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Pathological Gambling and Co-dependence

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ABSTRACT:
Pathological gambling is one of the addictions that is widespread in our society, but despite its seriousness, it does not receive sufficient attention. The economic consequences of pathological gambling are comparable to other addictions, although in the overall context, their economic impact is much greater. The social consequences of pathological gambling are even greater than in case of other addictions, as pathological gamblers mostly have a family, and because of their dependence, their family often becomes dysfunctional, with all the related consequences. There exist several effective treatment approaches to treat pathological gambling, as in the case of substance dependencies. For an understanding of pathological behaviour in online games and digital games, it is also necessary to understand the development of related phenomenon – pathological gambling. The aim of this article is to briefly describe pathological gambling and co-dependence.

KEY WORDS:
addiction, co-dependence, family, games, pathological gambling.

Introduction to pathological gambling

Play is a natural part of human life. People have been playing since time immemorial. Dutch historian Johan Huizinga in his original work „Homo ludens“ presented the view that human culture originates and develops in the game and as a game. The game can be understood as a means of creating anchor frames, searching for meaning. The game is a means, a method, a way of knowing, developing knowledge, verifying this knowledge. The game is necessary for a future possible way of existence, „learning“ communication, abilities, forming attitudes and behaviour. All this is accompanied by psychological gains, by experiencing pleasant feelings, excitement states, satisfaction from play itself or possible winnings, by releasing intrapsychic tension. In addition to the development of computer skills, computer games have many other positive effects – development of memory, thinking, collaboration with others, coordination of movements, attention. They can be used as a learning tool.

Nowadays, computer games are part of the entertainment industry. The Internet has enabled access to gambling - the player can play right from his home, no one can see him or her playing. The first online casino was created in 1994. In recent years, the number of site operators, which allow players to join gambling in real time, 24 hours a day, has risen sharply. Favourite online gambling games include poker, casinos, sports betting, bingo or lotteries. In online gambling, the player is motivated by the lure of profit. This, at the same time, requires the player to put his money into the game. Participation in gambling is forbidden to persons under the age of 18. Online gambling differs from digital games primarily in terms of its constant availability, easy access and ability to bet for uninterrupted periods in private, facilitated by the interactive environment and internet environment. Gamblers who play in online as well as digital games appear to have the greatest risks of harm, which is related to their greater gambling involvement. It may thus be a mistake to look for characteristics that are common to all gambling activities and constitute their

essence, because there is no essential characteristic common to all games. Instead we should look at the ways in which some games and some gambling activities resemble each other in some respects but not in others, as do members of the same family. The most fundamental difficulties arise from two features peculiar to online gambling. The first is that new communications technologies make it possible for people to gamble anywhere in the world and, in particular, in the privacy of their own homes. The second is that e-gambling services can not only be consumed anywhere in the world; they can also be supplied from nearly anywhere in the world.

One should see online gambling as essentially part of the home entertainment business, whose future will be closely allied to the future of that whole industry. Presumably, like the rest of the entertainment industry, growth will be closely related to increases in the amount of time and money that people have to spend on recreation. Even when people can gamble at home with greater ease than at present, I would still expect there to be a large number of people who will prefer, either regularly or occasionally, to go out to a casino or other venue where they can play the games of their choice or bet on sporting and other events as they watch them. As long as, and to the extent that, going out to gamble remains an attractive option when people want to go out to have fun, the land-based industry will continue to flourish. On the other hand, gambling is predominantly an activity that is popular with the less affluent, and there is some reason to think that the popularity of all types of gambling—especially machine gambling—will decline. This relates to the kind of gambling that is likely to be popular as home entertainment. Already it is significant that at virtual casinos, machine gambling is far less popular than table games, a trend that is the reverse of the situation at land-based casinos. It may also be expected that people who have grown up playing TV and computer games will want to play adult gambling games that require a higher degree of intellectual or manual dexterity than is offered by fruit machines.

