

GAMBLING PROBLEMS IN A MULTICULTURAL SOCIETY

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ABSTRACT

This paper discusses the implications of cultural factors in the management of problem gambling among ethnic populations. While data on problem gambling in Non-English-Speaking populations is limited, there are indications that prevalence rates may be higher in some ethnic populations raising questions of prevention and treatment. To provide effective services for ethnic clients with problem gambling, deeper issues relevant to these populations need to be examined. Cultural issues connected with increased vulnerability include greater stress levels due to processes involved in acculturation as well as cultural cognitions and traditions connected with gambling behaviour. Barriers to treatment for specific population are less due to language deficits than culturally prescribed interactional styles, coping methods, help-seeking behaviour and idioms connected with mental illness. Concepts of stigma interact with other cultural components to form strong barrier inhibiting access to existing support. Culture also influences the client-therapist relationship. Differences in expectations and measures for satisfaction need to be examined and accommodated in treatment. These issues are described in detail.

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Introduction

Australia is a diverse multicultural society with 23% of the population born overseas (Australian Bureau of Statistics 1996). Little is known about nature and extent of gambling among specific ethnic subpopulations within Australia but there is anecdotal evidence of disproportionate activity among some communities (Blaszczynski, Walker, Sagris and Dickerson, 1999). In addition to predisposing factors affecting mainstream community members, members from ethnic backgrounds may be at further risk because of specific variables associated with their ethnic status. It is known that processes of resettlement expose ethnic populations to increased risk of developing mental health problems (Minas, Lambert, Kostov and Boranga 1996; Sundquist 1993) and consequently, perhaps also for problem gambling. However, mental health participation rates are significantly lower for ethnic populations (McDonald and Steel 1997; NSW Health Department 1998) as is their utilisation of problem gambling treatment services.

While there is only limited information on the impact of culture on problem gambling, there is information on the role of ethnicity in mental health. Since problem gambling is a mental health problem, cultural issues identified in mental health are also relevant to problem gambling.

Cultural factors exert a major impact on the perception of mental health and help-seeking behaviours within ethnic communities (Luk and Bond 1992; Shiang, Kjellander and Bogumill 1998). Therapists need to be aware of the implications surrounding such issues on the provision of mental health services but the simple provision of the cultural backgrounds of ethnic clients is of limited benefit and may even lead to negative consequences. When limited knowledge of specific cultures are overgeneralised, cultural myths and stereotypes that abound in the general population may be further reinforced (Sue and Zane 1987).

In order to better understand the needs of ethnic problem gambling clients it is necessary to have a better knowledge of the impact of ethnicity and culture. Therapists who are consulted by clients from other cultures need to consider how cultural differences might lead to difficulties in communication. Therapists can assist clients better by being aware of the wide variety of difficulties experienced, asking questions that are pertinent to these difficulties, listening attentively to the clients' stories and assisting the clients in a manner that is congruent to their culture (Gerber 1994; Sue and Zane 1987).

The objective of this paper is to provide some general background information on difficulties experienced by ethnic clients due to cultural differences and to provide general guidelines for counsellors dealing with gambling issues within ethnic communities. The impact of culture on four areas are discussed:

- a) Acculturation and stress;
- b) Attitudes to mental health;
- c) Perception of help available;
- d) Implications for therapists.

References are made to Asian cultures to illustrate the disparities in understanding created by different cultural backgrounds and to illustrate the impact of culture on mental health attitudes and help-seeking behaviour.

Is the incidence of problem gambling greater in the ethnic population?

Data on gambling relating to specific ethnic groups is not readily available. Prevalence studies in Australia and overseas provide general population statistics rather than specific ethnic subgroups comprising that population. Data available in Australia reveals that in Victoria 23.1% of problem gambling clients receiving counselling were born overseas (Jackson, Thomas, Thomason, Crisp, Smith, Ho and Borrell 1997). This figure is identical to the percentage of people born overseas in the general population, 23.3% (Australian Bureau of Statistics 1996). At first glance this could be interpreted to mean that service providers in Victoria reach a representative proportion of the ethnic population. Such a conclusion appears consistent with the finding by the Productivity Commission (1999) that being born overseas does not appear to influence the risk of developing a problem gambling disorder. However, this information needs

to be examined in a wider context. There is evidence that ethnic groups and other minority groups are underrepresented in treatment for mental health problems (Volberg 1994; McDonald and Steel 1997). Furthermore, while there is only limited information available on problem gambling in specific ethnic populations, there are indications that minority populations, especially those from Non-English-Speaking Background, might be more severely affected by problem gambling

The prevalence of problem gambling in the Australian population is reported to be in the vicinity of 1.7% (Productivity Commission 1999). However, Blaszczynski, Huynh, Dumlao and Farrell (1999) found a higher rate of 2.9%, for the Australian Chinese community and 4.9% for Asian males. Studies on other minority groups and indigenous populations suggest there are much higher problem gambling rates in these populations (The Wager 1997; Volberg 1994).

What makes ethnic clients different and why is culture so significant?

