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**PSYCHOLOGICAL PROFILE
OF THE PATHOLOGICAL GAMBLER**

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Abstract of the Doctoral Dissertation in Psychology

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CONCEPTUAL FRAMEWORK OF THE RESEARCH

The relevance and importance of the topic addressed. Addressing pathological gambling is a priority for specialists in fields concerned with quality of life and, in particular, for mental health professionals, given the ongoing development of this phenomenon. Classified as a behavioural addiction and an impulse control disorder, it involves multidimensional aetiopathogenic mechanisms that integrate biological, neurofunctional, psychological and socio-medical variables [2; 11]. At the same time, the risk factors associated with pathological gambling take on specific forms depending on the social and economic context, quality of life and individual psychological characteristics. In this regard, the specialist literature emphasises the role of personal vulnerabilities (impulsivity, sensation-seeking, deficits in emotional regulation), the prevalence of psychiatric comorbidities (mood disorders, personality disorders), as well as the influence of social and economic factors, such as poverty, social pressure or early exposure to gambling activities [8].

In the Romanian context, examining the psychological profile of individuals with gambling addiction is of particular importance, given the rapid growth of the gambling industry, the accessibility of online platforms and recent socio-economic changes. Our research aims to investigate the cognitive, affective and behavioural traits of individuals affected by gambling addiction, to identify specific vulnerability factors, and to develop rigorous prevention and psychological support strategies. Thus, this research constitutes a necessary scientific endeavour for the community, with both theoretical and practical implications, upon which effective mental health policies and psychological interventions tailored to local socio-cultural characteristics will be based.

From a psychological perspective, gambling addiction presents a complex pathogenic pattern, which leads to a reduced quality of life for both the affected individual and their family environment. An analysis of the specialist literature reveals that pathological gamblers exhibit a wide spectrum of affective disorders and dysfunctional behaviours – ranging from suicide attempts and substance abuse to compulsive spending and compulsive sexual behaviours. At the same time, there is evidence of a higher incidence of excessive gambling amongst people with psychiatric diagnoses [33].

It is now recognised that the phenomenon of gambling involves extremely complex socio-economic, psychological, legislative and technological dimensions. In this regard, it is important to note that, with the legalisation of gambling in several countries – a process linked to increasingly pervasive advertising exposure – there has been a trend towards the social normalisation of

gambling behaviour, which is promoted as a common e consumer activity or a form of entertainment. At the same time, the high degree of permissiveness in the regulation of gambling advertising facilitates the population's early exposure to this phenomenon, which correlates positively with an increase in addiction. Meanwhile, technological developments have a direct influence on the dynamics and prevalence of addiction [9; 15].

In this context, there is a clear need for in-depth research into the phenomenon of pathological gambling in Romania, with a particular focus on its pathological aspects and the development of a psychological intervention programme aimed at providing professional support to pathological gamblers.

The positioning of the topic within international, national and regional contexts, as well as within the research team's areas of interest and in an inter- and transdisciplinary context

The issue of pathological gambling is a major area of interest for psychology and psychopathology, a fact which has prompted a great deal of research at an international level. This scientific interest is justified by the growth of the phenomenon in both the physical and online environments.

Initially, international scientific research focused on the nosological definition of pathological gambling. Consequently, following theoretical and empirical developments, pathological gambling was reclassified in the DSM-5 (2013) under the category of addictive and substance-related disorders, being defined as a behavioural (non-substance-related) addiction, whilst in the ICD-11 it is classified under impulse control disorders [1; 2; 3; 10].

In addition to conceptual and nosological clarification, psychological research conducted in various academic settings has focused on analysing the addictive nature of this behaviour, investigating the complexity of aetiological factors, as well as risk and protective factors. Thus, European studies highlight a socio-economic profile associated with the risk of developing pathological gambling. In this regard, it has been established that this type of behaviour has a significantly higher prevalence amongst the male population, single or divorced individuals, and young people. Factors such as a low level of education, belonging to minority groups or immigrant status, poverty, and the lack of stable employment are also mentioned [16; 17].

From the perspective of personality dimensions, studies by Myrseth et al. (2009), Blaszczyński and Nower (2002), and Ramos-Grille et al. (2013) indicate a significant association between gambling addiction and high levels of neuroticism. The emotional vulnerability and impulsivity associated with this trait are important factors in the development and maintenance of gambling

behaviour, whilst also being correlated with an increased risk of relapse [4; 27; 30]. At the same time, low levels of conscientiousness have been identified as a relevant characteristic of problem gamblers and as a possible predictor of premature withdrawal from therapeutic intervention [5; 30].

An increasingly significant aspect of this phenomenon is the growth of online gambling. Data from a large-scale study conducted in Australia indicated a prevalence of problem gambling approximately three times higher amongst those involved in online gambling compared with gamblers who use only traditional forms of gambling [9]. Similarly, Lind et al. (2022) highlight the growing participation of women and young people in online gambling and hybrid forms of gambling. The virtual environment may encourage the intensification of addictive behaviour through the constant availability of gaming options, accessibility, anonymity and the rapid succession of rounds and financial transactions [14]. Thus, the structural characteristics of the online environment can amplify exposure to gambling-related stimuli and reduce traditional barriers to access.

The specialist literature also highlights the importance of the affective dimension in the aetiology and maintenance of pathological gambling. Petry et al. (2005) identified a high prevalence of depressive and anxiety symptoms among individuals with gambling-related disorders, suggesting the existence of significant emotional vulnerability in this population [28; 29]. From the perspective of cognitive functioning, research supports the central role of cognitive distortions in the maintenance of pathological behaviour. Difficulty in understanding and applying the statistical independence of events, overestimating the probability of winning, and misinterpreting the outcomes of the game can lead to the continuation of the behaviour despite negative consequences [6; 13].

In Romania, research into this phenomenon remains relatively limited given its social scale; the country is listed amongst the European states where no comprehensive national epidemiological study on the prevalence of pathological gambling has been carried out [31]. Nevertheless, studies conducted over the last few decades have enabled the identification of relevant psychological characteristics. Research by Rizeanu (2013) and Ciobotaru and Clinciu (2022) highlights the presence of depressive symptoms, increased impulsivity, immature defence mechanisms and a reduced level of conscientiousness amongst individuals with gambling-related problems [31; 5]. Other studies have investigated the prevalence of gambling behaviour among adolescents and young people, as well as the effects of educational interventions and the regulatory framework [16; 17; 18].

An important contribution to understanding the psychosocial profile of young gamblers is provided by the studies by Lupu and Todirița (2013) and

Lupu and Lupu (2018). The authors distinguish, primarily, between young people who use gambling as a coping strategy in relation to family and social difficulties, and those from favourable socio-economic backgrounds but characterised by parental neglect, for whom gambling behaviour may serve compensatory functions, attract attention or provide a structure for their leisure time [16; 17; 18].

In the Republic of Moldova, research into pathological gambling and the psychological profile of the gambler remains limited, with the specialist literature comprising contributions from authors such as Deliv, Coşciug and Sinița (2010), Rizeanu and Mitiloagă (2021), Tatomir (2023) and Miu (2019; 2020; 2021; 2022; 2025), who highlight the role of cognitive distortions, dysfunctional decision-making processes, risk factors, neurobiological mechanisms, attachment styles, depressive and anxiety symptoms, as well as psychological intervention in the onset and maintenance of this addiction. From a legal perspective, the sector is regulated by Law No. 291/2016 on the organisation and conduct of gambling, which sets out the conditions for authorisation, supervision and sanctions, as well as measures to protect minors and vulnerable individuals. Overall, these findings highlight the need to align legal regulation with measures for prevention, clinical assessment and psychotherapeutic intervention, as well as to expand scientific research in this field; in this context, the present study can contribute to the development of research and psychological counselling projects in the Republic of Moldova. [7; 19–26; 32; 34].

In view of the above, we consider that **the research problem** addressed by our study lies in the contradiction between the rising incidence in Romania of people affected by pathological gambling and the lack of research to clarify their psychological profile. This lack of research and data limits the scientific framework required for the development and implementation of psychological support programmes tailored to beneficiaries in this category.

The aim of this study is to establish the psychological profile of the pathological gambler across the cognitive, affective and behavioural dimensions, as well as to develop, implement and validate a cognitive-behavioural psychological counselling programme-behavioural approach, with a view to reducing the dysfunctional affective, cognitive and behavioural components in the personality of the pathological gambler.

The specific objectives of the research are as follows: 1) to analyse the theoretical and empirical framework regarding the psychological characteristics of the pathological gambler and the risk factors associated with this condition; 2) to determine the incidence and severity of affective disorders (depression, anx-

ity) in pathological gamblers; 3) to identify and analyse the irrational thoughts specific to pathological gamblers; 4) to identify and analyse risk behaviours in pathological gamblers; 5) to assess the relationship between the severity of pathological gambling and the intensity of cognitive distortions, the level of affective disorders and risk behaviours. 6) The development, implementation and validation of a cognitive-behavioural psychological counselling programme aimed at reducing dysfunctional affective, cognitive and behavioural components in the personality of the pathological gambler.

Research hypotheses: 1) pathological gamblers exhibit a high level of irrational thoughts associated with gambling behaviour, an increased incidence of depressive and anxiety symptoms, as well as a marked prevalence of risk behaviours; 2) we hypothesise that there is a significant positive correlation between the severity of pathological gambling and the intensity of irrational thoughts, the level of depression, the level of anxiety and the frequency of risky behaviours; 3) the implementation of a cognitive-behavioural psychological counselling programme will lead to a significant reduction in dysfunctional psychological components (irrational thoughts, depression, anxiety, risk-taking behaviours) and a reduction in the severity of pathological gambling.

