A Tap on the Shoulder: The Disciplinary Techniques and Logics of Anti-Pokie Apps

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In this paper we explore the rise of anti-gambling apps in the context of the massive expansion of gambling in new spheres of life (online and offline) and an acceleration in strategies of anticipatory and individualised management of harm caused by gambling. These apps, and the techniques and forms of labour they demand, are examples of and a mechanism through which a mode of governance premised on ‘self-care’ and ‘self-control’ is articulated and put into practice. To support this argument, we explore two government initiatives in the Australian context.

Quit Pokies, a mobile app project between the Moreland City Council, North East Primary Care Partnership and the Victorian Local Governance Association, is an example of an emerging service paradigm of ‘self-care’ that uses online and mobile platforms with geo-location to deliver real time health and support interventions. A similar mobile app, Gambling Terminator, was launched by the NSW government in late 2012. Both apps work on the premise that interrupting a gaming session through a trigger, described by Quit Pokies’ creator as a “tap on the shoulder” provides gamblers the opportunity to take a reflexive stance and cut short their gambling practice in the course of play.

We critically examine these apps as self-disciplining techniques of contemporary neo-liberalism directed towards anticipating and reducing the personal harm and social risk associated with gambling. We analyse the material and discursive elements, and new forms of user labour, through which this consumable media is framed and assembled. We argue that understanding the role of these apps, and mobile media more generally, in generating new techniques and technologies of the self, is important for identifying emerging modes of governance and their implications at a time when gambling is going through an immense period of cultural normalisation in online and offline environments. The Australian context is particularly germane for the way gambling permeates everyday spaces of sociality...
and leisure, and the potential of gambling interventions to interrupt and re-
configure these spaces and institute a new kind of subject-state relation.

Gambling in Australia

Though a global phenomenon, the growth and expansion of gambling manifests
distinctly in Australia because of its long cultural and historical attachment to
games of chance. Australians are among the biggest betters and losers in the
world (Ziolkowski), mainly on Electronic Gaming Machines (EGM) or pokies. As of
2013, according to The World Count of Gaming Machine (Ziolkowski), there were
198,150 EGMs in the country, of which 197,274 were slot machines, with the rest
being electronic table games of roulette, blackjack and poker. There are 118
persons per machine in Australia. New South Wales is the jurisdiction with most
EGMs (95,799), followed by Queensland (46,680) and Victoria (28,758)
(Ziolkowski).

Gambling is significant in Australian cultural history and average Australian
households spend at least some money on different forms of gambling, from
pokies to scratch cards, every year (Worthington et al.). In 1985, long-time
 gambling researcher Geoffrey Caldwell stated that

> Australians seem to take a pride in the belief that we are a
nation of gamblers. Thus we do not appear to be ashamed of
our gambling instincts, habits and practices. Gambling is
regarded by most Australians as a normal, everyday practice
in contrast to the view that gambling is a sinful activity which
weakens the moral fibre of the individual and the community.
(Caldwell 18)

The omnipresence of gambling opportunities in most Australian states has been
further facilitated by the availability of online and mobile gambling and gambling-
like spaces. Social casino apps, for instance, are widely popular in Australia. The
slots social casino app Slotomania was the most downloaded product in the iTunes
store in 2012 (Metherell). In response to the high rate of different forms of
gambling in Australia, a range of disparate interest groups have identified the
expansion of gambling as a concerning trend. Health researchers have pointed out
that online gamblers have a higher risk of experiencing problems with gambling (at
30%) compared to 15% in offline bettors (Hastings). The incidence of gambling
problems is also disproportionately high in specific vulnerable demographics,
including university students (Cervini), young adults prone to substance abuse
problems (Hayatbakhsh et al.), migrants (Tanasornnarong et al.; Scull & Woolcock;
Ohtsuka & Ohtsuka), pensioners (Hing & Breen), female players (Lee), Aboriginal
communities (Young et al.; McMillen & Donnelly) and individuals experiencing homelessness (Holsworth et al.).

