

Psychotherapy for Rehabilitation of Patients Suffering from Gambling Addiction

Mollaeva N.R.

Dagestan State Medical University,
Makhachkala, Russia
naidadgma@mail.ru

Damadaeva A.S.

Dagestan State University,
Makhachkala, Russia
angelasagidova@mail.ru

Khatsieva M.S.

Chechen State University,
Grozny, Russia
maryamkh@mail.ru

Aptaeva Kh.Kh.

Grozny State Technical University named after
Academician M.D. Millionshchikov,
Grozny, Russia
ayzan2411@mail.ru

Masaeva Z.V.

Chechen State Pedagogical University,
Grozny, Russia
masaeva-2009@mail.ru

Abstract – The article analyzes psychological mechanisms of gambling addiction development (a psychopathological disorder characterized as pathological gambling) and complex treatment of gambling addiction using non-drug psychotherapy methods. Positive effects of physical exercises were identified. Features of gambling addiction and the influence of suicidal factors on gambling addiction were analyzed. The structure of the psychotherapeutic process was determined on the basis of selected factors and psychological mechanisms causing gambling addiction. This psychotherapeutic treatment includes a system of physical exercises which will allow patients to feel euphoria which can replace gaming euphoria.

Keywords – *game addiction, suicidal tendency, psychotherapy, pathological gambling, physical activity, patient, addiction.*

I. INTRODUCTION

The addictive behavior is a problem of many countries. The Russian Federation is no exception. The reason is a fundamental difference in stereotypes of thinking and the worldview of young generations. There are growing demands and psychological stress caused by various psychogenic factors. This affect the mental health of society and increases the number of behavioral disorders. Pathological gambling is a dangerous type of addiction which can cause more serious behavioral disorders, destruction of relationships with close people, provoke suicidal attempts and other delinquent manifestations. This kind of addiction y affects the livelihood of the individual, makes him concentrated only on gambling. All other spheres of become irrelevant. Any suicidal behavior can be true, demonstrative, or hidden. People suffering from gambling addiction can be attributed to the category of persons with a hidden type of suicide. A person forgets about his duties. Due to the fact that in Russia, there is no program for treating and preventing gambling, dependent people do not

know about treatment methods; their relatives are helpless. The analysis of recent publications has shown that the problem of pathological gambling is rather new in the Russian science. In Russian psychiatry, there are some studies on gambling behavior.

II. PROBLEM STATEMENT

The problem of gambling is understudied, although it is extremely important for the Russian society. People of working age become dependent on games which affects the economy in general and employment in particular.

Gambling addiction became a research object 25–30 years ago [2, 5, 8]. Unfortunately, in Russia there are no accurate data on the number of people suffering from gambling addiction. The share of addicted adult population ranges from 0.4 to 7.0 % [6]. These data are conditional because in Russia there is no national statistics that would reflect the state of this problem and be aimed at solving the problem of gaming addiction. There are some studies on gambling addiction [1, 9]. The relationship of hidden suicide and gambling addiction would be logical. There are statistical data indicating that suicides are often committed by people aged 15–25. The most dangerous period of gambling addiction formation is the age of 15–25 years. According to statistics, the share of suicidal deaths is is about 1 %. Men become victims of suicidal acts four times more often than women. There are attempts to link two types of addictions. The dependence of a gambler on gambling is understudied. Stages of pathological propensity to gambling were studied [1]. However, there are no studies on personality changes of gamblers. In Russia, all types of addictive behavior were defined as “dependences”, while the term “addiction” was not used in [3]. At present, both terms are used in Russian science interchangeably. In the

Western tradition, addiction is defined as a violation of control, while dependence – psychological adaptation to “drug intake”, regardless of whether it is chemical or non-chemical, in order to overcome the negative symptomatology. Some researchers use the term “psychological dependence” which refers to the state of an individual with a pronounced burden – “need” in something. In order for some activity to become “accentuated” and form the basis of addictive behavior, three conditions are required. First, this activity should be characterized by the desire to escape from reality by changing the psychological state without the use of chemicals. Secondly, it should occupy a dominant position in the life of the individual. Thirdly, it should be carried out by an individual to the detriment of social relations and other vital areas [4]. The leading gambling factor is a constant desire to leave reality. A new addictive personality with new interests and values develops. The gambling dependence is a disorder of personality and behavior characterized by a stable and recurrent maladaptive behavior “which makes it impossible to perform personal, family or professional duties” [7] to something unusual. Many aspects of gambling addiction are understudied in medical practice and theory. It is necessary to develop treatment methods.

