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Effects and interventions regarding the therapy in relation to the addiction of gambling

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Abstract. In nowadays society, gambling and bets are a type of entertainment socially accepted, but the risk that their usage turn into an unrestrained practice with several negative consequences turned gambling into a subject for psychologists and sociologists. The reason for choosing this subject was generated by the need of pointing out the serious problem of gambling addiction with which more and more people have been confronting lately and which affects addicted gamblers, their families and the entire Romanian society. When a person starts gambling more and more and uses more money for it at the expense of the other daily activities, one could state that this person adopts and develops an unduly and compulsive behavior that might become addictive. The consequences of gambling addiction vary from financial problems to increased or prolonged stress, to disrupted families, wasted fortunes, destroyed lives, dropouts, and it is more and more important that, especially, the young generation, but also the rest of the population that gambles more and more in the arcades and casinos realise the importance of a responsible gambling and how to avoid addictions.

Keywords: effects, interventions, therapy, addiction, gambling, chance

Conceptual approaches related to gambling addiction

When we refer to addiction, we usually have in mind the image of an alcoholic or a drug addict, a person that strongly feels the physical need to use a certain substance in order to conduct daily activities.

This is the classic case of physical addiction by which the body was adapted to substance usage (alcohol, tobacco, drugs, herbs) and wants to use them continually and, sometimes, in more and more increased quantities in order to feel their intended effect (called tolerance). When the addicted person can't gain access to that substance his/her body shows some side effects opposed to the wellness one feels when uses that substance and which involve both a psychologic impact as well as physical pains.

Apart from the physical addiction stated above, there is, also, the psychological addiction, with no connection to the usage of some substances and which involve gambling addiction, porn addiction, shopping addiction, internet addiction and work addiction.

Though taking part in gambling is, generally, felt, like a pleasant way of spending the spare time, for others, the need of gambling becomes so powerful that it strongly interferes with the other aspects of their lives, but also with the members of their family.

Coventry and Brown (1993) have suggested that the need to reduce some feelings like depression or boredom motivates the individuals to become addicted to something. Boredom, a psychological creation which was neglected within the studies regarding addiction has been defined as a state of mental fatigue and dissatisfaction, resulted from the lack of interest or the lack of activity (A.Blaszczyński, 2010).

National Council on Compulsive Gambling (NCPG 2000) defined gambling addiction as a “gambling behaviour that causes repercussions in any important field of life”.

Gambling addiction is a behavioural disorder defined with respect to the pathological gambler by some major traits: the pleasure of risk, the search for action, disinhibition and/or sensitivity towards boredom.

This behaviour can lead to disrupted families, lost jobs and losing an important amount of money. Addicted people might come to do things that they never thought they could ever do – steal money from their relatives, from their children or from their jobs in order to gamble, or lie, cheat and manipulate others with the purpose of getting the money necessary for gambling. The fear of revealing the truth regarding their obsession for gambling make them retire from the social and family life, lose their focus in their job and the capacity of solving daily problems and, thus, risking to lose their jobs and disrupt their families.

Deverensky and Gupta (2000) define gambling addiction as “an increased concern towards the game, accompanied by the loss of control over it, of feelings of guilt and isolation when the gambler tries to stop his involvement in the game, and of problems related to forming social relations.”

Some experts describe gambling addiction as an obsessive-compulsive disorder, in which the addict realises that his/her obsessive thoughts make him/her conduct illogic and improper activities, but who feels extremely nervous when he/she tries to give up to these.

On the other side, gambling addiction might be considered as being an addictive behaviour as in the first stage, it is quite a pleasant activity, for example, when a gambler wins a large amount of money, he/she feels satisfied, admired, having an increased self-esteem, etc.

Experts in this field think that we could make a difference between the recreative activities, the entertaining ones and the addictive ones, if we were to consider the *three common traits of the addictive behaviours* (R.H. Coombs, 2011):

Table no. 1- *Traits of the addictive behaviours*

Compulsion	Refers to the compelling impulse of gambling, the repeated and intrusive rituals, the thoughts that urges the gambler to continue the addictive behaviour.
Loss of control	Defines the incapacity of resisting the temptation or to stop a begun activity without needing extra help.
The continuity of the addictive activity despite	Coincides with decline of health, humiliation, family, financial and legal problems.

the negative consequences felt	
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Source: http://www.camh.net/About_Adiction_Mental_Health/

The people addicted to gambling are motivated to perform these activities by three initial needs:

- a) *psychic rewards*: feeling euphoric emotions in parallel with the blockage of some negative feelings which create emptiness;
- b) *recreative rewards*: spending a pleasant free time in the company of friends, especially at the beginning of addiction;
- c) *instrumental rewards*: increased performances without concerns, winning a prize, action that elevates the mood.

Milkman and Sunderwirth (1987) classified addictions in three big categories, according to the nature of the experience underwent: a) addictions to stimulation; b) addictions to sedatives; c) addictions to fantasies.

Gambling addiction fulfils the condition that places it in all three categories listed above, being an addiction to phantasies, meaning that the gambler imagines the amount of money and fame he will gain, and introducing elements of stimulation and sedation, the addicted gambler entering a trance during the beloved activities.

In conclusion, one could state that gambling can also be considered an addiction for money, for power, expressed through money and mediated by the game.

As long as the gamblers play being mainly driven by the desire to win money, this desire can be overwhelming and brings them in the situation of starting to gamble.

In drug and alcohol addiction, as well as in gambling addiction, we will find the following common traits, as they are listed in table no. 2:

Table no. 2

Common traits in gambling, drugs and alcohol addiction
1) the increased need of gambling (or taking substances);
2) negating the importance of the problem by the addicted person;
3) problems with family;
4) a high rate of relapses;
5) losing control;
6) lying in order to hide these activities;
7) the increased concern for these activities;
8) the progressive psychological disorder;
9) the development of tolerance;
10) the usage of these activities in order to escape problems.

Source: http://www.camh.net/About_Adiction_Mental_Health/

One of the characteristics present during the occurrence of addiction is the fact that before the usage of substance or gambling, there can occur the effect or reward. One could emphasize that, although the physical addiction has its meanings, addiction is mainly psychical (*craving*). One important place in this process is the one given by the *conditioning* related to the pleasant

experiences, so that the recollection of one place directs to the reinforcement of the behaviour, meaning that the addicted gambler feels some kind of reward in seeing the place where the gambling takes part.

