THE TREATMENT OF GAMBLING DISORDER: GUIDELINES

My view on problem gambler's treatment, based on practice and PhD data of 342 disordered gamblers.

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1.GENERAL INFORMATION, CLASSIFICATION AND RISK FACTORS

One of the areas that developed the most within the field of psychology was the treatment of addictions. Some name it differently, as *disorder, gambling disorder* or simply *vice*. More and more official terminology comes from the Anglo-Saxon current of DSM-V, included in the chapter of behavior addictions.

1.1. PREVALENCE AND GENERAL INFORMATION ON PATHOLOGICAL GAMBLING

Gambling disorder is frequently referred as an invisible addiction, because of how difficult it is to detect its signs and symptoms, as well as its individual, structural and situational factors, which are strongly linked to each other and perhaps helping to make them untraceable.

At a general level of the elaboration of prevalence to an international extent and other type of epidemiologic data, the latest twenty years, especially, have been very productive. Even though different assessment instruments, methods and procedures in obtaining data are used, we are able to define the dimension and forms of problem gamblers, both in the offline as in the online mode, even though the online being more recent.

Legislators, health professionals and the public in general are interested in prevalence studies on gambling problems due to the great increase and spread of legalized gambling in the latest years (Petry, 2005). The same author refers that the first prevalence study to be known was established in the USA, in 1975, with the purpose of understanding the range of legalizing new forms of gambling in the state of Michigan, and its results were significant: 68% would have gambled at least once in their lifetime, 61% would have gambled the year before and 2.33% were identified as potential compulsive gamblers. By the end of the 20th century, according to Orford (2011), gambling itself became a «global gambler» in many countries' economy. That author refers, among other numbers, that in Italy total expenses with gambling went from 8 billion Euro in 1993, to 35 billion Euro in 2006, in Germany, from 1.5 to 26 billion Euro between 1980 and 2005; in the USA, from 10 billion in 1980 to 60 billion dollars in 2000; and in China it went from 2 million in 1985 to 10 billion dollars in the recent year of 2010. In Great Britain, in 2006/2007, the gambling commission estimated that the total income of the gambling industry has been of 84 billion pounds, with a gross gain of 9.9 million pounds. The global result of gambling in France increased from an equivalent of 98 million Euro in 1960 to 37 billion in 2006 (INSERM, 2008), stating that in ten years (1996-2006) gambler's bets increased 77%. Those numbers expose the worldwide great development gambling had. The fact that 80% of adults in the USA gamble at least once a year is revealing of today's picture and of the social acceptance of gambling, regardless type or gambling mode (Orford, 2011). In Portugal we reached 4 billion euros just for the online gambling, while more traditional gambling from Departamento de jogos de Santa casa (scratchcards, euromillions and also sport betting offline

etc.) sold 3.360 billion euros. In land casino reported a total amount of 328 millions euros (a confirmer) …. Serviço Regulação e Inspeção de Jogos do Turismo de Portugal (SRIJ), the Portuguese gambling regulator.

International prevalence of pathological gamblers can provide very useful information in different areas. Data on pathological gamblers generally don't make a distinction between offline and online gambling, since only recently researchers begin to separate the different ways to access gambling. When speaking exclusively of pathological gamblers, it is assumed that they would be offline gamblers. A particularly important fact, not only because of its clinical component but also for its financial component, is what suggests that those who have problems with gambling contribute with up to one third of all profits from gambling (Orford, 2011). Those numbers reveal the great importance that problem gambler has, both in the industry of gambling and in its economic component in terms of insolvency and bankruptcy, as well as in the clinical component and treatment.

There are countries with high percentages of gambling problems within the population, where the atrisk gambling together with the pathological gambling disorder would result in approximately 5%, although, in Europe, in general, levels above 1% or 2% are not observed (INSERM, 2008). Around 160 studies on prevalence in the United States were compared, and the following average numbers were obtained: 2.5% for adults with gambling problems (abusive), 1.5% for adults with pathological gambling, 15% for teenagers with gambling problems (abusive/at risk), and 5% for teenagers with pathological gambling (INSERM, 2008). According to DSM-V (APA, 2013) the results are considerably different, so that the prevalence of gambling disorder in the USA presents the following numbers: 0.2% to 0.3% for the overall population; 0.2% for woman; 0.6% for men; 0.9% for Afro-Americans and, finally, from 0.4% to 1% prevalence during life span. Different results come up in other places of the globe, as in Quebec, so that in the overall population the percentage of at risk or abusive gamblers shown was of 5.59%, and exclusively among the gambling population, the percentage for pathological gamblers was of 9.23% and 10.86% for gamblers at risk (Romo *et al*., 2011).

In geographic and culturally closer countries, the results found are the ones just about to be shown. Data in France, more precisely in Paris and the outskirts, are of 1.24% for pathological gambling in the overall population. The estimated numbers based on the whole of the Italian adult population between 18 and 74 years of age, in 2012, was of 1.01%, against 1.27% in 2008, never the less, being of 1.71% for all adults that gambled in 2010 (Barbaranelli, 2012). In 2007, in Great Britain, the prevalence of gambling problems was of 0.6% for the overall population and of 14.7% for intensive gamblers, that is, for every day gamblers (INSERM, 2008). In Denmark, the prevalence of problematic gamblers remained stable from 2005 until 2010, with 0.9% and 0.8% of the overall population, respectively (EKHOLM *et al*, 2012). In Switzerland (German and Italian cantons), 2% of the overall population over 18 had gambling problems along their lives; 0.5% had problems (problematic) and 0.3% considered pathological gamblers, and 0.7%, 0.1% and 0.2% respectively, concerning the previous year (Brodbeck, Duerenberger & Znoj, 2009).

In Spain, data is diverse and refer, essentially, to its provinces provided with a certain independence in what concerns prevention programs, treatment and development of prevalence studies. Nevertheless, Becoña (1999) says that no less than 1.5% of the Spanish population over 18 is of pathological gamblers, and among children and teenagers the percentage would be even higher, with numbers between 1.6% and 2.4%. In 2009 that same author, revealed the following results and study authors: a) Tejero, 1998, in the province of

Cadis, a 1.9% prevalence of pathological gamblers; b) Salinas, 2002, in the province Andaluzia, 1.7% c) Becoña, 2004, in the province of Galiza, only 0.3%; and finally, d) Villoria, 2003, in Madrid, 4.5% of pathological gamblers within the adult population. Those numbers give us the overall idea of the gambling problem in several western countries, for the relatively recent years.

According to SICAD/Universidade Nova de Lisboa/Balsa (2012 and 2017) the Portuguese national prevalence figures using SOGS questionnaire are as follow: in 2012 we had 0,3% of problem/pathological gamblers and 0,6% in 2017 (doubled) and we had for at risk gamblers in 2013 around 0,3 that increased to 1,2% in 2017 (quadrupled).

Online gambling ages was 25 to 44 = 61,4% from all the online registration, from 18 to 24 there were 22,9% (representing 34% of the new comers to online platforms) and not even 15 in the more than 45 years old. New comers that were under 35 years represent 65,7% of the new registrations (293,8 on the last 2021 trimester. There were 72,000 self-exclusion granted requests by the end of 2021. In the fourth trimester of 2020, these gamblers were divided in the following types of games: 42,7% (representing 345 million euros value) for sportbeting, 28,7% for casino games types like slot machines, roulette, etc. (representing a value of 1405.5 million euros value) and finally 28,6% gambled on both kinds. Since 2015 680 notifications for closure and 675 for being blocked e 14 were sent to court, SRIJ, 2021.

In Portugal, according the study of Lopes (2010), the prevalence rate of gambling addiction is identical to the one of the European countries in general, conveying the following numbers: 42% gambled at least once before 2009, the addicts would be divided in 71% men and 21% of women, while among the abusive gamblers 52% would be men and 48% women, also mentioning that comorbidities with alcohol would be of 17% and of 6% with drugs. Balsa's study (2012) reveals 0.3% of probable pathological gamblers and 0.3% of abusive gamblers. Male gamblers out numbers by five times female gamblers, and male abusive gamblers are twice the numbers of female abusive gamblers. Portuguese people gambled mainly, in decreasing order, through Euromillions (61.6%), *Totobola* or *Totoloto* (31.7%), *Raspadinha* (24.6%), lottery (18.3%), betting at gambling houses like casinos, bingo halls, etc. (6.5%), sports gambling (5.4%), card games between friends or acquaintances involving money (3.2%).

Social economic based prevalence in pathological gamblers reveal concerning results. Results from two of the latest surveys in the USA, as well as from other countries, show that low socio-economic status appears linked to gambling problems (Petry, 2005). In Canada a group of gamblers was studied and the outcome showed that approximately 25% to 33% of job losses and insolvency were related to gambling (INSERM, 2008). In 42% of pathological gamblers there was a history of gambling in the family. While 43% would be male parents, 10% would be mothers, and others were close relatives such as grandparents, brothers or sisters-in-law and uncles or aunts (Bowden-Jones, 2012). In that author's study, revealing information on the pathological gambler is that 61% of the sample didn't have a formal forensic history although 83% of them mentioned having committed illegal acts in order to cover their bets. According to Petry (2005), several studies that took place in Atlanta, Las Vegas, and other places where casinos were opened, revealed higher suicide rates compared to all the other places in the USA, both within residents or visitants, and those rates appear to be associated to an increasing access to gambling. Some information on reasonably stressing events in gamblers' lives, such as divorce cases, showed that dysphoric thoughts and mood before betting worked as a meaningful trigger for the chase of the lost money (Toneatto & Nguyen, 2007). Even though there is no data available in Portugal, international research tells us that, especially in

Anglo-Saxon countries, ethnic minorities such a native Americans, Hispanics, among others, are keener on having gambling problems.

1.2. THEORETICAL AND CLASSIFICATION COMPONENTS: THE WORLD HEALTH ORGANISATION AND THE DIAGNOSTIC AND STATISTICS MANUAL OF MENTAL DISORDERS (DSM-V E CID-10)

Addiction treatment is a very recent science. The first scientific studies worthy of acknowledgment go back 50 years or so and are coincidental to the returning of American soldiers from Vietnam with problems associated to the use of opiates. Psychotherapeutic and medical approaches to it are innumerous and all of them valid. All aim the treatment of addictions, but following different paths. The cognitive-behavior approach, when associated to others such as the 12 steps of the Minnesota model, mindfulness or EMDR, among others, seems to be the most consensual regarding its intervention capability and that gathers greater research.

Those studies are never easy to develop due to the considerable amount of variables difficult to control, like therapeutic approach itself, patient's age and gender, the psychologist's own style, social, professional and family support network, how long the gambling problem lasts, the patient's own comorbidities, tools for measuring behaviors, consequences, and so on.

In what respects guidelines for a certain model of treatment of a gambling disorder mentioned below, are in fact all there is. They are guidelines in which I deeply believe in, based on my own experience and that show a significant rate of success. I take success as all those capable of sticking to abstinence due to an awareness and change in behavior patterns, thinking patterns, and ways to deal with emotions according to a free and healthier way of life.

I make notice that we speak of treatment rather than cure or remission because in terms of neurobiology and genetics data more and more it is shown that addiction is a chronic problem, but not terminal. Meaning, that by facing treatment or even through spontaneous remission, it is possible to gain quality in life sustained on gambling or substance abstinence. Many authors advocate the control or management of the gambling behavior or even of substances in a balanced way.

It is a followed line of thought I do not share, although I admit its possibility. My experience of 20 years dealing with addiction problems leads me to state that whoever had serious addiction problems does not reach the desired control possibility. Usually, it is a matter of time until becoming obsessive again, for the compulsiveness and impulsivity to return. Those are the facts that lead to loss of control and exchanging priorities which define that kind of behavior addiction, as well as others.

Before moving on to a more practical aspect, I must remind it's not my purpose to have a solution or a recipe: only guidelines I hope might open doors and be an aid for therapists and treatment models to evolve so that patients, as well as families, who suffer deeply with that disabling and sometimes fatal addiction can be helped. On the other hand, it wouldn't be conceivable not to combine as far as possible three of the most outstanding variables in gambling disorder, which are the factors of individual, structural and situational risk. Any treatment that isn't orientated towards that systemic, environmental, globalizing, interactive, etc. setting, is prone to undergo additional difficulties. I also believe that, as important as the

therapist's technical skills, is, in a substantial way, the quality of the therapeutic relationship between psychologist and patient.

In the latest and recent version of DSM, from 2013, the fifth one, pathological gambling is no longer classified in «impulse control disorders not classified elsewhere» and is now part of a new category: Non-substance related disorder" being the only behavior addiction in that category. The name changed from «pathological gambling» to «gambling disorder». According to Petry (2010), the working commission for the use of substances related disorders in the DSM of the American Psychiatric Association drew up a recommendation in the sense of moving pathological gambling to the chapter on addictions in that manual, being the suggestion based on a wide span of scientific literature that proves the high percentages of comorbidities within substance use and pathological gambling, the similarities in the presentation of some symptoms, some possible parallels in what concerns biological dysfunction, evident genetic responsibility in both and overlaying in treatment approaches. The diagnosis criteria placed on the fact of having committed some illegal act such as forgery, fraud, theft of embezzlement in order to gamble was withdrawn, but the one of gambling preoccupation remains. The gambling preoccupation symptom is quite useful to detect those with the highest levels of gambling problems (Reilly, 2013). The level of diagnosis criteria turn from five into four and there is a specific period of time to take into account: symptoms must endure for twelve months, many factors being common to both pathological gambling and substance use disorders, such as clinical evaluation, etiology, comorbidity and neurobiology (Bowden-Jones, 2010).

Even though most people gamble for fun or pleasure, betting has in itself risks for personal and social life in some of the more vulnerable or liable individuals (Griffiths, Hayer & Meyer, 2008). Pathological gambling became part of the psychiatric official nomenclature only from the third edition of the classification manual of mental disorders DSM-III onwards, published by the American Psychiatric Association, in 1980 (Ciarrocchi, 2002). As for its fourth edition, the definition holds the notion that that disorder's main characteristic consists on an unadjusted or inadequate behavior towards gambling, being recurrent and persistent (APA, 2002). That principle is also found in the corresponding manual ICD-10 from the World Health Organization, but in a less explanatory way. There are multiple states characterized by the inability to resist to an impulse, desire or temptation to do something harmful to one's self or others, that also show compulsiveness and obsession, such as pyromania, kleptomania, intermittent explosive disorder known for its impulsive aggressions, and trichotillomania (repeating patterns of pulling out hair) (Potenza, 2012). There were, never the less, considerable criticism to that classification for being placed in the impulse control disorders and not in the field of addictions due to behavior similarities and diagnosis proximity. Pathological gambling shares many factors with substance use disorders, with similar diagnosis criteria like tolerance to begin with, abstinence, preoccupation, and interference in everyday life or exchange in priorities (Potenza, 2012). DSM-IV referred that pathology in gambling varied between 0.4% and 3.4% of the overall adult population, and could reach 7% in places with a strong encouragement or tradition to gamble (Puerto Rico, Australia) and in high school students and teenagers. Those numbers rise in individuals in treatment for substance use, up to one third being women, but only 2% to 4% in treatment programs or in Gamblers Anonymous. In terms of defining personality traits, we can find the following description: many have strong distortions of thinking (denial, superstition, hyper-confidence, sense of power and control over gambling), and money is the cause and the solution to their problems. That is where the bad relationship gamblers have with money arises, which can be overrated or underrated, depending on the situation. Some are impulsive, competitive, energetic, restless, get bored easily, have a strong need for approval, revealing extravagant generosity

(when winning…). Half of the gamblers (50%) in treatment have suicide thoughts, and 17% attempted suicide. Those are alarming numbers, that place people with gambling disorders as some of the most vulnerable to suicide. That is in fact the new name for pathological gambler, that is, gambling disorder, classified as: substance related disorder and addiction disorders, forming a new category registered as Non-substance related disorders, where pathological gambling is included, and which seriousness varies from mild to severe depending on the numbers of registered criteria. It is the only behavior addiction.

1.3. Criteria that determine a gambling disorder diagnosis and its severity are, in a short and simple way, the following:

1. the need to gamble with in increasing amounts of money to attain arousal;

2. restlessness or irritability when trying to slow down or stop gambling;

3. unsuccessful efforts to control, slow down or stop gambling;

4. frequent preoccupation with gambling (for example, persistent thoughts recalling previous experience when gambling, disadvantages or planning future games, thinking about ways of getting money to gamble);

5. frequent gambling when feeling anguished (feelings of despair, culpability, anxiety, depression);

6. after losing money, going back the next day to recover it (chase one's own losses);

7. lying to conceal the extensions of the involvement in gambling;

8. jeopardize or lose meaningful relationships, job career/educational opportunities due to gambling;

9. depending on others to get money to mitigate desperate financial situations caused by gambling;

10. behavior towards gambling is no longer described as a manic episode.

If the gambler fulfills between four and five of those criteria, it will probably be classified as a mild gambling disorder. If the gambler fulfills between six and seven of those criteria, it will be considered as moderate. It will be severe if fulfilling eight or nine criteria, especially if it concerns «harmed others/career» and «money requests». Diagnostic criteria based on illegal actions come off DSM-V justified by the fact that they are neither representative nor systematical in gambling disorder. It would be as saying that one of the criteria for drug or alcohol addiction was having committed a crime.

There still are the following sub-classifications:

- Episodic - having diagnosis criteria at more than one occasion and symptoms remaining in between gambling episodes (for several months);
- Persistent - experiencing symptoms continuously over the years;

- On the other hand, you can talk about recent remission, that is, showing no diagnosis criteria for 3 to 12 months, or sustainable remission, with no diagnosis criteria for a year or more.

Carrying on with the references from DSM-V, the following is transcribed: there are more men than women with gambling issues, and the trend is towards less of a difference. Men gamble mostly on sports bets, cards and racing, and women mostly on slot machines and bingo games, being more specific within Caucasian Americans than within Afro-Americans, and Indian-Americans show higher levels of prevalence compared to Europeans and Hispanic Americans.

Risk factors and prognosis registered in DSM-V and which will be described later on are: a) personality (temperamental): if it is initiated during childhood or adolescence and tendency to come together with anti-social personality disorder, bipolar disorder and depression, and other addictions, alcohol in particular; b) genetic and physiological: combines genetics with environment, found mostly in identical twins rather than in fraternal twins, and also when there are close relatives with drinking problems (moderate to severe); c) course modifiers: frequent gambling problem remission as time passes (without any help), and having already had gambling problems as a strong predictor.

On development and progression, the American Psychiatric Association says that: a) it appears at any age, lasting years, and in women it can be more intense (telescopic effect), constant or intermittent, b) there are long periods of spontaneous remission, but an underestimated vulnerability towards gambling is responsible for relapsing; c) there's a pattern for the increase of time and money spent, where mild cases become severe specially with one or two types of gambling; d) frequency is high due more to the type of gambling itself than to the severity of the addiction. Consequences, for a slot machine gambler who goes to the casino twice a month, can be worse than the ones of a gambler who bets on sports every weekend. Gambling might increase when going through stressing periods, depression and due to substance use (or withdrawal); e) young males begin earlier with family and friends, together with acting on impulse and substance use, although women begin specially in midlife, with a late diagnosis, and easier acceptance of treatment; f) young people prefer sports bets and seek less for treatment than older people, that are not as many and prefer slot machines.

Less than 10% of gamblers seek treatment (DSM-V). That statement makes us feel apprehensive and concerned about all people who suffer from gambling problems and their families, who live in distress. Those people often go through withdrawal periods but with aggressive, depressive or replacement behaviors.

Some peripheral ideas are emphasized, because they can be relevant for the importance they might represent in certain contexts. Certain details can make all the difference between the success or the interruption of the gambling disorder treatment process.

In DSM-V you can also understand that people with gambling problems exhibit poor health conditions and high levels of seeking medical services. They have problems with tachycardia, angina and even tobacco and other substances use.

According to the World Health Organization, in its classification of mental disorders from 1998, there are the following definitions (WHO, 1992):

Disorders of adult personality and behavior: F63 – Habit and impulse disorders. F63.0 – Pathological gambling: The disorder consists of frequent, repeated episodes of gambling which dominate the individual's life to the detriment of social, occupational, material, and family values and commitments.

Those who suffer from this disorder may put their jobs at risk, acquire large debts, and lie or break the law to obtain money or evade payments of debts. They describe an intense urge to gamble, which is difficult to control, together with the preoccupation with ideas and images of the act of gambling and the circumstances that surround the act. These preoccupations and urges often increase at times when life is stressful. This disorder is also called "compulsive gambling" but this term is less appropriate because the behavior is not compulsive in the technical sense, nor is the disorder related to obsessive-compulsive neurosis. Diagnostic guidelines are: the essential feature of the disorder is persistently repeated gambling, which continues and often increases despite adverse social consequences such as impoverishment, impaired family relationships, and disruption of personal life.

The terms «compulsive gambling» or «compulsive gambler» go back to the mid of the 20th century and became popular due to pioneer researchers, like Custer, and due to self-help groups named Gamblers Anonymous, over fifty years ago (Whelan, Stenberg & Meyers, 2007), although not so used academic or scientifically.

The symptom that better defines the gambling problem is the loss of control, and all that comes with it in terms of destructive behaviors, as indebtedness, conflicts, health and work problems among others. Orford (2011) describes a small chapter of a renaissance physicist and mathematician, Jerome Cardano, that in 1525 said:

Along several years I gambled, not uninterruptedly, but, I'm ashamed to say it, every day. That way I lost my self-esteem, my belongings and my time… Even though gambling was diabolic in itself, yet considering the great deal of numbers at stake, it would seem a natural devil. For that reason, it should be discussed by doctors as if it were one of those incurable diseases… The great advantage in gambling will be of not gambling at all, since there are so many difficulties and possibilities of losing, that nothing better than not to gamble.

1.4. RISK AND VULNERABILITY FACTORS: INDIVIDUAL, STRUCTURAL AND SITUATIONAL

There are several perspectives on the different risk factors in what respects hazardousness of a substance or behavior. The most consensual is yet the one that divides factors into issues belonging in the first place to the person (individual factors), inherent and therefore causing a personal disposition. In second place, come the substance's own qualities or of a behavior associated to gambling or to the type of gambling (structural factors), as the event frequency, the speed of the its comeback, and respective aspects like prizes, the response speed or even the sounds produced. In third place, situational factors close the circle, since everything takes place in a relational, social, historic and time span, that can also increase exposure to certain addictive behaviors such as shopping, sex or, in that case, gambling. In other words, we can take in account that: risk and vulnerability are, first of all, the ones related to the core issue of dependency, that is, structural factors; secondly, the ones related to environment and context, so called situational factors; and, last, self-related factors, named as individual factors (INSERM, 2008). All of those attributes enhance, in a greater or lesser way, individual factors. Those risk factors can either favor first contacts and approaches as they can reinforce the ongoing and reoccurrence of behaviors in gamblers who already have moderate or severe problems, that is, affect the whole *continuum* of the gambler.

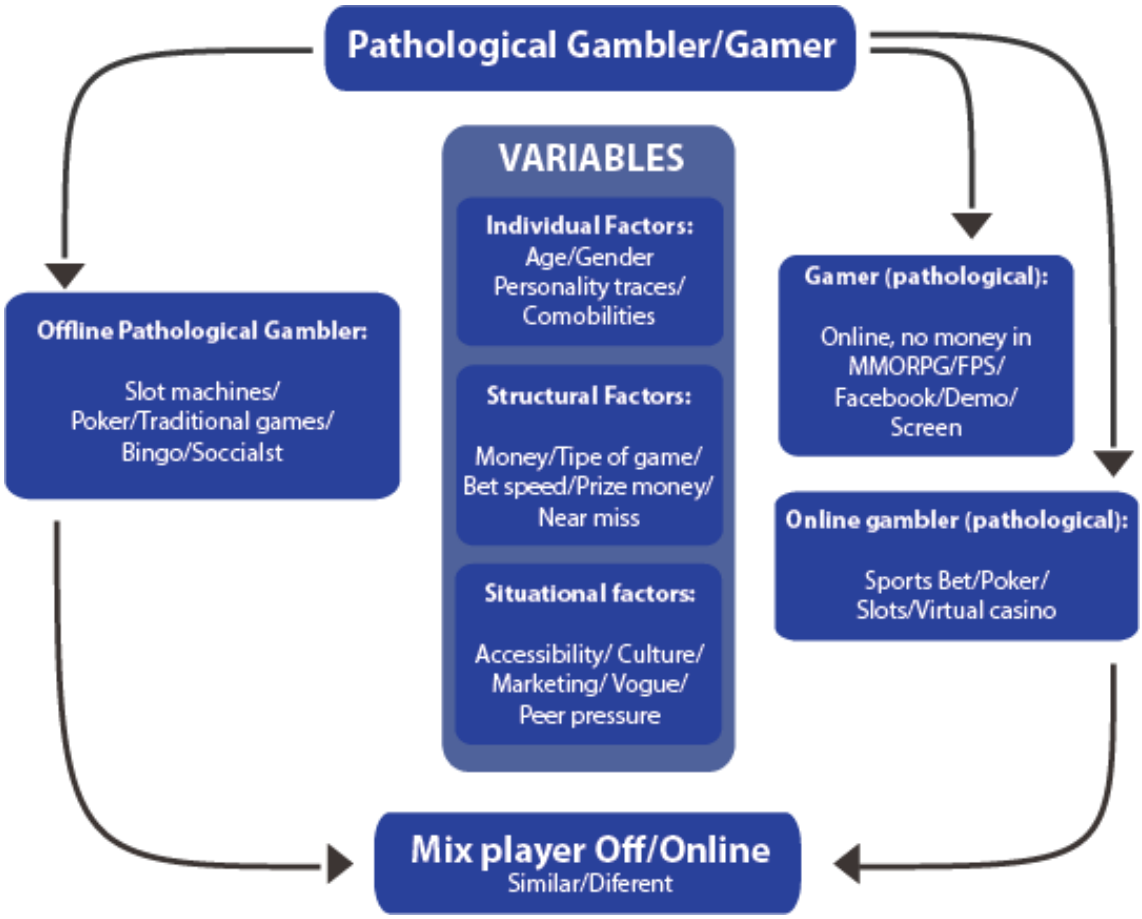

FIG. 16 - Pathological gamblers: Kinds and forms of gambling.

1.4.1. Individual factors

We shall now point out the main risk or vulnerability factors designated to the individual component, to the person herself.

1.4.1.1. Age and gender

Age seems to be a risk factor in certain age groups, like teenagers and young adults, the elderly or retired ones and women over 50, who, not only present a bigger risk, but develop gambling related problems faster compared to men. Gambling addiction could be seen as an adult's problem, but that isn't how it is, as teenagers' particular vulnerability to compulsive gambling is one of the most documented facts (Orford, 2011).

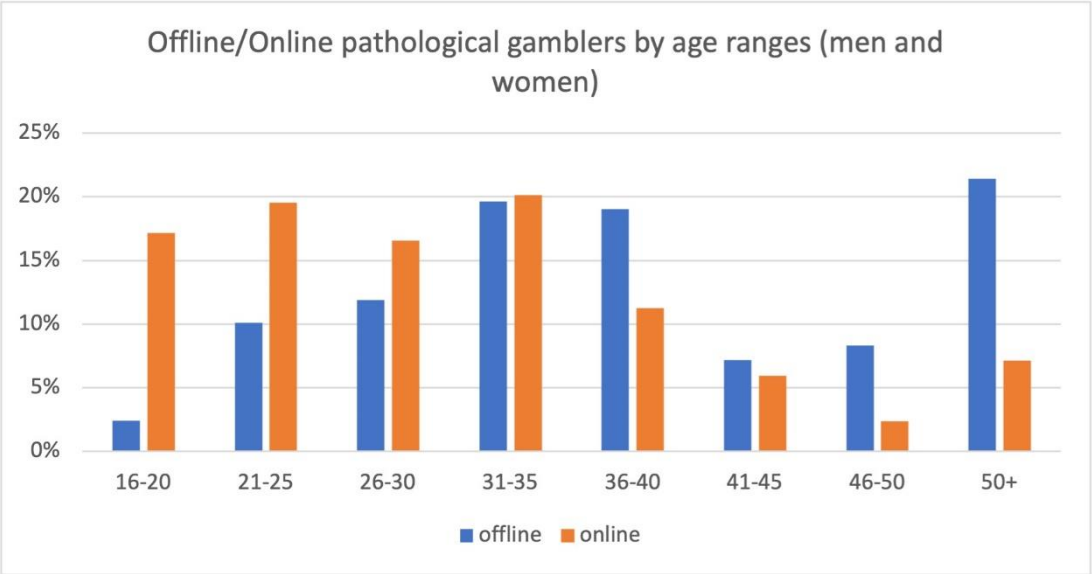

FIG. 17 - Offline/Online pathological gamblers by age ranges (men and women).

There are several variables that make for young people to be more vulnerable to gambling, such as: an early start on different types of gambling, maturity, responsibility and even impulse management function not yet well established, alcohol and substance use occur, adolescence related stress itself and peer pressure, among others, as we'll next be able to find in the authors opinions. In what respects young adults and teenagers, age and gambling problems have appeared consistently related, both in North America, and in Europe, as well as in Australia and in Asia, and young people have shown higher percentages concerning gambling problems compared to adults (Toneatto & Nguyen, 2007). According to Potenza (2012), 80% of young people said having gambled the year before, and 5% of them fulfilled criteria for pathological gambler. Those findings are consistent with other studies that indicate a predominance of pathological gambling many times higher within teenager rather than adults, showing also that in more severe cases would appear as more probable to undergo distress, including: depression, aggressive behavior (fighting and carrying weapons), consuming tobacco regularly, consuming alcohol heavily, consuming marijuana and other drugs like cocaine or *ecstasy* (Yi & Kanektar, 2011). In a study carried out with high school and university students, different cognitive misrepresentations related to gambling were seen, that is, manipulating luck, beating the «system», delusion of control, internal control of gambling, predicting gambling frequency and gambling problems (Toneatto, & Nguyen, 2007). The prevalence of dissociation experiences, especially in gambling with no money involved was considered high in each one the related items: trance (79%), personal identity change (79%), out-of-body experiences (50%), and amnesia episodes during gambling periods (38%), with low numbers for the monitoring group (Toneatto & Nguyen, 2007). The Gambling commission report "Young people and gambling" in 2018 shows the interesting results, especially if we if connected to treatment interventions, are as follows:

The headline findings of the survey (based on 11–16-year-olds in Great Britain unless stated otherwise) are:

Gambling participation • 14% of 11-16 year olds had spent their own money on gambling in the past week (that is, the seven days prior to completing the survey), up from 12% in 2017 but still lower than rates seen prior to 2017 • This compared to 13% who had drunk alcohol in the past week, 4% who had smoked cigarettes and 2% who had taken illegal drugs • The principal forms of gambling in the past week are placing a private bet for money with friends (6%), National Lottery scratchcards (4%) 1 , fruit/slot machines (3%) and playing cards for money with friends (3%) • Young people who have gambled in the past week spent an average of £16 on gambling during this period • Over the past 12 months, 39% of 11-16 year olds have spent their own money on gambling

Online participation • 5% of 11-16 year olds have spent their own money on online gambling in the past 12 months, but only 1% have done so in the past week • 6% have gambled online using a parent or guardian's account • 13% have ever played gambling-style games online • 31% have ever opened loot boxes in a computer game or app, to try to acquire in-game items, while 3% claim to have ever bet with in-game items (so called 'skins' gambling)

Problem gambling • 1.7% of 11-16 year olds are classified as 'problem' gamblers, 2.2% as 'at risk' and 32.5% as non-problem gamblers2 • Boys continue to have a higher rate of problem gambling (2.0%) than girls (1.3%)

Attitudes and influences • 59% agree that gambling is dangerous and only 14% agree that it is OK for someone their age to gamble • Almost half of young people (49%) said that someone had spoken to them about the problems gambling may lead to • 66% of young people have seen gambling adverts on TV, 59% on social media and 53% on other websites • 49% had seen or heard TV or radio programmes sponsored by a gambling company and 46% had encountered gambling sponsorships at sports venues • 7% claimed that they had been prompted to gamble by a gambling advert or sponsorship • More than one in ten young people (12%) follow gambling companies on social media

The role of parents and guardians • 26% of young people have seen their parents or guardians gamble • 60% of young people think their parents would prefer them not to gamble at all, however only 19% stated that their parents set strict rules about gambling with no negotiation

The elderly and the retired ones are on the opposite side of the spectrum, for other reasons. There are different explanations for that vulnerability, such as: free time, the need to be challenged and for strong sensations, mourning, loneliness, health problems or lost social status, financial liquidity, loss of cognitive skills, depression and anxiety among others.

In the elderly population, the main reasons found for gambling are: contribute to the club, make money, make friends and socialize, gamble in slot machines to bring down boredom (about one third), fight isolation and finding a way to forget problems, depression and stress (about one third) (Orford, 2011). In research taken place among a certain elderly population (age over 56), who had requested self-exclusion from casinos, results showed that self-excluded elderlies had begun to gamble at mid-life, had gambling issues around 60, preferred non-strategic games and identified fear as one of the main motives for having requested for self-exclusion (Nower & Blaszczynski, 2008). According to Gant, Kim, Odlaug, Buchanan and Potenza (2009), pathological gambling among the elderly was mostly associated to anxiety, to a quicker look for help and to a higher comorbidity than in younger age groups.

In what concerns gender, numbers resulting from prevalence research show that there are a lot more male pathological gamblers than female ones. Reasons for that have been widely

discussed and can be related more to anthropological matters like: self-assurance through competition, survival issues, as before hunting and war were, the simulation of skill practice, that is, gambling, or neurobiological constitution itself. Nevertheless, very few of those explanations provide total consensus. In DSM-IV manual, reference can be found the fact that two thirds of pathological gamblers belong to the male gender. Even though in the past men were considered as having a stronger tendency to have gambling problems, nowadays, according to McCowan and Howatt (2007), both gender merge into equal grounds. According to Toneatto & Nguyen (2007), men have consistently shown higher percentages of gambling issues in different studies (for instance, Ladouceur, 1991; Nower, Derevensky & Gupta, 2004), in the USA (for example, Welte, 2001), in Sweden (Volberg *et al.*, 2001), in New Zealand (Volberg & Abbott, 1997), in Hong Kong (Wong & So, 2003) and in South Korea (Lee *et al*., 1990). Numbers from research show that, on the online mode, the increase of male gamblers is superior to the increase of female gamblers.

Even though the tendency being for women to gamble more and more, and just for that, to have an additional risk factor due to the habit exposure, there are life cycles and gambling motivations that are different from men. Women who were interviewed in Corney's survey (2008, quoted by Orford, 2011) underline a series of online gambling features that made the process of becoming addicted easier and of having a harder time in abandoning it. Some went on until developing gambling problems in just a few weeks, after taking up gambling in the Internet, allowing for the following question to be raised: in women, is the progression towards addiction faster in the online mode or in the offline mode? Among some other motivations to gamble online, the following came up: a) it gave them a task to be carried out at home, especially for those who had family duties, or were in a sick leave, unemployed or suffering from agoraphobia; b) it lacked stigma and could be done in secret; c) the fact that a relatively unexperienced gambler can gamble with points, before beginning to gamble with real money; d) the chance to socialize through forums and chatrooms; e) easy way to spend money you don't actually handle; f) the opportunity of gambling simultaneously; g) a considerable absence of being externally controlled or judged (it's easy to hide the fact you were connected to a gambling site); h) the constant messages appealing to gamble made the will to stop harder. All the variables summarize well the vast compelling reasons to gamble *via* Internet.

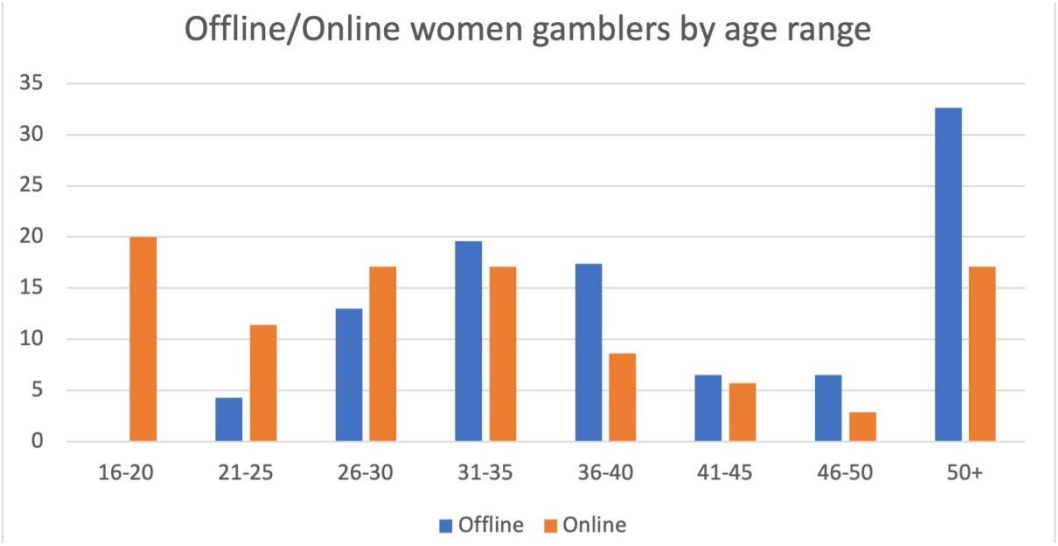

FIG. 18 Socio Demographic results: Women by age range.

