



Original Contribution

**PATHOLOGICAL GAMBLING – AN EXAMPLE OF NON-SUBSTANCE
RELATED ADDICTION**

B. Hoffmann*

Institute of Applied Social Sciences, Warsaw University, Warsaw, Poland

ABSTRACT

Psychoactive dependences, like addiction to various forms of activity, are the focus of theoretical and research interest of many branches of science. Although Polish legislation defines dependences specifically with regard to psychoactive substances, addiction can also be an acquired, extremely powerful need to engage in certain behaviours. Hence the tendency in the literature to call many addictive or habitual forms of human activity dependences. Gambling is one of them.

There are several categories of gambling: recreational gambling, problem gambling and a form which merits particular attention, pathological gambling. Like most diseases and dysfunctions, pathological gambling is defined according to diagnostic criteria. Gambling dependence is the overwhelming, irresistible urge to gamble, heedless of the adverse effects.

Addictive gambling is symptomatic of emotional disorder. Despite the lack of a unified theory explaining its origin, several determinants have been indicated, both environmental factors and inherent dispositions. The major effects of gambling addiction include family breakdown, job loss, alcohol or other substance dependence, depression or even suicide.

Gambling addiction raises many questions: Why do some people succumb to it so easily whereas others show no interest in gambling? Are people who won high stakes in early gambles more likely to become addicted? Is the gambler's lifestyle related to later addiction in any way? These and other questions have stimulated the development of research on pathological gambling. Whatever the causes, however, gambling dependence is a serious disease and needs to be treated.

Key words: psychoactive dependences, habit and impulse disorder, gambling, pathological gambling,

Psychoactive dependences, like addiction to various forms of activity, are the focus of theoretical and research interest of many branches of science. The World Health Organization (WHO) defines dependence as a mental state, and usually also a physical state, resulting from the interaction of a living organism with a substance. This state is characterised by changes in behaviour and other consequences, including an always irresistible urge to continually or periodically use that substance so as to experience its psychological effects or avoid unpleasant symptoms resulting from its absence. (1) Although, Polish legislation defines dependences specifically with regard to

psychoactive substances, (2) addiction can also be an acquired, extremely powerful need to engage in certain behaviours. Hence there is a tendency in the literature to call many addictive (habitual) forms of human activity dependences. These changes in the understanding of the nature and manifestations of dependence have led to the development of classification into two basic groups: so-called substance addictions, that is dependence on psychoactive substances, and non-substance addictions, that is dependence on eating, work, surfing the Internet, sex, shopping or gambling, for example. It is worth noting that identification of the latter group of disorders has led to many discussions and controversies questioning the legitimacy of applying the term dependence to behaviour patterns formerly defined in terms of loss of impulse control or in terms of obsessive-compulsive disorder. (3) ICD-10, the classification system of mental

*Correspondence to: *Beata Hoffmann, Institute of Applied Social Sciences, Warsaw University, Poland, hoffmann.beata@gmail.com, phone: +48 22 4071700, mobil: +48 668015660*

and behaviour disorders, has the category “Habit and impulse disorder” which includes pathological gambling, pathological fire-raising (pyromania), pathological stealing (kleptomania) and trichotillomania, the inability to refrain from pulling out one’s hair. Typical of all these conditions is repetition without any clear, rational motive of behaviour which is usually detrimental to the interests of the patient or other people. Patients refer to such behaviour as relating to an uncontrollable impulse (urge) to act. It is therefore analyzed in terms of loss of control over impulsive behaviour. (4) The fact that various behaviours have been called addictions or that addictions can assume various forms notwithstanding, all addictions have several identical features within the range of mental, physical and social dysfunction. (5) The clinical picture in Internet, gambling or work addictions is no different from the one we see in substance addictions. There is the persistent urge to perform specific actions, loss of control which prolongs action duration, an abstinence syndrome in the form of a variety of complaints, anxiety when further activity must be discontinued, and the compulsive need to continue activity despite its clearly negative effect on mental, social or even physical functioning. (6)

