What does the term „Addiction“ - instead of Pathological Gambling - do for us and the sufferers?

(see Shaffer: „What did the drug do for you?“)

The term „addiction“ a „cognitive drug“?

Prof. Dr. med. Iver Hand
The „Addiction“ problem:

• There is **no generally accepted definition of „Addiction“** - Attempts range from extreme biological to very complex psychological and sociological concepts.

• There is **no generally accepted treatment of „Addiction“** - Attempts range from GA´s abstinence model (based on religious grounds) via promise of future „wonder-drugs“ to psychodynamic-behavioural „neuroses“ interventions.
GAMBLING „ADDITION“ in DSM V ? - Please Not!

Most frequently quoted features of:

<table>
<thead>
<tr>
<th>Feature</th>
<th>Addiction</th>
<th>Pathological Gambling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progressive course</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Chronic course</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Unbearable withdrawal symptoms</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Very difficult to treat</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Impulse for action uncontrollable</td>
<td>+</td>
<td>-</td>
</tr>
</tbody>
</table>
Abuse of DSM (and ICD) for treatment decisions?:

- **DSM diagnoses** are based on counting of behavioural features.
- Since DSM-III they **don`t not say anything about the aetiology** (causes) of the diagnosed disorders.
- Most DSM diagnoses do **comprise people with very different** and complex **sets of causes** that lead to these behaviours.
Consequently:

**DSM diagnoses** - particularly in addictions or neuroses - have **very limited impact on the design of the treatment**! Much of the current discussion about „behavioural addictions“ seems to miss this point.

**The danger:** The diagnosis may become abused to restrict treatments to those in addiction units – a catastrophe for the patients.
The currently most popular concept about the "motivation for addictive behaviours" (drug related and unrelated):

The avoidance of "Emotional Pain"

or

"Negative Emotional States" (NEST)

(i.e.: Negative Reinforcement)
In Pathological Gambling (PG) NEST has also been found to be the most important predictor of a more chronic course - together with a lack of satisfying alternative behaviours in daily life!
Please note:

• There are important **transcultural and gender specific differences** regarding the impact of **negative and positive reinforcement** in PG!

• **Pre-existing other psychiatric disorders** often contribute to the development of PG!
The currently most plausible treatments (I):

- „Causal“ interventions for those very heterogeneous life events that contribute to the development of those **Negative Emotions** (depression, anxiety, anger, guilty feelings) that induced „learned helplessness“ and finally the „self-medications“ with the problem behaviour.

- **For instance:** The Harvard group (Khantzian, Shaffer); Jacobs; Hand - they are psychodynamic and/or behavioural, but the authors, except for Hand, call them „addiction treatments.

These interventions „restore moral“ (Cyril Franks) and the ability to overcome the previously „learned helplessness“.
The currently most plausible treatments (II):

- **Behavioural „Symptom-management“ interventions.**

These are the more important, the more „positive reinforcement“ (joy, expectation of large wins etc.) contributed to the development of PG (c.f. N. Petry).
NEGATIVE EMOTIONAL STATES (NEST) AND BEHAVIORAL EXCESSES

Everyday life with extended psychosocial distress

Contact with gambling situation

Pathological Gambling

Loss of money (stops gambling)

