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A JEWISH SPIRITUALITY GROUP FOR RECOVERING JEWISH PATHOLOGICAL
GAMBLERS

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Thesis Submitted in Partial Fulfillment of
Requirements for Doctor of Ministry Degree

Hebrew Union College-Jewish Institute of Religion
Graduate Studies Program
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TO JEANNIE

ASHET HAYIL MATZATI
(from Prov. 31:10)

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Chapter 1

A. History of the Problem of Pathological Gambling in the Jewish Community

Playing games of chance, or gambling, predates earliest recorded history and is found in every culture.

Archeological, anthropological, and historical research reflect early instances of gambling. For example, the ancient Egyptians buried the Pharaohs in the Pyramids with loaded dice.¹

As noted by Valerie Lorenz, Biblical gambling, through the drawing of lots, was used for four different purposes:

1) to divide the promised land (Numbers 26: 52-56); 2) to select leaders and the assignment of duties (I Samuel 10:20-21); 3) to determine issues of guilt and wrongdoing (I Samuel 14:41-43; Joshua 7:13-21; Leviticus 16:7-10); and 4) to resolve military and civil matters (Esther 3:5-7; Nahum 3:10; Obadiah 1:11).² each of these was understood as a way to discern a message from God. However, there is no example in the Hebrew Bible that describes gambling as a form of recreation or as a profession.

The Mishnah, edited in the late third century C.E.,

¹Walter Wagner, To Gamble, or Not to Gamble (New York: World Publishing, 1972) as quoted in David L. Newmark, "Covert Religious Aspects of Gambling" (paper presented at the Eighth International Conference on Risk and Gambling, London, August 1990), 2.

²Valerie C. Lorenz, "The Bible and Gambling" (paper presented at the Sixth National Conference on Gambling and Risk Taking, Atlantic City, December 1984), 3.

notes in Sanhedrin 3:3 that full-time dice players would be unacceptable witnesses in a court of law. In the same text, Rabbi Judah disqualifies only professional gamblers. However, no reason was given for the ruling. This statement from the Mishnah seems to indicate that the Rabbis of that period were aware of a class of individuals who were playing with dice for recreational and/or professional purposes. The Talmudic commentary on that Mishnah (Babylonian Talmud, Sanhedrin 24b) includes a debate between Rami Bar Hama and Rav Sheshet on the reason for the Mishnah's ruling. Rami Bar Hama, discussing this as related to the civil law of acquisition, presupposes that dice playing is an unintended transaction between the players because the players do not expect to lose their own money. Therefore, according to Rami Bar Hama, dice playing is a form of theft, and therefore, a dice player would be an unacceptable witness because one cannot trust a thief in a court of law.

Rav Sheshet rejects Rami Bar Hama's argument because he believes that each player is quite aware that he may lose his money and by playing, he agrees to these conditions. However, Rav Sheshet teaches that the Mishnah forbids dice players from testifying in court because they are unproductive and wasteful members of the society and by definition, not trustworthy.

Such early Rabbinic insights about the reality of the life of a gambler could only have been written by those who

were quite aware of the troublesome nature of gambling and its impact on the Jewish community. Later rabbis in the Middle Ages struggled with a gambler who makes a vow to stop gambling. The rabbis, concerned with unfulfilled vows, recognized that such vows are very difficult to uphold.³

In Fifteenth Century Italy, the Jewish community was seriously affected by a passion for gambling in the Christian community.⁴ In Bologna and Forli (1418), Jewish communal ordinances were promulgated prohibiting the playing of dice and card games for a ten-year period, except in time of trouble or illness, "as a balm to their distress."⁵ However, in various communities, legal bans were unsuccessful due to the enticing nature of gambling.⁶

In 1595, a young thirteen-year old boy who was to

³See R. Nissim Gerondi (13th Century, Spain) Shealot U'Teshuvot Siman 51 as cited in Eliezer Diamond, "Wheel of Fortune: Rabbinic Views on Gambling," JTS Magazine 7(2) (winter 1998): 10. also Teshuvot R. Hayyim Or Zarua, no. 70 as cited in Eli D. Clark, "Gambling and Jewish Law," Journal of Halacha and Contemporary Society 31 (spring 1996): 16.

⁴Cecil Roth, The Jews and the Renaissance, (Philadelphia: Jewish Publication Society, 1959), 26-27 as cited in David B. Ruderman, "Memoirs of a Jewish Gambler," Orim: A Jewish Journal at Yale, 3(1) (autumn 1987): 112.

⁵Louis Finkelstein, Jewish Self-Government in the Middle Ages, (New York: Greenwood Publishing Group, 1972), 60, 228, 283, 286, 291 as cited in David B. Ruderman, "Memoirs of a Jewish Gambler," Orim: A Jewish Journal at Yale 3(1) (autumn 1987): 112.

⁶For example, in Cremona, Italy (1576) a Jewish court proposed a ban on gambling to avert the "divine decree" of a plague threatening the Jewish community. The decree was so unpopular that it had to be rescinded. See David B. Ruderman, "Memoirs of a Jewish Gambler," Orim: A Jewish Journal at Yale 3(1) (autumn 1987): 112.

become Rabbi Leon Modena, a famous Venetian Jewish scholar, wrote Sur May-Ra (Turn from Evil), a small essay on gambling. Modena was quite aware of gambling as he and other members of his family gambled often and suffered because of the large sums lost at the gambling tables. In 1628, when certain rabbis of Venice ordered a ban on playing cards, Modena wrote a legal brief recognizing that the early rabbis did not share a single opinion about gambling and that legislation alone would not stop a pathological gambler from gambling.⁷ Modena also noted in his memoirs that Rabbi Joseph Pardo terminated an agreement commissioning him to compose an anthology of commentaries on the Five Books of Moses because Pardo thought that his extensive involvement in gambling interfered with his work.⁸

Rabbi Solomon Luria wrote a responsum in Sixteenth Century Poland on the impact of gambling on the family. This responsum concerned a couple, the husband of which was a drunkard and a gambler and who was spending the wife's dowry on his activities. The husband's activities so disgusted the wife that she refused to live with him. The wife's father

⁷H. Adelman, "Success and Failure in the Seventeenth Century Ghetto of Venice: The Life and Thought of Leon Modena 1571-1648" (Ph.D. diss., Brandeis University, 1985), 224-33, 308-9, 645-47, 670-80, 935-37, 1072-77 as cited in David B. Ruderman, "Memoirs of a Jewish Gambler," Orim: A Jewish Journal at Yale 3(1) (autumn 1987): 112-113.

⁸Memoirs of Rabbi Leon Modena as cited in Eliezer Diamond, "Wheel of Fortune: Rabbinic Views on Gambling," JTS Magazine 7(2) (winter 1998): 11.

appealed to Rabbi Luria to coerce his son-in-law to give his wife a divorce. Rabbi Luria responded that this was not possible (as, according to Jewish law, a Jewish husband may not be coerced into giving his wife a divorce), however, the wife's finances could be separated from the husband's so to protect her financially.⁹

Popular observances of various Jewish holidays often focus on gambling as a form of entertainment. For example, part of the observance of Hanukkah includes a gambling game, spinning a top called a dreidel. The story of Purim, the festival whose name means "lots," is described in the Biblical Book of Esther. Its story includes a lottery, conducted by the evil Haman, to be used to schedule the date in the upcoming year for the future destruction of the Jewish community of the Persian Empire. In the Iraqi Jewish community there is a custom to spend Purim day gambling as part of the observance.¹⁰ However, popular folk songs, proverbs and gambling songs also appear in Jewish literature that describe the horrors of gambling and the subsequent suffering of the spouse and the neglect of children that

⁹R. Solomon Luria (16th Century, Poland) as cited in Eliezer Diamond, "Wheel of Fortune: Rabbinic Views on Gambling," JTS Magazine 7(2) (winter 1998): 11.

¹⁰Louis Linn, "Jews and Pathological Gambling," in Addictions in the Jewish Community, Stephen J. Levy and Sheila B. Blume, ed. (New York: Commission on Synagogue Relations-Federation of Jewish Philanthropies of New York, Inc., 1986): 343.

often results from gambling excessively.¹¹

Some modern-day rabbinic opinions on gambling have focused on the issue of whether it is appropriate for synagogues to sponsor bingo and other games of chance for fundraising purposes to support a synagogue. In 1957, Rabbi Philip Sigel wrote for the Committee on Jewish Law and Standards of the Rabbinical Assembly (Conservative) that there would be no violation of Jewish law if the synagogue used games of chance for fundraising purposes in the synagogue. However, he believed that there would be a violation of "spiritual standards" in such cases and therefore, games of chance should be forbidden in the synagogue.¹² Relying on this opinion, the United Synagogue of America, the federation of Conservative synagogues, at its 1961 national convention, voted a constitutional amendment that later led to sixteen congregations being expelled from its membership for sponsoring bingo games in their synagogues.

In 1967, the issue was reopened and Rabbi Leon B. Fink wrote a responsum that attempts to justify bingo for

¹¹I. Rivkind, Der Kaamf Gegen Hazarspiel bei Yidden. (New York: YIVO Press, 1946) cited in Louis Linn, "Jews and Pathological Gambling," in Addictions in the Jewish Community, Stephen J. Levy and Sheila B. Blume, ed., (New York: Commission on Synagogue Relations-Federation of Jewish Philanthropies of New York, Inc., 1986): 349.

¹²Henry A. Sosland, "Statement on Gambling", (New York: Committee on Jewish Law and Standards of the Rabbinical Assembly, 1981):1.

fundraising purposes for struggling urban congregations. He also called United Synagogue's concern for synagogue bingo games an "obsession" and a "neurosis." In 1981, the issue was reopened again and a "Statement on Gambling," written by Rabbi Henry Sosland, was accepted by the committee. Its thrust is that gambling compromises the inherent sanctity of the synagogue and that the rabbis of the Rabbinical Assembly should be alert to the "evils of gambling."¹³

B. Gambling in the United States

Gambling is a "complex social phenomenon"¹⁴ with economic, moral and ethical implications for our society. Some form of gambling is now legal in forty-eight out of the fifty states in the United States. Between 1974 and 1995, the amount of money annually wagered legally in the U.S. went from \$17.4 billion to \$550 billion or 9% of the United States personal income.¹⁵ There are also estimates suggesting that the amounts wagered illegally equals amounts

¹³Henry A. Sosland, "Statement on Gambling", (New York: Committee on Jewish Law and Standards of the Rabbinical Assembly, 1981) : 2.

¹⁴Commission on the Review of the National Policy Toward Gambling, Final Report of the Commission on the Review of the National Policy Toward Gambling (Washington, D.C.: GPO, 1976), 1.

¹⁵Sue Cox, Henry R. Lesieur, Richard Rosenthal, and Rachel Volberg, Problem and Pathological Gambling in America: The National Picture, (Columbia, MD: National Council on Problem Gambling, 1991): 1.

wagered legally.¹⁶ Additionally, the percentage of people who had gambled in their lifetime went from 68% in 1974 to 81% by 1988.¹⁷

The increase of the availability of legalized gambling leads to an increase in the prevalence of pathological gambling.¹⁸ The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) classifies "Pathological Gambling" as an impulse control disorder with persistent maladaptive gambling behavior accompanied by other features. These other features often include a growing preoccupation with gambling leading to growing domestic, professional and financial difficulties and illegal activities to finance gambling (see Appendix I for the DSM-IV description).¹⁹ In states with more legalized gambling, the prevalence of pathological

¹⁶Joseph Ciarrocchi, "Pathological Gambling and Pastoral Counseling," in Clinical Handbook of Pastoral Counseling, Vol. 2, Robert J. Wicks and Richard D. Parsons, ed. (New York and Mahwah: Paulist Press, 1993): 593.

¹⁷Henry R. Lesieur, "Pathological Gambling and Chemical Dependency: Differences," Bettor Times 3(1) (spring 1994): 1.

¹⁸R.A. Volberg, "Estimating the Prevalence of Pathological Gambling in the United States," in Gambling Behavior and Problem Gambling, W.R. Eadington and J.A. Cornelius, ed. (Reno: University of Nevada Press, 1993) as cited in House, Report at the Hearing before the Committee on the Judiciary: National Gambling Impact and Policy Commission Act, 104th Cong., 1st sess., 1995, H.R. 497, 105.

¹⁹American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM IV), (Washington, D.C.: American Psychiatric Association, 1994), 615-618.

gambling is about double what it is in states that have less legalized gambling.²⁰

In 1975, the Institute for Social Research of the University of Michigan conducted a national survey for the United States Commission on a National Policy Toward Gambling. This study estimated that .77% percent of all adults in the nation or 1.1 million people were probably pathological gamblers, while 2.33% of all adults were potentially pathological gamblers.²¹ Most researchers contend that this rate is actually higher and Nadler notes significant social and clinical changes since that date (1985) invalidating the 1975 survey.²²

C. Problems and Needs Addressed by this Demonstration Project

A significant issue that needs to be discussed before presenting the problems and needs addressed by this

²⁰R.A. Volberg, "Estimating the Prevalence of Pathological Gambling in the United States," in Gambling Behavior and Problem Gambling, W.R. Eadington and J.A. Cornelius, ed. (Reno: University of Nevada Press, 1993) as cited in House, Report at the Hearing before the Committee on the Judiciary: National Gambling Impact and Policy Commission Act, 104th Cong., 1st sess., 1995, H.R. 497, 105.

²¹As cited in Commission on the Review of the National Policy Toward Gambling, Final Report of the Commission on the Review of the National Policy Toward Gambling (Washington, D.C.: GPO, 1976), 73.

²²Lawrence B. Nadler, "The Epidemiology of Pathological Gambling: Critique of Existing Research and Alternative Strategies," Journal of Gambling Behavior 1(1) (spring 1985):35-50.

demonstration project is the absence of scientifically procured data on the population of Jewish pathological gamblers. This may be due to the relatively new field of the scientific study of pathological gambling and, for example, its recognition as an illness, only defined by the American Psychiatric Association in 1980. In a review of the literature, I found little written about Jewish pathological gamblers except anecdotes by some treatment professionals as to the existence of Jews in treatment.²³ Nor has there been a study of the Jews as a specific population in treatment or any prevalence studies of Jews in the population of pathological gamblers.²⁴

Another possible reason for the lack of data on the Jewish population of pathological gamblers is the significant and general denial of the existence of an addiction problem within the Jewish community. Subsequently, there have not been any resources allocated and spent by the organized Jewish community to explore pathological gambling, outside of the publication of a single but important book entitled Addictions in the Jewish Community (1986) which

²³See Louis Linn, "Jews and Pathological Gambling," in Addictions in the Jewish Community, Stephen J. Levy and Sheila B. Blume, ed., (New York: Commission on Synagogue Relations-Federation of Jewish Philanthropies of New York, Inc., 1986), 337-358.

²⁴Rachel A. Volberg, interview with author. Twelfth National Conference on Problem Gambling, Las Vegas, 19 June 1998.

included four out of twenty-one chapters on gambling.²⁵ For example, since the early 1980's, there has been an organization partially funded by the major philanthropy of the New York Jewish community, UJA-Federation, called Jewish Alcoholics, Chemically Dependent Persons and Significant Others Foundation (JACS). However, its funding is relatively insignificant, compared to other UJA-Federation programs, only allowing for a very small staff. Moreover, although the co-morbidity of alcohol abuse and pathological gambling is very high, the JACS leadership does not focus their attention on gambling or on any other addiction problem in the Jewish community outside of alcoholism and substance abuse.

However, many professionals in the pathological gambling treatment field, note that "Jews are overrepresented in the problem or compulsive gambling population. The source of this myth is that some G.A. chapters have many Jews attending. Even if this myth is correct, it may be explained that Jews are much more likely than other religious groups to believe in and to seek 'talk therapy' for social and emotional problems and thus want

²⁵Addictions in the Jewish Community, Stephen J. Levy and Sheila B. Blume, ed., (New York: Commission on Synagogue Relations-Federation of Jewish Philanthropies of New York, Inc., 1986), 317-358.

G.A. help."²⁶ This statement, without any documentation or scientific analysis, is an example of the disappointing state of research of pathological gambling in the Jewish community.

The Jewish Community Center of West Hempstead, a Conservative synagogue where I served as Rabbi from 1987-1996, hosts a Gamblers Anonymous (GA) meeting and two Gam-Anon meetings each week. Anecdotal evidence provided by the local GA group leaders that Jews represent 60% of its membership is significant. Also, three new GA groups were organized in synagogues in Nassau County, New York (Long Island) in 1995, reflecting a need in the Jewish community for Jewish-housed meetings.

Even considering the state of research on Jewish pathological gamblers as described above, the goal of this demonstration project is to develop and lead a group of recovering Jewish pathological gamblers and connect them to spiritual insights of Judaism as a way of facilitating their recovery and lessen the probability of relapse. The renowned psychiatrist C. G. Jung, in correspondence with Bill Wilson, founder of Alcoholics Anonymous, noted that "the craving for alcohol" was the equivalent, on a low level, of the spiritual

²⁶Louis Lieberman, A Social Typology of Gambling Behavior: Suggestions For A Short Screening Device. A Report of the New York State Office of Mental Health, (New York: National Council on Compulsive Gambling, 1988), 56-57.

thirst of our being for wholeness."²⁷ Jung understood the significant connection between the desire of the addicted person to use his addiction as a replacement for the spiritual void in his life. Similarly, this demonstration project will connect a group of Jewish pathological gamblers with spiritual insights from their own religious tradition to motivate and inspire them to remain abstinent and to introduce them to Jewish religious ideas and language, in place of their gambling, to express their need for spiritual wholeness.

