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BEHAVIORS OF PEOPLE WITH GAMBLING ADDICTIONS FROM THE PERSPECTIVE OF SELF-CONFIDENCE

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This article presents the relationship between gambling behaviors and self-confidence, social courage, and initiating social contacts. For the praxeological dimension of the research, the following psychometric instruments were used: The Self-Confidence Test, developed by Romek V.G. and the Problem Gambling Severity Index, authors Ferris J. & Wynne H. The experimental group consists of 134 respondents who were selected to be part of the research due to the addictive relationship they have with gambling. We note that the statistical analysis of the results indicates significant relationships between the analyzed aspects, namely: gambling behaviors and self-confidence, social courage, initiating social contacts. Thus, the research results contribute to the concretization of the sequences long debated in the specialized literature regarding the fact that behavioral addictions are influenced by psychological aspects such as the self-confidence of the addicted individual.

Keywords: *self-confidence, social courage, initiating social contacts, addictions, gambling, gender in gambling addiction.*

COMPORTAMENTELE PERSOANELOR CU ADICȚII DE JOCURI DE NOROC DIN PERSPECTIVA ÎNCREDERII ÎN SINE

În cadrul acestui articol este prezentată relația dintre comportamentele de joc de noroc și încrederea în sine, curajul social, precum și inițierea contactelor sociale. Pentru dimensiunea praxiologică a cercetării au fost utilizate următoarele instrumente psihometrice: Testul încrederii în sine, elaborat de Romek V.G. și Indexul de severitate a jocurilor de noroc problematice, autori Ferris J. & Wynne H. Grupul experimental este constituit din 134 de respondenți care au fost selectați pentru a participa la cercetare datorită relației de dependență pe care o au cu jocurile de noroc. Menționăm că analiza statistică a rezultatelor indică relații semnificative dintre aspectele analizate și anume: comportamentele de joc de noroc și încrederea în sine, curajul social, inițierea contactelor sociale. Astfel, rezultatele cercetării contribuie la concretizarea secvențelor îndelung dezbătute în literatura de specialitate cu privire la faptul că adicțiile comportamentale sunt influențate de aspecte psihologice precum încrederea în sine a individului dependent.

Cuvinte-cheie: *încredere în sine, curajul social, inițierea contactelor sociale, adicții, jocuri de noroc, genul în adicția de joc.*

Introduction

The specialized literature has highlighted the fact that both substance and behavioral addictions have a multifactorial impact on an individual from a neurobiological, social, psychological and economic point of view. Thus, consumption behavior, which is most often interpreted by society as illogical from a rational point of view, highlights an altered neuroplasticity and a profound dysregulation of the brain's reward system. Addictions represent a pressing public health problem that affects not only the person involved, but the entire community [5, p. 159]. To correctly understand the complexity of the phenomenon, it is very important to understand the subtle distinction found in the terminology: dependence or\and addiction. In the general sense, we can speak of a physiological dependence when we refer to the state of adaptation of the body to a substance, and subsequently, following the interruption of this substance or its reduction, symptoms such as those known as physical withdrawal (vomiting, tachycardia, etc.) appear, but also psychological withdrawal (anxiety, irritability, etc.) [2, p. 57-63].

Starting from the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), which represents a globally accepted standard for psychiatric diagnosis, what was historically called „addiction” is primarily

referred to as „substance use disorder" (SUD), and the term „dependence" refers specifically to physiological dependence [13, p. 4635-4645]. Physiological dependence can occur without considering addictive behavior, this can be seen when we talk about medical treatments prescribed by specialized professionals. An individual may receive a drug from the opioid class as a treatment following a medical procedure or if they are suffering from physical pain. This individual may develop a physical dependence on that drug, which is a support for them to cope with the pain. The body will later experience withdrawal symptoms when the medication is discontinued or the dose is changed. In this case, the patient is not "addicted" in the pathological or addictive sense. In this case, the body's natural physical adaptation response is highlighted and at the same time, physiological reactions can be observed when interacting with certain substances [6, p. 25]. Addiction, as a central element, includes brain changes in terms of reward systems, motivation and long-term memory. We cannot talk about addiction without talking about its components: tolerance, craving, loss of control, withdrawal [5, p. 159] and continued use despite negative consequences [6, p. 25]. From a psychological point of view, we can speak of a two-way feedback loop that occurs as a result of addictive behavior. In addition to negative emotional manifestations and the withdrawal felt, consumption behavior (both of substances and behaviors) can aggravate pre-existing mental illnesses, but also certain disorders, emotional problems or pathologies, which can fuel consumption behavior. Behavioral addictions alter sociocognitive functions, empathy and/or recognition of emotions, actively contributing to the persistence of certain disorders [17, p. 473-487] to the same extent, people with antisocial personality disorder [12, p. 178-187] present impulsivity, non-compliance with norms and lack of empathy, often being associated with pathological gambling.