An important difference between genders is the scope effect, that establishes the different course of development of the disease in women (Toneatto & Nguyen, 2007), in the way that they usually begin to gamble later in life but suffer a faster progression towards severity of the problems related to gambling. The scope effect was also studied by Tavares *et al.*, (2003), dividing gambling into the different phases: social gambling, intense gambling and problematic gambling. The faster progression in the female gender is confirmed – specially in games such as electronic bingo and electronic slot machines – by having presented the scope effect in every stage; it was also shown the combination between gambling and depression.

Although young adult women can be at risk, especially with the growing online gambling possibilities, they begin gambling later in life when compared to men, with shorter sessions, for different motives (that is, gambling without paying, spend less money and very much to escape boredom), having a different sense of the online gambling from men, with stronger feelings of guilt and shame, which suggests that the stigma around gambling is still there, specially concerning female gender (McCormack, Shorter & Griffiths, 2012). That same stigma can be closely related to the greater intensity and speed of the experimented issues and also to less treatment seeking.

According to Toneatto & Nguyen (2007), gender also seems to affect the choice on kind of gambling. Women prefer non-strategic gambling, or non-expertise, such as bingo or electronic slot machines, while men prefer skill/strategic gambling, like sports or track gambling (for example, horse races). Also, in a different way in what concerns their motivations, women gamble to get distracted, while men gamble for the thrill of it, and those preferences are extended to teenagers.

1.4.1.2. *Heredity, neurobiology, personality traits and the dysfunctional family*

Heredity, neurobiology, personality traits and belonging to dysfunctional families are frequently linked, and can help create the beginning of addiction careers. A history of gambling disorder in the family, addiction behavior, anti-social personality or, in a smaller scale, other mental disorders are factors found together with early gambling and with very severe pathological gambling behavior (INSERM, 2008). It takes more than one gene to trigger that type of addiction and to be responsible for vulnerability, or protection, at the different stages of the process, and it's not likely that genetic vulnerability to try gambling in a recreational manner is the same that turns someone into a regular/persistent gambler, and it shan't be the same that determine the beginning of the chase or of committing illegal acts in order to finance gamble (Orford, 2011). From my experience with patients, when exploring the family tree, seldom is the case when a father, grandfather, uncle or other relative doesn't come up as having some kind of problem with alcohol, women, pills or others. Sometimes it has to remain as a family secret but we hear things like «my grandfather lost everything overnight», «nobody ever knew what really happened», «he was always playing cards».

In terms of biological and hereditary factors, some researchers defend that, in pathological gambling behavior, the brain lacks sensitivity in what respects rewarding processes, and that several neurotransmitters are involved in pathological gambling disorder, like serotonin, norepinephrine, dopamine and beta-endorphin (McCowan & Howatt, 2007).

The most noted personality traits in pathological gamblers are being outgoing and also the need to search for intense sensations, competitiveness, grandiosity and being self-centered, just as mentioned in DSM-V (APA, 2013).

Dysfunctional families promote the redundant cycle where addicts grow, and the cycle will keep on going, sometimes with other types of addictions, since the (not) building of basic protection factors like communication, warmth, rules, well defined roles for an effective parental model are missing. Research has shown that pathological gamblers' families have several members who gamble excessively, suffer from depression or anxiety, alcohol, drug abuse or both (Shawn, Forbush, Schlinder, Rosenman & Black, 2007).

An early contact with gambling appears as a serious matter in the gambling disorder, reflecting what can be seen in substance addiction (INSERM, 2008). Several studies have shown that pathological gambling issues tend to occur in families with certain characteristics (Petry, 2005). Pathological and abusive gamblers are connected to a significant decline of the quality of their health and that can be, in a way, explained by the impact of genetic and environmental components and by the co-occurring of other substance use disorders in life (Sherrer *et al.*, 2005). According to Toneatto & Nguyen (2007), a high school students' survey using SOGS-RA (Langhinrichsen-Rohling *et al.*, 2004), teenage probable pathological gamblers had parents with gambling behaviors, suicide attempts, alcohol and drug abuse, valued peer pressure, made «cognitive mistakes» and had «wrong beliefs» (Oei and Raylu, 2008).

Social and economic situation of people, and their families, must also be taken into consideration. However difficult it may be to interpret socio-demographic data, as it can be easily confused with other variables, ethnicity, the presence of mental problems, low education level, unemployment, underachievement at school and low income were consistently associated to high levels of gambling problems (Toneatto & Nguyen, 2007).

Tools such as SOGS (Lesieur & Blume, 1987) and CPGI (Ferris & Wynne, 2001) have allowed to collect information on gambling and a variety of demographic data that lead to the consideration of psycho-social damage resulting from excessive gambling. Economic crisis, whether regional or national, can also enhance gambling, as it represents, for some, an apparent and attainable solution for their problem (Curr & Cassey, 2007). According to Petry (2005), low income seems to be associated not only the increase in the risk of having gambling issues but also to the low rate in seeking for treatment. Scientific literature generally refers to pathological gamblers, especially the ones using online gambling, as having higher educational background when compared to the majority of the population. Marital state represents as well a significant variable, as separated/divorced gamblers are the ones that most appear when pathological gambling occurs.

1.4.1.3. Impulsiveness

Impulsiveness is one of the most studied features and most linked to pathological gambling and it's by no mere change that that population has been classified in DSM-V as having an impulse-control disorder. Impulsiveness and accessibility, especially in online gambling can be combined in an extremely negative way for some gamblers with problems. Impulsiveness was defined as a predisposition in the sense of a rapid, not planned response to both external and internal stimuli, with a short account on the consequences of the reactions for the impulsive person herself and for others (Potenza, 2012). Impulsiveness resulting from a poor self-

regulation or self-control is at the core of the pathological gambling's definition. The level of impulsiveness is also a predictive factor for the severity of pathological gambling symptoms and is associated to higher chances of abandoning treatment programs or to less effectiveness (INSERM, 2008).

Compulsion is different from impulsiveness and has a substantial influence on pathological gambling. Compulsion requires a strong irrational desire to gamble from the moment the thought of gambling appears, and it's an uncontrollable behavior fed by an irrational idea, defined as an obsession, differing from impulsiveness and of possibly appearing simultaneously (McCowan & Howatt, 2007). The wider concept of impulsiveness must include four separate constructs but mildly related, summarized as: a) urgency, that is tending to act recklessly and experience distress; b) seeking for sensations, a tendency to try new and exciting things; c) persistence, which means being able to remain focused on one task, regardless what goes on around; d) lack of planning, that is tending to act without having thought before (Orford, 2011). That impulsiveness, together with poor evaluation of mistakes, is possibly one of the main reasons for pathological gamblers not being capable of making the right decisions.

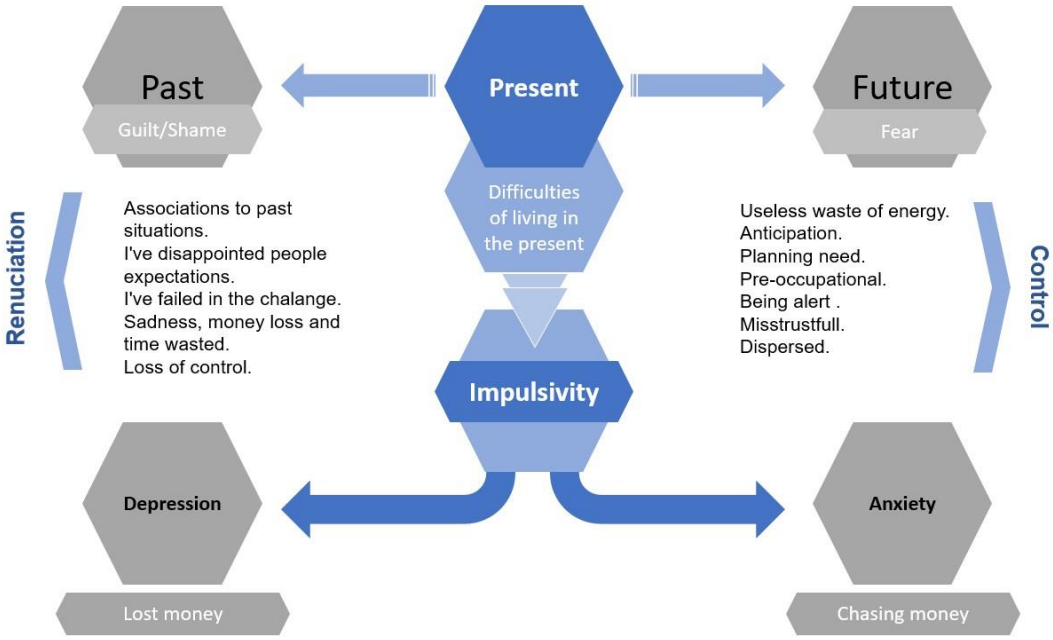

FIG. 19 – Time inflection and gambling problem.

1.4.2. STRUCTURAL FACTORS

Structural factors are the ones respecting the product itself, the specific features of what is being presented and the way it's presented. In the case of online gambling, it is the sum of what's specific to a certain game together with what's specific to the Internet. Structural features in common research literature are said to be Internet's technology, as well as the kind of behaviors and kind of gambling the Internet favors, namely the availability, easy access,

being anonymous, and convenience, as the most pointed out (Kuss & Griffiths, 2012). This section will show us, above all, structural factors that have to do with: accessibility, money, the interaction between the game and the gambler, the frequency and speed of the event, the created atmosphere and the type of game. Situational factors have to do with environment, both social and physical, that surround gamblers, relevant throughout different aspects. We shall read about situational factors particularly related to the social component, the place, culture, marketing and legislation later on.

1.4.2.1. Money and prizes

The simple fact that you gamble with money, and of being able to pay in several different ways, as all kinds of different prizes to win, are in themselves some of the main structural appeals to gamble, especially online. The way payment of bets is established says a lot on the gambler's awareness of the money he spent or won. You can gamble using money, chips, credit or debit cards, bank transfers, accumulated credits, or other forms. The impact when using cards, bank transfers or credits to pay bets is smaller than the one felt by someone paying with money. Loba (2002), quoted by Griffiths & Parke (2007), mentions that the moment the electronic machine registered the money spent and won in dollars, instead of credits, pathological gamblers were more aware of the financial value involved and would more easily stop. When you suppress that scrutiny, you're talking about a structural feature that temporarily interferes with the gamblers set of financial values and stimulates him considerably to keep on gambling (Griffiths, 2011).

One of the negative aspects of gambling when not using *real* money is that it flows and becomes continuous (Nisbet, 2005). The value of the prize often increases the will to gamble, although research is not unanimous on that fact. Nowadays, there are many different ways to gamble and also to get your prizes: based on percentages, based on the amount you bet, if you're at the end or the middle of a game, if it's against banking or other gamblers, if the bonus is accumulated or doubled, among others. According to Griffiths & Parke (2007), payment ratio is the ratio from prizes paid to gamblers according to the money invoiced from gambling (usually from 70% to 90% return in slot machines). The «adaptive logic» makes machines profitable according to the amount of money they get from gambling, at the same time they provide entertainment, narrowing down the random component in a way (still very high, though), giving the gambler the feeling (illusion) that that specific machine is about to deliver a prize. According to the same authors, there is a scientific explanation to say that higher jackpots will draw more people to gamble, will give gambling a higher status and therefore raise the possibility of gamblers to seek for the chase. The simple fact of gambling in order to gain an expected amount of money causes a reinforcement, that will be as strong and positive as bigger the prize, especially when it happens in the beginning of the gamblers career. One of the main structural features of any gambling act is the kind of reinforcement that occurs when a game begins (Skinner, 1953).

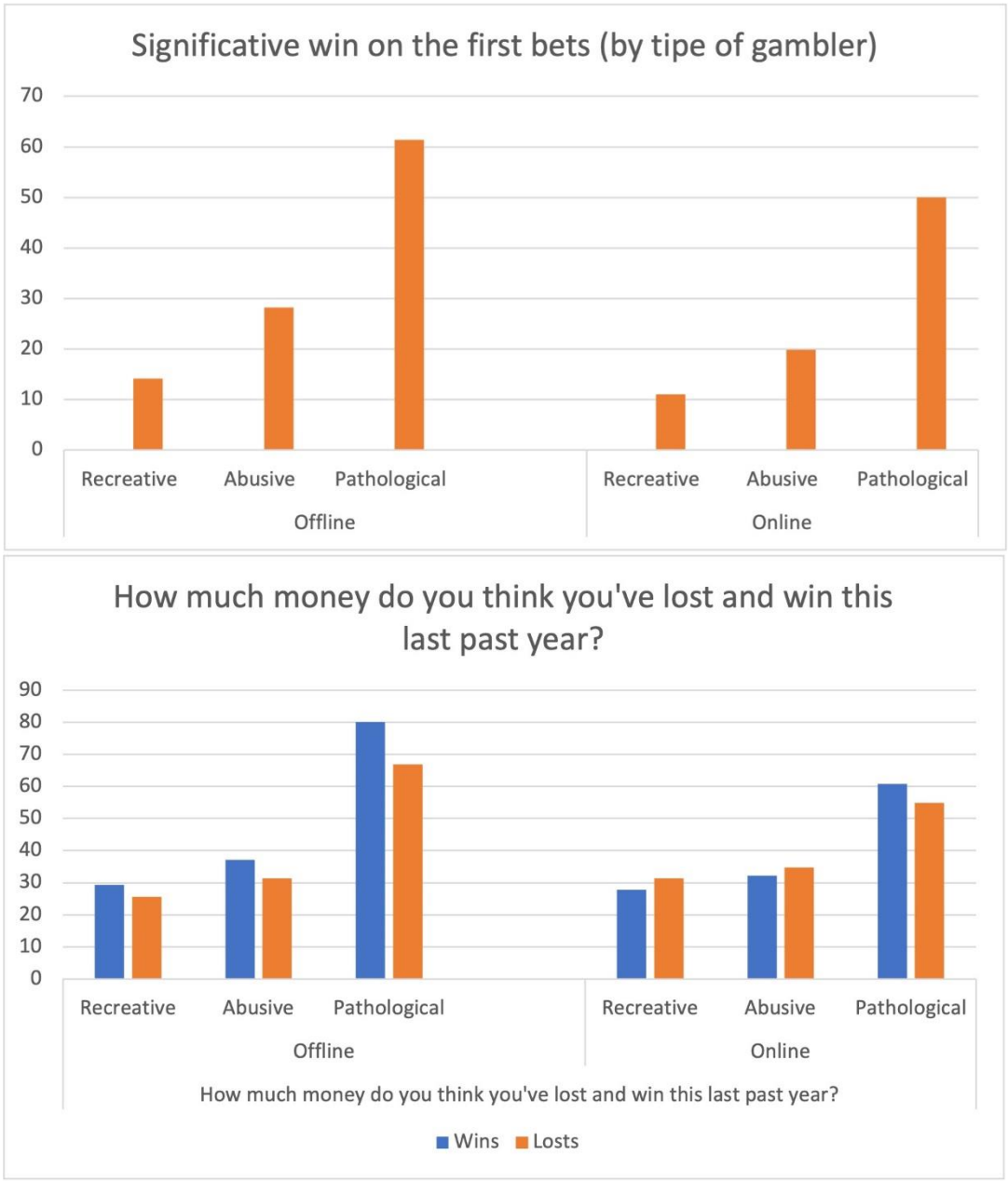

FIG.20 – Structural factors: The power and the money.

It is evident that 60% of the JPOF (and 50% of the JPON) had significant gains on the first times they gambled, validating the notion that there's a selective memory focused not on losing but on winning. On the figure we can confirm the equally disturbing selective perception or even denial where the pathological gambler thinks he won almost as much as he spent. But results show the rising *continuum* of an increasing money spending as the gambling problem becomes more severe (recreational – abusive – pathological).

1.4.2.2. Interaction between game and gambler

Interaction between the game and the gambler is a fundamental variable and deeply influenced by the layout and the rules of the placed bet. One of the most important aspects in creating a game consists on making possible for the gambler o understand and quickly adapt to the dynamic interaction between him and the game. The introduction of features suitable for specialized gamblers (with a full understanding and very frequent at it) promotes the illusion, among others, of control, a personal engagement, a sense of being skillful and of being familiar with a certain electronic machine (Griffiths & Parke, 2007). In twenty-five years', online and offline game designers specialized very profoundly on it, and features that were before from electronic machines were extended to other kinds of games. For instance, MMORPG and FPF (Massive Multiplayer Online Role-Playing Game and First-Person Shooter) are some of the games, that, in spite of involving no money, have an endless plot, a character whose profile you can keep on developing depending on skill and time spent on it, proudly displayed on your screen, according to ratings that continuously grade the different players.

Nowadays, the player can handle the keyboard to stop or suspend moves, to double bets, lower or rise the bet, look at statistics on the opponents, check on probabilities, have access to the history of his bets, stop and restart two hours later, bet on different floors or games at the same time, within so many other possibilities.

1.4.2.3. Near miss, "that was close…" or "almost there…"

Near miss (failing by very little or almost winning) is a set of recurrent outcomes, prepared by slot machines, that's systematically placed close to the prize but isn't the real prize. Near miss is a non-winning or non-prize outcome, on a move that is felt as almost a victory by the gambler. According to Griffiths & Parke (2007), the notion of perception is essential in that definition, since in «almost winning» negative outcomes are the same as the ones that give nothing back to gamblers and don't change the ratio of payments, meaning the electronic machines keep on making money. According to Kahneman & Tversky's Theory (2001), by Griffiths & Parke (2007), frustration produced by the almost winning leads to a form of cognitive lament, and eliminating it can be easily done through a new move, and that is enough to encourage the gambler to repeat moves the next time. Being acquainted with gambling often means an increase in gambling issues, for different reasons: false sense of control and mastery, over-reliance, mental and emotional well-being provided by no surprises, entertainment through alienation and not so much the adrenalin, and finally, the desire to outrun previously set results.

1.4.2.4. Event/gambling frequency

The speed or frequency of gambling can take on different forms or models, but basically it has to do with the speed of bets and readiness of responses according to that same bet. There are other important features in that area, as: the time gap between moves, the time to wait until you can bet again, how fast the numbers scroll (roulette, fruits from slot machines, etc.), the time gap between the bet and getting the prize. A high event frequency not only allows a greater number of opportunities and gambling choices, as it also increases motivation to continue gambling after winning and losing at the end of each event (Griffiths & Parke, 2007).

Several authors believe that the smaller the time gap between the bet and the expected gains, betting once again becomes more probable and higher becomes the risk (INSERM, 2008). Different types of gambling and its features are certainly responsible for how appealing they can be and how damaging.

New types of gambling, together with the development in technology, changed greatly not only the duration of the event (or move), that gets faster all the time, but also increase gaps in certain events where you can bet more than once (that is, sports bets during a football game). That way of gambling favors excessive behaviors, unplanned and extended, due to how easy it is to try and chase, to the increase in the sense of expertise and of action, euphoria and power, as it can become more dangerous for the rapidness in which prizes are obtained when winning (Griffiths & Parke, 2007). Selective memory also has an important role since gamblers tend to recall mainly what they win. The impact of a substantial prize to begin with is one of the classical factors for developing excessive gambling (INSERM, 2008).

1.4.2.5. Ambience created by the game it self

The ambience created by the game itself refers to stimuli from the game upon the environment and, obviously, the gambler, including electronic machines, mobile phones' screens, all screens where Internet games appear *via* Internet. According to Orford (2011), there are several different features related to the ambiance itself that turn one game very different from another: the use of colors and stimulating light; sound effects that stimulate attention on winning; stimulating music; social stimulation (for instance, attractive *croupiers*, «talking» machines that stimulate gambling; information on rankings or on record breaking; giving names to machines suggesting greater gains. Also, there is the possibility of providing information and identifying procedures indicating possible hazard (for instance, alarm signals, ways to limit time and money), among others.

Regardless other associated factors, the employees themselves of both physical and virtual gambling related places are more prone to get involved in the game they are promoting. Gambling wise, it can be said that employees of the gambling industry have higher rates of gambling issues (Abbott, 2007).

Empirical data are limited but suggest that people gamble more when in the presence of a red light (as it leads to greater arousal), and in Great Britain, most of the gambling places use at the end of spectrum red for lighting and decoration (Griffiths & Parke, 2007). Some research also suggests that music, verbal interaction (from characters or from the voiceover encouraging, congratulating or wishing luck, etc.) and sound effects announcing winning or almost winning moments can significantly increase the attraction for gambling. The interactive features of each game promote expertise, more skills, the gambler's engagement, manipulation through closeness/complicity and trough sound effects, which are combined to produce a rather sophisticated and psychological immersion in the machines (Griffiths & Parke, 2007). It is also important to mention the anti-social, evading, plunging aspects, that can go all the way to dissociation, that can be strengthen by Internet's own characteristics, by a better «virtual relationship» between online gamblers in forums, while competing or in the teams formed.

1.4.2.6. Different types of gambling

Different types of gambling are essential and specific references for the attractiveness of the online gambling. The main quantitative aspects linked to gambling conduct, such as frequency, money and time spent, are correlated and depend very much on the type of gambling (Currie & Casey, 2007). The most common games on the online mode are poker, sports bets and virtual casinos, where electronic machines and card games like *blackjack* are growing considerably. Those games have some common denominators, such as the rapid response when the bet is placed, intense frequency and continuity, as well as a strong sense of control or perception of efficacy. It is universally accepted that the more available continuous forms of gambling are – like electronic machines, board games at casinos, track games and sports bets – the greater the engagement in gambling and issues related to it (Abbott, 2007).

I never before had, in ten years' time as a psychotherapist working with problem gamblers, one that seamed having issues related to EuroMillions or bingo. It doesn't mean that there are none, but on the opposite direction we have the issues with slot machines gambling on the offline mode and online sports bets on the online mode.

1.4.3. SITUATIONAL FACTORS

Situational factors are external to the game itself and the person, appearing in a social or group context, as well as in the physical place where it takes place. The most quoted examples and with the greater impact on the increase in gambling, in what regards situational factors, are: the number of gambling facilities, their location and timetables (in the case of online gambling obviously depending on whether there is access to the Internet), entry conditions, initial payment, social access, more or less anonymity that the place provides, combined entertainment, trends and, of course, the merchandising factor.

1.4.3.1. Attractiveness of gambling

Accessibility, convenience, diversity and anonymity are the most mentioned elements in scientific research on the features standing out from the appealing online form of gambling. So many are the reasons and the things that motivate online gambling but the most mentioned ones, according to Griffiths & Barnes (2008), are the following: easy access (84%), flexible use (75%), available 24 hours a day (66%), playing online with friends (67%), wide range of choice (57%), advertising (40%), anonymity (25%), a feeling of trust on the online mode of gambling (79%), and two thirds say they hide the fact that they gamble from their families. The next sub-chapters will be specially focused on the appealing situations of gambling *via* Internet. Even though those appealing elements are also present in offline gambling, they are actually more prominent in the online mode. Therefore, we decided to emphasize them, in order to simplify their recognition and avoid repeating contents.

Having access to the Internet is something quite common nowadays, widespread, can be easily done from home or work, and that growth of accessibility can also lead to an increase of problems at various levels (Griffiths, 2011) Technologic progress nowadays allows everyone, even the less articulate on computing skills, to have access to the Internet from different places an in different ways, like interactive TV, laptops, cybercafés and mobile phones,

comfortably and easily. Prices paid for Internet connections get cheaper all the time, and competitive gambling promoters also make access easier and costs get lower.

Online actions occur, normally, in a comfortable and familiar atmosphere, at home or at work, in a confidential and anonymous way, lowering the risk sensation and promoting bolder or riskier actions that can be potentially addictive (Griffiths, 2011). Even though the appeal *via* Internet is considered to be very strong, it doesn't mean there isn't a source of attractiveness in physical gambling. «In the case of gambling and gambling problems, there is much evidence to sustain that principle – greater access increases usage –, including research that compares different geographical regions with different opportunities to gamble, and some other research that show an increase on bets and gambling problems after new gambling establishment like casinos and national lotteries inaugurated» (Orford, 2011).

Diversity is one of the added values of online gambling, for its great offer on all types of possible gambling and different variants. Online gambling gathers all the offline forms and adds its own (like strategy gambling, live sports bets, among others). Anonymity fulfills several purposes, namely: a) absence of social and family criticism; b) avoiding the stigma that exists specially when excess is seen; c) the delusion of control grows, since cognitive distortions appear more freely during the game itself; and d) avoid public recognition of a problematic conduct towards gambling. In what respects gambling activities, anonymity and confidentiality can be beneficial for the gambler, for nobody will know he lost (Griffiths, 2011), also avoiding relentless social criticism that might occur at public gambling places.

1.4.3.2. Profession and gambling

Profession, ethnicity and socioeconomic status, as well as religion, can influence significantly the way to approach gambling behavior. The obvious question will therefore be: might it be that someone with a gambling predisposition own features will determine the choice of his/her profession? The answer is yes. Personality traits of gamblers drive them to liberal professions, management professions, where being competitive, outgoing and having a sense of initiative are welcomed. On the other hand, those frequently well succeeded careers provide financial return and available time to gamble. On therapeutic settings it is often heard that the gambling moment worked as exclusive time, time for themselves when they could be so steeped in gambling, that they were able to relax from professional stress. Historically, economical and socially less-favored people tend more to develop gambling problems (McCowan & Howatt, 2007). In Portugal, there is no data on that matter. The most represented professions in sessions at *Instituto de Apoio ao Jogador* (Gambler's support Institute) are the ones related to engineering and computing, professional athletes, managers, salesmen and retired women…

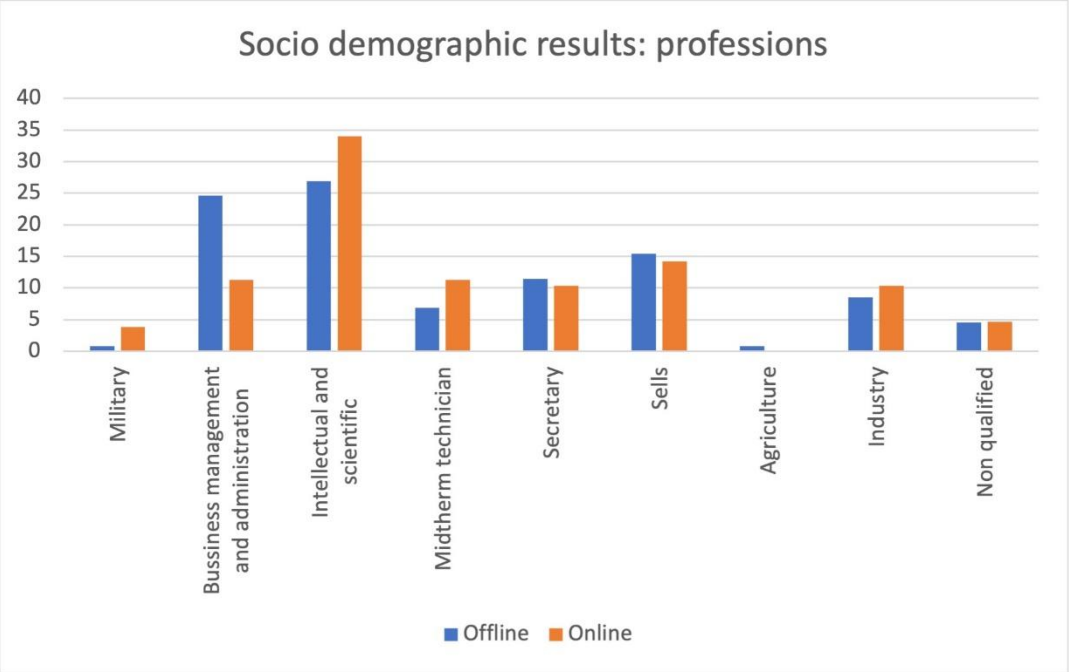

FIG. 21 – Socio demographic results: Professions.

1.4.3.3. From social to solitude: the pathological gambler's history

The social, inclusive and recreational component of gambling is what determines one's initial exposure to the practice of gambling behaviors. Just like other addictive conducts, pathological gambling inserts itself in a multifactorial context that only one but a simultaneously biological, psychological and social approach can identify. We should enhance the fact that when someone starts having a gambling conduct, it is within a group of gamblers, and in the addictive stage they are mainly by themselves (Richard & Senon, 2005). Pathological gambling, like other addictions, has a start in a recreational and social context. Most frequently reported damage along the addiction's progression are the loss of social skills and the loss of interest in the social context, for priorities are now to recover the lost money, quickly satisfy the desire to gamble, being able to gamble without any interference and for as long as one wants. However, playing together with others may have a negative influence in the increase of the gambling problem. Research by Cole, Barret & Griffiths (2010) revealed that people who were gambling together with others placed more chips and made riskier bets than when gambling alone, the same happening with those gambling online in the presence of others.

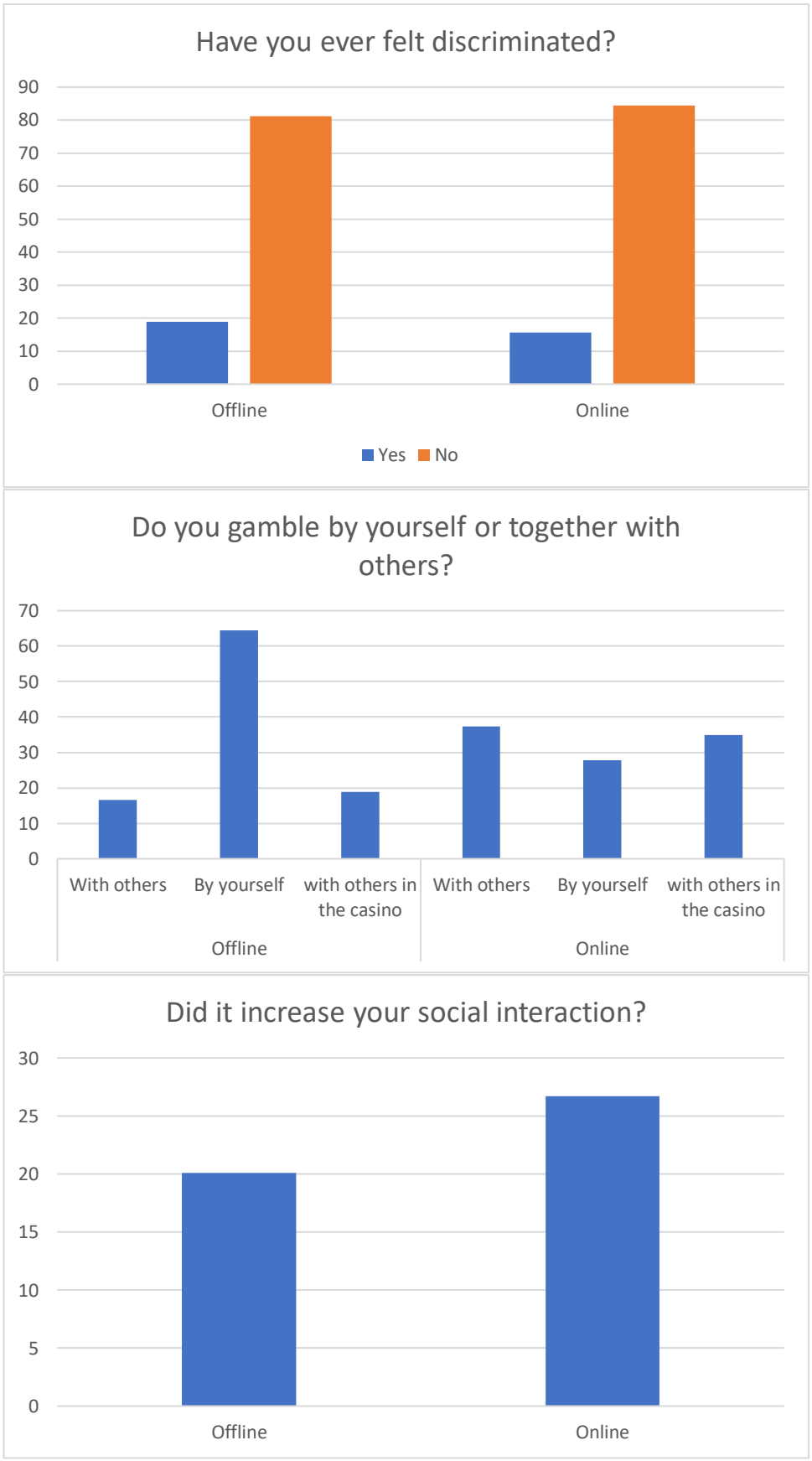

FIG. 22 – Social interaction.

1.4.3.4. Location

The location and the different possibilities of making bets are known as a relevant situational factor. According to Orford (2011), the great number of places now available for online gambling is notorious, and with easy access for anyone with an Internet connection at home, including segments of the population such as women and young people, who might not have felt drawn by the available places to gamble in the past. You can play online at cybercafés, universities, work stations, among others. However, on the online mode, there is also a relation between the location and the gambling problem. A group exposed to the opening of a casino, compared to the monitoring group with no casino close to home, exhibited a significant increase on the following variables: gambling on casino games, an increase on lost money in a day gambling, being reluctant on the opening of a local casino and number of participants that mentioned knowing someone who had developed gambling problems during the last twelve months (Ladouceur & Jacques, 2000). When the opportunities to gamble go up, more problem-gamblers may appear, on account of the additional risk of a higher exposure. So, as more people gamble, the risk of vulnerable people gambling and end developing problems goes up (Volberg, 2007). In that sense, Kuss & Griffiths (2012) say that the prevalence of pathological gamblers close to a physical casino is higher compared to other areas. It's obviously not the casino's responsibility that there are people leaning towards gambling and that, when exposed to it, may develop serious negative consequences. However, they are responsible for healthy prevention policies and referring people with problems, since the fact is that if gambling places (online or offline) were not there, people wouldn't go through those kinds of addictions. On the other hand, forbidding policies don't work, the same way recreational gamblers mustn't be prevented from having fun for a minority has problems.

According to Orford (2011), in a 2007 research, 8000 participants between 12 and 15 years of age showed that 8% had gambled on the online national lottery; some were able to play demo games *via* Internet with no money involved, and 18% said they were able to get the system to register them; 16% played with their parents; 10% gambled on the online lottery with their parents' permission and 7% without permission. That study is a good example of the importance of accessibility and availability, since, 6 years past the work was carried out, online gambling increased considerably.

1.4.3.5. Alcohol, tobacco and other mood changing substances

Alcohol, such as other humor disturbing substances, disinhibit, forces losing control, triggers risk conducts, diminishes internal critical capacity, and frequently boosts sensations. The above factors, together with gambling or gambling problems, tend to aggravate the negative consequences of gambling, and it is known that, at most of the physical gambling places, alcohol is freely sold, and in online gambling there are no restrictions as it goes on at home or at work. One of the predictors for gambling problems is the use of tobacco, which affects around 70% of gambling addicts in Portugal. To be able to smoke in physical gambling places is greatly used in order to attract gamblers, even though legislation is restrictive on that possibility in one way or other. According to several studies, the use of psychoactive substances is more and more associated to the pathological gambler, being simultaneously, before or after gambling.

1.4.3.6. Culture, marketing and legislation

Culture, society, legislation and marketing can strongly encourage gambling incidence. According to Abbott (2007), gambling related marketing is based on a probable considerable financial gain where the main theme is, in a way, «that can happen to you», and participating on the game seen as a way to escape pressure and daily routines; 89% of adults recalled some kind of advertising related to gambling, and young gamblers, frequent and abusive gamblers had the higher levels of recollection of those commercial ads. Inwards marketing, that is, on the inside of the location and appealing to the ones who already gamble or the ones starting, is very well worked on. Together with online gambling offers, firms offer practice or training sessions, where one can gamble on any kind of game, without real money or age restrictions, encouraged with «free chips» together with prizes and bonuses in the case of getting registered, being seduced to gamble on card games and casino games, to be chased as money and the to gamble in the company's site (McBride & Derevensky, 2009). It is common practice to have messages entering sites in order to encourage players to bet money, and to focus on their wins during training sessions, and some actually offer money prizes on tournaments.

According to Shaffer (2009), in some particular cases, the relation between the increase of being exposed to gambling and increase of problems will be reduced or will go into reversion. That adjustment theory can occur in a prompter way with some segments of the population, instead of taking decades or generations to learn on it. Culture and society many times favor gambling through parents or siblings, as the ones showing gambling issues seem to have higher levels of gambling problems within their families or families, they were raised in.

