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# **Processes of Recovery from Problem Gambling:**

## **A Qualitative Exploration**

**by**

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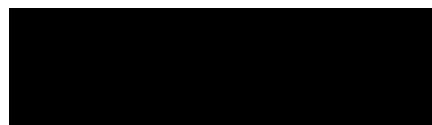
**April 2014**

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Lyle Christine



## **Abstract**

Gambling addiction (also referred to as ‘problem gambling’ or ‘compulsive gambling’) is a phenomenon which has escalated in parallel to the continuing popularity of gambling activities in many countries. While studies have documented the growth of commercial betting culture, there remains uncertainty regarding the most effective way to treat individuals who have developed compulsive problems with gambling. It is not fully understood what motivates gamblers to engage with a recovery option, and so exploration is required of how people recognise problematic behaviour, and what determines their choice of formal support or a self-help journey.

Using a series of in-depth qualitative interviews, this study examines the experiences of 6 individuals with the aim to understand the complex factors surrounding their participation with betting activities. Of interest are the triggers which influence their decision to seek help, and the strategies these individuals adopted in order to control their gambling and avoid relapsing.

Using thematic analysis and critical theory, the research material is organised and analysed in three categories of *social networks*, *identity*, and *money*, which allowed the significant concepts within the interviews to be compared against relevant literature.

The overall analysis from this project adds validity to the emerging perspective that recovery from problem gambling is not a linear route from problematic to controlled behaviour, but is instead cyclical and unpredictable. For example, during the recovery period, a gambler’s perception of their own identity is not always viewed positively which results in progression being hindered by low self-esteem. Similarly, individuals often enter and exit support programmes multiple times due to situations of relapse or changes in living arrangements which interrupts therapy schedules.

This study concludes that the recovery routes of professional support and self-help should not be considered as a strict “either/or” choice for individuals – successful treatment can be achieved from a blend of formal group settings and informal social networks. Furthermore, while the recovery process is certainly not simple due to the complexities involved with people’s lives, there do appear to be simplistic erroneous perceptions held by gamblers and other members of the public with regard to what treatment involves, and which services are available. Subsequently, a recommendation can be made for greater public awareness of compulsive addiction as a condition, and how to choose a suitable recovery program.

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## **1. Introduction**

For individuals who develop a problem with gambling activity, *recovery* is considered to be the main goal of professional or informal treatment. Current gambling research demonstrates that there is uncertainty regarding which methods of recovery are the most effective, with a specific lack of understanding on what motivates people to regain control of their disordered gambling behaviour (Abbott, Volberg, Bellringer, & Reith, 2004). This thesis explores this gap in knowledge by examining in-depth interviews with recovering problem gamblers with the aim to understand why and how individuals change their relationship with betting activities.

The field of study for this research project is centred on people who have encountered difficulties with gambling behaviour and their experience of tackling these issues via a formal or informal recovery method. Formal recovery refers to peer support organisations such as Gamblers Anonymous or professional services that offer private therapy. Informal recovery is a self-help approach whereby individuals attempt to regain control of their gambling with little more than their own determination and the encouragement from a small selection of friends and family.

There is much research material on recovery processes from alcohol and drug addiction which has been accumulated over many years (Orcutt & Rudy, 2003; Stimmel, 1984), and due to the significant recent growth of a deregulated gambling industry, issues surrounding problem gambling are also now the focus of many studies. Understanding the experience of recovery for problem gamblers contributes to the academic fields of sociology and psychology in addition to informing policies regarding public health. The factors which are considered to influence the success or failure of a journey towards recovery include the role of social networks such as family and friend; the individual's socio-economic status; the ease of accessing support services; and any circumstances which are unique to an individual (Blaszczynski & Nower, 2002; Reith, 2008b). An emerging view within sociology describes the recovery process as a journey comprised of 'cycles' rather than as a strict linear route, in which a person moves in and out of *stages of change* (Prochaska, Norcross, & Diclemente, 1994) while attempting to regain control of their problematic behaviour. These stages represent an individual's movement towards a restructured life, and evaluates personal circumstances such as their readiness to initialize a recovery period, or the consequence of setbacks such as relapse. Subsequently, the character of this model cycles through phases related to an individual's behaviour rather than sharply starts and stops.

Individuals who wish to tackle a gambling problem have the choice to involve themselves with a professional, established support service or instead choose to address their issues without the assistance of a formal recovery programme. Formal counselling services have proven to be successful for some individuals and can also treat comorbid issues (co-occurring disorders) regarding alcohol or drug misuse. However, the advantages of these services are limited and it is estimated that less than one fifth of problem gamblers in the U.K. have approached a formal recovery service (Sproston, Erens, & Orford, 2000). In contrast to professional counselling is the choice to regain control through 'natural recovery' whereby an individual commits to controlling their gambling behaviour only supported by the strength of their own will and perhaps also with encouragement from family or friends (National Research Council, 1999). Current literature on the 'natural recovery' method lacks detail due to the difficulty in recruiting research participants to be interviewed, but the reasons to decline formal rehabilitation programs include a firm belief that the individual can solve the problem alone, a desire to avoid the stigma created by attending recovery clinics and a lack of knowledge with respect to what help is available (Hodgins & el-Guebaly, 2000).

For people who decide to participate with a formal recovery procedure, there are different types of treatment to choose from such as cognitive behavioural therapy (CBT), group therapy and face-to-face counselling, but little has been published on what is considered to be the most effective method of intervention. While there is general agreement that some form of counselling is beneficial for an individual rather than having none, there is an absence of certainty regarding which treatment has the most effective outcome and at which stage of their gambling an individual should receive therapy (Toneatto & Ladoceur, 2003). There are suggestions that a recovery plan which is tailored to the needs of the gambler will have the highest chances of success whereby elements of multiple forms of therapy are assembled to create a unique support program specific to every person (Anderson, Dobbie, & Reith, 2009).

Following this introduction, a literature review is presented which examines how 'problem gambling' is defined, and how committed individuals are to addressing their gambling issues which is measured by the 'stages of change' model. Identity, finance and debt are discussed as important factors of how people realise their gambling has escalated out of control, which is followed by an explanation of the formal and natural recovery approaches. Lastly, the social impacts of gambling are discussed which considers problems associated with family relationships, crime, and health.

Following a review of significant literature, a methodology section explains the research approach used within the study and the rationale for these choices. The strategies for data

gathering are described which focuses on how participants were selected for the study, and the procedures involved with conducting qualitative interviews. The methodology chapter finishes with the details of how the research data was organised and analysed through thematic extraction, and the ethical considerations involved with conducting this type of project.

Next, the analysis section focuses on the three main categories of social networks, identity and money which applies aspects of critical theory to passages from the interview transcriptions in order to make comparisons between the extracted themes and relevant literature. This precedes the final conclusion chapter in which the most important revelations from the study are presented, and suggestions for further investigation are made.

## **2. Literature Review**

### **2.1 Introduction**

A range of sources were used in order to compile the literature review. The categories of 'gambling' and 'addiction' provided the framework from which to choose material from journals and online databases, with the following publications and content providers serving as highly relevant: *Journal of Gambling Issues*; *Project MUSE*; *Journal of Gambling Studies*; *International Gambling Studies*; *Addiction Journal*; *American Journal on Addictions*; *The British Journal of Sociology*. By using keyword combinations and exact title queries, refined searches were performed digitally which returned the information required to assemble an accurate impression of the factors associated with gambling problems. Location and dates were included as search criteria in order to compare a breadth of information, and an author's actual name was also used for the purpose of examining works from their entire career. The procedure of choosing keywords and phrases to retrieve relevant material was determined by the core components of the project. For example, an aspect of the study focuses on *informal recovery* from gambling problems, therefore publications were considered useful if they included any combination of keywords such as 'gambling, addiction, recovery, informal, self-help, natural, abstinence'.

The literature review begins by considering the definition of 'problem gambling' and how this meaning differs between fields within the social sciences. Secondly, the 'stages of change' model is discussed as a relevant guide for determining the readiness of an individual trying to change their problematic behaviour. This model has resonance with the emerging view of the recovery process from gambling addiction as cyclical rather than linear. Thirdly, the realisation of gambling problems are considered from the areas of identity, debt and social networks: a duality of the 'self' can occur whereby an individual perceives their identity in terms of a gambling side and their 'normal' side; debt is often a trigger for gamblers to get help, and money issues can place huge pressure on relationships and family; and social networks such as friends and relatives play an important role in both introducing individuals to gambling activity, and also offering support with a recovery journey. The fourth area of discussion in the literature review focuses on approaches to rehabilitation which can be a formal support service that provides professional counselling, or an informal route whereby an individual relies on self-determination with little more than encouragement from close friends and family. Finally, the individual and social impacts of problem gambling are presented which includes employment,

health, crime, gender, and ethnicity as topics which are affected by the rise of compulsive gambling.

## 2.2 Defining problem gambling

Gambling studies is an interdisciplinary field which incorporates research from all social sciences including sociology, psychology, political science, and statistics. Subsequently, there is no strict or universally accepted definition of the term 'problem gambling' as the characteristics of this phrase varies depending on which perspective of the social sciences is selected. The concept of 'problem gambling' originated from the field of psychology, specifically within the context of mental health:

"The terms used to describe problem gambling are derived from largely psychiatric attempts to classify and measure the behaviour, meaning that discussions of such behaviour tend to be based on the assumption that problem gambling is a clinical psychological disorder." (Reith, 2006:19-20)

The phrases *problem gambling*, *compulsive gambling* and *pathological gambling* are used frequently in gambling studies literature, and sometimes interchangeably. However, there are important differences to note as the terms are contested between sociology and psychology. Problem gambling relates to risky gambling behaviour which jeopardises an individual's wellbeing especially with respect to relationships, responsibilities, personal finances and social standings. However, the psychological perspective considers compulsive or pathological gambling to be a progressive disorder whereby an individual experiences a complete loss of control over their gambling due to a preoccupation to gamble and acquire funds to bet with. This results in highly irrational thought processes and continued participation with the gambling activity despite the destructive and adverse consequences of doing so (Emshoff, Perkins, Zimmerman, Mooss, & Zorland, 2007:8-9). 'Problem gambling' does not have an entry in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1980) but 'pathological gambling' was introduced in the 3<sup>rd</sup> edition (1980:291) and was classified as a 'disorder of impulse control' with future revisions (1987) underscoring the 'addictive' characteristics of their definition. Furthermore, the Committee on the Social and Economic Impact of Pathological Gambling (National Research Council, 1999) recognizes the difficulty in formulating a universal definition of 'problem gambling' due to the challenges involved with accurately describing the various levels of severity which can affect each gambler differently.

In contrast to the psychological view of problem gambling is a recent change in perspective which attempts to understand gambling within social and cultural structures, and how an individual's behaviour is affected by such frameworks. An article by Alex Blaszczynski and Lia Nower (2002) agrees that problem gambling presents an impairment of control for an individual but the journal contribution is also critical of the simplistic view of medical interpretations and argues that problem gambling is "the end result of a complex interaction of genetic, biological, psychological and environmental factors. Simple consideration of gambling as an addiction or as a compulsive or impulse control disorder is too limiting in scope" (2002:495). Similarly, Neal, Delfabbro & O'Neil make the point that the 'biopsychosocial' model is increasingly being used by authors to understand problem gambling from three perspectives: "the biochemistry of the individual, psychological aspects of the individual's functioning, and the cultural and social forces shaping behaviour" (2005:13). This perspective integrates a sociological perspective in order to create a much more detailed model than is offered by the strict clinical view of gambling.

Although the term 'problem gambling' does not have definitive meaning in the social sciences, there is an emerging view that it is preferable to consider a variety of factors when attempting to classify an individual as a 'problem gambler'. While this makes the diagnostic procedure more complicated for health professionals and researchers, the process of triangulating information regarding a gambler's social circumstances, psychological wellbeing, and biological influences enable a far more appropriate recovery plan to be assembled.

It is important to make the point that this thesis claims originality by drawing attention to the personal and interpersonal factors which create a distinction between the meanings of 'problem gambling' and 'gambling addiction'. Both terms certainly relate to the negative consequences which result from frequently participating with betting activities, so there are shared characteristics at the core of each phrase. However, *problem gambling* is a descriptor which applies to gambling behaviour that affects not only the individual, but also family and friends who suffer issues relating to a gambler's debt crises, irresponsible actions, non-participation with domestic duties, etc. A problematic gambling habit rarely only affects a single individual, more often it is the case that other people are included in the stress of, for example, household bills going unpaid or a joint bank account being cleared out. In contrast, *gambling addiction* has application with regard to an individual's internal state of mind, their psychological health, and the extent of their fixation to gamble compulsively. Similar to chemical dependency on substances such as alcohol or heroin, *gambling addiction* relates to withdrawal symptoms when participation with a betting activity is reduced, or completely stopped. Such symptoms included depression, anxiety, loss of appetite, inability to concentrate and insomnia which reflect how

chemical balances in the brain can be altered by behaviour (M. J. Aasved, 2003; Erens, Mitchell, Orford, Sproston, & White, 2003; Rosenthal & Lesieur, 1992).

## 2.3 Understanding recovery

Recent studies suggest that the process of 'recovery' from problem gambling is not a linear progression but instead a journey characterised by cycles of behaviour which vary in intensity throughout an individual's life. A sociological report by Anderson, Dobbie & Reith (2009:13) considers recovery to be a "fluid process, rather than some kind of fixed state, and one which incorporates various types of behaviour and stages of change within it". This view includes the notion that a person's long-term management of a gambling problem can encounter numerous episodes of treatment, relapse and attempts to hit personal targets, a perspective that is also found in the work of McCown & Howatt (2007) and Davis (2009). The term 'stages of change' is associated with James Prochaska and Carlo DiClemente who developed the Transtheoretical model (TTM) in the early 1980s as a method of assessing an individual's stage in the process of correcting problematic behaviour. The model incorporates 5 key stages which illustrate the cycle of an individual's progression from problematic behaviour to controlled behaviour and provides categories from which to understand the internal and external factors which influence these phases of change. The stages are: pre-contemplation; contemplation; preparation; action; maintenance (DiClemente, 2003).

While Prochaska & DiClemente's original work was introduced through the analysis of smokers in 1983, the model has since been widely used to assess the behaviour of individuals who have experienced addiction problems with alcohol and drugs or compulsive habits such as over-eating or gambling. However, despite popularity, the TTM is not without criticism. Robert West (2005) makes several points of worth, beginning with a critique of the idea that an individual seeking a path to recovery necessarily enters and exits through strict 'stages of change'. West argues that the time periods which demarcate each stage in the TTM are arbitrary and therefore feels the theory is flawed from a theoretical perspective and inaccurate from a practical perspective. Furthermore, in his opinion the idea of a 'timetabled recovery' used as a structure of therapy potentially incorrectly assumes where an individual exists within the cycle of stage:

"For example, an individual who is planning to stop smoking is in the preparation stage if this is within the next 30 days (provided that the smoker has made a quit attempt that lasted 24 hours in the past 12 months) but only the contemplation stage if it is in 31

days' time (Sutton 2001). Boundaries between so-called 'stages' are therefore simply arbitrary lines in the sand." (West, 2005:1037)

West also suggests that the model presumes it is easy for individuals suffering from problematic behaviours to formulate and commit to deadlines of progression and therefore the theory fails to account for instabilities which may arise from the different pace of each person on their journey to recovery. Further dissatisfaction is expressed in the conclusion that the predictions of progression through the model are highly self-evident as "people who want or plan to do something are obviously more likely to try to do it; and people who try to do something are more likely to succeed than those who do not" (West, 2005:1037). Ultimately, West labels the model as a 'security blanket' for clinicians whereby the framework is presented to individuals as a scientific premise, and therefore an authority is implied within its utility – it is this authority which is challenged on the basis that the theory is misleading with regard to its purpose.

However, a degree of resilience from criticism is found in the admittance that the stages of change model should not be considered a linear route to recovery, but rather a spiral in which individuals can enter and exit stages many times and for indefinite periods (Connors, Donovan, & DiClemente, 2001:9). For example, according to Connors, Donovan & DiClemente (2001) it should not be presumed that an individual in the action stage shall automatically ascend to the maintenance stage, as the potential always exists for someone to return to destructive habits and subsequent denial. Stephen Sutton (2001:183) advocates that the idea of an individual moving through stages of behavioural change *is* worth considering but concludes that the Transtheoretical model is weak and should be revised. Similarly to Robert West (2005), Sutton is sceptical with regard to the evaluation and prediction of an individual's progress toward recovery through predetermined periods of time, as it should be acknowledged that health treatment works differently for different people, and therefore a forecast of rehabilitation within a strict timetable is unrealistic. In his opinion "there are serious problems with the existing methods used to measure the central construct of stages of change. Staging algorithms are based on arbitrary time periods and some are logically flawed" (Sutton, 2001:83). Clearly, the Transtheoretical model is a longstanding paradigm which has frustrated recent critics, yet remains in principle as a useful reference point from which to assess problematic behaviours.

Robert West (2006:80) highlights the term 'self-efficacy' as an important concept which relates to an individual's sense of confidence and whether they believe they have the 'power' to make the changes in their life that they desire. Such judgments of efficacy can be based on an individual's personal prior experience of attempting to direct their life in a new direction and whether such previous attempts were successful or not. If an individual fails to achieve the

initial personal goals they set themselves, a second attempt becomes far more difficult due to the fact that pangs of doubt can erode both the confidence and determination required in order to succeed in changing their behaviour. With regard to issues of addiction and compulsive behaviour, an unsuccessful attempt to progress towards the goal of recovery could lead to an individual resigning themselves as a ‘failure’ and subsequently sink further into their destructive habits. Conversely, someone with a longstanding relationship with a damaging activity may appear confidently adamant that they could abstain at any point, despite the fact that a professional observation would suggest that an easy detachment for the individual would be unlikely (West, 2006:81-82). Despite criticism of the Transtheoretical model, constructs such as self-efficacy can be characteristically identified in part with the idea of an individual moving through phases of impulse and contemplation, with the common goal being recovery from a harmful pursuit.

## 2.4 Realising problems

The following section considers how individuals become aware of a gambling problem, and how such issues develop and influence personal aspects of their life. First, the relationship between identity and gambling is examined and the extent to which a person’s sense of self-perception is affected by their gambling activity. Secondly, problems associated with finance and debt are identified as significant stressors for gamblers which are damaging for relationships and households. Finally, the role of an individual’s social networks are presented as important to the development of a gambling problem as it is often through friends and family that an individual initiates and continues a relationship with gambling.

### 2.4.1 Identity

A qualitative study by Reith & Dobbie (2012) explores the concept of identity through the self-perception of individuals with gambling problems and how they feel gambling has changed the character of their ‘self’. The notion of *dual selves* was presented by a number of interview participants who felt there was a contrast between their gambling behaviour and what they expressed as their ‘real’ self:

“This was apparent in two ways. In one, gambling was presented as a force external to the self that controlled them, while in the other, the respondent felt that they were divided into gambling/non-gambling selves.” (Reith & Dobbie, 2012:514)

The external force of gambling was considered to be a powerful influence which exists outside of the person's true character and was so severe that the strength of the force was often described as a compulsion. Such an overwhelming attraction to gambling results in an individual feeling alienated, and their capacity of agency and volition becomes impaired by the constant pull towards betting activities. Furthermore, in the example of interviewees describing their selves being divided into the 'gambling self' and the 'real self', the gambling self was portrayed in notably negative terms with respondents often expressing hatred, disgust and shame they felt towards this side of their character (Reith & Dobbie, 2012:515). In contrast to individuals experiencing a dividing of the self is the situation where players feel a *loss* of their self due to the overwhelming impact that gambling has on their lives. For some gamblers, problematic betting activity can result in the erosion of everyday structures relating to relationships, employment and domestic security which leaves such individuals barely able to function on a daily basis (Reith, 2006:19).

The National Research Council (1999) draws attention the concept of 'maturing out' whereby an individual's association with a problematic or illegal activity recedes due to developing a different view of and relationship with gambling through age. McCown & Howatt (2007:13) suggest it is a 'myth' that individuals who develop pathological gambling habits are condemned to a lifetime of living through the same intensity of their gaming participation, as 40 to 60 per cent of afflicted individuals demonstrate spontaneous remission without the need for any clinical intervention. However, the reasons of how and why certain individuals fall into this statistic of remission is not fully understood which makes it difficult for clinicians to predict with accuracy which individuals in informal or formal treatment are most likely to enter into private remission. McCown & Howatt (2007:15) admit that current literature on gambling studies lacks detail on this subject and therefore does not answer the question of *why* spontaneous remission occurs with any one accepted conclusion, but it is pointed out that at least three areas of discussion are worth considering:

First, an individual's comprehension of the odds and probabilities of a particular gaming activity can expand with experience over time. Initial naivety can be replaced with a shrewd understanding of probability given enough time, which could suggest that 'maturing out' can occur when a gambler arrives at the realisation that their game of choice is not weighted in their favour, and so they make the decision to retreat from participation.

Secondly, (McCown & Howatt, 2007:15) suggest that, based on alcohol and drug studies, it could be assumed that ease of access and proximity to gambling culture are relevant factors during the maturation process. For example, if a person has a compulsive attachment to a nearby

casino or betting establishment, then the process of remission could start if the individual relocates to an area which does not offer such facilities. Understandably though, this point is becoming less relevant due to the expansion of online services which provide virtual gaming services, legal only for adults.

Thirdly, spontaneous remission may be more common in people who initiated participation with gambling at a later stage in life, as research in other compulsive behaviours suggest that prognosis for individuals who develop problematic associations with gambling activity at an early age struggle to a greater degree to achieve control and abstinence.

Stanton Peele (1999) comments on the concept of *maturing out* with the statement that it is “more typical than not” and suggests that addiction is often a self-correcting problem. Peele looked at research produced from The National Longitudinal Alcohol Epidemiologic Survey (1992) in which 4,585 individuals who were dependent on alcohol at some point during their lives were interviewed. Only a quarter of the interviewees had received treatment for their alcoholism and “those who had received some kind of treatment were slightly more likely than their untreated counterparts to have had a drinking problem in the previous year” (Peele, 1999). From this data, Peele concludes that: “most people who do not undergo treatment are ultimately able to come to grips with their drinking problems on their own; most do so by reducing their drinking rather than abstaining; even a quarter of treated alcoholics accomplished this feat over the previous year” (1999).

West highlights the topic of identity and self-description as important constructs for individuals, especially with regard to those who feel that a change in self-perception can aid their recovery process. How a person views themselves, or ‘labels’ themselves, is critical within the restoration phase of an individual’s struggle with an addiction or compulsive habit. For people recovering from problematic habits, a reflective internal appraisal engenders confidence due to the satisfaction of moving towards a healthier lifestyle. Similarly, a feeling of empowerment is created through shedding a previous impression of their character in favour for a new paradigm of behaviour. Here, a parallel between gambling studies and sociological theory is found in Anthony Giddens’ (1991) concept of *reflexivity* which has relevance to the process of how individuals can reconstruct identity through the interrogation of problems, and adapt to the consequences of undesirable behaviour. Thomasina Borkman in Galanter & Kaskutas (2008) draws attention to a form of identity change which exists within ‘Anonymous’ services such as Alcoholics Anonymous whereby individuals use the mechanism of ‘doubling back’ in order to situate their past, present and possible future identities within a framework of their lived experience. Here, ‘doubling back’ is a rhetorical strategy which helps the flow of conversation

within support groups and encourages participants to evaluate themselves from both subjective and objective perspectives:

“Social scientists explain how the identity change occurs within the context of AA. Doubling back on the self is one mechanism: An individual examines himself/herself, listens to his/her self-talk and locates himself/herself within a structure of experience in which he/she is both object and subject to himself/herself. Doubling is especially practiced with self-deprecating humor laughter which are potent resources for reinterpreting one’s behavior and self.” (Borkman in Galanter & Kaskutas, 2008:17)

The development of an ‘addict identity’ has been observed in individuals who participate with formal support services such as Alcoholics Anonymous and Gamblers Anonymous as a result of the group discussions meetings and how attendees refer to themselves when talking with other group members. Participants shall often describe their problem as chronic or pathological despite the fact they may have been abstinent for many years which demonstrates an instilled self-perception of the adage ‘once an addict, always an addict’ (Reith & Dobbie, 2012:518). It appears that some individuals embrace the aspect of their self as a gambler and feel this defines a core aspect of their identity regardless of how much time has passed since they last actually placed a bet. Conversely, some people are not keen to affirm a status as an ‘ex-’ (ex-gambler, ex-alcoholic, etc.) due to a perceived stigma which is attached to a so-called ‘spoiled identity’, especially if those people feel any kind of stigma could restrict their integration into ‘normal’ society (Herman, 1995). Subsequently, Gamblers Anonymous does not suit all newcomers.

