Atribucije i kapital za oporavak liječenih ovisnika o kockanju – pilot studija

/ Attributions and Recovery Capital of Recovering Gambling Addicts - a Pilot Study

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Atribucijske teorije objašnjavaju načine na koji osoba interpretira pojave i događaje vezane uz sebe i oko sebe, a u tretmanu ovisnosti nužno je razumijevanje vlastite bolesti kao i etioloških čimbenika koji su doprinijeli njezinom razvoju. Kapital za oporavak, kao relativno novi konstrukt u istraživanju ovisnosti o kockanju, obuhvaća dvije ključne domene - pozitivan i negativan kapital. Unutar svake od njih prisutan je niz individualnih, obiteljskih, financijskih i društvenih resursa za apstinenciju odnosno rizika za relaps. Ovo istraživanje motivirano je potrebom za razumijevanjem specifičnih čimbenika oporavka u hrvatskom okruženju visoke dostupnosti igara na sreću i liberalne regulative. Postavljena su dva specifična istraživačka cilja: (1) Kako liječeni ovisnici o kockanju atribuiraju razvoj svoje ovisnosti? te (2) Koja individualna i okolinska obilježja im trenutno pomažu (pozitivan kapital za oporavak), a koja otežavaju (negativan kapital za oporavak) održavanje apstinencije? Istraživanje se temelji na kvalitativnom pristupu, a podatci su prikupljeni u tri fokusne grupe sa 16 sudionika koji su završili liječenje i aktivno sudjeluju u grupama podrške. Svi sudionici su muškog spola, a raspon dobi kreće se od 19 do 49 godina (M_{dob}=31,2 godina). Rezultati su kao ključne individualne atribucije razvoja ovisnosti identificirali emocionalnu nezrelost, nisko samopouzdanje i financijsku nepismenost, dok su okolinske atribucije vezane uz obiteljsku dinamiku, materijalistički društveni stil i široku dostupnost kockanja. Pozitivan kapital za oporavak očituje se strukturiranošću vremena, obiteljskom podrškom, sigurnim radnim okruženjem i programima liječenja, dok negativni kapital uključuje nestrukturirano vrijeme, dugove, rizične socijalne kontakte i društvenu normalizaciju kockanja. Kao zanimljiv i specifičan negativan kapital za oporavak moguće je istaknuti zainteresiranost za sport. Dobiveni rezultati potvrđuju važnost ekosistemskog pristupa u tretmanu, ali i potrebu za osnaživanjem odgovornog priređivanja igara na sreću na nacionalnoj razini. Rezultati su stavljeni u kontekst koristi za programe prevencije relapsa, kao i osnaživanju post-tretmanske podrške u procesu liječenja.

/ *Attribution theories explain the ways in which an individual interprets the occurrences and events in relation to themselves and their surroundings, while addiction treatment requires understanding one's own illness and the etiological factors that contributed to its development. Recovery capital, as a relatively new construct in gambling disorder research, encompasses two key domains - positive and negative capital. Each of these includes a series of individual, family, financial and social resources for abstinence, i.e. risks of relapse. This study was motivated by the need for understanding the specific recovery factors in the Croatian context, where gambling is highly available and regulations are liberal. Two specific research objectives were defined: (1) How do recovering gambling addicts attribute the development of their addiction?, and (2) which individual and environmental factors directly help (positive recovery capital) and which hinder (negative recovery capital) abstinence maintenance? The study was based on a qualitative approach, while the data were collected*

from three focus groups that included 16 participants who had completed their treatment and actively participated in their support groups. All of the participants were male, and the age range was from 19 to 49 years (Mage = 31.2 years). The results identified emotional immaturity, low self-esteem and financial illiteracy as the key individual attributions to addiction development, while the environmental attributions involved family dynamics, materialistic social style and widespread availability of gambling. Positive recovery capital was characterized by structured time, family support, safe working environment and treatment programs, while negative capital included unstructured time, debts, risky social contacts and a society that normalizes gambling. As an interesting and specific example of negative recovery capital we could highlight an interest in sports. The obtained results confirmed the importance of an ecosystemic approach to treatment, in addition to a need for encouraging responsible gambling at the national level. The results were used in the control of benefits for relapse prevention programs, as well as strengthening post-treatment support in the recovery process.

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KLJUČNE RIJEČI / *KEY WORDS*:
Kockanje / *Gambling*
Ovisnost o kockanju / *Gambling Disorder*
Kapital za oporavak / *Recovery Capital*
Grupe podrške / *Support Groups*
Fokusne grupe / *Focus Groups*

TO LINK TO THIS ARTICLE: https://doi.org/10.24869/spsih.2025.203

UVOD

Ovisnost je kronična i recidivirajuća bolest (1,2), a psihosocijalna šteta povezana s ovom bolesti, sukladno ekosistemskoj perspektivi (3,4), pogađa i pojedinca i osobe u užoj i široj socijalnoj sredini (5,6). Budući da su uzroci ovisnosti složeni i slojeviti, isto vrijedi i za tretmanske postupke koji su višedimenzionalni, složeni, dugotrajni (7–9) te nerijetko zahtijevaju i post-tretmanske intervencije, odnosno pružanje kontinuirane podrške osobama koje su formalno završile terapijski proces (10,11).

Ovisnost o kockanju je klasificirana u bolesti ovisnosti prvi puta u DSM-5 klasifikaciji duševnih poremećaja (12–14) nakon čega je istu konceptualizaciju ponovilo i 11. izdanje Međunarodne klasifikacije bolesti (15), iako ne bez kritika pojedinih skupina znanstvenika

INTRODUCTION

Addiction is a chronic and recurrent disease (1, 2), and the psychosocial damage associated with this disease, in line with the ecosystemic perspective (3, 4), affects both the individual and those in their narrow and wider social environment (5, 6). Since the causes of addiction are complex and layered, the same applies to the treatment procedures as well, which are multidimensional, complex and long-term (7–9), and often require post-treatment interventions, i.e. provision of continuous support to the individuals who have formally completed the treatment process (10, 11).

Gambling disorder was classified as an addictive disorder for the first time in the DSM-5 classification of mental disorders (12–14), after which the same concept was repeated in the 11th revision of the International Classification of

(16,17). Neovisno o klasifikacijskom pristupu, ovu ovisnost u kognitivnom aspektu opisuje intenzivna i perzistentna zaokupljenost kockarskim aktivnostima, a često uključuje gubitak kontrole nad ponašanjem, unatoč brojnim negativnim psihosocijalnim posljedicama (16,18). U kontekstu razvoja tolerancije ovisnici ili problematični kockari tipično manifestiraju kompulzivnu potrebu za kockanjem s progresivno većim količinama novca ili s rizičnijim obrascima igranja kako bi postigli istu razinu željenog emocionalnog uzbuđenja (19,20). Nadalje, ova ovisnost često dovodi do značajnog stresa kao neposredne posljedice kockanja, što negativno i štetno utječe na različite aspekte života pojedinca (21–23).

U Hrvatskoj su dostupni različiti pristupi tretmanu ovisnosti o kockanju. Postoje opcije u okviru psihijatrijskih bolnica/klinika, od kojih neke znanstveno prate učinke svojeg terapijskog protokola (24), do klubova liječenih ovisnika o kockanju – KLOK klubova (25–27) koji su slični GA grupama (engl. *gambling anonymous groups*) u svijetu (28), te izvanbolničkih oblika tretmana u zdravstvenim ustanovama i savjetovalištima, pa sve do terapijskih zajednica za ovisnike (29). Psihijatrijske klinike, kao i KLOK klubovi, u pravilu osiguravaju i grupe podrške za svoje korisnike te članove njihovih obitelji kako bi osnažili održavanje remisije/apstinencije odnosno prevenirali relapse, što su uobičajeni ciljevi ovakvih post-tretmanskih intervencija (30,31).

Što se tiče tretmanskih ciljeva, apstinencija od kockanja se najčešće stavlja u prvi plan (32,33), iako su neka novija istraživanja pokazala kapacitete za umjereno i neproblematično kockanje nakon tretmanskih intervencija (34–36). U ovom području rezultati studija trenutno nisu jednoznačni te je potrebno detaljnije istražiti mogućnosti i kapacitete za umjerenim kockanjem. No, neovisno o različitim tretmanskim pristupima /ciljevima, kao i modelima koji naglašavaju važnost uključivanja 'značajnih dru-

Diseases (ICD) (15), although not without criticism from some groups of scientists (16, 17). Regardless of the classification approach, in its cognitive aspect this addiction is characterized by intense and persistent preoccupation with gambling activities, and often involves the loss of control over one's behavior, despite numerous negative psychosocial consequences (16, 18). Within the context of tolerance development, addicts or problem gamblers typically present a compulsive need for gambling which involves progressively increasing amounts of money or riskier gaming patterns in order to achieve the same level of desired emotional excitement (19, 20). Furthermore, this addiction often leads to significant stress as an immediate consequence of gambling, which has a negative and adverse impact on the various aspects of the individual's life (21–23).

Various approaches to the treatment of gambling disorder are available in Croatia. They include treatments within psychiatric hospitals/clinics, some of which employ a scientific approach to measure the effects of their treatment protocols (24), as well as recovering gamblers' peer clubs – *KLOK* clubs (25–27) which resemble gambling anonymous (GA) groups in other countries (28), or outpatient treatments in health institutions and counseling centers, and therapeutic communities for addicts (29). Psychiatric clinics, as well as *KLOK* clubs, typically also provide support groups for their clients and family members in order to strengthen the maintenance of remission/abstinence, i.e. to prevent relapses, which are the usual goals of such post-treatment interventions (30, 31).

In terms of treatment goals, abstinence from gambling is most commonly at the forefront (32, 33), although some more recent studies have shown capacities for moderate and unproblematic gambling after treatment interventions (34–36). The study results in this field are currently inconclusive, and further research is required in order to examine the possibilities of and capacities for moderate gambling. Nevertheless, regardless of the different treatment approaches/

gih' (engl. *significant others*), u tretman (37), jedan od bitnih zadataka svih tretmanskih protokola vezan je uz razumijevanje sebe, kao i osobne etiologije ovisnosti te mehanizama koji su doveli do potrebe za liječenjem (38,39). To nas dovodi do konstrukta uzročnih atribucija odnosno atribucijskih teorija koje objašnjavaju načine na koji osoba interpretira pojave i događaje vezane uz sebe i oko sebe (40,41).

U svijetu ne postoji mnogo dostupnih studija u području atribucija i ovisnosti, a prve su uglavnom bile usmjerene prema pušenju i konzumiranju psihoaktivnih tvari (42–45), s naglaskom na preuzimanje odgovornosti (46). U trodimenzionalnom modelu atribucija, ključno je pozicionirati svaku atribuciju na dimenzijama temporalne stabilnosti (stabilno – nestabilno tijekom vremena), kontrolabilnosti (podložno – nije podložno kontroli) te lokusa uzročnosti (internalno – eksternalno) (47,48). Istraživanja ukazuju da bi atribucije mogle imati značajan utjecaj i na same ishode tretmana (49). U općoj populaciji, relativno su konzistentni nalazi da ljudi imaju tendenciju uspjehe i pozitivne rezultate atribuirati internalno (sebi), a neuspjehe eksternalno (vanjskim čimbenicima) (50–52). U odnosu na konzumaciju opijata, istraživanje Bradleya i sur. (53) je pokazalo da ovisnici koji su prilikom prijema sebi (internalno) pripisivali veću odgovornost za negativne ishode, te koji su epizode relapsa pripisivali čimbenicima koji se mogu kontrolirati, naknadno su (nakon 6 mjeseci praćenja) imali veću vjerojatnost potpune apstinencije ili kontrole nad povremenim lapsevima.

Atribucije su u istraživanjima kockanja (kao ponašanja), a marginalno vezano i uz problematično kockanje/ovisnost, uglavnom povezana sz kognitivnim procesima koji se vežu uz procese tijekom kockanja. Primjerice, mjerenje internalnih i eksternalnih atribucija uspjeha i neuspjeha pri igranju (54), atribucijske pogreške i mjerenje iracionalnih uvjerenja vezanih uz kockanje (55). Dostupno je i nešto istraživanja

goals, as well as the models emphasizing the importance of including the significant others into the treatment (37), one of the important tasks of all treatment protocols involves the understanding of oneself, of the personal etiology of addiction, and of the mechanisms which led to the need for treatment (38, 39). This leads us to the construct of causal attributions, i.e. attribution theories that explain the manners in which the individual interprets the occurrences and events in relation to themselves and their surroundings (40, 41).

There are few globally available studies addressing the field of attributions and addiction, and the first ones mainly focused on smoking and psychoactive substance use (42–45), with an emphasis on asking personal accountability for addiction (46). The three-dimensional model of attribution places emphasis on positioning each attribution on dimensions of temporal stability (stable and unstable over time), controllability (controllable or uncontrollable) and locus of causality (internal and external) (47, 48). Studies indicate that attributions could also have a significant effect on the treatment outcomes (49). In the general population, the findings relatively consistently show that people have a tendency to attribute success and positive outcomes internally (to themselves), while they attribute failures externally (to outside factors) (50–52). In terms of opioids consumption, the study conducted by Bradley et al. (53) showed that addicts who attributed larger responsibility for negative outcomes to themselves (internally), as well as those who attributed relapse episodes to controllable factors, were subsequently (after 6 months of follow-up) more likely to achieve full abstinence or control over occasional relapses.

In studies on gambling (as a behavior), and marginally related to problem gambling/addiction, attributions were mainly associated with cognitive processes relating to the processes that occur during gambling. For example, these include examining the internal and external attributions of success or failure in gambling (54), attribution

vezanih uz štetne posljedice kockanja, odnosno objašnjavanje društvene stigmatizacije kockara (56). Međutim, pretraživanjem znanstvene literature autori ovog rada nisu naišli na radove koji su istraživali uzročne atribucije razvoja ovisnosti o kockanju. S druge pak strane, neosporno je važno razumjeti specifične kognitivne distorzije problematičnih kockanja koje je u svom radu fokusiranom na kognitivnu psihopatologiju problematičnog kockanja, precizno opisao Toneatto (57), budući da je kognitivna perspektiva razumijevanja sebe i etiologije osobnog problema nužan preduvjet trajnog oporavka.

U kontekstu ovisnosti o kockanju, u međunarodnoj znanstvenoj literaturi također ne postoji potpuni konsenzus o tome što je oporavak i kako ga točno definirati (58,59). S druge pak strane, kapital za oporavak, kao konstrukt, nije značajno istraživan u hrvatskoj znanstvenoj literaturi. Već dugo vremena, oporavak u području zdravlja (što uključuje i mentalno zdravlje) ne podrazumijeva samo izostanak bolesti, već se smatra puno širim spektrom ostvarene dobrobiti (60). Jedan od značajnijih konceptualnih modela oporavka u području mentalnog zdravlja je tzv. CHIME okvir (61,62) koji se sastoji od sljedećih pet komponenti: (1) povezanost, (2) nada i optimizam za budućnost, (3) identitet, (4) smisao života, (5) osnaživanje (engl. *Connectedness, Hope and optimism about the future, Identity, Meaning in life, and Empowerment* - CHIME) čime je neosporno pokazana važnost ekosistemskog pristupa u proučavanju oporavka.

Polazeći od podrijetla ovog konstrukta, a usmjeravajući se na oporavak u kontekstu ovisnosti, Kelly i Hoeppner (63), analiziraju niz njegovih definicija i operacionalizacija. Sukladno dvodimenzionalnom modelu ovisnosti, u kojem je intenzitet ovisnosti u visokoj korelaciji s (psihosocijalnim) problemima povezanim s ovisnosti, navedeni autori nude i dvodimenzionalni model konstrukta oporavka. Na 'x-os' postavljaju kapital za oporavak, a na 'y-os' re-

errors and examining the irrational beliefs relating to gambling (55). There are some available studies addressing the harmful consequences of gambling, i.e. explaining the social stigmatization of gamblers (56). However, while reviewing the scientific literature, the authors of this paper did not find any papers examining the causal attributions to the development of gambling disorder. On the other hand, it is unquestionably important to understand the specific cognitive distortions of problem gambling, which were described in detail by Toneatto in his paper addressing the cognitive psychopathology of problem gambling (57), since the cognitive perspective of understanding oneself and the etiology of the personal issue represent an essential precondition for permanent recovery.

In the context of gambling disorder, there is also no complete consensus in the international scientific literature with regard to the description of recovery and its precise definition (58, 59). On the other hand, recovery capital as a construct has not been significantly studied in Croatian scientific literature. For a long time already, recovery in terms of health (including mental health as well) has not involved only the absence of disease, but includes a much wider spectrum of achieved well-being (60). One of the more significant conceptual models of recovery in the field of mental health is the so-called CHIME framework (61, 62), which consists of the following five components: (1) connectedness, (2) hope and optimism about the future, (3) identity, (4) meaning in life and (5) empowerment (CHIME), and which unquestionably demonstrates the importance of an ecosystemic approach to the study of recovery.

Starting from the origins of this construct and focusing on recovery in the context of addiction, Kelly and Hoeppner (63) analyzed a series of its definitions and operationalizations. In line with the two-dimensional model of addiction, where addiction intensity has a high correlation to the (psychosocial) issues relating to addiction, the abovementioned authors offered a two-dimen-

misiju ovisnosti. Navedene osi su u međusobnoj korelaciji. Slijedom navedenog, što je duža remisija od ovisnosti, trebao bi se povećavati i kapital za oporavak, kao i obratno. Njihov model kontekstualizira oporavak unutar teorije stresa i mehanizama nošenja (engl. *coping*) s izazovnim životnim situacijama.