Legislation, on its latest and almost universal liberalizing strand of the different types of gambling, has helped to increase gambling. That increase on the number of gamblers brings with it an inevitable increase of problematic gamblers, since it strikes a higher number of vulnerable people or predisposed to addiction. Taking into consideration that it is an acceptable fact, since it regards a minority of people, it is crucial to protect the most vulnerable through prevention or treatment. The institutional setting offers the framework of a very well-defined conduct, including marketing and advertising, and several views come together in the sense of the importance to rush regulation, as well as conduct codes for operators and their employees (European Commission, 2011). New difficult situations related to ethics and the need to combine interests appear. According to Orford (2011), in the case of national lottery in Great Britain, the gambling promoter is ruled by basic principles as: a) the chance of winning not being underrepresented; b) one's financial anxieties not being explored; c) reckless gambling not to be encouraged and presented as an alternative to work; d) advertising not focused on young people; and, finally, e) not associating lottery to selling alcohol and drugs. Prevention or responsible gambling, protection factors, and treating gamblers with problems take on a primary importance before all risk factors.

In Portugal, legislation has been renovated and well adapted to the new markets as *via* Internet gambling. The *Regime Jurídico dos Jogos e Apostas Online* changed the gambling outlook in Portugal. That legislation seems to follow most of the recommendations of the European Commission. It's a liberal, open system, of non-exclusivity, that gives out renewable licensing and without number restrictions. A whole network is being installed and unites operators (all licensed), State (different ministries) and gamblers. It's for the new Serviço *Regulação e Inspeção de Jogos* department to close illegal places, and to control criteria and good practice that protect and assure help for vulnerable gamblers and players in general. That kind of responsibility is actually everybody's and shoud be supervised preferably by official or

independent authorities. For instance, in order to gamble, players must provide personal details like full name, date of birth, nationality, profession, home address, and ID number. It is primordial that licensing is only granted or renewed when operators meet the rules of fair play and responsible gambling and have clear information on: possible time or money control (that is, to gamble for one hour a day at most and for a maximum of 20 Euro), possible self-exclusion or professional information on gambling treatments or help lines, forbidding gambling for minors and certain other segments of the population, etc.

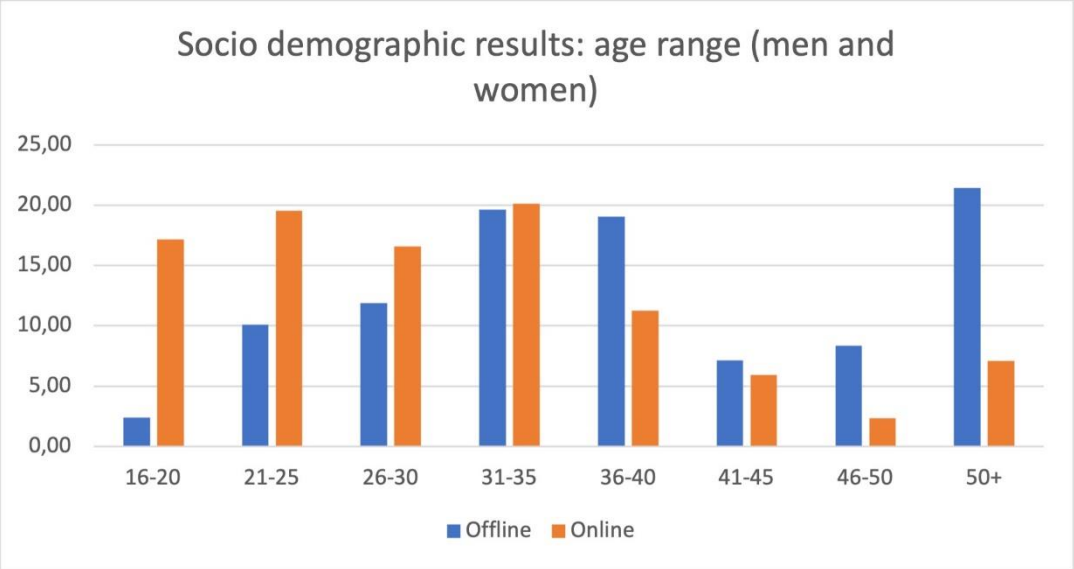

FIG. 23 - Socio demographic results: Age range (men and women).

2. MAIN APPROACHES AND TECHNIQUES IN HELPING THE PATHOLOGICAL GAMBLER

2.1. MOTIVATIONAL INTERVIEWING

Motivational interviewing is a method, a technique, a "directive" approach, totally targeted on the patient and the patient's capacity/will to genuinely change his behavior and, consequently, thoughts/feelings, when exploring emotional conflicts, ambivalence, and working on solutions and strategies. According to Nabucco de Abreu & Goes (2011), that method also implies an engaged collaborating patient, participating in a journey together with the therapist but autonomously, in the sense of having a saying on the changing process and not just follow orientations. Motivational interviewing is a unique and very effective way to help people recognize and then take action in solving their problems, especially when reluctant or hesitating on doing so. It is never too much to say that the best therapeutic strategy is the one

that focuses on solution and not so much on problems or pathology. It works better to understand what the advantages and disadvantages of gambling are than to focus only on the negative consequences. Asking what the future would be like in five years' time, or on how to achieve a consensual solution between gambling behavior and quality in life, can be a lot more positive than just concentrating on the adverse consequences that gambling had on a gambler with problems' life. There isn't much point in confronting the patient with all his destructive behaviors and all the negative consequences; family usually takes care of that. In our opinion, most significant is to make a balance of the situation, identify the problem(s), identify clear, objective strategies, that can be carried out and measured, where all parties (patients, therapist and family) assume their own responsibilities in the process.

2.2. THE COGNITIVE–BEHAVIOR APPROACH

The most used psychotherapeutic approach on gambling problems is the cognitive-behavior therapy one, because more research has been produced on that type of approach, with better results, and frequently using brief interventions and motivational interviewing, as well as sending some patients to group or treatment centers, to be admitted or as outpatients. Nowadays, the cognitive-behavior therapy (CBT) is described as structured, directive, interventional, with very well-defined goals, focused in the present and used in so many different mental disorders. The main goal of CBT is to produce change on the way patients think and their beliefs with the purpose of obtaining a more durable cognitive and behavioral transformation, instead of a mere reduction in symptoms. That approach developed various applications and created tools for cognitive adjustment such as «dysfunctional beliefs record», «cognitive restructuring techniques», «irrational beliefs' identification», as well as a range of techniques supporting in a practical way the correction and changing of dysfunctional patterns of thinking through a more functional and logical analysis (Nabuco de Abreu & Goes, 2011). Never the case of brain washing, as some might immediately think. It is always the patient who identifies harmful thoughts and he will always, according to his own history and traits, choose the more adaptive and healthier attitude for himself. The therapist's mastery is to be able to promote change with little influence. It is never too much to strengthen the focus on feelings and emotions, for, we believe, everything starts on those grounds and they can both be very fertile or barren, both very bright or dark, both very glorious or tragic.

According to Smith (2010), from the National Problem Gambling Clinic and the National Health System, CBT is based essentially on the following aspects: psycho-education, cognitive restructuring; modifying cognitive errors; analyzing risk situation triggers; acquiring copping strategies, assertiveness training; problem-solving training; social skills training; communication skills training; imaginative desensitization; live exposure to gambling situations and preventing responses; simulation control; aversive therapy; relaxation; planning alternative pleasant activities and motivational interviewing.

EMDR (Eye Movement Desensitization and Reprocessing) can be of precious help. Abel & O'Brien (2014) developed very interesting work in what respects the different stages of the addiction path and applying EMDR. Several studies point to positive results when applying EMDR to addiction treatments, as it contributes and has an effect on the decrease of associated comorbidities, on post-traumatic stress, on the motivational component and also the neural networks associated to memory in the area of addictions. The so called third wave cognitive-behavior therapies and mindfulness in its wide range, that can go from relaxation to

motivational interviewing, to simply becoming aware of the «here and now», have had great support on account of their known added value.

2.3. PHARMACOTHERAPY

Pharmacotherapy has been abundantly discussed in the scientific literature, and there has to be some caution on that type of therapeutic approach to disordered gambling. Until now, since no pharmacotherapy received approval from the USA Food and Drugs Administration, the safest and more conservative recommendations go in the direction of the treatment of psychiatric disorders that run alongside with medication (Petry, 2005). Even though there has to be a cautious analysis on the therapeutic component, it is widely described that other disorders are influencing addictive conducts, as well as heredity and genetics. Those factors make treatment significantly more difficult, and patients can benefit a lot from medication in those cases. In my experience, I would actually say that, in a considerable number of cases, medication is essential, in order to avoid repeated relapses, which, besides being harmful, are very discouraging and produce strong disbelief on the treatment. Pharmacology in those cases is based on anti-depressant, stabilizer and control drugs, and also opiates antagonists as naltrexone, but varies depending on comorbidities or simply on different addiction characteristics, on disruption of dopaminergic pathways, etc. It is crucial to assure patients that drugs aren't necessarily prescribed for life. Later on, patients can discuss with their psychiatrists reducing or removing medication. Medication can be an important ally in the abstinence process of the pathological gambler, usually making the difference between relapses happening or not.

2.4. PSYCHO-SOCIAL SKILLS OR LIFE SKILLS (working on…)

Those skills are once again a paradox or an apparent contradiction that is a part of the addictions' problem and which is mostly visible in the case of gambling. According to my PhD research, pathological gamblers, as seen, have certain professionally and socially appreciated characteristics, frequently have degrees, good educational and professional careers, are successful business men or successful sales agents who inevitably have certain skills that allow them to attain goals. However, they have great flaws they try to hide and sometimes don't even realize they have such limitations. The most necessary skills and the most worked on during therapy are: stress management, decision making, problem solving, feelings-thoughts-behavior management and relaxation. Afterwards, some of the other skills remain to be explored with patients according to each one's flaws.

2.4.1. Assertiveness

More than a communication technique, it is an attitude that must be implemented as systematically as possible. Apparently, it is easy to say what you think and what you feel, in an adequate way, at the adequate moment, about a situation or someone else's behavior. However, pathological gamblers easily jump into an aggressive attitude or simply ignore and repress themselves in an apparent passive attitude. Both attitudes will bring negative outcomes in a very short or medium term.

2.4.2. Postponing or procrastinating

That inability to do on the right moment, before deadline, the things that have to be done, but that people don't feel like doing, is another great limitation. It is most certainly due to the famous «low tolerance to frustration», to immediate pleasure, to a certain demoralization or even post-gambling depression and to «no one can make me…» or to «I'll do it afterwards in five minutes and it will be fine». After the great emotional thrill brought by the gambling episodes, nothing will be like before, nothing else will ever have «that salt and pepper», nothing can compare to it. That displeasure which goes on during the first months, that tapered perception of the world starts to reverse as time goes by, but resisting doing what has to be done frequently lasts. The dopamine neurotransmitter has certainly a strong role in this inadequate leaning process and selective memory.

2.4.3. Self-concept and self-esteem

There is great need to work on self-consciousness, on one's limitations, to filter life events, draw conclusions, and create a positive but realistic concept of one self. The importance of self-esteem is central, but not in the sense of praising all the time, or only focusing on the good parts, since that variable can actually be dangerous in gamblers, as they can tend to be self-centered or narcissistic. It is specially to allow the patient to become aware of his qualities and restraints and learn to live in peace and to cherish himself the way he is, as a whole, knowing that he must enhance his qualities and diminish his faults.

2.4.4. Healthy work methods

Work is frequently used as means to make more money to gamble some more, to have status and also atone for the guilt felt for leading a double life when a gambler. Those patterns are kept after the gambler stops. In spite of professional success of some, patients have obvious difficulties on basic issues, for instance, working 18 hours a day for a week and then break down, for not having set goals or planned things; they do everything at the same time; they have a hard time delegating and sometimes have non-realistic goals on numbers and deadlines. Making a list of tasks, purpose of the tasks, priorities and goals, weekly partition, what to delegate, type of interpersonal relationships, etc., is essential to assure oneself a feeling of control, of predictability and safety. There is a lot of literature on those subjects which patients usually favorably accept to read or take as homework.

2.4.5. Perfectionism and high self-demanding standards

Being because of competitiveness, challenge, control, or what others think of them, those common feature in gamblers make them want to do «perfect» or «better than others». It is crucial to make patients understand the difference between doing one's best, and feeling (negatively) evaluated and having to go against that with outstanding performances, as if having to prove skills to one's self and/or others. Perfectionism sometimes gains a social component that turns gamblers into very friendly and pleasant people but because of their great fear in being rejected or seen as inadequate/inferior.

2.4.6. Positive attitude

Gamblers created upon themselves and for a long time the idea of being resourceful, doers, and with defeat inflicted on their lives by gambling they fall into the extreme opposite. *Guilt, defeat inadequacy, incapacity, inferiority, cursed fate,* become often words we listen to. It is important to make them see what there's still left (sometimes it's not actually much…), to what they could have lost (life included…) and to what they can still have. If that downward swirl is not reversed it can come to a point where one will say «In for a penny, in for a pound… To be like this, I might as well go gambling…». Such alibi or made-up legitimation to gamble once again has to be deconstructed right upon the first signs. Interestingly enough, the Gamblers Anonymous name that mechanism of ungratefulness.

2.5. PSHYCOANALYTICAL APPROACH

Quoted by Valleur and Bûcher (1997), Freud said, based on Dostoyevsky's autobiography, that gambling was a form of defiance and revolt before an authoritarian and almighty father and that guilt on account of that rebellious behavior would lead to loss as punishment. That is where the well-known sentence and belief that pathological gamblers actually have «an unconscious wish to lose» comes from. In my most recent research, there was a reduced stability in the relationship with the father, and numbers went up considerably in all types of gamblers in what respects the stability of the relationship with the mother. Many explanations can be invoked, such as: addicts usually having been reared in dysfunctional families or by parents with addictions, having comorbidities that frequently interfere in relationships, having more male gender pathological gamblers and those reacting in a more negative way to frustration caused by parental authority, among others. «A person whose parents, at least one of them, were addicts had significant higher chances of showing gambling problems, significant higher numbers on psychiatric comorbidities, more tobacco and cannabis use» (Schreiber *et al.*, 2012). The psychoanalytical approach on pathological gambling compulsiveness, according to Dias *et al.* (2008), also adds the fact that Freud linked pathological gambling to the act of masturbation, outlining his early ideas that tie pathological gambling to the Oedipus complex, its correlated structures (superego, ego, id) and its relation to narcissism. The author says as well that for pathological gamblers victories and defeats are like «life or death» and gambling has a core role in maintaining the person's psychic life. A brief and merely empirical comment is that a significant number of patients from *IAJ (Gamblers Support Institute clinic)* had at some point in their lives, in some way (serious illnesses, accidents), an intense emotional experience in what respects a strong and real possibility of dying. Gambling could then be taken as a bad response to inner conflict, either for the irrelevance of life and of «nothing is worth much» or in the sense of defying death once again, through gambling. In spite of not being my psychotherapeutic model, I always find pertinent and interesting ideas in that approach.

2.6. SYSTEMIC APPROACH

We mentioned family several times, as meaningful people, individual, situational and structural risk factors, and there is no doubt that pathological gamblers and other addictions are the result of several variables that flow in one same direction.

How can we be aware of every variable involved and the share of each of them?

Which treatment should we choose for each one of those complex systems that differ from person to person?

How do we bring together variables that constantly mutate, for recovery and abstinence, allowing some quality of life?

I think psychologists and psychotherapists with training, technique and some experience, will be the ones who can better respond to those questions. However, all they'll do is to use with the patients what many of the fields of knowledge brought them, such as: research, medicine, sociology, anthropology, law, history, statistics, biology, etc. The relevance of information and culture in the «psys» profession is on that account fundamental.

Beginning treatment with the family and meaningful people, trying to understand family dynamics, repeated and adjusted patterns, secrets and things not told, roles and how they communicate inside that system is an excellent start. To spread it to other variables is as important as it is revealing of a quite complex reality.

Here I mention a sentence translated by Cunha e Relvas (2013) that complements the above said: even research that accounts for family functioning aspects is above all focused on unidirectional and bidirectional relationships, ignoring the idea of circularity, besides, the transversal aspect of pathological gambling is not compatible with a cause-effect pathway of some studies.

2.7. HELP LINES AND ONLINE PRGRAMMES

There is more and more scientific evidence on those online treatment programs, being more requested each time and preferred to in-person treatments.

Online treatments are based essentially on other treatments, especially on the cognitive-behavior approach and motivational interviewing. They usually consist in modules going on for eight to ten sessions with questionnaires, self-evaluation, interactive exercises, skills training, suggestions on behavior, among other things, beginning with an evaluation and registration. Those treatments are performed by psychologists with high degrees of specialization, being able to adjust and individualize, even (or mainly…) online, the treatment to each person. Many times, those treatments begin in the help lines provided by public institutions and/or by the gambling operators that hire independent specialists. Treatment begins after one first contact, a treatment plan with pre-scheduled sessions where the patient's progression is assessed through talks, therapeutic exercises, capacity to resist cravings or even through a controlled gamble. That new form of treatment causes some negative reactions and apprehension towards some technicians. I must confess I also had fears when thinking on the context, the setting, communication, privacy, motivation or even depersonalization, but the fact is that the

findings are surprisingly positive, for e-mail, telephone, and in some cases video-conference treatments. Most important is that it was possible, beginning with crisis management (request for help on account of suicidal ideation, marital conflict due to gambling, pre-relapse, etc.) to send the person to a treatment where essential information was given in an adapted and effective way. Therapy or counselling *via* Internet is to be underlined since it is a particularly effective tool for family members needing guidance and tools to bring the pathological gambler to treatment. According to Monaghan & Blaszczynski (2009), preliminary scientific evidence has revealed that therapy *via* Internet and online interventions are more effective than no therapy and as effective as face-to-face therapy in a wide range of mental disorders where addiction and gambling problems are included. Ontario's government has recently announced public implementations of such strategies in order to reach more people and in a broader way. It is known today that most people with gambling problems don't reach for any kind of help, and Internet might strongly influence that area of health as it did to a new kind of gambling. Completely familiar with the new technologies the new generations choose those means of communications and treatment. Those new technologies are here to stay with what's positive and negative in them, and we all have the obligation (at least professional) to know them and take the best out of them. There are other benefits like: less costs in travelling and time, being familiar with technologies, confidentiality and anonymity, accessibility (nowadays almost everybody has access to the Internet) and above all to fight with the same weapons that, as we saw, turn gambling more dangerous.

2.8. GAMBLERS ANONYMOUS

Data collected from different research show that pathological gamblers who choose to attend Gamblers Anonymous (GA) meetings, together with professional treatment, achieve better results than the ones who don't get actively involved in any of the modalities (Petry, 2005). Ten years or more collecting data that is now being confirmed. I'm in great favor of those self-help and mutual help groups, since I often witnessed very noticeable change or much faster development on those who decided to regularly attend those meetings. Not everybody adapts or feels part, and we have to accept that some patients don't follow the suggestion of attending such groups, valuable for maintaining and managing recovery and withdrawal. It is a great way to attack the addict's growing tendency to think that «I would control it now…», «I could slowly gamble…», «It's not that bad…», etc. Well, all symptoms of denial, highly selective perception and memory, which are some of the main features of addictions in general.

GA are self-help groups where gamblers who completely stopped to gamble (or are trying to…) get together in order to help one another, with no costs involved or professional help. Another relevant factor, in what concerns gambling hazard, is enhanced by the need people with gambling problems had to get together and support each other. It's based on the same successful 12 steps model from AA (Alcoholic Anonymous), but with greater emphasis on the financial issue of the problem; for example, the fourth step, where it is asked for one to write a bold moral and financial inventory of one self. GA, created in the USA in 1957, grew from 16 meetings in 1960 to over six hundred by the end of the 1980's decade (Orford, 2011), and today there are thousands of meetings all over the world, namely in countries like Finland, Kenya, South Korea, Israel, New Zealand or Spain. GA's structure and philosophy are very similar to AA's, proposing that pathological gambling is a disease that can never be cured but

that can be stopped and treated through complete withdrawal from gambling and, as in AA, there are 12 steps and 12 traditions to work on by members (Petry, 2005). According to the author, only 10% of the participants get truly involved in meetings. Those gamblers have severe gambling problems and regular participation in meetings is associated to better withdrawal results. There's a growing body of experiments in the field of substance addiction treatment where the 12 steps program is considered the main approach. The diverse scientific literature helps to understand that program as a therapeutic mechanism (Alford, Koheler, & Leonard, 1991; Thompson & Thompson, 1993, quoted by Ronel, 2000), to mention only the earliest. Different self-help groups, based on 12 steps or Minnesota model, exist for over 75 years and are particularly popular in Anglo-Saxon countries. In Portugal, there are, for the moment, around five GA groups in the Lisbon area and two in Oporto's area, already with dozens, not to say hundreds, of participants. Due to the COVID-19 pandemic these groups begun to use Video conferences like zoom. The increase of people gambling in 2020/21 also reflects on the increase of people with problem gambling and attending to these GA meetings.

2.9. Spontaneous remission?

Spontaneous remission means to stop having symptoms or even disorder, like pathological gambling, without support or even a health professional's assistance. It is common for that kind of remission to be related to a traumatic event (bankruptcy/insolvency, accident, etc.), to the fear of very serious consequences (divorce, loss of custody, etc.), to a very strong decision based on will, among others. It sometimes lasts for quite long periods of time. However, its main problem consists on the probable unsatisfying quality of life. General satisfaction becomes insufficient because the patient did not get over the loss of a certain lifestyle, neither did he learn to manage his life without the behavior or the substance. In many occasions the patient isn't able to identify feelings and deal with them, isn't able to understand mood states and that triggers certain attitudes which can be destructive or of substitution, since he didn't get the chance to learn to do it as when someone went through therapy or a self-help program. It is, however, always better a sudden withdrawal, in full force and with some quality of life, than to keep on gambling. It would be very interesting if researchers tried to understand better all variables involved in those withdrawal processes, so that afterwards they could be adapted and used on treatment programs, making them more effective.

3. INTERVENTION AND FIRST SESSION: THE IMPORTANCE OF THE GAMBLER, MEANINGFUL PEOPLE AND THERAPEUTIC CONTRACT

3.1. INTERVENTION

Intervention is about the process through which we try to interest a person with addiction problems to join a therapeutic program. The pathological gambler, like in several other addictions and against all evidence, denies difficulties/consequences and it is often necessary to be facing several hypotheses for the *ill* person to stop denying her/his illness. According to the national council on Problem Gambling (2012), the first step towards treatment is to admit you have a problem, then find support within friends and family, avoid and manage strong urges to gamble, places, people and situations related to gambling, replace gambling for some positive activities and look for professional help. That help can be given by psychologists, psychiatrists and expertise help lines, with or without medication, with or without use of self-help groups like GA. The risk of gambling problems exists in a measurable severity *continuum*. A better understanding of gambling habits and the connection to hazard can no doubt lead to great contributions for the development of intervention policies and of responsible gambling (Currie *et al*., 2006). Clinicians must consider improving the effort to monitor that kind of gamblers and provide treatment for people with those risk factors (Petry, 2005), and in that way intervene at more suitable or earlier moments.

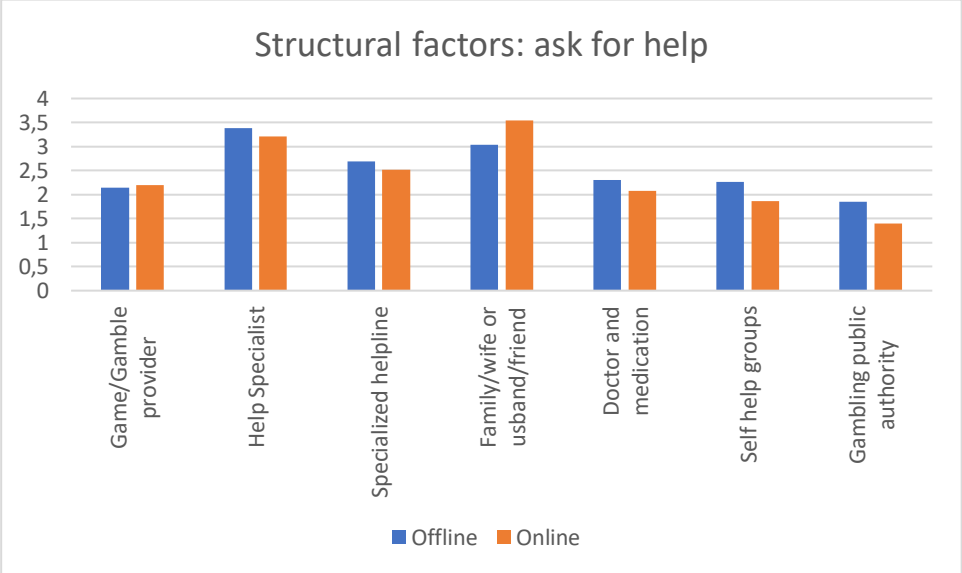

FIG. 24 - Structural factors: ask for help.

Help lines can be the tool par excellence of intervention and, possibly, include some of the stages of treatment. Take the example of an online help line in Australia where, according to Rodda and Lubman (2013), 70% of the people who had access to the program searched for treatment for the first time, and e-mails related to help request for treatment represented 78% from total, so suggesting that online counseling/treatment is a considerable service alternative appealing to those new seekers, most of the men under 40.

Help lines are important because people who seeking help do it on a moment's notice, and they might not do it if it's not promptly available. That is a decisive moment in a gambler's life as it does not repeat itself often: the moment they drop guard and stop the fight for miraculous salvation, the moment they realize it's a lost war made of a succession of battles where there were actually a few victories that brought nothing but more false hopes to the gambler. Those *enlightened* moments, I would almost say of survival instinct, should not be thrown away by the gambler or his families. Therefore, there's place for operators, legislators and for treatment centers to know the extent of gamblers seeking for help. For instance, when they close accounts, use time and/or money self-limitation or decide on self-exclusion (European Commission, 2011).

Treatment is normally the last thing the problem gambler tries. Very few pathological gamblers come in to start treatment, and many of them seem to recover from their gambling problems by themselves through spontaneous remission, that is, without professional help (Petry, 2005). According to the same author, quoting the National Research Council, less than 8% of the people in the USA with gambling problems seek treatment, and the ones who do meet the profile of a middle-aged, married, employed, relatively low level of education, Caucasian person. What about the young ones? Women? Old people? When and how, if at all, seek treatment?

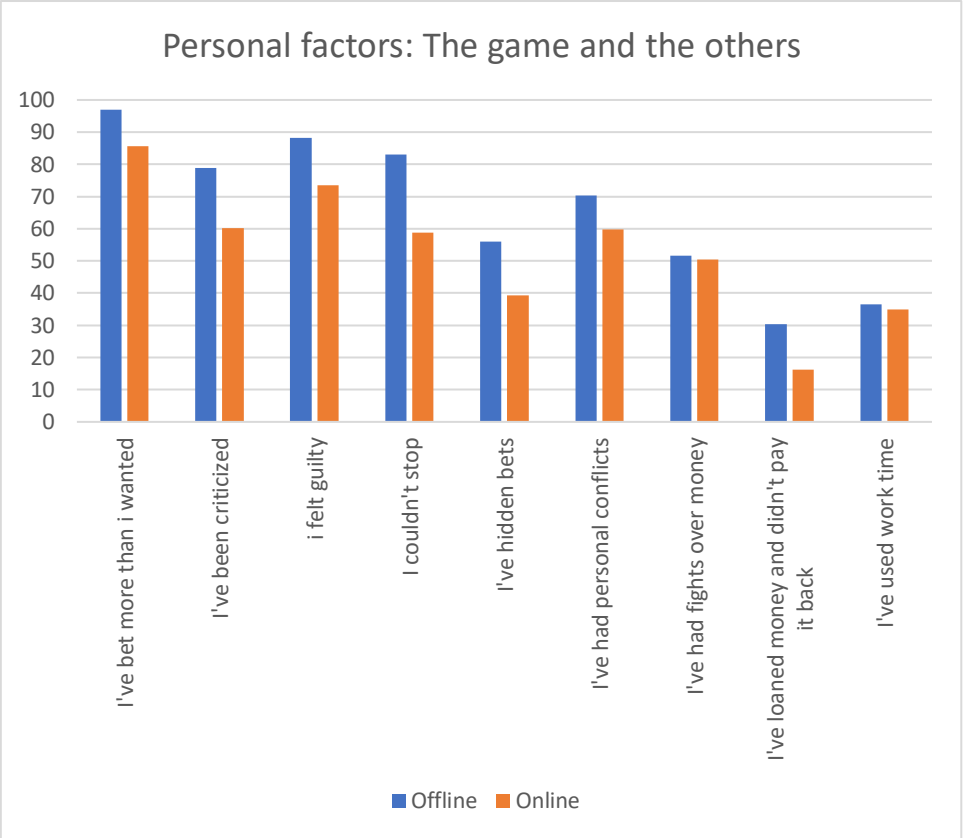

FIG. 25 - Personal factors: the game and the others.

Frequently, the problem gambler doesn't feel he needs, nor is he motived for treatment. He starts treatment when pressured by his family and above all due to the financial rupture he faces. All financial

engineering, he created collapsed, so he obeys, because he senses a break where a solution might just appear for his financial problems. Generally, gamblers are not dishonest, perverse or psychopaths. It is obsession, compulsion and impulsiveness that prevents them from managing the emotional acuteness which overlaps the rational component. As seen, gambling addict's neural circuit is quite connected to a rewarding system, vital functions, neuro-transmitters like dopamine, among others, creating a difficult to control need to gamble.

3.2. FIRST SESSION

I will now describe the method followed in *IAJ*, which was substantially inspired by out-patient centers like National Problem Gambling Clinic from the National Health System, that serves most of London, Belvitge hospital in Barcelona and by other in-patient's reference centers. We don't expect it to be a formula or a cure-all. All we claim is sharing our method, based on over fifteen years of practice with people affected by gambling problems.

The first session starts with an appointment, that according to IAJ's data from the last five years, more than 70% of the time is made by the wife, parents or another pathological

gambler's family member, for his lack of motivation or vulnerability. Since that moment, the family member is informed of the importance of being present in the session.

After a brief introduction where the psychologist's practice and training are referred, as of IAJ's, the way the session will take place is explained. In Portugal there isn't the habit of exposing professional practice, degree and specificity of training, membership in the National association of psychologists and other associations or scientific societies. It is good practice and should be followed.

The session is divided into three different parts. In the first part it is suggested to both family and gambler to briefly describe the gambling history and facts associated to it. It is important to be able to listen right from the start and understand family dynamics. If the family isn't informed and participating in the treatment, I believe it is less likely to succeed. If the therapist is able to have an idea of the rules, roles, type of communication, how feelings are experienced and expressed by each family, may certainly increase success in the gambler's treatment to a large extent.

Through that account we must find out if there were suicidal thoughts, history of depression, anxiety or some other comorbidity, such as obsessive-compulsive disorder, other addictions or prior addiction problems in the family. Besides, we must find out what the preferential gamble is, if gambling was both online and offline, if always the same kind of games or different kinds, under which conditions and at what time, how it was concealed, when losing control began to happen, who knew about the problem, if there are debts, etc. It is important to point out that a trust-based relationship is beginning to be established with the psychologist, but also and specially with the family, so the patient must put all debts and hidden situations out in the open then or later on to the family. Sometimes family members make use of that first session to talk about themselves and of all they have gone through, that way using up the time. With ability, it is important to explain that time is short and other priorities are raised, like defining and delimiting the situation in order to better decide on the treatment plan and strategy. When possible, family members should be followed on *support* therapy to help them cope with the past and to have a healthy relationship with the recovering gambler.

The second part is dedicated to a more theoretical component, where the notions of disease/illness or mental disorder (mentioning depression, anxiety, etc.), diagnostic criteria, "tough love", compulsion and obsession, information from DSM-V, relapse, feelings, knowing how to stop impulsiveness, treating it, family's role in the treatment, among others, are briefly explained.

It is important to explain what an addiction is. We must explain that that problem is described and acknowledged, by both the World Health Organization and the American Psychiatric Association, namely in DSM-V. After having explained that notion, one must, among other things, not blame the patient. In fact, it is crucial to explain that, in spite of not being responsible for the predisposition or vulnerability which lead to very serious and difficult consequences, the patient is entirely responsible for ensuring that treatment is conducted in a positive way, with the firm purposes of attaining abstinence and quality in life.

It is convenient, on that, to explain the difference between gambling control and gambling withdrawal. That is a less and less debated subject within experts, because, for those who fulfil the diagnostic criteria of gambling disorder and have had serious consequences for a significant period of time, it will be almost impossible to learn to control money betting. It is an unnecessary risk that won't present advantages to gamblers, except for the possibility of going

back to a controlled gambling zone that will, most probably, not last long. The comparison with tobacco and mood-altering substances can be useful, that is, if someone with tobacco addiction stopped smoking for one year and decides to smoke a few cigarettes in a party, that person is risking going back to old using patterns. It is different from the possibility of someone who has had mild gambling problems at a certain point or context in life eventual try and bet money again. Each case is different, but those are the guidelines suggested by us.

It must be explained that the predisposition for gambling addiction can have several components attached to it, turning treatment more difficult, since they are related. In the first place there is: a) a physical aspect that includes functioning of the brain in what respects the neurotransmitters like dopamine or the prefrontal cortex (decision making, impulse control); after that, there is b) heredity and genetics, with decisive influence (D2 receptors, etc.); now comes the c) mental level, with the gambler's famous cognitive distortions; d) emotional, like compulsion, obsession, guilt, shame, etc.; e) spiritual, in the sense of distorted values and principles due to impulsiveness and compulsivity; f) family aspects, since it is often there where it all begins; g) social, for peer pressure is very powerful; among others, here mentioned before, which are the so called situational and structural risk factors.

To the family certain notions are also to be explained, like tough love, suggesting not to go along and give up into emotional blackmail that addicts usually are good at and so well take advantage of. Basically, that attitude means for the pathological gambler to assure responsibility for his actions and for everything he does, accepting and suffering quite a lot with all the consequences. There are rules for family help, limits, that are clearly and explicitly told to the patient. Actually, it is suggested that debts are not to be paid and money be lent or given, because it is known where it is going to. It is to be enhanced, once again, that each case is different, but if you continue to give money to put back what was taken from work, if you continue to pay the rent or the moneylender, then the gambler knows that in the end he will always have backup and will tend to repeat, for he has not really felt the dark side of the situations he created and lead. A simple and practical example, making use of another analogy, is the following: if you have a diabetic child, are you going to give her/him money to daily eat all the chocolates she/he wants, or are you going to restrain and try for her/him to get treatment?

Many Portuguese families have considerable difficulties in acting that way, for cultural and religious reasons, unlike the Anglo-Saxon culture, more directed to a community spirit and different family concept, valuing autonomy and responsibility in a more decisive way.

It is also suggested to the family to look for support in order to be able to manage all those intense negative emoticons built throughout the years. Many times, families are not aware of what really goes on, in terms of concrete facts, because we're dealing with an invisible addiction. It takes years of frustration, misunderstanding, resentment, fear, but above all, helplessness. It doesn't depend on the wife for the husband to stop, in spite of all efforts, good ones and bad ones, threatening to get divorced and controlling money. I usually say that gamblers have the compensation while gambling and then, when they stop, they have psychological help, but family is from the start without support in that process, and knowing nothing. It is common for the wife to think there was a lover because the gambler is out of the house, and when he's at home he is thinking of something else, with no money, no energy, mentally and emotionally unavailable to provide whatsoever to his family.

We will now look at the third part of the session: therapeutic contract and all of its guidelines.

3.3. THERAPEUTIC CONTRACT

In that particular case, the therapeutic contract is used to establish an agreement between the parts and not so much to define rules between psychotherapist and patient. The main goal, as we'll see, is to turn clear and practical the necessary and sufficient conditions for change to happen, the same as widely spread by Carl Roger's work.

The word *contract* is commonly used in the context of therapies but with pathological gamblers it gains an even greater importance. Together with addicts well known allergy to authority, when it comes to problem gamblers, there are some specific issues: defiance, competitiveness, self-centeredness, narcissism, venture, and above all, the need to control and have power. For those issues as well as ethics, the patient must be questioned on whether he agrees with the established rules or not. When he doesn't accept them, he must say why and suggest an alternative. If not, the degree of commitment, motivation and diminishing of leeway for relapses aren't as good.

It is a good moment to point out that a contract is nothing but the sum of suggestions and rules, external stoppers, an attempt to frame the installed chaos. If the pathological gambler wants to keep on gambling, there isn't anything that can actually stop him from doing so… neither in short term nor in medium term. What usually happens on that period of time is that he becomes aware of difficulties and consequences and attains real and genuine motivation.