In the same manner as in the drug addiction, the behaviour of the gambling addict develops the phenomenon of *tolerance*, described by the need of increasing the stake in order to feel the same feeling of well-being, and the attempt to stop this activity causes withdrawal, described by irritability, anxiety, problems of focusing or increased depression accompanied sometimes by suicidal thoughts.

The World Health Organisation decided in 1964 that the term *addicted* used in the past for the description of any addictive types of behaviour shall not be used but for the description of chemical substances, and the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR-2000) classified gambling addiction as being *an impulse control disorder*, next to arson and kleptomania.

McGurrin (1992) established a couple of common traits of gambling addicts:

a) shifts between periods in which they have a huge trust in their ability to gaining huge amounts of money during gambling and gaining success and periods of increased doubt, anxiety and depression related to past or future failures.

b) think that their gaining acquired gradually though continuous effort, work with the possibility of gaining future recognition and satisfaction is a low and less valuable way of living;

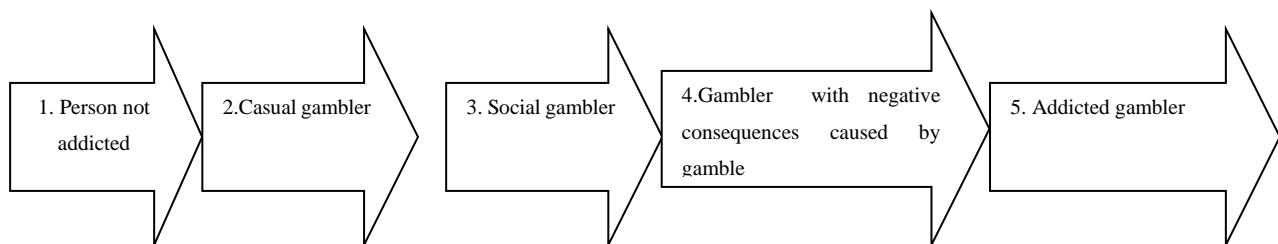
c) have problems in maintaining emotional and intimate relations with the life partner or with his/her family members: sibling, in-laws, parents;

d) a big part of these gamblers has stressed personality traits or shows the traits of specific personality disorders, such as narcissism or being antisocial;

e) they think that the most important events in life are being controlled by external factors, such as luck, opportunity, destiny.

The problems related to gambling addiction develop continually, beginning with people who have no such problems and ending with addicted gamblers.

Figure no 1 – *Gambler's evolution from independence to dependence*



Source: http://www.camh.net/About_Adiction_Mental_Health/

The content note concerning these stages or gambling addiction levels clarify the conceptual meanings:

1. people who are not gambling addicts are people who never play;
2. *occasional gamblers* are those who occasionally buy a lottery ticket or who occasionally go to the casino;

3. *social gamblers* are those who frequently gamble, and for whom gambling is the main form of entertainment, without this activity affecting their family or work;

4. the fourth category is represented by the gamblers who have already suffered enough negative consequences personally, socially and related to work due to gambling;

5. *addicted gamblers* are the ones whose whole life has been affected by gambling and who are incapable of controlling their strong need to play, despite the negative consequences felt.

Like any other addictions, gambling addictions start as a pleasant way of spending the spare time, which makes life more beautiful and which offer the possibility of obtaining a financial success easily and without problems. Occasional recreative gamblers who are non-addicts enjoy this type of activity for a limited period of time and do not lose big sums of money (S. Tisseron, 2010, p. 38).

The *compulsive gambling* begins when the player starts to use more and more money in this activity and spend more and more time in the casino, using his energy in performing this activity. What has been considered at first a pleasant way of spending time with friends develops into an obsessive activity that prevails over thoughts and dreams, against real life activities (family, job).

Expert studies have found many *diagnostic criteria* which would need specialised support with regard to addicted gamblers.

1. the gradual incapacity of controlling this type of behaviour at the expense of financial and relational losses.

2. the urgent need of using a large amount of money in order to reach the same state of excitability.

3. the game creates a euphoric state, while the incapacity of gambling creates a state of withdrawal.

4. the occurrence of lasting activities related to the game: planning, ways of finding money, etc.

5. repeated failure of controlling the game during its occurrence or stopping this kind of behaviour.

6. the game is perceived as a way of eliminating problems or diminishing feelings like fear, guilt, anxiety, depression, lack of courage.

7. the loss of an amount of money is followed by a new game, on the principle that: „this time I shall definitely win”.

8. the hidden and double behaviour used by the gambler in front of the others concerning the gravity of the losses or lack of control.

9. the usage of an unlawful behaviour during the attempt of acquiring money to gamble or cover the losses.

10. interpersonal problems, firing or losing the chance of promotion etc.

The majority of people who had problems related to the game control are in danger to develop depression and anxiety, many of them making use of alcohol, drugs and tobacco in order to face stress acquired during gamble.

The epidemiological research has shown the fact that one in two addicted gamblers suffer from mood disorders with symptoms of depression. A thorough analysis of the research made in USA, Korea, Canada and Switzerland between 1998 and 2000 has shown that 60.1 % of the gambling addicts are also tobacco addicts, 57.5 % are highly consumers of substances (alcohol,

drugs), 37.9 % show mood swings and 37.4 % present at least one anxiety disorder (D. David, 2006, p. 129).

Behavioural and emotional signs of gambling addiction

People addicted to gambling show some behavioural and emotional signs, among which we list (A. Blaszczynski, L. Nower, pp. 487 – 499):

- they play more than they intend;
- they bet large amounts of money after which they try to retrieve it;
- they cheat their partners and other family members regarding to the amount of money spent during gambling;
- they show a lack of interest for any field of life that is not related to gambling;
- they retire from their families and friends;
- they always think of something else, and seem anxious;
- they have difficulty in concentrating;
- they show multiple mood changes and sudden outbursts of rage;
- they are almost always anxious or bored;
- they seem sad, listless, depressed;
- they often complain about having stomach problems;
- they manifest difficulties related to sleep;
- they lose their appetite;
- they lose weight.

