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Interaction of The Loneliness Phenomenon and Gambling Addiction.

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ABSTRACT

Present article explores the problem of interaction of the loneliness phenomenon and gambling addiction. It defines the significance of studying pathological tendency to gamble and corresponding changes in personality and social interactions. We address the main factors and psychological mechanisms, which lead to gambling addiction. During an empirical study we obtained the results, which demonstrate direct influence of pathological gambling addiction on the feeling of loneliness. Based on the results of the study, we conducted the analysis of the loneliness phenomenon and provided recommendations for preventing and correcting gambling addiction, which include the means of prophylactics and psychological assistance and, in critical cases, psychotherapy methods.

Keywords: pathological tendency to gamble, gambling addiction, gambling, gambler, addiction, addictive behavior, social functioning strategy.

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INTRODUCTION

Together with changing social-economic conditions in Russia, occurred the genesis and development of gambling industry. Gambling became a popular way of spending free time for a significant amount of Russians. Unfortunately, official transfer of gambling industry to specially provided gaming areas did not lead to the complete liquidation of gambling establishments in the Russian Federation; it changed their form but not their essence. Casinos disappeared from Russian cities, however, instead of them there are now interactive clubs, where gamblers continue to play on the Internet and gambling establishment exist within interactive clubs and function illegally; the profit from gambling industry is transferred to the accounts of the off-shore area.

The situation related to the addictive behavior is rather problematic for many countries in the World, including Russia. The reason lies in the core difference of thinking and beliefs stereotypes of the consequent generations that were raised in different social-economic conditions, as well as in a prolonged crisis situation – political, economic and social.

In the last years the situation in Russia is characterized by constantly increasing requirements and psychological stress, primarily due to the influence of various mass psychogenic factors. This, in turn, cannot have no effect on the society's mental health and not lead to the increased amount of behavioral disorders, particularly, addictions.

Pathological tendency to gamble (further – PTD) is a dangerous type of addiction, because it is capable of leading to bankruptcy, which can become a push towards delinquent manifestations, lead to the disruption of relationships with significant others and even provoke suicide attempts. This type of addiction has destructive effect on a person's lifestyle in general by making him/her focused on gambling. Furthermore, all other areas of a person's life become a background and become non-significant. A person forgets his responsibilities and stops paying interest to the things that gave him pleasure before.

Specific trait of gambling addiction is a person's involvement in gambling, which is accompanied by adrenaline release and vivid emotions, which appear because of the possibility of a significant gain. A game often serves as a way of escaping reality, when a person uses it for distraction from the routine problems, for relaxing and looking into a different reality, which makes his life more various and full.

However, the consequences of addictive influence are completely negative. For example, a person suffering from PTD can spend all his savings and find himself on the verge of poverty; this might happen rather quickly because a person can lose all his money at once, while the wish to win it back makes him take loans, sell valuable things and even real estate, because a person caught in the game loses the ability of self-control and rational assessment of his actions' consequences and significantly overestimates the chances of winning.

People of working age become addicted to gambling, which affects the state of economics in general and population employment in particular. Internationally, the problem of gambling has been noticed 25-30 years ago (Barker & Miller, 1986; Binder, 1990; Blaszczynski et al., 1991). The amount of pathological gamblers in an adult population varies in the range from 0.4 to 3.4% but reaches 7.0% in some regions (Darenskiy, 2005). In Russia there is still no governmental statistics, which would have reflected the state of the problem of PTD prevalence in various social strata.

Absence of governmental program for treating, preventing and prophylactics of addicted and co-dependent to gambling makes the situation worse. Analysis of recent studies and publications showed that in Russian science the problem of gaming addiction is rather new and non-developed. National scientists have already made the first steps in studying gaming addicting behavior and today we can already state the fact of developing new direction of studies.

Currently there is a sufficient amount of gambling addiction studies, for example, by V.V. Kozlov (2011), V.V. Zaytsev & A.F. Shaydulina (2003) and others; however, the dependence of gambler's personality traits from gambling addiction remains virtually unexplored. There are studies of PTD development stages, conducted by A.I. Marmileva (2010) and Yu.G. Tikhonova (2009), along with similar studies in adolescents (Petrova, 2009). However, there are almost no studies about personality changes in gambling addicted.

