WHAT IS AN ADDICTION?

• Traditionally, the term addiction has been used to identify self-destructive behaviors that include a pharmacological component.1-p.3

• An addiction is the end state of a process of change whereby the addictive behavior becomes habitual, problematic, and difficult to dislodge2-p.44.


DEFINITION OF COMPULSIVE GAMBLING

• Compulsive Gambling is the purest addiction. Why? Because it has the two universal elements of addiction: Ecstasy & Craving - Yet there are no external substances which contaminate. Only nature’s chemicals are present. No disorder of craving better demonstrates that addiction is an internal dysfunction, not an external invasion of delinquent foreign substances. The WOW! Of gambling suggests the high of cocaine, but no cocaine is present; only the natural biological products of the brain come into play.

Robert F. Stuckey, M.D.
CURE FOR ADDICTIONS?

- There is no known cure for addiction. The addictive desires can take different forms and the goal in therapy is to shift the client from mal-adaptive responses to adaptive psychological responses with beneficial actions as a natural consequence.

What are Defense Mechanisms?

- Defense mechanisms (or coping styles) are automatic psychological processes that protect the individual against anxiety and from the awareness of internal or external dangers or stressors.

UNAWARENESS OF PSYCHOLOGICAL PROCESSES

- Individuals are often unaware of these processes as they operate.
- Awareness of INTERNAL DANGERS AND/OR STRESSORS
- Awareness of EXTERNAL DANGERS AND/OR STRESSORS.
WHY?

• Why should an individual be aware of his/her own defense mechanisms?
  o Awareness of internal psychological mechanisms (processes) can lead to decrease of internal conflict which in turn can lead to increased integrative function of inner energies. (S. Kamik)
  o Psychological energies of addicts are polarized and stabilization needs to occur to ensure adequate recovery. (S. Kamik)

Examine with clients....

• Exploration/examination of nature of defense mechanisms with clients can be significant in the therapeutic process.
• Therapists needs to be aware of defense mechanisms that are operating in the client. This understanding of the nature of defenses leads to greater unfolding and resolution of actual problems.

ID – EGO - SUPEREGO

• In Sigmund Freud's topographical model of personality, the ego is the aspect of personality that deals with reality. While doing this, the ego also has to cope with the conflicting demands of the id and the superego. The id seeks to fulfill all wants, needs and impulses while the superego tries to get the ego to act in an idealistic and moral manner.
• What happens when the ego cannot deal with the demands of our desires, the constraints of reality and our own moral standards? According to Freud, anxiety is an unpleasant inner state that people seek to avoid. Anxiety acts as a signal to the ego that things are not going right.
THREE TYPES OF ANXIETY

- Feud identified three types of anxiety:
- Neurotic anxiety is the unconscious worry that we will lose control of the id's urges, resulting in punishment for inappropriate behavior.
- Reality anxiety is fear of real-world events. The cause of this anxiety is usually easily identified. For example, a person might fear receiving a dog bite when they are near a menacing dog. The most common way of reducing this anxiety is to avoid the threatening object.
- Moral anxiety involves a fear of violating our own moral principles.
- In order to deal with this anxiety, Freud believed that defense mechanisms helped shield the ego from the conflicts created by the id, superego and reality.

MEDIATION BETWEEN......

- Defense mechanisms mediate the individual's reaction to emotional conflicts and to internal and external stressors.

What is an “Internal Stressor?”

- Internal Stressors are:
  - Thoughts / feelings / emotions / memories (TFEM) that are in conflict with other TFEM resulting in:
    - Friction - resistance in the field of thought
    - Confusion about actions that need to be taken
    - Fragmentation of emotional energies
  - For example: one part of the psychological self says “Let's gamble...” and another part says “you have gambled before and have lost much money... so don't gamble.” The emotional part is more fundamental to our inner consciousness and thus, it takes over the intellectual - rational part that “knows better.”
What are External Stressors?

- External Stressors are influences from the external world (i.e. people, places, things) that exert pressure on an individual. This pressure creates stress, internal confusion, internal/external conflicts, and an imbalance within the bio psychosocial system.

What are Emotions?

- A complex experience of consciousness, bodily sensation, and behavior that reflects the personal significance of a thing, an event, or a state of affairs.

Reference for this slide:

DEFENSE LEVELS

- The individual defense mechanisms are divided conceptually and empirically into related groups that are referred to as Defense Levels.
Defense Levels and Individual Defense Mechanisms

- High adaptive level
- Mental inhibitions (compromise formation) level
- Minor image-distorting level
- Disavowal level
- Major image-distorting level
- Action level
- Level of defensive dysregulation

MENTAL INHIBITIONS (COMPROMISE FORMATION) LEVEL

- Defensive functioning at this level keeps potentially threatening ideas, memories, wishes, or fears out of awareness.
- What would be a potentially threatening idea for an addict?
- What is the relationship between keep out painful memories and awareness?
- What happens when awareness of painful memories occurs in the addict’s mind?
- What is the relationship between fear and awareness for an addict?

DISPLACEMENT

- The individual deals with emotional conflict or internal or external stressors by transferring a feeling about, or a response to, one object onto another (usually less threatening) substitute object.
- If you have ever had a bad day at work, then gone home and taken out your frustration on family and friends, you have experienced the ego defense mechanism of displacement.
- Displacement involves taking out our frustrations, feelings and impulses on people or objects that are less threatening.
- Displaced aggression is a common example of this defense mechanism. Rather than express our anger in ways that could lead to negative consequences (like arguing with our boss), we instead express our anger towards a person or object that poses no threat (such as our spouses, children or pets).

GROUP EXERCISE

PLEASE MAKE GROUPS OF 2 OR 3 PEOPLE

- Tim, a 40 year old, comes in your office and says: “I lost $500 of my $700 paycheck at a casino 3 days ago. When I came home, I was very angry but couldn’t tell my wife that I gambled away the needed $500. So, I yelled at her for ½ hour about the dinner she made for me. We had a big argument and she is very angry at me for my disrespectful behavior. How should I deal with her when I see her this evening?”