For the purposes of this project, I have defined spirituality "as the individual quest for the transcendent." I have developed this definition because it reflects three important ideas: 1) Although the group process can create community providing peer support and pressure to motivate, creating a relationship with a higher power is essentially a solitary experience; 2) The word "quest" suggests a process and, specifically, does not mean a specific place or achievement; and 3) Transcendent, means a higher power outside ourselves.

I suggest it is spirituality or the "quest for the transcendent" that has helped others through the process of recovery from other addictions by addressing the spiritual need of the addict as Jung described above. For example,

²⁷C.G. Jung to William G. Wilson, Kusnacht-Zurich, Switz., 30 January 1961 reprinted in Box 1980: AA Grapevine, (New York: AA Grapevine, Inc., June 1994), 53.

recognition of a transcendent power is a critical component of the twelve step program developed by Alcoholics Anonymous (AA). Basil Browne of Queens College contends that unlike Alcoholics Anonymous, the Gamblers Anonymous adaptation of the twelve steps excludes the traditional conception of God. Traditional conceptions of God in monotheistic traditions include God as omnipotent, omniscient and as the Creator of the universe. However, "GA uses the group-as-God conception the way it was traditionally used by AA, that is, as a temporary conception."²⁸ The group-as-God conception, refers to the idea that the community created in the GA meeting serves as a transcendent power, giving guidance and direction to the members.

Facilitating the development of a spiritual connection for a select group of recovering Jewish pathological gamblers to Judaism as an aid to their recovery is the goal of this demonstration project.

D. Ministry Direction

Rabbi Abraham Twerski, psychiatrist and published author of books on the spiritual dimension of recovery from addictions, suggests that addiction is a reflection of the

²⁸Basil R. Browne, "The Selective Adaptation of the Alcoholics Anonymous Program by Gamblers Anonymous," Journal of Gambling Studies 7(3) (fall 1991): 201-202.

absence of a spiritual connection in the life of the addict." Recovering pathological gamblers, now that they have stopped actively gambling, have a void in their lives that needs to be filled with spiritual meaning.

Recovering Jewish pathological gamblers come from subgroups within Jewish life from the most traditionally practicing Jews to the most liberal, from the affiliated to the unaffiliated. When they were actively gambling, as with other addicts, I surmise that many did not have a personally meaningful relationship with a higher power. This demonstration project proposes that these Jews, now in recovery and acculturated to the twelve step program, might be willing to reflect on Jewish spirituality if provided an environment sensitive to the language and process of the twelve steps. This interaction with Jewish sources of spirituality will help these recovering Jewish gamblers avoid relapse by developing a personal relationship with a higher power while helping them restructure their priorities and values through these insights.

Another need that will be ministered to by the group leader will be the creation of community among the participants. Many gamblers, when active in their addiction, will claim to have many friends. However, often these same gamblers recognize that when they begin to develop a bet-

²Abraham J. Twerski, I'd Like to Call for Help. But I Don't Know the Number: The Search For Spirituality in Everyday Life, (New York: Pharos Books, 1991), 52-54.

free lifestyle, their old "gambling buddies" do not facilitate their recovery. The community of shared values, that we will create with this demonstration project group, potentially will create a therapeutic environment to explore healthy relationships. Additionally, developing a connection to Jewish spiritual insights will, in the future, enable the participants to explore their spiritual connection with those in recovery, and also with fellow Jews, outside the recovery community, who are also seeking spiritual insights for everyday living.

When the pathological gambler was actively gambling, a most important principle that guided his life, according to Richard Rosenthal, a leading gambling researcher, was the idea of omnipotence. Rosenthal defines omnipotence as "an illusion of power and control that defends against intolerable feelings, most particularly, helplessness, depression, guilt and shame."³⁰ Rosenthal recognizes that many compulsive gamblers have low self-esteem, as do other addicts, and that it preceded their gambling problem. He notes that the goal of therapy is to learn to tolerate and accept feelings; to unravel various patterns of self-deception; to sort out confused boundaries; and to develop a capacity for realistic and obtainable goals.³¹ In response

³⁰Richard Rosenthal, quoted in Ken Estes and Mike Brubaker, Deadly Odds: The Compulsion to Gamble, (Newport: Edgehill Publications, 1990), 165.

³¹ibid.

to Rosenthal's insights, one of the goals of this group will be to facilitate the expression of feelings; encourage the group members to confront their own and others' dishonesty; and establish a healthy and safe setting to explore appropriate and meaningful boundaries in their lives.

The issues mentioned above play a critical role in the development of spiritual insights for the recovering pathological gambler. Unless healthy patterns of thinking and behavior are integrated, the addictive way of deception, of self and others, will block the acceptance of any spiritual insights, so important in recovery.

To ease the integration of the Gamblers Anonymous program and spiritual insights, I refer to the GA definition of spirituality: "those characteristics of the human mind that represent the highest and finest qualities such as kindness, generosity, honesty, and humility."¹² These qualities have in common the recognition of the "other," meaning the legitimate expression of a relationship with another human being founded on a principle of mutual respect and worth. These qualities potentially can replace, in the addictive and now recovering gambler, grandiosity, manipulation, control, and denigration of the legitimate feelings expressed by family and friends.

An early stage of spiritual exploration might include

¹²Gamblers Anonymous, Combo Book, (Los Angeles: Gamblers Anonymous Publishing, 1994), 1.

the recognition of the personal issues contributing to unhealthy resistance to recovery. Often at GA meetings, members comment and help guide other members in recognizing destructive patterns of behavior. However, according to Browne, GA members who discuss their personal flaws in terms of emotional instability and describe their spiritual struggle "are ostracized by the group" and "are labeled as trying to be saints."³³

I believe that "group-as-God" is an appropriate transitional theological position for a recovering pathological gambler who is learning to reject the idea of "self-as-God," the illusion of total control in their lives. However, for Jewish recovering pathological gamblers, Jewish tradition, which includes other definitions of God, also has a pattern of thinking and living which can facilitate a healthy and spiritual way of life in recovery, complementing devotion to the twelve steps.

As the twelve-steps teach, for a recovering pathological gambler to begin to explore spirituality, there is a need for an honest appraisal of the emotional deficits of his past and an honest review of his life when he was actively gambling. These issues are effectively faced in the group setting, and the demonstration project group will encourage each member to present their personal issues honestly as the individual group members may likely have had

³³ibid.

similar experiences in many of the areas to be explored.

A distinctive spiritual challenge faces the pathological gambler. According to Henry Lesieur, gambling has a:

"combination of the desire to make a fortune on wagering, and the value placed on instant wealth, whether produced by hard work or by a win on a lottery ticket, and the praise given to those who toil at a gambling system and prove themselves valuable to those around them. . . [In the hopes and dreams of the gambler] is that if a person gambles enough, there is a possibility (no matter how slight) that the individual will achieve part of the American dream (becoming one of the 'rich and famous') without having to work for it."³⁴

The spiritual climate created by the active gambler is the desire for instant success, and the gambler pursues the goals of becoming "rich" instantly and providing material rewards to his family. However, spirituality and its rewards include meaningful relationships, serenity, and honest living without neglecting the reality of work, and the need for normal material desires including food, clothing, and shelter. The demonstration project group will need to address the resistance to a new lifestyle. It must work to ease the development of a humble spirit, so foreign to the desired "fast and exciting" lifestyle pursued by the active gambler (as explained in chapter two). "Excitement for the gambler had been garnered by sitting and 'getting the juices flowing' through mental activity."³⁵ Motivating a change in

³⁴Henry R. Lesieur, "Pathological Gambling and Chemical Dependency: Differences," Bettor Times 3(1) (spring 1994): 3.

³⁵ibid.

thinking and feeling in each participant and helping them explore other stimulating mental activities, will be a challenge to the group leader and group.

Following the conduct of the group, the group leader will refer the participants to other programs in the Jewish community to encourage them to continue their spiritual quest and find community with other spiritual seekers within and without the twelve-step fellowships.

B. Project Relevance to Further Ministry

Pathological gambling was only recognized as a diagnosable mental illness in 1980. Also, the rapid spread over the last twenty years of legalized gambling in the United States has significantly increased the incidence of pathological gambling, generally unknown to most clergy and society. Therefore, the focus of this demonstration project on the recovering pathological gambler population will bring attention to this growing but neglected population within the community and within religious institutions.

Also significant is the incidence of Jewish pathological gamblers, according to anecdotal evidence by treatment professional and leaders of Gamblers Anonymous. However, after an extensive literature search and after many conversations with pathological gambling researchers and clinicians, I can verify that this demonstration project is the first doctoral-level project on any topic focusing on

Jews and pathological gambling. The relevance of this project on future ministry is significant as insights shared will enable other rabbis to begin to address the needs of this population and its dissemination will bring this population to the attention of the Jewish community for further study and treatment.

This demonstration project will merge aspects of two models, a twelve-step program and Jewish spirituality to help the pathological gambler participants' individual recovery programs within a group setting. What is unique about this demonstration project is that the outstanding contributions of Abraham Twerski¹⁶, Kerry Olitzky¹⁷, and Marcia Hain,¹⁸ written primarily for use by the individual, will be adapted for a group setting for pathological gamblers. The implications for further ministry include use of the group setting and aspects of the twelve step program to foster, what has been loosely defined as, the search for spirituality.

¹⁶For example, Abraham Twerski, Living Each Day, Mesorah Publications, 1988 and Abraham Twerski, Living Each Week, Mesorah Publications, 1992.

¹⁷For example, Kerry M. Olitzky and Stuart A. Copans, Twelve Jewish Steps to Recovery, Jewish Lights Publishing, 1991; Kerry M. Olitzky, One Hundred Blessings Every Day, Jewish Lights Publishing, 1993; Kerry M. Olitzky and Aaron Z., Renewed Each Day, Jewish Lights Publishing, 1992.

¹⁸For example, Marcia Glaubman Hain and Sherry Reiter, Twice Thai: A Jewish Road to Recovery [including a Guide for Facilitators], Coordinating Council on Bikur Holim of Greater New York, 1991.

One aspect of this demonstration project is the use of twelve step language in the spiritual search. It recognizes that only when we accept our own helplessness and stop playing God, that is, thinking that we are totally in control, are we able to invite "a power greater than ourselves" into our lives. The addict who recognizes that he has no choice but to begin the recovery process feels pressured to find a new way of living because, as Bill Wilson has written, "We (addicts) must find some spiritual basis for living, else we die."³⁹ However, others, who may or may not feel the life or death need for a spiritual experience, may be motivated to change their mode of thinking and acting as a way to develop a more meaningful and serene lifestyle.

The twelve step model also teaches that a person has the right to define his or her own "higher power (outside himself/herself)," providing an openness to other theological constructs and recognizing the authenticity of each definition. Such a level of acceptance within the twelve step program creates an environment of pluralism unlike the environment of the average church or synagogue, which defines itself by a specific theological doctrine or platform.

³⁹Bill Wilson in personal correspondence, cited in Ernest Kurtz and Katherine Kethcham, The Spirituality of Imperfection: Storytelling and the Journey to Wholeness, (New York: Bantam Books, 1992), 11.

Moreover, the average church or synagogue as an environment that is defined, generally, by doctrine, has great difficulty creating a safe setting for theological struggle. Many religious institutions experience theological struggle as a threat. The twelve step "room," meaning the community within a specific twelve step group, models for future ministry the acceptance of a variety of theological positions while providing a caring community for its members.

This demonstration project attempts to bridge the two models by creating an environment to explore various theological positions using twelve step language within a synagogue. The implications of this program for ministry are significant if, we the clergy, become willing to hear the spiritual struggle of others without judging them, no matter how threatening we might find their ideas. The benefit will be that the clergy will create an environment open to spiritual seekers outside of our traditional members and enable our traditional members to feel free to explore their spiritual connections without feeling judged.

The wedding of modalities, group psychodynamics and a setting to explore spirituality, potentially provides an environment in which to investigate the roots of our theological positions that have been created within the setting of our lives and relationships. Ana-Maria Rizzuto, reflecting on the ideas of Sigmund Freud, notes that "We

create our own gods from apparently the simple warp and woof of our everyday life."⁴⁰

For example, how we think about God may be a reflection of our relationship with our parents and our experiences with them. Therefore, in this demonstration project group, we will create a setting where those relationships can be safely explored so that a fruitful exploration of the theological positions of the group participants will be attempted.

In summary, the relevance to future ministry includes not only a focus on Jewish pathological gamblers and the implications of ministry within the Jewish community but also the addressing of the pastoral needs of pathological gamblers, in general. This demonstration project models a pastoral and spiritual program that could be adapted by other clergy and pastoral counselors to be offered to other faith communities.

⁴⁰Ana-Maria Rizzuto, The Birth of the Living God: A Psychoanalytic Study, (Chicago: The University of Chicago Press, 1979), 5.

Chapter 2

A. Clinical Principles

1. Introduction

It is helpful to restate that the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) classifies "Pathological Gambling" as an impulse control disorder with persistent maladaptive gambling behavior accompanied by other features. These other features often include a growing preoccupation with gambling leading to increasing domestic, professional and financial difficulties and illegal activities to finance gambling (see Appendix I for the DSM-IV description).¹

Also, according to the DSM-IV classification, pathological gambling is linked to substance-related disorders because such disorders "may have features that involve problems of impulse control."² Martin C. McGurrin, Senior Research Scientist- Department of Psychiatry of the University of Pennsylvania, notes that pathological gambling is similar to substance-related disorders as the pathological gambler's progressive need to gamble increasing amounts is similar to the development of an increasing tolerance for alcohol and other chemical substances. The

¹American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM IV), (Washington, D.C.: American Psychiatric Association, 1994), 615-618.

²ibid.

pathological gambler's increasing preoccupation with acquiring money and arranging opportunities to gamble also has the qualities of an addiction. Another similarity is that pathological gamblers experience extreme anxiety, depression, and moderate somatic discomfort during the initial period of abstinence from gambling, somewhat resembling withdrawal reactions from substance abuse.³ However, Julian Taber, a widely published clinician and scholar of pathological gambling, notes that without clarifying research to determine the causes, the withdrawal symptoms that McGurrin claims may be the emergence in the gambler of a common underlying dysphoric or depressed mood found in most alcoholics and gamblers; symptoms of a co-morbid personality disorder previously masked by the gambling; homesickness or even the withdrawal from drugs or alcohol abuse not reported by the gambler.⁴

Robert Custer, a psychiatrist and founder of the first in-patient treatment center for compulsive gamblers in 1972, housed at the Brecksville Division of the Cleveland Veterans Administration Medical Center, notes that the term "pathologic gambling" is synonymous with "compulsive gambling," and both terms are generally interchangeable.

³Martin C. McGurrin, Pathological Gambling: Conceptual, Diagnostic, and Treatment Issues, (Sarasota: Professional Resource Press, 1992), 14.

⁴Julian I. Taber in letter to the author, Henderson, NV, 13 February 1999.

However, for the purposes of this demonstration project, "pathological gambling" and not "compulsive gambling" is being used because gamblers generally enjoy the gambling itself and do not attempt to resist it. According to Custer, "compulsions are the behavioral component of the obsessional state in which a person finds his or her abnormal behavior alien and attempts to resist it."⁵ Therefore, using the above scientific definition, gambling as an addiction should be characterized as a pathology, not a compulsion.

Whereas substances such as heroin and cocaine are usually addictive, gambling, per se, similar to alcohol, may not be addictive. Pathological gambling has been termed both a "pure" and a "hidden" addiction. "Pure" because it is not associated with the intake of any addicting chemical, and "hidden" because it is an extension of a common, socially acceptable behavior.⁶ There are many in our society who are social gamblers, meaning those who typically gamble with friends or colleagues, lasting for a limited period of time and with predetermined limits for losses, and who enjoy and control their gambling. Although the social gamblers may

⁵Robert L. Custer, "An Overview of Compulsive Gambling," in Addictive Disorders Update, P.A. Carone, S.F. Yellesis, N. Keffer, and L.W. Kriasky, ed., (New York: Human Sciences Press, 1982) reprinted in Addictions in the Jewish Community, Stephen Jay Levy and Sheila B. Blume, ed., (New York: Federation of Jewish Philanthropies of New York, Inc., 1986), 321.

