

**YEDITEPE UNIVERSITY**  
**GRADUATE SCHOOL OF SOCIAL SCIENCES**



**INVESTIGATING SENSE OF GUILT IN INDIVIDUALS  
WITH GAMBLING BEHAVIORS**

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**Istanbul - 2024**

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WITH GAMBLING BEHAVIORS

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## ABSTRACT

### INVESTIGATING SENSE OF GUILT IN INDIVIDUALS WITH GAMBLING BEHAVIORS

Gambling has been banned in our country for many years. Despite these prohibitions, gambling games are quite popular in Turkey, especially in the online domain. Additionally, there are popular state-run games under the guise of chance games, where there is a possibility of winning more money than invested, although usually the money invested is lost. Gambling behavior can be observed in individuals of all ages and genders. Even without a diagnosis, games played with money that induce excitement can be considered gambling behavior. Nevertheless, the number of studies on gambling in our country is quite limited. Despite studies that evaluate gambling symptomatically, there are few conducted from an analytical psychology perspective. Many psychoanalysts argue that childhood conflicts underlie gambling behavior and that it is accompanied by a self-punishing behavior driven by feelings of guilt. Guilt can arise from conflicts with one's internal values or from the perception of not conforming to societal norms, and it is a powerful emotion that can cause discomfort. This feeling can intensify depending on the individual's conflicts. The aim of this study is to closely examine the relationship between the intensity of gambling behavior and the guilt felt by individuals engaged in gambling. The sample of the study consisted of 182 individuals who have deposited money on at least one occasion in gambling or games of chance. Data for the study were obtained using the South Oaks Gambling Screen and the Guilt Inventory. Firstly, correlation analysis was conducted to measure the relationship between the intensity of gambling behavior and feelings of guilt. Subsequently, a T-test analysis was performed to understand whether the feelings of guilt among gambling participants differed according to gender. Additional analyses were also conducted based on demographic information. The analyses did not yield significant results among the data. The findings and limitations of the study were discussed.

*Keywords: Gambling behavior, Guilt, Pathological gambler*

## ÖZET

### KUMAR OYNAMA DAVRANIŞI OLAN BİREYLERDE SUÇLULUK DUYGUSUNUN İNCELENMESİ

Kumar oynamak ve oynatmak ülkemizde çok uzun yıllardır yasak olan eylemlerdir. Bu yasaklara rağmen Türkiye’de kumar oyunları, özellikle internet ortamında, oldukça popülerdir. Bunların dışında şans oyunu adı altında, yatırılandan fazla para kazanma ihtimali olan ama genellikle yatırılan paranın kaybedildiği devlete bağlı popüler oyunlar da vardır. Kumar oynama davranışı her yaştan ve her cinsiyetten bireylerde görülebilir. Tanı almasa da parayla oynanan, heyecan uyandıran oyunlar da kumar oynama davranışı sayılabilmektedir. Yine de kumar oynamayla ilgili araştırmaların sayısı ülkemizde oldukça sınırlıdır. Kumar oynamayı semptomatik değerlendiren çalışmalar bulunmasına rağmen, analitik psikoloji perspektifinden yapılan çalışmalar azdır. Birçok psikanalist kumar oynamanın kökeninde çocukluğa ait çatışmaların bulunduğunu ve sonucunda suçluluk duygusunun eşlik ettiği kendini cezalandırma davranışı bulunduğunu söylemiştir. Suçluluk duygusu, kişinin içsel değerleriyle çatışmasından kaynaklı olabileceği gibi toplum kurallarına uymadığı düşüncesinden de doğabilecek ve rahatsızlık hissettiren güçlü bir duygudur. Bu duygu kişinin çatışmalarına bağlı olarak yoğunlaşabilir. Bu çalışmanın amacı kumar oynama davranışı olan bireylerin oyun oynama şiddetleri ve hissettikleri suçluluk duygusunun birbiriyle ilişkisini yakından incelemektir. Araştırmanın örneklemi 182 kişiden oluşmaktadır. Araştırmanın şartı, bugüne kadar kumar veya şans oyunlarından en az birine para yatırmış olmaktır. South Oaks Kumar Tarama Testi ve Suçluluk Ölçeği kullanılarak araştırmanın verilerine ulaşılmıştır. İlk olarak, kumar oynama şiddeti ve suçluluk duygusu arasındaki ilişkiyi ölçmek amacıyla korelasyon analizi yapılmıştır. Sonrasında kumar oynayan katılımcıların hissettikleri suçluluk duygusunun cinsiyete göre farklılık gösterip göstermediğini anlayabilmek amacıyla T-test analizi yapılmıştır. Hipotezlerin dışında demografik bilgiler üzerinden ek analizler de yapılmıştır. Yapılan analizler sonucunda veriler arasında anlamlı sonuçlara ulaşılamamıştır. Çalışmanın bulguları ve kısıtlılıkları tartışılmıştır.

*Anahtar Kelimeler: Kumar oynama davranışı, Suçluluk hissi, Patolojik kumarbaz*

**To My Lovely Family,**



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**LIST OF ABBREVIATIONS**

$\alpha$	Cronbach Alpha
AGA	American Gaming Association
APA	American Psychological Association
CFA	Confirmatory Factor Analysis
DSM	Diagnostic and Statistical Manual of Mental Disorders
df	Degree of freedom
GA	Gamblers Anonymous
GI	Guilt Inventory
M	Mean
N	Number of participants
<i>P</i>	Probability value
OC	Oedipus Complex
PG	Pathological Gambling
SD	Standard Deviation
SOGS	South Oaks Gambling Screen
SOKTT	South Oaks Kumar Tarama Testi
SPSS	Statistical Package for the Social Sciences
SS	Sum of Squares
SÖ	Suçluluk Ölçeği
TL	Turkish Lira
US	United States
WHO	World Health Organization

## 1. INTRODUCTION

The current study conducted to examine the relationship between the severity of gambling behavior and feelings of guilt. In the first section of the introduction, information about gambling will be discussed, including historical and contemporary perspectives. This will follow by a discussion of pathological gambling and treatment methods. In the third section, analytical perspectives about gambling and defense mechanisms will be presented. Finally, feelings of guilt will be discussed in the last section.

### 1.1. Gambling

#### 1.1.1. Definition of Gambling

Gambling, also known as gaming or betting, involves placing a bet or wager, which may be in the form of money, property, or even time, on the outcome of an event (Rose & Loeb, 1998). According to the Britannica, the world's oldest continuously published encyclopedia, gambling is defined as a wager on the outcome of a contest, game, or event in which a stake or wager is placed on something of value at risk or in the hope of gain, the outcome of which may be accidental, unexpected, or determined by chance or miscalculation on the part of the bettor. Gambling is defined as placing a wager on a game, event, or other form of betting where the outcome is determined by chance or cannot be predicted (Raylu & Oei, 2002). It is commonly accepted as a means of entertainment and relaxation (Blume, 1991), and its popularity continues to grow (Ladouceur & Mayrand, 1987, as cited in Duvarci, 1998).

The legalization of gambling has led to an expansion of the industry, with increased accessibility, availability, and variety of games. Governments and societies have come to accept and support it. (Becona et al., 1995, as cited in Raylu & Oei, 2004). Gambling is a widespread activity in many countries, and in some, it is even considered a national pastime. However, cultural acceptance of gambling varies greatly. As noted by Raylu and Oei (2002), almost every culture has some issues with gambling. In fact, gambling has become a global issue (Lamberton & Oei, 1997), with over 90 countries legalizing it (Lesieur & Rosenthal, 1991). Las Vegas is a well-known city for gambling worldwide. Its government, Nevada, legalized gambling in 1931. In the 1960s, hotel-casino properties were built by large corporations and businessmen, transforming gambling,

which is now called 'gaming', into a legitimate business (Ponce, 2014). The Las Vegas Strip, which boasts the largest concentration of casinos in the United States (US), generates annual revenues of \$7.05 billion according to the American Gaming Association (AGA, 2022).

## 1.2. Gambling Addiction

It is important to recognize that gambling addiction is a serious health problem that can lead to interpersonal, societal, and psychological issues. Gambling can have serious consequences for individuals and society, including family breakdown, job loss, depression, suicide, criminal charges, and imprisonment (Hoffmann, 2011, as cited in Raylu & Oei, 2004). Gambling does not always involve money as the prize. It can be as simple as possessing items. In some cases, the loser may incur debts, such as paying the table bill as a penalty (Babayiğit, 2018). Similarly, in exchange for loss, valuable possessions such as cars, houses, land, gold rings, laptops, cell phones, cigarettes, and food can also be taken (Babayiğit, 2018).

According to the Productivity Commission's 1999 report, the negative impact of problem gambling on physical and mental health as well as on occupational performance are among its widespread social costs. The Productivity Commission's 2010 statement emphasizes that while many people experience varying degrees of gambling-related harm, some people, known as 'problem gamblers', experience more intense harm with greater consequences for themselves, their families and other interested parties.

Experts working on addiction point out that most young people with addiction tendencies and addictions come from families with communication disorders (Ögel, 2010). In families where there is an addicted person, it is common for one parent to take more care of the person, while the other parent takes a distant and punitive approach. A co-dependency is created by this circumstance. The co-dependent pays the individual's debts, finds excuses for the other's behavior, forgives the addictive behavior, and takes responsibility for the addiction at home or in other areas. This postpones healing and therapy (Ögel, 2015).

In their community-based meta-analysis study in the general population, Lorains and Cowlshaw (2011) reported that gambling disorder had the highest comorbidity rate with any substance addiction (57.5%), with nicotine addiction being the highest (60.1%), followed by alcohol addiction (28.1%). They also found that mood disorders accompanied 37.9% of cases,

major depressive disorder 23.1%, bipolar disorder 9.8%, anxiety disorders 37.4%, and antisocial personality disorder 26.8%.

### 1.3. History of Gambling

Gambling is a widespread human activity that has been present in many civilizations and regions throughout history (Custer & Milt, 1985). The behavior of gambling is considered to be learned, with individuals who view it positively passing on this behavior to future generations (Kusyszyn, 1976).

Gambling has various historical and cultural meanings. The practice was common among ancient Greeks, Romans, Persians, Arabs, North Africans, and other Eastern tribes. Iranians had large casinos where they played dice games. Sources report that the Roman Empire used lottery drawings to increase its revenues (EIGI, 1968, p.443). The Roman historian Tacitus reported that gambling was prevalent among the Germans and that they even gambled with their lives. Additionally, Greek philosophers Homer, Herodotus and Xenophon mentioned horse races in their writings (Blaszczynski, 1996). Also, Native Americans would gamble on people becoming slaves and the loser would become a slave (Rosenthal & Lesieur, 1995).

Among the Tiwi in northern Australia, gambling is viewed favorably, considered a "form of work" that "brings money into the family" and most gamblers are women (Goodale, 1987, as cited in Venuleo & Marinaci, 2020). Also, among the Tiwi in Northern Australia (Woodburn, 1982, as cited in Venuleo & Marinaci, 2020) gamblers are called 'generous'. The fact that other cultures use terms such as "sick" or "selfish" for gamblers is indicative of cultural milieus. Ancient Egypt is the first place where the law on gambling was recorded. In ancient Egypt, public gambling was forbidden, and gamblers were punished with slavery in the mines (Lesieur & Rosenthal, 1995). In the industrial age and western societies, the Christian was expected to be frugal and thrifty, and the opposite behavior was seen as irresponsible (Dixon, 1991).

#### 1.3.1. Gambling in Turkish History

The perspective on gambling in Turkey differs significantly from both global and historical views. This is largely due to the fact that the majority of Turkish society believe in Islam, which has a strict stance against gambling. According to 2021 data from Konda Interactive, 92% of Turkish society is made up of Sunni and Alevi Muslims, with the remaining portion consisting of

non-believers or members of other religious beliefs, such as Christians and Jews. The article "Social Perspective on Gambling and Chance Games: Niğde Sample" by Bayındır (2018) discusses the religious perspective of Turkish society on gambling. It notes that while gambling is considered a religious sin in Turkish society, games of chance are seen as innocent because they are supported by the state and appeal to larger segments of society in terms of accessibility. Islam promotes earning money through fair and meritorious means, while prohibiting the purchase of items or money obtained through haram, such as those acquired by victimizing others. Additionally, gambling is considered against Islamic law as it solely depends on luck and does not involve merit or effort. Therefore, making money through gambling, betting, or other chance-based activities is forbidden and accepted as a sin (Bayındır, 2018). In this circumstance, gambling is generally considered a sin not only by Muslims but also by the Christian tradition (Paton, 1913). It is mentioned in sacred books and is forbidden or frowned upon in most religions and cultures (Lesieur & Rosenthal, 1995).

When it comes to other reasons, gambling became widespread in the Ottoman Empire in the second half of the 18th century. Wars and economic conditions negatively affected the income distribution of the people. In addition, Russian prisoners who arrived in Ottoman cities during the Crimean War between 1853-1856 changed the nightlife in the places where they stayed and this situation made the gambling habit visible. During the 2<sup>nd</sup> Constitutional Monarchy period, political turmoil was felt intensely along with economic problems. During this period, the implementation of liberal economic policies resulted in an increase in the influence of non-Muslims and foreign companies, which dominated trade and had a negative impact on Muslim merchants. The number of foreigners increased, and they became wealthier due to their trade. The arrival of British and French officers, along with their families, during the Crimean War brought about changes in the nightlife and social scene of the places they settled. Entertainment venues catering to the Western lifestyle began to open in the Ottoman capital, enlivening the entertainment scene (Yolal, 2018).

The prevalence of gambling habits in certain parts of Istanbul was related with the Western lifestyle. Galata was densely populated by non-Muslims and had a strong Western influence. Additionally, gambling was openly practiced during this period (Tunç, 2017). Another contributing factor to the intensification of gambling was the lack of clear legal regulations and penalties for gambling. The availability of alcohol also contributed to the widespread practice of gambling. According to the Ottoman archives, the police's inability to prevent gambling and

prostitution, their negligence and lack of supervision made gambling a social problem (Şahin, 2020).

### **1.3.2. Gambling Centers in Turkish History**

Cultural coffeehouses, known as kahvehane, have been prevalent in Turkey since the 16th century (Salah, 1983). Originating in Arabia, they later spread to Istanbul, Egypt, and Anatolia (Duvarcı, 1998). Over time, these coffeehouses developed their own customs, traditions, and informal rules. Along with these rules, competitive games such as backgammon, chess, and checkers became an integral part of them (Çağlayan, 2012). Gambling was not only practiced in coffee houses or clubs, but also in public places. One such place was the thermal springs in Yalova, built during the reign of Abdülmecid II. During this period, Yalova was restored, new baths and hotels were opened, and regular ferry services started between Istanbul and Yalova (Tuncel, 2013). Additionally, street gambling and games of chance have become widespread, particularly in areas where schools are located (BOA, 1906).