#### **2.4.2 Finance and debt**

A study by Downs and Woolrych (2006) reveals that there are considerable issues regarding debt among problem gamblers which can have severe consequences such as financial ruin, family breakdown and the contemplation of suicide. Debt problems can lead to, or arise from, gambling participation whereby individuals might try to win money in order to pay debt bills, or they will use credit facilities in order to fund betting activities. Typically, such debts are never paid back in full and it is commonplace for gamblers to borrow money from friends and family to ease their financial struggles (Toneatto, 2005). Additionally, two trends emerged from the Downs and Woolrych (2006) report regarding social company and types of games: gambling with friends was more common for interviewees who were not classified by the study as ‘problem gamblers’, and the favourite forms of betting for those individuals was lottery and scratch-cards; whereas casinos, fruit machines and fixed-odds betting terminals were the games of choice for individuals who had been affected by gambling-related debt (Downs & Woolrych, 2006:38-39).

Almost 85% of respondents in the ‘problem gambling’ group admitted to cutting back on the purchase of important household items, or neglecting domestic bills, in order to reserve funds for gambling. Individuals from low-income households reported situations where food and utility power could not be afforded, and more affluent individuals risked mortgage payments and sold assets, with each circumstance severely affecting the wellbeing of the gambler and their family. Reducing household expenditure was accompanied by accessing credit services for betting purposes, which carried the real risk of plunging players even further into debt. An opinion held by the study participants was that sensible credit use was primarily the responsibility of the individual, but it would be helpful if credit companies could intervene if gambling activity on the account was suspected. Only Barclaycard stated in their terms and conditions that using their credit services for betting purposes is not permissible, and users shall receive a phone call to remind them of this fact should a gambling payment be noticed on their spending statement. Furthermore, banks did not intervene if gambling related transactions occur on an overdraft, even if the overdraft has been extended multiple times over a relatively short space of time. Also, ATM machines in betting establishments made it more difficult for customers to adhere to spending limits due to the convenience of accessing fast cash, especially when rational decision-making is dominated by a fixation to chase losses (Downs & Woolrych, 2006:42-46).

Gamblers with debt problems are likely to hide their financial issues from partners or family members due to the anticipation of losing trust and respect within a relationship, and the austerity required to build up financial security once they reveal their debt struggles. Concealing the extent of a gambling problem in addition to hiding evidence of debt issues causes a high level of stress and guilt for an individual which can lead to them acting out of character by communicating less and avoiding intimacy. Additionally, while admitting these problems to partners and family members provides relief from the anxiety created through deceit, further stress is created during the process of rebuilding trust with the individual that the gambler lied to (McComb, Lee, & Sprenkle, 2009). In trying to deal with a debt management plan, a gambler may experience moments of overwhelming despair and feel their situation is hopeless regardless of how well they are actually doing. In this frame of mind, relapse can occur due to an irrational spontaneous conviction that *more* gambling is the route to escaping their financial issues which presents a dangerous cycle of betting, losing, borrowing and arriving worse off once again. Subsequently, recovery strategies must take into account this scenario of “revolving door” behaviour and acknowledge the difficulties in trying to maintain a linear path of rehabilitation (Downs & Woolrych, 2006:50-59).

Gambling related debt can act as a trigger which sets in motion a journey towards making change. When a situation arises such as a family member discovers evidence of hidden money problems, this can be the moment where a gambler will feel there is no other option but to reveal the extent of their betting activity and struggle with debt. Confessing such issues places relationships under high levels of pressure which can weaken the structures of a family unit as each member tries to cope with the reality of what has been going on (Holdsworth, Nuske, Tiyce, & Hing, 2013). Family member who are in a position to help might offer to financially assist with debt payments which creates stress for them and deepens the feelings of guilt and shame for the gambler. Additionally, household budget revisions to address outstanding bills might affect a previous standard of living, and so children and parents would have to adjust to lifestyle changes. One example which could have long-lasting repercussions is being unable to afford private schooling and subsequently interrupting a child's plans for university. Furthermore, if children overhear their parents frequently arguing due to the difficulty of debt, they may worry constantly about separation, divorce, and losing their home which shall negatively impact on their emotional wellbeing (Downs & Woolrych, 2006:60-66).

The stress created by gambling debt is not contained to just the family household and can present performance difficulties at work due to poor concentration levels. For an individual worrying about a financial crisis, their focus will be distracted which results in a noticeable reduction in their performance and the additional anxiety of being confronted about their conduct by colleagues or higher management (Paul & Townsend, 1998). Conversely, problem gamblers who are unemployed experience trepidation at the prospect of gaining employment as access to disposable income and easy credit presents a large opportunity for reckless betting activity. A further employment issue could present problems for individuals who have started a recovery program which requires the attendance of therapy sessions. Such absence from work shall require explanations and if the gambler does not wish their employer to become aware of a betting disorder then counselling meetings may be avoided altogether which would interrupt the effectiveness of a rehabilitation schedule (Downs & Woolrych, 2006:67-69).

Gamblers who are surrounded by a supportive family have the best chance of assembling a successful plan to manage their debt and gambling problem especially if family members share the worry with the gambler and offered emotional support. Important considerations for recovery include: limiting the gambler's access to money; supervising the individual to ensure gambling participation has ceased; establishing a realistic payment schedule to reduce debt (Ladouceur & Lachance, 2007). Individuals who do not have a supportive family to help with these areas tend to cope less well and find it difficult to maintain a recovery journey which results in a return to disordered gambling behaviour. Financial controls are considered to

produce highly positive results for individuals trying to control a gambling problem and such methods offer flexibility regarding how strict such restraints need to be (Downs & Woolrych, 2006). One approach would be for a partner or family member to limit a gambler's personal money to a modest daily amount, perhaps to be used for light grocery shopping, which would hopefully not present too much of a temptation to gamble with, but does not completely remove a person's autonomy. While counsellors and healthcare advisors felt that attitudes towards and awareness of gambling addiction had improved over the last 15 years, gambling participants of the Downs & Woolrych (2006:77) study felt that there were still some social structures which lacked a comprehensive understanding of problem gambling such as in the criminal system. Additionally, the fear of stigma is a reason given for not getting in touch with support services despite the large efforts made to inform the general public conscience that non-judgmental help is available and can be accessed easily with discretion. A technique which debt advisors suggested would be welcomed is a procedure which allows problem gamblers to exclude themselves from applying for credit services. The self-exclusion technique from betting establishments has proven to be successful whereby individuals ask to be barred from the gambling outlets in their local area to help their recovery journey, and so a similar practice for loan applications could also be beneficial (Downs & Woolrych, 2006:70-88).

#### ***2.4.3 Social networks***

The role of social networks are highly significant in the process of how an individual is introduced to gambling and the influence that people and places have on that person becoming a regular player. The commercial services available within low-income neighbourhoods often include clusters of pubs, gambling establishments, fast-food outlets and newsagents which creates a local social hub for the surrounding residents. For some individuals, these grouped retail units provide easy and regular access to a culture of betting, drinking, smoking and consuming fatty foods which can begin at an early age and last the majority of a lifetime. It is within these gambling premises that customers learn the rules and formalities required to participate with the betting proceedings:

“This process involves the acquisition and transmission of a form of gambling specific knowledge, attitudes and behaviour: what the sociologist Bourdieu (1984) might describe as ‘cultural capital’. In our study, we saw the reproduction of certain kinds of knowledge, or gambling-related ‘cultural capital’, from an early age. It occurred through the transmission of knowledge about the (often quite complex) language, rules and rituals involved in the gambling.” (Reith & Dobbie, 2011:487)

The ‘cultural capital’ acquired from gambling knowledge is also intimately linked to Pierre Bourdieu’s concept of ‘social capital’ (Bourdieu in Halsey, Lauder, Brown, & Wells, 1997:46-58) whereby cultural capital can facilitate membership and increase status within groups associated with betting activities. For example, Griswold & Nicols (2006) make the point that the introduction of a casino into a community is a divisive situation whereby social capital can be enhanced by giving the local area a focal point, yet many residents might view gambling as immoral which would erode social capital. In households where the discussion of gambling is part of everyday conversation, the exchange of betting knowledge between family members is particularly absorbed by children who learn to view gambling as a normal and acceptable activity. Young people growing up in such an environment shall overhear conversations which present gambling as an exciting and fun pastime with high rewards, or a dangerously seductive hobby which can lead to stress and arguments (Reith & Dobbie, 2011). Additionally, the gambling knowledge exchanged within a family is often generational whereby introductions to sports betting and games of skill occur between a young male and his father or grandfather (Kristiansen & Jensen, 2013).

The past view of gambling activity being predominantly a leisure pursuit of male working-class individuals has been replaced with a much more varied demographic (Bennett et al., 2009:252). Recent trends demonstrate significant increases in participation (and problems) among the middle-class, women and youths. Such trends reflects a change in the public’s limits of moral acceptability, in addition to developments in consumption patterns due to online and mobile services. Furthermore, Pierre Bourdieu (1984) argues that an individual’s ‘taste’, or their personal preferences and dispositions, is not innate, but develops through social interaction and is therefore a malleable construct of class identity (Reith & Dobbie, 2011:2).

While a very small fraction of gamblers, specifically lottery players, win a life-changing cash prize, recent research suggests that ‘becoming millionaires’ or ‘aspirations of social mobility’ are not paramount motivators for buying a weekly lotto ticket. Focusing on working-class women, Emma Casey’s (2008:102) research in fact reveals a “fear of the jackpot” in some players due to an anticipation that winning an enormous sum of money would have a detrimental effect on relationships with friends and colleagues. For these lottery players, a preferable result would be a more modest prize which could help take the pressure of their domestic bills, or a syndicate win which would be shared equally (Casey, 2008:117).

A significant factor in the rise of gamblers from a middle-class background is ubiquity of internet and mobile betting services (Gainsbury, 2012:59). For affluent individuals who perhaps hold a stereotypical view of a bookmaker’s shop as a ‘seedy’ establishment, it is not necessary

for them to ever step inside a branch. A plethora of websites facilitate every kind of sports wagers, and virtual casinos provide video game roulette and poker, all of which is funded remotely by debit and credit card deposits. As this style of consumption can be enjoyed from the privacy of a player's household, then an individual has the power to choose whether or not they are 'seen' to participate with gambling activities.

While traditional Marxist theory defined industry in terms of the "means of production", a contemporary view of commerce can be understood as the "means of consumption" (Marx, 1867/1999; Ritzer, 2010). As gambling activity is no longer defined by strict demarcations of working-class participation, the recent trend of betting among middle-class presents the possibility of viewing betting habits with regard to consumer behaviour in combination with socio-economic profiles.

Friends, including colleagues, also play a similar role to family members whereby conversations about gambling include rules, tactics and experiences and also boasts about winnings which can earn respect from a peer group, or complaints about losses which results in humiliation and jeering. For an individual who enjoys a large pay-out, the accumulation of money can earn respect from their social circle which results in an inflation of that person's status and may inspire others to gamble more frequently (Meisel et al., 2013). Reith and Dobbie (2011:489) draw attention to Howard Becker's key sociological work *Outsiders* (1963) in order to make the comparison between marijuana users and gamblers from the perspective of each group learning how to enjoy their activities. For novice drug users, they may not reach a state of pleasure during their first few attempts due to nerves blocking the intended feeling or perhaps they require practice to correctly ingest the narcotic. For individuals new to gambling, a series of losses may have to be endured before they can celebrate their first win and experience the exhilaration which shall draw them back time after time.

## **2.5 Approaches towards control and abstinence**

The following section presents three aspects of how problem gambling is controlled. First, *formal treatment* is examined with regard to how effective established support services are in terms of attendance and success rates. The role of spirituality is also considered in the context of Gamblers Anonymous including the concept of 'God' as part of its therapy program. Secondly, in contrast to formal counselling, is *natural recovery* which occurs when an individual changes their gambling behaviour without any assistance from professional services. While these individuals commit to a private recovery journey, their motivations to achieve control are

similar to those who choose to participate in group therapy. Lastly, *responsibility* is highlighted as an issue which affects the individuals who gamble, and the companies which provide commercial betting services. In order to create a safe gambling culture in which problems are minimized, then it is essential responsible behaviour is exercised by players and stakeholders.

### **2.5.1 Formal treatment**

For individuals who desire assistance with their gambling issues, a 12-step recovery programme facilitated through Gamblers Anonymous is a common form of therapy, and the service is comparable in design to other abstinence-driven support groups such as Alcoholics Anonymous and Narcotics Anonymous. The 12-step recovery method prescribes a series of tenets which members are encouraged to adhere to in order to maintain a recovery path, and these principles relate to an individual's mental, physical and emotional wellbeing. There are a range of support services in the form of local group meetings, telephone discussion, and online forum communities.

However, despite the positive intentions of such services, there are concerns regarding the effectiveness and success rate of the recovery procedure and how this compares to other programmes within the field of addiction and compulsive behaviour. The work of Brown (1986, 1987a, 1987b, 1987c) and Petry & Armentano (1999) draws attention to high dropout rates and low frequencies of regular attendance: 70% to 90% of Gamblers Anonymous participants dropout, less than 10% become active members and only 8% successfully complete a full year of abstinence (Petry & Armentano, 1999:1023). Factors which attendees find off-putting include meaningless discussion, poor attendance, disputes and arguments, and older members intimidating newcomers (Brown, 1987b:139), with Ferentzy *et al* (2006) adding that an initial elation or excitement of attending a recovery programme can rapidly diminish, and so enthusiasm turns into cynicism which results in disengagement with the service.

While the 12-step recovery model varies slightly between the different types of compulsive disorders in need of treatment, the generic template derived from the original founding of Alcoholics Anonymous in 1935 remains largely the same and is not without contemporary criticism. Salerno (2005) offers a perspective which suggests that the overt religious tones of the recovery curriculum are inappropriate as it should be recognised that participants could be emotionally vulnerable and therefore susceptible to suggestions which pertain to the premise of 'God' as either a literal or metaphorical figure who can guide individuals throughout a journey of recovery. Additionally, the controversies associated with religion through topical debate prompt the question whether formal therapies are correct to incorporate such ideas into a structure of recovery – there is little evidence to suggest that an individual's renouncement of a

problematic lifestyle as a kind of 'spiritual cleansing' relates to an increase in success rates of control and abstinence (Salerno, 2005:29).

### ***2.5.2 Natural recovery***

The concept of 'natural recovery' (S. Thomas & Jackson, 2000) exists in contrast to formal help and is used to describe the process of individuals who regain control of their problem gambling behaviour without the assistance of professional support services. The area currently lacks prominence within gambling studies literature due to the difficulties of data collection due to the fact that naturally recovered gamblers fall into the hard-to-reach category:

"They also have the added feature of since they are 'naturally recovered', they have not engaged with services. Thus recruitment via counselling services cannot be used as a method of recruitment because the very engagement with the service implies that they are not naturally recovered. Even recruitment at gambling venues, if it were permitted by the operators, is a problem, because, if one takes 'recovery' to mean abstinence, then clearly this is not the place to be recruiting 'recovered' gamblers." (S. Thomas & Jackson, 2000:15-16)

While spontaneous remission of gamblers requires much more investigation, there is substantial research on 'natural recovery' from addictions such as alcoholism and drug dependency which offer relevant points to consider. Sondra Burman (1997) conducted research with individuals who had made significant changes to a problematic drinking lifestyle without attending any kind of rehabilitation programme. The most prominent reason for abstaining from drinking was the fear of losing a highly valuable aspect of the individual's life such as an important relationship, employment, self-respect or good health with one example being an unemployed woman who faced losing her children if she did not give up alcohol and drug taking. Fear was also a motivation which prompted a turning point in individuals, whereby alcoholism was creating a severe anxiety regarding imagined scenarios such as "bodily injury and death, of being assaulted and molested, and of maiming or killing someone after drunk driving" (Burman, 1997:48). Additionally, some individuals expressed the desire to become a positive role model, especially for children, as recounts from the Burman's research participants described the embarrassment and shame felt by their children who witnessed the regular heavy drinking and so guilt became the impetus to end the relationship with alcohol. For people who had reached the point where they were determined to commit to recovery, strategies included:

"The avoidance of alcohol environments and hangouts that would place at risk the goal of abstaining; throwing or giving bottles away; altering lifestyles and friends related to

drinking; seeking alternative and pleasurable activities and hobbies; and changing jobs (one respondent stated that there was too much drinking in construction work)."  
(Burman, 1997:49)

Reasons for attempting recovery without the support of a formal help service include "lack of confidence in the treatment system and its effectiveness, stigmatisation and denial" (S. Thomas & Jackson, 2000:11) in addition to individuals expressing a desire for control over their rehabilitation which stems from their independent nature and a firm belief that not everybody requires formal treatment in order to make important changes in their life (Burman, 1997:56-57).

### **2.5.3 Responsibility**

The issue of responsibility, with regard to the gambling industry, concerns the corporations who provide the betting facilities, and members of the public who occupy the role of consumer participants. The responsibility of state government to regulate commercial markets can be observed to be reduced due to the influence of a neo-liberal agenda which alters the relationship between government, business and the consumer population:

"The emphasis on the responsibility of the individual player and/or the gambling provider, rather than on, say, the responsibility of state regulation, dovetails with wider political and fiscal policies of neo-liberalism, with its emphasis on individual freedom and choice. Its underlying ideology [...] is characterized by the state's reduced intervention in social and economic life, its decreasing responsibility for the provision of public services, and its promotion of competitive enterprise." (Reith, 2008a:151)

Central to neo-liberalism is the expectation that individuals in society regulate their personal consumption behaviour through a process of rational thinking and make choices based on reliable information. This expectation of *rational* behaviour translates into *responsible* behaviour whereby "gamblers are considered rational, sovereign consumers; the gambling industry is considered a legitimate, mainstream leisure provider; the interests of both are assumed to come together in responsible self-regulation" (Reith, 2008a:151).

An opinion is held that government or corporate entities cannot exercise responsibility in a comparable way to how individuals act responsibly through informed judgements. Gerda Reith (2008a:152) draws attention to the viewpoint of neo-liberal engineer Milton Friedman:

"What does it mean to say that government might have a responsibility? Government can't have a responsibility any more than business can. The only entities which can have responsibilities are people." (Friedman, 1970:32)

Similarly, *The Reno Model* (Blaszczynski, Ladouceur, & Shaffer, 2004) acknowledges the limitations of how much customer protection can realistically be provided by commercial betting services when ultimately an individual's behaviour is determined by their own process of decision making. However, it is paramount that players are provided with transparent and accurate details regarding when deciding whether or not to participate with a gambling activity so that a person's choices and opinions are not created from a misleading impression of the gambling industry. *The Reno Model* (2004) suggests that the information disclosed by betting establishments should include the probability of wins and the frequency of pay-outs which are advertised in-line with the industry standards of ethical practice. While gambling services do not have a responsibility to diagnose or treat players with issues relating to problem gambling, nonetheless "the industry should be guided by the principle that it is their obligation to establish and support links with qualified clinical support services vested with the responsibility of providing clinical services" (Blaszczynski et al., 2004:312-313).

## **2.6 Individual and Social impacts of gambling**

For an individual who has problems with gambling, their behaviour can deeply affect people close to them such as partners, children, family, friends and colleagues due to the tension which results from arguments, deception and financial difficulties (Reith, 2006). Such pressures can lead to relationship breakdowns and domestic violence which creates a chaotic household for a family, with children particularly susceptible to developing emotional and behavioural problems that continue into adult life (Darbyshire, Oster, & Carrig, 2000). Additionally, studies have shown that children of parents who have gambling problems are themselves at risk for developing issues with compulsive betting or substance abuse, and single parent families increases the risk overall (Griffiths, 2010; Jacobs et al., 1989).

Preoccupation with gambling can lead to poor performance within an individual's work-life due to concentration levels not operating at maximum and mood swings because of neglecting healthy eating and sleeping schedules (Grant & Potenza, 2004). Additional health issues which affect productivity and general wellbeing include "depressive moods, insomnia, anxiety, headaches and stomach problems, which may also contribute to absenteeism" (Reith, 2006:43).

Such disharmony within a person's state of mind can lead to suicidal thoughts and attempts to self-harm. While higher than average rates of suicidal ideation are present among pathological gamblers, current research does not suggest that inherent characteristics of gambling activity are the motivational factors which lead to suicide:

"While the causal relationship between gambling and depression remains unknown, pathological gamblers are found to manifest elevated levels of depression. The factors motivating gamblers to suicide are not necessarily linked to the presence or severity of demographic or financial characteristics of gambling per se but may be related to the degree of stress or psychological angst caused by such problems." (Macccallum & Blaszczynski, 2003:97)

There is a high likelihood of problem gamblers developing serious issues with financial affairs which often relates to acquiring funds to clear debts or pay for playing time. Individuals have been noted to borrow money, sell possessions or commit illegal acts for quick access to cash, but the long-term outlook for personal solvency can be impossible for some people to maintain – "In the U.K., the average level of debt of problem gamblers receiving treatment from GamCare in 2003 was £28,000 [...] The NORC survey found that almost 20% of pathological gamblers had filed for bankruptcy" (Reith, 2006:44). Many studies show a connection between gambling and crime as demonstrated by figures such as "between 21 per cent to 85 percent of gamblers are reported to have committed an offence and up to 13 per cent of gamblers receive a gaol sentence for gambling related offences" (Doley, 2000:11). However, while these statistics present a link between gambling and crime, a *causal* relationship involving betting and illegal activity is not so easily identifiable and so the question remains do gamblers commit offences or do criminals participate with gambling? According to Doley (2000)The circumstances which lead an individual with gambling problems to commit a crime exist as a series of events called the 'gambling – offending cycle':

Frequent play means frequent losses  $\Rightarrow$  Encourages more play in expectation of major wins  $\Rightarrow$  Experience phase of wins  $\Rightarrow$  Crime to service debt and continue gambling  $\Rightarrow$  Chasing losses  $\Rightarrow$  Financial difficulties  $\Rightarrow$  Repeat (Doley, 2000:12)

There are three areas of evidence which suggest a causal link between gambling and crime: first, offences are committed in order to acquire money for gambling purposes; secondly, gamblers who do commit crime tend to have gambled for a longer period than those who do not engage in illegal activity, and so offending appears to be linked to financial difficulties; and thirdly, the

types of crimes committed by problem gamblers generally include fraud, embezzlement and forgery (Doley, 2000:13).

Research shows that the location of a casino has an influence on the rates of problem gambling within its surrounding area. A 2004 report by the U.S. Department of Justice interviewed individuals who had been arrested in Las Vegas and Des Moines which showed the percentage of problem gamblers among these arrestees was three to five times higher than the national average (Ashcroft, Daniels, & Hart, 2004). However, it is not only 'casino resorts' which influence rates of problem gambling within the local area as small scale casinos and betting establishments also present issues for less affluent regions. Furthermore, UK studies demonstrate a strong correlation between problem gambling and communities which are considered to be socio-economically disadvantaged due to high rates of social deprivation – "those who experience poverty, unemployment, dependence on welfare, homelessness, low levels of education and household income have higher rates of problem gambling than the general population" (Reith, 2006:57). The following details pertaining to demographics and behaviour illustrate the typical characteristics of a player who falls into the category of 'problem gambler':

"male, single and/or under 35, [...] those in the lowest income categories nearly three times as likely as the average to be defined as a problem gambler, [...] lacking college education, and who have dropped out of high school, [...] the younger an individual begins gambling, the more likely the development of problem behaviour, [...] heavy and/or problematic levels of consumption of drugs, alcohol and cigarettes" (Reith, 2006:57-58)

When the state of Victoria, Australia introduced a smoking ban in venues which provided electronic gaming machines (EGMs), profits fell by 30% which reflected the loss of customers who were both smokers and heavy gamblers. Other studies from Australia and America demonstrate that large concentrations of EGMs and lottery outlets are usually found in low-income neighbourhoods (Reith, 2006:58-60). Such correlations between problem gambling and disadvantaged communities have led to observers suggesting that gambling can be considered as an insidious tax whereby poorer people bet (and lose) a higher percentage of their income than wealthier individuals:

"Many view revenue generation through gambling as a 'tax on stupidity'; others view it as a 'regressive tax' in which funds are withdrawn from disadvantaged communities into the general revenue pool, following an upward redistribution of wealth." (Schüll, 2012:313)

Recent reports show an increase in the number of affluent individuals developing problems with gambling which is impacting on previous data that demonstrated that the income of problem gamblers was noticeably lower than that of non-problem players. A possible reason for an increase in middle class participants is the normalisation of gambling within everyday life in combination with easy access to credit which has the effect of wealthier players admitting problematic relationships with betting (Reith, 2006).