The research methodology involved conducting an analytical, cross-sectional study designed to assess the psychological profile of the pathological gambler, based on the analysis and synthesis of the specialist literature. Participants were selected through screening using the South Oaks Gambling Screen (SOGS), followed by a clinical assessment of affective, cognitive and behavioural dimensions. The empirical research included an initial assessment, the development of a cognitive-behavioural counselling programme, and its implementation and validation through pre- and post-intervention assessments. The methodology incorporated the Problem Gambling Severity Index (PGSI) (Ferris and Wynne, 2001, adapted by Rizeanu, 2013), the Gambling Related Cognitions Scale (GRCS) (Raylu and Oei, 2004, adapted by Rizeanu, 2013), the Inventory of Gambling Situations (IGS) (developed by the Centre for Addiction and Mental Health – CAMH, adapted by Rizeanu, 2013), the Beck Depression Inventory – Second Edition (BDI-II) (Beck, 1988, adapted by David and Dobrea, 2012) and the Beck Anxiety Inventory (BAI) (Beck, 1993, adapted by Radu Vărăști, 2018).

The scientific novelty and originality of this study lie in providing a comprehensive perspective on the psychological profile of the pathological gambler, as well as in the development, implementation and validation of a cognitive-behavioural intervention programme aimed at providing psychological

support to individuals with gambling addiction. The research is distinguished by its three-dimensional analysis of the participants' personalities, focusing on the cognitive, affective and behavioural components. Furthermore, the study establishes and presents a psychological support programme rigorously tailored to the needs and specific characteristics of individuals addicted to gambling, utilising the mechanisms of the cognitive-behavioural approach within the context of these personality traits.

The theoretical significance of this paper lies in its rigorous substantiation of the specific psychological profile of the pathological gambler, drawing on multidisciplinary perspectives from the fields of general psychology, clinical psychology and behavioural sciences. The concept of pathological gambling is clarified by reference to current nosological criteria and the conceptual distinctions between recreational and pathological behaviour. The phenomenological, aetiological, epidemiological and taxonomic dimensions of this phenomenon are systematically analysed, whilst highlighting the complexity of the interaction between biological, cognitive, emotional and social factors. Furthermore, the paper includes a review of the specialist literature concerning associated personality traits – such as impulsivity, sensation-seeking and vulnerability to stress – and the explanatory models proposed by the cognitive-behavioural approach. The theoretical integration carried out in this research contributes to strengthening the conceptual framework necessary for understanding the mechanisms that maintain and perpetuate addictive behaviour in pathological gamblers.

The practical value of this research lies in the development, implementation and validation of a cognitive-behavioural intervention programme, designed as an essential theoretical and methodological tool for the practice of psychological counselling and psychotherapy. The programme aims to reduce the dysfunctional cognitive, affective and behavioural components specific to the personality of the pathological gambler. Thanks to its modular structure, the intervention allows for flexible adaptation to the psychological and social characteristics of the participants, facilitating the individualisation of the psychological intervention and the optimisation of clinical outcomes. Furthermore, the research findings contribute to the development of prevention policies and psychological support strategies, and are applicable in educational settings (schools, sixth-form colleges, universities), in specialist institutions and in private practice. The integration of this data into multidisciplinary psychological treatment programmes for addictions helps to increase the effectiveness of interventions and improve the long-term prognosis for people affected by gambling addiction.

The results obtained, which contribute to resolving the scientific problem, consist of establishing a comprehensive theoretical and scientific framework regarding the psychological profile of the pathological gambler. The psychological profile of the pathological gambler has been established across the cognitive, affective and behavioural dimensions. From a practical perspective, a cognitive-behavioural psychological intervention programme has been developed and validated with a view to reducing the dysfunctional cognitive, affective and behavioural components in the personality of the pathological gambler.

Implementation of the scientific findings: the research findings were presented, discussed and validated at meetings of the Department of Psychology at the State University of Moldova, the Department of Psychology at Danubius University in Galați, the PROSALVITA Centre for the Treatment of Addictions, as well as at national and international scientific conferences and in specialist scientific journals.

Structure of the thesis: the work contains annotations in Romanian, Russian and English, an introduction, three chapters, general conclusions and recommendations, a bibliography comprising 207 titles, 17 appendices, 10 figures, 19 tables, the author's CV and a declaration of responsibility.

Keywords: psychological profile, pathological gambling, cognitive distortions, addiction, relapse, anxiety, depression, cognitive-behavioural psychology.

CONTENTS OF THE DOCTORAL THESIS

The Introduction presents data on the importance of the research topic, highlighting its topicality, contextualising the topic at an international level, and arguing for the relevance of the research topic within both the domestic and international contexts. At the same time, the methodological framework of the study is outlined, emphasising its alignment both with existing findings in the specialist literature on the issue in question and with the characteristics of the psychological and social context in which the research was conducted.

Chapter 1, „Theoretical Foundations of the Psychological Profile of the Pathological Gambler”, presents conceptual and aetiological clarifications regarding pathological gambling, in line with the latest trends in the international specialist literature. Data derived from the analysis of aetiological and risk factors in pathological gambling are presented, as are epidemiological data on gambling-related issues. Furthermore, current theoretical and empirical approaches to the personality traits of the pathological gambler have been analysed and summarised, with a focus on international studies examining the affective, cognitive and behavioural components of the pathological gambler's

personality. Following the analysis and synthesis of the specialist literature, the following conclusions were drawn:

➤ From a nosological perspective, pathological gambling is conceptualised either as a behavioural addiction or as an impulse control disorder, with current research indicating the presence of clinical characteristics common to both categories [1; 2; 3; 10].

➤ The aetiology of pathological gambling is multifactorial, involving demographic, cognitive, social, behavioural and environmental variables. Among the well-established factors are young age, male gender, cognitive distortions, characteristics of the gambling environment, reinforcement mechanisms, psychiatric comorbidities and delinquent behaviour, whilst other socio-economic factors have a lower level of empirical certainty [16; 17].

➤ At the level of personality, impulsivity, poor coping strategies, hyperactivity and personality disorders are important predictors of vulnerability. Early-life risk factors include substance use, antisocial behaviour, depression, disinhibition and poor academic performance [8; 14].

➤ Studies based on the Big Five model highlight the association between problem gambling and high neuroticism and low levels of conscientiousness, agreeableness and openness to experience. Low emotional stability, an external locus of control and maladaptive traits specific to antisocial, narcissistic or borderline personality structures are also cited, whilst the genetic and neurobiological mechanisms require further investigation [4; 27; 30].

➤ The psychological profile of the pathological gambler is organised around affective, cognitive and behavioural dimensions. Depression and anxiety encourage the use of gambling as a dysfunctional mechanism for emotional regulation and are associated with increased severity, therapeutic difficulties and suicide risk, underpinning the need for an integrated clinical approach [28; 29].

➤ At the cognitive and behavioural levels, distortions regarding chance, control and probability, mystical thinking and maladaptive metacognitions contribute to the initiation and maintenance of gambling behaviour. Its persistence is sustained by mechanisms of reinforcement, tolerance, obsessive preoccupation, difficulties with impulse control and social influences, which justify interventions simultaneously targeting affect regulation, cognitive restructuring and behavioural modification [8].

➤ The international literature does not support the existence of a single psychological profile, but rather highlights a set of interdependent vulnerabilities, influenced by the social, economic and cultural context. Given the limited

amount of domestic research, this doctoral study aims to establish the psychological profile of the pathological gambler and to develop a psychological counselling programme based on cognitive-behavioural principles.

Chapter 2, „An empirical study on the psychological profile of the pathological gambler”, presents the results of the descriptive empirical study in which the components of the psychological profile of the pathological gambler were investigated in a study sample from Romania. The data obtained highlight the need for an integrated approach to pathological gambling as a complex disorder, situated at the intersection of cognitive, affective and behavioural dimensions, whilst the validation of multiple statistically significant correlations between the severity of addiction and the psychological indicators assessed supports the importance of adopting multidimensional and personalised models in psychological practice. This chapter presents the study’s findings, which support the recommendation that interventions for pathological gamblers should include, in addition to reducing gambling behaviour, strategies to strengthen emotional resources, the development of skills for managing anxiety and depression, the restructuring of irrational thoughts, and the implementation of alternative, functional and safe ways of spending leisure time and managing financial resources.

Subchapter 2.1, dedicated to the **design of the psychodiagnostic approach**, presents the methodological framework of the research aimed at identifying and analysing the psychological profile of the pathological gambler within the Romanian socio-cultural context. The descriptive approach integrates methods of psychodiagnosis, clinical assessment and statistical analysis, aiming to conduct a multidimensional investigation of the affective, cognitive and behavioural components associated with pathological gambling.

The aim of the research is to establish the psychological profile of the pathological gambler across cognitive, affective and behavioural dimensions, as well as to develop, implement and validate a cognitive-behavioural psychological counselling programme designed to reduce the dysfunctional components identified in individuals with this disorder.

The objectives of the research are as follows: (1) to analyse the theoretical and empirical framework regarding the psychological characteristics of the pathological gambler and the associated risk factors; (2) to determine the prevalence and severity of depressive and anxiety symptoms; (3) to identify and analyse irrational thoughts specific to gambling behaviour; (4) to identify and analyse risk behaviours and situations; (5) to assess the relationship between the severity of pathological gambling, cognitive distortions, affective disorders and risk behaviours;

In line with the aim and objectives of the research, the following **hypotheses** were formulated: (1) pathological gamblers exhibit a high level of irrational thoughts associated with gambling, an increased incidence of depressive and anxiety symptoms, and a marked prevalence of risk behaviours; (2) there is a significant positive correlation between the severity of pathological gambling and the level of cognitive distortions, depression, anxiety and the frequency of risky behaviours.

Study participants: participants were recruited from among those receiving support through the PROSALVITA multidisciplinary addiction support programme, run by the „Se poate și altfel” Association in Galați, Romania, between January and October 2023. The main inclusion criterion was achieving a score of at least 5 points on *the South Oaks Gambling Screen (SOGS)*. Participants aged under 18, those who refused to sign the informed consent form, and those who had previously been involved in other psychological counselling or psychotherapy programmes were excluded. Of the 153 participants initially included, 38 dropped out of the study, leaving a final sample of **115 respondents**. Of these, 67.8 per cent were from urban areas and 32.2 per cent from rural areas; 89.6 per cent were male and 10.4 per cent female. In terms of educational attainment, 21.7 per cent had lower secondary education, 60.9 per cent upper secondary education and 17.4 per cent higher education.