There are many theories which try to explain the origins of addiction – psychological, biological and social. They all merit our attention. (7) Bohdan Woronowicz writes in his latest book: “Tempo of life, escape from unaccepted emotional states, the search for rapid pleasure and instant gratification, and difficulty controlling impulses have become the impetus behind addictions. From the biological point of view the causes of addictions can be traced to dysfunction of the brain’s so-called reward system”. (8) This same writer draws attention to the fact that “substance dependences and all other >>dependences<< are playing an increasingly significant role in our society and the number of victims is rising. Individuals with a (usually) unconscious deficit of certain life skills and for whom a substance or behaviour have been a source of transitory relief and unfortunately only apparent reduction of the deficits, are most likely to become addicted”. (9)

Here, I would like to concentrate on one of the disorders mentioned above, pathological gambling. According to the PWN Dictionary

of Foreign Words, gambling is a “risky enterprise whose outcome is completely random”. (10) Most Polish dictionaries offer similar definitions and the word itself [*hazard* in Polish] is derived from the Arabic *az-zahr* which means “dice” and “to throw dice”. (11)

It is not easy to trace the origins of gambling. People on several continents have gambled for thousands of years. The first dice were excavated in Mesopotamia. The ancient Chinese, Egyptians, Greeks and Romans all gambled. Greek mythology pictures the gods gambling for the division of land, sea and the underground and historical literature portrays warriors throwing dice and playing board games to ward off boredom. The Roman leaders, Julius Caesar and Mark Anthony, and later Roman emperors, Caligula, Claudius and Nero, were all passionate dice players. Gambling was equally popular in modern times. People gambled during the second crusade and Richard the Lion Heart, George I Hannover and Henry VIII Tudor were all enthusiastic gamblers. Gambling was also a popular pastime at the court of Louis XIV Bourbon. The Chinese first played for money then for cards. Cards portraying tapestries found their way to Italy and Spain in the 13th century. It was then that figures such as king, queen and valet were invented. Legalization of gambling in the American state of Nevada in 1931 was a pivotal point in history and it led to the dynamic development of Las Vegas which soon became the world capital of the gambling industry. This industry, which soon developed with great intensity in many countries, contributes considerably to their budgets. This is particularly obvious in the United States of America where casinos had a turnover of 47.3 billion dollars in 2004 and more by almost a half (60 billion dollars) in 2009. Europe comes second with France (2.5 billion euro), Germany (about a billion euro) and the United Kingdom (also about a billion euro) contributing the most in 2004. Although Poland has a long history of gambling, reaching as far back as the early Middle Ages, the first commercial casino in this country did not open until 1988. The Polish gambling market began to develop in the early 90s and continues to flourish.

Gambling has been variously classified. One system distinguishes recreational gambling (a form of recreation and a way of spending leisure time), problem gambling (when the first

negative consequences of gambling appear) and pathological gambling (addiction with all its consequences). (12) Pathological gambling involves an irrepressible and uncontrollable urge to gamble whatever the consequences. Like most diseases and disorders, pathological gambling is defined by diagnostic criteria. This phenomenon has been clinically defined as a brain transmission disorder. (13) Pathological, uncontrollable gambling was first described in the USA in 1980. (14) Then too, the American Psychiatric Association agreed that pathological gambling was a disease and included it in DSM-IV in the group of impulsive disorders. In order to diagnose pathological gambling, at least five of the following diagnostic criteria must be present: (15)

1. is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble);
2. needs to gamble with increasing amounts of money in order to achieve the desired excitement;
3. has repeated unsuccessful efforts to control, cut back or stop gambling;
4. is restless or irritable when attempting to cut down or stop gambling;
5. gambles as a way of escaping from problems or of relieving dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression);
6. after losing money gambling, often returns another day in order to get even ("chasing" one's losses);
7. lies to family members, therapist, or others to conceal the extent of involvement with gambling;
8. has committed illegal acts, such as forgery, fraud, theft, or embezzlement, in order to finance gambling;
9. has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling;
10. relies on others to provide money to relieve a desperate financial situation caused by gambling. (16)

