

Living by the dice



PEGGY LEE uses a case study to show how problem gambling impacts on people from refugee backgrounds.

When it comes to gambling, people from refugee backgrounds are no different to anyone else in the Australian population. Some of them are gambling enthusiasts, some are indifferent to it, others are morally opposed to it and, for a minority, gambling turns their lives upside down. Refugees who find themselves in the grip of a gambling addiction may have been propelled there in their bid to escape traumatic memories. Somewhere along the line they discover that, far from being a panacea, gambling produces chaos in their lives.

Refugees are people who are used to taking a gamble in the metaphorical sense of the word. They have risked much to get to Australia, with no guarantee of a successful arrival. When they do make it here safely, they may be disappointed to learn that their difficulties are not all behind them. In a secure environment, memories of

past trauma can emerge with an unfathomable ferocity. They also have to find a job, they have to learn a new language and, very often, support a host of extended family in refugee camps or in their country of origin. Experienced in risk-taking, a small number of refugees may be led to believe that gambling can offer a solution to their problems. Gambling may be viewed as a risk that may well pay off.

Some of the difficulties experienced by refugees who are problem gamblers are illustrated by the case of 'John', a Middle Eastern refugee who came to Australia at the age of 35. John was conscripted to the war in his country when he was 18 and was made a lieutenant because of his leadership qualities. His duties involved ordering his subordinates to kill as part of the scheme of

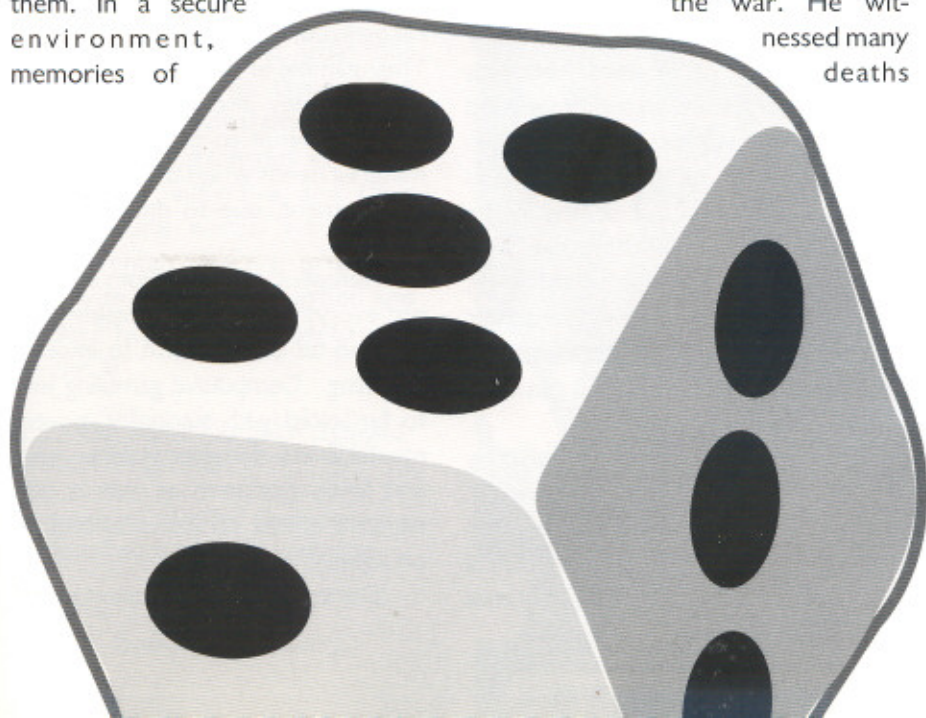
the war. He witnessed many deaths

and saw people's body parts blown away or disconnected by weapons or bombs. Furthermore, John had experienced tremendous losses in his country: loss of loved ones; loss of material possessions including his home; loss of the peace in his soul; and loss of trust in humanity.

John's main difficulty in Australia was social isolation. In the absence of kinship support he used gambling to escape from his post-traumatic symptoms. John re-experienced war-trauma events through intrusive recollection, dreams, nightmares, flashbacks or intense psychological and/or physiological distress on exposure to specific cues associated with the event. He avoided stimuli associated with the trauma, was easily startled and experienced insomnia, irritability, difficulty concentrating and hypervigilance.

John also had feelings of intense guilt. During the war years he had to order soldiers to kill. However, he made sure that soldiers under his command were not abusing people when they entered villages and did not rape the women.

In Australia, John began a relationship with an overseas student. At that stage, he was on a temporary visa waiting for permanent status to be granted. His partner was a student studying in Australia and she became pregnant to him. He wanted to marry her and planned to have a future for them both. However, he did not have Australian residency and could not ▶





marry her until this was finalised. She was going back to her country and could not face her family with a baby conceived out of wedlock. Thus, the pregnancy was terminated and she went back to her country. They communicated through mobile phone whenever he could afford the cost.

John was introduced to poker machines and gambling in pubs, where he met his friends and social connections. In the early stages of his gambling life he won \$1000, which heightened the activity's appeal. He was lured back to the poker machines time and time again by a constant stream of advertisements promising instant cash through casinos, clubs and pubs. John reported that he felt he was in control when he won so he repeatedly gambled as a way to regain control of his life. He was convinced that if he became wealthy, all his problems would be gone. He constantly worried about being able to provide himself with basic needs. Compulsive gambling was also a way for him to numb his suffering.

