Pathways of migration from gaming to gambling

Nisha John, Manoj Kumar Sharma¹, Nitin Anand, Sailaxmi Gandhi², Pranjali Chakraborty Thakur¹, Maya Sahu², Ishita Mondal, Priya Singh¹, N. Suma, Ashwini Tadpatrikar¹, Shikha Ahuja³, S. J. Ajith¹, Keshava D. Murthy⁴, Hemant Kumar Gupta⁵

Department of Clinical Psychology, ¹Department of Clinical Psychology, Service for Healthy Use of Technology Clinic, ²Departments of Nursing and ³Psychiatric Social Work, ⁴Centre for Addiction Medicine, ⁵CCRAS, National Institute of Mental Health and Neurosciences, Bengaluru, Karnataka, India

Address for correspondence:
Dr. Manoj Kumar Sharma,
Department of Clinical Psychology, SHUT Clinic(Service for Healthy Use of Technology Clinic, National Institute of Mental Health and Neurosciences, Bengaluru, Karnataka, India.
E-mail: shutclinic@gmail.com

Received: 02 April 2020
Revised: 19 May 2020
Accepted: 12 August 2020
Published: 07 November 2020

ABSTRACT

Gaming and gambling have been studied in terms of similarity of its manifestations. There is a dearth of empirical-based evidence for the exploration of pathways to understand the shift from gaming to gambling. A 23-year-old male from a nuclear family was assessed using clinical interview for the pathways for shifting from gaming to gambling. The pathways were personality predispositions, maladaptive coping, interpersonal distress, peer pressure, variable reward anticipation, addiction characteristics in the form of craving, loss of control and use despite having consequences. These findings suggest that there is a need to create awareness among young adults about these potential causes related to transition from gaming to gambling.

Keywords: Gambling, gaming, pathways

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: WKHLRPMedknow_reprints@wolterskluwer.com

How to cite this article: John N, Sharma MK, Anand N, Gandhi S, Thakur PC, Sahu M, et al. Pathways of migration from gaming to gambling. Ind Psychiatry J 2020;29:159-61.
Gambling was introduced to the world during the Paleolithic period with the first casinos or gambling houses seen during the 17th century. The key features of gambling comprise risks being involved, wagering an amount, and the chance of obtaining a prize. From the 1960s onward, more people have started playing gaming, with the incidence rate only increasing with each passing year. The Diagnostic Statistical Manual-5 has recently included internet gaming disorder as a diagnosis for further study.

Both gambling and gaming industries are ever changing, in conjunction with the evolution of technology. The structural boundaries between gaming and gambling may have become vague with the advancements in technology. The types and content of games played have evolved from single concept to social networking games. Gambling has also witnessed a change in its presentation, making it easier to access it through the internet, irrespective of time and location. Even some of the onsite gambling has progressed to social casino games, often linked with player loyalty programs. On the surface, both gaming and gambling seem to share common effects due to its usage. Both these behavioral experiences arise from using behavioral principles of variable reinforcement. This study revealed that 78.5% of video gamers reported gambling and 70.7% of gamblers reported playing video games in the previous year. A few studies have been published, looking at the fundamental similarities between the two behaviors. A parallel is found between the neurobiology of gaming disorder and gambling disorder, with decreased sensitivity of context; enhanced reactivity to gaming and gambling cues; enhanced impulsive choice behaviors; unusual reward-based learning; and minimal changes in cognitive flexibility. There is limited research currently focusing on the transition paths from gaming to gambling. The present case came to a specialty tertiary care clinic for the management of issues related to gaming and gambling.

**CASE REPORT**

A 23-year-old male patient pursuing postgraduation, who was a single child from a nuclear family, had a history of playing online poker for the past 2 years. The clinical interview revealed the presence of lying, stealing money, staying away from home frequently, unstructured daily routine, and increase in the frequency of irritability and anger for the last 12 months. He earned a substantial amount of money through playing poker. Before the initiation of playing online poker, he spent significant amount of time in playing multiplayer, online battle arena games. He started playing online games from the age of 14 years. Initially, he used to play online games for 2–3 h every day. The reasons cited were free time, peer pressure, novelty, and the thrill associated with playing online games. When he was 16 years old, his frequency of playing online games increased following a relationship break-up. Within a few weeks, the duration of playing of online games increased to 8–10 h a day. He experienced continuous desire for playing online games (craving), difficulty in minimizing the time spent on it (loss of control), and strong urges to engage in online gaming (compulsivity), and he wanted to persist with these despite having interpersonal conflicts with parents, decreased interaction with his family members, losing interest in academics, and refusing to attend school (consequences). He also acknowledged increased craving to play whenever he had leisure time. Playing online games started to help him overcome his low mood and interpersonal conflicts with parents (maladaptive coping). In addition, his online gaming helped him win substantial rewards as well. These experiences contributed to an increased preference for gaming. As a result, he failed in his grade 12th examination.

Subsequent to his failure in the 12th examination, his family members began to restrict his duration of playing online games. This contributed to interpersonal distress. All this further aggravated his experience of low mood, with the absence of adequate access to online gaming.