In annex the PowerPoint and conclusions of the research

Therapeutic contract for 6 months

	Yes	No	Maybe
1) Elaborate and implement refund debt plan.			
2) Complete abstinence of any kind of gambling.			
3) Avoid any people, places and gambling related situations.			
4) Self Exclusion Of any physical or virtual gambling places.			
5) Limit/control any access to money/bank cards/checks.			
6) Significant people participate on the treatment.			
7) Participate in regular singular and group therapy.			
8) Make and read therapeutic works.			
9) Participate in self help groups (GA)			

Consequences in case of relapse or failing with the contract
(examples: leave home, go for internal treatment, stop seeing grandsons)

1)
2)
Signature:
Date:

Diagnostic criteria for gambling disorder - DSM-V
Mild= 4-5 Moderate =6-7 Severe =8-9

1) Needs to gamble with increasing amounts of money in order to achieve the desired excitement.			
2) Is restless or irritable when attempting to cut down or stop gambling.			
3) Has made repeated unsuccessful efforts to control, cut back, or stop gambling.			
4) Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).			
5) Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).			
6) After losing money gambling, often returns another day to get even ("chasing" one's losses).			
7) Lies to conceal the extent of involvement with gambling.			
8) Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.			
9) Relies on others to provide money to relieve desperate financial situations caused by gambling.			

FIG. 26 - Therapeutic contract model.

3.3.1. Debt's plan

The first item might seem strange but is crucial since it's related to one of the features that better suits the pathological gambler, and that is the chase. The vast majority feels and, above all, truly believes that unless he gambles again will he be able to make money to pay debts. Like in what I recently heard someone saying: « I'll go there (gambling place), gamble like only I can do, recover everything I lost, make enough to pay them and shut them all up». That person is 45 years old, has a degree, is the chairman of a company, married, has children, and gambles compulsively for more than five years. He has full capacities for his job, and with his family,

etc., but has been repeating that chase pattern year after year, dragging his family to insolvency.

When a patient establishes a debt's plan, he tends to give up wishful thinking, the quick and effective miraculous solution, and takes on, himself, the debt's payment, to be paid in instalments according to income and current expenses. For privacy or decency reasons, my suggestion is not to make the amount of the debt public, although there is a certain sick pride or challenge in revealing it, as if saying: «I'm really a though one, I go all the way…». I also suggest that they look for associations specialised in negotiating or managing debts in order to lower interest and gather all debts (credit cards, financial institutions, neighbours, friends, fellow workers, etc.). It is crucial that they are not alone in the process and not dealing with debts on their own, since it is common for them to end up gambling, one last time… for the reasons I mentioned before. It is many times said to be felt as strong relief when finding out what the exact amount of the debt is, the exact amount per month and how long for they have to pay. It sometimes is for many years… It is a first step, for the problem gambler to restart a heathier relationship with money and its true value.

3.3.2. Withdrawal from any kind of gambling or not gambling for money

Except from gaming, of which we will talk later on, and, in a way, the new mobile phone and social media games like *CandyCrush,* money is what stimulates the compulsive gambler the most. You can get a compulsive gambler playing for matchsticks in front of a slot machine, *roulette*, sports bets, a scratch card, and he will gamble twice, three times but then gives up. When I mentioned that to a patient, his answer was: «There's no charm in that, no challenge, no adrenalin, no magic, nothing. There's no spice to it, or sense, it's silly». Even though when there is no money involved, they are told not to gamble on the usual games to avoid the recollection of memories and feelings that will promote cravings, which is to be avoided since they will arise anyway.

Gambling without making use of money also helps to make clear, to set unequivocal limits, a non-negotiable rule, that is if you wish for your patient to work on his low tolerance to frustration, denial, selective perception, and self-manipulation. Also, family have limits well defined that way. Most research, as well as my own experience in that area, point to the fact that a relapse sets up a series of relapses, more serious each time and less spaced in time. Therefore, one of the ways to avoid that is to never use money again.

There is often a lot of debate within therapeutic grounds about the option of betting on EuroMillions, since it's not a potentially addictive game and with which there has never been problems. In fact, in all my years of practice, there was never anyone with gambling problems in EuroMillions (see structural factors) but I had several patients whose serious relapses began with gambling EuroMillions. That happens because wishful thinking comes back and sets in, of hope and magic solutions. Also, EuroMillions will give gamblers a sense of dissatisfaction, frustration, not getting enough, wanting more or «the real thing». And from that point they move onto their chosen game, with all the previously mentioned features of being able bet to whatever they want, attending fast betting, high prizes, easy access, etc. Using analogies once more, taking someone with an alcohol addiction and who used to drink brandy. If that person drinks one beer, it causes almost no effect but it will produce the need for a stronger effect, so he'll start having more beers and after that he goes back to drinking brandy again.

To have well defined limits works many times as a safe harbour, relief from endless negotiations the gambler goes under; if he bets 100 or 200 Euro, whether he wins or loses, he walks away; if he pays the rent or takes the risk and pays all debts; if he gambles or doesn't gamble (knowingly that he won't do it for matchsticks), etc. In what concerns the family, the situation is also clear, since there are doubts about the games he can play or not play, and the amounts to be used; it generates relief but also the possibility to confront the gambler, if he uses money.

3.3.3. Avoid people, places and situations related to gambling

That is another preventive measure from urges and relapses. It is known that at the addiction stage, generally, the addict is a lonely user, isolated and focused on using. Pathological gambling is no exception. They don't get together in groups to go and use. They might meet other gamblers, like in the case of poker, or they can go to tournaments but on their own. Most important in that guideline is to avoid places where they used to bet, and situations where people can gamble, for the reasons we have seen, like associated memories and feelings that will trigger the will to gamble. Those urges or cravings can be very sudden, intense and difficult to control, therefore, avoiding them is a good principle, particularly in an initial stage. Is it alright for a person with gambling issues to go out for coffee to a casino or to look for game results at sports gambling places? It isn't about, as some say it is, desensitisation, or a test of strength. It is mainly a defying attitude, looking to bring back some hints of the old days, a relapse attitude that can actually end that way, having unpredictable consequences.

Nothing has to be forever, and after some time (considerable time), if there's a reason for it, a gambler with problems can eventually be present at some entertainment or go to a ceremony or award prize-giving in a casino. Ideally, however, is… not to play with fire!

3.3.4. Self-exclusion from physical and virtual places

As we know, those measures are not effective. Apart from knowing whose responsibility it is, legislation does not favour its compliance, due to its ongoing situation (for the online) or because there is a logistics inability to do it. There are many cases of gamblers that asked for self-exclusion and under the compulsion to gamble go back to the casino. On account of my patients, the same goes on for online gambling where in theory that control would be easier. What happens is that the request for self-exclusion can be altered the next day or even the request for time or money limitation, accepted by most of the online gambling places. Furthermore, the supply of online gambling places is so wide, that it is easy to go from one to another. The ongoing regulation may be truly beneficial in that sense.

To us, when a patient accepts to make the self-exclusion request, it is more of a symbolic act revealing motivation for treatment, a giving up, his own rock-bottom, than an actual external stopper for gambling. When he takes a family member with him and goes to the *Inspeção de Jogos* to fill a form, or when he sends an e-mail to the different places (and removing apps from the computer) on his own free will, is he compromising and starting a probable mourning/grief process from a vividly attractive and intense but also equally destructive way of life.

When the patient says he doesn't need it, that he can do it without that imposition (which isn't an imposition, it is on free will), that it is an attempt to the citizens' rights, freedom and guarantees, we can assume the gambler hasn't yet decided, hasn't reached an ideal motivational point, that he might still be at a contemplating/preparation stage, which, according to Prochaska and DiClemente's concept, precedes action. That kind of speech can be a good opportunity to understand the patient better and the context he's in.

3.3.5. To limit/control immediate or easy access to money

Before and for other reasons we mentioned rights, freedoms and guarantees in the Portuguese Constitution of which I am an earnest defender. However, for the reasons we saw and yet to be seen, when you limit those rights for a short period of time, with the patients' consent and always revocable, it can no doubt do more good than harm. It is suggested to the patient to pick someone he trusts to manage his finances (payments, income, debt recovery, etc.), a way to avoid having money available to invest (the way many gamblers say it). It is also common to hear: «With less than 100 or 200 Euro it's not even worth going, you can barely get your feet wet…». Another specific thing about that addiction is that if the compulsive gambler doesn't have any money, he doesn't have constant urges or has none at all, but the moment he knows he has or will have money, the obsession and compulsion sets in. It is common for pathological gamblers to go through gambling episodes for only three or four times a month, on the exact moments they have money for it. They might save money, little by little and, when the right day comes, they go for it. Not having access to money is for many a relief because they won't be at the mercy of compulsion and never-ending internal negotiations between «I'm going… I'm not going…», «I'm going but I'll only take 100 Euro», or «I'll take 50 Euro only», or «I won't go today, but I will tomorrow…». Obviously, when someone definitely wants to gamble, he'll find a way to do it, one way or another. However, by not having money available, means going against one of the pathological gambler's main features, which is impulsiveness. When that isn't possible, for professional reasons or other reasons, it is suggested that someone they trust have permanent access to their bank account in order to monitor bank records.

When it comes down to it, that is one of the worse consequences they can have from gambling. To lose what they cherish the most, the flame that fed the dream, what could make the difference and having other's recognition. That negative reinforcement, and being held accountable for their actions, can mean defeat and profound impact to be used towards relapse prevention. It can mean a way to work on memory and selective perception which affect gamblers, making them recall winnings instead of great losses.

As seen, money is central regarding motivation to gamble. Making money, recover lost money, the relation between money and power in the pathological gambler's perspective make that guideline a crucial one, although sometimes not possible to implement for several reasons. The gambler's bad relationship with money did not begin with the gambling problems. Money is the solution for all problems, giving access to being different and special (more than having) and serves the narcissistic component of recognition so typical of gamblers. «I am the one that, endowed with intelligence and special knowledge, was able to make a lot of money with little effort, while others are over there working…». That was pronounced by several of my patients, in different ways but always with the sense of «being special and different».

3.3.6. Meaningful people's participation in the treatment

Meaningful people's participation in the treatment is one of the most delicate topics of the therapeutic contract. Even though in general everyone understands the rules, families try to break the set limits because they are desperate. It is explained to everyone who is present (usually the wife, or the wife and the patient's parents) that the therapeutic relation and treatment are for the patient and that family members should look for help in any way they can. Also,

that the therapeutic relation is based on trust between psychologist and patient and, besides that, there is the ethical and deontological obligation to confidentiality. However, team work can be developed, and every time they feel the need to participate, they can and should do it, in two different ways. Family members can be present in the beginning of sessions (first ten minutes) and verbalize whatever they believe to the meaningful (positive or negative) for treatment, or they can call the patient during the session and put the phone on loudspeaker in order to get everybody communicating. There must not be otherwise contact between psychologist and family at the risk of undermining the whole therapeutic process. That is where families tend to have a harder time either because they want to know how their son is doing or they want to share an episode they consider to be relevant without the patient knowing, or for whatever reason.

If everybody works towards the same thing, if communication flows, if rules, limits and roles are defined and steady, family will slowly grow back into a long-lost functionality.

If the patient walked into treatment on his own foot or if he is opposed to family's participation, we must try to understand why it is. Again, each case is different, and in most of the situation's treatment does good because it interacts with several plans/areas of the gambler's life. Many times, family members are as affected, it not more, than patients themselves. It is important they know what the treatment consists on, what therapeutic contract is, that they can turn to treatment teams from the *National Health System* or to GA family groups, what steady or tough love means, that they can do or say anything instead of being submitted to impotence, sadness, disappointment and anger felt intensely and for so long.

3.3.7. Participating in individual and group therapies

Pathological gamblers and their families often look for help when they are already going through great financial difficulties. It isn't always possible for them to be submitted to the least number of sessions for financial reasons, schedules or distance. In those cases, we suggest the Public local treatment teams (*Equipas de Tratamento*) (former drug addiction attendance centre, *Centro de Atendimento aos Toxicodependentes*), now part of the Health Regional administration , other public institutions or simply the *GA* groups.

Everything is different from case to case, but usually it is suggested one individual session a week and a group one during the first three months. It is explained to families and to patients that the first months are usually the most difficult ones on account of stress, anxiety, depression, guilt, etc., and all the negative consequences that have to do with it. What we try to do is, first, to avoid the ongoing gambling behavior (to understand defense mechanisms, trigger effects, preventing, urges control, etc.) and after that try to adapt to the patient and to

his own characteristics the treatment guidelines in use. For that, one has to work on individual analysis, awareness of behavior patterns, thought patterns, emotional management patterns, among others, throughout life. There are a lot of therapeutic papers that talk about that kind of introspection. Psychotherapy is important because many gamblers have comorbidities associated to alcohol and depression, among others. And, if one has to stop gambling, abstinence won't last long if other problems are not looked after, that might even be prior to the gambling problem. Almost all withdrawal attempts are inglorious or unfruitful when there are associated pathologies that unstable or prevent getting to a stable enough point of balance.

I think of group psychotherapy as the most gratifying therapeutic experience and it can promote a great degree of change in patients. Communication, debate, confrontation, identification, suggestions, interpretation and peer help are unique. Patients reveal themselves and find out about themselves through dynamics where the whole is truly greater than the sum of the parts. Patients find out they are not the only ones, they are no exceptions or from Mars, and that not only can they be helped as they can be of help.

Inpatient treatment is suggested when patient's life is highly disrupted and unstructured by stress, anxiety, unavoidable debts, substance use, on the brink of divorce or of being fired, depression, suicidal thoughts, among others. Sometimes there is the need to stay off the track and dive into a massive dose of therapy in a protected environment for the patient to safeguard himself and gather the conditions to be able to manage his life in its different aspects again.

3.3.8. Therapeutic homework

If it weren't such a serious matter, it would be funny to look at patients' facial expressions when they are told of the importance of doing their homework. Yes! Homework. That part is very important, practice shows me that patients who do the work and invest on it have much higher personal and therapeutic growth than those who don't do it. There is great resistance towards homework since it has to do mostly with the patient's past, but everything is seen and, above all, felt to the day, so the exercise of processing an intense and painful history is frequently left behind, sabotaged, forgotten, or done in a hurry. In some cases, assertiveness prevails and patients actually say they are too old for it but that they don't mind doing such work during sessions, and in that way coming to an agreement.

The first three tasks are: 1) meaningful people, 2) autobiography and 3) analyzing patterns of behavior, thought and management of feelings, in relation to meaningful situations throughout their lives and gambling history.

There ought to be some reading of the known authors on areas such as the mourning/grief process before a certain behavior/addiction, what feelings like shame/guilt, fear, rage, etc. are, what mechanisms of defense and triggers are, what addiction is, cognitive distortions and impulsiveness, among other things, that are given out according to each one of the patient's needs and limitations. There is today a lot of scientific literature specialized on those areas.

Other kind of simple and effective work has to do with psycho-social or life skills. Some of those skills seem to have vanished from people's lives, that is if they were even there in the first place. The idea of assertiveness or certain basic communication tools seem unknown to

gamblers or to simple identification with others. To work on decision making, impulsiveness control and on solving problems might be of crucial importance. Gamblers are in such an extent wrapped in scams, financial engineering and lies that they don't realize the stress they're in and should learn relaxation techniques, breathing and meditation to avoid the repeating of patterns, even when not gambling.

3.3.9. Participating in self-help groups like GA

That is one more guideline with a non-binding extent. It is, however, (strongly) advised for people to attend for at least twice or three times to find out if they are able to fit in or not. There are several benefits in integrating those 12 steps groups. Research has revealed that gamblers who attend those groups together with psychotherapy have higher rates of abstinence and for longer periods of time. Filled-in time, mutual help, the feelings of belonging and sympathy, the willingness to talk and be heard, and identifying to others are assets of great impact on motivation. The principle of anonymity and confidentiality of members is assured through certain traditions that protect not only the group but its members. I recommend the Cochrane library review´s research on *Alcoholics Anonymous and other 12-step programs for alcohol use disorder, by* Kelly JF, Humphreys K, Ferri M

3.3.10. To be reachable

That principle is more for the offline gamblers, since, when they disappear, they also stop answering the telephone, because they are gambling. Families are very responsive to that problem, and it is important for the gambler to be reachable so that he can recover the long-lost trust and give his family some rest.

3.3.11. Commitment and preventive consequence

There is still one last suggestion that again aims for the patient to take responsibility for his acts. A gambler on treatment will have to choose a fair consequence, hard and doable if he does not meet the contract he bonded to or if he has a relapse by gambling with money. The rule is also intended to break denial, and for the patient to realize, without a doubt, he is not capable of controlling himself in what concerns gambling associated behaviors. That way they lose flexibility and ground to manipulate themselves, family and therapists if they don't comply with the obligations. It works also as a stopper for relapse, because, if they decide to gamble and use money, they know they will have to carry out the consequence they chose. Normally patients choose to be admitted as an in-patient at a therapeutic community, or stop seeing grandchildren, or leaving home for a while. When asked if their choices are too rough, they usually respond that it has to be tough in order to have impact….

3.4. ASSESSMENT INSTRUMENTS

3.4.1. The eternal SOGS

The South Oaks Gambling Screen – SOGS (Lesieur & Blume, 1987) enables the assessment of the degree of pathology in the gambling conduct, based on «pathological gambler» criteria from DSM-III. According to Stinchfield, Govoni & Frisch (2007), SOGS offers the benefits of being brief and easy to apply, and a clear psychometric robustness for different populations, allowing the comparison with other studies. Authors mention as limitations the financial component/money and its excessive weight, as well as the false-positive results that might be generated in certain populations. SOGS reveals the *continuum* of severity in gambling problems; however, authors suggest that in order to obtain a true *continuum* it would be necessary for the scale to have more problem severity items (like moderate or reduced).

The use of SOGS in Portugal is on account of its psychometric qualities, for its wide use in international research for the last decades, and because it has been adapted and measured in the Portuguese population by Lopes (2010). SOGS consists on a query of 20 questions with binary answers (*yes/no*). The tool makes it possible to identify the risk of gambling addiction. There are several designations for the different levels of addiction: recreational players, moderate or severe risk, problem/abusive and pathological, among others less used. The result is produced according to positive answers and goes from 0 to 20 and: 0 values indicate the absence of gambling problems; between 1 and 4 indicates risk gambler or with probable gambling problems (here referred to as abusive gambler); and 5 or more positive answers show there is pathological gambling. Questions 1, 2, 3, 12, 16j and 16k must not be counted. In the final reckoning, the positive aspects out-weight the negative ones, although I prefer the diagnostic criteria in DSM-V. However, it lacks groundwork of translation and adaptation to our culture.

SOUTH OAKS GAMBLING SCREEN (SOGS)

1. Indicate which of the following types of gambling you have done in your lifetime. For each type, mark one answer: "not at all," "less than once a week," or "once a week or more."

	Not at all	Less than once a week	Once a week or more
a. played cards for money.			
b. bet on horses, dogs or other animals (in off-track betting, at the track or with a bookie).			
c. bet on sports (parley cards, with a bookie, or at jai alai).			
d. played dice games (including craps, over and under, or other dice games) for money.			
e. went to casino (legal or otherwise).			
f. played the numbers or bet on lotteries.			
g. played bingo.			
h. played the stock and/or commodities market.			
i. played slot machines, poker machines or other gambling machines.			
j. bowled, shot pool, played golf or played some other game of skill for money.			

2. What is the largest amount of money you have ever gambled with any one day?

___ never have gambled
___ more than $100 up to $1000
___ $10 or less
___ more than $1000 up to $10,000
___ more than $10 up to $100
___ more than $10,000

3. Do (did) your parents have a gambling problem?

___ both my father and mother gamble (or gambled) too much
___ my father gambles (or gambled) too much
___ my mother gambles (or gambled) too much
___ neither gambles (or gambled) too much

4. When you gamble, how often do you go back another day to win back money you lost?

___ never
___ some of the time (less than half the time) I lost
___ most of the time I lost
___ every time I lost

5. Have you ever claimed to be winning money gambling but weren't really? In fact, you lost?

___ never (or never gamble)
___ yes, less than half the time I lost
___ yes, most of the time

6. Do you feel you have ever had a problem with gambling?

___ no
___ yes, in the past, but not now
___ yes

Answer yes or no

	Yes	No
7. Did you ever gamble more than you intended?		
8. Have people criticized your gambling?		
9. Have you ever felt guilty about the way you gamble or what happens when you gamble?		
10. Have you ever felt like you would like to stop gambling but didn't think you could?		
11. Have you ever hidden betting slips, lottery tickets, gambling money, or other signs of gambling from your spouse, children, or other important people in you life?		
12. Have you ever argued with people you like over how you handle money?		
13. (If you answered "yes" to question 12): Have money arguments ever centered on your gambling?		
14. Have you ever borrowed from someone and not paid them back as a result of your gambling?		
15. Have you ever lost time from work (or school) due to gambling?		

16. If you borrowed money to gamble or to pay gambling debts, where did you borrow from? (Check "yes" or "no" for each)

	Yes	No
a. from household money		
b. from your spouse		
c. from other relatives or in-laws		
d. from banks, loan companies or credit unions		
e. from credit cards		
f. from loan sharks (Shylocks)		
g. your cashed in stocks, bonds or other securities		
h. you sold personal or family property		
i. you borrowed on your checking account (passed bad checks)		
j. you have (had) a credit line with a bookie		
k. you have (had) a credit line with a casino		

FIG. 27 – SOGS questionnaire.

3.4.2. 20 questions from Gamblers Anonymous

The questioning is mainly self-evaluation for people who have doubts on their degree of addiction to gambling. It's normally used by people who attend GA meetings or the ones visiting places related to those groups. In spite of being taken by so many people, it hasn't yet been scientifically tested or validated, that I know of; in a clinical setting, at the most, it must be used as a diagnostic technique's aid. Nevertheless, questions go over a vast range of behaviors, motivations and consequences related to problem gambling. It is useful specially for gamblers to become aware, or to get a new perspective on how out of control things are, by summing up a great number of positive answers. That happens only if gamblers give honest answer to the questions, which doesn't always happen.

1) Did you ever lose time from work or school due to gambling?
2) Has gambling ever made your home life unhappy?
3) Did gambling affect your reputation?
4) Have you ever felt remorse after gambling?
5) Did you ever gamble to get money with which to pay debts or otherwise solve financial difficulties?
6) Did gambling cause a decrease in your ambition or efficiency?
7) After losing did you feel you must return as soon as possible and win back your losses?
8) After a win did you have a strong urge to return and win more?
9) Did you often gamble until all your money was gone?
10) Did you ever borrow to finance your gambling?
11) Have you ever sold anything to finance gambling?
12) Were you reluctant to use "gambling money" for normal expenditures?

13) Did gambling make you careless of the welfare of yourself or your family?
14) Did you ever gamble longer than you had planned?
15) Have you ever gambled to escape worry, trouble, boredom, loneliness, grief or loss?
16) Have you ever committed, or considered committing, an illegal act to finance gambling?
17) Did gambling cause you to have difficulty in sleeping?
18) Do arguments, disappointments or frustrations create within you an urge to gamble?
19) Did you ever have an urge to celebrate any good fortune by a few hours of gambling?
20) Have you ever considered self-destruction or suicide as a result of your gambling?

3.4.3. DSM-V: diagnostic criteria for gambling disorder

Here we will find only the questions and classification according to the score. That tool is very much used in the USA, for many insurance companies pay for treatment if the patient fulfils the diagnostic criteria. APA's DSM is also the most used diagnostic and classification manual.

Diagnostic Criteria 312.31 (F63.0)

A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following
in a 12-month period:

1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
2. Is restless or irritable when attempting to cut down or stop gambling.
3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
6. After losing money gambling, often returns another day to get even ("chasing" one's losses).
7. Lies to conceal the extent of involvement with gambling.
8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
9. Relies on others to provide money to relieve desperate financial situations caused by gambling.

Mild: 4-5 criteria

Moderate: 6-7 criteria

Severe: 8-9 criteria

The are other assessment tests like the Canadian Gambling Severity Index or its reduced version (from 31 to 9 items), Problem Gambling Severity Index (PGSI), or also SOGS-RA, which is SOGS adapted to adolescents.

Besides testing for gambling disorder, you can and must, when needed, ask to answer questionnaires on anxiety, depression, suicide, among others.

4. FIRST SESSIONS: GUIDELINES

Few are the clinicians who are capable of treating pathological gamblers, especially due to the absence of expert training.

Treatment obviously has to take into account the person's history, family framing, possible comorbidities with other substances, depression and anxiety, suicide thoughts or personality disorders. The psychologist must never lose sight of certain features often present in the pathological gambler, such as: competitiveness, challenge, the search for strong emotions, easy boredom and selfishness, among others, also there for the most common addictions, like low tolerance for frustration, denial, the hard management of emotion and feelings, among others.

Treatment has usually to do with fighting on multiple fronts with a number of multi-disciplinary allies: meaningful people, experts on other comorbidities (obsessive compulsive disorder, social anxiety, depression, etc.), psychopharmacology, associations specialized on debt management or even bankruptcy, social workers, self-help groups like GA, etc. Preventing relapse and patient's quality of life also lay on training psycho-social skills in terms of identification and management of feelings, assertiveness, relearning to solve problems and make decisions, reality assessment (mental constructs), stress management, be able to ask for help, etc. Assessing pathological gamblers, as well as risk *continuum,* is very important for good practice during treatment. According to Reily (2013), the amount of pathological players that are part of the most severe form of gambling problems showed higher success rates than the expected and there was no evidence on the following assumptions: a) people could not recover from gambling disorders; b) people who have the most severe gambling problems are less probably successful than people who have lesser problems with gambling disorder; c) people with some gambling problems are more likely to get significantly worse than those who have no gambling problems.

4.1. THE FIRST TEN SESSIONS

The most common approach to the treatment of addictions is the so called cognitive-behaviour approach, together with a motivational component. It is no doubt the one we most use in *IAJ,* but because some of our technicians have training on different approaches (systemic and dynamic), we look at that as something that can only enrich and be good for

patients. There are many programs or treatment manuals based on 8-10 or 12 weeks simply because in Anglo-Saxon countries it is the number of sessions paid by insurance companies and also because scientific evidence points very much on that way, specially the cognitive-behaviour approach.

At the first sessions, it is not supposed to go in much onto psychotherapy itself. We try to get to know the person, history, most determinant features and surroundings. To move fast can be counterproductive since patients are in a state of emotional wear-out (guilt, shame, fear, anger, etc.). Sometimes we get a lot of information at the first sessions, but such events, situations and feelings will only be dealt with later on in the process.

I have never had two identical cases. I have never followed on a straight line what I am about to describe in terms of sessions because there are so many things you can't predict, each case is a different case, different worlds, and the psychotherapist's artistry is to be able to adapt his technical and theoretical knowledge and his own experience to the needs of the person sitting in front of him. With more or less variations, and briefly, those are the principles that guide treatment manuals with scientific validity for a number of years.

If everything went well, which normally doesn't happen, the first sessions' chronogram would be presented the way to follow.

4.1.1. Sessions 1 to 3: delimitate

Those first sessions are for self-diagnostic on the gambling problem and a subsequent evaluation of deriving negative consequences. To simply make a list of debtors/debts, of three consequences for each life sector (professional, marital, personal, financial, etc.), or of the benefits and disadvantages of gambling can be in fact very effective.

Besides assessment tests on gambling problems that usually surpass scales, we try to acknowledge family, marital and professional situations. It is important to know the extent of the patient's motivation for treatment and whether an appointment with a psychiatrist is necessary or not for possible prescription of medication, since high levels of anxiety, depression, suicidal thoughts and the use of alcohol might jeopardise treatment.

Besides reading on the grief process related to gambling, on the concept of addiction and on being able to communicate, it is suggested to patients to do an essay on meaningful people in their lives. That written exercise, to be done at home, aims a better understanding of references and type of relationships they establish or established and what those people to whom they were closer are or were like. After that they must produce a story on their lives, an auto-biography allowing the getting together of a life so disjointed and cut out by some radical events, on account of all the impulsiveness in their lives. Sometimes it is easy to become aware of the course of life and gambling, allowing the gambler to create a new perspective of himself, making way for a new account and the beginning of deep change.

Still at those first sessions, it is important for patients to become aware of signs and symptoms that preceded gambling episodes: if they gambled at the end of a working day to relax, if they gambled to feel alive, if they gambled when they fought with their wives, if they gambled when they felt inadequate, stressed, tired, if they gambled to recover money, etc.

It is also on that stage that the therapeutic program is established, together with the patient, according to the type of game and gambler, his age, his personal growth, his actual motivation, family, social and professional structure, and significant variables. Those variables were used by the patient to define a grid of short-, medium- and long-term goals on the main areas of his life. The journey's rhythm is defined at that stage.

4.1.2. Session 4 to 7: deepen

After one month of fundamental treatment, the intension is for the patient to have become aware of the dimension of the consequences of gambling in his life, so that he can break off from denial or reminiscent selective memory, and also to keep associating his gambling to not being able to stop it and the consequences that come from that. It is crucial that guilt and shame, great alibis for a relapse, do not take over the patient's feelings, and he must be held responsible for his treatment. It is the exact and appropriate stage for the patient to develop a skill, easy for «civilians» (those without addiction) but very difficult for addicts: identification and management of feelings. Especially the ones associated with anger and resentment, guilt, shame and fears, that will serve to prepare crucial work to be developed from session 5 or 6 onwards, depending on the patient's capacity and motivation. Real treatment, in the sense of as effective as possible change, starts with self-examination, experiencing feelings as they talk and write about past situations as in the present.

Part of one of the sessions is usually used to understand the chosen defence mechanisms, and symptoms or the will to gamble again. And how to manage those impulses, urges or cravings. It is desirable to suggest to the patient to invite meaningful people to be present at the beginning of one of those sessions, echoing the patient's attitude in the real world, using it to make a balance of the situation, and keeping individual sessions confidential. Some extra motivation, positive reinforcement, from family and psychologist, on what the patient has already accomplished, can appear to be very useful. If analogy was made between treatment and grief process, patients would now be at the depression/distress stage, after having overcome denial and anger/rage associated to their gambling histories. They get ready for negotiation, with the purpose of accepting loss/limitation not only for not having triumphed on the challenge called gambling, as well as realising they cannot triumph when facing such a powerful enemy inside them.

4.1.3. Sessions 8 to 11: consolidate

Meanwhile, two months have passed, and work becomes finer. Exercise on cognitive distortions or beliefs has been done or is almost over, having to do not only with gambling but with the gambler's life in general. At that stage a deeper understanding happens and concerns the way some absolute truths were reached or how the gambler was held hostage by automatic thoughts related to gambling, but that actually were already there for a long time (for example, «I'm special and different and I always get what I want one way or another, meaning that if I insist on gambling, I will hit the jackpot sooner or later…»). It is quite easy now to link thoughts to behaviours and feelings in order to deconstruct cognitive mistakes related to gambling and to life in general. Having an urge to gamble and managing it based on

that improved awareness is a good help on impulse management apart from the known basic techniques.

New habits are consolidated, as well as necessary attitudes for the desired quality in life without gambling or gambling replacements.

The first results appear. The first conclusions, even if premature, release clues and above all are support for a future that will necessarily mean maintaining abstinence, assuring the possibility of a satisfactory quality of life. The well-being is what works as the best relapse prevention.

4.1.4. Session 12: from implementing to maintaining

Three months have gone by, which is very little, but if the person with gambling problems stays abstinent and has made progress, even if slightly, we can say a particularly difficult stage has been crossed over. That doesn't mean that one year passed many don't have a strong will to gamble, now feeling more confident, now that many of their problems have been solved and they think: «I should be able to control just a little gambling…».

On the last session of the first stage of the treatment, a balance is made, a conclusion on what the person's qualities and limitations are, and which tools are more adequate to use on the second stage of treatment, based on attention and self-awareness, and the way to keep what he gained and how to move ahead some more.

Meaningful people chosen by patients come in again and give feedback of their lives with the gambler, talk about their perspectives and suggestions on the problem that affected everybody, and specially the way they are going to act. They sometimes express doubts we can answer, but have no answers for others but we can debate ideas, plans, strategies and what to be careful with. What seems crucial is the existence of team work, communication and the will to… change. Sometimes families are the patient's and their own worst enemies with no wish to be so.

4.1.5. After session 12: the future… to the patient belongs

Usually, it is settled that the patient previously chooses the subjects he wishes to work on the next sessions and how regular they will be. Sometimes, patients are the first to say they don't need more, others come with longer intervals but regularly, and finally others say they will come when they feel the need. It is an act of trust on the patient's maturity and responsibility to listen to his perspective of the path to follow and respect it even when you don't agree with it. Whenever that happens, I always present alternatives (GA meetings, volunteering, meditation, coaching, etc.).

It is crucial to perceive that the seed has been released, and for it to live, like any living thing, it has to be fed and protected.

4.2. CONCEPTUALISING A TRIANGLE: FEELINGS, THOUGHTS AND BEHAVIORS

4.2.1.Feelings

Patients in *IAJ* are very surprised when they are given a sheet of paper with a list of feelings. They become even more concerned when they're asked if they know what feelings are and why it is so difficult for them to identify them. A psychologist who worked for Hazelden Foundation said in 2001, at some training he gave in Lisbon, that addiction was a disease of the feelings. I must confess my uneasiness at that time. However, today I agree entirely, and I don't think necessary to evoke the thousands of studies that show the relation between addiction and alexithymia (a disorder distinguished by the problem in describing or recognising one's own feelings. I'll give just this one as an example, that was performed 20 years ago with young adults (Lumley & Roby, 1995), where alexithymia's symptoms were analysed, coming to the conclusion that the pathological gamblers had three times higher levels of alexithymia compared to the control group.

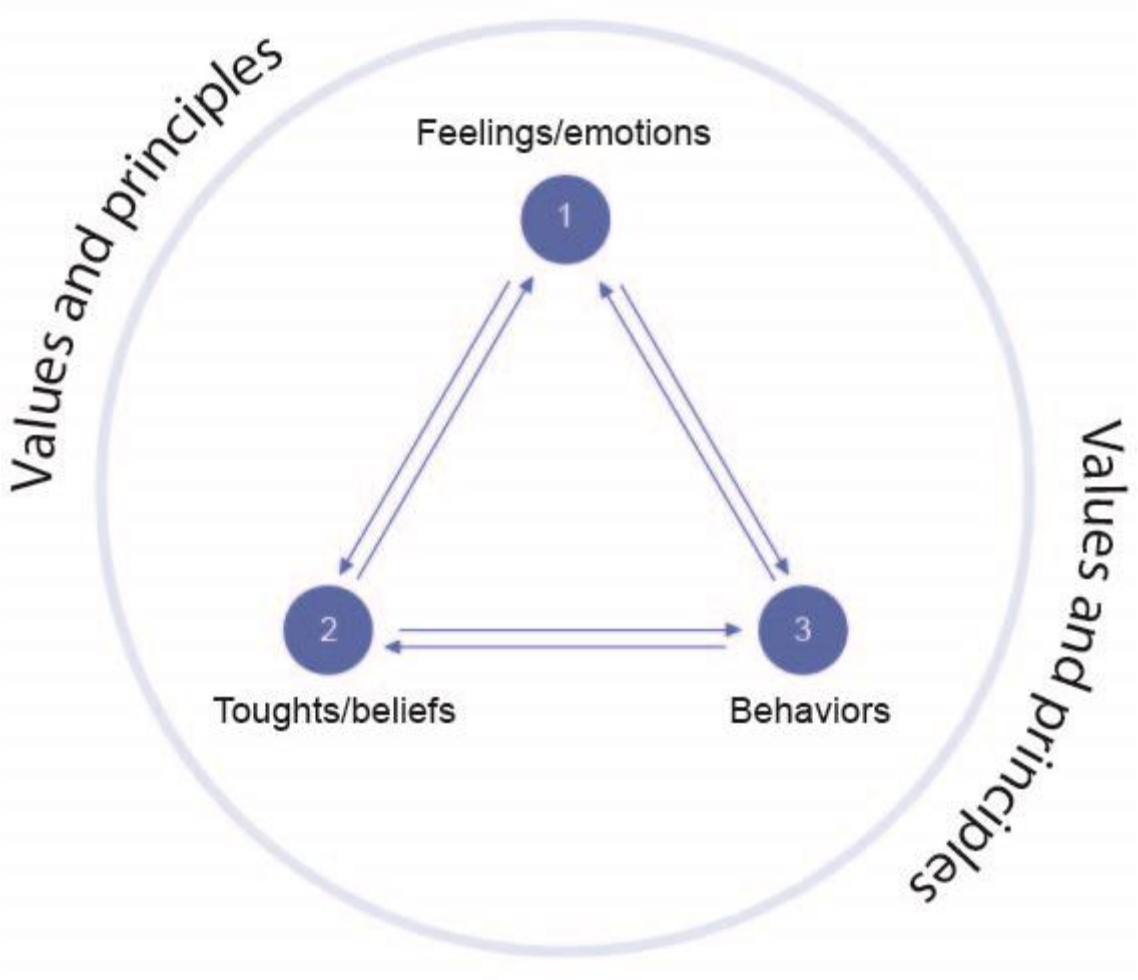

FIG. 28 – Values and principles.

