

- explanation

for the Baltimore Colts, Art Schlichter, turned to the FBI for help. As a compulsive gambler, he received threats from bookies over his \$750,000 worth of debts (Looney, 1983).

Dynamics of Pathological Gambling

It is not easy to explain how a person can jeopardize a job, life savings, even family life over a voluntary act such as gambling. What is the source of the impulse? Several theories have been offered, ranging from Freudian interpretations to behavioral explanations. We'll look at these in the next few paragraphs.

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Psychoanalytic Explanations. The psychoanalytic explanation of compulsive gambling brings together two famous figures: Sigmund Freud and Fyodor Dostoevski. A pathological gambler, the Russian novelist lost everything in a gambling spree, implored his wife's forgiveness, reproved himself for his impulsiveness . . . but then begged her for more money. Freud's analysis of the famous author provides an excellent illustration of psychoanalytic interpretation.

Dostoevski wrote of getting a kick from losing. Freud (1961) interpreted this as a need to be punished—a masochism that was rooted in a strong feminism combined with a hatred for his father. This Oedipal sexual conflict plays an important role in the Freudian view of gambling. Early childhood sexual actions or fantasies once produced guilt, and they are now compulsively repeated in adult actions that produce guilt. The "vice of masturbation" during childhood is now repeated as the vice of gambling, where the hands once again engage in "playing" in ways that are punishable.

Other psychoanalytic interpretations may not focus entirely on sexual conflict. One theory, for instance, emphasizes submerged hostile impulses or omniscience, as sometimes seen in the gambler's belief in "winning the big one" (Lindner, 1950). Another common theme is the interplay between guilt and the pleasure principle. Risk-taking may provide a stimulating blend of pleasure and painful tension. If the gambler wins, a sense of guilt makes it virtually im-

possible to quit while ahead. When he or she is behind, however, there is an equally powerful unconscious desire to lose more and be punished—and this also blocks quitting (Bolen & Boyd, 1968).

Research on Personality Traits. In contrast to Freudian theory, some more recent research shows other origins of gambling. Several studies have looked for common personality traits in compulsive gamblers. Some have found the traits of rebelliousness and unconventionality, along with a need for stimulation and excitement (Zuckerman et al., 1980). One study observed Gamblers Anonymous members for two years, testing and interviewing 55 pathological gamblers who were trying to stop (Livingston, 1974). Results showed that these gamblers were narcissistic and had a need for recognition and adulation, held an intensely competitive view of the world, and tended to equate money with achieving recognition, as well as with being shrewd, intelligent, and successful. Although the compulsive gambler is uncomfortable when in debt, he or she easily slips into fantasies about winning everything back, thus quickly dispersing any discomfort.

Unpredictable Reinforcement. Finally, one behavioral analysis offers another perspective that seems to explain at least the persistence of gambling (Knapp, 1976). This analysis looks to reinforcement as the sustaining force, and it lays the blame not on the actual amount of rewards or wins in one's gambling history, but on the pattern or schedule of such reinforcement. In B. F. Skinner's views (1953), persistence develops when a reinforcement is delivered in an unpredictable, variable sequence, as in a slot machine: "The pathological gambler exemplifies the results. Like the pigeon with its five responses per second [that it emits] for many hours, he is the victim of an unpredictable contingency of reinforcement. The long-term net gain or loss is almost irrelevant in accounting for the effectiveness of this schedule." In fact, Skinner disclaims any motivation related to a "desire to master, to dominate, to win"; he also denies that illness interpretations of compulsive gambling have any basis. In his view, the only acceptable explanation is based on reinforcement history. Although Skinner's approach does help to explain why gambling activities are sustained,

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People readily spend money on slot machines because of the reinforcement or payoff schedule. This may be one of the reasons compulsive gamblers are unable to stop gambling.

Evaluation
it fails to explain what maintains a gambler in the early stages, before the effects of the reinforcement schedule take hold.