While there is general recognition of the personal and public health impacts of gambling in Australia, there is a contradiction in the approach to gambling at a governance level. On one hand, its expansion is promoted and even encouraged by the federal and state governments, as gambling is an enormous source of revenue, as evidenced, for example, by the construction of the new Crown casino in Barangaroo in Sydney (Markham & Young). Campaigns trying to limit the use of poker machines, which are associated with concerns over problem gambling and addiction, are deemed by the gambling lobby as un-Australian. Paradoxically, efforts to restrict gambling or control gambling winnings have also been described as un-Australian, such as in the Australian Taxation Office’s campaign against MONA’s founder, David Walsh, whose immense art collection was acquired with the funds from a gambling scheme (Global Mail).

On the other hand, people experiencing problems with gambling are often categorised as addicts and the ultimate blame (and responsibility) is attributed to the individual. In Australia, attitudes towards people who are arguably addicted to gambling are different than those towards individuals afflicted by alcohol or drug abuse (Jean). While “Australians tend to be sympathetic towards people with alcohol and other drug addictions who seek help,” unless it is seen as one of the more socially acceptable forms of occasional, controlled gambling (such as sports betting, gambling on the Melbourne Cup or celebrating ANZAC Day with Two-Up), gambling is framed as an individual “problem” and “moral failing” (Jean).

The expansion of gambling is the backdrop to another development in health care and public health discourse, which have for some time now been devoted to the ideal of what Lupton has called the “digitally engaged patient” (Lupton). Technologies are central to the delivery of this model of health service provision that puts the patient at the centre of, and responsible for, their own health and medical care. Lupton has pointed out how this discourse, while appearing new, is in fact the latest version of the 1970s emphasis on the ‘patient as consumer’, an idea given an extra injection by the massive development and availability of digital and interactive web-based and mobile platforms, many of these directed towards the provision of health and health-related information and services. What this means for patients is that, rather than relying solely on professional medical expertise and care, the patient is encouraged to take on some of this medical/health work to conduct practices of ‘self-care’ (Lupton).

The Discourse of ‘Self-Management’ and ‘Self-Care’

The model of ‘self-care’ and ‘self-management’ by ‘empowering’ digital technology has now become a dominant discourse within health and medicine, and is
increasingly deployed across a range of related sectors such as welfare services. In recent research conducted on homelessness and mobile media, for example, government department staff involved in the reform of welfare services referred to ‘self-management’ as the new service paradigm that underpins their digital reform strategy. Echoing ideas and language similar to the “digitally engaged patient”, customers of Centrelink, Medicare and other ‘human services’ are being encouraged (through planned strategic initiatives aimed at shifting targeted customer groups online) to transact with government services digitally and manage their own personal profiles and health information. One departmental staff member described this in terms of an “opportunity cost”, the savings in time otherwise spent standing in long queues in service centres (Humphry).

Rather than view these examples as isolated incidents taking place within or across sectors or disciplines, these are better understood as features of an emerging ‘discursive formation’, a term Foucault used to describe the way in which particular institutions and/or the state establish a regime of truth, or an accepted social reality and which gives definition to a new historical episteme and subject: in this case that of the self-disciplined and “digitally engaged medical/health patient”. As Foucault explained, once this subject has become fully integrated into and across the social field, it is no longer easy to excavate, since it lies below the surface of articulation and is held together through everyday actions, habits and institutional routines and techniques that appear to be universal, necessary and/normal.

The way in which this citizen subject becomes a universal model and norm, however, is not a straightforward or linear story and since we are in the midst of its rise, is not a story with a foretold conclusion. Nevertheless, across a range of different fields of governance: medicine; health and welfare, we can see signs of this emerging figure of the self-caring “digitally engaged patient” constituted from a range of different techniques and practices of self-governance. In Australia, this figure is at the centre of a concerted strategy of service digitisation involving a number of cross sector initiatives such as Australia’s National EHealth Strategy (2008), the National Digital Economy Strategy (2011) and the Australian Public Service Mobile Roadmap (2013).

