DSM-IV and the South Oaks Gambling Screen: Diagnosing and Assessing Pathological Gambling in Turkey

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The main purpose of this study was to investigate the effectiveness of the DSM-IV diagnostic criteria and the South Oaks Gambling Screen (SOGS) in identifying Turkish pathological gamblers. Fifty-nine subjects participated in the study. The subjects were diagnosed as either pathological gamblers or not (comparison group) through the use of the DSM-IV criteria and were given the Turkish version of the SOGS. Four of the ten DSM-IV criteria were found to be problematic in the diagnosis of Turkish pathological gamblers. The data concerning reliability and validity of the Turkish version of the SOGS suggested that the SOGS can be used as a reliable and valid instrument in identifying Turkish pathological gamblers. Most (16 out of 20) of the items of the SOGS appear to work well in discriminating pathological gamblers from the subjects in the comparison group. In the case of the two DSM-IV criteria and the four SOGS items that failed to discriminate, cultural factors seemed to be responsible for the failure.

INTRODUCTION

Although the personal and social damage caused by gambling has been known for centuries, pathological gambling has been officially recognised as a diagnosable mental disorder only since 1980. The
third edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-III) viewed pathological gambling as an “impulse control problem”, characterised by an irresistible impulse to gamble which leads to disruption and impairment of personal, social and occupational roles and activities (American Psychiatric Association, 1980).

The scientific recognition of pathological gambling as a separate illness has started a series of studies attempting to understand the nature of the phenomenon. One important line of development regarding conceptualisation of pathological gambling has been an increasing awareness of similarities between addictive disorders and pathological gambling. Although pathological gambling has been listed under impulse-control disorders in the recently published DSM-IV (American Psychiatric Association, 1994), there is a growing tendency to view the phenomenon as an “addiction” rather than an impulse-control problem (Lesieur, 1988; Rosenthal & Lesieur, 1995).

The recognition of pathological gambling as a mental disorder and the subsequent efforts to understand its nature is no doubt closely related to the fact that gambling is emerging as a major mental health problem (Volberg, 1994). Legalisation policies and increasing social acceptance of gambling have led to an increase both in the number of people who gamble and in expenditure on gambling (Ladouceur & Mayrand, 1987; Walker, 1992).

Situated between Asia and Europe, Turkey, for the last 75 years, has been trying to establish a modern, secular, westernised state on the ruins of the Ottoman Empire that had its roots in eastern traditions and teachings of Islam. Although gambling is strictly forbidden by Islam and prohibited in public places by the Turkish legislation, during the last decade Turkey has witnessed a dramatic increase both in legalisation policies and in popularity of gambling activities.

Traditionally, illegal gambling in Turkey has been housed in “kahvehane’s” and “kulüp’s. Kahvehanes, which literally means “coffee house”, are places where Turkish men spend their leisure time drinking tea or coffee and playing various games such as cards, backgammon and dominoes. Although gambling in kahvehanes has always been a very common activity, the amounts gambled are typically low. This is mainly because the kahvehanes are mostly used by people coming from low socio-economic status. Kulüps, on the other hand, are places that provide gambling facilities to people from relatively higher socio-economic backgrounds, usually under a disguise of a social society or an association that requires membership. The amounts gambled