Treating Pathological Gambling

As can be seen, pathological gambling involves complex factors that are often difficult to sort out. One approach that has had some limited success is that used by the organization, Gamblers Anonymous, which was founded by two addicted gamblers in 1957 and is modeled after Alcoholics Anonymous. Gamblers Anonymous asserts that compulsive gamblers can never be cured, only helped to stop gambling behaviors. In group meetings, the gamblers confess their defect, see their errors reflected in the confessions of others, and accept support from other members towards gaining control. The effectiveness of Gamblers Anonymous is open to question. Some evaluative data estimate that only 20 percent of those who inquire about Gamblers Anonymous meetings actually make it to one meeting, about 2 in 5 attend more than one meet-

ing, and 1 in 10 is successful in terminating gambling behaviors (Moody, 1964; Strine, 1971).

Another approach sees gambling as a symptom of family problems. Boyd and Bolen (1970) treated both male gamblers and their spouses on the theory that the marital context played an important role. At the start, the "patients" were seen as the husband-gamblers, with the problem being the gambling. As time progressed and the gambling decreased, however, the wives became depressed and suddenly aware that the gambling was really a symptom of more general marital discord. The wives became aware of their role as martyrs and the roles they played in fostering the gambling. Although intriguing, these findings must be viewed with caution since the participants were unique in having sought therapy to keep their marriages together. Interestingly, one speculation is that gambling, although a problem, may also provide a means for keeping a marriage intact through meeting the neurotic needs of both spouses (Hirsch, 1974).

KLEPTOMANIA

Even more so than gambling, shoplifting represents a broad social problem in our country. Amateur shoplifting, or snitching, accounts for formidable losses, ranking as the fourth highest type of criminal theft. Known cases of shoplifting number about 700,000 a year and amount to about \$42 million of actual loss (Bureau of the Census, 1980). Most shoplifting tends to occur on Thursdays, Fridays, and Saturdays, between 3:00 and 6:00 P.M., and it usually amounts to petty theft. One study showed the average value of merchandise stolen to be about \$3.75 (Cameron, 1974).

To determine how common shoplifting is, one researcher instructed members of his staff to follow the first person who entered a store on their left, regardless of age, sex, race, or any characteristic at all. They were to remain with that customer, watching his or her activities in the store. Of 169 customers thus randomly selected, 20 stole something and 3 more changed their actions when they realized someone was watching.

There are a number of different types of shoplifters, including the amateur shoplifter, the profes-

Abnormal Aff. & due to Trauma Explanation

an evening outdoors. She was identified by her parents as their child who had been missing for two days. Medical examination showed signs of forcible rape, along with bruises and burns. The bruises might have been caused by falls; the burns were from a cigarette. Debbie recognized that she was in a hospital, but did not know her own name, her parents, why she was hospitalized, or the location of the hospital. She was unable to say whether anyone looked familiar or whether her clothing "seemed right on her"; and she lacked any emotional response to viewing the field in which she was found. She was fully functional in every other way—for example, she knew the right procedure to board a bus from the shopping center to her home—yet she did not recognize her house as her home.

through which functional ego boundaries are formed and maintained" (pp. 367–368).

In psychogenic amnesia, the onset may be linked not to normal developmental processes but to a severe emotional disturbance. This may result from a threatening incident in the environment, from an internal conflict of desires or motives, or from externally produced conflicts. Thus, the threat may be the overwhelming stress of remembering a rape or beating or the devastating force of constant emotional pressure from a divorce trial, or the stressful conflict of wanting to courageously attack an enemy yet at the same time fearing for one's own safety. The use of hypnosis, discussed further in the treatment section of this chapter, has demonstrated over and over again the presence of emotional trauma associated with forgotten memories. The case of Karen is an illustration.

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Dynamics of Psychogenic Amnesia

What explains the loss of memory common to the various cases described earlier? The answer to this question focuses mostly on amnesia as a means of coping with a threatening experience.