After coffee houses closed, special games in hidden houses with large sums of money were played for select customers, and alcohol was served. Simple and fast games were preferred when playing with large amounts of money. There were guards called 'erkete' present, and the owner received a commission called 'Mano' while also being responsible for security. Furthermore, if a police raid occurs, the venue owner is obligated to compensate for any damages caused by the players (Duvarcı, 1998). Currently, according to Article 142 of the Turkish Penal Code, any gambling money is confiscated by the police during a casino raid.

### **1.3.3. Women's Perspective of Gambling in Turkish History**

Women are often perceived as hostile towards gambling due to their husbands' excessive gambling habits (Greenon, 1947). In Beyoğlu, where gambling was most prevalent, women were particularly affected by the spread of gambling and wrote letters of complaint to the Ottoman authorities, expressing their victimization as a result of their husbands' addiction. In these letters, the writers described the misery of their families, the scattering of women and children, and the destruction of many homes. They also called for a ban on gambling (Şahin, 2020). Currently, knowledge about gambling is inadequate, just as knowledge about women who gamble is insufficient. Most of the studies on gambling in Turkey do not include women. However, it is not

possible to claim that women do not gamble. In this study, data were collected from women who had gambled at least once in their lifetime. This data is expected to shed light on future studies.

#### 1.4. Gambling in Turkey

Currently, there is insufficient information available regarding the prevalence of gambling in Turkey, including the number of individuals who gamble, the frequency and extent of gambling, and the specific types of gambling games that are played. However, it may be possible to estimate the prevalence of gambling based on data related to the types of gambling and gambling venues (Duvarcı, 1998). There are implications for both general and specific populations regarding gambling. As a result of these outcomes, the prevalence rates between general and special groups are noticeably different. Results show that gambling is common in Turkey as well. According to the research findings of the State Supervisory Board, it was stated that 67% of the participants played gambling games at least once. This reveals that the gambling problem in Turkey is at a significant level (Derin & Bilge, 2017).

### 1.5. Gambling Games

#### 1.5.1. National Lottery

Numerical lottery and scratch-win are popular games of chance that are widely played on the official website of the National Lottery in Turkey (n.d.). The lottery generates significant revenue, particularly towards the end of the year. Since the transfer of the National Lottery to the Wealth Fund in 2017 and its subsequent privatization to the Demirören Group in 2020, the number of jackpot tickets has decreased. According to some news websites, the reason for this is the lack of trust among citizens. Every year, thousands of people from other cities come to Nimet Abla, Turkey's most famous ticket vendor. However, in recent years, even this dealer has struggled to conduct business, resulting in increased working hours to sell tickets (Nazlier, 2022).

#### 1.5.2. Iddia

Iddaa is the primary game of the Spor Toto organization. It involves predicting the results of matches in various sports, including football, basketball, volleyball, handball, tennis, motorsports, athletics, snooker, and boxing. This site stands out from others by providing in-game predictions as well (Kılınç, 2022).

### **1.5.3. Stock Market**

A stock exchange is an organized market where tradable items such as stocks, shares, foreign exchange, and securities are publicly sold or bought. It provides a secure environment for investors' activities by allowing real-time trading and current prices (Gustavo, 2018). According to Seda Yalçinkaya Özer (2023), Head of Research at Integral Yatırım, the primary reason for investor interest in the stock market is to protect against inflation.

In January 2020, the number of domestic equity investors according to the Central Registry Agency's Data Analysis Platform was 1 million 231 thousand. This figure increased by 75% at the beginning of 2021. The pandemic and economic difficulties are among the main reasons for this situation (Özdemir, 2021).

According to Kucoin, the fifth largest cryptocurrency exchange in the world, the use of cryptocurrency in Turkey has increased from 40% to 52% of the population in the last 18 months. This increase is attributed to the depreciation of the Turkish lira. The data is based on a survey of 500 people analyzed in their recent report 'Understanding Crypto Users' in 2023.

### **1.5.4. Some Other Games**

Additionally, in 1953, the Turkish Jockey Club was authorized to organize horse races by Law No. 6132. Today, horse races are held in 4 cities, namely Istanbul, Bursa, Izmir and Adana. Also, cockfighting is common in the Aegean region, and big games are usually played in winter and spring. They work under the name of "Poultry Protection and Development Association".

## **1.6 Online Gambling**

Based on 2022 data, approximately 15% of Turkey's population, which is over 84.5 million, consists of individuals aged between 15 and 24. Furthermore, 85% of this demographic regularly use the internet. This environment provides perfect conditions for game development (Başar, 2022). The high prevalence of internet usage, favorable conditions for game development, and the prohibition of gambling and casinos in Turkey since 1998 may have contributed to the popularity of online gaming. The Turkey Game Market 2021 Report states that approximately 40 million adults in Turkey play mobile games, which accounts for 80% of the adult population. Additionally,

it is reported that nearly 2 million people visit betting sites to follow games in which they have invested money.

The increase in online gaming has been seen as a way to reduce spatial distancing (Abel & McQueen, 2020). During the first pandemic-related closure period, Verizon, a US-based telecommunications provider, reported a 75% increase in online gaming activity (Pantling, 2020). YouTube Gaming and Twitch, two live streaming platforms, also reported a 10% increase in viewership. Team, a game distributor that has been in business for 16 years, has reported its highest number of concurrent active users in history - over 20 million (Stephen, 2020). The World Health Organisation (WHO) has shown support for the gaming industry's online social media campaign, #PlayApartTogether. WHO encourages online gaming and recommends balanced screen time and gaming, including messages on coronavirus prevention guidelines, as well as WHO mental health information (#HealthyAtHome - Mental Health) (WHO, 2020). According to Aktaş and Bostancı (2021), there was a significant increase in students' digital game playing time during the pandemic compared to before. The majority of digital games were played on phones, and there was also an increase in the rate of playing war-strategy games.

According to SEMRUSH, an online platform used for competitive analysis, keyword research, backlink tracking and more in America, the most visited gambling website in Turkey in 2023 is a betting site called livescore.in, receiving 1.97M monthly visits. After the gambling was banned in Turkey in 1998, it led people to turn to online games. Mobile gaming has been thriving in Turkey over the last decade. The gaming industry has received significant investment, with a total of 1.2 billion US dollars invested in 2021. It is projected to grow by ten percent annually until 2026 (Başar, 2022).

### **1.6.1. Prevalence of Online Gaming**

According to a report by Market Watch (Yeşilay, 2021), online gambling has reached an all-time high in the last half of the decade, particularly during times when sporting events are suspended. The Journal of Gambling Studies in Canada has reported an increase in searches for online poker on Google. The same study also indicates a significant increase in online gambling after the global lockdown. Operator data also revealed that player registrations increased when people attempted to play online bets and new applications.

Following the pandemic, there has been a significant surge in online gaming worldwide (Clement, 2024). One key factor contributing to this trend is the limited opportunities for social interaction due to closures. Online games provide a means for people to communicate remotely through cameras and speakers. This aspect was also instrumental in the growth of online gaming during the pandemic. Furthermore, the convenience of obtaining prompt results without any waiting time, the ease of accessing games at any time and from any location, the reduced visibility of losses, and the simplified compensation of losses through the use of credit cards instead of cash, all contribute to the appeal of online gaming (Runnemark et al., 2015).

These factors are considered to be triggers for individuals who are prone to addiction, as they have the potential to lead to gambling addiction in a short period of time without the person being aware of it. The closure of businesses and the rise in unemployment, as well as anxiety and fear of death due to the spread of the disease, have led people to spend their money recklessly (Kılınç, 2022). As a result, people were less hesitant to deposit money on the games they played and spent more money. It has negative impacts of excessive gaming, including harm to mental health, sleep patterns or physical health (King et al., 2020)

"Tell me what you play, and I will tell you who you are." (Roger Caillois, 1958).

Certain games have been popular in Turkey and around the world for many years. For example, card games originated in China during the 12<sup>th</sup> century and were introduced to Europe in 1377 before being brought to America (Blaszynski, 1996). Lotteries were first established in England in 1566 to increase state revenue (Blume, 1996). Slot machines were invented by American Charles Frey in 1895 (Blaszczynski, 1996) and have since become one of the fastest-growing forms of gambling.

The most common games of chance in Turkey are organized by the state. The General Directorate of National Lottery is one of them. It started in January 1926 with the Teyyare Lottery No. 710 and the General Directorate of National Lottery was established in 1939. After a while, this group started to play Scratch games in 1989 and Sayısal Loto in 1996 (Yaşar, 2010).

### **1.6.2. Inhibitions about Gambling in Turkey**

According to a news article published by the Daily News on September 5, 1996, casinos were legalized in Turkey in 1990. However, after the murder of 'casino king' Ömer Lütfü Topal in

1996, the working hours of casinos were limited to 8 hours and some restrictions were imposed. In 1998, an unexpected law was passed, partly due to allegations of money laundering, which resulted in the ban of casinos in Turkey (Anonymous, 1998). Besides, the news article reports that Turkey still permits horse racing, which was legalized in 1984.

Online gambling was banned in 2006, but the prohibition measures were not successful. This information was reported in Today's Zaman newspaper on 28 March 2010. The prohibition of online gambling in Turkey has been in place since the adoption of a law in 2007. As per Article 5 of Law No. 7258, online gambling is prohibited in Turkey, except for state-owned sports betting companies. Furthermore, measures are implemented to prevent players from accessing foreign internet gambling sites (Denktaş, 2023). Apart from these, horse racing organization and betting within the borders of Turkey is legal according to Law No. 6132 and is supervised by the state.

### **1.7. Three Categories of Gambling**

The gambling literature is typically divided into three categories: problem gambling, compulsive gambling, and pathological gambling (PG). It is worth noting that compulsive gambling and PG are often used interchangeably (Raylu & Oei, 2002). In some research, if a person meets the diagnostic criteria, according to DSM-V, for gambling to a lesser extent or at an earlier stage, they are considered problem gamblers (APA, 2022). Some others are more frequently used to refer to both individuals who don't fit the requirements and PGs (Rosenthal, 1989, as cited in Raylu & Oei 2002).

While the term 'pathological' is used by clinicians, lay people such as Gamblers Anonymous (GA) tend to use the term 'compulsive'. Additionally, the term 'problem' is more commonly used due to the medical connotation of the term 'pathological' (Walker & Dickerson, 1996; Raylu & Oei, 2002). However, according to APA (American Psychological Association, 2022), it should not be forgotten that gambling is a behavior that takes years to become pathological. Currently, most research is represented by the term "PG" because it assumes that the term "problem gambling" also includes a wide range of gambling-related difficulties (Raylu & Oei, 2002).

#### **1.7.1. Pathological Gambling**

PG is an impulse control disorder that can cause significant personal, family, and social problems. Gambling can be considered risk-taking behavior in order to obtain something of greater

value. It also involves decision-making, considering rewards and relative risks. This process, which incorporates a variety of cognitive abilities essential to many facets of life, continues to be an essential part of the human experience (Williams & Potenza, 2010). People who gamble experience arousal during gambling episodes. Those who gamble is more likely to gamble as they become more successful. When a gambler earns a large amount of money, this gives the person a sense of confidence and causes them to engage in risk-taking behavior (APA, 2022).

The diagnostic approach is specified by the DSM as consisting of thoughts, related behaviors, moods, emotions, and a variety of correlative symptoms (Reilly & Smith, 2013). Findings from various studies indicate a strong association between these symptoms and multiple psychiatric conditions, including anxiety disorders, depression, and eating disorders (Jauregui, Estevez & Urbiola, 2015). Furthermore, gambling is often associated with mood disorders, panic disorder, obsessive-compulsive disorder, and agoraphobia. Additionally, individuals who gamble may also exhibit substance use that begins before or accompanies gambling, as well as self-destructive behavior. It is also common for individuals with antisocial personality disorder or borderline personality disorder to engage in extensive gambling (APA, 2022). Furthermore, DSM-5 has recently included gambling addiction in the addictions category. It is classified as a 'non-substance-related disorder' under the 'Substance-Related and Addictive Disorders' category.

It has been reported that individuals enjoy gambling, however, some individuals may gamble more frequently than others (Forrest, 2015). Certain individuals may experience gambling-related symptoms only at specific times, while others may be chronically affected. Some individuals who gamble may overcome their addiction and enter remission. Social players can set a limit on how much they lose, while professional players adapt to the bets and practice strict self-discipline (APA, 2022). Pathological gamblers make up a small proportion of gamers, while problem gamblers make up a slightly larger proportion. Advanced functional imaging studies have shown that individuals who gamble excessively exhibit neuropsychiatric differences and their brains function differently (Forrest, 2015).

Gambling has a profound impact on the daily lives of patients. Individuals who engage in gambling may resort to lying, borrowing, or stealing in order to continue their habit, risking important relationships and opportunities. Moreover, to compensate for their losses, these individuals may be willing to take on greater financial risks (APA, 2022). However, repeated

attempts to maintain control over their gambling behavior can lead to feelings of irritability and restlessness (Yau & Potenza, 2015). It is important to note that gambling can have negative consequences on both the individual and those around them. While some may use gambling as a means of stress relief, others may turn to it as a solution to their financial difficulties (Latvala et al., 2019). These individuals may attempt to justify their theft by saying things like, 'I'm borrowing it, I'll replace it when I earn it.' (APA, 2022).

### **1.7.2. How Gambling Becomes Pathological**

Addiction is a relationship established between the individual and the object to which this person behaves excessively and that continues despite the negative consequences (Shaffer, 1999). However, due to its unhealthy structure, this relationship ceases to be a matter of willpower and turns into a mental disorder due to neurochemical and neurophysiological changes (Ögel, 2015; Tarhan & Nurmedov, 2011, as cited in Derin & Bilge, 2017).

When gambling reaches a point where it becomes problematic, it is considered an illness. Similar to substance abuse, PG activates reward centers, the brain's ventral striatum, and releases dopamine (APA, 2022). Dopamine is a type of hormone and neurotransmitter that is involved in many vital bodily processes, such as motivation, pleasure, memory, and movement (Choi & Horner, 2023). In addition, when gamblers win, they release adrenaline, which is produced by the adrenal glands to help individuals prepare for challenging or hazardous situations. This release of adrenaline provides pleasure (Çakmak & Tamam, 2018). According to Yeşilay, a Turkish non-profit organization that combats addiction, gambling is addictive because it stimulates the brain's reward system in a similar way to drugs or alcohol.

In the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-3) (APA, 1980), PG was categorized as an "Impulse Control Disorder not coded anywhere". However, in the current edition of DSM-V, gambling disorder has been classified as part of the "Addiction and Related Disorders" section (APA, 2013). One reason for this is the adverse effects of the gambler's financial and interpersonal destruction. Meanwhile, the biological and psychological processes that underlie addiction are similar to those in substance use disorders (Reilly & Smith, 2013).

