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## JOURNAL OF GAMBLING ISSUES



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## intro

### editorial

### The peer review process at the *Journal of Gambling Issues*

You may have noticed a coda at the end of a paper, "This article was peer reviewed," and wondered, "What does that really mean?" If so, you are in good company. Questions and comments to this editor by well-educated people indicate that many do not understand how peer review functions. Readers who are not researchers may have never had exposure to the theory and practice of this cornerstone of independent scholarly publishing. Yet peer review is an essential component of science that can help assure higher quality articles and the emergence of new paradigms.

In this nuts-and-bolts editorial essay on how peer review works at the *Journal of Gambling Issues (JGI)*, we hope to offer insight for those who wonder how we carry out scholarly publication. This essay will combine descriptions of ethics (the morality of what should happen) with reality-based pragmatics (what really happens) in peer review.

**A quick overview.** Here is a 107-word (one half-minute) summary of what would probably happen if you were to submit a good-quality paper for review to the *JGI*. First, the editor would remove identifying information so that the author(s) cannot be identified. Next, we would find two reviewers with a background of research or clinical experience in your specific topic, and we'd ask them to evaluate your paper. Throughout, their criteria would be, "Does this paper attain high standards of either sound scholarship or clinical practice?" and, "Is it original?" We would send you their anonymous comments and ask you to respond. If in your second version you responded well to all comments—as do most authors—then your paper would be accepted for publication. (A more detailed description of the review process appears below.)

**Why anonymous authors and reviewers?** The peer-review process as we know it evolved after WWII when there was increasing interest in evaluations that removed biases based on

an author's academic status (whether high or low), gender, ethnicity/race, location, and other potentially prejudicial factors. Making authors anonymous to reviewers, with the author or editor removing identifying information, was one means to promote this. (One editor compares anonymous reviews to musician tryouts behind a curtain that allow ability to be evaluated without revealing who is playing. When this practice was adopted for symphony orchestra tryouts, the number of female players hired soared [Pritchard, 2001].) The rationale for making reviewers anonymous to authors is to protect them from acrimony and possible career fallout. A common term for this process of mutual anonymity between authors and reviewers is "blind review."

**Fair review.** The goal of peer review is to supply the author with useful feedback on how a fair reviewer assesses the quality of her paper. There are dozens of potential areas for evaluation, but the basic questions are: (a) Is the content of the paper scientifically or clinically sound? (b) Is the literature review thorough and is it integrated into the paper? (c) Are the results well presented and convincing? and (d) Does the paper present original results that contribute to the field of gambling studies? For a hands-on look at the criteria that we offer to reviewers, please see [this attachment \(Word file: 47 kb\)](#).

You may wonder if reviewers sometimes slip from using fair criteria such as "scholarly (or scientific or clinical) excellence" into unconsciously substituting more personal criteria such as, "Here's how I think this treatment (or research) really should have been done." To substitute one's own preferences is clearly unfair to an author, and in editing the journal we do all that we can to prevent it. Such slips are usually clear.

**Responding to criticisms.** Comments from reviewers are not directives. We tell authors:

A reviewer's comments are not orders that have to be carried out. To the contrary, for each critique that a reviewer has made, an author has three options:

i) to discuss/debate/refute a reviewer's comment(s), or –

ii) to rewrite the text in response to a comment(s), or –

iii) a combination of these, so that an author both discusses/debates/refutes a reviewer's comment(s) and rewrites to accommodate some comments by a reviewer.

In many of the articles that you see in print, there are several points that are just as the author intended because she debated and defended her approach as written. As editor, we sometimes very much give the author the benefit of the doubt.

**Number of reviews; acceptance rate.** Most *JGI* papers (73%) undergo one extensive revision before acceptance. It is rare for a paper submitted to the *JGI* to be accepted as first presented or with minor changes (9%). Beginning authors may be comforted to know that papers by even the most senior researchers in gambling studies usually go through one revision and two stages of review. About 18% of papers pass through a third stage of review. (No paper has yet gone through four stages.)

About one third of submitted papers receive a critical review and the author never responds with a second version. In 2003-2004 we accepted 39% of the papers submitted. The remaining third of the papers are still in revision and review. Reviewers frequently find that they cannot review a paper due to illness, or career or family commitments. This entails finding yet another qualified reviewer and results in delays. Authors usually take several months to rewrite and submit new versions.

**In more detail.** Now that you understand some of the basic points of peer review, here is a more complete description of the process:

- 1) The first author submits a paper, requests that it be peer-reviewed, and assures the editor that it is not being considered elsewhere for publication.
- 2) The editor removes all identifying information from the paper to support an anonymous review process. Next, we choose two (rarely, three) peer reviewers with expertise in the specialty topic for the paper and request that they return their evaluations within 30 calendar days. (If the author requests that one or two specific reviewers not be used, due to personal or other reasons, the editor always complies.) At the *JGI*, reviewers who return a thorough review within 30 days of the initial request receive an honorarium of US\$100 in recognition of their expertise and labour.
- 3) The editor reads the reviews, removes identifying information, and e-mails the reviews to the author with editorial comments, reminding the author of the three options for response (refute/debate, rewrite, or both refute/debate and rewrite).
- 4) Version two arrives from the author. It is usually unwise for the editor to assess whether a reviewer's critique has been sufficiently

answered, for the reviewer herself is the best judge. Therefore we ask reviewers to judge the adequacy of the author's response. If necessary, another round of revision and review is initiated.

5) However, if there is agreement that the author has responded well to comments—or, perhaps, after diplomatic discussion by the editor with all parties—the paper is accepted for publication.

**Clinical papers.** The review process described above is altered slightly for papers on clinical topics. Clinicians often develop valuable insights that are not appropriate for scientific verification. A recent example is the article by Ruggle (2003) entitled "Chasing—It's not just about the money: Clinical reflections" (at: [http://www.camh.net/egambling/issue10/ejgi\\_10\\_rugle.html](http://www.camh.net/egambling/issue10/ejgi_10_rugle.html)). Clinical papers are reviewed by two clinicians (rarely, three) who are experienced in the paper's specialty area. We ask them to assess the paper by three criteria:

- 1) Is it original? Does it go beyond "What every clinician should know" and would have learned in schooling (or other training)?
- 2) Is it credible? Does it make sense?
- 3) Is it of potential value to some clinicians? Or to some clients?

**Disputes and misunderstandings.** Here at the *JGI*, we rarely have to intervene to ensure fair and even-handed treatment for authors or reviewers. When there are genuine misunderstandings (such as when an author—we feel—has adequately addressed a critique, but the reviewer honestly disagrees, and in other situations requiring diplomacy), we work to support ethical treatment of both authors and reviewers. After five years of editing the *JGI* we are pleased to witness that the overwhelming majority of people in the field of gambling studies are highly ethical and collegial, and treat their peers with respect and good will.

**Appeals process.** We are developing an appeals process so that an author who feels that a paper was unfairly rejected will have recourse to assessment by an alternate group.

**Non-peer reviewed articles.** Some *JGI* articles end with the statement: "This article was not peer reviewed." These include opinion articles, first-person accounts, reviews (books, Web sites, videos, DVDs, movies) and letters to the editor. With opinion articles and letters to the editor we guard against publishing libellous material and personal (*ad hominem*) comments. We may ask authors to consider the effectiveness of their essays by assessing wording, omissions, and evidence. The editor may then:

- 1) accept the paper, either as is, or pending clarification or minor rewriting to promote ease of understanding by readers, and to deal with personal attacks and legal issues—especially of liability.
- 2) consult with an editorial board member who has expertise on the topic to help assess the submitted article's merit.
- 3) consult with the entire editorial board to assess whether they feel that the article merits release and what problems they may see in it.

We hope that, whether peer-reviewed or not, the *JGI* brings you articles that help you to understand the place of gambling in our world and to formulate your own views as a citizen.

We welcome your comments.

Phil Lange, editor  
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Competing interests: The author is the editor of the *Journal of Gambling Issues*.

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## Statement of purpose

The *Journal of Gambling Issues (JGI)* offers an Internet-based forum for developments in gambling-related research, policy and treatment as well as personal accounts about gambling and gambling behaviour. Through publishing peer-reviewed articles about gambling as a social phenomenon and the prevention and treatment of gambling problems, it is our aim is to help make sense of how gambling affects us all.

The *JGI* is published by the **Centre for Addiction and Mental Health** and is fully funded by the Ontario Substance Abuse Bureau of the Ministry of Health and Long-Term Care. We welcome

manuscripts submitted by researchers and clinicians, people involved in gambling as players, and family and friends of gamblers.

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# JOURNAL OF GAMBLING ISSUES

A publication of the Centre for Addiction and Mental Health

## Guide for reviewers

Manuscript code #:            Title:

Reviewer: # Name: -- [this will be deleted in the version sent to the author]

Date sent out: /2005            Date due back: /2005            Date returned: /2005

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**FOR THE REVIEWER: Please contact the editor ASAP if you feel that you must decline reviewing this paper for any reason (conflict of interest, time pressures), so that we have time to obtain another reviewer by deadline.**

Recommendation: (please indicate one with an "X")--

1. Accept this paper either as it is, or subject to minor revisions.  
 2. Invite the author(s) to submit a revised version for further review.  
 3. Reject.
- 

(Please place an "X" beside whichever answer you endorse.)

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Evaluation:	Does not Apply	Not acceptable	Barely acceptable	Acceptable	Good
1. Overall design or conception .....	0	1	2	3	4
2. Sample size .....	0	1	2	3	4
3. Representativeness of sample .....	0	1	2	3	4
4. Measurement methodology .....	0	1	2	3	4
5. Statistical analysis .....	0	1	2	3	4
6. (If qualitative research) Rigour in methodology .....	0	1	2	3	4
7. Appropriate literature utilized .....	0	1	2	3	4
8. Accuracy of literature presentation .....	0	1	2	3	4
9. Importance of findings .....	0	1	2	3	4
10. Findings are well-communicated .....	0	1	2	3	4
11. Persuasive argument .....	0	1	2	3	4
12. Appropriate topic for the <i>JGI</i> .....	0	1	2	3	4

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COMMENTS FOR THE EDITOR: Please send any confidential comments to the editor in a separate e-mail.

COMMENTS FOR THE AUTHORS: Please read the following page of *Guidance for reviewers* before you write your comments to the authors on a separate page.

## Guidance for reviewers

**Important notes:** A good review makes it clear to the author and the editor what positive and negative aspects a paper may have, especially in the context of other allied work in the field. It offers constructive criticism to the author so that s/he knows what would improve the paper.

### **When commenting to the author(s):**

1. A reviewer of the second version of a paper should not raise new criticism based on the first version: the first review should have covered all concerns. (To later raise new criticism about the first draft could result in an endless cycle of critique and response.)
2. Please do not tell the author whether you feel that the paper should be published or not. Your review should provide guidance, noting limitations of the research and ways it can be improved. The editor will give the reasons for rejection or acceptance when he corresponds with the authors.
3. A good rule of thumb is to write your comments as if addressing someone you know. Constructive criticism, courtesy, and respect are important. Adverse comments relating to the authors themselves are inappropriate.
4. Please number your comments. When inviting a resubmission we will ask authors to address each numbered comment, and to indicate where they do so.
5. Please check that the manuscript title and number are correctly entered on the top of each page of comments.

The review section titles offered here are offered only as a guide. They are not required. We recognize that many reviewers have their own preferred approaches for offering guidance.

1. General remarks. Here you might note the major positive and negative aspects of a paper.
2. Evaluation of findings. Please draw attention to problems with the design of the study, faulty findings or unfounded conclusions. Examples include: incorrect statistical analysis, overgeneralization from the sample or measures, inadequate control(s), measurement error or bias, illogical argument, dubious assumptions, unwarranted assignment of causality, and failure to rule out plausible alternative explanations.
3. Comments on the text. Problems with the text can include poor use of English, vague or incorrect terminology, faulty representation of relevant research literature, illogical argumentation, failure to discuss alternative explanations of the findings, or limitations. Concerning English usage, please note that, once accepted, all papers receive studious copyediting for spelling, grammar, punctuation, and issues of style. Therefore a reviewer need not comment on these areas unless she strongly wishes to do so.
4. Other comments. Here you may wish to make other comments not covered above.

Thank you for aiding the peer review process at the *Journal of Gambling Issues*!

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## feature

*[This article prints out to about 31 pages.]*

### Change and continuity in a help-seeking problem gambling population: A five-year record\*

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#### Abstract

This paper provides an overview of some trends among problem gamblers seeking help through the BreakEven/Gambler's Help problem gambling counselling services in Victoria, Australia, between July 1995 and June 2000. Data presented are drawn from details collected on clients at registration, assessment, and all other client contacts to form a Problem Gambling Services minimum data set (MDS). Analysis of the MDS shows a number of noteworthy trends towards continuity or change. A major element of continuity is the ability of the service to attract women, who constitute around 50% of the clients for the period. Major changes include the increasing trend towards presentation of clients at an earlier stage in their "career" as problem gamblers. Also identified is persistence or change in client characteristics, such as gender differences in gambling activity and problem type and level. In addition, a range of other factors are explored, such as level of debt and its associated characteristics, the characteristics of people committing crimes to finance their gambling, and the differences between people presenting for counselling and problem gamblers in the community. **Key words:** problem gambling, help-seeking, gambling-specific services

## Introduction

The purpose of this paper is to provide an overview of some trends among problem gamblers who sought counselling from the specialist BreakEven/Gambler's Help problem gambling counselling services in Victoria, Australia, between 1 July 1995 and 30 June 2000 (the latest date for which data were available at the time of writing).

As part of the standard operating procedures of the BreakEven/Gambler's Help problem gambling counselling services, data about clients are collected at registration and assessment and at each client contact. Counsellors record this information on forms during (or immediately after) contact with clients. These forms constitute the Problem Gambling Services minimum data set (MDS). The MDS was established and implemented in 1995, and revised in 1998, to provide information for a range of purposes, including individual case management, service planning, and analysis of gambling impacts. The Problem Gambling Research Program at the University of Melbourne provided annual reports between 1996 and 2001 based on analysis of the MDS, which were published by the Victorian Department of Community Services (Jackson, Thomason, Ryan, & Smith, 1996; Jackson et al., 1997; 1999a; 1999b; Jackson, Thomas, Thomason, Holt, & McCormack, 2000c; Jackson, Thomas, Ross, & Kearney, 2001).<sup>1</sup>

## The scope of gambling in Victoria

Currently about 80% of Victorians gamble in any year, with figures ranging from a low of 75% in 1992, the year that electronic gaming machines (EGMs) or "pokies" were introduced, to a high of 87% in 1996 (Roy Morgan Research, 2000). Participation in EGM play in the adult population has varied between a low of 13% in 1992 (representing only three months of availability when the survey was conducted) to a high of 15% in 1994, coinciding with the establishment of a temporary casino in June of that year, with participation rates for 1998 and 1999 being quite stable at 13% and 12%, respectively (Roy Morgan Research, 1999, 2000; Market Solutions, 1997). Participation rates in EGM play for those who gambled show a similar pattern, with 20% participation in 1992, 41% in 1994, 31% in 1998, and 30% in 1999 (Roy Morgan Research, 2000). The introduction of the permanent casino at Crown Entertainment Complex in 1997 did not see any real change in the participation levels of EGM play.

There are 30,000 licensed EGMs in the state of Victoria: 2,500 located in Crown Casino and 27,500 in other venues, with half of these 27,500 in hotels and half in licensed clubs (Auditor-General of Victoria, 1996, p. 14). Noncasino EGMs are operated by a government-mandated privately operated duopoly (Tattersall & Tabcorp) operating under a licence that runs for 20 years from 1992. They operate these EGMs

from 544 venues run by 470 separately licensed companies. In 1992, 3,349 EGMs were available, operating from 45 venues. This represented 12.2% of the potential total of 27,500. By 1995, when the BreakEven/Gambler's Help program was established, 20,834 EGMs were available, representing over 75% of the potential total. Annual growth between 1996 and 1999 averaged 6% of the potential total, ranging from 9% growth in 1996 to 1% growth in 1999. In this sense, the market was a reasonably mature one in terms of EGM opportunity by the time the counselling service was introduced.

In terms of other gambling opportunities, Tattersall's have operated lotteries in the state under licence since 1954, progressively adding new products (Lotto, Keno, Club Keno, Internet lotteries). Racing is catered for by three major metropolitan tracks and a range of rural racecourses, although declining attendance following the introduction of offcourse totalisers in 1961 through the Victorian Totalisator Agency Board (TAB) led to the closure of at least 34 racecourses between 1960 and 1983. The state-government-run TAB was privatised in 1994 with the formation of Tabcorp Holdings Limited.

In 1999, 48% of all adults who had gambled on EGMs in the previous 12 months were men, while 52% were women. These figures were reversed for those who gambled on EGMs regularly (at least monthly), of whom 52% were men and 48% were women. While gambling participation rates in general, and EGM participation rates in particular, show a spike in 1994 and a levelling out in 1998 and 1999, expenditure rates show a steady increase over this period.

There are a number of ways to look at this. Victorians' expenditure (loss) on EGMs outside the casino went from AUS \$13 million per week in 1993–1994 to AUS \$37 million per week in 1998–1999.<sup>2</sup> Expressed as a loss per week for adult Victorians, this represented AUS \$8.64 in 1993 and AUS \$18.90 in 1999 (Roy Morgan Research, 2000). Expressed as a proportion of household disposable income (HDI), there was modest growth in total gambling expenditure between 1972–1973 and the early 1990s (about 1.3% of HDI), then a very sharp growth to 3.49% by 1997–1998. Racing expenditure has shown a steady decline in the same period, from just under 1% to 0.6% of HDI (Tasmanian Gaming Commission, 2001).

Gambling revenue is now the second highest source of Victorian State Government revenue after Payroll Tax and Stamp Duty, and now surpasses Liquor, Tobacco, and Petrol Taxes combined. Total revenue from gaming increased from AUS \$0.4 billion in 1992–1993 to AUS \$1.04 billion in 1996–1997 to over AUS \$1.4 billion in 1998–1999, with EGMs contributing 62% of these taxes. Revenue from gambling now contributes 16% of the state's income, compared with 8.5% in 1982, and is used to pay for many basic services, such as health, education, and recreation. For further details on these issues of expenditure and



taxation, see Smith (1998); Productivity Commission (1999); McMillen, Jackson, Johnson, O'Hara, & Woolley (1999); Tasmanian Gaming Commission (2001); and Hayward & Kliger (2002).

### **Problem Gambling Services strategy**

The 1991 Victorian Gaming Machine Control Act and its 1996 amendments provided for the establishment of the Community Support Fund (CSF). This legislation requires that 8.3% of daily net cash balances from EGMs in hotels be paid into the fund. Clubs are exempt on the basis that their profits are supposedly disbursed to the community through their club membership.

In 1993, two years after EGM legalisation came into effect and one year after EGMs were introduced, the Problem Gambling Services Strategy (PGSS) was implemented by the Victorian State Government with a total budgetary commitment of AUS \$61 million to 2001 funded through the CSF. Gambler's Help, known until November 2000 as BreakEven, was established under the PGSS as a specialised statewide problem gambling counselling initiative.

In addition to funding Gambler's Help, the PGSS provides a range of other community and client services, including community education and mass media campaigns; regional gaming liaison and community education officers under the Department of Human Services; Gambler's Helpline, a free, 24-hour telephone counselling and referral service; and a research program to provide information regarding problem gambling in the community and inform appropriate service responses.

A number of family service agencies are partially funded through the PGSS to provide counselling and other forms of assistance, such as material aid, to clients with gambling-related problems, in addition to the primary BreakEven/Gambler's Help service. Unfortunately, there is no requirement that these agencies collect uniform data on their clients. In a statewide survey of 121 of these family service agencies, most (89.3%) indicated that some people were using their services for gambling-related problems. For 15% of these agencies, clients with gambling-related problems made up 20% or more of their clientele; however, less than half of the agencies surveyed (43.1%) had data collection systems that enabled identification of gambling-related problems (Jackson et al., 2000a). Lacking the firm data from these agencies to provide a more complete picture of help-seeking, this paper will consider only those people with gambling problems who presented to BreakEven/Gambler's Help.

### **Gambler's Help client trends**

#### **Overall patterns of use of Gambler's Help**

During the period from the time the BreakEven/Gambler's Help program started in 1995 and the year 2000, 12,500 people sought counselling assistance, with numbers doubling every year for the first three years. It is important to note that these data are population data; that is, they include the entire population of presentations to Gambler's Help services. Over this five-year period, between 75 and 80% of people presented for help with their own gambling behaviour; the rest presented for help in relation to someone else's gambling. While the numbers of males and females presenting to address their own gambling issues are almost identical, and have remained so for the five-year period under review, females are more than twice as likely as males to present due to concerns arising from the impact of another person's gambling, most notably their partner ( $\chi^2 = 298$ ,  $df = 1$ ,  $p < .001$ ). A more detailed description of partner presentations is discussed elsewhere (Crisp, Thomas, Jackson, & Thomason, 2001b).

These data contrast with results of a recent Ontario study where the ratio of male to female clients dealing with their own gambling problem was 1.9:1, although the proportion of people presenting for help with their own problems or the gambling problems of family/significant others is similar (73.5% and 22.8%, respectively) (Rush & Moxam, 2001). The male-to-female ratio of Gambler's Help clients also contrasts sharply with that of a recent study of callers to a Gambling Helpline in New England (62.1% male vs. 37.9% female) (Potenza, Steinberg, McLaughlin, Rounsaville, & O'Malley, 2001).

While the proportion of clients who present because of the gambling of others has more than doubled from 11.9% in 1995–1996 to 24.8% in 1999–2000, the more remarkable change reported in Table 1 is the sheer increase in client numbers, such that in 1997–1998 almost as many individuals attended Gambler's Help services as in the previous two years combined. This may reflect the large increase in Gambler's Help locations from 30 sites in 1996–1997 to approximately 100 in 1998–1999. In 1998–1999, registrations plateaued, but further growth occurred in the following year, 1999–2000.

**Table 1**  
**New clients: Client status by sex by year of registration**

Year of registration		Client status			
		Self-identified gambling problem	Partner	Other	Total
1999–2000	Male	1310	133	94	1537
	Female	1287	357	235	1879
1998–1999	Male	1112	122	66	1300
	Female	1197	272	131	1600
1997–1998	Male	1223	129	64	1416
	Female	1233	307	129	1669
1996–1997	Male	813	46	24	883
	Female	694	140	70	904
1995–1996	Male	581	37	5	623
	Female	560	88	24	672

### Problem gambling client characteristics

Previous studies (e.g., Ciarrochi & Richardson, 1989; Taber, McCormick, Russo, Adkins, & Ramirez, 1987) have shown that a "usual" problem gambler profile is an unmarried male under 30 years of age, and these studies have found the following cohorts to be overrepresented among problem and pathological gamblers: male, non-Caucasian, not married (Abbot & Volberg, 1996; Volberg, 1994; Volberg & Steadman, 1989), under 30 years of age, unemployed (Abbot & Volberg, 1996), and having a lower level of education (Volberg, 1994; Volberg & Steadman, 1989).

The demographic profile of BreakEven/Gambler's Help clients reporting as problem gamblers is analysed herein and creates a somewhat different picture than the studies cited above or the profile of problem gamblers not in counselling as identified by the Productivity Commission National Survey (Productivity Commission, 1999). Although more likely to be unemployed than the Victorian population overall ( $\chi^2 = 12.3$ ,  $df = 1$ ,  $p < .001$ ), BreakEven/Gambler's Help clients who are problem gamblers differ from their overseas counterparts in being relatively older (in their 30s) and relatively more likely to be female than male. Research data from service agencies in other Australian jurisdictions where EGMs are readily accessible, such as the states of Queensland and South Australia, show, as in Victoria, an almost equal distribution of males and females in their problem gambler client populations (Dickerson, McMillen, Hallebone, Volberg, & Woolley, 1997).

A number of factors need to be considered when accounting for this

gender finding, particularly the difference in help-seeking behaviour between males and females. It is a general finding in other health and human service contexts that females tend to have a greater propensity for help-seeking than males (Cockerham, 1997; Australian Institute of Health and Welfare, 1996). Furthermore, although it may generally be a long time before an individual develops gambling-related difficulties with a newly legalised form of gambling, there is some evidence that suggests that female players in particular may seek help within one to two years of beginning to gamble on a new product (Dickerson et al., 1997).

Female clients presenting to BreakEven/Gambler's Help agencies in the second year of operation of the program (July 1996 to June 1997) differed significantly from the male clients in a number of characteristics. Many of these differences persist. When compared to males, females were likely to be older (39.6 years vs. 36.1 years of age), born in Australia (79.4% vs. 74.7%,  $\chi^2 = 10.9$ ,  $df = 1$ ,  $p < .001$ ), married (42.8% vs. 30.2%,  $\chi^2 = 41.8$ ,  $df = 1$ ,  $p < .001$ ), living with family (78.9% vs. 61.5%,  $\chi^2 = 369.1$ ,  $df = 1$ ,  $p < .001$ ), and having dependent children (48.4% vs. 35.7%,  $\chi^2 = 57.0$ ,  $df = 1$ ,  $p < .001$ ). Despite having similar personal annual incomes ( $U = 255,151.5$ ,  $Z = -.493$ , n.s.), female gamblers reported average debts (AUS \$7,342) of less than half of that owed by male gamblers (AUS \$19,091) ( $F(1,616) = 12.11$ ,  $p < .001$ ).

### **Age structure of the help-seeking group**

As Table 2 indicates, females who presented to resolve problems associated with their own gambling were older than their male counterparts; however, the overall age profile of clients with gambling problems was similar throughout the five-year period. In 1999–2000, problem gamblers are slightly overrepresented in the 20–29 (20.7% compared with 19.5% of all Victorians), 30–39 (30.6% compared with 20.2%), 40–49 (27.5% compared with 18.4%), and 50–59 (13.4% compared with 12.7%) age groups when compared with the age distribution of Victorians aged 15 and over in the 1996 Census. They are underrepresented in the under-20 (1.2% compared with 9.0%) and over-60 (5.5% compared with 20.2%) age groupings.

**Table 2**  
**New clients: Problem gamblers:**  
**Sex by age by year of registration**

Year	Sex		Age cohort (years)						Total
			<20	20–29	30–39	40–49	50–59	60+	
99–00	Male	<i>N</i>	25	313	431	322	136	57	1284
	Female	<i>N</i>	6	210	344	373	230	82	1245
	Persons	<i>N</i>	31	523	775	695	366	139	2529
		%	1.2	20.7	30.6	27.5	14.5	5.5	100.0
98–99	Male	<i>N</i>	17	304	386	246	108	38	1099
	Female	<i>N</i>	7	224	348	319	196	76	1170
	Persons	<i>N</i>	24	528	734	565	304	114	2269
		%	1.1	23.3	32.3	24.9	13.4	5.0	100.0
97–98	Male	<i>N</i>	12	305	384	276	97	37	1111
	Female	<i>N</i>	8	202	316	344	164	54	1088
	Persons	<i>N</i>	20	507	700	620	261	91	2199
		%	0.9	23.1	31.8	28.2	11.9	4.1	100.0
96–97	Male	<i>N</i>	8	227	290	174	72	16	787
	Female	<i>N</i>	5	123	205	195	95	27	650
	Persons	<i>N</i>	13	350	495	369	167	43	1437
		%	0.9	24.4	34.4	25.7	11.6	3.0	100.0
95–96	Male	<i>N</i>	4	126	192	136	60	15	533
	Female	<i>N</i>	5	84	151	141	78	39	498
	Persons	<i>N</i>	9	210	343	277	138	54	1031
		%	0.9	20.4	33.3	26.9	13.4	5.2	100.0

Like the BreakEven/Gambler's Help client data, two Productivity Commission national samples (problem gamblers and data on people in counselling at agencies specialising in problem gambling counselling) reported a different age profile from adult Victorians in the 1996 Census (Productivity Commission, 1999). None of these gambling groupings appear to be representative of the general adult population in Victoria. Relative to the Productivity Commission samples, the BreakEven/Gambler's Help program reported greater numbers of younger clients (25–34 years old) in counselling, whereas the national sample reported more people in counselling for problem gambling in most of the older

age categories.

Do BreakEven/Gambler's Help clients reflect the age structure of problem gamblers? The Productivity Commission survey identified the under-25 age group as the largest group of problem gamblers. Apart from the 65–69 age group, which constitutes only 4% of problem gamblers, it is this under-25 group that is the least represented in counselling in Victoria, with only about one third of the potential numbers in counselling over the years 1999–2000 and 2000–2001.

### Marital status

In 1999–2000, almost half (48.0%) of all problem gamblers were married (legally or de facto), and a quarter (26.2%) indicated that they had never married (see Table 3). However, there were considerable differences between the sexes with respect to marital status. Male problem gamblers (35.3%) were twice as likely never to have married as their female counterparts (16.9%,  $\chi^2 = 112.0$ ,  $df = 1$ ,  $p < .001$ ), who were more likely to be widowed, divorced, or legally married. More females reported divorced or separated status than males.

A comparison of the marital status of problem gamblers with that of Victoria's general population based on the 1996 Population Census suggests problem gamblers are less likely to be married (37.3%) than the general population aged 15 and over (53.5%). However, the census data did not include a category for de facto marriages, which 10.7% of problem gamblers indicated was their marital status. This may account for some of the apparent differences. Problem gamblers reported higher rates for divorce (13.7% vs. 5.8%) and separation (9.5% vs. 3.2%) than the overall population of Victoria aged 15 and over.

**Table 3**  
**New Clients: Problem gamblers:**  
**Marital status by sex, 1999–2000**

Marital status	N			%
	Male	Female	Persons	
Married	423	529	952	37.3
Never married	457	212	669	26.2
Divorced	134	215	349	13.7
De facto	129	143	272	10.7
Separated but not divorced	134	109	243	9.5
Widowed	17	49	66	2.6
Total	1294	1257	2551	100.0

### Household and family structure

The living arrangements of problem gamblers presenting to BreakEven/Gambler's Help services changed over the five years (see Table 4). Females presenting in 1999–2000 were more likely to be living in a single-parent family than in the other years. With the exception of 1997–1998, female clients were less likely to be living with a partner, which was also true of their male counterparts. Increasingly, both sexes report living arrangements other than by themselves or with family.

**Table 4**  
**New clients: Problem gamblers:**  
**Living arrangement by sex by year of registration**

		Living arrangement				
		Family/ couple	One- parent family	Lone- person household	Other	Total
99–00	Male	582	46	245	413	1286
	Female	672	215	172	208	1267
98–99	Male	484	33	226	358	1101
	Female	644	202	161	169	1176
97–98	Male	580	17	243	361	1201
	Female	699	212	166	144	1221
96–97	Male	476	14	213	94	797
	Female	470	70	110	34	684
95–96	Male	477	14	213	94	798
	Female	470	70	110	34	684

### **Ethnic background**

In a pattern highly consistent over the entire 1995–2000 period, approximately one quarter of clients presenting in 1999–2000 (23.6%) were born overseas, representing a wide range of countries. This is broadly consistent with Australian Bureau of Statistics (ABS) 1996 Population Census data, which found that 27.5% of Victorians were not Australian born. However, the rates of problem gambling in some ethnic groups studied in the Victorian Casino and Gaming Authority-funded study of the impact of gambling on specific ethnic groups (Thomas & Yamine, 2000) were found to be much higher than for other groups. One might expect much higher rates of presentation to BreakEven/Gambler's Help within these groups than those found in the MDS data. As shown in Table 5, over half of Gambler's Help clients born overseas (56.6%) were born in Europe.

**Table 5**  
**New clients: Birthplace**

Birthplace	Persons	
	<i>N</i>	%
Australia	2639	76.4
Europe and the former USSR	415	12.0
Southeast Asia	164	4.7
Middle East and North Africa	67	1.9
New Zealand	56	1.6
Africa (excluding North Africa)	34	1.0
Northeast Asia	30	0.9
Southern Asia	22	0.6
South America, Central America, and the Caribbean	14	0.4
Other Oceania and Antarctica	9	0.3
North America	5	0.1
Total	3455	100.0

### Labour force status

Table 6 reveals that almost three quarters (73.0%) of problem gamblers presenting for help in 1999–2000 were part of the labour force; they were either employed or looking for work. As in Australian society more generally, the labour force participation rate within the study sample is higher among males than females. However, the unemployment rate of 16.6% among Gambler's Help clients was more than double that for all Victorians aged 15 and over (7.3% (ABS, September 1999),  $\chi^2 = 387.0$ ,  $df = 1$ ,  $p < .001$ ).