CHAIN ANALYSIS – FUNCTIONAL ANALYSIS

A chain analysis is a technique designed to help a person understand the function of a particular behavior. During a chain analysis of a particular problem behavior (for example, deliberate self-harm), a person tries to uncover all the factors that led up to that behavior. In other words, a person tries to discover all the links in the chain that ultimately resulted in a problem behavior.

For example, a person may identify the situation he was in, the thoughts he was experiencing, or the feelings he was having just prior to engaging in that behavior. In doing so, a person can increase his awareness of all the factors that may put him at risk for a problem behavior. This way, a person has better ability to intervene early on to prevent that behavior in the future.

Also Known As: Functional Analysis

Group Discussion

- QUESTIONS FOR YOUR GROUP:
  - How would you respond to this client?
  - What caused the displacement defense mechanism to become active?
  - How would get the client to be aware of the displacement defense mechanism that operated within him?
  - Use chain analysis to deal with the mock cases...
Feelings about...

• Feelings about losing...
  o Blaming oneself...blaming the dealer, casino, etc.

• Feelings about winning...
  o Taking responsibility for the win – “I won $500 !!!” The “I” takes credit for something that is never in its control.

• Feelings about the money won...

• Feelings about the money lost...
  o When a gambler bets, and if he/she loses, there is a transfer of the “down” feeling towards oneself – (self-blame, shame, guilt, negative self-talk -- leading to depressed mood)

Investigation

• Investigate with the client the nature of displacement.

• Getting the client to observe his/her own mind involves the client getting in touch with the upper levels of the mind and also the unconscious depths of the mind.

• The goal is to get the client to understand what is actually and factually going on in the mind.

• Simple, straightforward awareness of the activity of the mind is the goal.

DISSOCIATION

• The individual deals with emotional conflict or internal or external stressors with a breakdown in the usually integrated functions of consciousness, memory, perception of self or the environment, or sensory/motor behavior.

Reference: DSM- IV TR
WHAT IS CONSCIOUSNESS?


BREAKDOWN OF INTEGRATED FUNCTIONS OF CONSCIOUSNESS

• breakdown in the usually integrated functions of consciousness – refers to (in context of addiction):
  o Addict doesn't act through the “integrated functions” yet acts through a “hyper-focused,” pleasure-seeking process that channels neurological energies in one tract with the aim of reaching a peak experience.
  o Tolerance effect and peak experience….  
  o Enhancement and expansion of peak experiences…
  o Is there a difference between peak experiences for action vs. escape gamblers?

BREAKDOWN IN INTEGRATED FUNCTIONS OF MEMORY

• Definition of memory:
  o ability to retain knowledge: the ability of the mind or of a person or organism to retain learned information and knowledge of past events and experiences and to retrieve that information and knowledge
  o somebody’s stock of retained knowledge: somebody’s stock of retained knowledge and experience  
  o retained impression of event: the knowledge or impression that somebody retains of a person, event, period, or subject
Breakdown and Memory

- breakdown in the usually integrated functions of memory, in context of addiction refers to:
  - Addict’s learning process is not functioning properly due to:
    - breakdown in ability to retain learned information...
    - Breakdown in remembering past events (i.e. remembering gambling losses, etc.)
    - breakdown in the retrieval process of “full memories” of past events about engagement in addictive behavior.

DISSOCIATIVE DISORDERS

- The dissociative disorders are a group of mental disorders that affect consciousness and are defined as causing significant interference with the patient’s general functioning, including social relationships and employment.


Dissociation is a mechanism...

- Dissociation is a mechanism that allows the mind to separate or compartmentalize certain memories or thoughts from normal consciousness. These split-off mental contents are not erased. They may resurface spontaneously or be triggered by objects or events in the person’s environment.

Dissociation of a process….

- Dissociation is a process that occurs along a spectrum of severity. If someone experiences dissociation, it does not necessarily mean that that person has a dissociative disorder or other mental illness. A mild degree of dissociation occurs with some physical stressors; people who have gone without sleep for a long period of time, have had "laughing gas" for dental surgery, or have been in a minor accident often have brief dissociative experiences. Another commonplace example of dissociation is a person becoming involved in a book or movie so completely that the surroundings or the passage of time are not noticed. Another example might be driving on the highway and taking several exits without noticing or remembering. Dissociation is related to hypnosis in that hypnotic trance also involves a temporarily altered state of consciousness. Most patients with dissociative disorders are highly hypnotizable.


Other Cultures….

- People in other cultures sometimes have dissociative experiences in the course of religious (in certain trance states) or other group activities. These occurrences should not be judged in terms of what is considered "normal" in the United States.


Moderate and Severe Forms of Dissociation

- Moderate or severe forms of dissociation are caused by such traumatic experiences as childhood abuse, combat, criminal attacks, brainwashing in hostage situations, or involvement in a natural or transportation disaster. Patients with acute stress disorder, post-traumatic stress disorder (PTSD), conversion disorder, or somatization disorder may develop dissociative symptoms.
Traumatic Memories

- Recent studies of trauma indicate that the human brain stores traumatic memories in a different way than normal memories. Traumatic memories are not processed or integrated into a person's ongoing life in the same fashion as normal memories. Instead they are dissociated, or “split off,” and may erupt into consciousness from time to time without warning. The affected person cannot control or “edit” these memories. Over a period of time, these two sets of memories, the normal and the traumatic, may coexist as parallel sets without being combined or blended. In extreme cases, different sets of dissociated memories may cause people to develop separate personalities for these memories—a disorder known as dissociative identity disorder (formerly called multiple personality disorder).

Recurrent Dreams of Blackjack....

- You are treating a 25 year old female for gambling addiction. During your 4th session, she states the following: “I am having trouble sleeping lately. Although I have not gambled for 2 years, I have the recurrent dream of playing blackjack and being in a casino. The dreams are vivid. How do I stop these dreams? I feel tired when I wake up.... During the day, I don't even have clear memories of playing blackjack and every time I see a deck of cards, I feel extremely angry but I don't really know why I am angry. Then, I will take a baseball bat and break something in the house.... I broke my ‘TV last week and to get a new one will cost at least $300. I am seriously thinking about learning how to count cards and learn how to beat the casino once and for all...”