Apart from those, recreative *social gamblers* do not take unjustified risks, they always stop gambling whenever they want and do not develop negative consequences related to this activity.

Lesieur (1993) established that addicted gamblers show many common behavioural signs during the game, and these signs can be placed in three categories: time management, gambling obsession and the level of debt, as well as embezzlement and other illegal consequences:

A. *Concerning time management*, addicts always turn up late at work due to the fact that they spend the night in the casino or cannot sleep due to their concerns about losses and other related problems; they spend much time during lunch, they disappear during afternoon; they listen to shows related to sporting bets or play cards or craps with friends; during holiday, they prefer to isolate rather than socialise; they refuse to take unpaid leave due to the obsession of earning money for financing the game; they spend much time in bathroom, reading sports news or listening to the radio; they spend a lot of time speaking on telephone with the creditors and debtors, loaning money in order to gamble, etc; they read sport papers and magazines during work about news and results related to sport competitions.

B. *Concerning the obsession of gambling and level of debt*, addicts leaves their project unfinished; they show signs of irritability; they manifest problems of focusing; they often have mood swings and experience changes in their job performance, based on the gambling result; they manifest an obsessive interest in the sport events results , dog racing, lottery, etc.

C. *Concerning the tendency of embezzling their place of work and other illegal activities*, the gamblers use the earning of the company they work for in order to finance their gambling; they borrow money from the hiring company; they steal some goods in order to sell them and cover their

gambling debts, they sell some personal things or objects stolen from their work colleagues; they sell drugs at work (they might even consume them) and do embezzlement at their work.

Many times, the gamblers' wives or partners fear that they might have an affair, while their work colleagues think that they have emotional problems of a romantic nature which make them lose focus and have a weak performance in their duty tasks.

Philip Mawer (2010) made a list of the following behavioural and emotional signs with which we could discover if our partner is a gambling addict (Philip Mawer, 2010, pp. 155 – 159): he had become distant and almost doesn't notice you when you are around him/her, loses interest easily during the discussions between the two of you; has often mood swings when he/she returns home, which are totally different from the ones he/she had before leaving, you might have considered that he/she had an affair, you often asked yourself why weren't the money enough for the current expenses; you have, also, wondered, where do the money for unexpected gifts or unplanned vacations come; he/she had lost sex interest and has problems related to it.

The mentioned author recommends the following measures that the addicts' families can take: asking specialised help from a therapist who will help them realise that they are not alone in this situation and that there are ways of solving this problem; take responsibility concerning the management of family income and establish clear limits concerning the addict's access to money; to learn efficient ways of resisting the repeated requests for money made by the gambler.

The main manner of helping a gambling addict (family member, a friend or an acquaintance) is to first help yourself by protecting yourself emotionally and financially.

Any gambler might think that he/she has developed an addiction if, apart from the money spent, this activity started to affect his entire life in the following manner (A.D. Korn, H.J. Schaffer, 2004, pp. 105 – 107):

- it interferes with his work, with school or with other activities;
- it creates negative emotional states or other health problems;
- it causes important financial problems;
- it affects his/her relation with his/her family members and the others.

A whole variety of identification technics, static and dynamic self-evaluation based on specific surveys aim to determine gambling addiction, their major characteristics being simplicity and instrumental accuracy.

The objectives and the hypothesis of the research

The target objectives:

Objective: finding the degree of the consistent self in the lot aimed by this research.

Objective 2: determining the connections between the degree of consistent self and self-esteem in the groups investigated.

Objective no. 3: establishing the differences between the two lots, concerning the accommodation in the reference groups.

Target hypothesis:

Hypothesis no. 1: the level of self-esteem at the investigated sample depends on the degree of difference between the real self and the ideal one.

Hypothesis no. 2: in the targeted sample, the quality of the self-image depends on the level of self-acceptance.

Hypothesis no. 3: there are differences concerning the accommodation of the subjects to the reference group with respect to the lot of gambling addicts in comparison to the lot of the subjects suffering from other addictions (smokers, alcohol consumer, junkies).

Subject presentation

In order to realise the objectives and test the hypothesis of this research, we have tested the group of the gambling addicts and the group of subjects suffering from other types of addictions (smokers, alcohol consumers, junkies).

The research has been realised on a group of 62 subjects which divides itself in two different subsamples according to their age and studies. The first subsample comprises 31 subjects, gambling addicts, and the second one comprises 31 subjects with other different types of addictions. This research has been realised between October 2019 – January 2020 in the electronic casino from Constanța. The subjects gave their consent in taking part in the honest fill in of the survey and they were assured that these will be used only in educational purposes.

Subjects' age is between 14 and 25 years old, and their division on age groups is shown in table 1.

Table 1. Subjects repartition on age groups

Age	The group of gambling addicts		The group of subjects suffering from other types of addictions		Total group	
	No.	Percent (%)	No.	Percent (%)	No.	Percent (%)
14 – 16	30	96.77	-	-	30	48.39
17 – 19	1	3.23	12	38.71	13	20.97
20 – 22	-	-	17	54.83	17	27.41
23 – 25	-	-	2	6.46	2	3.23
Total	31	100	31	100	62	100

Out of the total number of subjects, 24 (37,70 %) are males and 38 (61,30 %) are females. The repartition of the subject according to their gender is shown in tabel 2.

Table 2. Subjects' repartition according to their gender

Gender	The group of gambling addicts		The group of subjects suffering from other types of addictions		Total group	
	No.	Percent (%)	No.	Percent (%)	No.	Percent (%)
Male	19	61.29	5	16.13	24	38.70
Female	12	38,71	26	83.87	38	61.30
Total	31	100	31	100	62	100

Tests presentation

In order to realise the objectives and test the recommended hypothesis, we have investigated the self-image, its acceptance, the ideal self and the difference between the real self and the ideal one. The level of self-esteem and the value system of each individual have also been investigated. In the scientific approach we have used the following instruments: *The index of adaptation and values* (I.A.V.) with its two variants (variant I.A.V. myself and variant I.A.V. others). *The scale for measuring self-esteem* (The Rosenberg Self-Esteem Scale).