⁶David E. Comings, Richard J. Rosenthal, Henry Lesieur, Loreen J. Rugle, "A Study of the Dopamine D2 Receptor Gene in Pathological Gambling." Pharmacogenetics 6(3) (1996): 223.

gamble often or at high stakes, they are not, by definition, pathological gamblers.⁷ Professional gamblers are not pathological gamblers as they limit risk and are quite disciplined.⁸ According to Taber,

"It is worth noting, almost by way of apology, that there are many chronic gamblers who know exactly what they are doing and harbor no illusions at all about the nature of the game or their ability to beat it. These are people who can describe odds accurately and let go of past losses with good humor. I agree that they are not pathological gamblers since, although they may experience long losing streaks, they are not emotionally disturbed or unrealistic. Although they may spend huge amounts of time, energy and money in their favored pastime, and although they may be social isolates because of this activity, their thinking is fundamentally rational and reality oriented. They are, at worst, merely selfish."⁹

However, by definition, what separates the social or professional gambler from the pathological gambler is the need to be involved in "recurrent and maladaptive gambling behavior"¹⁰ that often leads him to neglect family relationships, job responsibilities and ordinary financial obligations. Even when the gambler recognizes the pathological nature of gambling on his life, he is powerless

⁷American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM IV), Washington, D.C.: American Psychiatric Association, 1994), 617.

⁸ibid.

⁹Julian I. Taber, "Specific Attitudes, Values and Beliefs that Facilitate or Inhibit Frequent Excessive Gambling" unpublished manuscript, Bend, OR, 1994), 9-10.

¹⁰American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM IV), Washington, D.C.: American Psychiatric Association, 1994), 615-618.

to stop.¹¹

Still, the classification of impulse control disorders is an area not well understood. According to John B. Murray, Professor of Psychology at St. John's University, some scholars have even argued that pathological gamblers do not really experience irresistible impulses and that they retain control over their behavior.¹²

2. Developmental Issues

According to Taber, the impulse control issue, which presently defines pathological gambling in the DSM IV classification, is really secondary. His clinical experience suggests that better indicators of pathological gambling than lack of impulse control are emotional and intellectual immaturity.¹³

Jacqueline Wallen, Professor of Psychology at the University of Maryland- College Park, notes that unresolved developmental issues from the past affect recovery from addiction as conflicts or deficits originating in earlier developmental stages still influence feelings and

¹¹Gamblers Anonymous, Sharing Recovery Through Gamblers Anonymous, (Los Angeles: Gamblers Anonymous Publishing, Inc., 1984), 2.

¹²John B. Murray, "Review of Research on Pathological Gambling," Psychological Reports 72 (1993): 803.

¹³Julian I. Taber, "Specific Attitudes, Values and Beliefs that Facilitate or Inhibit Frequent Excessive Gambling" (unpublished manuscript, Bend, OR, 1994), 16.

behavior.¹⁴ Developmental issues play a significant role in the growth of a personality which may be susceptible under specific environmental factors to addictions.

Durand Jacobs, a distinguished leader in the study of pathological gambling and widely published in the field of addictions theorizes that a common characteristic in the psychological development of a person vulnerable to addictions is "a childhood and adolescence marked by deep feelings of inadequacy, and rejection by parents."¹⁵ Such a developmental pathogenesis might lead a person to pathological gambling as:

"a way to avoid fears of abandonment, a way of proving worthiness never obtained from consistent and nurturing parenting, a way of trying to attain grandiose fantasies, a way of simply trying to contain internal discomfort for which an adequate emotional structure was never developed."¹⁶

Similarly, Taber depicts gamblers' grandiose, infantile fantasies of omnipotence and their extreme need for attention and admiration as a method to defend against fears

¹⁴Jacqueline Wallen, Addiction in Human Development: Developmental Perspectives on Addiction and Recovery (Binghamton, NY: The Haworth Press, Inc., 1993), 10.

¹⁵Durand F. Jacobs, "A General Theory of Addictions: Rationale for and Evidence Supporting an Approach for Understanding and Treating Addictive Behaviors," in Compulsive Gambling: Theory, Research, and Practice, Howard J. Shaffer, Sharon A. Stein, Blase Gambino, and Thomas N. Cummings, ed., (Lexington, MA: Lexington Books, 1989), 45.

¹⁶Loreen J. Rugle, "Initial Thoughts on Viewing Pathological Gambling from a Physiological and Intrapsychic Structural Perspective," Journal of Gambling Studies 9(1) (spring 1993): 10.

of rejection and emptiness.¹⁷ Gambling becomes the entry point to a fantasy world, which will replace the painful reality of life. In this fantasy world, the gambler's belief that his goals will be magically achieved temporarily decreases the pain and fear of rejection.¹⁸

Another frequent result of a pathological gambler's stunted developmental growth is that he or she becomes dependent on gambling to combat dysphoria and self-doubt.¹⁹

Robert G. Whitman-Raymond notes:

"Pervasive developmental loss is a core issue for the compulsive gambler resulting in an intolerance for the anticipation of future losses and the certainty of mortality. For the pathological gambler, gambling, like a psychotoxic drug, 'diminishes or eliminates the sense of time...' The distortion of time serves a two-fold purpose: if, in fact, the individual has suffered a painful history, time distortion allows a denial of history or time that has passed. Secondly, the breakdown of the concept of linear time seems to forestall the inevitability of death. Accordingly, when interviewing pathological gamblers, one might expect to encounter many issues around loss, death, and dying; one would anticipate histories which consistently include examples of lost love objects, abandonment, rejection, separation, serious illness, and death. Such histories could readily invite a severe ambivalence in facing 'adult time' and might (along with other important factors: intrafamilial competitiveness, financial issues in the family, social setting, and availability of gambling, familial gambling models, pressure to achieve, etc.) lend themselves to a

¹⁷ibid.

¹⁸Joyce Selzer, "Borderline Omnipotence in Pathological Gambling," Archives of Psychiatric Nursing 4(4) (August 1992): 117.

¹⁹Julian I. Taber, "Specific Attitudes, Values and Beliefs that Facilitate or Inhibit Frequent Excessive Gambling" (unpublished manuscript, Bend, OR, 1994), 9.

propensity for pathological gambling."²⁰

Interestingly, the scholars of pathological gambling and its treatment are not the only ones who are aware that gamblers have a difficulty with linear time. During a visit to the floor of a casino, one may notice the absence of clocks, the non-stop action and the lack of natural light. These factors give the appearance of limitless time, making it impossible to distinguish between day and night. Such an atmosphere provides a less threatening environment for a gambler who has difficulty with the boundaries of time.

In summary, the pathological gambler's stunted developmental growth has significant implications for clinical treatment and recovery. According to Vivian Blanc, director of an out-patient gambling treatment facility, the clinical challenge of treating gamblers characterized by such a stunted developmental path might be in introducing basic normal emotional concepts in the beginning of treatment before introducing more sophisticated spiritual ideas.²¹

²⁰Robert G. Whitman-Raymond, "Pathological Gambling as a Defense Against Loss," Journal of Gambling Behavior 4(2) (summer 1988): 99, 102-103.

²¹Vivian Blanc, MSW (Director of Tressler Lutheran Services Gambling Treatment Program) in letter to the author, Harrisburg, PA, 17 December 1997.

3. Personality Types

There is a tremendous variation of personality types among pathological gamblers. According to Greenberg; Levy and Feinberg; and Peck, pathological gamblers often are of above-average intelligence, are strongly competitive, and industrious workers.²² Kusyszyn and Rutter; and Waters and Kirk, note that they may be attracted to stimulating situations and may tend to avoid or not complete tasks they perceive as boring.²³ Greenberg also notes that pathological gamblers tend to rationalize and deny, and at the same time, be overconfident and uncomfortable with intimacy.²⁴

According to Taber, a majority of gamblers have other psychiatric diagnoses. The diagnoses most common are

²²H.R. Greenberg, "Psychology of Gambling," Comprehensive Textbook of Psychiatry, 3rd ed., H.I. Kaplan, A.M. Freedman, and B.J. Saddock, ed. (Baltimore, MD: Williams and Wilkins, 1980), 3274-3283. and M. Levy and M. Feinberg, "Psychopathology an Pathological Gambling Among Males: Theoretical and Clinical Concerns," Journal of Gambling Studies 7, (1991), 41-53. and C. P. Peck, "A Public Mental Health Issue: Risk-Taking Behavior and Compulsive Gambling," American Psychologist 41 (1986), 461-465 as cited in John B. Murray, "Review of Research on Pathological Gambling," Psychological Reports 72 (1993): 793.

²³I. Kusyszyn, and L. Rubenstein, "Personality Characteristics of Male Heavy Gamblers, Light Gamblers, Non-Gamblers, and Lottery Players," Journal of Gambling Behavior 1 (1985): 59-63. and L.K. Waters, and W.E. Kirk, "Stimulus-Seeking Motivation and Risk-Taking Behavior in a Gambling Situation," Educational and Psychological Measurement 28 (1968): 549-550 as cited in John B. Murray, "Review of Research on Pathological Gambling," Psychological Reports 72 (1993): 793.

²⁴H.R. Greenberg, "Psychology of Gambling," Comprehensive Textbook of Psychiatry, 3rd ed., H.I. Kaplan, A.M. Freedman, and B.J. Saddock, ed. (Baltimore, MD: Williams and Wilkins, 1980), 3274-3283 as cited in John B. Murray, "Review of Research on Pathological Gambling," Psychological Reports 72 (1993): 793.

narcissistic personality disorder, depression, bi-polar disorder and schizophrenia, in that order.²⁵ Blaszczynski and Steel, Australian gambling researchers, noted in their 1998 study in Australia that 93% of the subjects met diagnostic criteria for one of the personality disorders with multiple overlapping personality disorders per subject more the rule than the exception.²⁶

4. Narcissistic Personality Disorder

Pathological gamblers are more likely to evidence higher rates of Narcissistic Personality Disorder than substance-abusing controls.²⁷ Taber surmises that in his clinical experience, fifty percent of his clients of recovering pathological gamblers fit this diagnostic category.²⁸

The DSM IV diagnosis of Narcissistic Personality Disorder includes "a pervasive pattern of grandiosity, need

²⁵Julian I. Taber, Group Psychotherapy with Pathological Gamblers, (Cleveland: Brecksville Division-Cleveland V.A. Medical Center, 1981), 49.

²⁶Alex Blaszczynski and Zachary Steel, "Personality Disorders Among Pathological Gamblers," Journal of Gambling Studies 14 (1), (spring 1998), 51-71.

²⁷Henry R. Lesieur, "Pathological Gambling and Chemical Dependency: Differences," Bettor Times 3(1) (spring 1994): 3.

²⁸Julian I. Taber, "Common Characteristics of Pathological Gamblers and Some Interventions which Seem to Help," (paper presented at the Fourteenth Annual Convention of Divisions 23 and 26 of the American Psychological Assn., White Sulfur Springs, 1983), 2.

for admiration, and lack of empathy."²⁹ The pathological need to be admired, the sense that they are entitled and lack of concern about the feelings of others also characterize this diagnosis.

Pathological gamblers with this additional diagnosis also tend toward "exhibitionism" (a need to be seen and noticed by others). Thomas M. Holtgraves notes that for some pathological gamblers, this need to be seen and noticed by others is so important that gambling may increase if less dysfunctional means of self-presentation are not found.³⁰

Irvin D. Yalom notes that:

"An excessive degree of narcissism takes the form of loving oneself to the exclusion of others, of losing sight of the fact that others are sentient beings; that others, too, are constituting egos, each constructing and experiencing their unique world. In short, the narcissist is a solipsist who experiences the world and other individuals as existing solely for him."³¹

In a group setting, Yalom notes that the narcissist must learn "to share time, to understand, to empathize with and to help other patients, to form relationships, to be concerned with the feelings of others, to receive feedback

²⁹American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM IV), (Washington, D.C.: American Psychiatric Association, 1994), 661.

³⁰Thomas M. Holtgraves, "Gambling as Self-Presentation," Journal of Gambling Behavior 4(2) (summer 1988): 88.

³¹Irvin D. Yalom, The Theory and Practice of Group Psychotherapy- Second Edition, (New York: Basic Books, Inc., 1975), 395.

which often may be critical."³²

5. Borderline Personality Disorder

Rosenthal emphasized the role played by primitive ego defense mechanisms in pathological gamblers such as splitting (the "division of external objects into 'all good' ones and 'all bad' ones and the extreme and repetitive oscillation between contradictory 'all good' and 'all bad' perceptions of others"³³), projection of personal characteristics onto others, over-idealization versus total devaluation of others, feelings of omnipotence and denial of reality.³⁴ These characteristics are identified with the diagnosis of Borderline Personality Disorder. Rosenthal notes that these unconscious mechanisms shape and maintain a system of self-deception. He also recognized that poor ego development and confusion over ego boundary issues (who am I) [and how do I fit in?] contributed to reduced reality contact.³⁵

³²ibid.

³³John G. Gunderson, Borderline Personality Disorder, (Washington, D.C.: American Psychiatric Press, 1984), 43.

³⁴Julian I. Taber, "Specific Attitudes, Values and Beliefs that Facilitate or Inhibit Frequent Excessive Gambling" (unpublished manuscript, Bend, OR, 1994), 5.

³⁵Richard J. Rosenthal, "The Pathological Gamblers System of Self-Deception," Journal of Gambling Behavior 2 (1986): 108-120 cited in Julian I. Taber, "Specific Attitudes, Values and Beliefs that Facilitate or Inhibit Frequent Excessive Gambling"

John Gunderson, Associate Professor of Psychiatry at Harvard Medical School and a key researcher on the diagnostic category of Borderline Personality Disorder, recognizes the benefits of group therapy and other forms of group treatment with this population. Since patients with this disorder have a significant difficulty with external authority (blaming others for their own interpersonal problems), the group situation allows confrontations about maladaptive interpersonal or impulsive patterns in the presence of peers, without those confrontations being written off as being in the service of some power or controlling need of some external authority.³⁶

According to one study, led by Taber, Russo, Adkins and McCormick (1986), a group of 57 pathological gamblers in treatment were examined for "Ego-strength"³⁷ and received scores using the Minnesota Multiphasic Personality Inventory. They found that these scores were significantly lower than those of non-pathological gamblers.³⁸

(unpublished manuscript, Bend, OR, 1994), 5.

³⁶John G. Gunderson, Borderline Personality Disorder, (Washington, D.C.: American Psychiatric Press, 1984), 170-171.

³⁷Ego-strength is a concept that includes a sense of selfhood, self-esteem, optimism, personal uniqueness and a capacity for internal control of one's own behavior.

³⁸Julian I. Taber, A.M. Russo, B.J. Adkins and R.A. McCormick, "A Study of Ego Strength and Achievement Motivation in Pathological Gamblers," Journal of Gambling Behavior 2 (1986): 69-80 cited in Julian I. Taber, "Specific Attitudes, Values and Beliefs that Facilitate or Inhibit Frequent Excessive Gambling" unpublished manuscript, Bend, OR, 1994), 5.

During the demonstration project group, the ego-strength of the participants will play an important role in the exploration of new spiritual concepts. If this theory holds true in practice, participants with low ego-strength will be susceptible to suggestion and manipulation. They will demonstrate few firm internal values and a weak sense of right and wrong.³⁹ In the group, firm social alliances may have a positive impact on a client with low ego-strength, and therefore, potentially creating a sense of social relations and community, aiding in the acceptance and integration of new spiritual values.

6. Attention Deficit Disorder

Attention Deficit Disorder (ADD) occurs at unusually high levels in pathological gamblers, as it does in alcoholics, cocaine abusers, and violent offenders.⁴⁰ Patients with Attention Deficit Disorder have difficulty both in inhibiting their behavior and inhibiting their attention to extraneous stimulation.⁴¹ The underlying link among ADD, alcoholism, and pathological gambling may be

³⁹Julian I. Taber, Group Psychotherapy with Pathological Gamblers, (Cleveland: Brecksville Division Cleveland V.A. Medical Center, 1981), 55.

⁴⁰Richard A. McCormick and Julian I. Taber, "Follow-up of Male Pathological Gamblers after Treatment: The Relationship of Intellectual Variables to Relapse," Journal of Gambling Studies 7(2) (summer 1991): 107.

⁴¹ibid.

inadequate impulse control or impulsivity."²

Neurological and neuropsychological deficits observed among gamblers include "the ability to plan and sequence, to organize and integrate perceptual input, to change perceptual set, and to focus on relevant information while inhibiting distracting or irrelevant data."³ Rugle and Melamed have shown that these deficits exist before the addiction and before any subsequent substance abuse and "may reflect a nonspecific risk factor for development of addictive disorders."⁴

Excitability and strong emotional reactivity are characteristics of pathological gamblers.⁵ Similarly, Durand Jacobs, suggests a physiological predisposition that

²P.L. Carlton and P. Manowitz, Physiological factors as determinants of pathological gambling, Journal of Gambling Behavior 3 (1988): 274-285 as cited in Martin C. McGurran, Pathological Gambling: Conceptual, Diagnostic, and Treatment Issues, (Sarasota: Professional Resource Press, 1992), 14.

³Loreen J. Rugle, "Initial Thoughts on Viewing Pathological Gambling from a Physiological and Intrapsychic Structural Perspective," Journal of Gambling Studies 9(1) (spring 1993): 5. Note that professional gamblers, as defined in DSM IV (p. 617) need to have the ability to be disciplined.