An additional emerging trend demonstrates higher rates of disordered gambling within indigenous and minority groups which is possibly attributed to cultural differences regarding approval of, and ease of access to, betting services (Alegría et al., 2009). Raylu & Oei (2004) draw attention to several studies in which Maori of New Zealand, American Indians of North Dakota and Aboriginal groups in Canada all showed higher figures of problem gambling compared to the Caucasian population. Also, betting habits of college students in America provided evidence that Asians have a rate of gambling participation approximately 3 times higher than that of African Americans and Caucasians with a similar figure produced from a study on Chinese gamblers in the general population (Raylu & Oei, 2004:1090-1092). Furthermore, The British Gambling Prevalence Survey (Wardle et al., 2011) revealed that problem gambling in the UK had increased from 0.6% of the population in 2007 to 0.9% in 2010, and issues among players from ethnic backgrounds were observed to increase:

“In 1999 and 2007, problem gambling prevalence varied by ethnic group with significantly higher rates being observed among those of Asian/Asian British origin and Black/Black British origin. In 2010, problem gambling prevalence was again higher among those of Asian/Asian British origin (2.8%) and Black/Black British origin (1.5%) compared with those whose ethnic group was White/White British (0.8%).” (Wardle et al., 2011:89)

Gambling is considered a lifestyle tradition among some Asian cultures which goes some way to explain these high figures. Furthermore, beliefs in cultures which accept notions of fate and magic may also view gambling to be an acceptable pursuit, which increases the rates of problem gambling among these groups (Alegría et al., 2009).

## 2.7 Conclusion

While the definition of ‘problem gambling’ remains contested between sociology and psychology, there have been recent attempts to move away from the isolated clinical view of the term in favour of a multidiscipline interpretation. An individual’s experience of compulsive

gambling is the result of complex circumstances, therefore it is preferable to use terminology which incorporates multiple perspectives. For example, the phrase 'biopsychosocial' (Neal et al., 2005:13) successfully demonstrates how factors relating to biology, psychology and sociology can be included within a single concept.

The 'stages of change' model (DiClemente, 2003) is widely used as a method for evaluating an individual's readiness to make changes to their behaviour, and takes into consideration the possibility of repeated recovery attempts due to relapse. This cyclical characteristic of the 'stages of change' model is compatible with the emerging view in the social sciences that recovery from problem gambling is not a fixed, linear progression, but fluid in nature and subject to fluctuations in pace. Critics argue that the demarcations of the stages are arbitrary and therefore do not hold up to scientific scrutiny. Additional concern suggests the model is relied upon too heavily by clinicians, and not enough time is invested in determining the suitability of the method for every patient. However, such arguments are weakened by the fact that the 'stages of change' model is highly flexible and such malleability can be applied to the different circumstances of many individuals. For example, two people can be encouraged to view their behaviour process as moving from a *contemplation* stage towards an *action* stage despite the length of their respective contemplation stages differing by many months. Subsequently, it can be concluded that the 'stages of change' model is an effective method of evaluation and is highly applicable to the clinical enquiry into addiction issues.

A proportion of gamblers develop a self-perception which views their identity in terms of their gambling-self and their 'normal'-self. These individuals often dislike the gambling side of their personality and claim to have little control over it, which is in contrast to their original 'normal' side. The phenomenon of 'maturing out' refers to the resolution of a compulsive issue by growing past a problem, whereby an individual naturally loses the overwhelming desire to engage with a habit. Self-perception influences a person's recovery journey due to how they 'label' themselves – for example, some individuals consider their gambling behaviour as a core element of their personality, and they may feel that it is not possible to ever reach a point of complete rehabilitation, regardless of how long they attend a support program.

In order to attain fund to bet with, it is common for problem gamblers to neglect essential domestic financial responsibilities, and a severe debt situation can be the trigger which motivates individuals to seek help for their problem. Similarly, relationships are often strained to breaking point as a result of money difficulties and the threat of divorce or separation from a partner can also act as a final prompt for a problem gambler to engage with therapy.

However, a successful recovery is made even more challenging depending on the social network background of the individual, as players are often introduced to gambling by close friends and family who they regularly attend betting establishments with. Subsequently, a problem gambler might have to disassociate with their gambling friends during the course of their counselling in order to completely distance themselves from temptation.

The predominant choice for an individual who wishes to regain control of their gambling activity is either formal treatment or natural recovery. Services such as Gamblers Anonymous provide peer support in group settings, but the dropout rate is significant and the inclusion of religious prescription is controversial and off-putting for some newcomers. Natural recovery does not include peer or professional support, and is the option which is the preference of individuals who are sceptical about organisations such as Gamblers Anonymous. The discussion of 'responsible gambling' relates to the behaviour of individuals and corporations in which both parties have an obligation towards maintaining a culture of safe gambling. In order to minimize the problems associated with compulsive gambling, then sensible limits on the amount of time spent playing by players, and the commercial offers provided by betting operators, should be observed.

From the preceding sections, it can be observed that *identity*, *money*, and *social networks* are highly important aspects of problem gambling, and so it shall be useful to use these three areas as main categories within the forthcoming analytical framework. The assembled literature review demonstrates that there is a lack of published material regarding the personal experiences of individuals who attempt to change their problematic gambling behaviour. Subsequently, the focus of this study is concerned with understanding why gamblers make the decision to attempt a form of recovery, and what challenges affect their progression towards control and stability.

### **3. Methodology**

This study aims to explore the circumstances and experiences of individuals in Scotland who attempt to change their problematic gambling behaviour, and understand the challenges involved with committing to a recovery journey. Currently, there is a lack of research regarding the processes involved with overcoming compulsive gambling, and there is uncertainty regarding which treatment paths are most effective. Subsequently, this project attempts to fill this gap in knowledge by examining how gamblers realise their behaviour has become problematic, and what motivates them to address their issues. Of interest is the experience of people who approach formal support services, and the requirements of maintaining behavioural change. Of additional relevance are the reasons individuals have for rejecting professional help in favour of a self-help approach, and how environmental factors encourage relapse or recovery. Social networks such as friends, family and colleagues are also evaluated for how important these roles are in supporting an individual through their rehabilitation period.

The following chapter presents the theoretical and methodological elements of the research design, beginning with the philosophical perspectives and research methods used within the project. Secondly, an outline of the disciplinary field is provided in order to situate where this thesis exists within the discipline of gambling studies. Thirdly, details of the strategies used to collect data are explained which include the stages of data collection, participant recruitment and interview techniques. The fourth section discusses the methods of how the data is analysed with respect to organising and interpreting the interview material, attaching codes to and extracting themes from the data, and the role of how analytical software coordinates the information. Ethical procedures and considerations constitute part five of this chapter which is then followed by a summary of the methodological perspective of the thesis.

#### **3.1 Approaches to gambling studies**

A study of gambling culture requires a statement of the philosophical assumptions of what can and cannot be researched for the purposes of making an original contribution to the discipline. Subsequently, the following section discusses the ontological and epistemological stances of this project in addition to how the sociological concepts of structure and agency influence our understanding of gambling phenomena. This precedes an explanation of the research methods used to study gambling with regard to qualitative approaches, and their role within this study.

### **3.1.1 Philosophical perspective**

The philosophical perspective adopted in this study is comprised of two assumptions relating to ontology and epistemology. First, it is assumed that a reality exists independently of human perception, the *realist* position (Philips in Maxwell, 2012:3), but an understanding of this reality can be constructed from a subjective interpretation, the *critical realist* stance (Archer, Bhaskar, Collier, Lawson, & Norrie, 1998). The implication here is that achieving a single scientific understanding of the world which is universally agreed to be the “correct” viewpoint is impossible due to the fact that no two experiences of reality are exactly the same (Maxwell, 2012:5).

The second assumption takes the position that the experience of the social world is influenced by the *agency* of individuals (their ability to make decisions and act independently) and the *structures* of society (the patterns and functions of institutions which limit or enable a person’s opportunities and freedom of choice) (Crossley, 2011). A symbiotic relationship exists between structure and agency whereby structures are created and sustained by the actions of people, for example in effecting a new law, but the actions of other people then become restricted through the introduction of new structures (e.g. legislation) which affect an individual’s behaviour.

The issue of responsibility is of high significance to both sides of the structure and agency debate with regard to the creation and consumption of gambling services (Reith, 2008a). Critics of betting companies argue that such businesses are heartless capitalist predators that ignore the negative social consequences which are created through the expansion of their brands and establishments (Clark, 2012). Similar commentary also claims the gambling industry targets poor people who live in vulnerable circumstances which makes the suggestion that the industry is not only irresponsible but immoral too (McGowan, 2001:94). However, the defence against these criticisms asserts that gambling institutions merely provide competitive commercial outlets that individuals are free to engage with or not and ultimately no one is forced to participate with betting activity (McGowan, 2008). Furthermore, evidence that the industry takes the wellbeing of its customers seriously can be demonstrated by the safety information distributed in the form of warnings on advertising, and the funding invested into support services and research projects as guided by the Gambling Commission, a UK regulatory body established under the Gambling Act 2005. Nonetheless, sceptics draw attention to the devious tactics used in casinos which are designed to keep customers placing large wagers for a long time such as no clocks and windows so that the passing of time isn’t obvious; free alcoholic drinks to reduce inhibitions and create false confidence; labyrinth layout of premises to make it difficult to exit; cash exchanged for betting chips so that the loss of plastic tokens does not seem as consequential as the loss of real money (Rogers, 2005:94).

The above criticisms against the gambling industry can be aligned with strands of Marxist theory. The view that the wealthy owners of gambling services exploit the poor and vulnerable people in society for profit has similarities to Karl Marx's observations on the unequal relationship between the bourgeoisie and proletariat classes (Dahrendorf, 1972; Marx & Engels, 1888/2002). Taken further, this view is extended to claim that the middle class has oppressed the working class in part through the creation of a commercial betting culture which consumes the minds of gamblers and reduces their capacity for critical thought. This, like many other popular distractions in life such as television, extinguishes the population's desire for social and political revolution because their attention is fixed on buying into lifestyles through purchasing non-essential goods and services. In Marxist terminology, gambling, television, shopping, etc., any industry that creates a counterfeit presentation of the world gives birth to a *false consciousness* in the lives of the consumer nation based on people's social position (Rosen, 1996). Furthermore, for people from a low socio-economic background, gambling potentially offers a life free from the drudgery of manual labour or the misery of unemployment despite the unlikelihood of winning a jackpot large enough to lift anyone out of poverty. The gambling industry relies on a customer base that lacks a full understanding of statistical risk and mathematical probability so that individuals become regular gamblers without developing a cynical opinion of betting (Collins, 2003). The mass popularity of gambling, and the delusional, irrational beliefs of players are aspects which have parallels with Marx's famous statement in that religion "is the opium of the people" (Marx & Engles, 2008/1844:42) – a modern Marxist view could argue that, like religion, inherent to commercial gambling are empty promises of grand rewards; and like opium, gambling can leave individuals docile and desperately addicted.

To present aspects of Marx's ideas in such a simplified format can be described as 'vulgar Marxism', and there are critics who challenge the fundamental views within Marxist philosophy. A common argument is that Marxism is overly 'economically deterministic' - too much emphasis is placed on the view of society being held together by economic relationships, which fails to take into account subjectivity and individual identity (Gamble, 1999). With respect to the view of wealthy commercial gambling corporations exploiting poor and vulnerable people, this point would be dismissed by critics, as the capacity of individual free will is not taken into consideration. For example, consumers have a large degree of free choice of which goods and services they wish to purchase and engage with, which is based on individual tastes and preferences. Subsequently, detractors argue that Marxism greatly overstates the capacity of customer 'vulnerability'. Furthermore, in claiming that certain lifestyle choices and consumer activities such as gambling are shallow and fail to challenge an individual's critical faculties,

Marxist theory is objected to with the argument that such judgments are value-laden, and it is elitist to equate mass popularity with non-intellectualism.

Neo-Marxism provides sophistication and modern relevance to Karl Marx's original work, with which a rebuttal to neo-conservative criticisms can be made. Indeed, consumers are empowered with 'freedom of choice' regarding spending habits, but tobacco shall cause lung disease regardless of how many cigarette brands the public can choose from. The point here is that many individuals engage with potentially unhealthy activities, and it is not realistic to insist that every person is endowed with the required level of critical thought to resist aggressive commercialism. The Marxist perspective is interested in identifying power relations which result in inequality, and so the discussion of values is not only unavoidable, but considered essential in the critique of corporate ideology (John Elster, 1985). While this study does not employ Marxism as a strict philosophical perspective, the elements relating to exploitation, commercial relationships, and class are of interest to the project, particularly within the application of *critical theory* which is explained further on.

### **3.2 Research methodology**

The following section considers the research methodologies used within gambling studies with respect to qualitative approaches and provides a rationale for their inclusion within this study. Problem gambling does not exist as a static isolated phenomena. It is an issue which develops as part of a process which is affected by a variety of complex social and cultural factors. The journey of an individual who develops from a casual gambling participant, to a compulsive gambler, to a chronic problem gambler entering a system of recovery is unique to each person due to the multitude of demographic, environmental and psychological pressures which affect their behaviour (Reith, 2010). Subsequently, it is important to understand these issues in the context of their position within the problem gambling process and the relationships they have to each other with respect to how they impact on an individual's everyday life.

Within sociology, the study of gambling phenomenon has been conducted by using both qualitative and quantitative methods as is commonplace for many social science investigations (Anderson et al., 2009; Blaszczynski, 2001; Reith & Dobbie, 2012; Shaffer & Hall, 1996). The qualitative approach seeks to understand the experiences and opinions of individuals and is performed through interviews, focus groups or ethnographic observations. These techniques provide a route to accumulating research data which explores the motivations and behaviours of people who participate with gambling activities, and allows individuals to express their views

on areas such as the attraction to certain games, the importance placed on betting venues and environments, and the role of personal and corporate responsibility (Thompson, Hastings, & Griffiths, 2009). The quantitative method places emphasis on statistical relationships which are collected through survey questionnaires involving numerical scales, and so a highly structured procedure of questioning is required. The spectrum format of answering such questions is designed for the purpose of compiling the results as mathematical proportions, suitable for presenting in tables and graphs. Subsequently, an inherent challenge with the quantitative method is the level of *richness* that can be extracted which, in the case of this study, would be the meanings behind the social processes which influence gambling, or the motivations, attitudes and beliefs of players (Anderson et al., 2009). Subsequently, the appropriate choice for this study is the qualitative approach which can explore the complex social and cultural meanings within the processes that lead to problematic gambling behaviour and the journey toward recovery.

### **3.3 Data gathering**

The following section discusses three aspects of the data gathering process, beginning with a reminder of the project's field of study, and the stages involved with the collection and analysis of data. Secondly, it is explained how and why the research participants were chosen, with details also presented regarding the practical settings of the interviews. Finally, a rationale for the construction of the interview questioning style is offered.

#### ***3.3.1 Field of Study***

The field of study for this project focuses on recovery from problem gambling, and specifically the individuals who have developed problematic relationships with gambling activities and sought to address these problems through formal or informal approaches – 'formally' meaning with the assistance of an established professional support programme, and 'informally' meaning without advice from experienced counsellors in favour of resolving problems alone or with guidance from friends and family. Subsequently, in order to recruit an appropriate sample, invitations to assist with the project were forwarded to Gamblers Anonymous and the RCA Trust treatment service in addition to a public call being advertised for people not involved with an official rehabilitation procedure.

The following matrix demonstrates the stages of data gathering and analysis within this project:

<b>Techniques of collecting data and analysis</b>	<b>Stages of collecting data and analysis</b>	
Exploration	Step 1.	Review of relevant topic literature and development of a thorough understanding of the original project outline.
	Step 2.	Assembly of interview package and ethical documents.
	Step 3.	Preparation for the practical procedures of conducting interviews.
Interviews	Step 4.	Contact professional support services and advertise a public call with the aim to recruit interview participants.
	Step 5.	Conduct interviews with research participants.
	Step 6.	Transcribing interview material.
Analysis and Interpretation	Step 7.	Coding interview data, interpreting and writing-up.

Face-to-face interviewing with gamblers was chosen as the primary form of data collection in order to produce in-depth qualitative material which focuses on the personal experiences of compulsive gambling participants and their desire to regain control. The single interview format has an advantage over the focus group method in that an interviewer can understand a participant's circumstances on much richer level through probing areas and expanding ideas throughout the interview (Gillham, 2005). Furthermore, due to the sensitive nature of discussing compulsive behaviour and addiction issues, a direct and intimate interview situation would be preferable for vulnerable individuals who might feel uncomfortable recounting private information to a group of unknown individuals. Also, from a practical perspective, a face-to-face meeting can be conducted in a quiet environment and, with permission from the participant, audio-recorded in order to be transcribed which is far more accurate than taking notes at the time.

### ***3.3.2 Participants***

Research participants were invited from three areas: The RCA Trust, Gamblers Anonymous, and a public call via the University of Glasgow and online gambling community forums. As potential interviewees were not limited to a specific city or region, the study aimed to represent Scotland

as a whole. However, it is more accurate to state that the project focuses on the Strathclyde area which includes the town of Paisley in Renfrewshire, the region of Lanarkshire, and the city of Glasgow. The RCA Trust, formerly *The Renfrew Council on Alcohol*, was established in 1977 and is a major problem gambling prevention and treatment service which operates throughout the whole of Scotland. With referral routes via individual approach, social services, courts and the NHS, The RCA Trust engages with gamblers from a wide range of socio-economic backgrounds. This provided the opportunity for study participants to be recruited from rural and urban areas, with variation in categories of gender, age and ethnicity. It was beneficial to this study that demographic diversity exists within the sample as an assortment of backgrounds contributes to the level of richness which was to be achieved in the interviews. Gamblers Anonymous, in the Strathclyde region, has a similar member profile to The RCA Trust, although it is recognised that attendees of this service tend to be slightly older on average. The public call for participants aimed to recruit individuals who had developed problems with gambling, but had attempted to address their issues without the assistance of an established recovery program. The experiences of this group aimed to enable a comparison to be made with individuals in counselling for the purpose of understanding the effectiveness of each recovery path, and the types of problems encountered. Additionally, due to the difficulty in recruiting people who are not affiliated with a professional help program, there is a particular lack of research on such individuals, and therefore this study also contributes to an area which is need of development.

The RCA Trust and Gamblers Anonymous were informed by email of the project which included an invitation for the attendees of each service. The project details were clearly explained in an information sheet which could be copied for individuals who were interested in taking part, and a variety of contact details were included to answer any questions regarding the study.

Gamblers Anonymous declined to participate, they explained in their email reply that many students approach their organisation proposing similar studies, but due to the fact they would not have any regulation over what is included in the final publication, Gamblers Anonymous have a policy to refuse access to researchers in order to protect the vulnerable members of their group. An attempt to reverse this decision was made by offering to change any interview questions they were not happy with and also give them the opportunity to examine the interviews once transcribed but their declination remained firm.

The RCA Trust welcomed the project and organised three participants to be interviewed in one day on their premises in Paisley, all of which were successfully completed. The room provided for this session was highly suitable as it was comfortably furnished, quiet and privacy was maintained via a closed door which could not be disturbed without permission from the

building's reception area. Additionally, two RCA Trust counsellors were interviewed in case their perspectives would offer a valuable contribution within the study. To fulfil the requirement of recruiting non-support gamblers, two public calls were advertised. GamCare, a charity support service funded by the gambling industry, posted a request for study participants on their online forum. Two individuals from the GamCare forum registered interest in the project and requested further information which was issued, but no offers to offers to participate were received. Due to the fact GamCare serves as a point of call for the whole of the UK, it is possible that specifically seeking interviewees from the Glasgow area resulted in a poor response to the advertisement. The second public call was distributed via the University of Glasgow's student mass email system and was sent to all undergraduate and postgraduate students who were associated with the School of Social and Political Sciences. Not only was this a convenient way to easily reach a large amount of people, but it was also hoped to increase demographic variety within the sample. Not all initial respondents were able to fit interviews into their schedules revolving around work and exams but three participants were eventually successfully questioned in an interview room on the university campus. This location was secured with a locked door and situated at a distance from the busy areas of the university building which enabled a clear audio recording of the interview to be made.

Invitations for a second round of interviewing with the participants were forwarded approximately 12 months after the first session in order to produce longitudinal data relating to the success or struggle of their recovery journey. All participants had signed a form agreeing to be contacted for a follow-up interview. Two individuals who were attending the RCA Trust had left the service and did not respond to emails reminding them of the project; the third RCA member, who was continuing with support, was informed of the request for a second interview but no response was received. Two non-support individuals replied to the invitation for second interviews which were successfully completed and transcribed, however the third non-support did not reply to emails. Participant attrition (participant drop-outs) within longitudinal studies has the problem of producing inaccurate results and therefore undermines the validity of the project. Due to the experience of subject attrition within this study, it was decided not to dedicate a significant amount of attention to the longitudinal aspect within the analysis chapter. Overall, a total of 8 interviews with 6 respondents were conducted over a two year period.

An information sheet was issued at every interview to participants that gave details of why the study was being conducted and how the collected data was going to be used. It was explained all information, from contact details to full interview transcripts, would be made anonymous by replacing interviewee's names with pseudonyms in order to preserve confidentiality. This ensured any quotes used within the project would not be traceable to the real identities of the

respondents and was also designed to ease any doubts of revealing sensitive information while on record. Additionally, all data was stored on two separate locations: a password protected laptop and a backup encrypted external hard drive which safeguarded all elements of the project. Each participant signed a form which acknowledged they understood and were happy with these citing and security arrangements but were free to withdraw at any point without giving a reason. Further ethical considerations are discussed later in the study.

The following matrix provides background information of the study participants which was collected at each interview via a demographic questionnaire:

	Graham	Colin	Peter	David	Mark	Jack
Age	40	39	63	19	22	33
Recruitment	RCA member	RCA member	RCA member	Non-support	Non-support	Non-support
Employment	Car salesman. Never worked in gambling.	Part-time. Never worked in gambling.	Unemployed. Never worked in gambling.	Student and bookmaker's employee.	Student. Never worked in gambling.	Full-time. Previous casino employee.
Main gambling activity	Arcades, casinos, bookmakers	Arcades	Horse and dog racing	Sports results	Casinos	Casinos, FOB terminals, online
Recovery self-identity	Ex-gambler. Attending RCA Trust meetings.	Ex-gambler. Attending RCA Trust meetings.	Ex-gambler. Attending RCA Trust meetings.	Considers himself in recovery, has gambled occasionally	Considers himself in recovery, but is still involved with gambling activity.	Has reduced participation, but still gambles occasionally.
Ethnicity	White/British	White/British	White/British	White/British	White/British	White/British
Relationship	Married	Single	Divorced	Single	Single	Living with partner

### 3.3.3 Interviews

The interviews were semi-structured so that questions could be asked regarding areas which were of importance to the study while also remaining flexible in order to ask participants to clarify or expand their responses. Furthermore, flexibility during the interview proceedings encouraged the conversation to digress which created the opportunity to reveal unique information that could be missed during a strictly structured discussion. The approach of the line of questioning was to allow interviewees to 'open-up' and tell the story of their gambling experience, from introduction, to developing problems, to attempting recovery. Answers which lacked detail were probed in order to inspire rich, in-depth recounts and help respondents feel

comfortable and confident talking about sensitive issues in their life. This helped to guide the progression of the interview session.