Gain of money

Socio-economic suicide

Suicide

Treatment

Avoidance of NEST

Universität Hamburg
Medizinische Fakultät
Prof. Dr. med. Iver Hand
<table>
<thead>
<tr>
<th>Behavioral - and functional analyses</th>
<th>PROBLEM GAMBLING</th>
<th>„PATHOLOGICAL“ GAMBLING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>“SOCIAL” GAMBLING</strong></td>
<td><strong>PROBLEM GAMBLING</strong></td>
<td><strong>„PATHOLOGICAL“ GAMBLING</strong></td>
</tr>
<tr>
<td>( C^+ ) - model: Positive reinforcement</td>
<td><strong>ESCAPISM</strong></td>
<td>Pre --&gt; Para- Suicidal behavior</td>
</tr>
<tr>
<td>TO HAVE FUN (Action orientated)</td>
<td>• <strong>everyday life</strong> = “pain“</td>
<td><strong>UNCONSCIOUS SUICIDAL INTENTION</strong> (passive avoidance)</td>
</tr>
<tr>
<td>STIMULATION when bored</td>
<td>• <strong>Intra personal functions</strong></td>
<td>• <strong>Intra psychological functionality</strong>:</td>
</tr>
<tr>
<td>„NOW - ISM“ Instant satisfaction of (induced) needs</td>
<td>- Avoidance of pain and negative feelings by gambling; illusional and fairy tale like situation while gambling</td>
<td>- Abreactions of self-destructive impulses</td>
</tr>
<tr>
<td></td>
<td>- Avoidance of “disgrace” and loosing self-confidence after loosing (chasing)</td>
<td>- loosing increases „internal” pressure to “commit suicide”</td>
</tr>
<tr>
<td>MATERIALISTIC “PURPOSE IN LIFE”</td>
<td>• <strong>Interpersonal functions</strong>:</td>
<td>• <strong>Interactive functionality</strong>:</td>
</tr>
<tr>
<td></td>
<td>- Abreaction of aggressions against close others</td>
<td>- e.g. taking revenge on the partner</td>
</tr>
<tr>
<td></td>
<td>- to provoke significant others e.g. to split up</td>
<td>(loss of his wealth)</td>
</tr>
<tr>
<td></td>
<td>LACK OF “PURPOSE IN LIFE”</td>
<td>DESIRE TO DIE</td>
</tr>
</tbody>
</table>
EXCESSIVE BEHAVIORS ARE NOT ADDICTIONS
BEHAVIORAL THERAPY OF BEHAVIORAL EXCESSES (I)

Behavior Therapy: Problem directed interventions for NEST

Causes:
- Biological Risk Factors (e.g. genetic)
- Psychiatric Disorders (Axis-I a. II)
- Developmental Deficits
- Psychic Traumata
- False assumptions of:
  - Own person
  - Chances / Probability to win
  - Gambling

Therapy:
- Social psychiatry
- Behavioral Analyses
  - Functional Analyses
  - Motivational Interventioning
- Exposure to:
  - negative feelings, thoughts, physiology; Distress-tolerance training
- Training of:
  - skills (e.g. social competence); alternative behaviors
- Interventions
- Magical Thinking
- Psycho-education

NEST

EXCESSIVE BEHAVIORS ARE NOT ADDICTIONS
BEHAVIORAL THERAPY OF BEHAVIORAL EXCESSES (I)
Behavior therapy: reinforcement-specific

**SUB-TYPES**

<table>
<thead>
<tr>
<th>ACTION-SEEKER</th>
<th>ESCAPE-SEEKER (ESCAPISM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Lesieur, 1988)</td>
<td>(Custer u. Milt, 1985; Lesieur, 1988)</td>
</tr>
<tr>
<td>C+ (POSITIVE REINFORCEMENT)-GAMBLER</td>
<td>(Hand, 1992, 1998b)</td>
</tr>
</tbody>
</table>