In the context of the present article, we are focusing on the „dark side of the games" and we deal with the problem of when the game ceases to be a positive phenomenon and becomes negative – a psychopathological disorder that requires treatment intervention. The fact that a person develops pathological gambling cannot be explained solely by one cause, similarly to other phenomena of social pathology. Contemporary science rejects mono-causal theories and emphasizes an interplay of several factors of bio-psycho-social nature.[1] Gambling is an activity based on impulses, without awareness of consequences. It is typical for gambling that the gambler can buy the opportunity to win. Gambling is a common activity performed in public in most countries. A gamble, as stated by Nešpor, Marhounová,[2] is a dialogue with one´s environment that contains an element of experimentation with other people and with one´s own abilities. This gamble has its own model and its own logic, but the addicted player ceases perceiving the gamble and pays attention to the model behaviour that absorbs him or her. Thus, the player does not realise his or her losses, and loses control over the gamble.

According to a survey conducted in 2008 in the Czech Republic, 32% of pathological gamblers reported experience with slot machines, casinos and sports betting before the age of 18. Gambling caused the pathological gamblers the greatest problems in the areas of finances in 97% and in the family in 89% of the respondents. Mental health issues related to gambling were also common (79%), and so were work-related problems (57%).[3] In a survey conducted among patients treated at Predna Hora, results show that more than 50% of respondents have their first gambling experience before the age of adulthood. Gambling on slot machines is the most common type of gambling (80%). Some of the most frequent consequences of gambling included relationship problems in 92% and financial problems in 84% of the pathological gamblers. 92% agreed with banning gambling advertising as it is a risk factor of craving.[4] The definition of pathological gambling according to ICD-10 is: for at least one year, two or more episodes of gambling occur in a person. These episodes are not profitable for the person; however they are repeated despite the fact that they cause distress and disrupt everyday life. The person describes a strong compulsion to gamble, which is difficult to control, and states that he or she is not able to resist gambling by the force of their will. They are absorbed in the ideas and fantasies of gambling and in circumstances accompanying this activity.[5]

There were postulated „positive support" models, based on the premise of the initial positive experiences that stimulate the individual to display repeated responses. The main „positive support" for the player is the fantasy of winning money.[6] Sharpe argues that in a depressed individual, the motivation to gamble can come from the desire to dispel experienced stress, or a need to get rid of unpleasant states.[7] „Configuration of certain personality traits can promote pathological gambling, similarly to the way other impulse disorders significantly contribute to other addictions".[8] The analysis of the biological and neurobiological aspects related to problem gambling is relatively new compared to research into other factors. Studies suggest that numerous systems of neural pathways play a role in pathological gambling. According to Ibanez et al.[9], there exists evidence of the role of serotonin in gambling. It appears that certain occurrence of this substance and substances related to it correlate with high levels of impulsivity. There exist also associations of pathological gambling with the dopamine mechanism. The dopamine mesocortical limbic system forms the basis of reward and reinforcement in both healthy and disordered states. According to Comings and Blum, studies indicate that psychological states experienced during reinforcement originate in the release of dopamine from the Diencephalon.[10] The main symptom of pathological gambling is repetitive, persistent gambling, which continues and often escalates despite the unpleasant social consequences, such as weight loss, disorders in family relationships and disruption of family life. A number of mental disorders need to be distinguished from pathological gambling in the process of differential diagnosis. Most commonly, these mental disorders are induced by the effect of alcohol.[11]

In pathological gambling, the course of actions itself is ego-syntonic, that is, it corresponds to a conscious wish, unlike in the case of ego-dystonic behaviour in obsessive-compulsive disorder, when a patient does not feel good during their obsessive or compul-