In the national tradition, up until almost the end of the last century, all types of addictive behavior were defined by the concept of “dependence”, while the concept of “addiction” was almost never used in the scientific literature. Currently Russian science uses both concepts, usually as mutually replacing. The Western tradition attempts to divide these concepts; addiction is understood as control impairment and dependence is physical urge as psychological adaptation to “administering the drug” – regardless of whether it is chemical or non-chemical – in order to overcome negative symptoms. Separate researchers use the concept of “psychological dependence”, which they understand as individual’s state of severe urge, “need” or necessity to have something (Korolenko & Dmitrieva, 2001).

In the opinion of V.A. Soldatkin, in order for a certain addiction to become “accentuated” and to create a foundation for addictive behavior, three conditions are necessary. Firstly, this activity has to be characterized by the urge to escape from reality by changing psychological state without using chemical agents. Secondly, it has to take the leading spot in a person’s life and conscience. Thirdly, it has to be conducted by the individual at the expense of social connections and other vitally significant areas (Soldatkin, 2008).

The leading factor of pathological urge to gamble (according to ICD-10, taxon F63.0 (PTD)) is a constant urge to escape reality by changing one’s own conscience. A new addictive personality develops, which has its own motivation, interests, directions, axiological orientations, etc. (Blaszczynski et al., 1991). It is reasonable, according to the specialists, that gambling is a personality and behavioral disorder; its pathomorphosis develops from recreation in pathology and, according to ICD-10, is characterized as robust and recurrent maladaptive behavior, “which disrupts the completion of personal, family or professional responsibilities” (Nuller & Tsirkina, 2005, p. 210).

Among the people with predisposition to non-chemical addiction, the most vulnerable age category is adolescents and young people. It is defined by the fact that they are on the stage of development and have not yet reached a certain level of physical and mental maturity; they cannot resist the urge to try something unusual.

Modern social factors also affect the development of addictive behavior in adolescents and youth, because parent’s choice of fast life pace leaves little time for interacting with the child; moreover, free time is often spent not on the interaction but on “lonely recreation” – watching television, surfing the World Web, reading, etc. The way that youth spend their free time points to their orientation towards vivid experiences and wish to be independent, which usually accompany the transitory period from childhood to adult life. Preference of one or another way to spend time often manifests in committing antisocial actions with a certain amount of risk, for example, such as using drugs or participating in gambling, because gambling – playing for money – allows feeling oneself more adult.

Analyzing psychological mechanisms that lead to gambling addiction development, it is possible to define the following: imitation, contagion, suggestion, repression and substitution.

The mechanism of imitation manifests when interest in gambling is perceived as socially-accepted and approved by the referent group, which is frequently observed in youth environment. The urge to meet the expectations of the surrounding people stimulates an individual to try such type of activity, which turns into addiction when a person has specific predispositions.

Contagion functions in the situation when a person, being around his peers, observes, which emotions are evoked by participating in gambling, and starts feeling that thrill and exaltation, which they feel. This stimulates him to try such type of amusement himself and, having tried, he usually does not want to stop because he receives positive reinforcement in form of vivid emotions. The urge to feel these intense experiences again stimulates the individual towards further advancement in the game, which defines the development of addiction.

Suggestion is often conducted in everyday life through the social propaganda of the cult of money, which gradually spreads and replaces general human values. An individual is convinced that “money rules the world”; he gets an impression that he can feel protected only by having a significant amount of money, which

urges him to multiply his savings. Moreover, an individual often chooses gambling for that, because the perspective of gaining a significant amount of money without effort seems attractive to him.

The mechanism of repression acts when gambling is used as a way to forget troubles and conflicts. It is facilitated by the atmosphere of a game itself, which implies adrenaline release, pleasant excitement while waiting for the gain and a person's exit from the real world into the fantasy world where he can imagine his desired future and believe that it can become real.

Substitution functions as a mechanism, which allows transferring psychological energy from one object to another. If a person feels shy and lonely and suffers from apathy and negative emotional states, gambling serves for releasing tension and anxiety and frees a person from frustration.

METHODS

Considering the abovementioned, the aim of present article is to present the result of an empirical study of interaction between feeling of loneliness in adolescence and pathological tendency to gamble and to define the possible directions of psychotherapeutic work.

In order to reach the set aim we assessed 48 people with diagnosed PTSD (F63.0), patients of the centers of drug dependency treatment and psychotherapeutic assistance. The control group consisted of 24 people without gambling addiction. All participants gave informed consent.

Both the participants of the main and in the control groups were adolescents and young men 15-25 years old.

