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Gambling Interacts with Trauma to Predict Alexithymia Scores among College Students
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Introduction
Gambling is fairly common among college-age students, with estimates ranging from 15% (Karhat, 2005) to 42% (Gallhofer, Stuhlm, & Neubauer, 2008). Furthermore, gambling among college students is associated with a variety of negative consequences, particularly for men (Griffiths, Hunt, & Steadman, 2004). Despite this, little is known about psychological factors linking gambling among college-age students.

The relationship between pathological gambling and psychological variables, such as alexithymia, has been examined. Findings indicate that psychological variables like alexithymia might be a noteworthy risk factor to problem gambling (Patrick, Stout, & McConkey, 2005).

Alexithymia is characterized by difficulty identifying and describing feelings, externally oriented thinking, and limited imagination capacity. Alexithymia has been linked with behavioral problems such as pathological gambling (Patrick et al., 2005). Trauma (Frensen, Post, Dozois, & Lanius, 2006) and the extent and maintenance of severe psychological disorders (Lumley, Noyes, & Bogart, 2007). Despite this, little is known about alexithymia scores among gamblers.

The relationship between trauma and alexithymia is well pronounced. For instance, among individuals with posttraumatic stress disorder (PTSD), a subscale identified as alexithymia (Frewen et al., 2006). Furthermore, a history of trauma may also affect the severity of alexithymia (Frensen, Post, Dozois, & Lanius, 2006). Lastly, gender differences between trauma and alexithymia have been observed, including among male combat veterans (Frewen, et al., 2006).

Recently, a study conducted among college students found that gambling is fairly common among college-age students, with estimates ranging from 15% (Kerber, 2005) to 42% (Gallhofer, Stuhlm, & Neubauer, 2008). Furthermore, gambling among college students is associated with a variety of negative consequences, particularly for men (Griffiths, Hunt, & Steadman, 2004). Despite this, little is known about psychological factors linking gambling among college-age students.

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Method
Participants
N = 144 (female = 48%), Age: M = 20.74 (SD = 2.13), Range: 18–27 (99%), E = 22
Ethnicity: Caucasian = 138 (96.6%), African American = 4 (3.1%), Hispanic = 4 (2.57), Asian American = 5 (3.75)

Measures
Early Trauma Inventory Self Report - Short Form (ETISRF; Bromer, Varmaans, & Mains, 2006), a 28-item questionnaire that examines traumatic events in general, physical punishment, emotional abuse, and sexual events before the age of 18. A median-split was conducted on the trauma total score to differentiate groups; a procedure consistent with other studies (Patrick & Breslau, 2001). Participants with scores ≥ 6 were classified as Low Trauma, while those with scores < 6 were classified as High Trauma.

Trauma-Alexithymia scale - 10 (TAS-10; Bagby, Taylor, & Parker, 1994), a 20-item questionnaire rated on a 5-point Likert scale ranging from “strongly disagree” to “strongly agree.” Clinical cutoff for alexithymia is ≥ 64.

Gambling habits questionnaire, a 20-item questionnaire that examines gambling habits and general gambling behavior. This instrument contained 20 questions and a median-split was conducted on the gambling total score to identify levels of gambling. Participants were classified as Low Gambling if they scored < 12, scored as High gambling. While these scales were classified as Low in gambling.

Procedures
The current study recruited college students interested in participating in research to earn extra credit in various undergraduate psychology classes. Participants were paid in groups of 0-30. After receiving informed consent from each participant, research assistants distributed a battery of questionnaires examining traits such as risky behaviors, family characteristics and affect. Participants completed one survey each. Each session took approximately 90 minutes.

Results
Table 1. Summary of Factorial ANOVA Analyses (N = 211, df = 203, Mse = 139.25)

<table>
<thead>
<tr>
<th>Factor</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexithymia</td>
<td>55.110</td>
<td>.020</td>
</tr>
<tr>
<td>Trauma</td>
<td>1.101</td>
<td>.751</td>
</tr>
<tr>
<td>Gambling</td>
<td>2.232</td>
<td>.137</td>
</tr>
<tr>
<td>Gender</td>
<td>.004</td>
<td>.951</td>
</tr>
<tr>
<td>Trauma*Gambling</td>
<td>2.155</td>
<td>.144</td>
</tr>
<tr>
<td>Trauma*Gender</td>
<td>.500</td>
<td>.995</td>
</tr>
<tr>
<td>Gender</td>
<td>761.1</td>
<td>.384</td>
</tr>
</tbody>
</table>

Discussion
The purpose of the present study was to examine how trauma, gambling and gender relate to college students’ level of alexithymia. The results show that alpha levels have higher levels of alexithymia if they have a history of trauma. For females, alexithymia was the same, regardless of gender. Among participants with low trauma, those with low gambling and those with high gambling had higher alexithymia levels than males with low trauma. For males with low 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 groups. 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 among trauma and low trauma groups. 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.

There was no significant two-way interaction between trauma and gambling as they relate to alexithymia (F[1,165] = 10.5, Mse = 139.25, p = .137). 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.

Among participants with high trauma and high gambling, it appears that there is an interaction between gambling and gender as they relate to alexithymia. Among participants with high trauma, males had higher alexithymia levels than females. Among participants with low 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.

Additionally, the data shows that among college students with high trauma who gamble often, males display punctuated changes in alexithymia levels. For college students with low trauma, alexithymia was the same, regardless of gender. After this, it is important to note that the current study included only college students who have experienced trauma and who gamble often, as it is a limitation.

Despite these findings, several limitations of the study should be noted. First, although there are adequate sample sizes for the study, some cases for some of the conditions might cause concern related to statistical power. Second, the small sample size might affect the generalizability of the findings. Third, the current study is a preliminary investigation of gambling behaviors and does not address the longitudinal nature of the gambling.

Overall, this study adds to the literature that reports alexithymia is linked with gambling among college-aged students (Patrick, et al., 2005). We found that variables associated with alexithymia, such as trauma, has an effect on the relationship between alexithymia and gambling, and that the relationship is different between genders. Future studies should further examine the role of trauma and individual differences that may predispose college students to risky behaviors such as gambling.

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