Sixteen-year-old Karen is absolutely certain that she neither remembers nor actually saw any events prior to the discovery of her parents' lifeless bodies. Yet, witnesses saw her enter and leave the household during the time of the shots, suggesting that she may have been an eyewitness. Under hypnosis, the following was revealed:

The Role of Repression. Amnesia itself is a dissociative disorder, in that one area of a person's experience is split off or lost so that it becomes inaccessible to consciousness. The defense mechanism of repression, described in Chapter 3, is believed to play a significant role, with dissociation providing the means of banishing emotionally disturbing or painful material to the unconscious.

DR. W. (hypnotist): Now that you are comfortable, tell me what you remember during (time and place given).

KAREN: I don't remember a thing, I was not there in the house when it happened. . . . I came back and found them.

Some theorists use the psychodynamic explanation to shed light on even common amnesic experiences that seem to be a part of the normal developmental process. Cameron (1963) proposes that repression enables us to establish the "ego-boundaries" that allow normal human development even early in life. He points out how few persons really can remember pre-Oedipal or Oedipal childhood experiences. More particularly, he notes, "All of us do remember much that is trivial and unemotional from our childhood, while we cannot remember the vivid and significant events in which we took part during those same years. This massive amnesia for the events of early childhood seems to be a necessary result of the development of repression

DR. W.: All right, now we're going to have you just sit back and watch, as though a movie were being unraveled in front of you, and your eyes are the projector, and the film is in your head. Just describe the movie. . . . You're not involved yourself, but you are seeing what was going on during (time and place). . . . It's all right for you to remember, because you won't be upset, you'll remain comfortable, just describe as though you were describing a movie.

KAREN: There's the door, and beyond it there's noises, like someone weeping, crying . . . and there is Mom on the floor and the rug is different colors, red, and a stream of red, and Dad is weeping over her. . . . It's like slow motion, he has the pistol to his mouth, and there's a "pop," not noisy but it makes you want to cover your ears . . . and a splash and he doesn't look like himself, because he's fall-

ing on Mom. . . . They're dying, but I can't do anything. I'm too late!

Although Karen's experience was highly traumatic, less extreme aversive experiences also seem to play a role in memory loss. This relationship has been documented in several laboratory experiences. (You may even wish to try a demonstration on yourself; see Focus 8-1.)

In a typical laboratory experiment, college students were given a series of difficult puzzles to complete (Rosenzweig, 1941). One group was told that the puzzles were intelligence tests, while the other group received neutral instructions. The intelligence test instructions were designed to communicate the idea that failure to complete the various puzzles was an index of personal failure; presumably, this produced a sense of self-esteem. Members of both groups were permitted to finish only half of the series of puzzles. Later, each student was asked to name the puzzles. Only 8 of 30 students under the threat condition remembered a preponderance of the unfinished puzzles.

This finding may not seem noteworthy. However, it reverses another finding so consistent to have been labeled the *Zeigarnik effect*: that individuals have a better memory for unfinished tasks than for completed ones (Zeigarnik, 1927). Studies such as the Rosenzweig study, which indicate poor memory for incompleting tasks that imply a sense of failure, offer evidence that memory loss can be very selective. This supports the idea that humans tend to be amnesic for threatening information—even mildly threatening experiences such as those in the laboratory study.

PSYCHOGENIC FUGUE

The term *fugue* derives from a Latin word meaning wild or confused flight. As a disorder in the DSM-III classification scheme, fugue refers to a sudden fleeing from one's immediate and customary locale and work, with amnesia for the past identity and the assumption of a new identity. Fugues are relatively uncommon; in one survey of admissions to a medical center, Kirshner (1973) found only 7 out of 1,795 cases to involve fugue states.

Symptoms of Psychogenic Fugue

The fugue state or disorder is considered a more serious version of psychogenic amnesia, since it includes actually taking action to leave an area. Thus, the fleeing is said to involve two types of flight: *psychological flight*, via amnesia; and *physical flight*, via actual departure.