## 1.8. Treatment of Gambling Disorder

The perspective on addictions may vary socially and individually. Factors such as social acceptability, substance availability, and behavior prevalence may be important considerations for treatment (Çakmak & Tamam, 2018). The aim of psychotherapy is to develop self-control, to identify ways of coping with difficult situations, to understand feelings of guilt and shame and to teach ways of overcoming gambling urges and cravings. In this case, it should be remembered that the primary goal of psychotherapy is to enable people to completely withdraw from gambling. Throughout history, many approaches have been used to overcome pathological gamblers. Some methods for addressing PG are more drastic, such as removing individuals from society or amputating their hands (Fong, 2005). However, comprehensive treatment for this disorder involves more than just psychotherapy; medication has recently been used to control its symptoms (Hollander et al., 2000). Conversely, other methods have been supportive, such as individual or group therapy (Fong, 2005).

However, it is important to note that the continuity of treatment for individuals diagnosed with PG can vary. Clinicians should have a clear understanding of the implications of each type of psychotherapy to effectively manage this complex behavioral disorder. Various types of therapy are available to treat gambling addiction, including GA, psychodynamic therapy, cognitive-behavioral therapy, and family therapy. Although the field of research on the most effective therapy for gambling addiction is growing, it is not yet conclusive. However, group therapy, such as GA, is a popular option due to its peer support and accessibility. Psychodynamic therapy can help identify underlying conflicts and psychological reasons for gambling, while cognitive-behavioral therapy aims to identify and strengthen cognitive conflicts related to gambling. Family therapy aims to eliminate gambling behaviors through support and education (Fong, 2005). Studies have shown that psychotherapeutic approaches maintain their effects for up to two years (Pallesen et al., 2005). It is important to remember that co-diagnosis and co-diagnosis treatment play a crucial role in the course of the disease and treatment methods when working with patients with gambling disorders (Goslar, 2018).

In the early 20th century, psychoanalysts recognized that gambling is an unconscious impulse for which the gambler punishes themselves. These impulses often include self-loathing and hostility towards authority. The aim of gamblers is to reduce these urges by gambling (Abadi, 1964). Psychoanalysis is believed to help individuals resolve interpersonal conflicts in therapy

(Bergler, 1957). The therapist's knowledge, skills, and experience are crucial for treating pathological gamblers. Psychodynamic therapy for pathological gamblers aims to comprehend the underlying reasons for continued gambling and address the associated causes. It also aims to alleviate the feelings of guilt and shame that are often associated with gambling (Fong, 2005). Gambling may have several substitutes aimed at making problems manageable (Wurmser et al., 1980). It has been stated that gambling offers an escape from problems and is seen as a compensatory fantasy. Recognition of the masochistic gambler was important for a successful psychodynamic psychotherapy. As a reason for this, it has been shown that quitting gambling does not bring relief (Wurmser, 2017).

The article emphasizes the discomfort experienced by individuals undergoing gambling treatment when they are not in pain. For these individuals, relaxation is a frightening prospect as it implies a lack of alertness. Gambling, which involves pain, intensity and excitement simultaneously, is a way of feeling connected. The pain shielded them from their childhood experiences with their parents (Wurmser, 2007). Currently, there is limited data on the effectiveness of psychodynamic psychotherapy for pathological gamblers. There is no recommended number of therapy sessions, nor is there a systematic overview of the elements of therapy that lead to success. According to Fong (2005), based on clinical experience, the effects of psychodynamic therapy are likely due to several factors, including shame, guilt, reflection, non-judgmentalism, and having a place to discuss psychoeducation.

Most clinical trials on behavioral addictions have primarily focused on short-term outcomes. The goal of relapse prevention treatment is to provide long-term assistance. The resurgence of learning cues that link hedonic experiences with addictive behavior can influence treatment. Temptations such as external cues (e.g. people or places) and internal cues (e.g. stress, re-engagement, interpersonal conflict) can threaten the healing process and negatively impact treatment by reducing motivation (Yau & Potenza, 2015).

PG is a prevalent issue that often goes untreated, as only 10% of those affected seek therapy (Ladouceur, 2005). Furthermore, almost 30% of those who do seek therapy drop out (Ladouceur et al., 2001). However, the outcomes for pathological gamblers who enter treatment are optimistic. The treatment can be effective, with many recovering on their own or through brief interventions (Fong, 2005). Based on DSM-5 criteria, the prevalence of this condition is twice as high in men

as in women. However, women tend to seek help earlier despite experiencing problems later than men (APA, 2022). According to Walker (1992), treatment for PG has been shown to be effective even with short-term interventions.

### **1.9. Analytical Perspective on Gambling Disorder and the Gamblers**

Psychoanalysis is a psychological theory developed by Sigmund Freud, known as the father of psychoanalysis (Rosenberg, updated 2020). It explores the unconscious mind and examines the influence of hidden unconscious desires and conflicts on human behavior (Britannica). The psychoanalytic approach has been applied to the treatment of gambling in various ways. However, the manifestations of gambling have been viewed similarly by many psychoanalysts. According to the psychoanalytic approach, excessive gambling is considered a disease or psychopathology (Asved, 2002). Freud's therapeutic techniques shed light on the significance of emotional events occurring in childhood. Additionally, he conducted research to understand human psychology in terms of sexuality, dream interpretation, and the unconscious mind (Rosenberg, 2020).

Gambling is complex and cyclical. It consists of ongoing sequences of events, encompassing decision-making, placing bets, the result, emotional response to the result, cognitive evaluation of one's actions in connection to the result, and subsequent decision-making. Gamblers have freedom derived from their personal control over their activities. They voluntarily place themselves in the hands of uncertainty or fate because gambling is a game of free will and luck is an integral part of it (Kusyszyn, 1984). The belief in one's luck has been associated with gambling behavior and the perception of luck as a personal characteristic affects gambling (Kim et al., 2015). However, Freud (1900) argued that every choice has a place in the individual's unconscious. He claimed that people's unconscious desires are revealed through dreams, symbolizing the desires that they cannot express or repress in everyday life. Gambling may be a symbolic realization of one's desires, but it does not replace real-life achievements (Bergler, 1957). This situation leads to the idea that gambling behavior is an unconscious desire and that it can be done to satisfy this desire (Freud, 1900). Freud's theory of the Oedipus Complex (OC) suggests that gambling and risk-taking behavior were associated with rebelling against authority figures, seeking approval, or expressing unresolved conflicts related to family dynamics. Similarly, competing with a parent of the same sex can be seen as an expression of the OC in relation to gambling behavior (Hartocollis, 2005).

Freud's classic formulation suggests that a son's love-hate relationship with his father can be a source of gambling. This is due to the problem of excessive competition and masturbation, which can be replaced by gambling (Freud, 1950). Additionally, Freud (1954) viewed addiction as a substitute behavior for masturbation, which he defined as the primary addiction. He argued that all subsequent addictions are substitutes for masturbation.

Holding stools is defined by psychoanalysts as the pleasure experienced by anal masturbation. This experience will be associated with money problems in adulthood. Therefore, gambling replaces anal masturbation. The event here is the suppression of guilt and anger behavior (Asved, 2002). Von Hattingberg concluded that by eroticizing gambling, players enjoy it because they know that their inner masochism is fed or that they will be punished. Masochism can be a combination of pain and pleasure, as well as pleasure from pain, Rosenthal (2015). Thus, gambling replaces toilet training obsessive sexual behavior and found that it is an image of the inner masochism of the person who gambles.

Furthermore, Freud analyzed the processing of addictive behavior through conflict with the father, as depicted in Dostoevsky's *The Brothers Karamazov*. Bergler (1936) claimed that the main aim is not to win but to lose, and that this is done unconsciously. Additionally, he (1957) argues that view of compulsive gamblers as neurotic, objectively sick individuals include the idea that these individuals are confident that they will win. However, Boyd and Bolen (1970) define it as a manic defense against depression and the helplessness of loss. Simmel (1920) emphasized narcissistic delusions such as grandiosity and entitlement, false independence, and the urge to suppress feelings of powerlessness and smallness.

Bergler (1936, as cited in Lindner, 1950), elucidates that a gambler may manifest as a neurotic individual who, notwithstanding their efforts directed towards winning, harbors an unconscious dread of losing. Gambling evolves into a habitual practice, impelling the gambler to test their luck. Furthermore, the game has become the center of their life, fantasies and daydreams. Time and energy are spent in the pursuit of the game, with rational thinking being disregarded. Failures fail to impart any lessons to the gamblers. They are optimistic and believe that losses will turn into wins. Persistently, they engage in play, clinging onto the hope that their perseverance will be rewarded by fate. Even in the absence of a win, they do not stop playing. Their conscious goal is to win constantly or completely, or not to win at all. Despite being cautious at the beginning,

they risk large sums in the end. Their conscience must be constantly soothed, and they may dramatize their situation. Regardless of their conduct, gamblers have a conscious rationalization. Excitement constitutes an indispensable emotion for a gambler, overshadowing all else. They undergo both agonizing tension and pleasurable anticipation between placing a bet and awaiting the outcome of the game.

Correlatively with Bergler's indications, according to Greenson's (1947) analysis, neurotic gamblers can be divided into two categories. The first category consists of individuals who are optimistic and believe that luck will always be on their side, leading them to success. The second category consists of individuals who are neurotically addicted to gambling because they are stimulated to test their fate and determine whether they are lucky or not. These individuals' thinking is influenced by superstitious events due to regression, leading them to believe that they will be protected by a higher power and have special privileges. Therefore, individuals feel the need to test the validity of these thoughts. The act of gambling is primarily based on these two ideas, as a challenge to fate.

Psychoanalytic theories suggest that PG can be understood as an obsessional symptom related to the fear of the father (Reik, 1940), an elaborate defense against psychic pain (Whitman-Raymond, 1988), or a kind of 'staying in action' which serves to escape intolerable feelings (Rosenthal, 2005). The individual meaning and defensive function of symptoms is the focus. The gambler, who is disliked by his father, punishes the father by harming the father's son; it is ensured that the father fails as a parent (Wurmser, 2007).

Ernst Simmel was the first analyst to conduct a valuable examination of gambling in 1920. Simmel revealed that gambling is an expression of anal sadistic libido, which involves a narcissistic obsession with fantasies of anal birth and the desire to inseminate oneself in order to fulfill a bisexual desire by taking the place of both the mother and father. Additionally, he described passion as autoerotic. According to this perspective, gambling is viewed as a form of loss aversion, where winning is associated with pleasure and losing is associated with negative bodily functions such as defecation, ejaculation, and castration.

Bruner (1990) argues that thinking is the primary function of the mind, with asymmetrical logic being the secondary process in the world. The difference between gamblers lies in their use of symmetrical and asymmetrical thinking. Pathological gamblers are characterized by a dominant

emotional thought related to the context of the game. The understanding of the differences between one's world of meaning and external reality cannot be performed as a mental function. In their study, Ladoucer et al. (1988) discovered that social gamblers tended to adopt a critical attitude towards their perceptions as the game progressed. In contrast, pathological gamblers were found to increasingly believe in the validity of their erroneous perceptions, resulting in beliefs that diverged significantly from reality. Furthermore, addiction, from a psychoanalytic perspective, is described as a temporary but dysfunctional behavioral strategy used to cope with difficult emotions, such as anxiety, shame, guilt, and worthlessness (Verma & Vijayakrishnan, 2018).

Gamblers can turn their addiction into something that makes their life more enjoyable and sometimes easier. Not only does the number of wins and losses increase, but also the shame, guilt and depression of the pathological gambler increase. Therefore, emotions such as self-loathing arise (Wurmser et al., 1980). Gambling players are stimulated by their feelings of being close to winning despite the losses they have experienced and continue their gambling behavior. The feeling of loss close to winning plays an important role in becoming addicted to gambling in this aspect (Çakıcı et al., 2019)

Representation of something means experiencing it as real. Winning is a way of shaping experience. The belief in winning differs from the hope of gaining an advantage (Salvatore, 2019). In pragmatic thinking, striving to win may be meaningless. However, emotionally, the act of trying to win is equivalent to having won (Salvatore & Venuleo, 2008). The gambler does not perceive losses. The probabilistic chance of losing is experienced as a loss. The higher the loss, the more desirable the restorative goal, and hence the greater the psychological value of the hallucinatory satisfaction. The gambling dynamic is sufficient to fuel the propensity to gamble (Salvatore, 2019). In a psychometric study conducted by Morris in 1957, it was found that gamblers were more masculine, dominant, and secure, but less socially responsible. McGlothlin's (1954) study on luck beliefs and maladjustment found that emotionally insecure individuals take smaller risks in gambling and tend to lose more often than better-adjusted individuals (Kusyszyn, 1984).

In his 1947 article 'On Gambling', Greenson noted that gamblers typically played with individuals of the same sex, predominantly men. He observed that when female gamblers were present, men often treated them in a sexual manner. The gambling table was an environment that discouraged flirting and encouraged aggression, as evidenced by the language used. For instance,

the phrase 'making a killing' originally referred to winning at gambling, while 'getting clean' referred to losing at gambling.

Freud proposed that play serves four functions: wish fulfillment, conflict reduction, temporary escape from reality, and bringing from the passive to active (Waelder, 1933, as cited in Kusyszyn, 1984). Kusyszyn (1976) argued that gambling is a means of obtaining necessary satisfaction, allowing individuals to escape reality and become active in a fantasy or game world until the last game is finished or they run out of money. In this world, individuals are perceived to think and act without the influence of superego controls and psychological defenses (Kusyszyn, 1984). According to the book 'Pathological Gambling: A Critical Review', the National Research Council (US) Committee on the Social and Economic Impact of Pathological Gambling noted that individuals may not gamble to escape unresolved problems or to convince themselves that they are in control. In such situations, people often resort to the defenses of denial or rationalization (Fong, 2015). These two defenses, along with others, are the mechanisms used by gamblers to cope with anxiety and conflict (Cramer, 2015). Psychoanalytically speaking, exploring an individual's unconscious desires or conflicts through therapy is an important way to understand problem gambling (Fong, 2005)."

### **1.9.1. How Defense Mechanisms Work**

Freud (1937) argued that due to the weakness of the child's ego, it develops defense mechanisms to protect itself from painful influences that could hinder the development and functioning of its tools. However, these defenses may have negative consequences once the ego has fully developed. Defensive behaviors are effects or ideas that serve defensive purposes (Wallerstein, 1985) and may or may not be known to the user, as well as observable by others (Cramer, 2015).

According to Freud's early writings (1894), psychoanalytic theory posits that defense mechanisms serve to avoid painful emotions and experiences (Cramer, 2015). Pathological gamblers, like those with other addictive disorders, frequently employ immature defense mechanisms such as denial, intellectualization, rationalization, minimization, acting out, and avoidance (Rosenthal, 1994; Fong, 2015). Ciobotaru and Clinciu (2022) discovered that while there were differences in mature defense mechanisms between gamblers and non-gamblers, these differences were not statistically significant. However, there were statistically significant

differences between the two groups in terms of neurotic and immature defense mechanisms. Immature defense mechanisms, such as fantasy, acting out, displacement, somatization, projection, division and denial were found to be important. However, the only defense mechanism that shows significant differences between the groups is 'undoing'. It should be noted that these defense mechanisms arise when under stress, and some of them may have been present prior to problem gambling (Rosenthal, 1994; Fong, 2015).