1 PRUNER, J., HRONCOVÁ, J.: *Pedagogické a psychologické aspekty patologického hráčstva.* Zvolen : Pedagogická fakulta UMB v Banskej Bystrici, 2009, p. 239.
2 NEŠPOR, K., MARHOUNOVÁ, A.: *Alkoholici, feťáci a gambléři.* Praha : Empatie, 1995, p. 110.
3 NEŠPOR, K., SCHEANSOVÁ, A.: Názory patologických hráču na legislativu týkající se hazardních her a jejich zkušenosti s jejím dodržovaním. In *Alkoholizmus a drogové závislosti*, 2008, Vol. 43, No. 2, p. 119.
4 BENKOVIČ, J., MARTINOVE, M.: Hazardný priemysel v SR a jeho dôsledky z pohľadu patologických hráčov. In *Alkoholizmus a drogové závislosti*, 2011, Vol. 46, No. 5, p. 303.
5 KONČEK, V., FERIANEC, V.: *MKCH-10. Medzinárodná štatistická klasifikácia chorôb a príbuzných zdravotných problémov. 10. revízia: Príručka.* Bratislava : Obzor, 1993, p. 75.
6 PRUNER, J., HRONCOVÁ, J.: *Pedagogické a psychologické aspekty patologického hráčstva.* Zvolen : Pedagogická fakulta UMB v Banskej Bystrici, 2009, p. 239.
7 SHARPE, L.: A reformulated cognitive-behavioral model of problem gambling. A biopsychosocial perspective. In *Clinical Psychology Review*, 2002, Vol. 22, No. 1, p. 20-22.
8 PRUNER, J., HRONCOVÁ, J.: *Pedagogické a psychologické aspekty patologického hráčstva.* Zvolen : Pedagogická fakulta UMB v Banskej Bystrici, 2009, p. 84.
9 IBANEZ, A., BLANCO, C., SAIZ-RUIZ, J.: Neurobiology and genetics of pathological gambling. In *Psychiatric Annals*, 2002, Vol. 32, No. 3, p. 183.
10 COMINGS, D. E., BLUM, K.: Reward deficiency syndrome: genetic aspects of behavioral disorders. In *Progress in Brain Research*, 2000, Vol. 126, No. 1, p. 331-332.
11 KONČEK, V., FERIANEC, V.: *MKCH-10. Medzinárodná štatistická klasifikácia chorôb a príbuzných zdravotných problémov. 10. revízia: Príručka.* Bratislava : Obzor, 1993, p. 75.

sive course of actions.12 According to Nešpor,13 the stages of development of pathological gambling are as follows:

- Stage of winning: casual play, frequent fantasies about great winnings, inappropriate optimism, more frequent winnings, blissful excitement before and during gambling.
- Stage of losing: Thinking mainly of the game and inability to stop gambling, playing alone, thoughts are focused only on gambling, loss of control, lying, neglect of a family or partner.
- Stage of despair: raising of bets, time spent playing becomes longer, loneliness, feelings of guilt, blaming others, remorse without concrete steps to change, suicidal activity, illegal actions.

Similarly to the stages of alcoholism, the course can be atypical. There exist cases when the pathological gamblers were able to keep their gambling secret for quite a long time. Hupková states that there are three types of pathological gamblers:[14] 1. *Social gamblers* – they play for financial gain or due to a short-term life crisis, addiction if not fully developed in them; they are able to stop gambling when they lose a predetermined amount or when they experience problems due to gambling. 2. *Gamblers with personality disorders* – they have low stress resistance, difficulties with self-control, they act impulsively, quickly and unwisely, they have difficulties to adapt to reality and escape into problems, they typically do not feel guilty about gambling. 3. *Players with low self-esteem* – the game is for them a way of releasing tension and anger that accumulates in them due to avoiding conflicts with specific people, playing gives them a feeling of higher self-worth, after gambling they feel guilt and shame.