Group Discussion

- QUESTIONS FOR YOUR GROUP:
  - How would you respond to this client?
  - What caused the dissociation defense mechanism to become active?
  - How would the client be aware of the dissociation defense mechanism that operated within him?
  - What would be the next step for this client if awareness of the mechanism occurred? Would the mechanism still be active?
Dissociative Amnesia

- **Dissociative amnesia** is a disorder in which the distinctive feature is the patient's inability to remember important personal information to a degree that cannot be explained by normal forgetfulness. In many cases, it is a reaction to a traumatic accident or witnessing a violent crime. Patients with dissociative amnesia may develop depersonalization or trance states as part of the disorder, but they do not experience a change in identity.

Dissociative Fugue

- **Dissociative fugue** is a disorder in which a person temporarily loses his or her sense of personal identity and travels to another location where he or she may assume a new identity. Again, this condition usually follows a major stressor or trauma. Apart from inability to recall their past or personal information, patients with dissociative fugue do not behave strangely or appear disturbed to others. Cases of dissociative fugue are more common in wartime or in communities disrupted by a natural disaster.

Depersonalization Disorder

- **Depersonalization disorder** is a disturbance in which the patient's primary symptom is a sense of detachment from the self. Depersonalization as a symptom (not as a disorder) is quite common in college-age populations. It is often associated with sleep deprivation or "recreational" drug use. It may be accompanied by "derealization" (where objects in an environment appear altered). Patients sometimes describe depersonalization as feeling like a robot or watching themselves from the outside. Depersonalization disorder may also involve feelings of numbness or loss of emotional "aliveness."
Dissociative Identity Disorder

- Dissociative identity disorder (DID) is considered the most severe dissociative disorder and involves all of the major dissociative symptoms. People with this disorder have more than one personality state, and the personality state controlling the person's behavior changes from time to time. Often, a stressor will cause the change in personality state. The various personality states have separate names, temperaments, gestures, and vocabularies. This disorder is often associated with severe physical or sexual abuse, especially abuse suffered during childhood.
- Note: Very few known cases and DID is very uncommon. The diagnosis of DID is controversial.

INTELLECTUALIZATION

- The individual deals with emotional conflict or internal or external stressors by the excessive use of abstract thinking or the making of generalizations to control or minimize disturbing feelings.

Excessive Use of Abstract Thinking

- Purpose of this is to: control and/or minimize disturbing feelings.
- Functions of the intellect:
  - To decide for or against taking an action
  - Capacities of doubt and certainty
  - To have healthy recall of the past
  - To have euphoric recall of the past
- Activity of Gambling, Disturbing Feelings, and Abstract Thinking
Making Generalizations...

- The Gambler’s Fallacy is a creation of the intellect to make predictions about future events.
- Were you reluctant to use “gambling money” for normal expenditures? (GA – Question # 4)

Eight Systems?

- Jane is a clinician running a group of 5 recovering problem gamblers. This is Jane’s 3rd group session. There are 2 men and three women in this group. The following statements were made by one group member: “Jane, you told us about the gambler’s fallacy last time... and I thought about it a lot. I am not really sure that it’s a fallacy. I won $800 by looking at the past decisions and betting the right amount at the right time. This type of thing has happened so many times that I just don’t buy into the gambler’s fallacy. I really think numbers are “due” after a certain amount of time.... I have seen it happen so many times. In fact, I know at least 8 systems that will make me win most of the time. I can even convince you that they work by showing you a simulation on the computer. Would you like to see the simulation? If you say no, then you are suffering from what I would call the “therapist’s close-minded fallacy.”

Group Discussion

- QUESTIONS FOR YOUR GROUP:
  - How would you respond to this client?
  - What caused the intellectualization defense mechanism to become active?
  - How would you get the client to become clear about internal/external conflicts that are currently present?
  - How would you get the client to be aware of the intellectualization defense mechanism that operated within him?
  - What would be the next step for this client if awareness of the mechanism occurred? Would the mechanism still be active?
ISOLATION OF AFFECT

- The individual deals with emotional conflict or internal or external stressors by the separation of ideas from the feelings originally associated with them. The individual loses touch with the feelings associated with a given idea (e.g., a traumatic event) while remaining aware of the cognitive elements of it (e.g., descriptive details).

Group Discussion

- You are a therapist working in a section of a men's prison where all the inmates are recovering from addictions. During one of your sessions with an inmate, the inmate stated: “I remember selling crack on the street. Once I made a sale to a 16 year old teenager for $550. I immediately took the money and played a dice game and lost the entire $550 within 10 minutes. I then broke into someone’s house at 3 AM and stole $1000. Then I went back to the street and again played the dice game to get back my $550. I lost the $1000, and I really think the dice were loaded. I then punched the other drug dealer who took my $1000 and knocked him unconscious. The police were nearby and arrested me.”
  - The therapist states: “How do you feel about all this?”
  - Inmate states: “I really don’t feel anything. Since the arrest, I haven’t been able to feel anything about what I did. I guess I am cured now that I don’t feel anything about it… You know, the police officer was just at the wrong place at the wrong time… If it wasn’t for him, I wouldn’t be here now betting on honeybuns with other inmates.”

Group Discussion

- QUESTIONS FOR YOUR GROUP:
  - How would you respond to this client?
  - What caused the “isolation of affect” defense mechanism to become active?
  - How would you get the client to be aware of the “isolation of affect” defense mechanism that is operating within him?
  - What would be the next step for this client if awareness of the mechanism occurred? What are some goals that you would have for this client?
REACTION FORMATION

- The individual deals with emotional conflict or internal or external stressors by substituting behavior, thoughts, or feelings that are diametrically opposed to his or her own unacceptable thoughts or feelings (this usually occurs in conjunction with their repression).

