Psychological Aspects of the Action and Escape Gambler: Assessment, Personality Types, and Treatment Considerations

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Psychological Aspects of Pathological Gambling

Overview and Objectives

- Definitions
- General Personality Types
- Conditioning-learning theories
- Understanding the action and escape gambler- linking personality traits
- How GA treats personality or character defects
- Specific Personality Disorder Considerations- Which treatment milieu is best? Group? Individual? Or combination?
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Definitions of Problem Gambling and Pathological Gambling

- Problem Gambler- a person who suffers some loss of control over his or her gambling behavior leading to negative consequences.

- Pathological/Compulsive Gambler- A Chronic and progressive psychological disorder characterized by emotional dependence, loss of control and accompanying negative consequences in the gambler's school, social, or family life.
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**Diagnostic criteria for 312.31 Pathological Gambling**

Persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following:

- Is preoccupied with gambling
- Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
- Has repeated unsuccessful efforts to control, cut back, or stop gambling.
- Is restless or irritable when attempting to cut down or stop gambling.
- Gambles as a way of escaping from problems or of relieving a dysphoric mood
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Diagnostic criteria for 312.31 Pathological Gambling

- After losing money gambling, often returns another day to get even ("chasing" one's losses)
- Lies to family members, therapist, or others to conceal the extent of involvement in gambling
- Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling
- Has jeopardized or lost a significant relationship, job, educational or career opportunity because of gambling
- Relies on others to provide money to relieve a desperate financial situation caused by gambling
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**Associated Features of Pathological Gambling**

- Distortions in thinking (e.g. denial, superstitions, overconfidence, or a sense of power and control)
- Increased rates of Mood Disorders, Attention-Deficit/Hyperactivity Disorder, Substance Abuse or Dependence, and Antisocial, Narcissistic, and Borderline Personality Disorders have been reported in individuals with Pathological Gambling

* Source p. 616 Diagnostic and Statistical Manual of Mental Disorders.
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Personality Types Related to Pathological Gambling

- Personality type seems to be moderately related to development of pathological gambling. Two personality types consistently emerge in research literature.

(1) The impulsive, hyperactive, aggressive type or action gambler.

(2) The anxious, depresssed, withdrawn type or escape gambler.
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**Personality Types Related to Pathological Gambling Defined**

Treatment providers need to assess the personality differences of the Action and Escape gamblers and plan treatment based on the specific personality traits or disorders of the client.

- Action Gamblers seem to have more associated personality traits and/or disorders such as narcissism, antisocial, histrionic and borderline.

(2) Escape Gamblers seem to have more associated personality traits and/or disorders such as paranoid, schizoid, schizotypal, obsessive-compulsive, avoidant, and dependent.

*Remember that these are generalizations. For example there can be narcissistic escape gamblers.*
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Two types of Pathological Gamblers

- Escape (luck)- often female, non-competitive and passive; are often abuse victims or have suffered a significant loss; possess poor coping skills and poor assertiveness skills.

- Action (skill)- often male, competitive and grandiose; have low frustration tolerance, high tolerance for ambiguity and possess poor coping skills.
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Psychological Explanations for Gambling Addiction

4. Monetary reward
5. Emotional reward
6. Chasing losses
7. Near misses
8. Cognitive biases and illusions
9. Locus of control
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Psychological: Monetary reward or emotional rewards

People become conditioned or learn the habit of gambling as a consequence of the rewards obtained, the basic notion of conditioning through reinforcement. Gambling mostly operates on a random ratio schedule of reinforcement which is known to lead to particularly persistent behavior (Knapp, 1997).
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Psychological: Chasing losses

Fueled by “gamblers fallacy” which is a failure to grasp the point that each event in a series of random events is independent of all others.