Consequences of pathological gambling

A family member who is addicted to gambling significantly disturbs family life, as well as the lives of other family members. Pathological gambling puts in danger the fulfilment of the basic functions of the family. Children of gamblers or other parents with other dependencies (alcohol, drugs...) are more vulnerable to addiction than children of healthy parents. These children are typically very anxious and fearful. Because of long-term stress, they are more often sick; at school and among peers, they are less successful. Due to premature "adult worries" they more rarely experience joy, and they are more prone to deviations in mental development, which can even lead to mental disorders. Children of gamblers have problems with assertivity among peers or may be overly aggressive. They commonly experience feelings of fear, disappointment, loneliness, rejection, helplessness, uncertainty, and guilt about the desperate situation. Many problems, especially low self-confidence, accompany them into adulthood.

Similarly to the life of children, the partner's life also depends on the gambler's winnings and losses, his or her mood swings due to winnings and losses. This is termed the co-dependence of relatives. The family atmosphere is filled with tension, conflicts and disturbed communication. Occasionally it is refreshed by glimpses of hope that the situation will improve. After many vows and disappointments, relatives may give up efforts to solve the problem, and by their passivity they actually maintain the gambler and themselves in addiction. In other cases, the gambler's partner chooses relief for themselves and their children in the form of breaking up or divorce, and the family disintegrates. It is important to point out that together with the gambling member of the family, the entire family „becomes sick". The real solution to the worsening situation is therefore the treatment of gambling addiction by professionals. Similarly, it is necessary to provide assistance to relatives of the gambler, in order to break the vicious circle of co-dependency and in order for them to actively participate in the recovery process. For them, family members are often part of the groups of recovering gamblers.

Family with a dependent member

According to Gjuričová and Kubička,[15] our lives within families are not only governed by our voluntary decisions; they take place under certain social conditions, habitual behaviours and the meanings that are associated with them. „Family homeostasis" refers to the concept that family is a system which is closed in order to maintain a relatively stable state such that if the whole system or part of it is subjected to balance-disturbing forces, the previous equilibrium is restored by feedback. This occurs during points of crises in the cycle of family life or after significant changes in life.[16] According to Munichin,[17] the family can be functional or dysfunctional depending on how it can adapt to different stressors, which in turn depends on the clarity and reasonableness of the boundaries of its subsystems. In healthy families, parental and children´s borders are clear and semi-diffusional, allowing parents to interact with children with a certain amount of authority and to negotiate methods and goals of parenthood with them, which are sufficiently clear and non-complicated from the point of view of the children.

Ritvo and Glick[18] note that individuals, but also family systems have characteristic patterns to combat stress. The first form of family defence is to create and strengthen adaptive mechanisms that the family has used in the past. White[19] states that serious family problems such as addictions, abuse, family secrets or other major stresses cause chaos and place the family at risk. Lindenmeyer[20] describes family processes in alcohol dependence and mentions adaptive mechanisms of families with an alcohol-dependent member - family closure towards the outside world in order to avoid the negative consequences of drinking, or to hide them; a change in the division of roles, taking over the duties of the dependent person in order to release them from burden and, at the same time, for the family to protect itself from the consequences of the dependent person´s unreliability; obsequiousness and avoiding conflicts with the dependent person in the hope that this will reduce the consumption of alcohol but also to prevent the increase in alcohol-related violence. The family with a member who is dependent on a psychoactive substance is severely criticized by society. The family suffers for something which is not its fault, says

