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Treatment of a Compulsive Horse Race Gambler by Aversion Therapy

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Introduction

References to compulsive gambling are found in the psychiatric literature as early as 1914 (von Hattingberg) and 1920 (Simmel). These and subsequent literature on the psychodynamics and treatment by analytical methods were summarized by Harris in 1964. In the past year references have been made to the treatment by aversion therapy of isolated cases of horse race gamblers and of a "one-armed bandit" gambler (Barker and Miller, 1966b, Seager *et al.*, 1966, Barker and Miller, 1966a). A further case of a compulsive horse race gambler treated by aversion therapy seems worth presenting, in view of the sparse literature on treatment of the condition by this method, and also because in this case, the therapy was immediately followed by remission of a long-standing marital disharmony which is believed to have been one major precipitating cause of the gambling.

Case History

A thirty-seven-year-old man was referred as a result of his wife's complaints of debts incurred by reckless gambling. He gave a thirteen-year history of compulsive gambling restricted to horse racing; this occurred in bouts lasting three to six months, with at least one bout a year. He invariably lost, often heavily, but was unable to stop until either he ran out of money or his wife found out. The gambling had been started off by newspaper publicity of a forthcoming classical race or by receiving ready cash as expense repayments; there was also another factor, for the patient later admitted that at the time his relationship with his wife was particularly poor. The relationship had, he said, been unsatisfactory from the start of the marriage; he described his wife as "cold, undemonstrative, highly strung", "wearing the pants" and suggested that his gambling "might be an attempt to hurt her—can't stand up to her in any other way". Gambling, confined to horses, had started within a year of his marriage. There was no evidence of other compulsive phenomena, or any psychiatric abnormality.

His father and one brother were heavy gamblers and drinkers (causes unknown). A second brother was a non-gambler and a social drinker. His mother was described as quiet, shy and a chronic invalid. Childhood memories were of an unhappy, impecunious home. He described himself as a "nervous child", timid, puny and shy. After uneventful schooling and several menial jobs he joined the Royal Air Force at 17½, with which career he has remained satisfied. Sexual development and orientation were normal, but experience with females before marriage was limited because of shyness. There are two children of the marriage. He is teetotal, but smokes about thirty cigarettes a day.

Discussion of the gambling habit revealed that:

1. Selections were recorded from the racing page of his daily paper each morning at about 8.45. Buying the paper and making the selections evoked pleasurable emotions.
2. Selection was by a random choice of one of a small number (2–3) of top class jockeys and picking this jockey's mounts for the day.
3. Bets were placed with a bookmaker directly or by telephone.
4. Fantasies of horse selection, betting prices and envisaged profits were frequently imagined during the day, evoking pleasurable emotions.

5. Results were obtained at 4.30 p.m. from the radio news. This was anticipated with pleasure and the results evoked considerable emotion—pleasure if winning—misery if losing.

6. If the races were televised, they were avidly watched and again the results evoked the relative emotions.

7. He only occasionally visited racecourses and disliked being in close proximity to horses.

Treatment

Aversion therapy to all the individual components of the habit was by random faradic shocks of 1–2 seconds' duration and unpleasant intensity (35 volts) to the upper arms (right if writing, otherwise varied), from an apparatus based on the design described by McGuire and Vallence (1964). The sessions were conducted daily during the course of five activities:

I. 8.45 a.m. whilst selecting and recording from his newspaper.
II. } Between 10 a.m.—3.30 p.m. Three ran-
III. } domly timed sessions to imagination of
IV. } selected names, races, odds and winnings.
V. 4.30 p.m. To radio results.
VI. To televised races in which selections featured, when viewing was available. (In lieu of session IV.)

Each session was of about ten minutes' duration and comprised fifteen shocks, administered at random during sessions II, III and IV but specifically during the choosing and recording of the selection during session I, and during broadcast of selected names when listening to results or watching television (session V and VI).

In all, nine days of treatment were given over two weeks (45 sessions, 675 shocks).

Attitude Changes during Treatment

On the fourth day of treatment the patient volunteered that he was having to force himself to open the paper and make his selections. He also revealed that he was having difficulty in evoking and maintaining thoughts of selections and anticipated profits during the aversion sessions directed at the imagery. He still thought about the selections between sessions and anticipated with pleasure the checking of results. By the seventh day thoughts of the selection were no longer occurring between sessions, and he had no desire to watch televised racing or to listen to the results.

Objective and subjective concomitants of anxiety were noted on the second day of treatment. The patient expressed the opinion that it was only the realization that he must obtain a cure that was keeping him going. Objective evidence of emotional stress was suppressed by the third day, but recurred briefly on the sixth day, with barely controlled anger towards the therapist, and again on the ninth day whilst listening to the radio results. He did not, however, refuse or request to terminate any session.

Follow-up

The first review was made one month after completion of therapy. The patient stated that he had stopped buying his morning newspaper, and had no desire to place a bet and no interest in horses. He also volunteered that his relationship with his wife had considerably improved both at the sexual and interpersonal levels. The wife independently confirmed these reports.

Regular reviews now extending beyond twelve months have revealed continued lack of interest in all aspects of gambling and maintained improvement in the marital situation.

Discussion

Analysts have interpreted compulsive gambling as an outlet for repressed ano-sadistic impulses (Simmel), a form of masochism (von Hattingburg), (Bergler), satisfaction of the demands of a punitive superego (Menninger), an unresolved Oedipus conflict with fate the father projection (Freud). In terms of Learning Theory, on the other hand, compulsive gambling could be considered a maladaptive behaviour response acquired by learning. There are indications in the history of this case of psychopathological factors pertinent to analytical interpretations. There is also evidence of opportunity for the "learning" of gambling responses from childhood associations.