Inclusion in the study was preceded by a psychological screening stage, carried out using *the South Oaks Gambling Screen (SOGS)*. The study adhered to the ethical principles set out in the Declaration of Helsinki; participants were informed about the study’s objectives, assessment procedures, the confidential nature of the data and their right to withdraw, and gave their consent by signing an informed consent form.

Data collection was carried out via a structured clinical interview and psychological testing. *The structured clinical interview for gambling*, developed in accordance with the DSM-5 criteria, aimed to assess the severity of addiction and loss of control, the psychosocial impact and consequences of gambling behaviour, emotional vulnerability and triggers, motivation for change, clinical risk, and the respondent’s perception of their own state of health. The protocol also included sociodemographic data, patterns of gambling behaviour, financial losses, personal and relational consequences, and the final clinical assessment.

The psychometric methods used in the study included: *the South Oaks Gambling Screen (SOGS)*, developed by Lesieur and Blume (1987) and adapted by Rizeanu (2013), used for the screening and identification of pathological gambling; *the Problem Gambling Severity Index (PGSI)*, developed by Ferris

and Wynne (2001) and adapted by Rizeanu (2013), designed to assess the severity of gambling-related problems; *The Gambling-Related Cognitions Scale (GRCS)*, developed by Raylu and Oei (2004) and adapted by Rizeanu (2013), used to assess cognitive distortions relating to gambling; *Inventory of Gambling Situations (IGS)*, developed by the Centre for Addiction and Mental Health (CAMH) and adapted by Rizeanu (2013), designed to identify contexts and antecedents associated with the risk of excessive gambling; *The Beck Depression Inventory, Second Edition – Beck Depression Inventory-II (BDI-II)*, developed by Beck and adapted by David and Dobrea (2012), used to assess the severity of depressive symptoms; as well as *the Beck Anxiety Inventory (BAI)*, developed by Beck and colleagues and adapted by Radu Vărăști (2018), designed to assess the intensity of anxiety symptoms.

By integrating the clinical interview with standardised psychometric instruments and statistical data analysis, the methodological approach enables the construction of a multidimensional psychological profile of the pathological gambler and the investigation of the relationships between the severity of the disorder, cognitive distortions, affective symptoms and risk situations. The results obtained during the descriptive phase form the empirical basis for the design and subsequent validation of the cognitive-behavioural psychological counselling programme.

2.2 Presentation and interpretation of the results of the descriptive phase of the research Subchapter 2.2 presents the quantitative analysis and interpretation of the results obtained in the research on the psychological profile of the pathological gambler, focusing on its cognitive, affective and behavioural components, as well as the relationship between these dimensions and the severity of the addiction. The empirical approach was geared towards testing two hypotheses: the existence of high levels of irrational thoughts, anxiety and depressive symptoms, and risky behaviours amongst pathological gamblers; and the existence of significant positive correlations between the severity of pathological gambling and these psychological variables.

The analysis of the severity of pathological gambling, carried out using *the Pathological Gambling Severity Index (PGSI)*, revealed a marked level of pathology within the sample under investigation. An average score of 13.66 was obtained for the SOGS, and an average score of 16.2 for the PGSI. According to the PGSI interpretation, no participant fell into the low severity category; 6 subjects (5.22 per cent) showed a moderate level, and 109 subjects (94.78 per cent) were classified in the high severity category (Fig. 1). These results indicate that the majority of participants sought help from specialist services at an advanced

stage of addiction, suggesting difficulties in becoming aware of and recognising the problematic nature of their gambling behaviour at an early stage.

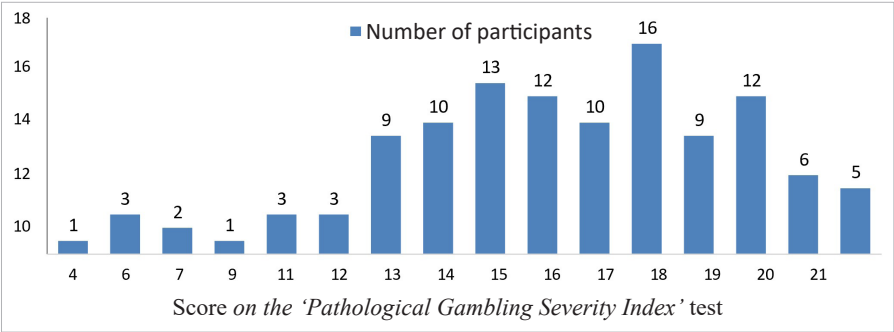


Fig. 1. Distribution of the sample according to the score on the „Pathological Gambling Severity Index”

From a cognitive perspective, the application of the Gambling-Related Irrational Cognitions Scale (GRCS) revealed a mean score of 20.32 (Fig. 2). Analysis of the subscales indicated higher scores for *the illusion of control*, *unrealistic expectations associated with gambling*, and *the inability to stop gambling*, forming a cognitive profile characterised by an overestimation of one’s personal ability to influence outcomes, the attribution of unrealistic benefits to gambling, and

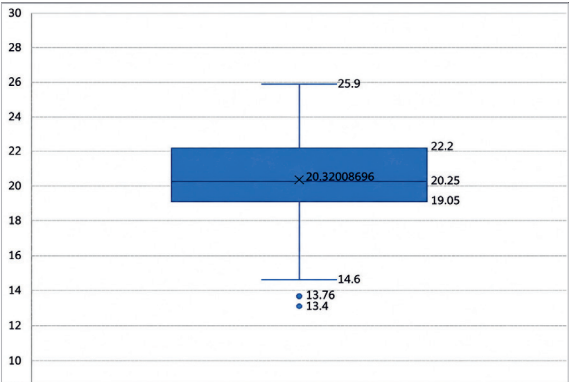


Fig. 2. Distribution of scores on the Scale for Assessing Irrational Thoughts Related to Gambling within the study sample

investigated using *the Risk Situations Inventory* (IGS). The results revealed high scores, particularly for *the obsession with recouping losses* ($m=67.92$), *concerns arising*

from losses ($m=63.83$) and social pressure ($m=61.49$), indicating the major role played by financial consequences and social influences in sustaining addictive behaviour (Fig. 3). These results highlight the fact that recouping financial losses takes on the character of a dominant cognitive-behavioural factor, with the gambler returning to gambling precisely to mitigate the consequences it produces. This creates a circular mechanism, in which losses generate anxiety and emotional pressure, which in turn prompt a return to gambling, whilst new episodes lead to further losses and a worsening of the addiction.

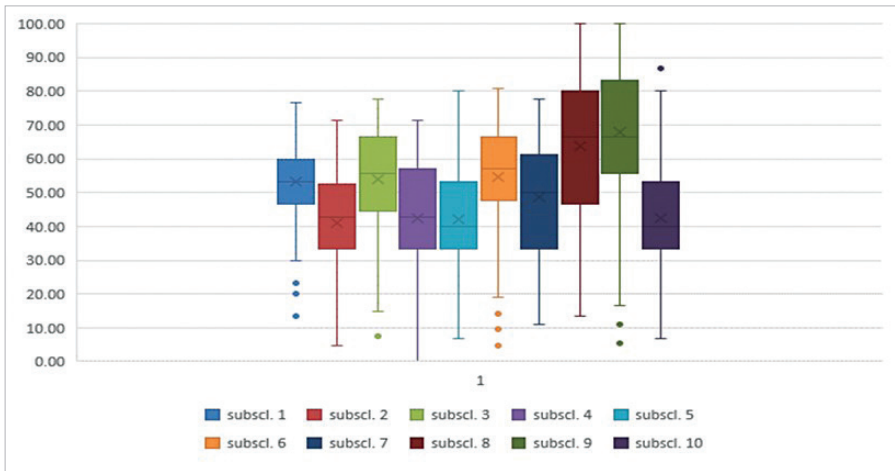


Fig. 3. Distribution of results within the study sample following the administration of the „Risk Situations Inventory” – comparative analysis of the test’s subscales

(Subscale 1 – negative affect; Subscale 2 – interpersonal conflicts; Subscale 3 – testing of personal control; Subscale 4 – social pressure; Subscale 5 – concerns due to financial losses; Subscale 6 – perceived self-efficacy; Subscale 7 – positive affect; Subscale 8 – temptations; Subscale 9 – obsession with recouping losses; Subscale 10 – sensation seeking)

Analysis of the affective component, carried out using the Beck Anxiety Inventory (BAI) (Fig. 4) and the Beck Depression Inventory (BDI) (Fig. 5), revealed a very high prevalence of psychopathological symptoms. In the case of anxiety, 108 of the 115 participants (93.9 per cent) exhibited a severe level, whilst 7 subjects (6.1 per cent) exhibited a moderate level. With regard to depression, 92 participants (80 per cent) exhibited severe symptoms, 17 (15 per cent) moderate symptoms and 6 (5 per cent) mild symptoms. The results highlight a marked emotional vulnerability in the pathological gambler, in which anxiety, depression, shame, guilt, helplessness and low self-esteem are integrat-

ed into a mechanism that mutually sustains addictive behaviour. In this context, gambling may initially serve a compensatory and emotional regulation function, subsequently becoming a maladaptive coping mechanism that actually amplifies the very emotional states the individual is attempting to alleviate. The

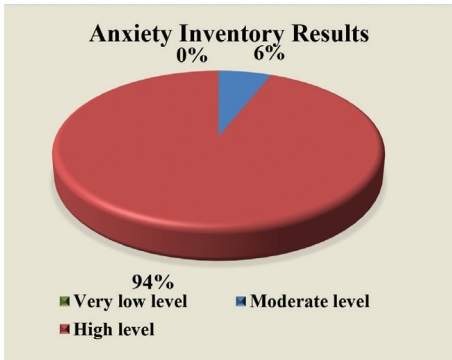


Fig. 4. Highlighting the categories identified in the study sample following the administration of the „Beck Anxiety Inventory”

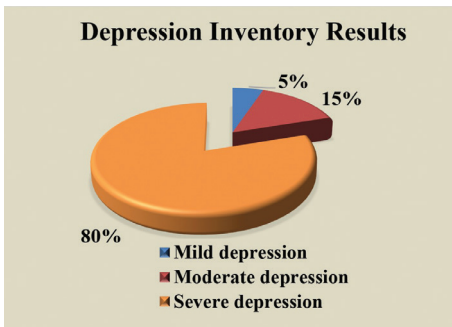


Fig. 5. Highlighting the categories identified in the study sample following the administration of the „Beck Depression Inventory”

descriptive results obtained confirm *the first research hypothesis*, according to which pathological gamblers exhibit marked levels of cognitive distortions, an increased incidence of anxiety and depressive symptoms, and a high prevalence of risky situations and behaviours. The resulting profile highlights the interdependence between the three components investigated: irrational cognitions underpin the misinterpretation of probabilities and the illusion of control; affective vulnerabilities increase the need for regulation through gambling; and risky behaviours contribute to the maintenance and exacerbation of addiction.