12 ŽIVNÝ, H.: Patologické hráčstvo a jeho terapia. In OKRUHLICA, Ľ. et al.: *Ako sa prakticky orientovať v závislostiach.* Bratislava : Inštitút drogových závislostí pri Centre pre liečbu drogových závislostí, 1998, p. 276.
13 NEŠPOR, K.: *Už jsem prohrál dost.* Praha : Sportprag, 2006, p. 130.
14 HUPKOVÁ, I.: Vybrané aspekty problematiky patologického hráčstva. In *Sociálna prevencia*, 2009, Vol. 58, No. 2, p. 16-18.
15 GJURIČOVÁ, Š., KUBIČKA, J.: *Rodinná terapie. Systematické a naratívne přístupy.* Praha : Grada Publishing, 2003, p. 184.
16 RITVO, C. E., GLICK, D. I.: *Párová a rodinná terapia. Stručný sprievodca.* Trenčín : Vydavateľstvo F, 2009, p. 198.
17 VALKOVIČ, I.: Salvador Minuchin a jeho štrukturálna rodinná terapia. In *Empatia Bulletin*, 2007, Vol. 14, No. 4, p. 20.
18 RITVO, C. E., GLICK, D. I.: *Párová a rodinná terapia. Stručný sprievodca.* Trenčín : Vydavateľstvo F, 2009, p. 198.
19 WHITE, L.: *Foundations of Nursing.* Clifton Park, NY : Delmar Cengage Learning, 2005, p. 1762.
20 LINDENMEYER, J.: *Závislosť od alkoholu. pokroky v psychoterapií.* Trenčín : Vydavateľstvo F, 2009, p. 137.

Jílek.[21] Many authors share the view that if someone in the family begins to use drugs, not only he or she becomes addicted. The entire family becomes sick and suffers from this.[22] [23] Janíková states[24] that the family in which the dependent person lives becomes co-dependent and the changing personality of the family member with dependence changes the functioning of the household as well as the mental states of other family members. Pavelova agrees with this view.[25] According to her, family, relatives, friends, employers and colleagues, all suffer from the behaviour of the person with dependence. The entire family is affected, entangled in the consequences of the disease and is itself secondarily dependent. According to Whitfield,[26] co-dependence is not the most prevalent addiction, but it is the base from which all our addictions develop. In the background of almost every addiction, there is co-dependence.

Dependent and co-dependent behaviour is characterised by a denial of reality, poor estimation of one´s own abilities, over-estimation, accusation of the others, reproaches towards other people, which are based on the idea of restraining the dependent person´s power, disdaining the opinions of others, self-deception, blaming others that they lack thankfulness, exaggerated care, and manipulation of others towards life according to one's own preferences.[27] According to Jílek,[28] the „rescuers" of the addicts have a problem with accepting the fact that events do not go according to their preferences. Events take their own way, and we can help them and watch them until they stop rolling like an avalanche, and then we can save those who are stuck. As far as someone walks through places where there is an avalanche risk, we can warn them; we cannot remove them from there by force. The result of such effort would be that they will put up resistance against us. A co-dependent person is one who is "influenced by the behavior of the other person and feels the urge to control the behaviour of the other person".[29] "Co-dependence is a reactive process. Co-dependent persons are reactive people and their behavior is a reaction, seldom an action".[30] According to other authors, co-dependence is not a disease; it is a normal reaction to abnormal people.[31] Others claim that it is a chronic disease. Beattie[32] states that co-dependence is a disease. This is due to the fact that the behaviour of the co-dependent person and his or her other destructive forms of behaviour become a habit. The co-dependent individual repeats these habits without thinking. The co-dependent person develops an addictive system of thinking, feeling and behaviour, which causes them pain.