According to the ICD-10, pathological gambling involves "the frequent recurrence of gambling, which prevails in human life and is detrimental to values and social, professional, material and family commitments". (17) In 2001 Bohdan Woronowicz suggested the following diagnosis: "Pathological gambling

can be diagnosed when at least three of the following symptoms were present within the last year:

1. A powerful need or urge to gamble;
2. The subjective feeling of difficulty to control gambling behaviour, i.e. loss of ability to refrain from gambling and on length of time spent gambling;
3. Anxiety, irritability or feeling bad when trying to stop or limit gambling and subsiding of these states upon resumption of gambling;
4. Spending more and more time gambling in order to attain satisfaction or the well-being which were previously attained in a shorter time;
5. Progressive neglect of alternative sources of pleasure or former interests on behalf of gambling;
6. Continuing to gamble despite its harmful consequences (physical, psychological and social), know to be related to time spent gambling. (18)

A complete diagnosis of compulsive gambling can only be made when someone meets the criteria of the so-called "diagnostic code". Several tests can be used to diagnose addictive gambling, for example the Gamblers Anonymous (19) and the Wexler Diagnostic Test (20). The American Psychiatric Association has also developed its own Diagnostic Criteria (21).

Bohdan Woronowicz says that it is possible to identify at least three levels of gambling involvement. Most people gamble for fun although they very often want to win. These people set themselves a limit of money they are willing to spend or a time limit after which they intend to withdraw whatever the outcome. These are so-called social gamblers and their purpose is recreational. A second group, called "professionals", has a slightly different attitude toward gambling. Professional gamblers try to control the gambling process. They invent and apply various strategies but do not become "completely" involved. Pathological gamblers have a completely different approach to gambling. Their whole emotional and psychological life is controlled by their gambling. (22)

The most popular forms of gambling nowadays include gambling machines, bingo, roulette, cards, horse racing and (less popular) dog racing. Internet gambling is gaining popularity and becoming a serious problem. The simplest

and most frequent random game is the lottery whose stake can be chosen freely. There is also a large variety of casino games which differ with respect to rule combinations and randomness. Poker outcomes are the most contingent on skill and most controllable. The outcomes of Blackjack are less controllable and those of roulette or gambling machines are completely random. Manfred Eigen and Ruthild Winkler (23) found that the more control gamblers have over the outcome, the more intense their emotions when gambling.

Edmund Bergler gives us a portrait of the pathological gambler who is morbidly optimistic as far as the outcome is concerned and devoid of any reflection upon losing. He cannot comply with his initial decision and risks much more than he can afford. Once he begins to play he is unable to stop, especially if he is winning. (24)

Some of pathological gamblers' typical behaviour patterns are: an obsessive wish to play, devotion of more time and money than initially intended, continuing to play despite other people's reactions or conflicts at work.

Tomasz Dąbrowski (25) found that gamblers' satisfaction after winning is very short-lived. They soon resume their gambling so as to obtain a new shot of satisfaction. It is worth noting, however, that gamblers also glean specific rewards from their losses: if they lose, they must "get even" and this serves as an excuse to keep on gambling.

The mechanisms of addictive gambling merit our attention. Addictive gambling is a symptom of emotional disorder. The following factors facilitate its development: low self-esteem and immature or obsessive behaviour patterns. According to Woronowicz, "pathological gambling is fuelled by the need to experience the intense tension which accompanies playing. When one wins, this increases one's sense of power and induces one to keep playing. When one loses, one experiences loss of self-respect and self-control and often has a powerful need to win one's money back and this in turn stimulates the need to seek psychological comfort in further gambles". (26) Pathological gamblers usually have unattainable goals which eventually become sources of frustration. The addicted gambler is convinced that as soon as she resumes her gambling she is bound to win. If she loses, she usually blames fate. Strong

involvement is conducive to addiction. Gamblers are sure that if they discharge their anger and aggression when gambling this will help them to solve the problems which torment them. This leads to the obsessive need to gamble. (27)

