

CHAPTER 8

THE USE OF METAPHORS IN PROBLEM GAMBLING TREATMENT

Philip Townshend

The function of metaphor is to limit ways an idea can be conceived and so act as a constraint to the wandering mind. Because of these roles, metaphors are useful educational tools for counsellors. Clinicians use metaphors to act as bridges between theory and the client's specific understanding of their particular situation. Metaphors capable of contributing to a client's sense of control have a powerful therapeutic value and are particularly useful in the treatment of clients with pathological gambling addictions, as they often present with depowering internalised metaphors regarding gambling. These internalised metaphors amount to a view of themselves as 'powerless and weak-willed wasters entrapped by boring machines.' This self self-portrait is an attempt by clients to make sense of their experience of powerlessness as a result of their loss of control over gambling. It can be difficult for them to understand how a non-substance addiction can exert such influence on their lives.

The metaphors presented here offer clients a way of thinking about their behaviour that makes sense and gives them power over their gambling. These stories have been called metaphors, not because they are allegorical in nature, but because they are simplified versions of currently accepted gambling models. They may be presented to clients using a whiteboard to draw a series of pictures. They need to be explained in language that fits the client. Many clients will appreciate the level of complexity presented here, but others may need these metaphors simplified, depending on their educational background.

Typically, gambling researchers (e.g. Kidman, 2003) and clients have tended to focus on psycho-social aspects of gambling that put the locus of

control for gambling in the psychological make-up of the client. This can seem pejorative to problem gamblers, as it implicitly defines gambling behaviour as consistently poor decision making. The ‘brain story’ is a useful means for the clinician to introduce neurobiological explanations of gambling behaviour. This can have the effect of destigmatising gambling for the client by spreading the locus of control of gambling to neurobiological functions outside the ambit of ordinary choice. The brain story is accompanied by the diagram in Figure 8.1, which is drawn on the whiteboard while describing the functions associated with various areas of the brain.

The brain story

While consciousness is confined to the top part of the brain, lots of interesting and vital functions occur in other parts of the brain. These are not unconscious activities; however they are activities about which a person is unaware. Typical examples are the control of digestion and the maintenance of body temperature. Most importantly, a great deal of emotional functioning in the limbic and surrounding areas occurs without awareness.

The limbic area is where the brain’s pleasure/reward pathway starts. It is activated by the *mu* receptors, which are in turn activated by endogenous peptides released by the body in response to stressors or particular stimuli. Pathological gamblers come to rely on gambling to release their endogenous peptides and activate their *mu* receptors. It is as though their brain forgets how to activate these receptors without gambling. This also happens in some other addictions, such as alcohol and opioid dependence. In people who have used alcohol long-term, drinking causes the release of the same endogenous peptides as gambling does. Opioids (e.g. Codeine, Methadone, and Morphine) are only effective because they mimic the endogenous peptides as *mu* activators. Thus, from a neurobiological perspective, a gambling addiction is similar to opiate or alcohol dependency. Each addiction is based on an activity or chemical that activates the *mu* receptors and thus ultimately the brain’s reward pathway. This process is different to other addictions such as those to nicotine, which enters the neurone and has a direct effect on cell chemistry, and to cannabis, which has its own receptors.

Researchers have some degree of confidence about the neurobiology underpinning gambling, because there is a medication that can be used to interfere with it. Naltrexone is an opioid antagonist or opioid antidote;

that is, this chemical neutralises the effects of opioids by occupying the *mu* receptor sites, which effectively blocks the activity of both opioids and the endogenous peptides. Naltrexone is useful in the treatment of people with alcohol, opioid and gambling addictions (see Chapter 11). There are some problems with Naltrexone (in New Zealand mainly the cost), but it may be useful for clients to know that there is medication available for the treatment of gambling problems.

The brain story provides a framework to explain gambling as a dependency similar to other dependencies that the client may be more familiar with. Once gambling has been framed as an addiction, it is then useful to turn to the gambling cycle, which helps clients understand their inability to stop gambling.

The gambling cycle

The gambling cycle may also be presented to clients using a whiteboard drawing (see Figure 8.2). Pathological gambling typically consists of a cycle of gambling, which induces extreme mood swings. These are associated with irritability, depression, and boredom which, combined with behavioural triggers for gambling, lead to feelings of dissatisfaction and boredom, which in turn leads to more gambling. For many problem gamblers, this cycle is composed of:

Gambling: This is the cure for accumulated unpleasant feelings.