21 JÍLEK, J.: *Ze závislosti do nezávislosti (spoluzávislí a nešťastní).* Praha : Roční období, 2008, p. 223.
22 KREDÁTUS, J.: Rodina a závislý člen. In *Čistý deň*, 2004, Vol. 2, No. 2, p. 6-7.
23 JANÍKOVÁ, K.: Rodina so závislým členom – postihnutá rodina, alebo čo otvára bránu k etiketizácií rodiny s drogovo závislým členom. In *Prevencia – informačný bulletin zameraný na prevenciu sociálno-patologických javov,* 2007, Vol. 6, No. 2, p. 69-70.
24 JANÍKOVÁ, K.: Rodina so závislým členom – postihnutá rodina, alebo čo otvára bránu k etiketizácií rodiny s drogovo závislým členom. In *Prevencia – informačný bulletin zameraný na prevenciu sociálno-patologických javov,* 2007, Vol. 6, No. 2, p. 70-71.
25 PAVELOVÁ, Ľ.: Základné funkcie rodiny v kontexte závislosti od alkoholu. In *Čistý deň*, 2006, Vol. 4, No. 2, p. 24-25.
26 WHITFIELD, CH. L.: *Co-dependence: Healing the Human Condition: The New Paradigm for Helping Professionals and People in Recovery.* Florida : HCL, 1991, p. 327.
27 JÍLEK, J.: *Záchránci a nezachránění (1).* [online]. [2018-02-15]. Available at: <http://www.bud-fit.cz/zavislosti/zachranci-a-nezachraneni-(1)/>.
28 JÍLEK, J.: *Záchránci a nezachránění (3).* [online]. [2018-02-15]. Available at: <http://www.bud-fit.cz/zavislosti/zachranci-a-nezachraneni-(3)/>.
29 BEATTLIEOVÁ, M.: *Koniec spoluzávislosti. Prestaňte kontrolovať druhých a začnite sa starať o seba.* Trnava: Spolok svätého Vojtecha, 2006, p. 47.
30 LASKOVÁ, Š.: Kodependencia. In *Psychiatria pre prax*, 2007, Vol. 2007, No. 4, p. 164.
31 BEATTLIEOVÁ, M.: *Koniec spoluzávislosti. Prestaňte kontrolovať druhých a začnite sa starať o seba.* Trnava : Spolok svätého Vojtecha, 2006, p. 280.
32 Ibidem.

The co-dependent person is characterized by at least three of the following features: depression, insomnia, alcohol and/or medicines abuse, denial of reality.[33] The co-dependence has 4 stages – initial stage (we take care of others, in order to gain self-respect which was lost by living in a dysfunctional family), obsession (we want our partner to change their habits, we threaten him or her, we feel that we're the reason of the partner's problems, and we condemn ourselves for that), secret life (we hide the bad behaviour of the partner, we are watching him or her, we feel responsible for the partner) and the last stage – loss of control (we control partner's eating by force, we fight with him, we react violently and lose self-control). Beattlieová[34] states that every co-dependent person must pass through all these stages. Hollis[35] quotes Fritz Perls that "the only way out leads through this process". The first step towards change is becoming aware of reality and the second step is the acceptance of the reality.[36]

Treatment of pathological gambling

The course of treatment is similar to that of other addictions. The ideal treatment is characterised by a multidimensional approach, aimed at managing the somatic, psychological and social symptoms of the disease. In general, treatment can be inpatient or outpatient. Due to some similarities with alcoholism, similar treatment methods are often implemented as in the case of alcohol treatment, mostly in combination with individual psychotherapy, focused on motivation and on obtaining an insight into the disease. At the same time, it is necessary to treat possible accompanying disorders, especially depressions, manias, and psychoactive substance use. It can be concluded that only a person who has problems and wants to solve them, can be treated, i.e. only a person who does not only need treatment but wants to be treated. A prerequisite for treatment is an insight into the disease, the realisation that without treatment the patient cannot manage himself or herself and, last but not least, the willingness to cooperate.[37] The basic therapeutic strategies used in the treatment of pathological gambling include: psychoanalysis, pharmacotherapy, paradoxical intention, aversion therapy, systematic desensitisation, subconscious desensitization, stimuli control, behavioural counselling, supportive therapy, problem-centred treatment, marital group therapy, cognitive restructuring and cognitive-behavioural therapy (CBT). Basic therapeutic strategies are complemented by equally important additional procedures in the treatment of pathological gambling such as: motivational training, dynamic therapy, relaxation, techniques to increase self-confidence, relapse prevention, behavioural training, psychodrama, art therapy, working with the family, physical exercise and yoga as a means of improving the emotional state and as part of a healthy lifestyle, legal counselling, long-term aftercare, self-help groups of anonymous gamblers, and pharmacological interventions as a supportive treatment.[38] Pathological

