

Gambling habits questionnaire, a 22-item questionnaire that quantifies gambling habits of participants and their parents. Respondents were asked to rank each item as something they do "never," "rarely," "sometimes," or "often.

The current study recruited college students interested in participating in research to earn extra credit in various undergraduate psychology classes. Participants were not in groups of 8-20. After receiving informed consent from each participant, research assistants distributed a battery of questionnaires examining items such as risky behaviors, family characteristics and affect. Participants completed one survey each. Each session took approximately 90 minutes.

Results

To examine how trauma, gambling and gender relate to alexithymia, a between groups analysis of variance (ANOVA) was utilized. Post-hoc comparisons were conducted using a Least Significant Difference (LSD).

![Summary of Factorial ANOVA Analyses](Image)

There was a significant three-way interaction among trauma, gambling and gender as they relate to alexithymia (F(1,203) = 5.101, p = .026, ηp² = .02). Follow-up analyses (LSD = .026) revealed that for males with high gambling, those with high trauma had higher alexithymia levels than those with low trauma. For males with low gambling, there was no significant difference in alexithymia levels between trauma. For males with high trauma and males with low trauma, there was no significant difference in alexithymia levels between levels of gambling. For females with high gambling and females with low gambling, alexithymia was statistically equivalent regardless of trauma. Among males and females with high trauma and low trauma, there was no significant difference in alexithymia levels between levels of gambling.

Among participants with high trauma, males with high gambling had higher alexithymia levels than females with high gambling. Participants with high trauma and low gambling had statistically equivalent levels of alexithymia regardless of gender. Among participants with low trauma, those with low gambling and those with high gambling had statistically equivalent levels of alexithymia between genders.

There was no significant two-way interaction between trauma and gambling as they relate to alexithymia (F(1,203) = .10), (ηp² = .007, ηp² = .026, ηp² = .16). However, this is potentially misleading, as there does seem to be an interaction between trauma and gambling for males. Among males with high gambling, participants with high trauma had higher alexithymia levels than males with low trauma. For males with low gambling, alexithymia levels were statistically equivalent regardless of trauma.

There was no significant two-way interaction between trauma and gender as they relate to alexithymia (F(1,203) = .232, (ηp² = .017, (ηp² = .042, ηp² = .19). However, this is potentially misleading, as there does seem to be an interaction between trauma and gambling for males. Among males with high gambling, participants with high trauma had higher alexithymia levels than females with high trauma. For participants with high gambling and low trauma, males and females had statistically equivalent levels of alexithymia.

There was no significant two-way interaction between gambling and gender as they relate to alexithymia (F(1,203) = .016, (ηp² = .006, (ηp² = .042, ηp² = .07). However, this is potentially misleading, as there does seem to be an interaction between gambling and gender for those with high trauma. Among participants with high trauma, males with high gambling had higher alexithymia levels than females with high gambling. For participants with high trauma and low gambling, males and females had statistically equivalent levels of alexithymia.

Discussion

The purpose of the present study was to examine how trauma, gambling, and gender relate to college student’s level of alexithymia. The results show males with high gambling scores have higher levels of alexithymia if they have a history of trauma. For females, alexithymia was the same, regardless of trauma. This suggests among males who gamble often, trauma is a good predictor of alexithymia.

Additionally, the data shows that among college students with high trauma who gamble often, male displays panicualar levels of alexithymia. For college students with low trauma, alexithymia was the same, regardless of gender. Also for the current study findings support that gender differences exist among college students who have experienced trauma and who gamble often, as it relates to alexithymia.

Overall, the study adds to existent literature that reports alexithymia is linked with gambling among college-aged students. Further study should examine factors that mediate the relationship between alexithymia and gambling, and that mediate the relationship between trauma and gambling.

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