Group Discussion

- You are on the 7th session with a recovering drug addict who also has a gambling addiction. The addict states: "I had a strong craving today to take heroin. It's been 8 months since I touched the stuff. I really felt guilty about having the craving and so, I went to my pastor and spent about 3 hours reading from the Bible. I prayed to the Lord to take my guilt away. After praying, I told myself that I am a wonderful person filled with forgiveness and bliss. After resolving my guilt with the help of the Lord, I celebrated by going to the casino and gambled for 4 hours playing slots. I hit a $500 jackpot. Since the Lord was good to me, I keep playing and won another $500. It was a great feeling.... I just kept remembering, 'Ask and you shall receive....' After playing some more, I again won and this time it was $2000!!! The Lord is good!!! See, He heard my prayers... Prayers work.... I was feeling so great that I left with a net win of $2365. I know I don't have a gambling addiction...."

- Therapist: "You answered 'yes' to 15 of the 20 questions on the GA 20 questions + your SOGS score is very high + you answered yes to both questions on the 'lie-bet test.'"

- Client: "You therapists are all the same. All you care about are some stupid numbers on a test made by some quack researchers. The only numbers that really count are the number of dollars I have in my bank account. And I got some money now.... I just want this feeling to keep going.... I know I am a winner.... I can't lose.... This is true happiness!!"

Group Discussion

- QUESTIONS FOR YOUR GROUP:
  - How would you respond to this client?
  - What caused the "reaction formation" defense mechanism to become active?
  - How would you get the client to be aware of the "isolation of affect" defense mechanism that is operating within him?
  - What would be the next step for this client if awareness of the mechanism occurred? What are some goals that you would have for this client?
REPRESSION

- The individual deals with emotional conflict or internal or external stressors by expelling disturbing wishes, thoughts, or experiences from conscious awareness. The feeling component may remain conscious, detached from its associated ideas.
- Repression is another well-known defense mechanism. Repression acts to keep information out of conscious awareness. However, these memories don't just disappear; they continue to influence our behavior. For example, a person who has repressed memories of abuse suffered as a child may later have difficulty forming relationships.
- Sometimes we do this consciously by forcing the unwanted information out of our awareness, which is known as suppression, but it is usually believed to occur unconsciously.

Money Isn’t Everything!!

A 67-year-old man is recovering from gambling addiction and has feelings of loneliness. He played slots recently and lost over $30,000. He is on his first counseling session with the therapist. He states, “According to my wife, I lost $30,000. I really don’t remember losing that much money. I seem to feel extremely upset, a little sad, and somewhat foolish but I don’t know why. Yet, I just can’t remember going to the casino or the events that took place that led to losing the $30,000. Since my wife was with me, I know that it happened, yet, I just can’t remember the details. When I told my wife that I can’t remember losing all that money, she slapped me and said, ‘You need serious help… I was there with you when it happened and you were obsessed playing those high-limit slots!’ So she made me come here. Can you help me deal with her please? I have a strong desire to slap her back and tell her, ‘Money isn’t everything in life. Live a little!!! We can’t take a penny with us when the show is over.’

Group Discussion

- Group discussion:
  - How would you proceed with the client?
  - What are the internal and external stressors?
  - How would you proceed to find the etiology of the client’s repression?
UNDOING

- The individual deals with emotional conflict or internal or external stressors by words or behavior designed to negate or to make amends symbolically for unacceptable thoughts, feelings, or actions.

Group Discussion

- A 16 year old teenage girl comes to therapist for counseling because she was caught setting a trash can on fire at a middle school. Her school counselor said that she kept writing, "God please forgive me" in a notebook. She has also carved this phrase on her arm with a razor blade. At night, she keeps repeating this phrase and her mother wakes her up, at times. During the 4th session, the teenage girl broke down crying and stated: "I have been sexually active since I was 13. I have been sexually involved with over 70 boys and I have written all their names in a special book. Each boy gave me $25. I had over $1700 a few months ago. Just 3 days ago, I made bets with 3 boys. These bets were about the recent baseball games. Each bet was $500 and I lost each bet. So I have only $200 left and out of anger, I set two trash cans on fire at my school. I can either get my money back by betting the $200 or I can recover my money by giving more oral sex. Can you please tell me which is the better option?"

- Therapist: "Why did you write 'God forgive me'?

- Teenage Girl: "It wasn't easy making all that money and I just lost it on these stupid bets... I believe in God and I asked for his forgiveness because I lost $1500 gambling and for the sexual stuff..."

Group Discussion

- QUESTIONS FOR YOUR GROUP:
- How would you respond to this client?
- What caused the "undoing" defense mechanism to become active?
- How would you get the client to be aware of the "undoing" defense mechanism that is operating within her?
- What would be the next step for this client if awareness of the mechanism occurred? What are some goals that you would have for this client?
MINOR IMAGE-DISTORTING LEVEL

- This level is characterized by distortions in the image of the self, body, or others that may be employed to regulate self-esteem.
- In psychology, the term self-esteem is used to describe a person's overall sense of self-worth or personal value. Self-esteem is often seen as a personality trait, which means that it tends to be stable and enduring. Self-esteem can involve a variety of beliefs about the self, such as the appraisal of one's own appearance, beliefs, emotions and behaviors.

DEVALUATION

- The individual deals with emotional conflict or internal or external stressors by attributing exaggerated negative qualities to self or others.

CEO of a Company

- A 35 year old man is on the 4th session with you in outpatient counseling. He has alcoholism and may have a gambling problem. He makes the following statement during the session: "I had been sober for the past 4 months. I had an argument at work with my boss and the stress just got to me. Yesterday evening, I drank 5 cans of beer and wanted to keep on drinking. My son, who is 15, stopped me from drinking more and threw away 20 beer cans. I couldn't deal with the guilt and I went to a nearby casino and played blackjack for about 3 hours last night. I lost the entire $8000 that I took as a cash advance from my Citi Card. I feel so ashamed and sad... I think that I am the worst person in the world, I am a terrible father, a fool for losing $8000, and my life is just a waste of space in this world. I know my son hates me and he should... what do I have to offer him?"
- Note: Client is a CEO of a company and his job may be in jeopardy due to being intoxicated at work. Client has had thoughts of stealing from his company.
- Group Discussion: How would you proceed with the client? How would you deal with the defense mechanism of devaluation in this situation?
IDEALIZATION

• The individual deals with emotional conflict or internal or external stressors by attributing exaggerated positive qualities to others.