To test *the second hypothesis*, the relationships between the severity of pathological gambling and the cognitive, affective and behavioural variables were analysed (Table 1).

On the affective level, the results revealed a strong and statistically significant positive correlation between the severity of addiction and anxiety ($r=0.887$; $p=0.001$), as well as a strong and e positive association between severity and depressive symptoms. These results support the existence of a bidirectional dynamic: the worsening of gambling behaviour exacerbates anxiety and depression through the accumulation of financial, family and social consequences, whilst the intensification of emotional distress may encourage a return to gambling as a dysfunctional strategy for emotional regulation.

With regard to risk behaviours, statistically significant positive correlations were identified between the severity of gambling and all dimensions assessed by the IGS ($p < 0.001$). The strongest relationships were recorded for *the obsession with recouping losses* ($r = 0.891$), *temptations* ($r = 0.869$), *social pressure* ($r = 0.863$), *worries due to losses* ($r = 0.780$), *negative affect* ($r = 0.759$) and *sensation seeking* ($r = 0.750$). These findings indicate that the progression of addiction is associated with an increasing vulnerability to triggering stimuli, difficulties with emotional self-regulation, repeated testing of self-control, the influence of social pressure and, in particular, the persistence of loss-recovery behaviour. Overall, the results confirm the existence of a structural relationship between individual vulnerability, risk situations and the intensity of addictive behaviour.

An analysis of the relationship between the severity of pathological gambling and irrational thoughts also revealed positive correlations for all GRCS dimensions. The highest values were obtained for *unrealistic expectations associated with gambling* ($r = 0.702$), *the inability to stop gambling* ($r = 0.649$) and *the illusion of control* ($r = 0.613$), followed by *the prediction of control* ($r = 0.539$) and *interpretative biases regarding control over gambling* ($r = 0.425$). These results confirm that the progression of the disorder is accompanied by a hardening of the system of irrational beliefs and the consolidation of cognitive mechanisms that justify and sustain continued gambling, even in the face of mounting losses and negative consequences.

As summarised in Table 1, we highlight the existence of positive correlations between the severity of pathological gambling and the affective, behavioural and cognitive dimensions of the psychological profile. The strongest associations are observed for the obsession with recouping losses ($r = 0.891$), anxiety ($r = 0.887$), temptations ($r = 0.869$), social pressure ($r = 0.863$) and depression ($r = 0.850$), indicating that the intensification of addiction is associated with heightened affective and behavioural vulnerability. At the cognitive level, the strongest correlations are found for unrealistic expectations associated with gambling ($r = 0.702$), the inability to stop gambling ($r = 0.649$) and the illusion of control ($r = 0.613$). Overall, the results support the multidimensional nature of the pathological gambler's profile and confirm the association between increasing severity of gambling and the intensification of dysfunctional psychological components.

Overall, the results of this subchapter confirm *the second hypothesis* and support the conceptualisation of the psychological profile of the pathological gambler as an integrated system, in which the cognitive, affective and behavioural dimensions influence one another. Cognitive distortions facilitate

the initiation and justification of gambling behaviour; affective vulnerability amplifies its use as a maladaptive mechanism for emotional regulation; and the resulting behavioural and financial consequences reinforce both psychological distress and the initial irrational beliefs. This creates a vicious circle of addiction, breaking which requires an integrated psychological intervention centred on cognitive restructuring, the management of anxiety and depression, the development of adaptive coping strategies, the management of high-risk situations, and the prevention of compulsive „chasing losses” behaviour.

Table 1. Correlation between the gambling severity index and the affective, behavioural and cognitive dimensions

Dimension assessed	Variable / subscale	Pearson's correlation coefficient (r)	p
Affective	Anxiety	0.887	0.001
	Depression	0.859	0.001
Behavioural – risk situations	Negative affect	0.759	<0.001
	Interpersonal conflicts	0.668	<0.001
	Temptations	0.869	<0.001
	Personal control testing	0.689	<0.001
	Positive affect	0.609	<0.001
	Social pressure	0.863	<0.001
	Thrill-seeking	0.750	<0.001
	Worries about losses	0.780	<0.001
	Obsession with recouping losses	0.891	<0.001
	Perceived self-efficacy	0.670	<0.001
Cognitive – irrational thoughts	Interpretative biases regarding control over gambling	0.425	0.05
	Illusion of control	0.613	0.05
	Prediction of control	0.539	0.05
	Unrealistic expectations associated with gambling	0.702	0.05
	Inability to stop gambling	0.649	0.05

Characteristics of the psychological profile of the pathological gambler in the study sample

The psychological profile of the pathological gambler is characterised by a complex psychoclinical structure, in which cognitive, affective and behavioural vulnerabilities are interdependent and contribute to the onset, maintenance and worsening of addictive behaviour. At the cognitive level, distortions such as

the illusion of control, misinterpretation of probabilities, overestimation of the chances of winning, minimisation of losses and the belief that these can be re-couped predominate; these patterns underpin the persistence of gambling and the difficulty in stopping the behaviour. High-risk situations, particularly those testing personal control, worries caused by losses and an obsession with re-couping money, act as mechanisms for maintaining addiction through a circular process in which losses generate distress, and this distress encourages further episodes of gambling. The affective dimension is characterised by high levels of anxiety and depression, associated with shame, guilt, helplessness and diminished self-esteem, with gambling thus also taking on a dysfunctional role in emotional regulation. Behaviourally, these mechanisms manifest as repeated

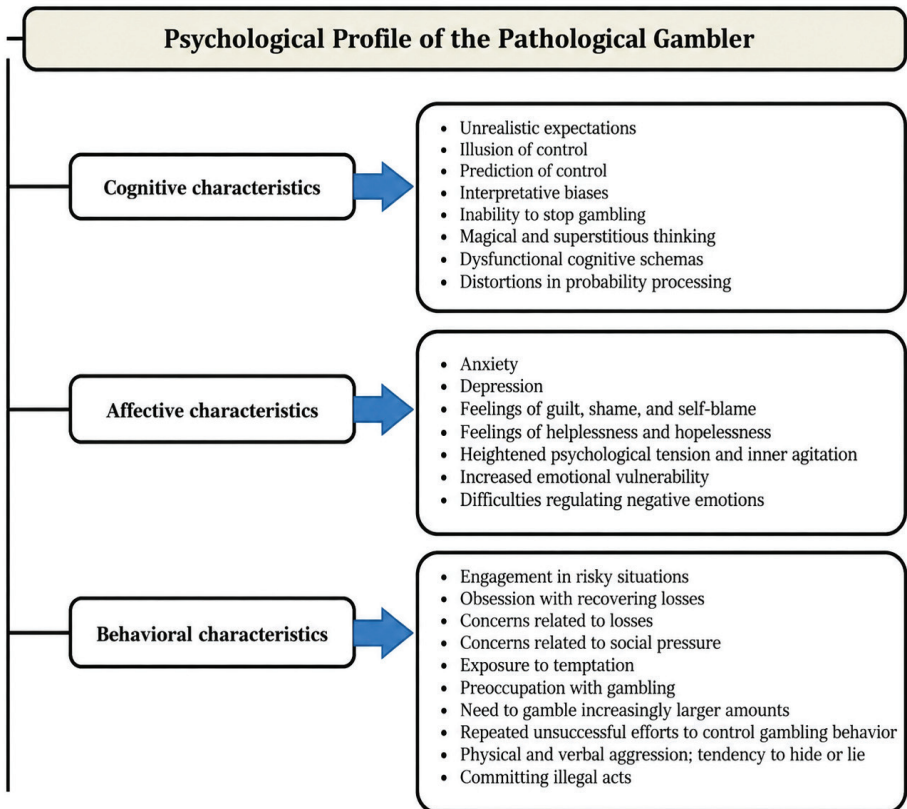


Fig. 2.7. Schematic representation of the psychological profile of the pathological gambler in the study sample

exposure to risky situations, an increase in frequency and stakes, prolonged gambling sessions, and the use of additional resources to recoup losses. Overall, the pathological gambler operates within a dysfunctional self-regulation system, centred on the illusion of control, intolerance of loss, the need to recoup losses and difficulties with emotional regulation, which supports the need for a cognitive-behavioural intervention focused on the mechanisms that maintain the addiction.

Chapter 3, entitled „**Cognitive-behavioural psychological counselling programme for pathological gamblers**”, presents the cognitive-behavioural psychological intervention programme designed to ensure the achievement of the training objectives proposed in this study. The theoretical and methodological premises underpinning the development of the intervention programme are presented, and the stages involved in the programme’s design and implementation are analysed. The results presented in this chapter are illustrated through case studies, which highlight the biographical and clinical history, the psychological intervention and the outcomes of the psychological intervention. Furthermore, the programme’s effectiveness was assessed using a pre-test and post-test methodology applied to a group of participants, which enabled the validation of the training programme in reducing the affective, cognitive and behavioural components associated with a high degree of severity in pathological gambling.