In the followings, we will briefly present the instruments used.

The index of adaptation and values (I.A.V.)

The index of adaptation and values is one of the most famous instruments for investigating and evaluating the self-perception (image).

The scale for measuring self-esteem (The Rosenberg Self-Esteem Scale)

The Rosenberg scale was realised in 1965 by dr. Morris Rosenberg with the purpose of presenting a measuring instrument for the self-esteem level.

The qualitative analysis of the results

In order to realise the objectives and the tests (confirmation or denial) of the proposed hypothesis, after rating and centralising the results, we have resorted to the statistical processing of the data acquired, with the help of the S.P.S.S. program (*Statistical Package for Social Science*).

Next, I shall use the quantitative data in order to realise a qualitative analysis for each hypothesis.

Hypothesis no 1: in the analysed sample, the degree of self-esteem depends on the difference between real self and the ideal one.

In order to confirm this hypothesis, we shall use the following quantitative arguments:

the correlation coefficient (**r**) between the self-esteem and the difference between the real self and the ideal one is **r = -.867** and it is significant for the probability threshold **p = .01**.

Table no. 3. The results acquired by the subjects in the Scale for Measuring Self-Esteem

	The group of gambling addicts	The group of subjects suffering from other types of addictions	Total
Mean	27.74	24.22	25.98
Standard deviation	6.62	6.56	6.77

Table 4. The results acquired by the subjects on IAV test for the variable difference between the real self and the ideal one.

	The group of gambling addicts	The group of subjects suffering from other types of addictions	Total
Mean	22.25	28.93	25.59
Standard deviation	19.71	21.07	20.51

The correlation between the self-esteem and the degree of difference between the real self and ideal one is a significant one on a high probability threshold ($p = 01$).

Giving the fact that this is a negative correlation, we can state that once with the increase of the difference between the addict's self-image and the way he/she wants to be (the ideal self), his/her self-esteem diminishes.

The building of self-esteem for the group of addicts of any type is made by internalising the evaluation made by the entourage, group of friends, acquaintances, neighbours and other people in their life. Thus, self-esteem depends on the self-image the addict has about himself/herself.

A realistic self-image mixed with a positive self-esteem develops in each addict of every type the ability to face the pressures of the group he/she belongs.

According to the data acquired on the subsamples of our research, the group of addicts of another kind whose difference between the real self and the ideal one is small have a positive self-esteem. These are the type of people who do not create for themselves objectives and ideals too abstract, thus, having the possibility to realise them. For this purpose, they don't consider themselves inferiors as they will achieve sooner or later their objectives. They become proud of their achievements, they take some responsibilities, thinking they have the resources to accomplish their objectives, or start to become independent by trying to help themselves in certain situations unachievable by then.

The small difference between what they are and what they want to become make them confident and willing to continue to accomplish their purposes. Giving the fact that their personal objectives aren't too abstract, they have no reason to worry themselves, in comparison to those whose level of difference is too big. They try to accomplish new tasks, thinking that they can do whatever they are asked, fighting more and more for their ideals.

In most cases, these addicts acquire good results in their daily activities and also in the ones regarding school or other type of education. In most of the cases, they want to surpass their actual level and lowering more and more the gap between the real self and the ideal one.

When the difference between the real self and the ideal one is a small one, the level of self-esteem is an increased one. This helps the individual evolve as a positive and realistic self-esteem develops the capacity of taking responsible decisions and the ability to face the pressure of the group he/she is part of.

Summarising, the individuals with a high self-esteem trust themselves more, which help them evolve and succeed, have a complex behaviour and interpret their achievements through a wide range of features, can face stress better but also the pressures from the environment they live in.

They start becoming more independent, having the desire of realising all by themselves. Their belief that they are capable shows once more that the level of self-esteem is a high one and the period before reaching their dreams is a small one. Addicts of any type are proud of their achievements and their performance, of the fact that they are not unable to achieve their dreams and that they have the possibility to show others their value. They accomplish easily the new tasks and if they make a mistake, they don't get upset easily.

By thinking that they are part of a group, they want to show the others their success and share their positive and negative feelings. Compared to the ones with a low self-esteem and who want to socially isolate, addicts with a positive self-esteem will do anything to help and support others.

Those whose real self is extremely different from the ideal one have a low self-esteem. These addicts are unhappy with who they are, thinking that they lack qualities or that they are good for nothing. The fact that they think they cannot accomplish certain things as they lack means to do them is very important. This fact creates the illusion of being impossible to attain their ideal self and because of that, the difference between what they consider themselves to be and what they want to become becomes bigger and bigger, thus creating a deep state of emotional pain.

As a result, a circular effect will be created, and this will attract other negative events that will deepen the frustration and the unhappiness of the addicts. They will avoid to take upon new tasks. By not acquiring the performances that will bring them appreciation, they will start to feel unloved and worthless.

A person that fails repeatedly in a certain aspect might start thinking that he/she will fail in every aspects of life. His/her self-esteem will be extremely low. These people are those who have failed in many situations, others' impressions about their performances being negative. The previous researches which have tackled this domain have shown that the self-evaluation of the self-esteem show significant changes according to the achievements or the failures experienced. Thus, an achievement increases the self-esteem while a failure lowers it, at least on the spur of the moment.

Other interesting results were the ones that have shown that the individuals with a low self-esteem can be more easily influenced than those with a high level of self-esteem. These results are in accordance with the results of the previous research, where the individuals with a high self-esteem depend less on the pressure of the situation and can be less influenced by those.

The big gap between the real self and the ideal one for addicts of any kind make them stop evaluating their performances in a realistic manner, and believe that the distance between how they are and the social requirements is almost impossible to cover. These individuals will always be unhappy with how they are. They consider themselves unable to reach certain objectives and don't believe that they can complete an activity. All these are the symptoms of a low self-esteem which will become lower as the addicts' will to reach their ideals will be covered by the thought of incompetence and lack of the ability to succeed.

This negative evolution will reach the point where the addict will internalize the thought that he/she has no quality and that he/she is useless for the society.

Being aware of the big gap between what they are and what they want to become, their low self-esteem is so high that they believe they cannot realise even the smallest tasks.