This figure of the self-caring “digitally engaged” patient, aligns well and is entirely compatible with neo-liberal formulations of the individual and the reduced role of the state as a provider of welfare and care. Berry refers to Foucault’s definition of neoliberalism as outlined in his lectures to the College de France as a “particular form of post-welfare state politics in which the state essentially outsources the responsibility of the ‘well-being’ of the population” (65). In the case of gambling, the neoliberal defined state enables the wedding of two seemingly contradictory stances: promoting gambling as a major source of revenue and capitalisation on the one hand, and identifying and treating gambling addiction as an individual...
pursuit and potential risk on the other. Risk avoidance strategies are focused on particular groups of people who are targeted for self-treatment to avoid the harm of gambling addiction, which is similarly framed as individual rather than socially and systematically produced.

What unites and makes possible this alignment of neoliberalism and the new "digitally engaged subject/patient" is first and foremost, the construction of a subject in a chronic state of ill health. This figure is positioned as terminal from the start. They are 'sick', a 'patient', an 'addict': in need of immediate and continuous treatment. Secondly, this neoliberal patient/addict is enabled (we could even go so far as to say 'empowered') by digital technology, especially smartphones and the apps available through these devices in the form of a myriad of applications for intervening and treating ones afflictions. These apps range from self-tracking programs such as mood regulators through to social media interventions.

**Anti-Pokie Apps and the Neoliberal Gambler**

We now turn to two examples which illustrate this alignment between neoliberalism and the new "digitally engaged subject/patient" in relation to gambling. Anti-gambling apps function to both replace or 'take the place' of institutions and individuals actively involved in the treatment of problem gambling and re-engineer this service through the logics of 'self-care' and 'self-management'. Here, we depart somewhat from Foucault's model of disciplinary power summed up in the institution (with the prison exemplifying this disciplinary logic) and move towards Deleuze's understanding of power as exerted by the State not through enclosures but through diffuse and rhizomatic information flows and technologies (Deleuze). At the same time, we retain Foucault's attention to the role and agency of the user in this power-dynamic, identifiable in the technics of self-regulation and in his ideas on governmentality. We now turn to analyse these apps more closely, and explore the way in which these articulate and perform these disciplinary logics.

The app *Quit Pokies* was a joint venture of the North East Primary Care Partnership, the Victorian Local Governance Association and the Moreland City Council, launched in early 2014. The idea of the rational, self-reflexive and agentic user is evident in the description of the app by app developer Susan Rennie who described it this way:

> What they need is for someone to tap them on the shoulder and tell them to get out of there... I thought the phone could be that tap on the shoulder.

The “tap on the shoulder” feature uses geolocation and works by emitting a sound...
alert when the user enters a gaming venue. It also provides information about each user’s losses at that venue. This “tap on the shoulder” is both an alert and a reprimand from past gambling sessions.

Through the Responsible Gambling Fund, the NSW government also launched an anti-pokie app in 2013, Gambling Terminator, including a similar feature. The app runs on Apple and Android smartphone platforms, and when a person is inside a gambling venue in New South Wales it:

- sends reminder messages that interrupt gaming-machine play and gives you a chance to re-think your choices. It also provides instant access to live phone and online counselling services which operate 24 hours a day, seven days a week. (Google Play Store)

Yet an approach that tries to prevent harm by anticipating the harm that will come from gambling at the point of entering a venue, also eliminates the chance of potential negotiations and encounters a user might have during a visit to the pub and how this experience will unfold. It reduces the “tap on the shoulder”, which may involve a far wider set of interactions and affects, to a software operation and it frames the pub or the club (which under some conditions functions as hubs for socialization and community building) as dangerous places that should be avoided. This has the potential to lead to further stigmatisation of gamblers, their isolation and their exclusion from everyday spaces.

Moreland Mayor, Councillor Tapinos captures the implicit framing of self-care as a private act in his explanation of the app as a method for problem gamblers to avoid being stigmatised by, for example, publicly attending group meetings. Yet, curiously, the app has the potential to create a new kind of public stigmatisation through potentially drawing other peoples’ attention to users’ gambling play (as the alarm is triggered) generating embarrassment and humiliation at being “caught out” in an act framed as aberrant and literally, “alarming”.

