THE DREAM WORLD OF THE GAMBLER

To the average person, the disease of addiction seems particularly baffling and irrational. How can individuals risk their careers, their families – perhaps even their lives – to persist in behavior that has repeatedly proved to be harmful to them? In 1935, the founding members of Alcoholics Anonymous noted that “many do not understand that the alcoholic is a very sick person.” Today, brain scans and imaging have confirmed what pioneers in recovery theorized as “crooked thinking, directly caused by the action of alcohol on (the) brain.”

While most people today accept that an individual’s inability to control or restrict the use of alcohol or other drugs is an illness, many cannot extend that understanding to problem gamblers. Our culture has normalized gambling: lotteries are government fundraisers, parents put lottery tickets in Christmas stockings for their kids, and a casino is rarely more than an hour away. Thus, it is baffling to contemplate behavior – without a chemical substance involved – in which a gambler can win, yet continue to bet, and lose, and bet again, until everything is lost. When society is enamored by the glamorous fantasy of James Bond in a Monte Carlo casino, it is difficult to reconcile the reality where a gambler can sit at a video poker machine and gamble away an entire paycheck, or reach a state of despair in which suicide seems the only viable option, given the financial and emotional wreckage the gambler has created.

Problem gambling is an urge to gamble (the “stakes”) on an event with an uncertain outcome, with the primary intent of winning additional money and/or material goods – despite harmful negative consequences or a desire to stop. Severe problem gambling may be diagnosed as clinical pathological gambling if the gambler meets certain criteria. While some people may use the phrase “gambling addiction,” the current version of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association (DSM), considers pathological gambling to be an impulse control disorder – like kleptomania or hair-pulling – rather than an addiction.

So what makes gambling seem different? It is helpful to examine the irrational thought processes that provide the underpinning of compulsive gambling. Gamblers Anonymous (GA), a 12-step program founded in 1957 for problem and compulsive gamblers, describes in its literature the “dream world” that absorbs the gambler. Even when he or she is not engaged in gambling behavior, the gambler is still under its spell. GA literature describes a common characteristic of compulsive gamblers: “A lot of time is spent creating images of the great and wonderful things they are going to do as soon as they make the big win. . . . however, there never seems to be a big enough winning to make even the smallest dream come true.”

Essentially, problem gamblers are addicted to the “action” – the process of wagering and the danger of risk – rather than winning itself. They be-
come trapped in a dream world where they have an illusion of control, when the reality is that their life is unmanageable and out of control. GA literature describes the process: “When failing, they gamble in reckless desperation and the depths of their misery are fathomless as their dream world comes crashing down. Sadly, they will struggle back, dream more dreams, and of course suffer more misery. No one can convince them that their great schemes will not someday come true. They believe they will, for without this dream world, life for them would not be tolerable.”

This is not an attractive scenario, particularly for the family and friends of a compulsive gambler. Some people who may only gamble periodically, or limit their gambling to binges a few times a year, may feel that their behavior should not be categorized as problematic, but the use of a behavior to escape reality or relieve anxiety or distress fits the clinical profile of addiction. The DSM-IV describes the criteria for problem gambling by outlining ten behaviors that are symptoms of problem gambling, with five or more being indicative of “persistent and recurrent maladaptive gambling behavior.” These include preoccupation, tolerance, withdrawal, escape, loss of control, lying, chasing (betting more in order to recoup losses), illegal acts, and loss of significant relationships. See the box on page 3 for more detailed descriptions. The first five behaviors mirror those of classic addiction.

Recent evidence indicates that pathological gambling is an addiction – just like “chemical” addiction, in which the individual takes a drink or drug that sets off a craving or compulsion to continue using despite adverse consequences. In the case of gambling, the behavior creates chemicals in the brain that provide a “high” that the gambler tries to recreate. Two studies illustrate this concept, and the upcoming DSM-V edition will shift pathological gambling from an “impulse control disorder” to the new category of “addiction and related disorders.”