In this atmosphere of emotional distress and restrictions in gaming, he developed interest in playing online poker. The initiation of this new online activity helped him by decreasing his feelings of sadness, and he experienced the excitement of winning real money. His friends introduced him to online poker. This led to complete cessation of online gaming activity. He downloaded brochures for poker classes and started to learn how to play online poker. In addition, he spent nearly 6–8 h watching poker serials, poker videos, and read blogs to learn how to play poker. He believed that poker was not gambling but a game of cognitive skill and those who did not possess the skill perceived it to be gambling. The clinical assessment revealed his preoccupation with playing online poker. He reported constant desire for playing poker (craving), found it difficult to end online poker sessions (loss of control), and wanted to continue playing even though he acknowledged the social occupational dysfunctions associated with it. He even planned a career as a professional poker player. He was in a precontemplation stage of change, at the time of first contact with the mental health professional. Psychoeducational session was initiated for motivation enhancement. In addition to individual work, family work was initiated in a graded manner to minimize interpersonal conflicts, as well as to improve the quality of life. It helped him to reduce his engagement in gambling as well as in gaming behavior.
DISCUSSION

The case report documents the role of personality, maladaptive coping, interpersonal distress, peer pressure, variable reward anticipation, addiction characteristics in the form of craving, loss of control and use despite having consequences; craving enhancement via social casino games in initiation and mediating the transition from online gaming to online gambling. He was in the precontemplation stage of motivation to change his gambling behavior at the time of treatment contact.

Moving toward more specific pathways proposed for gaming and gambling, a two-pathway model was proposed to understand the relationship between gaming and gambling among adolescents who were exposed to social casino games. This two-pathway model identified both protective (e.g., boredom, awareness of risks) and risk factors (e.g., peer pressure, variable rewards, novelty seeking, risk-taking behaviors) which worked to either increase or decrease indulgence in gambling behaviors.

Research studies showed that individuals who played more social casino games (online games where you do not either bet or win or lose real money) and won occasionally, usually developed a craving and urge for betting real money in the anticipation of winning. Social casino games as part of online gaming can be considered another pathway in migrating to online gambling. Research suggests that social casino games directly increase the risk of future gambling behavior.

Research evidence suggests that there is a positive association between online gaming and affective states of depression, anxiety, and stress. Studies also indicated that individuals have a need to decrease strong emotional states (negative or positive) in problem gambling, wherein negative emotional state increased the craving to take chances to bet more money, and positive emotional state after winning a bet also has a similar effect on craving for continuing gambling.

In view of these findings, it can be hypothesized that gaming or gambling may start initially via a coping pathway to address symptoms of depression, loneliness, and personality pathway or relationship pathway, or its combination may also contribute toward the initiation. However, with time, it may activate the internet addiction pathway, wherein there is an experience of craving for gaming/gambling, loss of control over gaming/gambling use, strong urges to use despite acknowledgment of the negative consequences, and anticipation of rewards as seen in the present case. It appears that all these pathways played a role in initiation and maintenance, thus leading to the migration from online gaming to online gambling behaviors. These findings suggest that there is a need to create awareness among young adults about online gaming and online gambling as a medium to cope with distressing emotions, stressors, personality traits, and problems caused by relationship difficulties, which have the potential to lead to problematic gaming or gambling or even transition among problematic behavioral addictions.

Declaration of patient consent
The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for clinical information to be reported in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal identity.

Acknowledgment
We acknowledge the support of the Department of Health Research, ICMR, Delhi, India, that awarded the grant to Dr. Manoj Kumar Sharma.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

REFERENCES

1. Schwartz D. Roll the Bones: The History of Gambling. Roll the Bones: The History of Gambling, Casino Edition 1-592. Las Vegas, NV: Winchester Books; 2013.
2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (DSM-5®). American Psychiatric Pub; 2013.
3. King DL, Delfabbro PH. Early exposure to digital simulated gambling: A review and conceptual model. Comput Hum Behav 2016;55:198-206.
4. Griffith MD Amusement machine playing in childhood and adolescence: A comparative analysis of video games and fruit machines 1991:14:53-73.
5. Chóliz M. Ethical gambling: Principles and techniques. Communication Presented at 2nd International Conference on Behavioral Addictions. Budapest; 2015.
6. Gainsbury S, Hing N, Delfabbro PH, King DL. A taxonomy of gambling and casino games via social media and online technologies. Int Gambl Stud 2014;14:196-213.
7. Sanders J, Williams R. The relationship between video gaming, gambling, and problematic levels of video gaming and gambling. J Gambi Stud 2019;35:559-69.
8. Fauth-Bühler M, Mann K. Neurobiological correlates of internet gaming disorder: Similarities to pathological gambling. Addict Behav 2017;64:349-56.
9. World Health Organization. Print Versions for the ICD-11 Beta Draft (Mortality and Morbidity Statistics). Geneva, Switzerland: World Health Organization; 2016.
10. Gainsbury SM, Russell AM, King DL, Delfabbro P, Hing N. Migration from social casino games to gambling: Motivations and characteristics of gamers who gamble. Comput Hum Behav 2016;63:59-67.
11. Archana R, Sharma MK, Kumar KJ, Marimuthu P. Internet gaming disorder and psychiatric symptoms in Bengaluru, India: Treatment implication for promotion of user mental health. Indian J Soc Psychiatr 2019;35:135-6.
12. Kim HS, Poole JC, Hodgins DC, Mcgrath DS, Dobson KS. Betting to deal: Coping motives mediate the relationship between urgency and problem gambling severity. Addict Res Theor 2018;27:95-103.