People often feel entrapped as they have already invested a large amount of money on a potential win and don’t want to lose their investment.
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**Psychological: Near misses**

Many games are designed to have built in near misses (more correctly referred to as near wins) which could produce some of the excitement of a win and in that way a player feels they are not so much constantly losing but constantly nearly winning.
Studies have found groups of gamblers to be higher than normal perception of an external locus of control (holding the belief that rewards result from luck, chance, fate, the influence of others, or are unpredictable). Walker, 1992.
Psychoanalytists have proposed that gambling served the functions of rebellion against parental authority and distraction from guilt. Rosenthal (1987)

Bergler (1958) viewed gambling addicts as gambling not to win, but rather with the unconscious wish to lose. His ‘wish to lose’ theory became popular, particularly with Gamblers Anonymous.
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Psychological Aspects

A gambler’s emotional changes during the act of gambling resembles reports of people who consume amphetamines (Hickey et al., 1986)

Other gamblers report gambling as a kind of self-medication, as an anesthetic or a form of ‘escape seeking’ (Lesieur and Rosenthal, 1991; Elster, 1999)
Two Types of Gamblers

- **Action**: An aroused, euphoric state comparable to the “high” derived from cocaine.

- **Escape**: A deliberate seeking of emotional numbness and oblivion.
Understanding Action Gambling

Seems to be driven by one or a combination of the following: “fantasy,” “narcissistic needs” and/or the “rush”.

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Understanding Action Gambling: Fantasy

“I tried to take comfort in the forlorn hope that tomorrow ‘would be different’ As a result, I lived a fantasy life in which happiness was all but nonexistent.” (From Gamblers Anonymous A Day at a Time.)

“I used to be an expert at unrealistic self-appraisal.” (From Gamblers Anonymous A Day at a Time.)

“I sacrificed every ‘today’ for a dream of some distant tomorrow” (From Gamblers Anonymous A Day at a Time.)
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Understanding Action Gambling: The Rush

A study published in August, 2005 Alcoholism: Clinical & Experimental Research by Tavares, Hodkins, and el-Guebaly “found that individuals who are especially vulnerable to negative emotions are the ones who will miss alcohol the most when trying to abstain. Conversely, gambling cravings correlated to the temperament factor responsible for positive emotions.”

- “Alcohol is more of an anti-anxiety measure.”
- “Gambling seems to be more of a stimulant and anti-depression measure.”
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Understanding Action Gambling: The Rush

- This suggests that those individuals who naturally lack positive emotions and require intense stimuli to experience elation are the ones who will miss gambling the most when trying to abstain.

- Unfortunately this study did not delineate between action and escape gamblers.
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Psychological Needs: Narcissistic Needs

- Casino staff are taught to fulfill “Mr. Bigs” needs- “You’re looking great today... like a winner.”

- Dr. Jacobs study in 1982 found that almost four in ten pathological gamblers surveyed felt as if they took on another identity all the time they gambled. (GA Blue Book)

- “Comps” or Compensations- make the gambler feel important- free rooms, meals, etc.
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Understanding Action Gambling

- First Step is crucial. “We admitted we were powerless over gambling—that our lives had become unmanageable” (Gamblers Anonymous)

- Very hard to accept powerlessness when the ‘action’ gambler has been seeking feelings of power.
The Gamblers Anonymous meditation book “A Day at a Time.” cites powerlessness seven times in the first month of the meditations; in the second and third months readings it references self-righteousness, inflated ego, grandiosity, prestige and power, and ego mania; in the fourth month it targets fantasy five times.

As treaters we need to recognize what has been proven to work by GA and use these ideas.
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**Psychological Aspects: The Escape Gambler**

The Escape Gambler often feels helpless as the result of a significant relationship loss.