Začetke definiranja kapitala za oporavak kao konstrukta u području problema ovisnosti o psihoaktivnim tvarima možemo datirati od radova Clouda i Granfielda (64,65) koji su pozitivan kapital za oporavak proširili i onim negativnim zahvaćajući četiri temeljne komponente/dimenzije: (1) društveni kapital, (2) fizički kapital, (3) ljudski kapital i (4) kulturalni kapital. Radi se o kumulativnim unutarnjim i vanjskim resursima, odnosno obilježjima, koja pomažu ljudima da nadiđu svoju ovisnost (pozitivni kapital) ili onima koji su rizik za relaps (negativni kapital). U narednom razdoblju kapital za oporavak postao je istraživačkim fokusom drugih znanstvenika u području ovisnosti o psihoaktivnim tvarima te je Hennessy (66), proveo sistematičan pregled 35 studija koje su se empirijski bavile ovim konstruktom od 1999. do 2016. godine. Autor predlaže promatranje kapitala za oporavak na tri ekološke razine (individualna, mikro- i meso- razina) te identificira devet njegovih domena. Međutim, mnoge od njih zapravo predstavljaju slične aspekte, samo ih se različito naziva. Tako primjerice neki autori fizički kapital za oporavak nazivaju i financijski, budući da se odnosi na materijalna sredstva (novac), nekretnine, pokretnine i pristup resursima u zajednici. Takav izričaj je zapravo i precizniji. Ljudski kapital je također vrlo sličan zdravlju i osobnom rastu, koji navode neki drugi autori. Slijedom navedenog, a sažimajući pristupe različitih autora, Gavriel-Fried i Lev-el (67) predlažu sljedećih pet domena kapitala za oporavak. To su:

1. Ljudski kapital – znanja i vještine, te druga osobna svojstva koja mogu biti naslijeđena ili naučena, a koja pomažu osobama u

sional model of the construct of recovery as well. They placed recovery capital on the "x-axis", with addiction remission on the "y-axis". These axes are correlated. Consequently, the longer the addiction remission, the greater should be the recovery capital, and vice-versa. Their model contextualizes recovery within the theory of stress and mechanisms of coping with challenging life situations.

The beginnings of defining recovery capital as a construct in the field of psychoactive substance addiction can be traced back to the works of Cloud and Granfield (64, 65), who expanded positive recovery capital with the negative one, encompassing four fundamental components/dimensions: (1) social capital, (2) physical capital, (3) human capital and (4) cultural capital. These are cumulative internal and external resources, i.e. attributes, that help people overcome their addiction (positive capital) or represent a risk of relapse (negative capital). In the subsequent period, recovery capital became the focus of research for other scientists in the field of psychoactive substance addiction as well, and Hennessy (66) conducted a systematic review of 35 studies that empirically addressed this construct in the period from 1999 to 2016. The author suggested examining recovery capital on three ecological levels (individual, micro- and meso- levels) and identified its nine domains. However, many of these essentially represent similar aspects with a different name. For example, some authors refer to physical recovery capital as financial, since it relates to material means (money), immovable and movable property, and access to community resources. This wording is, in fact, more precise. Human capital is also very similar to health and personal growth, as stated by some other authors. In this respect, and summarizing the approaches taken by various authors, Gavriel-Fried and Lev-el (67) proposed the following five domains of recovery capital. They include:

1. Human capital – knowledge and skills, and other personal traits that can be inherited or taught, and which assist the individuals in

njihovom psihosocijalnom funkcioniranju i ostvarivanju ciljeva.

2. Društveni kapital – definiran kao zbroj osobnih opipljivih ili virtualnih resursa kao što su obiteljski odnosi i druga društvena mreža.
3. Financijski kapital – odnosi se na opipljive aspekte koji se prije svega odnose na prihode, vlasništvo, bogatstvo i stanovanje. Ranije su autori ovo nazivali fizičkim kapitalom.
4. Kulturalni kapital –veže se na kulturalne vrijednosti i stavove, te sposobnost ljudi da se ponašaju unutar njih.
5. Kapital zajednice – pokriva tretmanske resurse kao što su formalne organizacije (institucije) ili neformalne grupe unutar zajednice. Uključuje i politike te stavove koji podržavaju dostupnost tih resursa te promoviraju društvene norme i oporavak.

U svojoj suštini, pozitivan i negativan kapital za oporavak u području ovisnosti vrlo su slični konceptu rizičnih i zaštitnih čimbenika koji iz ekosistemske perspektive definiraju obilježja pojedinca te obilježja i okolnosti u okolini koja povećavaju ili smanjuju vjerojatnost pojave bilo kojeg problema mentalnog zdravlja i/ili rizičnog ponašanja (68–71).

Najznačajniji doprinos u translaciji koncepta 'kapital za oporavak' u područje kockanja napravila je Gavriel-Fried sa suradnicima (67,72–78). Osim što njezine studije pokazuju značenje za razumijevanje cjelovitog kapitala za oporavak, istraživanje Gavriel-Fried, Lev-el & Krausa (74) je pilot primjenom Indeksa holističkog kapitala za oporavak kod ovisnosti o kockanju pokazalo da su viši rezultati na ovoj mjeri negativno povezani s različitim emocionalnim teškoćama, kao što su anksioznost i depresivnost, ali i s ozbiljnosti simptoma ovisnosti. Istovremeno, pozitivna korelacija je utvrđena sa subjektivnom srećom. Nadalje, Gavriel-Fried i Lev-el (67,78) su u svojoj studiji, temeljem fokusnih grupa provedenih s 91 izliječenih ovisnika o kockanju, istražile specifične

their psychosocial functioning and achievement of goals.

2. Social capital – defined as the sum of personal tangible or virtual resources such as family relations and other social networks.
3. Financial capital – refers to the tangible aspects that primarily relate to income, ownership, wealth and residence. Earlier authors referred to this as physical capital.
4. Cultural capital – relates to cultural values and attitudes, and the people's ability to behave within them.
5. Community capital – encompasses treatment resources such as formal organizations (institutions) or informal groups within the community. It also includes the policies and attitudes that support the availability of these resources, and promote the social norms and recovery.

In their essence, addiction-related positive and negative recovery capital are very similar to the concept of risk and protective factors which define the traits of an individual from the ecosystemic perspective, as well as the traits and circumstances in the environment which increase or reduce the likelihood of occurrence for any mental health problem and/or risky behavior (68–71).

Gavriel-Fried et al. made the most significant contribution to the translation of the concept of "recovery capital" into the field of gambling (67, 72–78). Her studies demonstrated the meaning of understanding the entirety of recovery capital, while the study conducted by Gavriel-Fried, Lev-el & Kraus (74) also used a trial application of the Holistic Recovery Capital in Gambling Disorder Index to demonstrate that higher scores in this measure have a negative correlation with different emotional difficulties, such as anxiety and depression, but also with the severity of addiction symptoms. At the same time, a positive correlation with the subjective feeling of happiness was observed. Furthermore, based on their observation of focus groups encompassing a total of 91 recovered gamblers, in their study Gavri-

domene, kategorije i podkategorije pozitivnog i negativnog kapital za oporavak specifično u ovom području. Njihovi rezultati skraćeno su prikazani u tablici 1.

Iz ovakve konceptualizacije razvidno je kako ni snage, ali ni rizici za relaps, ne leže samo u pojedincu, već je važno uzeti u obzir uži i širi društveni kontekst. U odnosu na Hrvatsku ovakva su istraživanja posebno značajna s obzirom na izuzetnu dostupnost i pristupačnost igara na sreću, te vrlo liberalnu regulativu industrije (79,80) koja potencijalno može otežavati ove procese.

el-Fried and Lev-el (67, 78) examined the specific domains, categories and subcategories of positive and negative recovery capital specifically in this field. Their results are summarized in Table 1.

It is evident from this conceptualization that neither the strengths nor the risks of relapse depend solely on the individual, but it is important to take the wider social context into consideration. In terms of Croatia, such studies are of special importance considering the extreme availability and accessibility of gambling, as well as the very liberal regulations pertaining to the industry (79, 80), which can potentially hinder these processes.

TABLICA 1. Pozitivan i negativan kapital za oporavak ovisnika o kockanju (prema Gavirel-Fried i Lev-el, 2020, 2022)
TABLE 1. Positive and negative recovery capital of recovering gambling addicts (according to Gavirel-Fried and Lev-el, 2020, 2022)

POZITIVNI KAPITAL / POSITIVE CAPITAL	NEGATIVNI KAPITAL / NEGATIVE CAPITAL
DOMENE / kategorije / DOMAINS / categories	**DOMENE / kategorije / DOMAINS / categories**
LJUDSKI KAPITAL / HUMAN CAPITAL	**LJUDSKI KAPITAL / HUMAN CAPITAL**
• Subjektivna dobrobit / Subjective well-being	• Nagoni i nekontrolirani nagoni / Urges and uncontrolled urges
• Samoefikasnost / Self-efficacy	• Kognitivne distorzije / Cognitive distortions
• Samokontrola / Self-control	• Nedjelovanje / Inaction
• Proaktivne vještine 'copinga' / Proactive coping skills	• Potreba za traženjem uzbuđenja / Sensation seeking
• Socioemocionalne vještine / Socioemotional skills	• Stresni životni događaji / Stressful life events
• Rekonstrukcijske vještine / Reconstruction skills	• Negativne emocije / Negative emotions
	• Sposobnost skrivanja i nemogućnost dijeljenja informacija / traženja pomoći / Ability to conceal and inability to share information/seek help
	• Nedostatak motivacije za oporavak / Lack of motivation to recover
KAPITAL ZAJEDNICE / COMMUNITY CAPITAL	**KAPITAL ZAJEDNICE / COMMUNITY CAPITAL**
• Okruženje usmjereno na oporavak / Prorecovery environment	• Nedostatak društvenih i obiteljskih veza / Lack of social and familial networks
• Profesionalni terapijski milje / Professional therapeutic milieu	• Konfliktne ili opasne društvene veze / Conflictual or dangerous social networks
• Grupe podrške za liječene ovisnike / Recovering gamblers' peer support groups	
DRUŠTVENI KAPITAL / SOCIAL CAPITAL	**DRUŠTVENI KAPITAL / SOCIAL CAPITAL**
• Veze s izliječenim kockarima / Social relationships with recovering gamblers	• Okruženje koje potiče kockanje / An Environment that encourages gambling
• Prijatelji bez problema ovisnosti o kockanju / Friends without a gambling disorder	• Zajmodavci novca / Money lenders
• Obitelj / Family	
FINANCIJSKI KAPITAL / FINANCIAL CAPITAL	**FINANCIJSKI KAPITAL / FINANCIAL CAPITAL**
• Financijski status usmjeren na oporavak / Prorecovery financial state	• Financijski stres i dugovi / Financial distress and debts
	• Novac (posjedovanje) kao rizičan čimbenik / (Having) money as a risk factor

CILJEVI ISTRAŽIVANJA

Svrha ove pilot studije nastavlja se na prethodno opisan nedostatak istraživanja (engl. *research gap*) u ovom području, odnosno nepostojanje znanstveno-utemeljenih spoznaja u hrvatskom kontekstu vezano uz kapital za oporavak kod ovisnika o kockanju, kao i nedostatak istraživanja koja su etiološki ispitivala uzročne atribucije ovisnosti iz pozicije samih ovisnika.

Slijedom navedenog postavljena su dva specifična istraživačka cilja: (1) Kako liječeni ovisnici o kockanju atribuiraju razvoj svoje ovisnosti? te (2) Koja individualna i okolinska obilježja im trenutno pomažu (pozitivan kapital za oporavak), a koja otežavaju (negativan kapital za oporavak) održavanje apstinencije?

METODOLOGIJA

Uzorak

Istraživanje je provedeno sa 16 sudionika koji su uspješno završili liječenje u Klinici za psihijatriju Sv. Ivan u Zagrebu te koji aktivno pohađaju grupu podrške kao oblik post-tretmanske pomoći u održavanju apstinencije. Svi sudionici su muškog spola, a raspon dobi se kreće od 19 do 49 godina (Mdob=31,2 godina). Četiri sudionika je pohađalo grupu podrške pri Odjelu za mentalno zdravlje, prevenciju i izvanbolničko liječenje Zavoda za javno zdravstvo Varaždinske županije, dok je 12 pohađalo grupu u Klinici za psihijatriju Sv. Ivan u Zagrebu.

U odnosu na partnerski status, najviše sudionika je u vezi, no ne žive s partnericom (n=6), samaca je bilo pet, oženjenih troje, jedan sudionik je razveden, a jedan živi u izvanbračnoj zajednici. Pet sudionika ima djecu. Što se tiče najviše ostvarenog obrazovnog statusa, 11 sudionika završilo je srednju školu, četvero fakultet, a jedan sudionik ima samo završenu osnovnu školu. Ukupno je 12 sudionika stalno zaposleno, a dvoje povremeno (ili na pola radnog vremena), dok su dvojica nezaposleni.

AIMS

The purpose of this pilot study further builds on the previously described research gap in this field, that is, the absence of scientifically based knowledge in the Croatian context in terms of recovery capital in gambling addicts, as well as a research gap pertaining to studies that would etiologically examine the causal attributions of addiction from the viewpoint of the addicts themselves.

In view of the above, two specific research objectives were defined: (1) How do recovered gambling addicts attribute the development of their addiction?, and (2) Which individual and environmental factors directly (positive recovery capital) and which hinder (negative recovery capital) abstinence maintenance?

METHOD

Sample

The study involved 16 participants who had successfully completed their treatment at the University Psychiatric Hospital Sveti Ivan in Zagreb, and were actively attending their support group meetings as a form of post-treatment assistance for abstinence maintenance. All of the participants were male, ranging from 19 to 49 years of age (Mage=31.2 years). Four of the participants attended the support group at the Department of Mental Health, Prevention and Outpatient Treatment of the Institute of Public Health of the Varaždin County, while 12 attended the support group meetings at the University Psychiatric Hospital Sveti Ivan in Zagreb.

With regard to their relationship status, most of the participants were involved in a relationship, but did not live with their partners (n=6), five were single, three were married, one participant was divorced, and one was living in a consensual union. Five of the participants had children. In terms of the highest attained educational level, 11 participants had completed high school, four had a university degree, while one had completed only elementary school education. A total of 12 participants were permanently employed, two were occasionally (or part-time) employed, and two were unemployed.

Metode prikupljanja podataka

Istraživanje je provedeno metodom fokusne grupe s unaprijed pripremljenim protokolom koji je uključivao uvodna, središnja i završna pitanja. Uvodna pitanja bila su usmjerena prema istraživanju uzročnih atribucija u razvoju ovisnosti o kockanju, dok su središnja bila vezana uz pozitivni i negativni kapital za oporavak. Na kraju se sudionike pitalo žele li dodati nešto što smatraju važnim, a nije ih se pitalo u okviru unaprijed postavljenih pitanja.

Postupak provedbe istraživanja

Istraživanje je provedeno u tri fokusne grupe u razdoblju od prosinca 2023. do travnja 2024. godine. Prije početka dogovaranja fokusne grupe, stručno osoblje grupa podrške informiralo je korisnike o osnovnom cilju i planiranom načinu njihove provedbe. Pozvani su bili svi korisnici grupa podrške, bez posebnih ograničenja ili isključujućih kriterija. Nakon što su svi dali načelni pristanak, dogovoreno je mjesto i vrijeme provedbe fokusnih grupa, a prije početka samog razgovora, sudionici su od istraživača bili preciznije informirani o cilju, svrsi i postupku istraživanja. Na taj način se poštivalo etičko načelo informiranog pristanka, kao i načelo dobrovoljnosti, anonimnosti, povjerljivosti i mogućnosti da se odustane u bilo kojem trenutku. Svaka fokusna grupa trajala je 90 minuta, a provela ih je autorica ovog rada. Osigurano je bilo snimanje audio uređajem.

Cjelokupni postupak istraživanja dobio je suglasnost Etičkog povjerenstva Sveučilišta u Zagrebu Edukacijsko-rehabilitacijskog fakulteta (Klasa: 602-25/24-01/4; Urbroj: 251-74/24-16/2).

Metode analize podataka

Podatci su analizirani metodom refleksivne tematske analize (81–83) koja je uključivala sljedećih 6 faza: (1) upoznavanje s podatcima,

Data collection methods

The study was conducted using the focus group method with a previously prepared protocol which included introductory, central and final questions. The introductory questions were aimed at exploring the causal attributions in the development of gambling disorder, while the central questions related to the positive and negative recovery capital. In the end, the participants were asked whether they wanted to add something that they considered important, but were not asked about while being previously questioned.

Study procedure

The study was conducted in three focus groups in the period from December 2023 to April 2024. Prior to the start of focus group arrangements, the professional staff involved in the support groups informed the participants about the main objective and the planned method of their implementation. All of the support group participants were invited, without specific limitations or exclusion criteria. The place and time for the focus groups meetings were determined after everyone had given their agreement in principle, and the researchers provided more detailed information to the participants with regard to the objective, purpose and method of the research before the interviews began. In this way, the ethical principle of informed consent was respected, as well as the principles of voluntariness, anonymity, confidentiality and possibility to withdraw at any time. Each focus group meeting lasted for a period of 90 minutes, and was conducted by the author of this paper. Audio recording was organized as well.

The entire research procedure was approved by the Ethics Committee of the University of Zagreb, Faculty of Education and Rehabilitation Sciences (Class: 602-25/24-01/4; Reg.No: 251-74/24-16/2).

Data analysis methods

The data were analyzed using the reflexive thematic analysis method (81–83) which included the following 6 phases: (1) familiarization with

odnosno pažljivo čitanje prijepisa fokus grupa uz zapisivanje inicijalnih zapažanja o podatcima u odnosu na pojedinu fokus grupu i na cijeli set podataka (sve fokus grupe); (2) kodiranje, odnosno pripisivanje kodova podatcima (originalnim izjavama sudionika); (3) definiranje inicijalnih tema grupiranjem kodova kako bi se prikazali uočeni obrasci u podatcima; (4) revizija, odnosno provjera inicijalnih tema u odnosu na kodove te redefiniranje tema kako bi bolje odgovarale podatcima; (5) definiranje finalnih tema i (6) pisanje analitičkog narativa (deskripcije).