Identifying and the subsequent management of feelings and emotions is a main subject in people with addictions, precisely for the problem found, both on identifying and on effective processing. According to Toneatto & Nguyen (2007), the main reason to gamble for those looking for strong sensations is experimenting the arousal. To risk money through gambling becomes the way to get ideal levels of excitement, more than anything else. According to Aasved (2002), the idea of the demand for sensations has two sides: a) demand for sensations itself, theorising that boredom, low excitability or the need for excitement are reinforced by the pleasure of gambling; and b) excitement, knowing that gambling generates autonomic and physiologic arousal.

Gambling as a mood controller seems to be one factor that can lead to the aggravation of gambling addiction problems. A gambling problem can, according to Toneatto & Nguyen (2007), be viewed as negative reinforcement behaviour through its capacity to provide emotional relief or a getaway before aversive or unpleasant stimuli.

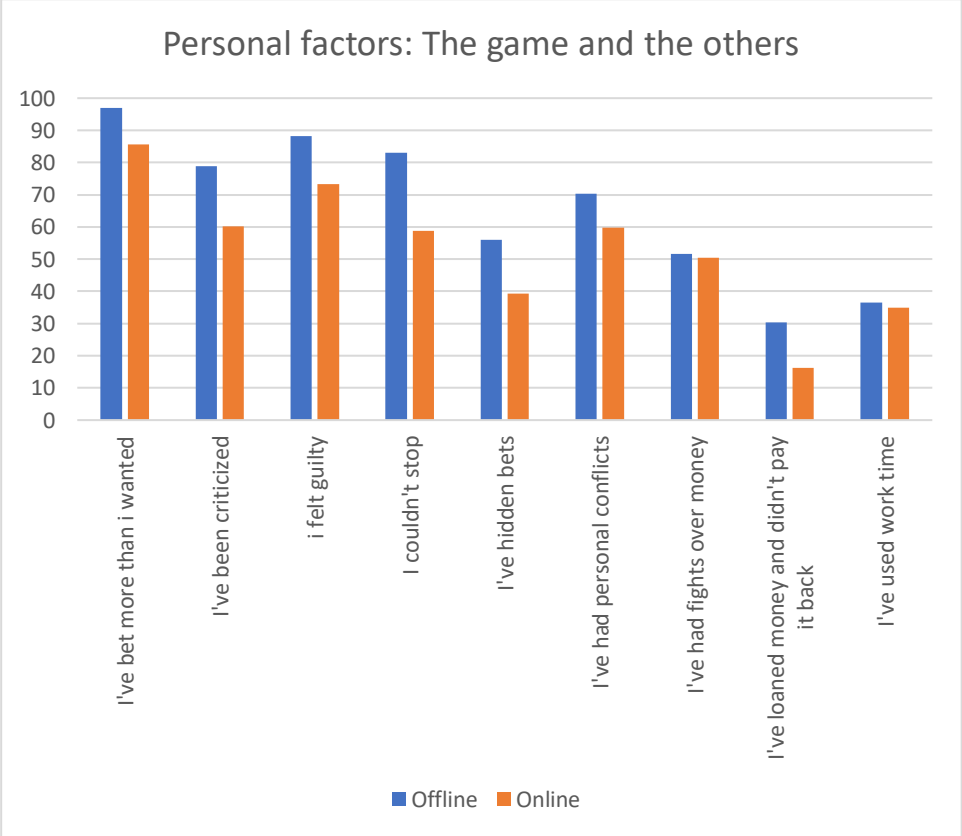

FIG. 29 - Personal factors: the game and the others.

4.2.2. Thoughts

This book is not supposed to discuss theories of thought or cognitive science, but simply reflect upon one of the maxims of psychotherapy: «More than what really went on, what really matters is the representation one has of what went on.». Emotional intensity given to a particular thought will determine the importance and the way convictions anchor and spread

into many times non-conscious processes. To uncover those absolute truths, generalisations, stereotypes originated by actual and specific situations can prove to be of great usefulness for the therapeutic process. In fact, it seems that the illustrious Descartes was wrong and that we could almost say, in a simplified way, that it is not «I think, therefore, I am» but «I feel, therefore I am».

Many of those beliefs or automatic thoughts were pre-established many years ago and revealed to be useful when formed, but were kept regardless the person's development. What happens is that what was true 10 or 20 years ago is no longer true today. However, for different reasons, people maintain and act according to those beliefs, merged with attitudes and values.

4.2.3. Behaviours

It is through behaviour or through actions that everything is revealed. Action and motivation are above all based on thoughts and feelings. To those basic principles we can add impulsiveness. It is through behaviour, through the chosen strategy, that, in the case of gambling, the gambler feels euphoria/arousal or gets disconnected/alienate, what he so relentlessly seeks for. It is the gambling conduct that leads him both to heaven's ecstasy and hell's despair. Those acting moments and their uncontrolled repetition are what determines if a person is a recreational, abusive, or a pathological gambler. However, behaviour is nothing but a symptom of bad management of thoughts and feelings, which will affect in a very intense way values and principles of a gambler with problems.

4.2.4. Values and principles

Values and principles are very much in vogue again, which is good, because some segments of the (new) generations seem to have very different concepts and valuations of the principles. Attitude, perception and value given to principles such as friendships, autonomy, work, appearance and sexuality evolved in a very rapid way and possibly in a prejudicial way to. We have already seen that «friends from the Internet» that have never actually met are in fact friends. Sexuality learnt from pornography sites at a young age (10-12 years of age) is the one they watch online. The importance of being seen, being followed and states associated to that, can be quite ambiguous. To have a lot of money, to be special and different, and not having a job, are very visible things in my patients, or simply the fact that parents being the ones paying and patients not having to study or work. It doesn't mean that in other areas like solidarity, ecology, opening to the world, etc. they may not have developed very positive attitudes. Without identifying and working on, within therapeutic space, prejudicial beliefs, it seems difficult to assume being on the right track.

4.2.5. Homework on beliefs

The third therapeutic task, upon meaningful people and auto-biography, is an exercise that tries to deconstruct and understand how those variables relate. It is useful and necessary to show examples in order to obtain some conclusions. Work focusses particularly on emotionally intense situations that came up along the gambler's life (not just gambling life), and that have

to do with feelings of guilt/shame, anger/resentment, sadness/depression and fear/anxiety. Kanektar (2011), based on his own research, refers that experiencing shame and guilt, as well as the use of avoiding coping strategies to manage those emotions, are at the centre of severe gambling problems. In-between sessions, patients may have read some therapeutic literature based on those feelings, on defence mechanisms, impulsiveness, etc. Basic problems in the relationship with the father, with women, lack of confidence, a very negative vision of the world, often come up at the early stages of the approach, and in those cases, if the patient is willing to do it, a specific area can be explored the same way. Patient's evolution is clearly different for the ones that go through that kind of work, compared to the ones that don't or that do it casually. It is crucial that, in one way or another, that work gets done since nothing will ever be the same as before in what respects better self-awareness and learning how to practice observation, to set back and be able to «see himself». Frequently, that exercise takes up three to five sessions, but it's worth it because of what was mentioned before. Many patients abandon treatment for not wanting to go through that or thinking they aren't able of doing it.

	Exemple 1	**Exemple 2**	**Exemple 3**
Person or situation	Father	Girlfriend	Class representer
Situation (resumes and specific)	He slapped me because he thought i did not lower the volume in the living room.	When i was 15, i spoke to my girlfirend how much i was in love and one week later she left me to start dating with my best friend.	On my 7th grade the class chief used to mock me and hit me every time he walk through me.
Behaviors (only action verbs)	I shut up. Cryed. Mentally retaliated. Isolate my self.	Disguised. Cried. Avoided.	Use to avoid/shut up. Didn't make him stop. Pretended it was funny.
Feelings and emotions (Just names of feelings and emotions)	Wronged. Hurt. Revolted.	Betrayed. Revolt. Deceived. Desperate.	Anxiety. Preoccupation. Misunderstanding. Disability.

Underlying belief (absolute truth, generalization, stereotype, every time... so..., never...)	I have to be alert all the time to avoid surprises. If i'm alert, i'm able to anticipate the problem and so, control the situations.	I don't trust women. Every time i fall in love, i loose control and they get tired. Friends always take advantage over me.	The strongest always abuse. When i grow up i'll have my revenge. i'm the only one to trust. Everyone knows and no one helps.
Alternative belief (question it, how to improve, what's best for me, how to live better, self-suggestion)	It's impossible to stay 100% alert. I'll only do it when the situation justifies.	There are trustworthy women and men. A love afair can always end even if i'm in love. There are friends in witch, in time, are trustworthy.	If i'm assertivE, i can set proper bouderies. If i realy ask for help, i can get it.
Values and principles (that are in the situation)	Violence. Disrespect. Distrustful. Injustice.	Trust. Dignity. Respect.	Courage. Assertivity. Mutual help. Dignity.

FIG.30 – Exemplary grid of the belief work.

4.3. MARITAL, FAMILY AND PROFESSIONAL MANAGING

About half of the pathological gamblers are married, and, being more motivated to seek treatment than the ones that are not married, it suggests that focusing treatment on the couple's dynamic can be very useful (Petry, 2005).

It seems essential that family, particularly the couple, is included both in the comprehensive and the therapeutic approach (Steinberg, 1993). We talk more of women, since pathological gambling is "mainly" a masculine problem. At least that is what national and international prevalence announce, but my experience tells me there is a lot of addiction, very hidden in the female gambler. Maybe it is not by chance that so many women married to pathological gamblers come from dysfunctional families or are the daughters of fathers with alcohol, drugs or other problems such as depression or excessive authority. Often, without noticing it, those women hold on to patterns and roles that make them connect to problematic husbands, like addicts actively using. They act like diplomats, nurses, martyrs born to save others and find fulfilment in that mission. It isn't always the case but, when it is, the need for psychotherapy for herself, as well as being part of her husband's therapeutic process, becomes particularly important.

According to Cunha & Relvas (2013), personal predisposition and features can increase or decrease the impact of relationship patterns in the family and *vice-versa*, such as social influencing (for example, positive or negative evaluation of gambling) gambling accessibility (geographically, for instance) and biological factors (neurotransmitters), assuming an important part of the multidimensional gambling processes. In fact, all those levels interact between them repeatedly. It is easy to watch how, in a social context of gambling acceptance and easy geographic access, for instance, personal vulnerabilities can interact with difficulties in defining power in marital relationship and with trans-generational aspects that favour developing gambling problems and that way making it easier for the previously explained selection process of symptoms. We couldn't agree more.

Sometimes parents are their children's worst enemies by making it easy for them to gamble giving them money, with non-repayable loans, or repeatedly paying gambling debts, not allowing the gambler to suffer the consequences of his actions, all that happening very quietly. Other times, patients are still on the first month of treatment and they already are the best children on earth, offering them material goods, handiness, not permitting them to feel the consequences of their problem gambling. The opposite also happens; they are persecuted to the point of exhaustion for what they did and for the money they lost, conveying great guilt/shame, as well as sound supervisory that doesn't work either. Balance and following therapeutic suggestions seem to be the most suitable.

Tough love is a concept from the Alcoholics Anonymous that spread throughout all the other help groups, like Narcotics, Gamblers or even Co-Dependents Anonymous, for the exact same reasons mentioned before, with the main purpose of supporting addict's families and avoid for them to be involved/drained by the addiction swirl and live their own lives instead of the addict's. Often, they had no choice, as they were pushed into the situation on account of their children's behaviours, but the fact is they can't find their way out of the grounds they're on, as they are so obsessed with control/helping the one losing sight of reality, either making it to easy, or controlling too much. It is easy to say that children/husbands/families suffer consequences without intervention or little intervention, but it isn't easy to carry it out. It isn't always easy to know that without intervening, they can lose their jobs, have problems with the law/police or might have to sleep on the streets, but the truth is that probably, while there is no change in the family, the chance for the pathological gambler to change is smaller.

Certain professional sectors have more pathological gamblers in them, as seen, but apart from that and based on *IAJ*'s experience, some of them appear more often, like the ones having to do with computers, engineering and sports. There are many possible explanations but none of them a convincing one. I must say that, in spite the tendency, I've had patients who were top researchers, informatics technicians, military personnel from all branches, lawyers, business men with all kinds of professional backgrounds, showing how transversal this addiction can be. On the other hand, when it comes to alcohol and drugs, the numbers of people with a degree or top professions are much lower. That is an empirical finding and does not mean that many alcohol and drug addicts don't have top good careers and university degrees too.

4.4. TREATMENT HINDERING FACTORS

The numbers of dropouts are high during the first sessions for various reasons, being the first of all a gambling relapse, the anxiety and depression that settle into the patient. Often the money issue comes up and that they cannot pay for sessions, which is acceptable due to the financial constraints they're going through. It doesn't stop them sometimes, a few days later, from spending three or four times the amount of the whole treatment on one gambling night. Some gamblers find the treatment's guidelines outraging and become upset with things like meaningful ones participating, self-exclusion, or not being allowed to simply bet on EuroMillions. When that occurs, it is suggested that the necessary time should be used to explain the implications of that attitude and what it represents. To skip that, not valuing it, can turn out to be a bad strategy.

Around the third or fourth session motivation fades in direct proportion to the psychotherapies being no longer new, strong sensations are reduced and serious work on the gambler himself begins.

We shall take a look at what, according to us, is more decisive when it comes to abandon outpatient treatment.

4.4.1. Cognitive distortions

Research on cognitive distortions and its relation to gambling is of upmost significance for the field of pathological gambling. It is from the combination of brain effects and changes, behavior conditioning, inadequate cognitive elements and the produced consequences that, according to the modern addiction theory, the struggle to stop addiction is based on, as it is presented for gambling (Orford, 2011). Cognitive distortions are perceptive mistakes, related to memory or selective perception in solving problem and evaluating consequences, where the emotional component comes on top of the rational part. Ciarrocchi (2002) gives us three examples: a) how belief on the control over gambling plays a central role in the gambler's life; b) the belief of being successful and how it will endure, even though there is evidence on the contrary (the tendency to justify positive results due to his skills and negative results due to some situation, chance or external cause); and c) the role of the ability to foresee results, an example of it being the gambler's fallacy, tending to link events to his antecedents, forgetting that odds determine that each event is totally independent from previous ones.

The delusion of control has to do with the belief that considers the chance of winning higher than the chances dictated by random variables (Toneatto & Nguyen, 2007). The same author also refers that there are lucky charms superstitions, where possessing certain objects increases the chances of winning (for instance, rings, certain colors or family relics), behavior superstitions, like rituals, certain acts or even ways of gambling like not stopping at a certain moment, and also that there are cognitive superstitions/beliefs where certain states of mind may have influence on the chances of winning (for example, when you pray, when you are having positive thoughts and attitude, and a strong conviction on the number that is about to be released).

Interpretation bias are cognitive errors that usually consist in the delusional attribution of power to people (for example, the *croupier* who spins the roulette in a certain way or someone

watching who brings bad luck) or to situations (for instance, «the traffic lights were green all the way so today is a favorable day» or «that is the machine where I once won, so it's more likely to give out prizes again»). Those mental constructs are unshakable. During treatment, cognitive restructuring usually includes four main aspects: to understand the concept of probability laws (no connection between different events), understand gambler's erroneous and biased beliefs, to be aware of wrong perceptions when gambling, and following to that, correcting the wrong perceptions (ISERM, 2008). Those distortions can have origin in other associated pathologies.

Gamblers who are predisposed to problem gambling will systematically recall initial winnings, believing it is an easy way to make money. We have the examples from my research. While specifically comparing online and offline, we can see there is a very significant progression on both kinds of gambling in what concerns initial winnings, and a higher perception of initial profit in offline gamblers possibly because there are still less people gambling with money on the online mode, but numbers are quite close.

Next, a list of the significant classical cognitive distortion is presented:

1) Superstition related beliefs where one believes it is more likely to win if you possess specific objects (lucky charm superstitions), execute certain actions or rituals (behavior superstitions), mental actions or beliefs (cognitive superstitions);
2) Gambler's fallacy, where he believes each segment (no matter how small) of a random sequence ought to represent a sequence of long-term probabilities (heuristic representation). It is also the mistake of joining different independent events as if there were a connection between them («it came out three times in a row, therefore…»);
3) The chase is the belief in one and only way to recover gambling losses and that is by gambling once again;
4) Anthropomorphism, giving human qualities to objects (for example, gamblers might hug machines when they win and be verbally abusive towards them when they lose);
5) «Learning from losses»: losses are interpreted as experiences through which one can learn to improve skills;
6) Hindsight distortion, a retrospective evaluation where one picks certain bets as right and others as wrong based on results (wins/loses);
7) Time scope and assuming that sooner or later one will win, and it will happen more to oneself rather than to others (as an incapability to predict wins in a precise way), also named bus stop syndrome («I've been here for so long that the bus should be passing soon» or «if I go now, the bus might just pass and I waited in vain»);
8) Selective memory, increasing/intensifying memories on winning and diminishing the ones on losses;
9) Control delusion, the belief that one can influence the probability of results.

4.4.2. Dysfunctional coping strategies

Stress and coping strategies are common concepts in scientific literature regarding treatment programs for addictions, going from Organizational Psychology, psychosomatic disorders, to conventional medicine. According to Lazarus & Folkman (1984), stress doesn't come exclusively from environment, since people react differently to external stimuli. The authors also say that coping is the capacity to change behaviors and cognitions, in order to manage

needs or situations that are internally or externally presented to the person, and for its elaborate evaluation an extra adapting effort is needed.

List of beliefs and motive to gamble		Score					
Score between 0-5 as you feel the intensity		0	1	2	3	4	5
a)	I've a gambling system that works.						
b)	Gambling makes me feel better.						
c)	I'm a lucky person.						
d)	Gambling will solve my problems.						
e)	I'm a person with a positive attitude/thoughts.						
f)	Today is one of my lucky days.						
g)	Faith will be there to help me.						
h)	I've got a lot of experience.						
i)	After some many losses, now is time to win.						
j)	I know more about the game than most of the people that gambles.						
k)	My system can win against the odds.						
l)	I have my lucky object/cloth, (amulet).						
m)	I've won in other times.						
n)	I even prayed and made the required rituals.						
o)	Today i'm full of confidence and strenght.						
p)	I'm in my lucky machine, place or day.						
q)	I deserve to win.						
r)	I can make an influence, somehow, the result.						
s)	Today i'm gonna kick all other players off.						
t)	There are those days that i feel that special feeling.						
u)	I really need to make money.						
v)	If i don't gamble today i might miss the night of my life.						
w)	I'm gonna play for 30 minutes and then, no matter if i win or lose, i'm leaving.						
x)	I'm special and different.						
Other beliefs:							
>							
>							
>							
>							
>							

FIG. 31 Beliefs questionnaire.

It is for better identifying and relate personal, situational or even structural vulnerability factors that skills acquisition and coping are included in this book as important variables, namely the need to identify those particularly “outstanding” strategies in pathological gamblers. The relation between risk factors, motivation to gamble and gambling behavior exists and has been a growing research target. Coping strategies can be determinant for those variables. According to Thomas, Allen, Phillips & Karantzas (2011), background/predisposing factors (coping habits and strategies, stress producing variables, and social support), gambling motivation factors (avoidance, accessibility, multiplayer gambling), and gambling conduct it-self are related. Cognitive distortions take a position of great relevance, both on progression

and gambling problems *continuum,* and by being one of the main difficulties in what regards treatment and relapse prevention. Training simple psycho-social skills can be decisive for success in treatment.

In what concerns pathological gamblers, research seems so often contradictory. If, on one hand, problem gamblers are mentioned as being competitive, vigorous, having social skills and initiative, among others (APA, 2002), on the other hand they are often known for bad management of feelings, cognitive distortions, avoidance or even dissociation. Gambling disorder is marked by cognitive distortions with a background that places the emotional components above the rational components, that way dictating great inability for objective and adjusted thinking, which turns decision and problem-solving processes more difficult. To reinforce that perspective, Wood & Griffiths (2007) found that pathological gambling can precisely evolve as a coping strategy in the direction of avoidance, isolation and escaping for not having to go through unpleasant or negative feelings. That evolution ends up having some success at the beginning but inevitable ending in abuse, addiction and even more difficulties in the efficacy of coping strategies for people with a predisposition for addiction.

From another point of view, pathological gambling's main diagnostic criteria is the loss of control, which is particularly hard to handle for someone with personality traits found in people with gambling problems. According to Boals, Van Dellen & Banks (2011), self-control is related with positive results on mental health, interpersonal successful relationships, educational skills and healthy behaviors, and inversely associated with the increase in the use of less healthy coping strategies. Self-control and self-esteem, self-efficacy and self-confidence are common features in gamblers, and along their path in pathology they will corrupt those attributes, being noticeable the incapacity to make use of the necessary coping strategies for making decisions and solve problems, and others like assertiveness, stress management or seeking help.

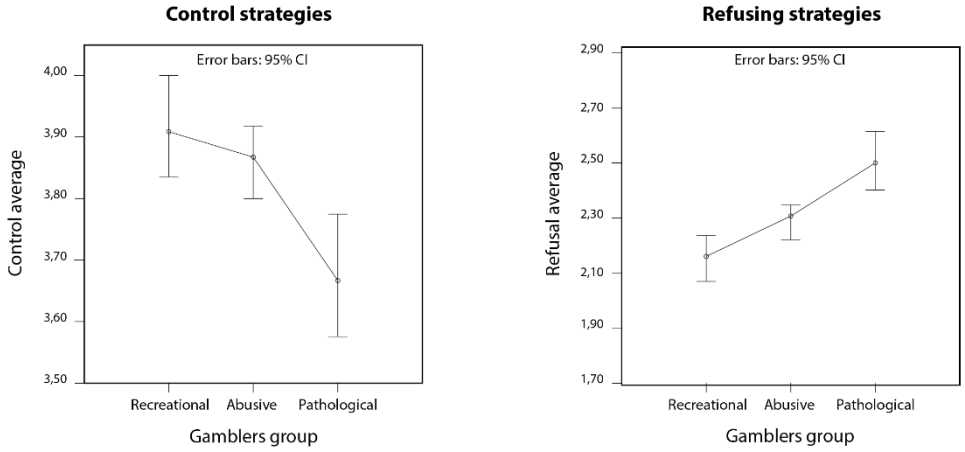

FIG.32 – Individual factors: Coping strategies (1).

Including gambling disorder in DSM-V (APA, 2013) addictions chapter specifically as a conduct addiction, enforces the concept of addiction and retraction as core coping strategies, gamblers' *modus operandi.* An addictive behavior based on escape, retraction, evasion or, on the contrary, finds in gambling, through euphoria and exaltation, fertile ground to move forward. If, in a way, those coping strategies, present in the questionnaires, are relevant to the worsening of addiction, they are also crucial to the pursuit of an effective treatment and as protection factor in relapse prevention.

According to Sugarman, Nich & Carroll (2010), coping strategies are more and more predictive of addiction treatments' positive results specially for computer or self-help programs. That is particularly important data since online pathological gamblers' choice in favor of online treatment is growing. Data related to research by Petry, Litt, Kadden & Ledgerwood (2007) revealed that the reduction of problematic gambling conducts related variables had happened in everyone who had benefitted from coping strategies training, when compared to those who hadn't had that training. Results from research by Thomas *et al* (2011) also refer social support to be directly related as protection factor towards gambling frequency and problems, as it also interfered in a positive way towards a lesser use of gambling as an avoidance strategy. Social support and adjusted self-affirmation become indispensable variables for treatment and post-treatment where structuring and internalizing coping strategies is essential for an important balance between the cognitive and the emotional areas. Resisting to attend GA, group therapies and to other changes in that area reflects that difficulty.

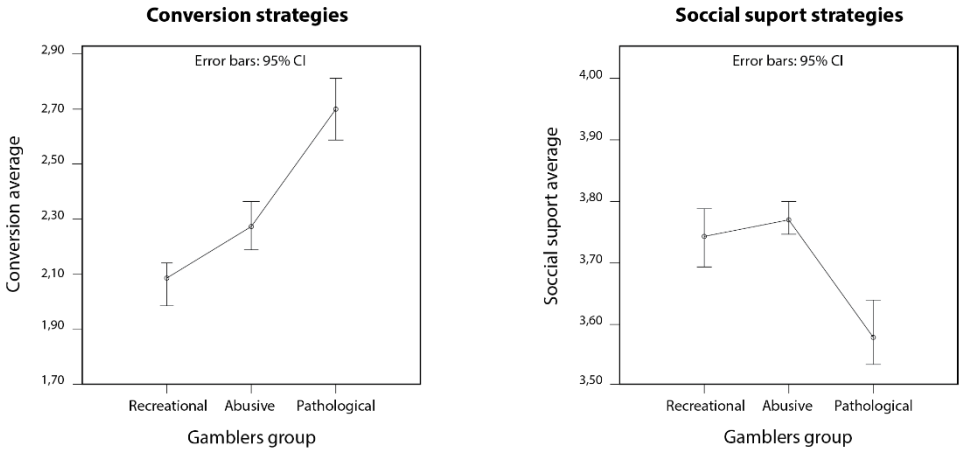

FIG. 33 - Individual factors: Coping strategies (2).

On both charts, increase in positive and negative direction of the mentioned coping strategies is clearly visible.

4.4.3. Comorbidities

According to Petry (2005), comorbidity is the concept used to describe the concurrence of two or more disorders, that can occur separately throughout life (lifetime comorbidity) simultaneously (current comorbidity) or, still, according to Ciarrocchi (2002), the degree on which pathological gamblers have another mental disorder liable to the diagnosed. A lot of clinical research studies on gambling disorder have documented high rates of comorbidity related with substance addiction, mood and personality disorders, and also suicide ideation and attempts. According to Park *et al*. (2009), pathological gambling is often preceded by anxiety, mood, impulse control and substance use issues, despite pathological gambling being in itself a predictive factor for subsequent generalized anxiety, depression, post-traumatic stress and substance addiction. Comorbidities with other psychiatric disorders (other addictions, depression, anxiety, personality disorders, etc.) indicate possible severity to be developed in pathological gambling, justifying an appropriate and specific management (INSERM, 2008).

4.4.3.1. Alcohol, drugs and tobacco

In research carried out in Portugal, data that came out from the sample were that, adding alcohol problems before gambling and simultaneously, a little over 16% would be obtained for offline pathological gamblers and, in what concerned drug use, results would be the same in the offline and online compulsive gamblers, but, like in previous references, with very low numbers comparing to other studies (14.5% *versus* 7.5%, respectively).

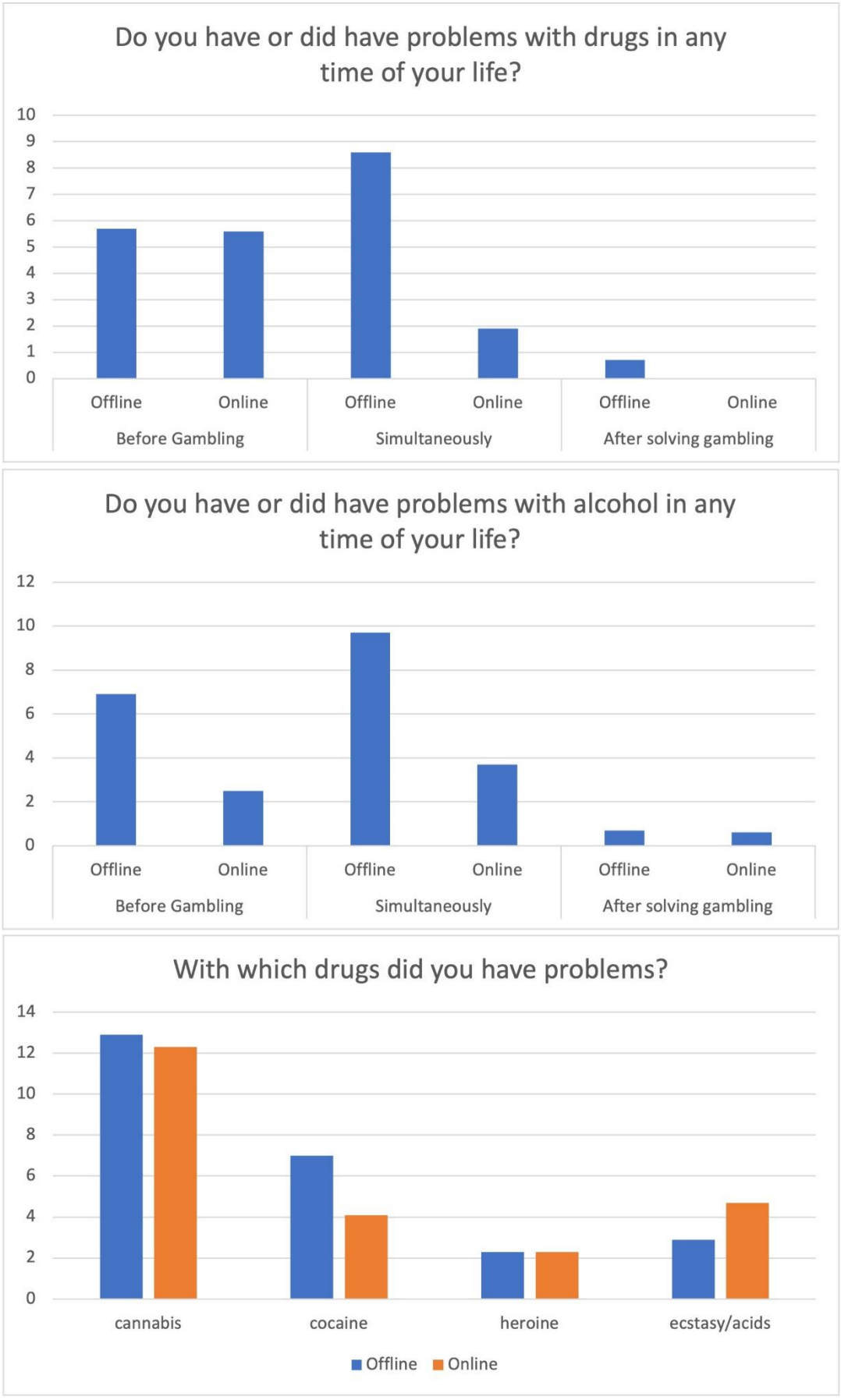

FIG.34 – Individual factors: Alcohol and drugs.

Several studies underline the comorbidity of pathological gambling with substance addiction like alcohol, drugs and tobacco. According to Petry & Weinstock (2007), a positive association was always found on research, where both pathological gamblers and substance use disorders were evaluated. Those significant associations can be found throughout literature since the beginning of research on pathological gamble. From other addictions related to alcohol, tranquilizers or illegal drugs, tobacco is pointed out as the most frequent one in pathological gamblers. According to Petry (2005), alcohol abuse and addiction's numbers are four times superior, or more, in people with gambling problems compared to the ones without gambling problems, and even the use of tobacco seems to be related to severity of psycho-social problems in gamblers.

For Abbott (2007), a recent inquiry to the general population with the participation of 30 000 adults, showed that greater severity in gambling related problems was associated to a higher probability of using alcohol while they gambled; and that twice of the abusive a pathological gamblers said to have gambled under the influence of alcohol compared to gamblers without problems. Gamblers with problems refer, much more than the ones with no problems, an increase in the use of tobacco while gambling (61% and 32%, respectively). Also following the research by Rodda & Lubman (2013) a significant relation between severity in gambling problems with frequent use of tobacco and nicotine addiction was found; anxiety was associated to both gambling problems and the use of tobacco, contributing to maintain both behaviors (Abbott, 2007). Research of the National Epidemiological Survey of Alcohol and Related Conditions, in the United States (Petry, 2005), with 43 000 participants, showed that pathological gamblers would have six times more probability of having had a diagnostic related to the use of alcohol along life, and a result of 38.1% lifetime prevalence with a diagnostic of using disorder of one or more substances such as sedatives, tranquilizers, opiate, stimulants, hallucinogens, cannabis, cocaine, inhalers/solvents and other drugs.

The number of pathological gamblers who smoke is of almost 75% and the online ones of almost 40%, which shows once again the strong relation between the pathological gambler and everything that produces satisfaction or immediate pleasure and therefore addiction.

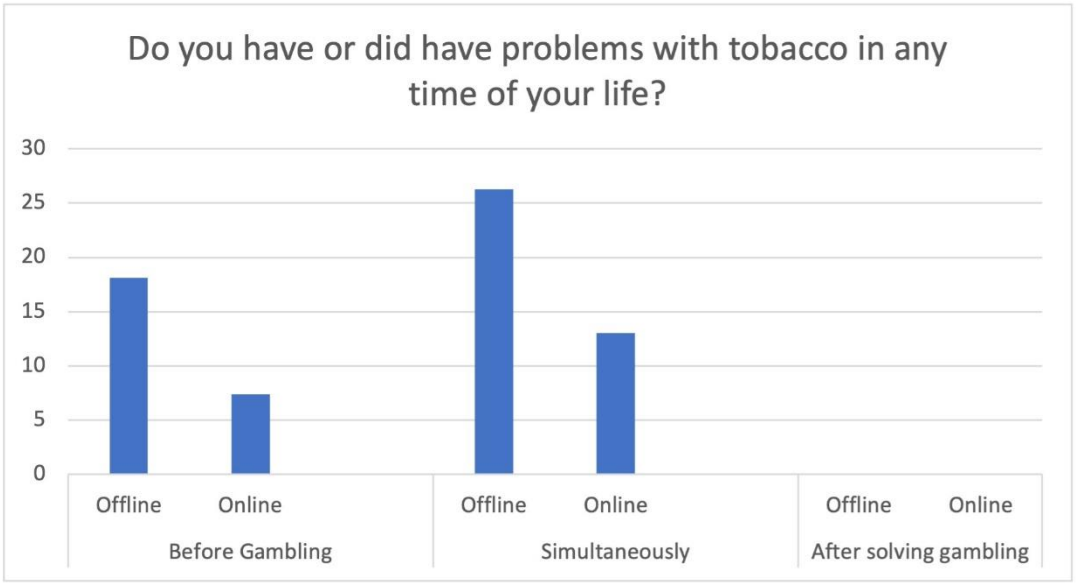

FIG. 35 – Individual factors: Tobacco.

4.4.3.2. Other addictive, replacement or not, behaviors without substance

There already is clinical evidence on pathological gamblers having the same kind of behavior when passing from one type of game to another or, in fact, from one addiction to another (Bowden-Jones, 2010). There is some kind of comorbidity with other addictions without substance, like work, sex or shopping, but for a replacement purpose, to emotionally compensate the absence of gambling which was the gambler's drug of choice (Hubert, 2012). There are differences in the responses of tobacco, drugs and alcohol use. The low levels of alcohol, drugs and tobacco, when compared to international data, can be accounted for the fact that the considered answers being the self-assessment type and for existing a tendency to minimize uses, either for cultural reasons (permissive) in Portugal, social desirability or, simply, for denial.

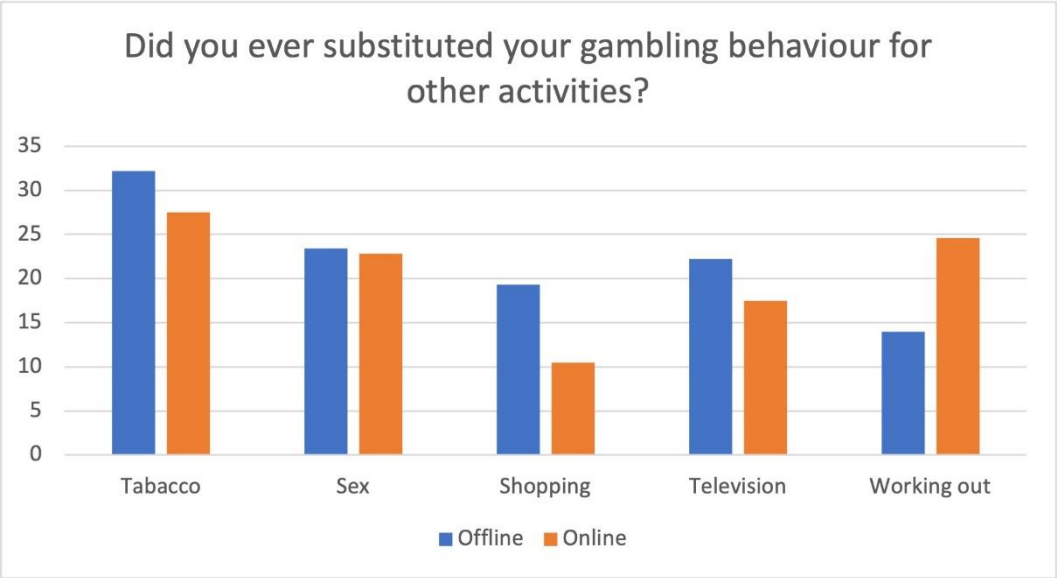

FIG. 36 - Individual factors: Substitutions.