Like most addictions, pathological gambling has several phases. The amount of time which elapses from the onset of gambling and loss of control varies. Most writers distinguish four phases in the development of pathological gambling:

1. The winning phase. This phase is characterized by occasional gambling and fantasies about huge winnings. In this phase, large winnings lead to continual increments of arousal, more and more frequent bidding and higher and higher stakes. Gamblers begin to believe that they are always going to win and if their winnings are large they want to repeat them. This leads them to risk higher and higher stakes.
2. The losing phase. This phase is characterized by bidding for high stakes and risking high losses. Gamblers borrow large amounts of money which they use to get their money back and they use their winnings to pay back their debts. Gamblers gamble at the cost of work and family, lie and begin to conceal their addiction. They continue to believe that they will soon have high winnings.
3. The desperate phase. This phase usually involves separation from friends and family and job loss. Increasing debts cause the gambler to panic and creditor pressure often leads to crime. These stressors cause psychological exhaustion, accompanied by nagging conscience and guilt, helplessness and depression.
4. The hopelessness phase. This is the last and final phase. By now, the gambler's family has usually disintegrated and complete isolation, helplessness and above all enormous debts lead to feelings of hopelessness. Suicidal ideation and sometimes suicidal attempts are typical in this phase. The pathological gambler has four solutions: to escape into alcohol or drug dependency, go to jail, commit suicide or be killed by creditors, or seek help. (28)

One of the questions most frequently asked is: why do people gamble? The simplest and most logical answer is that pathological gamblers gamble because they are addicted. But if we want to prod more deeply it would be advisable to refer once more to Tomasz

Dąbrowski's research. This research suggests that most pathological gamblers either say that gambling is a pastime, a mode of "being in the community" or that it is a source of specific emotions and exceptional experiences. Gambling allows many gambling addicts to realise their fantasies concerning large winnings – fantasies which are a form of escape, avoidance of anxiety and problems.

Despite the lack of a homogeneous etiological theory of addiction, both environmental factors and inherent dispositions have been suggested as determinants of pathological gambling. Faulty socialization causing the child to believe that gambling is an innocuous and appropriate way to get rich has been suggested as one of the major determinants. Gambling in parents and offspring is highly correlated. (29) No wonder, therefore, that gambling is becoming an increasingly serious problem in youth. Gambling itself is widespread and so are other problem behaviours such as drug use and alcohol abuse.(30) Also, youth is much more susceptible to addictive gambling than adults and addictive use of slot machines has become particularly problematic. (31)

The most frequently recognized consequences of addictive gambling are family breakdown and psychoactive substance dependence but there is increasing evidence that pathological gamblers have a high risk of depression or even suicide. According to National Health Fund (NFZ) statistics, more and more people are being treated for pathological gambling in Poland. Prior to 2006 the number of people in treatment refunded by the National Health Fund was more or less constant (400 a year), this number increased tremendously in subsequent years to 631 in 2007, 948 in 2008 and 1340 to September 2009.

Pathological gambling raises many questions. Why do some people become addicted so quickly whereas others show no interest in gambling? Are people who won large sums of money at the beginning of their "gambling encounter" more likely to become addicted? Is there any relation between lifestyle and addiction? These and other questions have led to the development of research on pathological gambling. One recent hypothesis which has proliferated widely is that gambling susceptibility may depend on the level of endorphin secretion but research findings have

not been conclusive. Genetic susceptibility has likewise not been confirmed. Researchers have noticed, however, that modelling of parental behaviour patterns is important. Lifestyle and destructive problem solving strategies can, in some cases, predispose offspring to become addictive gamblers. One repeatedly declared reason for "returning to the casino" is high first-time payoff. The false conviction that "luck is on my side" propels people towards successive, often less pleasant, experiences and losses motivate people to keep on gambling.

Whatever the reasons for addictive gambling, it is a serious disease and needs to be treated.