The procedure of the study included the use of the following psycho-diagnostic methods:

- Tucher's test for revealing gambling addiction was used to confirm the PTSD in the main subject group;
- Method of diagnosing the subjective loneliness level by D. Russel and M. Fergusson and diagnostic questionnaire "Loneliness" by S.G. Korchagina (diagnostics of situational loneliness) were used for diagnosing the feeling of loneliness.

RESULTS

Diagnostics of gambling addiction with Tucker's test in the main subject group showed high possibility of pathological gambling addicting. The subjects of the control group demonstrated the absence of the consequences of participating in gambling.

The distribution of the degrees (levels) of subjective feeling of loneliness, according to the Russel-Fergusson method, was the following:

1. In the subjects of the main group (PTD) the prevailing subjective feeling of loneliness levels were high (79.17%) and average (20.83%).
2. In the subjects of the control group (PTD) the prevailing subjective feeling of loneliness levels were average (58.33%) and low (41.67%).

The distribution of situational loneliness level by the Korchagina's questionnaire was the following:

1. In the subjects of the main group (PTD) the prevailing traits were deep feelings of actual loneliness (79.17%), up to the feeling of absorption in this state (20.83%).
2. On the subjects of the control group the prevailing traits were surface feeling of possible loneliness (58.33%) or its complete absence (41.67%).

According to the results of statistical analysis with Student's t-test, it is possible to state the significant differences between the two groups in the quantitative characteristics of Russel-Fergusson method and the Korchagina's questionnaire.

Moreover, there are significant correlations between the results of gambling addiction testing (Tucker's test) and feeling of loneliness (Russel-Fergusson method and Korchagina's questionnaire) in the main subject group.

DISCUSSION

Considering the fact that, on the one hand, the feeling of loneliness is significantly higher in the group of subjects with PTSD, and on the other hand, there are correlations between gambling addiction characteristics and feeling of loneliness, it is possible to talk about direct influence of pathological gambling addiction on the feeling of loneliness. Let us thoroughly describe this psychological category.

In the opinion of scientists, loneliness is not the physical isolation from the world or forced limitation in space (although this state can be accompanied by purely physical isolation). First of all, it is a specific form of a person's self-consciousness, which is related to difficult internal feelings of one's own distance from the social life, loss of self-value ("the world has forgotten about me") and awareness of a deep rupture between oneself and the rest of the humankind.

People, whose loneliness is forced, acutely experience this state and try to attract attention of the surrounding people at any expense, to get emotional support and to personalize in their social-cultural space.

Loneliness is mainly a passive state. We often do not perform any activity in order to change the situation and may spin in the cycle of loneliness for years. Sometimes we hope that this feeling would disappear on its own or wait for help from somebody else, who would "suddenly" change our life for the best. But by doing so, we only allow drawing us in even more. We hold the loneliness inside us, not knowing that deepening this feeling can lead to depression and feeling of hopelessness, which would make the state even worse.

According to the classification by A.V. Kharash (2012), there are four types of loneliness.

1. Cosmic loneliness – loss of the connections between a person and the Universe, God, nature and world of people. The suffering is deep because a person feels his own irrelevance, he becomes "needless"; any of his attempts to become useful and required meet the emptiness, do not have a response neither from separate people, nor from the society in general. As a result, this type of loneliness leads to an identity crisis, which most frequently ends either in neurotic disorder or in covering in psychosomatics and suppressing the destructive thoughts by increasing bodily suffering.
2. Cultural loneliness occurs if a person's personal values do not correspond with the social-cultural norms of the society, in which he lives; they are sometimes perceived with hostility and separate the person from the others. This is most frequently present in the case when a person has to live among people with different social-cultural values and norms. He feels as an "alien", who is not protected from ostracism, persecutions, moral and legal repressions.
3. Social-psychological loneliness occurs when a person is forced to "fall out" of his social group. It results not only in the change of his social status but he also loses the familiar circle of communication and gets a status of a "cast away", whose former friends now avoid and who does not have a place in meso-society from now on, i.e. a person loses his "niche". An example of this can be the people, who are accused of crimes, sentenced to prison, etc. Apart from difficult challenges, which usually fall upon people, they constantly experience guilt complex, irreversible loss, embarrassment and anxiety for their own future.
4. Personal loneliness is always disruption of connections with close people or loss of them (death of relatives, family partner or departure to another country, deep unsolvable conflict or divorce). For a person this means the loss of psychologically significant people, with whom he had trusting relationships, open communication, sexual experiences, which are related to his deepest memories and hopes. For many people this means the loss of a part of their "Self", those motivations that were related to approval of the lost people, their support and constant presence in life. The main manifestations of personal loneliness are "floating" anxiety, sub-depressive mood background and fits of desperation with crying and subsequent asthenia. Moreover, the nature of emotions depends on the attributions, which a person gives to the people, who left his life. If external attribution prevails (a person accuses others in his abandonment), prevailing emotions are anger and bitterness. In case of personal attribution, when self-esteem is significantly lowered, a person feels dislike, even disgust,