This negative state also covers affectivity, the inner side being bombed by negative feelings which target the fact that they are not loved anymore, that they have no value and are of no interest for the others.

We have emphasized the fact that the increase of the gap between the real self and the ideal one conducts to a low self-esteem. In other words, the addict depends on the self-gap.

Another argument of this hypothesis is the fact that the gap lowering is accompanied by the return of the self-esteem to a normal level.

The more self-esteem develops and returns to an accepted level, the more the addict starts to feel the connection with the others, to have feelings for his/her family and feel connected with his friends, realises that he/she has some special qualities and that he/she is part of a group. He/she feels accepted and valued and that his/her individual interests can be further explored.

In conclusion, if the gap between the real self (what I am) and the ideal the addict wants to achieve is big, he/she might experience negative emotions. These big gaps generate depression, sadness or disappointment and creates a conflict between the ideal self and the real one, creating a low self-esteem. These addicts are unhappy with how they are, believing that they lack qualities or that they are good for nothing. Thus, a person who continually fails in one aspect of life might start to believe that he/she will fail in all aspects of life. His/her self-esteem will be extremely low.

Thus, they will feel it is impossible to reach their ideal self and it is for this reason that the gap between how they think of themselves and what they would like to be becomes bigger and bigger, creating a psychological pain.

The more the gap lowers, the more the addict finds his/her balance and the level of self-esteem increases, which brings positive results in daily activities and in school activities or of other nature. The capacity of taking responsible decisions is taken and the ability of facing pressure is generated by the context where the activity takes place.

Hypothesis no 1, which referred to **the existence of a dependent relation between the level of self-esteem and the dimension of the gap between the real self and the ideal one has been confirmed**, the correlation between the two mentioned dimensions being significant on a probability threshold of $p = .01$.

Hypothesis no. 2: at the targeted sample, the quality of the self-image depends on the level of self-acceptance.

In order to validate this hypothesis, we shall bring the following quantitative arguments: the correlation coefficient (r) between the self-image variable and self-acceptance variable is: $r = .588$, this being significant at the probability threshold of $p = .01$.

This correlation is positive and statistically significant. In other words, the more positive self-image is, the bigger the acceptance of this image.

In order to achieve the objectives proposed, the testing and validation of the hypothesis (confirmation or denial) that we have put forward, we were mainly interested in the results acquired in the I.A.V. test "Myself" both for the self-image and for the self-acceptance. Subjects' self-description and self-appreciation is done according to the importance they give to the 49 personality characteristics/traits. Each tested subject had to give a bigger or smaller importance to a personality characteristic/trait on a 5 levelled scale, according to the degree he/she consider belongs to him/her of describes him/her. A positive self-image completed by a positive level of self-acceptance show the fact that the subjects are consistent with their self.

Table 5. The results acquired by the subjects at the IAV test on the self-image variable

	The group of gambling addicts	The group of subjects suffering from other types of addictions	Total
Mean	158.03	177.70	167.87
Standard deviation	21.38	18.11	22.01

Table 6. The results acquired by the subjects at the IAV test on the self-acceptance variable

	The group of gambling addicts	The group of subjects suffering from other types of addictions	Total
Mean	176.06	186.45	181.25
Standard deviation	23.48	24.81	24.52

After the recording and the calculation of the marks acquired by each subject on the I.A.V. test concerning the self-image and its acceptance, we continued with the mean and standard deviation calculation for each subsample by using the statistic device S.P.S.S. The results were presented in detail in tables 5 and 6.

In order to test the hypothesis and realise a fine analysis which could better emphasize the reality, we divided the two variables we have worked upon (self-image and self-acceptance) in three different levels. We have, also, divided the subject of the two samples on the three different levels of each variable. Thus, we have found that the subjects whose marks (S) are within the range plus-minus a standard deviation from the mean of the test standard made on the Romanian population ($S = M \pm \sigma$) are part of the class of people who appreciate themselves realistically by having a fair and real self-image, which is very close of what they really are.

The subjects whose marks are bigger than the mean plus a standard deviation ($S = M + \sigma$) are the type of people who overestimate themselves, while those whose marks are under the mean minus a standard deviation range ($S = M - \sigma$) are the type of people with a very low self-image (underestimation). Those who fall into the last two categories the ones who overestimate themselves and the ones who underestimate themselves have a distorted and unrealistic self-image.

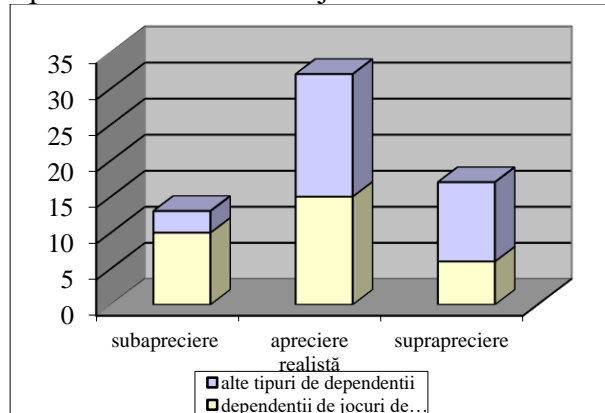
Table 7. Results acquired on the I.A.V. 'I' test (self image)

Type of subjects Self-image	Gambling addicts		The group of subjects suffering from other types of addictions		Total group		Psychological meaning
	No.	(%)	Nr.	(%)	Nr.	(%)	
Under 156.77	10	32.26	3	9.68	13	20.96	Self-underestimation
Between 156.77 and 185.29	15	48.39	17	54.84	32	51.62	Realistic self-esteem
Over 185.29	6	19.35	11	35.48	17	27.42	Self-overestimation
Total	31	100	31	100	62	100	

The analysis of the registered data after the survey application shows that out of the subjects of the sample used for this research, 13 (20.96 %) of them underestimate their self-image, considering themselves inferior compared to others, 32 (51.62 %) of them have a realistic self-

image, as they perceive themselves as they really are, and 17 (27.42 %) have an exaggerated self-image, as they overestimate their qualities, being different in reality.

Figure 1: the presentation of the subjects' results on the three self-image levels.