REZULTATI

Temeljem refleksivne tematske analize definirano je 5 tema: (1) Individualni čimbenici koji su doprinijeli razvoju ovisnosti o kockanju, (2) Okolinski čimbenici koji su doprinijeli razvoju ovisnosti o kockanju, (3) Motivacija za liječenje, (4) Čimbenici koji podržavaju apstinenciju, (5) Čimbenici koji ugrožavaju apstinenciju. U okviru svake od glavnih tema definirane su i podteme (tablica 2). Rezultati će biti predstavljeni prema glavnim temama i njima pripadajućim podtemama, uz prikaz izravnih citata[1] sudionika istraživanja.

Individualni čimbenici koji su doprinijeli razvoju ovisnosti o kockanju

Kada govore o individualnim čimbenicima koji su doprinijeli razvoju ovisnosti o kockanju sudionici navode **emocionalnu nezrelost** koju i često opisuju upravo ovim izrazom („*Ja bi rekel da emocionalna nezrelost, ovoga…mislim normalno to je isto počelo ko, ono, fora, srednja škola, klasika, de je bilo zabavno i to. Tak da velim, tu*

[1] Citati sudionika su šifrirani te će biti prikazani u odnosu na fokus grupu (FG1,FG2,FG3) i na kodni broj pojedinog sudionika u fokus grupi (npr. FG11- označava sudionika s kodnim brojem 1 u fokus grupi koja je označena brojem 1).

the data, i.e. careful reading of the focus group transcripts and taking notes on the initial observations concerning the data referring to a specific focus group and the entire data set (all focus groups); (2) coding, i.e. assigning codes to the data (original statements made by the participants); (3) defining the initial themes by grouping codes in order to present patterns observed in the data; (4) reviewing, i.e. verifying the initial themes in relation to the codes and redefining the themes in order to better match the data; (5) defining the final themes, and (6) writing the analytical narrative (description).

RESULTS

A total of 5 themes were defined based on the reflexive thematic analysis: (1) individual factors that contributed to the development of gambling disorder, (2) environmental factors that contributed to the development of gambling disorder, (3) motivation for treatment, (4) factors supporting abstinence, (5) factors threatening abstinence. Subthemes were also defined within each of the main themes (Table 2.). The results will be presented in accordance with the main themes and their corresponding subthemes, with a presentation of the direct quotes[1] by the study participants.

Individual factors that contributed to the development of gambling disorder

When referring to the individual factors that contributed to the development of gambling disorder, the participants cited **emotional immaturity**, which they often described using precisely that term (*"I would say that emotional immaturity, you know… I mean of course it also started with being*

[1] Participants' quotes are coded and will be presented in reference to the focus group (FG1, FG2, FG3) and the code number of the particular focus group participant (eg. FG11 - stands for the participant with the code number 1 in the focus group marked as 1).

TABLICA 2. Definirane teme i podteme temeljem fokusnih grupa (N=16)
TABLE 2. Defined themes and subthemes based on the focus groups (N=16)

Tema / Theme	Podtema / Subtheme
Individualni čimbenici koji su doprinijeli razvoju ovisnosti o kockanju / Individual factors that contributed to the development of gambling disorder	Emocionalna nezrelost / Emotional immaturity
	Nisko samopouzdanje / Low self-esteem
	Ovisnički mehanizam emocija i ponašanja / Addictive mechanism of emotions and behavior
	Neadekvatan odnos prema novcu / Inadequate attitude towards money
	Interes za sport / Interest in sports
Okolinski čimbenici koji su doprinijeli razvoju ovisnosti o kockanju / Environmental factors that contributed to the development of gambling disorder	Loši odnosi s roditeljima / Poor relationships with the parents
	Rizično društvo / Risky social circles
	Rizično radno okruženje / Risky working environment
	Kockanje kao društveni ritual / Gambling as a social ritual
	Afirmiranost materijalističkog životnog stila / Affirmation of a materialistic lifestyle
Motivacija za liječenje / Motivation for treatment	Potpuna iscrpljenost svih resursa / Total exhaustion of all resources
	Važni socijalni odnosi / Important social relationships
	Svijest o kockanju kao bolesti / Awareness of gambling as a disease
	Apstinencija kao rasterećenje / Abstinence as relief
Čimbenici koji podržavaju apstinenciju – pozitivan kapital za oporavak / Factors supporting abstinence – positive recovery capital	Potpuna promjena životnog stila / Total change of lifestyle
	Pozitivni odnosi i socijalne mreže / Positive relationships and social networks
	Dugovi i financijske restrikcije / Debts and financial restrictions
	Pozitivni učinci liječenja / Positive effects of treatment
Čimbenici koji ugrožavaju apstinenciju – negativan kapital za oporavak / Factors threatening abstinence – negative recovery capital	Rizici na individualnoj razini / Risks at the individual level
	Rizici na obiteljskoj razini / Risks at the family level
	Rizično društvo i izlasci / Risky social circles and outings
	Rizici na razini društva / Risks at the societal level
	Rizici vezani uz liječenje / Treatment-related risks

sam sve emocije izražaval, nisam znal ovak općenito u životu". FG11), ali je opisuju i kao slabu kontrolu svojih impulsa, nepromišljenost i brzopletost. Neki sudionici pripisuju razvoj ovisnosti o kockanju slabom poznavanju sebe te potrebi da se dokažu sebi („*Ego, ono, neki unutarnji nešto, dokazivanje samom sebi.*" FG25). Nadalje, sudionici kao jedan od čimbenika prepoznaju i **nisko samopouzdanje** koje se manifestira željom za dokazivanjem drugima, za priznavanjem od strane drugih te usmjerenosti na ono što drugi misle o njima („*Neka želja za dokazivanjem, frajerisanjem, čašćenjem… bit, ajmo reć, u nekom centru pažnje, da si ti glavni.*" FG24; „*Imao sam osjećaj manje vrijednosti i*

cool, high school, the classic stuff, when it was fun and all. What I'm saying is that I expressed my emotions this way, I didn't know how to do it generally in life". FG11*)*, but they also described it as poor control of their own impulses, recklessness and hastiness. Some participants attributed the development of gambling disorder to poor knowledge of themselves and a need to prove their worth to themselves ("*The ego, like, an internal thing, proving worth to myself.*" FG25). Furthermore, the participants recognized **low self-esteem** as one of the factors, manifesting as a desire to prove themselves to others and be recognized by others, as well as focusing on what others think of them ("*Some kind of a desire to prove myself, be the tough guy, treat others to*

zato sam išao kockat da bi dobio novce, da bi dobio potvrdu u društvu." FG21). Sudionici govore i kako im je kockanje služilo za „*hranjenje ega*" odnosno da su kockanjem htjeli „*uništiti ego*" („*Veliki ego. Znači želja za nekakvim ekstra dokazivanjem drugima. Ja sam, ono, hranio sam svoj ego. Htio sam biti neko ko, pokazat se nekom.*" *FG21*). Osjećaj manje vrijednosti nadomještali su kontinuiranim traženjem vanjske potvrde i priznanja koje je proizlazilo iz novčanih dobitaka. Dobiveni novac davao im je osjećaj vrijednosti i pripadnosti („*Samo da ja mogu doć sa punim džepovima reć da im…trenutačno imam tolko i tolko i da se svi počastimo.*" FG23; „*U principu sam visio u poslovnici odnosno u nekakvim ovoga, kasinima i tamo sam primao, ajmo reć, nekakav osjećaj pripadnosti, koji zapravo je bio opet ono, lažan. Zato što dok, dok se troši novac je, ovoga, si svima mio i drag, a kad ga više nema onda si ono.*" FG36). Iz odgovora sudionika vidljiva je i njihova podložnost utjecajima, odnosno povodljivost koju se opisuje kao "*nemanje svojeg ja*". Dio sudionika navodi i kako ih je do razvoja ovisnosti o kockanju dovelo to što nisu poznavali sebe i prihvaćali sebe te im je kockanje služilo kao bijeg, pri čemu neki svoj život opisuju kao "*život bez plana i cilja*". Daljnjem razvoju ovisnosti doprinijela je specifična kombinacija različitih čimbenika koji se može definirati kao **ovisnički mehanizam emocija i ponašanja** koji je vremenom samo produbljivao ovisnost. Prije svega, sudionici u ovom kontekstu spominju uzbuđenje, iščekivanje i uživanje u trenutcima kockanja *(„To uzbuđenje, znači ono dok dobiš letiš." FG11; „Jednostavno polažeš tolko nade u to da to postane ono, se ono, zaljubiš u to na neki način da jednostavno…iščekivanje.*" FG26) naspram čega se ostale životne aktivnosti čine dosadnima („*Znači, ubijanje dosade koja onda vodi do uzbuđenja i sve ostale stvari koje onda razvije su ubiti ovisnost.*" FG14). U tom kontekstu sudionici govore o „*žudnji*" za kockanjem. U trenutku kockanja doživljavaju se ugodne emocije i dolazi do porasta adrenalina („*Želja za adrenalinom, želja za igrom.*"

stuff… to be, let's say, at the center of attention, be the man." FG24; *"I had feelings of inferiority and that's why I gambled to get money, to be recognized in the society."* FG21). The participants also stated that gambling served as an "*ego boost*", that is, that they wanted to "*destroy the ego*" by gambling ("*Big ego. I mean, a desire to extremely prove myself to others. I was, like, boosting my own ego. I wanted to be someone, prove myself to someone."* FG21). The feeling of inferiority was replaced by a continuous search for external validation and recognition which came from monetary gains. The money they won provided them with a sense of value and belonging ("*Just so I could get there with pockets full of money and tell them… that at the moment I have this much and that much, and we can all treat ourselves."* FG23; "*I basically hung out at the betting shop, and some sort of, like, casinos, and let's say I felt like I belonged there, which was again, false. Because, while you are spending money, everyone likes you, and when it is gone, you've lost it."* FG36). It is evident from the participants' responses that they were susceptible to influence, that is, gullible, which is described as "*not having their own identity"*. Some of the participants stated that they developed a gambling disorder because they did not know themselves and did not accept themselves, and gambling served as an escape, whereby some described their lives as "*not having a plan or a goal*". Further development of addiction was supported by a specific combination of various factors, which can be defined as an **addictive mechanism of emotions and behavior**, which only deepened the addiction over time. Above all, in this context the participants mentioned excitement, anticipation and enjoyment while gambling ("*This excitement, I mean, when you win, you fly"* FG11; *"You simply hold out so much hope in that, that it sort of becomes like falling in love somehow, and it's just…anticipation*." FG26), which made all other life activities seem boring ("*I mean, filling the hours of boredom which then leads to excitement, and everything that results from that is essentially addiction"* FG14). In this context, the participants spoke of a craving to gamble. They experienced pleasant emotions while gambling, along with a surge of adrenaline ("*The desire for adrenaline, desire*

FG32; „I to je onda valjda isto adrenalin. I onda sam došo u točku gdje sam ja mislio da sam ja bog, da ja sam nedodirljiv, da ja mogu šta god hoću.“ FG25) pri čemu je jedini fokus bio na trenutnom zadovoljenju potreba (*„Meni u životu ništa nije postojalo osim kladionice. Ništa. Znači to mi je bila glavna stvar s kojom idem spavat, s kojom se budim.*“ FG24). Sam iznos dobitka nije bio presudan sam po sebi, već upravo iščekivanje i uzbuđenje (*„Više mi nije bilo bitno kolko je novaca u mašini. Bilo mi je bitno samo još jednom da osjetim taj pogodak, jel. Kad mi složi to, otvori. Da osjetim taj pogodak.“* FG23), a dobiveni novac se ponovno ulagao do situacije potpunog iscrpljivanja resursa (*„Dok neko pita kolko si zakockal. Uvijek je isto. Znači kolko si mogel.*“ FG12). Sudionici su u ovom kontekstu govorili i o nestrukturiranom vremenu, odnosno o “*višku vremena*” koje su početi trošili na kockanje, da bi se vremenom došlo do toga da svo vrijeme koje mogu troše na kockanje (*„Meni je iskreno bio najveći problem taj višak vremena. I jednostavno dok nisam počeo planirat dane i šta ću radit u danu i to, imo sam jako velikih problema. Jer je svo to slobodno vrijeme meni u glavi bilo “Idemo do kladionice. Idemo do kasina. I ubit ćemo tih 3, 4 sata.*“ FG32).

Sudionici navode i kako ih je u kockanju držala želja za dobitkom, za zaradom koja bi im omogućila lagodniji život, vraćanje dugova, ali i sredstva za daljnje kockanje. Dio sudionika navodi kako se radi o “*pohlepi za novcem*” i obijesti (*„Želja, u principu, za nekakvim dobitcima, ovoga, znači ... u tom trenutku, zapravo, kao nedefinirana osoba, kao mlada osoba...onda sam želio na neki način više. Osjećo sam se da nemam“*. FG36). No, dobiveni novac nije se trošio za bolji život ili vraćanje dugova već se ponovno ulagao u daljnje kockanje. Neki sudionici smatraju kako im je prvo iskustvo veće zarade na kockanju bio okidač za daljnje kockanje (*„To te povuče. „Vidi ovo, od tog se da. Uložio sam 100 kuna, dobio sam 1000 kuna, uložio sam 500 kuna, dobio sam 5000 kn. „Isuse, super.“, ne?*

for the game.” FG32; *“And that is also adrenaline, I guess. Then I reached a point where I thought of myself as a god, as being untouchable, capable of anything I wanted.”* FG25), at which point the only focus was on instant gratification (“*Nothing existed in my life except for the betting shop. Nothing. This was the main thing I thought about before going to sleep, and after I woke up*.” FG24). The amount of winnings in itself was not crucial, it was about the anticipation and excitement (“*I didn’t care anymore about how much money there was in the machine. I only cared about experiencing that feeling of winning again, you know. When that happens, it opens up. Having that sense of winning.”* FG23), and the money won was played with again until all the resources had been depleted (“*When someone asks how much money you gambled away. It is always the same answer. As much as you could*.” FG12). In this context, the participants also talked about unstructured time, that is, the “*excess time*” which they started spending on gambling, which over time led to spending all of the time they could spare on gambling (“*For me, sincerely, the biggest problem was this excess time. And simply, until I started planning the days and what I would be doing that day and all that, it was a big problem. Because in all of this free time, in my head I thought “Let’s go to the betting shop. Let’s go to the casino. We’ll kill those 3, 4 hours that way.*” FG32).

The participants also stated that they kept gambling because of the desire to win, to earn money that would enable them to have a more comfortable life, pay off their debts, but also provide funds for further gambling. Some of the participants stated that it was about “*a greed for money”* and wantonness (“*The desire, in principle, for some sort of winning, I mean... at that moment, actually, as an undefined person, a young person... at that time I somehow wanted more. I felt like I didn’t have it”*. FG36). However, gained money was not spent on a more comfortable life or paying off debts, but was reinvested in further gambling. Some participants believed that the first experience of a larger win when gambling served as a trigger for further gambling (“*It draws you in. Look at that, this is possible. I invested 100 kuna and got 1000 kuna, I invested 500 kuna and got 5000 kuna. Jesus,*

FG21). Kod dijela sudionika ovisnost o kockanju povezana je i s ovisnošću o alkoholu i opojnim drogama pri čemu su neki sudionici imali vrlo destruktivan, pa i delinkventan način života (npr. preprodaja droge). Razvija se ovisnički stil života u kojem se gomilaju i skrivaju dugovi, a kockanje postaje ključni sadržaj u životu („*Meni u životu ništa nije postojalo osim kladionice. Ništa. Znači to mi je bila glavna stvar s kojom idem spavat, s kojom se budim*." FG24). Ovisnost je predstavljala način bijega od problema i stvarnosti *(„I tamo sam, to je zapravo bio meni nekakav izlaz od svega, od er…loše volje, problema doma, tuge, tog osjećaja nekakvog. Sve loše sam rješavao tamo i to mi je bila nekakva mirna kuća*." FG35). Kockanje i sredstva ovisnosti su za neke sudionike bila doživljena kao nagrada (opuštanje nakon radnog dana) i bijeg *(„Ja sam bježim od toga da se suočim sam sa sobom*." FG26). Sve navedeno govori o nemogućnosti svojevoljnog prestanka kockanja i gubitka kontrole nad kockanjem, odnosno o razvoju ovisničkog mehanizma.

Sudionici navode i kako razvoju ovisnosti kockanja doprinosi i **neadekvatan odnos prema novcu** koji najčešće opisuju kao financijsku nepismenost („*Mi kockari smo financijski nepismene osobe***.** *Mi ne znamo s novcima. Kad dođe taj problem, to se dogodi. Znači kad dođe taj problem, mi ne znamo kaj je jedan euro, što je deset tisuća eura ili petsto tisuća eura." FG13*), a koja se manifestira kao neadekvatno raspolaganje novcem te kod nekih sudionika manjak (ili izostanak) doprinosa u kućanskim troškovima („*Reko bi isto, jako, jako bitna nekakva, kak da sad to nazovem, financijska pismenost uopće. Tu sam završio s 28 godina. Ja nisam znao platit račune, otić u dućan, kupit špeceraj. Sve mi, sve mi je to bilo, jednostavno nikad to nisam radio.*" FG33). Dio sudionika problematizira i činjenicu da su imali velika mjesečna primanja (dobre plaće, novac od obiteljskog nasljedstva) koji su trošili na kockanje, što nisu doživljavali kao problematično jer nisu imali dugove *(„Znači, moji su*

that's great, right?" FG21). In some participants, the gambling disorder was associated with alcohol dependence and substance abuse, whereby some of the participants led a very destructive, even delinquent lifestyle (e.g. drug dealing). An addictive lifestyle developed, in which debts piled up and were hidden, and gambling became a key part of life ("*Nothing existed in my life except for the betting shop. Nothing. This was the main thing I thought about before going to sleep, and after I woke up."* FG24). Addiction represented a way to escape the problems and the reality ("*And there, for me it was kind of an escape from everything, err… the bad mood, problems at home, sadness, this kind of feeling. All of the bad things were resolved there and it was a safehouse of a sort."* FG35). Some participants perceived gambling and addictive substances as a reward (relaxing after a work day) and escape ("*I just escape facing myself."* FG26). All of the above represents an inability to willingly stop gambling and a loss of control over gambling, that is, the development of an addictive mechanism.