3.1. Theoretical background on cognitive-behavioural intervention in the case of gambling addiction

Cognitive-behavioural psychotherapy, founded by Aaron T. Beck, is a theoretical and therapeutic framework centred on the relationship between cognitions, emotions and behaviours, aiming to identify and restructure the negative cognitive triad, dysfunctional schemas and cognitive distortions that influence psychological adaptation. In the case of pathological gambling, the cognitive-behavioural approach is based on the premise that the persistence of addictive behaviour is sustained by irrational beliefs regarding chance, probability, control and the ability to influence outcomes, as well as by errors in cognitive processing and difficulties with self-regulation. The intervention aims to identify and modify these cognitions, monitor gambling behaviour, control stimuli, develop alternative behaviours, reinforce activities incompatible with gambling, use motivational techniques and prevent relapses. The specialist literature supports the effectiveness of this approach in reducing problematic behaviour and improving psychosocial functioning, whilst emphasising that therapeutic success depends on the motivation to change, the client’s active involvement and the flexible adaptation of techniques to individual characteristics [28; 30].

3.2 Description of the cognitive-behavioural psychological counselling programme for pathological gamblers

In the second stage of the research, we developed a cognitive-behavioural psychological counselling programme comprising 12 weekly sessions. One week after the programme's completion, the participants were reassessed using the same assessment tools employed at the start of the study, in order to evaluate the effectiveness of the psychological intervention programme.

We analysed the programme's effectiveness by testing the following hypotheses: (1) we hypothesise that there are statistically significant differences in the level of irrational thoughts related to gambling before and after undergoing a psychological intervention specifically designed for gambling addiction; (2) we hypothesise that there are statistically significant differences in the level of risk situations before and after undergoing a cognitive-behavioural psychological intervention; (3) we hypothesise that there are statistically significant differences in the level of depression before and after undergoing a cognitive-behavioural psychological intervention; (4) we hypothesise that there are statistically significant differences in the level of anxiety measured before and after undergoing a cognitive-behavioural psychological intervention.

Description of the working group

A total of 35 people were included in the psychological counselling programme. The beneficiaries' ages range from 18 to 45, comprising 33 men and 2 women. With regard to educational attainment, 21 participants have completed secondary education and 14 have a university degree. The cognitive-behavioural psychological counselling programme presented in this paper was carried out between 2023 and 2024, in the form of individual counselling sessions.

Structure and content of the psychological counselling programme: intervention strategies and techniques

➤ **Motivational interviewing** aims to raise awareness of the consequences of gambling and to strengthen the motivation for change. The „Decision Balance” and the impulse monitoring diary are used, through which the client assesses the intensity of their craving and identifies the cognitive, emotional and behavioural factors associated with gambling.

➤ **The psychoeducational intervention (the dopaminergic system and behaviour formation)** facilitates an understanding of the neurobiological and behavioural mechanisms of addiction, with a focus on the dopaminergic system, unpredictable reward, the near-miss phenomenon and intermittent reinforcement. The Transtheoretical Model of Change and the ABC Model support the

analysis of the relationship between cognitions, emotions and behaviours and lay the groundwork for subsequent cognitive restructuring.

➤ ***Working with craving and the mechanisms leading to a return to use*** aims to recognise the urge to gamble, analyse the obsession with recouping losses, and identify the conditions that favour a return to addictive behaviour. Self-monitoring through the Thought – Emotion – Behaviour model contributes to the development of self-regulation and alternative responses to craving.

➤ ***Relapse prevention*** involves anticipating high-risk situations and developing the coping strategies necessary to maintain abstinence. Slips and relapses are clinically distinguished and integrated into a therapeutic learning process; they are not interpreted as a failure of the intervention.

➤ ***Identifying triggers and high-risk situations.*** Internal and external triggers of the urge to gamble are identified: negative emotions, automatic thoughts, physiological reactions, social contexts, availability of money, advertising or access to gambling venues. The intervention combines self-monitoring with cognitive restructuring and psychophysiological regulation techniques.

➤ ***Ensuring the continuity and completion of the treatment process: S.M.A.R.T. objectives.*** The S.M.A.R.T. model is used to formulate specific, measurable, achievable, realistic and time-bound objectives. This technique enables progress to be monitored and the intervention to be adjusted according to the client's resources and progress.

➤ ***Harnessing internal resources and developing an abstinence strategy.*** The intervention aims to identify psychological resources and build a functional support network. Engaging significant others, expressing emotions and developing adaptive coping strategies help to consolidate abstinence and reduce the risk of relapse.

➤ ***Identifying cognitive schemas and creating a new perceptual framework.*** Maladaptive schemas that underpin the illusion of control, impulsivity and the persistence of gambling despite negative consequences are identified. The intervention aims to replace distorted interpretations with realistic ways of assessing probabilities, risks and one's own capacity for control.

➤ ***Formative intervention targeting cognitive distortions and maladaptive behaviours.*** This component aims to identify and restructure cognitive distortions specific to pathological gambling, such as the illusion of control, the gambler's fallacy, the interpretation of near-miss outcomes, dichotomous thinking and overgeneralisation. Reducing these errors aims to diminish the false perception of control and the cognitive justifications that sustain gambling behaviour.

➤ ***Formative intervention targeting irrational beliefs.*** Irrational beliefs and forms of magical thinking are identified by monitoring automatic thoughts and restructured through Socratic dialogue. The aim of the intervention is to develop a realistic and adaptive belief system in relation to gambling.

➤ ***Formative intervention targeting self-esteem and personal identity.*** The intervention aims to separate personal identity from addictive behaviour and to rebuild a functional self-image. The client's resources and achievements are harnessed, their internal dialogue restructured, and self-compassion and self-efficacy strengthened, so that their personal identity is reorganised around adaptive values and roles.

➤ ***Review of the counselling process and the objectives achieved.*** The final stage involves assessing cognitive, emotional and behavioural changes and the extent to which therapeutic objectives have been achieved. Effective techniques are consolidated, a plan for managing situations of vulnerability is drawn up, and continued self-monitoring is recommended, along with follow-up sessions where appropriate, to maintain progress and prevent relapse.

3.3 Presentation and interpretation of the results of the psychological intervention programme

The assessment of the severity of pathological gambling revealed a marked level of addiction within the study group, with over 94 per cent of participants falling into the high-severity category. Given that the sample consisted of clients of a specialist psychological support centre, the results suggest that referral to assessment and counselling services occurs, in most cases, at advanced stages of the condition.

Analysis of the cognitive dimension revealed high levels of irrational thoughts associated with gambling, the most pronounced being the illusion of control, unrealistic expectations regarding gambling, and the inability to stop gambling. Significant positive correlations between the severity of the disorder and the intensity of irrational cognitions confirm the role of cognitive distortions in maintaining and exacerbating addictive behaviour.

Assessment of the affective dimension indicated a high prevalence of anxiety and depressive symptoms, with strong correlations identified between the severity of pathological gambling and levels of anxiety and depression. The data support the existence of an interdependent relationship between affective vulnerability and addictive behaviour, with gambling frequently being used as a dysfunctional strategy for emotional regulation. These results underscore the need for the systematic assessment and management of affective comorbidities within psychological intervention.

An analysis of risk factors revealed positive associations between the severity of addiction and negative affect, interpersonal conflicts, temptations, testing of personal control, positive affect, social pressure, sensation seeking, concerns about losses, obsession with recouping losses, and overconfidence in one's own abilities. The strongest relationships were identified for the obsession with recouping losses, concerns arising from losses, social pressure and temptations. In particular, loss-chasing behaviour and the financial stress associated with losses and debts emerge as central mechanisms in the chronic nature of the disorder, justifying the integration of belief restructuring regarding the recovery of money and financial management strategies into therapeutic intervention.

The convergence of the findings highlights the systemic nature of pathological gambling, in which cognitive distortions, emotional vulnerabilities and high-risk situations mutually reinforce and amplify one another. This creates a circular dynamic: irrational cognitions and emotional distress encourage gambling behaviour; the consequences of this behaviour intensify emotional and financial difficulties; and these, in turn, contribute to the resumption and worsening of addictive behaviour.

The therapeutic implications of this research support the need for a multidimensional and individualised approach to pathological gambling. Psychological intervention must integrate the reduction of gambling behaviour with the restructuring of cognitive distortions, the development of adaptive coping strategies, the management of anxiety and depression, the handling of risk-situations and financial resources, as well as the development of functional alternatives for leisure activities. Taken together, the results confirm the need to conceptualise pathological gambling as a complex disorder, resulting from the dynamic interaction of cognitive, affective and behavioural components.

The evaluation of the effectiveness of the cognitive-behavioural psychological intervention programme, carried out on a sample of 35 participants, revealed statistically significant improvements across all dimensions investigated. A comparison of pre-test and post-test scores indicated a reduction in irrational thoughts associated with gambling ($M=20.32$ vs. $M=10.43$), in high-risk situations conducive to a relapse into gambling ($M=50.99$ vs. $M=26.15$), depressive symptoms ($M = 40.14$ vs. $M = 27.19$) and anxiety ($M = 43.20$ vs. $M = 33.96$). Paired-sample analyses indicated statistically significant differences ($p<0.001$), supporting the intervention's effectiveness in reducing the cognitive, affective and behavioural components associated with pathological gambling (Table 2).

Table 2. Summary of the effects of the psychological intervention programme on the variables investigated

Variable assessed	N	Pre-test M (SD)	Post-test M (SD)	Difference of means	t	df	p
Irrational thoughts associated with gambling (ITAG)	35	20.32 (2.32)	10.43 (2.66)	9.88	39.60	34	<0.001
Risk situations (ISR)	35	50.99 (15.51)	26.15 (7.95)	24.84	35.20	34	<0.001
Depression (BDI)	35	40.14 (14.24)	27.19 (7.42)	12.95	3.296	34	<0.001
Anxiety (BAI)	35	43.20 (3.68)	33.96 (3.13)	9.24	67.86	34	<0.001

GIJS – Gambling Irrational Thoughts Scale; ISR – Risk Situations Index; BDI – Beck Depression Inventory; BAI – Beck Anxiety Inventory; M – mean; SD – standard deviation.