Extreme Mood: After gambling clients usually experience either abject depression as they realise the extent of their monetary losses, or feelings of excitement and stimulation after winning. Pathological gamblers mostly experience depression, as only naive gamblers withdraw winnings from pokie machines. Pathological gamblers seldom take their winnings out from the machines. The usual pattern is that instead they try to turn winnings into even more money, which often means they walk away with nothing. This causes even more despair when they lose everything (as they know they should have quit while they were ahead). These emotional fluctuations – that is the ‘high’ gamblers experience when gambling followed by either despair or hyped feelings after gambling – lead to chronically unstable moods.

Irritability: Gamblers may be irritable or anxious (often at the expense of the gambler’s family).

Depression: The gambling-induced mood fluctuations in time may become chronic depression.

Boredom: The gambler experiences a strong desire to feel normal again, that is, to activate the reward or pleasure pathways. It is important to note that although gamblers usually report they gamble to relieve boredom, the boredom is a result of gambling not a cause of it.

Triggers for gambling: The dissatisfaction combines with gambling triggers to induce strong feelings of boredom, which the pathological gambler self-treats by gambling.

The value of going through the gambling cycle with clients is that it shows several places for them to start changing their mood-gambling cycle. The interventions emerging from this cycle are:

1. Gamblers cannot afford to feel either excessive positive or negative emotions after gambling, as extreme moods are part of the gambling cycle and may lead to more gambling. Instead they must work hard to feel neutral after gambling, and should concentrate on thinking of any post-treatment gambling as part of the solution to their problem and not their problem gambling.
2. Clients can recognise their irritability after gambling and not take it out on their family. Instead clients can be honest with their support people and themselves. Honesty and openness are an anathema to problem gambling.
3. Clients may identify the effects of gambling on mood. This can help them to accept that anti-depressant medication may be useful in the initial phases of treatment.
4. Problem gamblers can practise reframing gambling cravings by telling themselves “it’s just the old *mu* receptors trying to remember how to work by themselves.” It may also help to eliminate thoughts of gambling if the client is taught a thought-stopping or cognitive distraction technique.
5. The high number of gambling sites in New Zealand means pathological gamblers will experience ongoing exposure to gambling triggers. For example, financial stress, the sight of money, and driving past casinos can all be triggers for gambling. However clients can prepare for these events and lessen their impact by using the ‘gambling triangle’ (see Figure 8.3).
6. For a problem gambler, gambling seems like a solution to their dissatisfactions. It is important that clients understand how gambling actually causes the emotional and financial problems that it seems to be treating. Describing gambling as a cycle rather than focusing on

gambling as an event can facilitate this understanding. Gambling clients must be encouraged to do something different if they gamble again, to avoid entering the comfortably altered state of consciousness they associate with gambling (see Figure 8.4).

The gambling triangle

This is another useful metaphor for the treatment of clients with pathological gambling disorders. It is easy to draw and offers understandable strategies for developing a treatment plan. The points of the triangle are money, time and availability (see Figure 8.3). Money refers to access to money in cash or its availability through a bank card or in some other form. Time is both time which is free for gambling and individual 'at risk times' when gambling is more likely. Availability involves access to gambling opportunities, which may include machines, TAB, internet, Sky TV or other opportunities to gamble. The triangle permits consideration of all three variables, since if they co-occur there is a greater likelihood that the client will gamble. This means that to avoid gambling the client must plan to avoid synchronicity of time, money and gambling access. This is an area of treatment where the old adage 'failing to plan is planning to fail' is relevant. Money, time and availability are each discussed here.

Money

Money changes its meaning for clients with pathological gambling disorders. They often report that money is money before gambling and after it has been lost, but while gambling it is not real money. For video gambling machine players this is literally true, as during gambling the money appears as machine credits. These are set at low base values, as this gives gamblers the impression that they have hundreds or thousands of machine credits, which in turn helps divorce credits from real money. One of the ironies, beauties, or cruelties of pokie machines is that the player pays cash while wins appear in machine credits that are usually lost back into the machine.

Most clients start treatment with a plan to limit their access to money. This may involve not using or carrying large amounts of money, credit or cash cards. Self-employed clients have to implement good systems to make their money less accessible. Many clients ask a partner or flatmate to handle their money for them and this can work if it is carefully considered. It is important to talk with clients about how they may sabotage their system.