$100 ON RED !!!

• Client states during a financial pressure relief session (3rd or 4th session), “You know, I am so glad that we did this budget. I feel much better now that I can keep my finances under control. I just want to say, since this is a confidential session, that I have stashed away about $5000 by saving a little at a time over the past 2 years. I haven’t gambled for two years and I have this money just as a back up. Now that we have done the pressure relief session and my finances are in order, I am wanting to terminate our counseling sessions because I am cured of the addiction. After this session, I already have plans to meet with my old casino host and have him set up three days of rooms + comps so that I can get back into playing Roulette. I know you may not agree that this is the right thing to do. Yet, I am just going to play with the $5000 that have been saved just to play Roulette again. My casino host and 2 Roulette dealers are the nicest people I have ever met. They treat me like a king. They are so kind, so caring, so sensitive to what I want. They have the highest morality, highest affection for me, and always have a pleasing smile on their face. You know, when I was dating my wife, she used to have most of these qualities. It seems that all these great qualities just vaporized after 6 months of marriage… I CAN’T WAIT TO GET OUT OF HERE ANY MAKE MY FIRST $100 BET ON THE COLOR RED.

• Client has two children (ages 5 and 8). Client is divorced for 3 years. He lives alone and has visitation with children only on weekends. Client works full-time as a manager at ACME. Client smokes 3 packs of cigarettes per day. He has attended GA for the past 2 years… (2 times per week).

Group Discussion

• Group Discussion: How would you proceed with the client? How would you deal with the “idealization” defense mechanism in this situation?

• What do you think are the “internal or external” stressor in this case?
OMNIPOTENCE

• The individual deals with emotional conflict or internal or external stressors by feeling or acting as if he or she possesses special powers or abilities and is superior to others.

Power over the cards?

• Client stated during a group therapy session: “You know, I was just remembering all those times I won at poker. In total I won over $3000. I know that I have special skills to beat anyone who plays against me. My goal was to become a professional poker player. I usually have a dream the night before I play poker that I win. Every time I win, I know that’s because of a special gift given to me by the planets in the sky. I always bet based on my horoscope and I know for sure that the some planets are against me and some are in my favor. My psychic told me that whenever I lose, the moon is sending strange waves towards me. I have total trust on my psychic and she gave me a special ring that I recently bought from her for $500 to counteract that effect, and I am planning on making a large bet tomorrow to get back in action. Anyone want to join me? I may be developing special mystical powers over the cards….

• Note: Client has not met any DSM-IV criteria in the past except for Pathological Gambling. Client engages in an extensive ritual for about 2 hours before he goes to play poker.

Group Discussion

• How do you get the client to become aware of the defense mechanism of “omnipotence”?
• Identify the statements made by client that indicate the mechanism of “omnipotence.”
• What would be your approach in getting to client to be aware of his “omnipotence” mechanism?
• What are the internal/external conflicts in this client?
**DISAVOWAL LEVEL**

- This level is characterized by keeping unpleasant or unacceptable stressors, impulses, ideas, affects, or responsibility out of awareness with or without a misattribution of these to external causes.

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**DENIAL**

- The individual deals with emotional conflict or internal or external stressors by refusing to acknowledge some painful aspect of external reality or subjective experience that would be apparent to others. The term psychotic denial is used when there is gross impairment in reality testing.

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Denial and Ego

- Denial is probably one of the best known defense mechanisms, used often to describe situations in which people seem unable to face reality or admit an obvious truth (i.e. “He’s in denial.”). Denial is an outright refusal to admit or recognize that something has occurred or is currently occurring. Drug addicts or alcoholics often deny that they have a problem, while victims of traumatic events may deny that the event ever occurred.

- Denial functions to protect the ego from things that the individual cannot cope with. While this may save us from anxiety or pain, denial also requires a substantial investment of energy. Because of this, other defenses are also used to keep these unacceptable feelings from consciousness.

* http://psychology.about.com/od/theoriesofpersonality/ss/defensemech_3.htm
Nature’s gift…

- Discuss a case from your active or past cases where the defense mechanism of “denial” was present.
- How did you deal with that case?
- What techniques did you use to deal with this defense?
- OR: A client states: “I use cocaine to feel really good. I know just the right amount to take to get the high. I know I am not a drug addict because I control exactly how much cocaine to take. It’s too bad I got arrested for possession. Who was I harming? I never hurt anyone? I admit to using money on cocaine that I should have used for household experiences. But, to me, there is no real difference between food and cocaine. Food is for the body, and coke is nature’s gift to my mind. I have 3 coca plants in my yard….Nature has blessed me….Cocaine should be totally legal. Laws are made by man….the coca plant is made by nature. Humans have lost all touch with the natural world. Oneness with cocaine is true harmony with nature.

Picture of Coca Leaf in Bolivia

PROJECTION

- The individual deals with emotional conflict or internal or external stressors by falsely attributing to another his or her own unacceptable feelings, impulses, or thoughts.
Anyone got an extra hammer?

- After having lost $10,000 playing slots at a casino in Atlantic City, a 50 year old women went home, brought a small hammer, went back to two high-limit slot machines where she lost, and started to break the machines with the hammer. Casino security immediately intervened, took the hammer from her, and escorted her out of the casino. The casino did not press charges against her for damaging two machines, yet her long-time casino host requested that she call 1-800-gambler after offering her a soothing beverage, on the house. The lady called the hotline from the casino and a counseling session was set up with a therapist. During the first session, client stated, “The casino security people took my hammer! I need to buy a new one because I always break things in the house when I get angry. My ex-husband is the gambler. He is responsible for my losing $10,000 because he got me hooked on those high limit slots. Once I won $25,000 by betting $300 on one spin. Those two machines were rigged and I am so happy that I busted them up!!”