First, a study by the Illinois Institute for Addiction Recovery observed that some pathological gamblers have lower levels of the hormone norepinephrine (which gives the body sudden energy) than normal gamblers. Because the body makes norepinephrine in response to stress, arousal, or thrills, the compulsive gambling behavior of pathological gamblers may be a way for them to compensate for their deficit of this hormone. In another study, Parkinson’s disease patients were treated with a drug that mimicked the brain’s reaction to dopamine (a “feel good” neurotransmitter that affects feelings of reward and pleasure). The patients began behaving like pathological gamblers, even though they had no prior history of gambling behavior.

So what can be done when an individual’s brain chemistry seems to be working against his or her better interests – or worse, destroying the person’s life, career, and relationships? The State of Oregon has met the problem of gambling with innovative and proactive solutions. Treatment and counseling services are available free of charge to any Oregon resident who has problems related to gambling, either as a problem gambler or as a family member or friend of a problem gambler. This systemic approach takes the gambler’s behavior out of secrecy and isolation, treating the entire family or social unit. Since problem gambling varies in severity, treatment is available according to the intensity of behavior, including 43 outpatient treatment clinics across the state, a residential treatment center in Salem, and a home-study program for people with less severe problems.

How does treatment work? In the mind of the gambler, the problem isn’t gambling, it’s losing. The termination of the bet marks the end of the thrill, with the solution being the placing of another bet. The actual goal isn’t winning, but the temporary distraction from internal pain that the action of the wager creates. Ultimately, the goal of treatment is to move the compulsive gambler out of the fantasy world and into reality.

Treatment creates a safe place for recovery to occur. One of the first steps is to help the gambler create a healthy relationship with money, changing the image of money from being the means to get back into the action (the possibility of winning) to instead being the cost of food, shelter, and basic life necessities. In early recovery, the gambler’s access to money is restricted, with a non-gambling spouse or relative controlling the checkbook, credit cards, and access to savings and retirement accounts.

Moving the gambler into the present reality, rather than the fantasy world of wagering, can start
with changing the way the person talks about money. The gambler needs to move from vague abstractions to specific details, like saying, “I lost five hundred dollars last night,” rather than “I’m down 500,” which is not only vague, but implies a temporary situation and an imminent reversal of fortune.

In addition, treatment helps problem gamblers to identify errors in thinking and to recognize the independence of events. In reality, a gambler on a losing streak at a slot machine isn’t “owed” a win after fifty straight losses. Each event – a hand of cards or spin of the wheel – is an independent event.

Treatment does work. While problem gamblers can never gamble normally again – if they ever did – abstinence from gambling behavior, including any sort of wager where the outcome is uncertain, is recovery. Recovery means a meaningful life without retreat into illusion by entering into full engagement with the reality of their lives.

If you or someone you know might have a problem with gambling, call the OAAP and ask to speak with an attorney counselor. We can connect you with resources and are available to help. It’s free. It’s confidential. Call 503-226-1057 or 1-800-321-6227.

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Problem Gambling Criteria

- **PREOCCUPATION:** Is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
- **TOLERANCE:** Needs to gamble with increasing amounts of money in order to achieve the desired excitement
- **WITHDRAWAL:** Is restless or irritable when attempting to cut down or stop gambling
- **ESCAPE:** Gambles as a way of escaping from problems or relieving dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)
- **CHASING:** After losing money gambling, often returns another day in order to get even (“chasing” one’s losses)
- **LYING:** Lies to family members, therapists, or others to conceal the extent of involvement with gambling
- **LOSS OF CONTROL:** Has repeated, unsuccessful efforts to control, cut back, or stop gambling
- **ILLEGAL ACTS:** Has committed illegal acts, such as forgery, fraud, theft, or embezzlement, to finance gambling
- **RISKING SIGNIFICANT RELATIONSHIP:** Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
- **BAILOUT:** Relies on others to provide money to relieve a desperate financial situation caused by gambling