3.4. Conceptual, methodological and formative clarifications regarding the case study

This paper presents an in-depth analysis of three case studies, conceptualised from a cognitive-behavioural perspective, in line with the models formulated by Beck, Holdevici, David and Persons. The description of each case incorporates the personal and social history, symptomatology, psychodiagnostic assessment, aetiological and maintaining factors, the client's resources, therapeutic objectives, intervention plan and post-intervention progress. This approach aims to capture the interaction between the cognitive, affective, behavioural and contextual dimensions of pathological gambling and to provide a personalised basis for psychological intervention.

The three cases highlight distinct clinical profiles, yet they converge in terms of the high severity of gambling behaviour, cognitive distortions, risk situations and anxiety-depressive symptoms. The cognitive-behavioural intervention included psychoeducation on the neurobiological mechanisms of addiction, decision balance, the Transtheoretical Model of Change, cognitive restructuring, the ABC model, craving monitoring, the development of coping strategies, relapse prevention, the strengthening of self-esteem and, where necessary, family involvement. In Case I, completion of the 12 sessions was associated with abstinence, a reduction in maladaptive behaviours and an improvement in personal and social functioning. In Case III, completion of the programme, including two couples' sessions, was associated with the absence

of relapses, reduced anxiety and the cessation of nightmares, supporting the importance of family support in consolidating change. In contrast, Case II demonstrated an unfavourable therapeutic course, associated with a lack of intrinsic motivation, poor compliance, chronicity of the disorder and the persistence of the secondary benefits of gambling behaviour; the intervention was discontinued after 12 sessions.

A comparative analysis of the cases enabled the identification of factors playing a significant role in the prognosis of the intervention. Intrinsic motivation, a shorter duration of involvement in gambling, a willingness to change and family support were associated with a favourable therapeutic course, whilst predominantly external motivation, the chronic nature of the behaviour, resistance to change and the absence of a critical assessment of the consequences limited the effectiveness of the intervention.

Overall, the case studies support the need for an individualised cognitive-behavioural approach that systematically integrates cognitive distortions, affective comorbidities, risk factors, contextual factors and the client's resources. The results highlight the value of cognitive restructuring, self-monitoring, psychoeducation and relapse prevention, but also the fact that the effectiveness of the intervention depends significantly on motivation for change, active involvement and the flexibility to adapt techniques to the specific characteristics of each case.

General conclusions and recommendations

1. The psychological profile of the pathological gambler is complex, determined by the interaction of individual, family, educational, social and economic factors. From a nosological perspective, pathological gambling is associated with both addictions and impulse control disorders, and traits such as impulsivity, low frustration tolerance, neuroticism and characteristics of dopaminergic functioning support this multidimensional classification. (Chapter 1, Miu, 2020; 2021).

2. The study, carried out on a sample of 115 individuals diagnosed with gambling addiction, aimed to analyse the cognitive, affective and behavioural components of the psychological profile of the pathological gambler. The majority of participants exhibited a high level of addiction severity, with no cases classified as mild, highlighting the need for national information, prevention and screening programmes to enable the early identification of problematic gambling behaviour. The results revealed a high frequency of irrational thoughts, particularly unrealistic expectations regarding gambling, the illusion of control

and the inability to stop gambling behaviour. The main risk factors identified were concerns about losses, an obsession with recouping them, social pressure and temptations; on an emotional level, high levels of anxiety and an increased incidence of severe depression were observed. (Chapter 2, Miu, 2022; 2025).

3. Analysis of the relationships between variables demonstrated the existence of strong correlations between the severity of pathological gambling and anxiety, depression, irrational thoughts and risk factors. The most significant behavioural associations were observed in relation to the obsession with recouping losses, concerns about losses, social pressure and temptations, confirming the significant role of affective, cognitive and behavioural vulnerabilities in maintaining the disorder. (Chapter 2, Miu 2025).

4. The intervention involved the development and implementation of a cognitive-behavioural psychological counselling programme, focusing on the cognitive, affective and behavioural dimensions of pathological gambling. The programme included psychoeducation, the identification of triggers, the restructuring of irrational thoughts, the modification of dysfunctional behaviours and the prevention of relapses. Its application to a group of 35 individuals resulted in statistically significant improvements in irrational thoughts, high-risk situations, depression and anxiety, whilst the case studies highlighted individual differences based on motivation, duration of gambling involvement, moral feelings and characteristics of depressive states. (Chapter 3, Miu, 2025).

5. The case studies enabled the identification of factors that promote or limit the success of psychological intervention. The case of therapeutic-formative failure was characterised by rigid irrational thoughts, an excessive focus on financial rewards, difficulties in managing resources and relationships, as well as severe anxiety and moderate depression. The successful cases exhibited, despite the presence of irrational thoughts and severe affective symptoms, proactive behaviours, family involvement and motivation for change, suggesting the essential role of personal and relational resources in the success of the intervention. (Chapter 3, Miu, 2025).

Recommendations for further research. Given the limitations of the study, we propose that future research should focus on implementing longitudinal designs, which would allow for the examination of the evolution of symptoms and the causal relationships between the psychological variables investigated. We also propose that future research should ensure larger sample sizes and the inclusion of control groups (recreational gamblers).

Based on the research findings, an integrated approach to pathological gambling is recommended, involving specialists in mental health, the family,

the educational sector and the community. In psychological intervention, it is helpful to draw on the beneficiary's support networks and, where possible and ethical, to involve the family in maintaining abstinence and preventing relapses. Parents and carers should be informed by scientific sources, recognise early warning signs – excessive preoccupation with gambling, financial difficulties, social isolation, irritability, insomnia or lies about gambling – and address them empathetically, without assigning blame. At the same time, it is necessary to set clear limits regarding borrowing, debt repayment and tolerance of dysfunctional behaviour, whilst avoiding repeatedly 'rescuing' the person with the addiction. For those at risk, it is recommended that they self-monitor their gambling behaviour, set time and money limits, develop healthy ways of regulating their emotions, and seek psychological counselling at an early stage.

In the educational setting, prevention should include informing pupils and students about the mechanisms of addiction, cognitive distortions, and financial and social risks, as well as training teaching staff to identify early signs of problem gambling. Collaboration between educational institutions, families and specialist services can facilitate early intervention. It is also recommended to develop critical thinking, the ability to analyse probabilities, responsible decision-making and impulse control, as well as to create a non-stigmatising educational environment. Community and institutional prevention programmes, carried out in collaboration with addiction specialists, can strengthen emotional regulation, social support and stress management as protective factors against addictive behaviours.

REFERENCES:

1. AMERICAN PSYCHIATRIC ASSOCIATION. *Diagnostic and Statistical Manual of Mental Disorders. 4th Edition Text Revision (DSM-IV-TR)*. Washington, DC: American Psychiatric Association, 2000, p. 463. ISBN 978-0-89042-025-6.
2. AMERICAN PSYCHIATRIC ASSOCIATION. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. 5th edition. Washington, DC; London, England, 2013, pp. 585-589.
3. ANDERSON, J., SNIDER, S., SELBOM, M., KRUEGER, R., HOPWOOD, C. A comparison of the DSM-5 Section II and Section III personality disorder structures. In: *Psychiatry Research*. 2014, no. 3, pp. 363-372. ISSN 0165-1781.
4. BLASZCZYNSKI, A., NOWER, L. A pathways model of problem and pathological gambling. In: *Addiction*. 2002, No. 5, pp. 487-499. ISSN 0965-2140.
5. CIOBOTARU, C. M., CLINCIU, A. I. Impulsivity, consciousness, and defense mechanisms of the ego among pathological gamblers. In: *Journal of Gambling Studies*. 2022, no. 1, pp. 225-234. ISSN 1050-5350.
6. CLEEREMANS, A., TIMMERMAN, B., PASQUALI, A. Consciousness and metarepresentation: a computational sketch. In: *Neural Networks*. 2007, no. 9, pp. 1032-1039. ISSN 0893-6080.
7. DELIV, I., COȘCIUG, I., SINIȚA, E. Pathological gambling among adolescents. In: *Scientific Annals of the „N. Testemițanu” State University of Medicine and Pharmacy*. 2010, no. 3(11), pp. 660-665. ISSN 1857-1719.
8. DOWLING, N. A., MERKOURIS, S. S., GREENWOOD, C. J., OLDENHOF, E., TOUMBOUROU, J. W., YOUSSEF, G. J. Early risk and protective factors for problem gambling: a systematic review and meta-analysis of longitudinal studies. In: *Clinical Psychology Review*. 2017, no. 51, pp. 109-124. ISSN 0272-7358.
9. GAINSBURY, S. M., RUSSELL, A., HING, N., WOOD, R., LUBMAN, D. I., BLASZCZYNSKI, A. The prevalence and determinants of problem gambling in Australia: assessing the impact of interactive gambling and new technologies. In: *Psychology of Addictive Behaviors*. 2014, no. 3, pp. 769-779. ISSN 0893-164X.
10. GRANT, J. E., CHAMBERLAIN, S. R. Expanding the definition of addiction: DSM-5 vs. ICD-11. In: *CNS Spectrums*. 2016, no. 4, pp. 300-303. ISSN 1092-8529.
11. JOHANSSON, A., GRANT, J. E., KIM, S. W., ODLAUG, B. L., GÖTES-TAM, K. G. Risk factors for problematic gambling: a critical literature review. In: *Journal of Gambling Studies*. 2009, No. 1, pp. 67-92. ISSN 1050-5350.
12. JONSSON, J., PSYKOLOGI, P. An overview of prevalence surveys of problem and pathological gambling in the Nordic countries. In: *Journal of Gambling Issues*. 2006, No. 18, pp. 31-38. ISSN 1494-4019.
13. JOUKHADOR, J., BLASZCZYNSKI, A., MACCALLUM, F. Superstitious beliefs in gambling among problem and non-problem gamblers: preliminary data. In: *Journal of Gambling Studies*. 2004, no. 2, pp. 171-180. ISSN 1050-5350.