As with amnesia, the actions characteristic of the fugue state are involuntary and unplanned. The individual does not consciously decide to lose his or her memory and pack up and leave for a predetermined location, with a new job and identity already planned. Instead, the fugue is precipitated; the individual is propelled into frantic departure; and then, he or she may sometimes wander aimlessly in the new location before the trauma and confusion end. When the person starts in on a new life, there is no recall for the events of the episode.

The fugue episode and the ensuing change in identity may vary along a continuum of complexity. In some cases, it involves a brief wandering with little social contact and an incomplete identity change. In other instances, as in Case History 8-2, there is a complete identity change, with the establishment of a new residence, a new name, new occupation, and, eventually, new social networks. Interestingly, where a change of identity is adopted, the new person is often viewed as more gregarious and outgoing, and less inhibited than the person left behind.

In those rare cases where the person is later able to describe the onset of the fugue, it is variously described as "like I was going to sleep, then blacked-out," or "I felt faint," or "I began to feel fuzzy inside my body, and in my head, confused," or other reports of dizziness, confusion, depersonalization, blurred vision, headache, or somatic discomfort (Laughlin, 1967).

Dynamics of Fugue

Fugues are typically explained as a final attempt to resolve an intolerable situation. Calling fugues daytime sleepwalking, Laughlin interprets the fleeing as a symbolic representation of the desire of the ego to flee from punishment and censure by the superego. In ef-

fect, the emphasis is on guilt and fear of or need for punishment.

Abse (1959) lists examples illustrating how fugue may be interpreted as a flight from an intolerable situation and towards a more gratifying alternative. For example, he reports one case of a military person who returned in his fugue state to a resort town that turned out to be the site of his honeymoon and many annual vacations. In another case, a former priest, dissatisfied with the celibate life, was traced to a city, miles away and across the ocean from his former parish; his last recall was of finding himself strolling along a beach. By the time his past was discovered, this individual had married and had established a new, successful life in business.

An intriguing question may be helpful in explain-

ing the identity change of a fugue state. What does an amnesic person do on regaining consciousness in a strange place, with neither an identity nor a place to stay? A common solution is to invent an identity including a past, while keeping the amnesia a secret in the hope that something will eventually trigger eventual recall. Meanwhile, the victim of the fugue attempts to initiate a normal life without calling attention to any unique memory gaps. Inasmuch as most amnesic states do not involve amnesia for common skills or common daily habits, the individual with a fugue condition is still able to behave normally, even holding a job. In applying for employment or housing, it is a simple matter to create a name, a place of birth, and a previous life history (usually involving a distant town), inasmuch as such facts are seldom verified. As

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Case History 8-2: A Case of Psychogenic Fugue

The case of Lawrence M. recently came to light in a newspaper story in a small city. An article, entitled "Man Lives Double Lives," described the discovery of a past life of an otherwise respectable businessman.

Lawrence has lived for 20 years in this city, a suburb of a major industrial metropolis. He owns a computer firm that has grown from two employees to a consulting staff of 10 plus a clerical staff of 8 and a computer staff of 8. Lawrence travels weekly. Here, he tells his story:

We have grown so successful that the business is no longer local; in fact, my largest account is in Philadelphia. At first, when the reporter contacted me I thought she was going to accuse me of having a mistress in another city when she started to ask me about whether I traveled a lot, and had I ever been to Houston? Then it turns out that this reporter claims she found a woman who identified my photograph as her missing husband. I was sure this was a joke or some attempt to spoil my name or my company. So I laughed it all off as a bad deal.

Then I began thinking, and I started to remember that my past is somewhat hazy. I've worked hard and furiously, initially late into the nights because the business was just getting started and I

did just about everything, and recently because of the trips, and I'm often fatigued.

I don't think too much about the past, there's too much today to think and worry about. I have the general childhood memories, you know, like most people have. . . . you sometimes think you remember having seen a place and then you find out you didn't, so you chalk it up to faulty early childhood memories. I'm precise about my work, but somehow I haven't been too bothered about my past. . . . It's there, and that's been enough. I mean, my home, my true home is this house I've lived in for 20 years, and my friends are those I know here who give me a hand when I need it.