At times ethnicity has been equated with skin colour or nationality but such a classification is far too narrow. Ethnicity is taken to include the specific racial, social and linguistic group with which an individual identifies but the demarcating boundaries of any ethnic group are usually poorly defined beyond the broad sharing of a common ancestry, culture, traditions and beliefs (Senior and Bhopal 1994).

A shared culture is passed on through the family and the community and provides the context for self image, behaviour and interpersonal interactions (Owen 1996). The culture of an ethnic group comprises visible qualities such as artefacts, roles, activity contexts and institutions and internal qualities that are not as easily identified. Cultural factors are important because they exert an immense influence on internal qualities of individuals including values, attitudes, ideas, beliefs, styles of thinking and concepts and guidelines on how to behave and interact with others.

Language is a major medium for expressing views, attitudes and beliefs that underpin action and behaviour. It also mirrors culturally relevant approaches to thinking and interactional styles. For example, Japan is a group-oriented society with limited regard to individual needs and achievement. This is reflected in the Japanese language with the word "I" seldom used with the emphasis placed on the action performed. The person acting is merely implied as in "going to the city" rather than "I am going to the city".

Language deficits are barriers to communication but a more pervasive barrier is created by the internal qualities of culture held by clients. The beliefs, values, attitudes, meanings and cognitive styles provide a context for actions and interactions with others (Owen 1996). Thus when people attempt to assimilate into another culture they are required to adjust values, attitudes and belief systems that formed the context of their life to that point and which were and still are fundamental to their sense of who they are.

Ethnic clients, acculturation and stress

Resettlement in a new culture requires individuals to make multiple adaptations. This process of change is termed "acculturation" and has been identified as a major source

of stress (Berry 1991). Because of the relationship between stress and gambling counsellors need to be aware of the stressors impacting on ethnic clients.

In addition to the need to cope with communication difficulties due to a lack of language skills, new settlers are forced to accommodate change in a diverse number of areas:

- a) Separation from family and friends.
- b) Employment possibilities and opportunities of earning an income are often diminished leading to a drop in socio-economic status.
- c) Religious practices might need to be modified.
- d) The new support network is strange and many rules and regulations are not known.
- e) A new set of social rules and patterns of interacting need to be learnt.
- f) Educational requirements and opportunities are changed.
- g) Relationships become altered.
- h) Building styles and housing are different.

The level of accommodation required by individuals lead to an accumulation of stress and is recognised as leading to an increased risk of developing a mental illness (Sundquist 1993). To what extent the impact of these changes diminishes over time depends on the individual, the amount of difference between the two cultures and assistance provided.

Furthermore, all groups or individuals (Berry 1991) do not experience acculturation related-stress to the same degree. Minority groups and groups where the culture is very distinct from the dominant culture are required to make greater adjustments with the degree of stress experienced also influenced by the degree of voluntariness and autonomy. When the choice to migrate is made voluntarily, stress levels are lower. There is time to prepare for the necessary changes and there is usually the option to return home if life in the new country proves intolerable.

Refugees usually experience high levels of stress in the acculturation process (Berry 1991). They usually did not wish to leave their own country and had no time to prepare for the changes often losing autonomy by becoming dependent on assistance and having little influence on events that shape their lives. Places where they are allowed to settle are often chosen for them and in the process of resettlement they may lose contact with family and friends. Traumatic experiences prior to arriving in the country of settlement can intensify stress reactions.

Stress reactions during the process of acculturation can lead to confusion, anxiety, depression and feelings of marginality and alienation (Williams and Berry 1991). These factors have also been identified as contributing to the development of problem gambling.

Does the present system serve ethnic clients well enough?

There is concern that ethnic populations do not obtain enough assistance with mental health problems (Minas, Silove and Kunst 1993; NSW Department of Health 1998). The number of clients from a specific ethnic group presenting for gambling counselling cannot be taken as representative of the problem for that community. Numbers seeking assistance will be artificially low if potential clients do not understand the type of

gambling counselling services or feel the service does not offer culturally appropriate support for their problem (Jackson, Thomason, Ryan and Smith 1997). McDonald and Steel (1997) found that ethnic populations knew less about counselling than the main stream population and were more reluctant to seek counselling services.

A variety of barriers may contribute to lower rates of utilisation of mental health services (Shiang, Kjellander and Bogumill 1998; Tsui and Schultz 1985), for example, language difficulties, lack of cultural sensitivity by service providers, inappropriate treatment (including lack of opportunity for family involvement), lack of information or even misinformation, unfamiliarity with Western mental health services and a greater degree of stigma and shame associated with mental illness.

Poor language skills can contribute to a lack of knowledge about services available. Moreover, persistent and greater degrees of stigma and shame associated with mental illness in many ethnic communities can contribute to lack of information or to misinformation in the ethnic community about mental illness and about treatments and services available. For example, in Asian communities, stigma attached to mental illness is a barrier for help for those in need (Lin 1982; Tsui and Schultz 1985). In these communities the family has the responsibility to care for the well being of its members (Grieger and Ponterotto 1995). Individuals are obligated not to bring disrepute or shame into the family through their actions. An admission of mental illness would bring shame and disrepute tarnishing not only the individual but also to the name of the family. There is therefore pressure on individuals and the family to hide the presence of problem gambling. An admission of problem gambling would risk shame, loss of face and tarnish the reputation of the individual and the family (Tsui and Schultz 1985). Furthermore, when a family member needs to seek assistance from an outside source it might be interpreted that the family unit is not coping aggravating the situation in regards to shame and the family. Problem gamblers are therefore caught in a dilemma: Should they seek assistance and risk possible stigmatisation of the family name or should they persist with traditional ways of coping which have not helped so far?