Pathological gamblers mostly use neurotic and immature defense mechanisms (Ciobotaru & Clinciu, 2022). Since pathological gamblers have high levels of impulsivity, they have difficulty in using defense mechanisms, that is, in emotion regulation (Rogier et al., 2020). Furthermore, guilt and shame play a crucial role in the development of these defense mechanisms (Ladouceur et al., 2001; Fong, 2015). Research on non-patient samples has demonstrated that mature defenses are linked to fewer symptoms, while immature defenses are associated with a greater number of pathological symptoms (Cramer, 1999; Hibbard & Porcerelli, 1998; Johnson et al., 1992; Porcerelli et al., 2011; Sinha & Watson, 1999; Cramer, 2015). Moreover, pathological gamblers often hold cognitive distortions, believing that gambling will solve their problems by generating big winnings. This is due to intrinsic fantasies of needing to prove their self-worth through gaining a sense of control, achievement and competition (Fong, 2015).

All types of gamblers tend to eat, drink, and smoke while gambling at the table, more so than usual. This behavior can be linked to regression from defense mechanisms, which resemble infantile urges from the oral, anal, and phallic stages of childhood (Greenson, 1947). According to Greenson (1947), an oral phase may be suggested by an increase in eating, drinking, and smoking, while an anal phase may be suggested by an anal-sadistic speech style. Excitement despite playing with same-sex participants and regression behaviors involving phallic phase suggest homosexuality. Freud posited that the child's interest is focused on the sexual stage at the age of 4-5, known as the phallic-oedipal stage, and that the sexual organ takes on a narcissistic importance at this time. During this stage, the child develops a strong sexual interest in their parents of the opposite sex and may experience a desire to possess them. The child may view their same-sex parent as a rival and may wish to eliminate them in order to have the other parent to themselves. According to Freud's theory (1905), the child may fear punishment from the same-sex parent for their aggressive desires, which can lead to a fear of castration.

According to Greenson (1947), gambling can provide projecting the impulsive pregenital impulses that are not socially acceptable to act upon. By satisfying these primitive and aggressive urges through gambling, individuals may find temporary relief. It is important to note, however, that this statement is a subjective evaluation and should be clearly marked.

### **1.10. Feeling Guilty**

*To win, there must be some money to lose (From the book of the Gambler, Dostoevsky, p. 10).*

Guilt is an emotional state in which a person experiences conflict because they have done something they believe they should not have done or, conversely, have not done something they believe they should have done. Freud (1991), adding his statement that it is the conflict between the ego and the superego, and the outcome of parental imprinting. Freud (1916), in his work 'Criminals from a Sense of Guilt', states that a person who feels an oppressive guilt, the source of which is unknown, feels less guilty after committing a misdemeanor. The feeling of guilt depends on at least one thing. The underlying feeling of guilt may be so unbearable that individuals may commit immoral acts to make this unconscious feeling of guilt conscious (Chatzidakis, 2014).

Bergler (1937) says that unconscious aggression and the act of gambling create a vicious circle. Gambling in this way tires of childhood grandiosity, and a person's sense of omnipotence is activated. This is combined with a secret rebellion against the principle of reality. In this way, the price of aggression becomes guilt and creates the need to punish oneself.

The important thing to note is that wrong behavior is the cause of unconscious guilt, rather than a consequence of that guilt. Conscious guilt paves the way for the experience of self-punishment (Chatzidakis, 2014). Lewis (2000), defined guilt as an individual's evaluation of their behavior based solely on their current actions, without generalizing it to their overall character. According to Freud (1954), what people seek in gambling behavior is not money but the act itself. The source of this behavior is guilt. This guilt is based on infantile sexuality because both masturbation and gambling are done with the hand (Freud, 1905).

Masturbation in childhood creates a sense of guilt. In later years, gambling, which replaces masturbation, also causes guilt. It has been stated that the continuous rhythm during masturbation and the pleasure experienced with the ejaculation that follows are the same processes in gambling (Freud, 1907). Later, Freud found that the primary source of masturbation in consciousness is the unconscious parricidal death wishes and incestuous masturbation fantasies. While the anxiety and

guilt caused by masturbation in this oedipal period is expected to disappear as the individuals grow up, children who are stuck in this developmental period replace masturbation with other things in their adult lives (Rancour-Laferriere, 1989).

Although Freud did not specifically address guilt, he discussed his observations on the origin, function and outcome of guilt in many of his works (Demir, 2022). In his book 'Totem and Taboo', Freud (2021) made an anthropological contribution by studying the totem cultures of primitive tribes in order to shed light on the origins of civilization and morality. With this book, he stated that at the root of unconscious guilt is the desire to kill due to the OC (Freud, 1912). As a result of the writings, patricide is seen as a fundamental and fundamental crime of humanity as well as of the individual. This is considered by Rancour-Laferriere (1989) as the source of guilt.

If there is a tough father figure, the superego inherits the violent and cruel qualities of the father and a passivity develops between it and the ego, which must be suppressed. While the superego becomes sadistic, the ego becomes masochistic, that is to say, it becomes passive in a feminine way. Finding satisfaction in the superego's, which means the father's, mistreatment and guilt, the ego develops a need for punishment. This stems from the fact that every punishment is a castration, and through punishment the old passive attitude towards the father is restored (Rancour-Laferriere, 1989). The child abandoned possessing his mother and got rid of his father because of the fear of castration. This desire constitutes the core guilty feeling if it was in the unconscious mind. Fearing castration, the boy gives up his desire to have his mother and get rid of his father in order to protect his masculinity. As long as this desire remains in the unconscious, it forms the basis of guilt (Freud, 1930).

Psychodynamic therapy aims to reduce the guilt and shame associated with the consequences of PG (Fong, 2005). Neurotic or compulsive gambling is an adult symptom of a phallic fixation. According to Freud, the gambler represses this guilt by masochistically punishing himself. Even a gambler, on an unconscious level, plays not to win but to lose (Freud, 1907).

In Totem and Taboo (Freud, 2021, p. 8-45), the father in the tribe is a tyrant who keeps all women for himself and leaves his sons to the wilderness and death. These exiled men come together as a "band of brothers" and kill their father. After the death of their father, they divided the women among themselves and overcame the offense they had committed with a sense of guilt. Afterwards, they established rules and prohibitions to prevent their sons from repeating the offense

they had committed against their father (Mullahy, 1948). The guilt comes from the sons uniting to kill their father out of fear that they cannot overcome him alone. This act of killing creates a duality, as the father who is both hated and loved is killed. The theory posits that guilt originates from the murder of the primitive father. The aggressive act against the father, who was both hated and loved, resulted in the transfer of the father's power to the superego. As a result, the internalized father continues to exhibit a tyrannical attitude (Demir, 2022, p. 35-49).

After the elimination of their father, it was inevitable that the feeling of compassion would not arise in the sons who had taken their revenge and identified with him. This manifested itself in the form of regret, and a consciousness of guilt emerged along with a shared sense of remorse. The deceased father was now more powerful than when he was alive (Freud, 2021, p. 154).

The totem has two rules that prohibit murder and incest, which are the first two rules of the 'band of brothers'. According to Freud (1946), this crime, known as 'the primal crime', is considered the first illegal act and is believed to be the basis of all civilizations. The process of this crime occurs in the psychic world of every subject during the OC period. According to Freud's Totem and Taboo, the totem is inherited matrilineally, meaning that the tribal totem of the mother is passed down to her offspring. As a result, the son is forbidden from engaging in incestuous relationships with his mother (2021, p.6). Taboo is a moral imperative and violating it can lead to a profound sense of guilt. Freud stated that the more natural this feeling is, the more unknown its origin is (2021, p. 72). Among the Tiwi of North Australia, gambling is viewed as a way of working that brings money into the family. It is noteworthy that most of the gamblers in this community are women (Goodale, 1987).

In 'Civilization and its Discontents' (1930), Freud considered guilt as the most important problem in the development of civilization. Also, he wrote that the price paid for the advances in civilization was the happiness lost with the increase in guilt (Freud, 1930, p. 134). Feelings of guilt often stem from fear of authority, both external and internal. External authority commands the renunciation of impulse satisfaction, while the inner authority, the superego, is even stricter and demands punishment for desires that cannot be hidden from oneself, even if satisfaction is renounced. As a result, the urge is denied, and satisfaction is given up due to fear of authority. Then the authority is internalized and the internal authority, the superego, is established. However, while it is possible to reconcile with the external authority by giving up satisfaction, the superego,

knowing that the ego continues to desire even if it does not seek satisfaction, continues to blame the ego in any case by accepting action and intention as equivalent (Freud, 1930, p. 128). Moreover, Lacan associates' unconscious guilt with desire and complete satisfaction. Klein argues that guilt arises from the harm caused to the beloved object by the infant's aggressive impulses. The desire to repair or compensate for this damage is a result of guilt. In summary, the act of repair is a consequence of guilt (Parman, 2022, p. 19-33)

The feeling of guilt is alleviated when the offense is confessed. In guilt, the judgmental part of the superego is active. Guilt is also related to violating the rules (Akhtar, 2017). Winnicott (1965) suggests that the inadequacy of the emotional and physical environment, rather than structural factors, may be at issue in people who have no or inadequate sense of guilt. He suggests that at the beginning of life the self is not strong and organized enough to take responsibility for the impulses of the lower self and that its dependence is almost absolute. If the conditions are right, then the psyche develops a capacity for integration and a capacity for concern. This in turn prepares the ground for the development of guilt (Demir, 2022). For Winnicott (1958), guilt is an anxiety of a special nature. This anxiety is related to the love-hate conflict. Through guilt, ambivalence can be tolerated. He emphasizes that guilt is established as an inner reality with the development of the concept of the superego, and that guilt is the reconciliation of the self with the superego. In this case, anxiety becomes mature and turns into guilt.

Shame and guilt are social emotions that regulate behavior in situations involving the danger of exclusion from society. They are considered a stimulus signal or physiological punishment and are closely related to cognition. These emotions play a role in many pathologies (Söylemez et al., 2018). Guilt and shame are interrelated issues and the source of both is the superego. Besides, Laplanche and Pontalis (1967) state that the superego acts as a referee or censor against the self. The superego is the expression of social censorship at the individual level. It is also the part of the psyche that tells what to do and what not to do. The classical Freudian approach, on the other hand, argues that the superego is the inheritor of the OC and is formed by the internalization of parental wishes and prohibitions (Parman, 2022, p. 19-33).

Shame is the childhood disease of humanity, but we are infected with it. Primary shame is inherited shame (Cournut, 2022, p. 98). The changes experienced by the sexualised body can be a source of shame and guilt. Here, the text discusses unconscious guilt (Torun, 2022, p. 205). During

adolescence, shame and guilt can manifest physically through symptoms such as flushing and sweating on the skin. It is important to note that these emotions are subjective and should be clearly marked as such (Torun, 2022, p. 199). The unconscious feeling of guilt arises from the tension between the demands of conscience and the actual performance of the ego. The superego uses conscience or unconscious guilt to dominate the ego (Freud, 2023, p. 20). Sezerkan (2023), in her study on the developmental study of the attribution of guilt and shame to moral and traditional norm violations, found that regardless of age, participants with the youngest one being 5-year-old were able to distinguish between guilt and shame. In addition, this study found that young children, older children and adults attributed guilt to moral violations, whereas they attributed shame to traditional violations.

Freud attempted to differentiate between the feeling of guilt and the feeling of inferiority, reflecting the distinction between the functions of conscience and the ideal. These emotions arise from the tension between the ego and the superego. The feeling of guilt is associated with conscience, while the feeling of inferiority is associated with the ego ideal due to its strong erotic origin (Freud, 2023, p. 21).

## 2. METHODOLOGICAL APPROACH

### 2.1 Participants

The inclusion criteria were that individuals are 18 years of age or older and have deposited a certain amount of money in one of the games of chance at least once in their lifetime.

All analysis was conducted with the data of the remaining 182 participants. Females constituted 52.2 % of the sample (N = 95), while only 47.8 % of the sample was male (N=87). Age of the participants ranged from 19 to 78 (M = 35.60, SD = 13.935). As to their marital status, 70 (38.5 %) of them reported being single, 42 (23.1%) of them have a relationship, while 61 (33.5 %) of the participants were married, 9 (4.9 %) of them reported their marital status as widow. Whereas 41 (22.7 %) participants reported them they are living alone, 81 (44.5 %) of them living with their families, 9 (5 %) of them reported living with their friends, while 50 (27.6 %) of them living with their partners and 1 (.2 %) participant chose 'other' option.

The level of completed education was high school for 19 (10.4 %), bachelor's degree for 108 (59.3 %), master's and doctoral degree for 55 (30.2 %). Primary and secondary school was not reported as the level of completed education. As to their employment status, 136 (74.7 %) of the participants were employed, 10 (5.5 %) were looking for a job, and 36 (19.8 %) participants reported were unemployed. According to their socioeconomic status, 21 (11.5 %) of the participants reported that their income did not meet their expenses, 90 (49.5%) reported that their income was equal to their expenses, and 71 (39 %) reported that their income was more than their expenses. 126 (69.2 %) participants reported that they had a history of the disease, while 56 (30.8 %) participants reported that they did not have a history of the disease. The most commonly used medication was related to the diagnosis of depression, while one person reported taking medication related to paranoia. 117 (64 %) participants did not indicate that there was no history of disease in their family history, while 32 (17.6%) people had a history of disease in their first-degree relatives and 33 (18.1 %) people had a history of disease in their second-degree relatives. Only 3 (1.6%) of the participants reported that they had previously consulted a mental health doctor about their gambling behavior, while only 1 (.6%) reported using medication for gambling behavior.

In this study, all data were collected anonymously, and no participants were excluded based on their demographic characteristics.

## **2.2. Instruments**

In this study, an informed consent form was used to ensure the informed and voluntary participation of the sample and a demographic information form was used to reveal the characteristics of the sample. As the focus of the study, the Turkish adapted form of the South Oaks Kumar Tarama Testi (SOKTT) and the Turkish form of the Suçluluk Ölçeği (SÖ) were applied. Brief descriptions and psychometric properties of each instrument are presented below.

## **2.3. Informed Consent Form**

The first form presented in the questionnaire is the informed consent form, which asks the participant to voluntarily participate in the study (See Appendix A). In the form, the purpose of the study is stated as examining the intensity of some emotions felt by adult individuals who have invested money in one of the games of chance at least once in their lives. Participation in the study was voluntary and participants were informed that they had the right to stop participating if they had any problems and that they could contact the researcher if they had any questions about the study. No participant left without completing the questionnaire.

## **2.4. Demographic Information Form**

Participants were asked to answer questions about their gender, age, marital status, education level, employment status, income level, history of illness, medication use, family history of illness, previous gambling-related mental health professional referral, and medication use related to gambling behavior (See Appendix D).

## **2.5. Hypothesis**

The present research will investigate the relationship between Gambling Behavior and Sense of Guilty.

H1: There is a positive relationship between people's level of gambling and their feelings of guilt.