4.4.4. Impulsiveness and suicide

Petry (2005) quoted Specker *et al*. (1995), in a study about impulsiveness in pathological gamblers, pointed out that the impulsive behaviors often associated were compulsive shopping, sexual behaviors, intermittent outbursts and kleptomania. Until one hasn't achieved the capability of controlling impulses, there is a tendency to channel impulsiveness into other areas rather than gambling, even during treatment. According to DSM-IV (APA, 2002, p. 672), "Those last statements partly explain the need to replace excessive gambling behavior for something with strong emotional intensity, and may also indicate some degree of an associated mental disorder.

The high presence of suicidal thoughts reveals despair, loneliness and depression, conjugated with anxiety and impulsiveness and more often with alcohol/drug abuse or addiction, leading to recurring thoughts and planning to put an end to life.

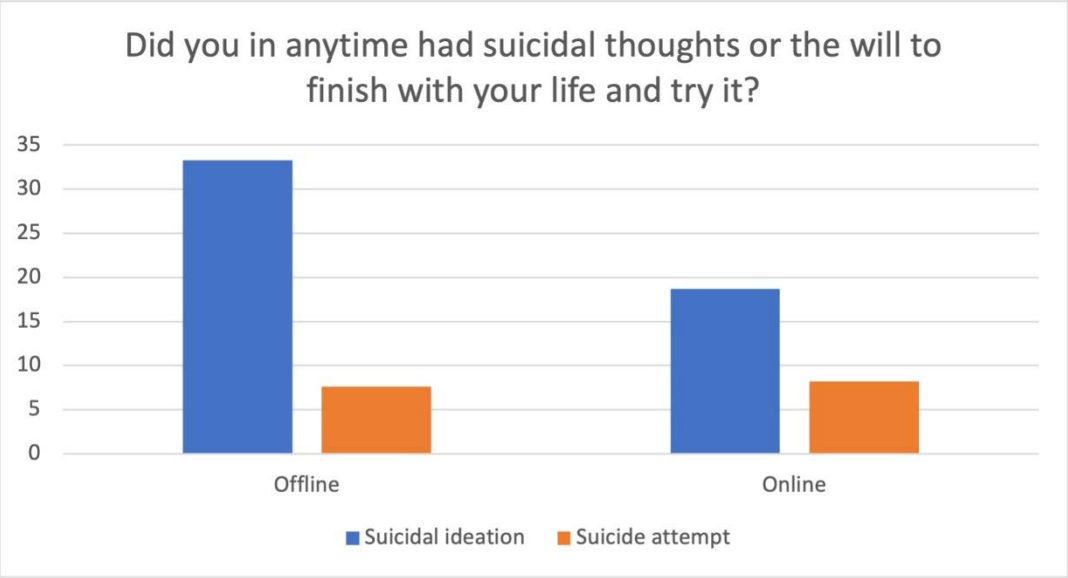

FIG. 37 – Individual factors: Suicidal ideation and attempt.

Numbers for suicidal thoughts in offline pathological gamblers are much higher than in online pathological gamblers (33.3% *versus* 18.7%, respectively); nevertheless, in what concerns actual suicidal attempts, both groups are equivalent: 7.6% *versus* 8.2%, respectively. Perhaps gender and age appear again as key variables, in the sense that offline careers can be longer, with more damage, more frustrated attempts at treatment and more aggravation of comorbidities than the online careers. High numbers of suicidal thoughts were documented in clinical populations of pathological gamblers, with an estimated interval between 17% and 24% of suicidal attempts (Potenza *et al*., 2002). That fact, however, doesn't account for the acting out resemblances, expected in the offline gamblers but not so much in the online ones. Eventually, being the online gamblers younger, they may have greater difficulty in impulse control, less tolerance to frustration and skill acquisition in what regards managing feelings, stress and decision making, among others. Still, it should be noted the high numbers obtained in terms of suicidal thoughts and attempts in abusive gamblers, both for offline and online gambling, and also the aggravation *continuum* of both variables, in the recreation-abusive-pathological path, that make us foresee negative outcomes.

4.4.5. Depression, anxiety and other comorbidities

Comorbidity with mental disorders and related symptoms can make the diagnostic and the management of priorities in the treatment harder. Many times, it can only be defined with more certainty on a second diagnostic, after some gambling abstinence time. There are several psychiatric disorders that occur simultaneously, being established as considerable risk factors

for the pathological gambler (McCowan & Howatt, 2007). Usually, mood disorders (depression, dysthymia), and other disorders like anxiety, substance use (alcohol, drugs, tobacco), and personality are pointed out. Like in other addiction behaviors, pathological gambling is strongly linked to personality disorders of the obsessive-compulsive type, avoidance, anti-social and schizoid (INSERM, 2008). People who get easily bored have low arousal levels, hypomania or depression, and may be stimulated and aroused by betting great sums of money and participating in high-risk gambling activities which produce arousal, emotion and reinforcement (Toneatto & Nguyen, 2007).

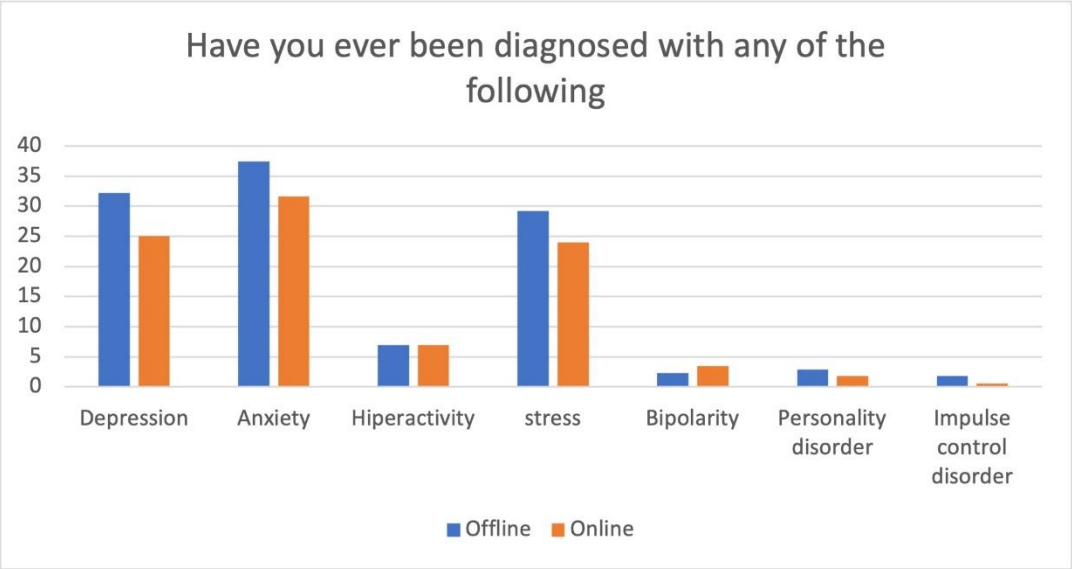

FIG. 38 – Individual factors: Comorbidities.

The NESARC inquiry (Petry, 2005) showed that numbers for major depression were three times higher in pathological gamblers than in gamblers without problems; very similar percentages were found for dysthymia. There is strong evidence relating depressive aspects to pathological gambling with significant percentages of suicidal thoughts and attempts among the ones that seek treatment. However, it is necessary to better understand the directionality of that relation (Petry, 2005). All evaluations of the anxiety disorder turned out to present higher levels in pathological gamblers, including generalized anxiety disorder, panic disorder with or without agoraphobia, specific phobias and social phobias (Petry & Weinstock, 2007).

The concurrence of pathological gambling, hyperactivity disorder and attention deficit are equivalent to results from other studies for people with other addictions (Volberg, 2007). Symptoms of dissociation were often shown, with changes in terms of the notion of time and the notion of self, in gamblers with problems (Toneatto & Nguyen, 2007).

Consequences, symptoms and the etiology of mental disorders often blend with each other, making diagnostic difficult and consequently, intervention and treatment too. It is from the combination of those individual factors with the gambling inherent factors and of the environment where those activities take place that the beginning of the addiction process can happen.

5. PREVENTION AND MANAGEMENT OF CRAVINGS, URGES TO BET

5.1. PRE-RELAPSE SYMPTOMS

Alcohol, drugs or gambling behavior relapse does not happen from one minute to the next, out of the blue. Marlatt and Gorsky wrote emblematic essays to this day in that field. It is in fact very important to inform or warn patients about the way relapses quietly take shape. It is true that someone who had gambling problems can wake up one day and be surprised by a huge desire to gamble, but probably, looking back, that person will realize how some of the symptoms to be mentioned ahead were filled out.

That is one of the tasks suggested to patients so that they can be aware of the danger signs related to relapse.

5.1.1. Symptoms of emotional relapse preceding the pathological gambler's real relapse

The list shows a panel of signs indicating emotional, behavior and cognitive relapse. Those warning signs can be used to avoid getting to the point where the irrational way of thinking has no comeback. Becoming aware of those signs can stop their progression, that way avoiding gambling relapse, which can have serious consequences.

Exhaustion

To work or exercise in an excessive way and eat or work beyond measure can lead to stress, with a load of pessimistic and negative thoughts prejudicial to a healthy quality of life. Replacement of gambling addiction for other activities we consider less harmful to our family and social life. Dosed activities are more constructive.

Dishonesty and omission

Lying at work, at home and with friends. Constant excuses for not doing what has to be done or doing what shouldn't be done or simply postpone. Omissions leave doors open for some "reality escape", affecting recovery.

Impatience

Project and raise expectations to a very short term. Everything seems to happen very slowly. Immediate pleasure and immediate results are hard to obtain. Usually, they take time or are different from the expected.

Intolerance and irritability

To discuss and dispute small and ridicules points of view, showing the need to always be right. Picking on irrelevant things. Tending to maximize or minimize a question with little complexity.

Depression or depressive mood

Brain alterations, resulting from damages caused by gambling, can establish depressive mood. They tend to fade as the system stabilizes. The first year of abstinence is particularly favorable to those depressive and/or anxiety frames.

It is important to talk to others (self-help group members, family or practitioners), for it is the healthiest way to relief distress. To do what really matters, avoid delaying and the «let it be». Avoid the «to be this way, I might as well gamble». Put into action activities that provide (immediate) satisfaction and less the ones that provide some quality of life.

Frustration

Not accepting, without conflict, facts, situations or behaviors outside one's own expectations or desires. Not being able to deal with *no* for an answer or with negative unexpected results. Feeling helpless towards situations or facts.

Self-pity

To feel sorry for one's self. «Why does everything happen to me», «Nobody appreciates what I do», «Poor me», «Nobody acknowledges my value». *Calimero*'s syndrome produces low self-esteem…

Challenge and competition

To attend, in a defying way, places where you can find people gambling, to prove: «I'm cured, I'm not afraid of gambling». Constantly being with friends or acquaintances who gamble. Often testing one self. «If I run away from them, I'll look weak to others». Or permanently competing with everything and everyone.

Carelessness and indiscipline

Lightening up supervision for thinking everything is going well. GA group or treatment become a secondary priority. Forgetting needed daily care practice. Meetings are switched to immediate pleasure. Unhealthy diet and/or out of hours, irregular sleep, being inert in front of television or computer, etc. Losing notion and change in priorities. Excessive strictness and control can also be negative.

Self-confidence and helping others

Arrogance and stubbornness on the notion of having control over what one does. «I already know all there is to know about gambling addiction. Gambling doesn't cross my mind. I have the right answers, I will act differently, but I don't have to change my life style. Others have the addiction disease; I can control my wills». Or to be the whole-time helping others who still gamble… without being prepared for it.

Inconsistent and ambitious expectations

Plans and projects bigger than means of accomplishing them, sometimes with risks involved, in every field of life (personal, affective, professional, family, social, etc.). Having a poor notion of reality and being delusional about real life. «I changed. Why don't others change too? I deserve a job with three times higher wages. I deserve a more understanding wife, a younger one, etc.».

Addiction or abuse substitution

There's a void created by the time one used to spend gambling, which can be filled by eating without control, becoming addicted to work, sex, television, etc.

Ungratefulness

Abstinence is not valued, therefore there is nothing to be grateful about. Having a negative perspective of everything that surrounds one self and of one's own life, with no appreciation for all good things.

Omnipotence

Self is once again placed above everything and everyone. Self-sufficiency, no help accepted. «I gamble, but I'm not thick. I have all the answers I need for myself and for others. I ignore feedback. I still believe I can make myself stop, with no help and no changes. I always got away with it on my own.».

Poor communication

No expression of feelings. Being silent. No attendance of meetings, therapies or a group of friends, where one finds non judging companionship. Omitting and repressing gambling thoughts. Self-sabotage as a way to feel bad, where going back to gambling ends up as not such a bad thing.

If one has more than four or five of those items, it means a serious redefinition of everyday life is needed in order to avoid relapse or poor life quality.

5.1.2. STRESS MANAGEMENT, DECISION MAKING, RELAXATION

Learning to manage stress can be of great help, bringing up some psycho-social skills, like decision making, problem solving or relaxation techniques, and which can later on be developed. Stress is the system's response to the perception of external circumstances that have large repercussion on several fields of one's life.

Questions to assess sources of stress

If one smokes; drinks alcohol; takes coffee; does exercise; is frequently ill; what new element there is in life; what change occurred in life in general; aggravation of past problems in life; someone close going through a hard time; on what stage of life one is, things to solve (conflicts), among other questions.

Different responses to stress

Emotional: to feel under pressure; tense and unable to relax; mentally worn out; frightened; upset and complaining; frustrated, aggressive; in conflict; restless; unable to concentrate and be productive; tending to cry; picking on others, sad and suspicious; unable to make decisions; tending to evasion and isolation; fear of suddenly fainting (losing control) or dying; fear of social shame or failure; unable to feel pleasure or joy; low self-esteem.

Physical: increased pulse rate (reaction to fear in order to evade or to attack and oxygenation of the brain); muscle strain; irregular and rapid heartbeats; artificial and superficial breathing; sweating; dilated pupils; extreme alertness; changes in appetite; muscle weakness or trembling; feeling sick; sleep problems; agitation; headaches; frequent need to urinate; chest discomfort; constipation or diarrhea; fatigue; restlessness; backaches; tingling in feet or hands; dry mouth or throat; empty feeling in the pit of the stomach.

Behavior: aloofness; isolation; indecision; aggressiveness; strictness and obsession (delusion of control); disproportionate responsiveness.

Mental: self-depreciation beliefs; confusion (fog); weak notion of self-efficacy and self-confidence; dispersion; inability to concentrate and to be objective.

Spiritual: clear lack of values like hope and faith; self under or overstatement; trouble in giving or receiving love; problems with intimacy.

Controlling one's lifestyle

1) Planning/organizing a weekly schedule of activities and including something new or different each day;
2) Planning the future not holding back on mistakes from the past or on ambivalence;
3) Reducing the use of certain substances, exercising and eating well-balanced meals;
4) Finding time to rest and relax;
5) Involving family and friends on the change of lifestyle;
6) Risking change on the way of thinking (defying criticism and useless thoughts).

How to be objective about useless thoughts:

Is it a thought or a fact?

Am I jumping into conclusions (without having all elements)?

What is the alternative?

How does it affect me?

What are the advantages and disadvantages?

Is there an answer to that?

Am I thinking in a very drastic and radical way (all or nothing)?

Is everything wrong because of one thing or one incident?

Does guilt make sense?

How much of that has to do with me?

How perfect can I be?

Am I living life as it is or the way I would like it to be?

Are things out of proportion/control or not?

Is there nothing I can change?

What can I do to change the outcome?

Problem solving

1) Defining the problem (writing it down);
2) Dividing it into parts that are easy to manage and analyze (different variables and elements);
3) Provide several alternative solutions (all of them, first, and then the best ones);
4) Select the best solution (the one that better adapts to one's needs);
5) Accurately plan all steps towards the solution;
6) Execute the plan and analyze/evaluate the outcome;

Decision making

1) Make clear which results you wish to obtain with your decision;
2) Establish criteria for your choice;
3) Gather all the information you can from different sources;
4) Get all relevant people for the decision involved in it;
5) Make a list of different alternatives for your decision;
6) Analyze them separately, listing positive, negative and merely interesting points;
7) Make a distinction between facts and emotions and try to evaluated them separately;
8) Write down all previous steps;

9) Decide on time;
10) Evaluate the outcome of your decision and learn from it.

Relaxation: to begin with, do the following exercise twice. Take a deep breath, focusing on your breathing, counting to 10 at the same pace while inhaling, and doing the same while exhaling. It is important to try to keep the same pace, focus on breathing and not to worry if a thousand thoughts come to your mind at the same time. Do that exercise in a calm place, without the mobile phone, television or other distraction around you for 10 or 15 minutes. You'll see how heartbeats go down, tension and vigilance are reduced and you'll be calmer.

Golden rules to reduce stress

1) Establish priorities (solve what really matters);
2) Think of the future and program a way to get around hardships;
3) Share your concerns with someone else (family, friends, therapist);
4) Try to develop social network or a circle of friends;
5) Exercise regularly;
6) Have an orderly lifestyle (sleep, diet, addictions, etc.);
7) Examine well your strong and your weak points and value yourself;
8) Be objective (realist thinking instead of worthless thoughts);
9) Don't be too tough or a perfectionist. Be relativistic;
10) Seek medical aid if you feel necessary;
11) Relax and have small breaks along the day;
12) Learn to delegate;
13) Find time for recreational activities;
14) Stop for meals (even if only for half an hour);
15) HAVE FUN and enjoy your family and friends.

Games were always a kind of training, of practicing hunting activities, social combat, among others, and in fact, whatever kind of game it is, even gaming can develop those skills, as long as there is a happy balance. Also, it is many times a way to avoid being discriminated against.

5.1.3. Management of craving to gamble

The pathological gambler must be, as we have seen, especially careful to avoid certain situations, as places related to gambling, conflicts, extreme fatigue, professional hardship, critical situations, etc. However, for reasons also seen before, the will to gamble may well appear. It is common and normal, and the gambler shouldn't feel guilty for that. We shall then make a list of some of the strategies to facilitate managing those cravings, which can consist on a mere thought, but can also have a strong physical, mental and emotional impact (fast heartbeat, cold sweat, dizziness, a knot in the stomach, feeling empty-headed, feeling hot, dealing with whether to go or not, mental confusion, among others).

Number 1 rule is to ring someone in whom one trusts and who is in on the situation, immediately after the first thoughts on relapse appear. It is what works the best since one is accepting the problem and therefore taking away all options from the saboteur; one is asking for help and saying out loud what isn't going so well, in that way establishing a commitment between one self and the other person. Action and being honest with one self are of utmost importance.

- "Run the movie" until the end – let wishful thinking travel to the gambling hall, see yourself gambling, winning even, gambling again and starting to lose, losing everything and withdrawing more money, coming home feeling guilty and ashamed, desperate with the financial losses and have to say it or hiding it, going back to the beginning, etc.;
- Not nurturing the thought – on the other hand, one might not be caught ruminating on wishful thinking, how one would do it, how much money one would win, what one will do with that money, etc. That will activate neural networks in a close way to the ones used when gambling, producing negative feelings that can give place to even stronger cravings;
- Replace with positive thought/action – instead of thinking of going gambling, imagine yourself gambling or actually go and do something you like (film, golf, football, ice-creams, etc.);
- Recall the worst gambling moment – selecting the most distressful moment related to one's gambling problem: when one lost all the money that was supposed to be for paying the rent, when one told the wife the real extent of the problem, when during the night one seriously considered suicide, etc.);
- Focus on the pre-established consequence one chose in the case of relapse (to go for treatment as an in-patient, stop seeing grandchildren, etc.);
- Think of the people one is fond of and how they would react if that happened;
- Think of the debts one has and how they would increase rather than decrease.

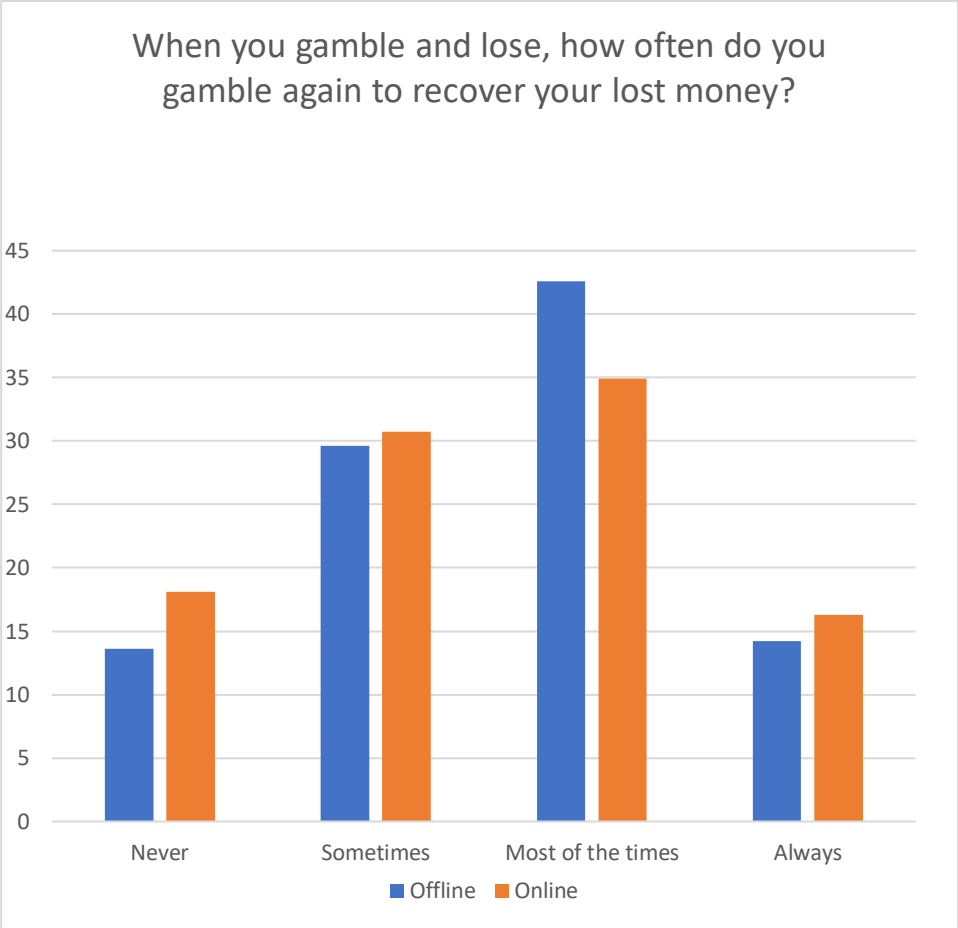

FIG.40 – Bet frequency.

In the case of relapse, one must not hesitate to talk to family and with the caregiver. One must not omit the relapse, since that will only make it build up within the anguishing silence from the old times.

6. THE WORLD APART OF VIDEO GAMES OR GAMING AND ITS TREATMENT

This chapter is dedicated to the treatment of gambling problems where there is no money involved, (less and less true) which presents some specificities. It is a growing problem and more serious than what one might think at a first glance. That problem appears in the mid-teens, or even in pre-adolescence. Short-term consequences are quite visible, but medium and long-term ones are now becoming visible too.

6.1. DSM-V AND INTERNET GAMING DISORDER

Regardless the notion those gamblers have of the concept of addiction, they diagnosed themselves as addicts according to the following numbers: 67% of the teenage girls, 47% of the teenage boys and 40% of the adults.

In Internet gaming or in Internet addiction, as in other addictions, the core issue are the rewards, the expected return. The easier to get, quick and intense, the stronger the relationship with the substance or the behavior will be. As we will then see, gamers get strong rewards (positive emotional return) and, therefore, strong motivation in what respects: status, self-esteem, alienation, euphoria, fun, friends, respectability, skill and a sense of power and control, sometimes money and above all a better life.

In the treatment, it is essential to work on the motivations seen above. I think it is particularly important to understand the motivation and the need of the flow, immersion, the growing need for disruption with reality itself. Can gambling be nothing but a symptom of previous problems, like depression or social anxiety, within so many others, simply as low self-esteem or low perception of self-efficacy? To study the relationship between the youngster and his/her avatar can be revealing of motivations, gaps and needs and that way allowing to work towards the resolution of internal conflicts. We mustn't, however, forget situational factors, that can go from extremely dysfunctional families to bullying suffered at school, to a very persuasive marketing. On the other hand, we have structural factors related to gambling that can have great influence, like graphics, the screenplay, the never-ending, easy access to games and other accomplices.

Everything gets complicated in psychotherapy when virtual reality and actual reality are blurred and set in, as well as which is primary/first pathology and others pre/post addiction, family rules and limits and the youngster's rules and limits, the will for treatment and the need of the resisting patient, the capacity to verbalize and the silence that grew in.

DSM-V: In what direction does the manual point to?

Diagnostic criteria and assessment of the problem of gambling through the Internet were placed at the section of disorders needing further gathering and development of research in order to then be classified with more objectivity (section 3). We shall transcribe significant parts of that section for the reader to have an idea of the state of the art in that area.

DSM-V (2013): Internet Gaming Disorder

Diagnostic Criteria: Section 3

1. Preoccupation with Internet games (the individual thinks about previous gaming activity or anticipates playing the next game; Internet gaming becomes the dominant activity in daily life);
2. Withdrawal symptoms when Internet gaming is taken away (these symptoms are typically described as irritability, anxiety, or sadness, but there are no physical signs of pharmacological withdrawal);
3. Tolerance - the need to spend increasing amounts of time engaged in Internet games;
4. Unsuccessful attempts to control the participation in Internet games;
5. Loss of interest in previous hobbies and entertainment as a result of, and with the exception of, Internet games;
6. Continued excessive use of Internet games despite knowledge of psychosocial problems;
7. Having deceived family members, therapists, or others regarding the amount of Internet gaming;
8. Use of Internet games to escape or relieve a negative mood (e.g., feelings of helplessness, guilt, anxiety);
9. Having jeopardized or lost a significant relationship, job, or educational or career opportunity because of participation in Internet games.

Authors mention that the classification does not include online gambling with money (which is placed in the category of gambling disorder/addiction), recreational activities, professional or business activities, as well as pornography sites. More and more we can verify that the pathological gamer also uses pornography sites, Facebook, forums in which gambling is discussed, watching others gamble, etc. in excessive ways. My practice confirms reports and research that are coming up, where the severity of some situations is as surprising as it is intense. As in pathological gambling, the intensity of game problem can be divided into mild, moderate, or severe, being in that case very negatively affected; the loss of meaningful relationships, of educational opportunities and the amount of time spent in front of the computer. The same way, there are doubts on which type of games are the most addictive or if it can be considered a valid question. Personally, I think there are games more abuse/addiction prone for those who are predisposed to it.

DSM-V also refers the similarities between Internet gaming disorder, gambling disorder, and substance related disorder, stating that one of the reasons for not having definitely classified that category was due to the lack of a standard definition and for existing relatively few studies and related scientific articles. However, 240 articles were analyzed. Similarities are situated, in fact and particularly, in terms of tolerance, abstinence, inability to stop and difficulties in normal functioning. Nevertheless, more epidemiologic research has to be done in order to better determine prevalence, clinical evolution, genetic influence, the biological factors. Proceeding on the perspective of the authors in the task force for that subject, with whom I agree in general, as a result of my practice, we'll go on to a summarized transcription with a few comments.

Internet gambling disorder is an excessive and prolonged pattern of Internet gambling leading to a specific set of cognitive and behavior symptoms, also including symptoms of progressive loss of control towards gambling, withdrawal syndrome and of equal tolerance to the

substance use disorder. Like in the substance use addictions, people with Internet gambling disorder remain seated in before the computer (watching each time more television, mobile phone, videogame console and also interactive television) and get involved in gambling related activities, neglecting other activities. Typically, they dedicate eight to ten hours a day or more to that activity and at least thirty a week. If they are stopped from using the computer to continue gambling, they get agitated and angry. They can frequently go through long periods of time without eating or sleeping. Normal duties like school, work or family commitments, are neglected. That classification is separated from the (online) gambling disorder because it doesn't involve losing money (but the resemblances are obvious).

That disorder's main feature is the recurrent and persistent participation in computer games, typically in group games, for many hours. Those games involve competition among groups of players (often belonging to different parts of the globe, so that the duration of the game is promoted by the interdependence zone-time) who participate in a complex structure of activities that include a very significant aspect of social interaction during the game. Variables that have to do with the team (leadership, complicity, loyalty, status, etc.) seem to be the main motivation. Attempts addressed to individuals to make them do their homework or people-to-people activities are subject of strong resistance. Furthermore, family or vocational and personal aims are neglected. When asked about the main reasons for an excessive use of the computer, they will probably answer «to avoid boredom», more than to search for information or try to communicate.

The description of criteria related to that disorder was adapted from several studies from China. Until more sustained criteria are not empirically determined and limits for diagnostic, conservative definitions must be kept, which conform to at least five in nine of those criteria.

Associated features that contribute to the diagnostic

No consistent types of personalities associated to the Internet gambling disorder were identified. However, some authors talk about associated diagnostics of depression, hyperactivity and attention deficit or obsessive-compulsive disorder, with the power to activate parts of the brain which trigger the exposure to the Internet gambling, not limited to the structures of the reward system.

Prevalence isn't yet properly defined, due to the number of different questionnaires, criteria and the thresholds used, but it seems that numbers are higher in Asian countries and in teenage males from 12 to 20 years of age. There is great amount of data and reports on Asian countries, particularly on China and South Korea, and less in Europe and in North America, where estimated prevalence is very unstable still. Prevalence coming from research in an Asian country, considering youngsters between the age of 15 to 19, was for the male gender of 8.4%, and of 4.5% for the female gender, using a threshold of five criteria.

Risk and prognostic factors are in the first place environmental: from availability/accessibility of the connection to the Internet, allowing the use of all types of games to which the Internet gambling disorder is more often related to. In the second place, comes the genetic and the physiologic: male adolescents seem to face a higher risk for developing online gambling disorder, and it has been speculated that in Asia environment and/or genetic background are another risk factor, but this aspect is not yet clear.

Consequences of Internet gambling disorder can produce failure at school, losing the job or divorce. Compulsive behavior tends to disturb/avoid social activities, and normal school and family activities.

In terms of differential diagnostic, the excessive use of the Internet not involving online games (for example, excessive use of social networks like Facebook or assisting to online pornography) is not considered similar to the online gambling disorder and, in future research on excessive use of the Internet, the guidelines here suggested should be the ones to be followed. Online excessive gambling may be qualified for a separate diagnostic from gambling disorder.

Comorbidity

Health can be neglected due to compulsive gambling. Other diagnostics that can be associated to the Internet gambling disorder are major depression, hyperactivity and attention deficit, as well as the obsessive-compulsive disorder.

6.2. TREATMENT: ALMOST EVERYTHING YET TO BE INVENTED

When it is said that pathological gambling is invisible, what to say of pathological gaming?

Gaming grows along the years, with mobile phones in classes, computers at home, computers outside or at friends, or tablets when travelling with parents in the car. It is difficult to realize they've lost interest in the usual activities, that they don't sleep, eat and wash themselves so well, being more and more (hidden) in the Internet, even when they still go to school.

I have yet to share my experience in the treatment of gamers, that is as much gratifying as it is difficult. Those patients make appeal to all of the skills a psychologist may have. First of all, they don't want it, they don't need for the thing they like the most to be taken away from them!

In what respects consequences like failing the year at school, being depressive or isolated, disregard and despise arise due to invincibility proper of adolescence and the games they live in and where things come true and where they are good at. According to Griffiths *et al.* (2011), clinicians should admit the potential of those games in a therapeutic setting with youngsters, specially to promote self-esteem and to allow people to explore other identities or to build productive goals, and also promote a safe channel to manage rage and other negative feelings.

Parents who in the beginning were permissive, later end up in collision course with their children, communication, rules, limits and roles were taken to the extreme, and the war, sometimes quite silent, sets in. That fact reinforces even more the belonging to the peer group, through the team or guild united against all odds… Complicity, belonging, loyalty and also status: I suggest you go back, think of your own youth and what it was like to belong to your street's group, your neighborhood's group or football group, but multiplied by ten. That is the feeling these young people pass on to me. Besides, there's the question of belonging to a wider world: the one of technology, of constant innovation, of web's social rules, of an underworld that is actually… global.

The greatest therapeutic struggle in those gamers is not being able to be articulate, describe situations or feelings. Everything works with pictures, LOL, ☺ and suggestions to look things up

or listen to something. All is seen but not talked about. Even when communicating in combat it is through stereotypes that have to do with the use of basic and objective signs.

Once more I suggest the multidisciplinary team for often those youngsters were vulnerable to social anxiety and depression, were bullying victims, came from single-parent families, dysfunctional families or sometimes schizoid ones. Medication and assessment by an expert, together with a partnership with the family, may appear as crucial.

I have overcome patients' silence and resistance, their anxiety, etc., by doing therapeutic work during sessions and by reinforcing the invitation to significant family members to participate in some parts of some sessions.

We have already mentioned poor tolerance to frustration in those youngsters, who don't hesitate to intimidate, and in some cases attack, their mothers, but it is in fact a very strong feature. The cause is often the inability of parents to establish limits or boundaries. In those cases, to understand parents' limitations and explain to them basic rules to function as a family is an indispensable task. Sometimes they are the first to give up…

As seen before, even in excessive gambling it is possible to make something out of a few of the features from those games. In the article by Calado, Alexandre & Griffiths (2014) there's a reference to the following: numbers related to a Portuguese sample, basically of young adults, specifically on gamers, suggest they see gambling as a tool for self-development with social and cognitive aims, such as exploring different identities, learn a second language and be able to respond rapidly. So, concerned parties should also be aware of the power of that activity, and teachers could use gaming to teach students ways to create new ideas and possibilities and how to apply the knowledge acquired at gaming in practical situations.

Online treatment programs preferred by those young people have advantages and limitations.

Advantages

- Accessibility: more available (24 hours a day, seven days a week), quicker and immediate, cheaper;
- Breaking limits: linguistic, physical, anxieties (social phobia), distance and travelling;
- More anonymous, but also more personal and less stigmatizing;
- More profitable and greater reach of people.

Drawbacks

- Technologic flaws, line loss, safety, charging;
- Efficacy (little research), professional credibility, identity;
- Serious problems or emergency (suicidal thoughts);
- Legal and ethics: minors, confidentiality, therapists' qualifications, training, supervision, regulation.

Therapeutic contract with gamers is considerably different from the gambling with money one, even though it lays on one same rule structure, accountability and motivation.

Therapeutic contract of the gammer for 6 months

		Yes	No	Maybe
1)	Elaborate and Implement plan/schedule of activities (school, Sports, meals, etc...).			
2)	Total absenteeism of any kind of gaming or pre-defined period.			
3)	Avoid any people, places and gaming/screen related situations.			
4)	Self Exclusion Of any virtual games (uninstall applications, delete rankings, etc...).			
5)	Limit/control any access to computers and networks (take out computers, cables, WIFI) or common spaces.			
6)	Significant people participate in the treatment.			
7)	Participate in regular singular and group therapy.			
8)	Make and read therapeutic works.			
9)	Participate in self help groups (GA)			
10)	Any school,college or professional studies/work made in a computer, under supervision (common spaces in the house).			
11)	Reduce significantly the time spent in front of the screen.			
12)	Some self specificity of the patient.			

Consequences in case of relapse or failing with the contract

(examples: leave home, go for internal treatment, do community time, total screen absenteeisn)

1)

2)

3)

signature:

Date:

1)	Preoccupation with internet games (anticipation, dominant area, pression)			
2)	Abstenteeism simptomes if the game is taken out.			
3)	Tolerance symptoms (the need of more time gaming).			
4)	Unsuccessful attempts of online gaming control (screen).Unsuccessful attempts of online gaming control (screen).			
5)	Lost of interest in leisure/entertainment due gaming (sports, friends, music, etc...)			
6)	Continue using off game regardless of psycho social problems (family, friends, studies, isolation, etc...)			
7)	Omitted/cheated family members/therapist about the real time spend online.			
8)	Used internet as an escape/relief from negative humor states (guilt feelings,anxiety,helplessness).			
9)	Harmed/lost significant, academic or professional relationships due online gaming.			

FIG. 41 – Gamer therapeutic contract.

In what regards the therapeutic contract, it is halfway through. The guidelines established in the therapeutic contract for gambling with money are the same applied with the required specificities.

6.3. PRACTICAL SUGGESTIONS TO PREVENT PROBLEMATIC GAMING

The most important rule is to be alert and understand the type of relationship the young gamer establishes with the game and with the screen. Several simple guide-lines come next, for parents, with the purpose of preventing videogames excess.