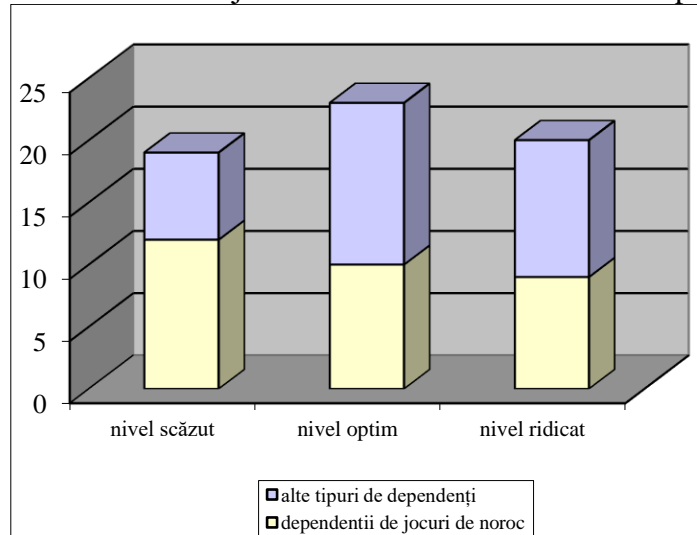
Concerning the variable “self-acceptance”, we proceeded in the same manner as in the previous variable “self-image”, meaning that in order to test the proposed hypothesis, we divided the subjects on three different levels. The results are shown in table 8 and in figure 2.

Table 8. The results acquired in the I.A.V. “I” test (self-acceptance)

Type of subjects Self-acceptance	Group of gambling addicts		The group of subjects suffering from other types of addictions		Total group		Psychological meaning
	No.	(%)	Nr.	(%)	Nr.	(%)	
Under 172.68	12	38.72	7	22.59	19	30.65	Low level of self-acceptance
Between 172.68 and 197.84	10	32.25	13	41.93	23	37.09	Optimum level of self-acceptance
Over 197.84	9	29.03	11	35.48	20	32.26	High level of self-acceptance
Total	31	100	31	100	62	100	

Data analysis revealed that out of the 62 sample subjects, 19 (30.62 %) have a low level of self-acceptance, 23 (37.09 %) have an optimum level of self-acceptance, while 20 (32.26 %) have a high level of self-acceptance. We should mention here that the subjects with a high level of self-acceptance might ignore their defects, be content with how they are and stop making progresses. From this point of view, we believe that that both first and last level are inferior to the optimum one.

Figure 2: the presentation of the subjects' results on the three self-acceptance levels.



These data shown in the analysis above emphasized the fact that most addicts of any type have a positive self-consistency level, which is in agreement with the normal distribution of self-consistency (the ratio between the self-image and its acceptance should be optimum) over the population.

The results acquired confirm this affirmation by revealing that more than half of our sample subjects can realise a realistic self-appreciation.

Hypothesis no. 2 of this advanced research was confirmed, this referring to the existence to a dependent relationship between the self-image quality and the level of its acceptance.

Hypothesis no. 3: there are differences between the social adaptation of the investigated gambling addicts in comparison with the lot of subjects suffering from other types of addictions.

In order to validate this hypothesis we shall put forward the following quantitative arguments:

Table 9: category results acquired on I.A.V. test

Adaptation profiles	Gambling addicts		Other type of addicts		Total sample		Psychological meaning
	Nr.	(%)	Nr.	(%)	Nr.	(%)	
++	3	9.68	10	32.26	13	20.97	Self-overestimation and the overestimation of others
+-	12	38.71	11	35.48	23	37.10	Self-overestimation and the underestimation of others
-+	12	38.71	8	25.81	20	32.25	Self-underestimation and the overestimation of others
--	4	12.90	2	6.45	6	9.68	Self-underestimation and the underestimation of others
Total	31	100	31	100	62	100	

In order to establish the differences between the two subsamples concerning the reference group adaptation, we have calculated the coefficient χ^2 with the help of the statistical device S.P.S.S. ($\chi^2=5.279$, for a $p = .152$).

The social adjustment and maladjustment is perceived in the relationship with others and is determined by the perception a person has over herself, as being more or less adapted than her group of friends of the same age. The social adaptation is realised when a person believes he/she has a behaviour appropriate to the requirements of the group he/she belongs or to which he/she wants to be integrated. Such person believes he/she is valuable, that he/she has dignity and is upright from all points of view. At the same time, he/she sees the ones resembling him/her as having similar self-images. In other words, a high level of personal adjustment also determines the social adjustment.

In this research, the adjustment or maladjustment to the group of reference of gambling and other type of addicts was estimated by identifying the category mark calculated with the I.A.V. instrument (Index of Adaptation and Values). The category mark represents the difference between subject's self-acceptance and his/her perception of the way other people accept themselves.

These marks divide the subjects of our sample (gambling addicts and other type of addicts) in four categories "+ +", "- +", "+ -", "- -" (their number, divided into categories was shown in detail in table 16), and each of these categories emphasize a certain type of adjustment to the group a subject is included. There are some differences between the two groups and these are related to the category marks and the type of adjustment, but these are not statistically important ($\chi^2=5.279$, to a $p = .152$).

For the subsample of addicts of other type, we have identified the following weight of the category marks; 35.48 % subjects have a "+ -" profile, 32.26 % of the subjects have a "+ +" profile, 25.81 % of the addicts of other type have a "- +" profile while 6.45 % of them have a "- -" profile.

For the subsample of gambling addicts, the ranking of the category marks show the fact that the "+ -" and "- +" profiles have equal weight, of 38,71 % for each of them, 12,90 % of the gambling addicts have a dominant "- -" profile, while 9.68 % of them have a "- -" profile.

The results acquired are in harmony with the previous research made in this field (I. Dumitru, 2001; Bills & Finch, 1988 and Bogatu, 1981). Within this research it was established that on a basic population, the number of the social misfit subjects in our research is lower than 10 %, meaning of 9.68 %. The other adjustment profiles are found in the same percent in the sample (20.97 % for the profile "+ +", 37.10 % for the profile "+ -" and 32, 25 % for the profile "- +").