H2: The sense of guilt felt by women who exhibit gambling behavior and men who exhibit gambling behavior is statistically different.

## **2.6. The South Oaks Gambling Screen (SOGS)**

The South Oaks Gambling Screen (SOGS) is a paper-and-pencil test developed by the gambling treatment team at South Oaks Hospital in the US and consists of 26 questions (Lesieur & Blume, 1987). The purpose of this test is to identify pathological gamblers. The test is evaluated out of 20 points. Questions 1, 2, 3 and 16.j and 16.jk are not included in the evaluation of the test.

In the original English form of the test, the "cut-off point" is used as 5 points and those who score 5 and above are considered as "probable pathological gamblers".

The first reliability and validity study of the SOGS was conducted by Lesieur and Blume (1987). In the study conducted with 1616 subjects, 867 of the participants were admitted to hospital with a diagnosis of substance abuse or PG. Independent assessments of hospital specialists and scale scores were found to be highly correlated ( $r = .86$ ;  $SD = 295$ ;  $p < .001$ ).

The internal consistency coefficient calculated with 749 subjects was  $\alpha = .97$ . With 112 subjects, the correlation coefficient of the test-retest application with a one-month interval was calculated as  $r = .71$  ( $SD = 110$ ;  $p < .001$ ). False positives and false negatives were also evaluated in the study. In the light of these findings and other reliability and validity findings obtained from the study, Lesieur and Blume (1987) said that the SOGS is a reliable and valid measurement tool.

The reliability and validity study of the SOGS in our country was conducted by Duvarcı et al. (1997). The data obtained suggested that SOGS could be used as a reliable and valid measurement tool in the identification of pathological gamblers in our country. As a result of the test-retest with 38 subjects, the reliability coefficient was found to be  $r = .95$ . In the same study, the criterion validity of the scale was compared between the diagnoses based on the SOGS scores and the diagnoses made within the framework of DSM-IV criteria, and it was found that this evaluation with 59 subjects was significantly related ( $kappa = .789$ ).

Duvarcı et al. (1997) conducted a study to examine the items of the SOGS in terms of their ability to differentiate between subjects diagnosed with PG and those in the comparison group. The study found that all items, except for four (16b, 16f, 16g and 16i), significantly differentiated between the two groups. The authors stated that cultural differences rendered the four items in the Turkish version of the SOGS invalid and suggested that these items be rewritten to suit Turkish culture.

The calculation of the SOGS score is based on 19 items, excluding items 1, 2, 3, 16.j, and 16.k. In contrast to the original version, the Turkish adaptation accepts a cut-off point of 8. Participants who score 8 or higher may be considered as potential pathological gamblers.

## **2.7. Guilt Inventory (GI)**

The original version of the GI consists of 45 items consisting of 5-point likert-type questions and three subscales. There are 20 items in the trait guilt subscale, 10 items in the state guilt subscale and 15 items in the moral standards subscale.

It was stated that the validity and reliability values of the scale were within the statistically acceptable value range. Cronbach Alpha coefficient varies between .81 and .89. For 36 weeks, reliability was measured with test-retest at two-week intervals. At the end of the 36th week, test-retest correlations were .75 for trait guilt, .58 for state guilt, and .77 for moral standards. The internal consistency coefficient for the whole scale was .91, .90 for trait guilt, .86 for state guilt, and .78 for moral standards. Test-retest reliability coefficients were .77 for the whole scale, .74 for trait guilt, .82 for state guilt and .83 for moral standards. It was stated that the discriminant validity of the scale was at an acceptable level. Accordingly, 3 questions for state guilt, 8 questions for moral standards and 2 questions for trait guilt were reverse coded (Jones et al., 2000).

Confirmatory Factor Analysis (CFA) was conducted using Analysis of Moment Structures (AMOS) software to validate the original three-factor structure of the scale on the data collected from the Turkish sample. The scale was adapted into Turkish by Altın (2009). The CFA results showed that the fit indices of the three-factor structure of the original scale for the data collected from the Turkish sample were not within the acceptable range ( $\chi^2/df = 3.08$ , AGFI=.73, GFI=.75, CFI=.80, NFI = .73, RMSEA = .07,  $p < .001$ ). This showed that the original three-factor structure of the scale did not work well enough in Turkish culture. Therefore, it was revealed that the appropriate factor and item distribution of the scale for Turkish culture should be explored and validated.

The distribution of the 45 items in the original structure of the scale in the factor analysis showed that there were some differences between the original form and the Turkish form, although there was a large overlap in the subscales and item distribution.

There are items in state guilt subscale (4,16,17,19,30,33,36,37,43,45), trait guilt subscale (2,5,6,8,9,10,10,12,14,20,21,23,26,27,29, 31,34,35,40,41,44) and moral standards subscale (1,3, 7,11,13,15,18,22,24,25,28,32,38,39,42).

As a result of the exploratory factor analysis, a total of 10 items were removed from the scale, and the Turkish version of the scale became a measurement tool consisting of 3 subscales and 35 items. In the final version of the scale; situational guilt (4,17,19,30,45), trait guilt (2,5,6,8,9,9,12,14,20,21,23,26,27,29,31,34,40,41,44) and moral standards (1,3,7,13,15,18,24,25,28,38,39,42).

The results of the confirmatory factor analyses showed that the fit indices of the new 35-item form of the scale had better indices than the original 45-item form. These results supported that

the 35-item 3-subdimensional structure is more appropriate for Turkish culture. In the Turkish form, 10 items (10, 11, 16, 22, 32, 33, 35, 36, 37, 43) in the original form were not included in the scoring.

## **2.8. Procedure**

After ethical approval was obtained from Yeditepe University Ethics Committee for the study, the data collection process was initiated. Data for this study were collected online via Google Forms. The web link created for the questionnaire was shared through platforms such as different Whatsapp groups, Instagram, Twitter in order to make the sample as large and representative as possible. The participants were first presented with an informed consent form, which included a brief information about the purpose of the study and asked them to voluntarily participate in the study. After agreeing to participate, all participants were asked to fill in the Turkish version of the SOGS and Suçluluk Ölçeği respectively. Finally, the participants filled in the demographic form information. The data of each participant were randomly assigned anonymously.

## **2.9. Sample**

A total of 184 participants were included in the data collection process. However, the data from two participants were excluded because they were outliers. Following the completion of the data analysis, a total of 182 participants were subjected to further analysis. Table 1 presents the demographic characteristics of the participants.

A total of 66 individuals exhibited zero point, as indicated by their SOGS scores. A total of 32 individuals scored one point, 23 scored two points, and 19 scored three points. Ten individuals achieved a score of four, six achieved a score of five, nine achieved a score of six, and two achieved a score of seven. Three individuals achieved an SOGS score of eight, five individuals achieved a score of nine, three individuals achieved a score of ten, one individual achieved a score of eleven, and three individuals achieved a score of thirteen. Individuals who achieved an SOGS score of eight and above can be considered to exhibit 'probable pathological gambler'.

Individuals who achieved a score of zero on both scales and those who had never engaged in gambling activities were also included in the analyses.

### 3. RESULT

In the results section, firstly, the data related to the participants will be presented. Then, the findings related to gambling behavior and feeling of guilt will be presented. After that, the results of the comparative analysis of gambling behaviors and the guilt felt by men and women will be presented. Finally, analysis of demographic characteristics, which were conducted in addition to the hypotheses, are presented.

Firstly, Pearson Correlation analysis, one of the nonparametric tests, was used to determine the relationship between the scale scores. Secondly, Independent T-test analysis was used to compare the relationship between the scales in terms of gender. Finally, ANOVA analysis, regression analysis or Independent T-test analyses were used to compare the relationships between the scales and other demographic characteristics. Analysis was done in the Statistical Package for the Social Sciences 27.0 (SPSS 27.0) software and was performed with 95% confidence level.

#### 3.1. Demographics

The sample of the study consists of 182 participants and the results regarding the personal information of the participants are shared below.

Table 1

#### *Demographics*

		<i>N</i>	<i>%</i>
Gender:	Women	95	52,2
	Men	87	47,8
Age:	Under 29 years	87	47,8
	30-35 years old	38	20,9

	Over 36 years old	57	31,3
Marital Status:	Single	70	38,5
	In a relationship	42	23,1
	Married	61	33,5
	Divorced/widowed	9	4,9
Cohabitants:	Alone	41	22,7
	Family members	81	44,8
	Friend/s	9	5,0
	Spouse/Partner	50	27,6
Educational status (the last degree you graduated with):	Literate	0	0,0
	Primary School	0	0,0
	Middle School	0	0,0
	High School	19	10,4
	University	108	59,3

	Master's degree/PhD	55	30,2
Employment Status:	Were not working	36	19,8
	Unemployed/ Looking for a job	10	5,5
	Employed	136	74,7
Socioeconomic Level:	Income did not cover expenses	21	11,5
	Income covered expenses	90	49,5
	Income exceeded their expenses	71	39,0
Past History of Psychiatric Illness:	No	126	69,2
	Yes	56	30,8
Family History of Psychiatric Illness:	No	117	64,3
	First-degree relatives (mother, father, siblings)	32	17,6
	Second-degree relatives (aunts, uncles, cousins, grandmothers, grandfathers)	33	18,1
Previous Problem Gambling Referral:	No	179	98,4
	Yes	3	1,6



Table 2

*Gaming Habits*

		<i>N</i>	<i>%</i>
Horse racing	Never	150	82,4
	Less than once a week	27	14,8
	Once a week or more	5	2,7
Card games for money (like poker...)	Never	95	52,2
	Less than once a week	80	44,0
	Once a week or more	7	3,8
Rummikub for money	Never	105	57,7
	Less than once a week	67	36,8
	Once a week or more	10	5,5
Dice Games for Money (like craps....)	Never	159	87,4
	Less than once a week	20	11,0

	Once a week or more	3	1,6
Cockfighting	Never	177	97,3
	Less than once a week	4	2,2
	Once a week or more	1	0,5
Spor-Toto or Spor-Loto	Never	99	54,4
	Less than once a week	67	36,8
	Once a week or more	16	8,8
Sayisal-Loto	Never	79	43,4
	Less than once a week	97	53,3
	Once a week or more	6	3,3
Scratchcard	Never	57	31,3
	Less than once a week	118	64,8
	Once a week or more	7	3,8
National Lottery	Never	48	26,4

	Less than once a week	126	69,2
	Once a week or more	8	4,4
Playing on the Stock Exchange	Never	90	49,5
	Less than once a week	65	35,7
	Once a week or more	27	14,8
Casino Games	Never	77	42,3
	Less than once a week	78	42,9
	Once a week or more	27	14,8
Playing Games That Demand Skill for Money (like Billiards.....)	Never	142	78,0
	Less than once a week	33	18,1
	Once a week or more	7	3,8
Father	No	166	91,2
	Yes	16	8,8
Mother	No	180	98,9

	Yes	2	1,1
Siblings	No	168	92,3
	Yes	14	7,7
Grandparents	No	172	94,5
	Yes	10	5,5
Spouse or partner	No	173	95,1
	Yes	9	4,9
Offspring	No	179	98,4
	Yes	3	1,6
Other relatives	No	150	82,4
	Yes	32	17,6
Friend or other important person in my life	No	40	35,1
	Yes	74	64,9
	No, I didn't.	136	74,7

12. Do you ever argue with the people you live with about how you spend money?	Yes, it happened.	46	25,3
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When Table 2 is analyzed, the most played game is the National Lottery and 134 participants (73.6 %) stated that they play it. In addition, 126 participants (69.2 %) reported playing the national lottery less than once a week. Cockfighting is the least played game, and 177 participants (97.3 %) stated that they had never played it before, while only 5 participants (2.7 %) had played it and only 1 participant (0.5 %) reported playing it more than once a week. The most frequently played game more than once a week is the stock exchange and casino games, 27 participants (14.8%) reported playing it.

Apart from the mentioned games, 19 participants (10.4 %) stated that they invested money in different games. While 8 participants stated that they played betting, 1 participant bet on backgammon, 2 participants bet on roulette, 1 participants bet on modeling competitions, 5 participants bet on online gambling sites and 2 participants bet on illegal dog fighting.

Of the 66 participants (36.3 %) who indicated that they had never made a deposit, only 11 stated that they had never played any of the games.

The mean daily deposit was at least 2 TL and at most 300,000 TL. Twenty-one individuals indicated that they had made a deposit of 100 TL. A total of 164 participants made deposits amounting to 1.779.212,00 TL. The mean amount deposited by each participant was 9.775,89 TL. Of the participants, 74 indicated that a friend or other significant individual in their life had a gambling problem at some point in the past or currently. Upon examination of the data, it was observed that 50 of the participants did not know anyone with a gambling problem.

### **3.3. Findings Related to the Distribution of Data and Reliability of Data Collection Tools**

The responses given to the SOGS and GI scale, which are among the data collection tools used in the research, are suitable for performing reliability analysis in the SPSS programme. The results of the reliability analysis are given in the table below.

Table 3

*The Scale Statistics for Normality*

	<i>N</i>	Skewness	Kurtosis	<i>a</i>
State Guilt	182	-0,249	-0,672	0,762
Trait Guilt	182	0,300	-0,043	0,900
Moral standards	182	-0,142	0,245	0,700
GI	182	-0,005	0,400	0,770
SOGS	182	1,665	2,487	0,787

Table 3 shows the reliability scores of the scales in the current study. The kurtosis and skewness values obtained from the scale scores between +3 and -3 are considered sufficient for normal distribution (Hopkins & Weeks, 1990). Accordingly, it was accepted that SOGS, GI and Subscale Scores showed normal distribution parametric methods were used in the analyses. The data of 2 outliers were deleted and not included in the analyses.

Skewness values were found as -.249 for State Guilt, .300 for Trait Guilt, -.142 for Moral standards, -.005 for GI and 1.665 for SOGS. Kurtosis values were found -.672 for State Guilt, -.043 for Trait Guilt, .245 for Moral standards, .400 for GI and 2.487 for SOGS. As a result, normal distribution was observed for 182 participants.

The analyses used to test the hypotheses can be used for parametric data that fit the normal distribution. Therefore, the scales were used in the analysis of the hypotheses.

According to Table 3, the Cronbach Alpha ( $\alpha$ ) values were found as .762 for State Guilt, .900 for Trait Guilt, .700 for Moral standards, .770 for GI and .787 for SOGS. As a result, the reliability of all scales was verified, thus enabling the performance of the planned analyses.