14. LIND, K., MARIONNEAU, V., JÄRVINEN-TASSOPOULOS, J., SALONEN, A. H. Socio-demographics, gambling participation, gambling settings, and addictive behaviors associated with gambling modes: a population-based study. In: *Journal of Gambling Studies*. 2022, no. 4, pp. 1111-1126. ISSN 1050-5350.
15. LORAINS, F. K., COWLISHAW, S., THOMAS, S. A. Prevalence of comorbid disorders in problem and pathological gambling: systematic review and meta-analysis of population surveys. In: *Addiction*. 2011, no. 3, pp. 490-498. ISSN 0965-2140.
16. LUPU, V., LUPU, I. R. Romanian National Prevalence Study – problem and pathological gambling in children and adolescents. In: *Clujul Medical*. 2018, no. 91(4), pp. 435-439. ISSN 1222-2119.
17. LUPU, V., ONACA, E., LUPU, D. The prevalence of pathological gambling among Romanian teenagers. In: *Minerva Medica*. 2002, No. 5, pp. 413-418. ISSN 0026-4806.
18. LUPU, V., TODIRIȚA, I. R. Updates on the prevalence of problem gambling among Romanian teenagers. In: *Journal of Gambling Studies*. 2013, No. 1, pp. 29-36. ISSN 1050-5350.
19. MIU, F. V. Deficient cognitive constructs in gambling addiction. In: *Integration through Research and Innovation*. 2021, pp. 64-66. ISBN 978-9975-152-48-8.
20. MIU, F. V. Preliminary data on gambling activities among adolescents in a study sample from Galați, Romania. In: *Continuous and Cyclical Development of the Educational Curriculum*. 2025, pp. 265-274. ISBN 978-9975-62-965-2.
21. MIU, F. V. Conceptual definitions of pathological gambling. In: *Integration through Research and Innovation*. 2020, pp. 93-96. ISBN 978-9975-152-53-2.
22. MIU, F. V. Assessment of Affective Dimensions in the Personality of the Pathological Gambler in Romania. In: *Psychology. Scientific and Practical Journal*. 2025, no. 2(47), pp. 314-323. ISBN 978-9975-62-687-3.
23. MIU, F. V. Assessment of risk factors for gambling addiction in relation to the severity of the disorder. In: *Psychology. Scientific and Practical Journal*. 2025, no. 2(47), pp. 75-85. ISSN 1857-2502.
24. MIU, F. V. Evaluation of the incidence of anxiety in correlation with the severity of gambling addiction in Romania. In: *EIRP Proceedings*. 2022, no. 1, pp. 386-392. ISSN 2067-9211.
25. MIU, F. V. Cognitive-behavioral psychological intervention in the treatment of pathological gambling in a client with antisocial and suicidal behavior: a case study. In: *Studia Universitatis Moldaviae. Educational Sciences Series*. 2025, no. 9(189), pp. 386-392. ISSN 1857-2502.
26. MIU, F. V. The obsession with recouping losses in pathological gambling. In: *Integration through Research and Innovation*. 2019, vol. 1, pp. 201-204. ISBN 978-9975-149-50-1.

27. MYRSETH, H. et al. Personality factors as predictors of pathological gambling. In: *Personality and Individual Differences*. 2009, no. 8, pp. 933-937. ISSN 0191-8869.

28. PETRY, N. M. *Pathological Gambling: Etiology, Comorbidity, and Treatment*. Washington, DC: American Psychological Association, 2005. ISBN 978-1591471738.

29. PETRY, N. M., STINSON, F. S., GRANT, B. F. Comorbidity of DSM-IV pathological gambling and other psychiatric disorders. In: *Journal of Clinical Psychiatry*. 2005, no. 5, pp. 564-574. ISSN 0160-6689.

30. RAMOS-GRILLE, I. et al. The role of personality in predicting treatment outcomes in pathological gamblers. In: *Psychological Assessment*. 2013, no. 2, pp. 599-605. ISSN 1040-3590.

31. RIZEANU, S. Pathological gambling and depression. In: *Procedia – Social and Behavioral Sciences*. 2013, no. 78, pp. 501-505. ISSN 1877-0428.

32. RIZEANU, S., MITILOAGĂ, A.-M. The relationship between attachment styles and gambling. In: *Psychology. Scientific and Practical Journal*. 2021, no. 1(38), pp. 3-14. ISSN 1857-2502.

33. SHAFFER, H. J., KORN, D. A. Gambling and related mental disorders. In: *Annual Review of Public Health*. 2002, no. 23, pp. 171-212. ISSN 0163-7525.

34. TATOMIR, M. B. Methodological aspects of testing decisions related to gambling. In: *National Scientific Conference with International Participation „Integration through Research and Innovation” dedicated to the International Day of Science for Peace and Development, November 9-10, 2023. Social Sciences*. Chişinău, 2024, pp. 365-370. ISBN 978-9975-62-688-0.

LIST OF THE AUTHOR'S SCIENTIFIC WORKS RELATED TO THE THESIS TOPIC

Articles in scientific journals

In international journals indexed in databases accepted by ANACEC

35. MIU, F.V. Preliminary Data on the Prevalence of Alcohol, Tobacco, and Drug Use Among High School Students in Galaţi. In: *New Trends in Psychology*, 1, no. 1 (2019), pp. 119-122. ISSN 2668-0696.

Available at: <https://journals.univ-danubius.ro/index.php/psychology/article/view/5670/4856>

36. MIU, F. V. Theoretical Aspects of the Cognitive Dimensions in the Personality of the Pathological Gambler. In: *New Trends in Psychology*, 4, no. 1 (2022), pp. 62-65. ISSN 2668- 0696.

Available at: <https://dj.univ-danubius.ro/index.php/NTP/article/view/686>

37. MIU, F. V. Assessment of Affective Dimensions in the Personality of the Pathological Gambler in Romania. In: *Psychology. Scientific and Practical Journal*. 2025, no. 2(47), pp. 314-323. ISBN 978-9975-62-687-3. Available at:

<https://msuir.usm.md/items/ef8bd3b2-6b92-4d80-9182-069bala9952c>

38. MIU, F. V. Assessment of risk factors for gambling addiction in relation to the severity of the disorder. In: *Psychology. Scientific and Practical Journal*. 2025, no. 2(47), pp. 75-85. ISSN 1857-2502.

Available at: <https://doi.org/10.46728/pspj.2025.v47.i2.p75-85>

38. MIU, F. V. Cognitive-behavioral psychological intervention in the treatment of pathological gambling in a client with antisocial and suicidal behavior: a case study. In: *Studia Universitatis Moldaviae. Educational Sciences Series*. 2025, no. 9(189), pp. 386-392. ISSN 1857-2502. Available at:

https://ojs.studiamsu.md/index.php/stiinte_educatiei/article/view/6739

Articles in conference proceedings and other scientific publications

International

40. MIU, F. V. Evaluation of the incidence of anxiety in correlation with the severity of gambling addiction in Romania. In: *EIRP Proceedings*. 2022, no. 1, pp. 386-392. ISSN 2067-9211.

Available at: https://ibn.idsi.md/vizualizare_articol/188247

With international participation

41. MIU, F. V. The Obsession with Recouping Money in Pathological Gambling. In: *Integration through Research and Innovation*. Chisinau: Centrul Editorial-Poligrafic al Universității de Stat din Moldova, 2019, vol. pp. 201-204. ISBN 978-9975-149-50-1.

Available at: https://ibn.idsi.md/ro/vizualizare_articol/88549

42. MIU, F. V. Conceptual Definitions of Pathological Gambling. In: *Integration through Research and Innovation*. Chișinău: Centrul Editorial-Poligrafic al Universității de Stat din Moldova, 2020, pp. 93-96. ISBN 978-9975-152-54-9.

Available at: https://ibn.idsi.md/ro/vizualizare_articol/115558

43. MIU, F. V. Cognitive Deficits in Gambling Addiction. In: *Integration Through Research and Innovation*. Chișinău: Centrul Editorial-Poligrafic al Universității de Stat din Moldova, 2021, pp. 64-66. ISBN 978-9975-158-55-8.

Available at: https://ibn.idsi.md/ro/vizualizare_articol/147511

44. MIU, F. V. Preliminary data on gambling activities among adolescents in a study sample from Galați, Romania. In: *Continuous and Cyclical Development of the Educational Curriculum*. 2025, pp. 265-274. ISBN 978-9975-62-965-2.

Available at: https://ibn.idsi.md/ro/vizualizare_articol/243720

ADNOTARE

Miu Florian Viorel, Profilul psihologic al jucătorului de noroc pathologic,

Teză de doctor în psihologie, Chișinău, 2026

Structura tezei: introducere, 3 capitole, concluzii generale și recomandări, 146 de pagini de text de bază, bibliografie din 207 titluri, 16 anexe, 10 figuri și 19 tabele. Rezultatele obținute sunt publicate în 10 lucrări științifice.

Cuvinte cheie: profil psihologic, joc de noroc patologic, distorsiuni cognitive, dependență, recădere, anxietate, depresie, psihologie cognitiv-comportamentală.

Scopul lucrării: stabilirea profilului psihologic al jucătorului de noroc patologic, pe dimensiunile cognitivă, afectivă, comportamentală și elaborarea unui program de consiliere psihologică de sorginte cognitiv-comportamentală în vederea reducerii componentelor afectivă, cognitivă și comportamentală disfuncționale în personalitatea jucătorului de noroc patologic.

Obiectivele cercetării: 1) Analiza cadrului teoretic și empiric privind caracteristicile psihologice ale jucătorului de noroc patologic și factorii de risc asociați; 2) stabilirea incidenței și a nivelului tulburărilor afective (depresie, anxietate) în cazul jucătorului de noroc patologic; 3) identificarea și analiza gândurilor iraționale specifice jucătorului de noroc patologic; 4) identificarea și analiza comportamentelor de risc la jucătorul de noroc patologic; 5) evaluarea relației dintre severitatea jocului de noroc patologic și nivelul distorsiunilor cognitive, nivelul tulburărilor afective și comportamentele de risc; 6) elaborarea, implementarea și validarea unui program de consiliere psihologică de sorginte cognitiv-comportamentală în vederea reducerii componentelor afectivă, cognitivă și comportamentală disfuncționale în personalitatea jucătorului de noroc patologic.