**Table 6**  
**New clients 1999–2000: Problem gamblers:**  
**Labour force status by sex**

	Male	Female	Persons
Employed full-time	695	368	1063
Employed part-time	157	317	474
Unemployed	191	115	306
Unemployment rate	18.3%	14.4%	16.6%
Not in the labour force	230	450	680
Participation rate	81.9%	64.0%	73.0%

Table 7 shows that the labour force participation rate for problem gamblers increased between 1996 and 2000, and at 73.0% for the 1999–2000 year was considerably higher than 62.9%, the census figure



for all Victorians aged 15 and over as at August 1999 (ABS, 1999). This suggests that problem gamblers have higher rates of both employment and unemployment than the overall population of Victoria. This may be a reflection of the fact that people with gambling problems are predominantly of workforce age (15–64 years).

**Table 7**  
**New clients: Problem gamblers:**  
**Labour force status by year of registration**

	99–00	98–99	97–98	96–97	95–96
Employed	1537	1307	1447	778	628
Unemployed	306	319	295	135	90
Unemployment rate	16.6%	19.6%	16.9%	14.8%	12.5%
Not in the labour force	680	625	681	569	402
Participation rate	73.0%	72.2%	71.9%	61.6%	64.1%

As can be seen from Table 8, employed problem gamblers who presented for counselling in 1999–2000 reported holding a wide range of jobs. When compared to all employed people aged 15 and over in Victoria, the occupational categories of problem gamblers were very similar. The exceptions were that problem gamblers were underrepresented among professionals (9.6% vs. 19.0% of all Victorians) and overrepresented among labourers and related workers (15.9% vs. 9.7%) (ABS, 1999).

**Table 8**  
**New clients 1999–2000: Occupation by sex**

Occupation	N			%
	Male	Female	Persons	
Manager/administrator	117	53	170	7.9
Professional	100	106	206	9.6
Associate/Paraprofessional	126	116	242	11.3
Tradesperson	255	36	291	13.6
Clerical or service worker	201	468	669	31.2
Production or transport worker	149	74	223	10.4
Labourer or related worker	232	109	341	15.9
Total	1180	962	2142	100.0

### Income

The self-reported individual income of problem gamblers is not confined to a particular income level and varies considerably from less than AUS \$120 to over AUS \$1,500 per week; however, over half (53.5%) of the clients reported weekly incomes of less than AUS \$400. This is explained by the fact that 34.5% of the problem gamblers were in receipt of pensions and benefits. A further 23.3% of problem gamblers reported weekly incomes of between AUS \$400 and AUS \$599. Lower income figures among the female clients were not unexpected: they reflect the situation in the wider community. For example, in May 1998, the ABS reported that the average weekly earnings for male employees were AUS \$730 versus AUS \$484 for females.

Further details of income reported by problem gamblers are presented in Table 9. It should be noted, however, that income figures do not account for variations such as whether net or gross income was reported or whether mandatory deductions (e.g., Child Support payments) are counted in gross amounts, and so on. The income distribution of problem gamblers is quite similar to that of all Victorians aged 15 and over from the 1996 Population Census figures, as shown in Table 9.

**Table 9**  
**New clients 1999–2000: Individual income by sex**

Income	N			%
	Male	Female	Persons	
\$1500/wk or more (>\$78,000/a)	43	9	52	2.3
\$800–\$1,499/wk (\$41,600–\$77,999/a)	151	51	202	8.9
\$600–\$799/wk (\$31,200–\$41,599/a)	182	91	273	12.0
\$400–\$599/wk (\$20,800–\$31,119/a)	284	248	532	23.3
\$200–\$399/wk (\$10,400–\$20,799/a)	204	353	557	24.4
\$120–\$199/wk (\$6,240–\$10,399/a)	249	232	481	21.1
Less than \$120/wk (less than \$6,240/a)	63	119	182	8.0
Total	1176	1103	2279	100.0

### Gambling behaviours

Clients presenting to BreakEven/Gambler's Help are asked to provide information about hours and dollars spent gambling at their most recent gambling session by gambling type and days spent gambling during a typical month by gambling type. While Table 10 shows that problem gamblers report involvement in a wide range of types of gambling, by

far the most common is EGMs, which are used by more than two thirds (71.1%) of all problem gambling clients (86.4% of female clients and 58.3% of male clients). EGM use was the most common form of gambling reported by BreakEven/Gambler's Help clients during the entire five-year period. The next most commonly reported type of gambling was offcourse betting at the TAB (11.9%). No other gambling type exceeded 4%. Only a very small number of people reported involvement in forms of Internet gambling, but because it is quite new, there may be a lag period between the introduction of this type of gambling and clients presenting themselves for problem gambling counselling.

**Table 10**  
**Type of gambling during a typical gambling episode**  
**by sex for 1999–2000 clients**

Type of gambling	N			%
	Male	Female	Persons	
EGMs	841	1076	1917	71.1
Bet on races at TAB (offcourse betting)	275	14	289	10.7
Not known	84	63	147	5.4
Bet on card games	83	13	96	3.6
Lotto/lottery/pools/keno	41	35	76	2.8
Bet at races (oncourse betting)	53	10	63	2.3
Bingo	14	36	50	1.9
Numbers	32	1	33	1.2
Other kinds of gambling	18	7	25	0.9
Internet/on-line	2	0	2	0.1
Total	1443	1255	2698	100.0

These findings concur with previous research findings that problem gambling is typically associated with particular types of gambling, such as EGMs, racing, video-based games, and casino gaming (Blaszczynski, Walker, Sagris, & Dickerson, 1997). The availability of EGMs, in particular, has been shown to have a strong association with problem gambling (Dickerson et al., 1997), and gamblers who regularly prefer racing and gaming machines have been found to be more likely to score in the at-risk categories in the South Oaks Gambling Screen (SOGS) (Lesieur & Blume, 1987). Although surveys indicate that between 30% and 40% of adult Australians play the lottery as a weekly habit, few, if any, manifest signs of associated problems (Blaszczynski et al., 1997).

These findings also lend support to research indicating that females are more likely to gamble on activities based on "chance," such as EGMs and bingo, and males are more likely to gamble on forms of gambling

based on “skill,” such as TAB and racing (Walker, 1992).

Despite the majority of problem gamblers reporting using EGMs on their most recent day of gambling, a number of issues should be taken into consideration in interpreting the data.

Staff in EGM gaming venues are now more aware of BreakEven/Gambler’s Help services as a result of the gaming industry’s access to training programs for venue staff, the community awareness and education campaigns conducted throughout the state by BreakEven/Gambler’s Help community education workers, and the introduction of Responsible Gaming policies in many venues. Thus venue staff are more likely to be in a position both to recognise problem gamblers and to refer them to a BreakEven/Gambler’s Help counselling service. Evaluation of a statewide mass media education campaign supplemented with locally distributed pamphlets also showed that venue patrons were aware of a wide range of messages encouraging responsible play and help-seeking. Of 71 venue patrons interviewed, unprompted recall of problem gambling educational material was 67%, while 79% recalled the slogan “If you have a gambling problem in your life call Gambler’s Helpline toll free” (Jackson, Thomas, Thomason, & Ho, 2000b). This study also showed a direct correlation between placement of educational materials and increased calls to Gambler’s Helpline with a flow-on effect of referrals to BreakEven/Gambler’s Help (Jackson et al., 2000b, pp. 37–40).

Although the amount of money and time spent gambling varies between different types of gambling, as Table 11 indicates, problem gamblers report spending considerable amounts of time and money on most forms of gambling.

**Table 11**  
**Gambling behaviour during a typical gambling episode for 1999–2000 clients**

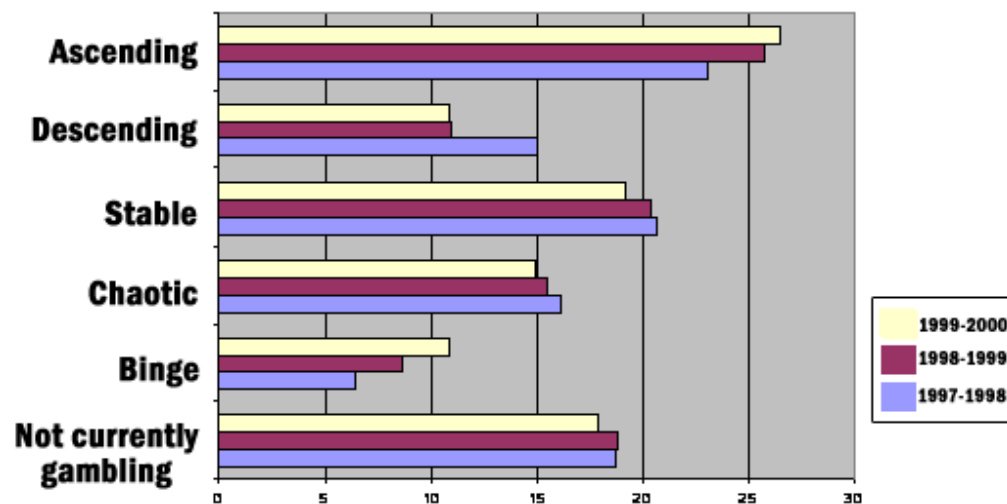
Type of gambling	Median number of		
	hours per episode	dollars spent per episode	episodes per month
Lotto/lottery/ pools/keno	1	20	4
Bet on races at TAB (offcourse betting)	2	100	8
Bet at races (oncourse betting)	3	100	5
EGMs	3	120	8
Bingo	2.5	30	4
Bet on card games	4	375	5
Numbers	4	350	4
Other kinds of gambling	3	300	4
Internet	2.5	200	10

A problem gambler's involvement in gambling can vary over time, and as Table 12 suggests, BreakEven/Gambler's Help attracts problem gamblers with wide-ranging patterns of gambling. While one quarter (26.5%) presented to Gambler's Help when their gambling was increasing, 28.7% of problem gamblers had already decreased their gambling. In some cases there was a total reduction to the point where the clients were not gambling at all when they sought assistance.

**Table 12**  
**Patterns of gambling behaviour by sex for 1999–2000 clients**

Pattern of Gambling	N			%
	Male	Female	Persons	
Ascending	266	356	622	26.5
Descending	132	122	254	10.8
Stable	223	226	449	19.1
Chaotic	186	165	351	14.9
Binge	133	120	253	10.8
Not currently gambling	255	167	422	17.9
Total	1195	1156	2351	100.0

**Chart 1: Problem gamblers: Pattern of gambling behaviour**



The patterns of gambling behaviour in Chart 1 show a slight trend for people’s behaviour to be less stable at the point of referral, and more people tend to describe their pattern as binge gambling or one of increasing gambling activity. As Table 13 shows, for the 1999–2000 cohort, this increase in gambling or binge gambling is likely to be more characteristic of EGM players than those engaged in offcourse betting.

**Table 13  
Problem gamblers: Pattern of gambling behaviour  
for selected types of gambling**

Pattern of gambling	EGMs		Bet at TAB (offcourse betting)	
	N	%	N	%
Ascending	548	28.4	57	19.6
Descending	215	11.1	35	12.0
Stable	370	19.2	72	24.7
Chaotic	292	15.1	55	18.9
Binge	215	11.1	24	8.2
Not currently Gambling	289	15.0	48	16.5
Total	1929	100.0	291	100.0

**Debt**

The extent of clients’ gambling-related debts is reported in Table 14 and shows that males report being more in debt as a result of their gambling than females. This is consistent with the data presented in Table 15 that

males are more likely to borrow money to fund their gambling. The mean debt decreased from AUS \$14,140 in 1997–1998 to AUS \$8,295 in 1998–1999 but rebounded to AUS \$11,763 in 1999–2000.

**Table 14**  
**Total amount of gambling-related debt by sex for 1999–2000 cohort**

	Male	Female	Persons
Maximum debt	\$2,000,000	\$500,000	\$2,000,000
75% quartile	\$10,000	\$6,000	\$8,000
Median debt	\$2,000	\$1,900	\$2,000
25% quartile	\$0	\$0	\$0
Minimum debt	\$0	\$0	\$0
Mean debt	\$14,771.46	\$8,555.61	\$11,763.03

Although, as Blaszczyński et al. (1997) have pointed out, it is difficult to treat self-reported expenditure (loss) information with certainty, we suggest that information on debt, while probably underreported, is worth examining in more detail to determine finer patterns. While over a third of BreakEven/ Gambler's Help clients in 1998–1999, for example, had zero debt, there was a small group of people who had considerable debt. Simple addition of the reported debt for 1998–1999 clients resulted in a total debt of AUS \$15,342,362 among the client cohort. However, looking at those with large debt, we find that only 1.3% of problem gamblers accounted for 29% of the total debt (26 people owed AUS \$4,486,000).

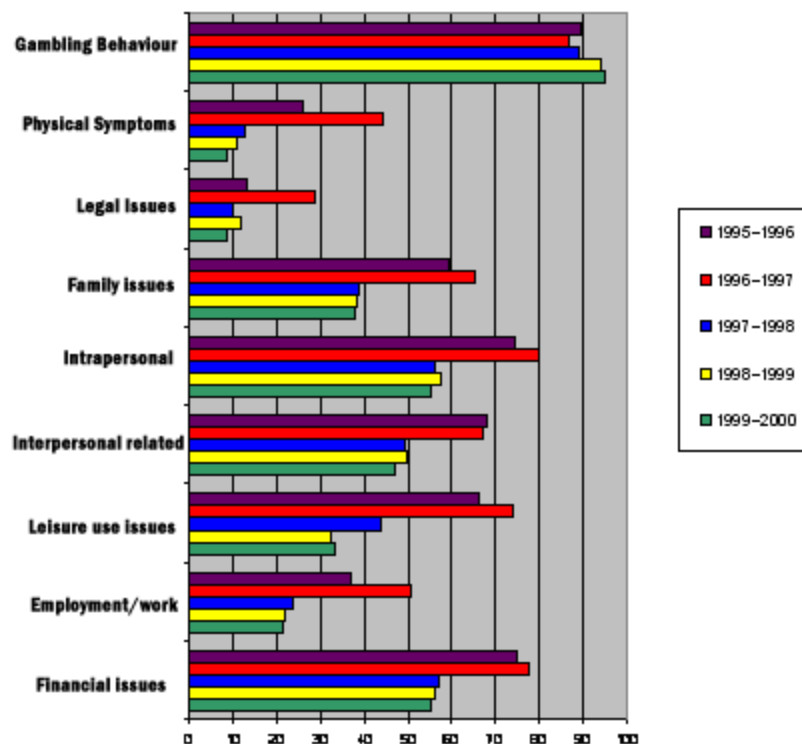
Further disaggregation of this small, high-debt group, compared to all 1998–1999 clients, showed that they were more likely to be male (62%), older (mean age of 41 years), born overseas, employed full time as a manager or clerical worker, with either a very high or a very low individual income. They had higher proportions of most presenting problems, particularly financial and employment problems, and were four times more likely to have the maximum 10 maladaptive behaviours or DSM-IV items. Thus, while it is probably a good sign that some people are attending counselling with zero or low debt, we cannot lose sight of the fact that the problem gambling population includes people who have what can only be described as massive financial problems.

### **Presenting problems**

In a specialised problem gambling counselling service it is not surprising that clients presenting on their own behalf are overwhelmingly concerned about their gambling behaviour, as Chart 2 shows. Other presenting problems as reported by about half or more of these clients were financial, intrapersonal, and relationship or interpersonal issues. While some problems were reported by both

sexes, substantial differences were revealed in respect to some problem areas.

**Chart 2: Problem gamblers: Presenting problems by year of registration**



Employment and other work-related issues and legal issues were more frequently indicated among the presenting problems reported by men, whereas women were more likely to report relationship and family problems and physical symptoms associated with their gambling.

Comparing the presenting problems reported by problem gamblers over the period from 1995 to 2000 reveals some fairly major changes. We can see quite distinct differences between the periods 1995–1997 and 1997–2000. In the 1997–2000 period all presenting problems declined, with the exception of gambling behaviour. There was a marked decline in leisure use issues and physical symptoms, for example.

Generally, the first two years of the BreakEven/Gambler's Help counselling service may be characterised by a high level of help-seeking for "symptomatic" effects of gambling. This declines steadily from 1997 as clients put a somewhat greater emphasis on gambling behaviour as the reason to seek help rather than for problems which are consequences of the gambling behaviour. This is not to suggest a simplistic notion of causality, however, with all problems deemed to be the result of gambling. It is clear that for many people in counselling, the gambling itself is symptomatic of other problems, such as loneliness,



poor familial and interpersonal relations, and perceived lack of alternative leisure pursuits.

The number of presenting problems has also decreased over the years. This suggests both that individuals are seeking help from the program earlier in their "career" as problem gamblers and that the "backlog" of people with longer-standing problems, who had not previously sought help, was dealt with primarily in the first two years of the service's operation. Almost one quarter (24.2%) of problem gamblers in 1999–2000 presented with only one, or none, of the problems listed in this chart compared to 2.4% in 1995–1996. Conversely, the proportion of those presenting with six or more problems was down to 18.5% in 1999–2000 from a high of 49.4% in 1995–1996.

### **DSM-IV "maladaptive behaviour" patterns**

The client assessment form completed by the counsellors at BreakEven/Gambler's Help measures the extent to which gambling has become problematic and uses the DSM-IV criteria as part of the measurement of the type, frequency, and intensity of gambling behaviours and their adverse effects.

The proportion of gamblers reporting five or more maladaptive behaviours is reasonably stable at about three quarters for the period from 1996–1997 to 1999–2000 (see Table 15). This contrasts with the 1995–1996 figure of 81.7%, although the latter figure may be elevated due to the same backlog effect noted earlier. As with the number of presenting problems, there has been a decrease in the number of maladaptive behaviours that people present with. In 1995–1996, 18.2% of people presented with fewer than five of these behaviours compared with 25.7% in both 1998–1999 and 1999–2000.<sup>3</sup>

**Table 15**  
**Maladaptive behaviours by sex for 1999–2000 clients**

	Male		Female		Persons	
	N	%	N	%	N	%
Maladaptive behaviour						
Gambles as a way of escaping	986	83.8	1,085	94.1	2,071	88.9
After losing money, chases losses	992	84.4	890	77.2	1,882	80.8
Repeated unsuccessful efforts to control gambling	892	75.9	924	80.1	1,816	78.0
Lies to family members, therapist, or others	846	71.9	844	73.2	1,690	72.6
Preoccupied with gambling	742	63.1	717	62.2	1,459	62.6
Needs to gamble increasing amounts of money	676	57.5	677	58.7	1,353	58.1
Is restless or irritable when attempting to cut down	646	54.9	696	60.4	1,342	57.6
Relies on others to provide money	621	52.8	601	52.1	1,222	52.5
Has jeopardised relationships, job, education, etc.	714	60.7	506	43.9	1,220	52.4
Has committed illegal acts	261	22.2	165	14.3	426	18.3

If we take the numbers of maladaptive behaviours to be a crude measure of acuity, then it would seem that clients' gambling problems are decreasing in acuity. However, we caution that this may not be a sound index of acuity. The quality and scope of a behaviour rather than whether it is shared with other behaviours might be a better case acuity index. These measures are not available within the current data collection and would need to be the subject of a separate investigation.

As Table 16 demonstrates, the extent to which maladaptive behaviours manifest themselves also varies according to the type of gambling. Comparing people who gamble using EGMs with those who gamble at the TAB, the TAB clients were more likely than the EGM players to report being preoccupied with gambling; chasing losses; relying on others for money; and having jeopardised relationships, jobs, and

education. EGM users were more likely to report gambling as a form of escape. TAB clients were almost twice as likely to report committing illegal acts to finance their gambling.

Further disaggregation of the two variables in the MDS relating to illegal actions in relation to gambling shows that males are twice as likely as females to commit such illegal acts. (The variables are illegal action reported as a current source of gambling funds and the DSM-IV criterion of having committed illegal acts.) Problem gamblers who are younger, unemployed, never married, living in a shared household, reporting debt in excess of AUS \$10,000, presenting with legal problems, and reporting 10 maladaptive behaviours are over-represented in this area of illegal acts related to gambling.

**Table 16**  
**Maladaptive behaviours by selected types of gambling for 1999–2000 clients**

Maladaptive behaviour	EGMs		Bet at TAB (offcourse betting)	
	<i>N</i>	%	<i>N</i>	%
After losing money, chases losses	1,583	81.7	251	87.2
Gambles as a way of escaping	1,762	91.0	245	85.1
Lies to family members, therapist, or others	1,431	73.9	240	83.3
Repeated unsuccessful efforts to control gambling	1,524	78.7	228	79.2
Preoccupied with gambling	1,236	63.8	217	75.3
Relies on others to provide money	1,024	52.9	194	67.4
Has jeopardised relationships, job, education, etc.	996	51.4	191	66.3
Needs to gamble increasing amounts of money	1,159	59.8	181	62.8
Is restless or irritable when attempting to cut down	1,145	59.1	178	61.8
Has committed illegal acts	326	16.8	91	31.6

## Conclusion

This paper sought to describe some trends among people seeking help with gambling-related problems and, specifically, trends among clients of BreakEven/Gambler's Help, the specialised statewide counselling service established as part of the PGSS in Victoria, Australia. A number

of areas covered by this overview have been analysed in some detail to date. These include

- gender differences in help-seeking and problem presentation (Crisp et al., 2000)
- debt (McCormack & Jackson, 2000)
- the particular issues faced by partners of problem gamblers (Crisp et al., 2001b)
- the relationship between number of sessions of counselling and problem resolution (Crisp et al., 2001a)
- the characteristics of older people's gambling and help-seeking (McCormack, Jackson, & Thomas, 2003)

There are still numerous questions posed by this review, however. Just some of these are as follows:

- *Why is the gender profile for presentations to BreakEven/ Gambler's Help different from that recorded by other problem gambling counselling services?*  
Although we know that women are more likely to seek help with problems, this does not, in itself, seem to be a good enough explanation. We believe that the reason may lie in the location of these services as a specialist counselling program in generalist community health agencies rather than being stand-alone problem gambling services. This location philosophy addresses both access and stigma issues.
- *Why are the numbers seeking assistance now over two and a half times the per annum referral rate of the first year of operation of the service?*  
There is obviously a growing familiarity with the existence of both the face-to-face counselling service and the Gambler's Helpline telephone counselling service, which we might expect would lead to more referral, particularly because advertising of the service is increasingly a feature of public education campaigns and venue-based social responsibility initiatives. We have explored in a fairly minimal fashion the relationship between education and help-seeking, but we need stronger evidence of this relationship through detailed evaluations of campaign outcomes. A high level of awareness of actual or potential gambling-related harms may also contribute to a readiness to seek help, to the extent that people may feel that they are less personally responsible (morally and behaviourally) for experiencing problems with their gambling, particularly on EGMs. The *Seventh Survey of Community Gambling Patterns and Perceptions* (Roy Morgan Research, 2000), for example, found that 84% of Victorians thought that

gambling-related problems had worsened, while 83% thought that gambling was now a serious problem.

Increased numbers of referrals do not appear to be linked to higher levels of participation in gambling in the general community or to higher levels of participation in forms of gambling associated with greater risk of problem play, such as EGMs.

- *Is the fact that people are referring with fewer problems an indication that community education and the operationalising of beliefs about harmfulness, as noted above, are a sustainable trend towards early intervention?*

If this is the case, it would be helpful to know what the policy and program mix was that has achieved this result, what the interplay between government regulation based on harm minimisation and industry social responsibility measures is, and whether the effect could be enhanced with higher levels of either or both.

We do not know whether fewer problems actually translates into less severity, although, naturally, we would hope for that effect. This still needs to be determined, as does the question of how long people have experienced their gambling problem before seeking help. We are still working on these two important questions:

- *How do programs such as Gambler's Help attract more problem gamblers under 25 into counselling?*  
*How do programs such as Gambler's Help attract non-English-speaking community members into counselling or into more relevant forms of intervention, given that we know that the client participation rate in counselling is almost identical to that of the general adult community profile, whereas we know that problem gambling rates in some of these communities are at least five to seven times those of the English-speaking population?*

As suggested, these are just some of the questions that this overview has thrown up, and they are beyond the scope of this paper to answer. There are yet other areas that intersect with research being carried out in other jurisdictions which also need further exploration in the population reported here. Such areas include the DSM-IV profiles of male and female gamblers and also EGM gamblers compared with track (oncourse and offcourse) bettors. What is obvious, however, is the usefulness of "available data," in the form of an MDS, in gaining a broad picture of help-seeking patterns and in helping to shape a more detailed research agenda in this area of gambling studies.

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## Endnotes

- 1 The research program is now known as the University of Melbourne/La Trobe University Gambling Research Program.
- 2 The annual loss on all EGMs now exceeds AUS \$2.3 billion (Victorian Casino and Gaming Authority, 2002).
- 3 These data are derived from Jackson et al. (1996; 1997; 1999a; 1999b; 2000a; 2001).

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## policy

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### Australia's gambling policy: Motivations, implications, and options\*



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#### Abstract

The paper will discuss current gambling policy in Australia. The attraction of the use of gambling as a method of "painless taxation" is recognised, but its potentiality for damaging individuals and society will be considered. Five policy options are identified. Much evidence will be drawn from the three-volume report *Australia's Gambling Industries*, and there will be an evaluation of the Australian *Interactive Gambling Act, 2001*. The assessment of the least damaging form of gambling policy, when all aspects of gambling are taken into account, is the ultimate aim of this paper. **Key words:** gambling, policy, Australia

#### Introduction

Gambling is known to have existed in many ancient societies and would appear to be an endemic though culturally affected activity. It has been defined as

...a reallocation of wealth, on the basis of deliberate risk, involving gain to one party and loss to another, usually without the introduction of productive work on either side. The determining process always involves an element of chance, and may be only chance. (Fuller, 1977, p. 12)

Gambling can be gaming, as in a game of chance such as roulette; betting or wagering, where money is staked on a future event such as a horse race; or a lottery, where prizes are distributed by lot. Sometimes speculation on the future movement of prices is included in gambling and, although chance plays a role, work in the form of research and analysis is involved, and so therefore this should not be included as gambling. In Australia, as in many other countries, governments have realised that taxing the "reallocation of wealth" is painless in relation to other forms of revenue raising and is therefore highly attractive, but the consequences are causing unease.

### **The extent of gambling in Australia**

Legal gambling accounts for one and a half per cent of Australia's Gross Domestic Product, which was a total net expenditure (that is, net loss) of AUS \$14.37 billion in 2001/2002, or AUS \$988 loss for every adult (Ellicott, 2002, p.3). In 1997–98, the total amount staked was AUS \$95 billion, of which AUS \$3.5 billion was taken as taxation. Expenditure on gambling is today double what it was 10 years ago, and treble that of 15 years ago; in other words, a major social transformation has taken place, mostly fuelled by the introduction of electronic gaming machines (EGMs) (Productivity Commission, 1999, pp. 8–9).

Eighty-two per cent of adult Australians engage in gambling, excluding raffles and sweeps, the highest extent of gambling in the world, where the annual loss is at least double that of North America or Europe (Productivity Commission, 1999, p. 12).

Currently Australia has 185,000 electronic gaming machines, which, on a per capita basis, is five times more than the U.S.A. (Productivity Commission, 1999, p. 11).

### **Motivations to gamble**

As a service industry, gambling gives enjoyment, provides an accessible, comfortable, and safe environment, provides employment, and generates taxation revenue. The industry directly employs 37,000 people and indirectly another 70,000, mostly in clubs and pubs. Tourism is a beneficiary of the gambling industry, and of the total loss on gambling of AUS \$11.3 billion in 1997–98, AUS \$0.5 billion was lost by overseas visitors (Productivity Commission, 1999, p. 9). In addition, gambling now accounts for 12 per cent of state and territory taxation revenue.

The motivation for Australian gamblers has been found to be

Percentage of respondents	
Dream of winning	59
Social reasons	38
For charity	27
Atmosphere/excitement	13
Belief in luck	12
Favourite activity	10
Beating the odds	9
Boredom/pass the time	9

(Source: Roy Morgan, in Productivity Commission, 1999, p. 15).

These survey results confirm the artistic presentation of gambling as a glamorous and exciting activity where mundanity can be replaced in a way that can only be dreamed of. In the classic film of 1963 *La Baie des Anges*, a young bank clerk (Claude Mann) is drawn into gambling by a colleague and then teams up with a beautiful female companion (Jeanne Moreau). Together they embark upon a journey of wealth and excitement through the roulette wheels of the Côte d'Azur, a journey that can of course only end badly.

Gambling is for most people a rational choice, a decision to invest in the totally comprehensible desire of winning a big prize for a small investment, and the dream of the possibility of a transformed future, far removed from one's present surroundings. This activity may be aided by subsidised food, drink, and entertainment, and take place in a timeless encapsulated environment where clocks, windows, day, night, public holidays, the seasons, and other signifiers of time and other place, such as the presence of children or the impact of world events, have been excluded. Even in the darkest days of the Nazi occupation of France, the horse races at Longchamps continued without interruption, causing one to consider whether gambling can provide release in a collective sense in addition to that for individuals. Many casinos operate on a 24-hour, 365-day basis, though curiously not Monte Carlo.

This said, it is important to note that gamblers are not a homogenous group, particularly concerning any psychosocial aspects of gambling (like motivations which can be very diverse).

### **The implications of gambling for the individual**

For a person who has difficulty in controlling his or her gambling behaviour, with resultant adverse personal, economic, and social impacts, the term "problem gambler" is generally used, as for example by the Australian Productivity Commission. At precisely

what point a recreational gambler becomes a problem gambler is not clear. Some of the questions posed in the South Oaks Gambling Screen (SOGS) (Lesieur & Blume, 1987) about the gambler's behaviour concern whether they chase losses, feel guilt, and believe that they have a problem, with a score of 5 or more indicating acceptance as a problem gambler (Productivity Commission, 1999, p. 20).

The American Psychiatric Association has created in the Fourth Edition of their *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) a test for what they call *Pathological Gambling*, which they define as a Disorder of Impulse Control, one of the wider spectrum of Obsessive-Compulsive Disorders. This test has greater emphasis on the psychological aspects of the gambler's behaviour, such as preoccupation with gambling, the need to gamble with increasing sums of money to achieve the desired level of excitement, failed attempts at control or cessation, gambling as a way of escaping dysphoria, "chasing" losses, lying about gambling, committing crime to finance gambling, and jeopardising or losing a relationship, job, or career (Koran, 1999, p. 228).

Three stages in the development of the condition of pathological gambling have been identified: the "winning phase," the "losing phase," and the "desperational phase." Of these, the latter is the phase of acutest danger, as the gambler will have intense dysphoria, anxiety and alienation, and commonly suicidal ideation. Resort to crime is a possible outcome; types of crime involved commonly include drug pushing, forgery, fraud, and embezzlement for men, and prostitution for women, though violence against persons is rare (Koran, 1999, p. 229–30).

The pathological gambler will hold irrational and overvalued beliefs about gambling, and may believe that he or she can have some influence over winning outcomes, or that a run of bad luck must soon end, or that Lady Luck can be influenced (Koran, 1999, p. 231).

Pathological gamblers are often found to have co-morbidity: in one study by Blaszczyński and McConaghy, 76 per cent were found to have major depression, 36 per cent to have drug and alcohol dependence, and 12 per cent to have made potentially lethal attempts at suicide (Koran, 1999, p. 232–3).

### **The implications and effects of gambling for society**

In Australia, an estimated 1 per cent of the adult population (130,000 people) are believed to have severe gambling problems,



with another 1.1 per cent (163,000) experiencing moderate problems (PC, 1999, p. 19). The problem gamblers contributed an estimated one-third of total gambling expenditure, that is, about AUS \$3.6 billion annually, an average of AUS \$12,200 per gambler, causing harm to an estimated 250,000 adults (Productivity Commission, 1999, p. 21).

The National Gambling Survey identified a number of specific adverse impacts over a 12-month period. The most significant of these were

Impact	Number of people affected
Depression	70,500
Adverse job performance	49,200
Break-up of relationship	39,200
Serious consideration of suicide	12,900
Crime (excluding cheque fraud)	9,700
Attempted suicide	2,900
Completed suicide	35–60

(Source: Productivity Commission, 1999, p. 26).

The estimated annual cost to Australia of gambling-related depression and suicide is estimated to be between AUS \$502 million and AUS \$1,230 million, with a total adverse impact (including bankruptcy, loss of productivity, separation and divorce, policing and justice) of between AUS \$1.2 billion and AUS \$4.3 billion (Productivity Commission, 1999, p. 32). (This figure must be set against the net benefit of the gambling industry, estimated annually in Australia to be between AUS \$4.4 billion and AUS \$6.1 billion (Productivity Commission, 1999, p.32).