III. RESEARCH QUESTIONS

Researchers study various aspects: the relationship of gambling with non-chemical types of addictions [2, 5], gambling addictions [9], the stages of pathological propensity to gambling [1] confirming the unity of pathogenetic mechanisms of game and drug addiction [4]. In modern psychiatry and special psychology, there are gaps that give rise to a number of contradictions:

- requirements of society to new gambling diagnostics and treatment methods and the lack of research on these methods;
- the need for effective diagnostic work in psychiatry and special psychology and the small number of methods for their implementation;
- the lack of effective psychotherapeutic practices for successful work with gamblers.

IV. PURPOSE OF THE STUDY

Among individuals prone to non-chemical addiction, the most vulnerable age group is men aged 18–25. The purpose of the article is to highlight the results of an empirical study of the relationship of hidden suicide and pathological propensity to gambling and determine on possible areas of psychotherapeutic work with this category of persons. The model of psychotherapeutic treatment should include a set of physical activities allowing patients to feel euphoria which can replace gambling euphoria, prevent this disorder and provide specialized medical assistance using pharmacotherapy and psychotherapy.

V. RESEARCH METHODS

To achieve this goal, 54 people addicted to gambling (F63.0) were examined. They were patients of drug treatment and psychotherapeutic centers. The comparative group consisted of 42 people who did not suffer from gambling

addiction. Men aged 20–25 were dominant. The research procedure included the use of the following psychodiagnostic methods: the Tucker test and the suicide risk questionnaire (SRQ) developed by A.G. Shmeleva and modified by T.N. Razuvaeva.

VI. FINDINGS

The Tucker test showed a high probability of pathological gambling dependence. The subjects of the comparative group demonstrated the absence of gambling consequences. The distribution of the level of development of suicidal intentions and specific factors of suicidal risk according was as follows:

1. In the main group addicted to gambling, indicators of factor A were high (57.16 %), indicators of factor D were lower (27.34 %).

2. In the comparative group, low rates (78.33 %) for all 8 factors and high rates for the AF factor (69.67 %) prevailed.

The distribution of severity by other factors:

1. In the main group (pathological propensity to gamble), indicators of factor A (80.12 %) prevailed until the participants were immersed in this state (19.78 %).

2. In the comparative group, not high indicators of factor A (18.12 %) or its complete absence (71.88 %) prevailed.

According to the statistical data based on the Student's t-test, one can speak about the reliability of differences between two groups in terms of quantitative indicators of the SRQ method and the Tucker test.

There are significant correlations between the results of the Tucker test and the SRQ method for the main group.

The indication for psychotherapy should be positive diagnostics according to the ICD-10 classification. The contraindications are as follows: refusal to participate in psychotherapeutic activities; alcohol or drug intoxication; severe dementia (dementia, oligophrenia), severe organic brain damage, severe somatic or neurological pathology; suicidal tendencies; severe manifestation of withdrawal syndrome (alcohol, opium), pronounced exacerbation of pathological attraction; acute psychotic disorders.

Based on the research of domestic psychotherapists, the following rules for conducting psychotherapeutic work can be formulated: compliance with the time frame; flexibility of the psychotherapeutic role depending on the needs of the patient and therapeutic expediency; availability of a psychotherapeutic contract (patient's informed consent to treatment, patient's responsibility for treatment). Intensity and duration of psychotherapy is individual. Psychotherapy should include the following steps: establishing contact (empathic listening, empathy methods, demonstrating support and interest, explaining the role of drugs); development of a therapeutic strategy (psychotherapeutic interviews, psychodiagnostic examination and development of an individual psychotherapeutic plan of care).

1. Implementation involves psychotherapeutic activities; consolidation of positive changes, prevention of relapse (securing the ability to use the skills of problem solving obtained in the process of psychotherapy). The lectures on the following topics are obligatory:

1. Overcoming pathological propensity to gambling.
2. Pathological gambling addiction as a biopsychosocial phenomenon.
3. Symptoms and syndromes of pathological propensity to gambling.
4. Stages of pathological propensity to gambling.
5. Psychological, somatic and social consequences of pathological propensity to gambling.
6. Psychological protection from gambling addiction.
7. Basic principles and objectives of psychotherapy pathological propensity to gambling.
8. Gambling relapse prevention.