For example, they may visit the bank in person, or borrow money from friends when they no longer have access to bank cards. Generally, all gambling clients borrow or steal gambling money either from creditors, the tax department, or family. A significant number of people have no one they can trust to handle their money, and different strategies may be used by these clients to limit their access to money. An extreme example is to organise a bank safe deposit box for the storage of all money, cheque books and bank account information. At an established time, possibly once a week, this can be uplifted (for a small fee) and in a small office provided by the bank (as part of this service) the client can write cheques for bills, or perform other transactions. The safe deposit box is then surrendered back to the bank and the client is protected from access to their money for another week. This system is extreme, but can work for well-organised people.

Self-employed workers who receive cash payments have the greatest difficulty in controlling their access to money. These clients may be accustomed to using their cash and not declaring their earnings for tax purposes. Banking money can be challenging for these clients, but systems can be developed to cope with this. For example, it may be possible for a partner to deal with the banking or they may deposit cash using the 24-hour banking machines.

Clients often report relief at being protected from their money. However this process can go too far. A family badly affected by gambling may impose a rigorous, almost punitive, regime on the gambler. This can be detrimental both to improving relationships and to developing effective treatment plans. It is important to remember that self-imposed poverty can work as a trigger for gambling, since clients may still believe that gambling is a way to make money rather than a way to spend it.

The essential point of the gambling triangle is to encourage clients to develop systems to protect themselves from exposure to money, as this is an important gambling trigger. The amount of money is significant in this context. Frequently clients report that a particular minimum amount of money is required before gambling is triggered. These clients may find that they are safe with smaller amounts of money.

Time

Gambling clients can often identify time that is discretionary – that is, time for which they are unaccountable and in which they are vulnerable to gambling. The gambler's shame about their gambling and the need to

deceive partners or family about gambling means gambling time is special time. It needs to be time in which others are unsure about their whereabouts. This may be time between jobs or on the way home from work. It may also be time when their partner is working and can't check up on them. Gambling time can be created by setting up an argument then storming out, seemingly going for a drive to cool off. Whenever possible gambling time is available the client needs a pre-existing plan to cope effectively.

The gambling triangle helps clients to be aware of time as a trigger and to make sure discretionary time is reduced. When free time does occur, they can schedule tasks and take particular care to ensure that money and access are limited. In this way the client learns to identify discretionary time in advance and to be aware of the risk this time presents. They can then plan to either avoid it or fill it with appropriate activities.

Access

The third part of the gambling triangle is gambling availability. For most clients this involves access to video gaming machines. These are available in almost all New Zealand hotels and bars, so most urban journeys involve passing many gambling sites. For clients with pathological gambling disorders the ubiquitous gambling machine equates to constant exposure to gambling triggers. Clients need to find ways to limit their exposure to gambling triggers. Some people ask their friends to intervene and to stop them from gambling. These arrangements have to be very specific, for example "if you see me gambling kick my arse and press the collect button," or clients banning themselves from the gambling area of the hotel or casino.

Many clients report not being able to go to places where there are gambling machines, as they fear the sights and sounds of these machines will constitute too powerful a gambling trigger for them. In vivo desensitisation may be effective for clients through reducing the potency of these triggers, and this technique is especially valuable for clients on home detention as this sentence has the advantage of restraining them from returning to the gambling location if they feel a craving to gamble after the session. If gambling machines cannot be avoided, it is even more important to attend to the other points on the gambling triangle – that is, money and time – so that gambling will not occur.

For some clients the gambling triangle is most effectively presented as a gambling square. The fourth point is vulnerability, referring to the

client's specific vulnerabilities, such as stressors, mood disorder, unhelpful peer or family influences, or other specific triggers. The gambling square may remind some clients of Te Whare Tapa Wha, the holistic Māori health model (Durie, 1994), and it allows for the inclusion of any other issues seen to be important to the client while providing for a more culturally inclusive presentation of the construct.

The hunter-gatherer story

Clients are often bewildered by their addiction to machines and the power of their compulsion to use them. The hunter-gatherer story is a way of explaining their gambling vulnerability in a non-pejorative way that increases the client's feelings of power over the addiction and reframes their entrapment by the gambling industry. This story is about the universal attraction humans have to gambling pastimes. The metaphor can be presented in the following manner.

Gambling is addictive because people are hunter-gatherers who have evolved over the last million years. Being a hunter-gatherer is part of human biology. To be a successful hunter-gatherer one must have evolved persistence, and people like to put this to use in solving problems or chasing things and catching them. Games are a way of doing this. People naturally try to solve problems, for example by working out how to beat the gambling machines and bring home the prize.