There has been some questioning over the distribution of the economic benefits of the gambling industry. In the United States, many Native American nations have allowed casinos to be built and operated on reservations. Although Native American gambling revenues have increased from US \$100 million in 1988 to US \$8.26 billion in 1998, an analysis of federal unemployment, poverty, and public assistance records indicates that the majority of Native Americans have benefited little. Among the 130 nations with casinos, a few near major population centres have thrived while the majority are just financially viable (Online Casinos, 2002).

Interesting though the attempts to quantify the implications of gambling are, the qualitative harm is very difficult to assess. Is gambling contributing to a breakdown of social fabric, also called

"social capital," that is, the layer of trust, support and engagement between the members of communities (Putnam, 1995)? It has already been noted that gambling has increased, and as availability increases, the total amount of gambling activity can be predicted to increase (Jacques, Ladouceur & Ferland, 2000).

In view of the harmful effects of gambling on the individual, his/her family, friends and workmates, and on society, why does anyone gamble? The answer can only be that much more research is needed. The explanation, which may never be fully satisfactory, would probably include that which has been called by Orford (to name just one of many insightful researchers), "multiple interacting determinants" including personality or character, but also social or ecological determinants such as opportunity and the influence of others (Orford, 1985, p. 319).

### **Gambling policy**

Governance is always predicated on assumptions: in the case of gambling they are about human behaviour and its social impact, and they could be stated specifically as (1) the individual needs/does not need protection/support and (2) society needs/does not need protection/support. Among the range of policy options available to those entrusted with the responsibility of governance, the assumption of need/support will be given different values, ranging from 100 per cent or complete protection/support, in other words the complete banning of gambling, to zero or no protection/support, in a situation of "survival of the fittest." These assumptions are not merely philosophical positions that can be debated in the abstract as two conflicting and irreconcilable value positions of freedom *versus* protection that can be discussed at leisure. In reality, the decisions about policy options will impact on many of those about whom they are made and those around them. It is thus possible to consider the various policy options particularly in the light of the implications of mental health status, hopefully to the point where a policy recommendation can be made.

Complicating the issue is that fact that, in the gambling industry, governments have at their disposal an extremely powerful revenue-raising instrument, which operates painlessly. The problem has been very clearly stated by Lorrin M. Koran, professor of psychiatry at the Stanford University Medical Center, when he wrote

We live in a peculiar age, one in which governments encourage gambling. In the past quarter century, after decades of suppression, most state governments in the United States and many national governments abroad have legalized gambling in order to generate tax revenues...Between 1979 and 1995, the amount

wagered in legal gambling in the United States has increased 28-fold, from US \$17 billion to US \$482 billion.... Easy availability has entrapped individuals in pathological gambling who would not otherwise have fallen victim... (Koran, 1999, p. 227)

As noted by Koran, governments in other countries have been quick to exploit the revenue-raising possibilities of gambling. In Australia the states and territories raise 12 per cent of all revenues from gambling (Productivity Commission, 1999, p. 9). The total figure of around AUS \$3.5 billion is made up of AUS \$1.7 from gaming machines, AUS \$850 million from lotteries, AUS \$500 million from racing, and AUS \$450 million from casinos (Productivity Commission, 1999, p. 52).

The attraction of this method of taxation is that it appears to be "painless" or "voluntary taxation." A Canadian study found that in response to the statement "gambling is a good way for governments to raise revenues because it is a form of voluntary taxation," 62 per cent of respondents agreed (29 per cent strongly agreeing), twice as many as those who disagreed (32 per cent) (Azmier, 2000, p. 3).

The "painless taxation" view has been criticised on grounds that it is highly regressive and exploits the false hopes of the financially destitute (Reno, 1997, p. 1). To this one could add that many of the taxation contributors are, at the time of making their contribution to taxation, affected by drugs, alcohol, and possibly mental illness. In other words, for a compulsive gambler, the taxation contribution is not a voluntary one. In this connection, it can be noted that one clinic has had some success in helping its clients by encouraging them to visualise the poker machine as a "voluntary taxation machine" (North, 2002, p. 1). In addition, the revenue-raising capabilities of the gambling industry give political leaders a very strong reason to minimise the true extent of the damage being done to individuals and to society, a situation highly analogous to the early attempts to publicise the harmful effects of the tobacco industry.

### **Gambling policy options**

In regard to gambling and taxation revenue, governments must therefore take a position. It is possible to identify five distinct policy options, each taking a relative place in a spectrum of protection/support for the individual and society, though at the same time noting that a blending of options often exists and that gambling policy is an evolutionary process, like other areas of public policy. This positioning will be a result of the ethical viewpoint of the leaders of the governments concerned and prevailing attitudes, values and media representation. Some representatives may feel that the

financial gain from painless taxation justifies concealment or at least downplaying of the true cost of gambling.

### **The fundamentalist option**

The Taliban or fundamentalist Islamic religious scholars held power in Afghanistan from 1996 to 2001. Under their regime, all gambling, betting, pigeon-keeping and flying, and dog racing was prohibited, as well as a range of other offences including adultery and homosexuality (as capital offences), and lesser crimes (Malik, 1999, p. 139). Although Afghanistan under the Taliban was the only modern example of a fundamentalist state, it is not inconceivable that other states with a 100-per-cent ban on all gambling could arise again. One commentator sees a distinct possibility of the combining of religion and politics in Hinduism, Buddhism, Christianity, and Judaism (Malik, 1999, p.136).

### **The Monaco option**

The Principality of Monaco is an independent principality of 150 hectares adjoining France, with a population of 31,500 inhabitants. Since 1863 it has been the home of the famous Monte Carlo Casino, which is a major revenue source for the principality, as well as related tourism, banking, insurance, and other service and light manufacturing industries. It has no income tax (except for certain categories of French nationals) and no capital gains tax. An interesting aspect of governance is that citizens of Monaco are not permitted to gamble at the Monegasque facilities (Virtualtourist, 2002). A similar ban on its own citizens is operated by Australia in relation to Internet gambling. These governments accept a need to protect and support their own citizens from gambling, thus acknowledging the potentially harmful effects on individual and society, but accept no such responsibility for foreigners, in what could be described as a two-level assumption of need to protect and support.

### **The Buthelezi option**

An interesting statement of another form of the two-level need to protect and support has been expressed by the South African Minister for Home Affairs, Chief Mangosuthu Buthelezi, at the opening of the multimillion rand Sugar Mill Casino at Mount Edgecome, north of Durban.

The local, provincial and national governments view gambling as a form of voluntary taxation. In licensing casinos, the intention of the provincial and national governmental has been to redirect disposable income from the "haves" into socially and economically responsible projects that ultimately benefit the "have-nots," Chief

Buthelezi is reported to have stated. (SAPA, 2001, p. 1).

The Buthelezi option thus accepts no need to protect and support the haves, while the presumably unaffordable cost of gambling relieves governments of any need to protect the have nots, who can be supported by government using funds taken from the haves. In a country such as South Africa where income differentials are very high, and the minimal casino bet would possibly be prohibitive to many, the argument may have a degree of validity that it would not have in more affluent countries.

### **The Tasmanian Green Youth Network/New Zealand Gambling Workshop option**

Accepting a need to protect and support Tasmania's gamblers, the Tasmanian Greens proposed a Gaming Control (Stop the Roll Out of Pokies) Amendment Bill in state parliament in 2001 which called for an end to the further roll out of poker machines, placement of a statement of odds on all machines, and a limiting of ATM and EFTPOS access in gambling areas. After the bill was defeated by the Labour and Liberal Parties, members of the Green Youth Network entered the Wrest Point Casino in Hobart and placed stickers on the poker machines warning gamblers that they had a "one in 9,765,625 chance of winning the jackpot " (Martain, 2002, p. 9).

In New Zealand a similar perspective was taken in a collective statement prepared by participants at a workshop hosted by the Problem Gambling Foundation of New Zealand and the Centre for Gambling Studies at the University of Auckland in 2002. Among the comprehensive and far-reaching objectives were the goal of "healthy gambling " and an acceptance of the responsibility of government in its legislation to "promote the social and economic well-being of people and communities," and among its many solutions a concern with availability and consumer information. The statement also took great care to recognise the special needs and sensitivities of people of different backgrounds (Problem Gambling Foundation of New Zealand & Centre for Gambling Studies, 2002).

These approaches, also adopted elsewhere, such as by the international organisation Gamblers Anonymous (2002), are focussed on a need to limit and control access and to educate people. Of the two methodologies, control of access would appear to be more effective in the short term. In the longer term, education as to the nature and effects of gambling would be appropriate. With regard to specific warnings or statements of odds, it is problematic as to what extent the pathological gambler at the stage of desperation would be able to heed, or even bother to read, a printed statement of the particular odds of her/his chosen form of gambling.

### **Survival of the fittest option**

In this view, governments are assumed to have no sense of responsibility at all for the protection and support of individuals or societies, in other words, a situation of total deregulation.

There is probably no regime anywhere that would allow gambling to be legally available to children, although children and young people do gamble, probably for similar motives as adults. The Canadian Health Network has noted that approximately 70 per cent of Canadian youth engage in some form of gambling, and that 4.8 per cent of adolescent gamblers are categorised as pathological and 14.6 per cent are categorised as problem gamblers, and note that as well as money, gambling could be for shoes, CDs or Discmans: "...youth do not gamble for financial rewards alone, they also do it for a whole range of reasons, including the "rush" of it and the self-esteem of proving they can be "winners "" (Canadian Health Network, 2002).

The survival of the fittest approach is rarely described as such, more usually being described as "deregulation," and is advocated by the gambling industry. In the U.K., the Budd Report has recommended the easing of membership delays, more lucrative slot machines in casinos, the serving of alcohol on gaming floors, and the purchase of gaming chips by credit card (Gillan, 2002). The assumption is of course that all gamblers are of sound mental health and therefore capable of rational decision-making while remaining fully in control of their impulses.

Proponents of deregulation deny the existence of problem gamblers. In the words of one leader of the gambling industry in Australia, "Do problem gamblers exist? I am yet to be convinced of this; however I fully acknowledge that there are people with problems who gamble" (Productivity Commission, 1999, p. 26).

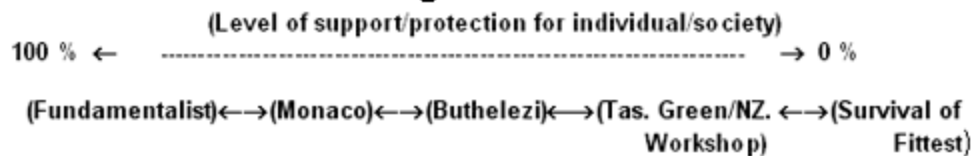
The attitude that individuals and society need protection and support has critics who regard this as the "Nanny State," which is claimed to be medicalising many aspects of behaviour and reducing self-reliance. Obviously there is always a need for individual responsibility, but its proponents go further in their support for rugged, protean individualism and are generally in favour of lower taxes, the abolition of gun control, and the cessation of anti-smoking and anti-alcohol campaigns. They also accuse the nanny state of double standards:

The Nanny State is also notoriously "even-handed," and can be seen covering both sides of a transaction: it prohibits gambling (in most states) while monopolizing lotteries, it subsidizes tobacco farmers while extorting

billions of dollars from tobacco companies, and it bans advertising of alcoholic beverages while reaping billions in hidden excise taxes. The Nanny State does all this and more. It is the symbol of what happens when the desire "to do good" is given too much power to lawfully coerce peaceful citizens (The Lighthouse, 2000).

The cost of a policy of total deregulation of gambling would be difficult to estimate. One could conceive of a much larger number of less mentally fit gamblers failing to survive, either financially or personally, a much larger level of homelessness, greater crime, and generally a slide into alienation and anarchy. If combined with reduced gun control, casinos could become very dangerous locations to physically approach, and the gambling industry could lose the support of tourists. In general, the policy would appear to be unworkable.

### Figure 1



This examination of five options of gambling policy reveals that complete prohibition (the Fundamentalist option), and complete deregulation (Survival of the Fittest), do not have long-term prospects for implementation because of the lack of political acceptability due to the extremely high costs of each: in compliance in the former and social destructiveness in the latter. The three middle-range options are feasible and do exist already. The Buthelezi model is only applicable in a country of very high income differentials, as it depends for its application on economic prohibition. However, the concept of recycling gambling taxes to valuable economic, social, and cultural projects is a valuable one, and is already in force in many countries besides South Africa. The Monaco two-tier system is effective in protecting and supporting citizens against the harmful effects of gambling, but may be unworkable in countries with populations greater than that of Monaco. The ethical basis of such a policy may also be unacceptable. The Tasmanian Green Youth/New Zealand Gambling Workshop option, with its emphasis on limiting access, and on the education of gamblers and of the general public, is the most effective policy option, and the easiest to implement.

#### Non-traditional gambling: The Internet

In addition to the huge avalanche of gambling activity since legalisation in most countries and the widespread introduction of

EGMs, there is now yet another aspect to the gambling and mental health issue.

In 2001, the American Psychiatric Association issued a health advisory on the risks of Internet gambling (APA, 2001). In 2000 there were more than 1,300 online gambling sites, with revenue estimated to be hundreds of millions of dollars. Children and young adults find gambling sites through links to game sites and can be lured by free gifts and discounts, as anecdotal evidence would suggest. These players can use borrowed credit cards until they are "maxed" (used to their maximum limit), but most parents have more than one credit card. Moreover, the credit card numbers can be accessed by hackers, who can also manipulate the games.

The Internet poses a greater risk than other forms of gambling because of the isolation and anonymity of the players, who are playing in a timeless and uninterrupted environment. The APA is concerned about the damaging personal, family, and social consequences, and notes the call for a ban on Internet gambling by the United States National Gambling Impact Study Commission. It concludes that young people should be made aware of the hazards of this type of activity.

In July 2001, Australia's Interactive Gambling Act (IGA) came into force. Following the Monaco option, the IGA prohibits the access of Australian residents to certain interactive gambling sites, such as on-line casino services, while allowing interactive sports betting and wagering services. Under the IGA, residents of foreign countries may gamble at Australian online casinos unless their governments have opted out of an agreement to receive Australian Internet gambling services.

As it is not technically possible to prevent Australian residents from gambling on overseas online casinos, and it is legal for Australian companies to set up online casinos in overseas countries to service Australian online gamblers, the IGA has been subjected to much criticism. One proposal has been for Australian banks to be prevented from accepting cheques for winnings drawn on foreign banks, but this also presents practical difficulties (Handelsmann, 2001). Also, many credit card companies are losing court battles over unpaid Internet gambling debts (anonymous reviewer).

## **Conclusion**

The paper has reviewed the explosion in legalised gambling in the last ten years in Australia and elsewhere motivated mainly by the attraction to governments of painless taxation. It has noted some of its beneficial effects of enjoyment, employment, and a safe gambling environment, but also its implication of a potentiality for damaging



individuals and society. As a result, governments must take a position on the issue of how much or how little protection and support should be given to individuals and to society. Five policy options were evaluated, but two of them, total banning and total deregulation, were found to be unworkable. Of the three middle-range options, that of Young Green Tasmania and the New Zealand Problem Gambling Foundation and Centre for Gambling Studies, was found to be the most appropriate, though it is accepted that policy can blend several options and in any case is always evolving. This recommended controls on availability, and education of gamblers and the wider society. The deeper problem of alienation and lack of direction which lies at the basis of both gambling and mental health problems is likely to intensify. New gambling technology such as through the Internet presents new challenges, and the Australian *Interactive Gambling Act, 2001*, is evaluated. This new form of gambling also raises new questions about the appropriateness of the offer of gambling opportunities to players regardless of age. The issue of what is an acceptable level of gambling-industry-related damage to individuals and society is one that will be determined by the political and other leaders of society within the framework of their own conscience, belief system, and understanding of mental health.

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## research

*[This article prints out to about 13 pages.]*

### **Gambling attitudinal and behavioral patterns and criminality in a sample of Las Vegas area detained youth**

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#### **Abstract**

This exploratory study seeks to better understand gambling patterns in a sample of incarcerated youth from the Las Vegas area. The study uses data derived from surveys administered to 269 incarcerated youth from two southern Nevada detention facilities. Respondents reported attitudes about gambling, frequency, and location of their gambling. In addition, we explored the link between gambling behavior and property crimes, socio-demographic variables, and gang membership. Results reveal a robust relationship between reported property crimes and the frequency of gambling behavior, as well as between gambling and gang involvement. Implications for future research are discussed.

**Key words:** gambling frequency, youth, delinquency, ethnicity, gangs, Las Vegas

#### **Introduction**

Over the past 20 years, as opportunities for legal adult gambling have increased, so have concerns regarding the prevalence of youth gambling behavior (National Research Council (NRC), 1999). While minimal or moderate gambling by youth might be part of typical exploration behavior in adolescence (Griffiths, 1990; Winters, Stinchfield, & Fulkerson, 1993), a proportion of youth

gamblers develop into problem gamblers. Shaffer and Hall (1996), in their review of adolescent prevalence studies, estimated that between 4% and 8% of youth have serious gambling problems, with another 10–15% being at risk of developing such a problem.

Problem gamblers are characterized by frequent gambling and by undesirable outcomes ranging from borrowing money from family members to being arrested for offenses committed to support gambling (NRC, 1999). These problem gambling patterns seem to emerge and develop, as do other risk behaviors like substance abuse, during adolescence (Gupta & Derevensky, 1998). Unfortunately, although many studies have examined patterns of gambling in youth, few have conducted these examinations with ethnically and socioeconomically diverse samples (NRC, 1999). Those who have employed more ethnically diverse samples have found signs of ethnic differences in youth gambling patterns (Zitzow, 1996; Stinchfield, Cassuto, Winters, & Latimer, 1997). Additionally, youth from lower socioeconomic circumstances may be more adversely affected by frequent gambling. Thus, there is a great need for more information regarding gambling patterns among "at risk" and ethnically diverse youth (Schissel, 2001; NRC, 1999).

A variety of factors seem to contribute to the development of frequent gambling behavior, including parental attitudes (Gupta & Derevensky, 1998), impulsivity (Vitaro, Arseneault, & Tremblay, 1999), and involvement in other risk behaviors (NRC, 1999). In addition to these factors, other aspects of youths' familial, peer, and community context may contribute to a pattern of frequent gambling. Of particular interest with a sample of youth from Las Vegas, Nevada, are contextual factors such as peer affiliation, familial composition, parental work schedule, or community attitudes regarding gambling. Since a significant proportion of both private and public revenue in Las Vegas is generated from gaming-related sources, this community has a strong connection and positive orientation to gambling. Youth raised in this environment may have a greater propensity for gambling as compared to youth raised in other areas. Moreover, many parents have work schedules that reflect the 24-hour operation of the tourist-related industries, making parental monitoring a challenge, particularly in single-parent families. In addition, due to the high prevalence of gang activity in the Las Vegas area, gang involvement also may play a role in the development of gambling behavior.

Frequent gamblers can suffer tremendous financial effects as a result of their gambling (NRC, 1999). Due to the financial pressures from gambling, youth can turn to crime to feed a gambling habit or pay off debt. Property crimes and drug trafficking can become likely sources of money to pay for gambling-related

expenses. Youth who are involved in a culture of risky behaviors may be particularly at risk to be involved in gambling and to turn to property crimes and other criminal activity as a way of paying for gambling debts. No studies known to the authors have directly examined this link among incarcerated youth, although it is known that such high-risk populations possess a variety of social, psychological, and problem behaviors (Lattimore, Visher, & Linster, 1995; Stahl et al., 1999). This exploratory study seeks to address this gap in the literature by examining the relationship between property crimes and gambling behavior within a sample of Las Vegas area incarcerated youth, as well as by exploring the relationship between multiple factors and gambling attitudes and behavior.

## **Methods**

### **Procedures**

The data for this study derive from surveys of incarcerated adolescents in two Nevada secure youth detention facilities during the winter of 2003. These two institutions were selected because of their status as the two primary detention facilities for the sentenced youth of Clark County (the county encompassing Las Vegas). The adolescents in these facilities are typical of the detained youth of Clark County, Nevada. The participants were selected based on their scheduling during the time of the survey administration. The selection of adolescents to be assessed was based on the times that were convenient to both the institutions' administrators and the researchers.

The surveys were conducted, in collaboration with the Clark County Juvenile Services (CCJS), to understand adolescents' perceptions of their detention experience and to aid in the development of community reentry programming. Adolescents responded to a 158-item survey designed to assess perceptions of the overall facilities, staff, and programming, as well as items related to anger management, gambling, violence, abuse, and gang affiliation. Surveys were administered by the authors and trained research assistants and completed during periods usually devoted to educational activities. Students who had difficulty comprehending the survey or specific items were read the survey by one of the survey administrators. Bilingual (i.e.: English- and Spanish-speaking) survey administrators were used.

Since the incarcerated adolescents in this study were wards of the State, parental permission was not obtained. All participants completed informed consent forms; however, to insure accurate and honest responses, the surveys were anonymous and confidential. No incentives were offered for participation. In

addition, participants were informed that the survey was voluntary and that they could skip any item they wanted. Ninety-four percent of the adolescents present in the facilities on the day of administration chose to participate.

### **Participants**

The sample was composed of 269 male and female detainees. Sixty-five percent of the subjects were 16 years of age or older, 21% were 15, 11% were 14, 3% were 13, and 2% were 12 or under. Eighty-five percent of the sample were male detainees. The ethnicity of the subjects was distributed as follows: 31% Hispanic-American, 29% African-American, 25% European-American, 6% multi-ethnic, 2% Native American, and 1% Asian/Pacific Islander-American. Seventy-seven percent of respondents said they had lived in Las Vegas for four or more years before being detained.

Ninety-three percent of the respondents said they had been incarcerated in the detention facilities for six months or less, with 77% reporting that they had been arrested three or more times. The top five crimes that youth reported for which they were being detained were robbery or burglary (23%), violation of parole or probation (23%), stealing cars (17%), drugs (15%), and assault and battery (12%). Approximately 48% of the youth said that they are currently members of a gang, with 62% of self-described gang members reporting membership for more than two years.

### **Measures**

The self-report instrument used in the subsequent analyses was developed for the purposes of this study and to provide information for CCJS about adolescent detainees. The scales and items used were based on prior research, focus group discussions with CCJS administrators, and focus groups with incarcerated youth. The survey was then piloted with a group of incarcerated youth for comprehension and readability. This piloting resulted in several content and formatting modifications (for more information on this instrument, see Evans, Brown, and Killian (2002)).

**Sociodemographics** Gender and age variables were each assessed by one item on the survey. Ethnicity was assessed by one self-report item on the survey.

**Contextual factors** Familial composition, mother and father work schedule, and time living in Las Vegas were each assessed by one item. In addition, individual items assessed gang involvement and length of time in a gang. A validity check, which had respondents list the name of their gang, was included for the gang items.



**Criminality background** Characteristics of the individual juvenile offender, including offense, the length of detention and number of arrests were assessed by individual items. In addition, category of offense and previous criminal behavior were all assessed by individual items. Prior property crime activity was assessed with a single item which asked, "Prior to being detained during the prior year how often did you steal? ('never,' 'once or twice,' '3–4 times,' or '5 or more times')."

**Gambling attitudes and behavior** Several items were used to assess gambling behavior. Gambling was defined for respondents as "gambling for money ('on the Internet,' 'at a casino,' 'with friends,' 'lottery,' etc.)". Respondents were asked whether or not they gambled ("yes" or "no"), and the frequency of their gambling over the past month ("never," "once or twice," "3–4 times," or "5 or more times"). Participants also were asked whether or not they had stolen money or property to pay for gambling. They also were asked to report where they had gambled and who helped them gamble. Lastly, participants were asked whether they agreed ("strongly agree," "agree," "disagree," or "strongly disagree") with the following attitudinal statements: "I think gambling is ok," "I think gambling often is ok."

## Analysis

For purposes of understanding the patterns of gambling behavior in this sample, a series of frequency counts were conducted with the data. Additionally, these patterns were examined by group (sex and age). In order to test the relationship pattern between property crimes and gambling, a regression analysis was conducted predicting reported property crimes by gambling behavior, while controlling for background variables (time detained, age, sex, and number of times arrested). In addition, frequencies were used to determine the percentage of gamblers who reported stealing or borrowing money to gamble.

In order to determine the relationship between background variables (time in Las Vegas, parental work schedule, family composition, ethnicity, and gang involvement) and gambling attitudes and behaviors, a variety of statistical analyses were conducted, the particular statistical test depending on whether a variable was categorical or continuous. For all analyses, SPSS® version 11.5 was used.

## Results

**Gambling behavior patterns** Frequency counts were conducted to illustrate gambling behavior patterns in this sample of detained youth. Fifty-four percent of the respondents reported gambling for

money ( $n=260$ ). In response to a question of frequency of gambling over the course of a month, 37% reported *never* gambling, 20% reported *once or twice*, 16% reported *3–4 times*, and 27% reported *5 or more times* ( $n=240$ ). Twelve percent of the respondents reported stealing money to pay for gambling ( $n=243$ ), while 13% reported borrowing money to pay for gambling ( $n=241$ ). When asked to report who helped them gamble, 28% said their *older friends*, 2% said *family*, 9% said *others*, and 61% said *no one* ( $n=179$ ). When asked to write in where they gambled, 8% reported school, 42% reported streets, 23% reported private residence, 12% reported casinos, 5% little stores and gas stations, and 10% reported anywhere ( $n=118$ ).

In order to further illustrate gambling patterns, frequencies were conducted with two salient grouping variables, age and sex. For females, 34% reported *gambling for money* ( $n=35$ ), while 60% of boys reported *gambling for money* ( $n=221$ ). Grouping age variables into three groups, 47% of those 14 and under ( $n=36$ ), 44% of 15 year olds ( $n=50$ ), and 62% of those 16 and over reported *gambling for money* ( $n=161$ ).

Descriptive statistics were conducted with each of the variables used in the relational analysis in order to better understand their respective distribution. The self-reported property crime item had a mean of 2.03, a standard deviation of 1.14, and a kurtosis of  $-1.01$ . The frequency of gambling item had a mean of 2.32, a standard deviation of 1.22, and a kurtosis of  $-1.53$ . The gambling attitude items ("Gambling is ok"; "Gambling often is ok") had means of 2.18, 2.40; standard deviations of .979, 1.02; and kurtoses of  $-.625$ ,  $-1.04$ . As expected, both frequency of gambling and stealing were skewed, because of the "never gambled" or "never stole" options.

**Gambling behavior and property crimes** Of the youth who reported gambling, 9% reported stealing money or property and 14% reported borrowing money to pay for gambling. In a further test of the relationship between property crimes and gambling, a regression analysis was conducted predicting reported property crime behavior from frequency of gambling. The analysis revealed a significant relationship between gambling and stealing ( $\beta [199] = .247$ ,  $p \approx .000$ ), despite the control of background variables (time detained, age, sex, and number of times arrested). Fourteen percent of the variance of reported property crime behavior was accounted for by the full model (see Table 1).

**Table 1**  
**Results from a multiple regression equation predicting frequency of reported property crimes from gambling behavior**

Frequency of property crimes	
Frequency of gambling ( $\beta$ )	.247***
Number of arrests ( $\beta$ )	.028*
Time detained ( $\beta$ )	.215**
Age ( $\beta$ )	.063*
Sex ( $\beta$ )	.102*
Adj. R 2	.142*

\* $p < .05$ ; \*\*  $p < .005$ ; \*\*\*  $p \approx .000$ .

Note: Sex is coded Male=0; Female=1. While some variables were intercorrelated, there was no serious problem with multicollinearity.

### Background variables and gambling attitudes and behavior

The second series of analyses considered contextual variables and their relationship with gambling attitudes and behaviors. Individual analysis of variance, comparing parental work schedules, familial composition, and gambling attitudes and behavior failed to reach significance levels. Only group differences between family composition and the attitudinal item reached significant levels ( $F [252] = 2.14, p < .04$ ). Post hoc comparison failed to reveal a significant source of the difference. A Pearson's  $r$  correlation was conducted to test the relationship between time spent living in Las Vegas and gambling behavior and attitude. Time lived in Las Vegas did not seem to have a significant relationship with gambling attitudes and behavior ( $r = -.092, p < .166$ ). Ethnic differences in gambling frequency ( $F [223] = 4.54, p \approx .000$ ), attitudes about gambling ( $F [243] = 3.50, p < .002$ ), and attitudes about frequent gambling ( $F [242] = 3.07, p < .007$ ) reached significance, particularly among African-American respondents, who had significantly higher rates of gambling and more positive attitudes about gambling and gambling often as compared with Hispanic-Americans.

Using gang members and non-gang members as independent groups,  $t$ -test analysis tested differences in gambling attitudes and behaviors. Gang members had significantly higher rates of gambling ( $t [219] = 2.75, p \approx .000$ ), attitudes about gambling ( $t [235] = -3.62, p \approx .000$ ), and attitudes about frequent gambling ( $t [237] = -1.72, p < .086$ ). In addition, a Pearson Chi square analysis tested differences between reported gang membership and stealing and borrowing to pay for gambling, with gang members

reporting higher levels of stealing to pay for gambling ( $X^2 [1] = 5.96, p < .015$ ).

## Discussion

Present findings reveal some of the gambling patterns of incarcerated youth. Firstly, approximately 50% of the sample reported gambling, with 27% reporting gambling five or more times a month. These rates of gambling were higher for males and older detainees. These rates are comparable, considering the divergent measurement, to those found in a study examining adolescent gambling behavior in a Las Vegas area sample, with 12.4% reporting gambling more than five days per month (Kearny, Roblek, Thurman, & Tournbough, 1996). These rates are similar to estimated gambling rates for adolescents overall (NRC, 1999). Kearny and colleagues (1996) suggest that gambling behavior patterns might not differ within an incarcerated and Catholic high school sample, particularly in a pro-gambling context such as Las Vegas. Further examination is needed to understand, if not delinquency involvement, which factors might contribute to the development of an adolescent gambling problem, particularly in a legalized gambling context.

Regression analysis suggested a strong relationship between reported property criminal activity and the frequency of gambling behavior. In addition, a small proportion of respondents directly reported stealing or borrowing money to pay for gambling, 9 and 14% respectively. These findings support and strengthen prior studies that have suggested a link between delinquency and gambling activities (Stinchfield et al., 1997). Clearly, gambling is not the sole cause of this type of delinquent behavior. Nevertheless, within this sample of incarcerated youth, some appear to be stealing in order to pay for their gambling activity.

Surprisingly, several contextual variables such as parental work schedule and time lived in Las Vegas were not significantly related to gambling attitudes and behavior. These variables, relating to the context that makes Las Vegas a unique environment for exposure to gambling and reduced parental supervision, did not seem to contribute to youth gambling attitudes and behavior. Although further study is needed to elucidate the contextual effects of settings where legalized gambling is a dominant industry, present findings suggest a pro-gambling context alone may not account for a significant proportion of youth gambling attitudes and behavior. Interestingly, among this sample of incarcerated youth, a preponderance of most gambling activities did not take place in legalized gambling settings (83%). Other studies have found parental and peer attitudes and gambling behavior are important predictors of children's gambling behavior (Gupta & Derevensky,

1998; Griffiths, 1990); these variables may be more influential than the community gambling context. In addition, African-American youth reported higher rates and more positive attitudes about gambling, particularly compared to Hispanic-Americans. Ethnic and cultural factors that influence gambling behavior among youth remain important ongoing research topics.

Gang involvement was a significant factor in both gambling attitudes and behavior. Particularly alarming is that gang members reported stealing money or property to gamble at higher rates than non-gang members. This finding has important implications for the identification of youth particularly at risk for the development of problem gambling behavior; however, this needs to be understood in the context that gang members in general are involved in more problem behaviors than other youth (Thornberry, Krohn, Lizotte, & Chard-Wierschem, 1993).

### **Limitations of this study and suggestions for future research**

Because this study relied on self-report data, our findings are vulnerable to over-reporting and under-reporting biases. Sensitive self-report data among youth, however, have been previously studied and accepted as valid and reliable (Johnston, O'Malley, & Bachman, 1991). Additionally, gambling behavior was assessed through the use of individual items rather than previously published instruments, thus restricting a greater understanding of empirically defined "pathological" and "problem" gambling. The limitations of the present investigation suggest a number of avenues for future research. In particular, the cross-sectional nature of our data did not allow us to determine causal direction among the variables of interest. Longitudinal studies are needed in this regard, especially research that can track the developmental arc of how certain gambling attitudes and behaviors lead to problem gambling among youth. As present findings suggest, a better understanding of the connection between delinquency and gambling also is needed. This could be particularly important in relation to frequent or problem gambling and its role in recidivism. In addition, due to the nature of our sampling frame and the fact that young males predominately populate detention systems, we had few female respondents. Further research should examine the gambling patterns of "at risk" and delinquent females, particularly since the gap between the rates of risky behaviors among boys and girls continues to decline (Office of Juvenile Justice and Delinquency Prevention, 1999).