- Establish rules/limits for the use of screen: place, amount of time on week days and weekend days (PC, television, tablets, iPhones and others) and balancing out with other activities;
- establish clear and doable consequences (positive/negative) according to the compliance of rules;
- a good definition of priorities, goals and tasks (for instance, get a certain grade, regular attendance to football, do chores);
- check the advised age of each game and its content;
- a good definition of the place, computer and/or at what time to play and to study;
- not opting for a television set or a PC in the bedroom (the revolution will explode), nor last generation mobile phones (access to certain applications…);
- if necessary, place blockers, passwords, etc.;
- adapt and loosen authority (different from authoritarianism), democratic parental model, negotiation according to the type of teenager, his/her capacities, skills and compliance of the established (young people can be very much alike, but no two are alike);
- work on psycho-social skills (assertiveness, management of feelings, decision making, etc.);
- explain what marketing and advertising are;
- establish syntony between both parents (separated or not);
- play with children (understand what they play and how they do it, what they feel, how the perceive their own attitude towards gambling).

7. RESPONSIBLE GAMBLING

The biggest threat to the gambling industry and to gambling promoters are the abusive gamblers, and above all, pathological ones with all their associated negative characteristics and consequences. That is a small population, but, due to the tragic consequences they go through, they drag the idea of gambling into a generally dangerous activity which does not correspond to the truth. Gambling, in general, is an entertaining and recreational activity, like alcohol, and must be seen as such. However, due to some of the activity's features, it is the promoter's responsibility to assure that the vulnerable minority presenting problems is informed and protected from the associated risks. Even if it weren't a legal obligation, it would be a moral one.

Responsible gambling is the given name for primary prevention covering the recreational gambler as well as some abusive ones, but spreading its extent to the vulnerable ones, in the

sense of offering them protection, by learning to gamble in a balanced way, by being stopped from gambling or sent to treatment.

Forbidding is not the solution, but regulation is effective. Clear recognition of the incapability to successfully forbid online gambling took various jurisdictions to focus on the development of regulation in the sense of reducing damage and minimizing risks (Griffith's, 2011). According to Papineau & Leblond (2011), given the inevitability of legalizing online gambling, there is an imperative task for the state which is it to protect the population from several hazards, namely from the online black market. The online way of gambling has excellent safeguards for users, and the growing number of legislators are inclined to choose establishing state control over online gambling. All activities related to consuming must be regulated with the purpose of protecting consumers from some less scrupulous gambling promoters, but also to protect more vulnerable or problematic users from themselves. According to Griffiths (2011), responsible gambling is defined by giving people the chance to gamble in well architected games, in a safe and supportive environment and that stops pathology's progression.

Prevention for online gambling can be even more effective than for offline gambling as long as legislation or recommendations from the European Commission are actually obeyed. At the moment, we have legislation equal to the best in all the world. It is easier to apply temporary and money control to the online (for example, the gambler requests to only be allowed to gamble for one hour and twenty Euro a day), self-exclusion or control of minors, as well as all the information that must be conveyed on the game, rules, odds and especially healthy ways to gamble and sending people to specialized help lines for whoever feels has problems or their families.

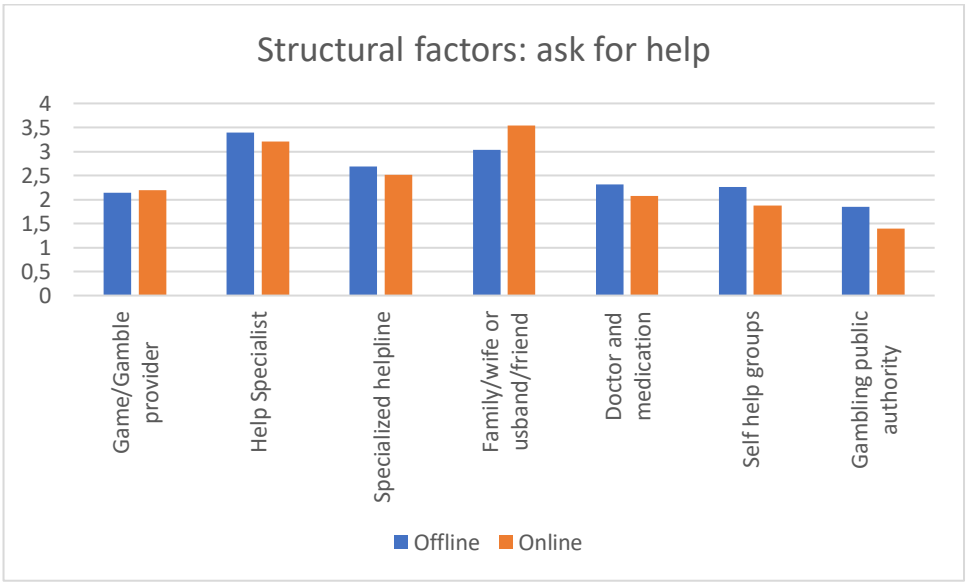

FIG. 42 Structural/situational factors: Ask for help.

On the online mode, that concept is particularly adjusted. Several companies that promote and operate with gambling, public or private, developed prevention and protection tools for gamblers. In Sweden, the operator Svenska Spel, launched one of those tools, the PlayScan, and developed thorough research. PlayScan was designed to detect gamblers in risk of developing gambling problems and to give them tools to change that behavior (Griffiths, Wood & Park, 2009). According to that study, more than half of the players said the tool was indeed helpful, particularly for measures like: fixing a money limit (70%), having access to a gambling profile (49%), self-exclusion mechanisms (42%), self-diagnostic tests for gambling problems (46%), support and information on gambling issues (40%), predictions on gambling profiles (36%); from the users, 56% asked for limit in money to be set up, 40% took the self-diagnostic test on gambling problems and 17% used the possibility of self-exclusion. It is nevertheless paradoxical that the main concern of gamblers using PlayScan should be that their decisions on fixing money limits are to be irreversible for… a whole month.

Then again, technologic innovations can be extremely useful in the protection of consumers. According to Gray, LaPlante & Shaffer (2012), intensity rates in gambling activity (that is, total number of events, number of events per day) could distinguish and discriminate control cases, particularly in sports bets. Those results would help to understand behavior markers for disorders related to Internet gambling problems, and could, in an early on-set, be understood who the gamblers with higher chances to show serious problems in the future were, through the development of algorithms based on behaviors, able to predict the presence of potential disorder with online gambling. Nowadays there are programs based on algorithms able to identify (and predict too) those behaviors, among others, that ask in real time if the gambler wishes to continue gambling, using pictures and pop-ups that allow him to better understand his choices towards gambling.

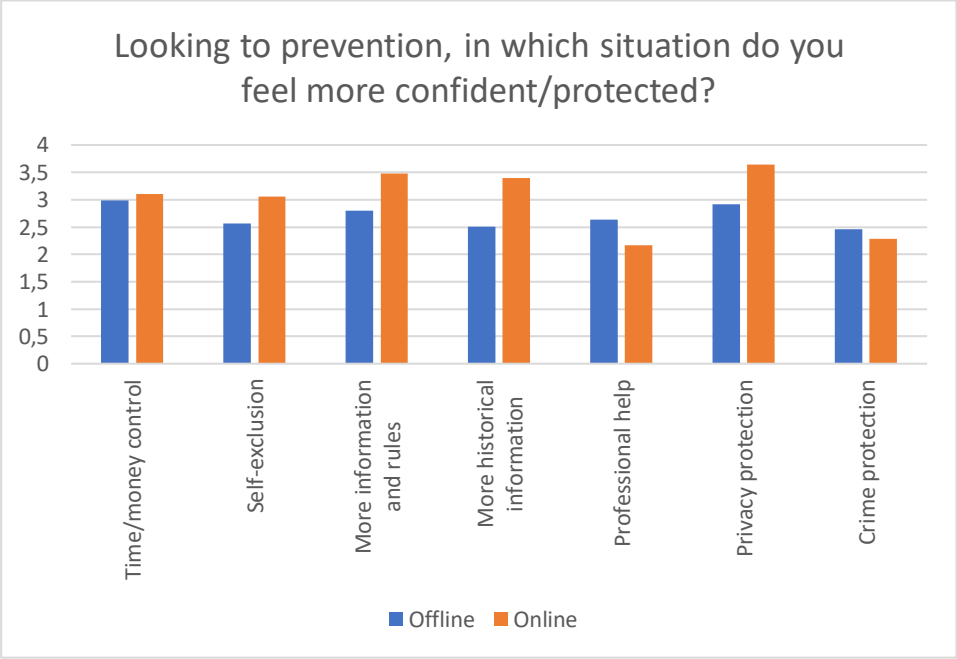

FIG. 43 – Structural factors: Prevention or reduction of damage.

At physical gambling places, protection for gambling problems has mainly to do with employees' training, given information on gambling rules, odds, ways of gambling, among others, that can be verbally assured, through flyers, fixed on walls or electronic boards. Some good examples of harm reduction in different target audiences are: reducing advertising campaigns; public education campaigns; legislation on events' limitation; rewards against crime (for instance, forbidden games' regulation); restricted gambling places and of ways to gamble (forbidding alcohol in gambling places); control age and the accepted members in the establishment; restrictions to some features from types of games (the speed of the game and prizes, value of bets, access, etc.); the possibility of self-exclusion and limitations of money spent and of access to money each session; help lines referring for treatment and emergency intervention. The main factors to take into account in a more specific way, in structural terms, are: visible clocks; pop-ups (alert and prevention messages); gauges with the amount of time and money spent; possibility of self-exclusion to be in fact applied; possibility of previous limitation of the amounts of time and money to gamble; control of minors and intoxicated people; no possible credit or advanced cash; high prizes paid through a cheque; employees trained in responsible gambling; advertising and promotion campaigns conducted in a responsible way; clear information on rules, odds and each game's prizes; and information on professional help lines for gambling related problems.

Responsible gambling operators, private or public, must be able to assure help lines for emergency situations and information, sessions and out-patient or in-patient treatments, as well as mechanisms that enable follow-up on legal processes as crimes or bankruptcy, family support or professional issues. According to Orford (2011), in the gambling world, it seems to be rather often to find a conflict of interest that involves trying to maximize profit and to reduce damage at the same time. There are other issues, as useful and as hard to answer, in what respects the right amount and type of gambling for each one. How much gambling is too much gambling? The answer to that question would be extremely useful for responsible gambling policies and for measures related to public health (Currie & Casey, 2007).

Self-exclusion, which consists on the resort to ask to forbid one's own access to gambling houses, through the *Serviço de Regulação e Inspeção de Jogos*, is perhaps the most evident proof of the hazardousness of gambling, given the inability of some gamblers to have control over themselves. Numbers from gambling industry in 2008/2009 show that there were around 65 000 self-exclusion requests in Great-Britain: 45 000 related to online gambling and 20 000 to offline gambling (Orford, 2011). By the end of 2020, we had just for the online gambling more than 72.000 self-excluded gamblers. When trying to better understand the profile of those who exclude themselves, the National Center for Social Research (2011) carried out some research on self-excluded online gamblers, from which the most significant results were: being men, young adults, very much involved both in online and offline gambling, gambling with greater amounts of money each time and getting little return, being that 2 out of 3 were abusive (problem gamblers) and concerned with the lost amount of time and money. Information on time spent at the place, different options for self-exclusion and to be referred to appropriate help from help lines and treatment centers must, therefore, be clear and constantly available at places (European commission, 2011).

CONCLUSION

The main goal of this book is of providing information to all people interested in that field that gambling problems exist, can be very serious, no matter how small a minority, and that treatment is possible, implies a professional multidisciplinary team, as well as meaningful people and, obviously, the gambler himself, well informed on his rights and duties.

I wish also to point out to the responsibility of many parties, who can make the difference in prevention and treatment of gambling problems: The legislator, gambling promoters (being casinos, gambling department from *Santa Casa da Misericórdia de Lisboa,* casino sites, sports bets or poker), the *Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências (SICAD)* and the *Administrações Regionais de Saúde,* through their treatment teams, psychologists trained in this area, the Serviço de Regulação e*Inspeção de Jogos,* help lines, advertisers, people who do research, international partners who help us on our first steps and, of course, a well- informed community.

It also becomes clear that, in what concerns Portugal, we can say there are differences between offline and online gamblers, being that online gamblers are younger and more easily attracted by situational and structural risk factors, that way making them to be potentially more vulnerable. Online gamblers seem to make quicker progress in the severity curve (recreational-abusive-pathological), coming to that stage around 30 years of age, against 40 years of age for offline pathological gamblers, allowing us to contemplate the strong possibility of online gambling to present itself as an accelerator of risk factors, and because of that, more prejudicial and therefore more liable to damage.

Also, there is a tendency for pathological gamblers to gamble both on the offline and the online mode, thereby forming a new profile of mixed gambler.

Younger gamblers, the ones using the online mode, the retired ones, particularly, women, and the ones with some kind of comorbidity are risk groups that must be protected by measures of prevention and responsible gambling, at the same time that treatment is being assured. Both, each country's legislation as each gambling promoter must apply protective and adjusted measures to that growing phenomenon, knowing that the online mode also provides excellent conditions for responsible gambling and treatment.

Pathological online gambler's profile is: being on average 30 years of age, 12th grade or more, single, gamble for a great number of hours a day, between 5 PM and 1 AM, show high levels of stress, suicide thoughts and problematic tobacco use. In what concerns characterizing and comparing both modes, offline and online, from the numbers shown in research with a significant sample of pathological gamblers in Portugal, many resemblances with international reference values for western culture appear. Such similarities will allow us to, with accuracy, more easily adapt prevention and treatment programs to our reality, as well as better legislate on that matter, yet so ignored by national competent bodies, and consummate the necessary synergies, be part of international projects and partnerships - for the purpose of always treading best practice.

Research on attractiveness, damage or hazardousness of a particular addiction in the universe of the Internet may, very rightly, get contribution from other fields of knowledge: from economy, anthropology, sociology, history, and even from philosophy, but also from medicine and neurosciences, combining science methods like longitudinal, quantitative and qualitative studies, tracking gambling promoters' data bases, as well as clinical studies. At the present work, the existing shortcomings to do with the above reflect, in a very illustrative way, the absence of scientific output specific of this area in Portugal.

Gambling is an entertaining, recreational activity and with specific characteristics. This book was written thinking about the people who developed a prejudicial relationship with their gambling behavior, specially through the Internet. Pathological gamblers are many times people with skills above average and extraordinarily sensitive. These features, which allow to reach the best, also make them reach the worst.

And the worst can consist in reaching a point of corrupting values that, in some other way, they would never violate or go over. But it can also mean to abruptly put an end to suffering. For some brief moments, excruciating ones, feeling the loss and despair leads them to lose their most valuable asset: life itself.

Even when they survive the gambling career, there is yet, inexorably, a part of them who dies: a certain innocence, a certain mysticism, a certain glamour present in the magical thought of the incredible gain, of dream in life, change in life, defying death itself the moment they gamble, of all or nothing.

Most of the times actually nothing remains, or very little to start over with… step by step…

INDIVIDUAL CASES

MARGARIDA, CASINO GAMBLER, 61 YEARS OLD

What scares me the most right now is not trusting myself. And by not being able to do that, I stopped being the trustworthy, solid, even if contradictory, like everyone else, but whose word was sacred for the ones who live with me or whom I'm lucky to be friends with.

That was the most serious consequence, the fact of having gambled, for three years, brought to my life. Someone who doesn't trust herself knows it means that: she is not responsible, has no maturity, is emotionally unstable. And, that way: can gamble again, can lie again, can shut out reality again can destroy yourself and the ones from your family unit.

That is an awful scenario, but possible for everyone who, in gambling, found a way of life. Because that is what it is about – a way to live, where we are dominated by the need, greater each time, to gamble and which implies neglecting family and friends, lose sight of the goals that always guided our efforts, get tangled in a web of lies and schemes that we keep on refining with an ability we did not know to have, feed on some magic we don't believe in, ruin our mental and physical health, feel helpless, desperate and with our self-esteem devastated. And also, no less important, with debts, with no economic resources, after having spent our money and, sometimes, others', who we borrow from with the mirage of solving, through gambling, the economic problems created by gambling itself.

That was my history for those years and of many other people who lived the gambling experience. What turned them more or less dramatic was intensity.

It is to that dark period in my life I do not want to return to, so I started at the end, which, after all, became a starting point for another stage, so much more like what I have always been like, but darkened by the bitterness of an experience I would never think I could go through.

Perhaps my speech sounds desperate and dark, but that is not my intention. All I wish is to always have in mind that apocalyptic vision so that it will work as an alert in order to avoid relapse. It doesn't have the purpose to paralyze me, but to make me react. It is the portrait of a realistic person, who isn't even pessimistic and trusts opportunities. Therefore, my message is of hope and encouragement. All we need is to delineate our own recovery plan and implement it.

In my case, it was my decision to stop gambling, but I wouldn't be able to do it if I wouldn't surround myself of people who would help me.

Wanting to stop is, that way, the first step.

For myself, the second step was to try to understand myself and fit the whole process into a wider context and acknowledge that I was neither a victim nor an executioner.

That was when I found out that you can't fight this war when you're by yourself.

I took hold of a friend of mine's gesture; rang the psychologist she had spoken to about my case and made an appointment. I didn't go by myself, I took my brother, great travel

companion since I can remember and the one I harmed the most, economically speaking, and scared the most when I got things off my chest.

I established a good relationship with the psychologist. He seemed committed, reliable, understanding, but demanding, available, with a profound knowledge of the problem, and suggested self-knowledge tasks, therapy sessions and GA meetings.

I went back with my husband and daughter and realized it wouldn't be easy if I wouldn't fully cooperate, that is, if I weren't able to be humble, true and if I weren't able to put myself in their shoes and understand that, even though my intension had never been to cause them problems or unsettle them, it hadn't been easy living with a gambler who jeopardizes the household economy, sensing distress, forcing them to be alert to stop me from gambling, not recognizing in the person they got married to the exemplary mother until then.

I found strength in those unconditional affections of the five people who are the pillars of my life who never gave up on me and showed me their love through such generous gestures that moved me. It was that love which gave me back the image of who I'd been and could be again.

I dedicated my time to activities that make me feel useful, that make me move forward intellectually speaking, that truly give me pleasure and not just momentary euphoria.

I got back to being more aware others, to try and give my best, guiding my life through the values I always believed on, being fond of myself, forgiving myself, dreaming in a healthy way.

There were only two ways: destruction or recovery. And, gladly, I chose to reconstruct myself, which also means improving, at various levels, the life of the ones who were caught up in that process, without any choice.

I believe in the thought of one day at a time, it seems like an easier goal to attain. Besides, also accumulating several days without gambling gives us motives for satisfaction and stimulation to keep going. But there are difficult moments, moments in which our disturbed mind, twisted by the illusion magnificently recreated in a casino, is bombed with images, promises of glory moments, fights won and miraculous solutions. On such days, I follow the advice of a GA companion, I rewind the whole film and see myself leaving with a few cents for the bus or empty-handed, and, ahead of me, a thirty-minute walk home, heavy shoulders because of defeat, of disappointment in myself and the troubling matter of how to get the money I lost. I already know I'll lie; I can't face telling the truth and I deserve this miserable life. And, then, I resist it. And the memory of gambling weakens like a landscape, fades away as when a ship sails away from the port.

How do we get here? That is the most complicated part, it's a process difficult to dismantle, in which we get involved, without realizing it, slowly, but in a continuous way and more intense each time.

How does a woman, like me, who is 58, with an intense family life, some true friends, personal interests, spiritual values, a life based on authenticity, trying to grow as a human being, attentive, generous, demanding, responsible, able to solve her frustrations, used to fighting, optimistic, lets herself be seduced by gambling?

Life is us and our circumstances. Are we a result of them or the leading figures? I don't know, but I always liked to think that I was able to change, recreate even, the circumstances, when

not favorable. I never laid back expecting for my life to come together with time, I was a full-time fighter.

From there we can infer some characteristics of my temperament – I'm strong, willful, rebel, active, adventurous, non-conformist, impatient and impulsive. I also react promptly and I'm determined. I ended up also finding out I'm imaginative and that most people who gamble share those characteristics.

But that on its own, doesn't justify what I did.

At the GA meetings, by listening to members' shares, I realized the process begins and evolves in very similar ways, and what varies the most is the degree and how long for gambling lasted. Consequences also vary a lot in how serious they are, but they all have to do with serious family and economic problems, isolation, loneliness, fear, despair, self-dissatisfaction, depression, inability for social interaction, etc. But one thing is for certain: to be a gambler, you ought to enjoy playing - *Trivial Pursuit*, cards, scratchcards, slot machines, EuroMillions, whatever. You feel drawn to competition. There's always competition in a game, even with a machine, for the magic of, for seconds, your grey life changing into fun or adrenalin. Nowadays, gambling is, I think, a lot more common than in the past - a great part of the population does it -, there's the ritual of EuroMillions on Tuesdays and Fridays, many people buy scratchcards together with cigarettes and newspapers, others may make calls to TV shows, etc.

The gambler that may become addicted is a person who, one day, out of curiosity, attracted by a fantasy world, wins something meaningful (it happened to almost every gambler who I have talked to) that impresses and disturbs her in such a way that she poses this very irrational, I would even say pathetic question: How come I had never thought of that? But getting back to myself and trying not to generalize, also that doesn't fully explain how I became a gambler. Apart from my characteristics of my personality, my interest in games, even in those I'm not good at (I always enjoy to try myself and exceed myself) and my beginners' luck at the casino, which never happened before, I felt the need to believe at that stage of my life, that I was still had a saying on my future. The crisis wouldn't condemn me to undignified old age and the capacity to dream wouldn't be stolen from me, my family plans wouldn't be compromised since I, at an age where the strength to work was no longer much, knowing nothing on business, decided to elect the casino as my investment. I didn't even make some research to inform myself on how secure an investment it would be, I was totally irresponsible and naive. I, who would never leave my life in the hands of others, chose precisely a high-risk activity and of highly proved loses. Since I'm not stupid, I even see myself as an intelligent person, I have to agree that gambling is an emotional disorder that affects our reasoning and makes us slaves. It is of some relief to the burden I carry and, sometimes, it seems unbearable, but it doesn't relieve my responsibility completely which is good, because being responsible means to take hold of your life, and that is what I wish will happen again.

But there were other attractions, other circumstances which pushed me into gambling, that explain why, living close to the casino for forty years, having gone there for an average of twice a year during that time, spending ten euros in the past few years, each time, and leaving just after spending them, only later in life, being 58 years of age, when more than ever I needed to be reasonable, I was caught in that trap.

To all the other factors I already mentioned, I add the situation I was in when I began gambling – recently retired, finally with some time just to myself, with a mind free of worries that work

involves, I started to make a balance of life, all the hardships I had gone through surfaced and also the ones to come soon before the deductions due to retirement and the cuts that the government was doing, making it very difficult to cope with expenses I responsibly took on, in a context I could not predict would change so drastically. I had never had time to reflect upon my life, the dreams that were left behind, the dramatic economic loses in the beginning of adolescence, the changes in family life, moving to another environment under conditions that, for me, were violent and difficult to undergo, the disappearing of so many people I loved, the death of two children who were already born that way, my mother's long-term illness, a dramatic situation I experienced intensely for ten years, while being confronted with my own serious health problems and various situations while my own death could happen just then. I fought like a gladiator in an arena and, apparently, I didn't breakdown during that fight, but I was physically and psychologically exhausted. I kept myself that feeling of not being able to give more and kept demanding a lot from myself as if I were an endless source of energy as if I still believed there is always a solution. Sometimes, there isn't.

I reckon I went through, at that time, an emotional crisis, where I wasn't able to communicate with some close people and I didn't feel cherished or understood and I was even a little angry with a life I had considered had been very tough. I closed up a little, became more selfish, my desire for adventure which wasn't yet materialized for a question of prudence, of lack of opportunities, began to gain strength, at the same time I was obsessed with solving the problems straight away. Daily routine - meeting a friend, reading, going for walks or writing, an activity I was dedicating some time recently and which gave place to plenty of fictional texts, watching television - satisfied me, but, down deep, the door to adventure was open. It could be to travel alone to one of those places I always thought I would get to know or having begun learning, in a serious and profound way, another language, but money wouldn't allow it, and gambling was what came through to me, in the first place, as a solution for budget problems, and later, as a place where I could fantasize.

It all began on a day in June, on a special date for me, in the afternoon, while my husband was working.

The idea came to me as an amusing thing and perhaps promising. I began gambling in a very prudent fashion, in a machine with no sophistication, small size bets, and I became absolutely dazzled when I won a prize that was way beyond my expectations. When the casino employee brought the money on a platter and, afterwards, in a gentle tone, suggested that I could continue gambling, I told him I wouldn't, that for me it was enough, and I left without effort, happy for being able to pay all the things that were on standby. However, after a while, there was no need for the assistant to make the suggestion, I would stay after winning and would lose everything. The employee was clever, I wasn't, and, without realising it, I had become a gambler.

I always felt sad, desperate, unhappy with myself, frightened with what I had become, unable to openly share my experience, corroded by remorse, in distress with the pain and loses I was inflicting on others. I wished to die. I cried on my own for hours and hours. But did I stop? No. because pride wouldn't allow me to, because I didn't fully trust the love of others, because I wanted to recover the money I had lost, because it was painful for me to accept, I was suffering from an addiction. A strong person does not suffer from an addiction, others say. Not true, I say. A gambler is a strong person, resistant, but who doesn't have the ability to choose when gambling, so it is an undoable thing.

I began by saying what scares me the most and end with what was more painful for me in that experience.

The look of sadness, despair and helplessness of my closest family and of two great friends of mine.

The fear they lived with.

What they lost materialistically speaking and the consequences that came from there.

The turmoil I forced them into…

The confusion I created them while being confronted with a woman in her sixties who abruptly brakes with a standard of behaviour, they witnessed all their lives and behaves as an irresponsible teenager.

I was lucky to be surrounded by people who didn't turn their back on me, but, sometimes, I wasn't able to tell them what I needed and also, they were not prepared to deal with an issue like that. I had a hard time swallowing the fact that I was addicted, or had no will power. I felt diminished, like a disabled person who has no fault of his limitations, but feels awkward the whole time. I'm not blaming anyone, I created the problem myself, and I know they tried hard to help me come out of that nightmare and I never lacked love, tolerance, and faith put on me. All my life I had difficulty in exposing my weaknesses, and that turned the situation more complicated. The only thing I'm proud of, that is if the term can be applied, is of not having fallen apart before them, is of having spared them from the panic that assaulted me, of being capable of leaving the casino to make dinner, create a reasonably pleasant and organised atmosphere, of having walked home, of having humiliated myself asking a taxi driver to trust a gambler to take her home, without being able to pay him that day. I wanted, that way, to spare them to the vision of a woman drifting. It was my love for them that stopped me from reaching more extreme situations, as not coming home, not answering the phone or simply stop functioning.

A gambler who does not have professional support doesn't know he suffers from a *disease* and, therefore, feels morally corrupt, he is conscious of every mean acts he committed and finds, often through punitive processes, how to humiliate himself before a taxi driver, a relief towards his own behaviour. That is another obstacle we must push aside – we do not move forward if we are tormented by guilt and want to punish ourselves. To move on, we must work towards responsibility, make an effort to repair, if possible, property damage we inflicted on others and do everything within our reach to make up for them emotionally, and, of course, the best way is never to gamble again.

As for ourselves, gamblers, we must never again repeat those unloving actions towards ourselves. I said the path was not an easy one, but is there anything easy in this life? Look where it took me the one time I chose to facilitate.

Margarida, 61 years old

Ex-secretary, retired

J., THE SISTER OF MARGARIDA THE CASINO GAMBLER

Nothing would predict or have us prepared for the earthquake that shook my sister's life and made us face our own demons, our fears and the insecurity, as well as making choices.

My sister was always a responsible person, with very clear values she firmly defended, extremely generous and dedicated to her close circle, capable of fighting adversity, never surrendering, loyal and strong. Our relationship was always based on deep affection and mutual trust and it passed through all trial's closeness, differences in temperament and the toughness of life submitted us to, I wouldn't say unscathed, but, certainly, never shaken or questioned.

Looking back, with the knowledge of the problem I have today, I see there were characteristics or behaviours which could make her vulnerable to a crisis of the sort: the headstrong temperament, determined to act, the need to obtain immediate solutions, the taste for risks and for challenges, a certain attraction towards gambling, as a hobby, with no money involved, and, more recently, an excessive enthusiasm with scratchcards. But to me none of that seemed to be a symptom that could be an alert or that demanded reflexion and change.

It was with surprise and disbelief that I took notice, through her, of the first loss of a significant amount of money. She needed my economic help and it didn't even cross my mind to deny it. I didn't want her to suffer, what she had done wasn't important, not as what she wanted to do in the future and, in the future, that story wouldn't repeat itself. In earlier times (for more than one year) the anguished confession and asking for help would come at the end of the month and, basically, the question was: there was no money in the bank for the house payment and we couldn't let the problem have serious consequences involving the bank or that my brother-in-law would know about it, who wouldn't be able to handle it and could even die.

For a long time, too long, all I saw – or all I wanted to see – in all of that was a problem of not having enough money, of how difficult it was to discuss the problem with my brother-in-law in order to adopt a joint strategy, of a desperate wish to protect my niece from facts that would be very painful for her, since she was going through a difficult period of life herself. Sometimes, my sister would say things that should have made me understand that what it really was about an addiction. She accused me, for instance, of helping her materially, but what she wanted was for everything to be solved and for the problem to end, but things weren't like that. She spoke about her living hell, and she wanted me to share that with her. And I did, but I couldn't do it with her, things were inside me, I couldn't talk with other people, except, once in a while, with my wife who listened, but did not interfere or censor.

Things did not only get better, as they got worse. My sister used third parties, sold many valuable objects, humiliated herself, failed obligations, which must have been devastating. When everything was falling apart, she would act simulating normality, and went into a process of despair and self-destruction. In the middle of all that, she tried to spare us (my niece, my brother-in-law and me) of terrible moments, lived by herself courageously.

Finally, I accepted in me and before her, that there was an addiction and that she needed treatment. I knew I couldn't help her with that – she would manipulate me, in extreme situations, and I didn't have the knowledge, nor the technique or the objectivity to allow me to play that role. That was when, at a certain time, a great friend who is a psychologist came in

and provided precious help: she talked about things, shared the problems, participated in the solutions and found an adequate psychologist to guide her.

I believe when that friend appeared, to whom we were able to be entirely sincere and whose affection revealed to be bullet proof, the path was open.

An extremely painful path, especially for my sister, who is a very proud and reserved person and who had to admit before others she was facing similar problems. A path that doesn't assure definite resolution, otherwise demanding constant attention and the firm will of not managing or dosing the truth, when relating to others and to the psychologist and the group.

I know the work my sister has to do is long and that she is short on patience. I know the biggest temptation is to avoid the control of others, avoid the eyes of others and recover diligence and autonomy. I think it's still too soon. Danger peeks and we have to be prepared for a relapse, which doesn't mean it's not avoidable or that we'll be there to solve the actual problem. But we will be with her so that she can accept a transitory defeat, if she fights.

I know my sister wishes to share the financial costs that the help I gave her represented. I don't demand it, but a balanced share agreed between us seems natural and fair. But that will happen in the future, when possible. Meanwhile, I wish to have the strength to resist helping her with money, if she'll gamble again. I consider indispensable that, in what that issue is concerned, it is to be clear between the closest ones, between the psychologist and the group of people with the same problems. Everything is dependable on living with truth, I believe.

I know that, in the end, the hardest part was and is up to my sister. But I think it is important that she sees that her husband does what he can to give love and support, even though he has a different temperament from hers and also had a distinct emotional learning within his birth family. And that her daughter is standing by her, understands her, admires her and needs her, not as a perfect being, but as what she always was - «the best mother in the world». As for myself, I keep on admiring her as always and loving her as always. I can't imagine a life without her, her affection and her presence, of which I need like the air I breathe. I really want us, together, to face that ordeal, with the same complicity and certainty as ever.

J., 64 years old

Economist

TERESA, THE DAUGHTER OF MARGARIDA THE CASINO GAMBLER

I'm the daughter of a gambler, I'm the daughter of a secretary, I'm the daughter of a fighter, I'm the daughter of a funny, passionate, selfless, hardworking person, who truly appreciates the small things in life. I'm the daughter of a strong woman, I couldn't be prouder in being her daughter. For me, my mother's addiction was a reminder of why what we do must not define us, must no turn us into something, that there is no concept, role, or action that represents us. We are changeable, we are experiences, we are memories, we are what we feel, and what we do, but not just one of those things. It is the whole of what we are which breaks up into expressions that make our identity. I'm not just the daughter of a gambler, and my mother is

infinitely more than a gambler. What interested me the most was to learn why and how I could help her. After all, I also have my addictions, more disguised in their consequences (as, for example, smoking or letting out my frustration on someone who has nothing to do with what I'm feeling). As I see it, apart from everything I can be told about the reason my mother gambles, I found my answer, that brought me peace, for my truth will always just be mine, and, by sharing it, I give it as a symbol to be transcended, as I don't see it as universal in its content, but, rather, as an individual process which is also part of who I am and of who I try to be.

My mother had a hard life ever since she was little. She witnessed surprising economic cycles, social and family circumstances that unexpectedly, without farewells, would change radically. She was asked for efforts; she was asked for sacrifices and new codes. Life itself played surprises with death, and she always found herself responsible to fight, fight even when no one noticed, fight even when she promised herself, she couldn't do it anymore. And, that way, in a slightly distorted perspective of sacrifice and love, she was a silenced heroin, with little space inside her for herself.

When the crisis began giving signs of foreboding in our country, it brought nostalgia, which was transmitted to my mother, mixing repressed grief with more recent one and it became an explosive formula of emotions, worries and responsibilities, in the sense that she, once again, would solve both emotional and material tyrannies of her world and of her loved one's world. The casino, with all the lights of victory and exciting noises, I believe, for my mother was the perfect candidate. It provided money, adrenalin, hope for a better life, alienation, time for herself: a sanctuary where it was possible to unload or leave some demons and where she also had the chance of solving everything overnight. I understand. I think, above all, my mother never put herself ahead of anyone, and that materialized into a secret she thought she could control and that, simply, no one would understand. My mother always enjoyed gambling, and even I thought it was a way, an amusing way, for my mother to inject, once in a while, a little magic in life when she told me before playing EuroMillions: «Who knows, my dear, perhaps tomorrow we're in Venice». I confess I even thought it was healthy. And it probably was, until escalating from something sporadic, that, little by little, starts to gain the face of addiction.

My mother gambled for three years. At the beginning, the signs I had that something was different were the euphoria and the strange agitation I would see her in, once in a while. It was confusing to see my mother to be thrilled and very active for no apparent reason, and, even though it was odd, rationally speaking it seemed positive. But it didn't take much time for those signs to no longer not worry me – what she told me wouldn't add up, the instability was clear, the trust she passed on to me was meaningless, and I felt she was constantly imitating the person I knew as my mother. Soon the lie was in the middle of the room with no place to hide, my mother was running around, waiting for it to leave, as fast as it came in. My mother was a walking paradox. Money started to disappear into senseless specific expenses, into constant emergencies.

Just as mothers always know there's something going on with their children, children also know. The puzzle quickly got together, and here was, to me, when the gambling addiction showed itself as an anguishing pit of distress.

I wish it to be clear that the money issue was a dramatic factor in my family, but I can't lie when I say that one of the hardest things in my life was seeing the suffering overflowing from my mother, above any other consequence from that undesirable addiction. Things come and

go; my mother wouldn't come from where she was. I wasn't affected by getting to know my mother's new aspect, what was hard was to see how she would massacre herself with it as punishment, the whole day. Suffering wouldn't go away, I know that, even today, it hasn't completely peeled off from my mother.

I had unconditional love on my side, absence of any kind of judgement or disappointment, the pride I had on my mother was intact, of no use to me, how was I not able to help her? I remember one day when I fetched my mother at the casino, guided by an intuition that vibrated throughout my whole body. When I got there and she saw me, all the guilt poured down her face, humiliation, shame, rage, and disaffection which held her to my desire to hug her with our home in my arms and with full conviction that everything would get well. We shared the sadness to an extent I wish for no one. Helplessness. Helplessness before the suffering was, and still is, the biggest challenge I face with my mother. She defined herself by the casino and by the values she associated to it. I realised the question of how it helped her was the most arduous for me. I won't lie, I too felt manipulated, guilty and alone. I couldn't talk to many people, because she felt ashamed, and other members of the family also tried to deal with that problem the best way they could (that wasn't always the same as mine), about which too little is said in our society, at least, in a natural way, she was completely surrounded by self-help books with victimizing titles and not very appealing or covered up by researching in the Internet, during silent nights, to bother no one. And I had to respect that, even though I felt no shame. So how can children help? Today, I think I did the best I could and that the key to prevent and to help someone who gambles is to share what we feel without fear or guilt, to remind them that it is a disease that affects a family in various ways, that a person mustn't isolate herself and that nothing in this life can heal without help, even bearing in mind that we can only cure what lives in us alone. Remind people who gamble that gambling is a symptom, it isn't the disease itself. And that we are here in love, but also in truth. That the truth is changeable and, because of that, must be told. Guilt and comparison are the biggest obstacles and the biggest illusions.