It is also necessary to use physical exercises three times and manual therapy methods.

This integrated approach improves health, cerebral circulation, and provides an opportunity for patients to feel their capabilities, allows them to get rid of depression. The use of physical exercises allows patients feel euphoria which will become more pleasant than gambling euphoria.

For male gamblers, the following exercises (4 exercises in each set) can be recommended.

1. Exercise for training anterior abdominal wall muscles – 4 sets of 5–8 complete cycles.
2. Exercises for training anterior abdominal wall muscles.
3. Deadlift – 4 sets of 6–8 complete cycles.
4. Exercises for training biceps.
5. Pressing from behind the head – 4 sets of 5–8 complete cycles.
6. Exercises on an inclined board for training anterior abdominal wall muscles.
7. Exercises for training back muscles.
8. Exercise for training triceps muscles of the upper limb with a load – 4 sets of 6–8 complete cycles.

The cognitive-behavioral and existential-oriented therapy will eliminate irrational beliefs caused by the dependence (e.g., “I can’t stop gambling”; “I repeatedly put my family in a difficult financial situation”; “if I lose control, nothing will help me”; “All life is a game”; “I don’t care what happens to other people, I want to solve my own problem”; “The previous life story influences the current state”; “Only money can solve all the problems”; “It is easier to circumvent difficulties than

to bear responsibility”; “Our whole life is a risk”; “All my problems are due to external forces.”)

VII. CONCLUSION

The gambling addiction is an urgent problem, since it can destroy interpersonal relationships, deform the personality structure, worsen the financial state. Among the determinants that can cause addiction are inadequate self-esteem, low self-esteem, negative self-relationship, anxiety, peculiarities of interaction with society (isolation, demonstrativeness, frustrated social needs). The psychological mechanisms that cause addiction are the dominance of emotions over intellectual control, an affective blockade of intelligence.

The research showed that people who are not prone to suicidal behavior have a lower risk of gambling addiction than subjects with a pathological gambling addiction. There are correlation links between indicators of gaming dependence and the dominance of emotions over the intellectual control. Thus, there is a direct influence of suicidal behavior on pathological gambling addiction development. Taking into account the characteristics of gamblers and factors of suicidal behavior, one can argue that gamblers emotionally respond to a psycho-traumatic situation. The gambling addiction is a frequent cause of divorces. The game becomes a kind of alcohol or drug for these people.

References

- [1] A.V. Akhrameyko, V.A. Kutashov, “Modern aspects of the treatment of game addiction”, *Young Scient.*, no. 2, pp. 320–326, 2016. Retrieved from: <https://moluch.ru/archive/106/24824/> (access date: 15.04.2019).
- [2] J.C. Barker, M. Miller, *Aversion therapy for compulsive gambling*, *Lancet*, vol. 1, pp. 491–492, 1986.
- [3] A.O. Bukhanovsky et al., *The disease of addictive behavior. Guidelines*. Rostov-on-Don, 2001.
- [4] A.O. Bukhanovsky, Yu.A. Kutyavin, M.E. Litvak, *General psychopathology: A manual for doctors*. Rostov-on-Don, Phoenix, 2003, 416 p.
- [5] P.N. Dannon, K. Lowengrub, E. Musin et al., “Sustained-release bupropion versus naltrexone in the treatment of pathological gambling: a preliminary blindrater study”, *J. Clin. Psychopharmacol.*, vol. 25, no. 6, pp. 593–596, 2005.
- [6] I.D. Darensky, “Dependence on gambling, Modern advances in addiction medicine”, pp. 44–45, 2005 [Proc. of the int. conf. dedicated to the 20th anniversary of the National Scient. Center for Addiction], Moscow, 21–22 November.
- [7] V.D. Mendelevich, “Gambling as a core addiction”, pp. 82–86, 2007 [Proc. of the int. conf. “Game addiction: myths and reality”]. Moscow: SSC SSP Roszdrava.
- [8] J.A. Moskowitz, “Lithium and lady luck: use of lithium carbonate in compulsive gambling”, *New York State J. of Med.*, vol. 80, pp. 785–788, 1980.
- [9] V.V. Zaitsev, A.F. Shaydulín, *How to get rid of addiction to gambling*. St. Petersburg: Publishing House “Neva”; Moscow: OLMA-PRESS Exlibris, 2003, 128 p.