



Universität Hamburg  
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# GAMBLING „ADDICTION“ in DSM V ? - Please Not !

8th European Conference on Gambling Studies and Policy Issues

## 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“?**

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## 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.



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Most frequently quoted features of:

	„Addiction“	↔	Pathological Gambling
Progressive course	+		-
Chronic course	+		-
Unbearable withdrawal symptoms	+		-
Very difficult to treat	+		-
Impulse for action uncontrollable	+		-



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## 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.



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- **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.



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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)



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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!



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## 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!





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## 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-medication“** with the problem behaviour.
- **(For instance:** The Harvard group (Khantzian, Costikyan, **Shaffer**); **Jacobs**; **Hand** - they are psychodynamic and/or behavioural, but the first two authors call them „addiction treatments)

These interventions „restore moral“ (Cyril Franks) and the ability to overcome the previously „learned helplessness“.



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## The currently most plausible treatments (II):

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

These are the more important, the more „positive reinforcement“ (joy, expectation of large wins etc.) contributed to the development of PG.



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What does the term „addiction“ do to:

Pathological gamblers?

- **Regarding treatment:** No better than before - possibly much worse for certain sub-populations.
- **A Labelling**, that most problem and many pathological gamblers won't like - i.e. lower help acceptance.



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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**.



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## 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?)**



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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)?

???



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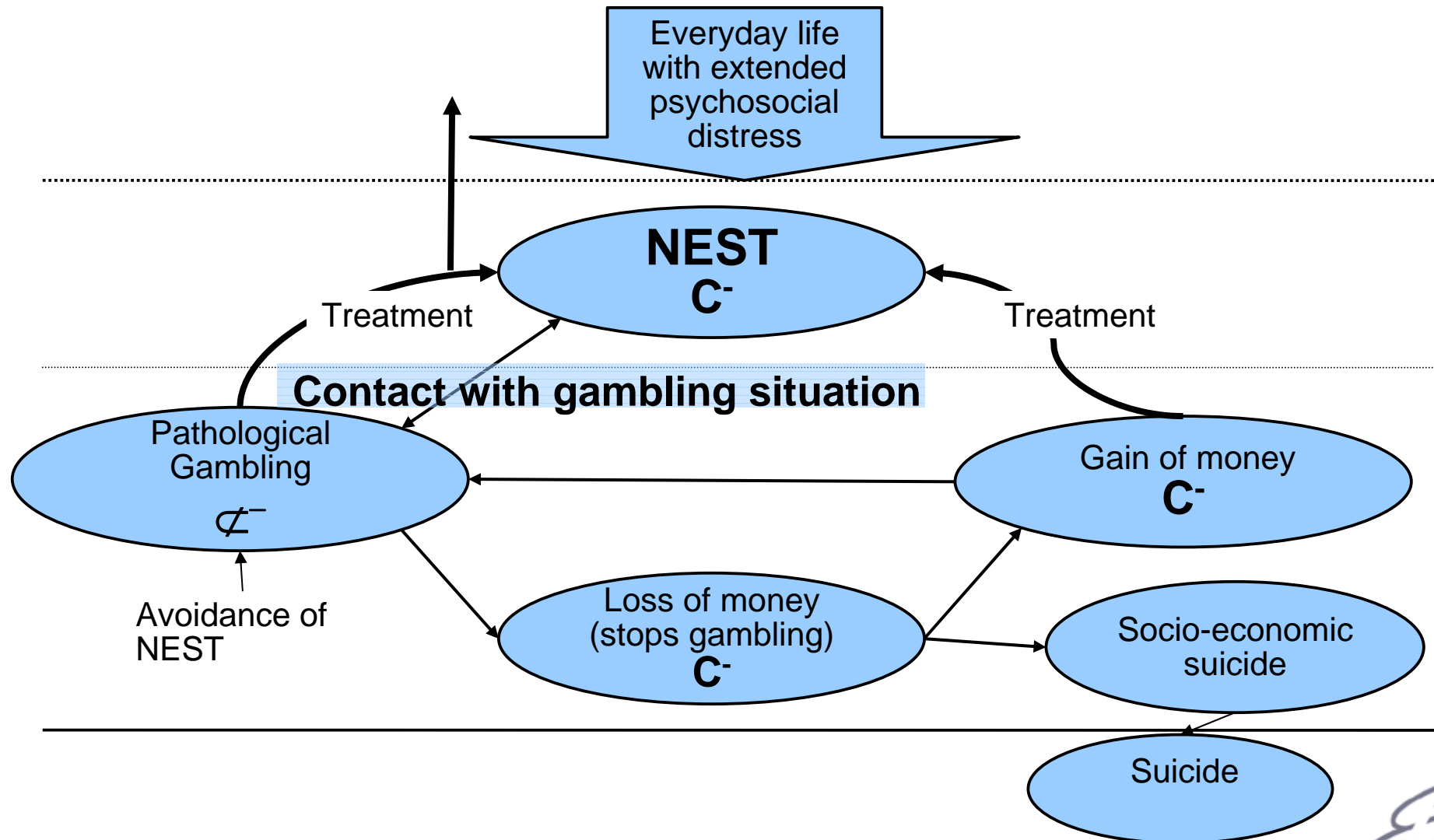
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THANK YOU FOR YOUR ATTENTION !