⁴Loreen Rugle, and L. Melamed, "Neuropsychological Assessment of Attention Deficit Disorder in Pathological Gamblers," (paper presented at the Eighth International Conference on Gambling and Risk Taking, London, August 1990) cited in Loreen J. Rugle, "Initial Thoughts on Viewing Pathological Gambling from a Physiological and Intrapsychic Structural Perspective," Journal of Gambling Studies 9(1) (spring 1993): 5.

⁵J. R. Graham, and B.H. Lowenfeld, "Personality Dimensions of the Pathological Gambler," Journal of Gambling Behavior 2 (1986): 58-66.

involves a chronically stressful state of hyperarousal or hypoarousal. For these individuals, gambling becomes a way of bringing physiological arousal within a comfortable range, [often an unacknowledged goal of other addicts]."

"For example, a repetitive activity such as operating a poker machine becomes hypnotic and decreases arousal. The simplicity of interacting with the machine in a clear, unambiguous, win/lose situation may reduce arousal when it is seen as an escape from more complex situations such as marital, work or financial problems. For those described in the state of hypertensive end of the spectrum, gambling provides stimulation that brings them out of the discomfort of physiological underarousal often labeled boredom or numbness."

7. Cross-Addiction Issues

Cross-addiction issues profoundly affect pathological gamblers. Sheila Blume, a distinguished clinician and author of the South Oaks Gambling Screen (SOGS) and Henry Lesieur, former editor of the Journal of Gambling Studies and Director of the Institute for Problem Gambling, Baltimore, MD note that in several studies, approximately 50 percent of the gamblers studied, members of GA and in treatment, had

"Durand F. Jacobs, "A General Theory of Addictions: Rationale for and Evidence Supporting an Approach for Understanding and Treating Addictive Behaviors," in Compulsive Gambling: Theory, Research, and Practice, Howard J. Shaffer, Sharon A. Stein, Blase Gambino, and Thomas N. Cummings, ed., (Lexington, MA: Lexington Books, 1989), 45.

"Loreen J. Rugle, "Initial Thoughts on Viewing Pathological Gambling from a Physiological and Intrapsychic Structural Perspective," Journal of Gambling Studies 9(1) (spring 1993): 6-7.

drug or alcohol problems."⁴⁸ Similarly, in a study of alcoholics and drug abusers in treatment at South Oaks Hospital in Amityville, NY, about 10 percent were pathological gamblers.⁴⁹ Also, losses incurred by excessive gambling may lead to alcohol or drug use as a coping strategy for depression or anxiety. According to Ramirez, et al., 50 percent of those studied said that their gambling problems preceded alcohol problems.⁵⁰

The high frequency of cross addiction in the above studies is of critical importance for the clinician because:

"All other serious addictions are also facilitated by, if not based upon, a similar set of irrational self-deceiving ideas. The words change but the process is the same. Other addictions will probably replace gambling if immature thinking itself is not addressed in treatment and if treatment is so specialized that other addictions are not addressed."⁵¹

Taber notes that 45% of his patients in treatment had or were having, problems with alcohol. He also reported that practically all of his patients were heavy users of tobacco,

⁴⁸Sheila Blume and Henry R. Lesieur, Compulsive Gambling: A Concern For Families With Alcoholism and Other Drug Problems, (New York: National Council of Problem Gambling, no date), 2.

⁴⁹Sheila Blume and Henry R. Lesieur, Compulsive Gambling: A Concern For Families With Alcoholism and Other Drug Problems, (New York: National Council of Problem Gambling, no date), 14.

⁵⁰L. Ramirez, R. McCormick, A.M. Russo and J.I. Taber, "Patterns of Substance Abuse in Pathological Gamblers Undergoing Treatment," Addictive Behavior 8 (1984): 425-428.

⁵¹Julian I. Taber, "Specific Attitudes, Values and Beliefs that Facilitate or Inhibit Frequent Excessive Gambling" (unpublished manuscript, Bend, OR, 1994), 8.

caffeine and sugar.⁵²

8. Phases of the Progression of the Pathological Gambler and Recovery

The life of a pathological gambler follows a general pattern with various phases leading toward ever increasing antisocial behaviors as the addiction becomes more severe. According to Henry R. Lesieur, there are three phases of pathological gambling: the winning phase, in which the gambler wins, loses and breaks even often; the losing phase, with the gambler facing increased losses, borrowing from family and friends, and a neglect of family responsibilities; and the desperation phase, including the gambler being obsessed with getting even, taking greater risks, and finally proceeding with four alternatives: suicide, prison, running away, or looking for help.⁵³

In this desperation phase, the pathological gambler is caught in "a network of irrational values and ideas."⁵⁴ His thinking is significantly impaired and based on lies and deception. Often at this point, the gambler has lost his

⁵²Julian I. Taber, "Common Characteristics of Pathological Gamblers and Some Interventions which Seem to Help," (paper presented at the Fourteenth Annual Convention of Divisions 23 and 26 of the American Psychological Assn., White Sulfur Springs, 1983), 3.

⁵³Henry R. Lesieur, "Pathological Gambling and Chemical Dependency: Differences," Bettor Times 3(1) (spring 1994): 3-8.

⁵⁴Julian I. Taber, Group Psychotherapy with Pathological Gamblers, (Cleveland: Brecksville Division Cleveland V.A. Medical Center, 1981), 6.

job, his home life is in a chaotic state, and he may have also been convicted of a crime and/or facing incarceration in prison. He may feel that he has no other sources of credit to access and no person or place to turn for help.

Considering the four possible solutions listed above: suicide, prison, running away, or looking for help, if the pathological gambler chooses "looking for help," it is because the addict believes he or she has "hit bottom," meaning that there could not be any situation in his life that could be worse than the present except death.

Recovery, that is, abstinence from the addictive behavior, and changing to a healthy way of thinking and acting, is the only path that is a long-term solution to the addiction of pathological gambling. If the addict chooses the process of recovery, he will be faced with these other general goals: 1) overcoming denial, i.e., learning to honestly recognize the impact and implications of the addiction and all of the other issues and problems of life that were avoided during the stages of active addiction; 2) remaining motivated, even when facing the painful consequences of a life that had been impaired by addiction; 3) recognizing and identifying feelings, not only his own feelings but the feelings of family members, friends and co-workers of whom he has taken advantage, abused and/or neglected; 4) recognizing and identifying behavior patterns, meaning an honest assessment of priorities and lifestyle

during active addiction; 5) developing new ways to handle old problems, referring to the process in which the recovering addict learns how to transform his impaired thinking to a healthy and honest recognition of life's challenges; 6) developing an emergency plan to respond to unforeseen events that create emotional turmoil, i.e., recognizing the emotional triggers that could be used as a rationalization and justification to return to active addiction; and 7) learning to enjoy life without the addictive substance."

In 1934, after many unsuccessful attempts at sobriety, William Griffith Wilson, known as Bill W., founded Alcoholics Anonymous (AA). Alcoholics Anonymous, a fellowship guided by "twelve steps" and "traditions," defines alcoholism as an illness and successfully encourages alcoholics to learn and develop the courage to refrain from drinking any alcohol while allowing spiritual principles to guide them, which will be explained below. Alcoholics Anonymous groups are self-run (without professional, clinical guidance). Their sole purpose is to help alcoholics abstain from alcohol.

The success of AA may be due to the following factors:

1) characterizing alcoholism as a disease, meaning that the

"Sheila B. Blume, "Group Psychotherapy in the Treatment of Alcoholism," in Practical Approaches to Alcoholism Psychotherapy, 2nd ed., in Sheldon Zinbarg, John Wallace and Sheila B. Blume, ed., (New York: Plenum Press, 1985), 78-81.

alcoholic may be inspired by hope of recovery and that the moral stigma of alcoholism is replaced by a diagnosis with clearly defined signs and symptoms; 2) belonging (to AA) substitutes for the dependence on alcohol, "providing fellowship, loss of isolation, increase in self-esteem, lifting of the burdens of guilt, a meaning and purpose in life and a source of help for the future;" and 3) emphasizing the pain of drinking while revealing the joy and pleasure of abstinence.⁵⁶

Using the model of AA, and after earlier attempts to form a fellowship of recovering compulsive gamblers,⁵⁷ the first group meeting of the present incarnation of Gamblers Anonymous (GA) was held on September 13, 1957.⁵⁸ The purpose of this fellowship is to enable compulsive gamblers to help themselves and others stop gambling and remain abstinent. There are no dues or fees and each group is totally self-supporting.

Custer has written:

(Pathological)gambling is treatable and Gamblers Anonymous continues to be the single most effective treatment modality for the pathological gambler. . . . GA is effective because it

⁵⁶Maxwell N. Weisman and Lucy Barry Robe, Abstinent Alcoholics Who Return To Drinking: Relapse/Slips, (Minneapolis: Johnson Institute, 1983), 21-23.

⁵⁷Basil R. Browne, "Really Not God: Secularization and Pragmatism in Gamblers Anonymous," Journal of Gambling Studies 10 (3) (fall 1994): 249.

⁵⁸Gamblers Anonymous, A New Beginning, (Los Angeles: The GA Publishing Company, 1989), 5.

(a)undercuts denial, projection, and rationalization; (b)identifies the serious implications of gambling; (c)demand honesty and responsibility, (d)identifies and corrects character problems, (e)gives affection, personal concern, and support; (f)develops substitutes for the void left by the cessation of gambling; and (g)is non-judgmental. The more a person understands Gamblers Anonymous, the more one respects and admires it for its principles, accomplishments, and effectiveness- and the lives it has saved."³⁹

One of the foundational tenets of Alcoholics Anonymous is its recognition that recovery for alcoholics depends on "letting go" of control over many issues of their life and developing a spiritual recognition of a transcendent "Higher Power", meaning a power outside of themselves. Many AA members believe that the group itself is their "Higher Power" as the group encourages and guides the AA member to a pattern of living which is healthy, honest, and insightful. Others may believe in a more theistic construct and define their "Higher Power" as God, a supernatural being which is a principal object of faith and worship for monotheistic religions.

Henry Lesieur writes that "those who are familiar with Alcoholics Anonymous will notice that the twelve steps are different in Gamblers Anonymous. God and spirituality are

³⁹Robert Custer, foreword to Sharing Recovery Through Gamblers Anonymous, (Los Angeles: Gamblers Anonymous Publishing, Inc., 1984), ix.

de-emphasized in GA's steps and in the overall program."⁶⁰
[see Appendix #II] For example, in steps five and six, God is removed from the Gamblers Anonymous version. It is in those steps that a gambler admits to himself and others "the exact nature of his (our) wrongs and the removal of these defects of character."⁶¹ Basil Browne cites reliable sources that one of the two founders of GA (1957), Sam J., was an atheist and he pressured Jim W. to amend the AA program. Moreover in 1962, even after Sam J.'s departure from GA, changes were made in the GA 12 steps to deemphasize God and spirituality.⁶² Interestingly, according to Browne, the more rational approach of GA as compared to more spiritual approach of AA, may be due to the unusually disproportionate percentage of Jews in GA. Browne plausibly contends that "Because of a long history of persecution, the Jewish culture has a legitimate suspicion of traditional 'Christian' notions of spirituality and God."⁶³

⁶⁰Henry R. Lesieur, "Working with and Understanding Gamblers Anonymous," Working with Self-Help, T.J. Powell, ed. (Silver Spring, MD: NASW Press, 1990), 242.

⁶¹Alcoholics Anonymous, Alcoholics Anonymous 3rd ed. (New York: Alcoholics Anonymous World Services, Inc., 1976), 59-60 and Gamblers Anonymous, Gamblers Anonymous, (Los Angeles: Gamblers Anonymous Publishing, Inc., 1994), 4-5.

⁶²Basil R. Browne, "Really Not God: Secularization and Pragmatism in Gamblers Anonymous," Journal of Gambling Studies 10 (3) (fall 1994): 250-253.

⁶³Basil R. Browne, "Really Not God: Secularization and Pragmatism in Gamblers Anonymous," Journal of Gambling Studies 10 (3) (fall 1994): 258.

Leiseur also notes that in GA there are fewer meetings in which the steps are explored, called step-meetings, which he believes works to the detriment of GA members. Lesieur notes that it is typically at step-meetings that the members of self-help groups come to express their feelings."

Basil Browne sharply notes that:

"GA stresses page seventeen of their "Combo Book" rather than 'working the steps' as other twelve-step groups do. 'Working the twelve steps' leads to a 'spiritual awakening' as the AA twelfth step says. GA's twelve steps are apparently unworkable or do not lead to this spiritual awakening. The members of GA, I have met, Jewish and non-Jewish, have gained spirituality, not from GA, but by outside programs or by going to another twelve-step group."

Another contributor to the absence of a spiritual component in GA recovery is the Gamblers Anonymous definition of "spiritual," which is, "those characteristics of the human mind that represent the highest and finest qualities such as kindness, generosity, honesty, and humility." "Although these qualities of the human character are laudatory and important principles for healthy living, they do not reflect the twelve-step recognition that the addict's mode of thinking and rationalization has been his/her downfall. The twelve-step recognition of

"Henry R. Lesieur, "Working with and Understanding Gamblers Anonymous," Working with Self-Help, T.J. Powell, ed. (Silver Spring, MD: NASW Press, 1990): 242.

"Basil Browne letter to author, 21 December 1994.

"Gamblers Anonymous, Combo Book, (Los Angeles: Gamblers Anonymous Publishing, Inc., 1994), 1.

surrendering control to a Higher Power enables the addict to rely on a power that is outside themselves or transcends them, whether it be God or the group, to guide, reassure and show loving support during recovery and not to base his/her recovery on impaired thinking.

9. Transferential Issues

Zimberg comments about the transferential issues at play when working with the addicted, including client behavior characterized by a considerable amount of "dependence coupled with hostile, manipulative, and testing behavior."⁶⁷ This testing behavior, for example, may lead to countertransferential feelings on the part of the clinician, of frustration and a tendency to categorize the treatment as unrewarding.⁶⁸ Moreover, these countertransferential issues will become significant if the demonstration project group consists of a significant number of pathological gamblers who also have either the diagnosis of Borderline Personality Disorder or Borderline features. Gunderson comments that Borderline clients often demand an exclusive helping relationship and view the offered help, as inadequate.⁶⁹

⁶⁷Sheldon Zimberg, "Principles of Alcoholism Psychotherapy," Practical Approaches to Alcoholism Psychotherapy 2nd edition, in Sheldon Zimberg, John Wallace, and Sheila Blume, (New York: Plenum Press, 1985), 16.

⁶⁸ibid.

⁶⁹John G. Gunderson, Borderline Personality Disorder, (Washington, D.C.: American Psychiatric Press, 1984), 176.

Such a reaction often leads the clinician to exasperated feelings of inadequacy and frustration.

Transferential difficulties may also arise because I will be the group leader and I am not a recovering pathological gambler. Yalom has noted about alcoholics that "One of the great strengths of Alcoholics Anonymous is the fact that the leaders [called "trusted servants"] are all ex-alcoholics-living inspiration to others...The members develop a strong conviction that they can be understood only by someone who has trod the same path as they and who has found the way back."¹⁰

10. Resistance and Transference Related to the Group Setting

The Jewish Community Center of West Hempstead, a synagogue affiliated with the Conservative movement of Judaism, was chosen to be the setting for the demonstration project group because of the goal to provide a comfortable atmosphere for the conduct of the group, as the group members come to this specific synagogue each week for their home GA meeting. For the GA member participating in the GA meeting, the synagogue may be conceived by them simply as a meeting space, especially since the GA members have no contact with religious activities or sacred spaces in the synagogue.

¹⁰Irvin D. Yalom, The Theory and Practice of Group Psychotherapy- Second Edition, (New York: Basic Books, Inc., 1975), 7.

However, the specific space in the synagogue that will be used for the demonstration project group will be the rabbi's study. Using the rabbi's study may engender resistance by the group participants due to possible past negative experiences in a rabbi's study, for example, preparing for a Bar Mitzvah, or bereavement counseling after a loss of a parent, sibling or grandparent. I surmise that if malparenting is often a significant issue in the lives of a pathological gambler, then such lifecycle events have the potential to be a negative experiences.

Moreover, the rabbi's study that will be used for the group is filled with more than one thousand books with titles about topics mostly involving Judaism. Being surrounded by Jewish books and even more significantly, being a participant in a group led by a rabbi, may evoke in the participants past negative feelings about Judaism and Jewish life.

11. Relapse Issues

Successful treatment of pathological gambling, similar to other addictions, has to be understood as a matter of control and not cure. The American Medical Association recognizes alcohol addiction, in particular, as a "chronic and relapsing medical condition . . . [and that] abstinence

is sought as a primary objective."⁷¹

According to most clinicians, the above description of recovery for alcoholics is also an effective model for pathological gamblers. The Gamblers Anonymous program promotes being bet-free as a critical factor in recovery, and local GA meetings use the length of time since the GA member placed his last bet, as a part of the personal identification of the gambler. A member who "slips," and places any form of a bet, must begin the count again, and publically announce the embarrassing "slip."