33 HRKOVÁ, G.: *Liečebnica. Spoluzávislosť – kozávislosť.* Malacky : PUBLIC, 1998, p. 28.
34 BEATTLIEOVÁ, M.: *Koniec spoluzávislosti. Prestaňte kontrolovať druhých a začnite sa starať o seba.* Trnava: Spolok svätého Vojtecha, 2006, p. 280.
35 Ibidem, p. 162.
36 Ibidem, p. 280.
37 ŽIVNÝ, H.: Patologické hráčstvo a jeho terapia. In OKRUHLICA, Ľ. et al.: *Ako sa prakticky orientovať v závislostiach.* Bratislava : Inštitút drogových závislostí pri Centre pre liečbu drogových závislostí, 1998, p. 276.
38 NÁBĚLEK, L.: Nelátkové závislosti. In ONDREJKOVIČ, P. et al. *Sociálna patológia.* Bratislava : VEDA, 2009, p. 580.

gambling manifests itself in the affected individual in physiological changes, changes in thinking, changes in the emotional area, behavioural changes, and changes in social life, and therefore all treatment programmes should also take into account these factors.

Generally speaking, the goal of therapeutic approaches is to change specific behaviours that prevent a person from existing independently. Concrete goals of the treatment are determined by a therapist together with the person with dependence, these goals are then included in the therapeutic contract. The therapist helps the patient to find a way how to think more constructively and how to limit the impact of disease symptoms on their behaviour. The patient learns how to understand the symptom of his or her disease (possibly also its triggers) and to test them. The therapist helps him or her reduce the degree of discomfort, the impact of the symptoms on their behaviour, the symptoms frequency as well as the degree and conviction of their „truthfulness".[39] According to Prochaska and Norcross,[40] the therapeutic relationship has the greatest share in inducing change, among all effective factors in psychotherapy. According to Deitch[41] the therapeutic relationship is the factor of change. It brings into therapy themes, whose content is relationship and obstacles in relationship, transference, and misunderstanding. The therapeutical relationship, according to Mikota,[42] is corrective and, for the client with the addiction, is an exception in the client's generalized and deeply rooted distrust of other people and conveys the importance of real interpersonal relations, which were, until now, functional relationships for the client. In CBT, a wide-spread method of working with addicts is relapse prevention[43] as well as motivational interviewing according to Miller and Rollnick. Relapse prevention is conceptualized as a short-term complementary therapy that seeks to promote self-control in a client with a dependence problem. Relapse prevention is based on the theory of social learning, cognitive therapy, and on lifestyle change approaches and behavioural skills training.[44] Tate, Brown, Unrod and Ramo claim that many relapse prevention programs focus on the most prominent, so-called „active", emotions (such as, for example, anger, frustration and agitation), but for clients with an associated diagnosis of depression or posttraumatic stress disorder, relapse prevention should also include addressing the "more passive" painful affective conditions (e.g. sadness, guilt and insecurity), which proved to be significant causes of return to drug use in these individuals.[45]

Family therapy is part of the treatment in younger patients, but also in adults who live with their parents. After being discharged from hospital, the patient returns to the environment where his mental disorder actually started. Some family problems may be the cause of the first onset of a mental disorder; others may trigger repeated episodes of the disease and thus perpetuate its symptoms. Family psychotherapy is based on the basic assumption that if we cannot influence the environment in which the patient lives, we cannot change his or her problems and solve them. Also here, the rule is that the main initiator and performer of the changes is the family itself; the family therapist only takes on the role of a "guide." The experts agree that family therapy supports the client's ability to complete treatment and improves the treatment outcomes.[46] In addition to the satisfaction and recovery of the family member, the family can benefit, in the first place, from overcoming the feelings of failure, shame, guilt, anger, accusation and self-blaming, but also from increased competence in coping with problems and strengthening the sense of belonging (including the sense of belonging with the client). For the family and relatives it is often difficult to find the right amount and form of motivation for the patient to be active at home or outside the home. It is a mistake to force him or her into something for which he or she does not feel the self-confidence yet. It is advisable to leave up to him or her the decision whether and to what extent he or she will participate in the activities. Family and close friends should give the patient a clear indication of their support and, by that, help him or her to gradually build up their lost self-confidence and self-trust.

