

HEADS I LOSE, TAILS I LOSE
COMPULSIVE GAMBLING
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The Unsuspected Thief of Time, Money and Sanity: The Guys and Dolls portrayal of Runyonesque gamblers, once drawn from reality, is now in the realm of pure fiction; however, this myth persists to the severe detriment of compulsive gamblers, their families, friends and therapists. Frank Sinatra, Marlon Brando and cohorts needed "action" in a closed city and created it, regardless of constant police pursuit and the ensuing results of discovery. The furtive life-style appeared to be thrilling, and to some, desirable; but the glamour-shrouded truth broke through in the song of Sinatra's girl, lamenting her status of perennial "also-ran" at the altar. These gamblers of days gone-by were readily identifiable by their dress, demeanor, language and the underground nature of their activities. Today, identification of a consistent compulsive gambler is not so simple a task. The Runyonesque mind and ghosts should have been replaced on the cultural mindscape by the various personalities of Walter Matthau, Jack Klugman, Omar Sharif, Eddie Fisher, Robert Morley, Art Schlichter and Chet Forte; compulsive gambling losers of cherished things like fortunes, reputations and careers. Gambling, whether you perceive it or not, has left the underground and has taken its place all across the land next to the sun's cancer-causing ultraviolet rays.

Compulsive gambling today is in the open and wholly accepted, thanks, in great part, to the short-sightedness of state governments which have entered partnerships with horse racing and casino operators. The lottery business is booming in states too numerous to list. Connecticut, to complement its dog track and jai alai frontons, has permitted construction of a casino on an Indian reservation this year, while Florida has had the greyhound tracks, jai alai frontons and horse race tracks, as well as the more recent state lottery, for years. New York was the off-track betting pioneer, but there are other states that have done just as much to "cash in on" the opportunity for riches that legalized gambling can provide. Eighty to ninety million persons gamble \$250 billion annually, and an estimated 9 million of them are compulsive gamblers.

The American Psychiatric Association has rendered a general description of a person suffering from the disease of pathological gambling in its Diagnostic and Statistical Manual (DSM), Section 312.31: "The essential features of this disease are a chronic and progressive failure to resist impulses to gamble, and gambling behavior that compromises, disrupts, or damages personal, family or vocational pursuits. The gambling pre-occupation, urge, and activity increases during periods of stress. Problems that arise as a result of the gambling lead to an intensification of the gambling behavior. The results of this behavior can include extensive indebtedness and consequent default on debts and other financial responsibilities, disrupted or destroyed familial relationships, inattention to work, and illegal activities spawned to pay for gambling.

The compulsive gambler does not gamble for money, but with money. The alcoholic ingests alcohol; the drug addict takes in drugs in one fashion or the other, and

the compulsive gambler makes money disappear as if he swallowed it; however, money is not the abused substance. Just as the alcoholic does not drink to possess drink and the addict does not use drugs to possess drugs, the compulsive gambler does not gamble to have money; he uses the money to obtain the same high that the alcoholic achieves from drink and the addict achieves through drugs. The misconception is that money is the object, when, in actuality, it is simply the mode of transportation to the substance which gets him high. Gambling is the psychological substance that has no physical entry into the organism. When gambling is abused, the gambler becomes compulsive. The immediate and great flow of adrenaline seems to be harmless enough in the beginning. Even the American philosopher, William James, declared that it is only by risking our person from one hour to another that we live at all. Transferring that thought to all risk-taking categories: from emotional risks, such as love, to physical risks, such as mountain-climbing, is not difficult at all. Indeed, upon further understanding, it is easy to see that this theory can, as easily, also be readily applied to "money gambling." The small wager permits the novice to experience the spark of adrenaline which makes him feel more alive; yet the desperate compulsive gambler must wager his life, liberty or sanity to obtain that same high.

There are three roads open to the compulsive gambler, who sometimes takes all of them: insanity, prison or death. Dr. Robert Custer was the foremost authority on compulsive gambling in the United States. His work contributed to the inclusion of pathological gambling as a disease in the DSM in 1981 and the foundation of in-patient rehabilitation facilities in several Veterans Hospitals by the Federal Government. He found that the compulsive gambler undergoes three phases, whether or not there is recovery:

The winning phase: He gambles occasionally for excitement and wins sometimes frequently; bets more and more times and for larger amounts, fantasizes about winning; wins big at times and is capable of unreasonable optimism.

The losing phase: He gambles alone and brags about wins; thinks constantly about gambling, and can't stop borrowing. He is careless about his family, and demonstrates personality changes. His home life becomes unhappy. There is heavy borrowing and an inability to pay debts.

The desperation phase: He looks for bailouts and his reputation is affected. He is alienated from his family and friends. There is a marked increase in the amount and time spent gambling. He blames others, becomes remorseful, panics, and commits illegal acts. The end result is hopelessness, which could include suicide thoughts and attempts, arrests, divorce, alcohol, emotional breakdowns and symptoms of withdrawal (the author has chosen to use the pronoun he; however, it should be noted that women comprise one-third of the compulsive gamblers in the United States).