Such a position, as accepted by GA, assumes a linear model of recovery, for example, the stages of "precontemplation, contemplation, action, and maintenance" as described by Prochaska and DiClemente. "Precontemplation" is the stage in which the client is the most resistant to change and the involvement of others in his change process. The "contemplation" stage is where the client is most open to confrontations and observations of others. The client is likely willing to read books on the problem and evaluate his own situation in light of his learning. The "action" stage is the first stage of liberation by the client from the addictive substance or problem and the feeling of autonomy to change his life. The "maintenance" stage includes an open

⁷¹Manual on Alcoholism, 3rd edition (Chicago: American Medical Association, 1973), 6 as cited in Maxwell N. Weisman and Lucy Barry Robe, Abstinent Alcoholics Who Return To Drinking: Relapse/Slips (Minneapolis: Johnson Institute, 1983), 12.

assessment by the client on the conditions in which he is likely to relapse. New coping skills need to be developed and honed to face difficult situations which might have led, in the past, to engaging in pathological patterns of response."²

However, according to Prochaska and DiClemente, most individuals do not progress linearly through the stages of change."³ Most individuals' recovery programs, whether through therapy or on their own, are better described as a cycle, in which relapse is the rule and not the exception. Another characterization of the cyclical nature of the recovery process is a "revolving door" in which individuals may enter at the "contemplation" stage and travel through the "action," "maintenance" and a "relapse" stage before they return again to the "contemplation" stage."⁴

Therefore, clinically, should the placing of a single bet be called a "relapse" as characterized by Gamblers Anonymous? Also, is there an immediate return to the

²James O. Prochaska and Carlo C. DiClemente, "Toward a Comprehensive Model of Change," in Treating Addictive Behaviors: Processes of Change, William R. Miller and Nick Heather, ed. (New York: Plenum Press, 1986), 9-10.

³James O. Prochaska and Carlo C. DiClemente, "Toward a Comprehensive Model of Change," in Treating Addictive Behaviors: Processes of Change, William R. Miller and Nick Heather, ed. (New York: Plenum Press, 1986), 5.

⁴James O. Prochaska and Carlo C. DiClemente, "Toward a Comprehensive Model of Change," in Treating Addictive Behaviors: Processes of Change, William R. Miller and Nick Heather, ed. (New York: Plenum Press, 1986), 5-6.

symptoms or harmful consequences of a pathological gambling diagnosis, as a result of a single bet? According to Blaszczyński, et al., a subgroup of gamblers may experience intermittent brief relapses that are not invariably associated with a continued return to pathological gambling.⁷⁵ Studies conducted by the Rand Corporation (Alcoholism and Treatment, 1976 and The Course of Alcoholism: Four Years After Treatment, 1981) seem to point to moderate drinking as one cure for alcoholism.⁷⁶ Other alcoholism studies conclude, however, that although a single drink may not cause intoxication, so-called "controlled drinking" by an alcoholic more than likely leads to the process of relapse, leading to dire consequences for the alcoholic.⁷⁷

Another issue is the use of the word "relapse" in

⁷⁵A.P. Blaszczyński, N. McConaghy, A. Frankova, "A Comparison of Relapsed and Non-Relapsed Abstinent Pathological Gamblers Following Behavioural Treatment," British Journal of Addiction 86, (1991), 1485-1489 as cited in John B. Murray, "Review of Research on Pathological Gambling," Psychological Reports 72, (1993): 801.

⁷⁶Stanton Peele, "Through a Glass Darkly: Can Some Alcoholics Learn to Drink in Moderation," Psychology Today, (April 1983): 38-42 and Stanton Peele, "The New Prohibitionists: Our Attitudes Toward Alcoholism Are Doing More Harm Than Good," The Sciences, (March/April 1984): 14-19.

⁷⁷Mary L. Pendery, Irving M. Maltzman, and L. Jolyon West, "Controlled Drinking by Alcoholics? New Findings and a Reevaluation of a Major Affirmative Study," Science 217 (1982): 169-175. as cited in Maxwell N. Weisman and Lucy Barry Robe, Abstinent Alcoholics Who Return To Drinking: Relapse/Slips (Minneapolis: Johnson Institute, 1983), 13.

describing the placing of a bet by a newly attending GA member. Often a gambler, who apparently begins the process of recovery by attending GA meetings, may be continuing his gambling, and is using attendance at GA meetings to relieve some pressure from home and/or work. "Relapse" may not be an appropriate term for a description of such a gambler as a commitment to recovery has not been made.

An important factor in relapse prevention is the altering of the addictive lifestyle to include meaningful activities and priorities which affirm a healthy outlook on life and honesty in relationships and pursuits. Among the many choices available to the addict in recovery include spiritual pursuits and religion. Spirituality, defined above as the quest for the transcendent is not, by definition, equal to religion. Religion or religiosity generally provides a person with a set of teachings and principles which may help achieve spirituality.⁷⁸

According to G. Alan Marlatt, Professor of Psychology at the University of Washington, and leader of the field of relapse prevention, notes that lifestyle modification, a significant issue in relapse prevention, can be affected by religious beliefs.⁷⁹ Marlatt does not make a necessary

⁷⁸Rojann R. Alpers, Spiritual Reading as Bibliotherapy in Robert J. Kus, ed., Spirituality and Chemical Dependency (Binghamton, NY: Harrington Park Press, 1995), 50.

⁷⁹G. Alan Marlatt, "Lifestyle Modification," in Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors, G. Alan Marlatt and Judith R. Gordon, ed. (New York:

differentiation between religious beliefs and spirituality but correctly notes that activities related to spiritual growth and self-discovery may facilitate motivation and compliance with relapse prevention, as both addictive behaviors and spiritual pursuits are frequently associated with altered states of consciousness.⁶⁰ Durand Jacobs and his general theory of addictions reflects this same idea noting that addictive behaviors, i.e., pathological gambling, alcoholism and eating disorders, result in an "altered state of identity," meaning that the addiction enables the addict to detach himself psychologically from his ordinary reality and become so engrossed in fantasy that he assumes a changed identity.⁶¹

Marlatt also adds that spiritual growth will also help the recovering addict accept responsibility for personal change and the development of a healthy lifestyle.⁶²

The Guilford Press, 1985), 297-298.

⁶⁰G. Alan Marlatt, "Lifestyle Modification," in Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors, G. Alan Marlatt and Judith R. Gordon, ed. (New York: The Guilford Press, 1985), 298.

⁶¹Durand F. Jacobs, "A General Theory of Addictions: Rationale for and Evidence Supporting a New Approach for Understanding and Treating Addictive Behaviors," in Compulsive Gambling: Theory, Research and Practice, Howard J. Shaffer, Sharon A. Stein, Blase Gambino and Thomas N. Cummings, ed., (Lexington, MA: Lexington Books, 1989), 35.

⁶²G. Alan Marlatt, "Lifestyle Modification," in G. Alan Marlatt and Judith R. Gordon, ed. Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors (New York: The Guilford Press, 1985), 298.

Marlatt's conclusion is an important foundation of this demonstration project and its validity is an important factor in pathological gambling recovery.

Another relapse issue is discussed by Zion, Tracy and Abell who have shown that the pathological gamblers in their study who have not relapsed "reported significantly more engagement in past addictive-like behaviors than those who have relapsed."³ For example, a pathological gambler who is now bet-free may increase his/her cigarette smoking significantly and although he/she may be in relapse for the gambling, he/she has replaced one addiction for another. Taber also notes that "the probability of abstinence from gambling is minimal if other destructive addictions continue to dominate the lifestyle."⁴ Therefore, another result of this demonstration project may be the manifestation of active addictive-like behaviors from some group members while they are abstinent from pathological gambling.

The above research verifies a significant truth in the process of recovery, that a recovering person may choose another addiction in place of the "recovering addiction" if

³Maxene M. Zion, Elizabeth Tracy, and Neil Abell, "Examining the Relationship between Spousal Involvement in Gam-Anon and Relapse Behaviors in Pathological Gamblers," Journal of Gambling Studies 7(2) (summer 1991), 129.

⁴Julian I. Taber, "Common Characteristics of Pathological Gamblers and Some Interventions which Seem to Help," (paper presented at the Fourteenth Annual Convention of Divisions 23 and 26 of the American Psychological Assn., White Sulfur Springs, 1983), 3.

clinical focus is placed only on abstinence and not on other factors of recovery including lifestyle modification and spiritual growth. Similarly, Taber notes that there is an incompatibility of addictive behaviors with growth behaviors. Therefore, when he ran group psychotherapy for pathological gamblers, he did not allow smoking within group sessions, although in his estimation, 90% of his patients also fit the criteria for tobacco dependency in DSM-III.⁶⁵

B. Religious Principles

1. Introduction and General Principles

The twelve steps of Gamblers Anonymous assumes that people in recovery "Came to believe that a Power greater than ourselves could restore us to a normal way of thinking and living."⁶⁶ Judaism teaches that this "power greater than ourselves" is the God who created the universe, revealed a profound message at Sinai to the Israelites and their descendants, and redeemed the Israelites at the Red Sea as the example par excellence of a future redemption.

Not only did God share His profound concern for the people Israel, as described in the Bible, but He is

⁶⁵Julian I. Taber, Group Psychotherapy with Pathological Gamblers, (Cleveland: Brecksville Division Cleveland V.A. Medical Center, 1981), 12.

⁶⁶Step Two of the Gamblers Anonymous Recovery Program(see Appendix II)

profoundly concerned about us, as individuals. This notion called hashgahat peratit teaches that as insignificant our physical presence may be in the scope of the universe, our entire being is part of God's ultimate concern. Hashgahat Peratit is not earned but a gift from God.

However, a significant challenge for this demonstration project is that pathological gamblers have a primitive belief structure including magical thinking, superstition, and luck. For example, Joyce Selzer of Brecksville Veterans Administration Medical Center, cited a case of Carl, who "believed he was destined to win, to be great, rich and powerful some day."⁶⁷ Custer and Melt (1985) propose that gamblers often believe some mysterious force has been operating in their lives to make things work out right.⁶⁸

Often, the pathological gambler has an external locus of control, or a belief that an outcome is determined by fate, chance, or powerful others and is beyond personal control.⁶⁹ For a pathological gambler in treatment and recovery, the failure of that external force (or God?) to

⁶⁷Joyce Selzer, "Borderline Omnipotence in Pathological Gambling," Archives of Psychiatric Nursing 4 (4), (August) 1992, 215.

⁶⁸R.C. Custer, and H. Melt, When Luck Runs Out (New York: Facts on File Publications, 1985) as cited in Joyce Selzer, "Borderline Omnipotence in Pathological Gambling," Archives of Psychiatric Nursing 4(4) (August 1992), 215.

⁶⁹Joyce Selzer, "Borderline Omnipotence in Pathological Gambling," Archives of Psychiatric Nursing 4(4) (August 1992), 216.

make things right leads to profound disappointment, which may hinder the development and acceptance of a concept of a Higher Power.

Another foundational religious principle informing this demonstration project is that the issues presented by the individual within the group will be respected. The Bible, describing God's profound concern for banished Hagar and Ishmael, notes, "And God heard the voice of the lad and the angel of God called to Hagar out of heaven, and said to her: 'What ails you, Hagar? fear not; for God Has heard the voice of the lad where he is.'"⁹⁰

The following general principles of Jewish thought have been selected as they are likely to have a direct relationship to the spiritual issues facing pathological gamblers and specific topics that will be addressed in the group sessions:

2. Making Distinctions

A significant theological message of Judaism is that boundaries need to be created between people, things, ideas, and time periods to discern what is considered special and what is ordinary. Such distinctions, for example, separating one time period from another, convey a sense of holiness and sanctification. A classic expression of this concept is articulated in the Havdalah ceremony, the ceremony which

⁹⁰Genesis 21:17.

formally makes a boundary between the Sabbath (or festival) and the weekdays. The ceremony concludes with this prayer:

Praised are You, Sovereign of the Universe, who has endowed all creation with distinctive qualities, distinguishing between sacred and secular time, between light and darkness, between the people Israel and other people, between the seventh day and the six working days of the week. Praised are You, Lord, who distinguishes between sacred and secular time.⁹¹

By creating a boundary between moments, the participant in the ceremony recognizes that one moment or period in time can be discovered as holy, by separating it and by giving it special attention.

Living a life with healthy emotional boundaries with family members, friends, and co-workers is a sign of health and for the addict, recovery. For example, when a gambler imagines that company funds should be stolen or family funds set aside for the future should be accessed so the gambler can place a bet, he/she is neglecting significant boundaries. Therefore, learning to appreciate boundaries and subsequently, showing respect for others, is an important quality of maturity to be displayed by a recovering addict.

⁹¹Adapted from a translation of the Havdalah prayer by Rabbi Jules Harlow, Siddur Sim Shalom, (New York: The Rabbinical Assembly and the United Synagogue of America, 1989), 701.

3. Imitating God with Deeds of Lovingkindness, Empathy, and Partnership with God

A general principle that informs Jewish thinking about God is that we are commanded to "walk in God's ways."²² The Rabbis, recognizing the difference between the divine and the human, defined this statement that a person should try to emulate God's qualities of concern for the helpless, needy and the abandoned. The Sifre, the Rabbinic Midrash on the Book of Deuteronomy, includes this statement:

"These are the ways of the Holy One: 'gracious and compassionate, patient, abounding in kindness and faithfulness, assuring love for a thousand generations, forgiving iniquity, transgression and sin, and granting pardon. . . (Exodus 34:6)'. This means that just as God is gracious and compassionate, you too must be gracious and compassionate. 'The Lord is faithful in all His ways and loving in all His deeds. (Psalm 145:17)' As the Holy One is faithful, you too must be faithful. As the Holy One is loving you too must be loving."²³

By imitating God's love for us by expressing it to others, especially in times of crisis for an individual, we have the foundation of an empathetic response.²⁴ The empathy is reflected in the willingness to be an active listener, being sensitive to the feelings and experiences of others.

²²Deuteronomy 13:15.

²³Sifre, Parashat Ekev, as translated by Jules Harlow, Siddur Sim Shalom (New York: Rabbinical Assembly and United Synagogue of America, 1989), 19.

²⁴Joseph S. Ozarowski, To Walk in God's Ways: Jewish Pastoral Perspectives on Illness and Bereavement, (Northvale, NJ: Jason Aronson, Inc., 1995), 5-7.

A Midrash tells the story of Rabbi Joshua ben Levi who met Elijah the Prophet (the harbinger of the Messiah) and asked him, "When will the Messiah come (to bring the final redemption)." Elijah responded to the Rabbi that he should go and ask him himself. The Rabbi responded, "How will I recognize him?" Elijah told him that you will recognize the Messiah sitting among the poor and suffering because he is the one unbinding and binding each wound separately (so he will not be unduly delayed when God commands him to redeem the world), as compared to the other suffering individuals who unbind all their wounds and then bind them up at the same time." The commentary of Rabbi Shlomo Yitzhaki (Rashi), a classic medieval Rabbinic commentator, understands that text to also refer to the Messiah as wounded. Rashi quotes Isaiah 53:4, "But our illness he carried and our pain, he suffered." Rabbi Dr. Joseph Ozarowski in To Walk in God's Ways: Jewish Pastoral Perspectives on Illness and Bereavement uses this Talmudic text and rabbinic commentary to characterize empathy as a Jewish value as the Messiah himself is a wounded future redeemer, sharing pain and suffering with other unfortunate individuals."

Moreover, as covenanted partners of God, we have a

"Babylonian Talmud, Tractate Sanhedrin 98a.

"Joseph S. Ozarowski, To Walk in God's Ways: Jewish Pastoral Perspectives on Illness and Bereavement, (Northvale, NJ: Jason Aronson, Inc., 1995), 6-7.

specific obligation to fulfill His mission of concern for the less fortunate. This concept called Shutafin Shel HaKadosh Baruch Hu is beautifully articulated in the Midrashic quotation: "The Holy One, Blessed be He, gave the Torah unto Israel like wheat from which to derive fine flour, or like flax from which to make a garment."⁹⁷ Man's partnership with God is critically important to God in participating in His work among humankind and sharing His concern for the world.

Jewish tradition also teaches that the relationship among people has to be defined by kindness and understanding. Shimon HaTzadik, one of the earliest recorded expositors of the rabbinic tradition, noted that deeds of lovingkindness practiced among people were among the primary foundations of the world including the Torah and service to God.⁹⁸ Although a Jew may serve as a judge, developing a judgmental attitude about people was discouraged.⁹⁹ Moreover, giving a person the benefit of the doubt is a meritorious quality of character.¹⁰⁰

For the recovering pathological gambler, as with all recovering addicts, there is great meaning in acquiring the

⁹⁷Seder Eliahu Zuta, ch.2, ed. Friedman, Vienna, 172 as quoted in Abraham Joshua Heschel, God in Search of Man (New York:Farrar, Straus, and Giroux, 1976) 274.

⁹⁸Mishnah, Tractate Avot (Ethics of the Fathers) 1:2.

⁹⁹Mishnah, Tractate Avot (Ethics of the Fathers)2:5.

¹⁰⁰Mishnah, Tractate Avot (Ethics of the Fathers) 1:6

qualities of character expressed when a person attempts to imitate God's concern for others including deeds of lovingkindness. Appreciating and respecting the "other" and showing concern for them is an outstanding replacement for the selfishness and disrespect for others often expressed by an active addict in his/her behavior.