Both Quit Pokies and Gambling Terminator require their users to perform ‘acts’ of physical and affective labour aimed at behaviour change and developing the skills of self-control. After downloading Quit Pokies on the iPhone and launching the app, the user is presented an initial request: “Before you set up this app, please write a list of the pokies venues that you regularly use because the app will ask you to identify these venues so it can send you alerts if you spend time in these locations. It will also use your set up location to identify other venues you might use so we recommend that you set up the App in the location where you spend most time. Congratulations on choosing Quit Pokies.”
Self-performed processes include installation, setting up, updating the app software, programming in gambling venues to be detected by the smartphone’s inbuilt GPS, monitoring and responding to the program’s alerts and engaging in alternate “legitimate” forms of leisure such as going to the movies or the library, having coffee with a friend or browsing Facebook. These self-performed labours can be understood as ‘technologies of the self’, a term used by Foucault to describe the way in which social members are obliged to regulate and police their ‘selves’ through a range of different techniques. While Foucault traces the origins of ‘technologies of the self’ to the Greco-Roman texts with their emphasis on “care of oneself” as one of the duties of citizenry, he notes the shift to “self-knowledge” under Christianity around the 8th century, where it became bound up in ideals of self-renunciation and truth.

*Quit Pokies* and *Gambling Terminator* may signal a recuperation of the ideal of self-care, over confession and disclosure. These apps institute a set of bodily activities and obligations directed to the user’s health and wellbeing, aided through activities of self-examination such as charting your recovery through a Recovery Diary and implementing a number of suggested “Strategies for Change” such as “writing a list” and “learning about ways to manage your money better”. Writing is central to the acts of self-examination. As Jeremy Prangnell, gambling counsellor from Mission Australia for Wollongong and Shellharbour regions explained the app is “like an electronic diary, which is a really common tool for people who are trying to change their behaviour” (Thompson).

The labours required by users are also implicated in the functionality and performance of the platform itself suggesting the way in which ‘technologies of the self’ simultaneously function as a form of platform work: user labour that supports and sustains the operation of digital systems and is central to the performance and continuation of digital capitalism in general (Humphry, *Demanding Media*).

In addition to the acts of labour performed on the self and platform, bodies are themselves potentially mobilised (and put into new circuits of consumption and production), as a result of triggers to nudge users away from gambling venues, towards a range of other cultural practices in alternative social spaces considered to be more legitimate.

**Conclusion**

Whether or not these technological interventions are effective or successful is yet to be tested. Indeed, the lack of recent activity in the community forums and preponderance of issues reported on installation and use suggests otherwise, pointing to a need for more empirical research into these developments. Regardless, what we’ve tried to identify is the way in which apps such as these
embody a new kind of subject-state relation that emphasises self-control of gambling harm and hastens the divestment of institutional and social responsibility at a time when gambling is going through an immense period of expansion in many respects backed by and sanctioned by the state.

Patterns of smartphone take up in the mainstream population and the rise of the so called ‘mobile only population’ (ACMA) provide support for this new subject and service paradigm and are often cited as the rationale for digital service reform (APSMR). Media convergence feeds into these dynamics: service delivery becomes the new frontier for the merging of previously separate media distribution systems (Dwyer). Letters, customer service centres, face-to-face meetings and web sites, are combined and in some instances replaced, with online and mobile media platforms, accessible from multiple and mobile devices.

These changes are not, however, simply the migration of services to a digital medium with little effective change to the service itself. Health and medical services are re-invented through their technological re-assemblage, bringing into play new meanings, practices and negotiations among the state, industry and neoliberal subjects (in the case of problem gambling apps, a new subjectivity, the ‘neoliberal addict’). These new assemblages are as much about bringing forth a new kind of subject and mode of governance, as they are a solution to problem gambling. This figure of the self-treating “gambler addict” can be seen to be a template for, and prototype of, a more generalised and universalised self-governing citizen: one that no longer needs or makes demands on the state but who can help themselves and manage their own harm. Paradoxically, there is the potential for new risks and harms to the very same users that accompanies this shift: their outright exclusion as a result of deprivation from basic and assumed digital access and literacy, the further stigmatisation of gamblers, the elimination of opportunities for proximal support and their exclusion from everyday spaces.

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