The action of addictive behavior to reverse helplessness explains its purpose. (Dodes, 2003)
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Psychological Aspects

“Virtually every addictive act is preceded by a feeling of helplessness or powerlessness. Addictive behavior functions to repair this underlying feeling of helplessness. The addictive action, or decision, creates a sense of being empowered, of regaining control — over one’s emotional experience and life.” (Dodes, 2003)
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Psychological Aspects: The Escape Gambler

“When one feels trapped emotionally or physically he or she will sooner or later feel a great anger—a rage, really, at being helpless. It is this rage at helplessness that is the nearly irresistible force that drives addiction.” (Dodes, 2003)
Psychological Aspects: The Escape Gambler

With the escape gambler, gambling seems to be a displacement in which anger or rage over the significant relationship loss fuels the gambling addiction.
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Psychological Aspects: The Escape Gambler

With the escape gambler “The action is the distraction.”

Escape gamblers often talk of spending hours upon hours playing slot machines.
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Psychological Aspects: The Escape Gambler

“The best way to deal with painful loss is to meet it head on.” (From Gamblers Anonymous A Day at a Time.)
Psychological Aspects: The Escape Gambler

“When I played the slot machine all that was in front of me was a large black hole that I could sink into and not think about my loss... the loss of my husband.” excerpts from an interview with Joyce D., an escape gambler.
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**Treatment Considerations: Assessment**

- It is important to understand what psychological needs that are fulfilled by the gambling activity.
- Distinction between Action and Escape gamblers and their concomitant personality traits in the assessment process is essential in determining a treatment milieu and approach.
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Treatment Planning: The Escape Gambler

- Processing the loss - lots of group work
- Refuting the irrational thinking or fantasy
  i.e. gamblers fallacy, etc.
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**Treatment Planning: The Action Gambler**

- Establishment of rapport – lots of individual work in combination with group work. Treatment alliance is paramount prior to financial inventory and ego defense work.
- Interpretation of defenses within individual therapy and then bringing this material into group work is beneficial.
- Finding substitutes for the stimulation needs.
- Refuting the irrational thinking- fantasy i.e. gamblers fallacy, etc.
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Personality and Gambling Treatment Considerations

Treatment Planning needs to be based on the individual personality type

The next slides go over the psychodynamic understanding of specific personality types and treatment considerations
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301.0 Paranoid Personality Disorder
Diagnostic Criteria

C. Pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent, beginning by early adulthood and present in a variety of contexts.

301.0 Paranoid Personality Disorder Diagnostic Considerations

- The key features of the paranoid personality disorder are ego-syntonic.
- Paranoid clients are usually unconvinced that they are psychiatrically disturbed. Their presenting problems revolve around how others have mistreated and betrayed them.
- Their style of thinking is characterized by an unrelenting search for hidden meanings, for clues to uncover the “truth” behind a situations face value.
- They will present with hyper-alertness of attention, by a guardedness related to this attentional monitoring.

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301.0 Paranoid Personality Disorder Diagnostic Considerations

- They will scan the environment for anything out of the ordinary. This style of thinking exacts a considerable toll in physical and emotional tension. The paranoid person is simply unable to relax.
- Paranoid thinking is characterized by a lack of flexibility. The most persuasive argument will generally have no impact on the rigid beliefs of the paranoid person.
- People with paranoid personality disorder tend to have remarkably accurate perceptions of their environment, however, their judgments about these perceptions are generally impaired. Reality is not distorted but the significance of apparent reality is misconstrued.

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Paranoid Personality Disorder Treatment Considerations

- Those persons who attempt to argue with a person who has a paranoid personality disorder will simply find themselves becoming a target of suspicion.
- A paranoid person believes that no relationship is enduring over time. They approach every relationship with the belief that the other person will eventually “slip up” and confirm their suspicions.
- Even with a stable, helpful therapist who has worked with a paranoid client for a long period of time one minor disappointment can lead to the paranoid person’s unswerving conviction that the therapist is untrustworthy.

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**Paranoid Personality Disorder Treatment Approaches**

- Because of their suspiciousness, paranoid clients usually do poorly in group psychotherapy. The first step in psychotherapy must be to build a therapeutic alliance. This process is made more difficult by the tendency of paranoid clients to evoke defensive responses in others.