Group Discussion

- Identify the statements made by client that indicate the mechanism of “projection.”
- What would be your approach in getting to client to be aware of his “projection” mechanism?
- What are the internal / external conflicts in this client?

RATIONALIZATION

- The individual deals with emotional conflict or internal or external stressors by concealing the true motivations for her or her own thoughts, actions, or feelings through the elaboration of reassuring or self-serving but incorrect explanations.
Fight fire with fire???

- A 22 year old male 3rd year college student who has a 4.0 GPA has studied blackjack for the past 4 years. He goes to various casinos consistently and claims to have won over $30,000 using various systems. He was smoking crack and playing cards with two 19 year old girls in his room when the campus police broke down his door. The campus authorities searched his room and he had 30 bags of processed crack. He was arrested and mandated by a judge to go for counseling. The client stated to the judge: “Mr. Judge... I am a straight A student and the money that I get from gambling I use to buy cocaine and then sell it for a great profit. I use most of the money to pay for poor children to go to school in 10 under developed countries. Here are all the documents proving that most of the money was donated. You have to fight fire with fire... and that's what I am doing.”
- “During a group session, client stated: “I haven’t harmed anyone. Also, learning to count cards was the best thing I ever learned in my life. Just don’t get a clue to the pit boss that you are doing it.”

Group Discussion

- Identify the statements made by client that indicate the mechanism of “rationalization.”
- What would be your approach in getting the client to be aware of his “rationalization” mechanism?
- What are the internal/external conflicts in this client?

MAJOR IMAGE-DISTORTING LEVEL

- This level is characterized by gross distortion or misattribution of the image of self or others.
AUTISTIC FANTASY

• The individual deals with emotional conflict or internal or external stressors by excessive daydreaming as a substitute for human relationships, more effective action, or problem solving.

PROJECTIVE IDENTIFICATION

• As in projection, the individual deals with emotional conflict or internal or external stressors by falsely attributing to another his or her own unacceptable feelings, impulses, or thoughts. Unlike simple projection, the individual does not fully disavow what is projected. Instead, the individual remains aware of his or her own affects or impulses but misattributes them as justifiable reactions to the other person. Not infrequently, the individual induces the very feelings in other that were first mistakenly believed to be there, making it difficult to clarify who did what to whom first.

SPLITTING - OF SELF-IMAGE OR IMAGE OR OTHERS -

• The individual deals with emotional conflict or internal or external stressors by compartmentalizing opposite affect states and failing to integrate the positive and negative qualities of the self or others into cohesive images. Because ambivalent affects cannot be experienced simultaneously, more balanced views and expectations of self or others are excluded from emotional awareness. Self and object images tend to alternate between polar opposites: exclusively loving, powerful, worthy, nurturing, and kind— or exclusively bad, hateful, angry, destructive, rejecting, or worthless.
ACTION LEVEL

- This level is characterized by defensive functioning that deals with internal or external stressors by action or withdrawal.
  - Acting out
  - Apathetic withdrawal
  - Help-rejecting complaining
  - Passive aggression

ACTING OUT

- The individual deals with emotional conflict or internal or external stressors by actions rather than reflections or feelings. This definition is broader than the original concept of the acting out of transference feelings or wishes during psychotherapy and is intended to include behavior arising both within and outside the transference relationship. Defensive acting out is not synonymous with "bad behavior" because it requires evidence that the behavior is related to emotional conflicts.

APATHETIC WITHDRAWAL

- Apathetic withdrawal (The stressors are so severe that the body shuts down several functions. The individual does not react to external stimuli. The condition is similar to a state of trance.)
HELP-REJECTING COMPLAINING

• The individual deals with emotional conflict or internal or external stressors by complaining or making repetitious requests for help that disguise covert feelings of hostility or reproach towards others, which are then expressed by rejecting the suggestions, advice, or help that others offer. The complaints or requests may involve physical or psychological symptoms or life problems.

PASSIVE AGGRESSION

• The individual deals with emotional conflict or internal or external stressors by indirectly and unassertively expressing aggression toward others. There is a facade of overt compliance masking covert resistance, resentment, or hostility. Passive aggression often occurs in response to demands for independent action or performance or the lack of gratification of dependent wishes but may be adaptive for individuals in subordinate positions who have no other way to express assertiveness more overtly.

LEVEL OF DEFENSIVE DYSREGULATION

• This level is characterized by failure of defensive regulation to contain the individual's reaction to stressors, leading to a pronounced break with objective reality.
DELUSIONAL PROJECTION

- Delusional projection (The individual attributes non reality-based thoughts, emotions and impulses to others.)

PSYCHOTIC DENIAL

- Psychotic denial (A more severe form of denial, with no or little contact with reality.)

PSYCHOTIC DISTORTION

- Psychotic distortion (Perceiving reality differently than others. Individuals using this defense transform reality in order to deal with the pain.)
HIGH ADAPTIVE LEVEL
• This level of defensive functioning results in optimal adaptation in the handling of stressors. These defenses usually maximize gratification and allow the conscious awareness of feelings, ideas, and their consequences. They also promote an optimum balance among conflicting motives. Examples of defenses at this level are • anticipation • affiliation • altruism • humor • self-assertion • self-observation • sublimation • suppression

ANTICIPATION
• Realistically anticipating or planning for future inner discomfort. The mechanism is goal-directed and implies careful planning or worrying and premature but realistic affective anticipation of dire and potentially dreadful outcomes.

DSM IV - ANTICIPATION
• THE INDIVIDUAL DEALS WITH EMOTIONAL CONFLICT OR INTERNAL OR EXTERNAL STRESSORS BY EXPERIENCING EMOTIONAL REACTIONS IN ADVANCE OF, OR ANTICIPATING CONSEQUENCES OF, POSSIBLE FUTURE EVENTS AND CONSIDERING REALISTIC, ALTERNATIVE RESPONSES OR SOLUTIONS.