4. Community

A powerful traditional Jewish teaching is that Jewish peoplehood is strengthened, and Jewish theological ideas are most effectively expressed through the individual's participation in the community. Moreover, the Talmud states that God's presence dwells among those assembling and praying in community, defined by a minyan,¹⁰¹ a quorum of ten Jewish adults (over age 13). For example, traditionally, worship services without a minyan are truncated, and a specific prayer reserved for a mourner, called the Kaddish, may not be recited without a minyan.

Generally, Jewish pathological gamblers have been ignored by the Jewish community through significant denial that there even exists a problem in the Jewish community. Another important foundational principle of this demonstration project validates the existence and recognizes the pain of pathological gambling. Exodus 10:9 articulates in that no one would be left behind when the Israelites left

¹⁰¹Babylonian Talmud, Tractate Berachot 6b.

Egypt, "And Moses said: 'We will go with our young and with our old, with our sons and with our daughters, with our flocks, and with our herds we will go. . .'"

The community has a direct relationship to the spiritual connection of the individual to God. Arthur Green wrote, "Sinai [the place of the giving of the Torah] was an experience of the entire people, a communal transformation, rather than that of an individual. When Israel arrived at the mountain, say the Rabbis, they encamped there (the verb used is in the singular) 'with a single heart'; only then were they ready to receive the word of God."¹⁰²

The Jewish people of any local community pride themselves in the creation and strengthening of Jewish communal institutions to help the needy with advocacy and financial support, to educate children and adults with schools, and to meet the social and cultural desires of the local Jewish community by supporting community centers. The program of modern synagogues also includes the strengthening of community among the members by sponsoring not only worship services but also social and educational activities for the community.

¹⁰²Arthur Green, Seek My Face, Speak My Name: A Contemporary Jewish Theology (Northvale: Jason Aronson Inc., 1992), 140.

5. Death, Loss and Mourning

A foundational principle of the Jewish understanding of death is the statement of the Biblical Job, "The Lord has given, the Lord has taken away, Blessed be His name."¹⁰³ This quotation articulates the Jewish belief that all life and death are in the hands of God and that we, as Jews, must recognize the Divine role in our lives, although we might not understand the Divine plan in the seeming tragedy of death.

Jewish mourning rituals, developed over the many generations of Jewish peoplehood, are quite specific, creating a sense of order in the face of the emotional and psychological chaos of loss. For example, Jews in mourning observe a seven day period following the funeral, called shiva (from the Hebrew number seven), in which they do not leave their homes and community members visit them to share words of consolation and to pray with them. This sacred period enables the mourner to reorient the mourners to the world using a slower, more deliberate process after the pain of loss.

Mourning, however, is not limited to the period following the death of a relative or friend but also can be experienced when reflecting upon the end of a stage in life. The psychological process of mourning is a process which recognizes loss as the result of feeling the absence of

¹⁰³Job 1:21.

someone or something that, at one time, played a significant role in your life and helped create a sense of order.

It is in this understanding of mourning that the recovering addict mourns the lifestyle of being an addict, even though he/she presently may recognize how pathological and destructive was that lifestyle. For a pathological gambler, even though he/she may have significantly neglected family and job responsibilities, committed crimes and manifested other antisocial behaviors, the gambling lifestyle still created some sense of order for their lives. The absence of that lifestyle, including friends and habits, needs to be reflected upon and mourned before a new lifestyle in recovery can be integrated into his/her life.

6. God as Sovereign and as Divine Parent

The Rabbinic tradition posits both the transcendence and immanence of God. Metaphorically, God is a transcendent being as He stands above the world as a majestic sovereign, judge and law-giver. The immanence of God is expressed as God as a divine parent, available and spiritually close, hearing our prayers and answering us when we call. These two sacred understandings are intertwined and often paired in Jewish liturgy, i.e., the Avinu Malkenu prayer recited on fast days and during the Ten Days of Penitence from Rosh Hashanah and Yom Kippur inclusive.

For the pathological gambler when active in his/her

addiction, the above understanding would generally be incomprehensible due to increased gambling losses often being linked by the gambler to a punitive God. Moreover, since many gamblers have had poor parenting, it is difficult for a recovering pathological gambler to relate to the metaphor of a caring and listening God linked to the image of a parent.

7. Modesty and Humility

Due to the diagnosis of Narcissistic Personality Disorder, with its expression of grandiosity, its need for admiration, and the lack of empathy often accompanying pathological gambling, integrating the qualities of humility and modesty are a particular challenge for pathological gamblers.

Within Judaism, a most significant definition of humility is submissiveness to God's will and an expression of modesty while practicing the life of the commandments. Moses, although he was the great political and religious leader of the Israelites, is still described as the paradigm of humility, being described in the Torah as the most humble of all men.¹⁰⁴

An expression of human submissiveness to God is articulated by Rabban Gamliel, son of Rabbi Yehudah HaNassi, when he taught: "Do His will as though it were yours, so

¹⁰⁴Numbers 12:3

that He will do your will as though it was His. Nullify your will for His, that He may nullify the will of others for yours."¹⁰⁵

Modesty is an important Jewish value, especially for those who have exceptional learning, or express exceptional devotion to the life of the commandments. Rabbi Yohanan ben Zakkai reminds the most learned, "If you have studied much Torah, take no special credit for it since you were created for that purpose."¹⁰⁶

8. Teshuvah-Repentance

Teshuvah literally translated as "return (to God)," reflects the idea that sinful behavior separates a human being from God. The repentance process within Judaism recognizes that in order for people to return to God they must complete a multi-step process of reflection and change:

- a) Recognize the sin that was committed;
- b) Express regret for committing the sin;
- c) Resolve never to commit the sin again;
- d) Provide recompense to the injured party (parties); and
- e) Never repeat the act again.

The twelve step program, as reflected in Gamblers Anonymous (see Appendix II), is very similar to the traditional Jewish idea of repentance. Steps two and three focus on transforming our will to the will of our Higher

¹⁰⁵Mishnah, Tractate Avot (Ethics of the Fathers) 2:4.

¹⁰⁶Mishnah, Tractate Avot (Ethics of the Fathers) 2:9.

Power. Step four and ten call for a "searching and fearless moral and financial inventory of ourselves" is similar to the Jewish concept of Heshbon HaNefesh, the needed personal inventory of our lives and our souls. Steps eight and nine reflect the need for restitution and recompense to all the injured parties which is similar to section d) above. Steps seven and eleven call on the recovering pathological gambler to humbly approach God through prayer and meditation as a way of reestablishing a meaningful relationship with Him. This is very similar to the Jewish idea that sin can spiritually separate a person from God, and repentance is a spiritual return to God.

In summary, the religious principles listed and described above were selected from the wealth of Jewish tradition to specifically address the challenges of the demonstration project group. Since this group was designed to be for recovering pathological gamblers who were also members of Gamblers Anonymous, Jewish reflections on the topics of kindness, generosity, honesty and humility were also included as they are included in the Gamblers Anonymous definition of spirituality.

Chapter 3

A. Approach and Procedure

I have designed this demonstration project after considerable experience counseling more than fifty Jews identified as pathological gamblers when I served as the Jewish chaplain at the Nassau County Correctional Center, East Meadow, NY (where I led three Jewish spirituality groups weekly) and with members of Gamblers Anonymous. These Jews include representatives from all of the major Jewish movements and the unaffiliated. However, few of these Jews reflect a spiritual connection to Jewish teachings and to the spiritual insights of the twelve steps.

It is the goal of this demonstration project to establish a group of recovering Jewish pathological gamblers to enable them to explore their connection to selected spiritual insights of Judaism within a synagogue setting. By choosing such a setting, I hope to enable the group participants to physically connect to a significant religious institution of the Jewish community, explore their feelings about that experience, while discussing Jewish spiritual topics.

The demonstration project is designed to include eight to twelve Jews and meet for eight weekly sessions. Each session will be held during an evening for ninety minutes, selecting a different night from their "home" Gamblers Anonymous meeting (to avoid a conflict), in the same

synagogue where the GA group meets. I will recruit the membership of the group exclusively from the home GA meeting referred to above.

The group will meet at the Jewish Community Center of West Hempstead (Long Island, NY) and specifically, within the Rabbi's study, a large and comfortable space, with large padded chairs and a sofa. This room, set up in a living-room style, with a library of over one-thousand books, was chosen specifically as the setting for the project because it is my goal to create a warm environment filled with Jewish symbols as a positive ambience within which to explore Jewish spiritual issues.

After a GA member expresses interest in joining the group, I will invite him/her for a private interview to screen them for participation. I intend to accept all Jewish GA members (up to twelve) who are presently abstinent and who, for the last ninety days, have been "bet-free" and who commit to attend all eight sessions. I will exclude those who fit the diagnostic category of Antisocial Personality Disorder according to the Diagnostic and Statistical Manual of Mental Disorders -Third Edition-Revised (DSM III-R).¹

Each session will address a different spiritual topic as a point of departure and the group members will have the

¹American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders Third Edition-Revised (DSM III-R), (Washington, D.C.: American Psychiatric Association, 1987), 342-346.

freedom to explore the feelings engendered by the topic and/or to any response by a group member. Some goals of the group are building relationships, deepening trust among group members, by building a community of caring individuals, and with the group leader.

I expect at some point, the expression of guilt as a reflection of remorse for the pain caused to family, friends, employers and co-workers. However, as the group progresses, I will have to be aware that in a population of clients that may also have the diagnosis of Narcissistic Personality Disorder, excessive expression of guilt is a sign of a distorted view of one's own importance to the offended party, an expression of the specific personality disorder.²

To enable the group members to feel comfortable in the initial sessions, the opening of the group sessions will include a statement of the goals of the group. One possible opening might be, for example, "The goal of this group is to focus on our spiritual issues as recovering Jewish pathological gamblers to connect us to some spiritual insights of our Judaism as a way of facilitating our recovery. Gamblers Anonymous defines 'spiritual' as 'those characteristics of the human mind that represent the highest and finest qualities such as kindness, generosity, honesty,

²Julian I. Taber, Group Psychotherapy with Pathological Gamblers, (Cleveland: Brecksville Division Cleveland V.A. Medical Center, 1981), 54.

and humility.'"³ The final minutes of each meeting will also close with a statement adapted from the end of a regular GA meeting and will include the Shema, a quotation from Deuteronomy 6:4 and adopted as an important Jewish prayer, and the Serenity Prayer, written by theologian Reinhold Niebuhr⁴ and offered at many 12 step meetings. Another method to help make the members feel comfortable will be to encourage each member to introduce themselves before they speak with their first names followed by "and I am a compulsive gambler" as they do at GA meetings.

The topics to be addressed will be: Loneliness; Facing our Issues and Prevailing; Light and Darkness; Our Fathers, Ourselves; Kindness and Generosity; Honesty; Humility; and Leap of Faith. Each session will have a text from Biblical, rabbinic or modern Jewish literature on the theme to serve as a point of departure. Questions presented by the group leader will follow the presentation of the text and then open discussion for the balance of the ninety minutes including a closing as outlined above.

The themes were selected and will be presented in the order listed above for the following reasons:

³Gamblers Anonymous, A New Beginning (Los Angeles: The G.A. Publishing Company, 1989), 3.

⁴Mel B., New Wine: The Spiritual Roots of the Twelve Step Miracle (Center City, MN: Hazelden Foundation, 1991), 6. The text of the prayer is: "God grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference."

Sessions One and Two will explore two major events in the life of the Biblical patriarch, Jacob. In the first session, using Jacob's flight from his nuclear family as the paradigm, we will explore the feelings of bereavement and loneliness when we recognized that we were compulsive gamblers and the sense of loss of that part of our lives.

The second session's theme will be Jacob's struggle with the angel of God on the evening preceding his meeting his brother Esau after 20 years and his name being changed to Israel as a sign of his new destiny. This theme will hopefully lead us to a discussion of facing our past, moral inventories and changing our destinies.

Session three will be held during the Festival of Hanukkah. Following the opening, we will proceed with the traditional lighting of the Hanukiyya (the Hanukkah candelabrum) and explore the issues of light, darkness and healthy boundaries.

The issue of our relationship to our parents will be explored in session four. Malparenting and/or the absence of a father are common issues in the life of pathological gamblers. The textual points of departure will be the Biblical stories of the relationships between Abraham and Isaac; Isaac and his sons, Esau and Jacob; and Jacob and his sons.

Sessions five through seven will begin with the terms from the Gamblers' Anonymous definition of spirituality:

Kindness and Generosity, Honesty, and Humility. These three sessions will have as its goals: 1) to define these terms within a Jewish context, 2) to encourage the exploration of feelings about these ideas and 3) to convey the idea of the compatibility of GA and Judaism.

The final session, session eight, entitled "Leap of Faith," will explore the story of Nahshon ben Amminadav, who according to Rabbinic tradition, was the first to leap into the Red Sea, before the sea was split. Each participant will be encouraged to gauge their own personal growth and future plans, feelings of connection to each other and to Jewish spiritual teachings. An additional goal will be to encourage them to continue their Jewish spiritual exploration as an important part of their individual recovery programs.

B. Methods of Assessment

Three methods of assessment will be used to determine the success of this group for the individual participants: 1) level of participation; 2) responses to two written questionnaires; and 3) oral reflections.

With regard to levels of participation, I will begin by taking attendance informally at each session. Although I will ask each potential member to commit to attending all eight sessions, given that the group is voluntary, I expect that some members will either stop coming or come

infrequently due to the group's spiritual focus or due to the tensions that may arise from discussions within the group discussions within the group. Another assessment of participation will be to note how engaged the members are in the various discussions, the levels of personal sharing and insights expressed, and non-verbal degrees of engagement.

During the last ten minutes of sessions four and eight, I will distribute a confidential written questionnaire (see Appendices IX and X) to be reviewed only for research purposes. The questionnaires will be identical and will ask the participants to reflect upon personal growth that they attribute to the group, changes in attitude toward Judaism, the Jewish community and their relationship with a Higher Power or God.

I expect that I will receive oral comments from the group participants, outside the group, which will help me assess the success of the group. Another way to gauge the success of the group is to note the establishment or deepening of relationships among the members and the individual group members with me, and through requests for individual or family pastoral counseling.

Chapter 4

A. Report on the Demonstration Project

According to the plan, as envisioned in Chapter three, I approached the leadership of the local Gamblers Anonymous meeting, held in the Jewish Community Center of West Hempstead, for permission to announce the establishment of this demonstration project group. Since I had been told that the local GA group consisted of 40 members, with 60% of the GA members being members of the Jewish faith, I did not expect that it would be difficult to get eight to ten Jewish volunteers to commit for the eight sessions. Moreover, to better familiarize myself with the thinking and issues of recovering gamblers, I had been given permission to attend and had attended their closed GA meetings weekly for the nine months prior to seeking participants and therefore was familiar to the members of the GA group. Therefore, I expected no difficulty in filling the demonstration project group.

At the beginning of each GA meeting from the middle of October to the middle of November 1995, I was given permission by the trusted servants of the local GA group to announce the formation of the demonstration project group. I explained to the group members that my intention was to form a Jewish spirituality group for eight to ten Jewish pathological gamblers who were members of GA and who were at least ninety days bet-free for the purpose of doctoral

research. Anonymity and confidentiality would be preserved. Because of the nature of the group, I described that each interested party would be personally interviewed by me and some might be excluded from the group "because of the nature of the research and mixture requirements of the group." I specifically did not share that those diagnosed with Antisocial Personality Disorder would be excluded, as I did not think it would be helpful, nor did anyone ask me what I meant by "the nature of the research and mixture requirements of the group." If anyone had asked, I was prepared to respond that for research purposes it was necessary to balance the group with gamblers of different backgrounds and with people most sensitive to spiritual issues.

In response, there was little expressed interest in the idea of a spirituality group for pathological gamblers. Only ten male GA members requested to join the group. Three of the ten candidates expressed an interest in joining the group as they, informally and verbally, expressed to me a desire to explore Jewish spiritual topics. Five other candidates were present or former trusted servants [leaders] of the local GA group and among the GA members with whom I worked as a volunteer to start three other GA meetings in synagogues on Long Island. These five GA members informally intimated to me that they wanted to join the group to help me on this demonstration project. I assumed that their

interest was due to the pre-existing relationship that we had established. Of the total of ten candidates, the final two candidates were relatively new members of the GA group and, informally, did not indicate to me the nature of their interest.

I scheduled and conducted individual interviews with the ten candidates during the last two weeks of November 1995. The interviews were held in the Rabbi's study which would also be the location for the group. It was my major concern in these individual interviews to screen for Antisocial Personality Disorder, to review the other requirements and the details on how the group would be conducted.

With regard to the Antisocial Personality Disorder diagnostic criteria in DSM III-R¹ and my experience as a prison chaplain who counseled many with this diagnosis, I asked each of them, individually in one hour interviews, to describe themselves and their families. I specifically asked them about their upbringing and to list any examples of criminal activity as adolescents and as adults. I noted whether the candidate had any sense of remorse for such criminal activity.