Concept and Argument

Behavioral addictions and pathological gambling

Addictions are generally associated with substances, the most well-known and common being: tobacco, alcohol and psychoactive substances [8]. However, behavioral addictions are beginning to be recognized in the specialized literature, an important first step in this direction was the introduction of gambling disorder into the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), officially becoming the first behavioral addiction [11]. At the level of official title, the title of "behavioral addictions" is still not officially recognized by DSM-V [1], even if it has started to be used more and more often following the emerging evidence regarding the similarities between substance use and behavioral ones [8]. It can be observed that both in the case of behavioral and substance addictions, the person persists in the behavior even if he experiences a series of severe negative consequences [9]. There are also a number of differences, in the case of behavioral addictions that make diagnostic consensus difficult [10] such as the absence of ingesting a substance [14] and the differentiation between addiction and compulsive behavior in the case of certain behaviors such as: food, sports or shopping [8].

Gambling disorder, known as pathological gambling or gambling addiction, is characterized by a persistent and recurrent pattern of increased intensity of gambling behavior even if negative and significant consequences occur on the main life stages of a person [4]. This condition is more than a lack of will and desire for quick enrichment, it involves a complex interaction of psychological, neurobiological and social factors, being present a pattern of excessive allocation of short-term rewards whose consequences can be observed in the long term [7]. The DSM-V stipulates a series of diagnostic criteria based on a persistent and recurrent pattern of problem gambling behavior manifested by the presence of four (or more) of the following symptoms in a 12-month period:

1. "The need to gamble increasing amounts of money to achieve the same pleasure or euphoria;
2. The individual becomes restless and irritated when trying to stop or reduce the pathological play;
3. The individual has made numerous efforts to stop, control, reduce, or reduce the pathological gambling, but without success;
4. The individual is intensely preoccupied with gambling (eg, has thoughts of reliving past gambling experiences, plans new opportunities to gamble, thinks about how to get money to gamble with);
5. Playing is often a way to relieve a negative mood (eg when feeling unhappy, hopeless, guilty, anxious, depressed);

6. After losing money gambling, he often returns in the following days to get his revenge (“hunt” his own losses);

7. Lying to hide the degree of involvement in gambling;

8. Jeopardized or lost an important relationship, a job, or an educational or career opportunity because of gambling;

9. He relies on others to give him the money he needs to get out of desperate financial situations caused by gambling” [1, p. 585-586].

Gambling behavior and self-confidence

Self-confidence plays a significant role in gambling addiction, being present both in the initiation of the behavior and in its long-term maintenance [15]. At the basis of the maintenance of gambling behavior is often an excessive confidence in one’s own forces or in the ability to influence random outcomes, manifested by overestimation [16]; at the opposite pole, one can also find low self-confidence regarding how to manage gambling behavior and its impact on a person’s life. As the gambling behavior evolves [3], the person realizes that although there is a desire to stop, he can no longer reduce the frequency of the game, thus he realizes that he has lost control over his own forces, these repeated failures affect the self-confidence, self-efficacy and self-esteem of the players.

Materials and Methods

In the framework of the research, the answers given by 134 respondents with varying degrees of gambling addiction were analyzed. These respondents were co-opted from several psychology offices and associations.

Table 1. Distribution of subjects according to the gender criterion

The gender criterion	Participant	Percent
Women	57	42,5
Men	77	57,5
Total	134	100%

It can be seen from the results included in table 1 that the respondents are distributed almost equally according to the gender criterion. Thus, a percentage of 57.5% of the respondents are men, and 42.5% of the entire experimental group are women.

In the following we will present the sequence of the research carried out to verify the hypothesis according to which we assumed that there is a relationship between the level of self-confidence and the level of severity of gambling addiction. We will begin with the study of the level of self-confidence for which the Self-Confidence *Test developed by Romek V.G.* was administered. then we will present the data for the *Problem Gambling Severity Index by Ferris J. & Wynne H*.