Due to the fact the interviews were examining a sensitive subject, the style of rapport between researcher and participant was empathetic and transparent in order to work through the questions in an engaging conversation rather than as a stiff interrogation. Care was taken not to use labelling language such as describing the interviewee as a 'gambling addict' in order to allow respondents to forward their own perception of themselves and explain what 'problem gambling' meant to them. By taking a non-judgmental approach, trust was established between researcher and respondent which resulted in high quality interviews that contained exhaustive data. Occasionally it was necessary to remind interviewees that they were free to talk in as much detail as they wanted as all information would be treated anonymously, especially if the discussion revealed illegal behaviour.

Interview participants were asked how their association with gambling activities began and explain the progression that led to a compulsive relationship with betting services. It was important to understand this development as each participant's experience was unique due to different factors such as the age when they were introduced to gambling and the type of games they play. For individuals who attended a support group, it was asked what prompted them to approach a help service and what their experience of embarking on a recovery process was like. Conversely, non-support individuals were asked why they chose not to access a rehabilitation programme and to offer thoughts on trying to regain control independently of counselling. Both groups explained the role of friends and family with regard to the level of support they receive from social networks and the influence that gambling had on those relationships. Additionally, it was asked whether there were any features in their local living area which affect their gambling patterns such as an excess of betting establishments to choose from or a lack of easily accessible gambling venues. In order to explore issues of comorbidity, participants were asked if they had struggled with alcohol or drug problems, either in a form that contributed to or resulted from their gambling behaviour.

The second round of longitudinal interviews asked the participants to reflect on a 12 month period with questions relating to any changes in their relationship with gambling activities such as an increase, decrease or no change in the frequency of bets placed or amount of money spent. The question of temptation was raised and whether there had been difficulties for the participants in resisting opportunities to gamble or if they successfully avoided situations which could jeopardise their commitment to maintaining control. For the respondents who were not in formal support, it was asked if at any point in the previous year they had considered

approaching a help service and the reasons behind their choice to remain without professional assistance. There was also an inquiry into changes in perception, first with respect to if the individual would still label themselves as a 'gambler' despite positive steps towards regaining control, and secondly whether there was any change in their view of the gambling industry as a whole. Additionally, it was also asked if relationships with friends and family had remained stable or if there were any issues with respect to social networks.

The interviews were recorded with a digital Dictaphone which allowed copies of the audio data to be imported into a PC transcription programme for the purpose of creating verbatim text documents. As the audio recorder had a high quality built-in microphone, there was no need for any external intrusive equipment such as clip-on or boom microphones which was helpful to maintain a relaxed atmosphere. In order to transcribe the interviews, an electronic foot pedal was used to control the forward, pause and rewind features of the playback software which enabled fast and perfectly accurate text copies of the material to be produced. The interviews were transcribed in their entirety so that decisions on what were relevant responses could be made during the analysis stage (King & Horrocks, 2010).

### **3.4 Analysis of data**

The following section presents details of the analytical methods used to examine the interview data which begins with the role of *NVivo*, a computer-assisted qualitative data analysis software program. This precedes an explanation of coding techniques which were used for the purposes of extracting themes from the interview transcripts, and the role of critical theory.

#### ***3.4.1 Thematic extraction***

The analysis of qualitative research data produced for inclusion within gambling studies involves interpreting themes from interviews from transcriptions. Themes are dominant patterns or ideas which occur within and between cases, and can be compared against relevant literature in order to determine if the new material supports or questions arguments and theories from previous studies (Guest, MacQueen, & Namey, 2012; Willig, 2013). To explore themes, an interview transcript is examined in detail during which codes (or labels) that relate to the investigation aims of the project are attached to sections of the text. These codes are then grouped under broader theme headings for the purpose of performing a critical analysis of the categories in order to be presented within the results chapter of the study. The phases and processes of thematic analysis are demonstrated below:

Phase	Process
1	<b>Become familiar with the data.</b> Thoroughly read data in order to become highly familiar with content and paying attention to patterns.
2	<b>Generate initial codes.</b> Sections of text are labelled by documenting where and how patterns occur.
3	<b>Creating themes from codes.</b> Similar codes are grouped under theme headings.
4	<b>Reviewing themes.</b> Decide if any themes should be rejected or broken into two or more themes.
5	<b>Defining themes.</b> Decide what the essence of each theme is and attach an appropriate definition.
6	<b>Producing results.</b> Decide which themes shall be included in the final study and write-up the results with explanations of their relevance.

(Braun & Clarke, 2006)

The process of thematic extraction can transpire in one of two different ways – either through induction or deduction. The inductive approach allows themes to emerge from the data which is opposed to the deductive method of searching text for pre-defined labels and models (Patton, 1990). Applying deduction has limits on scope and description of themes due to the fact the analysis process is confined to preconceived frames, whereas induction produces a variety of thematic ideas which are potentially more exhaustive than a deductive examination. For these reasons, an inductive approach is the method used within this study as there are advantages of its use which are highly suited to the project's areas of investigation.

### 3.4.2 Critical Theory

In addition to examining the research data with thematic extraction, the application of *critical theory* shall also provide a deeper understanding of the participant's experiences of problem gambling. As part of the analysis procedure, it shall be necessary to compare the emergent themes and patterns from the interview material with relevant literature in order to provide a context for new arguments to be situated in. Where relevant, the authors used for this comparison shall have published works which are located within the critical theory school of thought. Critical theory in this study is defined as the critique of society with a particular interest in understanding and changing social phenomena which interferes with liberty and justice. All addictions can be viewed as a form of enslavement, and when researching problem gambling, the perspective of critical theory is concerned with the socio-economic conditions connected to the rise of compulsive gambling, the responsibility of individuals and commercial organizations, and the operation of treatment services who offer recovery programs. These

areas subsequently inform the choices of categories made during the process of thematic analysis.

Critics of *critical theory* raise concern that the approach is not merely concerned with how the world *is* but how the world *should be*, which creates difficulties if strong methodology is defined as value-free and unobscured by subjectivity. Supporters counter this view with the argument that the discussion of values is an important process of social research which enables issues to be engaged with on a deep level, and praxis is required in order to make theory and philosophy useful in the ‘real’ world (Hammond, 2012:39).

### **3.4.3 NVivo**

NVivo is a qualitative data analysis software package published by QSR International which is designed to integrate rich multimedia such as transcripts, audio and video files in order to allow researchers to analyse themes, patterns and theories within their data. When working with a large research project it is important to organise the collected research material within a single structured location in order to maintain analytical consistency and avoid the difficulties which arise from trying to manage unorganised data. The use of NVivo facilitated several important functions. As mentioned above, a central location for files, transcriptions and software output is highly desirable in order to maintain a secure and practical digital site for many constructs of the research project. NVivo facilitates this with ease due to its intuitive interactivity combined with the simplicity of importing large volumes of independent ‘raw’ mixed media data which can then be merged, analysed and exported for inclusion in the study. Additionally, the search engine functions of NVivo performed the essential tasks of identifying labels and nodes which are conveniently organised in a visual summary. This was highly useful for fast referencing and also observing the way in which nodes formed into broader categories of themes when multiple analytical passes were administered (Guest et al., 2012).

### **3.4.4 Coding & thematic analysis**

The primary function of ‘coding’ involved cataloguing and extracting themes within and between interviewee data. The coding process identified prominent concepts in the transcriptions which were then analysed to determine whether the codes and thematic information supported or contradicted previous research. Coding involved four phases:

Phase	Purpose
1. <i>Codes</i>	Identifying anchors that allow the key points of the data to be gathered
2. <i>Concepts</i>	Collections of <b>codes</b> of similar content that allows the data to be grouped
3. <i>Themes/Categories</i>	Broad groups of similar <b>concepts</b> that are used to generate a <i>theory</i>
4. <i>Theory</i>	A collection of explanations that explain the subject of the research

(Deji, 2012:250)

### ***Codes***

As soon as the interviews were transcribed, codes were attached to the documents. Initial codes were applied to any section of the text which related to literature on gambling culture or were of interest to the project due to being a unique or passionate response. Additionally, patterns were coded using the following criteria: if a specific issue was drawn attention to more than once; if a response was intense and stated emphatically; opinions which support or contradict each other; beliefs which were untrue; response contained decision making (Gibson & Brown, 2009:134). The coding keywords and phrases searched for within the interview data included: *gambling, betting, addiction, compulsion, problem, friends, family, children, husband/wife/partner, parents, work, unemployed, student, colleagues, gamblers anonymous, recovery, RCA Trust, advice, therapy, money, debt, identity, stigma, rock bottom, depression, shame, guilt, suicide, personality, help, support, recovery, crime, alcohol, drugs, illegal, bookies, casino*, and more.

### ***Concepts***

Once a substantial amount of codes had been chosen and collected, the first grouping procedure was performed whereby the codes were separated into concepts based on similarities the codes had with each other. This phase of analysis involves axial coding which differs from the first phase of open coding in that the purpose is to identify relationships between codes that can be carried into further examination, and reject codes which are not to be developed in later phases.

### ***Themes***

The final grouping process developed overarching themes from the selection of concepts which were again examined for commonalities so that a higher order of categories could be created. Three main themes were developed for discussion: identity; social networks; money.

### ***Conclusions***

From the coding and thematic extraction processes, conclusions were drawn from comparing these elements with relevant research in the published literature in order to determine if the data elicited from this research supported or disputed previous works. Furthermore, provisional expectations relating to factors which influence recovery procedures from problem gambling were formulated in order to discuss the challenges faced by participants during their journey of rehabilitation.

Critics of thematic analysis draw attention to several concerns regarding the trustworthiness of the approach. First, the interpretative aspect of analysis is highlighted as problematic due to the fact that it is impossible for a researcher to interpret qualitative data completely objectively. Subsequently, critics argue that it is likely bias shall be present in the results which jeopardises the validity of the study (Keegan, 2009). In answer to this, if working in a group then the analysis could be performed by multiple researchers in order to triangulate the results and check for consistency, and if working alone then at the very least declare a deep understanding of this issue and resolve to review results thoroughly for instances of prejudiced interpretation. Overall, it is important to make the point to critics of interpretivism that alternatives to positivistic methods should be welcomed in order to have as varied a spectrum of analytical tools as possible as not all research questions can be successfully answered using quantitative approaches.

The process of coding has been accused of breaking the narrative flow of a transcript due to the fact the text is broken into fragments in order to attach labels (Coffee & Atkinson, 1996). The problem with analysing an interview in segments is the overall feeling and pace of the discussion becomes lost and the researcher could become detached from the larger themes being expressed by the respondent. This can be avoided so long as the analyst frequently reads through the transcript as whole in order to be reminded of the 'big picture' of what is being said and remain connected to the natural rhythms of the interview session.

### **3.4.5 Presentation of data**

The analysis chapter presents excerpts of the transcribed interviews as full segments of dialogue, with the purpose of creating a vivid impression of the participant's experiences so that the complexities of each case can be extracted. As the questioning style was semi-structured, the points of interest within the interviewee's responses often need to be presented in a whole context as opposed to highlighting single sentence quotes. Additionally, the interview material is highly personal and biographical in nature; the reader is invited to understand the participant's recounts as though these people were telling their 'story', which allows for the reception of humour and warmth.

## **3.5 Ethics**

The Statement of Ethical Practice published by The British Sociological Association (2002) offers a guideline which encourages the practice of responsible sociology. These points of guidance encourage social researchers to act with professional integrity, and develop an awareness of their responsibility towards the individuals who participate with their research projects. As the challenges involved with each sociological investigation are unique, it is not possible for specific solutions to ethical dilemmas be included within general advice. However, the Statement of Ethical Practice makes this point with the recommendation that researchers should anticipate, and prepare themselves for, situations which could test their ethical judgement.

Bryman (2004) lists four parameters of ethical principles which a social researcher should consider in order to preserve morality within their research practices:

- whether there is a *harm to participants*
- whether there is a *lack of informed consent*
- whether there is an *invasion of privacy*
- whether *deception* is involved

### ***Harm to participants***

The question of *harm* to research participants can be divided into 2 important categories: harm caused by the actual research process itself, and harm caused by repercussions *after* the research has been carried out. In the first instance, an interview participant might experience

severe anxiety when discussing personal and emotional subjects, which could result in the individual becoming uncomfortable or distressed when asked to recall difficult or painful times in their life. Secondly, confidentiality issues are of great importance with regard to maintaining anonymity of interviewees who do not wish their personal details to be associated or traceable to any quotes or anecdotes that will be published in the final research document. The reason anonymity is vital is because an interview session may reveal issues relating to illegal activity, dishonesty amongst family and friends, or undesirable lifestyles, all of which could lead to unemployment or relationship problems should a respondent's identity details be revealed.

With regard to this research project, the parameter of *harm* was most relevant out of the four suggested by (Bryman, 2004) as it was highly important to ensure that the individuals being interviewed were not aggravated by the research process, and that anonymity will be preserved. Every participant was issued with information and consent forms to be signed which clearly states that their personal details such as 'name' will not appear in the final report and quotes will be attributed to non-specific identifiers such as 'participant A'. Furthermore, the contact details of each participant such as name, address, telephone number and email address were stored in a password secured digital file which were only accessed in order to arrange the longitudinal follow-up interviews. Once all interview data had been collected, the participant contact details on file were erased using the highest levels digital deletion procedures such as hard-drive formatting.

### ***Lack of informed consent***

A *lack of informed consent* was not of concern. As previously explained, information sheets and consent forms were administered in order to secure an understanding that the research participants were fully aware of the aims and design of the research project, and that they felt comfortable taking part in the study.

### ***Invasion of privacy***

The third premise of *invading privacy* is one that is difficult to avoid as most interview sessions attempts to understand the personal circumstances of individuals through questioning which is orientated around their intimate and private moments within life. However, the word 'invading' suggests a line of questioning which unrelentingly probes into areas that eventually make an interviewee feel uncomfortable discussing. The privacy of interview participants was of paramount importance in this study and the structure of obtaining the opinions and experiences of individuals was not framed in an inappropriate way which would cause discomfort or upset

to the interviewees, indeed the consent form stated that it is the prerogative of the individual to answer or decline any question asked.

### ***Deception***

*Deception* is not a tactic which was employed at any stage of this research process as all procedures were conducted overtly with full transparency of why the research project was being conducted and how the information was going to be collected and used.

### ***Ethical approval***

Preparation for the collection of empirical data required an application to the University of Glasgow's College of Social Sciences ethics committee in order to be granted permission to go ahead with the research. Such consent was necessary prior to the recruitment process of volunteers who wished to participate with the project. The *College Ethics Committee For Non Clinical Research Involving Human Subjects* application form was submitted to the College of Social Sciences on 5th April 2011 with supporting documentation of topic guide, information sheet, consent form, demographic questionnaire. The application was fully approved by the ethics committee on the 5th May 2011 with permission to collect data lasting until 1st December 2013.

## **3.6 Summary**

The methodology within this study utilizes a qualitative approach in order to understand the recovery journey of individuals who have developed problematic relationships with gambling. The motivations involved with changing problematic gambling behaviour are not fully understood, which is why it is important to examine the perspectives of two types of gamblers: individuals who are participating with a professional support service; and players who have decided to attempt recovery without the assistance of external help.

The RCA Trust has not been included in an academic research project before, and so by including members from this support service for the first time, this study shall make an original contribution to gambling studies. Additionally, the combination of thematic extraction with critical theory provides a unique approach to the analysis of the interview material, and creates the opportunity to engage with the data at a deep level.

The following chapter presents the results from the analytical procedure which involved thematic extraction in combination with the application of critical theory. These techniques of

analysis were highly appropriate for the interrogation of the interview data collected from the research participants which enabled comparisons to be made with existing literature in gambling studies. Additionally, the extracted themes assist with the evaluation of the challenges involved with tackling a problematic relationship with gambling activities and the circumstances which encourage or hinder positive progress towards self-control.

## **4. Analysis**

The following section presents an analysis of the research data whereby the interviews have been interpreted and themes have been explored through the application of critical theory and relevant literature. The chapter is structured into the three categories of *social networks*, *identity*, and *money* which covers the current lack of knowledge regarding the motivations, circumstances, and experiences of changing problem gambling behaviour. The *social networks* section investigates how employment situations affect gambling issues, and the difficulties involved with revealing betting habits to parents. This is followed by *identity* which examines how players view their 'self' in terms of committing to a recovery program, and considers the way in which identity is affected by feelings of fear and embarrassment in admitting a gambling problem. Finally, the *money* section enquires into the role of betting funds and the consequence of debt issues.

It is apparent from analysis of these areas that there are a variety of complex factors which influence an individual's progression from problematic behaviour towards control over their gambling activities. Subsequently, to describe a recovery path as 'linear' is inaccurate and fails to include the preparation individuals go through prior to approaching a support service, or the aftereffects of yielding to temptation.

## 4.1 Social Networks

It is important to understand how the family, friends and colleagues of gambling individuals are involved with a player's betting habits, addiction and recovery, as research is lacking in this area. Of interest is how the development of a gambling problem affects the bonds within social circles, and investigate how relationships readjust to the revelation of an individual's compulsive betting issue. Support from friends and family is crucial to an individual's successful recovery journey as often demonstrated by a gambler's worry over being rejected if they admit that help is needed. While an eagerness to offer assistance with rehabilitation is usually found through these social circles, complications can arise due to a lack of awareness regarding exactly *how* to help a close one with their addiction – the reality is, controlling problem gambling is unfamiliar territory for many people.

### *JACK*

During his time as a university student, Jack also worked in a casino in various locations due to relocating several times. It appears that this was a disordered time for Jack as his commitment to studying was lacking vigour, his family life had been shaken by the death of his mother, and he had to readjust to his father's new relationship. Prior to moving in with his father and step-mother, Jack was living with his grandmother where he had no living expenses and the freedom to spend his entire income on gambling. It was here he developed a problematic relationship with betting which led to Jack using his step-mother's credit card to gamble £1000 online:

***INTERVIEWER: When you talk about your relationship and your family, have they always known you've been a gambler, or have they always known you've had problems with gambling?***

*JACK (non-support): It wasn't really until I was working in a casino, that must have been when I was 25 and I'd done two different casino jobs up in Aberdeen and I moved back down to work in a casino in Edinburgh. During the transition time there I stayed with my dad and my step-mum, I'd hidden it [the gambling], I hadn't said to my dad before I came down 'I've got a problem with this'. When I was up in Aberdeen, which is kind of where my gambling started really spiralling out of control, I was living with my gran up there, and she was paying all my rent, she wouldn't take money off me for food. So I kind of knew at the back of head that when I get paid, I can go out and get enjoyment out of this money, if I go out and lose it all I'm still gonna have a roof over my head, I'll still be able to eat.*

The circumstances which can encourage an individual to initiate a relationship with a potentially addictive activity can be evaluated with regard to how a situation constructs *vulnerability*. People who are socially vulnerable are affected by complex factors relating to socio-economics, gender, ethnicity, access to services, residential location and cultural capital. Many sources within sociology and psychology suggest such circumstances can produce stressors which individuals may seek escapism from through a seductive distraction such as commercial betting (Fong, 2005; McCormick, Delfabbro, & Denson, 2012; Suissa, 2011). Such concepts can be described as ‘psychosocial’, which relates to how social factors influence, and engage with, psychological behaviour. Jack’s trajectory towards problem gambling was unique from the perspective that it was the security of his living arrangements with his grandmother which, paradoxically, made him highly vulnerable to developing a compulsion to gamble. Due to the fact that Jack’s essential accommodation and meal requirements were paid for, his disposable income to gamble could be as high and wild as his wages would allow for, as even a complete loss of all wagers would not affect his domestic circumstances. Furthermore, Suissa (2011:14) suggests that ‘freedom of choice’, which is a concept associated with individualism and consumerism, carries a large amount of responsibility and can result in severe consequences. For example, applied to Jack’s situation, it was a ‘freedom to choose’ to wager his money on bets, rather than have to pay rent, which contributed to his vulnerable position as a player whose gambling began “spiralling out of control”. This reinforces the point that structured and sensible approaches to the participation with public betting services play an important part in protecting individuals from the dangers of excessive styles of gambling.

Using his step-mother’s credit card without permission, Jack gambled £1000 online which was flagged as suspicious by the credit card company and they called to query the transfer. Subsequently, Jack’s unauthorised actions were revealed and the severity of the situation was considered as a ‘cry for help’, which his father and step-mother were keen to help with. Gamblers Anonymous was discussed as an appropriate service to approach but it appears a solid plan of action was not agreed on due to Jack again moving to a new residence only days later:

***INTERVIEWER: You mentioned gambling £1000 from your step mother's credit card, what was the reaction when they found out that you'd done that.***

***JACK (non-support): Basically, when I deposited the money, they were sleeping upstairs at the time, so a call came through from their credit card company. My dad came down the stairs and the minute he mentioned something about a phone call from their bank, I just walked up and left, I just walked out the house and they were obviously concerned, what I***

*was gonna do, I personally didn't know what I was gonna do because I'd never done anything like that before. I came back in and they put me straight to my bed and I got up and we had a conversation.*

**INTERVIEWER: You all talked it out?**

*JACK: Yeah, they saw it as a cry for help, I just clearly got myself into too much trouble with it, they saw it that way and agreed to help. We talked about going to Gamblers Anonymous, but it was just a couple of days before I was actually moving through to Edinburgh, so it's not like they were gonna take me up and force me to a Gamblers Anonymous meeting. It was like 'you're in Edinburgh now, you're on your own, make sure you got to a meeting' and things like that, and it didn't happen.*

*I thought 'I've got out of that situation', you pay the money the back, and I was in Edinburgh working at the casino again but then I would continue the same as what I was doing up in Aberdeen. In Edinburgh I was living by myself and I was responsible for my own rent, so I only lasted a month there. I had to contact my dad and say 'look, this isn't gonna work' so he collected me, quit the job, decided that casinos, that work environment wasn't the best for me.*

While Jack's father viewed the theft of the credit card money as a 'cry for help', it appears that Jack did not view this as the correct description of the situation, but he was happy to allow this interpretation of his behaviour to stand in order to receive a sympathetic response instead of a furious confrontation. It is apparent that, due to Jack relocating to a new city and job, there was little chance of a structured abstinence plan being successfully initiated, especially considering he proved to lack the experience required to maintain his basic domestic obligations. Of interest is the decision made that the casino environment was an inappropriate environment for Jack to be employed in. Current literature on the gambling behaviour of betting establishment employees is lacking in depth but, based on the information available, the evidence suggests that individuals who work in gambling outlets are an at-risk group for developing gambling problems (Hing & Breen, 2007; Shaffer, Bilt, & Hall, 1999).

In order to ensure Jack did not repeat the mistake of neglecting important financial obligations, a protection measure was implemented whereby Jack's wages would be paid into his father's account who then made sure all essential bills were cleared. An allowance was also granted, which could be gambled with or not, with the purpose of encouraging Jack to develop financial responsibility and budget sensibly from week to week:

**INTERVIEWER: So was that [diverting wages] another responsibility measure?**

*JACK: Yeah, well that was when I came back through from Edinburgh. So, once they were aware of the problem, all wages were set up to go into his account and that would make sure that my rent was always paid, and he would feed me money on a sort of weekly basis. I could gamble all of it if I wanted to, but I knew that having to last 3 weeks, having to spend that whole month trying to survive, was good for me in a way because it was ensuring all my rent and bills and everything like that were paid. I was still gambling more than what I could afford to lose, it just wasn't impacting my life too much.*

The method of diverting the income of a problem gambler into a trusted individual's bank account as part of a money management plan is a tactic widely suggested by services which provide information on problem gambling. There are several benefits of an individual relinquishing control of their personal finances to someone involved with their recovery journey. Most importantly is the opportunity to ensure essential bills such as rent and energy are paid for on time which protects the domestic security of the gambling individual and relieves the anxiety of missing the deadlines for such payments. Certainly, any recovery journey would be in jeopardy if an individual was heavily distracted by the chaos of gambling and losing critical funds for residential obligations or debt collectors. Additionally, a money management system can also help encourage an individual with gambling problems to adopt a new routine of budget responsibility which, similar to Jack's example, can take the form of a modest weekly allowance with which the individual has the freedom to spend as they wish. The key aspect of implementing a disposable allowance is - not only the hope of a problem gambler developing sensible spending habits - but by preserving elements of a person's autonomy and agency then that person should not feel as though their recovery plan has aggressively dominated their entire capacity for decision making. If an individual is shown to be trusted and respected enough to be granted a modest amount of power within the structure of their recovery journey, then it is more likely they in turn shall be respectful enough to treat their period of rehabilitation with a committed and determined attitude.