This can be presented to clients using the metaphor of fishing behaviour. A person throws their fishing line into the water and if they don't catch anything they throw it in again. If they do catch a fish they probably still throw the line in again to catch another fish. This makes sense because one fish is probably not enough to feed the tribe. However if they almost catch a fish, they get really excited. This is because they now know the fish are there and they are biting. These fish are 'the ones that got away.' They are always bigger than any fish caught and make for a much better fishing story.

Gambling machines are designed to appeal to the hunter-gatherer brain. If a gambler presses gambling machine buttons and does not win, they want to try again because a win can occur on the next spin. If the gambler wins they try again, because the win probably wasn't enough (especially if they have lost a lot of money in the machines), and if they almost win, they get really excited. The machines are designed to make gamblers think they have almost won. They only show the lines that almost

win and the free spins the machines give are like the fish that got away. Free spins are designed to let gamblers know that they are almost winning, that they are at a lucky fishing spot, that the fish are there and that the gambler would be a fool not to keep going. That is why free spins have their own distinctive sound – the machine designers want everyone in the room to know the fish are there and that this is a good spot for fishing.

The sad part about this story is that the machines use the gambler's hunter-gatherer brain to trap the hunter. The gamblers are the prey. The real hunters are the industry that runs the machines, and they don't need any more money – they already have more than enough from all the other gamblers they have trapped.

The hunter-gatherer story reduces the client's feelings of shame and powerlessness over their addiction. The story is designed to enhance feelings of being in control and provide a non-judgemental metaphor for clients to use to explain their gambling behaviour. These feelings can contribute to good treatment outcomes for clients. This story also helps clients develop some healthy anger towards the gambling industry, which can then be enhanced with the next story.

The invention of gambling machines

The stories presented so far may be located on a fine line between models and metaphors. This one is slightly different. It is partly urban myth and partly metaphor, and it is less factually based than the other stories. However it is a useful story for clients struggling to give up machine gambling. Clients can focus their thinking about gambling machines with the help of the following story.

Modern pokie machines were developed by organised crime families in Las Vegas. Earlier versions of these machines were developed at the beginning of the 20th century in the US (Australian Productivity Commission, 1999). In the 1970s a Mafiosi called Bugsy Siegel had the idea of developing Las Vegas into a gambling city. This would allow the Mafia to launder money from ill-gotten gains and to also make money off American servicemen returning home from the wars in Asia. Bugsy wanted to develop a gambling city, but he didn't want to use the European model of gambling. That framed gambling as a product targeted at the rich and involving expensive croupiers. Bugsy wanted to provide gambling for the ordinary citizen. In order to achieve this he consulted psychologists who knew about training rats to press bars in Skinner Boxes. They had access

to data on how to arrange the relationship between food and bar pressing to develop compulsive bar pressing in rats. This was the information that went into the development of pokie machines. They were designed by psychologists for the Mafia to be addictive, which is why they are so efficient at stripping money from gamblers.

The first poker machines were very like Skinner Boxes, complete with a lever to press. They were called ‘one-armed bandits.’ Modern machines are electronic, but they still use the same basic data for producing compulsive bar pressing. That is, every next press can be a winner, there is a high rate of wins and the variable nature of the process means the player doesn’t know how long a given amount of money will last, so they can’t plan their gambling.

This story can help gamblers move from powerlessness into anger, which can help them to cognitively separate themselves from their addictive behaviour. It is also useful as a vehicle to convey information to clients about the relationship between playing and winning on a machine. This relationship is not a truly random relationship, but subject to a schedule known as a variable response schedule. That schedule induces high response rates, and a desire to continue playing.

The relapse (big picture) story

Most gambling clients make many unsuccessful attempts to stop. This is reflected in the wheel of change model from motivational enhancement therapy (Miller & Rollnick, 1991) and ought to be expected by treatment providers. However, the wheel of change doesn’t adequately describe the emotional gulf that exists between relapse and (re-) contemplation. After relapse clients feel hopeless and it is difficult for them to contemplate change again. The big picture story helps clients make the attitudinal change required to start their change process again after a gambling setback. The story is accompanied by the drawing in Figure 8.4 and recounted in the following manner.

It is important to acknowledge that the client has made a resolution to stop gambling, and attending counselling is one result of that decision. The resolution is important, but even with it the client will probably gamble again. The significant thing about this is that any future gambling has to be part of the solution, not part of the problem. Just because the gambler gambles again does not mean they are ‘back to square one,’ because from now on any gambling is part of the change process. In order

to mark this difference, the client needs to make future gambling dissimilar to past gambling. The difference can be as simple as playing a different machine, or as difficult as pressing collect and walking away with money.