In sum, we found a strong connection between reported property crimes and related criminal activity and the frequency of gambling behavior in this sample of incarcerated youth. In addition, the findings revealed interesting patterns of gambling behavior in this understudied audience. Future research efforts on this topic need

to focus on clarifying the nature and direction of the developmental paths among key variables considered in this study, particularly as they apply to factors such as recidivism, gender, and ethnicity. Continuing to identify and elucidate the interactive nature of risk and protective factors relating to youth gambling is critical to the prevention of this substantial problem facing youth today.

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## research

*[This article prints out to about 20 pages.]*

### **A theoretical exploration of culture and community health: Implications for prevention, research, and problem gambling**

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#### **Abstract**

While predominant models of prevention focus on the prevention of specific diseases and disorders and/or on the minimisation of harm arising from them, the authors argue for a (theoretical and practical) reinsertion, or a reconstruction, of subjectivity within a web of social connectedness—including a sense of culture (we propose an action-relevant frame of reference), a sense of health as a social construct, and a sense of community—the latter two arising from implications of the former. Specifically, there are said to be three theoretical and potential intervention areas, all with a focus on the reconstruction of subjectivity, that require much greater attention in the study of addiction, especially gambling, as well as in practical and policy responses to these issues.

#### **Introduction**

The present contribution, whilst resting on solid theory, empirical evidence, and common sense, takes a bit of a punt at creative speculation and intends to suggest the interweaving of three theoretical—and possible intervention—areas. The common denominator of these areas is the recognised need to reconnect our understandings of the personal-individual with appropriate conceptions of the social-collective (or, in still more general terms, the need to reconnect the societal-structural dimension with the dimension of human agency). While predominant models of prevention, of problem gambling as well as of other forms of addiction, focus on the prevention of specific diseases and disorders and/or on the minimisation of harm arising from these, they overwhelmingly assume an individualised locus in which the disorder is thought to "reside" and therefore needs to be

addressed. We suggest a re-insertion—indeed a reconstruction—of subjectivity within a web of social connectedness, including a sense of culture, a sense of health as a social construct/social "issue," and a sense of community.

### **Part One: Culture as collective systems of meaning—guiding patterns of social interaction within identifiable social groups**

Within the discourses of the helping or healing professions, one finds a common and historically long-standing split between the theorisations of the social/societal and the individual/personal. These splits are often referred to, if not explained away, as encompassing the macro—or structural—and micro—or agency—dimensions of social and human reality. Concomitantly, social interventions into these respective halves are often conceived of in a dichotomous way (even if one regularly hears calls for complementarity between the two dimensions, they often remain rhetorical or empty of substance). This is not the place to enter in this debate; suffice it to say that various attempts at "closing the gap" and to dialectically reconstruct the relationship between social structure and personal experience have been developed in the past and continue to be developed within the context of different epistemological traditions. Neo-Marxist, feminist, and critical theory approaches have variously informed such attempts, as have phenomenological and postmodernist ones. Bridging the theory-practice gap as well as the macro-micro gaps in reflective professional practice has been recognised as an indispensable task for:

...critical professionals of the future [who] have to be able to interpret the world through cognitive frameworks and be adept at handling those frameworks in action. There can be no arbitrary limit to either of these dimensions of professional life. In a world that is subject to rapid and global change [...] there can be no limit on the frameworks that professionals might deploy to make sense of their world (Barnett, 1997, cited in Cooper, 2001, p. 734).

And that certainly also includes the need to attempt and develop holistic models of (anticipated) practice—especially in the field of addiction and of so-called "problematic" engagement in certain practices and "problematic consumption" of certain substances. If, indeed, "addiction is endemic in western free-market societies" and if it is related to the inevitable dislocation from "traditional sources of psychological, social and spiritual support" such free markets cause, then the need to look at both the structural and personal aspects of such problematic behaviours and at the

interrelationship between them should be obvious, especially if "addiction professionals [are to gain] a view of their field that is both broader and more practical" (Alexander, 2000, p. 501).

An action-relevant frame of reference, derived from and informed by both structural and (inter- and intra-) personal theory fragments, needs to be developed to support conceptions of intervention and prevention, responding to problematic behaviours and to the structural aspects which have been identified as causally involved in their emergence and reproduction. Following Giddens (1979, 1982), Bourdieu (1977), and others, one of the authors of this paper has attempted to develop such a frame of reference (Boulet, 1985, 1988), and both of us have been involved in the implementation of research and consultancy activities—especially in the area of community development—which draw from such a framework, however implicit that may have been in the respective instances of our practice.

The fledgling field of cultural studies can be understood as one contemporary attempt at theoretically filling the conceptual (and therefore also practical) gap between the notions and realities covered by "structure" and "agency" or—in other words—between subjective experience, everyday interaction, institutional process, and societal structure (understood with Giddens as "recursive practice"). As one of us has said elsewhere (Boulet, 1985, p. 184), "culture allows us to inject meaningfully the dimension of collectivity in the otherwise individualising semantic context of subjectivity" and therewith avoid the construction of the collective as generalised (individual) personality or as simply an ideal type, as unfortunately so often happens in theoretical discourses emanating from the disciplinarian confines (and trenches!) of the established human and social sciences. Often in these discourses, the only conceivable relationship between the dimensions of the macro and the micro is one of unidirectional causality, whereby the environment (or macro) occupies the role of the behaviourist stimulus, and the human agent (enmeshed within micro situations or processes) is allowed the similarly behaviourist response role—certainly in as far as those are concerned who are variously referred to as clients of the helping or healing professions. The causality is—more often than not implicitly—allowed to run the other way around when those occupying positions of power are examined and dealt with as to their relationship with societal structure and process. It would be rather surprising to hear someone say that poor millionaires and members of governments are so terribly dominated and victimised—exploited?—by the ways in which our societies are organised nationally and globally. We usually do think about them as movers and shakers, as innovators, as being in control.

Be that as it may, Zygmunt Bauman's earlier work (1973, 1976)

provides a useful conceptualisation—and operationalisation—of culture as he distinguishes (1973, p. 39) among its hierarchical, differential, and generic notions and meanings. The first such conceptualisation, juxtaposing the refined and coarse ways of life (often with strong classist and ethnocentric undertones), suggests an educational bridge between them, which those of the coarse ways would have to travel across, in order to reach the more elevated and refined hierarchical levels. The second notion—the one often used when talking about multicultural and such issues—concerns the countless and endlessly multipliable oppositions between the ways of life of the various human groups. The generic notion of culture, finally, is:

construed around the dichotomy of the human and the natural world, ...it is about attributes which unite mankind in the way of distinguishing them from everything else. In other words, the generic concept is about the boundaries of man and the human (Bauman, 1973, p. 39).

Like Giddens (variously, 1979, 1982), Bauman attempts to avoid an antinomy between structure and culture (here understood in its generic sense: as collective processes of human meaning-giving) and he understands them as dialectically related: "Being structured and being capable of structuring seem to be the twin-kernels of the human way of life, known as culture" (1973, p. 51).

If cultural analysis is to be relevant for examination of the relationship between societal process and individual experience (and also minding Inglis's [1993] warning that "culture [is] a mess, [which] refuses...beautiful simplifications,"), it has to avoid blunt oversimplifications and generalisations, so easily arrived at when one applies the notion of culture in Bauman's two first senses mentioned above. Culturally oriented and locally relevant social analysis needs to en-compass the multitude of, and the relationships among, the wishes, the strivings, the experiences, the expressions, and actions of the people—or of specific groups of people—as they pertain to the situations of their normal daily preoccupations, dependencies, and routines. It has to be sensitive to the fractures and frag-mentations within and between people, their relationships and the processes impinging on them, especially the power differentials and the tran-sactional forms in which these are expressed, and, finally, the traces of oppressed and suppressed needs and aspirations and the ways in which the associated frustrations translate into sets of—often (self-) destructive—actions and practices. Or, again with Inglis (1993, p. 147):

...whatever culture is, it isn't something which divides without remainder into social data (the brute facts) and

mental states (values and attitudes). But nor is it the material determination of consciousness by classes or economies. It lives (or dies) in the symbols, institutions and actions which produce, embody, renew and circulate the values of the society...

A theoretical frame of reference informed by such generic understanding of culture would allow us to also rethink and incorporate its hierarchical and differential meanings, as identified by Bauman. Instead of looking at the expressive-symbolic everyday activities and experiences of—say—working-class people, older women, people of culturally and linguistically different backgrounds or (other) marginal groups (or, relevant for this paper, of "problem gamblers" or people with an addiction) as coarse, primitive, problematic, nonadapted, or dependency-creating or, indeed, as personalised "disorders" generated by certain aspects of an ethnocentrically stereotyped culture, they could be reconceptualised as culturally specific acts of resistance against the threat of the total loss of identity, due to experiences of domination and alienation. Culture, then, would become the totality of daily practices of (oppressed, alienated) individuals and groups, involving—in a deeply contradictory articulation—realisations of their own productive, creative, and reproductive activities, which, at the same time, (can) signify their utter domination and the destruction of their livelihoods. Watching mindless TV programs, playing amateur theatre, getting drunk, losing all your money gambling, making love, doing permaculture, or being involved in volunteering, are thus only superficially opposite articulations of people's deep-seated urge to remain a whole person (including their urge to stay connected with others like them!), in spite of all the pain inflicted in the course of a lifetime of daily experiences.

Paul Willis has captured this cultural reality close to perfection in his *Learning to labour* (1977); he stresses the necessity to insert a cultural level between (the understanding of) the structural requirements of society and the individual experiences of (and reactions to) these requirements.

For Willis (1977), culture is specific, always engaged and active and involved with real everyday context and therefore always changing and changeable. Moreover, culture is a shared internal capacity of people—and not just something derived from or imposed by the outside world or by the "social structure" and quasi-measurable as to whether or not individuals have "absorbed" its units or fragments or behavioural expressions. Such an understanding of culture locates it between structure and agency, as a "mediating" terrain, offering possibilities of acceptance of or resistance against what the structure and its several institutional embodiments may be requiring. It provides the

space where individuals acquire a sense of the choices they have and don't have, where they learn to negotiate power and its expressions in relationships—like between teachers and pupils and between (young) men and women and within and between their gangs and the several kinds or types of students—pre-figuring the status differences they will encounter in the "real economy" of their future workplaces and have already encountered mediated through their parents and their experiences in their (working class) families. Culture is the real-life context in which they also learn how to accommodate to the "bottom lines" of the real economy and its conditions, both at work and in their respective private spheres. Importantly, there's nothing passive about this accommodation, as it does change both content and modalities of what is asked by "the powers that be." The way in which the dialectics between agency and structure usually is conceptualized, i.e., the determinist "stimuli" of the structure and the adaptive responses by the oppressed, leaves no space for the complex interpenetration of the different degrees of power real people have and engage with in their real-life interactions. Hence, culture as a relatively autonomous realm and as a theoretical notion is indispensable if one wants to avoid perceiving and understanding people's actions as resulting from mere coercion, manipulation, or as responses to mere myth-making or magic.

Or, one may add, one is back with the coercive imposition of labels of medical categorisation, of assumed personality disorder and the insult of psychotherapeutic morbidisation (or twelve-step culpability) added to the injury of societal exclusion and alienation.

The relevance of all of this to the area of so-called problem gambling should be obvious; marginalised people are more susceptible to problematic gambling. Women who are socially isolated or who want to escape from difficult life circumstances are drawn to electronic gambling machines (EGMs) (Borrell, 2004). They often report being drawn to a place where they have a sense of belonging, are treated with what looks like respect, and where they feel welcome. In general, male problem gamblers tend to gamble to be "winners" and to have their sense of skill and competence validated ("beating the machine!").

At the same time, there is great shame and stigma associated with problem gambling that is consistently reported in all local qualitative research. This has implications for the design of "preventative" advertising, which may unwittingly be counterproductive in those cases where it increases stigma and thus prevents people from identifying that they may have a problem (however this is understood) or from seeking help or from calling on solidarity within their own cultural groups and relationships.

Research and intervention in gambling issues thus seems to have a lot to gain from adopting a cultural perspective in the above-understood sense. Whether that is possible in the context of mainstream social science and intervention remains to be seen.

In advocating a hermeneutic approach wherein the imbeddedness of meaning in social "data" is recognised, Inglis states that:

Understanding actions-as-part-of-a-narrative...still sounds utterly unreliable to the helots of empiricism. They want fixed data even if they have to separate "findings" from what they agree to be the subjective realm in which survey questionnaires are compiled... (1993, p. 146).

It should have become obvious that many interventions based on such understandings of the scientific investigation of social reality (including "empiricist" culture) will revert to the apparent security and certainty of fixed definitions and to the authority of those who prefer the clean and distinctive (but often murderous) order of the normal and the abnormal.

Such a theoretical bias, whether referred to as empiricist, positivist, or reductionist, is more than evident in the vast majority of research studies into problem/pathological gambling or gambling community impact—specifically in experimental research and population surveys, with methodologies invariably serving to omit cultural considerations by default (see Borrell [2000] for a critique of survey research commissioned by the Victorian Casino and Gaming Authority). Invariably, key dimensions for examination are ossified and to differing degrees removed from context, time, dynamic process, and social meaning—perhaps arising from the "common sense" and social imagination of the researcher and/or from a theoretical or methodological convention approved of and adhered to by the research community. The examples are numerous and would be recognised by anyone familiar with the gambling research when named—typologies or schemata of "co-morbidities," "maladaptive behaviours," attitudes, (irrational) beliefs and cognitions, etc., that are said to coexist with pathological/problem gambling. What is common to the associated mindset is the push to reduce, compartmentalise, itemise, and generally render phenomena amenable to experimental or statistical manipulation.

The problem with this fast track past the search for meaning to the imperative of grouping to category (of putative likeness) is that key aetiological dimensions may be lost. For example, "irrational beliefs" may not be irrational at all within the full context of a person's life or in the context of the fact that gaming machines may be designed to create illusions that induce excessive



spending (Horbay, 2004; Park & Griffiths, 2004). The point that, in general, machines are designed to facilitate maximum spending also points to regulatory and corporate considerations (for example about product safety and the placement and accessibility of machines), which play a potent role in the constant generation and re-formation of culture.

Even the very idea of problem/pathological gambling is contentious. While there is no doubt that problematic gambling exists (even industry figures no longer seem to dispute this), the area of contention lies with its concretisation, such that there are deemed to be two distinct groupings: the problem/pathological gamblers and the recreational gamblers—a dichotomy which serves to mystify rather than elucidate the social processes and contextualisation of problem gambling. (See Borrell, 2002, for a case study.) This dichotomy is adhered to in experimental designs, despite the fact that the screening tools used to identify problem gamblers incorporate the concept of problem gambling as operating on a continuum. Furthermore, there exists periodic or transient problem gambling, whereby people may move in and out of a state of problem gambling. This is also factored out of concretisations of that entity or thing called a problem/pathological gambler, inevitably leading to distortions in research findings. Importantly, for our subsequent discussion in Parts Two and Three, an overemphasis on problem- or pathological gamblers in examinations of aetiology and in prevention, leads to an overemphasis on individual human deficit (as illness or pathology) rather than on human strength. It also de-emphasises other possible causations, such as marketing, machine construction, atmosphere creation, and much more, as already mentioned. While there is no doubt that problem/pathological gamblers are deserving of support and should receive this when they seek it, it would be a mistake to put all of our "prevention eggs in this basket," an argument that will be further developed in later sections .

Whilst conceptual dimensions are often reified for survey or experimental manipulation, there is also the age-old criticism that experimental research may lack ecological validity, i.e., that the foci of study are removed from the context in which they usually occur, thus leading to a distortion of what is observed and analysed. Because so much gambling research is psychological or experimental, the implications of such a criticism are profound, and the theme of this discussion forms an essential antithesis to such a singular decontextualised (and minimum-variable) approach. At the same time, we would like to acknowledge the field of social psychology that attempts to address this type of criticism (though it is more predominant and influential in European scholarship than in the English-speaking world). There are a growing number of gambling research psychologists who

are attempting to take their studies out of the laboratory and away from the questionnaire-type interrogation and into the gaming venue, even while theoretical underpinnings may remain fundamentally individually oriented and reductionist.

We do believe that what is required is the utilisation of a more broadly based, theoretical approach that acknowledges human life and existence as social, collective, dynamic, recursive, interrelational, multi-faceted and in constant flux (*yes – all of these things!*). As an intellectual approach and a mode of analysis and thinking, this will inevitably have implications for all layers and stages of the research process as well as for prevention. In particular, true person-in-context research is able to account for a multitude of key existential dimensions in dynamic relation to each other, freed from the requirement to reduce human reality to a few (putatively) key variables for statistical manipulation. We would also argue that such a research approach is necessary to inform the strengthening of healthy communities with the involvement and ownership of its members (and, concomitantly, key to the prevention of ill health and "maladaptive" responses to problematic life situations).

In the following sections we will explore alternative approaches to both person- and community-oriented interventions in the (mental) health field and possible strategic applications in the area of (problem) gambling.

## **Part Two: Community action focused on creating healthy communities**

In Part One, we briefly described the need to account for both individual agency and social structure (and all that happens in between) within a holistic and action-relevant frame of reference, and we pointed out that this is essential for adequate theorising about problem gambling; for guiding research and social inquiry; and, implicitly at this point, for forming the basis of strategies for social intervention and prevention.

The discussion from here on may necessarily diverge in large part from an explicit focus on problem/pathological gambling or its adverse social impacts, as we argue for a conceptual approach to intervention that emphasises the aetiological complexity of social life, the importance of robust community relationships, and the need to position prevention approaches in the daily life worlds that people inhabit. That is, our discussion will follow the *decentring* from a deficit model of intervention or treatment towards a more holistic strength-based focus on community health. At the same time a more holistic prevention approach, while being necessarily multi-faceted, may well be constituted of a wide range of discrete

actions informed by community-based research that are both familiar and unfamiliar.

The following sections will focus more on the latter—on approaches to social intervention that are informed by understandings of the experiences, values, meaning-systems, and emerging and existent patterns of operating in the world by people in their everyday lives—particularly in this case, those that relate to gambling. While approaches to intervention and prevention need to be based on solid, consultative community research, complemented by research findings derived from a range of methods, an additional point needs to be reiterated, and perhaps reframed, at this point: both research and intervention need to be underpinned by a theoretical base that gives recognition to the familiar life-worlds of people in their communities as an eminently legitimate site of research and of intervention. While this would seem self-evident to some of us, it is still all too common to have reflections on this sphere dismissed as anecdotal or as somehow inferior to hard data—not the stuff of real research. In fact, if we are to recognise that individuals are affected by a continually forming and re-forming social structure, and that society is made up of acting individuals responding to and working within their social context, then we must also recognise that the life-worlds of people are the very stuff that we need to study and work strategically with, to address issues of health and well-being.

And, of course, we must never forget that the researchers, helping professionals, and social support specialists, far from being separate from or above the world under study, are part of the very culture that we need to examine in our analysis of problem gambling and intervention (and that *does* include their own position and role in research and practice institutions, which are often resourced by the very industry which stands to make financial gains from the phenomenon which it pays to have objectively analysed).

In conducting community research to inform municipal health plans, both of us have drawn on extensive community consultations, in combination with quantitative demographic and health data, when available. This qualitative, consultative research has formed an essential and core component of our investigations into, and analyses of, local-area community health and well-being, presented in health plans, community studies, and gambling research.

Though most of the hallmarks of our research approach are well documented in the research literature, with many contemporary examples and discussions of the relevance and scientific nature of nonpositivistic epistemologies and nonnumerical methodologies (Denzin & Lincoln, 2003; Wadsworth, 1997; the journal *Qualitative*

*Inquiry*), and with utilisation to some degree by most social researchers, they are far from predominant in the problem gambling research. These hallmarks include:

a) Community consultation, often through focus groups and in-depth interviews—and perhaps surveys following from these—with open-ended questions that allow participants to largely determine the agenda or life-areas for research and analysis, rather than following prescriptions of what is pertinent as preset by researchers);

b) A reference or steering group of community representatives as research collaborators, which has input to varying degrees into the subject(s) and direction for the research, sampling decisions, method, analysis of the meaning of findings—at all stages of the research process;

c) An emphasis on the sharing of information, knowledge, and expertise for community empowerment towards ongoing, self-determined goals;

d) A reiterative process, whereby the research is seen and implemented as a conversational, discursive process. As part of this approach, the findings at different stages of the research process are communicated back to community members for feedback and to inform the subsequent research stages. (This process influences the methods being used, the people consulted, and topics or questions raised and may occur through the reference group as well as more widespread dissemination of findings at different stages of the research process);

e) A willingness to engage with the complexity (and concomitant social wholeness) of the interrelated factors that form people's lives and their interactions with each other, the community, organisations, governments, and society; and

f) "Triangulation" which refers to the procedures employed by researchers to integrate data and results deriving from different but complementary social research methods. Combining research approaches and triangulating the variously obtained data and findings strengthens the overall findings, their validity, and their reliability (an approach that could well be integrated into experimental research designs, both to inform design and to analyse findings).

In general, the above points entail a willingness to engage with the complexity (and the above-mentioned social wholeness) of the interrelated factors that form people's lives and their interactions with each other, the community, organisations, governments, and

society. Importantly they also entail a recognition of people and communities as active agents and ends-in-themselves (rather than the researched-upon), thus facilitating community ownership of research, prevention, and health, and constituting potentially emancipatory practice and action. Last but not least, of course, this type of research approach requires great humility and a willingness to enter into dialogue with, and learn from, those consulted.

Through the above and related means of tapping into the aspirations, experiences, values, and patterns of social interaction within the various overlapping layers of community, we have been able to work with local government and organisations in identifying webs of interrelating health and social factors. Furthermore, we have been able to explore and identify the loci and meanings of various issues within social systems and subsystems and, associated with this, the most appropriate means and sites of intervention and prevention. In fact, community consultation has been and is essential in developing effective community health plans.

Importantly, this research approach accounts for local variation and particularity, while drawing on more broadly relevant pools of knowledge for analysis. It also allows for the social complexity arising from our multiple affiliations and converging and overlapping subsystems, for example, those relating to dominant culture, subculture, class and gender.

Thus, consultative, community-based research that accords due legitimacy to the knowledge and experience that people have about their own lives and social contexts is able to address issues where they are situated—potentially informing sites for support and community strengthening. These sites typically include the individual, the family, the community, institutions and organisations, and the workplace.

Very much congruent with the theoretical approach that we have outlined, Municipal Health Plans, aimed at intervention, prevention and community strengthening, are typically modelled on health charters developed by the World Health Organisation in recent times. Though these would be familiar to most social researchers, they are reiterated here to support this discussion:

The 1986 Ottawa Charter outlines three health promotion strategies:

- Advocacy for health to create the essential conditions for health
- Enabling all people to achieve their full health potential

- Mediating between different interests in the pursuit of health

Supporting these strategies are five priority action areas:

- Building healthy public policy
- Creating supportive environments
- Strengthening community action
- Partnerships for health; increasing community capacity
- Empowering individuals to re-orient health services

Building on this, the Jakarta Declaration on "Leading Health Promotion into the 21<sup>st</sup> Century (1997)" confirms the Ottawa Charter's strategies and action. The Jakarta Declaration identifies five priorities:

- Promoting social responsibility for health
- Increasing investments for health development
- Expanding partnerships for health promotion
- Increasing community capacity and empowering the individual
- Securing an infrastructure for health promotion

It is important to note the holistic approach to health that is central to this model. Health and health problems are most emphatically not something residing solely or primarily in individual pathology. Health is a social issue. Furthermore, health is not conceptualised exclusively as something we only look at when it has become a problem—as some deficit to be corrected primarily or solely at the site of the individual. Good health is an attribute of communities, and in facilitating the spread of good health we recognise this, for example, by increasing community capacity and strengthening community action.

However, a holistic public health approach predates the WHO charters; it has its origins in the nineteenth century, when health issues were starting to be addressed through public health campaigns, such as those tackling public hygiene and sanitation. Some of these were massive social and organisational feats—for example, the establishment of London's sewerage system across a multitude of local jurisdictions. Unfortunately, in a historical shift over the last 150 years, the link between social change, pressure for social reform, and public health has been lost (Kickbusch, 1989; see below). This is largely attributable to the emergence

and growing power of professionals and a belief in the potency of (professional) expertise in many areas determining or conditioning our lives and lifestyles.

Importantly, a public health approach not only views the individual within a social milieu and aims to foster healthy, strong, and safe communities and workplaces. It also looks at organisational and political behaviour and examines how public policy impinges on people living in their communities. The relevance of public policy in relation to problem gambling is obvious and is often hotly debated. Examples include the entrenched and growing dependence of many governments on gambling revenue, issues of product safety in relation to gambling forms, and the level of public accessibility to, and promotion of, the form of gambling that is indisputably most related to problem gambling, i.e., that on gaming machines.

While a public health approach is still far from predominant in measures to address problematic gambling, it should be said that such a general orientation (however this is specifically conceptualised) is more familiar in Canadian and New Zealand jurisdictions. In particular, a public health theoretical approach taken by the Centre for Gambling Studies, University of Auckland, culminated in the cohosting of a conference in 2003: "Gambling Through a Public Health Lens: Health Promotion, Harm Minimisation and Treatment." Also consistent with a public health approach is a recent initiative of the Victorian Department of Human Services (Australia), the Local Community Partnership Project, which supports the collaboration of local organisations, services, and communities to address gambling problems.

Finally, we would like to finish our theoretical overview of the public health approach with a few points from a paper by Ilona Kickbusch (1989), aptly titled "Good Planets Are Hard to Find", which deals with public health as relating to environmental issues, and which would seem to be especially pertinent here.

The three points we will briefly cover include the complex causality inherent in health issues (which defies much of the linear or simple models necessitated by the methodology of much experimental research, as alluded to above), the need for collaborative, interdisciplinary work, and a reiteration of the need to start from everyday settings in addressing health issues.

Firstly, causality is complex. Environmental risk patterns elude simple models of causality and intervention. They tend to be cumulative, present no clear causality and do not allow for simple, straightforward cause-effect interventions.

Bateson makes the point that present day science is not able to offer the necessary explanations of the world any more and proposes instead to work with the notion...of the 'pattern that connects'. For an ecological theory of health, a key step would lie in understanding health as a pattern of relations rather than as a quantitative outcome (Kickbusch, 1989, p. 15).

Secondly, new public health needs to lift itself from petty professionalisation squabbles over specialised fields of intervention to a generalist and policy-based concern for the health of populations. This is evidently very relevant to the area of problem gambling research and prevention whereby the various research and helping professionals share far too little dialogue in addressing the complex social patterns, which lead to the generation of gambling related problems. With Kickbusch, we would highlight the need for interdisciplinary, or even better, transdisciplinary work and a wide range of research on social health, social integration, social support and belonging which could allow us to see how a break down in the ecology of human interaction leads to serious health effects. With Kickbusch, we would also like to emphasise the need to look at a science or study of health linked to feelings of belonging and social integration.

Thirdly, through a quotation by Kickbusch (1989, p. 17), we would like to reiterate the need to start from everyday settings where health or ill-health is generated and occurs:

An ecological approach moves health from an individual lifestyle/choice model to a broad gauged community issue. It starts its work with the basic and simple question: where is health created? The ecological answer—in the language of everyday—is: health is created where people live, love, work, and play. It is created by human beings in their interactions with each other and with their physical environments. The consequence for a public strategy is to commence from settings of everyday life within which health is created (rather than with disease categories) and to begin with strengthening the health potential of respective settings.

Which brings us to the third part of this discussion, attempting to locate person-oriented prevention work within the life-worlds of people.

**Part Three: Person-oriented prevention that reinforces mediating structures in the form of families, communities, and other networks of people**



We would like to give a brief overview of a model that goes some way towards re-establishing the importance and the legitimacy of the subjective realm within the areas of both social inquiry and community support and strengthening.

When Lloyd Williams, who founded and ran Melbourne's Crown Casino for some years, remarked (after he had left his previous functions in the Corporation!) that the spread of pokies (gaming machines) had done much damage to the "social fabric" of Victoria, he conjured up an eminently appropriate metaphor for society or community. "Fabric" refers to the (putative) existence of threads, woven and interconnected in such a way that the resulting cloth, textile, whatever, does what it is meant to do, that is, cover or support or dress its content. Fabric also refers to purposeful human activity; before coming to signify "making it up," to "fabricate" meant to produce something. "Social" fabric thus denotes conscious and unconscious collective human endeavour, interaction, relationships, and connectedness, activities upon which our individual (as well as collective) survival depends.

There certainly has been a recent upsurge (notably in Victoria and other regions and states in Australia as elsewhere) of interest in, and attention for, community "building" and for things to do with social capital, another concept often used instead of social fabric. Witness Eva Cox, a chief proponent on the local scene of this framework for research and intervention: "Social capital refers to the processes between people which establish networks, norms and social trust and facilitate co-ordination and co-operation for mutual benefit" (1995, p. 15).

Furthermore, healthy societies and communities are said to require minimum levels of social capital, involving active relationships between community members, and the ability to:

- work together collaboratively, resolve disputes, and respect each other's differences; and
- trust those who are familiar and not so familiar—including mediating bodies such as organisations and governments.

Importantly, the concept of social capital provides a positive counterpoint to deficit models of problem identification and problem solving (such as those with a prime focus on treating pathological gamblers) that fail to embrace the rich supportive connections, strengths, aspirations, creative responses, and visions of people in their communities and their everyday worlds. (See also Coleman [1990], often credited with the invention of the notion of social capital, having picked it up from Bourdieu [1980]; Putnam [1993], the main source for Cox's elaboration of the concept; and, more critically but positively, Trigilia [2002]; finally,

with an attempt at sorting out the various usages, Foley and Edwards [1999].)

In relation to research on problem gambling, particularly research undertaken in the qualitative mode, it is probably not so surprising that it emerges in relationship to a variety of contemporary social malaises, many related to social isolation, boredom, loneliness, feelings of meaninglessness, a need to escape from difficult life circumstances, lack of a feeling of belonging, an unfulfilled need to be valued by others, etc. In fact, much social research initially came about as a response to the massive dislocations occasioned by the effects of industrialisation and mass production from the middle of the nineteenth century onwards.

Thus, a model—such as provided by social capital approaches—would seem timely in increasing our understanding of the directions that we are taking, and of the best means by which to support and promote what is most meaningful and valuable for us as individuals and collectively as a society.

## Conclusion

In this paper we have argued for the need to broaden our conception of aetiology and causality of problem gambling to include various social processes associated with the life-world of the individuals said to be afflicted with the "disorder" of problem gambling. The "life-world of individuals" includes not only their immediate and proximate environment, but equally refers to such societal and ecological processes as condition the life-worlds of both individuals and communities in a more mediated fashion; for example, political and economic processes and their multifarious interrelationships, often summarily referred to as social structure or society. We have further argued that the insertion of a widened concept of culture, mediating between the microsettings in which individuals live their daily lives and the macro structures referred to before, may help us to better ground understandings of problem gambling (as a "mental disorder"). It may also help us develop social approaches to prevention of problem gambling (and other addictions) and, indeed, lead to a precautionary approach in the planning of local provisions of leisure and recreation, rather than—in the words of the previously mentioned Mr. Williams—practicing harm minimisation when the "horse has bolted," the horse, that is, of the uncontrolled spread of pokies into our communities.

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## research

*[This article prints out to about 14 pages.]*

### A study of superstitious beliefs among bingo players

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#### Abstract

This study was conducted in order to examine the beliefs players have regarding superstition and luck and how these beliefs are related to their gambling behaviour. A self-completion questionnaire was devised and the study was carried out in a large bingo hall in Nottingham, over four nights. 412 "volunteer" bingo players completed the questionnaires. Significant relationships were found in many areas. Many players reported beliefs in luck and superstition; however, a greater percentage of players reported having "everyday" superstitious beliefs, rather than those concerned with bingo. **Key words:** gambling, bingo, superstitious beliefs, luck

#### Introduction

According to Vyse (1997), the fallibility of human reason is the greatest single source of superstitious belief. Sometimes referred to as a belief in "magic," superstition can cover many spheres such as lucky or unlucky actions, events, numbers, and/or sayings; a belief in astrology, the occult, the paranormal, or ghosts (Jahoda, 1971). However, perhaps a working definition within our Western society could be, "a belief that a given action can bring good luck or bad luck when there are no rational or generally acceptable grounds for such a belief" (Thalbourne, 1997, p. 221).