#### *DAVID*

Jack's circumstances revealed that it was in his best interest to completely remove himself from an employment position based within a betting establishment. However, it is not necessarily the case that a problem gambler who works in a casino or a bookmaker's shall resign from their position in order to address their gambling behaviour. Working for a gambling service clearly has an influence on employees: the opportunity to learn rules and tactics from other staff

members is immediate, and the ease of placing wagers during breaks or at the end of shifts is highly convenient:

**INTERVIEWER: Can you tell me a bit about how and when you first got into gambling?**

*DAVID (non-support): Well, I started working in a bookies about a year and a half ago, so I think I first stuck my bet on maybe two shifts into that. When you work in the bookies, you're working with guys who put bets on, it's just one of those things, but at that point it was nothing too serious, it was just odd bets here and there.*

David's journey into gambling while working for a bookmaker service began modestly but increased once his confidence grew regarding wagers that he was convinced would be winners. Additionally, his friendship with a colleague who also gambled contributed to David's assurance that his bets would be successful:

**INTERVIEWER: You mention there, when you first started at the bookies, that you started off quite modestly with the bets. How did that kind of develop and progress? Did it become more frequent bets you were putting on?**

*DAVID (non-support): There was days where I would just put a couple of bets on, some weeks I wouldn't put any on. This was kind of in the early stage when I just started working. I think it started to progress when I thought I could win basically. I'd actually just started working with someone who also kind of put more football bets on, and we'd talk about what we were betting on. I think that kind of got my confidence up, so maybe instead of sticking a couple of pound bets on the football, I'd maybe stick a tenner on at the weekend.*

While the training required to work in a betting establishment is rigorous, especially to earn a croupier licence, it appears that staff instruction focuses on observing addiction behaviour in customers rather than the employees themselves. Evidence shows a significant number of individuals in treatment for gambling problems are gambling employees, which highlights the difficulty in preventing compulsive betting issues for staff due to the surroundings of their working environment (Meyer, Hayer, & Griffiths, 2009:275). Additionally, for gambling employees who find their occupation highly stressful, sociological studies have shown there is a high likelihood that staff members shall participate with a gambling activity once their shift has ended in order to relax after an intense working period. This can then create a reliance on gambling for an employee which can easily develop into a compulsive cycle of behaviour and eventually requires professional assistance from a gambling addiction support service (Wong &

Lam, 2013). David's situation as a bookmaker's employee demonstrates an increase in his confidence to gamble due to a sense of assuredness provided by his colleague's betting patterns. This results in larger and more frequent wagers which are key aspects within the development of a gambling addiction, particularly for individuals who require an ever increasing number of wins to satisfy the craving for the 'rush'.

As a student, David's disposable income was highly restricted but his spending through an online betting service did not reflect a prudent approach to managing his finances. It was here David first considered the reality that he had a gambling problem as in his mind he was not wagering an excessive amount of money, but his account records proved differently. Secondly, David's parents and girlfriend 'found out' about his betting habits which suggests he had not been forthcoming in revealing the extent of his gambling participation. Of particular concern was the fact David's father had previously experienced difficulties with gambling and so the worry was that David would make the same mistakes:

***INTERVIEWER: When did you first realise gambling had become problematic, and in what ways did it become problematic?***

*DAVID (non-support): There's been a couple of points where I've realised maybe it's a bit of a problem. I had an online account with William Hill, and I don't think I was spending that much at the time, but it was a lot for a student who had just started working. I think, my mum and dad, they found out about it, and so did my girlfriend at the time, I don't think they were best pleased. My dad, he had a bit of a problem with gambling, and my mum was worried I was gonna go down the same path. So when she found out, when my parents found out, that's when it became a problem.*

It is interesting that David considers his gambling to have become problematic at the point when his girlfriend and parents became aware of his betting habits as this suggests that it is the disappointment and disapproval of others which some gamblers primarily wish to avoid. Additionally, David's father previously had difficulties with gambling which raised regarding the genesis and trajectory of David's own gambling behaviour. Current research within the field of gambling studies has identified a variety of complex factors which influence a person's introduction to gambling participation, and the nature of the subsequent relationship they will have with betting culture. One of these factors focuses on whether there is a genetic link which predisposes individuals to developing an addiction problem, and can be controversially framed as the question of whether or not addiction is a 'disease'. Neurological factors reside at the core of the argument that pathological gambling can be explained by a genetic configuration of the chemical 'reward system' in the brain. It is believed by sources within sociology and psychology

that certain individuals are born with high levels of the pleasure-inducing dopamine receptor gene, and this can result in a compulsive-addictive relationship with any activity that satisfies these above average dopamine requirements (Castellani, 2000; Derevensky & Gupta, 2004; Richard, Blaszczynski, & Nower, 2014). The win/lose aspect of gambling is an example of a dopamine stimulant, as are addictive substances such as alcohol or cocaine, and also the natural desires for food and sex. However, while research into the role of genetics and chemical balances of the brain continues to be developed in the field of addiction studies, there is scepticism regarding the validity of the evidence so far. One concern is the increasing trend in the public and professional spheres to label virtually any problematic behaviour as an 'addiction' (in the sense of a severe medical issue as opposed to a humorous description of an over-fondness for an activity). Certain psychotherapists argue that it is erroneous and irresponsible for so-called 'addictions' to the internet, chocolate or shopping to be clinically diagnosed and treated in the same manner as dependencies on alcohol, heroin or nicotine (Doweiko, 2009). Although an obsession with playing video games, for example, can be unhealthy and disruptive for an individual, such an issue is not comparable on the scale of severe psychological and physical damage that occurs with chronic methamphetamine use. Furthermore, it is problematic for sources within psychology to firmly state that *addiction is a disease*, as such a position implies that people have no choice in becoming addicted to drugs, in the same manner as people have no choice in contracting tuberculosis or Parkinson's (Miller, 2013). For example, while it can take many years of drinking heavily to become an alcoholic, nevertheless a person chooses when to consume a drink and they have the potential to decide when to refrain; someone with breast cancer, however, cannot change their behaviour to halt their condition.

Anthony Giddens (1998) contributes to this area with the view that all compulsive behaviours and addictions start as pleasurable habits which the individual is in control of. However, as repetition becomes necessary in order to achieve a certain level of satisfaction, then the capacity of pleasure from the activity fades. Subsequently, the individual becomes locked in a cycle of behaviour in which they are continuously trying to avoid the anxiety experienced when disengaged with the habit. For Giddens (2007), addictions to chemical substances which can create physiological dependency should not be separated from other compulsive habits. In his view, the common basis between all addiction problems is the initialization of repetition and the subsequent emotional issues involved.

David explained that an acquaintance had suffered through a problematic relationship with gambling which required the assistance of Gamblers Anonymous, and was a positive and

successful experience for that person. However, it appears this casual conversation did not have a significant impact on David's impression of gambling support services:

**INTERVIEWER: Had you heard from other people about it support services being a positive or negative experience?**

*DAVID (non-support): Well, from the one person I did speak to, he basically said 'I had a problem with gambling, I went to G.A. and now I don't have a problem', and he made it out to be quite a positive experience. Obviously he'd stopped gambling after that, but we never really got into more about it, I didn't want to press the issue, I didn't know him all that well. I mean, I guess he had a problem, he got it fixed from the G.A. so I don't know why in my head I didn't click 'maybe it is a good thing, it is positive', but I guess, didn't really go into much more than that.*

Due to the highly personal nature of a problem such as an addiction or compulsive issue, a casual discussion of the subject can be awkward and superficial, which in this example created a difficulty for David's tentative inquiry. In contrast, a face-to-face or group situation as part of a formal support service provides a far more appropriate environment for the questioning and explanation of an individual's struggle with a gambling problem. For someone pondering whether to approach an addiction recovery facility, then hearsay shall undoubtedly contribute to their decision process. However, a rehabilitation journey is a unique experience to each person and can only be fully experienced first-hand, which highlights a challenge for support centres in attracting cautious individuals to the benefits that therapy programmes offer.

Both David's term-time residence and his parent's house do not have convenient gambling establishments located nearby which helps reduce the temptation to visit a local bookmaker due to the walking distances involved. However, the desire to gamble is easily satisfied with online betting facilities which David felt could be dangerous for customers. As there is no need for physical cash, so long as a debit or credit card is available, the subsequent detachment from exchanging 'real' money results in spending a larger amount of money:

**INTERVIEWER: Are there any features in your local area where you live that affect your gambling behaviour in any way, such as pressures from high streets that are full of betting outlets, that sort of thing?**

*DAVID (non-support): There's nowhere really nearby. I think that relieves the pressure in a way because obviously you don't feel tempted to go to the local bookie. Where I stay with my parents, you'd have to drive to go to the nearest bookie, which is good, but because I*

*work in a bookies, you're always near another one, so that's when the real problems are, when I'm at work.*

*When I'm bored is when I kind of want to gamble because there's nothing else to do. So having nowhere nearby where I can actually take my physical money, I kinda think 'well I'll go online', and then you could end up spending more because again it comes back to 'it's just a card', I don't think of it as real physical money.*

A highly popular reason for participating with gambling websites and mobile betting services is convenience (Gainsbury, 2012; Williams, Wood, & Parke, 2012; Young & Abreu, 2011). The ubiquity of the internet via home computing and mobile phones presents a large temptation, especially for individuals who are bored within their households. Although accessing the online realm from home is more private and comfortable than a public establishment, there is increased risk due to the likelihood of wagering with larger amounts of money. This is due to the tendency that people spend less if using actual physical coin and paper money than compared with purchases with debit and credit cards, and a similar psychology exists with exchanging funds through websites (Raghbir & Srivastava, 2008).

#### *GRAHAM*

Graham's evaluation of his gambling could be contradictory – sometimes he focused on the overwhelming reality of losing everything important in his life, sometimes he would deny he was heading towards any kind of serious trouble at all. The crisis of his wife leaving resulted in Graham admitting to close friends and family that his gambling had led to dire circumstances which was not a surprise for his closest friend to learn of. This friend, along with Graham's sister, was understanding and offered encouraging advice to Graham - he was reassured that he was strong enough to regain control of his life and he would be supported through the difficult period. However, Graham's father was not so compassionate in his response which was scolding in tone and lacked the sympathy which Graham had hoped for:

***INTERVIEWER: When you were in the midst of the gambling troubles, did you care more about the gambling than the relationship with your wife?***

*GRAHAM (RCA client): Probably. Yeah, probably. Obviously in the end I didn't, but at the time you're kinda wrestling with yourself. There's one part of your head going 'if you go on with this, you're gonna lose everything', and there's another wee voice that goes 'no you won't'. It's kinda constantly like that.*

*When I'd admitted that that I had a problem, I phoned my best friend who I've known for 20 years and said 'right, I've got a problem' and he went 'aye, I know, it's fine, you can deal with it, don't worry about it'. I told my sister, and she said 'right, go for counselling, you'll be fine, don't worry about it, you're the most determined person I know' that kind of stuff. So she was really supportive.*

*I also told my dad, and I don't really get on too well with him, but he basically said 'you need to smarten yourself up son'. I'm still really angry with him for it. I think at that point I just needed an arm around the shoulder kind of thing. He's maybe not capable of it.*

Living with the stress of a gambling problem can leave an individual in an emotionally vulnerable state, and there is a great worry prior to admitting an addiction issue to friends and family that their reaction shall be furious and condemning. However, it was Graham who felt upset with anger after revealing his problems to his father as, while his close friend and sister provided comfort and support, Graham's father did not offer tender advice. There is longstanding tension in this relationship, which would explain why it would be even more important for Graham to hear heartfelt encouragement from his father. This situation demonstrates that the confession of a gambling problem might not create a new source of tension in itself, but the revelation might exacerbate the problems of an already strained relationship.

Graham's employment as a car salesman did not have a regular pattern of working hours and his position afforded him the freedom to decide his attendance schedule. Subsequently, Graham could easily pick sporadic hours to gamble without raising suspicion from colleagues or family:

**INTERVIEWER: How often, out of a day were you gambling?**

*GRAHAM (RCA client): I'm a car salesman is what I do, so I can do what I want, I can leave when I want, I don't report to anyone, I'm almost self-employed in that sense.*

**INTERVIEWER: So there was a freedom there to do what you wanted?**

*GRAHAM: Being a car salesman your hours are all over the place. For instance last night I should finished at 7 – I didn't get home till about ten to eight, I've got an hour there that I could use and no one would know that there was anything unusual because that happens from time to time. I could nip out for my lunch or I could be away picking up a car and I could just drop into the bookies – nobody knows where I am, they just know I'm away getting a car, they don't know what the traffic's like, that type of thing. There's definitely a lot of freedom in what I do.*

A gambler's desire to engage with gambling activity can be so strong that they will create opportunity to place wagers during inappropriate times of their day, regardless of whether they risk being severely reprimanded. Graham's manipulation of his shift patterns demonstrates the effort and skill required to satisfy his craving to bet while simultaneously upholding the façade of a responsible employee. While he admits there is 'freedom' in his salesman position to integrate gambling hours into his daily timeframe, Graham clearly risks damaging his earning potential through frequent absenteeism from his car lot. It is here the scale of an individual's addiction can be comprehended with vividness – if a gambler is willing to jeopardise their salary or the trust of their spouse in order to steal scant moments of betting time, then that person clearly no longer has a structure of priorities from which to guide their sense of reason.

### *COLIN*

For some individuals, visiting the same gambling establishment can create a welcomed feeling of familiarity and contributes to the attraction of betting frequently:

**INTERVIEWER – *Was it a comfort going back to the same gambling place?***

*COLIN (RCA client) – It was a comfort because you felt wanted. There were people there that were friendly, I felt comfortable. I don't like change and I don't like going into new places. Once I get to know someone I'm alright with them. I've got an addictive personality, kind of obsessional personality.*

It is important to evaluate the recreational context of a person's gambling behaviour in order to determine whether their problems are intimately linked to a routine of social intercourse. For individuals who gambled with the same group of friends for years, or developed acquaintances with the staff of betting outlets, then their recovery journey shall involve the upheaval of their social circles in addition to abstaining from gambling per se. Colin's decision to approach the RCA Trust for help with his gambling problem was inspired by an intervention from his parents. He had previously tried Gamblers Anonymous but this proved unsuccessful as the group sessions did not address Colin's particular issues:

**INTERVIEWER – *Why did you choose to approach the RCA Trust for help?***

*COLIN – My mum and dad did it actually, they intervened. I've been to everywhere, I went to Gamblers Anonymous years ago, but I don't think they helped because they specialised more in betting shops, everyone there had experienced betting shops, not fruit machines*

*which is what I only participated in. I thought 'this is not for me, it's not helping' because I'm not getting advice specific to my needs.*

One of the practical problems of peer support and group therapy is the difficulty in devoting an appropriate amount of time to each member in order to allow them to fully explain their experience of the discussion topic. Unless an attendee's personal obstacle is located within the group's general theme, then some individuals shall experience an unpleasant feeling of isolation from the meeting which could subsequently hinder their recovery progress. In order for a support organization to conduct itself with professionalism and inspire confidence in the advice it provides, a comprehensive understanding of the subject area must be demonstrated. It appears that Colin's disappointment with Gamblers Anonymous was due to their lack of sophistication regarding the variety of gambling activities which individuals can develop a compulsion for.

After Colin's parents became aware of his struggles with gambling, it was important to him that they tried to understand his issues and allow him to express his feelings:

***INTERVIEWER – When you told your parents about your gambling, were they supportive and understanding?***

*COLIN (RCA client) – They were disappointed, but they didn't understand gambling and I tried to get them to see how I felt, which is difficult for people who don't gamble, they don't understand. I needed them to see how I felt. I think they could see where I was coming from, that I did need help, I couldn't do it on my own. My mum and dad are very astute, they know when I'm crying out for help, when I can't do it on my own.*

While Colin's parents understood his need for support with his gambling problem, it appears they were not familiar with the phenomenon of compulsive gambling or lacked experience with the issue of addiction in general. Such a situation highlights the fact that a steep learning curve may be required for friends and family who are keen to provide help for a loved one's betting problem but require a detailed explanation of compulsive behaviour, and the consequences faced by individuals who suffer with addiction issues.

#### **PETER**

Peter initially began gambling to fit in with his circle of friends and he would usually wager his unemployment benefit on track racing. From a cultural perspective, this appears to have been typical behaviour of the time:

**INTERVIEWER – *When did you first start gambling?***

*PETER (RCA client) – Before I was 21. That's when I started getting into it. Only because my peers and my pals were into it, y'know that's what they did.*

*It was always the horses or the dogs. I don't know why I gambled then because at that time I wasn't working. So all you got was the unemployment benefit which was pennies away back then. And the first thing I did and a lot of us did was run down to the bookies, but it was social. I think it was ingrained in you, part of your upbringing.*

Every person who develops a gambling problem was at one point in their life *not* a gambler and had to be introduced to betting activity which often begins as a recreational pursuit to be enjoyed with friends. Gambling was important to Peter's social circle, so much so that their meagre income from welfare payments would still be valued as funds to bet with at the bookmakers and so ensure inclusion within the group's fun. Peter expresses disbelief that he routinely risked his maintenance money on racing which further demonstrates how high a priority it was to have a reason to attend the local betting outlets and socialize.

While gambling was initially a sociable activity for Peter, his betting transformed into a destructive force which caused a great deal of emotional upheaval:

**INTERVIEWER – *What did you like most about gambling?***

*PETER (RCA client) – When I was younger it started out as a social thing, then obviously later on I'd left that. I don't have friends that go and gamble, so it's just me and the gambling that's left. I've managed to control it now, but when I was in a poor state a few years ago, it made me vulnerable, where before I was quite a strong-willed person. But because everything else surrounding me was falling apart, then it made me weak.*

Over time, Peter's involvement with friends receded while his gambling activity increased, and it here an individual's *reason* for gambling can be observed to develop from a sociable event (which gambling accompanies), to the sole event (which is pursued without company). Peter also talks of the feelings of vulnerability caused by his gambling problem which would have been amplified due to his isolation from a close circle of friends. Clearly, peer support or group therapy would be of tremendous benefit for people who are struggling with both loneliness and a gambling addiction as a successful recovery journey would aim to assist with emotional detachment from society as well as compulsive betting problems.

When leaving his house to go grocery shopping, Peter takes the precaution to take only an amount of money required for his purchases in order to reduce the temptation to gamble any

surplus cash. However, it is difficult to avoid all betting establishments due to their ubiquity within areas of commerce:

**INTERVIEWER – Is there anything in your local area that makes your recovery difficult?**

*PETER (RCA client) – When I go out I don't take a lot of money with me, I just take 'X' amount for shopping money, that's one of my safeguards.*

*Obviously I stay away from the betting clubs, but it's difficult now. There's more betting clubs per head than pubs, than anything else in these streets. A lot of these places open up in poorer areas. If they tried to put a betting club out in [name of affluent area] or something, the people would object to it. But they pounce on poorer areas don't they. So, a lot of these guys prey on the vulnerability of the people.*

Much sociological literature within gambling studies support Peter's observation that betting outlets such as bookmakers predominantly provide services in areas of low socio-economic status (Marshall & Baker, 2002; Reith, 2006; Rogers, 2005; Thomson, 2001). The concentrated temptation to engage with betting in such disadvantaged communities creates an initial gambling problem for the area, and then also creates a subsequent issue with relapse due to the prevalence of gaming outlets in operation. Subsequently, support services heavily encourage recovering gamblers to avoid carrying spare money when in the vicinity of high streets, and also implement self-exclusion agreements if necessary.

During his time in prison, Peter tried to get help for his gambling issues but there was little to no support service available.:

**INTERVIEWER – Can you tell me your experience of the RCA Trust? How did you get in touch with them in the first place?**

*PETER (RCA client) – Through social work. My social worker said 'if you've got a problem I know someone who's just started the gambling side of it, she deals with more drink and stuff like that and drugs, but she's started the gambling' and she put me forward for it, that's how I met [counsellor's name]. In prison, there wasn't any G.A., no gamblers anonymous, nothing to help. There's more guys that go to the A.A. there, they want to run 'how to manage your drink', that's the course they want to run.*

A social phenomenon such as 'gambling addiction' shall be understood and recognised by areas of life such as the public consciousness, government policies, health treatment, legislation, etc., at different rates over an arbitrary length of time. Prison services are an example of an

institution that, at the time of Peter's experience, did not consider a gambling support service to be as necessary as an alcoholism recovery programme. However, academic research can assist with producing influential information that can underscore the need for emerging social trends to be debated alongside the more established facets of culture.

### Analysis

When considering Jack's experiences of problematic gambling, it is easy to identify a lack of structure in his life, from the frequent relocating between cities and jobs, to the emotional instability resulting from the death of his mother and the introduction of new family relationships. However, positive changes can be observed after Jack's credit card theft prompted his father to implement a financial restriction on his wages in order to encourage a responsible attitude towards his consumer habits and employment routine. Comparing this situation to Prochaska and DiClemente's 'stages of change' model (DiClemente, 2003), the structure that Jack needed in order to begin his recovery path is located between the 'action' and 'maintenance' phases, which is the area where relapse has the highest potential to occur. During this time, Jack was permitted to use some of his small allowance with to gamble with if he chose, so relapse could technically not occur. However, the repeated cyclical progression between the phases 'action', 'maintenance' and 'relapse' could have been a possibility if Jack had become so frustrated with the limits on the access to his wages that high emotions led him to quit his job, or he acquired illegal funds to gamble with, or he damaged his close relationships through erratic and furious behaviour. An accurate description of Jack during this early attempt at restoring structure and recovery in his life, is he was straddled between working hard at ways to free himself from gambling addiction, yet feeling isolated and trapped within the tactics used to control his behaviour. Subsequently, individuals like Jack provide further evidence for the argument that implementing structure to a life is not a fully rigid procedure, and travelling towards abstinence is not a completely linear progression.

An emerging opinion of gambling establishments is that staff have an increased likelihood of developing a gambling problem due to the influence of their working environment (Lee, LaBrie, Rhee, & Shaffer, 2008; Meyer et al., 2009; Wong & Lam, 2013), and David's experience as a bookmaker's employee fully supports this view. The three main factors which encourage staff to participate with the betting services are: the stressful nature of the work can be balanced with 'play time' during breaks and ends of shifts; it is highly convenient to gamble when already present in a betting establishment; staff members can exchange tips and info with each other which stirs interest and excitement (Richard et al., 2014). Similarly, David's gambling

participation increased under these exact same circumstances which underscores the need for commercial gambling employers to provide awareness of the statistical increase of gambling activity among employees.

Addiction in itself is not a disease; behaviour determines alcoholism whereas Alzheimer's does not result from the actions of an individual (Heyman, 2009; Peele & Brodsky, 1992). However, ongoing research presents a biological argument regarding the possibility that certain people have a much higher probability of developing problems with addictions due to an inherited genetic configuration of their dopamine receptors (Ross, Collins, Kincaid, & Spurrett, 2010). This genetic condition results in an increased capacity of the dopamine gene within the brain which is involved in the neurological processes associated with pleasure, motivation, learning and desire. These processes function to associate feelings of intense satisfaction from activities essential for sustaining life such as eating and having sex, however the 'reward system' can create the same desire and pleasure from alcohol consumption, gambling, shopping, exercise, in addition to using drugs such as cocaine which directly stimulate dopamine production.

Online and mobile gambling provides the instant interaction which is available 24 hours a day, and so is a reliable point of access for players during moments of boredom or isolation. David explained that he finds it easier to wager money online because losing digital currency does not feel as consequential as actually exchanging physical notes. While this is a common experience of online shopping (Raghbir & Srivastava, 2008), there is little consumer protection aside from warnings which advocate temperance. The banking policy which freezes customer accounts if they pay for gambling services (as Barclays bank have upheld) demonstrates a zero-tolerance approach to the issue, but a less extreme strategy has yet to be widely implemented.