### 3.4. Descriptive Statistics of the Scale and Subscales

Table 4

#### *Descriptive Statistics of Scales*

	<i>N</i>	<i>Minimum</i>	<i>Maximum</i>	<i>M</i>	<i>SD</i>
State Guilt	182	5,00	25,00	16,03	4,41
Trait Guilt	182	20,00	87,00	49,59	12,90
Moral standards	182	20,00	56,00	37,68	6,79
GI	182	62,00	143,00	103,29	13,93
SOGS	182	0,00	13,00	2,32	2,95

Descriptive statistics of the participants' State Guilt, Trait Guilt, Moral standards, GI and SOGS scores were analyzed. The State Guilt scores of the participants ( $n = 182$ ) ranged between 5.00 and 25.00. The mean score was 16.03 and the standard deviation was 4.41. This shows that the Situational Guilt levels among the participants exhibit a moderate and homogeneous distribution. In the Trait Guilt subscale, the scores of the participants ( $n = 182$ ) ranged between 20.00 and 87.00. The mean score was 49.59 and the standard deviation was 12.90. These results show that there is a wide distribution in the participants' levels of Trait Guilt and that some participants experience high levels of guilt. The Moral standards scores of the participants ( $n = 182$ ) ranged from 20.00 to 56.00. The mean score is 37.68 and the standard deviation is 6.79. This shows that the Moral Standards scores of the participants are relatively evenly distributed. Guilt Scale scores ranged between 62.00 and 143.00 among the participants. The mean score was 103.29 and the standard deviation was 13.93. This shows that the level of feeling guilt is in a wide range and there are significant differences between the participants. The SOGS scores of the 182 participants ranged from 0.00 to 13.00, with a mean score of 2.32 and a standard deviation of 2.95.

These results indicate that the participants exhibited a wide range of gambling behaviors and potential gambling problems.

### 3.5. The Relationship of SOGS, GI and Subscale Scores

Table 5

*Pearson Correlational Analysis*

		1	2	3	4	5
1.State Guilt	<i>r</i>	1				
	<i>p</i>					
2.Trait Guilt	<i>r</i>	-,529**	1			
	<i>p</i>	0,000				
3.Moral standards	<i>r</i>	-0,102	,163*	1		
	<i>p</i>	0,169	0,028			
4.GI	<i>r</i>	-,223**	,838**	,606**	1	
	<i>p</i>	0,002	0,000	0,000		
5.SOGS	<i>r</i>	-,174*	,262**	-0,103	0,137	1
	<i>p</i>	0,019	0,000	0,168	0,064	

\*\* $p < 0,001$  , \* $p < 0,05$  sig.

A negative and moderately strong relationship is evident between State Guilt and Trait Guilt ( $r = -0.529$ ,  $p < 0.001$ ). No statistically significant relationship was found between state guilt and moral standards ( $r = -0.102$ ,  $p > 0.05$ ). A negative and weak relationship is observed between State Guilt and GI ( $r = -0.223$ ,  $p < 0.01$ ), as well as between State Guilt and SOGS ( $r = -0.174$ ,  $p < 0.05$ ). A positive and weak relationship is observed between trait guilt and moral standards ( $r = 0.163$ ,  $p < 0.05$ ). A positive and statistically significant relationship is observed between Trait Guilt and GI ( $r = 0.838$ ,  $p < 0.001$ ). A positive and weak relationship is identified between Trait Guilt and SOGS ( $r = 0.262$ ,  $p < 0.001$ ). A positive and strong relationship is observed between Moral standards and GI ( $r = 0.606$ ,  $p < 0.001$ ). No statistically significant relationship was observed between Moral standards and the SOGS ( $r = -0.103$ ,  $p > 0.05$ ). Notably, a positive and weak relationship was identified between GI and SOGS, however, this relationship was not statistically significant ( $r = 0.137$ ,  $p > 0.05$ ). This indicates that there is no correlation between GI scores and SOGS scores.

In order to investigate the relationship between gambling behavior and guilt scores, Pearson correlation coefficient was calculated between these variables. The hypothesis assumes a positive relationship between the two variables. Upon examination of the table, it becomes evident that there is no statistically significant correlation between the two variables. The mean GI score was 103.29 ( $SD = 13.93$ ), while the mean SOGS score was  $M = 2.32$  ( $SD = 2.95$ ). Consequently, the results of the analyses did not support the researchers' hypothesis. The relationship was not significant ( $r = .137$ ,  $p = .064$ ).

### 3.6. Independent Sample T-Test

The second hypothesis will be tested using an independent t-test to determine whether there is a statistically significant difference in the level of guilt experienced by women with gambling behavior and men with gambling behavior.

Table 6

*T-Test analysis: Comparison of SOGS, GI and Subscale Scores by Gender*

<i>Gender</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>
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State Guilt	Women	95	15,88	4,41	-0,457	0,648
	Men	87	16,18	4,42		
Trait Guilt	Women	95	49,31	12,73	-0,308	0,758
	Men	87	49,90	13,14		
Moral standards	Women	95	37,06	7,46	-1,287	0,200
	Men	87	38,34	5,95		
GI	Women	95	102,25	14,79	-1,051	0,295
	Men	87	104,43	12,92		
SOGS	Women	95	1,75	2,33	-2,738	0,007*
	Men	87	2,94	3,40		

\* $p < 0,05$

When State Guilt levels were analyzed, the mean score of women was found to be 15.88 (SD = 4.41). The mean score of men was found to be 16,18 (SD = 4,42). According to the t-test results, this difference was not statistically significant ( $t(180) = -0.457$ ,  $p = 0.648$ ). This finding shows that there is no significant difference between men and women in terms of State Guilt levels.

The results of the t-test analyses indicated that gender had no significant effect on the results of State Guilt, Trait Guilt, Moral standards and GI ( $p > 0.05$ ). However, the results of the SOGS demonstrated that the gambling behaviors of men were more frequent than those of women,

and this difference was statistically significant ( $p < 0.05$ ). This finding suggests that men engage in gambling behaviors to a greater extent than women.

### 3.7. Additional Analysis

In this section, regression analysis, ANOVA analysis, or Independent T-test analyses were used to compare the relationships between the scales and other demographic characteristics.

Table 7

#### *Linear Regression Analysis*

DV	IV	Beta	t	p	R <sup>2</sup>	F
State Guilt	SOGS	-0,174	-2,373	0,019	0,030	5,631
Trait Guilt	SOGS	0,262	3,642	0,000	0,069	13,262
Moral standards	SOGS	-0,103	-1,385	0,168	0,011	0,329
GI	SOGS	0,137	1,860	0,064	0,019	3,460

\* $p < 0,05$  sig

In this study, regression analysis was conducted to examine the relationships between SOGS and guilt and its subscales. According to the results of the analysis, there is a significant positive relationship between GI and SOGS (Beta = 0.137,  $t = 1.860$ ,  $p = 0.064$ ). This finding indicates that GI levels also increased with increasing gambling addiction measures, but this relationship was close to significant. The explanatory level of the model ( $R^2 = 0.019$ ) was 1.9% and the overall model was found to be in the margin at the significance level ( $F = 3.460$ ,  $p = 0.064$ ). These results reveal the different effects of SOGS scores on subscales of guilt and emphasize the significant effect on trait guilt. However, the lack of a significant relationship with moral standards suggests that this dimension is not related to gambling addiction.

Table 8

*ANOVA Results: According to Age Groups*

	Age	N	M	SS	ANOVA	
					F	p
State Guilt	Under 29 years old	87	15,38	4,35	6,145	0,003 *
	30-35 years old	38	15,05	4,56		
	Over 36 years old	57	17,67	3,98		
Trait Guilt	Under 29 years old	87	51,48	12,77	3,384	0,036 *
	30-35 years old	38	50,66	13,53		
	Over 36 years old	57	45,98	12,11		
Moral standards	Under 29 years old	87	36,70	6,96	2,078	0,128
	30-35 years old	38	37,87	6,20		
	Over 36 years old	57	39,04	6,77		
GI	Under 29 years old	87	103,56	14,69	0,078	0,925
	30-35 years old	38	103,58	13,03		

	Over 36 years old	57	102,68	13,53		
SOGS	Under 29 years old	87	2,72	3,07	3,658	0,028*
	30-35 years old	38	2,68	3,02		
	Over 36 years old	57	1,46	2,55		

\* $p < 0,05$  sig.

In this study, the effects of individuals' age groups on guilt and gambling behaviours were examined. Age groups were evaluated in three categories: under 29 years old, between 30-35 years old and over 36 years old. The findings were analysed with ANOVA test. The results of the ANOVA analysis indicate a statistically significant difference between the groups for State Guilt ( $F(2,179) = 6,145$ ,  $p = 0,003$ ), for Trait Guilt ( $F(2,179) = 3,384$ ,  $p = 0,036$ ) and for SOGS ( $F(2,179) = 3,658$ ,  $p = 0,028$ ). Nevertheless, there is no significant difference between groups for Moral standards ( $F(2,179) = 2,078$ ,  $p = 0,128$ ), and for GI ( $F(2,179) = 0,078$ ,  $p = 0,925$ ). These findings suggest that gambling behaviours among individuals over 36 years of age are less prevalent than in other age groups.

Table 9

*ANOVA Results: According to Marital Status*

	Marital Status	N	M	SS	ANOVA	
					F	p
State Guilt	Single or Divorced/widow	79	15,19	4,19	2,848	0,061

	In a relationship	42	16,29	4,38		
	Married	61	16,93	4,56		
Trait Guilt	Single or Divorced/widow	79	50,44	12,48	0,767	0,466
	In a relationship	42	50,40	13,22		
	Married	61	47,92	13,25		
Moral standards	Single or Divorced/widow	79	36,34	6,65	6,643	0,002*
	In a relationship	42	36,55	5,41		
	Married	61	40,18	7,22		
GI	Single or Divorced/widow	79	101,97	14,39	0,828	0,439
	In a relationship	42	103,24	13,76		
	Married	61	105,03	13,48		
SOGS	Single or Divorced/widow	79	2,73	2,97	4,203	0,016*
	In a relationship	42	2,81	3,36		
	Married	61	1,44	2,42		

\* $p < 0,05$  sig.

In this part of the study, the effect of marital status on individuals' guilt and gambling behaviors was examined with ANOVA tests. Marital status was assessed in three groups: single or divorced/widowed, in a relationship and married individuals. ANOVA analysis for Moral standards showed that there was a significant difference between the groups ( $F(2,179) = 6.643$ ,  $p = 0.002$ ). This finding shows that married individuals have higher levels of moral standards than other groups. Additionally, analysis for SOGS showed that marital status differences were statistically significant ( $F(2,179) = 4.203$ ,  $p = 0.016$ ). This result indicates that the gambling behavior of married individuals is lower than the other groups. However, there is no significant difference between groups for State Guilt ( $F(2,179) = 2,848$ ,  $p = 0,061$ ), for Trait Guilt ( $F(2,179) = 0.767$ ,  $p = 0.466$ ) and for GI ( $F(2,179) = 0.828$ ,  $p = 0.439$ ).

Table 10

*ANOVA Results: According to Cohabitation Status*

	Cohabitants	N	M	SS	ANOVA	
					F	p
State Guilt	Alone	41	15,05	4,47	1,670	0,175
	Family members	81	16,04	4,26		
	Friend/s	9	15,22	4,52		
	Spouse/Partner	50	17,04	4,49		
Trait Guilt	Alone	41	47,98	12,27	1,436	0,234

	Family members	81	49,83	12,80		
	Friend/s	9	57,56	13,14		
	Spouse/Partner	50	48,82	13,33		
<hr/>						
Moral standards	Alone	41	35,54	7,58	1,806	0,148
	Family members	81	38,22	6,16		
	Friend/s	9	37,89	6,17		
	Spouse/Partner	50	38,52	7,09		
<hr/>						
GI	Alone	41	98,56	15,17	2,669	0,049
	Family members	81	104,09	13,42		
	Friend/s	9	110,67	16,05		
	Spouse/Partner	50	104,38	12,67		
<hr/>						
SOGS	Alone	41	2,63	2,71	1,013	0,388
	Family members	81	2,46	3,31		
	Friend/s	9	3,00	3,54		
<hr/>						

Spouse/Partner 50 1,74 2,37

\* $p < 0,05$  sig.

In this analysis, the effects of cohabitants on individuals' guilt and gambling behaviors were examined. Cohabitants were categorized into four groups: living alone, living with family members, living with friends and living with a spouse or partner. The findings were analyzed with ANOVA tests. The results of the ANOVA demonstrate that there is a statistically significant difference in GI levels between the groups ( $F(3,177) = 2.669$ ,  $p = 0.049$ ). This finding indicates that individuals residing with friends exhibit higher GI levels than those in the other groups.

Table 11

*ANOVA Results: According to Educational Status*

	Educational status	N	M	SS	ANOVA	
					F	p
State Guilt	High School	19	14,68	4,12	1,195	0,305
	University	10 8	16,34	3,97		
	Master's degree/PhD	55	15,87	5,23		
Trait Guilt	High School	19	51,89	11,93	0,337	0,714
	University	10 8	49,31	12,65		

	Master's degree/PhD	55	49,33	13,81		
Moral standards	High School	19	37,84	8,13	0,007	0,993
	University	10 8	37,65	6,94		
	Master's degree/PhD	55	37,67	6,10		
GI	High School	19	104,42	15,86	0,086	0,917
	University	10 8	103,31	13,88		
	Master's degree/PhD	55	102,87	13,58		
SOGS	High School	19	3,95	3,85	3,334	0,038 *
	University	10 8	2,10	2,81		
	Master's degree/PhD	55	2,18	2,73		

\* $p < 0,05$  sig.

The effect of individuals' educational status on their guilty and gambling behaviors was examined. Educational status was evaluated as high school, university and master's/doctorate according to the last graduated degree. The following findings were analysed with ANOVA tests. The results of the ANOVA analysis indicated that the observed differences were statistically

significant ( $F(2,179) = 3.334, p = 0.038$ ) only for SOGS. This finding suggests that individuals who have completed high school exhibit higher gambling behaviours than those in other groups.

Table 12

*ANOVA Results: According to Employment Status*

	Employment Status	N	M	SS	ANOVA	
					F	p
State Guilt	Were not working	36	16,47	4,71	0,512	0,600
	Unemployed/ Looking for a job	10	14,90	5,36		
	Employed	136	15,99	4,27		
Trait Guilt	Were not working	36	51,42	11,88	0,478	0,621
	Unemployed/ Looking for a job	10	50,10	12,64		
	Employed	136	49,07	13,21		
Moral standards	Were not working	36	39,44	6,61	1,533	0,219
	Unemployed/ Looking for a job	10	37,10	7,61		

	Employed	136	37,25	6,75		
GI	Were not working	36	107,33	13,33	1,909	0,151
	Unemployed/ Looking for a job	10	102,10	12,60		
	Employed	136	102,31	14,08		
SOGS	Were not working	36	2,00	2,53	6,162	0,003 *
	Unemployed/ Looking for a job	10	5,40	4,30		
	Employed	136	2,18	2,83		

\* $p < 0,05$  sig

The effect of individuals' employment status on their guilt and gambling behaviours is examined. Employment status was assessed in three groups: unemployed, unemployed/job-seeking and employed individuals. The findings were analyzed with ANOVA tests. The results of the ANOVA analysis indicated that the observed differences were statistically significant ( $F(2,179) = 6.162$ ,  $p = 0.003$ ) for the SOGS only. This finding suggests that individuals who are unemployed/job-seeking exhibit higher levels of gambling behaviour than other groups.