39 PRAŠKO, J., MOŽNÝ, P.: Kognitivně behaviorální terapie. In VYBÍRAL, Z., ROUBAL, J. (eds.): *Současná psychoterapie.* Praha : Portál, 2010, p. 744.
40 PROCHASKA, J. O., NORCROSS, J. C.: *Psychoterapeutické systémy.* Praha : Grada Publishing, 1999, p. 476.
41 KALINA, K., MIOVSKÝ, M.: Psychoterapie v léčbě závislostí. In KALINA, K. (ed.): *Základy klinické adiktologie*. Praha : Grada Publishing, 2008, p. 388.
42 Ibidem.
43 Ibidem.
44 NAJAVITS, L. M., WEISS, R. D.: Variations in therapist effectiveness in the treatment of patients with substance use disorders: an empirical review. In *Addiction*, 1994, Vol. 89, No. 6, p. 681-682.
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Conclusion

In the past century, gambling has undergone a profound transformation in the types of games available, accessibility, widespread acceptance, and appeal. Once regarded as economically marginal, politically corrupt, and often morally dubious, it was now become widely accepted by society as a socially acceptable form of entertainment and a significant generator of revenues for both the industry and governments. The expansion of gambling worldwide is an enormous social experiment with obvious social and personal costs. Pathological gambling is one of the dependencies widespread in our society but, despite its severity, is not getting sufficient attention. Although most people gamble occasionally for fun and pleasure, gambling brings with it inherent risks of personal and social harm to the same vulnerable and susceptible individuals. Pathological gambling is a multifaceted rather than unitary phenomenon. Variations in the motivations and characteristics of gamblers, and in gambling activities themselves, mean that findings obtained in one context are unlike to be relevant or valid in another. In essence, addictive disorders represent the outcome of a complex interplay of multiple factors – a paradigm that resembles the public health triad of host, environment, and agent. Thus, the types of games played also impact the development of gambling problems.

Dependence is a complex disorder; how an individual becomes dependent is probably as complex as the brain itself. Some aspects of the syndrome are clear, but much remains to be learned, for instance in the areas of craving and loss of control. Thus, despite our knowledge about such matters as vulnerability, mechanisms of tolerance, withdrawal and craving, we presently cannot predict who will lose control over gambling and become dependent. A lot thus remains to be learned about these processes when studying the neuroscience and social science of dependence related behaviours.

The social consequences of pathological gambling are even greater than those of other addictions because pathological gamblers have families and their dependence renders them often non-functional, with all the consequences. Pathological gambling manifests itself in pathological gamblers by physiological changes, changes in thinking, changes in the emotional area, changes in behaviour and social life. In pathological gambling the load of the addicts and the dependent families is the same. The family in which the dependent person lives becomes co-dependent and the changing personality of the family member with dependence changes the functioning of the household as well as the mental states of other family members. Co-dependents often take on a martyr's role and become "benefactors" to an individual in need. When the caretaking becomes compulsive, the co-dependent feels choice less and feels helpless in the relationship, but is unable to break away from the cycle of behaviour that causes it. Co-dependents view themselves

as victims and are attracted to that same weakness in love and friendship relationships. Social work with families at risk and rehabilitation of the family is one of the easiest ways to come to terms with their situation but to also actively participate in changing the lives of its members.

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