Another dimension of the indicators of Antisocial

¹American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders Third Edition-Revised (DSM III-R), (Washington, D.C.:American Psychiatric Association, 1987), 342-346.

Personality Disorder that I probed with each candidate was their work history, career plans and goals. Also, their financial goals were discussed and I was especially interested in whether each candidate was attempting to repay the significant debt incurred in the past during the active period of their gambling.

I also described to the candidates how the demonstration project group would function: 1)The group was being assembled for Jewish pathological gamblers who were presently members of GA for the purpose of exploring Jewish spiritual topics; 2) We would be meeting in my study for ninety minutes each week for eight weeks; 3)The group member must commit to attending all eight sessions and the group meeting dates were provided; 4)Anonymity and confidentiality would be preserved, noting that "What is said in the room, stays in the room," using a phrase from GA (and other 12-step programs); 5)The members would be given two evaluation sheets during the fourth and final sessions to be completed during those sessions; 6)Unlike at GA meetings², evaluative comments from other members would not be permitted, meaning that a member would not be permitted to offer an evaluation of a statement presented by a fellow group member. The purpose of this restriction was to deter group members from making judgements of others' behavior. However, a group

²Gamblers Anonymous, A New Beginning (Los Angeles: The G.A. Publishing Company, 1989), 10.

member would be encouraged to express his own personal feelings about how the issue being discussed affects him.

With regard to the requirements for membership in the demonstration project group, and after meeting with all potential candidates, I discerned that none of the GA members applying to the demonstration project group could be diagnosed with Antisocial Personality Disorder. However, two candidates were disqualified from membership in the demonstration project group because they were neither abstinent nor had ninety days bet-free. Therefore, the group started with and also finished with eight members.

The group was held on Thursday evenings, December 7, 14, and 21 (Hanukkah), 28, 1995 and Jan. 4, 11, 18, 25, 1996 from 8:15 PM to 9:45 PM at the Jewish Community Center of West Hempstead, West Hempstead, Long Island, New York.

I began the first meeting and described the purpose of the group and the ground rules as was told to them in the private interviews. I then asked the members how they felt about being in the group. The group members began to share how happy they were having a private meeting with the first rabbi they ever met who was concerned about them as Jewish compulsive gamblers and who understood their addiction.

Some said that they were pleased to tell their wives that they were meeting with a rabbi. Some related this experience to their feelings of excluding themselves or feeling excluded from Jewish community life in the past when

they were actively gambling and their being certain that no one in the Jewish community cared about them. One member offered an example that when his family had been facing severe financial problems because of his gambling, they separated themselves from the synagogue where they had been members for many years because they could not afford the dues. He shared with our group that no one called from the synagogue to find out why they had dropped out, nor, he admitted because he was embarrassed at the time, did he or his wife advocate for their family and request reduced dues to retain the family's affiliation with the synagogue. I asked him, "What were you embarrassed about?" He responded, "I was embarrassed about admitting that I did not have the money. It was a sign that I was a failure. I thought then that I would be on top again soon and I would be able to pay the dues and even make a big donation to the synagogue. Boy, was I stupid!"

Another member commented in that same discussion that "synagogue membership means money" and he could not presently afford to affiliate with a synagogue although he was working two jobs and his wife was also working. He explained that the salaries that they were earning were used for basic necessities and to pay restitution to family and creditors through the plan of the GA pressure group.³

³The Pressure Group is a committee of a local GA chapter which advises new members on the handling of creditors, on developing a reasonable repayment plan, and which often advocates

Two out of eight were actively involved in addictions other than gambling. One was a very heavy cigarette smoker. The other was struggling with food addiction and regularly attended Overeaters Anonymous meetings. As group leader, I decided, spontaneously, that no smoking should be allowed in the group when one of the members began to prepare to light a cigarette. At first, the smoker resented this. He asked, "Why didn't you tell me before I agreed and committed to come to the group?" "Frankly," I responded, "I didn't think about it and I am very allergic to cigarette smoke." It was obvious to me that he resented the "new" requirement but, to his credit, he was able to relent from his position. One of the members later reminded me that there was a sign in the synagogue that the building was "smoke-free" and there is no smoking allowed in the GA meeting.

The theme of the first group meeting was Loneliness and I, as the group leader, told the story of the patriarch Jacob, described in Genesis, chapters 27-28, as alone and afraid and fleeing from his brother Esau who had threatened his life.

I gave some background to the story which led Jacob to flee from his brother Esau. One member responded by telling the story about his difficult relationship with his brother. In response, some of the others began suggesting solutions to the problem that the member was having with his brother,

for the member with the creditors.

instead of expressing empathy and encouraging the expression of feelings. I redirected the conversation back to the expression of feelings by asking the members, "How do you feel when hearing this story?" However, this was only the first of numerous similar situations in the group that when a problem was brought up, some of the members would jump at the opportunity to help solve the problem and receive recognition by the other members that their insight was correct. My goal each time was to encourage the exploration of feelings and away from the task of problem solving.

The discussion of Isaac's relationship with his sons, Jacob and Esau, led the group spontaneously in the direction of talking about the group members' relationships with their fathers. Some of the members were emotionally troubled in their early upbringing and some were still emotionally tied to their fathers in unhealthy ways.

I ended the first meeting and each subsequent meeting with thanking the members for participating. The group members stood to recite the Shma (Deut. 6:4) in Hebrew and in English, followed by the Serenity Prayer.

From the first session through to the last session, the theme of the father-son relationship became an everpresent discussion topic. In response to this challenge during the first session, I changed the second session opening text presentation to a discussion of the Akeida- The Binding of Isaac from Genesis, Chapter 22. It was my thesis that the

quality of a father's life, his commitments and priorities, profoundly affects his children and, especially, as a father models masculine behavior for a son. The members shared examples of this theme in their own lives. We then continued with the story of Jacob struggling with the man/angel in Genesis 32:25-33, and although Jacob became wounded, he was still able to prevail. The discussion stressed "struggle" as a model of their own commitment to Jewish spirituality.

The third session, on Hanukkah, as I expected, was very evocative, as we lit the synagogue's large Hannukkiya and sang the appropriate blessings which I provided in Hebrew, in transliterated Hebrew, and in English. I used extra long, wide candles so they would burn during the entire session. I then turned the lights off in the study and for the next 80 minutes of the session, the room was lit only with the candlelight of the Hannukkiya. We discussed the boundaries between light and darkness and the symbolism of seeing life more clearly now, both the positive and negative aspects of life, without the hindrance of the addictive lifestyle. Many of the members shared that aspects of their lives were more difficult now that they were not gambling. An example given dealt with damaged relationships at home and work.

One member of the group, who noted his Orthodox upbringing, told a very powerful story of when he was 16, he played dreidel and gambled for "large stakes" [his words] with other teens on Hanukkah at the Yeshiva high school he

attended. Three members related the story to the onset of their gambling addiction as teenagers.

One member asked a question about lighting Shabbat candles and why the early rabbis required that the candles be lit eighteen minutes before sundown on Friday evening. I explained that the rabbis created a spiritual time boundary by pushing the start of the sabbath up eighteen minutes prior to sunset. It was their intention to help the Jew avoid violating the laws of the Sabbath by accidentally lighting a fire, an action specifically forbidden in the Bible (Exodus 35:3).

I used this question as a path to talk about the spiritual value of creating regular time periods to be devoted to spiritual values. I presented examples of time-oriented commandments from Jewish tradition, i.e., morning prayer including the recitation of the Shema during the first third of the day; and Birkat Hamazon, the grace after meals, which is to be recited after a meal which includes bread, is completed. Some of the members responded that time management and a meaningful use of time was an issue for them. Two members were struggling with filling the time they used to spend gambling with meaningful activities, even after many years being bet-free.

Before the fourth session, another GA member contacted me expressing an interest in joining the demonstration project group. As the group leader, I refused his request

and stated that the group had been a closed group after the second session. By that point, in my opinion, the group members had expressed a sense of ownership and responsibility and I feared that integrating a new member would negatively affect the group.

During the fourth session, I focused the discussion of fathers and sons and discussed malparenting as expressed by the favoritism of the Biblical Isaac for his son Esau, and Rebecca for their other son Jacob as described in Genesis 25:28. I contended that there is a connection between that favoritism and the special love and favoritism that Jacob, now a father, expressed to Joseph, his son, over all his children, as described in Genesis 37:3. The group members discussed their feelings about experiencing malparenting in their early lives and how it affected and continues to affect their relationship with their children.

Another question that I introduced to the group was "What values do we model for our children?" The group members expressed feelings of despair when it came to the parenting of their own children. I understood that an aspect of their despair was related to an expectation shared by many recovering pathological gamblers. Once in recovery, pathological gamblers often operate with an unarticulated timetable which dictates when family members must change their impressions and attitudes towards the pathological gambler. The group members, when reflecting on the slow

process of having their children and other family members come around, had a tendency to simply blame others. I did not allow the group members to simply blame others for the difficulties of these family relationships. I encouraged them to imagine ways that they could improve their relationships with their children. We explored Jewish spiritual contexts, for example, home observances like Shabbat dinners, and Passover Sedarim, which are settings which may be used to help facilitate communication, sharing, and the expression of newly informed values. The session concluded with the members' receiving and completing the first questionnaire, described above in Chapter 3.

The fifth session began with a major controversy, because the leadership of the synagogue had placed a large poster in the lobby of the synagogue describing the synagogue's "Super Bowl Pool" fundraiser. The group members felt that the synagogue was insensitive to them, and to the other GA members, by advertising this "Super Bowl Pool" in an area in which they needed to traverse at least twice a week. To some, this was another example of the Jewish community being insensitive to them as recovering gamblers.

The controversy gave us an opportunity to discuss their feelings about sharing the message about the addiction of pathological gambling and recovery with their fellow Jews. I shared the rabbinic concept about being God's partner to make this world better and how, not only is it a twelfth

step responsibility' to reach out to fellow gamblers, but it is a spiritual value to share their issues with the community. Specifically, considering this matter, the group members could individually or collectively make their issues known to the synagogue community.

The planned theme of the fifth session was Kindness and Generosity. A debate ensued about the various meanings of money and how, if used properly, the group members believed that spending money could be an expression of generosity. The members began to tell stories about how after a "big win" they would buy their wives and children expensive presents as a sign of their generosity. I then asked them, "How do you think your wife or child felt when they were given the gift? I asked that question as a way of grounding their bravado in a sense of reality and encouraging their expression of empathy to the feelings of others. A very important discussion ensued about impulsive generosity as a way of manipulating people and that money and gifts were often used to buy the silence of the family from an expression of anger as a result of the gambler's ongoing neglect of family responsibilities.

During session five, one group member expressed his desire to delve deeper into Jewish spiritual texts in the group and the other group members balked. The general opinion expressed by the group was they liked being together

*see Appendix II

and talking about themselves and their lives. I sometimes had the impression that the group members did not realize that, although they were talking about their personal issues and lives, they were grappling with those details in a framework which included Jewish spirituality. In retrospect, I was to find in subsequent sessions that I was premature in my impression that they did not accept spiritual values. I was mistaken to anticipate that their spiritual growth would be according to my timetable and my expected pattern.

One member told me before session six that he had tickets for two different sports events, two weeks in a row, on the same night as our meetings, conflicting with session seven and the final group meeting, session eight. He asked me whether it would be acceptable if he missed those two sessions. It seemed to me that he expected I would immediately say yes, and that he was asking permission as a way to impress me by being respectful of my position as the leader. I suggested that we discuss the issue in group, in the context of Jewish spirituality. When the group began, I reviewed the request of the member and then opened a Bible to Numbers, chapter 32 and told the story of the Reubenites, Gadites and half tribe of Menasseh who had asked the permission of Moses to excuse themselves from helping their other Israelite brethren in the conquest of the land of Canaan because they already found the land they needed and wanted on the east side of the Jordan. To open a discussion

about responsibility to the group, I asked how the other Israelite tribes must have felt about those two and a half tribes wanting to excuse themselves from their people at a time when they were very needed to aid in the upcoming battles. Although most of the members recognized the message of the story and its relation to the request of the one member, he still continued to ask the group for special consideration. A few members of the group expressed openly that his request was not reasonable and expressed great disappointment. The member then withdrew his request with a flippant comment. I was very surprised later that he attended both upcoming sessions. (He made it a point to tell the group during the session the following week [seven] that he did not sell the tickets but gave them away to co-workers.)

The topic of the sixth session was honesty. I read the explanation of step one from the GA book, A New Beginning: "Our inability to honestly look at our gambling problem enabled us to continue to gamble. In spite of all the evidence from our past, we still denied the truth about our gambling. . . Upon entering Gamblers Anonymous, we must develop the ability to honestly look at our gambling." I shared that honesty and truth are the foundation of the GA twelve step program and an extraordinary challenge for pathological gamblers who have consciously and unconsciously lied and manipulated others so they could continue gambling.

The group members told stories of how they manipulated their spouses, other family members, employers, co-workers and friends to borrow money and take time from work and family responsibilities to gamble. One member reflected how humiliated he felt when his family discovered that he was gambling in Atlantic City and not on an emergency business trip as he had claimed, missing his daughter's Confirmation at their synagogue.

I presented various rabbinic texts on the topic of "Truth and Falsehood" collected by Hayim Nachman Bialik and Yehoshua Hana Ravnitzky in Sefer HaAggadah.³ These texts were then used as a jumping off point of a discussion of the Jewish spiritual value of living with honesty and integrity. One member said that he realized that living honestly was a correct path of living but it was hard for him to be truthful when it would, sooner or later, get him in trouble. Other members commented on that challenge in their own lives and shared that the short-term pain of telling the truth avoided the need for long-term manipulation of others.

We began the seventh session by defining humility as a spiritual value. I read the GA definition of humility as noted in their official literature: "Humility is a very

³Hayim Nachman Bialik and Yehoshua Hana Ravnitzky, editors The Book of Legends: Sefer HaAggadah, trans. William G. Braude (New York: Schocken Books, 1992), 700-702.

elusive trait which seems to fly away from one who seems to feel they possess it. If this be so, you must seek to become a well-adjusted person and in so doing, gain humility which one does not realize one has."⁶ To the group members and to the leader, this GA definition of humility was not precise or helpful. This definition of humility did not clearly make the connection between being well-adjusted and being humble. The group subsequently decided that the GA definition was incomprehensible.

I then read selections from Samuel H. Dresner's Prayer, Humility and Compassion. Each selection focused on an aspect of humility as defined by Dresner: gratitude, tolerance, modesty, and perspective.⁷ [Rabbi Dr. Dresner was a congregational rabbi for many years and now is a professor at the Jewish Theological Seminary.] The group explored examples of each of those qualities of character as expressed in their individual recoveries and how it compared to their manifestations of manipulation, impatience, bravado and selfishness when they were active in their addiction. It seemed emotionally painful for some of the members to recall incidences of profoundly disappointing their families, friends and co-workers. Some of the members expressed grief over the missed opportunities of sharing

⁶Gamblers Anonymous, A New Beginning (Los Angeles: The G.A. Publishing Company, 1989), 44.

⁷Samuel H. Dresner, Prayer, Humility and Compassion (Hartford: Hartmore House, 1957), 150-155.

their concern for others when they were gambling.

The final session of the group focused its attention on the leap of faith expressed by the Midrashic understanding of the role of Nahshon Ben Amminadav, whom the rabbis credit for being the first to wade in the water of the Red Sea, even before the Red Sea split and Moses ordered the people to cross.⁸ I read the poem by, the modern American Jewish poetess, Marcia Glaubman Hain entitled "A Nachshonian Leap."⁹ After exploring what the members imagined it felt like to be Nachshon, I asked the group members to reflect upon the challenge of making a leap of faith toward Jewish spiritual practices. I then shared the text from the Unetane Tokef prayer from the Rosh Hashanah liturgy which captures the idea that repentance, prayer and righteous behavior are the keys to a healthy and meaningful Jewish spiritual future. In further discussion, we explored that regular prayer experiences in a synagogue and home; personal Jewish study alone and in a group; and acts of lovingkindness would be meaningful spiritual practices.

Since this was the last session, I distributed the questionnaires for the group members to complete in the session. Then the group spent a half hour sharing warm feelings about the eight weeks spent together in the group.

⁸Babylonian Talmud, Tractate Sotah 36b-37a.

⁹Marcia Glaubman Hain, "A Nachshonian Leap" in Twice Chai: A Jewish Road to Recovery (New York: Coordinating Council on Bikur Holim of Greater New York, 1991), 59-61.

An unexpected development for them was that they learned that I had given notice to my congregation and was seeking a new position. I shared that I expected to be leaving the community in a few months. The group members expressed disappointment and a sense of despair because I would not be able to refer them to other such spirituality groups for Jews in recovery, because they did not exist on Long Island. I promised them that I would be available to them until June and that I would be continuing to attend GA meetings weekly.

B. Group Evaluation

An important, but unexpected, sign of the success of this demonstration project group was that two of the members started coming early to join the 8:00 PM regularly scheduled synagogue evening service which began fifteen minutes before our group began and ended in time for the group meeting at 8:15 PM. These two members also began attending the evening service regularly on Monday nights, the night of their scheduled GA meeting. Particularly significant was the fact that the decision to attend the Monday night service meant that the service took precedence over arriving at the GA meeting on time, which also began at 8:00 PM.