towards oneself, accuses his own appearance, character and habits in his loneliness and involuntary idealizes the ones who abandoned him.

Lonely person's behavior certainly depends on his personality traits, favors, habits and mood, but all of the studies of this phenomenon highlight two main strategies of lonely people's social functioning - melancholically-passive and actively-compensatory strategies (Puzko, 2005; Vetrov, 2013).

Melancholically-passive strategy is somewhat similar to lethargic sleep, when a person, as a robot, performs the necessary actions with external lethargy (buys food in a grocery store, does hygienic procedures), watches television for several hours a day without distinguishing films, shows and even faces on the screen; he ingests alcohol and other psychoactive substances, talks to himself or to an imaginary companion about his loss. If the process of adaptation to lonely existence is significantly prolonged, psycho-social maladaptation takes place and requires mandatory intervention from a psychologist, psychotherapist or even psychiatrist.

Actively-compensatory strategy is ration, often creative and inspired use of one's own time. A person reduces his needs and frees more time and energy for creating, helping others and sometimes for gaining on something that was postponed "for better times", fulfilling his dreams or keeping a diary of life events. Such people interpret loneliness as maximal freedom when they do not have to adapt to the requirements from other people, sacrificing (sometimes without purpose) their dreams, opportunities and life principles.

Considering the characteristics of gamble addicted people, as well as the loneliness types presented above, it is possible to say that gamblers commonly have both social-psychological loneliness related to the change of their social status as a consequence of pathological gambling, and personal loneliness, because gambling addiction often leads to disruption of family- and relatives connections, divorces, etc. As far as the strategies of social functioning of gambling-addicted lonely people are concerned, melancholically-passive strategy is more common, whereas alcohol and other psychoactive substances are replaced by gambling game.

Proceeding with the discussion of gambling addiction and associated feeling of loneliness, in our opinion, it is necessary to describe methods of prophylactics, psychological assistance and psychotherapy for this addiction.

In our opinion, the most efficient methods of PTD prophylactics might be educational work aimed at expanding a person's knowledge about the specifics of PTD development and its negative effect on a the personality. Equally significant method might be creation of favorable conditions for balanced personality development, which would provide its robustness against negative influences.

In case of PTD occurrence, psychological assistance should be aimed at optimizing a person's self-esteem and self-attitude and decreasing individual's motivation for using the addiction objects for self-validation. Equally significant factor is expansion of personality resources for creating balanced interpersonal relationships with the surrounding people, which decreases a person's urge to deepen gambling activity. Such forms of psychological assistance as individual consulting and participation in trainings are useful for reaching these aims. An important condition for correcting addictive behavior is also increasing personality stress-resistance, which facilitates the decrease in motivation for escaping in parallel reality. Correction work in general has to be conducted with regard to the reason of addition and directed at eliminating this reason.

Indication for conducting psychotherapy should be only positive diagnostics, according to the ICD-10 classification. There are the following counter-indications for conducting psychotherapeutic work: refusal to participate in psychotherapeutic events; state of alcoholic or drug intoxication; severe mental disability (dementia, oligophrenia); severe organic impairment of the brain; severe somatic or neurological pathology in the state of decompensation; presence of suicidal tendencies; severe manifestations of withdrawal syndrome (alcoholic, from opiates); severe exacerbation of pathological affliction syndrome; acute psychotic disorders regardless of their genesis.

Based on the studies of the national psychotherapists, it is possible to state the following rules of conducting psychotherapeutic works with this cohort: following the time frames; flexibility of psychotherapeutic role depending from the patient's requests and therapeutic feasibility; presence of

psychotherapeutic contract (obtaining patient's informed consent for treatment, patient's acceptance of responsibility for the treatment).

Intensity and duration of psychotherapy have to be defined individually in dependence from patient's intra-personal pace.