The participants also stated that an **inadequate attitude towards money** contributed to the development of gambling disorder, most commonly describing it as financial illiteracy ("*We gamblers are financially illiterate. We don't know how to handle money. When that problem arises, this is what happens. So, when this problem arises, we don't know the difference between one euro, ten thousand euro or five hundred thousand euro."* FG13), which manifests as inadequate handling of money, and in some participants, a lack (absence) of contributing to the household expenses ("*I would also say, a very, very important sort of, how should I say it, general financial literacy. I ended up there at the age of 28. I didn't know how to pay the bills, go to the store, buy groceries. All of that, that was all something I had never done."* FG33). Some participants also argued that the problem was in the fact that they had large monthly incomes (good salaries, family inheritance) which they spent on gambling, and did not view this as problematic because they had no debts ("*I mean, my family is wealthy, I had some money from before as well, but yes, then I gained this by gambling, and then this amount was halved, and*

imućni, nekaj je bilo da sam imal otprije, ali da, s kockanjem sam stekel onda to, ali se i taj iznos znači prepolovil, on je bil, točno znam, bil je prošle godine v jedanaestom mjesecu 330.000 eura i pal sam ispod 200.000, ali…kolko god bilo, niko nije niti znal da novci postoje. Znači, nisi mogel kupovat stvari, jednostavno samo, samo su bili za kocku predviđeni novci." FG14).

Specifičan čimbenik koji je doprinio razvoju ovisnosti o kockanju, koji spominju neki sudionici je i **interes za sport**, naročito nogomet, i to od rane dobi („*I meni je to bilo, od malena je bilo samo sport, sport, sport i ništa drugo. To je bilo na televiziji. To je bila igra. Niš drugo nije postojalo osim lopte doslovno. I onda je to nekako pratiš od…pete godine života, pratiš nogomet pa sve ostalo*." FG24).

Okolinski čimbenici koji su doprinijeli razvoju ovisnosti o kockanju

U odnosu na okolinske čimbenike koji doprinose razvoju ovisnosti o kockanju dio sudionika spominje **loše odnose s roditeljima** koji su se manifestirali u nezainteresiranosti roditelja te u osuđivanju i odbacivanju od roditelja. Neki sudionici napominju kako je upuštanje u kockanje i ovisnosti o drogama na neki način bilo kažnjavanje roditelja („*To mi je bilo, ono, samo idem se uništit, da ne znam, ono, kaznim roditelje i da to, ono, samoispunjavajuće proročanstvo što smo tu učili. Kao oni misle da ja ću završit tak i tak pa onda idem im pokazat da ću tak i tak završit.*" FG26). Jedan sudionik navodi i da ga je na kockanje navelo to što je njegov otac alkoholičar pri čemu ga ova dinamika odnosa s ocem i danas određuje u procesu liječenja *(„Recimo moj otac je alkoholičar dan danas. I ja sam živio s njim znači i jednostavno taj način života me tolko grizo da sam možda ja otišo u tu ovisnost o kockanju. Ali sad dok vidim da sam ja jači i od njega. Da sam si prizno to i da sam se uzdigo ko čovjek i da idem tim nekim boljim ži-*

it was, I know exactly, last year in November it was 330,000 euro, and then it went under 200,000 euro, but… as much as it was, nobody knew that this money existed. So, you couldn't buy things, it was simply just money intended for gambling." FG14).

A specific factor mentioned by some of participants and which contributed to the development of gambling disorder was **interest in sports**, especially football, from an early age (*"For me, since I was little, it was all about sports, sports, sports and nothing else. It was on television. It was the game. Nothing else existed, except for the ball, literally. And somehow you watch it… since you were five, you watch football and then everything else."* FG24).

Environmental factors that contributed to the development of gambling disorder

With regard to the environmental factors contributing to the development of gambling disorder, some of the participants mentioned **poor relationships with their parents**, which manifested as parental indifference, condemnation and rejection. Some participants noted that by indulging in gambling and drug addiction they were somehow punishing their parents (*"For me it was like, I'll get wasted to, I don't know, punish my parents and, it will be a self-fulfilling prophecy which we learned about here. Like, they think I will end up like this anyway, then I'll show them that I will end up like this."* FG26). One participant stated that he was led to gambling by the fact that his father was an alcoholic, and this dynamic with his father continued to be a determining factor in his healing process to the date (*"For example, my father is an alcoholic even today. And I lived with him, so maybe this way of life simply bothered me so much that I developed this addiction to gambling. But now I see that I am stronger than him as well. I admitted it to myself and I lifted myself up as a man, and I am pursuing this other better life."* FG23). Another factor considered important for gambling disorder development is **risky social circles**, that is, negative influence of social networks associated with gambling. It should also be noted that some of the participants listed

votom." FG23). Sljedeći čimbenik važan za razvoj ovisnosti o kockanju je **rizično društvo**, odnosno negativni utjecaj društva povezanog s kockanjem. Važno je primijetiti i kako dio sudionika navodi negativni utjecaj pričanja o kockanju i ovisnosti koji ih u sadašnje vrijeme navodi da izbjegavanju „*staro društvo*", ali i poznanike koji razgovaraju o klađenju. Jedan sudionik navodi kako ga je na kockanje navodio i životni stil društva u kojem se kretao, a čiji je imovinski status bio visok *(„Kad mogu okrenut rundu, kak su rekli dečki. Kad mogu zavrtit janjca, kad mogu pratiti nečiji tuđi tempo. Ja sam se družio s tim nekim poslovnim ljudima koji su imali novaca i to puno novaca, koji su… Ne znam ja sam u jednom dobu…svaki dan sam igrao tenis. Znači, to treba financijski, kak se veli. Svaki dan smo bili na nekakvim ručkovima.*" FG21). Kod ovog sudionika želja za pripadanjem tom društvu bila je povezana sa željom za velikim dobicima kako bi se osigurao željeni životni stil i priznanje (status). Povezano s time jedan od čimbenika kod razvoja ovisnosti o kockanju, iz perspektive sudionika ovog istraživanja, je i **afirmiranje materijalističkog životnog stila u društvu**. U društvu se promovira i afirmira način života koji promiče trošenje i u kojem je financijski uspjeh najvažnije postignuće (*„Svi gledamo našu okolinu di drugi voze BMW-e, Audije, grade kuće, kupuju stanove, brodove, a…ti neki puta imaš osjećaj da si sposobniji, pametniji, a nemaš to.*" FG21). Jedan od sudionika ovakav stil života naziva i „balkanskim" pri čemu je dominantna želja za statusom u društvu koja se temelji samo na materijalnom aspektu *(„Samo taj nakaradni život Balkana, Hrvatske. To šta je reko R., taj… Svi pokazuju nešto, zapravo niko ništa nema. Svi su… milijarde minusa u Hrvata, al mi imamo BMW i tako.*" FG34). Sudionici navode i kako je ovakav način života lažan.

Radno okruženje je također prepoznato kao čimbenik koji doprinosi razvoju ovisnosti kockanja i to specifično posao vezan uz kockanje

a negative influence of talking about gambling and addiction, which nowadays encourages them to avoid their "*old friends*" and acquaintances who talk about betting. One participant stated that he was also driven to gambling by the lifestyle of the social circles he was a part of, who were of high financial standing ("*When I can pay for the round of drinks, as the guys would say. When I can pay for a roasted lamb, when I can keep up with somebody else's pace. I hung out with these business people who had money, a lot of money, who… I don't know, at one point… I played tennis every day. So, that requires financial means, as we would say. We would go out to some sort of lunches every day.*" FG21). For this participant, the desire to belong to this type of social circles was associated with a desire for big wins, in order to ensure the desired lifestyle and recognition (status). In relation to that, one of the factors of gambling disorder development, from the perspective of the participants in this study, was also the **affirmation of a materialistic lifestyle in the society**. The society promotes and affirms a lifestyle that encourages spending, and in which financial success is the most important achievement ("*We all look at our surroundings, where everyone is driving BMWs, Audis, building houses, buying apartments, boats, and… you sometimes feel like you are more capable, smarter, but you don't have that.*" FG21). One participant called this the "Balkan" lifestyle, which is dominated by a desire for social status based only on material aspects ("*Just this ridiculous Balkan, Croatian, lifestyle. What R. said, this… Everyone is showing off, but nobody actually has anything. Everyone is… Everyone in Croatia is billions in the red, but we are driving BMWs and all that.*" FG34). The participants also stated that this kind of lifestyle was fake.

The **working environment** was also recognized as a factor that contributes to the development of gambling disorder, specifically emphasizing work relating to gambling (working at a betting shop), and IT study courses which lead to the application of an analytical approach which is later an important aspect of gambling ("*I am also in this sphere all the time, and studying and working in IT, and… there is knowledge behind this, here and there.*

(rad u kladionici) te studij informatičkih tehnologija koji dovodi do primjene analitičkog pristupa koji je kasnije važan kod kockanja („*Isto sam cijelo vrijeme u tom, u toj sferi i IT studiram i radim i.. kao neko znanje iza toga, vamo tamo. I to je solidno išlo neko vrijeme. Ja sam dvije godine za to vrijeme ful analitički na to gledao i trudio se.*“ FG34).

Značajna uloga u razvoju ovisnosti o kockanju pripisuje se i tome što je **kockanje društveni ritual**, odnosno relativno je široko prihvaćeno i normalizirano. Velika je dostupnost različitih mjesta i okruženja za kockanje (zemaljskih i *online*). Kockanje je dostupno i maloljetnicima te neki sudionici navode kako su prva iskustva kockanja (klađenja) iskusili zajedno sa svojim roditeljima („*Obiteljska neka situacija gdje je kocka bila ono, općeprihvaćena. Nisam, nisam nikad imao osjećaj da je to nešto loše uopće… Stari je isto, ovoga, isto cijeli život ide u kladionicu. Od njega sam, na kraju krajeva, i naučio kak se ispunjava listić, ono, sa 13 godina valjda*.“ FG33).

Motivacija za liječenje – *od dna do mira*

Bogati su i rječiti opisi sudionika o tome što ih je motiviralo za liječenje. Najčešće korištene metafore su „*dolazak do dna, doticanje dna, dno dna, bez izlaza, propast, zadnji krug pakla*“ koje govore o stanju **potpune iscrpljenosti svih resursa** - mentalnih, emocionalnih, fizičkih i financijskih *(„Ja sam imal prvo liječenje jer sam…aaa dotaknul, pa ne bi rekel dno, nego ono skopal sam si, ono, tri metra pod zemljom koliko je bil problem*.“ FG13; „*Mislim da ono, da ne dođeš do tog dna dok ne shvatiš da više nema ni izvora novca, ne možeš više nigdje posudit. Svi te pritišću. Dugovi pritišću*.“ FG32). Ovisnost se u tim zadnjim fazama prije dolaska na liječenje kod nekih sudionika manifestirala i kao fizički umor i bol u tijelu („*Nisam mogo spavat. Nisam funkcionirat apsolutno nikak*.“ *FG23*; „*Znači, ne samo stres u, na psihološkoj bazi, nego i na fizičkoj*

It went pretty well for a while. My view of it was fully analytical for those two years during that time, and I tried hard.” FG34).

The fact that **gambling is a social ritual**, i.e. that it is relatively widely accepted and normalized, is also considered to have a significant role in the development of gambling disorder. Various gambling locations and environments are widely available (both in the physical surroundings and online). Gambling is also available to minors, and some participants stated that their first experiences with gambling (betting) were with their parents (“*There was this family situation in which gambling was, you know, generally accepted. I never, never thought of it as something bad in any way… My old man as well, you know, has been betting his whole life. In the end, he was the one who taught me how to fill out the ticket, when I was 13 years old, I think*.” FG33).

Motivation for treatment – *from reaching the bottom to achieving peace*

The participants’ descriptions of what motivated them to seek treatment were abundant and eloquent. The most frequently used metaphors were “*reaching the bottom, touching the bottom, rock bottom, no way out, ruin, the last circle of hell*”, describing a condition of **total exhaustion of all resources** – mental, emotional, physical and financial (“*I underwent my first treatment because I… aaah reached, I wouldn’t say the bottom, but I dug myself three meters underground, you know, that was how serious the problem was*.” FG13; “*I think that, you know, you don’t reach that bottom until you realize that there is no source of money any more, you can no longer borrow money anywhere. Everyone is pressuring you. The debts are weighing on you*.” FG32). In these last phases before seeking treatment, addiction in some participants also manifested as physical fatigue and bodily pain (“*I couldn’t sleep. I couldn’t function in any way*.” FG23; “*So, the stress was not only psychological, but also physical.*” FG21). Treatment seamed as the last and only salvation. Although the participants spoke of psychological exhaustion, they most dominantly attributed the

bazi.“ FG21). Liječenje se poimalo kad zadnji i jedini spas. Iako sudionici govore o psihičkoj iscrpljenosti, dominantnije pripisuju prestanak kockanja iscrpljivanju financijskih mogućnosti - kada se više nije moglo doći do novaca, ni kockanjem, ni posuđivanjem, ni zaduživanjem, ni financijskim malverzacijama (krađama): „*Ja sam na liječenje krenul kad sam isto došel do zida di više nemrem do love, mislim svako prekida zapravo kockanje dok više nemre do love. A i bil sam već umoran jer sam isto malverzacije radil na poslu*.“ FG11; „*Znači da nisam ostao bez novaca ja bi i sad dalje posuđivo, vraćo, kocko.*“ FG21). Sudionici ekstenzivno govore o dugovima koji su nastali zbog kockanja i teretu koji su zbog njih osjećali, kao i posljedicama koje su ti dugovi imali na njihove obitelji *(„Kak vratit tih dva miliona? Pa kak vratit? Kak? Di budemo? Kam? Kud? Kaj, da prodaju starci kuću i kam bumo onda išli? Na cestu svi? kaj bumo živeli v vikendici, onoj maloj svi.*“ FG13).

Učestalo se spominje i osjećaj psihičke (emocionalne i mentalne) iscrpljenosti i velikog tereta (*„Meni osobno je najbitnije da više nema tih laži, muljanja, manipulacija.“ FG13; „Al taj mir dok ti imaš da ne skrivaš ništ…to je ono, najbitnije.*“ FG11; „*Kad se probudiš ujutro i zadovoljan i možeš pogledat normalno sve druge ljude oko sebe. Znaš da nisi nikom lago. Nisi nikog pokro. Nisi nikom dužan.*“ FG23) koji je proizlazio iz prikrivanja kockanja i dugova, laganja i manipulacije bližnjih te opravdavanja i bježanja od kamatara i ljudi od kojih su posuđivali novac (*„Ja sam tražio sam jer nisam više mogo s tim živjet. S tim lažima i muljanjem.*“ FG23). Neki sudionici govore da ih je ovakvo stanje dovelo do psihičkog sloma te su razmišljali o suicidu, a neki su i pokušali izvršiti suicid (*„Ja sam fizički i psihički potpuno propao. Ja sam bio neprepoznatljiv, jel. I alkohol i kocka..To je postalo noćna mora….Ja sam za, ovaj, ja sam odlučio to završit suicidom….prije sedam mjeseci…nekim, imo sam sreće evo, nekim čudom sam preživio.*“ FG22). U tim situacijama navode kako su se osjećali besperspektivno i

cessation of gambling to the depletion of their financial resources – when they could no longer obtain money, either through gambling, borrowing, going into debt or financial wrongdoing (stealing): “*I started my treatment when I reached a wall where I could no longer get any money, I mean everyone stops gambling when they can't get money anymore. And I was already tired because of the wrongdoings I did at work*” FG11; “*I mean, if I hadn't lost all the money, I would still be borrowing, returning, gambling.*” FG21). The participants talked extensively about the debts incurred by gambling and the weight they felt because of them, as well as the effects of these debts on their families (“*How do I return the two million? How do I return it? How? Where will we be? Where? Where will we go? What, should my parents sell the house, and then where will we go? Out in the street? Are we going to live in our holiday home, the little one, all of us?”* FG13).

The feeling of psychological (emotional and mental) exhaustion and great burden was frequently mentioned as well (“*For me personally, the most important thing is that there are no more lies, sneaking, manipulation.*” FG13; “*But the peace you feel when you have nothing to hide…that is the most important thing.”* FG11; “*When you wake up in the morning and you are satisfied, and you can look at all the others around you in a normal way. You know that you haven't lied to anyone. You haven't stolen from anyone. You don't owe money to anyone.”* FG23), and it derived from hiding the gambling and debts, lying and manipulation of those closest to them, as well as justifications and escaping from money lenders and people who they borrowed money from (*“I asked for it on my own because I couldn't live with it any longer. With all the lies and sneaking.*” FG23). Some participants stated that such condition led them to a mental breakdown and they contemplated suicide, while some even attempted suicide (“*Physically and mentally I was a total ruin. I was unrecognizable, you know. Both alcohol and gambling… It became a nightmare… I was, you know, I decided to put an end to it with suicide… seven months ago… somehow I was lucky, you see, through some miracle I survived.*” FG22). They mentioned feeling hopeless and helpless in

bespomoćno („*Al bilo mi je došla ona pomisao dan prije neg bum im priznal, ono, da mi je najlakše bilo da se ubijem*.“ FG11; CITAT; „*I znači, jednostavno sam osjećao da sam dotaknuo nekakvo psihičko…dno. Bio sam iscrpljen …ono, emotivno rasturen, ne. Tužan i jadan*.“ FG34; „*Apsolutno bespomoćno i znači, zapravo nisam vidio nekakvu …znači niti društvenu ni financijsku, nikakvu budućnost*.“ FG36).