The past cannot be a ghost, but an experience that no longer belongs to us and that cannot be a synonym of the present.

We can help in the role and the load of being the children, but we can help as people who wish to live in a society that judges less and sharing a world where distress isn't something to hide, but rather something that guides, frees and unites us. We can help when not contributing to stereotypes or to this way of living whose shrine is the image, that distortion which is manifested in uniforms that were never the same as being equal. We can help when we seek for self-knowledge, because it is what really makes us know others.

As Oscar Wilde said in *De Profundis,* « […] people who use phrases without wisdom sometimes talk of suffering as a mystery. It is really a revelation.».

Teresa, 22 years old

STOCK MARKET GAMBLER (FOREX)

I had just received approximately 3 million euros. It was the culminating of fifteen years of tireless work and dedication to the companies. I was rich, but not jobless, since I'd sold only one of the companies I detained.

I always had the ambition of being rich, but I must confess that the feeling of seeing a cheque written out to me for the amount of two million and nine hundred thousand euros got past all expectations. The feeling of invincibility absorbed my whole mind. Two years back a malignant tumor had been removed from my stomach, I had been given little hope, but I stopped struggling, and the latest tests showed that my struggle made sense. Now I was rich at last, my ego was gigantic, enormous, I felt I owned the world – I'm the greatest, no one can stop me now. I practically didn't work on the following days; I was ecstatic and focusing on where to put the money. A week later I was in London, staying at one of the best hotels, with my wife and our three children celebrating wealth. It was a wonderful week, perhaps the last one I can think of.

When I returned, I went back to my normal life, that time more relieved in time and with a feeling of well-being and safety common to times when everything is going well and we are above what goes on. However, I wouldn't stop thinking about my bank account and where I had put the money. They were low risk and low profit investments. I decided then to have lunch with my account manager. The purpose of that meeting was to go through my financial investments in order to increase profit. It was a cheerful lunch, splitting hairs most of the time, that is, if economy would keep pumping or if there would be some downturn. When we got to the actual lunch topic, I showed I wasn't happy with my investments and wanted more profit, even if for that I had to take on greater risk. I listened attentively to him talking about several financial products where he was no longer mentioning the potential win of 1, like in the investments I held, but of a potential win of 2, accompanied of «total loss of capital if things go wrong». I stayed specially tuned when he mentioned the Forex Market. I could leverage my position ten times, and it was basically about placing bets on a certain cross currency, for instance, euro/dollar or euro/pound. He explained what the potential wins were and gave as an example the following investment: if I have a capital of 1 million euros, it means I can make investments of ten times my capital, that is, in the amount of 10 million euros. Now let's imagine I bet the cross euro/dollar will go up and I buy the 10 million for 1.25. If it goes up to 1.35, I win almost 10 thousand euros. Nevertheless, he warned me that, if the opposite happened, I would lose the exact same amount and that I would have to be very disciplined taking on the wins, and specially the losses, because, if I weren't, I would risk losing all capital. I asked him how I could predict if the cross was going to go up or not. His answer was that every day data on the world economy came out and that I could form my opinion from that information. He also told me that, when I had more experience at analyzing movement charts, I could use the technical analysis to substantiate my opinion, turning my decision into a safer one. I thought it was fantastic, it would suit perfectly what I aspired for. Complementing my managing duties, with more free time now, with my gambling streak that started when I was 13, when I used to spend hours upon hours playing backgammon for money. A real shoot up, as I would say as a joke.

It was March 2004, I invested around 100 thousand euros on Forex Market. In the first month, I remember having done seven or eight trades (1 bought + 1 sold = 1 trade) and won about 500

euros. The *modus operandis* wasn't easy, but it worked. I could visualize quotes on one of those Forex platforms you can find dozens in the Internet and, based on my analysis and economic data, I would give my commands to the trading room by the phone. I was prudent and ambitious enough. I was truly praised by the trader from the bank, which encouraged me to do more buying and selling trades. The following month, I decided to increase my exposure in a hundred thousand euros. I didn't do seven or eight trades, but about fifteen. My income turned to two thousand euros. Fantastic, I thought, and doubled the investment doubled the trades and won four times more. The two following months, I kept the same level of income. In July, the first setback took place. Due to the market's shortness in cash flow (holiday period), I ended up losing forty thousand euros with an average of two daily trades. I went on holidays with a huge feeling of frustration. I had felt, for the first time, I lead myself to loss. It stressed me, I became more introspective, more worried, because, besides everything else, I hadn't given attention to the company. I was on holidays for the most of August. I enjoyed the pleasures of being rich. I rented an excellent house in the Algarve, enjoyed my *Ferrari Maranello* I had acquired a month before to the most and went to the best restaurants in the Algarve with family and friends. However, and even though I wasn't gambling then, I couldn't keep away from the phone to be constantly looking at the quotes from the euro/dollar cross, I had become specialized on.

When I got back to work, I was full of energy, but unfortunately it suddenly was focused on making easy money, sitting in front of the computer, with adrenalin running through my veins. I decided to increase my investment on Forex market in 2 million euros. I began doing four trades a day, and sometimes I wouldn't close the trade, I would leave it for the next day. Because the market works 24 hours, not rarely would I wake up in the middle of the night or wouldn't sleep to follow the quotes. I stopped sleeping well at night, clear thinking was beginning to get scarce on the following day. When I would make money I couldn't stop, when I would lose, I would lead myself to loss. In a way my personality began to change. I was no longer a calm, prudent, predictable person. I was now a stressed, bold person, unafraid and with total loss of reasonability. Cigarettes became my main tranquilizer, alcohol my inspiration and Forex the priority in my life.

Until the summer of 2005, only 100 thousand euros were left from the 2 million. I had lost 1 million and 900 thousand euros. I must say that at the time the only thing I gained was weight, I put on about 18 kilos, as a result of stress, which made me terribly hungry, and from alcohol. Adding things up, between the losses in Forex and the spending on paintings (my greatest addiction), travelling, holidays, restaurants, plus the Ferrari, 2 million and 700 thousand had disappeared from my capital. I only had 300 thousand left from the 3 million.

From the professional point of view the year had been terrible. My lack of time and concentration lead me to miss out on important business deals, which had a reflection on the company's finances. My relationship with the company's workers became cold, unfocussed and distant in a certain way. The company was actually no longer my priority. At home, I became a kind of a zombie, I hardly spoke, I looked forward to being alone, sunk into my strategic thoughts on how to recover what I had lost. I stopped communicating with my children in the same natural way and not as often as I used to. I stopped being mentally available, I had no more space inside my head. I stopped keeping up with them and asking them what their day had been like. I became stricter with punishments, and less rigorous on the reward. I stopped being a father with whom they could confide, and became a distant father. With my wife, the relationship became purely circumstantial. Demonstrations of love

were replaced by demonstrations of impatience. I wanted to be by myself, I didn't want to tell her the truth, not to her or to anybody. It was a secret of mine, I couldn't bear to suddenly go from hero to zero, I couldn't conceive not turning things around.

In September 2005, after some fantastic holidays, already without the *Ferrari*, but with all the pomp, I begin the new «term», once again full of energy and had faith that was when I would regain what I'd lost. That way, and with the purpose of gathering 1 million euros, I decided to make a loan on the house I lived in for the amount of 300 thousand euros, giving my wife the excuse, it was for some investments I had to do make in the company. I also collected 400 thousand more between friends and family without her knowledge. It wasn't difficult to get the money. People had great consideration and respect for me.

Thus, I had again a capital of 1 million euros, only that time my debt had gone up in 700 hundred thousand euros. My mood or, in other words, my addiction was at its most glorious momentum. I was good as new, full of confidence. The film repeated itself entirely, only that time the castle collapsed. I had no money left to pay the debts I had contracted, specially to the family and friends. One more million, only that time 400 thousand weren't mine. No one owned the 400 thousand euros now, they vanished. There was no way I could hide the tragedy any longer. Then a painful moment followed. For the first time, I thought of ending my life. I felt I didn't belong anywhere. I had no bed to lie down, neither could I sleep to enjoy it. I felt great regret and great frustration for not having won, for having been defeated by such an irrational and destructive instinct as addiction. I felt as if I were Satan, doing nothing but causing torment in his path.

Then came a time for picking up the broken pieces and trying to redo the impossible. I began by selling all paintings, yet diverting some money to lose it once again in Forex. I sold the company for 300 thousand euros. I told my wife it was for paying the debts. Instead, I invested again on currency, that time on one of those platforms like so many others you can find in the Internet. The allowed leverage was as high as 200. In just one month I lost all the money. I told my wife the whole truth. I remember seeing her on her knees in the middle of the street crying and screaming out of despair. She never left home, she realized I was ill, very ill, she never abandoned me, all she did was find a shoulder to cry on. Some colleague from work. When I found out, I materialized what for long was nothing but a virtual thought – to end life. On a rainy day, I got out of the house. It was late, it must have been two in the morning. It was dark, heavy rain was turning the vision distorted. I was calm, very calm, I was going to rest at last. I went in the direction of Cascais, and I felt that was the moment. I let the car go, I felt well, I felt calm, I heard the first crash onto a guardrail, I thought *that's almost it*, yet not making my heart beat faster, then hitting very hard against the guardrail. I didn't fasten the safety belt on purpose. I felt my body exploding, I couldn't breathe. A fireman who, as it happens, was in a car behind me knocked on my window, opened the door and tried to get me out of the car. He wasn't able to, he ran to the other side of the road, and I heard him shout:

- Get out of the car, get out of the car! The car is going to go on fire!

I never fainted, and for a while I felt some frustration for not having stayed asleep. I managed to get out of the car, I let myself fall onto the asphalt and then I crawled towards the fireman. I had a broken knee, a smashed femoral neck, eight broken ribs, a punctured lung, the lower jaw was broken and several cuts on the head, as a result of having broken the windshield with my head.

I was in intensive care for three weeks. I recovered. When I was discharged, my wife thanked the medical team. They said to her:

- There's nothing to thank us for, thank your husband, since he decided to live!

Nowadays, I am an employee and have been for three and a half years. Of the recent past, nightmares are all I have. I stopped smoking, I lost 25 kilos and went back to practicing sports regularly. I'm the happiest man in the world, I recovered the love of my wife and my children's respect, but mainly my self-esteem. I know I could never have trodden that path alone. Family support and specialized help were fundamental in my recovery, but be there no doubts that the supreme will to live is in us.

T., ONLINE GAMBLER (SPORTS BETS)

I am a compulsive gambler, I'm 43, I'm married and have no children, being a mid-level employee at a big firm.

I had quite a complicated adolescence, having undergone bullying (I got kicked around, my food and money would get stolen, they would spit on my hair, I was called names all the time, I would be humiliated in front of other students, they would drag me along the ditches) and also because I lost people under tragic circumstances. I took refuge in myself, since often I would turn to the sides several times and there was no one there to play with, and that hurt a lot.

During adolescence board games and card games with friends and relatives (siblings, grandmother, etc.) were constant, and l seemed to never run out of luck, since I'd win most of the time, I'd simply win. They used to say I had the luck of the devil and would lose stimulus and incentive.

When technology came about, the first computer was a *ZX Spectrum 48K*, that I quickly learned to use, not only for games (its main use) but also do programming. I kept getting better along sides with the development of computers. Computers were all around me. New games that attracted my attention came out, and I would play, and play, I would stay up nights in a row, serving to make me numb, forgetting the world around me and the bad episodes of real life. My focus were the games.

When I started working at a big firm, things were eased. I began giving all I could until I got where I am today, mid-level, and at the same time I was of support to my family, every time they needed me there, I was.

At a certain point, stock market trading and gambling appeared. I started investing on quoted shares from PSI 20, gambling on no other market, I would only go to the one I more or less knew.

In 2008, there was a crash at the stock market. It was as if someone had punched me hard on the stomach. Besides having my own stock portfolio, I had my father-in-law and my wife's. It was a cataclysm, however, I tried to hold on and didn't sell to this day. Before 2008, I actually won some reasonable amounts for several times.

All episodes I went through at a personal level, as well as the excessive dedication to work, lead me into depression and into compulsive online gambling. I still don't know until today if depression came before or after online gambling, but I have the notion that in 2009 I went into severe depression.

I began gambling with a single bet of 20 euros at an online bookmaker. It was fun, at the beginning, I actually won some bets and I thought: *That is going to get me some money to help me or, who knows, the future…* But as the situation evolved, I began losing bets. I found myself, that is, now when I look back, I was already gambling not only at one online bookmaker, but at several at the same time, I used to open several windows on Windows so that I wouldn't miss out on anything.

At that time, I was moving in a twirl, my head wouldn't stop. I would hardly sleep at night, I had acid reflux and vomiting, my body (legs and arms) felt heavy, I wouldn't eat, I wouldn't bathe, I wouldn't shave, I had nowhere to be, moving around the whole time, my hands were shaky, so were my legs, my head, etc., I had diarrhea, stomachaches, I couldn't listen to people, I lost my sense of living. My body was growing weary little by little. I thought of committing suicide at Cabo da Roca, and that plan was built in a dream, where everything felt as if it were real.

All of that went on for about a year. After that, I got better, for attending a psychiatrist and psychotherapy, I resurged with a new soul and full of energy at work, as well as on a personal level. That whole past had led me to a massive hole/shortfall, on a personal level as well as in my health, my job and financially speaking.

In the meantime, work wise, already like before I went on sick leave, I was being a victim of moral and psychological harassment, under the pretense of a forced replacement, that is, me coming out, for someone else they already had to fill my place.

About two to four months later, that is, in April of 2013, I fell back into depression, moving on to gambling.

Both in the first and the second depression I had, I became hectic with gambling, and my character flaws came out: I would manipulate, control, lie in a compulsive way to myself and to my whole family.

Gambling was world to me. When I gambled and won, great, it meant I had increased the ceiling to gamble to increase profit. Of course, it wasn't for real, since, instead of withdrawing the money, I'd leave it there to gamble again and try and win some more. I truly believed it was possible, but I would usually lose everything and even more.

Whenever I lost, I'd become nervous, I felt guilty, great anger, I'd go to bed to forget about it, but my head would begin straight away to make plans to recover the amounts I lost. It was total madness. I had two sides, the first one would be the normal one, and the other one that would destroy itself, on personal, professional, family and financial levels. I couldn't notice it, I was pushing away the ones I loved, such as family, friends, work mates, but my subconscious was linked to gambling, the most important thing in life. I wanted to recover the amount I'd lost. It was pure ignorance for sure.

I was beginning to be affected in terms of my job, becoming less productive. I wasn't meeting friends; and if I ever, did it would no doubt be to borrow money from them (which never happened). In terms of the family, I was creating more health problems to those who already

were impaired and making the ones who were well break down, needing treatment, an awful time.

At the beginning, the amounts were low, so it wasn't sizeable. However, I began raising substantially amounts I invested, and that created financial problems. I began to drain the credit cards, to ask for loans wherever possible, etc. All that, together with the strategies I created, kept me going, but little by little I was sinking, I would ask my wife for money, promising to give it back three days later but sometimes it wasn't true because my strategy would fail. After that I would turn to my father, and he didn't know what it was for.

I made my parents guarantors of a loan they didn't even know what it was for, only now they do.

I'm a compulsive gambler, without a doubt, and I'll have such a disease for the rest of my life. All I can do is soothe it, with the tools I've acquired, but keeping myself aware the whole time.

My family tried to help me, mentioning the examples of people who went through the same, but I didn't care, I knew everything.

The time came when I was in the abyss, completely desperate. Suddenly, it hit me to ask for help. I talked to Dr. Pedro about my situation, and he immediately advised me to be admitted into a clinic, and that went for my family as well.

I was admitted for four months. During that period of time, different stages of the treatment took place according to the Minnesota method, the 12 steps. I went through a denial process, then the acceptance, I fully lowered my guard and, in the end, came the inventory. I attend GA self-help group meetings twice a week.

At the beginning of September 2014, I got out, on an outpatient basis. I go to one-to-one sessions and group sessions with Dr. Pedro, to whom I thank for all the readiness, for the counseling and for following my case. I can say for sure that was my greatest asset.

Thank you very much.

HELENA, WIFE OF T. THE ONLINE GAMBLER (SPORTS BETS)

My name is Helena (fictional name) and I'm married to a compulsive gambler (T.). That's how my testimony begins, like so many others, on a theme/situation I never thought I'd be in. I'm married since 2005. A marriage considered to be normal, with happy days, others not that much, joy, sadness, laughter, arguing, etc., a bit of everything that comes of married life.

In 2009-10, when of the first depression and my husband's consecutive sick-leave and after many times being suspicious that something wrong was going on (long periods of time at the computer, alienation from everything and everybody, personality swings, etc.), I found out that T. had an online gambling problem, that being only the tip of the iceberg (I found bank accounts with abysmal amounts on the credit card making reference to that same online entity). I became sad and anguished, however, I didn't confront him straight away, but I couldn't avoid continuously thinking of that matter some weeks later, after a period of time I

was away on holidays. When I got back, he told me what was going on. He said, before a situation as such, I was free to leave him, and that he would understand it. He said he realized what he had done to both of us and that he had lied and omitted things and situations. We had a long talk and I chose to stay. He regretted it all and (apparently) wanted to put an end on the gambling situation. After several analyses of the financial situation, we decided on a loan from the bank to clear the credit cards. His parents knew about a «difficult financial situation», but we chose not to tell them the truth to spare them from heartaches. Meanwhile he kept gambling with the excuse of «" rolling" the credit card so that interest wasn't charged»… After the loan from the bank was approved and him going back to work, I wasn't aware of any other gambling situations. He would regret what he had done. He had plans to pay debts. He would put money aside and would always inform me on that, I was always alert to bank accounts, and everything seemed to be back on the right track.

However, little by little he stopped to get together with friends and family, stopped to go away on weekends and/or going out at night, cinema, walks, getting together with his nephews. All that was over all the way to the end. He lives in some virtual world apart.

In 2013, after a second depression episode and again upon suspicions that something wrong was going on (long periods at the computer, distracted from everything and everyone, etc.), I found out through the home banking what was going on once again: online gambling. After being confronted with that, he stood against me because I was controlling him and the accounts, he «did whatever he wanted to». He said «you're free to go», he also mentioned that it was a «normal» situation due to his disease (depression). There were many conversations and warnings for him to stop gambling and get adequate treatment and promises that he'd stop gambling, however never coming to an accomplishment. All the money going into his account would be thrown away on gambling. The situation got to a point that I had to ask his parents and siblings for help, in an attempt to bring him to reason. We all constantly warned him, had conversations, etc., but T.'s reaction was of indifference, of devaluation of the problem and of closing himself into his world, of abstracting himself from everything, of being silent, which is quite frustrating and sad for the family.

In April 2013, when he was confronted with the situation and again on account of my worries, his first reaction was of fury and irritability. Since September 2013, when the situation began to get more serious and unbearable, he said he would do such and such to clear the debts and the loans, but he never actually did it. He was unstoppable, constantly lying and omitting things. A certain time, after being confronted, he went out of the house and took a box of anti-depressive pills with him. After me texting him to come home and him saying he was going to take the whole box, he came back, but he was completely doped. Later, he admitted he took six or eight pills. Those same pills worked as a getaway/haven for every time he gambled and lost huge amounts of money, since afterwards he would take them and would go to sleep. I took the liberty of hiding those pills.

Lately, the atmosphere at home is terrible, we argue all the time. Unfortunately, even I lost my temper and was physically aggressive towards him, having already said sorry to him, as well as to the rest of the family. Also, lately what T. does, after he's confronted with the reality of gambling at its implications to the family, is to get out of the house not saying where he's going and not answering the mobile phone. Once he left, and afterwards he phoned his parents and siblings saying he was at a certain place with the intention of ending his life.

Afterwards he would go to his parents' house. Later he would come home to pick up his laptop to gamble. Debts and full credit cards happen all the time.

Basically, what T. did were bank loans without my knowledge, he drained the credit cards, borrowed money from me, and from his parents (telling them it was to clear the credit card), and from his brother (he gave an excuse saying it was to get the car repaired). He had to be constantly using the Internet (it's an obsession), as well as keeping up with the football world and of several championships and leagues. He made loans to clear loans, for him that is the way to solve gambling debts. Since he was on leave, he would spend long periods of time at home by himself, on the Internet having no other occupation. He went completely careless with his looks, with health, with daily routines, with the pet, etc. My head was like a roller-coaster. My torment was there every single day. We stopped talking to each other, all we did was argue, he lived in his world, at his online office, stuck to the computer. There were confrontations and conflicts every single day. Then he would end up taking the pills, and five minutes later he would be sleeping on it, tomorrow was another day. I stopped feeling like making dinner or any other meal. I spent my evenings crying. I started sleeping on the sofa in the study to be able to have some peace during the few hours of sleep. In the morning, I would get up to go to work, and most of the time we wouldn't even talk to each other since he would be deeply asleep. When we did, he would promise to stop, «it is from today onwards that I shall solve everything». On the way to my work place, I'd be crying. I'd look terrible when I got there. I work at customer service. I had to respond to all functions that my job implies, as well as attending all customers. All I felt like was crying and going home. I worked the same way and in the same dedicated way as always. Always under great pressure and constant terror, of when/how much the next blow would be.

I stopped having lunch. I used most if not all my lunch hour searching in the Internet for things on gambling, online gambling, compulsive and pathological gambling. One of the most outstanding places was Dr. Pedro Hubert's *Instituto de Apoio ao Jogador (Gambler's support Institute)*. I read all the information, all contents, rang almost every number asking for help, for information. When I talked with Dr. Pedro for the first time, I had perhaps one first notion that what was happening was *a huge problem*. It wasn't anything that would go away with time, with the investing of family and friends, with a visit to the family doctor, etc. There wouldn't be a pill for it. It was an addiction. And it had to have adequate treatment. I spoke several times with Dr. Pedro asking for his opinions and to listen to him. The most difficult: to apply them! Out of fear… manipulation (I knew that later on) on behalf of the gambler.

My parents-in-law and I, after several psychological games and manipulation, ended up convincing T. to meet with the doctor. He wouldn't have to explain a lot, if he didn't wish to, but he would listen. After that meeting, he was apparently determined, he had ideas about what to do, but never got to carry them out, because he «already knew what had to be done». Dr. Pedro told him about treatment through confinement. The truth is he never went! On the following days and weeks, he spent everything there was to spend until the last cent. It was sheer terror for some more hours, days, weeks, watching the patrimony being dilapidated without pity. It was more hours, days, weeks talking about the huge problem we had ahead of us and that for as much will he had (or not) it was no longer possible to overcome. He would have to go into confinement. As up until then, everything took such a long time, at a time when just one hour seemed to never end, until he checked on several rehabilitation centers, until talking to the director of one of the rehabilitation centers, until he stipulated one day to be admitted. I can say he gambled compulsively and destroyed everything until just before

taking the bus to the center. He checked in on the 21st of April 2014. On that same day and the following ones, I slept in a way I hadn't been able to for months: quiet and soundly, even though I was in a gigantic financial hole.

When T. was admitted, another phase came along. During the first days, he couldn't have any contact with the family, so I used that fact to readjust myself: I tried to get good nights of sleep, get the most out my working days, go for walks (by myself or with my parents), clean the house and try to sought things out from the mess they were in.

However, as everything in life, nothing is easy, for granted or linear. From when he entered the center till when he got out, on the first days of September 2014, it was a hard and constant battle. Starting with the days he called home (he could only call on some days), as it depended on his state of mind and mood at that time, the psychological games and manipulation on the phone to his family (now «I'm well and I'll stay until the therapists say so», then «I'm upset/bored and I'm leaving tomorrow»), the monthly payments issue (due to the difficult financial situation), to the reciprocal feedback between the team of therapists and the family, etc.

Meanwhile, I began to attend the nucleus of Family Anonymous (FA), close to my work place. The first day is shocking! I listened to so many different stories of people with addicts in their families. I didn't feel like talking on the first day, I just listened. On the second day I talked a little, I cried a lot and I listened. On the following days, interacting with the FA became easier, talking and listening, since they are people who understand us, yet not interfering. I learned to deal with the different situations in addiction, I read some literature on the subject… I realized I'm not alone. I learned something very important called «steady love»!... But what is that after all? How do you do it? I learned that "tough" love is a kind of love able, if necessary, to hurt the addict, not in the sense of harming him, but of showing and making him actually feel the consequences of his addiction. With steady love we are able to say: «We have gone through everything right to the limit. There will be no help from us, you are responsible for what you'll do. We love you enough to say NO to you».

It's different from getting things off your chest with most friends or work mates, who without meaning to and without deeply knowing the issue, will be judgmental, the majority of them. Presently, I stopped attending FA meetings for various personal, work and other reasons. I hope to go back, because I miss them, as I believe they miss me too.

During the time of T.'s confinement, I learned to re-program me, my mind and spirit for the present situation – I'm married to a compulsive gambler. I had to make a change in my attitude, without going against who I am and my principles. I listened, I heard opinions, etc.

T. got out of confinement on the first days of September 2014. It was strange. I didn't miss him back at home… I was possibly still upset with the way he was before the confinement. A new phase begins.

At the center, T. made a «plan of life». However, nothing is linear, everything takes time, you can't just snap your fingers. T. has the profile and personality of a compulsive gambler. We can't change someone's personality; we can only change ourselves. T. goes to GA meetings and does group and individual therapy with Dr. Pedro.

I can say I was left with traumas maybe for the rest of my life. My relationship with T. changed. You could say it has more bad days than good ones. Because of all that I went through, I

question and confront him. Due to his gambler's personality, he hides and omits situations. Help from a therapist is important to learn, on both parts, how to behave on certain situations, but that isn't it… The main thing is lacking – trust, long lost and hard to regain, the love and affection, degraded, the detail that makes a small situation turn into an avalanche of emotions and everything losing control becoming a big argument.

Will I be able to stop that at once, move ahead and be happy? Yes.

Why won't I do it? I don't know. Or actually I do, but I don't wish to know… Maybe.

A fact and one thing for sure, I don't want to live the past situations again. I have to think of myself in the first place, take care and look out for myself.

Because of all that, in my everyday life, I make no plans for the future, I live one day at a time, making daily decisions.

I don't know if things will ever be perhaps similar to when my relationship with T. began, but I also don't give it much thought. Also ,one of the very important things I learned, during T.'s absence because of his confinement and that whole process, was that it is necessary to let go of certain things and mainly of what is prejudicial to us and harms us. I have cried a lot and had a bad time, to set my mind on the idea that, if it is not possible to go any further, then it's over. «I'm very fond of you, but I'll say no.». Let go with love.

Every day I ask God for strength, faith and courage in my recovery, in order to attain serenity and sanity. I also ask for T., regardless his choices.

… JUST FOR TODAY I'll try to simply live the present day, to feel happy; I'll try to strengthen my intelligence, adjust to reality, present myself to the world the best way possible, dedicate half an hour to myself for meditation and resting, I won't be afraid.

R., OFFLINE CASINO GAMBLER (SLOT MACHINES)

The way my life changed

I had some difficulty in choosing a title for this life testimony of mine, but the truth is that my life changed a lot since I accepted my main addiction, being in recovery for little over two years, meaning, I don't gamble since the 1st of October 2012.

Until now, as far as my addict's life goes, I'm able to make out five different stages: the beginning, the disease stage, followed by the treatment, then the withdrawal and, finally, the one I'm still at, the recovery.

The beginning

Being an only child from a somewhat dysfunctional family, I reckon I had gathered in me the conditions to become an addict by nature.

I was brought up in an exemplary way, my parents were very present, always supporting me, but also maybe because of that I ended up becoming a very selfish and perfectionist person, since, if everything was given to me, a lot was also demanded from me, and, specially on what concerns my father, I always felt that what I gave was never enough.

I always had a very distant relationship with him, a very frail communication, contrasting with the very close relationship (sometimes too close) with my mother, a person with some traumas from childhood and adolescence, caused by a very strict grandmother in the way she related to others (very much like my father on that…).

At school, I was always a good pupil, at least until the 8th year, when things started to go not so well…

Worried about my performance at school, my mother decided to talk to me and tell me that it would perhaps be a good idea to see a psychologist, because both her and my father felt that something not so normal was going on with me.

I lived a lot based upon fantasies for people I imagined would complete myself someday, and I felt well that way, in a world of myself. I tended for platonic love, I conferred to people I fantasized about magical qualities and thought they would have the power to save my life.

All of that contributed for me to turn into someone very closed up in my world, very little outgoing and with little capacity to make friends.

The disease/illness

Time went by, and the relationships with others were never that dense. I would meet someone, but, whenever that person tried to go deeper, I gave up on the relationship and moved on to a new one.

I felt very alone and, even with help from psychologists, it was difficult for me to open to life. At the time I began to gamble (in 2009), I actually mentioned the addiction to a psychologist, but I think she didn't know very well how to react to it.

Gambling entered my life in a very seductive and smooth way, so that I'm not exactly able to, today, establish a border showing where both the recreational purpose and addiction lies.

The first time I entered a casino in Lisbon, I didn't even really know how the slot machines worked, so the so-called beginner's luck was actually decisive for me to start a path that led me to bankruptcy in 2011.

No one knew about that addiction of mine: nor my parents, nor the few friends I had, also because I would always go by myself to the gambling rooms.

I would sometimes be stuck to the slot machines up until 3 in the morning (the time casinos close at) for afterwards getting up at 7 in the morning to go to work the next day.

After some time, the need to gamble was huge, as I always had hope, I'd recover the money I lost. I think my greatest fear was that people in my family would find out about the money I had already lost with the addiction.

I used credit cards, made personal loans at the bank I worked in, I used to pressure bank managers to concede me more personal credits. I even asked for credit under the false pretext that it would be to buy a second-hand car…

At the end of January 2011, I managed to, on just one day, blow one wage and one holiday pay and, before the financial catastrophe, I finally asked my parents for help, who didn't know what to do to help me.

Even after that catastrophic episode, I still managed to deceive the closest one for some more time, as my addict's mind already had a plan B in order to recover the lost money and some more…

It was only in May 2011 that I was able to find the enough courage to tell a social worker from the bank about everything that was going on with me and that way get the necessary help that would bring me out of the deep end.

Not that I felt a great need to get back on my feet, but, being at that point, there was no other way to go.

Then, it was suggested for me to go to a treatment center for addictions, in order to obtain therapy almost completely financed by the bank, for a period of three months, and well away from home.

The treatment

When I arrived at the treatment center, I immediately felt everything was being taken away from me, including wallet and mobile phone… It was as if I had ended up in prison, for being a very dangerous person.

I felt very different from the people with addictions like alcohol and drugs, all of which I had never tried, and of course I had the finger pointed at me many times for noticing the differences more than the similarities.

It was in that center where I learned that addiction is an emotions' disease, known to be a primary, chronical, progressive and deadly disease.

That time was a particularly difficult one, more so because I was four and a half months away from home (treatment ended up being extended for a month and a half more). Only once in a while was we allowed outings, according to a previously defined plan.

I had the opportunity to learn the 12 steps Minnesota method, an essential key in treatment for any type of addiction.

However, and because I was lucky that the time, I was at the treatment coincided with the summer of 2011, I felt as if I had gone on holidays to a different and closed place, a kind of Big Brother for addicts.

The most painful moment during that time might have been when my parents went to the center for the so-called family conference, at a more advanced stage of treatment, and that I dreaded a lot.

Actually, my co-addiction feelings towards my parents didn't allow me to tell them what I really felt, and they did most of the talking. In October 2011, I was released from the center, not before being told by a counselor that I should then be ready to begin treatment, which wasn't at all untruthful.

The withdrawal

That was a somewhat critical time, as I already expected, because, while I was at the center, I was protected from everything that went on around me in a way, the challenge was actually to start a new life.

At the same time, I was trying to follow the suggestions I had been given during treatment (attend GA meetings, find a sponsor, ask for help any time I felt the need), I would always find time to buy some scratchcards.

No wonder that way the withdrawal stage would be accompanied by a few relapses, and the main ones happened in February and October 2012.

Both relapses had the fact that they happened during or just after a trip in common. There's no doubt that a change in routines is always a decisive factor which contributes for you to want to do what you must not.

But at that stage I began also to find help with a psychologist specialized in addictions, who until today supports me with this daily struggle.

At a professional level, things didn't go that well either, for I wasn't very happy with the working atmosphere I had before beginning treatment (the same one when I ended treatment). In January 2012, there was a switch but it didn't go that well also, and therefore it was only in July of that year that I was able to finally have some stability work wise, at a department with a much more pleasant atmosphere.

That withdrawal stage was also characterized by some dazzlement of all the surrounding of the 12 steps program, as my somewhat childish ingenuity would lead me to believe I was cured from everything.

Even though I attended many meetings (Narcotic Anonymous, Sex and Love Addicts Anonymous, Gamblers Anonymous and Co-Dependents Anonymous), did a lot of service and sought a lot for help, I wasn't 100% in on the program yet, having therefore had those relapses which didn't make me feel ashamed though, instead they gave me strength to keep going.

The recovery

That is the stage where I'm still at that has been characterized by many discoveries made and challenges, starting with my personal life.

One of the things I have felt I need the most is to plan my free time thoroughly. I attended post-graduation in an area I saw as interesting and where I might be able to work at someday, the event planning area.

On the other hand, I started to practice "Bio dance" an activity where self-knowledge gains another dimension, together with dancing, one of my greatest passions, which had been left asleep with gambling.

I also started singing at a gay and lesbian choir, a lot because of my therapist insisting on it, since he thought (and well) that to recover it would be essential to get close to people with the same sexual orientation.

Well, any activity that may feed the emptiness left in me by the absence of gambling is very important in this life-learning experience of mine.

That is of course done one day at a time and with no hurries, which happens to be the greatest challenge ahead of me, since I gambled as a way to respond to anxiety, which was revealed to be of great expense.

Today I finally know what the word *freedom* means and I know that, if I take one first step inside a casino, I'll never come out, so the best is actually never stepping inside and instead chose the way of freedom and of a sane life.

L., LOL VIDEOGAMES GAMER

I always lived a hundred kilometers away from Lisbon. My parents are high school teachers and also worked hours tutoring. I was always a good pupil, even though I didn't study much. All I needed was to listen to classes and do the assignments. I have an older brother who showed me the new technologies.

As soon as I'd get home, I'd get together with him and we would play all types of games on the PlayStation and on the videogame's consoles. At that time football was the most appealing to me, in FIFA.

I also started to watch cult series, downloading them or being very accurate on the day and time they showed on television.

As I was always fond of music, I became a YouTube regular, among other channels. I would also spend some time on Facebook.

I was always very shy, reserved, I would blush a lot when exposed in classroom or if I had to talk to a girl. I always thought of my looks as not being very attractive and as with little motor coordination. On the 12th year I had a girlfriend for some weeks, but it went very badly. I was glad I went to Lisbon to study: computer engineering. In the first year, I finished a few courses, but that degree was demanding, classes required group assignments, contacting with others, to be in groups and speaking. I felt the others were more capable than I was.

Since then, I used to stay more and more in the room my parents rented for me to be in Lisbon studying. The *World of Warcraft*, that later on I replaced with the *League of Legends*, little by little became the priority in my life. I would dive into that world, where I became very good at and highly appreciated by others. I was asked to be part of great teams and participated in international tournaments. I went up on rankings, and my self-esteem triggered. My studies went the opposite way. I actually thought about turning professional on the *LoL*: I reinforced skills, I was listened to, I was requested, I was really good at it and I felt fully satisfied and happy. The world outside was gloomier each day.

I woke up when my parents confronted me with my grades… the ones I didn't have… I should be doing my master's degree by then, and as it turned out after all I was on the second year, and it was yet unfinished.

I was in a dome, in another world where I switched from seven to eight hours of gaming a day to the same hours discussing moves at forums, watching other nerds playing, with comments on Facebook and watching some television series to rest.

Apart from the lost years, the depression was what increased (it was here already). An exacerbated incapacity to be with others, an overwhelming feeling of incapability, inadequacy and of fear of following through with my academic life and starting professional life. I felt and feel scared.

Sessions helped me, but I wasn't able to react in a vigorous enough way. I went back to my parents' house without finishing the course (they got fed up and don't pay any more for the room and the Internet). I don't have a computer or Internet at home and I do some hours working as a bellboy. It is a tough reality, but I feel more connected to people and to things now. The psychologist asked me if I felt «in dissociation». Yes, it's more or less that. It's as if I were looking at everything from the outside…

CARDANO, 16th CENTURY

«Along several years I gambled, not uninterruptedly, but, I'm ashamed to say it, every day. That way I lost my self-esteem, my belongings and my time… Even though gambling was diabolic in itself, yet considering the great deal of numbers at stake, it would seem a natural devil. For that reason, it should be discussed by doctors as if it were one of those incurable diseases… The great advantage in gambling will be of not gambling at all, since there are so many difficulties and possibilities of losing, that nothing better than not to gamble»

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