**REINFORCEMENT-SPECIFIC TYPE OF BEHAVIOR THERAPY**

<table>
<thead>
<tr>
<th>“SYMPTOM”-INTERVENTION (1st Choice)</th>
<th>„CAUSAL”-INTERVENTION (1st Choice)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Clarification of motivation</td>
<td>- Clarification of motivation</td>
</tr>
<tr>
<td>- Psycho-education about</td>
<td>- Accurate psychopathological assessment</td>
</tr>
<tr>
<td>- chance statistics</td>
<td>- Detailed biographical and functional analyses</td>
</tr>
<tr>
<td>- psychological traps in various games</td>
<td>- Multimodal hypothesis and hierarchical interventions</td>
</tr>
<tr>
<td>- Clarification and modification of personal misbelieves about:</td>
<td>- Daily protocol of the patient about events and feeling before, during and after gambling</td>
</tr>
<tr>
<td>- gambling</td>
<td>- Strengthening of positive behaviors, reductions of developmental deficits</td>
</tr>
<tr>
<td>- own personality</td>
<td>- Pleasure training (learning of alternative positive enhancement strategies)</td>
</tr>
<tr>
<td>- Clarification of the reasons for the switch from social to pathological gambling</td>
<td>„SYMPTOM”-INTERVENTION?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUB-TYPES</th>
<th>I.</th>
<th>II.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>ACTION-SEEKER</strong> (Lesieur, 1988)</td>
<td><strong>ESCAPE-SEEKER (ESCAPISM)</strong> (Custer u. Milt, 1985; Lesieur, 1988)</td>
</tr>
<tr>
<td></td>
<td><strong>C+ (POSITIVE REINFORCEMENT)-GAMBLER</strong> (Hand, 1992, 1998b)</td>
<td><strong>α- (NEGATIVE REINFORCEMENT)-GAMBLER</strong> (Hand, 1992, 1998b)</td>
</tr>
<tr>
<td>REINFORCE-</td>
<td><strong>OPIOID-ANTAGONIST</strong> Naltrexon</td>
<td><strong>TRICYCLIC ANTIDEPRESSANTS</strong> Imipramine</td>
</tr>
<tr>
<td>MENT-SPECIFIC</td>
<td>Naltrexon + SSRI</td>
<td><strong>SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI)</strong> Fluvoxamine; Fluoxetine; Paroxetine; Citalopram</td>
</tr>
<tr>
<td>DRUG</td>
<td>Nalmefen</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Cave:</strong> Drug-induced Dysphora/Depression</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>BETABLOCKER</strong> no clinical trail yet; recommendation from Rosenthal, 2004</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>MOOD STABILIZER ?</strong></td>
<td><strong>„MOOD STABILIZER“</strong> Lithium; Carbamazepine; Valproat</td>
</tr>
<tr>
<td></td>
<td><strong>PLACEBO !</strong></td>
<td><strong>PLACEBO ?</strong></td>
</tr>
</tbody>
</table>
**“ADDICTION TREATMENT” FOR THE GAMBLER AND HIS FAMILY: A BEHAVIORAL SYSTEMIC VIEW**

<table>
<thead>
<tr>
<th>Time</th>
<th>Treatment stages</th>
<th>Treatment content</th>
<th>Treatment environment</th>
</tr>
</thead>
</table>
| LIFE     | OUTPATIENT июня | • Separation and sensory deprivation from preferred activity (gambling)  
• Separation from social reality  
• Separation from family  
• Confrontation with “being an addict”, i.e., “brainwashing” | • Artificial world of inpatient unit without TV, newspaper, radio etc.  
• Uniformity of social environment: all other patients are “addicts”; many staff members are (dry) “addicts”  
• Uniformity of illness model (“belief-system”)  
• Continuous pressure/persuasion |
| UPS       | 1-3 MONTHS       | • Reinforcement of “being an addict”: from shame to pride  
• Partial separation from family (avoidance of conflict resolution?)  
• Preoccupation with “being an addict” with respective adjustment of lifestyle  
• High external control to balance for | |

GA= Gamblers Anonymous, G= Gamblers, S= Spouse, CH= Teenage Child, IT= Individual Treatment
What does the term „addiction“ do to:

Pathological gamblers?

• **Regarding treatment:** No better than before - possibly much worse for most sub-populations.

• **A Labelling**, that most problem and many pathological gamblers won´t like - i.e. lower help acceptance.
What does the term „addiction“ do to:

Therapists and research workers?

• In Germany, since the federal court´s decision, that gambling can cause „addiction“: Almost all money from Lotto/Toto pours (only) into addiction units, for treatment, research and prevention.

• Therefore, „research proper“ currently hardly possible; alternative treatments may become seriously impeded.
AND JUST AS A REMINDER

Bill W., founder of AA in 1935,

• Suffered from Social Phobia
• Used alcohol to reduce suffering
• Developed abuse of alcohol, as Social Phobia got worse
• Could not get Behavioral Therapy:
  Neither for Social Phobia nor for “self-medication”
• Founded Alcoholics Anonymous
• Stopped alcohol abuse
• Lowered Social Phobia (in AA group settings)

(With Behavior Therapy around in 1930s - No Alcoholics Anonymous?)
All these facts raise the questions:

• Why is it so much easier to acquire substantial funding for research and treatment in/of „Addictions“ than in other psychiatric/psychological health problems (that are not less painful and costly for sufferers and society)?

• To what extent do science or interest groups influence diagnosing in DSM (ICD)?
References


THANK YOU FOR YOUR ATTENTION!