It has been suggested that approximately one third of the U.K. population are superstitious (Campbell, 1996). The most often reported superstitious behaviours are (i) avoiding walking under ladders, (ii) touching wood, and (iii) throwing salt over one's shoulder (Campbell, 1996). There is also a stereotypical view that

there are certain groups within society who tend to hold more superstitious beliefs than what may be considered the norm. These include those involved with sport, the acting profession, miners, fishermen, and gamblers. Many studies have been undertaken using self-report methods. However, participants may be unwilling to publicly admit to their private beliefs due to a fear of being ridiculed or considered irrational. This contradiction between what individuals say and do has been investigated by Campbell (1996), who concludes that the majority of the population have "half-beliefs." He suggests that people are basically rational and do not really believe in the effects of superstition. However, in times of uncertainty, stress, or perceived helplessness, they seek to regain personal control over events by means of superstitious belief.

One explanation for how we learn these superstitious beliefs has been suggested by Skinner's (1948) work with pigeons. While waiting to be fed, Skinner's pigeons adopted some peculiar behaviours. The birds appeared to see a causal relationship between receiving the food and their own preceding behaviour. However, it was merely coincidental conditioning. There are many analogies in the human world—particularly among gamblers. For instance, if a gambler blows on the dice during a game of craps and subsequently wins, the superstitious belief is reinforced through the reward of winning. Another explanation is that as children we are socialized into believing in magic and superstitious beliefs. Although many of these beliefs dissipate over time, children also learn by watching and modelling their behaviour on that of others. Therefore, if their parents or peers touch wood, carry lucky charms, and do not walk under ladders, then children are more likely to imitate that behaviour, and some of these beliefs may be carried forward to later life (Vyse, 1997).

Darke and Freedman (1997) suggest that lucky events are, by definition, determined entirely by chance. However, they go on to imply that, although most people would agree with this statement on an intellectual level, many do not appear to behave in accordance with this belief. Wagenaar (1988) has proposed that in the absence of a known cause we tend to attribute events to abstract causes like luck and chance. He goes on to differentiate between luck and chance and suggests that luck is more related to an unexpected positive result whereas chance is related to surprising coincidences (Wagenaar, 1988). Weiner (1986) suggests that luck may be thought of as the property of a person, whereas chance is thought to be concerned with unpredictability. Gamblers appear to exhibit a belief that they have control over their own luck. They may knock on wood to avoid bad luck or carry an object such as a rabbit's foot for good luck (Darke & Freedman, 1997). Langer (1983) argued that a belief in luck and superstition cannot only account for causal explanations when



playing games of chance, but may also provide the desired element of personal control.

Bingo is a game of chance, involving no skill or choice judgements. The very little research conducted on bingo has mostly been from a sociological perspective. When outcomes are uncertain or unpredictable, many gamblers appear to turn to superstition and/or luck in order to feel in "control" of the situation. This has also been shown to be the case concerning bingo. Dixey (1987) found many players had ritual routines concerned with superstitious belief, such as buying cards for the game in a particular order, sitting in the same seat, wearing lucky clothes, and using specific pens. King (1990) suggested that the use of superstitious strategies in order to win implied both skill and some degree of control over the outcome of the game.

From the preceding literature, it is clear that bingo appears to be an under-researched area. Furthermore, almost all of the research is over a decade old. Therefore the following study was conducted in order to examine the beliefs players have regarding superstition and luck, and how these beliefs are related to their gambling behaviour.

## Method

**Participants:** 412 bingo players (354 females and 58 males; mean age 44.8 years) took part in the study. This was an opportunity sample of players (i.e., those agreeing to take part when asked), with no controls over gender or age. In total, on the evenings over which the research was conducted, 1547 players actually attended the bingo sessions (some of whom were repeat attendees). Of these, approximately one quarter agreed to take part, although not everyone was approached due to time demands.

**Measures:** A self-completion questionnaire was devised which asked players about their superstitious beliefs. The everyday superstitions selected for the questionnaire were chosen from a combination of those found in the research literature and others detected during pilot research. The superstitious beliefs regarding bingo were chosen through observing and listening to comments by bingo players during pilot research, prior to the study.

**Independent variables:** In addition to gender, a number of other independent variables were also investigated. These included the age of the player, whether they believed in astrology, the frequency of play, the average session spend, and whether they played fruit machines.

**Age** – Those who were 45 years and under were defined as "younger" players (53% of the sample), and those aged 46 years and over were defined as "older" players (47% of the sample).

**Session spend** – Those who reported regularly spending £20 or more in one bingo hall visit were defined as "heavy spenders" (29% of the sample), and those spending less than £20 per bingo hall visit as "light spenders" (71% of the sample).

**Frequency of play** – Those who reported playing bingo three or more times a week were defined as "heavy players" (20% of the sample), and those playing twice a week or less were defined as "light players" (80% of the sample).

**Belief in astrology** – Those who "always or almost always" read their horoscope were defined as "astrological believers" (25% of the sample), whereas those who "occasionally, very occasionally or never" read their horoscope were defined as "non-astrological believers" (75% of the sample).

**Procedure:** The study took place over four different evenings at one of the main bingo clubs in Nottingham (U.K.). Evening sessions were chosen in preference over afternoon sessions as pilot research had shown that a greater variety of players attend bingo in the evenings (i.e., full-time workers, male clientele, etc.). All questionnaires were handed out early in the evening to give players time to complete the questionnaires before the end of the session. All participants were assured of anonymity and confidentiality. Completed questionnaires were collected during the intervals of the main games and participants were thanked for their help. Permission to carry out the study was given by both local management and the national head office.

## Results

### Superstitious beliefs: General findings

Players were also asked about the nature of bingo, and to choose whether bingo was a game of skill, luck, or chance. No one in the sample considered bingo to be a game of skill. The majority (73%) thought that bingo was a game of luck and the remaining 27% thought it was mostly a game of chance (participants were not given definitions of what luck or chance were, but made their own judgements). It was found that 81% of bingo players had at least one superstitious belief. Such beliefs included not opening an umbrella indoors (49%), not walking under ladders (55%), not putting new shoes on a table (60%), touching wood (50%), and not passing someone else on the stairs (40%). However, only 10% of the sample were superstitious while playing bingo (with a

further 13% claiming they were "sometimes" superstitious while playing). This was reflected in such behaviours and beliefs as having a lucky night of the week (5%), having a lucky friend (4%), having a lucky mascot (6%), sitting in the same seat for luck (21%), believing certain numbers are lucky or unlucky (13%), and changing pens or "dobbers" to change bad luck (29%) (see Table 1). Further to this, 27% of players believed in winning and losing streaks, 25% always or almost always read their horoscopes, and 57% believed in "fate" (i.e., that life is already mapped out for them).

**Table 1**  
**Gender differences in general and specific superstitious beliefs**

General Belief	%F	%M	%Tot	$\chi^2$	p
Not putting new shoes on a table	64%	36%	60%	15.14	0.0002*
Not walking under ladders	59%	42%	55%	5.55	0.018
Not putting an umbrella up in the house	52%	28%	49%	10.24	0.001*
Not passing someone on the stairs	45%	19%	40%	13.00	0.001*
Touching wood	54%	30%	50%	10.63	0.001*
Not leaving a house by a different door	9%	15%	14%	1.22	0.270
That the number "13" is unlucky	39%	36%	38%	0.18	0.668
Believe in fate	62%	47%	57%	4.40	0.030
Reading horoscope (at all)	89%	68%	86%	19.20	0.001*
Specific belief (bingo-related)	%F	%M	%Tot	$\chi^2$	p
Superstitious while playing bingo	13%	4%	10%	4.43	0.094
Having a lucky night of the week	4%	6%	5%	0.23	0.630
Having a lucky mascot	5%	9%	6%	1.16	0.218
Sitting in the same seat for luck	23%	20%	21%	0.16	0.694
Believing certain numbers are lucky or unlucky	15%	9%	13%	1.32	0.25
Changing pens or dobbers to change runs of bad luck	32%	15%	29%	6.73	0.009*

### Gender and superstitious beliefs

Superstitious beliefs were strongly associated with gender. Only

15.5% women reported having no superstitious beliefs, as opposed to 39% of the men ( $X^2 = 16.585$ ,  $p < 0.01$ ). Women were significantly more likely to not put new shoes on a table, not walk under ladders, not put up an umbrella in the home, not pass someone on the stairs, and touch wood (see Table 1). A smaller percentage of women (11%) than men (32%) reported never reading their horoscope ( $X^2 = 17.335$ ,  $p < 0.001$ ). More women (62%) than men (47%) expressed a belief in fate, but this was not found to be significant at the 1% level ( $X^2 = 4.404$ ,  $p < 0.036$ ). With regards to specific superstitious beliefs concerning bingo, there were no gender differences except that more women (32%) than men (15%) changed pens or dobbers to change runs of bad luck ( $X^2 = 6.733$ ,  $p < 0.009$ ).

### **Age and superstitious beliefs**

A greater percentage of the older age group (80%) than the younger age group (67%) believed bingo to be "a game of luck" ( $X^2 = 7.984$ ,  $p < 0.005$ ). Superstitious beliefs were also associated with age. In general, young bingo players were more superstitious, although older bingo players were more likely to believe in both astrology (31% old, 21% young;  $X^2 = 12.19$ ,  $p < 0.02$ ) and fate (67% old, 52% young;  $X^2 = 8.64$ ,  $p = 0.003$ ). More specifically, younger bingo players were more likely not to walk under ladders (63% young, 49% old;  $X^2 = 7.56$ ,  $p = 0.006$ ), believe the number "13" was unlucky (42% young, 33% old;  $X^2 = 3.47$ ,  $p = 0.062$ ) and generally be superstitious while playing bingo (30% young, 20% old;  $X^2 = 5.23$ ,  $p = 0.073$ ) than older bingo players.

### **Astrological beliefs and superstitious beliefs**

Superstitious beliefs were also associated with astrological beliefs. In general, those who were astrological believers (ABs) were more likely to be superstitious than non-astrological believers (NABs). For instance, ABs were more likely not to put new shoes on a table, not to walk under ladders, not to cross on the stairs, to touch wood, and to be more generally superstitious while playing bingo (see Table 2). With regards to their bingo playing, ABs were more likely to have a lucky friend, to believe in lucky numbers, to change pens/dobbers to change runs of bad luck, and to be generally superstitious while playing bingo (see Table 2).

### **Table 2 Differences in general and specific superstitious beliefs among astrological and non-astrological believers**

<b>General belief</b>	<b>%AB</b>	<b>%NAB</b>	<b>%Tot</b>	<b><math>\chi^2</math></b>	<b>p</b>
Not putting new shoes on a table	73%	55%	60%	9.25	0.02
Not walking under ladders	69%	52%	55%	8.16	0.04
Not putting an umbrella up in the house	54%	47%	49%	1.42	0.234
Not passing someone on the stairs	50%	38%	40%	4.38	0.036
Touching wood	59%	47%	50%	4.21	0.04
Not leaving a house by a different door	16%	13%	14%	0.36	0.548
That the number 13 is unlucky	43%	35%	38%	2.14	0.14
Believe in fate	71%	53%	57%	10.27	0.001*
<b>Specific belief (bingo-related)</b>	<b>%AB</b>	<b>%NAB</b>	<b>%Tot</b>	<b><math>\chi^2</math></b>	<b>p</b>
Superstitious while playing bingo	20%	8%	10%	9.92	0.007
Having a lucky night of the week	7%	4%	5%	1.63	0.202
Having a lucky friend	6%	2%	4%	3.39	0.066
Having a lucky mascot	6%	5%	6%	0.09	0.76
Sitting in the same seat for luck	24%	21%	21%	0.46	0.497
Believing certain numbers are lucky or unlucky	19%	12%	13%	3.28	0.07
Changing pens or dobbers to change runs of bad luck	46%	24%	29%	17.13	0.0001*

### **Heavy playing/spending and superstitious beliefs**

When compared with light bingo players, heavy bingo players were more likely to believe in fate, be more superstitious while playing bingo, be more likely to have a lucky friend, be more likely to have a lucky seat, and be more likely to believe that some numbers are lucky/unlucky, although none of these were significant at the 1% level (see Table 3). When compared with light spenders, heavy-spending bingo players were significantly

more likely to be superstitious, believe that the number 13 is unlucky, have a lucky friend, sit in the same seat for luck, and believe in astrology (see Table 4 for full details).

**Table 3**  
**Differences in general and specific superstitious beliefs among heavy and light players**

General belief	%HP	%LP	%Tot	$\chi^2$	p
Not putting new shoes on a table	60%	59%	60%	0.02	0.89
Not walking under ladders	58%	55%	55%	0.39	0.53
Not putting an umbrella up in the house	49%	48%	49%	0.07	0.79
Not passing someone on the stairs	43%	40%	40%	0.18	0.67
Touching wood	52%	49%	50%	0.25	0.61
Not leaving a house by a different door	18%	13%	14%	1.34	0.25
That the number 13 is unlucky	41%	37%	38%	0.42	0.52
Reading horoscope (at all)	83%	87%	86%	3.19	0.53
Believe in fate	71%	55%	57%	6.37	0.012
Specific belief (bingo-related)	%HP	%LP	%Tot	$\chi^2$	p
Superstitious while playing bingo	19%	9%	10%	5.87	0.053
Having a lucky night of the week	7%	4%	5%	0.83	0.363
Having a lucky friend	7%	2%	4%	3.09	0.079
Having a lucky mascot	9%	5%	6%	2.26	0.133
Sitting in the same seat for luck	30%	19%	21%	4.25	0.039
Believing certain numbers are lucky or unlucky	20%	12%	13%	3.35	0.067
Changing pens or doobers to change runs of bad luck	37%	27%	29%	2.84	0.092

**Table 4**  
**Significant differences between heavy- and light-spending bingo players**

Variable	%HS	%LS	%Tot	X <sup>2</sup>	p
Be superstitious	36%	18%	19%	14.05	0.001
That the number 13 is unlucky	45%	35%	38%	3.17	0.075
Having a lucky friend	7%	2%	4%	5.87	0.015
Sitting in the same seat for luck	32%	17%	21%	10.9	0.001
Believe in astrology	19%	28%	25%	3.43	0.064

## Discussion

With regard to beliefs in luck and superstition, 27% thought bingo was a game of chance while 73% considered bingo to be a game of luck. This possibly supports the notion that, if gamblers see chance as unpredictable (Wagenaar, 1988) but regard luck as controllable (Weiner, 1986), then viewing bingo as a game of luck could give players an illusion of control (Langer, 1983). Results also showed that a greater percentage of women than men reported a belief in everyday superstitions, and that women were also more likely to report reading their horoscope, which could imply that women are more superstitious than men. However, only one significant result was found regarding superstitious beliefs when playing bingo, with a greater percentage of women than men agreeing that they use different coloured pens to change bad luck.

The percentage of players reporting superstitious beliefs when playing bingo was much less, for both sexes, than the percentage reporting everyday superstitions. This possibly seemed surprising after the initial findings that the majority of players considered bingo to be a game of luck and the high percentage holding everyday superstitions. However, it may simply mean that, contrary to previous opinion (Langer, 1983; Darke & Freedman, 1997), many do not try to control that luck, or at least not by means of superstitious belief. Langer (1983) also considered that people can have an illusion of control if they are familiar with the situation. However, it may have been the case that players did not

consider that going on the same night with the same friends, or sitting in the same seat, were associated with luck, but merely part of a "familiar" social routine.

The fact that a higher percentage of players reported having the superstitious belief concerning the "different pens" possibly implies that the other beliefs chosen were not an ideal representative sample. However, very few participants offered alternative suggestions when asked on the questionnaire to give examples of "other" superstitious beliefs. King (1990) suggested that players' use of superstitious strategies in order to win implies skill, and thus some degree of control over the outcome of the game. However, in this case players did not report using these superstitious strategies. This could imply that it is more "instant" beliefs that players have, rather than anything "concrete" or "pre-planned." They may not often consider whether they are superstitious or not, and the demand characteristics (the fact that they were asked) may have actually affected how they replied.

With regard to the superstitious beliefs of younger and older players, there were three significant results. The first was that a greater percentage of the younger players did not walk under ladders. The other two findings were that a greater percentage of the older rather than the younger players believed in fate, and considered bingo to be a game of luck. Whether superstitious belief regarding fate and luck increases with age, or whether it is something which is becoming less common within the younger generation in society, cannot, however, be answered without the benefit of a longitudinal study and/or further research.

There were significant results, perhaps not surprisingly, regarding the relationship between players' reported beliefs in astrology and in superstition. A higher proportion of the players who usually or always read their horoscope were likely to subscribe to superstitious beliefs, even when the difference between readers and non-readers regarding a particular belief did not achieve statistical significance. However, there were again fewer significant findings with regards to superstitious beliefs particular to bingo. One of the two significant results was that a greater percentage of players reported using different coloured pens to change bad luck, if they read their horoscope "always/almost always." The other was that a greater percentage of players who read their horoscope less frequently reported having no superstitious beliefs when playing bingo. This and the other findings imply that those who read their horoscope more often have a greater tendency towards holding other superstitious beliefs.

Although Campbell (1996) suggests that people do not really believe in such superstition, in this study, players reported many



superstitious behaviours, such as reading their horoscope, touching wood, avoiding walking under ladders, changing the colour of pen while playing bingo, etc. It does appear that they were adopting an illusion of control over the chance elements in their lives (Langer, 1983). However, if players have a reason to play and if they believe they may win because of that reason, then it could be argued that having these beliefs could add more fun and excitement to the game. (For example, "It's my lucky night," "I'm on a winning streak," "I'm in my lucky seat," or "My stars said I'd win.")

There were no significant findings regarding how much money players spent during one session of bingo and any everyday superstitious beliefs, or with the frequency of reading their horoscope. Only one significant result regarding superstitious beliefs when playing bingo was found: that a greater percentage of heavy spenders stated that they always sat in the same seat for luck. Although not significant, 35% of heavy spenders, as opposed to 18% of light spenders, reported that they were, at least sometimes, superstitious when playing bingo. It was also found that a lesser percentage of the heavy spenders stated they had superstitious beliefs when playing bingo.

It is clear that a large percentage of players reported beliefs in luck and superstition. However, findings were varied, with a far greater percentage of players reporting everyday superstitious beliefs than beliefs concerned with bingo. Whether or not players believed they had control over luck cannot be conclusively stated; having superstitious beliefs is perhaps simply part of the thrill. Alternative studies could be conducted from any standpoint—players that spend most, players that attend most frequently, younger players, male players, those who have strong superstitious beliefs, etc. However, one future study which should be considered is an investigation of the "think aloud" method (Griffiths, 1994), to discover if bingo players have biased perceptions during play, and if there is a difference between what they say and what they actually do, in what is supposedly a game of chance.

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## research

*[This article prints out to about 22 pages.]*

### **The experience of living with a problem gambler: Spouses and partners speak out**



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### **Abstract**

Whilst gambling provides a source of enjoyment and entertainment for many people, it can be a source of hardship for others. The problems associated with gambling have been extensively studied with gamblers; however very few studies have been specifically undertaken to identify the impact that gambling

has on spouses, partners, and family members.

This qualitative study provided an opportunity for some partners and spouses of people affected by problem gambling to identify the outcomes that gambling had on their lives. It identified that excessive gambling has a number of significant effects on financial security, family relationships, and physical and emotional health.

Problem gambling is a major social health problem that is negatively impacting the lives of many people in our community. Interventions that are designed to deal with problem gambling need to go beyond the gambler and consider those other people in their lives who are often overlooked. **Key words:** gambling, qualitative

## Introduction

Gambling has long been a distinctive feature of Australian society (Charlton, 1987). Australians have had ready access to a wide variety of legal gambling pursuits, and gambling taxes have financed many essential services and boosted economic activity (Productivity Commission, 1999; Victorian Casino and Gaming Authority, 1999). However, the last 20 years have seen a major change in gambling with rapid growth in the gaming industry. There are now new forms of gaming including casinos and electronic gaming machines (EGMs), also referred to as poker machines or "pokies" and available in all states in Australia. This has resulted in an increased availability of, and access to, many different forms of gambling in the community. The 1990s have been marked by a major rise in expenditure in Victoria attributable to the introduction of EGMs to the state (Jackson, Thomason, Ryan, & Smith, 1997).

Gambling continues to be undertaken by many people as a legitimate leisure pursuit, with recent Australian and American epidemiological data suggesting that 80–90% of adults gamble at one time in their lives (Dickerson, Baron, Hong, & Cottrell, 1996; Volberg, 1996). Australians are now considered to be the heaviest gamblers in the world, with the average spending per head rising 35 per cent between 1994–95 and 1997–98 (Jackson et al., 1997; Jackson et al., 1998). Recent studies in Australia and New Zealand estimate that problem gambling affects one to two per cent of the adult population (Abbott & Volberg, 1992; Dickerson, Baron, Hong, & Cottrell, 1996; Dickerson, McMillen, Hallebone, Volberg, & Woolley, 1997). The latest estimate of the prevalence of problem gambling in Australia is that 2.3 per cent of the adult population (330,000) have significant gambling problems, with 140,000 experiencing severe problems (Productivity Commission,

1999). These estimates, combined with the increase in gambling outlets, have the potential to impact on the lives of many gamblers and on the lives of their spouses, partners, and other family members.

There are a number of definitions for problem gambling. The Australian Institute for Gambling Research offers the following:

Problem gambling refers to the situation in which a person's gambling activity gives rise to harm to the individual player, and/or his or her family, and may extend into the community (Dickerson et al., 1997, p.2).

This definition is used for this paper, as it emphasises that problem gambling has the potential to negatively impact on gamblers and their families.

This article presents the results from a qualitative study undertaken in a large regional town in Victoria. It highlights a number of issues raised by partners and spouses of problem gamblers.

## **Literature review**

There is a scarcity of literature available on the needs of the gamblers' spouses and partners. The little research that does exist suggests that spouses and partners suffer a range of problems related to their partners' gambling.

Families can be seriously disrupted by problem gambling. They may experience difficulties, such as emotional distress from arguments and uncertainty, financial problems, and health problems (Heineman, 1994; Lesieur & Rosenthal, 1991; Volberg, 1994). The burden of problem gambling is borne chiefly by the family (Berman & Siegel, 1992; Lesieur, 1998), adversely affecting spouses, partners and other family members (Abbott, Cramer, & Sherrets, 1995; Darbyshire, Oster, & Carrig, 2001; Ladouceur, Bopisvert, Loranger, & Sylvain, 1994). Some of the problems identified are poor communication, inadequate conflict resolution, and ineffective parenting (Ciarrocchi & Hohmann, 1989; Lorenz & Shuttlesworth, 1983; Lorenz & Yaffee, 1988).

Spouses of problem gamblers often reported physical and emotional problems similar to those of the gambler (Dickerson, 1995). These include sleeping problems and a wide range of stress-related physical problems. Others reported high levels of depressive symptoms (Bergh & Kuhlhorn, 1994), and suicide attempts by spouses and partners of problem gamblers are reported to be three times that of the general population (Gaudia,

1987; Lorenz & Yaffee, 1988). As well as the constant stress of living under threat of the above, medical costs associated with illness may exacerbate both health and financial problems. Lack of money can impact on purchasing power for food, medical treatments, and other essentials (Lorenz & Yaffee, 1988).

Lying and deceit are common among gamblers, and the impact this has on the family is marked. Constant lying and deceit may result in marital tension where the reported conflicts include money problems, loan defaults, repossession of property, and the resulting lack of money for everyday necessities (Blume, 1988). Lying can erode trust in a relationship, which can, in turn, gives rise to many other problems including anger, violence, depression, suicidal thoughts, and alcohol abuse (Lorenz & Yaffee, 1988). Partners often feel fearful of the gambler concealing debts, are scared of the loss of financial security, and also report feelings of guilt, self blame, emotional stress, and physical tension (Lorenz & Yaffee, 1988; Lorenz & Shuttlesworth, 1983). They live with the constant threat of being harassed by bill collectors and creditors (Berman & Siegel, 1992; Blume, 1988; Lorenz & Yaffee, 1988). Problem gamblers, their spouses and family members may also feel outcast from their community, friends, and families due to the shame associated with problem gambling. This has a direct effect on the ability of the spouses and partners to participate fully in community and family life.

People with gambling problems have reported engaging in illegal behaviours to finance gambling (Bergh & Kuhlhorn 1994; Blaszczyński & McConaghy, 1994; Ladouceur et al., 1994). The crimes committed included fraud, embezzlement, theft, and forgery. Committing crimes to finance gambling could increase the risk of being incarcerated, which would obviously impact on the spouse or partner and the family.

Another of the most obvious impacts of problem gambling is the economic cost. Gambling can have devastating financial effects on families (Bergh & Kuhlhorn, 1994; Dickerson, Allcock, Blaszczyński, Nicholls, Williams, & Maddern, 1996; Gaudia, 1987; Lorenz & Yaffee, 1988), including inability to pay mortgages and utility bills, and a lack of money for food. Problem gambling can undermine the family's financial situation and thereby jeopardise the physical and emotional health of the members.

There are few studies conducted in Australia and overseas that directly examine the effects of gambling on spouses or partners. The majority of the published studies relate to gamblers and the impacts their gambling has on their own lives. A client analysis of new clients presenting to the BreakEven/Gamblers Help gambling counselling service in Victoria between 1 July 1997 and 30 June 1998 showed that almost half (44.8 %) of the 3,149 clients

registered had one or more dependent children (Jackson et al., , 1999). Whilst the majority of clients accessing BreakEven services are people reporting problems with their own gambling, many other people seek assistance from BreakEven due to problems arising from the impact of another person's gambling (Jackson, Thomas, & Holt, 2002). Problem gambling activity can have a number of pervasive and harmful impacts on people's lives, and these problems are reported in Table 1. The fact that over three quarters (78.2%) of problem gamblers with dependent children attending BreakEven report five or more of these behaviours suggests that gambling has becoming very problematic, with obvious consequences for both the gambler and other family members.

**Table 1**  
**New clients with dependent children: Presenting problems by client status, 1997-98**

Presenting problem	Problem gamblers (n=1,021)		Partners & others (n=351)		Total persons (n=1,372)	
	n	%	n	%	n	%
Gambling behaviour*	923	90.4	75	21.4	998	72.7
Interpersonal-related	563	55.1	226	64.4	798	57.5
Intrapersonal	575	56.3	159	45.3	734	53.5
Financial issues	586	57.4	123	35.0	709	51.7
Family issues	463	45.3	175	49.9	648	46.5
Leisure use issues	444	43.5	13	3.7	457	33.3
Employment & work-related issues	232	22.7	17	4.8	249	18.1
Physical symptoms	135	13.2	15	4.3	150	10.9
Legal issues	90	8.8	18	5.1	109	7.9

\* Refers to actual gambling behaviour: Jackson et al. (1999). Analysis of clients presenting to problem gambling counselling services July 1997 to June 1998. *Client and services analysis report no. 4.*

Partners of problem gamblers report higher rates of interpersonal and family issues than those reported by the gamblers themselves. This highlights that gambling creates a number of problems, not only for the gambler but also for the partners and



children of those presenting for counselling.

Qualitative research methods have rarely been employed in gambling research despite their ability to give insight into the real problems faced by gamblers and their partners and families. In light of this gap in gambling research, the study described here qualitatively examines spouses' and partners' experiences of living with a problem gambler, explaining in depth the impact of problem gambling on spouses and/or partners.

## **Method**

In order to be eligible for inclusion in this study, the participants had to be a partner or a spouse of a problem gambler and be willing to participate in one in-depth interview about their experiences. Recruitment methods included advertisements in local newspapers, and in flyers distributed through local BreakEven gambling counselling services and placed in community health centres.

Five women and two men ranging in age from 35 to 65 years responded to the advertisement and took part in an individual interview. The main forms of gambling undertaken by their partners were horse racing and pokies, with pokies being the most popular and the main source of gambling problems for five out of the seven participants. The length of the relationships with the problem gamblers ranged from 1 year to 35 years, whilst the length of gambling ranged from 2 years to 15 years. One of the participants was currently undergoing counselling with the local BreakEven service. All of the participants lived in the same regional Australian town, and all came from households whose combined income was less than \$40,000 per annum. Four of the partners were living with the gambler at the time of the study, with the remaining three having been either divorced or separated in the previous two years. All of those who were living with their partners had told the gambler that they would be taking part in the study.

Data was collected through individual interviews held in a range of venues that were convenient for the participants. The venues chosen included the participants' homes, interview rooms at a local community health centre, and a local café. All of the interviews were conducted by the first author and were audiotaped. The interview schedule was based on topics identified in the literature and further developed through informal discussions with a number of people attending gambling forums in the local town. The topics for discussion included financial, relationship, emotional, and physical health impacts of gambling on the spouse or partner.

The data from the interviews were analysed using the method of analysis presented by Miles & Huberman (1994, p. 318). The first author transcribed all of the interview tapes, which enabled preliminary analysis to begin. After completion of transcription, data reduction was conducted to develop a coding framework (Strauss & Corbin, 1990). A number of codes were developed for the main themes that emerged from the data. Reliability and validity issues were addressed by the use of audit trails throughout the research process (Grbich, 1999).

Ethical approval was granted for this study from LaTrobe University Bendigo Human Research Ethics Committee. Due to the sensitive and sometimes emotional aspects of problem gambling, the interviewer had information available regarding services and agencies within the local town that were available for those requiring assistance.

## **Results**

Those who took part in the interviews expressed their thoughts, feelings, and opinions on the impact that their partner's gambling had on their lives. The major themes reported below include quotes taken directly from the interviews. These are presented in the participant's own words.

### **Availability of gambling**

All of those whose partners gambled on poker machines advised that their partners began to experience problems with their gambling behaviour after the machines were introduced to the town. Most of the participants felt that the accessibility of poker machines had a direct relationship with the development of gambling problems in their partners.

Things were okay before those machines came to town, she used to take a lottery ticket every week but nothing like this.

I think that it's too easy; he can go into the club anytime he likes, and they even give out food and drinks just to keep them there.

### **Impacts on the relationship**

Many of the participants felt that their partner's gambling had negatively impacted on their relationship. Three of the relationships had ended, either through separation or through divorce, whilst the other four participants had remained in relationships with their gambling partners. The reasons expressed

for remaining in the relationship varied from love for the gambler to believing that there was nowhere else to go. One of the participants expressed her frustration with her inability to leave her partner.

I had no financial support, I would have got nothing from the house because we were owing so much on it and as this friend said to me, "Well at least your kids have got a roof over their head" ...so I stayed.

Some participants who had stayed with their gambling partners raised concerns for the future of the relationship. They felt a sense of foreboding, and pondered their own futures if they stayed in the relationship.

You think to yourself if this person is a problem gambler where does that take the relationship in the future?

They acknowledged that they sometimes felt that it would be much less stressful to end the relationship.

Sometimes I think that it would be better if I just left, took the kids and got out. I don't love him anymore.

Loss of trust emerged as a very significant theme. Many of the participants identified dealing with loss of trust as the most difficult aspect of the gambling. They felt that with the trust gone, it was difficult to maintain a relationship. Even the four participants who had maintained their relationship with the gamblers felt that the trust that had been lost in the relationship could never be restored.

I still cannot trust him, I find myself still searching through his pockets and I think he is still hiding things from me. I will never ever trust him.

I just despise him, we haven't really had a relationship for years, I haven't trusted him for 13 years and I will never recover from that.

Associated with loss and trust were lying and deceit. Instances of lying and dishonest behaviour, including lying to get money from people, were described by spouses. Some participants expressed their anger and frustration over the fact that nobody else seemed to see through the lies and deceit.

I lost most of my friends; he embarrassed me by borrowing money from friends and lying about what I needed it for. People must have thought I was an idiot.

He had given the bank all these excuses, that I was sick. He'd also been borrowing money from his mother for years. I don't know what stories he told her. He used to borrow from her every week; he told her we needed new shoes for the kids...

Loss of respect was identified by a number of the partners as an outcome of gambling, with many reporting personal loss of respect for their gambling partner.

I think I was in a state of shock when I really knew what he was doing. How can you respect a man who has children and doesn't care about supplying for their needs?

All of the lying, the excuses, I've heard them all over the years to the point where I have no respect for him—I don't believe anything he tells me anymore.

### **Taking responsibility**

Partners and spouses spoke of acting as a "gatekeeper" for the money. Four of the gamblers had voluntarily handed over all access to money to the partner in an attempt to control their gambling; however, three partners had been forced to take responsibility by courts and financial planners. For some of the partners, taking responsibility for bill payments and daily living expenses included having to deal with policemen, sheriffs, bank managers, and other creditors on a regular basis.

I got very friendly with all the policemen in [town]—I think I knew every one of them because they were on my door every second night wanting to repossess this, that, and the other.

The phone was always ringing with the credit company wanting to talk to him; he would never take the calls, and I would have to lie to them for him.