Where time is limited and a patient requests relief from a behaviour pattern which is causing unfortunate consequences, behaviour therapy techniques may provide the treatment of choice. Before choosing aversion for this case, however, consideration was given to treatment through:

I. Joint interviews directed at the marital problems, and

II. Systematic desensitization in imagination (Wolpe, 1958) to the gambling-provoking situations.

These alternatives did not appear promising. The evidence that gambling bouts were precipitated by the stimulus of classical races or ready money in the pocket suggested that the habit was an extensive behaviour response and not confined to the marital situation. Systematic desensitization appeared initially to offer advantages in that the marital situation could be simultaneously tackled as one of the hierarchies. There were, however, practical difficulties in establishing a valid hierarchy without seeming partisan and precipitating further complications. Having chosen aversion, it was considered advisable to ignore the marital problems until this treatment was completed for fear that the patient might associate aversion with his wife as punishment.

The importance of treating maladaptive behaviour "at all possible points in the sequence from initiation in internal feelings and imagery to its final expression in overt behaviour" has been stressed by Marks and Gelder (1967). Latency and duration of imagery have been used as a measure of the effectiveness of aversion therapy (Rachman, 1961; Marks and Gelder, 1967) and the direction of imagery for the same purpose (Solyom and Miller, 1965). Though sensory stimulation by films and sound have been utilized in the aversion treatment of compulsive gamblers (Barker and Miller, 1966b), aversion of imagery was not included in the techniques employed. The need to deal with the fantasy situation in the present case was made obvious by the patient's reporting frequent pleasurable daydreams of the outcome of his morning selections, and therefore during treatment approximately half of the aversion sessions were directed at the imagery. It was hoped that random timing of the sessions would reduce the tendency to fantasize between sessions. Additionally, the uncertainty of timing had been reported by previous patients (and was later reported by the present patient) as increasing the aversive properties of the therapeutic sessions.

It might be proposed that, as the patient displayed insight during initial interviews, this factor in itself could explain the resolution of the gambling habit. Insight had been present, however, for some considerable time at the level expressed by the patient, but had not reduced the frequency or extent of his gambling. Indeed, the way in which the insight was expressed might lead to the conjecture that it added to the strength of his gambling drive as the most suitable weapon he possessed to attack his wife.

It might also be proposed that the resolution of the marital disharmony had effected a cure by removing the stimulus for gambling, in which case the aversion was unnecessary. The resolution of marital difficulties must undoubtedly be playing a part in the maintenance of the patient's remission if the conjecture as to their part in the aetiology is correct. There is no evidence, however, that the improvement in the marital situation initiated the remission. Furthermore, the changed marital situation occurring immediately after completion of the aversion therapy in itself warrants consideration.

In view of the periodicity of the gambling habit, the remission might be considered spontaneous rather than a specific therapeutic effect related to the aversion. The absence of desire to gamble has now however been retained continuously for over twelve months, which is considerably longer than any between-bout remission previously experienced. Additionally, there is evidence that changes occurred in the patient's attitudes towards gambling during the course of the aversion therapy. These subjectively-noted changes indicating a progressive reluctance to indulge in the pleasures previously experienced are in accord with expectations if extinction of the gambling habit was taking place during therapy. They compare with attitude changes noted in the treatment of sexual deviants by aversive methods (Marks and

Gelder, 1967). Furthermore the overall treatment time of nine days is similar to that reported by Barker and Miller for their horse gambler (1966b). It is thus suggested that the remission was in fact effected specifically by the aversion therapy.

Attitude changes subsequent to treatment by behaviour techniques have been noted previously. Where they have occurred following aversion therapy they have usually related to the behaviour problem under treatment, and are understandable in that light, e.g. improved heterosexual activity following aversion for transvestism and fetishism (Barker, 1965; Marks, *et al.* 1965; Marks and Gelder, 1967). In the latter two papers measurements by semantic differential techniques suggested that attitudes to concepts not immediately related to the fetish underwent minor shifts only. Marks and Gelder (1967), however, additionally noted improvement in interpersonal relationships following treatment. Kraft (1967) records the disappearance of homosexual and transvestite behaviour in a patient treated for a traffic phobia. Shafar and Jaffe (1965) record in one patient improvement in acrophobia following resolution of marital stress treated by psychotherapeutic exploration, and, later, reduction in anxieties related to work following treatment of car phobia by hypnotic desensitization. Measures of improvement in social and interpersonal adjustments following treatment of phobias by desensitization in imagination have been compared favourably with changes in similar parameters in matched patients treated by psychotherapy (Gelder *et al.*, 1967). In the present case a change is again recorded in a pattern of behaviour other than that immediately under treatment. An explanation of the improved marital state could be hypothesized as a show of warmth and approval by the wife following the patient's treatment, acting as the reinforcement for an operant-conditioning process of gambling avoidance, and resulting both in the maintenance of an improved marital relationship and in the continued remission of the gambling habit.

Summary

A case of compulsive horse race gambling is reported in which treatment by aversion therapy has been followed by remission lasting over twelve months.

The necessity to treat all aspects of the behaviour pattern including the fantasy projection is noted.

Considerable improvement in long-standing marital disharmony occurred following treatment; the significance of this is discussed.

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