The dynamics of an addiction can remain fathomless to the un-addicted. Diligent counselors, therapists, family members and friends may find the key to an understanding. Feeling the emotions of the addict and living in his mind may aid in understanding - but not necessarily, for most addicts do not understand the addiction themselves. This is one

of the reasons that so few are able to attempt to become abstinent, and if abstinent, to remain that way. The insidious nature of denial is powerless against the "Dragon Within." If a person denies the existence of a problem, usually, he cannot resolve it. A person cannot recover alone, for personal willpower is never enough. Every week, in the United States, over 500,000 self help group meetings will be held and these will be attended by upwards of 15 million people who seek recovery from their affliction or addiction. These are the people who seek help; not the number of those who will ultimately be successful in eliminating the undesired behavior; nor is it the number of Americans who have an addiction and do not seek help: we will never know just how large the problem is. Abstinence is not easily gained, and the select few that gain it may be likened to heroes. In New Jersey, there are approximately 600,000 - 800,000 compulsive gamblers; about 600 of them attend Gamblers Anonymous and remain abstinent.

When the addiction reaches the desperation stage, it does not merely affect the addict's being, it becomes his very being. Every thought revolves around the addiction. Why doesn't the threat of AIDS prevent the exchange of needles among intravenous drug users? Why doesn't the threat of liver damage stop the drinker? Why doesn't the threat of financial devastation stop the compulsive gambler? After all of these horrors have become realities, why doesn't the addict stop? How many times has an addict said that it wouldn't happen to him, and when finally it does, that he will pull out of it?

The environment takes its effect on a child, good or bad, at the age of three. Freud said that a child at the age of three is a marvelous creature. It can speak a foreign language (as any language is foreign to a child), and can do arithmetic. "Mommie, I want two dollies." At the age of three the child's direction is usually set. For the rest of his life he is living up to the imprints, negative or positive, which were established by mother, father, sister, brother, nanny, teacher, and/or his peers. If the imprints are positive, such as, "You are handsome/beautiful; intelligent, well-disciplined' will be successful," the chances are that life will be good to the child-adult. If the imprints are negative, "You are a whore like your mother, a drunken bum like your father, stupid, a dunce, you'll never amount to anything," the chances are that the child-adult will lose. It may be that he loves his father and wants to be 'lust like him." Or, he may hate his father and breed an addiction for spite. He may adopt the characteristics of the imprint and become an alcoholic, drug addict, compulsive gambler, or a rapist, wife/child-beater, uneducated or uneducable. Maybe he wants to get even, or the addiction may result from his desire to please his loved one, perhaps by using the loved one's destructive behavior as a model for his own. The predisposition has been formed and the addiction-habit-sickness doesn't necessarily have to be identical with the environmental dictates.

To a three-year-old, Batman appears and is one hundred feet tall. Let an adult stand next to Hulk Hogan, and look at him, and then multiply that ten times. Whatever Batman says creates fear, love, hate, etc. The child looks at the parent like the 100-foot Batman; however, if Batman is "bad" he turns into a "Dragon" ... the eventual addiction. The more powerful and impressive the Dragon, the more powerful the "new" Dragon is. The new "Dragon" is the mental environment and every component part of this

environment is also the continuation and resulting effects of environmental imprints ... hence come the addictions, habits, phobias, etc.

Although Pavlov's theory of hypnosis and sleep has been refuted, his theory of conditioning is interwoven with the fundamental principles of post-hypnotic suggestions, waking hypnosis and everyday building-up and tearing down of confidence, image and thought processes. The conditioning is continual. The steady person accepts the happenings, crisis, environment and frustrations therein (delays, thwartings and conflicts) from childhood through adulthood for what they are ... tests and realities of life to be overcome. The person who has not developed this ability (for he had been hurt so badly as a child and has been truly unable to work out of his negative imprints and ensuing personality) must be de-conditioned and personally take responsibility for his reconditioning. The negative imprints, needs and cravings of addiction must be eradicated from memory, and new habits for health must be implanted for a positive attitude aligned within freedom of choice. Elimination and abstinence may immediately convince the unsuspecting therapist that permanence has been gained. However, this is highly unlikely without long and continued treatment. Although hypnotherapy aims to be an inexpensive method of treatment and release for the client to himself, a minimum of twelve sessions is most useful. In 1903, Bramwell treated "dipsomaniacs" and "morphine maniacs" for approximately 30 sessions. What has taken a lifetime to nurture can be overcome in one session on occasion, but the character breakdown of the addict dictates repeated sessions over a long period of time. The client should be taught to eliminate his character defects and enhance his character assets, for any retention of defects causes relapse. A spiritual awakening bolsters permanence and this can be sought in applicable self-help groups. For the gambler, there is no better complement to individual therapy than Gamblers Anonymous.

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