Odlazak na liječenje, odnosno **apstinencija** je kod njih dovela do osjećaja **rasterećenja** („*Znači sve to meni, ono, bilo, a ubiti, bilo mi je više da to prestane, znači da se sazna, da meni kamen sa leđa padne, padne na roditelje, na sestru taj teret, ali meni je bilo lakše.*“ FG13; „*Znači ja sam se osjećal lakše. I kaj sam bacil taj kamen, ovoga, sa srca, da sam priznal kaj sam napravil, kolko sve imam, kolko imam i dosta sam i otvoreno i na poslu, ovoga, baš sam poslal v Viber grupu poruku tak, tak i tak je, tak da je meni bilo važno da apsolutno svi znaju da ja imam problem i baš da promenim način života i kvalitetu života.*“ FG14; „*Ja sam isto došo u trenutku kad je tadašnja zaručnica shvatila, ne, kako ja živim život i to sve. Kad su laži se počele otpetljavat. Prekinuli smo vezu. Ja sam se vratio starcima i onda…ne znam, nakon par dana smo se opet našli, pričali. Pa ona me, da, kak da kažem, ne pritisnula*.“ FG33**)** te su liječenje shvatili kao zadnji resurs za pomoć. Pritom je kao ključni trenutak navode **osvještavanje svoje ovisnosti kao bolesti** („*Ja nisam znao, isto ono, da je to bolest. Da je to, kakva bolest, šta? Ja nisam niti gledo da ja imam problema s time*.“ FG21) što ih je motiviralo za daljnje liječenje. Čak i sudionik koji navodi kako je dugo uživao u ovisničkom stilu života (konzumacija sredstava ovisnosti, kockanje, manipulacije) spominje osjećaj rasterećenja nakon prestanka („*Ja sam kocko jer sam volio kockat. Ja sam se drogiro jer sam se volio drogirat. Znači, ja sam uživo u tome da, da kockam, uživo sam u tome da, da imam 10 priča za 10 kamatara, uživo sam u tome da, da kako doć do novaca. Meni je to sve, meni kad je bilo dobro, kad se niš*

those situations (“*But a thought came to me the day before admitting everything to them, that you know, the easiest thing to do would be to kill myself.*” FG11; QUOTE; “*And you know, I simply felt like I had reached some sort of a mental… bottom. I was exhausted… emotionally distraught, you know. Sad and miserable.*” FG34*; “Absolutely helpless and, I mean, I didn’t actually see any… social or financial future, no future at all.*” FG36).

Seeking treatment, i.e. **abstinence**, led them to a sense of **relief** (“*So, to me all of it, you know, essentially, was to make it stop, to make it known, to feel relief from this burden, to have it affect my parents, my sister, but just making easier for me.*” FG13; “*I mean, I felt better. Feeling relief from this burden, in my heart, having admitted to what I had done, everything I got, how much I had, and I made it openly clear at work, I mean, I really sent a message in the Viber group and explained how it was, and it was important to me to let absolutely everyone know that I had a problem and I was changing my lifestyle and quality of life.*” FG14; “*I also came at this moment when my then fiancée realized, you know, how I was living and all of that. All the lies started to unravel. We broke up. I went back to my parents and then… I don’t know, after a couple of days we met again, talked about it. Then she, how do I say it, pressured me.*” FG33) and they realized that treatment was their last resource to get help. In doing so, as the key moment they mentioned **realizing that their addiction was a disease** (“*I didn’t know, you know, that it was a disease. What disease, what? I didn’t see it that way, that I had a problem with it.*” FG21), which motivated them to further pursue the treatment. Even the participant who stated that for a long time he enjoyed this addictive lifestyle (substance abuse, gambling, manipulation) mentioned feeling relieved after quitting the lifestyle (“*I gambled because I liked to gamble. I did drugs because I liked doing drugs. So, I enjoyed this, this gambling, I enjoyed having 10 stories for 10 money lenders, I enjoyed this hunt for money. To me, all of this was good, when nothing happened, I was bored. Only when I lost everything, then I felt good. Not when I was winning. Not when I would win 100,000 kuna, but when I would lose 100,000 kuna, that last kuna, it would be*

ne događa, meni je bilo dosadno. Tek kad bi sve izgubio, sad se dobro osjećam. Znači ne kad bi dobio. Ne kad bi dobio 100.000 kuna, nego kad bi izgubio 100.000 kuna, onu zadnju kunu, ono ko da nemam, ne znam, ko da bi 20 kila tereta s mene pa okej, sad smo i to odradili. Idemo dalje. Sad se dobro osjećam." FG25; „*Nemaš tog grča u želudcu. Ne moraš, ono, razmišljat pred spavanje "Kaj moram sutra muljat, kaj moram ovom, kaj sam reko onom.", ono. Tak da ispunjenost. Ta neka sreća*." FG35). Prihvaćanje kockanja kao problema ovisnosti, odnosno bolesti, za sudionike je označavalo svojevrsnu novu dimenziju, a za neke i prekretnicu u razmišljanju. Postali su svjesni da je kockanje bolest, da su oni bolesni te ne mogu biti izliječeni, nego samo zaliječeni („*Kak je išlo liječenje, tak sam brzo uvidio da sam i ja taj slabić, to jest da je to bolest i jesam slabić, da je to bolest i jednostavno da ne možemo se tu izliječit nego zaliječit*." FG31). S jedne strane sudionici su time prihvatili svoju slabost te su se javila i razmišljanja o propuštenim (prokockanim) životnim prilikama u financijskom i odnosnom smislu („*Mislim, mogo si do sad već imati deset apartmana i opet i kapitalizirat da imaš još više. Da sam pametan bio, pod navodnicima*." FG21.). Uz prihvaćanje kockanja kao problema, priznavanja (sebi i svojoj okolini) laži, manipulacija i dugova dovodi do opraštanja sebi što povratno pozitivno djeluje na jačanje samopoštovanja. Metafore kojima opisuju apstinenciju su „*mir, rasterećenje, izlaz, izlaz iz magle, istina, olakšanje, oslobođenje, novi život, život punim plućima, čist mozak*". Faza apstinencije dovodi do rasterećenja jer se događa i odmicanje od stresnog ovisničkog načina života: prekida se konzumacija alkohola i opojnih droga, život općenito postaje uredniji s više strukture i uobičajenih svakodnevnih aktivnosti. Navodi se i kako odnosi s bližnjima postaju otvoreniji i bolji te da je veće zadovoljstvo samim sobom.

Važni socijalni odnosi, ponajviše s članovima obitelji te u nekim slučajevima s prijateljima, također su bili motivacija za liječenje. Mogući-

like not having, I don't know, like I would lose 20 kilos of weight that was weighing on me, so ok, now we have done this. Let's move on. Now I feel good." FG25; "*You don't have that knot in your stomach. You don't have to, you know, think before going to bed "What do I have to hustle tomorrow, what do I have to say to this guy, what did I say to that guy", you know. So, I felt fulfilled. Some sort of joy.*" FG35). Accepting gambling as an addiction problem, that is, a disease, symbolized a certain new dimension, and for some of them it was a turning point in their way of thinking. They became aware that gambling was a illness, that they were ill and could not be cured, only healed ("*As the treatment progressed, I soon realized that I was the weak one too, that it was a illness and I was weak, that it was a illness and we could not simply be cured, but only healed.*" FG31). On the one hand, in this way the participants accepted their weakness and started thinking about the opportunities in life that they had missed (gambled away) in terms of finances and relationships ("*I mean, I could have had ten apartments by now, and could have capitalized to have even more. Had I been smart, so as to say.*" FG21). Accepting gambling as a problem, admitting the lies, manipulations and debts (to oneself and to their surroundings), led them to forgive themselves, which in turn had a positive impact on improving their self-esteem. The metaphors used to describe abstinence included "*peace, unburdening, way out, leaving the fog, truth, relief, release, new life, living life to the fullest, clear brain*". The abstinence phase leads to unburdening because it also includes moving away from a stressful addictive lifestyle: alcohol and drug abuse stop, life generally becomes more orderly and has more structure, and involves more everyday activities. Relationships with the loved ones also become more open and better, and the individual feels greater satisfaction with themselves.

Important social relationships, mostly with family members and in some cases with friends, also represented a motivation for treatment. The possibility of losing important relationships and support prompted some participants to accept treatment. For some, the most important factor were their children ("*The only thing that mattered*

nost gubitka važnih odnosa i podrške rezultirali su kod nekih sudionika pristajanjem na liječenje. Za neke su najvažnije osobe bila djeca („*Jedino bilo bitno u tome svemu. Nisu mi čak ni roditelji koji su mi najveća potpora, djeca imaju 11 i 12 godina, nego mi je bilo najbitnije djecu ne izgubit.*“ FG25), ali i želja da ne razočaraju svoje bližnje. Dio sudionika govori i o ultimatumu koji su dobili od roditelja i partnerica što ih je u konačnici natjerao na liječenje („*Ja nisam sam shvatio. Ja sam došao ovde zbog ultimatuma od doma. Stari i sestra su mi rekli da više ne znaju šta će sa mnom jer ono, nakon 20 muljanja.*“ FG35; „*Ja sam u početku isključivo radi roditelja došo. Smatro sam da kocka nije bolest nego da je to stvar odabira, navike, to jest smatro sam da je to slabost, da nisam ja, da ne pripadam tu*.“ FG31). Podrška članova obitelji, prijatelja i poslodavaca prepoznaje se i kao važan zaštitni čimbenik u održavanju apstinencije.

Čimbenici koji podržavaju apstinenciju – pozitivan kapital za oporavak

Kao što je navedeno i u okviru prethodne teme, početak liječenja, odnosno apstinencije predstavlja i **potpunu promjenu životnog stila** ovisnika o kockanju. Taj promijenjeni, uredniji, način života prepoznaje se i kao ključni čimbenik u daljnjem održavanju apstinencije. Tamo gdje je u ovisnosti prevladavao nemir, stres, opterećenje i nestrukturiranost, u apstinenciji dolazi do smirenja, smanjenja stresa, rasterećenja i visoke strukture. Sudionici posebno ističu visoku strukturiranost vremena koja za njih znači u prvom redu odvraćanje pažnje od potencijalnih misli o kockanju i ispunjavanje dana smislenim aktivnostima („*Ja sam si sad posložil svoj dan ko domaćica bi se reklo (smijeh), zdravo seljački. Ja doma sve radim. Ja se zainteresiram sa svim stvarima koje sad ne bi, da pomognem mami, doma, čisto da i meni bude lakše.*“ FG13; „*U principu ispunjavam, znači, ispunjavam si vrijeme. Nemam praznog hoda. Ukoliko in all of this. Not even my parents, who are my biggest support, but my children who are 11 and 12, the most important thing for me was not to lose my children.*” FG25), but also the desire not to disappoint their loved ones. Some participants spoke of ultimatums they received from their parents and partners, which was the final push towards seeking treatment (“*I didn't realize it on my own. I came here because of the ultimatum I got at home. My old man and my sister told me that they didn't know anymore what to do with me, because I like, messed up 20 times.*”, FG35; “*In the beginning, I came exclusively for my parents' sake. I believed that gambling was not a disease, but a choice, a habit, I mean I considered this to be a weakness, that it's not for me, that I didn't belong here*.” FG31). Support from family members, friends and employers is recognized as an important protective factor in maintaining abstinence.

Factors supporting abstinence – positive recovery capital

As stated within the previous topic, the beginning of treatment, i.e. abstinence, also represents a **total change of lifestyle** for gamblers. This changed, more orderly, lifestyle is recognized as the key factor for further abstinence maintenance. While addiction was ruled by unrest, stress, burden and lack of structure, abstinence led to calm, reduced stress, relief and high structure. The participants specifically emphasized the highly structured time, which for them primarily meant distraction from potential thoughts about gambling, and filling their time with meaningful activities (“*I have now organized my day like a housewife, as you could say (laughter) in layman's terms. I do everything at home. I am interested in all the things that I would not have been, to help my mom, at home, to make it easier for myself as well*.” FG13; “*I basically, you know, fill my time. I don't idle. If such a moment appears, I generally reach for a book. I go for a walk*.” FG36). It was important for them not to feel bored, which previously led them to gambling, and to feel a sense of purpose. In that sense, they highly valued work, while some specifically mentioned physical work as healing for their body

mi dođe do praznog hoda, onda u principu, imam knjigu. Odem se prošetat." FG36). Važno im je da nemaju osjećaj dosade koji je prije vodio ka kockanju i da imaju osjećaj smisla. U tom smislu visoko vrednuju posao, odnosno rad, a neki specifično spominju i fizički rad koji smatraju iscjeljujućim za svoje tijelo i misli („*Da fizički imaš nekakvi doticaj da nešto baš ono, iz komada drveta napraviš skulpturu. Ne radim to, ali ono, nešto si stvorio, neku dodatnu vrijednost*." FG22; „*S tim da meni je trenutno, mislim da je fizički rad, pogotovo kad si početak apstinencije, ključan. A ja sam kompletno mentalno, ono, u poslu tak da, to mi malo fali. Stvarno se osjećaš, pročisti ti mozak*." FG34). Rad im daje osjećaj svrhe, stvaranja i produktivnosti naspram trošenju i gubicima za vrijeme kockanja („*Meni posao daje osjećaj da stvaram. Napokon da stvaram nešto, a ne da razaram jer s kockom sam razaro, a poso mi daje osjećaj da prihodujem*." FG21). Zarađeni novac troši se za životne troškove i za namirivanje dugova nastalih zbog kockanja što također donosi zadovoljstvo. U kontekstu radnog mjesta navode i kako je presudno da na radnom mjestu nemaju mogućnost raspolaganja novcem što za njih može predstavljati rizik. Osim posla, promjena životnog stila očituje se i većim okretanjem sebi, bavljenjem sobom i pronalaskom novih životnih ciljeva. Događa se promjena načina razmišljanja, vrednovanja malih stvari, naspram grandioznosti u razdoblju ovisnosti („*Tako da, sitne stvari. Kava s prijateljem. Razgovor. Pomoć preselit neki namještaj. Ne znam, obrezat jabuku punici*." FG21). Sudionici navode kako su pronašli nove hobije („*U zadnje vrijeme možda ta putovanja više. To me ispunjava više. S curom odemo na nekakav vikend*." FG35) te da više vremena provode s članovima obitelji. Navode i kako su naučili rješavati stres na novi, konstruktivan način (meditacijom, fizičkom aktivnošću). Kako govore sami sudionici „*gradim sebe*", „*tražim put kojim želim živjeti*". Promjena načina života dovodi i do većeg zadovoljstva i uživanja u životu, kao i otvorenije komunikacije („*To, ovaj, meni je jako pomoglo to* and mind ("*That you have some sort of a physical connection, that you really make a sculpture from a piece of wood. I don't do that, but you know, you create something, some additional value.*" FG22; "*For me at the moment, I think that physical work, especially if you are at the beginning of abstinence, is key. I am mentally completely involved in work, so, I'm kind of missing that. You really feel like you are clearing your mind.*" FG34). Work provided them with a sense of purpose, creation and productivity, as opposed to spending and losing money while gambling ("*For me, working feels like I am creating something. I am finally creating something and I am not destroying, because when I gambled, I destroyed, and work makes me feel like I am earning.*" FG21). The money earned would be spent on living expenses and settling the debts incurred by gambling, which also brought satisfaction. In the context of the workplace, they stated that it was crucial for them not to have the ability to handle money at work, which could pose a risk for them. In addition to work, the change in lifestyle was evident in greater introspection, self-care and finding new life goals. A change in the way of thinking occurred, as well as valuing the smaller things in life instead of the grandiosity which characterized the period of addiction ("*Well yes, the smaller things. Coffee with a friend. Conversation. Helping somebody move their furniture. I don't know, peeling an apple for my mother-in-law.*" FG21). The participants mentioned finding new hobbies ("*More travelling lately, I guess. It fulfills me to a greater extent. I spend a weekend away with my girlfriend.*" FG35), and spending more time with their family members. They also claimed to have learned how to handle stress in a new, constructive way (through meditation, physical activity). As they said, "*I am building myself up*", *"I am looking for the path I want to live on*". The change in lifestyle led to a greater satisfaction and enjoyment in life, as well as to more open communication ("*I mean, to me, it really helped that I created this kind of a situation at home where I could, you now, communicate everything. That I could, somehow, say everything. I mean, regardless of, I don't know, gambling. Of course, in terms of gambling as well, but I mean generally about life, like "Oh, this stressed me out today. It bothers*

kaj sam se stvorio, ono, doma nekakvu situaciju da mogu sve, sve iskomunicirat, ono. Nekak, ono, da se sve može reć. Mislim nevezano sad, ono, uz, ne znam, kockanje. Naravno i vezano uz kockanje, al ovak općenito uz život, ono „Joj ovo me danas istresiralo. Muči me. Osjećo sam se ovako i ovako u trenucima." FG26). Promjena životnog stila za sudionike je značila i potpuno izbjegavanje rizičnog društva- prijatelja i poznanika s kojima su kockali, ali i prijatelja koji kockaju, te potpuno izbjegavanje rizičnih okruženja (kafića, situacija u kojima se pije alkohol i sl.). Sljedeće izjave sudionika govore o ovim aspektima: *„A sve prijatelje koji su mi bili kao rizični, shvatio sam da mi nisu prijatelji i nemam kontakt s njima.*" FG24; *„Nema alkohola. Popijem kavu. Mirna, obiteljska atmosfera. Nema galame. Nema buke. Nema...ali u miru sjedneš, popiješ kavu.*" M21.J; *Sad se maknuo i apstiniram i od alkohola i od droge i kocke, jednostavno znam da, ako odem popijem jedno piće, da se sve vraća natrag.*" FG24; *„Ja jednom odem tamo gdje, u kafić gdje drugi piju, samo nek jednom jedan spomene. Ja sam gotov. Ja znam, možda ne taj put. Šesti, sedmi sam gotov. Ja ne želim uopće isprobavat. Ne želim ić uopće.*" FG34; *„Još uvijek se ne bi htio ni dovest u situaciju da moram 20 puta reć "Ne. Da." tak da. Ne znam, bar sam ja tak to gledam. Prekrižit to za sad neko vrijeme još dokraja. Pa jednog dana ko zna oću se moć družit s njima. Ja to mislim sad. Al najvjerojatnije ne. Siguran sam da ne.*" (FG31)