The revelation of problem regarding compulsive betting shall of course cause great concern for people close to a gambler, but it can be difficult for friends and family to translate their worry into effective support if they have little knowledge or experience of 'gambling addiction' (Orford, 2011). Subsequently, the process of rehabilitation can involve a large amount of new learning for those involved and requires an empathetic approach in order to understand the complex issues faced by a troubled loved one. Recovery from compulsive behaviour and addiction is a fragile process which demands patience, even more so if the challenge is completely alien for anyone affected by the situation. Therefore, wherever appropriate, it would be in the public's best interest to be provided with easily accessible and accurate information on the topic of 'addiction', so that mass opinion is strengthened by a well-informed perspective that is free from any myths or misinterpretations of problem gambling.

## 4.2 Identity

The concept of identity within addiction studies has importance from the perspective of how individuals explain their behaviour and participation with a problematic activity, and also how others describe the characteristics of people who suffer from addiction and compulsive issues. A positive view of 'the self' has a strong influence on an individual's confidence levels which is an integral aspect of both formal and informal recovery plans. Erving Goffman's work on the subjects of stigma and dramaturgy provide analytical tools regarding how identities can become sullied by behaviour which the general public considers to be undesirable, and also how impressions of identity can be managed through role performance. Additionally, the ideas of Michel Foucault with respect to the changeable nature of identity has relevance to the cyclical progression of a person's rehabilitation journey which also includes issues on power and the normalization of identity and behaviour.

*MARK*

Approaching a support service for problem gambling can be difficult for people who prefer to deal with issues by themselves rather than talking with a counsellor or joining a help group, and the thought of 'opening up' to unfamiliar faces can be a daunting prospect:

*MARK (non-support): I was very aware of them [support services]. I think it's denial. Once you go to them that's you really putting your hands up and saying 'this is a problem'. I always like to think that I can get myself out of a problem and I don't need that sort of channel.*

**INTERVIEWER: Would you feel nervous about going to a Gamblers Anonymous meeting?**

*MARK: Definitely.*

An individual's self-perception can indicate whether or not progress is being made on their recovery journey and whether they presently identify with labels which were used to describe their behaviour of the past. For some people, an event or a certain amount of time spent in abstinence can signify an end to the person that they 'used' to be:

**INTERVIEWER: Do you still consider yourself to be a gambler?**

*MARK (non-support): I'd like to think I'm out of it. I thought I was definitely out of it 18 months ago when I went to Las Vegas, saved up a lot of money, 5 days over New Year and get it out my system. The way I saw it was I'll win 20,000 dollars or I'll come back with nothing! And I came back with nothing! [laughs]. So, I didn't bet for a long time after that I'm still involved in betting, but not betting myself.*

Although Mark felt his trip to Las Vegas would be a final gambling binge, there is ambiguity as to whether this accurately marks a clean break from his previous lifestyle. While there appears to be a period of self-control following his losses in Nevada, a relationship with betting has been restored, albeit in a different capacity than before.

The process of an individual trying to redefine their identity by distancing themselves from a problematic lifestyle, or rejecting labels used to describe their behaviour, is complicated due to the depth of introspection required in order to successfully transform their 'self'. Labels potentially exist at two levels: an individual can have personal descriptors ascribed to their actions; the public 'conscience' of society often grades the moral value of cultural activities and judges participants against a scale of responsibility. Erving Goffman's *Stigma* (1963) examines the means by which identity is constructed by 'others', and how the behaviour associated with such identities becomes viewed to be psychologically abnormal or unhealthy. For an individual whose actions are considered deviant, their social position can become disadvantaged due to the stigmatization of their identity, which is largely considered to be a highly undesirable situation. Mark admitting he would feel nervous about attending Gamblers Anonymous is not uncommon for people contemplating attending a support group and one of the reasons which contributes to feelings of apprehension is the worry of becoming stigmatized if friends, family or colleagues found out that the person was attending such facilities. Individuals on the whole do not have any influence on the labels used by society to stigmatize their identity which creates a situation of friction between the individual and the social milieu in which they exist. For example, social opinion may perceive the lifestyle of a regular gambler to be an irrational choice which veers towards domestic dysfunction and, through irresponsible behaviour, the individual teeters on the edge of total self-destruction. In contrast, the player in question might view their participation with betting activities to be within acceptable limits, controlled by sensible, but frequent, wagers which are funded only from the disposable portion of their income to preserve the security of their residential environment. In order to convince observers that their identity and behaviour possess the attributes of discipline and rationality, Goffman presents the idea that an individual must create an impression of these qualities through a 'performance' which

he terms *dramaturgy* in *The Presentation of the Self in Everyday Life* (Goffman, 1959). An individual who reveals a serious gambling problem to a partner, family or friends often has to rebuild trust between their relations. As a result, their recovery journey not only demands abstinence from gambling activity but also requires a display of renewed competence within the various 'roles' they occupy such as partner, parent, colleague, etc. so that they provide evidence of their commitment to regaining complete control over their life. It is here an individual hopes to replace labels like 'gambling addict' with positive character descriptions such as 'thoughtful husband' or 'diligent employee'.

### JACK

Family members and romantic partners of a gambling individual shall be concerned for that person's welfare once the truth of a betting problem reveals itself. Such worry can result in arguments and pleads to seek help during instances when large bets are lost or the individual acts erratically due to their fixation with gambling:

**INTERVIEWER: After you realised there was a problem, why did you choose not to get help through a support service such as Gamblers Anonymous?**

*JACK (non-support): Yeah, I've looked on the internet, there's times where I have looked at meetings and these times normally come through fallouts with my parents or my girlfriend, on the back of big losses or things that I've done because of gambling. And it's always talked about 'yeah, I'll go, I'll find out when the meetings are', but I think deep down I've got enjoyment of gambling, and I'm fully aware I've got a problem with it, but I think that I'm not prepared to stop it completely because I enjoy it.*

Jack is clearly reluctant to commit to a support programme as promises to investigate time and locations of meetings remain unfulfilled. While he admits he has a problem, the fact remains that gambling is an enjoyable pursuit for Jack and until that opinion changes then there is little hope that he will organise an enrolment into a recovery plan. The hint of indignation in this response is understandable as it will feel unfair to be asked by loved ones to abandon an activity which provides so much pleasure. However, if Jack is "not prepared to stop it *completely*", there is suggestion here that a bargain could be agreed between himself and family in which a reduction in gambling participation would be a satisfactory outcome.

The work of Michel Foucault (1977, 1984) theorizes on the concept of identity from the perspective of how discursive power constructs a normalized identity which can be used to

control people's behaviour through subjugation. One view of the 'self' considers the inner properties of an individual's core personality to exist as a fixed state which can be characterised by factors such as gender, age, status and sexuality. However, Foucault (1977, 1984) rejects this view of an authentic 'self' within a person and argues that identity is not fixed but fluid, and is temporarily constructed through a multitude of discourses. This idea of a changeable identity is congruent with the recent view within gambling studies which regards an individual's recovery journey to be cyclical and capricious rather than linear and predictable. A Foucauldian analysis of Jack's situation, whereby Jack considers changing his gambling identity after arguments with his girlfriend or parents, would view this as an example of an individual resisting discursive power which seeks to normalize his behaviour. The boundaries of what is considered to be 'normal', 'healthy', or 'acceptable' behaviour are demarcated by systems of expert opinion, the crux of which is the issue of rationality as discussed by Foucault in *Madness and Civilization* (1965). From this junction of power, knowledge and authority, the "constitution of subjects" (Foucault, 1980:97) creates 'types' of people such as 'the criminal', 'the homosexual', and 'the addict' which are labels of identity which risk evoking ill-informed assumptions of a person's behaviour.

Part of the 12-step programme of treatment programmes such as Gamblers Anonymous recommends that members adopt a belief in a 'higher power', which could be a God from an established religion, in order to help them gain emotional strength from a spiritual conception. Some individuals are uncomfortable with this method if they are not religious and they could have the impression that attending therapy meetings would be comparable to going to church:

*I looked at the Gamblers Anonymous website, I know that it ties into God somehow, and I'm certainly not religious in anyway, I don't believe in God, so I've always kind of... it's the feeling like they're some sort of church, and I never went to church or anything like that.  
(Jack, non-support)*

The unease Jack feels regarding the appropriateness of introducing 'God' or 'higher powers' into a rehabilitation service is an additional reason he is unwilling to engage with professional help. Subsequently, it would be in Jack's best interests to consider a clinic which rejects such controversial influences in favour of factual practice. Members of the Anonymous support services often embrace an 'addict identity' in which they will describe themselves as an addict for many years after the participation with a problematic activity has ceased, to the extent that individuals sometimes feel that addictive behaviour is a core characteristic of their personality. The problem with Anonymous services encouraging vulnerable people to view their 'original identity' as having been replaced with an 'addict identity' is the suggestion that an individual

cannot fully repair an identity which has become 'spoiled' through addiction. Subsequently, it can be argued that it is irresponsible of rehabilitation programs to encourage attendees to replace part of their original identity with religious faith due to the allusions to 'sin' and 'damnation' found in Holy Scripture.

Total commitment is essential if any form of a recovery process is to be successful, and while the immediate regret after the loss of a significant wager often prompts an individual to swear they will never gamble again, such sorrow can fade quickly and become replaced by an eagerness to return to the game:

*I think, for me to commit myself to something like that [formal support] I need to really want not to do it again, and the day after looking back on the big losses that I had, yeah I said there at the time I never wanted to do it again, now today, I'm really looking forward to going out tonight, I've not been to play poker in the casino, it just so happens I'm going tonight, I've not been 6, 7 weeks since I've been out to play poker last. And I'm looking forward to it. (Jack, non-support)*

Here, Jack is clearly enthused about his evening of poker but what is interesting is a complete lack of trepidation that the game will not be a success and he could find himself once again lamenting a large loss and wishing he had maintained abstinence. Jack does not say he shall bet with modesty and caution in order to avoid feeling as wretched as he has done in the past when a game got out of control, instead there is a keen excitement in his response which suggests he has not considered the possibility of a bad result. Here, the notion of the 'dual self' can be observed whereby Jack's dominant 'gambling side' is leading his excitement which results in his 'rational side' being excluded from his keen frame of mind.

Difficulties relating to trust can develop between a problem gambler and important people in their life which can be a source of deep frustration for an individual who is making a large effort to address their gambling issues. A journey to recovery is an emotional experience and it is understandable that people feel vulnerable when trying to make behavioural changes and would hope family and friends would be supportive rather than suspicious:

**INTERVIEWER: Can you tell me about the best and worst aspects of trying to tackle the gambling issues?**

*JACK (non-support): The worst thing about trying to combat it myself is it's my own ideas that I'm trying to put into the minds of those around me who are trying to look after me, and from their point of view, y'know, you've got a problem with gambling, so anything that comes out of my mind is somehow just a devious sort of plot to ensure that I'm still*

*gambling, basically. So that even if, I might spend a lot of time thinking about ways and different methods of control that still give me a bit of a thrill without jeopardising like we've got in place just now, it's not like I just sat them down and said 'this is what I want to do, you can just do that', I had to convince them. And at first they didn't, it was a case of I was for an opportunity to take my own bank card out my girlfriend's purse so I could go and spend my own money because they weren't giving me any control.*

When discussing with his girlfriend and family approaches to control his gambling, it is important for Jack to have a level of input into those conversations in order to maintain a feeling of agency regarding plans which will restrict his behaviour. He feels that, instead of understanding why contributing to discussions would be important to him, Jack's family assume his suggestions are ploys which are designed to enable him to gamble recklessly. It becomes apparent that even simple everyday routines can cause tension and chagrin due to Jack not being trusted with trivial tasks:

**INTERVIEWER: *So there's trust issues there.***

*JACK (non-support): Yeah, uh-huh, and that's the hardest thing, it's the hardest thing for them, or the worst thing, that even though, there's always sort of this still distrust even now, if my girlfriend's just came home, I get the bus out to Renfrew for my work, and for my bus fare she's like 'right, I need to get up, I need to get dressed, and come down, I need to get to the cashpoint, I need to give you £10 for your bus' whereas I know I'm just going to work, but there's a big fuss if I just say just gimme your bank card I'll go to work, I'll give it back in the morning. So that's definitely the worst.*

Foucault's (1980) interest in the exercise of power over people at the ordinary, everyday level has relevance to this situation in which Jack's girlfriend feels it necessary to survey his behaviour, even for mundane procedures. There is a small amount of resistance and a plea from Jack to negotiate past such moments of frustration, but it can be argued that elements of discipline and control are integral to successful recovery journeys. Foucault (1980) felt it important to look past the concept of power as an oppressive force whereby the weak and vulnerable in society are crushed by the huge tyrannical forces of callous political and economic institutions. Instead, power can be considered as a positive force which can be used to encourage appropriate behaviour, such as in schools to facilitate learning and encourage intellectual freedom, or from health services which provide medicinal routines and lifestyle guidelines to protect the public from preventable conditions.

## DAVID

It can be difficult for an individual to accurately view themselves objectively when evaluating whether their gambling behaviour requires the assistance of professional support services. Some people conclude that their problems are not as bad as other people's and so they must be still within acceptable limits of play, especially if gambling is not causing any stress regarding personal finances:

**INTERVIEWER: Have you ever thought about going to Gamblers Anonymous?**

*DAVID (non-support): I've thought about it, there's times I've thought maybe that is the way to go, I knew someone who did go, he had a problem with the gaming machines, and he went. I think the reason I never, y'know, was like 'I'm gonna go' was because I kinda felt maybe I'm not that bad, that's always the way I'd looked at myself, 'I'm not that bad', financially I'm fine, it's something I feel I can stop, which probably isn't the case, it's probably more of an issue than I even realised, but I always thought it was for someone else I guess, which is probably what loads of folks say before they decide they need to go. But financially I could cope with it. I kinda felt I could deal with it myself, I just needed to stop and motivate myself to not gamble. I think that was the reason why, just seems for other folk, and 'I can handle this' basically.*

Despite the fact David feels his gambling habit is "not that bad" and only requires his own motivation to regain control, he is also uncertain of what prompts others to seek help which makes him question his own self-diagnosis. He states that his finances have not been seriously damaged through betting, but the tone of doubt in David's response suggests he does not feel money issues alone should measure a gambler's need for rehabilitation. The belief that someone can stop anytime they want is a common psychological defence used by people who have a compulsive relationship with a problematic activity and, while this belief may be sincere, it is rarely demonstrated to be easily achievable. Such statements are usually expressed with the intention of convincing onlookers that the individual has control over their lifestyle and power can be wielded on demand in order to cease participation with an activity. In David's case, it appears he lacks an informed view of how serious a gambling problem needs to be before it would warrant the attention of a support service. The reason for this is likely to be an extension of an attitude from the general public which is reluctant to present a medical condition to health professionals for fear of wasting their time due to the insignificance of their complaint.

One of the benefits of peer support and group therapy is the opportunity for participants to recount their own experience of problem gambling to others who have had a similar experience

without the fear of being harshly judged. For people who worry that revealing their problems to friends would cause an awkward situation of embarrassment, a setting of talking to unfamiliar faces has many advantages:

**INTERVIEWER: Is there anything particularly positive or negative that stands out in trying to regain control of your gambling?**

*DAVID (non-support): Negatives, I think the main one is that is that you've got no one to talk to about it, it's hard to say to anyone 'I've got a problem with gambling', because they just think you're silly, or that's the impression I think I would get. One of my friends, he works at Ladbrokes with me, he doesn't bet that often, and if I was to say it to him he would think I was an idiot basically. We work in the bookies, we know idiots come in day after day and spend their money and most of the time they end up walking out with less than they came in with, most of the time.*

**INTERVIEWER: So you've seen it from that side?**

*DAVID: You do, it doesn't click in your head that that's what you're becoming, or that's what it's like, and if you were to speak to someone about it, they just wouldn't get it, when it comes to my ex's, my two ex's, they knew that I gambled and when I explained it to them they were like 'well this is just silly', you get a piece of paper that says you spent £10 on a bet and if it loses it's £10 gone, to them that's just crazy. So, that's the worst aspect of it, there's just no one really to talk to.*

It is interesting that through David's employment with a bookmakers that he regularly observes customers, or "idiots" as he calls them, losing their bets only to return the next day to repeat the experience. He admits that he did not immediately recognize any resemblance to their behaviour and his own but appears to now see less difference between his gambling activity and that of others. It would appear that an individual's 'dual self' (their gambling side and non-gambling side) can create cognitive dissonance regarding the description of other people's behaviour in comparison to their own. A person's non-gambling side (their 'normal', rational self) can be quick to ascribe unflattering labels such as 'idiot' on overly frequent gamblers, yet their gambling side (the compulsive, irrational self) fails to judge their own behaviour with the same level of criticism. David also explains that alienation arises because his friends view gambling culture from a very basic perspective i.e. 'betting is a foolish waste of money', and so he feels there is no point trying to explain his attraction to, or the difficulty desisting from, betting activity. Furthermore, if a partner or friend considers gambling to be a silly, unimportant pursuit then it is possible they would also view gambling *addiction* to be absurd or pathetic

which obviously belittles the enormous struggle of players who are trying to regain control over their gambling. Evidently, the issue of what people think of him is important to David:

**INTERVIEWER: Is [hiding your gambling problem] because of pride or embarrassment?**

*DAVID (non-support): Yeah, I would say so, you don't want folk thinking you've got a problem, in a way, so it's a pride/embarrassment thing. You just want folk thinking you're silly in a way, cause that's what it would feel like, because you know what it's like and because these people think it's silly that you put money on a bet, to get a bit of paper back and more likely than not, you're not gonna get a return, it just seems like a silly problem as well. So I think it is, it's a pride and embarrassment thing, I think that's the worst aspect, you've just got no one to talk to. I mean, if someone came up to me and said 'I think I've got a problem with gambling' it would be great in a way because then you could both kind of try and deal with it, but you can't put that in a conversation in case they go 'well, what you on about, don't be silly', so I think that's the worst aspect, and I think if I was to go and get help, I guess that would counter that, you would actually meet people who are in the same position as you. So I think that's the worst aspect. Erm, is there a best aspect? I guess no one finds out about it, which in a way is maybe not a good thing, but I guess it kind of keeps the embarrassment from coming out, is it really a good thing that people don't know, I don't know.*

David has concern that his gambling activity "seems like a silly problem" which suggests he is not only worried about being stigmatized as a gambling addict, but is also of the opinion that it is pathetic for an individual to have issues with gambling. Having not expressed his problems in the company of other people with similar issues, it appears that David's perception of what constitutes a 'silly' or 'serious' personal problem is distorted. One benefit of counselling, either face-to-face or as part of a group, is the experience of an empathetic response to the severe difficulties which deeply affect people with gambling problems. Foucault (1977, 1984) criticised the social processes which define and divide individuals through the typification of a 'normal' identity or 'deviant' behaviour, and these processes can also be accused of clouding the public's opinion of how important personal afflictions are.

In order not to reveal a preoccupation with gambling, David would downplay his bets when in the company of his girlfriend by insisting it was all 'just a bit of fun' and he was simply 'having a laugh' which gave the impression he was not taking the bets too seriously. In effect, this was an act which was used to conceal the reality of his gambling problems and convince his partner

that a harmless flutter is nothing to be worried about. Evidently David has convinced himself that people in his social circle would lack understanding should he explain his problems which is why feels talking with people who share empathy would be a highly positive experience. Also, David remains unsure whether hiding his issues from friends is for the best as the cost of avoiding embarrassment is keeping truths about himself constantly hidden and subsequently he does not enjoy the emotional freedom of presenting himself with complete honesty:

**INTERVIEWER: With your previous relationships, your ex-girlfriends, they knew you gambled, and you said that they think it's silly. Were they sympathetic in anyway or understanding at all? Or did they just think that's a silly waste of money?**

*DAVID: I think, I think maybe the way I made it out I didn't allow them to be sympathetic When I'm sticking a £10 bet on, I'm having a laugh, 'Oh look I stuck a £10 bet on the football' y'know, let's watch the football. Because you're being so having a laugh about it, blasé, quite casual about it, they react in a way when you lose kinda like 'well that was silly wasn't it, look how it's all turned out, you thought that was a great bit of fun, and you've wasted it'.*

**INTERVIEWER: Did you put an act on then, like 'this is just a laugh', because you knew the reaction you would get.**

*DAVID: Yeah, I think so. It probably was a bit of an act in a way. Especially around them perhaps it was more of an act. I mean, at the time when I was putting the bet on I was probably thinking it was a bit of fun, so perhaps it wasn't just the act, it was the enjoyment of that part, it's a bit of fun, let's look at the odds blah blah blah, you put the bet on, you go watch the football. But yeah, I would think so, it was an act, you were trying to convince this person that it's not a problem, it's just a bit of fun.*

Goffman's (1959) dramaturgical perspective has relevance to David's 'performance' whereby the purpose of acting casually is to ensure that his behaviour is not observed to be compulsive and that he is enjoying a wager within the same capacity as any 'normal' person would. Here, it becomes apparent that the concept of dramaturgy and its fluid nature of changeable behaviours has greater application within addiction studies than Goffman's (1963) later work on stigma which is less malleable when analysing identity issues. For an individual to become stigmatized whereby society views a person's character to be 'spoiled' or 'unspoiled' is binary and high-contrast in concept, whereas the projection of a variety of identities through the performance of multiple social roles is a theory which is far more diverse in nature. In David's example, his participation alone with gambling activity would not be enough for his circle of friends to

consider his character to be 'tainted', but it is through the subtleties of impression management that he ensures his problems remain hidden. David's secrecy extends to shielding his gambling activity from his parents as he is sure they would 'flip' and be highly concerned about his behaviour. While his mother was aware of a casual interest in betting, it appears she does not realise the full extent of David's playing and the large wagers he has placed:

**INTERVIEWER: Did you ever get secretive with your gambling?**

*DAVID (non-support): Yeah, definitely.*

**INTERVIEWER: Hiding it from people?**

*DAVID: Yeah, I still do. I don't want my parents to find out I'm gambling, cause I know the backlash, I know what they'll say. If they were to find out I'd gambled £300 in one day, I think my mum would flip. The year ago, she knew I was only gambling a little bit, which was the case, it wasn't really a problem at that point, but if she was to find out that 6 months ago I did that, she would flip, and so my dad would as well. So, yeah, I'm secretive to my parents, I don't want them to know that I'm gambling at all really. So you basically just try and avoid talking about it, it's kinda difficult when it's your work as well, so it is it difficult. It does make it a little bit difficult to try and hide it. With my ex's, first ex if you like, who I was maybe going out with a year and a half ago, I was kinda putting bets on a lot and checking them when she wasn't there, so there's secrecy in that, so I didn't really want her to find out. When it came to my last ex, I wasn't so secretive with her, she knew I gambled and she said 'well it's your money, you can do what you like with it', so it was less secretive. But, yeah, I'm secretive if I think if the person is going to have a negative consequence to me because of it, so yeah, I would definitely say very secretive it seems.*

Avoiding conversations regarding gambling is problematic due to David's involvement with working in a bookmakers and he has also conducted himself in degrees of secrecy with past romantic relationships for fear of negative consequences. Goffman (1963) presents 3 relationships between an individual and the concept of stigma. First, *the stigmatized* are the individuals who carry the stigma; secondly, *the normals* are people who do not bear the stigma; and thirdly, *the wise* are normals who are aware of the stigma, and accepted by the stigmatized group. These relationships are affected by varying levels of privacy regarding the transparency of an individual's behaviour which has become stigmatized, or the openness of a 'normal' person's association with a stigmatized group. For David, it was not necessary to hide his gambling behaviour from an ex-partner as her attitude was non-judgemental and accepting of the situation. However, a much more guarded position was adopted by David in respect of his

parents and other ex-girlfriend due to the anticipation of his participation with betting activities being misunderstood which could jeopardise the stability of these important relationships.