REFERENCES

1. Godwod-Sikorska C., Woronowicz B., Ketner M., *Zespół uzależnienia od alkoholu* [The alcohol dependence syndrome]. Institute of Psychiatry and Neurology, Warszawa 1989
2. The 2005 Prevention of Drug Addiction Act.
3. Cierpiąłkowska L., *Kierunki rozwoju współczesnej psychologii uzależnień*, [New directions in the psychology of addiction]. In: Cierpiąłkowska L. (ed.), *Oblicza współczesnych uzależnień* [The many faces of contemporary addictions]. Wydawnictwo Naukowe UAM, Poznań, p. 21, 2006
4. Woronowicz B. T., *Uzależnienia. Geneza, terapia, powrót do zdrowia*, [The addictions. Origins, therapy, recovery]. Media Rodzina and Parpamedia, Warszawa, p. 461, 2009
5. Więcej na ten temat: [More on:] Woronowicz B. T., *Uzależnienia. Geneza, terapia, powrót do zdrowia* [The addictions. Origins, therapy, recovery]. Media Rodzina and Parpamedia, Warszawa 2009.
6. Cierpiąłkowska L., op. cit., p. 24.
7. See: Rogala-Oblękowska J., *Przyczyny narkomani. Wyjaśnienia teoretyczne*, [The causes of drug addiction. Theoretical explanations]. ISNS, Warszawa 1999.
8. Woronowicz B. T., op. cit., p.15.
9. Woronowicz B. T., op. cit., s.15.
10. Słownik Wyrazów Obcych PWN [The Dictionary of Foreign Words], ed. Jan Tokarski, Warszawa, p. 269, 1980
11. Woronowicz B. T., op. cit., p. 464.
12. Woronowicz B.T., op. cit., p. 468.
13. Diagnostic and Statistical Manual of Mental Disorders (4th ed.).

14. American Psychiatric Association „Diagnostic and Statistical Manual of Mental Disorders (3rd ed.), Washington, D.C.: American Psychiatric Association Press, 1980.
15. On the basis of Woronowicz B. T., op. cit., p. 471.
16. On the basis of Woronowicz B.T., op. cit., p. 471.
17. Woronowicz B. T., op. cit., p. 466.
18. Woronowicz B. T., op. cit., p. 270.
19. www.gamblersanonymous.com
20. Wexler A., *Gamblers and Gambling*, Lexington Books, Lexington 1989.
21. American Psychiatric Association, „Diagnostic and Statistical Manual of Mental Disorders”, 4th ed. Washington, DC, 1994.
22. Woronowicz B. T., op. cit., p. 466.
23. Eigen M., Winkler R., *Laws of the Game: How the Principles of Nature Govern Chance*, Princeton Science Library, Princeton University Press 1993.
24. Bergler E., *The Psychology of Gambling*, Hill & Wang, New York 1957.
25. Dąbrowski T., unpublished master's thesis: *Uzależnienie od gier hazardowych jako przykład uzależnienia o charakterze kompulsywnym – próba opisu zjawiska* [Gambling dependence as an example of compulsive addiction – a description of the phenomenon] supervised by Professor Jolanta Rogala-Oblękowska, Warsaw University, WSNSiR, Institute of Applied Social Sciences, Warszawa 2004.
26. Woronowicz B. T., op. cit., p. 466.
27. As demonstrated by Tomasz Dąbrowski, op. cit.
28. Woronowicz B.T., op. cit., p. 468.
29. Griffiths M. (transl. Anna Sawicka-Chrapkiewicz), *Gry i hazard. Uzależnienia dzieci w okresie dorastania* [Gambling and gaming addictions in adolescence]. Gdańskie Wydawnictwo Psychologiczne, Gdańsk 2004.
30. Griffiths M., (after M. D. Griffiths, I. Sutherland, *Adolescent gambling and drug use*, „Journal of Community and Applied Social Psychology”, nr 8, s. 423 – 427) In: Griffiths M., op. cit., 13, 1998
31. Griffiths M., op. cit., p. 14.