Izbjegavanje ovakvih situacija i okruženja dovodi do gubitka prijateljstava („*I da, nekak se to isfiltrira. Ima još par, ono, ljudi koji, koji sam, ono, bio uvjeren da su mi najbolji prijatelji, a koji dalje, ono, druženje se svodi na izlaske, listiće i ono, gledanje nogometa i to. Njima sam jasno dao do znanja da ću sudjelovat u bilo kakvim drugim aktivnostima, da u tome više neću nikad. I s vremenom, jednostavno su prestali se javljat i to. Tak da, nije, nije to ni loše.*" FG33), ali i do poboljšanja nekih odnosa i stvaranja novih. Izbjegavanje rizičnih okruženja za kockanje ponekad se odnosi i na obiteljsko okruženje, pri čemu *me. I felt like that or that in those moments.*" FG26). For the participants, the lifestyle changes also involved a complete avoidance of risky social circles – friends and acquaintances with whom they used to gamble, but also friends who gamble, and complete avoidance of risky environments (coffee bars, situations involving alcohol consumption, etc.). The following statements made by the participants refer to such aspects: "*And all the friends that were somewhat risky for me, I realized they are not my friends and I have no contact with them.*" FG24; "*No alcohol. I have a coffee. A calm, family atmosphere. No shouting. No noise. Nothing... but you peacefully sit down, you have a coffee.*" M21.J; "*I have now distanced myself and I am abstaining from alcohol, drugs and gambling, because I just now that if I have one drink, it will all come back.*" FG24; "*If I go once to such a place, a coffee bar where the others are drinking, only one person needs to mention it. I am done. I know, maybe not that time. But, sixth, seventh time, I will be done. I don't want to even try. I don't want to go there at all.*" FG34; "*I still don't want to even find myself in a situation where I have to say "No. Yes." 20 times, so that is that. I don't know, at least I view it that way. Totally avoiding it for some time until it is all done. And one day, who knows If I will be able to socialize with them. This is how I feel now. But most probably not. I am sure of that.*" (FG31).

Avoiding such situations and surroundings led to the loss of friendships ("*And yes, it filters out somehow. There are a couple of people that, you know, I was convinced were my best friends, and with whom still, you know, socializing with them involves only going out and about, filling out tickets and similar, watching football and stuff like that. I let them know very clearly that I will participate in any other activities, but in those never again. And over time, they simply stopped calling. So, you know, that's not bad either.*" FG33), but also to improvements in some relationships and the creation of some new ones. Avoiding risky environments relating to gambling sometimes refers to the family surroundings as well, wherein the understanding of family members is necessary, as well as changes in the habits of some family members with regard to occasional gambling ("*He (the father) also, you know, hasn't*

je potrebno razumijevanje obitelji i promjene navika članova obitelji vezanih uz povremeno kockanje *(„On (otac) isto, eto, o tad nije, ovoga, uplatio nijedan listić. Bar tak kaže. Nije da ga ja kontroliram i provjeravam, al vidim da i njegove navike su se promijenile.*" FG33).

Sumarno, promjena načina života zaista je cjelovita te obuhvaća sve segmente njihova života: od odnosa prema sebi (i sa sobom), obitelji, radnog okruženja, prijatelja i slobodnog vremena. Metaforički, ali i u riječima nekih sudionika, ovisnost ih je zatvarala u zasebni svijet u kojem su bili orijentirani sami na sebe, dok apstinencija dovodi do usmjeravanja na druge i osjećaja odgovornosti prema sebi i drugima (*„Mislim ja imam isto dijete. 15 godina. Nisam vidio, u principu, nisam promatrao tada sebe, odnosno nju ili nekakav naš odnos, kao motiv zbog kojeg bi ja otišo na nekakvo liječenje jer sam, jer sam bio toliko zapravo dolje da sam bio, ono, fokusiran možda samo na sebe i svoje nekakvo stanje, ovoga, beznađa. Al u svakom slučaju sad, nakon cijelog tog programa liječenja, se i naš odnos zapravo uvelike, ovoga, poboljšao i mogu reć da prvi put na neki način osjećam tek naša druženja*." FG36).

Pozitivni odnosi i socijalne mreže također su važan čimbenik u održavanju apstinencije. U tom se smislu ponajprije ističe obitelj kao ključna emocionalna, financijska i logistička podrška. Članovi obitelji: supruge, djeca, roditelji, braća i sestre, oni su bez kojih apstinencija ne bi bila moguća, oni pružaju podršku, ali i istovremeno kontroliraju i nadziru ponašanje i financije *(„Znači, potpora je važna. Ko se od familije, prijatelja, žene, supruge, prihvati toga taj mora s tobom biti do kraja.*" FG14*; „Od, ne znam, dijeljenja lokacije s roditeljima do, nemam nikakvih ono, nemam financija kojima ja upravljam nikakvih. Tak da. Ali što se tiče obitelji, bez obitelji, bez…bez podrške se ne može.*" FG21*)*. Sudionici navode i kako bi bez podrške obitelji teško bilo održati apstinenciju te ovu podršku opisuju kroz metafore *„sigurno okruženje, siguran kut, placed a bet since then either. At least he says so. I am not controlling him or checking on him, but I can see that his habits have also changed*." FG33).

In summary, the lifestyle change was quite complete and encompassed all the segments of their lives: from the attitude towards themselves (and with themselves), to the family, working environment, friends and free time. Metaphorically speaking, and paraphrasing some participants as well, addiction locked them into a separate world where they were oriented only to themselves, while abstinence led to directing themselves towards others and feeling responsible for themselves and others ("*I mean, I also have a child. Fifteen years old. I didn't see, generally, I didn't look at myself, or her, or our relationship at that time as a motivation to seek some type of treatment, because I was actually so deep down that I was, like, focused only on myself and my state of, you know, hopelessness. But in any case, now, after completing this entire treatment program, our relationship has, you know, greatly improved, and I can say that this is the first time that I am in some way experiencing our times together.*" FG36).

Positive relationships and social networks are also an important factor in maintaining abstinence. In that sense, family most prominently stands out as the key emotional, financial and logistical support. Without family members, the wives, children, parents, brothers or sisters, abstinence would not be possible because they provide support, but at the same time control and monitor the behavior and finances ("*I mean, support is important. Whoever in your family, friend group, your wife, spouse, decides to do it, they have to see it all the way through with you.*" FG14; "*From, I don't know, sharing my location with my parents to, like, me having no financial means that I control whatsoever. That's it. And when it comes to family, without family, without… without support, you can't do it.*" FG21). The participants also stated that it would be hard to maintain abstinence without family support, and described this support through metaphors such as "*safe environment, safe corner, mom is like a guardian angel*". Some participants mentioned how their family members abstained with them, in the sense that they abstained from gambling,

mama je kao anđeo čuvar". Neki sudionici navode kako i njihove obitelji apstiniraju s njima, u smislu suzdržavanja od kockanja, alkohola i slično („*Dokle ja apstiniram, recimo, meni je mama, najveća potpora i ona mora apstinirati*." FG14). Iako ih podržavaju u liječenju, članovi obitelji izražavaju i nepovjerenje u njih te imaju osjećaj da prate svaki njihov korak što im sudionici ne zamjeraju („*Mene mislim dosta toga mi je još pomoglo to njihova nepovjerenje prema meni. Znači to je valjda prvi put da sam ja došo do tog praga da oni više meni ne vjeruju. Ak ja kažem da idem na wc, vidim da im stoje upitnici jel idem na WC ili…znao sam i tamo kockat i sve*." FG23). Kod nekih sudionika došlo je do poboljšanja komunikacije u obitelji te se neki sudionici trude da poboljšaju narušene odnose u obitelji („*Drugačiji su odnosi, recimo i s kćerkama, više ono sam, tu sam, nisam više…nisam više ono ovoga di sam ono, kad sam bil u kocki, onda si…tu si, ali nisi tu, znači tijelom jesi, ali duhom nisi. I sad to je sasvim drugačiji odnos, ovoga, između, unutar familijski i sve i kažem, ono, novi život evo, ništ drugo*." FG12). Neki sudionici ističu kako im je važno da ne posrnu i ne razočaraju svoje bližnje („*Žrtvovat sad, kako bi reko, ovaj, taj mir koji napokon svi imamo tu, to normalno funkcioniranje, sad to sve žrtvovat zbog… Ma ne, nema veze kakvi su novci u pitanju da još jednom vidim onako razočarani…ne, ne. Ne isplati se*." FG22).

Osim članova obitelji u održanju apstinencije pomažu i drugi pozitivni socijalni odnosi i socijalna mreža: prijatelji te kolege na poslu i poslodavci koji su pokazali razumijevanje za bolest („*Znači čovjek koji je vlasnik firme…mi je prvi pomogel i to. Nije mi čak niti otkaz dal. Premestil me na drugo radno mesto. Imam dojam ko da je on, ko da je on prošel taj program pa veli „idi si izlječi tu bolest" pa sam prvo mislil da idem ovisnost liječit, ono, kaj, tek onda na liječenju sam shvatil da je to bolest*." FG11).

Dugovi i financijske restrikcije također podržavaju apstinenciju. Iako su u razdoblju ovisnosti dugovi predstavljali teret, oni se u fazi

alcohol, and similar activities ("*For example, as long as I abstain, my mom is my biggest support, so she has to abstain as well*" FG14). Although they provided support in the treatment, family members also expressed their distrust in them, and the participants had a feeling that they followed their every step, which they did not hold against them ("*I mean, this distrust that they had towards me really helped me in a lot of ways. I mean, this is probably the first time that I had reached this threshold where they did not trust me anymore. If I tell them that I am going to the toilet, I see that they are questioning whether I am going to the toilet or…because I would sometimes gamble there as well.*" FG23). Some participants experienced improvements in communication with their families, and some made an effort to improve the disrupted relationships they had with their families ("*The relationships are different, for example with my daughters, I am more present, I am there, I am no longer…I am no longer as I was when I was gambling, when you are…you are here, but you are not here, so you are here in body, but not in spirit. And now, that is a completely different relationship, I mean, between us, in the family and all, and I tell you it's a new life, nothing else.*" FG12). Some participants emphasized that it was important for them not to fall back and disappoint their loved ones ("*To sacrifice now, how can I say it, this peace that we all finally have here, this normal functioning, to sacrifice all that for…No, no matter what kind of money is in question, to see once more that disappointment…no, no. It is not worth it.*" FG22).

In addition to family members, other positive social relationships and social network also helped maintain abstinence: friends, as well as work colleagues and employers who showed consideration for the disease ("*I mean, the company owner…he was the first to help me and all. He didn't even fire me. He transferred me to another position. I got the impression like he also went through this program and said "Go and cure this disease", so I first thought that I was going to treat addiction, but then, I only realized during the treatment that it was a disease.*" FG11).

Debts and financial restrictions also help support abstinence. Although during the addiction period debts represented a burden, in the abstinence

apstinencije doživljavaju kao zaštitni čimbenik. Ključan aspekt toga je plan otplate dugova, blokada računa i nemogućnost raspolaganja novcem (*„Znači neki plafon mi je da imam stvarno pet do deset eura v novčaniku…i tu sam siguran da ne bi nekaj zeznul.*“ FG14; *„Ostavio sam onaj u Fini namjerno otvoren. Tako, on me drži, ovaj, znači, nisam u mogućnosti dić ni kredit ni pozajmicu. Dok god imam taj dug u Fini i njega ću ostavit.*“ FG22; *„Ja sam sretan da imam dugove. Ja sam sretan da sam i dalje u blokadi.*“ FG21). Zaštita je u tome da zapravo nemaju novaca kojim mogu raspolagati i potencijalno kockati: računi su ili u blokadi ili pod kontrolom supruga i članova obitelji *(„Reko meni je bilo super kad sam bil blokirani, zato jer si zblokirani i to je to. Imaš nekakvi osigurač.*“ FG12). Sudionici navode kako im prihvaćanje dugova te plan vraćanja pružilo osjećaj rasterećenja (*„Ja s novcima ne znam, znači i meni je sad, ovoga, drago da ja ne raspolažem s novcima, evo. Ja zbilja…ono, baš mi je olakšanje da ne raspolažem s novcima.*“ FG12). Neki sudionici nagomilali su iznimno velike dugove, no i oni napominju važnost prihvaćanja duga (*„Mi smo odma bili onak, normalno, šokirani svi, mama, tata, ne znaju kud bi oni, odma bi htjeli to sutra otplatiti. Ogromna svota, kam da se okrenu* FG13).

Liječenje, odnosno specifično **program tretmana ovisnosti o kockanju** u Klinici za psihijatriju „Sv.Ivan“ te na Odjelu za mentalno zdravlje, prevenciju i izvanbolničko liječenje pri Zavodu za javno zdravstvo Varaždinske županije imalo je veliko značenje za sudionike i ističu ga važnim u podržavanju apstinencije. Tretman u okruženju vršnjačke grupe sebi sličnih omogućio im je prihvaćanje i osjećaj da nisu jedini s takvim problemom (*„Najbolja stvar to da vidiš da ima ljudi istih kak si, kak si ti. Možda ne, ne s istim dugovima, ne znam, ali opet tu smo nekak svi isti, ne. To je zapravo ono, zapravo jedan drugome pomažemo.*“ FG12; *„Pa evo, meni dosta pomaže ovaj tu četvrtak, ova grupa podrške. Uvijek se nađem, mislim od ljudi koji*

phase they were seen as a protective factor. The key aspects were a debt repayment plan, account preservation and inability to manage money (“*So, a certain cap for me is to really have up to five or ten euro in my wallet…and then I’m sure that I won’t mess up.*” FG14; “*I left the* Fina *one open on purpose. It kind of keeps me afloat, I mean, I am not able to get a credit or a loan. That’s as long as I have that debt in* Fina*, and I will keep it.*” FG22; “*I am happy to have debts. I am happy that my account is still preserved.*” FG21). The protection lies in the fact that they actually had no money to manage and potentially gamble away: the accounts were either preserved or controlled by the wives and family members (“*I said, it was great for me to have the account preserved, because then it is blocked, and that’s it. You have some kind of a safeguard.*” FG12). The participants stated that accepting the debts and having a repayment plan provided them with a sense of unburdening (“*I cannot handle money, I mean for me now, I’m sort of glad to not manage money, there. I really…I mean, it is really a relief to not manage money.*” FG12). Some participants had incurred extremely large debts, but they also emphasized the importance of accepting the debts (“*We were immediately like, of course, all shocked, my mom, dad, they didn’t know what to do, wanted to pay them off immediately the next day. An enormous amount, what should they do.*” FG13).

Treatment, that is, specifically **the gambling disorder treatment programs** at the University Psychiatric Hospital Sveti Ivan and the Department of Mental Health, Prevention and Outpatient Treatment of the Institute of Public Health of the Varaždin County, were of great importance for the participants, and they credited them for maintaining abstinence. The treatment that involved a peer group of people similar to them enabled them to accept the situation and feel that they were not the only ones experiencing such problems (“*The best thing was seeing that there are people the same as you. Maybe not, not with the same debts, I don’t know, but we are somehow all alike, you know. That is the thing, we actually help each other.*” FG12; “*Well, I really find this Thursday quite helpful, this support group. I always find myself there, I mean from the people who are undergoing treatment, there are things*

su u tijeku liječenja imaju nešto, šta kažu svojim riječima vrlo dobro." FG23; „*Kad vidiš da je neko dobro i da je uspio. To je jako pomoglo*." FG22). Članovi terapijske grupe također su im bili podrška, a posebno ističu starije apstinente čije su im priče o uspjehu liječenja dale nadu („*Znači to su vjerojatno priče starijih apstinenti, ti zapravo prepoznaš sebe.*" FG11**; „***Kad vidim, ono, čovjeka koji ti ispriča isto nekakvu ludu priču. Ono, sve živo što je prošo, dugove, ovo ono. I onda veli "4 godine sam u apstinenciji. Super mi je. Lijepo mi je. … Ono, dobiš neku nadu. Uvijek sam mislio da nema nade.*" FG35). U ovim su se grupama osjećali prihvaćenima da otvoreno govore o svojim problemima, bez osuđivanja. Osim od drugih pacijenata u grupi, podršku su dobivali i od terapeuta. Od konkretnih metoda i tehnika u liječenju sudionici procjenjuju da su im najkorisnije bile edukacije (o matematici kockanja, tijeku bolesti, kognitivnim distorzijama, emocijama, komunikaciji) koje su im omogućile da osvijeste i razumiju svoju ovisnost – bolest. Nadalje, korisnim se procjenjuju i psihoterapija, obiteljska terapija te trening socijalnih vještina. Prednost programa liječenja je i struktura, odnosno ispunjavanje dana te intenzitet tretmana. Sudionici smatraju kako bi ovaj program trebalo produžiti, proširiti i na druge gradove u Hrvatskoj te zaposliti veći broj stručnjaka („*Program je izuzetno kvalitetan …Opće čudo da postoji ovakav program. Jer to naravno, to šta mi gledamo isto ko i za… Cijela država šuti, uzima lovu i to veliku lovu, pa onda, ovo je čisto formalnost jer svijet tako inzistira da imaš i ovaj program. A ovaj program bi trebo imat tu 50 zaposlenih.*" FG21).