However, John is a Muslim and alcohol and gambling are forbidden in his religion. His growing attachment to gambling was a source of much angst for him as he knew it would make him an outcast in his culture. John reported that he never gambled in his country of origin. He said he was an upright citizen in his country and was a "good" son to his father, who worked in a highly respected profession. John's desire to remain "good" and his compulsive gambling created conflicts within his psyche.

John kept on revisiting areas of trauma in repetitive risk taking behaviour as demonstrated in Freud's theory of the death instinct (Herman, 1992). He had been in a state of complete helplessness during the traumatic events of his past and now wanted to regain control and mastery of his life through repetitive risk. This

manifested as compulsive gambling.

John came to seek assistance in counselling because he was depressed, anxious and had post traumatic symptoms. He had lost all of his salary in compulsive gambling. He was also involved in relationships with many girlfriends who would provide him with food and shelter when everything else was gone because of his gambling problem.

John insisted that the reason he came to see me was because he did not want his own community to know about his problem. He felt shame about gambling, especially since he had a compulsion with problem gambling.

Torture and trauma survivors often use compulsive gambling in a desperate attempt to obtain money for material needs.

He insisted on keeping confidentiality. He said he felt safe with me because he knew I did not speak his language and therefore I could not spread gossip about him easily within his community. He was unable to seek help within his own ethnic community because he could not dishonour his family name and did not want his family to know about his gambling problem. As a result, he was very isolated and without the support of his cultural group.

A cognitive behavioural approach was adopted to assist him including visual desensitization, and relaxation techniques. The duration of therapy for John was 12 sessions. He was receptive to relaxation techniques and began to change his cognitive distortions in which he felt that he was responsible for all the deaths in the war as well as the abortion that killed his own baby. In analyzing this case, one needs to look closely how John's cultural, personal, and belief system influenced his compulsive gambling behaviour.

John gained control in gambling for a period of time and lapsed again. When he had support from his girlfriends, he seemed to stay in control for a longer time. However, in times

of crisis, he would blame all the misfortunes on his perceived sin and would become fatalistic again. His fiancée disapproved of his gambling and was quite effective in changing his attitude. The image of his fiancée was used and acted as a deterrent for his compulsive gambling in visual desensitization therapy.

John hadn't grown up in a society that was tolerant of gambling and his religion did not sanction gambling at all. When he first came for counselling, John said that he thought he had committed a sin. His thoughts were that it was God's will and his problem gambling could not be changed. He felt his pain was so great he could only continue gambling to numb his senses. He could not tell any one about his problems, not even his fiancée.

To comprehend problem gambling among refugee clients it is important to take into consideration the culture of origin and the role of gambling in that society. It is also necessary to understand the reasons the person left their country of origin and their experiences in Australia. In providing services and treatment, one needs to be culturally sensitive and implement the culturally appropriate treatments to attend to the needs of each individual client.

Torture and trauma survivors often use compulsive gambling to regain control in their lives. It is important to understand the needs for refugees and immigrants to be socially recognized, to belong and to be loved. They gamble in order to satisfy these needs. They also gamble in a desperate attempt to obtain money for material needs when they cannot find employment, due to difficulties with language.

Refugees who fled from exile and lost everything are a vulnerable group and can be easily drawn to excessive gambling. Compulsive gambling tends to be linked with suicidality, poverty, mental illness, domestic violence, crime and family problems as well as other negative effects on personal lives and on society.

During therapy, the client needs

to feel safe, to be reassured and not judged by the therapist. Clients need to be able to grieve and mourn their losses. The therapist has to look at specific issues that the individual client needs in therapy. These include question like: "Has the client's personal inner schema (how he/she perceives relation between themselves and the world) been shattered by trauma?" Therapies that helped these clients to regain power in their lives are important. According to Mardi Horowitz, people use their schema or their ability to process new information in order to bring up to date the inner schema about self and the world. Trauma can shatter our inner schema.

Therapies such as visual desensitisation, cognitive behavioural therapies and if applicable, some of the eye movement desensitisation reprocessing therapies can be used in treating the compulsive behavior of problem gambling and can restore balance in how they clients perceive themselves and their world. Psychotherapies are also widely used in treating trauma and torture survivors.

I suggest that to understand problem gamblers we need to understand the cycles of control and helplessness. Problem gamblers cannot see clearly between reality and fantasy. They try to gamble to gain control over their lives. When they win, they feel they have succeeded in their pursuit. When they lose, they are compelled to continue, so the cycle continues.

Above all, we must treat our clients as individuals with dignity, who have their own personal strengths and their own coping strategies. In understanding their individual and their specific cultural needs, we remain non-judgmental. We are privileged to walk with them in compassion and share their hope and courage to seek recovery. ■

*John's real name has been changed to protect his privacy.

Peggy Lee is a STARTTS' Counsellor who specialises in problem gambling.

REFERENCE

Herman J. *Trauma and Recovery*.

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