The social adjustment in a high degree is emphasized by the dominance of the "+ +" and "- +" profiles taken together; the average social adjustment can be encountered on subjects with a "+ -" profile while the social maladjustment to those with a "- -" profile.

In order to establish if there are statistical differences between the degree of **social adjustment** between the two subsamples, we have calculated the coefficient χ^2 by means of the statistic device S.P.S.S. (where $\chi^2= .983$ to an $p= .612$). the values calculated show the fact that there are no statistically significant differences between the two groups regarding the dimension of the adjustment degree.

The inexistence of the statistically significant differences may be due, one the one hand, to the small differences of age of the gambling addicts and of those of other types of addictions, and on the other hand to the high degree of their personal adjustment.

We have noticed that 58 % of the other type of addicts and 48 % of gambling addicts show a high degree of social adjustment due to the points acquired on the two profiles which show a high adjustment degree, while 35.5 % of other type of addicts and 38.70 % of gambling addicts show an average degree of social adjustment. These digits show the fact that both gambling addicts and other types of addicts are highly **socially adjusted**, this meaning 93.5 % of other types of addicts and 87.1 % of gambling addicts.

One must notice the fact that the positive social adjustment wouldn't be experienced by the subjects if they wouldn't be in harmony with themselves, in other words, if they wouldn't experience a positive personal adjustment. **Personal adjustment** appears when the subject feels a psychical comfort in the connection between his/her real self and his/her ideal one. The psychological comfort appears when the gap between the two concepts is not very large. This is mainly caused by the way the self is organised, meaning by the way the subject organized his/her behaviour in order to lower the difference between the two concepts by lowering the gap between the real self and the ideal one.

Personal maladjustment appears when the gap between the two concepts is big enough to cause unhappiness and psychological pain. The existence of this difference can be caused by an unattainable ideal self due to its unrealistic approach, or by behavioural failures. The subject can't efficiently organise his/her behaviour in order to diminish the gap between the two concepts.

We will show below the means acquired by the two subsamples at the gap variable between the real self and the ideal one. The mean specified in the test gauge is ($m = 38.4$, $\sigma = 21.4$).

Table 10. The results acquired by the subjects in the IAV test for the variable **gap between the real self and the ideal one.**

	Gambling addicts	Other type of addicts	Total
Mean	22.25	28.93	25.59
Standard deviation	19.71	21.07	20.51

By reporting to the mean for the population sample ($m = 38.4$, $\sigma = 21.4$), we can notice that both subject categories show a small gap at the level of the two concepts. This means that the subjects of both subsamples show a positive personal adjustment. As we have already stated, this personal adjustment of the subjects from the two subsamples also explains their social adjustment.

Below we have realised the portrait of the subjects with respect of the degree of social adjustment.

The “+ +” profile

The “+ +” profile is specific for people who acquire higher marks than the population mean concerning self-acceptance and expects that the self-acceptance of other people similar to them (friends, colleagues) is no less than equal with their own self-acceptance. Out of the two subsamples we have used, according to the gauge, in this profile have been integrated three gambling addicts, meaning 9.68 % of the total of gambling addicts and 10 addicts suffering from other types of addiction, meaning 32.23 % of this group.

Thus, giving the fact that almost a third of the number of other type of addicts are part of this category according to the results acquired on the I.A.V. test, and the number of gambling addicts

is very low (only three), we believe that this profile is more representative for other type of addicts than for those of gambling.

The connection to this group of other type of addicts show the fact that they are in general confident, manifesting positive attitudes towards themselves and others. From this point of view of focusing on life aspects and shared responsibility, these people are balanced by equally sharing the responsibility with the ones from their group. This fact characterized the addicts of other kind, this showing that they adapt and integrate better in the groups they pertain than gambling addicts. Concerning the share of responsibility for these unfortunate events, the individual that is part of the “+ +” group takes responsibility for these in some cases and assigns them to other people or situations in other cases.

Addicts of other kind establish reasonable purposes, not too low but also not too high. The results are invariably accepted as being a natural consequence or their try to reach their intended purposes. They sometimes believe they can do better, and sometimes believe that the equipment was faulty, but they accept their results as being their own performance.

The “+ +” person has a complex emotional life, being well managed at the same time. Thus, he/she is able to usually experience and express strong feelings in a positive and constructive manner.

These individuals have a high self-acceptance in comparison with those around them. Thus, they have a higher position in the group, are more responsible, more efficient and more dominant in comparison with the others and have a high level of social involvement. Given their high self-acceptance, we are inclined to believe that these people have less physical or psychical complexes, are less anxious and better adapted, have better school results and are less depressed.

Cooperation is one of their strongest traits given their good integration and adjustment to the group they belong, particular to “+ +” people. By assuming responsibility, they can use their imagination and creativity in order to accomplish group tasks. This seldom occurs to gambling addicts, as they are rigid in cooperating with the ones from their group.

“+ +” people can follow their needs and at the same time respect others’ feelings by respect their rights. They don’t submit in front of the arbitrary authority but cooperate by using a well imposed authority. At the same time, they can directly and without treachery try to change the vision of the authority.

Given this, “+ +” people who are mostly addicts of other kind are often chosen in the position of leaders of the group. We can notice here a difference between them and the gambling addicts, who have a low level of accepting responsibilities.

From this reason, when we talk about being accepted by other members, there are differences between the gambling addicts and addicts of other kind: “+ +” people who are mostly addicts of other kind consider themselves accepted by the group members, which is also true, while gambling addicts consider themselves accepted when in fact, they are not.

The “- +” profile

The “- +” profile pertains to people with a lower self-acceptance than the mean of population. Individuals of this type believe that the others have an equal or a higher self-acceptance than theirs. Concerning the subjects from our research, this profile includes a number of 12 subjects which represents 38.71 % of the total of gambling addicts and eight subjects, representing 25.81 % of the

total number of other types of subjects. This profile is specific to subjects with a high degree of social and personal adjustment.

Given the low level of self-acceptance which is under the mean of population, these individuals find hard to focus on the aspects of life and of sharing responsibility. A “- +” person is convinced that the responsibility of his/her own unhappiness completely belongs to him/ her.