Lawrence agreed to meet with Mrs. J. from Houston. The meeting was both dramatic and perplexing. Mrs. J. greeted Lawrence with tears, calling him "Rudy" and identifying him unmistakably as Rudy J., her husband who had disappeared 21 years ago. Lawrence does not recognize either Mrs. J. or the name Rudy and has asked to meet with his attorney. "I'm touched by her, and a little saddened by her joy, but I honestly don't know her. Maybe she is my wife, or maybe I just remind her of someone. . . anyway what about that extra year, she says it was 21 years not 20. Besides, I'm not a bigamist."

life goes on, and the fugue victim becomes more established and successful, not only does the now-distant past become less important, but the individual may even come to believe in his or her own fictionalized history as if it were now fact.

MULTIPLE PERSONALITY

A third dissociative disorder, *multiple personality*, involves the appearance in an individual of two or more distinct personalities, each personality being a fully integrated and complex unit with its own memories, behavior patterns, interests, likes and dislikes, and needs. Cases of multiple personality are rare. Taylor and Martin (1944) found only 76 cases up to 1944, while Hale (1983) totaled fewer than 300 cases. Chris Sizemore (1982), who was herself a case of multiple personality, believes that there are between 100 and 200 examples of true multiple personalities.

Multiple Personality: Symptoms and Diagnosis

Multiple personality, one of the most dramatic and spectacular of the mental disorders, has received much publicity and attention. One case, that of Sybil (Schreiber, 1973), illustrates the variety of interests and characters that may coexist in this disorder. Sybil's personalities included eight different characters: the assertive and enthusiastic Peggy Lou; the listless and timid Sybil Ann; the self-assured, sophisticated Victoria; the fearful Peggy Ann; the highly emotional Marcia; the determined Helen; and even two male personalities—Mike and Sid.

Transition from one personality to another is usually abrupt, typically with amnesia for the other personalities. Usually one of the personalities is dominant. The secondary personalities may have full awareness of the primary personality, although the primary personality is usually unaware of the existence of the others.

Unlike fugue states, multiple personality involves the coexistence of different "persons" and identities without physical flight. If the analogue of fugues in

normal persons is our occasional impulse "to go somewhere else and leave all these problems behind," then the analogue of multiple personality in normal persons are those occasional situations when we observe a friend under pressure unexpectedly give in to an impulse, and we remark, "You sure weren't yourself today."

Two Famous Cases. Two well-documented reports of multiple personalities have increased our understanding of this disorder. We'll look first at the case of Miss Beauchamp, then at the well-known case of Eve.

The Case of Miss Beauchamp. Morton Prince is credited with focusing psychiatric attention on multiple personality at the beginning of this century. Prince, a neurologist whose interests ranged from thought-transference to forensic medicine, introduced the classical case of Christine Beauchamp, a Radcliffe student. In his book, *Dissociation of a Personality* (1908), Prince describes his meeting with three distinct personalities over the six-year course of treatment:

THE SAINT: Miss Beauchamp herself, who was the epitome of selflessness and good works, and who viewed rudeness and white lies as evil sins to be cast out by fasting and prayer.

THE DEVIL, OR SALLY: Childish, impish, self-centered, a fibber, a church-hater, and remorselessly mischievous towards Miss Beauchamp, of whom she is aware. Sally writes notes to Miss Beauchamp criticizing her flaws and dwelling on secret thoughts or desires that the Saint tries to deny she has. She pins these notes to the wall, along with reports of things that others (fictionally) have said about her. Knowing that Miss Beauchamp was deathly afraid of snakes and spiders, the Devil once collected some in a box, addressed the package to Miss Beauchamp and awaited Miss Beauchamp's horrified discovery of the contents.

THE WOMAN: This personality suddenly appeared following an emotional experience. She was formal, distant, amnesic for Dr. Prince, the Saint, or the Devil, and quick-tempered. However, she seemed a direct link to the childhood past.

Continuous conflict occurred among the three personalities, mainly instigated by Sally's hostility.