Table 13

*ANOVA Results: According to Socioeconomic Status*

	Socioeconomic Status:	<i>N</i>	<i>M</i>	<i>SS</i>	ANOVA	
					<i>F</i>	<i>p</i>
State Guilt	Income did not cover expenses	21	14,52	5,38	2,076	0,128
	Income covered expenses	90	15,87	4,09		
	Income exceeded their expenses	71	16,68	4,42		
Trait Guilt	Income did not cover expenses	21	53,57	14,24	1,275	0,282
	Income covered expenses	90	49,54	12,21		
	Income exceeded their expenses	71	48,46	13,29		
Moral standards	Income did not cover expenses	21	39,33	7,83	0,717	0,490
	Income covered expenses	90	37,53	6,69		
	Income exceeded their expenses	71	37,37	6,62		
GI	Income did not cover expenses	21	107,43	15,53	1,067	0,346
	Income covered expenses	90	102,94	13,87		

	Income exceeded their expenses	71	102,51	13,50		
SOGS	Income did not cover expenses	21	2,62	3,07	0,243	0,785
	Income covered expenses	90	2,18	3,02		
	Income exceeded their expenses	71	2,41	2,85		

\* $p < 0,05$  sig.

In this part, the effect of socioeconomic level on individuals' guilt and gambling behaviors was examined. Socioeconomic level was assessed as the extent to which individuals' income meets their expenses and was analyzed in three groups: my income does not meet my expenses, my income meets my expenses and my income exceeds my expenses. The following findings were analysed with ANOVA tests. According to the results of ANOVA analysis, no significant difference was found between the groups for any scale.

Table 14

*Independent T-Test: According to Past History of Psychiatric Illness*

	Past History of Psychiatric Illness:	<i>N</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>
State Guilt	No	126	16,62	4,00	2,542	0,013*
	Yes	56	14,70	4,99		
Trait Guilt	No	126	48,05	12,87	-2,450	0,015*
	Yes	56	53,05	12,39		

Moral standards	No	126	38,40	6,52	2,171	0,031*
	Yes	56	36,05	7,16		
GI	No	126	103,06	13,99	-0,330	0,742
	Yes	56	103,80	13,92		
SOGS	No	126	2,02	2,88	-2,098	0,037*
	Yes	56	3,00	3,00		

\* $p < 0,05$  sig.

The effect of past history of psychiatric disorder level on individuals' guilt and gambling behaviors was examined. The following findings were analyzed with T-test.

T-test results show that people who did not have a history of psychiatric disorder difference is statistically significant for the State Guilt, ( $t(180) = 2,542$ ,  $p = 0,013$ ), and for Moral standards ( $t(180) = 2,171$ ,  $p = 0,031$ ). For the Trait Guilt, T-test results show that people with a history of psychiatric disorder difference is statistically significant ( $t(180) = -2,450$ ,  $p = 0,015$ ). This result shows that the Trait Guilt levels of individuals with a history of psychiatric disorder are higher than the other groups. Additionally, for SOGS, T-test results show that people with a history of psychiatric disorder difference is statistically significant ( $t(180) = -2,098$ ,  $p = 0,037$ ). This result shows that SOGS levels of individuals with a history of psychiatric disorder are higher in gambling behaviors than the other groups. There is no statistically significant difference for GI ( $t(180) = -0,330$ ,  $p = 0,742$ ).

#### 4. DISCUSSION

This section of the study integrates qualitative evaluations, inferences, and comparisons with relevant studies in existing literature. The study's objective was to explore the relationship between gambling behavior and feelings of guilt. One of the inclusion criteria was having gambled at least once in their lifetime, yet the number of participants identified as 'possible pathological gamblers' was relatively low.

Raylu and Oei (2004) discovered that individuals with positive attitudes towards gambling adhere firmly to a set of cultural beliefs and values that are closely intertwined with gambling. The authors proposed that individuals from this cultural background are more prone to engage in gambling activities or develop PG. Furthermore, these individuals exhibit a positive attitude towards gambling. Ladouceur et al. (2001) investigated the efficacy of cognitive treatments for pathological gambling. They found that those who scored higher on the SOGS test exhibited positive attitudes towards gambling that were attributed to cognitive distortion. This finding suggests that positive attitudes towards gambling attributed to cognitive distortion are more prevalent. The same study posits that the gambler's beliefs about randomness are underpinned by an illusion of control over the outcome of events. If the gambler's erroneous perception is corrected, there is a significant reduction in motivation to gamble. In a study conducted by Chretien et al. (2017), it was found that individuals who engage in gambling activities hold beliefs that are erroneous and distorted when compared to those who do not engage in gambling. These beliefs can be addressed through cognitive restructuring, whereby the gambler's thoughts can be modified. Monaghan and Blaszczynski (2010) reported cognitive distortions among participants with high SOGS scores, suggesting that these contribute to persistent gambling habits and addiction. Additionally, they found that exposure to self-evaluation messages resulted in changes to the gambler's thoughts and a reduction in gambling behavior. Çakıcı (2019) proposed that gamblers often fail to perceive losses accurately, leading them to believe they are closer to winning. Fortune and Goodie (2013) noted that gamblers tend to overestimate their chances of winning and believe they can control outcomes, leading to skewed risk assessment and persistent gambling despite personal and financial consequences. Consequently, they may disregard potential losses and exhibit distortions in risk and loss evaluation. The researchers observed that these individuals persisted in their gambling behavior despite experiencing financial and personal difficulties.

Moreover, research across various countries indicates that games requiring skill, or a combination of skill and chance are associated with higher rates of problem gambling than purely chance-based games (Abbott et al., 2004). Armitage (2021) emphasized the prevalence of problem gambling as an important public health issue.

Guilt is a challenging endeavor to measure. It is often expressed as a strong emotion that the individual does not want to be observed by the individual in question because it conflicts with the values of the individual or the society in which the individual lives (İnözü et al., 2018). Individuals may be reluctant to reveal their guilt. Chatzidakis (2014) argued that unconscious guilt can be a precursor rather than a consequence of wrongdoing, potentially leading to self-punishment. Additionally, it is known that gender has an impact on guilt, with women generally experiencing it more (Baldwin et al., 2006; Köksal & Gençdoğan, 2007). Yi and Kanetkar (2010) found that gamblers experience intense feelings of guilt, while Ladouceur et al. (1999) linked pathological gambling with self-reported guilt. Satılmış et al. (2024) determined that individuals with gambling problems often experience intense guilt, which influences their gambling tendencies.

The study's first hypothesis proposed a positive relationship between gambling intensity and feelings of guilt among participants. Although a weak positive correlation was found in the data analysis, it was not statistically significant, indicating a lack of direct association between the measurement tools. The second hypothesis of the study was that there would be a difference between the genders of participants who are probable pathological gamblers. Due to the small number of possible pathological gamblers, measurements were made on all participants who had gambled at least once in their lifetime. While the analyses showed that there was no significant difference between men and women in terms of general guilt levels, it was determined that the gambling behaviors of men were higher and more pronounced than women. When the literature is examined, the results found are consistent with the literature. According to Uygur's study in 2021, problem gambling has the potential to become a significant public health concern in our country in the near future. Furthermore, it was found that the probability of developing gambling disorders in men was approximately 21 times more likely than women. The findings of this study also indicate that being a woman may serve as a protective factor in the context of gambling disorder. Vayisoğlu et al. (2019) found that being male is one of the variables affecting gambling behavior. In the same study, it was found that approximately half of the students had experienced gambling

and the most played gambling types were state-related games. This situation can be considered as a sign that the gambling problem will continue to increase. In the study conducted by Bayındır et al. (2018), it was found that adolescent and adult males engage in gambling activities more frequently than females. In another study investigating the relationship between gender from childhood to adulthood, İncekara et al. (2022) stated that although there was no difference in childhood, the difference became apparent in adolescents and adults. Ladouceur et al. (1999) found that pathological gambling in men is almost twice as high as in women. In another study conducted in Turkey, it was found that gambling addiction scores of male individuals living in Eastern Anatolia and Central Anatolia regions were higher than female individuals (Çalın, 2019). Çakal (2023), when he examined the results of gambling behavior within the scope of gender, concluded that men play more intensely than women and that this is done to suppress individual problems. Çakmak and Tamam (2018) found that pathological gambling addiction is more common in men, while women gamble with the aim of suppressing or preventing their individual problems. The prevalence of gambling behaviors was significantly higher among men than among women. While women typically initiate gambling behaviors during adulthood, men tend to commence gambling during adolescence. Individuals who are employed full-time, not students and live alone are more likely to engage in gambling behaviors. Furthermore, those who live alone are more likely to be problem gamblers (Welte et al., 2007).

In this study, almost half of the participants were under the age of 29, mostly female, single, living with family members, undergraduate, employed, and their income covered their expenses. In addition, it was observed that most of the participants did not have a history of psychiatric illness in themselves or their family members and did not apply with the complaint of gambling. Within the scope of this information, additional analyses were conducted in addition to the hypotheses. Additional analyses indicated that younger male participants showed the highest gambling scores, while married individuals and those with higher education levels exhibited lower gambling behaviors. Individuals living with friends reported higher guilt levels, and both guilt and gambling behaviors were higher among those with a history of psychiatric illness. One of the key findings of the study was that gambling was not associated with socioeconomic status. Participants from all socioeconomic levels were observed to engage in gambling activities.

When we examined the relevant literature, being male, younger than 29 years old, single and unemployed were found to be risk factors for pathological and problematic gambling. Calado

et al. (2017) drew attention to the prevalence of gambling behavior in young people in their study, while meta-analytic data results indicated that gambling behavior of adolescents and university students was more frequent than adults. In the study of Yip et al. (2017) stated that students under the age of 18 participated in gambling activities more than students of other ages and had a higher risk of developing gambling addiction. Pınarcı's (2014) study conducted in Turkey reported that approximately half of the students had gambled at least once in their lifetime. Ögel (2017) found that the age of starting gambling is inversely proportional to the development of gambling addiction. According to 2019 data of Yeşilay, 5 million people between the ages of 18-50 in Turkey bet 50 billion TL annually. Uygur (2021) found that individuals aged 18-30 years had more frequent gambling attempts than individuals aged 40-50 years. In the study of Orum et al. (2018), it was claimed that the problem of gambling, which is common among adolescents and young individuals, is also a problem for the future of society. In this study, participants under the age of 29 were found to be the group that gambled the most, while the findings that people aged 36 and over gambled the least showed that a result in line with the literature on age was obtained.

Potenza (2017) revealed that age, marital status and education level are associated with gambling, while gambling disorder is at a higher level in men. In Derin and Bilge's (2017) study, it was stated that the lower the level of education, the more gambling behaviour and the reason for this is thrill-seeking and entertainment. In the same study, it was stated that gambling behavior was higher in individuals with secondary education level. Aktürk et al. (2024) found that the frequency of gambling behavior was higher in single individuals. Similarly, Uygur (2021) found that gambling behavior was more frequent in single individuals. Despite this, divorced/widowed individuals were reported as the least gambling group in both studies. When the literature on marital status is examined, there are studies showing that gambling violence increases the likelihood of divorce (Gökmen et al., 2019). In addition, Çakıcı et al. (2012) stated that being single and living alone may be a risk factor for gambling addiction. However, İncekara et al., (2022) found that individuals' perception of gambling as a leisure time activity was higher in married individuals because they were better off financially. In addition, divorced individuals were found to have higher levels of gambling avoidance. Luck is a significant motivating factor for gambling behavior, encouraging individuals to engage in gambling activities. These individuals often have a set of beliefs or rituals that they follow when they start gambling. In the same study,

it was hypothesized that one of the most important factors in the perception of gambling addiction in individuals who feel lucky is the reward gained because of the strategies they employ.

Buth et al. (2017) stated that the presence of individuals who are interested in gambling in their family and social groups is among the risk factors. It has been found that individuals who have gambling problems even in one of their family members have a higher risk of developing gambling addiction and problematic gambling behavior (Yip et al., 2017, as cited in Ögel, 2017). The presence of gambling behavior in past generations can also be evaluated as positively related to feelings of guilt. The individual may try to be a savior by unconsciously taking the guilt that belongs to grandparents on themselves (Cournut, p. 96). Sociologist Carrol (2020) emphasized that children growing up in an indifferent environment develop an inadequate level of guilt.

Ögel (2017) identified ten criteria for determining whether gambling behavior is addictive or not and said that the individual expects those around them to get rid of the financial problems he/she is in because of gambling behavior. In other words, the gambler expects them to pay the debts from them. Additionally, Ögel stated that these individuals continue to gamble compulsively to replace their losses. When the difficulties experienced by individuals diagnosed with gambling addiction are investigated, it is said that they also have problems in interpersonal relationships (Bramley et al., 2020). Swanton and Gainsbury (2020) said in their study that in adult individuals who gamble, debt problems related to gambling behavior harm their psychosocial functioning. They also found that debt has the function of encouraging gambling. In numerous studies, it has been postulated that cognitive impairment is the basis of gambling disorder (Boog and Höppener, 2014, as cited in Çakmak and Tamam, 2018).

With the developing technology, easy access to gambling and lack of adequate control have led to problematic gambling behavior in individuals. This situation can be considered as a risk in the development of gambling addiction. In our country, gambling is not considered as an addiction but as a leisure time activity (İncekara et al., 2022). It is seen that studies on gambling in the Republic of Turkey are limited (Çakal, 2023). Broad-scale studies demonstrating gambling behaviors not exclusive to adults have not been encountered in our country (Vayisoğlu et al., 2019). However, in a study conducted in our country, Kaya and Başkan (2020) found that 6 hours of time was allocated to games of chance in 1 month.

Gambling, particularly online gambling, has been found to be strongly associated with comorbid mental health problems (Weinstock, 2007). Labeling those who experience high levels

of harm from gambling as ‘problem gamblers’ has implications for the gambler leading to self-alienation, self-blame and internalized shame (Miller & Thomas, 2017). Clinicians and researchers suggest that avoiding industry-developed concepts such as gambling and not labeling people as ‘problem gamblers’ would be a step towards preventing and reducing harm from gambling (Livingstone & Rintoul, 2021).

The existence of significant differences among individuals from different cultural groups should not be overlooked. Most of the research in the gambling literature is based on Western examples, yet the findings are generalized to other ethnic and cultural groups. It is not appropriate to generalize the existing literature to all cultural groups (Raylu & Oei, 2004). The fact that gambling is illegal in our country and the scarcity of cultural studies highlight this as a topic that needs to be explored in the literature.

The literature review reveals parallel findings with the study's results. Nevertheless, during the study, it was observed that there is a covert attitude towards gambling in our country, and there exists a distinction between the perception of gambling and games of chance. People do not perceive games of chance as gambling, even though most gambling games are dependent on chance. Among the 66 participants involved in this study, who had previously declared not having deposited money for gambling or games of chance, it was noticed upon examining their data that they had indeed played at least one gambling game. Considering these findings, investigating the perception of gambling in our country could yield important insights. The fact that even those who do not gamble may engage in games of chance despite gambling being prohibited suggests a significant finding. Despite its illegality, the rapid spread of online gambling is attributed to advancing technology (Financial Crimes Investigation Board Report, 2017). However, the fact that the most played gambling types are under state control may indicate that the issue of gambling will continue to increase (Vayisoğlu, 2019). Moreover, engaging in something prohibited may lead individuals to feel guilty, hence the necessity for more detailed research.