# NEGATIVE EMOTIONAL STATES (NEST) AND BEHAVIORAL EXCESSES







# EXCESSIVE BEHAVIORS ARE NOT ADDICTIONS BEHAVIORAL ANALYSES OF BEHAVIORAL EXCESSES

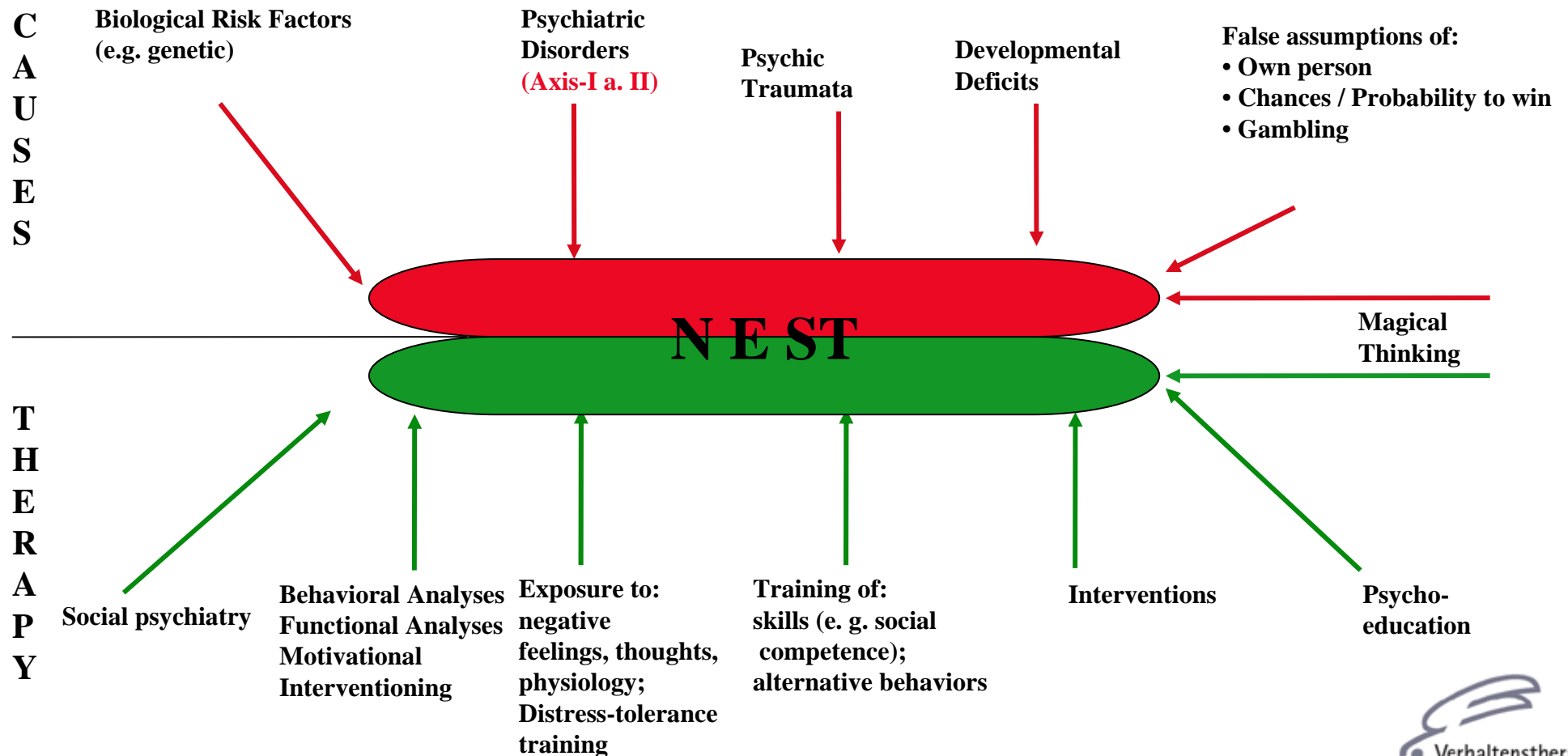
## Behavioral - and functional analyses

<p><b>“SOCIAL” GAMBLING</b> C<sup>+</sup> - model: <b>Positive reinforcement</b></p>	<p><b>PROBLEM GAMBLING</b> C<sup>-</sup> - Model: <b>Negative reinforcement</b></p>	<p><b>„PATHOLOGICAL“ GAMBLING</b> Pre ---&gt; Para- <b>Suicidal behavior</b></p>
<p>TO HAVE FUN (Action orientated)</p> <p>STIMULATION when bored</p> <p>„NOW - ISM“ Instant satisfaction of (induced) needs</p>	<p>ESCAPISM</p> <ul style="list-style-type: none"> <li>• <b>everyday life = “pain“</b> Depression, anxiety, guilty feelings, ambivalence</li> <li>• <b>Intra personal functions</b> <ul style="list-style-type: none"> <li>- Avoidance of pain and negative feelings by gambling; illusional and fairy tale like situation while gambling</li> <li>- Avoidance of “disgrace” and loosing self-confidence after loosing (chasing)</li> </ul> </li> <li>• <b>Interpersonal functions:</b> <ul style="list-style-type: none"> <li>- Abreaction of aggressions against close others</li> <li>- to provoke significant others e.g to split up</li> </ul> </li> </ul>	<p>UNCONSCIOUS SUICIDAL INTENTION (passive avoidance)</p> <ul style="list-style-type: none"> <li>• <b>Intra psychological functionality :</b> <ul style="list-style-type: none"> <li>- Abreaction of self-destructive impulses</li> <li>- loosing increases „internal” pressure to “commit suicide”</li> </ul> </li> <li>• <b>Interactive functionality:</b> <ul style="list-style-type: none"> <li>- e.g. taking revenge on the partner (loss of his wealth)</li> </ul> </li> </ul>
<p><b>MATERIALISTIC “PURPOSE IN LIFE”</b></p>	<p><b>LACK OF “PURPOSE IN LIFE”</b></p>	<p><b>DESIRE TO DIE</b></p>