Gamblers were often described by their partners as being quite childlike.

Well, she's at me all the time—she's got to be like a little kid.

He is like a child getting up to mischief, always looking for new ways to get money.

They did not want to take responsibility for their actions, instead

expecting their partners to take control of their lives and their finances for them. One man equated his wife's nagging for money to that of "a kid in a lolly shop."

### **Making sacrifices**

All participants spoke of going without things because of their partner's gambling, even to the extent that their sacrifices were often necessary to put food on the table. There was a sense of resignation that making sacrifices was part of their lives, and they expressed frustration over not being able to buy anything for themselves. They saw this as very unfair to them as they were going without whilst the gambler was not.

I wish I had a bit of money and I could go and buy something for myself.

I feel that I am always the one who is missing out on things; I try to make sure that there is enough for the kids but there is never anything left for me.

### **Financial impacts**

All of the participants felt that gambling had a major negative impact on their financial situations. All spoke of being under significant pressure to meet daily living expenses due to their partner's gambling losses. Many of the participants expressed that they had been unable to purchase food for themselves and their families as a result of gambling. Others resorted to eating poor quality food and surviving on soups made from leftovers.

...we used to eat stuff that was barely fit for human consumption—stuff that had been sitting in the fridge for two weeks, and the cheapest food available, old stuff, stuff I wouldn't give to a dog I loved.

Mortgage and rent payments presented considerable difficulty for a number of participants, with many of them wrongly having believed that their mortgage and rent payments were being made. Some had no idea of the extent of the indebtedness of their gambling partner. This realisation was often accompanied by feelings of hopelessness and despair.

Many participants also expressed difficulties in meeting other household and living expenses like utilities, school fees, and car registration.

The electricity, gas, and phone used to get shut off regularly, and then we'd have no heating, no hot water

and nothing to cook on. No school fees paid, the kids were embarrassed.

### **Impact on health**

Participants reported suffering from a variety of physical and emotional health problems as a result of their partners' gambling activity. Six reported at least one problem with their physical health that they felt had been caused or exacerbated by the gambling. These problems included insomnia, headaches and stomach upsets.

I am an insomniac. I haven't slept properly for years. I think about things when I should be asleep, and I have nightmares about not having enough money.

Three participants felt that stress was a major contributing factor to their ill health. It was felt that the stress of the gambling, combined with the worry of never having enough money, had physical manifestations such as migraines. Others spoke of resorting to self-destructive behaviours like overeating, drinking, and smoking as a way to deal with the daily stresses of trying to make ends meet.

Gambling had impacted on a number of the participants' ability to access preventive health care and medication. One older man who had undergone significant heart surgery undertook a process of rationing his medication after periods of heavy gambling by his wife.

I've stretched out and gone without tablets or only had one every second day, which I shouldn't because I've had a triple bypass and you have to keep taking your medication. But I've had to if I can't afford it.

One other participant reported that she and her children had often made sacrifices with their health due to their inability to afford preventive health care and medication. She expressed considerable frustration in not being able to afford simple pain relief for sick children, and sacrificing her own dental health for the sake of her children.

I never went to the dentist in ten years, because the kids had to go and we could not afford for both me and them to go.

Most of the participants felt that their emotional health had suffered due to their partner's gambling. Some spoke of depression, feelings of loss and paranoia.

I was permanently scared of answering the door or the telephone in case it was the police coming to take something. A lot of the time the kids were sent to answer the door and tell them that we were not home; sometimes we even hid. I was always afraid of the police, to the point where I always thought that they were looking for me.

I feel depressed most of the time, there is no money for anything, I have no friends left.

I wouldn't tell anyone about the gambling...I just coped alone until it all got too much for me, I was just defeated and I didn't even have the energy to cry.

### **Guilt and self-blame**

Partners often blamed themselves for their partner's gambling, whilst recognising that this type of self-blaming was sometimes irrational and emotionally damaging. Some reported feelings of guilt, that maybe it was their fault that the partner was gambling, or that they had somehow pushed the person into gambling.

If she's gambling I sort of feel like it's my fault because I haven't stopped her.

### **Isolation**

Some participants spoke of feeling lonely and isolated from their family, their friends, and their partners. For those whose relationships had broken down, the isolation was expressed in a physical and emotional sense. Many felt isolated because they had not told family or friends of their partner's gambling. Some of the gamblers had borrowed money from friends and family by lying about its uses, which increased the feelings of isolation for many of the partners.

It really damaged my relationship with my sister and the rest of the family. I felt like an outcast at times, like they blamed me for not being able to stop him.

Well, I didn't see people while I was with him; we had no friends left—he had made sure of that.

Three participants felt that they had withdrawn from social life due to their inability to pay for social activities. For some the gambling had led to a complete breakdown in family relationships, leaving some partners with no social support network.

We never went out together anymore; I was scared that it would end up at the pokies...it always did and then there would be an argument. I would want to go home and he would want to keep gambling.

A few participants reported feeling isolated because their partners were not around. They often felt that the gamblers did not spend enough time with them or their families. Two people spoke about the gamblers being absent from the house for hours on end, sometimes using excuses to cover up how they had spent their time away from the house.

He stayed out some nights—he didn't come home until 6 o'clock in the morning... he was never there for me or the kids

## Discussion

Problem gambling has been described as an "extremely incapacitating disorder that often results in failure to maintain financial solvency or provide basic support for oneself and one's family" (American Psychiatric Association, 1980, p. 324). It has been acknowledged that problem gambling has a number of significant effects on the lives of the spouse or partner as well as on the gambler (American Psychiatric Association, 1995). Some of the characteristic problems that arise from gambling behaviour include,

...extensive indebtedness and consequent default on debts and other financial responsibilities, disrupted family relationships, inattention to work and financially motivated illegal activities to pay for gambling (American Psychiatric Association, 1980, p. 324).

A combination of the effects listed above has been found in this study. They include financial problems, health problems, and problems with relationships. All of the participants reported that gambling had adversely affected their lives and impaired their ability to do many things that other people take for granted.

More than half the participants in this study felt that the availability of gambling opportunities, and in particular the availability of pokies or EGMs, had a direct relationship with their partner's gambling problems. Although this evidence is purely a perception of the spouses and partners involved in this study, availability has previously been linked with increases in the number of people for whom gambling has become a problem (Volberg, 1994; Jackson et al., 1998; VCGA, 1997).



All the participants in this study reported that their partner's gambling had impacted significantly on their relationships. Some of the relationships had broken down, resulting in separation and divorce. Divorce and relationship breakdown are commonly reported by-products of problem gambling. It has been estimated that there are around 1600 gambling-related divorces and 1600 gambling-related separations in Australia annually (Productivity Commission, 1999, p. 191). The cost of these separations and divorces, coupled with other costs of emotional distress and tension that problem gambling imposes on gamblers and their families, have been estimated to be at least \$1.8 billion per year (Productivity Commission, 1999, p. 91).

The participants reported that the loss of trust was of significant importance, and it often came about through a series of lies and dishonest behaviour. Lying has been previously identified as a significant issue for spouses (Blaszczynski, Walker, Sagris, & Dickerson, 1999; Heinmann, 1987; Jackson et al., 1998; Lorenz & Shuttlesworth, 1983; Productivity Commission, 1999). Blaszczynski et al. (1999, p. 11) summarise by saying, "repeated deceit, lying and broken promises undermine any sense of trust a spouse may have in the gambler."

Another important issue to emerge from the interviews was a sense of the spouses having to take responsibility for many aspects of their partner's lives. Steinberg (1993, p. 159) similarly found that "...when a gambler is "unavailable" and takes little responsibility for parenting and household management the spouse often assumes these responsibilities." Some of the participants in the current study felt that their gambling partners were very immature, and often needed to be treated like children. These childlike behaviours have also been reported by Steinberg (1993, p. 159) when he stated that "...often the spouse comes to view the gambler as immature, irresponsible, almost like another child."

Some of the participants in this study expressed strong feelings of guilt and blame. They sometimes felt guilty over their inability to stop the gambler. These feelings have previously been identified by spouses of problem gamblers, with recognition that they can create a great deal of stress in the spouse (Lorenz & Yaffee, 1988; Heineman, 1987).

The participants in this study spoke of a number of financial impacts that problem gambling had on their daily lives. For some it was an inability to provide proper food and medical care for themselves and their families; for others it was an inability to meet everyday financial responsibilities, including food and clothing. These problems can be directly related to gambling and have been reported in a number of studies in the past (Boreham, Dickerson,

& Harley, 1996; Bergh & Kuhlhorn, 1994; Lorenz & Shuttlesworth, 1983; Lorenz & Yaffee, 1988).

The participants related many physical and mental health problems that they felt were either caused or exacerbated by their partner's gambling. They spoke of headaches, insomnia, and stomach upsets. These findings are consistent with those reported in previous studies of gambling and its effect on spouses (Lorenz & Yaffee, 1988; Lorenz & Shuttlesworth, 1983). There is a lack of documented evidence regarding the impact of problem gambling on the health and well-being of spouses of problem gamblers and their families in the Australian context. It is "...commonly accepted that many gamblers or members of their families may seek assistance from health workers without identifying gambling as a problem" (Aimes, 1999, p. vi).

It is also difficult to estimate the health costs of gambling-related problems. Currently there is no Medicare item for "problem gambling," which means that the claims presented by general practitioners and private providers (like psychiatrists) give no indication of when people are seeking help for health problems related to gambling (Aimes, 1999, p. vii).

### **Limitations and strengths of the research**

The chosen methodology and the accompanying small sample may have affected the generalisability of the results. However, as this study was undertaken to describe the experience and to gain an understanding of living with a problem gambler, rather than attempting to generalise the findings to the wider community, the chosen methods were appropriate and preferable.

The participants in this study may have had some unique characteristics which could differentiate them from a wider population of spouses and partners of problem gamblers. The participants were all living in one regional town in country Victoria, and were all from households with a similar level of income. Different themes may have emerged with participants from other smaller rural areas, larger metropolitan areas, or from a sample with higher incomes.

This study was carried out in a regional centre in Victoria, Australia. Most of the other gambling research completed in Australia has been undertaken in metropolitan areas. By choosing a regional area it was possible to gain an understanding of the issues in a non-metropolitan area, thus providing a comparison to those studies undertaken in metropolitan areas. This also ensures that health and social policy is appropriately evidence-based for communities outside metropolitan centres.

## **Conclusion**

In this study the spouses and partners have identified that problem gambling raises significant issues in their lives and those of their families. Their lives are often difficult; many feel isolated, ashamed, and embarrassed due to their partner's gambling. Some of their relationships are ruined or very shaky, and gambling affects their ability to trust their partners. Many of them have very limited financial resources, and make a number of sacrifices to maintain their lives and the lives of their families. The partners suffered from a wide range of physical and emotional health problems attributable to their partner's gambling. They often feel isolated from their friends, families, and other support networks.

## **Recommendations**

Further research focusing on spouses and partners of problem gamblers is recommended. A larger qualitative study could be undertaken with spouses and partners from other regional, rural, and metropolitan regions to assess whether gambling has similar impacts on people from different areas. It is also suggested that research be undertaken in another state that has had access to EGMs and other forms of gambling for more than the past few years. This would enable some predictions of future impacts to be made for Victoria. Australian research conducted outside of metropolitan centres will enable us to better understand the impact of gambling across the nation.

In light of the findings of this and other research, it is recommended that further research be conducted to calculate the cost of problem gambling to the health system, taking into account the costs for the gamblers, their spouses, partners, and other family members who may be adversely affected by gambling. It is also recommended that research be conducted to quantify the numbers of gambling-affected people accessing community support services such as emergency relief, financial support services, and other counselling services.

In terms of service provision, it is recommended that resources be directed towards the enhancement of community education packages, to raise the awareness of the possible impacts of problem gambling on partners, spouses, and other family members. We also recommend that education packages for general practitioners and other service providers, who are often the first point of contact for people who have a problem gambler in their lives, be adopted throughout Australia.

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## clinic

*[This article prints out to about 24 pages.]*

### Staying in action: The pathological gambler's equivalent of the dry drunk



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#### Abstract

Alcoholics Anonymous refers to the alcoholic who has stopped drinking, but who still demonstrates alcoholic attitudes and behaviors, as a "dry drunk." Such individuals are said to have abstinence but not sobriety. They are considered at risk for relapse. Although the concept of the dry drunk has been adopted by other self-help programs, "staying in action" is an equivalent and arguably more meaningful expression to use for the understanding and treatment of many pathological gamblers. The author discusses covert gambling, mind bets, switching and fusing of addictions, procrastination, risk-taking, and power games; a repertoire of ways in which the individual can remain in a gambling mind-set while technically abstinent. This is a clinical paper, based on the author's experience, especially in treating the more traditional, action-seeking gamblers. Vignettes are utilized to illustrate various behaviors and states of mind. The emphasis is on their identification and on the need for the therapist to confront these behaviors and attitudes before they lead to relapse. **Key words:** pathological gambler, treatment of pathological gambling, action, staying in action, covert gambling, mind bets, risk-taking, behavioral equivalents.

#### Introduction

Alcoholics Anonymous refers to the alcoholic who has stopped

drinking, but who still demonstrates the same alcoholic attitudes and behaviors, as a "dry drunk." They say that such an individual has abstinence but not sobriety. This concept has been adopted by most twelve-step programs. It appears on almost all of the Web sites devoted to the different addictions, although characteristics of the dry drunk syndrome differ widely from site to site. Most often mentioned are: (1) depression; (2) anxiety; (3) irritability, anger; (4) grandiosity, pomposity, an inflated ego; (5) an inability to delay gratification, impatience and impulsivity; (6) self-pity; (7) being a workaholic, other compulsive behaviors, tunnel vision, a lack of balance; (8) intolerance, rigidity, being overly judgmental; (9) nostalgia toward or romanticizing of one's drinking or drug use; and (10) emotional constriction, lack of spontaneity, failure to enjoy life.

Despite differences of opinion as to its symptoms, traits or components, and the paucity of attention paid to it by clinical researchers (for the exceptions see Flaherty, McGuire, & Gatski, 1955; Gogek, 1994), the lay term "dry drunk" remains extremely useful. It describes those individuals who have abstained from the substance or behavior to which they were addicted, but who have not changed attitudes and behaviors that accompanied that addiction. They have not dealt with problems which had been masked or temporarily avoided due to it, and as a consequence are not progressing in their recovery. The dry drunk is at risk for relapse.

Although the term has been used to varying degree by all of the twelve-step programs including Gamblers Anonymous (GA), certain crucial differences are pertinent. For the gambler, not only is there the absence of an ingested substance as the crucial distinguisher between "dryness" and "wetness," but what the individual is addicted to is not so clearly avoided. In this respect, pathological gambling is more like an eating disorder than like alcohol or cocaine dependence. Pathological gamblers must continue to use money, and while they stop gambling with it, uncertainty and risk continue to be part of their lives. They must learn to manage these things rather than to abstain from them. Risk and uncertainty can be overtly or covertly played with and manipulated. The pathological gambler, while not technically gambling (in other words, dry), has a number of ways of "staying in action."

This notion of staying in action is, for the pathological gambler, equivalent to the alcoholic's dry drunk. It poses a threat to recovery and is something gambling counselors and clinicians need to address. While gamblers mean different things when they talk of "action" (Rosenthal & Rugle, 1994), the word generally refers to excitement, risk, the thrill of getting away with something, the possibility of significant loss or the opportunity for spectacular

success. Action! The term has connotations of movement, of making things happen and of doing something, fixing things, finding solutions. In other words, action means the opposite of passivity, stagnation, paralysis or helplessness.

What could be wrong with this kind of approach? Men, in particular, have a fix-it-now attitude toward problems. Unfortunately, what may occur are external manipulations in the service of avoiding reality. The state of mind in which these actions are carried out is then an omnipotent one. Omnipotence has been defined as an illusion of power and control that defends against helplessness and other intolerable feelings (Rosenthal, 1986). There is a false sense of conviction about what one is doing. Omnipotence is borne out of desperation. I need to win, therefore I will. Wishing will make it so.

"Omnipotent action" (Rosenthal, 1986) is a defense mechanism in which one must do something, anything, in order to create for oneself this illusion of being powerful and in control. Such attempted solutions may be totally ineffectual, and merely serve as a gesture to show one can do something. More often the action is destructive, and produces the opposite effect from the one needed. As Rosenthal (1986) has suggested, when pathological gamblers speak of their need for action, they may be referring to just such omnipotent solutions.

Some of the attitudes and behaviors described in this article are obviously more associated with the action-seeking gambler (Lesieur, 1988; Lesieur & Blume, 1991) than with the escape seeker. Although Lesieur's categorization remains the most clinically useful method of subtyping, on some level most pathological gamblers are seeking both. Action provides physiological arousal, fantasy gratification, and escape from feelings and situations that are believed to be intolerable.

### **Symptom substitution/Behavioral equivalents**

There are many ways for the gambler to take risks, or remain in a gambling mind-set, without making a bet. For example, a patient with five month's abstinence reviewed some of his current behavior and concluded: "I'm still a gambler, and I play poker with people all the time. We just don't use cards."

### **Switching addictions**

It is well known that addicts will substitute one addiction for another. For example, the alcoholic who stops drinking but then starts gambling is at risk for developing a gambling addiction. He or she is then more likely to start drinking again. Secondary

addictions may appear either sequentially or simultaneously. In the latter situation, some therapists believe in treating them one at a time. If at all possible, I would not recommend delaying treatment. As an example, let us consider the rationale for addressing nicotine dependence early in recovery.

There are studies demonstrating that patients in alcohol and drug treatment programs who quit smoking have a much better prognosis than those who do not (Miller, Hedrick, & Taylor, 1983; Bobo, Gilchrist, Schilling, Noach, & Schinke, 1987; Bobo, 1989; Burling, Marshall, & Seidner, 1991). Sees and Clark (1993) found that patients presenting for substance abuse treatment reported high interest in stopping smoking, and for the inclusion of smoking cessation in their initial treatment. Although I do not insist that gamblers stop smoking, I discuss three reasons with them for quitting. First of all, when someone is in treatment and learning to deal with feelings, it does not make sense for them to be doing something that numbs their emotions. Patients begin to recognize that every time they start getting close to something meaningful in therapy, their impulse is to reach for a cigarette. Second, as long as they are smoking, they are still in an addictive state of mind, and third, as many obstacles as they can place between themselves and their gambling, the better off they are. The impulse to smoke can serve such a function, so that when they encounter some uncomfortable situation they will have an urge for a cigarette before they will have an urge to gamble. It will serve as a red flag alerting them to pay attention to the feeling or situation, and maybe to talk to someone about it or go to a meeting.

Following patients over time, the therapist has the opportunity to see addictions change and evolve. Sometimes, what appears to be a new problem is merely new wine in an old bottle:

**Example:** After a period of individual therapy and regular attendance at Gamblers Anonymous, Mr. A appeared to have turned his life around. He abstained from gambling, which no longer seemed attractive, and his old debts were being paid off. He had remarried (his first wife divorced him because of his gambling), and claimed he and his wife were happy. His career had gone in a new direction and he was doing even better than before. He worked hard, but got satisfaction from his work. His employer and clients praised his accomplishments, and he was rewarded with frequent bonuses. By all accounts he would be considered successful.

What was wrong? With a great deal of embarrassment, he confided that he had begun frequenting prostitutes. He attempted to rationalize his behavior by telling the therapist that his sex drive was stronger than his wife's, and that she had been less available for him recently because of their different work schedules, and

because of her involvement with her ailing mother. His turning to prostitutes, he said, was "quick and easy."

As he continued talking, the self-deception became obvious. If all he wanted was sexual gratification, he knew a number of women willing to accommodate him. He was a good looking, rather charming and outwardly confident young man, and women were sometimes quite forward in indicating interest. They did not even seem to mind that he was married. However, he rejected any and all such opportunities, preferring instead to seek out prostitutes on the street.

Such assignments were anything but "quick and easy." He experienced enormous anxiety that the prostitute would give him AIDS or some other disease which he would then pass on to his wife, or that the prostitute would turn out to be a policewoman and he would be arrested. In addition, he was certain that if his behavior became known, his wife would leave him and his career would be ruined. It dawned on him that he was gambling, and that the more he engaged in this behavior, the more certain he was to lose.

Why, he then asked, when he found a prostitute who appeared "safe," would he not go back to her, but would insist on trying someone different each time? Obviously he either wanted to lose, or was excited by the risk of jeopardizing everything and escaping unharmed. Mr. A then recognized that the feelings he had while looking for prostitutes were identical to the feelings previously experienced gambling. He not only had the same "rush," but the compulsive aspects were the same. He would find himself preoccupied by it while at work, inventing excuses for driving home through neighborhoods where there were streetwalkers. The anticipation, and the guilt afterwards, and the need to lie about where he spent his time and money, all reminded him of his previous gambling.

For Mr. A, his gambling and the sexual compulsion were fused. This is not an uncommon occurrence. Fused addictions need to be recognized and may be difficult to treat. It is important to ascertain that this is, in fact, what the therapist has uncovered. While risk-taking is an associated or incidental feature of most drug abuse (for example, the alcoholic who drives while intoxicated, or the young woman who passes out at a fraternity party), it is neither deliberate nor essential. However, for Mr. A, and in the following example, gambling is central.

**Example:** Mr. B had stopped gambling and was a respectable member of his community. No one, especially not his wife, knew about his anonymous phone calls. He would go through the phone book until he found a woman's name, and if the name interested

him he would call her up. He would then try to keep her on the line and convince her to agree to meet him. His objective was to talk her into having sex with him. That was his "big win." On occasion he was successful, although one woman met him at a coffee shop accompanied by policemen waiting to arrest him. While on probation he continued making his phone calls.

### **Mind bets**

Compulsive gamblers may stop wagering for money, but may continue making "mind bets." This is something they may not reveal unless specifically asked. It is common among sports bettors, who will check out the odds, then watch the game on television, making a mental wager with themselves. "If I had bet a hundred dollars on the Dallas Cowboys," they will say, "and taken the points, then..." They are not betting money, but they are keeping track of what they would have won or lost through the week. Some newly abstinent gamblers say that what they are keeping track of is what abstinence has saved or cost them. Mind bets are a not uncommon way to remain in action. However, the gambler may start to get "juiced" and be unable to shake off the excitement.

### **Obsessive-compulsive rituals**

Some gamblers, particularly those with more obsessive-compulsive features to their personality, will make a different kind of wager with themselves. They will be preoccupied with various counting rituals, for example, odd versus even license plate numbers, or how many times a telephone will ring. If they guess right, they win, meaning a certain wished-for event will occur, or that they will or will not be committed to a certain course of action. Such rituals are used to contain performance anxieties or guilt about forbidden activities.

These wagers or tests are arbitrary, and so is the response. If not satisfied with the outcome, they can do "two out of three," and, in true obsessive-compulsive fashion, keep repeating it. As with the gambling, luck and skill may be accorded a role, or the ritual be viewed as a form of divination.

### **Covert gambling**

Some pathological gamblers engage in a kind of behavior that has been described as "covert gambling" (Rosenthal, 1987). In this respect they resemble patients with narcissistic personality disorders who are not gamblers. The behavior involves a need to take risks and test limits, in effect to continuously test themselves, not at a racetrack or casino, but with the everyday events of their

lives. Such individuals typically gamble with time and with the meeting of obligations and responsibilities. Nothing is too small or too big to bet on. They will drive without gas in the car, be late for appointments, or not pay their phone bill. Betting they can get away with it, their self-esteem depends on the outcome. Graded pass-fail, such tests are often a way to remove themselves from their over-involvement with the reactions of others, specifically their excessive need for approval.

Similarities between these pathological gamblers and patients with narcissistic personality disorder are found in their win-lose orientation, all-or-nothing thinking, and fragile sense of identity. There is often more at stake than self-esteem. By seeing how close they can come to some imaginary line, and what would happen should they cross it, these narcissistic individuals are challenging their environment, and luck itself, in order to find out where they stand, or even whether they have the right to stand. They are not seeking punishment, out of some sense of guilt, although that may be present also, so much as they are involved in a kind of omnipotent provocation (Rosenthal, 1981), a deliberate flirting with danger in order to test their powers and prove they are in control.

### **Procrastination**

After the gambling itself, procrastination is perhaps the most common and incapacitating symptom. There are several reasons for this. We have just discussed how a deadline may be used as a test, with the gambler trying to see how close he or she can come to it. Many gamblers feel that nothing they do is good enough, or that they can never do enough. Hence there is a sense of futility about completing a project or assignment where they anticipate failure. They may fear or resent the unrealistic expectations of others. Instead, they cling to their grandiosity, while postponing the cold shower of reality.

**Example:** Between his compulsive gambling and his procrastination at work, Mr. C was in the process of ruining a promising legal career. He waited until the last minute to start assignments, and while he frequently got away with it, he could never feel good about the outcome. He would frequently then go gambling. He was aware of never having done his best at anything, and that he was afraid to try. While discussing this, he remembered a recurrent nightmare which had occurred regularly between the ages of six and eight, and sporadically as he got older.

In his nightmare, he was always standing on huge alphabet blocks and trying to jump from one to another. He wouldn't make it, and would fall into a whirlpool. He would then wake up screaming. In



discussing the dream he could remember standing on the letter A and off in the distance was Z. There were other letters, but he was always jumping from A to Z. As striking as this was, both at the time of the dream and in his retelling of it to his therapist, it was something he had never thought about or questioned. It had never dawned on him to go from A to B to C.

The therapist said that he did not think Mr. C wanted to go from A to Z, but had believed it was expected of him since he thought he had to be adult all at once. In response, the patient started crying and brought forth a flood of memories. He had grown up precociously, he said, and had never felt like a child. "As far back as I can remember, people always expected great things of me. Every year, no matter what I did, it was never enough. When your parents tell you at age six that, when you were one and a half, they knew you were going to be a surgeon because of the way you could use a knife and fork, well, it makes T-ball unimportant."

In subsequent sessions, the focus was on how he had been raised to make up for his parents' own prior frustrations and failures. In recounting this, he experienced a feeling of being cheated. He could see how his passive-aggressive behavior, the procrastination and brinksmanship, as well as his gambling, had been an expression of that resentment. Gambling had also been an attempt to please his parents, to get rich quick, in order to satisfy the expectations that they, and now he, himself, had for him. Work was too slow. He didn't have the time to go from A to B to C.

### **Substitutes for stimulation**

This includes activities involving speed and danger. One patient, for example, stopped gambling and in his first year of abstinence took flying lessons, tried sky diving, bought a motorcycle, and went skiing every possible weekend. He seemed driven by a need for intense physical activity, strong sensations, and competition. The therapist initially did not know how to respond, but was able to ascertain that the activities were being done in a responsible manner and were not life-threatening. It then had to be decided whether, for this particular patient, such risk-taking sublimated his gambling urges, or would serve to trigger more conventional forms of gambling.

Another kind of stimulation is provided by the ingestion of legal stimulants: coffee, cola drinks, and cigarettes. The therapist needs to be aware of the gambler's attempt to find substitute stimulation through multiple cups of coffee, drinking caffeinated soft drinks, and smoking. Cravings for chocolate and for sweets would also fit in this category.

### **Playing catch-up**

In one respect, pathological gamblers have a more difficult time of it than other addicts. Their gambling typically has left them in debt; once they stop they find themselves "playing catch-up." They may be working multiple jobs, juggling bills, struggling to meet expenses and stay ahead of creditors. Their state of mind often duplicates that of their gambling days. Money is experienced as the solution to problems. It seems nothing has changed in that respect. When they are in debt and have to come up with a big payment, it is like being in action for them. And when they make a sale or put a deal together and get paid, they feel they have won. This is a difficult issue for patient and therapist.

One patient referred to his situation as "dancing." He was in a business where he would buy goods at the beginning of the month on credit, and to stay in business he would have to sell them and get more goods. His credit was always at risk, and he felt he was dancing all the time. He would say "At least when I was gambling there was the chance that I could have a big win and get ahead, but I'm just doing this month after month, with no end in sight."

### **Lying, cheating, and stealing**

Various authors and teachers of psychotherapy have stressed the importance of the therapist being nonjudgmental. This is partly an outgrowth of the psychoanalytic concept of neutrality, and partly a product of the moral relativism that in recent years has dominated our educational system. I would suggest that effective therapy is also "moral therapy," and that therapists who think they can remain morally neutral may be deceiving themselves and shortchanging their patients. At any rate, they will have difficulty treating pathological gamblers, since moral conflicts and dilemmas are being raised constantly.

The gambler is frequently testing how their therapist will respond, and trying to corrupt them or get them to collude with the patient's dishonesty. This is an attempt to devalue the therapist, so as to sabotage treatment and confirm their cynical view of the world. "See, everyone is greedy; people steal if they think they can get away with it." This is a common way to deny their own culpability.

**Example:** Mr. D took a magazine from the waiting room and brought it into the session with him, and then, afterwards, while driving home, realized he still had it with him. Actually he had wanted to finish reading an article, so his forgetting, although not conscious, nevertheless served a purpose. He had not thought of asking if he could borrow it, because the therapist might say no, and besides it would have made him aware of his dependency on

another person, something he went to great lengths to avoid. He did have a momentary thought that he should go back and return the magazine, but "put it out of (his) mind."

The following week he forgot to bring the magazine with him for his appointment. He intended to mention it but started talking about something else, and it was again forgotten. He was shocked when the therapist brought it up halfway through the session, and referred to it as a kind of stealing. Mr. D became very defensive, and argued that everybody did things like that, but then realized that he had been feeling particularly uncomfortable about coming for the session, and had not known why.

Nevertheless, he persisted in trying to trivialize the incident, and could not accept the therapist's contention that it was something for them to examine in the session. It was only later that he could admit to other "omissions"—obligations that were forgotten, bills he ignored, promises he failed to keep—a pattern of lying and cheating that he had not consciously recognized. By stealing the magazine, the patient was gambling that he could get away with it. He was also protecting, and trying to keep out of the therapy, a part of his personality that believed these kinds of activities were all right. This included his secrecy and sense of entitlement. Only when this was acknowledged and dealt with was there any chance of recovery.

The example illustrates not only how one little lie or omission can lead to another, but the kind of "primitive avoidance" so common among pathological gamblers. Uncomfortable realities can be just put out of mind, or "shoved under the rug." Primitive avoidance and denial, and the pathology of lying, will be discussed in a future paper. "Lying, cheating and stealing" is a phrase used frequently by Gamblers Anonymous members, not only to describe actions taken to support their gambling, but behaviors which continue after abstinence is achieved. "Lying, cheating and stealing" is a common "character defect," requiring the attention of those who take recovery seriously.

The pathological gambler must develop, or reestablish, an internalized value system based on honesty and integrity. When a gambler/patient reports feeling guilty about current dishonesty, they do not need the therapist to decrease their discomfort. Rather the therapist needs to help the gambler feel the reality of their guilt and to recognize that when they do something wrong, a consequence is to feel emotional pain. In other words, if you lie, cheat, or steal it is appropriate and understandable that you will feel bad.

One of the major reasons for intractable or unrelenting guilt is the continuation of some harmful behavior, however covert, subtle, or

rationalized.<sup>1</sup> The first step toward self-forgiveness is an acknowledgment of change. In other words, being able to say "I used to do such-and-such. I don't do that any more."

## **Flooding**

Gamblers who rely on avoidance as a defense mechanism are frequently flooded with feelings and memories when they become abstinent. This can occur in several ways. Most commonly the gambler becomes overwhelmed with guilt as he or she remembers things that were done, people that were hurt, episodes of lying and cheating. A common refrain is "I can't believe I did that." Flooding may also refer to the uncontrollable crying. Gamblers may be flooded with tears as they get in touch with painful feelings that had been suppressed.

A similar experience is the sudden realization of time wasted. During the years they had been gambling, their lives had gone on and they are now older. There is an acute sense of lost opportunities, and of lost youth and innocence. Disappointment becomes self-pity and there is an impulse to give up or to punish oneself by a return to gambling or some other self-destructive behavior. It may be helpful to remind the patient that they could be sitting in a therapist's office ten or twenty years from now having the same conversation, or, alternatively, might never have learned anything. The fact that they are having this realization now gives them the opportunity to do something constructive with however much time they have ahead of them.

A third kind of flooding involves the sudden remembrance of painful and traumatic memories of childhood—physical or sexual abuse, extreme neglect, disturbed parents. This may occur when the patient stops gambling or quits other addictive behaviors. The therapist does not have the luxury of waiting until the individual is stronger before dealing with it. Providing sufficient structure, however, is necessary. Addressing the helplessness, confusion, shame, and guilt, as well as the rage and feelings of being cheated, is a very important experience for the gambler.