Čimbenici koji ugrožavaju apstinenciju – negativni kapital za oporavak

Sudionici su govorili i o čimbenicima koji ugrožavaju apstinenciju te u tom smislu spominju rizike na individualnoj, obiteljskoj, prijateljskoj i na razini društva. Sumarno, može se

that they say very well in their own words." FG23; "*When you see that someone is well and that they have made it. That helped a lot*." FG22). The therapy group members also provided support, and they particularly emphasized the older abstainers whose stories of successful treatment gave them hope ("*So, these are probably the stories of older abstainers, you really recognize yourself*." FG11; "*When I see, you know, a man telling you this crazy story. Like, everything he's been through, the debts, this and that. And then he says "I have been abstaining for four years. I'm great. I feel nice… It, like, gives you a certain hope. I always thought there was no hope*." FG35). In these groups, they felt accepted and free to talk about their problems, without judgement. In addition to the other patients in the group, they also received support from their therapists. From all of the concrete methods and techniques applied during the treatment, the participants estimated that education was the most useful (they covered the topics of gambling math, the course of disease, cognitive distortions, emotions, communication), enabling them to realize and understand their own addiction/disease. Furthermore, psychotherapy, family therapy and social skills training were also evaluated as useful. The advantage of the treatment program was also in its structure, that is, filling up the day and feeling the intensity of the treatment. The participants believed that this program should be prolonged, expanded to other cities in Croatia as well, and that more experts should be employed ("*The program is of extremely high quality…It is generally a miracle that such a program exists. Because, of course, what we are looking at here is the same as… The entire country is silent, they take the money, great amounts of money, and then, this is pure formality because the world insists that you should have this program as well. And this program should have 50 employees*." FG21).

Factors threatening abstinence – negative recovery capital

The participants also spoke about the factors threatening abstinence, and in that sense, they mentioned risks at the individual, family, friend and societal levels. In summary, it could be said

reći kako bi za njih najveći rizik predstavljao gubitak kontrole, strukture i podrške te mogućnost neograničenog raspolaganja novcem. U svojem nošenju s ovisnošću o kockanju i dalje su u većoj mjeri oslonjeni na vanjsku podršku i nadzor. Govoreći o **rizicima na individualnoj razini**, sudionici napominju kako je za njih kockanje cjeloživotni rizik, dok neki smatraju kako je najrizičniji dio liječenja ne biti iskren prema sebi („*Znam sam sa sobom da ne lažem i da sam stvarno iskren pa mi je to bila jedna nagrada da idem dalje samo svaki dan*." FG21). Pritom napominju važnost otvorene komunikacije o svojoj ovisnosti („*Moja otvorenost i spremnost da pričam s ljudima o ovome svemu. Jako puno pomaže, ono. Od prvog dana tu, čak i prije nego što sam došo, sam sve podijelio i s prijateljima i na poslu sa...svim kolegama i to mi jako puno je pomagalo tad da opće ne moram, ono, izmišljat.*" FG35) i edukacija drugih ljudi. Neki sudionici prisjećaju se situacija kockanja, posebno negativnih i neugodnih situacija i štete koje je njihovo kockanje prouzročilo njima i njihovim bližnjima. Dio sudionika spominje i osjećaj grižnje savjesti koji bi mogao biti rizik („*To je moja najveća, meni najveći rizik, grižnja savjest. Što sam, za šta sam radio 25 godina s dva fakulteta, poslovne škole, direktor bio, ovo ono. Priznat u društvu da bi na kraju spao." FG21).* Smatraju također kako potencijalni neuspjeh u liječenju za njih može biti okidač za povratak kockanju. Neki sudionici kao rizik spominju svoje „*opsesiju sportom*" i „*opsjednutost video igrama*" („*Meni možda ta opsesija sportom i dalje, ono. To je, ono, glavna stvar i dalje u životu.*" FG24; „*Videoigre. To što sam na kompjuteru cijeli dan to mi je neka opsesija.*" FG25). Životni problemi s kojima se susreću također mogu biti čimbenik rizika.

Nadalje, važan rizik je nestrukturiranost vremena/dana, u kojem bi imali prostora za dosadu. U tom kontekstu ponovno ističu važnost toga da im je dan visoko strukturiran, bez praznog hoda *(„Pokušavam znači, ne dolazit u nekakve crne rupe slobodnog vremena jer...samim*

that they saw the biggest risk in the loss of control, structure and support, as well as having an unlimited ability to manage money. When coping with their gambling disorder, they still largely relied on external support and supervision. Speaking of **risks at the individual level**, the participants mentioned that for them gambling was a lifelong risk, while some believed that the riskiest part of the treatment was not being honest to oneself ("*I know in myself that I am not lying and that I am really honest, so that was one reward that encouraged me to go on every day.*" FG21). In that context, they mentioned the importance of open communication when it came to their addiction ("*My openness and readiness to talk to people about all of this. It helps a lot, you know. From the first day here, even before I came, I shared everything with my friends and at work with...all of my colleagues, and that helped me a lot, that I didn't have to, like, make up things.*" FG35) and educating others. Some participants remembered situations that involved gambling, especially negative and unpleasant situations, and the damage that their gambling had caused them and their loved ones. Some participants mentioned a feeling of guilt which could pose a risk ("*That is the biggest thing to me, my biggest risk, this guilt. What did I do, what did I work for in 25 years, having completed two colleges, business school, and being a manager, and all that. I was recognized in the society, and then I fell down to this.*" FG21). They believed that potential failure of the treatment could trigger them to fall back into gambling. Some participants mentioned their "*obsession with sports*" and "*obsession with video games*" as a risk ("*For me, maybe this continuing obsession with sports, and that. This is still, like, the main thing in my life.*" FG24; "*Video games. Being at the computer all day is some kind of an obsession.*" FG25). The problems that occur in everyday life could also represent a risk factor.

Furthermore, an important risk is the lack of structured time/days, in which they would have room for boredom. In that context, they again emphasized the importance of having a highly structured day, without idling ("*So, I am trying not to have any black holes in my free time because…*

time onda zapravo ideš tražit nekakvu zabavu." FG24). Dugovi i raspolaganje novcem snažan su čimbenik rizika. Zanimljivo je da su dugovi istovremeno i teret i zaštita i rizik. Sudionici u ovom kontekstu ponovno spominju svoj neadekvatan odnos prema novcu te smatraju kako bi za njih bilo rizično kad bi mogli raspolagati novcem bez ograničenja. Nemaju povjerenja u sebe te se aktivno odmiču od situacija u kojima bi trebali raspolagati novcem o čemu govore sljedeća izjava: *„Kažem, meni više, više me nekako strah toga šta će bit kad ja se riješim tih dugova pa onda ja krenem imat te novce. Dal će oni, ti novci mene počet svrbit il nešto.“ (*FG36). Već spomenuti dugovi mogu postati i rizik pogotovo ako je osoba i dalje opterećena vraćanjem duga ili kad nema plan za povrat dugova (*„Opasno, da za kockara koji ima dugove, koji ne zna kada će ih vratiti, koji nema jasan plan. To je veliki rizik.*“ FG11). U kontekstu novaca rizičnim se procjenjuju i poslovi u kojima postoji mogućnost kontakta s novcem ili raspolaganja novcem (npr. kartica od tvrtke itd.), kao i situacije u kojima bi im iznenada trebala veća količina novca.

Rizici koji se povezuju s obitelji odnose se na sljedeće aspekte: osuđivanje od obitelji, gubitak podrške obitelji te doživljavanje kockanja kao prihvatljivog od strane članova obitelji. Sudionici opisuju kako je teret njihove ovisnosti velikim dijelom pao i na njihovu obitelj u smislu zaduživanja te osjećaja iskorištenosti i manipulacije (*„Vjerojatno, ne znam, osjećaju se ko da ih je neko ono, maksimalno iskoristio.“; „Ja već općenito već uvlačio i suprugu u to. Ona nije, ona je imala toliko povjerenja da nije smatrala da je ponovno to. Nego je već i onda neke svoje laži imala, jel. Tolko sam je izmanipuliro da, ajmo reć, ne znam, ne znam kak to objasnit.*“FG25). Svjesni su toga da je i njihovim obiteljima potrebna podrška u nošenju s ovim situacijama i napominju kako im nije lako. Razumiju i njihovu ljutnju i predbacivanje, no napominju kako inzistiranje na osuđivanju i predbacivanju može biti okidač

in that alone, you start looking for some type of fun." FG24). Debts and money management form important risk factors. An interesting fact is that debts are at the same time a burden, protection and risk. In this context, the participants mentioned their inadequate money management again, and believed that it would be risky for them to manage money without limitations. They did not trust themselves and actively removed themselves from the situations in which they should manage money, which is evident in the following statement: "*I say, for me, I am more afraid of what will happen when I get rid of all the debts and I start keeping all this money. Will it, this money, start to burn a hole or something.*" (FG36). The abovementioned debts could become a risk, especially if the individual is still under the pressure of returning the debt or if they do not have a plan for paying off the debts (*"Dangerous, yes for a gambler in debt, who doesn't know when he will pay them off, who doesn't have a clear plan. That is a big risk.*" FG11). In the context of money, jobs where there is a possibility of contact with money or handling money are also considered risky (e.g. having a company card, etc.), as well as situations in which they would suddenly need a higher amount of money.

Family-related risks refer to the following aspects: condemnation by the family, loss of family support and perception of gambling as acceptable by the family members. The participants described how the burden of their addiction was greatly felt by their families in terms of debts and a feeling of being used and manipulated ("*Probably, I don't know, they feel like they have been used to the fullest.*"; *"I generally already pulled my wife into it as well. She didn't, she trusted me so much that she didn't believe it was happening again. But she already had some lies of her own then, you know. I had manipulated her so much that, let's say, I don't know, I don't know how to explain it.*" FG25). They were aware of the fact that their families needed help as well when it came to coming to terms with such situations, and mentioned that it was not easy for them. They understood their anger and resentment, but noted that insisting on condemnation and resentment could be a trigger for their return

za njihov povratak kockanju („*Osuđivanje je recimo najviše rizično. Osuđivanje znači, nametanje na glavu što s, što si ono, kolko si prokocko. Što smo moglo imat*." FG21). Jedan sudionik opisuje kako njegovi roditelji nisu prihvaćali njegovu ovisnost te kako nisu s njim o tome željeli razgovarati što ga je uznemiravalo („*Pa, meni je jako smetalo da, to što moji zaista prema tom su ponašali kao da to ne postoji, kao da ja svaki dan ne odlazim negdje, ne. Ono, bilo mi je to jako, ono, pff...ne znam, teško i naporno. Dođem, kao, doma, da ne smijem, ono, opće pričat o tome, da nije opće poželjno da ja spominjem da sam ja na nekakvom liječenju*." FG33). Potencijalni gubitak podrške i kontrole od obitelji također se doživljava kao rizik („*Ostat sam. Mislim, to je isto…ostane bez obitelji, supruge, mislim ne. Kako bi to drugačije sročio. Može se svašta u današnjem našem svijetu dogodit, al smatram da sam još prerano da bi mogo živjet sam.*" FG23). Pojedini sudionici navode kao rizik prihvatljivost kockanja u obitelji o čemu govori sljedeća izjava: „*Pokušavam, ono, što više bit odsječen od tog svijeta, a moji doma su ono, a mislim, gleda se, ono, nogomet koji god je moguć i svakakve takve stvari*". (FG33)

Rizik za održavanje apstinencije je i (ponovno) **druženje** sa **starim društvom koje kocka i konzumira sredstva ovisnosti** (droga, alkohol). Spominje se i izbjegavanje prijatelja koji kockaju, pa i prekid kontakta s bliskim osobama koje i dalje kockaju („*Kad sam ja priznao svoj problem, on je reko da ima isti taj problem. Kako? Nije u toj fazi, ali je tu. Di sam ja reko, znači, ja ti nažalost moram reć, znači ja s tobom više na samo ne mogu niti…ništ. Ni kavu popit niti pivu niti ništa . Ja čuvam sebe. Nikad ja neću otić. Još uvijek meni on sad drag i sve. Jel smo, svašta smo prošli. Nit sam ja znao za njegov problem nit je on, najžalosnije,…pričali smo svašta, samo ne o tome. Di je bila rana i meni i njemu.*" FG23). U tom kontekstu neki sudionici napominju kako su ostali bez prijatelja te su orijentirani samo na obitelj što također doživljavaju kao rizik u budućnosti („*Imam tu sreću da su mi još djeca dovoljno mala.*

to gambling ("*Condemnation is, let's say, the riskiest. I mean condemnation, putting it against me, what you, you know, what you gambled away. What we could have had.*" FG21). One participant described how his parents did not accept his addiction, and did not want to talk to him about it, which bothered him ("*Well, it bothered me a lot that my parents really behaved like it did not exist, like I wasn't going somewhere every day, you know. Like, it was really, I mean, pff…I don't know, hard and tedious. I, like, come home and I'm not, you know, allowed to talk about it, and I was not supposed to mention that I was undergoing any type of therapy.*" FG33). The potential loss of support and control from the family was also perceived as a risk ("*To be left alone. I mean, that is…to be left without a family, wife, I mean, you know. How do I put it differently. A lot of things could happen nowadays, but I think that it is still too early for me to live alone.*" FG23). Certain participants stated that acceptance of gambling within the family posed a risk, as evident in the following statement: *"I'm trying, you know, to distance myself from that world as much as possible, and my folks at home are like, I mean, watching football whenever possible and all that type of stuff.*" (FG33).

Socializing (again) **with old friends who gamble and engage in substance abuse** (drugs, alcohol) also represents a risk for maintaining abstinence. The participants mentioned avoiding friends who gamble, even breaking contact with the close persons in their lives who continue to gamble ("*When I admitted to my problem, he said that he had the same problem. How? Not at that phase, but still there it was. To which I responded, I mean, unfortunately I have to tell you, this means that I can't be alone with you anymore, or do…anything. Not even have coffee or a beer or anything. I am taking care of myself. I will never leave. I still like him and everything. Because we, we have been through a lot. I didn't know about his problem and he didn't know about mine, which is the saddest thing…we talked about a lot of stuff, just not about that. We both had the same wound.*" FG23). In that context, some participants mentioned losing friends and being oriented only towards family, which they also perceived as a risk for the future ("*I am lucky that my*

Naravno, imaju svojih prijatelja i prijateljica… ali su još u tim godinama gdje, gdje apsolutno svaki svoj slobodan trenutak koji mogu, odlazim i provodim vrijeme s njima. Socijalnog života drugog nema. Znači, od nikakve, niti…niti cure, žene, niti jednog prijatelja. I dok imam njih, na primjer, meni vikend automatski, ja da nisam s njima, na primjer da ne odem, vikend provedem s njima… Ja sam čovjek koji ne zna bit sam." FG25). Razgovori o kockanju i klađenju također se smatraju rizičnima. Sudionici navode kako takve situacije aktivno izbjegavaju, kao i noćne izlaske i situacije u kojima se pije alkohol.

Na **razini društva**, sudionici prepoznaju sljedeće rizike: suvremeni dinamični način života, nedovoljnu zakonsku reguliranost kockanja te neprihvaćanje kockanja kao bolesti. Suvremeni život neki sudionici opisuju kao užurban, uz prevladavanje konzumerizma i korupcije („*Taj užurbani dio života u kojem jesmo. Svi ganjaju nešto da bi pokazali, da bi kupili novi auto na kredit za novce koje nemaju, da bi druge tjerali da to isto rade i svo to nerealno posloženo.*" FG21). Usmjerenost na materijalna postignuća i želja za društvenim statusom mogu biti rizik za povratak kockanju. Nadalje, sudionici smatraju kako je kockanje nedovoljno regulirano od strane države, posebno velika prisutnost reklama, kladionica i kladomata („*Problem je veliki i v tom internet klađenju i s tim bombardiranjem, tim reklamama*." FG13; „*Znači ova država. Znači koja je organizirala sve žive gluposti. Znači koje znači, evo, kad je nedjelja niš ne radi osim kladionice.*" FG12; „*Što je više i više to društvo prihvatilo normalno da ljudi kockaju. Šta, ne znam, za 10 godina će valjda svi kockati. Bit će, ono, normalno. Mislim sad je već normalno da svi kockaju i društvo, ne znam. Gledam, gledam sve te mlade i, ne znam, na kioscima, u tramvaju i to. Svi kockaju i to je normalno.*" FG35). Spominju i veliku dostupnost *online* klađenja, kao i negativan utjecaj društvenih mreža te influencera koji promoviraju kockanje („*Gura se, ne znam kakva moć ovo ono. Sve neke nakaradne iskrivljene stvari. Ništa*

kids are still young enough. Of course, they have their friends… but they are still at the age where, I get to spend absolutely every free moment that I can with them, I go and spend time with them. There is no other social life. Meaning, there is no…girlfriend, wife, there are no friends. As long as I have them, for example, that is automatically my weekend, if I weren't with them, if for example I didn't go, and spend the weekend with them…I am a man who doesn't know how to be alone." FG25). Conversations about gambling and betting are also considered risky. The participants stated that they actively avoided such situations, as well as nightlife and situations that would involve alcohol consumption.