• In addicts, what prevents anticipation from occurring?
Visualization Exercise

• Guide the client in a visualization exercise about past event(s) and have the client enter into "experiencing emotional reactions in advance" as a way of enhancing the anticipation mechanism.

Anticipating Consequences

• Anticipating consequences of the next bet, the next drink, next drug use, etc.

AFFILIATION

• The individual deals with emotional conflict or internal or external stressors by turning to others for help or support. This involves sharing problems with others but does not imply trying to make someone else responsible for them.
ALTRUISM
• The individual deals with emotional conflict or internal or external stressors by dedication to meeting the needs of others. Unlike the self-sacrifice sometimes characteristic of reaction formation, the individual receives gratification either vicariously or from the response of others.

HUMOR
• The individual deals with emotional conflict or external stressors by emphasizing the amusing or ironic aspects of the conflict or stressor.

SELF-ASSERTION
• The individual deals with emotional conflict or stressors by expressing his or her feelings and thoughts directly in a way that is not coercive or manipulative.
SELF-OBSERVATION
• The individual deals with emotional conflict or stressors by reflecting on his or her own thoughts, feelings, motivation, and behavior, and responding appropriately.

SUBLIMATION
• The individual deals with emotional conflict or internal or external stressors by channeling potentially maladaptive feelings or impulses into socially acceptable behavior (e.g., contact sports to channel angry impulses).

SUPPRESSION
• The individual deals with emotional conflict or internal or external stressors by intentionally avoiding thinking about disturbing problems, wishes, feelings, or experiences.
The time remaining is limited…death of the physical body can occur any time.

The vitality of death…. To die to past attachments and live fully in the present in a state of total clarity, total love, total truth, is to be free of the psychological prison.

Question: Is it possible to remember the past, without reliving the past? What happens emotionally when a person relives the past?

There is an attempt made by the mind to resolve past problems. What is the difference between resolution of past problems vs. the natural psychological dropping of the past problems where total energy is present now....

Title: Understanding Defense Mechanisms and their function as related to gambling and other addictions.

* Examine defense mechanisms as listed in DSM-IV TR.
* Examine how, why, when, where, these mechanisms operate within the problem gambler's mind.
* Discuss how to assess for which mechanisms are present.
* Discuss the proper identification of mechanisms and their adaptive use.
* Discuss the development of adaptive mechanisms in the recovery process.
* Discuss the process of sublimation of "maladaptive energy" into "adaptive and healing" form of energy within the psycho-emotive locus of control.
* Discuss the distinction between "locus of control" in context of gambling and defenses, vs. "natural control through adaptive flow of non-fragmented awareness of psycho-emotive processes."
* Perform role plays to bring out the major concepts as listed above.
* Demonstrate techniques on how to handle tough clients who are putting up defenses to cover up emotional pain.

Is continued dependent engagement in an addictive behavior a rational choice? What role does decision making play in this Maintenance phase of addiction? These are important and controversial questions. Many models of addiction reviewed in Chapter 1 consider the individual's behavior to be no longer under voluntary control once she or he is addicted. In the medical and disease models, the disease takes over and the physiological craving is overwhelming. The problem is an allergy-like condition or a defect in character or will that no longer allows for choice when faced with the prospect of engagement (Sheehan & Owen, 1999).
These perspectives have been promoted to counter the overemphasis earlier in this century on addiction as simply a moral problem easily cured by straightening up and doing the right thing (Donovan & Marlatt, 1988). However, addiction need not be viewed as either totally within or totally outside individual choice and rational functioning. As anyone who has been addicted can attest, once engaged in regular, dependent use, the prospect of living without this particular behavior seems logical and impossible. On the other hand, there are virtually hundreds of little decisions that are made daily and weekly to ensure access to the behavior. Illusions of certainty, the denial of the need to confront realities, minimizing consequences are all part of the process of protecting continued engagement in the addiction. Although self-regulation is compromised as individuals move from Action to Maintenance stages, this does not mean that there is a total absence of choice or freedom. When I was a smoker, I remember deciding to leave my warm home to go out driving in the middle of the night in the dead of winter searching to find an “open all night” greasy to get a pack of cigarettes. The choice was spurred by the realization that if I would have to go to sleep and, more importantly, wake up the next morning nicotine deprived and craving a cigarette, it seemed a reasonable thing to do at the time. Once addicted, individuals continue to make the little decisions that sustain the addiction and contribute to the stability of the behavioral pattern.
Our research into the decisional balance of individuals who are addicted and not interested in change is instructive. In almost all cases smokers and drinkers who do not want to quit endorse the pros of the behavior more strongly than the cons of the behavior (DiClemente et al., 1991; King & DiClemente, 1993; Prochaska, Velicer, et al., 1994; Velicer et al., 1985). This often seems unreasonable to the observer. However, the essence of addiction is that the behavior becomes integral to the individual's functioning in a way that only someone who has experienced it can really understand. Initial considerations like "this feels really good" or "I have never felt this relaxed or at ease" influence continued use. As personal coping and interpersonal environment become more involved, the individual sees the addictive behavior as more and more essential to wellbeing. Once negative reinforcement, like avoiding withdrawal, begins to kick in, considerations for continued engagement in the addictive behavior have become extremely powerful, often overshadowing many of life's other considerations. The reinforcing effects of physiological, psychological, and social aspects of addiction become a very potent force for continuing the behavior.

The Potency of Positives in Addiction

The addicted individual's decisional considerations, however, are not all positive. Regular, dependent engagement often brings negative consequences and bad experiences. Addiction does not make individuals completely irrational. Even addicted individuals who do not want to change can generate some negative, personal considerations about their addictive behaviors. Most smokers will report that smoking is a bad habit and can cause serious physical harm. Most drug addicts will admit that their drug use causes some problems. But they also see the negatives as not that bad, and the positives of continued use as substantial (Daniels, 1998; see also Chapter 4 on Precontemplation for recovery). This is their view even when, to an outside observer, the negatives are numerous and very serious. And so the basic decisional stance of the individual in the Maintenance stage of addiction is in favor of the behavior. One reason this balance can be sustained is the real strength of the many positives. But another reason is the puzzling impotency of serious negative consequences. This issue is discussed next.