Lastly, it is crucial for individuals with gambling habits and gambling addicts to seek professional help and support. It is equally important for those around them to seek support. Professional assistance is a significant step in coping with gambling addiction. Changing how we perceive and discuss the harms of gambling can support individuals with gambling issues in our community and be a crucial step in their recovery process.

#### 4.1. Limitations

It should be noted that this study has limitations. The study was conducted with a limited number of participants. A larger sample size may yield more favorable results. Cultural differences may also be a limitation. It was understood that a significant number of individuals regarded gambling as an activity different from games of chance. For these individuals, gambling is perceived as a bad activity. During the data collection process, it was realized that many individuals did not accept that they participated in gambling activities. This indicates the necessity of obtaining information regarding gambling. It is considered that individuals should be informed about gambling and which games are considered to constitute gambling. The age range of participants in this study was quite extensive. This represents a limitation in terms of generalization; working with the same number of participants for all age groups would be more beneficial in terms of a more generalized outcome. Furthermore, gambling was banned in Turkey before most participants were born or at a young age. Online gambling was banned when the youngest participant was one year old. It may be beneficial for future studies to compare the perspective on gambling based on age. Moreover, future studies may yield additional data from the literature if more detailed questions are posed, such as those pertaining to the age at which gambling first commenced, the frequency of gambling, how gambling was accessed, and so forth. It is also crucial to ascertain the socioeconomic status of the participants, which may be accomplished by inquiring about their earnings and the amount of money they spend on games of chance monthly. Furthermore, instead of a history of illness, inquiries pertaining to the presence of known gamblers in one's family can be formulated. This approach allows for the collection of data on both the intensity of gambling behavior and its intergenerational transmission. In future studies, it may be beneficial to administer additional scales measuring current mood to the participants. Furthermore, more meaningful results can be obtained by examining the participant's self-oriented behaviors and self-esteem awareness. The scales used in Turkey tend to assess both guilt and shame concurrently. To gain a more nuanced understanding of these constructs, it would be beneficial to include scales that measure shame, such as the Guilt-Shame Scale (Şahin, 2011). Additionally, incorporating questions about gambling into the survey may elicit feelings of guilt, which could potentially influence the accuracy of the data and its reliability. Therefore, it is crucial to consider this potential bias and incorporate appropriate measures to mitigate its impact.

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## 6. APPENDICES

### Appendix A

#### Informed Consent Form

Bu araştırma Yeditepe Üniversitesi Klinik Psikoloji Yüksek Lisans Programı kapsamında Oğuzhan Zahmacıoğlu danışmanlığında Canay Ardal tarafından yüksek lisans tezi olarak yürütülmektedir.

Bu form sizi araştırma koşulları hakkında bilgilendirmek için hazırlanmıştır. Çalışmanın amacı, hayatta en az bir kere parayla kumar oyunu oynamış yetişkin bireylerin hissettikleri bazı duyguların yoğunluğunu incelemektir. Araştırmaya katılım gönüllülük esasına dayanmaktadır, katılımcılar hiçbir yaptırıma maruz kalmadan katılmayı reddedebilir veya çalışmadan ayrılabilir. Gönüllü olarak katılmayı kabul etmeniz durumunda sizden beklenen, ankette yer alan kumar oynama davranışıyla ve bazı hislerle alakalı bir dizi soruyu derecelendirme ölçeklerine göre cevaplamanızdır.

Bu çalışma ortalama olarak 15 dakika sürmektedir. Çalışma dahilinde kimlik bilgileriniz istenmeyecek, bilgileriniz kodlama halinde tutulacaktır (örn: K001, E002). Veriler araştırma dahilinde, ilgili araştırmacılar tarafından değerlendirilecek ve bilimsel rapor elde edebilmek amacıyla kullanılacaktır.

Çalışmaya katılımınız, literatüre bu konu hakkında veri sağlayacak ve destek olacaktır. Ankette kişilere negatif olarak rahatsızlık verecek sorular olabilir. Katılım sırasında bu sorularla karşılaşmanız durumunda veya herhangi bir nedenden dolayı kendinizi rahatsız hissederseniz çalışmayı sonlandırabilirsiniz.

## Appendix B

### South Oaks Kumar Tarama Testi (SOKTT)

1. Bugüne kadar aşağıdaki kumar çeşitlerinden hangilerini oynadığınızı belirtiniz. Her kumar çeşidi için üç cevaptan ("hiç", "haftada bir kereden az" veya "haftada bir kere veya daha fazla") birini işaretleyiniz.

	Hiç	Haftada Bir Kereden Az	Haftada Bir Kere veya Daha Fazla
At yarışı	( )	( )	( )
Parasına Kağıt Oyunları (yanık, poker..... gibi)	( )	( )	( )
Parasına Okey	( )	( )	( )
Parasına Zar Oyunları (barbut....gibi)	( )	( )	( )
Horoz Dövüşü	( )	( )	( )
Spor-Toto veya Spor-Loto	( )	( )	( )
Sayısal-Loto	( )	( )	( )
Kazı-Kazan	( )	( )	( )
Milli Piyango	( )	( )	( )
Borsada Oynama	( )	( )	( )
Casino Oyunları	( )	( )	( )

Parasına Beceri İsteyen Oyunlar Oynama (Bilardo.....gibi)	( )	( )	( )
Yukarıda Belirtilmeyen Başka Kumar Çeşitleri (Lütfen Yazınız: _____ _____)	( )	( )	( )

2. Bugüne kadar bir günde kumara yatırdığınız en fazla para ne kadardır?

\_\_\_\_\_ TL

3. Hayatınızdaki insanlardan hangilerinin geçmişte veya halen kumar sorunu olduğunu işaretleyiniz:

( ) Baba ( ) Anne ( ) Kardeşler ( ) Büyük anne ve baba ( ) Eş veya partner ( ) Çocuklar  
( ) Diğer akrabalar ( ) Arkadaş veya yaşamımdaki önemli başka biri

4. Kumar oynadığınızda, kaybettiğiniz parayı yeniden kazanmak için bir başka gün yine kumar oynamaya gider misiniz?

( ) Hiç gitmem  
( ) Bazen giderim (kaybettiğim zamanların yarısından azında)  
( ) Kaybettiğim çoğu zaman giderim  
( ) Her kaybettiğimde giderim

5. Gerçekten kazanmıyorken, hatta kaybettiğinizde, hiç kumardan para kazandığınızı iddia ettiğiniz oldu mu?

( ) Asla  
( ) Evet, kaybettiğim zamanların yarısının azında  
( ) Evet, çoğu zaman

6. Bahis ve kumarla ilgili hiç sorunuz olduğunu düşünüyor musunuz?

( ) Hayır  
( ) Evet, geçmişte fakat şimdi değil  
( ) Evet

7. Hiç niyet ettiğinizden daha fazla kumar oynadığınız oldu mu?

Evet, oldu  Hayır, olmadı

8. Hiç insanların, sizin kabul edip etmediğinize bakmaksızın, bahis oynamanızı eleştirdikleri veya size kumar sorunuz olduğunu söyledikleri oldu mu?

Evet, oldu  Hayır, olmadı

9. Kumar oynamanızdan veya kumar oynadığınız zaman olanlardan dolayı hiç suçluluk duyduğunuz oldu mu?

Evet, oldu  Hayır, olmadı

10. Bahse girmeyi veya kumar oynamayı bırakmak istediğiniz ama bunu yapamayacağınızı düşündüğünüz oldu mu?

Evet, oldu  Hayır, olmadı

11. Bahis kağıtlarını, piyango biletlerini, kumar paralarını, kumar borçlarını veya diğer bahis veya kumar delillerini eşinizden çocuklarınızdan veya hayatınızdaki diğer önemli insanlardan hiç sakladığınız oldu mu?

Evet, oldu  Hayır, olmadı

12. Birlikte yaşadığınız insanlarla parayı nasıl harcadığınız konusunda hiç tartıştığınız oldu mu?

Evet, oldu  Hayır, olmadı

13. ( Eğer yukarıdaki soruyu Evet diye cevaplandırdıysanız ) Para konusundaki tartışmaların hiç sizin kumar oynamanız üzerinde yoğunlaştığı oldu mu?

Evet, oldu  Hayır, olmadı

14. Hiç, birinden borç alıp kumar yüzünden borcunuzu ödeyemediğiniz oldu mu?

Evet, oldu  Hayır, olmadı

15. Bahis oynama veya kumar yüzünden hiç işinize veya okulunuza geç gittiğiniz ya da gitmediğiniz oldu mu?

Evet, oldu  Hayır, olmadı

16. Eğer kumar oynamak veya kumar borçlarını ödemek için borç aldıysanız, kimden veya nereden borç aldınız? (Lütfen işaretleyiniz)

a. Evin parasından

b. Eşten

c. Diğer akrabalarınızdan

d. Bankalardan, borç veya kredi kuruluşlarından

- e. Kredi kartlarından
- f. Tefecilerden
- g. Şahsi veya ailevi eşya veya malları satma
- h. Arkadaş veya tanıdıklardan
- i. Altın, mücevher gibi birikimleri paraya çevirme
- j. Bahisçiye borçlanma
- k. Kumarhaneye borçlanma



## Appendix C

### Suçluluk Ölçeği

Yönerge: Anketin bu bölümünde, lütfen aşağıdaki cevap formatını kullanarak soruları Cevaplayınız.

1 = Hiç Katılmıyorum

2 = Katılmıyorum

3 = Kararsızım

4 = Katılıyorum

5 = Tamamen Katılıyorum

1. Nelerin doğru, nelerin yanlış olduğunun kesin ve net olarak tanımlanması gerektiğine inanıyorum.
2. Hayatımda birçok hata yaptım.
3. Her zaman, bir dizi kesin ahlaki-etik ilkelere, kuvvetle inanmışımdır.
4. Son zamanlarda, kendimle ve yaptıklarımla ilgili olarak kendimi iyi hissediyorum.
5. Eğer bazı şeyleri yeniden yapabilseydim, omuzlarımdan büyük bir yük kalkardı.
6. Hiçbir zaman çok büyük bir vicdan azabı ya da suçluluk hissetmedim.
7. Hayattaki amacım, soyut birtakım ahlaki kurallara ulaşmaya çalışmak yerine, hayattan zevk almaktır.
8. Geçmişimde derinden pişmanlık duyduğum bir şey var
9. Sıklıkla, yaptığım bir şeyden dolayı kendimden nefret ederim.
10. Yaptığım bir şeyden dolayı sıklıkla kendimle ilgili hoşnutsuzluk yaşıyorum.
11. Doğru ve yanlışla ilişkin fikirlerim oldukça esnektir
12. Eğer hayatımı yeni baştan yaşayabilseydim, birçok şeyi farklı şekilde yapardım.
13. Yanlış olduklarına inandığım için hayatta asla yapmayacağım birçok şey vardır.
14. Son günlerde, benim yerimde olmak hiç de kolay değildi.
15. Ahlak, birçok insanın ileri sürdüğü gibi siyah-beyaz değildir.
16. Son zamanlarda sakin ve endişesizim.
17. Hatırlayabildiğim kadarıyla suçluluk ve pişmanlık, hayatımın bir parçası olmuştur.
18. Bazen, geçmişte yaptığım bazı şeyleri düşündüğümde çok rahatsız oluyorum
19. Hayatım boyunca çok fazla hata yaptığımı düşünmüyorum.
20. Ciddi bir ahlaksızlık yapmaktansa ölmeyi tercih ederim.

21. Ahlaki deęerlerime uygun yařamak iin gl bir istek duyuyorum.
22. Sık sık derin bir piřmanlık duyarım.
23. Gemiřte yaptığım Őeylere dair ok endiřelenirim.
24. İnsanların iinde buldukları durumu ve onları davranıřa ynlendiren itici gc bilmeden, bir Őeyin doęru ya da yanlıř olup olmadığı hakkında bir yargıya varılamayacağına inanıyorum.
25. Hayatımda, yapmış olmaktan tr piřmanlık duyduğum ok az Őey var.
26. Eęer son birkaç haftayı ya da ayı yeniden yařayabilseydim, deęiřtirmek isteyeceğim kesinlikle hibir Őey olmazdı
27. Bazen, gemiřte yaptığım Őeylerden dolayı yemek yemekte zorlanıyorum.
28. Bazen, yanlıř yaptığıma inandığım Őeyler hakkında dřnmekten kendimi alıkoyamıyorum
29. Ahlaki olarak yanlıř bir Őey yaptığımda, bunu anında fark ederim.
30. Neyin doęru ya da yanlıř olduęu, duruma baęlıdır.
31. Sululuk, benim iin zel bir problem deęildir.
32. Gemiřimde ok piřmanlık duyduğum hibir Őey yok.
33. Ahlaki deęerlerin kesin olduęuna inanıyorum.
34. Eęer hayatıma yeniden bařlayabilseydim, ya hi ya da ok az Őeyi deęiřtirirdim.
35. Son zamanlarda endiřeli ve sıkıntılıydım.

**Appendix D****Demographic Information Form**

Cinsiyetiniz:

Yaşınız:

Medeni durumunuz:

- Bekar
- İlişkisi var
- Evli
- Boşanmış/Dul

Birlikte yaşadığınız kişiler:

- Tek yaşıyorum
- Aile üyeleri
- Arkadaş/lar
- Eş veya Partner
- Diğer

Eğitim durumunuz (en son mezun olduğunuz derece):

- Okur-yazar
- İlkokul
- Ortaokul
- Lise
- Üniversite
- Yüksek lisans/ Doktora

Çalışma durumunuz:

- Çalışıyor
- İşsiz/ iş arıyor
- Çalışmıyor

Sosyoekonomik düzey:

- Gelirlerim giderlerimi karşılamıyor
- Gelirlerim giderlerimi karşılıyor
- Gelirlerim giderlerimden fazla

Geçmiş psikiyatrik hastalık öyküsü:

- Yok
- Var

Yukarıdaki soruya cevabınız evet ise belirtiniz;

- Psikiyatrik tanı:
- Kullanılan ilaç/lar:

Soygeçmişte psikiyatrik hastalık öyküsü:

- Yok
- Birinci derece akrabalarda var (anne, baba, kardeşler)
- İkinci derece akrabalarda var (teyzeler, amcalar, kuzenler, büyükanneler, büyükbabalar)

Daha önce kumar oynama sorunu ile ilgili bir başvuruda bulunuldu mu:

- Hayır
- Evet

Kumar oynama sorunu ile ilgili ilaç kullanım durumu:

- Hayır
- Evet

Evet ise kullanılan ilaç/ilaçlar nelerdir, belirtiniz;