Noutatea și originalitatea științifică: lucrarea oferă o perspectivă comprehensivă asupra profilului psihologic al jucătorului de noroc patologic, precum și un program de intervenție psihologică, de sorginte cognitiv-comportamentală, în vederea asistenței psihologice a persoanelor dependente de jocurile de noroc. Studiul vizează analiza tridimensională a personalității jucătorului de noroc patologic, fiind vizate dimensiunile cognitivă, afectivă, comportamentală. Ca urmare a analizei resurturilor abordării cognitiv-comportamentale din perspectiva specificului personalității jucătorului de noroc patologic, în lucrare este prezentat un program de intervenție, de factură cognitivă-comportamentală, adaptat necesităților acestei categorii de beneficiari.

Semnificația teoretică teoretică a lucrării rezidă în analiza specificului profilului psihologic al jucătorului de noroc patologic, fiind valorificate perspective multidisciplinare din domeniul psihologiei generale, a psihologiei clinice și științelor comportamentale. Sunt analizate dimensiunile fenomenologice, etiologice și taxonomice ale jocului de noroc patologic, evidențiindu-se în același timp complexitatea interacțiunii dintre factorii biologici, cognitivi, emoționali și sociali. Integrarea teoretică realizată în cercetare contribuie la consolidarea cadrului conceptual necesar înțelegerii mecanismelor de menținere și perpetuare a comportamentului adictiv în cazul jucătorului de noroc patologic.

Valoarea aplicativă rezidă în elaborarea, implementarea și validarea unui program de intervenție cognitiv-comportamentală, conceput ca un instrument teoretico-metodologic esențial pentru practica consilierii psihologice și a psihoterapiei. Programul vizează diminuarea componentelor disfuncționale de natură cognitivă, afectivă și comportamentală specifice personalității jucătorului de noroc patologic. Datorită structurii sale modulare, intervenția permite o adaptare flexibilă la particularitățile psihologice și sociale ale respondenților, facilitând individualizarea intervenției psihologice și optimizarea rezultatelor clinice. Rezultatele cercetării contribuie la elaborarea politicilor de prevenție și a strategiilor de asistență psihologică, fiind aplicabile în medii educaționale, în instituții specializate și în practica privată.

Implementarea rezultatelor științifice: rezultatele cercetării au fost prezentate, discutate și validate în cadrul ședințelor Departamentului Psihologie al Universității de Stat din Moldova, a Departamentului Psihologie din cadrul Universității Danubius din Galați, a Centrului pentru tratarea dependentelor PROSALVITA, precum și în cadrul conferințelor științifice de nivel național și internațional, în reviste științifice de specialitate.

ANNOTATION

Miu Florian Viorel, Psychological Profile of the Pathological Gambler, Doctoral Thesis in Psychology, Chişinău, 2026

Thesis structure: introduction, 3 chapters, general conclusions and recommendations, 146 pages of main text, bibliography of 207 titles, 16 appendices, 10 figures, and 19 tables. The results are published in 10 scientific papers.

Keywords: psychological profile, pathological gambling, cognitive distortions, addiction, relapse, anxiety, depression, cognitive-behavioural psychology.

Research aim: to establish the psychological profile of the pathological gambler across cognitive, affective and behavioural dimensions, and to develop a cognitive-behavioural psychological counselling programme aimed at reducing the dysfunctional affective, cognitive and behavioural components in the personality of the pathological gambler.

Research objectives: 1)To analyse the theoretical and empirical framework concerning the characteristics of the pathological gambler and the associated risk factors; 2)To determine the incidence and severity of affective disorders (depression, anxiety) among pathological gamblers; 3)To identify and analyse the irrational thoughts specific to pathological gamblers; 4)to identify and analyse risk behaviours in pathological gamblers; 5)to assess the relationship between the severity of pathological gambling and the level of cognitive distortions and affective disorders and risk behaviours; 6)to develop, implement and validate a cognitive-behavioural psychological counselling programme aimed at reducing the dysfunctional affective, cognitive and behavioural components in the pathological gambler's personality.

Scientific novelty and originality: this paper offers a comprehensive overview of the psychological profile of the pathological gambler, as well as a cognitive-behavioural psychological intervention programme designed to provide psychological support to people addicted to gambling. The study aims to provide a three-dimensional analysis of the personality of the pathological gambler, focusing on the cognitive, affective and behavioural dimensions. Following an analysis of the principles of the cognitive-behavioural approach from the perspective of the specific personality traits of the pathological gambler, the paper presents a cognitive-behavioural intervention programme adapted to the needs of this group of beneficiaries.

The theoretical significance of this study lies in its analysis of the specific characteristics of the psychological profile of the pathological gambler, drawing on multidisciplinary perspectives from the fields of general psychology, clinical psychology and behavioural sciences. The phenomenological, aetiological and taxonomic dimensions of pathological gambling are analysed, whilst highlighting the complexity of the interaction between biological, cognitive, emotional and social factors. The theoretical integration achieved in this research contributes to strengthening the conceptual framework necessary for understanding the mechanisms that maintain and perpetuate addictive behaviour in pathological gamblers.

Applicable value consists in the development, implementation and validation of a cognitive-behavioural intervention programme, designed as an essential theoretical and methodological tool for the practice of psychological counselling and psychotherapy. The programme aims to reduce the dysfunctional cognitive, affective and behavioural components specific to the personality of the pathological gambler. Thanks to its modular structure, the intervention allows for flexible adaptation to the psychological and social characteristics of the participants, facilitating the individualisation of the psychological intervention and the optimisation of clinical outcomes. Furthermore, the research findings contribute to the development of prevention policies and psychological support strategies, and are applicable in educational settings (schools, sixth-form colleges, universities), in specialist institutions and in private practice.

Implementation of scientific results: The research findings were presented, discussed and validated at meetings of the Department of Psychology at the Moldovan State University, at the Department of Psychology at Danubius University in Galaţi, at the PROSALVITA Addictions Treatment Center, as well as at national and international scientific conferences and in specialist scientific journals.

АННОТАЦИЯ

Миу Флориан Виорел, Психологический профиль патологического игрока, Диссертация на соискание учёной степени доктора психологии, Кишинев, 2026

Структура диссертации: введение, 3 главы, общие выводы и рекомендации, 146 страниц основного текста, библиография из 207 названий, 16 приложений, 10 рисунков и 19 таблиц.

Ключевые слова: психологический профиль, патологическая зависимость от азартных игр, когнитивные искажения, зависимость, рецидив, тревога, депрессия, когнитивно-поведенческая психология.

Цель работы: определение психологического профиля игрока с патологической зависимостью от азартных игр по когнитивному, аффективному и поведенческому аспектам и разработка программы психологического консультирования на основе когнитивно-поведенческого подхода с целью уменьшения дисфункциональных аффективных, когнитивных и поведенческих компонентов в личности игрока с патологической зависимостью от азартных игр.

Цели исследования: 1) Анализ теоретических и эмпирических данных, касающихся психологических характеристик игрока с патологической зависимостью от азартных игр и связанных с ней факторов риска; 2) определение распространенности и степени выраженности аффективных расстройств (депрессии, тревоги) у игроков с патологической зависимостью от азартных игр; 3) выявление и анализ иррациональных мыслей, характерных для лиц с патологической зависимостью от азартных игр; 4) выявление и анализ рискованных форм поведения у лиц с патологической зависимостью от азартных игр; 5) оценка взаимосвязи между степенью выраженности патологической зависимости от азартных игр и уровнем когнитивных искажений, уровнем аффективных расстройств и рискованными формами поведения; 6) разработка, внедрение и валидация программы психологического консультирования когнитивно-поведенческого направления с целью уменьшения дисфункциональных аффективных, когнитивных и поведенческих компонентов в личности игрока с патологической зависимостью от азартных игр.

Научная новизна и оригинальность: в работе представлен комплексный анализ психологического профиля лица с патологической зависимостью от азартных игр, а также предложена программа психологического вмешательства когнитивно-поведенческого характера, направленная на оказание психологической помощи лицам, страдающим зависимостью от азартных игр. Исследование направлено на объемный анализ личности патологического игрока с учетом когнитивного, аффективного и поведенческого измерений. По результатам анализа основ когнитивно-поведенческого подхода с точки зрения специфики личности патологического игрока в работе представлена программа психологической помощи когнитивно-поведенческого характера, адаптированная к потребностям данной категории бенефициаров.

Теоретическая значимость данной работы заключается в анализе особенностей психологического профиля патологического игрока с использованием междисциплинарных подходов из области общей психологии, клинической психологии и поведенческих наук. Проанализированы феноменологические, этиологические и таксономические аспекты патологической игровой зависимости, при этом подчеркнута сложность взаимодействия биологических, когнитивных, эмоциональных и социальных факторов. Теоретическая целостность исследования способствует укреплению концептуальной основы, необходимой для понимания механизмов поддержания и закрепления зависимого поведения у игрока с патологической зависимостью от азартных игр.

Практическая значимость заключается в разработке, внедрении и валидации программы когнитивно-поведенческого вмешательства, разработанной как важный теоретико-методологический инструмент психологического консультирования и психотерапии. Программа направлена на снижение дисфункциональных когнитивных, аффективных и поведенческих компонентов, специфичных для личности патологического игрока. Благодаря модульной структуре вмешательство допускает гибкую адаптацию к психологическим и социальным особенностям респондентов, способствуя индивидуализации терапевтического процесса и оптимизации клинических результатов. Результаты исследования вносят вклад в разработку профилактических политик и стратегий психологической помощи и могут применяться в образовательной среде, специализированных учреждениях и частной психологической практике.

Внедрение научных результатов: результаты исследования были представлены и обсуждены в ходе заседаний кафедры психологии Молдавского Государственного Университета, кафедры психологии Университета «Данубиус» в Галаце, Центра лечения зависимостей PROSALVITA, в рамках научных конференций национального и международного уровня и в специализированных научных журналах.

MIU FLORIAN VIOREL

**PSYCHOLOGICAL PROFILE
OF THE PATHOLOGICAL GAMBLER**

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