The self-confidence test (Romek V. G.) determines the level of confidence in one’s own strength, the ability to have social courage and the ability to maintain interpersonal relationships. Regarding the age limit, the test is recommended from the age of 14 onwards. With a number of 30 items, it presents 3 answer options arranged on 3 columns. In fact, these items help outline the first image of the person’s willingness to trust in their own strength and present the respondents’ ability to maintain adequate interpersonal relationships. When answering the test items, a choice is made for one of the variants of statements offered. It is requested that the statements in column B be selected less frequently (not more frequently than once every 3-4 questions). Scores are assigned according to the test key, summed for each subscale, and raw values are then converted to standard values. The levels for self-confidence, social courage and social initiation are defined as follows: Indexes 1–4: low level; Indexes 5–7: medium level; Hints 8–10: High level.

As we pointed out, the research used the *Problem Gambling Severity Index, authors Ferris J. & Wynne H.* This instrument was specially constructed to measure the intensity of problem gambling in relation to the general population and is composed of 9 items, of which 4 specifically assess gambling behavior. By summing up the scores, 4 categories of players are obtained depending on the score obtained: 0 is a player with-

out problems; 1-2 describe a low-risk gambler (gambling behavior may be incipient or occur occasionally without major impact on various areas of a person's life). This category includes people who use gaming behavior for self-regulation following a possible trauma. A score of 3-7 describes a moderate-risk player (behavior has been present for a period of time, it is possible for family or people nearby to notice that there are things wrong with the person). Gambling behavior can be felt in the mental state of the person, assuming a high level of stress, sleep problems, anxiety-type symptoms. Also, people can have debts, but not at a level that exceeds their financial ability to pay them; The cumulated score of 8 describes a problem player, that is, the gambling behavior interferes deeply with the person's life and with every level of development. In this context, the person may suffer from: depressive states, anxious states, sleep problems, suicidal thoughts, health problems, inability to concentrate, memory problems, lack of hope, feelings of hopelessness, problems with family or family of origin etc.

Results and Discussions

In this part we will present the descriptive statistical data regarding the results obtained from the statistical processing. Table 2 shows the data for the gambling index and the components: self-confidence, social courage and initiation of social contacts.

Table 2. Distributions of the Gambling Severity Index and self-confidence

	Mean	Std. Deviation	Skewness		Kurtosis	
				Std. Error		Std. Error
Problem Gambling Severity Index	2,216	1,394	0,365	0,209	-1,781	0,416
Self confidence	16,761	2,543	0,311	0,209	-0,053	0,416
Social Courage	20,440	4,720	-0,110	0,209	-0,993	0,416
Initiating Social Contacts	17,466	4,324	-0,287	0,209	-1,117	0,416

Thus, for the *Problem Gambling Severity Index* we observe a mean of 2.216 with a standard deviation of 1.394. The skewness and skewness indicators although in some cases exceed the limits of a normally distributed distribution, the applied statistical procedures are sufficiently robust and the skewness and skewness indicators do not exceed the limits by much. The levels for self-confidence, social courage and initiation of social contacts identified with the *Self-Confidence Test (V.G. Romek)* are graphically illustrated in Figures 1-3.

The levels of self-confidence are shown in figure 1. The results demonstrate that the majority of respondents, namely 128 participants, had low self-confidence. Thus, participants who scored at this level are characterized as lacking self-confidence and we can describe them as shy with high levels of anxiety who need professional help. It can also be observed that only 6 study participants obtained an average self-confidence score. It should be emphasized that no respondent obtained a high score, which indicates that none of the respondents has a high level of self-confidence.

Figure 2 shows the results for the factor - social courage.

From figure 2 we can see that 69 respondents, which represents 51.5% of the total participants, report a low level of social courage. A percentage of 37.3% of the total number of respondents (representing a number of 50 participants) obtained an average score regarding the analyzed factor. Moreover, only 15 respondents, representing 11.2% of the total subjects interviewed, obtained high scores regarding the Social Courage factor.

The third component concerns the factor of initiating social contacts (figure 3).

From figure 3, the levels of the factor - initiation of social contacts, it can be observed that 69 respondents, which represents 51.5% of the total participants, report a low level of the given factor. A percentage of 46.3% of the respondents representing a number of 62 participants obtained an average score regarding the analyzed factor and only a number of 3 respondents, representing 2.2% of the total experimental subjects, obtained high scores regarding the factor - initiation of social contacts.