I was delighted to see that many of the members would go out to eat together after the demonstration project group. This signified the strengthening of relationships. Some acquaintances were transformed into new friendships and

the goal of creating and strengthening community for these members was achieved.

Two members sought me out for private pastoral counseling to explore issues of their family dynamics. Although I specifically avoided counseling them on issues involving the demonstration project group, encouraging them instead to address issues with the group in the group, I considered their expressed desire to have me counsel them an important sign of the depth of the relationship I had established with them. I also recognized a greater openness to express feelings over the weeks to me and the group as the members recognized the safe environment of the group:

Many expressed in the written questionnaires that they enjoyed our sessions because it helped them fill their time with a meaningful activity. The members newest to sobriety were still struggling with the extra time on their hands now that they were not gambling, thinking about the next bet, or worrying about the results of the last bet. Most of the members noted that they felt more positive about Judaism but only a few noticed any changes in their Jewish behavior since the group began. Three members expressed a greater connection to God/Higher Power but did not explain or give details.

Another sign of the success of the group was that none of the group members indicated a relapse during the period of the group (as they often introduced themselves in the

group and included how long they had been bet-free) and that in the questionnaires, six out of eight members expressed that they wished that the group would continue beyond the eight sessions.

Chapter 5

A. Implications of Results of the Demonstration Project

To better prepare for this demonstration project, I facilitated a relationship with the local GA group to learn more about pathological gambling recovery and to prepare for the demonstration project group. It was my assumption (possibly grandiose) that when I would finally announce the start of the group, it would be easy to fill the group with participants. After the recruiting process, I was disappointed by the response. However, according to the report of the local GA group trusted servants, 60% of the membership of the local GA group were Jews, totalling approximately 24 individuals. Of those 24 members, 10 members were interested in joining the group which was 42% of the potential (Jewish) members of the demonstration project group. Therefore, after further reflection, this was an exceptionally high percentage of the potential participants given the lack of a culture within GA encouraging spirituality.

However, I noted that it seemed to me that five of the ten potential participants expressed interest in the demonstration project group because of their previous relationship with me in the GA group. This fact should not be construed as a criticism but as a significant example of the impact and importance of the human relationship in ministry, an area needing further study.

Of the potential members of the demonstration project group from the GA group, only a very small number were women. None of these women requested to join the group. I surmise that these women might not have been interested in joining another recovery-type group, consisting almost exclusively of men. It is typical of a GA group to consist mostly of men. Needing further exploration would be an examination of the manifestation of a predominantly men's culture in GA in contradistinction to a culture of a mixed gender group, and whether such a culture predominated by men inhibits a climate of spiritual recovery in GA. Another interesting area to explore would be this issue in AA, which also started as a group consisting mostly of men. According to Ernest Kurtz, specific steps were taken by AA to be more inclusive of women and expressive of women's concerns.¹ Moreover, it has been my professional experience in synagogue settings that men are generally inhibited in speaking about feelings and emotional issues in groups that also include women or their wives. Therefore, it may have been to the group's advantage that it only consisted of men.

Should a future group consist only of men, I would propose a review of the growing literature reflecting upon issues of men's spirituality, and specifically on contemporary Jewish men's spirituality. I recognize that

¹Ernest Kurtz, Not God: A History of Alcoholics Anonymous, (Center City, MN: Hazelden Educational Materials, 1979), 133, 393.

there may be only a few examples of scholarly literature specifically on contemporary Jewish men's spiritual issues.² Such a review of the literature would enhance the preparation for a future similar group.

The physical setting for the demonstration project group facilitated the exploration of spiritual topics. Group members expressed orally that conducting the group in the synagogue and in the Rabbi's study specifically, conveyed a message that this group was important and a priority of the life of the synagogue.

As the group began, various members alluded to the fact that they had told their wives about the group and how pleased their wives were that the group member was participating. I cannot comment on the reaction of the wives except that I can imagine how grateful they were for any step that the recovering gambler took that the wife perceived as positive and life-affirming. At times, I felt that these comments were an expression by the gambler of a narcissistic tendency to associate with a "prominent person" to strengthen their own self-image. However, we must note that such an association is not inherently pathological. Even as it may appear to be childlike, it reflects an appropriate developmental achievement in that a person comes to admire himself when he attaches himself to positive rôle

²For example, "Men's Spirituality doctoral dissertation of Rabbi Elliott Perlstein, HUC-JIR 1995

models.

Similarly, I reflected upon the following example, which occurred during the time of the group, as another possible manifestation of this tendency: One of the demonstration project group members was on the planning committee for the National Gamblers Anonymous Conference in April 1996 (which was being held in New York State) and he invited me to be a speaker at the conference. I was honored to be included and recognized the complex narcissistic elements of that invitation as described above.

During session two, the plan, as discussed in Chapter three, was to present the story of Jacob struggling with an angel on the evening preceding his meeting his brother Esau after 20 years of separation. A discussion of facing our past, moral inventories and changing our destinies was intended. However, due to the result of the members' interest in the issue of father-son relationships as discussed at the end of the first session, I began the second session with a discussion of the Akeida- The Binding, of Isaac from Genesis- Chapter 22.

Later in the session, I presented the Jacob and the angel story, when the interest by the members in the first story seemed to wane. An important lesson for future groups is to prepare stand-by texts to facilitate further discussion when the interest by the group members begins to weaken on the original topic. Such flexibility will enhance

the conduct of the group immeasurably.

The overwhelming response from both questionnaires during the project were positive. The members described the discussions as valuable and some even said they had better feelings about being Jewish and the Jewish community.

B. Clarifying and Expanding the Religious Principles

As presented in Chapter three, I shared my conception of God through comments during the sessions, as opposed to systematically defining my conception of God in the beginning of the sessions. I presented the spiritual texts in the group within that framework. This method chosen was based upon my concern that I would invalidate the feelings of the group members or make them feel that their opinions were wrong about God/Higher Power. For this same reason, I never directly asked the group members to define their Higher Power. If I had, it may have been another way of exposing and addressing the emotional issues which informed their conception of God.

Upon reflection, I can imagine a successful use of having the group members define their Higher Power if the group would have extended for a longer period. I suggest that I avoided, what I will call, a frontal approach because of the resistance that I feared that I would receive from the group members in the early weeks of the group.

The group setting is an outstanding one for individuals

to gain an appreciation and respect for the "other." This is a desired replacement for the selfishness and disrespect for others often expressed by an active addict through his/her behavior. The group process facilitated mutual respect; the group members were generally respectful of each other and expressed concern about each other's welfare. That expression also may be the result of the shared GA experience of the group members. All had an investment in a long-term relationship with the other members through their participation in the same GA home group, before and after the demonstration project group.

Group leaders, who in the future will lead such groups of recovering Jewish pathological gamblers, must be sensitive to the issue of a reduction of synagogue dues for the gambler's family and day school tuition and camp fees reduction for the gambler's children. Due to the feeling, by some of the recovering pathological gamblers, of being excluded from Jewish community life, it would be very helpful for the group leader to advocate on behalf of the recovering gambler to the appropriate authorities to assist him and his family in their reintegration into Jewish community life.

The discussion about the "Super Bowl Pool" in the synagogue, raised in session five, expressed that [my words] the members felt invisible to the Jewish community. The challenge to this population is that they need to be seen

first before they can feel a part of the community. Moreover, before the members can reasonably expect that their issues will be considered by the community, they need to begin to be active participants. Not only will their presence affectuate a change of attitude by the Jewish community, but also such participation will be a sign of significant spiritual growth of the recovering gambler.

C. Clarifying and Expanding the Clinical Principles

In my experience working with those in recovery from addictions, I recognize that many are, at first, suspicious of those professionals who wish to help them but are not in twelve step programs. To facilitate the establishment of a counseling alliance for this population, one must project a non-judgmental attitude and a level of acceptance, especially on the issue of their Jewish spiritual and communal connections.

I expected that the demonstration group members would resent my leadership of the group as I am not a pathological gambler. This did not, however, prove to be the case. I surmise that since I had gotten to know them during the previous nine months of attending their weekly GA meetings, that this obviated what might have otherwise become an expression of resistance. I recommend that a leader of a future group must find ways to make inroads to this distinctive community before attempting to begin a group.

It was the plan of the group to use the language of Gamblers Anonymous and to limit participation in the group to GA members. The group was designed this way in the hope of taking advantage of the the group members' experience of attending a group where feelings are expressed. However, there is a custom in many GA meetings in which anyone in the group may make suggestions and evaluations in response to a comment or testimony made by a member. Such responses, were inappropriate in our group because the expression of such a judgmental and controlling attitude would have been detrimental to spiritual growth. When I addressed my concern about this problem, both in the initial interviews and periodically during the group, I was met with resistance by some of the group members who were long-time members of GA, and whose status among the other recovering pathological gamblers was enhanced by those comments at the GA meetings.

During the demonstration project group, as was theorized, the ego-strength of the participants played an important role in the exploration of new spiritual concepts. Participants with low ego-strength were susceptible to suggestion and manipulation. However, as the group members learned about the strengths and weaknesses of the other members, the creation of firm social alliances was manifested by supportive comments during the group and through interactions after the group meetings. These alliances had a particularly positive impact on the two

group members with lower ego-strength. This aided these lower ego-strength members in accepting and integrating new spiritual values. For example, during the last session, both of these members alluded to their enriched friendships as a source of strength for them and to combat their fear of change in the discussion about the leap of faith.

My response to the member who was about to light a cigarette during the first session was spontaneous. I am sure that my surprise was due to the fact that smoking was forbidden in the synagogue and therefore, I did not experience smoking during the GA group meetings. In response to the "smoking" group member, another member noted that there is a sign as you enter the synagogue that smoking is forbidden, seemingly in defense of my response. However, the challenge of co-morbid addictions is present in gambling treatment and therefore, I should have discussed this issue in my initial interviews.

For most of the group members, eight sessions only began to address the resistance to a more spiritual view of their recovery. All of the members seemed to be very busy trying to rebuild trust in their significant relationships after years of mistrust and neglect. Some of the members, they did not realize that rebuilding trust was an appropriate goal for a life-long process. They expressed impatience and anger at those who did not embrace their commitment to recovery as the sign that all damaged

relationships had been repaired. Unfortunately, for some, it was only at the end of the eight weeks, some of the group began to understand the spiritual challenge of repairing damaged relationships and the long-term nature of the task. This represented a radical reorientation and change of perspective for them.

D. The Contributions of the Project to Ministry in a Wider Context

A significant implication of this project is that outreach to the pathological gambling population, both active and in recovery, must be put on the pastoral agenda of the Jewish community. Although the anecdotal evidence indicates a large population of Jews who are pathological gamblers, both active and in recovery, there have been no national or state-wide prevalence studies. Such studies will verify and elucidate what clinicians have reported for many years.

Pathological gambling often causes domestic discord within families, including spousal and child abuse and neglect. For the Jewish community, the lack of studies on this population of Jews hinders an understanding of a probable significant cause of domestic problems within the community. On the local level, the average synagogue is ill-prepared to address the needs of this population (and the general recovering population who are Jews) and their

families, and be sensitive to the specific spiritual challenges that they face.

B. Implications for Future Ministry

This demonstration project group was based upon a foundation of clinical and religious principles to address the needs of recovering Jewish pathological gamblers. Specifically, one critical reason for the success of this group was that after months of informal exposure to recovering gamblers and their issues both at Gamblers Anonymous meetings and as a Chaplain at the Nassau County Correctional Center, I was able to prepare for the expected spiritual issues that would arise at the group meetings. However, an even more critical factor which contributed to the success of the group was my ability to quickly access Jewish spiritual texts to address the emotional and spiritual issues that were presented but unplanned. Therefore, I strongly suggest that a spirituality group to address these issues must be lead by a person who is knowledgeable in both realms, the spiritual and the clinical.

An important future ministry direction for this population would be a group for couples in which one party would be a Jewish recovering pathological gambler. Through this group, the Jewish principle of Shalom Bayit - domestic harmony would be explored. Such a group would address the

challenge of facilitating spiritual growth in one party of a couple without including the other party, causing tension in a marriage. The Babylonian Talmud Yevamot 62b and the Midrash in Genesis Rabba 8:9 talk about an excellent relationship between husband and wife as an important Jewish value and God's blessings conferred upon them.

Moreover, recovery, is, by definition, a long-term process. Short-term ministry, like this short-term project, might provide moments of insight, a clarifying thought, but can not address the ongoing tending of their spiritual needs as Jews, and as recovering pathological gamblers. I could not recommend a single program either locally, regionally or nationally that promotes Jewish spiritual growth for this specific population. A possible topic to address in a group of this nature in the future is to focus on local resources to facilitate their continued Jewish spiritual connection, if such programs exist.

My ministry was enriched invaluablely by this experience and my sensitivity to the psychological dynamics of addicts in general and gamblers, in particular, had increased tremendously. The implication for my future ministry is to be an educator to the broader Jewish community, spreading the message of concern for this population and to continuing to research and write on the terrible illness of pathological gambling. I am convinced that a spiritual contribution will enable a pathological gambler in recovery

to find serenity and hope for the future.

Appendix I

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV: 1994) classifies "Pathological Gambling" as an impulse-control disorder (code number 312.31). The following are the diagnostic criteria:

"A. Persistent and recurrent maladaptive gambling behavior as indicated by five(or more) of the following:

- (1) 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)
- (2) needs to gamble with increasing amounts of money in order to achieve the desired excitement
- (3) has repeated unsuccessful efforts to control, 'cut back, or stop gambling
- (4) is restless or irritable when attempting to cut down or stop gambling
- (5) gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)
- (6) after losing money gambling, often returns another day to get even ('chasing' one's losses)
- (7) lies to family members, therapist, or others to conceal the extent of involvement with gambling
- (8) has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling
- (9) has jeopardized or lost a significant relationship, job, educational or career opportunity because of gambling
- (10) relies on others to provide money to relieve a desperate financial situation caused by gambling

B. The gambling behavior is not better accounted for by a Manic Episode."³

³American Psychiatric Association, Diagnostic Criteria from DSM IV, (Washington, DC, 1994), 271.

Appendix II

Gamblers Anonymous Recovery Program

Here are the steps which are a program of recovery:

1. We admitted we were powerless over gambling - that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to a normal way of thinking and living.
3. Made a decision to turn our will and our lives over to the care of this Power of our own understanding.
4. Made a searching and fearless moral and financial inventory of ourselves.
5. Admitted to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have these defects of character removed.
7. Humbly asked God (of our understanding) to remove our shortcomings.
8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for the knowledge of His will for us and the power to carry that out.
12. Having made an effort to practice these principles in all our affairs, we tried to carry this message to other compulsive gamblers.*

*Gamblers Anonymous, A New Beginning, (Los Angeles: The G.A. Publishing Company, 1989), 37-56.

Comparison of Twelve Steps of Alcoholics Anonymous and the Twelve Steps of Gamblers Anonymous (1962) . The AA text is indented and the differences from the GA text is underlined:

1. We admitted we were powerless over gambling - that our lives had become unmanageable.
 1. We admitted we were powerless over alcohol-that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to a normal way of thinking and living.
 2. Came to believe that a power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of this Power of our own understanding.
 3. Made a decision to turn our will and our lives over to the care of God, as we understand Him.
4. Made a searching and fearless moral and financial inventory of ourselves.
 4. same
5. Admitted to ourselves and to another human being the exact nature of our wrongs.
 5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have these defects of character removed.
 6. same
7. Humbly asked God (of our understanding) to remove our shortcomings.
 7. same
8. Made a list of all persons we had harmed and became willing to make amends to them all.
 8. same
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
 9. same
10. Continued to take personal inventory and when we were wrong, promptly admitted it.
 10. same

11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for the knowledge of His will for us and the power to carry that out.

11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

12. Having made an effort to practice these principles in all our affairs, we tried to carry this message to other compulsive gamblers.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.⁵

⁵Basil R. Browne, "Really Not God: Secularization and Pragmatism in Gamblers Anonymous," Journal of Gambling Studies 10 (3) (fall 1994), 251.

Appendix III- Questionnaire

Spirituality Group for Recovering Jewish Pathological Gamblers

Rabbi Eric M. Lankin

QUESTIONNAIRE #1 (end of sessions #4, #8)

The answers on this questionnaire will only be used for research purposes. The results will not be discussed in the group. You may answer briefly or fully.

First Name and Initial _____

Date _____

1. Do you feel you have learned anything about yourself in the group? yes no

2. If yes, please explain:

3. Do you notice any changes about yourself, in general, due to the group? yes no

4. If yes, please explain:

5. Do you feel any changes about your feelings about Judaism since the group began? yes no

6. If yes, please explain:

7. Do you notice any new elements in your Jewish behavior since the group began? yes no

8. If yes, please explain:

9. Do you feel a greater connection to God/Higher Power as a result of the group? yes no

10. If yes, please explain:

11. Any other comments you wish to share- suggestions, criticisms? (on the back)

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