# EXCESSIVE BEHAVIORS ARE NOT ADDICTIONS BEHAVIORAL THERAPY OF BEHAVIORAL EXCESSES (I)

## Behavior Therapy: Problem directed interventions for NEST





# EXCESSIVE BEHAVIORS ARE NOT ADDICTIONS BEHAVIORAL THERAPY OF BEHAVIORAL EXCESSES (II)

## Behavior therapy: reinforcement-specific

<p><b>SUB-TYPES</b></p>	<ul style="list-style-type: none"> <li>• <b>ACTION-SEEKER</b> (Lesieur, 1988)</li> <li>• <b>C+ (POSITIVE REINFORCEMENT)-GAMBLER</b> (Hand, 1992, 1998b)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ESCAPE-SEEKER (ESCAPISM)</b> (Custer u. Milt, 1985; Lesieur, 1988)</li> <li>• <b>∅ (NEGATIVE REINFORCEMENT)-GAMBLER</b> (Hand, 1992, 1998b)</li> <li>• <b>“SELF-MEDICATION” GAMBLER</b> (Khantzian, 2002)</li> </ul>
<p><b>REINFORCEMENT-SPECIFIC TYPE OF BEHAVIOR THERAPY</b></p>	<p><b>“SYMPTOM”-INTERVENTION (1st Choice)</b></p> <ul style="list-style-type: none"> <li>- Clarification of motivation</li> <li>- Psycho-education about <ul style="list-style-type: none"> <li>- <i>chance statistics</i></li> <li>- <i>psychological traps in various games</i></li> </ul> </li> <li>- Clarification and modification of personal misbelieves about: <ul style="list-style-type: none"> <li>- <i>gambling</i></li> <li>- <i>own personality</i></li> </ul> </li> <li>- Clarification of the reasons for the switch from social to pathological gambling</li> <li>- Training of alternative positive reinforcement strategies</li> </ul> <p><b>“CAUSAL”-INTERVENTION?</b></p>	<p><b>„CAUSAL”-INTERVENTION (1st Choice)</b></p> <ul style="list-style-type: none"> <li>- Clarification of motivation</li> <li>- Accurate psychopathological assessment</li> <li>- Detailed biographical and functional analyses</li> <li>- Multimodal hypothesis and hierarchical interventions</li> <li>- Daily protocol of the patient about events and feeling before, during and after gambling</li> <li>- Strengthening of positive behaviors, reductions of developmental deficits</li> <li>- Pleasure training (learning of alternative positive enhancement strategies)</li> </ul> <p><b>„SYMPTOM”-INTERVENTION?</b></p>