The Impotency of Negative Consequences

As individuals move from the Action to the Maintenance stage of addiction, serious single consequences are most often followed by a series of other consequences. For example, cocaine use can interfere with attendance and performance at work and result in job loss. Drinking and the ensuing violent arguments with a spouse can cause divorce. Gambling can create such a large debt that theft or embezzlement follows. A disorderly conduct arrest may be directly attributable to intoxication. These are common negative consequences experienced by individuals in the Maintenance stage of addiction. Yet addicted individuals do not readily make the connection between the addictive behavior and its negative consequences. Such consequences arrive as disconfirming evidence about the benefits of the behavior. But a variety of tactics can be used to deflect their impact. Psychoanalytic clinicians attempting to treat unwilling clients often call their tactics defense mechanisms (Freud, 1949). From a change perspective these tactics are Maintenance mechanisms that often involve the experiential processes of self-reevaluation and consciousness raising. Minimization, rationalization, projection, overintellectualization, repression, and avoidance are all ways of thinking and managing our experiences. They can be used to initiate change, but during the Maintenance stage of addiction are used to protect the commitment to the addictive behavior. Because all of us use many of these tactics in our daily lives to protect our beliefs, values, and ways of behaving, it becomes difficult to identify when they are creating harm. One person's rationalizations are another person's reasons.
A process described by Leon Festinger in 1957 can help to explain how individuals keep a decisional balance positive for a tightly held belief or way of life despite negative consequences. This process is called cognitive dissonance resolution, and it has been very helpful in understanding addiction (Miller & Rollnick, 1991, 2002). There are two common tactics for resolving the cognitive dissonance that are particularly relevant for maintaining addictions. These are deflection and disconnection.

The cognitive dissonance resolution tactic of deflection consists of attributing a negative consequence to technical problems and not to the addictive behavior. For example, a technical interpretation of a driving while intoxicated (DWI) arrest would define it as a driving problem or as getting stopped by the police. So a solution might be to avoid driving when having consumed too much or to be more vigilant for police. Drinking is not the problem. This solution is reminiscent of the original dissonance studies in which true believers whose end-of-the-world prediction failed resolved the disconfirmation by seeing a miscalculation in the date as the problem, not the belief that the end is imminent. Deflection is a helpful mechanism in maintaining an addiction and avoiding the impact of consequences.

Seeing the consequences as unrelated to the basic behavior and blaming some other factor is called disconnection. It is at the heart of what has been called denial. While addicts are not immune to experiencing the consequences, they do possess an incredible ability to reinterpret the source of the consequences as unrelated or minimally related to the behavior. One professional basketball player was caught using cocaine by the National Basketball Association (NBA) random drug-testing program. Even after a suspension from his job and a 4-week stay in a drug treatment program, the basketball player insisted he did not have a drug problem. The real problem, he said, was the drug testing policy of the NBA and how it was unfair to players. He had a drug testing and not a drug taking problem. Disconnection of consequences from the addictive behavior is rather common. Smokers complain about pollution and pollen as the causes of their chronic coughs. Alcohol-dependent individuals will claim the problem is their wife’s hypersensitivity to alcohol.

Deflection and disconnection as well as many traditional defense mechanisms are part of the self-revaluation process of change. Reevaluations include reorganizing how one sees the behavior in terms of current values and beliefs. In maintaining an addiction these reevaluations are in the service of sustaining the addiction and keeping it a valued part of the individual’s life. In order to do this the addicted individual must manage the decisional considerations and keep them tipped toward continued engagement in the addictive behavior.
A Possible Role for Self-Efficacy

- A very different explanation for the impotency of negative consequences lies in the self-efficacy of the individual. As discussed in Chapter 2, self-efficacy is confidence that the individual can perform a particular behavior. The greater the confidence and sense of effectiveness, the greater the probability that the individual will make the effort and persist in the effort to perform the behavior (Bandura, 1977, 1997). In a presentation at the University of Houston, Bandura described a particularly compelling example of confidence that he attributed to self-efficacy. He noted that many very famous authors and artists persisted in their endeavors despite overwhelming negative consequences. Anthony B. House, an aspiring author who had received over 500 rejection letters before finding a publisher, described the confidence that self-efficacy lends to what Bandura described as the "confident incompetent" (Bandura, 1977, 1997). The unrealistic confidence is an effective tool to deflect the impact of any negative consequences. These tactics reflect a critical deficit in accurate self-assessment and can help explain, at least in part, the inability of basic feedback to influence individuals in the maintenance stage of addiction.

- The current discussion of dual-diagnosis problems offers an interesting example of these interactions. Many individuals who suffer from serious mental disorders also have significant problems with substance abuse and other addictive behaviors (Beck & DiClemente, 1999; Regier et al., 1990). Although alcohol and drugs can be particularly disruptive for these individuals, they can serve as a coping mechanism, a distraction, or a way of joining with other individuals on the fringes of society. Symptoms of schizophrenia, depression, or bipolar disorder can preceede, coincide with, or follow engagement in the addiction. However, as the addiction becomes well established in the lifestyle of a mentally ill individual, patterns of interaction emerge. Discontinuing antipsychotic medication produces symptoms that can be masked by alcohol and cocaine use. Drug use triggers loss of housing and produces homelessness. Lack of a structured environment increases engagement in the addiction and exacerbates the mental illness. Behaviors associated with either the addiction or the mental illness bring the individual to the attention of the police and create legal problems. Family members who can tolerate the mental illness become fearful and disgusted with the addicted individual and refusal to allow the individual to return home. Drugs and alcohol become more important as ways to cope with being homeless and on the streets.
• SENSITIVE AWARENESS OF WHAT ONE IS WITHOUT ANY DISTORTION