- The therapist must be willing to empathize with the client’s need to project as a means of emotional survival. The therapist must be willing to serve as a container for feelings of hatred, badness, impotence, and despair.

Gabbard, G. (1994) *Psychodynamic Psychiatry in Clinical Practice*
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**Paranoid Personality Disorder Treatment Approaches**

- Beware of becoming defensive—like everyone else in the client’s environment--as a counter-transference reaction.
- Openness is by far the best policy with paranoid clients.
- The therapist should not challenge the clients’ construction of events or the client’s perception of the therapist, no matter how negative. The therapist should merely ask for more detail and should empathize with the client’s feelings and perceptions.

Gabbard, G. (1994). *Psychodynamic Psychiatry in Clinical Practice*
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**Schizoid and Schizotypal Personality Disorders**

- Although these are distinct entities they will be considered together here because the dynamic, understanding of, and the therapeutic approaches to these disorders have much in common.
- The essential feature of the **Schizoid Personality Disorder** is a pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings.
- The essential feature of the **Schizotypal Personality Disorder** is a pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior.

The schizoid or schizotypal personality represents a splitting or fragmentation of the self into different self-representations that remain un-integrated. The result is a diffuse identity – they are not sure who they are, and they feel buffeted by highly conflictual thoughts, feelings, wishes, and urges.

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**Schizoid and Schizotypal Personality Disorder Treatment Considerations**

- The fundamental dilemma of schizoid and schizotypal clients mandates that they will vacillate between the fear of driving others away by their neediness, on the one hand, and the fear, on the other hand that others will smother or consume them. As a result all relationships are experienced as dangerous and to be avoided.

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Schizoid and Schizotypal Personality Disorders

Treatment Approaches

- These clients are prime candidates for group psychotherapy.
- Group psychotherapy is oriented toward helping client’s with socialization which is exactly where they suffer most.
- Their peers in a group process can function as a reconstructed family eventually being internalized to counterbalance their more negative internal objects.
- Group therapy may be their only social outlet and if they begin to feel accepted they will find their worst fears are not realized and will become more comfortable with people.

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Schizoid and Schizotypal Personality Disorders

Treatment Approaches

- Difficulties that can arise in group include resentment that the schizoid or schizotypal client doesn’t share as much.
- The group may also simply ignore a withdrawn schizoid or schizotypal client and proceed as if they aren’t there.
- May be scapegoated
- It is also important to remember that as therapists we must genuinely respect the client’s need to be different and must not feel compelled to transform a client into someone else.

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**Cluster B Personality Disorders: Borderline, Antisocial, Narcissistic, and Histrionic**

Borderline Personality Disorder—Pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity that begins by early adulthood and is present in a variety of contexts.

Antisocial Personality Disorder – Pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood.

Narcissistic Personality Disorder- Pervasive pattern of grandiosity( in fantasy or behavior), need for admiration, and lack of empathy, beginning by early childhood and present in a variety of contexts.

Histrionic Personality Disorder- Pervasive and excessive emotionality and attention seeking behaviors.

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301.83 Borderline Personality Disorder Diagnostic Considerations

- Persons with Borderline Personality Disorder make frantic efforts to avoid real or imagined abandonment. The perception of impending separation or rejection, or the loss of external structure, can lead to profound changes in self-image, affect, cognition, and behavior.

- They may believe that this “abandonment” implies they are bad.

- They may switch from idealizing other people to devaluing them.

- They will present with dramatic shifts in self-image, characterized by shifting goals, values, and vocational aspirations. Sexual identity, values, and types of friends.  
  
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Borderline Personality Disorder Psychodynamics

- It has been postulated that from a developmental standpoint clients with borderline personality disorder can be viewed as repeatedly reliving an early infantile crisis in which they feared that attempts to separate from their mother would result in her disappearance and abandonment of them. They were unable to internalize a whole soothing, internal image of their mother that sustains them in times of her physical absence. In the adult form of this childhood crisis, individuals are unable to tolerate periods of being alone and fear abandonment from significant others.