Psychotherapy has to include the following stages:

- establishing the contact (empathic listening, methods of compassion, demonstration of support and interest, clarification of medicaments' role);
- generation of therapeutic strategy (psychotherapeutic interview, psycho-diagnostic assessment and development of an individual psychotherapeutic plan of assistance);
- actualization – conduction of psychotherapeutic events;
- consolidation of positive changes, prophylactics of relapses (consolidation of the capability of using the problem-solving abilities obtained during the psychotherapeutic process).

In our opinion, the structure of psychotherapeutic process necessarily has to include a lecture course on the following topics:

1. Overcoming the problems, which were present in PTSD;
2. PTSD as bio-psycho-social phenomenon;
3. Symptoms and syndromes of PTSD;
4. Stages of PTSD development;
5. Psychological, somatic and social consequences of PTSD;
6. Psychological defense from gambling addiction;
7. Main principles and aims of PTSD psychotherapy;
8. Prophylactics of gambling relapse.

Therapeutic process also has to include physical exercise in form of gym training three times a week together with manual therapy.

Such complex approach provides not only improvement of general well-being and cerebral blood flow but also presents the patients with an opportunity to feel their capabilities; due to the effect of physical exercise, it also allows them to get rid of depression rather quickly.

According to the specialists' observations, physical exercise allows patients to notice signs of euphoria after strength training after as little as 2-4 months. It allows drawing a conclusion that, subjectively, this euphoria would become more pleasant for gambling addicted people than the euphoria from the game.

For men, who suffer from PTSD, we can propose the following sets of exercise (4 exercises in each set):

1. Bench press – 4 sets of 5-8 full cycles;
2. Exercise on the bars for the muscles of anterior abdominal wall;
3. Deadlift – 4 sets of 6-8 full cycles;
4. Standing exercise for biceps with straight or bended weight bar;
5. Overhead press – 4 sets of 5-8 full cycles;
6. Exercise on the incline for the muscles of anterior abdominal wall;
7. Exercise on a back muscles trainer;
8. Exercise for the upper limb triceps with weights – 4 sets of 6-8 full cycles.

Further, cognitive-behavior and existentially-oriented therapy should eliminate subjects' irrational affirmations, which were developed with the addiction background and supported the process in the direction of personality destruction. Such affirmations include: "I am already so used to gambling that I cannot stop"; "I put my close people in a difficult financial standing many times, and now they are going to hate me for the rest of my life"; "if I lost control over my emotions and will, nothing will help me now"; "the entire life is a game, how can a person not gamble?"; "it is necessary to solve the problem of gambling structurally and at once; otherwise it would mean a disaster in my life"; "I do not care what happens to other people, I would like to

solve my problem”; “past life history of any person affects his present state”; “in the modern life money defines everything; human relationships cannot be open”; “it is easier to avoid life troubles than be responsible for them”; “our entire life is risk”; “all my problems are defined by external forces, while the capabilities to control them are very limited”.

CONCLUSION

Gambling addiction is a significant problem because its consequences are the destruction of interpersonal connections, personality structure deformation, bankruptcy and debts, which a person is not able to pay, which, in turn, affects all areas of an individual’s life.

Among the determinants, which might cause addiction, it is possible to highlight individual personality traits, such as inadequate self-esteem, low level of self-respect, negative self-attitude, anxiety and specific traits of person’s interaction with the society, particularly, isolation, loneliness and frustration of social needs. Psychological mechanisms that influence addiction development include imitation, contagion, suggestion, repression and substitution.

Empirical study demonstrated that, on the one hand, feeling of loneliness is significantly higher in the group of subjects with PTSD, and on the other hand, there are correlations between the characteristics of gambling addiction and the feeling of loneliness. Therefore, it is possible to talk about direct influence of pathological gambling addiction on the feeling of loneliness. Moreover, considering the characteristics of people with gambling addiction, as well as the presented types of loneliness, it is possible to state that the common types of loneliness in gamblers are social-psychological loneliness related to the change in their social status as a result of pathological gambling addiction, as well as personal loneliness, because gambling addiction often leads to the destruction of family- and relatives connections, divorces, etc. As far as the strategies of social functioning of gambling-addicted lonely people are concerned, melancholically-passive strategy is more common, whereas alcohol and other psychoactive substances are replaced by gambling game.

In our opinion, depending of gambling addiction and accompanying feeling of loneliness, it is necessary to provide methods of prophylactics, psychological assistance and psychotherapy for this addiction.

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