## **Boredom**

According to the description in DSM-IV, as well as the writings of most clinicians (for example, Custer & Milt, 1985, p. 52), the typical pathological gambler is "restless, and easily bored." This proneness to boredom has been the focus of two studies (Blaszczynski, McConaghy, & Frankova, 1990; Elia, 1995) that compared pathological gamblers to normal controls; boredom scores were significantly higher for the pathological gamblers.

In their discussion, Blaszczynski and his colleagues noted that the two instruments for measuring boredom assessed different aspects of the experience and, in fact, did not correlate with each other. The Boredom Proneness Scale (Farmer & Sundberg, 1986) evaluates "one's connectedness with one's environment... as well as the ability to access adaptive resources and realize competencies." Most significantly, it correlates with depression, as measured by the Beck Depression Inventory. Farmer and Sundberg describe the boredom-prone individual as exhibiting a lack of interest, and varying degrees of depression, hopelessness, loneliness, dissatisfaction, and distractibility.

The other instrument is the Boredom Susceptibility subscale of Zuckerman's (1979, 1983) Sensation Seeking Scale. Boredom susceptibility is characterized by an inability to tolerate repetitive experiences and monotony. These are individuals who are understimulated and therefore seek out external distraction. These would be the true sensation seekers.

Blaszczynski then reminds us that McCormick (1988) previously had described two subtypes of pathological gamblers characterized by chronic states of hypoarousal but differentiated according to the relative presence of depression or boredom. Subtype A had a premorbid depression, and turned to gambling for its affect-enhancing excitement. These are the gamblers who might be expected to score high on the Boredom Proneness Scale. McCormick's Subtype B, on the other hand, was chronically understimulated, and experienced, not dysphoria, but "excessive levels of boredom, low frustration tolerance, and a need for varied stimulation and constant rearousal." These are the individuals who would have high scores on Zuckerman's Boredom Susceptibility subscale.

This kind of subtyping holds promise. Farmer and Sundberg's (1986) boredom-prone individuals, who lack connectedness with their environment and the ability to access adaptive resources, might have problems in self-soothing. Those who score high on Zuckerman's Boredom Susceptibility subscale, the understimulated group, may represent the sensation seekers and "adrenalin junkies." The first group may respond preferentially to serotonergic agents, while the second group may be more responsive to dopaminergic drugs. While such a distinction holds promise, it remains speculative until we have clinical trials that look at what the medications are actually treating. For the individual clinician, meanwhile, it is important to carefully question what the patient means by "boredom." Particularly for someone who has just stopped gambling and is struggling to change, boredom can mean a number of things.

For early onset male gamblers, particularly if there have been

decades of gambling activity, the gambling was typically how they defined themselves. Without their identity as a gambler, they do not know who they are. Giving up gambling leaves a large vacuum or hole in their lives. They have no other interests, and there are few activities that can compete with the excitement of gambling.

As already noted, boredom can mean understimulated. For the pathological gambler with ADHD, when they stop gambling and "get off the roller coaster" of strong sensations and self-created crises, they may find the underlying restlessness unbearable. Patients who are manic or cyclothymic also need time to adjust to being normal. What others regard as normal feels like being in slow motion to them, or as if something is missing. They describe it as strange and uncomfortable.

Boredom can mean that individuals cannot be alone because of problems in self-soothing. One might inquire about how they fall asleep at night and how they take care of themselves when they are ill. Boredom can mean that they are left alone with intolerable feelings, such as depression, helplessness, shame, or guilt. There is a need to escape, to get away from themselves. For some, being alone means an intolerable state of emptiness or deadness. Those individuals who did not bond in infancy may carry within themselves an image of parental rejection or disgust, or affects engendered by an overwhelmed mother. Being alone and quiet means experiencing these intolerable affects, which they instead try to externalize through addictive substances and behavior.

Regardless of etiology, external stimulation, action and excitement are viewed as the antidotes to boredom. The role of the therapist is to help identify what the patient means by boredom, help them tolerate the uncomfortable affects, find more constructive solutions and coping strategies, and if necessary aid self-regulation with medication. Boredom is not a natural feeling or condition, and will remain a signal, both for patient and therapist, that there is something needing to be addressed.

### **Problems with intimacy and commitment**

By the time the gambler is in treatment and has stopped gambling, spouse and family members are aware of the debts and depleted finances, the pattern of lying, and other problems. The response is usually one of anger, helplessness, and betrayal. Not infrequently, it is only after the gambling has stopped that the brunt of the spouse's anger is expressed. This is often difficult for the gambler to understand. The anger is often proportional to the fear of being hurt and betrayed again. Holding on to the anger is a way for family members to protect themselves.

Mistrust of the gambler continues longer than it does with other addictive disorders because a relapse can be so devastating in terms of a family's financial situation, and also because it is so much more difficult to recognize. As frequently stated, gambling is not something that a wife can smell on her husband's breath nor observe by his gait or coordination. Nor are there blood or urine tests so that one can detect it with certainty. What we need to emphasize with both patient and family is that reestablishing trust will take time, and that if treatment is successful there will be observable changes in personality as well as behavior.

There are usually problems with intimacy that precede the gambling, in which case they will be there after the individual has stopped. Pathological gamblers often have difficulty being open and vulnerable and depending upon others in a meaningful way. They have learned to suppress their feelings and to detach from potentially painful situations. Much of the work in therapy has to do with identifying emotions and learning how to express them. Conjoint and family therapy may be particularly important (Boyd & Bolen, 1970; Heineman, 1987; Steinberg, 1993).

Family members have their own issues which if not dealt with may sabotage the gambler's recovery (Heineman, 1987; Lorenz, 1989). For example, some of the wives of recovering gamblers will admit that they miss the gifts they received when their husband came home after winning. They confess to a wish that he could have just one more big win, which would allow them to pay off their debts. They may realize they had been living vicariously through him, particularly if he was an "action" or "high stakes" gambler. His optimism and grandiosity were contagious. Initially they may have been attracted to him because he was a man with big dreams, a risk-taker, and big spender. According to Heineman (1987) and others, many wives of compulsive gamblers are adult children of alcoholics or of compulsive gamblers. Living from crisis to crisis may be familiar and exciting for them. In some cases there is a need for the gambler to remain "sick" so that they can take care of him.

Many pathological gamblers were brought up in a home in which intimacy was lacking.<sup>2</sup> They tolerate financial indebtedness far better than they do emotional indebtedness. Many experience claustrophobia in their personal relationships (Rosenthal, 1986), in fact in any meaningful situation. Commitment is experienced as a trap. They have difficulty saying *no*, or setting limits. This is related to an excessive need for other people's approval and validation. When they say they feel trapped by another person, what they mean is that they feel trapped by their own feelings about the other person. They may have projected various expectations or demands on to the other, so that they are overly

concerned about disappointing them, or about not being adequate to the task.

Excessive reliance on these projective mechanisms leaves them uncertain as to their boundaries, between inner and outer, self and other. A question they frequently ask themselves: what am I entitled to? Am I being too greedy or demanding, or merely asking for what is mine, while it is the other who is being unreasonable? Not knowing, they fear being exploited.

Male gamblers, in particular, are preoccupied with power games (Rosenthal, 1986). Power, as opposed to strength,<sup>3</sup> is defined in relation to others, and is invariably gained at someone's expense. Relationships take on a seesaw quality, with the gambler battling for power and control.

Due to unresolved guilt about his gambling, a patient felt "one-down" in relation to his wife. He felt unworthy of her and not entitled to be treated decently. He did not verbalize this, but instead provoked fights at home. Similarly, his self-esteem was based on material success. When they had to scale down their lifestyle, he felt diminished. Again feeling like a failure, he blamed others and took it out on those closest to him. Compulsive gamblers are often good at "turning the tables," so that it is the spouse who feels helpless and inadequate or is apologizing to the gambler and seeking forgiveness. For male gamblers, particularly action seekers, relationships are typically adversarial.

In light of the above, it is not surprising that there are frequent sexual problems (Daghestani, 1987; Steinberg, 1990, 1993). Adkins, Rugle, and Taber (1985) found a 14 percent incidence of sexual addiction within a sample of 100 inpatient male compulsive gamblers. When "womanizing" patterns are investigated, the incidence is closer to 50 percent (Steinberg, 1990, also personal communication). The excitement associated with the pursuit and conquest of women resembles the excitement and "big win" mentality of gambling. Both Mr. A and Mr. B illustrated this.

The various authors cited agree that in treating early onset male gamblers, in particular, one typically encounters two patterns of aberrant sexual behavior: (1) celibacy or a kind of phobic avoidance of sexual relationships, and (2) compulsive sexual behavior consisting of promiscuous womanizing, or compulsive masturbation related to various forms of pornography. The two patterns may be mixed.

**Example:** Mr. E sought therapy for compulsive gambling and because he felt inadequate in relation to women. He rarely dated, but had an active fantasy life and was a compulsive masturbator.



A brief marriage ended six years ago, and since then his only "serious" relationship was with a 19-year-old prostitute with whom he lived for a while. He is a 35-year-old, successful engineer who has gone back to school to change careers. He wants to become a psychologist, but has been procrastinating about completing his degree.

The session occurred after one of his now infrequent gambling episodes. He had gone to Las Vegas—and thought it was fun. He said that he liked meeting people there, playing the big shot and being treated as special. He especially liked the sense of connectedness. "It's easier and safer," he said. "You're alone, but you feel plugged in and connected." He emphasized the lack of responsibility.

He then described a date he had gone on recently. It became clear that this is what had triggered his return to gambling. He found the woman very attractive and sexy, but he was suspicious that she was a "jet setter" who was only interested in dating wealthy men. The therapist then said that gambling was fun for him because it was a way of cheating. It provided the illusion of intimacy without his having to risk anything. This was important because he was afraid of what women might want from him. He agreed, and said that he had been aware of exaggerating her materialism. He had been looking for flaws to discredit her.

In fact, she was the first woman he went out with who came from the same social-cultural background as himself. However, he does not pursue women who are appropriate for him and toward whom he is attracted. When he does go out, it is mostly with women who pursue him. He recognizes a similar pattern in his career. He became an engineer "by accident," and his choice of schools was also passive. His career has been marked by procrastination and a lack of ambition. He relates this to unrealistic expectations—that he should always succeed—and his fear of failure. Failure, he says, is humiliation. The therapist points out a kind of magical thinking in his belief that if he does not try, then his failures will not count. This reminds the patient of an incident from his childhood, where he had struck out in a baseball game but had thought to himself afterwards that it was not so bad because he hadn't swung.

## **Success**

A closely related problem has to do with difficulties handling success. It may be blown out of proportion. For example, in some parts of the country a GA birthday is a cross between a bar mitzvah and a Friar's Club roast. Gamblers compete with each other in seeing how many people will attend and who will receive

the most glowing testimonials. It is a critical time, in that the achievement of a year's abstinence, or some other landmark, poses an immediate risk for relapse.

There frequently are unrealistic expectations of what success will mean, so that its achievement leads to disappointment and depression. Sometimes the gambler abstained in order to prove something to someone, in effect to win a mind bet. Sometimes they were doing it for their family or for the therapist, so that after a period of abstinence they feel justified in saying "Okay, I was good for a year. Now I feel something is owed me so I'm going out to have some fun." Fun, in this case, of course, means gambling.

Sometimes their successes are attributed to omnipotent parts of the personality (Rosenthal, 1986). Success can trigger mania. They get high on their success and grandiosity takes over. Some gamblers are fearful of success, and there is a subset of gamblers with masochistic character disorders. Some of them feel more alive when they are in debt and having to work hard to pay creditors. A critical time is when they are just beginning to get in the black, when they can start to have something for themselves.

**Example:** Mr. F's problem was quantitatively illustrated by his eating disorder. He was 70 pounds overweight and attending Overeaters Anonymous. He had what he and his therapist came to call his "fat boy" fantasy. In the fantasy he was overweight and he dieted and exercised and was extremely successful at it. He imagined himself speaking at OA meetings, people coming to him for advice and all the recognition he would get for losing the weight. Significantly, however, in his fantasy he was 150 pounds overweight.

He would live with this fantasy for days, in which he started out 150 pounds overweight, and in which he worked at his diet and at exercising and was able to lose weight. He got a great deal of satisfaction from the fantasy, but it always ended at the point at which he was 70 pounds overweight. In reality he could neither lose weight nor allow himself to accomplish anything.

## **Reality**

A favorite *New Yorker* cartoon shows two intellectual types in deep conversation at a cocktail party. One man is saying to the other: "My feeling is that while we should have the deepest respect for reality, we should not let it control our lives." Bergler (1958) posited, as the starting point for his theory, the gambler's rebellion against the reality principle, and against those authority figures, originally the parents, who instituted it by imposing rules and restrictions on the young child's pursuit of pleasure. Necessity

was to be avoided, limitations denied.

Like the young man who refuses to wear a watch because he does not want to be limited by the confines of time, but then finds himself always having to ask others what time it is, the gambler's relationship with reality may be adversarial, persecutory, or humiliating. The gambler may want to see himself as an exception—exceptional among people, and an exception to the rules. Not wanting to be pinned down, he is looking for "an edge," or for loopholes. This search for "freedom" is often what gets him into trouble.

Once initial problems have been dealt with and abstinence established, gamblers are often at greatest risk when life starts becoming predictable. Meeting responsibilities and living a "normal" life leads to a feeling of being trapped for those gamblers who have not yet internalized a value system based on facing responsibility. Rather than viewing their new life as a self-determined one, gamblers are more likely to see such behavior as externally imposed. Feeling controlled by their own schedule, they experience a need to rebel.

**Example:** Mrs. G had been abstinent from gambling for eight months. She was a sales representative and had been doing well in her work. She was very organized, kept accurate records, set up and kept sales appointments. Additionally, her marital and family relationships were also significantly improved. Her husband and grown children felt much less worried as Mrs. G would report all income and bills and was readily talking about her day's activities. Only one problem still bothered her husband. She frequently would come home an hour or two later than she said she would. After checking with others and confirming that Mrs. G was in fact where she said, her husband was no longer concerned about whether she was gambling during this time. While discussing this issue, Mrs. G smiled sheepishly at the therapist and her husband, and looked like a little girl who was getting away with something.

Mrs. G was a bright woman who was aware that she could have called if she was going to be late, or simply told her husband she would be home at a more realistic time. The family had begun adding a few hours onto her statements of when she said she would be home. Clearly, this behavior pattern was not simply lack of consideration or an inability to accurately estimate her schedule. In talking about it, Mrs. G was able to acknowledge the feeling that she was "getting away with something," which in some ways felt like the excitement of gambling. This was her way of holding on to a sense of independence, during a time when most of her life was becoming increasingly responsible and predictable.

Mrs. G also acknowledged that on those occasions when she was coming home late, she would have brief thoughts about gambling. While she had dismissed these thoughts, she was now able to recognize that her pushing the limits to prove her independence was creating a potential situation for relapse. Not only was she holding on to old ways of thinking and behaving to deal with her feelings, but she was setting up her family to "trust" her lateness so that she could use that time for gambling.

Reality imposes limitations for the therapist as well as for the patient. As therapists we cannot ignore the realities of the patient's life, and perhaps especially those realities that will sabotage treatment. When setting up the structure or frame for therapy, the patient may agree to conditions that are not practical or even possible. They may do this out of desperation (thinking omnipotently), or because they do not want to disappoint the therapist. They agree to a fee that they cannot realistically afford, or they do not mention the distance they must travel to get to the therapist's office, or the time off from work it will require. Only much later does the therapist learn about the problems treatment has created.

The patient may not reveal the extent of their financial and legal problems, or may fail to mention that there is a warrant for their arrest, or that they are driving without a license or without insurance. Sometimes they do not mention these things because they are ashamed of them, but sometimes it is a form of action for them, and they "get off" on the risk involved. One patient parked regularly in a tow-away zone outside his therapist's office; another did not put money in the parking meter and explained that he was "playing the odds."

Once aware of these covert forms of gambling, therapists can be on the lookout for them. Pathological gamblers also typically neglect their health. Many have not seen a medical doctor in years. Since problem gambling is associated with a number of stress-related physical disorders (Lorenz & Yaffee, 1986; Russo, N.D.; Westphal, Rush, & Stevens, 1998), including obesity, hypertension, and heart disease, this is an area in which patients may be gambling with their lives.

## **Conclusion**

Staying in action is, for the pathological gambler, equivalent to the alcoholic's dry drunk. It is a way to maintain attitudes and behaviors associated with gambling while superficially complying with treatment and Gamblers Anonymous. After the patient has initially achieved abstinence, it is important to look for more covert forms of gambling and other ways in which the patient may still be

in action. Even in the case of the patient who seems to easily stop gambling, it is important to remember that this is why they initially sought help, and to regularly relate the material of the session back to their gambling.

As therapy progresses, the gambling will take on different meanings and reappear in the material in different guises. Slips do not occur spontaneously, and patient and therapist need to work together to recognize the progression of internal and external events that may lead to an episode of gambling. Connections will be sought between gambling and the other aspects of the patient's life.

Lasting abstinence requires personality change. At a minimum, there is a need to identify and confront whatever it is from which the gambler is escaping. This would include the intolerable situation and feelings as well as the mechanism of their avoidance. Honesty means more than not lying to others about one's gambling; it means being honest with oneself about one's feelings. One learns to take honest emotional risks, rather than those based on the need to manipulate or control external events.

As is true for all addicts, gamblers at the beginning of treatment cannot trust themselves. Self-trust requires self-knowledge, which in turn requires curiosity about oneself. Stated differently, "The key to building self-trust" (Kramer & Alstad, 1993, p. 252) "is the ability to utilize one's own experience, including (one's) mistakes, to change."

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## End notes

1 Other possible obstacles to self-forgiveness include: (1) shame-based issues, (2) the use of guilt as a defense against helplessness, (3) repressed guilt about some behavior which preceded the gambling, or (4) a perverse or sadistic conscience.

2 Affection was often expressed through the giving of gifts and money. The gambler may identify with this behavior, or express resentment about it by stealing or wasting ("pissing away") money.

3 The difference is significant. One *is* strong, but one *has* power. There are degrees and gradations of strength, while power is thought of in all-or-nothing terms. Strength is related to one's inner qualities, and the development of one's abilities through work. It is not something one can lose readily.

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## first person

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### first person account

## Transforming addiction with psychosynthesis— one woman's journey

By SBP

My transformative journey through pokies\* addiction began during the early 1990s. My ex and our children were happy with life as we lived it then. I on the other hand was not. For 16 years I had worked as a registered nurse and enjoyed what I did, but the face of nursing was changing—moving in a direction towards academic professionalism and technical proficiency that left little room for passive, people-pleasing, non-academically-minded, hospital-trained nurses like me. More and more, I thought of quitting, but our three children were growing rapidly and my husband's serviceman's wages barely covered the necessities.

My 12-year marriage had become jaded and predictable. I was tired of the constant moving that my husband's work involved—I'd moved constantly as a child and, by the end of 1992, I was living in the 33rd house I'd moved into. I was bored and restless and weary of life as I lived it. Raising the issue of my unhappiness with my husband never occurred to me then—the cause of my angst was existential and couldn't easily be put into words.

I told myself often that the way I felt would pass if I just kept focusing on the positives as I'd always done. I told myself that my doubts and uncertainties were normal. "No one can expect to be happy all the time," I'd remind myself often.

The second child of primary school teachers, and from a family torn apart by their divorce, I knew first-hand what damage separation and divorce could cause our children. "Don't upset everyone's life just because you aren't satisfied," I'd chide myself. "Your expectations are too high—ALL people go through stages where they hate their job and all relationships go through times like these. This too shall pass." I'd reassure myself, but in the end,

my feelings—the call of my soul to live a meaningful and authentic existence—could not, would not, be ignored.

Stuckness fuelled my addiction. Ambivalence—defined as the simultaneous existence of two opposing attitudes, desires or emotions—is one of the most damaging creators of psycho-emotional stress in humans. Ambivalence can paralyse our ability to make decisions, especially where the taking up of one life-affirming option means the loss of something that's an equal contributor to our sense of well-being. When forced by life circumstances to choose one or the other, psycho-emotional collapse is inevitable. So it was with me.

Ambivalence—I wanted to leave the marriage but felt I couldn't. It would hurt too many people: our children, my husband and perhaps even me. I wanted to stay and work on the relationship, but the thought of staying in the marriage for another 40 years was almost as unbearable as the thought of leaving. I wanted to leave, but I wasn't sure I would survive on my own. I wanted to stay but felt stifled in the relationship and totally responsible for maintaining it. I wanted to leave, and yet I was afraid of leaving in case I found out it wasn't the marriage that was the cause of my angst.

I no longer found my work fulfilling; perhaps this was the cause of my unhappiness. But whenever I thought about changing career, I faced yet another dilemma. I didn't know what else I wanted to do—I also didn't know what I might be good at, or what I might be suited to.

There was that ambivalence again. I had been nursing for 18 years by then. I was good at what I did, but it was also all I knew and it earned me a wage and status I'd gotten used to. To earn the equivalent income, I needed a university degree. Constant moving with my husband's career meant that university wasn't an option until his time in the service was up—five long years away. By then, I reasoned, I'd be 46 and too old to start studying. By the time I completed my studies, I would be ready to retire.

If I branched out on my own, the time and effort it would take to study part time, work full time and take care of my children would have been too much to cope with alone—I needed to stay in the marriage if I was to retrain.

That was where I was when we moved to New South Wales, where poker machines were everywhere. I was stuck in my present situation—in a job I no longer wanted to be in that I felt unable to leave, in a marriage that I no longer wanted to be in that I felt unable to leave. The family needed my wages and, no matter

what I did, we never seemed to get far enough ahead for me to quit work. I was uncertain of what I wanted to do work-wise and uncertain that changing career was worth the effort because of my age.

Within weeks of beginning to play the machines I was hooked. After my sister died at age 42, I spent hours and hours sitting in front of a poker machine waiting for something—anything—to happen that would get me moving. I waited for a sign or an inspiration that would shake me out of the pit of ambivalence I seemed to have dug myself into—and, in gambling, I added to my dilemmas. Now I had a habit to feed that needed my husband's income and mine. I had a habit that made changing careers even more risky.

When I was gambling, my day used to look like this:

5pm—get up out of bed (I worked night duty). Force my face into a smile and stagger out to the kitchen. Say a brief hello to the kids on my way through the lounge. Pour myself a coke and drink it while staring at the near-empty fridge, wondering if there was enough food to make a meal. I'd beat up on myself internally for having spent money at the pokies that morning instead of buying food. Resolve to buy groceries tomorrow after dropping the kids off at school. "No more playing the pokies," I'd declare to myself.

At 5.30pm, I'd greet my hubby with a false smile and coffee as he walked in the door. I'd spend 15 minutes hearing about his day (I didn't tell him about my day and he rarely asked—I didn't know whether to be grateful for this or not).

6pm—yell at kids to start their showers and prepare tea.

7pm—eat tea while half asleep in front of the television—don't speak to anyone in case they ask me what I did today. Begin thinking about whether to go to the club before I do the shopping or after. Reason that I'd better do the shopping first and then go to the club.

Note—I never challenged the thought of going—I'd just debate with myself about what time to go.

"It's going to be hot tomorrow," I'd think, "better go before I do the shopping—if I don't the food will spoil from being left in the car." How easy it was then to justify my actions *and* ensure I had enough money to gamble with.

8pm—send the kids to bed—give them a perfunctory kiss while wondering how much money to take out of the bank account in

the morning.

8.30pm—head off to work and start reasoning that it would be better to stay home tomorrow after dropping the kids off. "There is so much housework to be done—if I have some energy left, I'll do some cleaning and then go to bed—God, I'm so tired of this."

Driving down the freeway I'd think how easy it would be to just let the car drift off to the left and into the pylons....**BANG!** No more money worries. No more pokies. No more me! But I couldn't do it—how would my husband and children survive without my income or my meagre winnings?

I'd get to work at 9pm, put on a cheery face and pretend an optimism I didn't feel as I ministered to my patients' needs, administering medicines that eased their suffering. Somehow I managed to leave them feeling better than I found them, but the energy it took to cheer them up took its toll on me.

Around 1am, I'd catch an hour's sleep while on my break. Desperately wishing my break could be longer, I'd struggle to stay awake until 6am when the morning work would begin and there was too much to do to think about how tired I was.

By the end of an eight-hour shift, I wanted nothing more than to escape from people—to go somewhere where I wouldn't hear of another person's pain or suffering. I wanted to go somewhere where I could be alone and where no one wanted anything of me—and guess where that was?

I'd drive home from work struggling to stay awake at the wheel. By 8am when I got home, my second or third wind would kick in. I'd wake the kids, yelling at them to "hurry" and "get ready for school." More often than not, I'd be irritated with them for not being organized or fast enough. I'd drop them at school and drive to the club.

A club may be dark, noisy, and smoky, but the people inside it—from the patrons to the staff—are too busy with the machines to talk for long or ask anyone for help. Blessed peace at last. Put some coins in the slot. Push the button and disappear into a world of mental, physical, and emotional silence where nothing mattered. There was just me and the spinning reels and the 2.3 seconds they took until it was time to push a button again.

How well I understand the junkie. This nothingness was my addiction. Not the money, not the thrill or excitement of the win, not even the momentary relief of getting back some of what I'd already spent. My addiction was to the mental and emotional

stillness that came in the seemingly endless moments between one button push and the next. No questions, no demands, no doubts or self-criticism—just me and a machine and.....silence.....until I'd run out of money and had to leave. Then I would start to hate myself.

I'd stay at the club until 2.40pm—or until my money was gone. At the end of almost six hours, I would drive home hating myself, berating myself with words I wouldn't have used to describe my worst enemy. Without the machine and spinning reels to focus my attention on, my attention would turn inwards and focus once again on my inner critic. I would drive home desperately and recklessly, wanting to put as much distance as possible, as quickly as possible, between myself and those demon machines. "Stupid, stupid, stupid woman. You should have stayed home and gone to bed. You should have done the shopping first. You should have left at ten / when you won that \$100 / \$200 / \$1500...what is wrong with you? When are you going to stop this bull@#\$%? Tomorrow you can't go. That's it—it has to stop. RIGHT NOW! It's crazy what you are doing to yourself. After you drop the kids off tomorrow, you'll HAVE to do some food shopping. Tomorrow is Thursday—his pay day. Let's see, \$100 to play the pokies—that should be enough. If I pay half the phone bill and only spend \$75 on food, I might win enough to get Grace those new shoes she needs and pay the rest of the dentist bill..."

When I got home, I'd check the mail, hide the overdue bills, and crawl into bed, where blessed sleep would overtake me and stop the horrible self-talk and thoughts of suicide that seemed an all-too-reasonable solution to the craziness. The kids would arrive home, find me asleep and assume I'd been there all day. I'd sleep till the alarm would sound at 5pm. Then I'd groan, get up, force a smile on my face and start the routine all over again.

Five days a week, for three-and-a-half years between late 1995 and early 1999, this was my life. When my husband was home on the weekend, my routine varied slightly. I'd shop on the way home from work—I never stopped at the club on the weekend. Once home, I'd put the washing on, pay what bills I could over the phone, do a quick tidy-up around the house, hang the washing out and then crawl into bed as hubby got out....and I'd sleep...and sleep....and sleep. Around 7pm, I'd get up in time to eat tea and go to work, longing for it to be Monday so I could be alone again and safe from the threat that someone would ask me how I spent my time...and yet, I'd be dreading Monday, knowing that all the craziness would start up once again.

I hated me back then. I hated my life. I wanted the world to stop so I could get off. I wanted something, anything, to happen so I could stop the endless nightmare I was trapped in. Life while I was

gambling was not worth living.

While still in New South Wales, I decided to make a concerted effort to stop gambling. I enlisted my husband's support by telling him in September 1997 that I'd been spending my days playing the pokies and couldn't seem to stop playing them. Together we decided that the kids and I would move back to Adelaide. I reasoned at the time that the move was a good one. I had good friends I could stay with until my husband was due to take up his posting in Adelaide in December and, since I only gambled in the one venue, it seemed reasonable that distancing myself from it would make the quitting easier.

For the next eight months I didn't go near a poker machine—in fact, I had no urge to do so. I experienced no difficulty quitting and had no doubts about the wisdom of quitting. I became once again the accepting friend, good mother, and passive wife. I started work and did all the right and proper things expected of a registered nurse.

Then in May 1998 I went back to the machines. To this day I don't know what triggered the return—perhaps it was a return of the existential angst, perhaps the anniversary of my sister's death and the realization that life is all too short to waste time and energy doing things that make us unhappy. Whatever the cause, within weeks I had exceeded my previous daily spending on the machines and I was gambling any time I could—I even managed to gamble on the weekends while supposedly out shopping.

In February 1999, I finally hit bottom. Not the financial bottom of many problem gamblers—I still had financial resources—but I hit a bottom nonetheless. It came when a pawnbroker offered me just \$75 for my rings, valued at \$2000 for insurance purposes just three weeks before. Just for a moment, I actually considered taking the \$75 and going to the pokies with it even though there was no food in the house. In that moment, I realized just how distorted my thinking had become and how irrational my beliefs around the pokies and gambling were. I went home and phoned the problem gambling help line, made an appointment to see a counsellor and began my recovery journey.

During my eight weeks with the Gamblers Rehabilitation Fund support service, I learnt of the low odds of winning on the pokies and I learnt of the change in society's attitudes towards gambling that preceded the rise in the number of problem gamblers. I also learnt that most women gamble to escape from the rigors of abusive relationships. I might have learnt more, but I had a spiritual awakening—a calling to help people in crisis. The counsellor and I discussed everything except my gambling after that, so I didn't find out from him why I gambled, nor what I had to

do to quit.

Spiritual awakenings, according to Roberto Assagioli, the father of psychosynthesis, are often preceded by a crisis of duality or a traumatic event. The ultimate goal of most twelve-step programs—the insights, intuitions, and inspirations that come with awakenings—can lead to rapid resolution of an individual's problems, along with dramatic changes in personality and life style. For a time after the awakening, this happened for me—life was good.

But spiritual awakenings can also cause confusion, identity crises, loss of a sense of purpose and meaning, deep depression, high anxiety, and psychosis in individuals who have not developed a strong sense of self. As awareness expands, boundaries between self and other tend to disappear into unitive states. For me, this happened some ten weeks into the recovery process. A period of deep depression and intense anxiety—a dark night of the soul—descended upon me.

Unable to understand the cause of the dramatic change in mood, but certain that the cause had something to do with my gambling, I retreated into myself, spending long hours alone searching my soul for answers. My husband, not understanding what was happening, became afraid I was leaving him as his mother had left him in his infancy. In his anxiety, he sought constant reassurance from me—a reassurance I was too introspective and uncertain to give. Frustrated by his neediness, seeing it as selfish and uncaring, I ended the marriage and blamed myself for my family's pain and suffering. Unable to help ease my family's pain, I began to doubt the validity of my calling as well as my ability to help people in crisis. I also began to doubt the value of counselling as a tool for helping people, seeing it as a way of keeping people focused on their dysfunction and problems.

I left counselling and began searching for the answers to my questions on my own. Initially, I sought the answer to just two questions: "Why did I do what I did?" and "What do I need to do to stop?"

I voraciously read everything I could find on problem gambling and poker machines. I read all of the scientific studies and psychological reports, newspaper items, and articles in magazines that I could find, searching for information. In the beginning, there were few items and only one book on problem gambling in my local library—it was printed in 1956. Gradually I found more and more places where information on problem gambling was sequestered, and I absorbed that.



However, nothing in what I read in the research told me what I needed to do to stop gambling, and much of it implied that "the problem" lay within the individual—that people who gambled were abused as children, and/or were psychologically disturbed individuals who sought to medicate away their pain through excessive gambling. The prognosis for overcoming gambling addiction was considered poor. The medical model held sway in treatment programs, and the "impulse-disordered" gambler often impulsively left treatment too soon.

Public opinion implied problem gamblers were weak of character, immature, impulsive, irresponsible, or just plain stupid to have gambled as excessively as they had.

Reading such things often confused me and heightened my anxiety. I had not experienced a physically abusive childhood, and had only one episode of abuse as an adult. I also had no prior history of psychological disturbance.

Contrary to what I read about excessive gamblers, my psychological imbalance had happened after I quit gambling. IF I had so many personality/character defects, how had I seemed to manage before coming into contact with poker machines?

Were the writers correct? Could it possibly be that I was addicted to the pokies and the symptoms I experienced were part of withdrawal? If so, what did that say about my psychological health and about my future? Where did the spiritual awakening fit into the picture? Were the insights, inspirations, and psychic gifts that came with it magical thinking—as conventional psychology suggested—or heightened perceptions of psychically sensitive individuals? I struggled to understand.