# EXCESSIVE BEHAVIORS ARE NOT ADDICTIONS PHARMACOTHERAPY

## Pharmacotherapy: reinforcement-specific (Rosenthal, 2004)

### I.

### II.

SUB-TYPES	I.	II.
REINFORCEMENT-SPECIFIC DRUG	<ul style="list-style-type: none"> <li>• <b>ACTION-SEEKER</b> (Lesieur, 1988)</li> <li>• <b>C+ (POSITIVE REINFORCEMENT)-GAMBLER</b> (Hand, 1992, 1998b)</li> </ul> <ul style="list-style-type: none"> <li>• <b>OPIOID-ANTAGONIST</b> Naltrexon Naltrexon + SSRI Nalmefen <b>Cave:</b> Drug-induced Dysphoria/Depression</li> <li>• <b>BETABLOCKER</b> no clinical trial yet; recommendation from Rosenthal, 2004</li> <li>• <b>MOOD STABILIZER ?</b></li> <li>• <b>PLACEBO !</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>ESCAPE-SEEKER (ESCAPISM)</b> (Custer u. Milt, 1985; Lesieur, 1988)</li> <li>• <b>∅ - (NEGATIVE REINFORCEMENT)-GAMBLER</b> (Hand, 1992, 1998b)</li> <li>• <b>„SELF-MEDICATION“ GAMBLER</b> (Khantzian, 2002)</li> </ul> <ul style="list-style-type: none"> <li>• <b>TRICYCLIC ANTIDEPRESSANTS</b> Imipramine</li> <li>• <b>SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI)</b> Fluvoxamine; Fluoxetine; Paroxetine; Citalopram</li> <li>• <b>„MOOD STABILIZER“</b> Lithium; Carbamazepine; Valproat</li> <li>• <b>PLACEBO ?</b></li> </ul>



## “ADDICTION TREATMENT” FOR THE GAMBLER AND HIS FAMILY: A BEHAVIORAL SYSTEMIC VIEW

Time	Treatment stages	Treatment content	Treatment environment
<b>1-3 MONTHS</b>		<ul style="list-style-type: none"> <li>• Separation and sensory deprivation from preferred activity (gambling)</li> <li>• Separation from social reality</li> <li>• Separation from family</li> <li>• Confrontation with “being an addict”, i.e., “brainwashing”</li> </ul>	<ul style="list-style-type: none"> <li>• Artificial world of inpatient unit without TV, newspaper, radio etc.</li> <li>• Uniformity of social environment: all other patients are “addicts”; many staff members are (dry) “addicts”</li> <li>• Uniformity of illness model (“belief-system”)</li> <li>• Continuous pressure/persuasion</li> </ul>
<b>LIFELONG</b>	<b>OUTPATIENT INPATIENT</b>	<ul style="list-style-type: none"> <li>• Reinforcement of “being an addict”: from shame to pride</li> <li>• Partial separation from family (avoidance of conflict resolution?)</li> <li>• Preoccupation with “being an addict” with respective adjustment of lifestyle</li> <li>• High external control to balance for</li> </ul>	<p>„DRY ADDICTION“</p> <p>LIFESTYLE</p>

GA= Gamblers Anonymous, G= Gamblers, S= Spouse, CH= Teenage Child, IT= Individual Treatment