Concerning the purpose establishment and the capacity to accomplish these purposes, “- +” people establish small purposes and when they reach them, they assign their own success to others, luck, or find it unusual. In other words, “- +” people find difficult in thinking they have success, which make the image they have on the group they belong not being influenced by their own self-acceptance which goes below the mean of the population.

Concerning the assumption of the degree of acceptance by the other members, “- +” people believe they are not accepted when they are in fact.

“- +” people believe they are far from reaching their ideal that they are different from other people and want to resemble them more and more.

The ones from the “- +” group engage themselves in comparisons between what they are and what they have been, what they are and what they think others are and between what they are and what they want to become.

The “+ -” profile shows an average degree of social adjustment,

This profile belongs to those subjects who acquire a mark of self-acceptance superior to the mean of population and believe that others similar to them have an inferior self-acceptance. Those characterised by this profile have an average level of self-acceptance according to the test gauge. Thus, we can confirm that both addicts of other kinds (11, meaning 35.48 %) as well as gambling addicts (12, meaning 38.71 %) perceive themselves as accepting their person more than their friends or their acquaintances.

Concerning self-acceptance, “+ -” addicts are inclined to socially compare themselves to other people regarding their qualities and their ways of reacting in certain situations, and as a result of this comparison, they always appear superior, which make them believe that they are more adapted than others. This fact often leads to conflict even with those from their own group who are not inclined to accept these type of comparisons.

As a result, when they are often with the ones from their group, “+ -” individuals consider themselves as being accepted by the others, when in fact, their acceptance is not very big. This can be due to the fact that when they are in contact with the exterior world and when they relate with other people, their involvement is very small, continually trying to divert others’ attention from them when they have to take responsibility for something or to stand out when they have to receive credit for something.

When they are in a group, these people respect the well imposed authority, but avoid taking responsibility. They like to occupy a position of authority, but when they are placed in this position, they become quite arbitrary.

The previous research (Dumitru, 2001) who has tackled individuals’ group adaptation revealed that people from this group are described by externalism. A “+ -” person believes that he/she is not the cause of his/her own unhappiness and that it is by the actions of others that he/she was confronted with the unhappy, but little, events in his/her life.

Concerning the establishment of purposes and the capacity of reaching them, “+ -” addicts impose high purposes for themselves being convinced about their abilities to accomplish them. But, due to the too high purposes imposed, the individuals will inevitably fail. It is already known that addicts, by trying to stand out and by showing that they can be counted on, impose themselves purposes higher than their possibilities of realising them. Nevertheless, this will diminish their confidence in their own capacities, the individuals believing that the failure is due not by the way they have realised the activity, but because of the equipment they have worked with.

Their attitude towards the authority and towards themselves lead to lateness, absence, rudeness and nonconformity, these types of behaviour already being noticed in everyday life when we think about the behaviour nowadays high-school students adopt. They can probably talk too much during classes, lowering their attendance in the classroom. Due to the inefficiency way they use their abilities, it is quite possible that they will fail to acquire results.

This type of addict believes that he/she is very close to reaching his/her ideal given the fact that he/she has a high self-acceptance and that he/she is different comparing to others. Not wanting to resemble them. This is another argument for the low level of social adjustment.

The “- -”profile

The teenagers that are part of the last group, “- -” state that they have a self-acceptance below the mean of population and believe that others have marks inferior to them.

In our research, the rate of the subjects described by this profile is the following: 4 gambling addicts, meaning, 12.90 % of the totality of students and 2 addicts of other kind, meaning, 6.45 % of the totality of addicts of other kind.

These subjects lack a proper social adjustment pertaining to a fair integration in a group. Concerning the focus on the aspects of life and of sharing the responsibility, these addicts easily report a long list of unhappy events (Bills 1976, Dumitru, I 2001). A person characterised by this profile impute the guilt for his/her unhappiness to other people, believing he/she is not responsible for the bad things in his/her life.

They, also, question others’ value and their personal value. They have a high level of negativity, do not cooperate, lack imagination and are irresponsible. From the same reason, they can be rude or subordinated. Concerning work duties, they won’t take any responsibility and won’t perform the task.

In conclusion, the two subsamples are characterised by a high degree of social adjustment. This is due to the fact that the majority of addicts of other type and the of gambling addicts (58 % of addicts of other kind and 48.4 % of gambling addicts) are characterised by “+ +” and “- +” profiles.

An important number of addicts also show an average mean of social adjustment, and this is demonstrated by the marks registered by the profile “+ -” which belongs to the average social adjustment (35.5 % of addicts of other kind and 38.70 % of gambling addicts).

These digits reveal the fact both gambling addicts as well as other type of addicts are highly socially adjusted.

The results of this research are in harmony with the results of other types of research (I. Dumitru, 2001; Bills & Finch, 1988 and Bogatu, 1981) which have revealed that most of the

population has a positive social adjustment and that the number of the misfits in a basic population is lower than 10 %.

Conclusions

This research was focused on investigating the following personality dimensions: self-image, social adjustment, self-esteem. The studied sample consisted of two categories of people: gambling addicts and other type of addicts.

The objectives and the hypothesis of the research targeted the emphasis of the possible differences between the two groups, the dimensions reminded above and the establishment of some correlations between certain variables of the research.

As a result of the analysis, we have found that the groups resemble with respect to the degree of social adjustment.

The first hypothesis which referred to the existence of a relation of subordination between the level of self-esteem and the level of the gap between the real and the ideal self was confirmed, meaning that once with the increase of the distance between what a person is and what he/she wants to become one could notice the lowering or the rising of self-esteem.

The second hypothesis that stated the existence of a relation of subordination between the quality of the self-image and the level of its acceptance was confirmed, the correlation being a positive one. The levels of the two variables are direct proportional.

The third hypothesis of this research which refers to the existence of some social adjustment differences between students and undergraduates was rejected, both gambling addicts and addicts of other kind having a high degree of social adjustment.

The results acquired in the present research are in harmony with the results of another research.

The limits of this research are given by the fact that the sample consists of a relatively small number of subjects, while the age gap between the two subsamples is a small one.

I reckon that a future investigation can be realised by targeting people of different levels of development in order to detect in this research the evolution of the human personality on advanced dimensions.

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