*GRAHAM*

Fear can be experienced by individuals who have reached a stage where they have to admit that their gambling has become a serious problem which requires the assistance of a professional service. Such anxiety leads to many instances of doubt - a person doubts they really have a problem; they doubt they can confront their addiction; and they doubt they can be helped or change:

**INTERVIEWER: When you went through GamCare and you got referred to the RCA, how easy did you find it?**

*GRAHAM (RCA client): No, it wasn't easy. It definitely wasn't easy.*

**INTERVIEWER: Was that a massive decision for you, to even admit that you had to phone through and [interrupted]**

*GRAHAM: Well yeah, to pick up the phone you have to admit first of all you've got a problem.*

**INTERVIEWER: And that was difficult for you?**

*GRAHAM: Oh definitely. There's a big bit of you that goes 'I don't have a problem... this is the way I am'.*

**INTERVIEWER: Was there almost a fear of approaching somebody for help?**

*GRAHAM: There is a fear. And I think that's just your brain telling you the addiction on one side and then you've got your mind on the other. So the addiction is going on and you're fine, you don't have any issues, don't worry about it, everything's fine... but then, you've got your mind going 'aye, very good' - you need to kinda admit that there is something wrong. And I probably had admitted to myself prior to that. But actually accepting it was a different issue, and I think when I picked up the phone to GamCare, that was the start of accepting that there was definitely an issue. Sitting with the phone in your hand, thinking 'will I phone, will I not'. The only reason I did phone is that Michelle had left with the kids, that was the only I reason I phoned, if she hadn't done that I wouldn't have picked up that phone.*

Graham's thought process was divided into a duality whereby the compulsive side would try to convince himself that there is no serious problem which requires intervention, while his rational side knew there is a severe issue which had to be addressed. Faced with the prospect of losing his wife and children, the severity of the gambling problem eventually prompted Graham to make the difficult phone call to GamCare's helpline. Here it becomes apparent just how powerful the gambling self can be when included in the process of deep decision-making, especially in a situation where an individual is presented with the reality that their gambling behaviour is hurting their family.

For Graham, gambling defined his identity - he viewed his 'self' as a gambler. However, part of the counselling procedure was to change this self-perception which left Graham feeling as though his 'being' was in a state of ambiguity and lacked distinction. A difficulty in making the transition from 'problem gambler' to 'recovering problem gambler' is losing the sense of escapism from everyday pressures which betting provided:

***INTERVIEWER: Is there a fear of removing gambling from your life, of having to deal with stresses in life without being able to gamble?***

*GRAHAM (RCA client): That's definitely a concern. Then again, I think [RCA counsellor]... because I told him this kinda defines me, I'm a wee bit undefined at the minute because [RCA counsellor] knows me as a gambler, obviously now that's gone... I think of myself as a gambler. So that kind of disappears. And yeah, you do have... you used to be able to... have a bad day, things go wrong, things just aren't working out, after an hour you can kinda switch off, cause you're standing playing the machine, you're thinking about nothing, you're just playing the machines – you put that to the back of your mind, and it gives you a wee hour when you can chill out almost. So, when you take that away and then you have to kinda deal with things... when I was gambling, putting things back would cause more problems, so gambling itself... yeah, it would certainly make my feel better for an hour when I wasn't doing anything else, but when I walked away from the machine, either winning or losing and the majority of the time losing to be fair! The problems were still there, I still had to deal with them, so they didn't go anywhere. If I lost, I'd added more problems to what I had to deal with, which makes things worse obviously.*

Graham views gambling to constitute a core aspect of his 'self' to the extent that trying to separate his attachment to this description leaves him feeling undefined and lacking a strong sense of identity. It appears from Graham's tone that there is slight trepidation regarding his process of identity change as the requirement to adopt new characteristics through internal reflection is an unnerving experience for him. Additionally, an individual in this situation who

feels emotionally vulnerable shall be concerned about how to deal with life's problems and pressures without the sense of escapism which engrossing betting sessions can produce.

Foucault's (1977, 1980, 1984) perspective would view Graham's circumstance as a positive opportunity to embrace the emancipation from the restrictive descriptor of 'gambler' and encourage his natural, fluid, unique self to envelop his identity.

The compulsion to gamble proved so strong for Graham that he made time to bet during working hours which negatively impacted his efficiency as a salesman:

***INTERVIEWER: Have you ever felt that your performance at work suffered because of gambling?***

*GRAHAM (RCA client): 100% definitely. And the only reason I can know the answer that is, is because obviously I was gambling beforehand and now I'm not gambling, and people see the difference, it's night and day. I had... obviously March is a busy month for us, I put 37 cars out which is unheard of really. I done 29 retail which is 10 more than any other salesman, there was profit on my deals, there was no issues with my cars going out, I basically replaced gambling with working, that's what I done, I put all my focus into what I did.*

Evidently there is a stark difference in performance after Graham replaced his drive to gamble with a determination to excel at work which demonstrates how detrimental compulsive betting can be to an individual's concentration levels. Problem gambling had negatively affected Graham's important responsibilities, or 'roles' within dramaturgy, such as husband, father and employee. However, progression through the recovery process caused the prominence of the gambling identity to recede from Graham's perception of himself which offered him the freedom to dedicate his newfound attention to repairing the damaged relationships in his life. When compared against Foucault's work, the emancipation created by the situation is found in the many choices an individual has to re-define their identity once they have rejected an oppressive label such as 'addict' or 'problem gambler'.

#### *COLIN*

A large indication of how problematic gambling can become for an individual is if they transfer from a player who enjoys betting for fun and relaxation to a desperate gambler who steals in order to fund repeated visits to a gambling service. Theft can be a circumstance which alerts

family members to the severity of a person's gambling crisis, especially if it is their money which goes missing:

**INTERVIEWER – So when did you first realise gambling had become problematic for you? Was there a particular moment you can remember?**

*COLIN (RCA client) – I don't know really. Probably when I started doing things like dipping into my mum's purse, or, I went to a charitable organisation which I was working with on a voluntary basis and I stole from them, and that's when I started to realise 'ooof, this is getting serious.*

**INTERVIEWER – Did you know there was a problem a lot longer before you told anybody?**

*COLIN – It took me a long time to work out because I felt that the gambling was just that I'm enjoying myself, relax and enjoy yourself, and that's all I seen it as, I didn't see it as a problem, I just felt 'I'm losing money, so what'. That was the sort of attitude I had. And then when it started getting to the things like the stealing and taking loans and all that just to feed your habit, then I realised things are getting worse, and I can't hide it forever.*

**INTERVIEWER – Did your mum know you were participating in gambling?**

*COLIN – Yeah, I was quite good at lying so sometimes I could mislead them. But they got wise to that.*

**INTERVIEWER – Did she notice money missing from her purse?**

*COLIN – Yeah, my mum's not stupid, and she noticed that and I lost my job with the charitable, because of the stealing. They didn't prosecute because... they didn't feel they could prosecute because of what it says in the Bible, so you could say I got away with it, if you know what I mean.*

**INTERVIEWER – So your parents have been supportive and understanding?**

*COLIN – Yeah, they've been through hell and back, when I've gone into debt they've got me out of debt, they've helped me financially.*

Colin's relationship with gambling was not a cause for concern until the need for money drove him to theft and taking out loans, at which point he realised the severity of his situation and admitted he could not "hide it for ever". This suggests that, while there was a period of time where Colin genuinely was not worried about the level of his betting, as things got worse part of

him was ignoring the gravity of his problems. Additionally, Colin's parents were aware that he participated with gambling activities but they did not know his behaviour was heading towards trouble due to Colin not fully disclosing how involved he was as a gambler. The charity which Colin worked for and stole from resisted prosecuting his actions on the basis of their Christian morality which was a situation that was very difficult for Colin's parents. However, despite such trauma, they have remained supportive of Colin and assisted him with his debt issues. Colin's self-perception of his identity as merely an individual who enjoyed to gamble began to fracture when his irresponsible and illegal activity started. His 'normal self' clearly viewed the emergence of these undesirable characteristics as harmful to his situation, yet Colin's failure to control his behaviour led to further deception such as frequently lying to his parents.

### Analysis

For an individual who has a compulsive behaviour or addiction issue, it often feels as though their identity is being compromised as these conditions force people to do things that they consider 'out of character', or not who they 'really' are. As a result, committing to, and completing, a recovery journey can be very difficult for an individual if they anticipate formal therapy to entail a detailed exposure of their identity, or they dread being judged by strangers or loved ones. Erving Goffman's (1963) work regarding the concept of 'stigma' provides an appropriate perspective on just how important it is for individuals to protect their identity and reputation from disgrace, - this is especially true if they hold the opinion that developing an addiction problem is not their personal fault, but rather the fault of their circumstances. Jack is one of many individuals who are hesitant to admit a gambling problem, or decline seeking professional support, because they will not risk becoming stigmatized under any circumstances.

Power over how people "should act", the power over "labelling people", identity is fluid, but society tries to force it into rigid moulds of behaviour

The process of recovery from problem gambling requires individuals to make changes to their behaviour with the aim to move from a disordered or destructive lifestyle, towards a normal, or acceptable, way of living. The work of Michel Foucault (1977) is highly suspicious of terms such as "normal" and "acceptable", and he makes the argument that the arbitrary definitions of such categories are a form of discursive power which are used to control society by medical and political institutions. Labelling people creates a hierachal society defined by difference and can lead to hatred between groups of individuals which, in Foucault's (1980) view, is detrimental to the spirit of human identity. Additionally, he feels the attributes of a person's core 'essence' are not rigid constructs, but pliable in nature, and have no congruence with the concrete moulds of

expected behaviour which are prescribed by elite institutions. Foucault's (1977) position has the spirit of anarchy, he views the concept of 'deviant' behaviour absurd, and that stigma and shame are repressive tools used to dominate the disadvantaged. In the context of recovery from compulsive behaviour and addiction, Foucault (1977, 1984) encourages a frame of mind that is free from self-hatred and guilt, and for individuals to believe they can unshackle their behaviour from any destructive pattern and evolve into any 'person' they wish to become.

The 'stages of change' model (DiClemente, 2003) has relevance to aspects of David's gambling difficulties, specifically regarding the 'contemplation' phase and his concern of how society as a whole judges gambling addicts, and how his close friends and family and friends would react to his problematic betting habit. David has clearly pondered on people's attitudes towards compulsive gambling, and he has arrived at two conclusions: first, the general public view of someone who risks wasting money on wagers is an 'idiot'; and secondly, his friends will undoubtedly view him this way if they learned of his gambling issues. Here, it is possible to understand the reasons individuals can occupy this 'contemplation' stage, as fears regarding what others think can misguide and stall decision-making with potency.

It is understandable that the founding of Alcoholics Anonymous in 1935 would include elements of spirituality and 'God' within its programme structure; creators Bill Wilson and Bob Smith were members of the Oxford Group, a Christian organization which had experience with introducing religious ideas to individuals suffering from alcohol addiction. However, it is surprising that, in nearly 80 years, the AA service (and the subsidiaries such as Narcotics and Gamblers Anonymous) has declined to remove or revise the Christian influence from the 12-step recovery method, a decision which stands in contrast to the continued development of a more secular world. Additionally, research demonstrates that potential members find the "God" aspect of the Anonymous groups to be off-putting which is problematic if sceptics or atheists are completely dissuaded from seeking formal help.

## 4.3 Money

Issues relating to money are commonplace within gambling studies, and the same is true for this project as confirmed by the literature review and interviews. The following section examines the problem experienced by interviewees with regard to their need for funds to bet with, and how the consequences of acquiring and losing money affects their partners, friends and family.

While a gambler's personal financial situation affect practical and domestic issues regarding debt, employment, credit, loans, etc., there are also larger philosophical and cultural aspects to currency within the gambling world which are considered here predominantly through the work of Georg Simmel, with additional points with respect to Karl Marx. It is important to understand how gamblers view the relationship between money and their betting in order to ascertain changes in their attitude towards playing funds, wins and losses during the development of their addiction and recovery.

A temptation which is hard to resist for problem gamblers is placing wagers with funds which have been budgeted for important domestic bills such as rent, groceries, utility bills, etc.

Difficulties can arise if the individual has access to overdraft and credit card facilities, especially if the player is caught in a cycle of 'chasing losses' and requires fast access to cash in order to stay in the game. The consequence of losing money reserved for household responsibilities is not only the worry of how to meet those payments, but also the humiliation of admitting to family and friends that they have gambled and lost a considerable sum of money:

*MARK: This was just in December back there I had... I mean, I don't normally bet these days, but I threw on a silly bet and it was a lot, it was two and half thousand pounds on one bet, and I lost it, and then I had to tell my dad, I had to phone up and say 'I've just lost a lot of money, can you fund me some', it was out of my overdraft.*

*INTERVIEWER: What was your dad's response to that then?*

*MARK: He was ok about it actually. He just said 'well that was a stupid thing to do' and I said 'yeah'.*

The 'safety net' of having a family member who can be relied on to help restore financial stability if a large wager is lost is a security that most players do not possess. For individuals such as Mark who are in an advantageous position where their bets are insured by the

generosity of a relative, then the attraction to gamble becomes stronger and the betting approach becomes riskier through high stakes.

The Bourdieusian term ‘recovery capital’ has been ascribed to the sum of resources at an individual’s disposal which can assist with their recovery journey (Best & Laudet, 2010; Granfield & Cloud, 1999). Such resources vary in type, and these assets have different value depending on how important they are to an individual maintaining control of their addiction or compulsive problem. Examples include: social resources such as friends and family who can offer emotional support; human resources which relate to an individual’s capacity to critically evaluate their situation and solve problems; economic resources such as income, savings and property; cultural resources which are ingrained values and perceptions derived from membership of a particular cultural group (Best, Rome, et al., 2010; Cloud & Granfield, 2008). Collectively, the resources of recovery capital can be viewed to be influenced by class factors, and evidence demonstrates that individuals from a middle-class background have a better prognosis for a successful recovery than people of a low socio-economic profile (Granfield & Cloud, 1999; Wormer & Thyer, 2009).

However, Mark’s example of a gambler who has the luxury of an affluent family who can restore large sums of his lost money presents a contradiction within the overview of recovery for higher socio-economic groups. So long as individuals, such as Mark, never experience the severity of financial crisis due to the security provided by generous relatives, then those gamblers are less likely to reach the emotional nadir (‘rock bottom’) which often precludes a resolve to make large changes to a problematic lifestyle. While it is understandable that some parents have a desire to help their children with debt, a larger question asks if such assistance actually helps to perpetuate the gambling problem which causes the debt. Mark’s father did not appear highly concerned or angry that his son had gambled, and lost, two and a half thousand pounds; aside from an understated expression of slight disappointment, the father was “ok”. This situation closely relates to the academic debate of how ‘problem gambling’ should be defined, and if a unique definition should be applied to different individuals. For gamblers who bet and lose with funds reserved for rent or mortgage payments, then their gambling activity is evidently problematic. However, if a wealthy individual can easily afford to gamble with fortunes involving thousands of pounds, with no adverse consequences for themselves or their family, is it still accurate to describe that person as a ‘problem gambler’? To answer such questions, the starting source has to be the individual themselves, as it is their personal circumstances which determines where the line between a ‘functional’ and ‘dysfunctional’ lifestyle is drawn.

For healthcare practitioners who wish to evaluate the level of recovery capital available to an individual with a compulsive or addiction problem, then the 'recovery capital scale' (Granfield & Cloud, 1999) can provide an impression of any resources which are lacking. Individuals can be encouraged to improve their recovery capital as part of a treatment plan, for example physical capital can be improved by addressing debt and bad credit issues; social capital can be improved by including family members in the discussion of recovery plans; human capital can be improved by enrolling in educational courses. Recent research (Best & Laudet, 2010; White & Cloud, 2008) suggests that recovery capital resources provide key protective factors against relapse triggers, which subsequently helps individuals to navigate out of problematic behavioural cycles and end 'addiction careers'. As today's view of recovery from compulsion and addiction is cyclical rather than linear, the concept of recovery capital is clearly of great importance due to the fact that it is highly desirable for researchers and clinicians to understand triggers, and how individuals move in and out of these cyclical journeys.

In addition to focusing on each individual's personal assets, advocates of recovery capital also stress the importance of developing community-oriented resources in order to stimulate positive behaviour through social contagion (Best & Laudet, 2010). The idea aims to spread positive knowledge and awareness, which transmits beyond an individual's immediate social circle, and generate 'collective recovery capital' for the benefit of a local community. An example is the presence of 'recovery champions' who are individuals that have successfully overcome an addiction or compulsion, and their experience can inspire others to become determined.

Critics of recovery-oriented models of support argue that providing an individual with assistance for basic domestic needs can potentially facilitate that person's habit (Best, Bamber, et al., 2010). For example, by giving a drug user help with essential groceries, there is a danger they will use that saved time and money to purchase and ingest narcotics. Interestingly, this concern shares a similarity to the situation with Mark and his Father, in the sense that there are occasions where solving one problem merely helps to continue a much larger one. However, supporters of recovery capital respond with the argument that if aid can help with a person's basic necessities, then that person is more likely to engage with other tiers of recovery and become more engaged within their community.

For some players, losing money during a gambling session does not necessarily invoke emotions of regret or disappointment so long as the individual feels that they have enjoyed a satisfying time of gameplay and got their 'money's worth' of entertainment:

*JACK: If I still go to the casino I might turn £100 into £1000 and then lose £1000, but for me I've just gone out to spend my £100, I'm getting £1000 worth of gambling enjoyment, but I've only gone out to spend £100 anyway, for that in my mind would be a great night.*

Georg Simmel's work on the concept of money has applicable points here relating to an individual's perception of the function and worth of financial exchange between themselves and commercial services. One aspect of Simmel's *Philosophy of Money* (1907/2011) suggests currency is a *tool* within a teleological sequence, in the sense that monetary exchange is simply a facility of a means to an end, with that end being the satisfaction of a consumer desire. Many gamblers confirm that money, be it in the form of cash, credit or casino chips, is nothing more than the conduit to maintain the relationship with gambling activity – it is the ability to participate with the gaming activity which is paramount rather than the anticipation of winning a large pay-out.

Subsequently, Simmel's (1907/2011:226) observation of money existing as an *instrument* is of high interest when considering the motivations of individuals who develop compulsive behaviours with betting activities. For a compulsive gambler, often the goal is to win cash in order to fund continuous play as opposed to walking away richer from a successful gaming session. What the individual is *paying* for and *playing* for is repetition of an activity which satisfies a need for the thrill of participating with games of chance.

It is here indifference toward money potentially develops for individuals who fixate on continuous gameplay regardless of the dangers relating to accumulating debt or reaching bankruptcy. In severe circumstances, apathy towards currency when used within a gambling service suggests an individual experiences a detachment from critical responsibilities such as maintaining finance for household bills while simultaneously also losing an appreciation for their winnings or losses – money becomes meaningless.

Money can mean different things to people depending on the situation in which financial exchanges occur and the same is true for gamblers. Jack explains that it is not the winning of money that determines a successful or pleasurable session of gambling, but it is the accumulation of funds which can be used to gamble for longer and wager higher bets that results in a thrilling and enjoyable time. Additionally, Jack would not mourn the loss of £1000 worth of winnings as such money would be considered as a bonus on top of the original £100 he expected to spend. However, frustration arises if the initial playing money is lost quickly and does not provide enough of a return in order to fund a gratifying length of betting participation. This can lead to tension between relationships if the player subsequently harasses their partner for extra money to gamble with:

*JACK: What's a bit more difficult is if I go out with £100, I might go for a few beers beforehand and I lose it straight away, and I'm all geared up for a good night, and then I'll come home and my girlfriend might get a bit of grief cause I'm saying 'c'mon, all that money's sat in the bank, just gimme another £100' or whatever, and y'know we can have arguments about that, but, in the morning I'll apologise and I know it's for my own good that she's not giving me any more money.*

It is evident that Jack does not prepare himself for the potential to lose his £100 early in the evening and there is the possibility that pre-drinks could cloud the method of his betting style or encourage him to gamble more wildly due to a false sense of confidence. It would appear that Jack's girlfriend controls access to his bank account which is perhaps an agreed security arrangement to prevent Jack spontaneously withdrawing money should he be tempted to chase losses. However, the price of safeguarding the couple's accounts is confrontation if Jack demands more money to bet with which appears to have happened on more than one occasion and results in Jack admitting the next day to his girlfriend that withholding cash from him was for the best.

The "crude impulse" as described by Simmel (1907/2011:68) is the desire of an individual to be immediately emotionally satisfied but attained without the responsibility of evaluating their own behaviour and the means which they used to arrive at personal fulfilment. Jack demonstrates the crude impulse idea by betting too eagerly with insufficient concentration, and also by his tactless attempt to extract money from his partner.

The potential to win money can of course contribute to the thrill of gambling which can be seductive for new players and act as an impetus for individuals to become regular players. Introductions to gambling activities normally occur through an experienced friend or family member who have strategies and methods which they believe gives them an edge over 'the house':

*MARK: [a friend] told me about some system where you bet a small amount and if you've lost you double up and you've an even chance on roulette, so eventually you'd win, if it came up the same thing you'd eventually lose, so we did and made a bit of money of it, so I think that sort of initial buzz got me into it.*

The goal of beating 'the system' is highly enticing for individuals who have a subversive streak in their personality and additional pleasure can be derived from devoting time to analysing games and learning betting techniques. However, no method of play guarantees a never-ending

series of wins and losses can accumulate into a serious amount of debt which could cause emotional stress for players and lead to communication problems between friends:

*MARK: [£200 each] was minimum. We'd easily take out more from the cash machine. There's been very large losses sometimes. We'd go one day, then go the next day, and it was like 'this is all I'm doing', it seemed like that's all there was, it was just the gambling. He [a friend] spent a lot online as well, he was doing it in the house, he started to lose a lot and then he started to withdraw from it a bit, and he really wouldn't talk about his losses too much. He's opened up to me about it now, but I knew something was going on behind the scenes, but I didn't really get through to him. I started saying to him 'I think we should stop', 'I think we should cut our losses'. He took it much worse than me, I seemed to have more money than him and could cope with the losses better than he could, so seeing the state he was getting into made me realise that this is a terrible thing. I mean, I've had spells where it's just been large amounts of money rather than the frequencies.*

Mark's recount describes the daily routine he and his gambling partner were engaged in which, from the tone of his response, sounds like it became an unfulfilling and expensive chore. It is apparent that Mark's friend was caught in a vicious cycle of increasing time spent gambling which resulted in him losing more money and developing a reluctance to openly talk about the downward spiral he was falling through. Of interest is the difference in personal finances between the two players and how this affected how they coped with losses. Mark was in a financially comfortable position which could survive losing bets and have serious deficiencies replenished with the help of a family member, while his friend did not have the same monetary security and so suffered great strain. Observing the severe difficulties his friend was enduring, Mark's perception of gambling shifted to a negative view and concluded their gambling pattern was "a terrible thing" which suggests an awakening to the dangers of compulsive betting.

In his 1903 essay *The Metropolis & Mental Life* (1950), Georg Simmel considers the character of money to be a negative force within the modern world which replaces cultural variety with an "evenly flat and gray tone", which dislocates the feeling of community and belonging, and creates a society populated by bored individuals who are distracted, not fulfilled, by so-called leisurely pursuits. As a result of what he calls society's "blasé attitude", Simmel (1950) observes that people crave true excitement, danger and fun to relieve the emptiness of a world which revolves around meaningless production and consumption, and so an activity such as gambling is attractive for those very reasons. However, the thrilling feeling of betting can wane through repetition as it did for Mark and his friend whereby they experienced an "evenly flat and gray tone" through the punishing grind of withdrawing large sums of cash every day only to gamble

and lose their wagers. Additionally, the awkwardness which developed between the two players whereby their friendship during that period was defined by the difference in how each of them coped with continuously losing money.