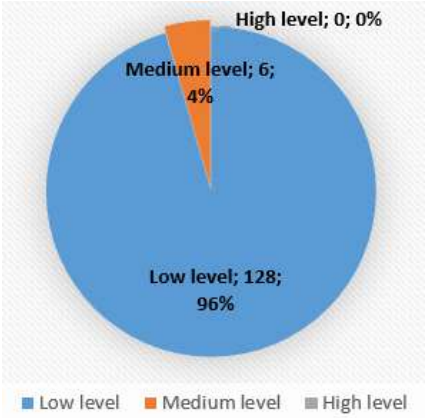


Figure 1. Levels of the factor - self-confidence

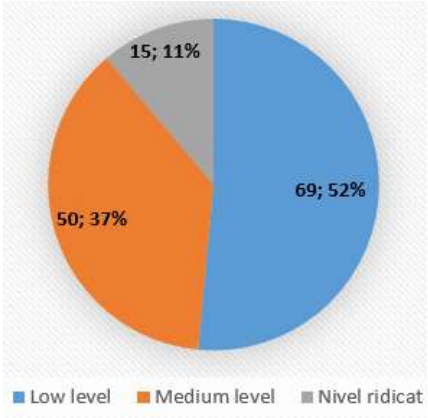


Figure 2. Levels of the factor – social courage

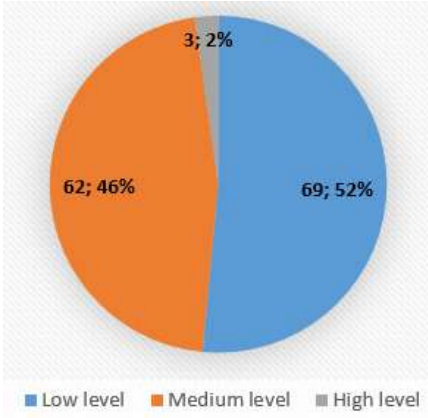


Figure 3. Levels of the factor – initiation of social contacts

According to the research approach, we present the correlation coefficient indices regarding the identification of the relationship between the gambling severity index and self-confidence, social courage and the initiation of social contacts. The results are presented in table 3.

Table 3. Correlations between gambling severity index and self-confidence

Factor	Problematic gambling severity index	
	Correlation coefficient (r)	Significance threshold (p)
Self confidence	0.431**	0.001
Social Courage	- 0.545**	0.001
Initiating Social Contacts	- 0.640**	0.001

According to the results obtained for the correlations between the gambling severity index and self-confidence we can see that there are significant relationships between the analyzed variables. Thus, the self-confidence factor correlates significantly (p=0.001), respectively the correlation coefficient is also strong (r=0.431). We can state that the more self-confident respondents are, the higher they score on the Gambling Severity Index.

The next factor analyzed within the self-confidence test is the social courage factor which strongly correlates inversely significantly (r= - 0.545, p=0.001) with the gambling severity index. This relationship shows us that people addicted to gambling have a low level of social courage.

The last factor analyzed within the same test (Self-confidence Test) is the factor - initiation of social contacts. According to the results obtained from the statistical analysis, we identify the inverse correlation, highly statistically significant (p=0.001) with a strong correlation coefficient (r=-0.640) between the gambling severity index and social courage. More concretely, we identify a difficulty of people addicted to gambling in initiating social contacts.

Conclusions

In conclusion, the research results confirm the complexity of the relationship between the severity of problem gambling and the dimensions of self-confidence, highlighting a specific psychological profile for people with behavioral addictive behavior. According to the specialized literature, gambling addiction cannot be reduced to a simple problem of willpower or an irrational pursuit of gain, but must be understood as a disorder with profound neurobiological, cognitive, emotional and social implications. The obtained data indicate the existence of highly statistically significant correlations between the gambling severity index and the analyzed variables, outlining a relevant explanatory model for understanding the mechanisms of maintaining addictive behavior.

On the one hand, the positive association between the global level of self-confidence and the severity of gambling index can be interpreted through the lens of the phenomenon of overestimation of one's abilities and the illusion of control over a random system. Individuals high on this dimension tend to overestimate their ability to influence game outcomes, which favors the persistence of behavior despite negative consequences. On the other hand, the significant negative correlations between game severity and social courage, respectively the initiation of social contacts, suggest a progressive deterioration of socio-relational functioning. Thus, as the addictive behavior intensifies, there is social withdrawal, difficulties in establishing and maintaining interpersonal relationships and diminishing social adaptation skills.

The gender differences identified, with a higher prevalence of severity among men, reinforce previous observations in the literature and emphasize the need for differentiated interventions. Overall, the results support the hypothesis of a significant relationship between self-confidence and gambling severity, highlighting the importance of nuanced assessment of the psychological constructs involved. The practical implications aim at the development of prevention and intervention programs that address both cognitive distortions related to control and self-efficacy, as well as the deficit of social skills, thus contributing to an integrative and effective approach to this public health issue.

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