At the **societal level**, the participants recognized the following risks: the modern dynamic lifestyle, insufficient legal regulations in terms of gambling, and lack of acceptance of gambling as a disease. Some participants described the modern lifestyle as busy, with prevailing consumerism and corruption ("*This busy lifestyle we are in. Everyone is chasing something in order to show off, to buy a new car on a loan, for money they don't have, and to make others do the same things, and it is all unrealistically set up.*" FG21). Focus on material achievements and desire for a social status can represent a risk for returning to gambling. Furthermore, the participants believed that gambling was insufficiently regulated by the state, particularly because of the abundant presence of advertisements, betting shops and betting terminals ("*It is a big problem both with this internet betting and bombarding us with these advertisements.*" FG13; "*I mean, this state. That has organized all kinds of stupid things. I mean, here you go, nothing works on Sundays except for the betting shops*" FG12; "*The more the society accepted it, the more normal it became for people to gamble. I mean, I don't know, I guess in 10 years everyone will gamble. It will be, like, normal. I think it is already normal for everyone to gamble, and the society, I don't know. I look, I look at all these young people and, I don't know, at the kiosks, in the tram and all that. Everyone is gambling and that is normal.*" FG35). They also mentioned the great availability of online betting, as well as the negative influence of social networks and influencers

opće bitno. Guraju se neke debilne reklame, debilne ličnosti, ovi Andrew Tateovi. Bolesnici, samo neki retardi ispadaju kao poznati. I sam ti uđu ti u mozak." FG34). Iako je kockanje široko dostupno i gotovo normalizirano, sudionici navode kako su sami kockari stigmatizirani pogotovo u odnosu na ovisnike o cigaretama, alkoholu i drogama. Smatraju kako društvo još uvijek ne prihvaća ovisnost kao bolest, već je doživljava relativno bezazlenom pojavom („*Znači niti ne razumiju, al stvarno ne razumiju. Jer misli si „pa dobro, taj je malo, ono, z listićima i z novcima*." FG14).

Uključenost u liječenje također donosi sa sobom određene rizike pri čemu neki pacijenti romantiziraju dobitke te pozitivno govore o kockanju („*Mene recimo osobno živcira i smeta romantizam od tam pojedinih, pojedinih…članova koji su došli liječit, a onda nakon svake pauze romantizam „jaj pa kad sam dobil 15.000 kuna" pa ovo pa ono.*" FG12). Sudionici govore kako susreću pacijente koji nemaju istinsku motivaciju za liječenje pa i dalje kockaju s malim iznosima te manipuliraju grupu i terapeute („*Je dečko je našel to pravilo, iskoristil. Donesel je račun doma za 12 kuna, ne znam, vrednosti 12 kuna. On je s tih 12 kuna igral.*" FG14). Zanimljivo je i kako neki sudionici smatraju kako se na liječenju mogu naučiti i novi načini manipuliranja i prikrivanja („*Kad ideš u program, dobiješ te ideje. Dobiješ, vidiš šta je potrebno promijenit kod mene da bi sada mogao bolje još lagat*." FG21). Dodatni rizik koji je povezan s liječenjem je i dnevna bolnica koja je otvorenog tipa.

RASPRAVA

Iz etiološke perspektive, dobiveni rezultati u skladu su s različitim bio-psiho-socijalnim modelima razvoja ovisnosti o kockanju, a prije svega Modelom puteva (84,85) koji razlikuje bihevioralno uvjetovane ovisnike, emocionalno ranjive te antisocijalno impulzivne ovisnike. Unutar fokusnih grupa odgovori vezani uz promoting gambling ("*They are pushing this, I don't know what kind of power, this or that. All of these ridiculous distorted things. Nothing important at all. They are pushing stupid advertisements, stupid personalities, these Andrew Tates. Sick individuals, just some retards who end up famous. And they just enter your brain.*" FG34). Although gambling is widely available and practically normalized, the participants stated that the gamblers themselves were stigmatized, especially when compared to individuals addicted to cigarettes, alcohol and drugs. They believed that the society still does not accept addiction as a disease, but perceives it as a relatively harmless phenomenon ("*So, they don't understand it, but really don't understand it. They think it's just "well ok, he's a little, you know, playing with gambling tickets and money.*" FG14).

Involvement in treatment also brings about certain risks, whereby some patients romanticized the winnings and had a positive attitude towards gambling ("*For example, I am personally annoyed and bothered by the romanticism of certain, certain…members who came here for treatment, and then after each break they romanticize "oh, when I won 15,000 kuna" and this and that.*" FG21). The participants talked about meeting patients who did not have a true motivation for treatment, so they still gambled with small amounts and manipulated the group and the therapists ("*Yes, the boy found this rule, used it. He brought home a receipt for 12 kuna, I don't know, in the value of 12 kuna. He played with those 12 kuna.*" FG14). Another interesting fact is that some participants believed that during the treatment they could learn new methods to manipulate and hide ("*When you enter the program, you get these ideas. You get, you see what needs to be changed in you so that now you could lie even better.*" FG21). Another risk associated with treatments are also open-type day hospitals.

DISCUSSION

From the etiological perspective, the obtained results correspond to the different bio-psycho-social models of gambling disorder development,

emocionalnu nezrelost, nefunkcionalne mehanizme nošenja sa stresom i/ili dosadom, impulzivnošću, kao i antisocijalnim životnim stilom, zauzimali su značajno mjesto. Emocionalne teškoće su, kao antecedenti, ali i u komorbiditetu, prepoznati kod ovisnika o kockanju u brojnim istraživanjima (86). Isto je i s komorbiditetom u odnosu na druga sredstva ovisnosti (87). Neadekvatan i nezdrav odnos prema novcu, materijalizam, ali i problematični partnerski/obiteljski odnosi također su identificirani kao etiološki čimbenici sudionika ovog istraživanja, što je na tragu vrlo sličnih rezultata fokusnih grupa koje su proveli Rogier i sur. (88) s 15 ovisnika uključenih u liječenje u kliničkom centru u Rimu.

Vrlo zanimljivi odgovori sudionika ovog istraživanja vezani su uz nešto manje istraživane varijable i u međunarodnom kontekstu, a koje svakako upućuju na potrebu da se takve uzročne atribucije detaljnije ispitaju u narednim studijama. Prije svega, kao osobno rizično obilježje navodi se interes za sport. U suvremenom svijetu industrija igara na sreću, a posebno industrija sportskog klađenja, značajno se je integrirala s industrijom sporta, te se i pojedine inozemne studije usmjeravaju prema istraživanju kockanja i rizika za razvoj ovisnosti o kockanju kod sportaša (89) i/ili osoba zainteresiranih za sport (90). Tome u Hrvatskoj svakako doprinosi i rizičan društveni kontekst velike izloženosti sportaša kockanju, kao i osoba koje intenzivno prate sport, s obzirom na izraženost oglašavanja i sponzorstava o čemu su Ricijaš, Maglica i Dodig Hundrić pisali analizirajući rizičnu regulativu igara na sreću u Hrvatskoj (80). Istovremeno i ovim fokusnim grupama s liječenim ovisnicima je izloženost oglasima prepoznata kao negativni kapital za oporavak, sukladno nekim inozemnim studijama (91). U tom smislu, možemo očekivati da će nove izmjene Zakona o igrama na sreću (92) u Hrvatskoj, a kojima bi od početka 2026. godine oglašavanje trebalo biti značajno ograniče-

and primarily to the Pathways Model (84, 85) which differentiates between behaviorally conditioned gamblers, emotionally vulnerable, and antisocial – impulsivist gamblers. Within the focus groups, answers relating to emotional immaturity, nonfunctional mechanisms of coping with stress and/or boredom, impulsivity, as well as antisocial lifestyle, had significant roles. Emotional difficulties, as antecedents but in comorbidity as well, were recognized in gambling addicts in numerous studies (86). It is the same with comorbidity in relation to other addictive substances (87). Inadequate and unhealthy attitudes towards money, materialism, as well as problematic partner/family relationships, were also identified as etiological factors among the participants in this study, which resembles the very similar results of focus groups conducted by Rogier et al. (88), which included 15 addicts who participated in a treatment protocol at a medical center in Rome.

Very interesting answers obtained from the participants in this study also relate to the somewhat less researched variables in the international context, and definitely point to a need for such causal attributions to be further examined in future studies. Above all else, interest in sports is stated as a personal risky feature. In the modern world, the gambling industry, and especially the sports betting industry, has been significantly integrated with the sports industry, therefore some international studies are focusing on researching gambling and the risk of addiction development in athletes (89) and/or individuals interested in sports (90). In Croatia, this is certainly greatly supported by the risky social context of high exposure of athletes to gambling, as well as individuals intensively following sports, considering the prominence of advertisements and sponsorships, which was the topic of the paper written by Ricijaš, Maglica and Dodig Hundrić who analyzed the risky regulation of gambling in Croatia (80). At the same time, these focus groups of recovering gamblers also recognized the exposure to advertisements as negative recovery capital, in accordance with some international studies (91). In that sense, we can expect that the new amend-

no, doprinijeti manjim rizicima za ovu ranjivu skupinu. Nadalje, predložene zakonske izmjene možebitno će imati i pozitivan učinak na druga dva zanimljiva rezultata ovih fokusnih grupa, a to su ritualno i normativno prihvaćanje kockanja te prepoznavanje rizičnih zanimanja, kao i izraženu dostupnost i pristupačnost igara na sreću. Navedeni rizici prepoznati su i u inozemnim studijama (93–96).

Iako je uključivanje u liječenje pokazalo značajno pozitivne učinke na mentalno zdravlje korisnika, te je obitelj imala značajnu ulogu u tome, fokusne grupe istaknule su da se točka preokreta događa nakon iznimne psihofizičke iscrpljenosti od vrlo štetnog, rizičnog i kaotičnog načina života. Radi se o efektu doticanja dna (engl. *hitting bottom*) koji je prepoznat kao važan moment i u inozemnim studijama koje su se bavile liječenjem i kapitalom za oporavak u području ovisnosti o drogama i kriminalnom ponašanju (97,98), ali i ovisnosti o kockanju (99).

Podteme pozitivnog i negativnog kapitala za oporavak sukladne su domenama i kategorijama koje su Gavriel-Fried i Lev-el (67,78) dobile u svojim studijama u Izraelu, te zapravo potvrđuju i produbljuju dobivene spoznaje u drukčijem regulatornom i kulturološkom kontekstu. Primjerice, u odnosu na pozitivan kapital za oporavak, teme vezane uz postavljanje ciljeva, primjene načina razmišljanja, potrebe za rad na sebi, važnost obiteljske i vršnjačke podrške, kao i profesionalna podrška u potpunosti se podudaraju s rezultatima Gavriel-Fried i Lev-el (67). Vezano uz negativan kapital, najviše sličnosti s izraelskim istraživanjem vezane su uz kognitivne distorzije povezane s kockanjem, neugodne emocije i *coping* strategije, žudnju, traženje uzbuđenja te dosadu, odnosno nestrukturirano provođenje vremena (78). I hrvatsko i izraelsko istraživanje je istaknulo raznolike društvene rizike, kako one vezane uz obitelj i prijatelje kao uži, tako i zajednicu i regulatorni kontekst, kao širi društvenu rizik.

ments to the Gambling Act (92) in Croatia, which should significantly limit advertising as of the beginning of 2026, will contribute to lowering the risks for this vulnerable group. Furthermore, the proposed legal amendments could possibly also have a positive effect on the other two interesting results relating to these focus groups, which are ritual and normative acceptance of gambling and recognition of risky professions, as well as the pronounced availability and accessibility of gambling. These risks were also recognized in international studies (93–96).

Although inclusion in treatment showed significant positive effects on the mental health of the users, in which family also played a significant role, focus groups emphasized that the turning point occurs after extreme psychophysical exhaustion due to a very harmful, risky and chaotic lifestyle. This is the "hitting bottom" effect, which has been recognized as an important moment even in the international studies that examined treatment and recovery capital in the field of drug addiction and criminal behavior (97, 98), but also gambling disorder (99).

The subthemes of positive and negative recovery capital correspond to the domains and categories obtained by Gavriel-Fried and Lev-el (67, 78) in their studies in Israel, and in fact confirm and deepen the knowledge obtained in a different regulatory and culturological context. For example, in relation to positive recovery capital, the themes relating to goal setting, changes in the ways of thinking, need to work on oneself, the importance of family and peer support, as well as professional support, completely correspond to the results obtained by Gavriel-Fried and Lev-el (67). In relation to the negative capital, most of the similarities with the Israelian study relate to the cognitive distortions associated with gambling, unpleasant emotions and coping strategies, desire, sensation seeking and boredom, i.e. unstructured time management (78). Both the Croatian and Israeli studies emphasized the various social risks, both those in connection to family and friends as a closer risk, and the community and regulatory context as a wider social risk.

Uz raznolike aspekte podrške, podteme pozitivnog kapitala za oporavak posebno su istaknule potrebu za značajnom promjenom životnih navika, rituala i obrazaca ponašanja, čime se, naravno, posljedično mijenjaju i stavovi te sustav vrijednosti u širem smislu. Negativni kapital za oporavak također značajan fokus stavlja na kvalitetu obiteljskih odnosa, čime je naglašena potreba uključivanja članova obitelji u proces podrške podršku ovisniku. No, ne smije se zanemariti savjetodavna podrška 'značajnim drugima' u ovom procesu, budući da su i oni iscrpljeni, izmanipulirani, prepuni nevjerice i stresa, zbog čega trebaju razvijati brojne konstruktivne mehanizme s ciljem ponovne izgradnje odnosa i povjerenja. Brojna inozemna istraživanja štete povezane s kockanjem sa značajnim drugima potvrđuju silinu nevolja i stresora kojima su posebno partnerice (supruge) i roditelji izloženi (4,100,101).

ZAKLJUČAK I ISTRAŽIVAČKA OGRANIČENJA

Ova probna studija nastoji pružiti preliminarni uvid u atribucije i kapital za oporavak liječenih ovisnika o kockanju analizirajući njihove osobne i okolinske čimbenike koji olakšavaju ili otežavaju održavanje apstinencije. Rezultati su pokazali da je proces oporavka vrlo složen i višedimenzionalan, a ključnu ulogu imaju promjene u načinu života, svjesnom (re) strukturiranju vremena, podršci obitelji kao i sudjelovanje u grupama podrške. Sudionici su prepoznali kako je priznavanje vlastite ovisnosti, kao i prihvaćanje odgovornosti za vlastito ponašanje prekretnica u procesu oporavka. U Hrvatskoj nedostaju kvalitativne studije s ovisnicima o kockanju, stoga vjerujemo da ovo istraživanje doprinosi boljem razumijevanju ovog područja.

Kao istraživačka ograničenja istaknuli bismo relativno malen uzorak sudionika, iako on nije nekarakterističan za kvalitativne studije. No,

In addition to the various aspects of support, the subthemes of positive recovery capital have especially emphasized the need for a significant change in everyday habits, rituals and behavior patterns, which consequently changes the attitudes and value system in a broader sense. Negative recovery capital also puts significant focus on the quality of family relationships, which emphasizes the need for including family members into the support process for the gambler. However, advisory support for the 'significant others' in this process should not be overlooked either, since they too are exhausted, manipulated, full of disbelief and stress, which makes them develop numerous constructive mechanisms in order to rebuild the relationship and trust. Numerous international studies addressing the damage associated with gambling and significant others confirm the intensity of troubles and stressors faced by the partners (wives) and parents (4, 100, 101).

CONCLUSION AND STUDY LIMITATIONS

The aim of this pilot study was to provide preliminary insight into the attributions and recovery capital of recovering gamblers by analyzing their personal and environmental factors which facilitate or hinder abstinence maintenance. The results have shown that the recovery process is very complex and multidimensional, while changes in the lifestyle, conscious (re)structuring of time, family support and participation in support groups play a key role. The participants recognized that admitting to their own addiction and accepting responsibility for their own behavior were the turning points for their recovery. Qualitative studies on gamblers are scarce in Croatia, therefore we believe that this study contributes to a better understanding of this field.

In terms of study limitations, we would like to emphasize the relatively small sample of participants, although this is not uncharacteristic of qualitative studies. However, bias is certainly present in the fact that the study included only

pristranost sigurno postoji u činjenici da se radi isključivo o muškarcima (nedostaju žene s problemom ovisnosti o kockanju), kao i osobama koje nisu uključene u grupe podrške, a koje potencijalno imaju drukčiju percepciju i/ili izazove u procesu održavanja apstinencije. Jedno od ograničenja je i činjenica da je protokol nastojao sveobuhvatno, unutar jedne fokusne grupe obuhvatiti raznolike teme te niti jedna nije dubinski istražena. Predlažemo da buduća istraživanja dublje i preciznije istraže pojedine aspekte atribucija i kapitala za oporavak, kao što vidimo i potencijale da se ove teme počnu istraživati kvantitativnom metodologijom. Vjerujemo da ova pilot studija ima i korisne praktične implikacije za bolje razumijevanje prevencije relapsa, kako u pravnoj regulativi industrije, tako i u kliničkom radu, naglašavajući nužnost post-tretmanske podrške u procesu liječenja i oporavka.

men (no women with gambling problems were involved), as well individuals who did not take part in support groups, but who could potentially have a different perception and/or challenges in the process of abstinence maintenance. One of the limitations also lies in the fact that the protocol tried to comprehensively encompass various themes within one focus group, and did not fully examine any of them. We propose that future studies examine more deeply and precisely the individual aspects of attributions and recovery capital, as we can see the potential to begin exploring these topics through quantitative methodology. We believe that this pilot study also has practical implications for a better understanding of relapse prevention, both in the legal regulations pertaining to the industry, and in clinical work, emphasizing the need for post-treatment support in the treatment and recovery processes.

ZAHVALE

Autori bi prije svega htjeli zahvaliti svim sudionicima fokusnih grupa što su podijelili svoje osobne priče i omogućili nam uvid u vlastitu percepciju procesa razvoja ovisnosti, kao i trenutnih snaga i izazova u fazi održavanja apstinencije. Kolegama zahvaljujemo na podršci, susretljivosti i organizaciji provedenih fokusnih grupa.

ACKNOWLEDGMENTS

First and foremost, the authors would like to thank all of the participants who took part in the focus groups for sharing their personal stories and enabling us to observe their own perceptions of the process of addiction development, as well as the current strengths and challenges present in the phase of abstinence maintenance. We would like to thank our colleagues for their support and kindness, and the organization of the focus groups observed.

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