The important thing is to see any future gambling as part of the solution and not part of the problem. Before making the resolution to stop, gambling was more frequent and extreme. Future gambling will be infrequent and will hopefully involve less money. The big picture allows clients to see that pre-resolution gambling is different to post-resolution gambling, and they can retain hope that they can quit gambling even if relapses occur.

This story is useful because clients often present with the fantasy that they will never gamble again. However the client's reluctance to contemplate possible future gambling is a kind of denial, which is ultimately not helpful in achieving a good outcome.

Conclusions

This chapter provides stories that can provide a basis for communicating with clients. These stories can reframe gambling for gamblers so that they can think about it differently. They can be presented from within almost any treatment modality; for example, solution-focused problem-solving, working towards attitudinal or belief change, desensitisation, or whatever seems likely to work for a particular client. They are presented as one approach to treatment that is useful and adaptable to many treatment modalities and clients. Readers are encouraged to use these metaphors when treating clients with pathological gambling disorders and to develop or discard them according to how useful they perceive them.

Figure 8.1. The Brain Story

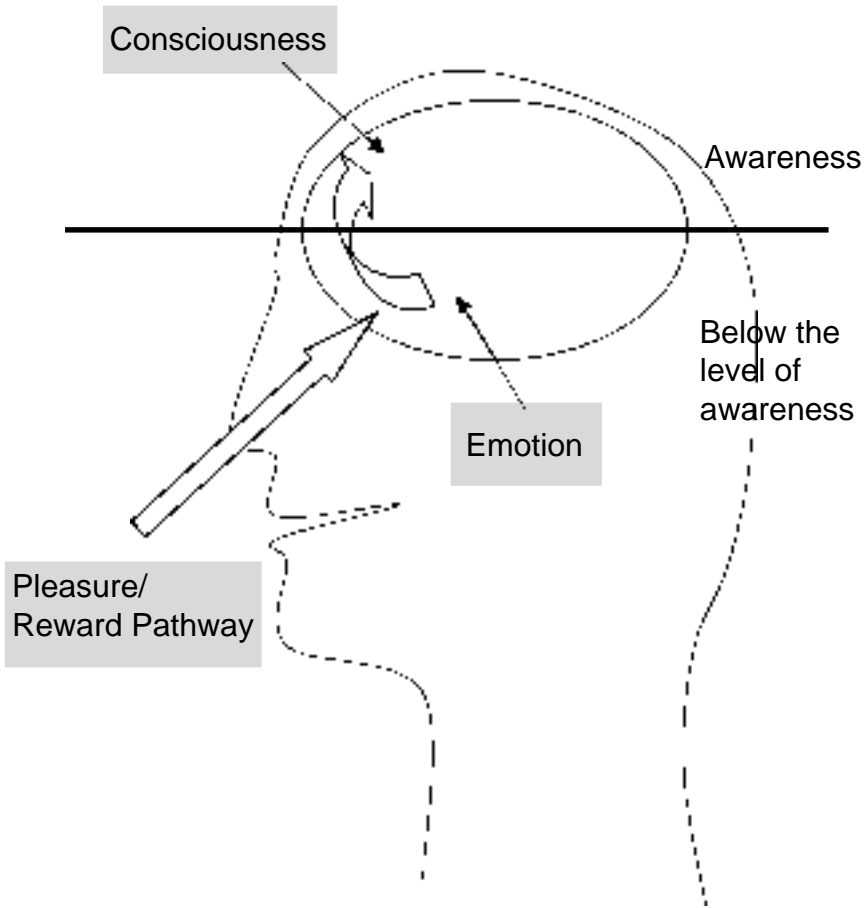


Figure 8.2. The Gambling Cycle

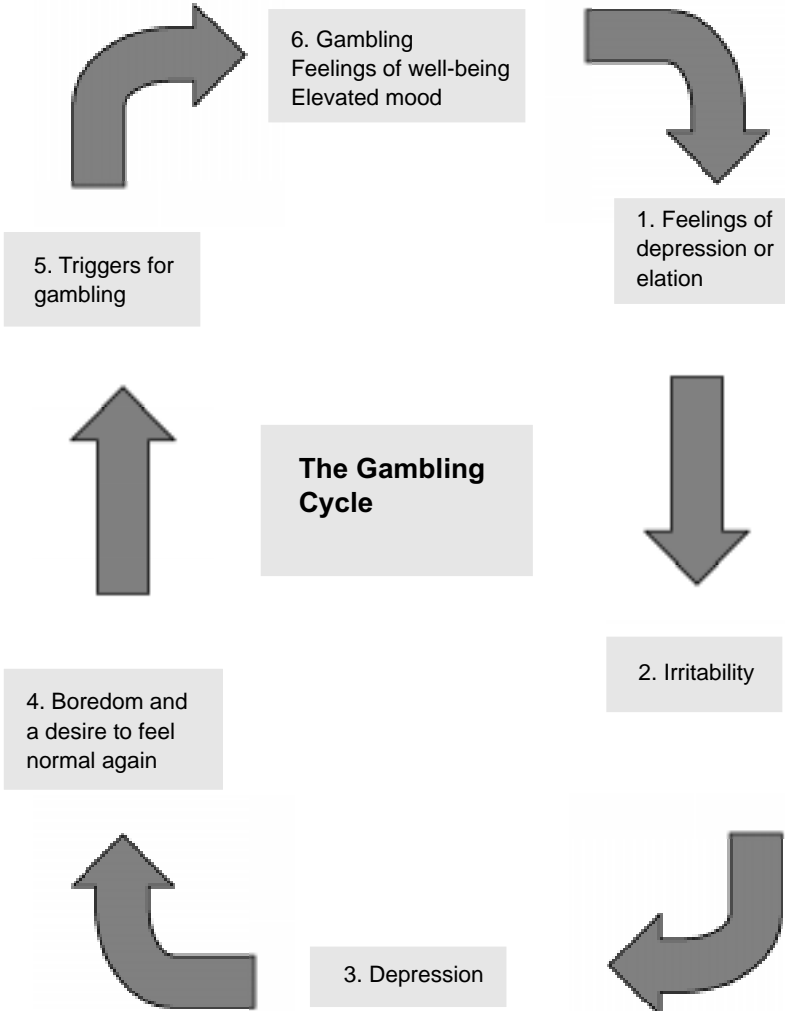


Figure 8.3. The Gambling Triangle

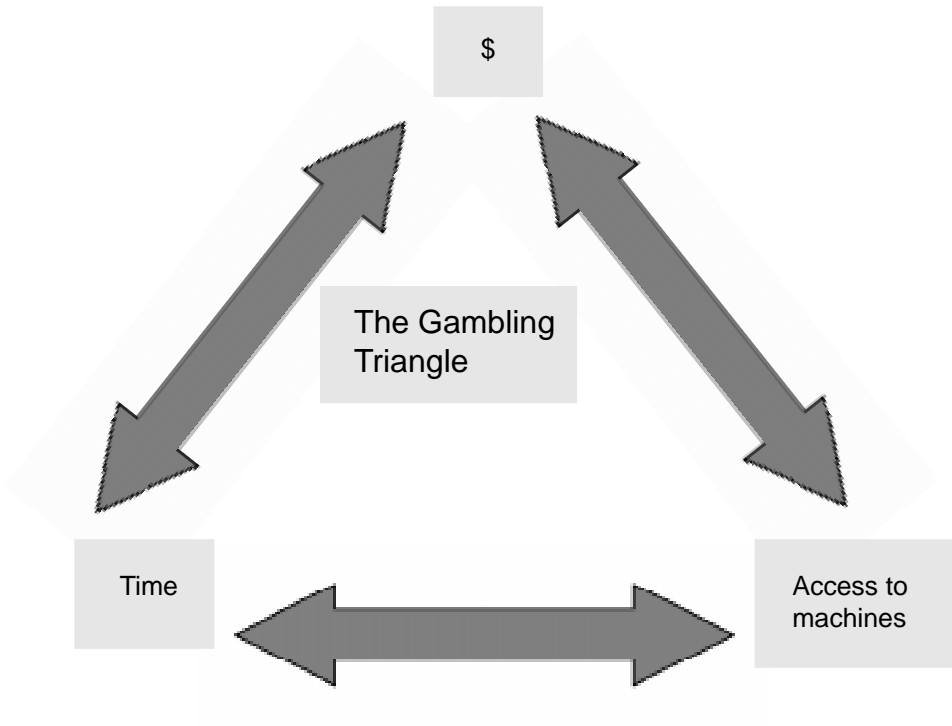


Figure 8.4. The Big Picture