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**Borderline Personality Disorder Treatment Considerations**

- The goals of individual and group psychotherapy include a) strengthening the ego so that patients can better tolerate anxiety and can gain greater control over impulses; b) integrate split self and object representations so that patients can have a coherent, sustained, and fully rounded view of themselves and others, and, c) firmly establish a soothing-holding introject so that separations from significant figures can be tolerated.

- In order to benefit toward integrating a soothing-holding introject, individual therapy is indicated. Group therapy can aid by giving the borderline individual an opportunity to understand the defenses of splitting and projective identification which are common in all groups.

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Borderline Personality Disorder Treatment Considerations

- These clients are likely to quit psychotherapy, to act out self-destructively, to make inordinate demands for special treatment, to provoke ill-advised professional boundary crossing.

- Very difficult time developing an alliance with their therapist.

- Major therapeutic accomplishment is aiding the client in perceiving the therapist as a real and separate person who is invested in helping the patient.

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**Borderline Personality Disorder Treatment Approaches**

The consensus is that the borderline client needs concomitant individual therapy while in the group process.

In group therapy the group process dilutes the transference and so significantly benefits both the borderline client and the therapist.

301.7 Antisocial Personality Disorder

Antisocial Personality Disorder – Pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood.

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Antisocial Personality Disorder

Psychodynamics

- The person with antisocial personality disorder never becomes aware of other people as separate individuals with feelings of their own.
- Suicide attempts among these clients tend to grow out of narcissistic rage rather than out of genuine hopelessness and a wish to die.

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Antisocial Personality Disorder Treatment Considerations

- There is a broad consensus that clients with serious antisocial behavior are unlikely to benefit from outpatient psychotherapy exclusively. Residential treatment in which there is established control over the lives of the clients so that their usual channels for discharging unpleasant affects through action are blocked may afford the best outcome for the clients to come to terms with their anxiety and aggression. Therefore the cornerstone of treatment is a tightly controlled structure.

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Antisocial Personality Disorder Treatment Considerations

- Therapist may have difficulty engaging antisocial clients in treatment because they externalize all problems.

- Clinicians may experience counter-transference denial and under-diagnose antisocial personality disorder and thus view the client as more treatable than they really are.

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**Antisocial Personality Disorder Treatment Considerations**

**Positive Response to Treatment**
4. Presence of anxiety
5. Axis I diagnosis of depression

**Negative Response to Treatment**
8. History of felony arrest
10. History of violence toward others
11. Diagnosis of Axis I organic brain impairment

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Narcissistic Personality Disorder Treatment Considerations

- The psycho-dynamic understanding is that the person with narcissistic personality disorder is developmentally arrested at a stage where they required specific responses from persons in their environment that were not forthcoming. Specifically, the parents did not respond to the child’s developmental phase appropriate displays of exhibitionism with validation and admiration.

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Narcissistic Personality Disorder
Treatment Considerations

- Individual psycho-therapy is the treatment of choice for most clients with narcissistic personality disorder.

- The therapist should interpret –rather than actively gratify- the client’s yearning to be soothed.

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**Narcissistic Personality Disorder Treatment Considerations**

- Group psychotherapy can be counter-productive if it is the only treatment used.
- Narcissistic clients may enjoy the idea of having an audience but may also resent the fact that other people take some of the therapist’s time and attention.
- The literature supports combined individual and group therapy benefits narcissistic clients more than either approach alone.
- Most authors believe a long preparatory period of individual therapy that will lead to a solid therapeutic alliance is the best prior to group therapy.

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Histrionic Personality Disorder

- A pervasive pattern of excessive emotionality and attention seeking, beginning by early adulthood and present in a variety of contexts.

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Psychodynamic Understanding: Histrionic Personality Disorder

- In the female the lack of maternal nurturance leads her to turn to her father for gratification of dependency needs in which she soon learns that flirtatiousness and dramatic displays of emotions are required to gain father's attention.