Why might gambling be especially attractive to members of the ethnic community?

Clubs and pubs represent major social venues offering safe controlled environments for patrons. Ocean and Smith (1993) proposed a theoretical model where the comfortable and safe environment and associated social rewards offered by gambling institutions represent some of the major factors motivating and attracting patrons to venues. Added to this is the effect produced by psychological pressures, financial pressures and emotional distress where gambling is used to avoid or reduce noxious physiological states or dysphoric mood (Blaszczynski, Wilson and McConaghy 1986).

A link between isolation and gambling has also been suggested. Trevorrow and Moore (1998) propose that for the sample of women examined, problem gambling was associated with alienation and anomie with not so much loneliness, social inadequacy and lack of companionship as predominant but rather feeling alienated, alone despite company and not really being understood by other people.

These two studies are significant for our understanding of the attraction of ethnic populations to gambling. When stress levels are elevated due to factors associated with acculturation, gambling may be used as an escape by individuals experiencing dysphoric mood created, problems communicating and/or feeling alienated from the main stream population. The safe, friendly environment offered by clubs is especially attractive to stressed and disaffected members of particular subgroups within the population. In these environments they can feel accepted because they are part of a crowd but at the same time there is no need to use language or communicate with others.

What sort of assistance do ethnic clients seek?

Many Non-English speaking communities place great emphasis on family responsibility for providing care for individuals members (Grieger and Ponterotto 1995). In the Asian community traditional patterns of coping require individuals to come to terms with difficulties by themselves. When this is not possible they are expected to rely heavily on family support. The disclosure of personal details to an outsider is considered a taboo. This is especially so in regard to mental health problems because of the fear of stigmatisation. Problem gamblers would be expected to avoid gambling and use inner control (Luk and Bond 1992). The family discourages the involvement of an outsider with personal problems (Lin 1982; Tsui and Schultz 1985) and the family member's sense of responsibility for each other encourages them to repeatedly bail out the problem gambler. As a consequence Asian clients seek assistance only when problems have produced a crisis.

While individuals are discouraged to acknowledge mental health problems, they are encouraged to express mental distress through somatic symptoms (Lin, 1982; Shiang, Kjellander and Bogumill 1998). This allows the family members to carry out their care taking roles. Patients will present to doctors and traditional healers with physical ailments that are related to mental problems and distress. Thus patients with problem gambling will present to doctors for stress related symptoms but will not disclose information on their problem gambling unless asked directly.

Besides assistance from doctors and healers, help is traditionally sought from the extended family, close friends, and sometimes from community leaders who are held in high regard. Help requested usually involves the desire for factual information, specific advice and practical assistance. Disclosure of personal information is avoided in this form of encounter.

Implications for therapists

Ethnic problem gambling clients are apprehensive in their first session with a counsellor given their limited concept and understanding of their requirements demanded in counselling. The stigma attached to mental illness and problem gambling and especially the connection between mental illness and counselling acts to heighten the client's apprehension.

When clients are apprehensive and stressed they might have more problems comprehending and remembering therapeutic instructions and advice. It is best to use

plain English and short sentences and proceed at a slower pace to allow extra time for comprehension.

Therapists need to take extra time to address clients' specific needs. Since ethnic clients generally do not know about counselling, therapists are obligated to provide adequate levels of education in informing and clarifying roles and expectations in order to build trust within the relationship and in an unfamiliar process. Providing information about counselling will be reassuring for clients. What will happen in the counselling sessions? What is expected of the client? What can the client expect from the therapist? How long will it take? What can be expected from therapy?

Therapists who provide this information validate their client's needs. They also demonstrate themselves to be experts willing and able to lead the process and provide direction. In some cultures, especially Asian ones, it can be discourteous to ask directly for information from experts. Experts are expected to know what information needs to be provided and to give all necessary information without being asked. If the information is not given the client leaves unsatisfied and does not return.

Clients are likely to expect a more directive approach and expect expert intervention to give fast results. Involving other services such as financial counsellors to address the immediate financial crisis and clarifying the time the process will take is therefore very important.

Gambling counselling services need to alert health professionals in their local areas to the fact that problem gambling can produce somatic symptoms, especially in some ethnic populations, and that problem gambling needs to be probed just as drug and alcohol is probed.

Conclusion

In order to achieve better outcomes for ethnic clients, therapists must accommodate cultural differences and specific cultural needs of ethnic clients. The cultural background of ethnic clients provides them with a context for actions and interactions with others. This context will have embedded in it culturally based beliefs, values, attitudes and role requirements. Awareness of the influence of culture will allow therapists to gain more relevant information from ethnic clients by asking more appropriate questions and allow for more culturally appropriate interventions.

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