The cycle of gambling and debt can be complicated by criminal activity whereby theft in addition to betting is viewed by an individual as possible solution to grim financial woes. The following excerpt discusses such pressures experienced within domestic life:

*PETER: Debt. Lost my job because of marriage breakup. It was pretty bad. Then when I committed this crime and got put in prison for it, then people asked me questions and stuff, how well did you do, the gambling, blah blah, and that's when it all came out. What I used to do is during this time, the gambling became a problem during that time is, what I did was, well I was danger of losing my home, my own home mortgage, I needed money, I committed crime for money. But when I got the money, to pay off my debt, it wasn't enough, I gambled during this time. Which meant I was doing it for the wrong reasons. So, say I had £5000 for instance, I would clear whatever debt it was and then whatever's left over is gambled. It wouldn't be all, I'd put that away for a rainy day, or stop doing what I'm doing, I just carried on. I'd put £1000 on a horse and then your skint. So the next thing you do you're thinking ahead – 'I did this once, I'll do it again'. So you're caught up in it, and it's not nice.*

Peter explains that his desperate situation was the result of separating from his wife, which led to the loss of his job, and then subsequently jeopardised the mortgage on his house. In order to avoid losing his home, Peter felt his only option to acquire large sums of money was through illegal methods for which he would serve time in prison for. Gambling activity provided an additional revenue source when criminal behaviour did not completely cover his property debts and it appears in Peter's recount that a preoccupation with betting was developing. Of interest is his opinion that he was gambling "for the wrong reasons" which suggests Peter feels that betting activities should not be used as an emergency method to reduce personal debt, and perhaps a 'right reason' to play would be socially for entertainment purposes.

A Marxist perspective (Roemer, 1986) of Peter's problems regarding debt, crime and gambling would argue that these issues result from an unequal and exploitative social arrangement which is contributed to by the gambling industry and its legitimization from government quarters. The pressure to maintain a mortgage can be overwhelming and a significant amount of households in affluent countries are on the verge of bankruptcy and barely kept afloat with credit cards (Nibert in Cosgrave, 2006:319). For individuals who reach a financial nadir, the hopelessness of their circumstance may lead to criminal activity or gambling participation in order to acquire

'fast cash'. Here, Marxism accuses betting corporations of exploiting poor and desperate people, which are the same corporations that government acquires 'fast cash' from in the form of approved tax revenues. Economic policy within the structures of capitalism favour the financially powerful while placing ordinary people at a disadvantage, for example commercial organizations enjoy tax breaks to encourage prosperity, yet reckless banking practice goes without punishment while the resulting inflation instability has a detrimental effect on small businesses, pay rises and the general cost of living. The acceptance of this unfair arrangement is created through a dominant cultural ideology, which is promoted by the rich elite, that insists a capitalist society provides ample opportunity for individuals to attain personal wealth so long as people are willing to act industriously and compete against each other (Nibert in Cosgrave, 2006:320). Subsequently, general public opinion considers an individual's financial success or crisis of poverty to be solely their own responsibility and will be reflected by their possession or lack of enterprise and aptitude. For those who do not earn enough money through legitimate and conventional means shall perhaps view crime or gambling to be viable routes to achieve the hallmarks of capitalist success such as owning private property or displaying a social status in the form of materialist accumulation such as a new car – indeed, social commentators have noted a connection between the pursuit of the so-called 'American dream' and crime rates in the United States (Messner & Rosenfeld, 2006). The Marxist interpretation of society's passive compliance with an unequal economic structure describes this as a *false consciousness* which supports the status quo without critique and is promulgated through the *superstructure* of family influence, religious prescription, institutions of education and the systems of mass media (Nibert in Cosgrave, 2006:321-322). Furthermore, commercial gambling is itself an activity which contributes to social passivity when included as part capitalism's "culture industry", a theory which argues that individuals in a consumerist society occupy the position of an apathetic audience who are more concerned with the sale of cheap goods and services than with developing their intellectual capacity for the skilled critique of politics and art (Adorno, 1991). This suggests that understanding how commercial betting affects the public from a cultural perspective is important enough to be included within gambling studies alongside the spheres of psychology, technology and economics.

## Analysis

In most gambling, a 'win' is usually in the form of a monetary return whereby an individual risks a wager for the chance to improve on their initial bet. This opportunity to gain a quick fortune is highly attractive to many causal players and contributes to the excitement of the occasional wager. However, the compulsion which the majority of problem gamblers develop is not an overwhelming desire to become rich from a jackpot pay-out, but instead is a need for the continual participation with betting activities. It is the *feeling* of gambling which become paramount for the gambling addict, and funds to play with are merely the tools necessary to achieve this satisfaction. Georg Simmel's (1907/2011, 1950) work contributes to this idea that the true value of an experience cannot be measured by its monetary price as the emotions derived from a paid activity will mean different things to different people. To a gambler, a betting session which involved the total exchange of £20 can be just as thrilling as wins and losses involving £2000 so long as the required level of pleasure is achieved and any cravings are appeased.

While the actual participation with a betting service is often far more important to a compulsive gambler than the accumulation of wealth through good luck, the aspect of winning can be essential for players whose motivation is to 'beat the system'. Games of chance can be understood as a system of mathematical factors involving statistics, odds, percentages, etc., from which individuals can research tactics which they believe will improve their playing position. Viewing betting activities as numerical puzzle to be solved adds a far richer dynamic to gambling which provides cerebral satisfaction from the levels of concentration required to learn and apply mathematical theories on risk and probability. Additionally, some gamblers envisage 'the system' of a gambling activity as a metaphor for society as a whole, in the sense that a game has many participants from different classes competing against each other, it produces winners and losers, there are rules to follow (and break), it has moments of elation and heartbreak, it progresses cyclically. For disadvantaged individuals from low socio-economic backgrounds, the challenge of dominating a gambling system provides a feeling of power which is not available to them in the real social system.

Simmel (1950) perceives the character of money as a "flat and gray tone". Such an unflattering view results from opinion that currency is a charmless ingredient which pervades all aspects of life without invitation or welcome. The perpetual cycle of financial exchange can be observed as a destructive force which erodes cultural structures; with remorseless brutal force, commercial expansion replaces the world's glorious qualities of variety and originality with homogenised

mass production. Simmel's position aligns with those who severely criticise the capitalist era, and specifically the apathy and crisis which results from "flat and gray" consumerism. Many individuals crave the excitement of risk, the danger of recklessness, an escape from the drudgery of daily working life – here, the strong appeal of gambling can be understood.

Karl Marx's (1867/1999) work is a useful compliment to the study of exploitation and inequality in society, and critics of gambling culture argue that commercial betting services target disadvantaged individuals from low socio-economic areas. Outlets such as bookmakers are predominantly located in the poorer areas of towns and are often situated alongside off-licences, take-away diners, pawn brokers and charity shops. Such retail clusters create the impression of a not particularly affluent or healthy local neighbourhood, and the Marxist view would argue that the gambling industry profits from individuals who are desperate to improve on their dire personal financial circumstances, and the businesses also contribute to the cycle of poverty through the inevitable cash losses that players suffer over the long run (Churchich, 1990:96). Marxism also stresses the importance of an individual's capacity for critical thought which exists as part of the class consciousness, and advocates that a class of people shall be stronger if all members develop an acute awareness of how they are manipulated and exploited by higher social powers (Jon Elster, 1986; Pines, 1993). Similarly, modern cultural Marxism expresses concern that consumer activity distracts individuals from devoting their full attention to the political and economic developments which affect their lives(Abercrombie & Turner, 1978). There is accusation that leisurely pursuits such as watching television, shopping, beauty treatment, celebrity culture, and mobile phone media lack cerebral stimulation, and so do not encourage people to reflect on the topics of society and freedom on an intellectual level (Adorno, 1991) – gambling is included in this list of 'shallow' pursuits.

## 5. Conclusion

The aim of this study was to explore the factors involved with recovery from problem gambling, and understand the motivations of individuals who choose to, and those who do not, participate with formal support services. Research in this field is important because there remains a lack of agreement regarding what the best treatment approaches for compulsive gambling are. Of interest to the project were the circumstances which prompt gamblers to make the decision to change their relationship with betting activities, and what their experience of a recovery program is like. The study also sought to examine the role of friends and family, and what situations led to successful changes in behaviour, in either professional counselling or via the self-help method. These topics were investigated using qualitative interviews with individuals who had developed compulsive gambling habits, which provided a vivid impression of their experiences of recovery. The study contributes to the base of evidence from which more effective methods of intervention and treatment can be developed. This knowledge base does not yet include research which focuses on the RCA Trust support service which is where this study delivers originality.

The detailed biographical interviews included within this thesis provide insight into the lives the six participants, and certainly these individuals have experienced problems as a result of their gambling. It is demonstrated that a recovery journey is highly individualistic, and the precise criteria which defines when gambling becomes ‘problematic’, when an individual is ‘addicted’, and what ‘recovery’ means, is unique to each person. Recovery plans shall benefit from including an understanding of these terms in order to avoid relapse triggers, and aim to reach milestones which indicate successful progress is being made. For some gamblers, complete abstinence shall be the only option in order to regain control; for others, it is possible to reduce participation, and it is this lack of ‘universal rules of recovery’ which highlights the complexity of how a gambling problem develops, and the difficulties of making changes to compulsive behaviour.

### ***Main findings***

The main findings from the study are derived from the three chapter sections *social networks*, *identity*, and *money*. The research demonstrates how families create a supportive environment for close members who are need of help, but there are also examples of living arrangements which allow for a gambling problem to escalate. A key finding is how important social networks are in all aspects of a person’s development from casual player, to compulsive gambler, to recovering ex-gambler. Regardless of whether an individual decides to approach an established

support service, or attempt self-help, that person shall benefit enormously from a social circle of friends, family and colleagues who are willing to help with a gambling issue. The simple act talking through the difficulties of living with a betting compulsion significantly aids the recovery process, which is why peer support and group therapy as part of a formal programme should always be recommended.

In addition to viewing the three key themes of *social networks*, *identity* and *money* separately, it is also possible to identify relationships which connect aspects of the themes to each other. In the examples of Mark's father replacing the lost overdraft money, and Jack pleading with his girlfriend to borrow funds to bet with, social networks are often a means for a gambler acquire cash. Due to the fact that relationships can easily become strained from borrowing and lending matters, it can be said the connection between social networks and money is often not positive, especially if borrowed money functions only to perpetuate problematic behaviour.

Additionally, an individual's social networks can also have influence over identity issues, particularly if someone feels it necessary to keep their gambling 'self' hidden. For example, David was very keen to keep his identity as a gambler a secret from his parents, and the identity he presented to his girlfriend as a casual gambler was a performance intended to keep the scale of his betting habit hidden.

Identity and money can be connected by class and consumer habits. A stereotypical image of a casino is one of an upmarket establishment that provides a service for a more affluent clientele than that of a bookmaker. Indeed, the rise of problem gambling among individuals from middle-class backgrounds has demonstrated that casinos are popular choice for people of a higher socio-economic status. Many films have portrayed casinos as glamorous locations where aloof 'high rollers' risk fortunes at the roulette wheel. Such imagery has had a lasting impression on the public consciousness which is partly why casinos are highly attractive, especially with fine dining and late licence bars also available.

There are also examples where all three key themes connect to each other in unison. Peter's early experience of gambling was using his unemployment benefit to bet on horse and dog racing, just as his group of friends did; in his view, this was a social activity that was 'ingrained' in his behaviour. For Peter, money was essential in order to participate with activities at the bookmakers, which was necessary to feel included with his circle of friends, and betting with his friends made him feel "normal". Subsequently, a recovery plan for someone like Peter would require an understanding of how the gambling activity fits into other areas of their life, as a cessation of gambling activity could result in exclusion from social intercourse.

This study provides further evidence for the view that staff who work in betting establishments are at risk of developing problem gambling habits. It appears that, although employees regularly observe and judge their customer's relationship with betting activities, the staff do not evaluate their own betting frequencies with such a critical eye. This suggests that casino and bookmaker workers consider themselves as a separate group from the gambling customers – they assume their daily exposure to commercial betting operations protects them from falling into the trap of addiction. In addition, evidence has been presented of the 'dual self' whereby an individual views their identity to be comprised of their 'real' responsible inner self, along with the irresponsible and troublesome gambling self. It is worth noting that, either as individuals or as part of a group, certain gamblers experience the belief that a part of their identity is protected and distanced from the destructive influence of compulsive gambling.

For the majority of the research participants, the possibility of winning money is not the paramount driving force behind their attraction to gambling, but that is not to say funds to bet with are not important. Money is viewed as a utility which allows access to the *experience* of a gambling session, and so continuous funds are required to maintain that momentum. However, the strength of this desire easily leads to debt and the risk of losing employment which can be the final crises before series intervention happens. Additionally, while a gambler may view money as a mere requirement to gain access to a betting activity, strategies regarding personal financial responsibility can be highly effective as part of a recovery program. As demonstrated in the example of diverting wages into a family member's bank account, such approaches can protect an individual's domestic security while simultaneously promoting sensible spending limits.

Also of interest to the study was the Stages of Change Model with the purpose of identifying relationships between the model and the stages of recovery that the participants had experienced. Out of the six participants: four experienced the contemplation phase; four experienced the preparation phase; five experienced the action phase; and five experienced the maintenance phase. The Stages of Change Model can be visually presented as a wheel with 5 spoke stages, and an instance of relapse would return the individual back to the pre/contemplation phase to start the recovery process again. The evidence from this study has congruence with these phases and so it can be stated that the model is a credible guide for use by researchers and healthcare professionals. However, there is an issue with the concept of relapse interrupting the progression of behavioural change as it is obvious that 'relapse' does not mean the same thing to each individual, and complete abstinence may not be the ultimate destination of every recovery journey. For example, Jack's father paid him an allowance with which he was permitted to bet with; David admitted temptation lead to relapse; Graham

planned to participate with poker while nearly 2 months into a period of desistence. These situations demonstrate that unless ‘relapse’ is defined prior to the recovery process, then exactly what constitutes failure shall be difficult to identify, and might not result in an individual starting at the beginning of the Stages of Change cycle. Subsequently, while the Stages of Change model is correct to move away from any impression that the recovery process is linear, the cyclical characteristic has no relevance if the concept of relapse is not defined by the gambler in question.

### ***Limitations***

The declination of Gamblers Anonymous to participate with the project resulted in a smaller selection of interviewees and prevented a direct comparison of its treatment methods with the RCA Trust. The preference for a larger amount of interviewee data is an ideal for most research projects, but there are time constraints regarding how much research material can be collected within deadlines. However, Gamblers Anonymous is a prominent point of support in Scotland with close to 60 meetings held every week throughout the country, and so the experiences of members and counsellors are of high interest to studies on processes of recovery.

Additionally, due to participant attrition, it was not possible to complete a second round of interviewing in order to produce longitudinal data which can often add much depth to topics which focus on behavioural changes over time. Unfortunately, individuals sometimes drop out of the study, change their contact details, and ignore follow-up requests, all of which are known hazards of these types of projects.

An important construct of critical theory is *praxis*, which is the process of applying theoretical ideas into real-world situations. Due to the fact this study used a qualitative approach to understand the experiences of each participant individually, there are limits in recommending practical solutions to the issues raised – the concept of praxis is generally associated with large-scale action which affects a significant number of people. However, there are two points which can be commented on with suggestions of changes to effect. First, an issue was raised with regard to Gamblers Anonymous and the aspect of the 12-step process which encourages individuals to belief in the restorative power of religious faith. This study shows that there are individuals with gambling issues who are reluctant to approach formal treatment services such as Gamblers Anonymous because they do not wish to have ‘God’ forced upon them. This means some people in need of help shall perhaps never receive the benefits of peer support, and the disheartenment felt as a result of being isolated from formal support shall only contribute to the struggles of these individuals.

On the second point of required action, there is opinion that the owners of commercial gambling services purposely choose low socio-economic areas for the operation of their branches, which critics argue is an irresponsible policy that contributes to poverty issues. Outlets such as bookmakers are not so welcome in affluent neighbourhoods due to their seedy image of the past which is not easily forgotten, and so disadvantaged communities have clusters of retail betting units ungraciously ‘dumped’ on them. Evidently, councils are not exercising enough power to reject the relentless expansion of gambling venues which results in a depressing, hopeless atmosphere of the urban landscape. There are recent prominent news articles which highlight this issue (BBC, 2011, 2014), but further campaigning is required to place pressure on local authorities to limit the amount of betting establishments which can operate in close proximity.

### ***Further Research***

With regard to further research, it would be recommended to follow-up on this study with additional qualitative investigations regarding the motivations of why individuals with gambling problems either decide for or against approaching a professional recovery service – less than 14% of gambling addicts seek help (Meyer et al., 2009:13) and therefore the evidence base needs widened to understand how that number can be increased. Similarly, more enquiry would be welcomed into why people leave support programs and what practical action should be taken to fix this – less than 10% remain in a program and abstinent for more than a year (Verster, Brady, Galanter, & Conrod, 2012:493).

As a whole, the field of gambling studies should seek to reinforce the multidisciplinary character of contemporary standpoints regarding gambling and addiction, as demonstrated in the ‘biopsychosocial’ model which seeks to understand recovery as a process involving many constructs. It is apparent that ageing arguments which define ‘addiction’ as primarily a *psychological, biological, cultural*, etc. issue lack sophistication and accuracy, which is unhelpful in the debate of how best to treat compulsive disorders.

As stated at the beginning of this study, many countries are currently witnessing a rise in people developing problematic relationships with gambling thanks to deregulation and the ubiquity of high-speed online and mobile services. Governments and corporations are making huge profits from commercial betting – the industry in Britain is worth £6 billion which is part of a global market estimated at over £1 trillion. Although governments and betting organisations claim that they take the issue of gambling addiction seriously, it is not realistic to believe that consumer safeguards introduced through policy-making shall be highly transformative if such measures

shall threaten their staggering profits. Subsequently, any opportunity to increase public awareness regarding the reality of irresponsible gambling should be seized upon, with the hope that anyone's naïve attraction to betting activity can be replaced with a well-informed critical viewpoint.

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## **Appendix**

### **Biographical Information**

#### **Graham** (RCA Trust member)

Graham, 40, a car salesman, was first introduced to gambling by his father and his gaming activity progressed from small betting machines to arcades, pub fruit machines and casinos. Graham admits that he knew for a long time he had a gambling problem, but it was the emotional nadir of his wife and children leaving him that prompted him making the difficult decision to make contact with a support service. Due to the nature of Graham's job, he often worked irregular hours which provided opportunities to visit bookmakers without raising suspicion at home or work, but such freedom eventually led to his family and employment duties being negatively affected. Graham's experience of support from the RCA Trust are highly positive and, despite initial trepidation approaching the service, the help he has received has been highly beneficial

#### **Colin** (RCA Trust member)

Colin, 39, started his gambling interest in a local arcade service with pool and snooker facilities. This particular establishment has been the main source for Colin's betting activity, but on occasion he visits different locations. It was due to thieving activity that alerted Colin to the fact his gambling had crossed into a problematic area with funds being stolen from his parents and the charity he was a volunteer for. Through an intervention staged by his parents, Colin was put in touch with the RCA Trust which offered him useful advice on control measures such as taking out exclusion orders.

#### **Peter** (RCA Trust member)

Peter, 63, was introduced to gambling through his friends, with horse and dog racing as his main betting activities. It was after the breakdown of his third marriage that Peter used gambling as an escape from the emotional turmoil he was going through. During this period, Peter's debts were accumulating and he was in danger of losing his home, so he committed

armed robbery several times to cover his financial duties which also allowed him to gamble large amounts of money. Peter was sent to prison which is when he was forced to confront his gambling problem but there was very little help or support in prison for inmates with compulsive gambling habits.

### **David (non-support)**

David, 19, is a politics student in higher education who began betting while working in Ladbrokes. Prior to this employment, he had never considered gambling and his betting began modestly. David's progression towards more serious gambling started with a desire to win more money coupled with conversations with a colleague who gave him confidence about the outcomes of sporting events. A particular problem for David was online gambling as he was wagering far more money through his internet account than if he was placing bets in bookmakers. While he considered approaching a support service, David felt that because he was financially secure he could handle the issues by himself as he did not see his behaviour as problematic as other people's. Family relations have been strained due to the fact David's father once had a serious gambling problem which has led to David becoming a secretive player with little outlet to talk about his gambling issues.

### **Mark (non-support)**

Mark is a 22 year old student who was introduced to gambling by a friend while on holiday abroad. The casino was Mark's first experience of a gambling establishment where he was taught about the etiquette and game-rules by his travelling partner. Once Mark returned back home, he continued to gamble using a 'system' that his friend had argued could beat the odds of gambling facilities. The frequency of his gambling participation turned into a daily activity which was accompanied by a psychological conviction that if he wagered enough bets then he would statistically eventually result as a winner. Through watching his friends lose large amounts of money while gambling, Mark reflected on his on time spent gaming and became concerned but ultimately decided not to seek professional help as he did not feel such services would benefit him. While in his own opinion he no longer has a gambling problem, his participation now involves running a 'matched betting' system which appears to be a loophole in which free bets for first time betters can be returned as a cash value.

### **Jack (non-support)**

Jack is a 33 year old full-time employee and mature student who started gambling on fruit machines in his local arcade when he was 16. His progression moved him onto casinos and fixed odd betting terminals in addition to online playing. Jack realised his gambling activity had become a problem early on when he would often go to a pub with friends for an evening of socialising but would immediately spend his night's beverage money in the fruit machine and would have to leave. While Jack has considered seeking support, he admits gambling brings him too much enjoyment although he has taken control measures such as self-exclusion from casinos and installing blocking software which prevents access to online gambling services. An additional aid has been participating with problem gambling support forums on the internet such as GamCare which provides a community that reassures individuals they are not alone with their issues. While there have been tensions within Jack's relationship with his family regarding his compulsive gambling, he has received patience and understanding through difficult times.

### **Interview Questions**

**Q1.** When did you first start gambling?

**Q2.** How did your gambling develop and progress?

**Q3.** When did you first realise gambling had become problematic and in what ways was it problematic?

**Q4.** Why did you choose to get help?

**Q5.** How easy was it to find and approach support services?

**Q6.** Can you tell me about your experience of the RCA Trust? For example, how it's been helpful or anything you'd change about the service.

**Q7.** Are there features in your local area that affect your gambling behaviour in any way?

**Q8.** Can you tell me about the best and worst aspects of trying to tackle your gambling problem?

**Q9.** To what extent have your family been important – for better or worse- in your recovery process?

**Q10.** In addition to problems with gambling, have you struggled with any other issues such as alcohol or drug misuse?

### **Demographic Questionnaire**

#### **1. Which age bracket are you in?**

- |                   |     |
|-------------------|-----|
| 16-24             | [ ] |
| 25-44             | [ ] |
| 45 -64            | [ ] |
| 65+               | [ ] |
| Prefer not to say | [ ] |

#### **2. Gender**

- |                   |     |
|-------------------|-----|
| Male              | [ ] |
| Female            | [ ] |
| Other             | [ ] |
| Prefer not to say | [ ] |

#### **3. Which of the following descriptions best describes your ethnic group?**

- |                  |     |
|------------------|-----|
| White British    | [ ] |
| White (other)    | [ ] |
| Black Caribbean  | [ ] |
| Black African    | [ ] |
| Black (other)    | [ ] |
| Mixed background | [ ] |
| Indian           | [ ] |

Pakistani [ ]  
Bangladeshi [ ]  
Chinese [ ]  
Asian [ ]

Other (please specify) \_\_\_\_\_

Prefer not to say [ ]

**4. What is your current relationship or partnership status?**

Married [ ]  
Living with spouse or partner [ ]  
Single [ ]  
Divorced [ ]  
Widowed [ ]  
Prefer not to say [ ]

**5. What is your employment status?**

Employed full-time [ ]  
Employed part-time [ ]  
Self-employed [ ]  
Unemployed [ ]  
Unable to work due to ill-health or disability [ ]  
Retired [ ]  
Carer [ ]  
Student [ ]

Other (please specify) \_\_\_\_\_

Prefer not to say [ ]

**6. Which of the following best describes your housing situation?**

Own home outright [ ]  
Home buyer (i.e. still with mortgage) [ ]

Rented Private Landlord [ ]  
Rented Social Housing (e.g. Council or Housing Association) [ ]  
Living with parents/relations [ ]  
Sheltered accommodation [ ]

Other (please specify) \_\_\_\_\_

Prefer not to say [ ]

**7. What is the highest qualification that you have?**

No Qualifications [ ]  
GCSEs/O levels [ ]  
A levels [ ]  
Vocational (e.g. NVQ, BTEC) [ ]  
Undergraduate degree (e.g. BA, BSc) [ ]  
Postgraduate degree (e.g. MS, MSc, MPhil) [ ]

Other (please specify) \_\_\_\_\_

Prefer not to say [ ]