- The male will experience similar maternal deprivation, will look to his father for nurturance and if the father is emotionally unavailable he is faced with two alternatives: he may model himself after his mother and develop a passive, effeminate identity or he may mimic various cultural stereotypes of hyper-masculinity.

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Treatment Considerations of Histrionic Personality Disorder

- Generally respond well to individual psychotherapy
- Generally the key problems they relate are interpersonal relationship problems.
- Often have an unconscious expectation that the therapist understands them intuitively, nonverbally, and globally without details of their intra-psychic world.

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Treatment Considerations of Histrionic Personality Disorder

- Feel as if they are “buffeted by powerful feeling states.”
  Need help recognizing the connection of feelings to ideas and beliefs.

- Often become “stars” in group therapy. Highly valued by other members for their ability to express feelings directly and for their care and concern about others in the group.

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**Cluster C Personality Disorders: Obsessive-Compulsive, Avoidant, and Dependent.**

- **Obsessive-Compulsive**: A pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control.
- **Avoidant**: A pervasive pattern of social inhibition, feelings of inadequacy, and a hypersensitivity to negative evaluation.
- **Dependent**: A pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation.

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Psychodynamic Understanding Obsessive-Compulsive Personality Disorder

- Individuals with obsessive-compulsive personality suffer from a good deal of self-doubt. Their experience as children was that they were not sufficiently valued or loved by their parents.
- They will have strong unfulfilled dependent yearnings and a reservoir of rage directed at parents for not being more emotionally available.
- Consequentially they often go to great lengths to demonstrate their independence and also will strive for complete control over all anger.

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Treatment Considerations of Obsessive-Compulsive Personality Disorder

- Intimate relationships pose a significant problem. Intimacy raises the possibility of being overwhelmed by powerful wishes to be taken care of, with the concomitant potential for frustration of those wishes, resulting in feelings of hatred and resentment. Relationships are threatening because they have the potential for becoming “out of control.”

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Treatment Considerations of Obsessive-Compulsive Personality Disorder

- They have a quest for perfection and a secret belief that if they can only reach a stage of flawlessness they will finally receive the parental approval and esteem they missed as children. The irony is they rarely seem satisfied with any of their achievements.

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Treatment Considerations of Obsessive-Compulsive Personality Disorder

- Generally respond well to individual psychotherapy but the very idea of the unconscious threatens their sense of control. They will therefore discount therapists insights.
- May respond to threat of intense affect with obsessional rambling that serves as a smoke screen to mask their real feelings.
- Group therapy is highly effective in dealing with this problem as the client may accept feedback from peers without the same power struggle that accompanies feedback from the therapist.

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**Avoidant Personality Disorder**

- Avoidant Personality Disorder- A pervasive pattern of social inhibition, feelings of inadequacy, and a hypersensitivity to negative evaluation.
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Psychodynamic Understanding: Avoidant Personality Disorder

- Individuals can be shy and avoidant for a variety of reasons. Some research data suggest that the trait of shyness is of genetic-constitutional origin. Shyness and avoidance defends against embarrassment, humiliation, rejection, and failure. This anxiety must be explored to understand fully its origins with each individual client.

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Treatment Considerations of Avoidant Personality Disorder

- Generally respond well to both individual and group psychotherapy.
- Need to explore the underlying causes of shame and their linkages to past developmental experiences.
- If able to confront the feared situation exposure exercises can help.

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**Dependent Personality Disorder**

- Dependent Personality Disorder - A pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation.

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**Psychodynamic Understanding: Dependent Personality Disorder**

- Many clients with dependent personality disorder have grown up in households where the parents have communicated in one way or another that independence is fraught with danger.
- Over-involved and over-intrusive parenting is common to this group of clients.

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Treatment Considerations of Dependent Personality Disorder

Questions?
Pathological Gambling: Bio-Psycho-Social

References


Pathological Gambling: Bio-Psycho-Social

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The End

Thank You