

The gambler may be addicted

You gotta know when to hold 'em, know when to fold 'em — and if you're a compulsive gambler, you gotta learn how to walk away. That's what several new treatment centers are trying to teach compulsive, or pathological, gamblers. There are more than one million such persons in the United States, and the odds are that their numbers are growing with the increasing legalization of gambling. At a session on pathological gambling and its treatment, Robert M. Politzer and James S. Morrow of the Johns Hopkins University Compulsive Gambling Counseling Center defined the problem as a progressive behavior disorder in which an individual has an uncontrollable preoccupation with gambling and an urge to gamble. The typical client at their center owes between \$15,000 and \$80,000 in gambling debts, earns between \$15,000 and \$100,000 per year (when employed), is in the throes of job instability and is involved in or about to face court proceedings because of illegal attempts to get money. The JOURNAL OF INSURANCE estimates that the majority of fraud, forgery and embezzlement losses (about \$40 billion annually in the United States) are due to efforts to get money for gambling.

John E. Davis Jr. of the Veterans Administration central office in Washington reviewed current developments in the treatment of pathological gambling. The field is still in an "adolescent stage," he says, but "growth has been rapid." Four public treatment centers and a number of private programs have been relatively successful in treating the problem with a variety of psychotherapeutic approaches. Seven states have introduced, or are planning to introduce, legislation that will start up treatment programs, and there is a move to establish a National Commission on Compulsive Gambling.

Jungle Gardenia: Wear it with jeans

Perfume ads promise a lot, but can they deliver? Robert A. Baron of Purdue University in Lafayette, Ind., designed an experiment to find out and came up with a surprising answer—at least among college students. Males were paired with females during a brief interview and then asked to rate the women according to attraction and social perception. The women, however, were part of the experiment. They either wore or did not wear two drops of a perfume called Jungle Gardenia. And they either dressed neatly (blouse, skirt, hose) or informally (jeans, sweat-shirt). It turned out that the perfume did increase the attractiveness of the women — but only when they were dressed informally. It had the opposite effect when the women were dressed neatly. The women were seen as warmer and more romantic when wearing perfume in the informal dress. They were seen as colder and less romantic when wearing perfume and dressed up. Baron suggests that the perfume and fancy clothes may have been seen as "too much of a good thing," leading the men to think the women unattainable and aloof. Another suggestion is that the women may have been seen as conceited and overly concerned with their appearance when dressed up and wearing perfume. Baron concludes that "unquestioning faith in the benefits of perfume, cologne and similar products does not seem justified."

Autism: An intensive approach

The child sits alone, refuses to make eye contact and rocks back and forth while making a low humming sound. This is not a temper tantrum. It goes on for years, and the child is said to be autistic. The cause of this condition is unknown, but Ezra S. Gampel of the Mishkon Children's Home in Brooklyn, N.Y., says, "It seems that due to some physical disability (perhaps in the reticular activating system [a part of the brain that deals with

sensory input]) the child finds responding to new stimuli painful." This explanation can account for the child's avoidance of outside stimulation — which is necessary for emotional and intellectual development.

Many types of therapy have been used with autistic children, but few have had lasting success. Gampel, however, reports dramatically reduced autistic behavior in five patients, using what he calls intensive stimulation. During therapy, he wraps his legs around the child's body and prevents the child from retreating into an autistic state. Eye contact is maintained and facial stimulation is applied for several minutes while in this extremely close position. Treatment consists of two one-half-hour sessions per week, with the parents using the same approach twice a week for at least 15 minutes at a time. Positive results are seen after about two weeks, says Gampel. One of his patients, for instance, was a 26-year-old, institutionalized, mute female with an IQ of 22 and no self-care skills. Increased awareness and responsiveness were noted in the woman after two weeks of therapy. Two weeks later, she was completely toilet trained and able to dress herself. Within an additional month she was making quasi-speech sounds and using gestures that made it easy to determine her needs and desires. Fourteen months later she was no longer rocking, had become very affectionate to others, watched television with some seeming understanding, functioned successfully in a workshop program and was recommended for placement outside the institution.

Exhibitionism: Unseen behavior

"Flasher" dolls are sold at the corner card shop. Someone exposes himself on the subway, and it's the talk of the office. An elderly "flag waver" was part of a popular situation comedy. . . . Exhibitionism is more often the butt of jokes than the subject of research, but it is a "highly prevalent problem," says Daniel J. Cox of the University of Virginia Medical Center in Charlottesville. He conducted a study, one of the few pieces of research on the subject, and says we have a distorted perception of exhibitionism due to an inadequate data base. What is known, for instance, is based primarily on police records, but in one case the offender had exposed himself more than 600 times before he was arrested — and most incidents go unreported. More than 30 percent of the college women Cox surveyed had been "victims" of indecent exposure. Extrapolation from this suggests that more than 40 million women in the United States have seen exhibitionists and, says Cox, if older women had been questioned the number would be much higher. Because it was once suggested that exhibitionism (which was first reported almost 2,000 years ago and first diagnosed as a psychiatric problem in 1877) is a Western phenomenon, Cox surveyed women in Hong Kong. He got the same results as in the United States.

Cox and his colleagues in the department of behavioral medicine and psychiatry work with exhibitionists — men who get sexual gratification from exposing their genitals to women or children (usually strangers) who are involuntary observers. Most of these men, says Cox, feel that they are victims of an uncontrollable problem. The therapy he uses with them is called assisted covert sensitization. It consists of helping the offender to understand and list the events that lead up to the incident and then attempt to deal with the problem before it gets out of hand. Offenders are taught to imagine the negative consequences — getting caught by the police, parents, wives — and suppress the positive feelings usually associated with the act. Cox says that of 25 to 30 cases he has treated there has been only one documented relapse, though he admits that others may have continued their exhibitionistic behavior without being caught.