I went to spiritual healers for help—I learnt to meditate, contact my spirit guides, and be guided by their wisdom. I learnt to heal others by laying my hands on them and allowing God's healing energies to work through me, but I didn't learn why I had done what I did, nor what I needed to do to stop gambling. I saw a hypnotherapist and a couple of psychologists. One asked me to explain to him why his parents gambled on poker machines—I explained what I knew and furthered his understanding, but failed to apply my teachings to my experience.

I wrote to (and spoke with) problem gambling experts and authors who wrote books about gambling and learnt that I too wanted to write a book about gambling, but I didn't find out what to do stop gambling or why I had become addicted. I got a computer, searched the Internet and found a place where gamblers from all over the world shared their stories, and I shared some of mine. No

one there could tell me why I did what I did, but it was here, amongst a group of people who labelled themselves compulsive gamblers, that I finally found a measure of acceptance and began to understand that, one, I had been asking the wrong questions. And two, the answers I needed could not be found out in the world—they could only be found inside me. I still experienced great anxiety over accepting the desire to escape from problems as a reason for excessive gambling, and even greater difficulty with working out what my "character defects" were.

Despite involvement in the New Age Movement, I was for the most part still highly introspective and withdrawn. I still judged myself to be wanting—a failure in 'most everything I tried. Other people, friends and strangers, often had trouble following my conversations.

It was early in 2000 that I discovered psychosynthesis and began my journey back from the brink of insanity. Reading the works of Roberto Assagioli and Pierro Ferrucci felt like coming home. Their descriptions of the awakening process—its causes and effects—resonated with my experience and I began to feel hope that my experiences could be worked through and understood.

Italian psychiatrist Roberto Assagioli first coined the term psychosynthesis in 1911. Strongly influenced by Freud's theory of the unconscious, Assagioli is credited with bringing psychoanalysis to Italy. Like Carl Jung, he believed that Freud's theory of the unconscious gave too little weight to man's essential spiritual nature, so he developed maps of human consciousness and psychological processes, which incorporate our spiritual essence. By 1965 Assagioli had developed techniques such as the disidentification exercise and guided imagery that allowed individuals to consciously experience their spiritual essence.

Considered by its proponents to be a wholistic, transpersonal psychology, psychosynthesis is both a philosophy for living and a dynamic, open-ended approach to personal growth and development. Like most transpersonal psychologies, psychosynthesis helps people answer the existential questions, "Who am I?" and "What is my purpose in life?"

Psychosynthesis techniques and methods are informed by a blend of Western psychological theories and traditional Eastern spiritual wisdom. Unlike Freud's psychoanalytical theory, in which neuroses and psychopathologies are considered to result from an individual's failure to differentiate from a primary parent, psychosynthesis holds the understanding that humans are born with awareness of their separateness and uniqueness, and seek throughout life to establish an empathic mirroring connection with others that affirms their identity. When others fail to see us as we

are, we split off from our essential Self and adopt various unconscious behaviours or sub-personalities that help us survive psychologically and avoid the deep wounding of non-being.

Maturity, according to this theory, is reached as we become able to connect empathically with the Self—what you may know as your Higher Power, or the God or Goddess within. Once so connected, we develop an ability to affirm our own identity and unique place in the world independent of what is mirrored to us.

More than a collection of techniques or a methodology to be used to "fix" a disturbed client, psychosynthesis is a therapeutic process in which any one of a number of appropriate methods and techniques may be employed by both individuals and therapists to allow the authentic personality to unfold and evolve. In the foreground of the therapeutic process is the unique person of the client and the empathic I -Thou relationship that develops between therapist and client. The therapist's empathic, mirroring presence is essential to the process, as it allows the client to develop an internal empathic relationship with the Self. It was fortunate for me that one of the few psychosynthesis therapists in Australia lived and practiced in the state I chose to call home. I made an appointment and began my journey back to health.

During my time in therapy, I needed first and foremost to learn that it was okay to take care of myself, and let others take care of themselves for a while. Sleep-deprived from my years of working at night and playing the pokies during the day, I had to get in touch with my body, relearn the signs and symptoms of tiredness, and then respond to these by going to bed. No more fighting to stay awake as had become my habitual response.

Emotionally shut down, I had to reconnect with my emotions and give them names. Having become absorbed in the conversations in my head, I had lost touch with my bodily sensations and had to reconnect with them and relearn what hunger felt like. Following this work, I had to remind myself of the importance of eating good food on a regular basis and find again the courage to express what I felt. Homework at this stage of my recovery process involved mirror work. While gazing deep into my eyes in a mirror I'd affirm my self-worth, set daily goals, and, later in the day, praise my achievements. So beneficial did I find this practice, I continue it to this very day.

Through the guiding work of my psychosynthesis therapist, I discovered how my addiction developed, why I did what I did, and what I can do to change. Initially exhibiting all the signs and symptoms of schizoaffective disorder, I have learnt to disidentify from—and observe without judgment—my thoughts, actions, and emotions. I learnt to notice my habitual responses and to choose

my mode of expression in response to others and the world. I also discovered, after creating a living sculpture of my family dynamics during group work, that what I had thought to be a picture-perfect upbringing and marriage was in fact far from perfect.

Through a combination of guided imagery meditations and voice dialogue sessions, it became obvious to me that I had internalised the voice of my perfectionist mother. Seeking her attention and approval, I had become a people-pleaser/rescuer nurse—one who put her own physical and emotional needs far beneath those of the people she cared for.

As an adult, I had married not someone like my father, as many women do, but someone just like my mother. My former husband had high expectations of the people he worked with, yet he was strangely gentle and forgiving of my foibles, fearing that I might leave him if he demanded anything of me. Likewise, my mother had high expectations of her children, yet she tended to overlook my father's foibles out of the fear that he might leave her if she expected too much of him. As my husband was dependent on me for his emotional wellbeing, my mother had been dependent on my father for hers.

Never able to live up to the stringent demands of my inner critic to do more for others and be less selfish, I nonetheless tried for many years to become the perfect, kind, caring, compassionate, and considerate nurse, wife, friend, and mother. I pushed myself hard, and harder still, until deep within my psyche a rebel arose telling me, "It's time to take a break now...just for an hour or two... it's only fifty dollars—go on, you deserve a little time to yourself." As my father had done many years before, worn out from constant caring for others and feeling responsible for their happiness and well-being, I distanced myself emotionally from my spouse and family, retreating into outward passivity and sullen, rebellious inner silence. My father chose fishing and an extramarital affair as his escape from my mother's clinging neediness. I chose a poker machine.

Having completed a diploma of psychosynthesis, I've learnt that true growth rarely comes without struggle and striving, and often the journey to inner peace and happiness involves delving into deeply painful memories, challenging and changing the false beliefs we've come to hold about our own worth and value. Having opened my mind to all possibilities, I've come to understand that much in life happens for a reason—even poker machine addiction and psychotic breakdowns can be positive events in our lives, for they are often followed by beneficial consequences. Without my addiction, without my psychotic breakdown and subsequent divorce having been part of my life, I wouldn't be where I am today, doing more of the things I enjoy, and helping others in a

very real way. I certainly would not have had the courage to speak out against the judgmental treatment many of my fellow pokies-addicts suffer.

I've found having someone explain my spiritual experiences using Assagioli's maps of human consciousness, and both validate and normalize my lived experiences, has been incredibly healing. Here was someone who saw me not as special, gifted, defective, or crazy for having done, felt, and thought what I did. In my psychosynthesis therapist I found someone who saw me just as I was and did not feel compelled to change me. Accurately and empathically mirrored, I began to trust that I could once again be strong, normal, capable; all that was needed was some work on my part.

Slowly, over a period of four years, I have learnt to balance my needs against the needs of others and to continue working towards deeper and greater understanding of how my past has impacted the person I became and have become. These days, I find I no longer need to go to a machine to sit in silence. Now I do this by consciously choosing to meditate every day, or spending time writing to friends and people of like mind around the world on my computer. Free of the guilt, shame, and negative financial consequences of playing the pokies, I thoroughly enjoy my inner silence time, and am able to pick it up or put it down at will. Meditating and sitting in front of a computer is far less expensive than playing a poker machine.

My pokies addiction, underpinned by my ambivalence....my psychotic breakdown and subsequent search for answers...has been a transformative journey in the true sense of the word. I no longer qualify for the label of "problem gambler" (I seldom gamble anymore—and never on poker machines). I cannot be described as passive or people-pleasing anymore, and I am far from being the shutdown, schizoid mess I once was.

I am still passionately involved with the pokies—these days as a politically active member of the anti-gaming-machine movement. Rather than sitting silently in front of a computer-driven machine for hours on end, these days I am more likely to be found on my soapbox or on a computer keyboard, speaking of what I have learnt about the problem gambling issue. Some people might say this has become my new addiction—again, it is far cheaper and potentially more beneficial than playing the pokies for hours on end.

Six years ago, when I first entered recovery, I had a marriage of 19 years with a husband I cared about but didn't love. I had children who were (mostly) emotionally secure and a family life that (for the most part) nurtured those children. I lived in rented

accommodation and I worked part-time night duty to help pay the bills. I had plenty of leisure time in which to do nothing much but relax, "our" debts totalled \$30,000, and I had many friends and acquaintances who dropped by to say hello. We had plans aplenty for our future and were slowly working towards achieving them. According to all the best psychological tests and lifestyle assessments I read back then, we lived the good life and I should have been happy. But I was not.

Today I have no marriage, no lover or significant other to love or be loved by. I have no family life to speak of, as my children and I live in a separate state from extended family. I live in a heavily mortgaged property, my good friends number just three, and I work full-time night duty as a nurse just to pay my bills. My leisure time is taken up by counselling, study, and political and social activism. My debts total \$180,000, and I have half the income I had at my disposal before. By most people's opinion of what a successful life looks like, I should be unhappy and stressed out to the max—but I am not.

When comparing then and now, it doesn't sound like I've made any progress for all the therapy and soul-searching, does it? The "successful, healthy lifestyle" balance sheet seems to come down firmly in favour of my life six years ago.

But, there is one HUGE difference between now and then—then, I was gambling, and I had learnt to hate my work, my life, the pokies, and myself. Now, I no longer gamble, I like my own company, enjoy my work, and love my life. I eat well, sleep well, and have not one but two new careers that add purpose and meaning to my days (though I continue to earn my living primarily as a nurse).

From the outside my situation today looks bleak—in many ways busier and more stressful than what I had six years ago. But that is because it's on the inside (where only I tend to notice the difference) that the greatest progress has been made. Inside I know peace and joy, love, self-acceptance, and forgiveness. I now have faith and hope in my future to turn out well in accordance with God's plans. My life is not without difficulties (as no life ever is), but because of psychosynthesis I now have the tools, the self-awareness, the inner strength and the will that allows me to actively choose how I respond to any difficulties that arise in my life.

My name is SBP—I was once a pokies-addict—this has been part of my life journey. I thank you for reading.

\*\*\* \*\*

The names of individuals have been changed.

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\* For puzzled readers, "pokies" is a term used in Australia and New Zealand for electronic gaming machines. –ed.

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## opinion

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### The psychology of music in gambling environments: An observational research note

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#### Abstract

Effects of the listening context on responses to music largely have been neglected despite the prevalence of music in our everyday lives. Furthermore, there has been no research on the role of music in gambling environments (e.g., casinos, amusement arcades) despite gambling's increased popularity as a leisure pursuit. An exploratory observational study in gambling arcades was carried out to investigate (i) how music is used as background music in amusement arcades, and (ii) how slot machines utilize music in their design. Results indicated that arcades often have music that caters for their customer demographics and that this may influence gambling behaviour. Furthermore, music from the slot machine itself appears to produce important impression formations about the machine (i.e., quality of the machine, familiarity, distinctiveness, and the sound of winning). It is suggested that music (whether it is in the gambling environment or in the activity itself) has the potential to be important in the acquisition, development, and maintenance of gambling behaviour. Some preliminary ideas and hypotheses to be tested are offered. **Key words:** gambling, gambling environments, music, situational characteristics

#### Introduction

Effects of the listening context on responses to music largely have been neglected despite the prevalence of music in our everyday lives (North & Hargreaves, 2000). Furthermore, there has been no research on the role of music in gambling environments (e.g., casinos, amusement arcades) despite their increased popularity as a leisure pursuit. Pleasant feelings, and other modifications of mood associated with listening to music, have been described by



several authors (e.g., Deliege & Sloboda, 1997; North & Hargreaves, 1997; Sloboda, 1991). The relationship between human behaviour and music is necessarily complex. Hargreaves and North (1999) reviewed the functions of music in everyday life and concluded that the social functions of music are manifested in three principal ways for the individual: management of self-identity, interpersonal relationships, and mood. Studies have shown that different types of music can have different types of effects on listeners. Two of the many effects music can have may be to heighten psychological arousal or to relax (North & Hargreaves, 1997). This may have an effect on behaviour in commercial situations such as shopping or gambling. For instance, does the presence of music make people spend more or less money in such environments?

Early studies showed that when customers in a supermarket were exposed to loud music, their shopping rate—how much they bought per minute spent in the store—was higher than when quiet music was played. However, people would spend proportionally less time in the supermarket, so in the end the result was the same for the shop owner (Smith & Curnow, 1966). On this basis, it could perhaps be speculated that people may spend more in a gambling environment because gambling behaviour is limited to factors such as event frequency (i.e., the number of times it is possible to gamble within a given time period).

There is little doubt that music can effect both spending and perceptions of the environment. North, Hargreaves, and McKendrick (2000) reported on the effects of music on customers' perception of the atmosphere in both a city centre bank and a bar. They found a positive correlation between ratings of the listening environment and ratings of the music. The results demonstrated that music can have reliable effects on atmosphere and purchase intentions in commercial environments. They have also found that music can increase or decrease sales of wine depending on what type of music is played as background music (North, Hargreaves, & McKendrick, 1999).

North and Hargreaves (1998) have also examined the effect of different types of music in a university campus cafeteria. They examined how the presence of a certain type of music affected customers' view of the atmosphere in the cafeteria and how it influenced their purchase intentions. Pop music made customers view the cafeteria as an "optimistic" and "confident" environment, but not peaceful. Classical music led to a feeling of "elegance" and "high class," but scored lowest on the "optimism" factor. The absence of music altogether resulted in a feeling of "peacefulness" but a lack of confidence. "Easy listening" music led to the most negative feedback. Overall there was no statistically significant differences amongst the amounts customers were prepared to

spend when subjected to different types of music. However, the study showed that customers were willing to pay more for their food when they had been exposed to classical or pop music.

Given this previous research, another area worthy of further investigation is that of "background music" in gambling environments and the use of music in certain forms of gambling, as in the use of music in slot machines. A number of authors (e.g., Hess & Diller, 1969; White, 1989; Griffiths, 1993) argue that the sound effects (including music) can be gambling-inducers. Constant noise and sound in a gambling environment (such as the sound of money falling into payout trays) gives the impression (i) of a noisy, fun, and exciting environment, and (ii) that winning is more common than losing (as you cannot hear the sound of losing!). However, these are very general sound effects that create the overall impression, rather than music specifically.

Since there is little work on the psychology of music in gambling environments, the research study carried out was primarily exploratory. It had the aims of investigating (i) how music is used as background music in arcades, and (ii) how slot machines utilize music in their design. Since the study was exploratory there were no specific hypotheses.

## **Method**

The following data were extracted from a larger study examining situational characteristics of amusement arcades (Parke & Griffiths, 2001). Only the findings regarding music and sound are reported here. The observations that follow in the next section were collated from two different sources:

- 1) An in-depth observational study of amusement arcades (mainly) in Nottingham, U.K. (over 600 hours). A substantial amount of time was spent in one particular amusement arcade. This is because the second author was able to collect data while working in the arcade itself. All data were collected with the consent of the arcade owner.
- 2) Participant and non-participant observation by both authors over a ten-year period as either researcher (first author) or gambler (second author) respectively. The data collected from these sources are more speculative, but are capable of generating hypotheses.

The approach was on the whole empirical and qualitative, and can be regarded as an observational field study capable of suggesting hypotheses but not of confirming fact. Due to its qualitative nature, much of the data reported in this results section cannot be

reported without some kind of initial interpretation that would normally find inclusion in a "discussion" section. A more general discussion of these results follows the results section.

## **Results and preliminary discussion**

The findings from this study are broken down into a number of distinct areas. These are observations concerning the (i) use of background music in arcades, (ii) use of music in slot machine gambling, (iii) use of music in pubs and clubs housing slot machines, and (iv) the absence of music in some gambling environments (e.g., betting shops). These are examined in turn.

### **Background music in arcades**

It is clear from our observations that arcades often have music that caters to customer demographics. Furthermore, the clientele can be differentiated between those who play "low-tech" (reel order) machines, and those that play "high-tech" (feature) machines. Arcades and designated areas in arcades that have feature-orientated (hi-tech) slot machines often attract males aged around 18 to 30 years. In these areas, dance and rock music are often played or (alternatively) customers will ask for requests. Requests by the gamblers themselves may possibly have the strongest effect on gambling behaviour as these songs have personal meaning, bringing new factors (such as emotionality) into play. Reel order (lo-tech) machines, in contrast, attract a different group of gamblers—primarily women aged over 45 years. These areas or arcades often decide to play pop-music-based radio, or play pre-recorded music that was first released in the 1980s. Arcades which cater for those under 18 years of age invariably play pop music, or may have a jukebox to cater for these tastes and also to earn additional income.

In the arcade where the second author worked to collect data, the arcade was split into two levels, the first level housed both high-tech and low-tech slot machines, and the second level housed video games. Three different genres of music were used by the arcade management. These were:

- Easy listening music (local radio station, country music) was played in the first level in the morning to cater to the majority of older players, many of whom were female.
- Rock and dance music was played in the first level in the afternoon and evening to cater to the younger males usually playing the hi-tech fruit machines.
- Pop and dance music was played in the second level to cater to older teenagers playing video games.

In this particular arcade, it is important to note that playing music that customers requested was encouraged. During informal interviews with the management, the researchers were told that playing requests kept the customers happy "and when they are happy, they are spending."

### **Music used in slot machine gambling**

Music appears to be important in many slot machines—particularly newer machines which feature television shows, films, and video games. The music that slot machines are capable of producing is important in a gambler's impression formation about the machine. More specifically it is associated with (i) the quality of the machine, (ii) familiarity, (iii) distinctiveness, and (iv) the sound of winning. These are expanded upon below.

- **Quality of machine** – The quality of the music on a slot machine appears to be important, as most gamblers equate the quality of a machine with the quality of the sound and music. For some, this may be the primary reason for choosing a particular slot machine to play.
- **Familiarity** – Music that a slot machine produces is important in creating familiarity. Griffiths and Dunbar (1997) in their research on the psychology of familiarity in relation to slot machines have argued that the names of machines and the music they emit appear to be important in terms of acquisition of gambling behaviour. It is often the case that slot machines are named after a person, place, event, television show, or film. Not only is this something that is familiar to the slot machine player but may also be something that the potential players might like or affiliate themselves with. Table 1 highlights some examples of some very common U.K. slot machines that all have theme tunes familiar to U.K. citizens. Some of the most popular slot machines are those that feature *The Simpsons*. There are many cases similar to these, where it could be speculated that the slot machine becomes more enticing because it represents something that is special to the gambler. It is possible that familiarity is a very important aspect of why, for example, media-related slot machines have been more prominent over the last decade in the U.K. The media theme may induce a "psycho-structural interaction" (Griffiths, 1993) and may result in repeated use. Consequently, if the themes are increasingly "familiar," an individual might be more likely to persevere with the complexities of a machine. Players may find it more enjoyable because they can easily interact with the recognizable images and music they experience. Therefore, the use of familiar themes may have a very persuasive effect, leading to an increase in the number of

people using them, and the money they spend.

**Table 1**  
**Some common examples of U.K. fruit machines that employ music**

Machine name	Theme genre
The Simpsons	U.S. TV show
Friends	U.S. TV show
Eastenders	U.K. TV show
Coronation Street	U.K. TV show
Only Fools and Horses	U.K. TV show
Gladiators	U.K. TV show
Blind Date	U.K. TV show
The Crystal Maze	U.K. TV show
Match of the Day	U.K. TV show
Sky Sports	U.K. TV show
The Flintstones (Viva Rock Vegas)	U.S. film
Indiana Jones	U.S. film
The Pink Panther	U.S./U.K. TV show/film
Tetris	Videogame
Sonic the Hedgehog	Videogame
Mario Kart	Videogame

- **Distinctiveness** – Music can be used in slot machines to create a distinctive feature that is memorable to players and that may facilitate further gambling. For instance, the company *Red Gaming* utilises a distinctive guitar riff when slot machine players gamble on the game's feature, for example, on the slot machine *Rampage*. We have noted that some gamblers who played this machine were eager to play again as a consequence of the music. When the jackpot is won on this machine, the machine plays a rock music anthem.
- **Sound of winning** – Music from a slot machine is instrumental in creating that sound of winning. As seen in the example above, a particular piece of music (i.e., a rock anthem) can send out a signal that a person has won on the machine, both to the player and to others in the vicinity . It also helps raise the self-esteem and standing of the person playing. This is clearly reinforcing for the gambler and may lead to further play. As with the sound of falling coins in the payout tray, music can create the illusion that winning is more common than losing, for you do not hear the sound of

losing. As a consequence, successful slot machines will minimise music that signals losses.

### **Music in pubs and clubs with slot machines**

The use of music in pubs and clubs is both interesting and different from arcades. More specifically, we have noted in our observations that:

- The music is "focal" rather than in the background.
- The quality of background music (for example, good quality sound systems used by DJs and live bands) improves in terms of sound, volume, and content.
- Most slot machines in these environments are high-tech (feature) machines that cater for the same group as the club or pub itself (i.e., males aged 18 to 30 years).

We speculate that all of these can potentially increase arousal and risk taking—particularly the quality of the music. On the negative side, pub and club music can detract from the machine's auditory cues that may be needed for "skilful" gambling.

### **Absence of music in some gambling environments**

Some gambling environments, such as bookmakers, do not play any background music whatsoever. The main reason for this is that it would obviously interfere with both the television broadcasting of events being gambled on—horse races, greyhound races, etc.—and other betting information that is given out, such as possible sports betting, random numbers betting, and tips from experts who are interviewed. The lack of background music in these environments perhaps has a marginal effect, but its implications are nonetheless worth considering. We speculate that the lack of music will:

- limit arousal
- put more focus on the loss for the gambler (i.e., the lack of soothing auditory stimuli heightens the loss feeling). Music would be likely to reduce negative affect experienced by players through cognitive regret and frustration.
- lower gamblers' concentration levels. Given that there is seldom any music (not even from the slot machines on the premises), players' concentration levels may be negatively affected, as there will be no auditory cues from the machine and no facilitating effect from the background music. The only background noise is the broadcast commentary on

sporting events.

## Conclusions

Our tentative observations lead us to conclude that music (whether it is in the gambling environment or associated with the activity itself) may have a role in the acquisition, development, and maintenance of gambling behaviour. Based on our observations, we suggest that slot machines can be more appealing depending on the music in the background or from the machine itself. Therefore, it can be speculated that gambling may also increase in these areas where music is a critical factor.

How music initiates gambling behaviour is open to speculation. However, a theoretical model outlined by Condry and Scheibe (1989) described the stages in the persuasive process (as applied to advertisements). This can be adapted to the playing of slot machines. The framework constructed can be used to display the possible effectiveness of familiar musical themes in slot machine gambling. The stages in the persuasive process have been identified as exposure, attention, comprehension, yielding, retention, and decision to buy. Of these stages, the "decision to buy" is reinterpreted here as the decision to gamble. The following adaptation of this framework illustrates the point.

**Exposure:** For an advertisement to be effective, the individual must first be exposed to it. The same can be said for slot machines. Exposure to slot machines can occur at two levels. At the macro level, U.K. slot machines are endemic and can be found at a wide variety of outlets, and are thus constantly exposed to the public. Secondly, at a micro level, machines within premises are placed so that they can easily be seen. For instance, in public houses, they are usually found near doorways or close to the bar.

**Attention:** Even though many people may be exposed to the machine, very few may pay attention to it. Therefore, to gain the attention of an individual, manufacturers may use diverse and/or familiar sights and sounds to achieve this (e.g., the use of a television show's theme tune, bright flashing lights, a picture of a celebrity). In general, the musical tunes are repeated often enough to catch a person's attention particularly when no one is playing on the machine.

**Comprehension:** When the individual is fully attentive, the message has to be comprehended and understood. Therefore, as far as slot machines are concerned, if a familiar musical theme is incorporated into the machine, the individual is more likely to comprehend that gambling may be socially acceptable, because the images and sounds they see and hear are familiar and

likeable.

**Yielding:** The individual agrees with the message or claim made by the advertiser. When referring to slot machine gambling, if a familiar television show's musical theme is included in the design of the machine, the person may be more likely to fully accept (i.e., agree) that gambling is socially acceptable because they "like" the images and sounds that are experienced.

**Retention and decision to gamble:** According to Condry and Scheibe (1989) these two final stages occur much later than when the individual is initially exposed to the advertisement. When in the shop, the person must recall the product that may have been advertised a long time previously, and decide whether to buy it. With regards to slot machine gambling, it is possible that the players may be instantly attracted to the machine because they are aware of immediately familiar images and sounds, leading to a much quicker decision to gamble. This point can be better illustrated with the following example.

A person may enter a public house, have a drink, and then notice the familiar tune of *The Simpsons* television show coming from a slot machine not far from the bar. However, the person decides not to gamble, never having done so before. The following day, they visit another public house, which has two fruit machines adjacent to one another. Their "attention" is gained when they once again hear *The Simpsons* tune that they recognise. They "comprehend" that because this well-known and likeable signature tune is incorporated into the machine, it is acceptable to take a closer look. They may believe that the gambling process involves a theme based around aspects associated with *The Simpsons* television show, and because they are attracted to, and "agree" with the "message," they "yield" to the view that gambling on this particular slot machine is socially acceptable. This leads to the "decision to gamble." This hypothesised example suggests that the decision to gamble may involve a number of stages, and that familiarity of the music appears to be an important aspect. It would appear that familiarity not only promotes a skill orientation once a player has begun to gamble (Griffiths, 1994) but may also be an important factor in a player's (or non-player's) initial decision to gamble. This line of thinking requires further research, as it is a potentially important factor in determining people's initial decision to gamble.

It could be the case that music maintains or exacerbates gambling behaviour in some individuals. This will obviously depend on the musical preferences of gamblers themselves. Given previous research in other commercial environments, it is likely that pop music will be the most effective. Empirical research would be useful in the following areas, as background music might:



- increase confidence in slot machine players
- increase arousal in slot machine players
- relax the slot machine player
- help the slot machine player disregard previous losses
- induce a "romantic" affective state leading the gambler to believe that their chances of winning are better than they are.

It is evident from the observations we have presented that much of the data is speculative. However, all of the observations lead to further interesting research hypotheses concerning the role of music in gambling. Furthermore, much of the data presented in this paper relates to music in one particular setting (i.e., an amusement arcade) and one particular type of gambling, such as slot machine gambling. It could be the case that music effects are different for other types of gambling and gamblers. This obviously needs to be explored further by examining other gambling genres.

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## review

[This article prints out to about eight pages.]

### book review

### Sucker's Progress: An Informal History of Gambling in America

By Herbert Asbury. (1938/2003). New York: Thunder Mouth Press, ISBN 1-56025-495-5 (paperback). Price (approx.): \$26.50 CND or \$15.95 USD.

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Imagine a comprehensive book on the history of gambling in the United States that never mentions Las Vegas and says very little about slot machines. From our modern perspective such a thing would seem unlikely or incomplete. *Sucker's Progress*, by Herbert Asbury (1891-1963), is indeed a comprehensive book on the history of gambling in America. It never mentions Las Vegas, because it covers the period from 1700 to 1910 (approximately), a period of history during which New York, Washington, New Orleans, Cincinnati, Chicago, and San Francisco were the gambling havens, rather than Las Vegas and Atlantic City.

Asbury was a prolific journalist who set out on a mission to document the entire underworld of America. He recently achieved considerable fame because his book, *Gangs of New York: An Informal History of the Underworld* (variously cited as published 1927 or 1928) became the basis of a major motion picture by the same name. Asbury's *Sucker's Progress* is a fascinating and detailed history of gambling in America. This book is particularly interesting because of its age: it was first published in 1938. Anyone who believes that gambling is a recent phenomenon, or that the social consequences of gambling were somehow invented by the electronic gambling machine, ought to read this book. Our modern era does not appear to be the first age of wide-open gambling availability, but merely a replay of earlier eras.

The book is divided into two parts. The chapters of the first part focus on the games that people played. He discusses the origins of several popular games including craps, lottery, poker, policy (a numbers racket) and faro (a card game). Smaller sections are devoted to monte (cards), chuck a luck (dice), keno, three-card-monte, and bunco (cards or dice). The chapters of the second part of the book focus on different regions and time periods, such as the "splendid hells" of New York and other eastern cities, the Mississippi River steam boats, the saloons of the Wild West, and New York City in the 1890s. Throughout the book Asbury gives numerous accounts of the lives of casino owners, card sharpers, and corrupt politicians. Longer vignettes are provided on the careers of people such as Mike Macdonald, who coined the phrase, "There is a sucker born every minute"; John Morrissey, a pioneer of boxing in America, who went on to built a casino and raceway at Saratoga Springs; and Richard Canfield, who dominated the New York gambling scene in the 1890s. Each section roughly follows a chronological order, except for specific vignettes about historical characters.

Asbury makes numerous mentions of the social evil of gambling, such as the exploitation of the poor. In 1834, Philip Hone in his diary described the lottery "the most ruinous and disgraceful system of gambling to which our citizens have been exposed" (as cited by Asbury, 1938, p. 86). In addition, referring to the Louisiana Lottery, Asbury writes, "Throughout its existence, the Lottery aroused great opposition in Louisiana, partly because of its pernicious effects upon the poor, and partly because of the flagrant misuse of the great political power it possessed" (p. 86). It seems that some things do not change.

### **Professional gamblers, suckers, and other slang terms**

The focus of the book is not on the pathology of gambling, but on the cheats that preyed upon the unsuspecting ordinary game player. In the book the terms "gambler" and "professional gambler" refer to people who made their living running games of chance such as faro or operating casinos. These gamblers often did not play the game; they "banked" the game. That is, they ran the game in much the same way that a casino runs a game of blackjack today. According to Asbury, most of these "gamblers" ran their games in a manner intended to cheat the players out of their money as fast as possible; however, some dealt "square" or honest games (see below in the section on cheating). Asbury does not generally use the term gambler to refer to a person with a gambling problem. It is particularly interesting how the term "gambler" has evolved from meaning the person running the game (the house), to meaning the player or even on occasion the problem player (e.g., the 1974 movie *The Gambler* starring James Caan was about a pathological gambler).

Some of the professional gamblers discussed in the book were also pathological gamblers. For example, Canada Bill, a famous riverboat gambler, consistently won money by banking a game of three-card-monte, but consistently lost it playing faro. Once while he was playing faro, a friend told him that the game was rigged. However, Canada Bill kept playing anyway, explaining to his friend that it was the only game available. Many of the gamblers described in the book squandered their ill "gotten gains" away in one way or another, but most do not appear to have suffered from a gambling pathology.

Asbury introduces the reader to a rich language of gambling slang. A "sharp" or "sharper" was a gambler who cheated. According to Asbury, most professional gamblers cheated. A "sporting man" or "sportsman" was another term for a professional gambler, but this term also appeared to refer to the regular customers of casinos and gambling dens as well as the professionals. "Gaming" is sometimes used as a synonym for gambling, indicating that the use of this term is not a recent invention of the gambling industry. A "sucker," as used in the book, refers to the regular gamblers who play the games. In some cases this term is applied to pathological gamblers, but more often is used to refer to rich plantation owners and naïve country folk looking for a nice diversion or a quick buck. Interestingly, Asbury cites sources that use the term "addicts" to describe excessive gamblers as far back as the mid 19th century.

There were also a number of terms used to describe different sorts of gambling venues. The best casinos were called "splendid hells" or "first class" palatial gambling resorts. Many were lavishly furnished. Fine dining and cigars were offered to the patrons at no charge. A "skinning house," in contrast, was a casino designed to take a player's money away from him as fast as possible. A "wolf trap" was a low-class casino where the banking was not done by the casino, but by anyone who was willing to set up a game of faro. This type of gambling den came into existence in Cincinnati around 1835 and offered games in a manner similar to the pool halls and bowling alleys of today. That is, the house provided the equipment, but the players had to organize and bank their own games. Most games in a wolf trap were "square," because cheating in these rough casinos was dangerous.

### **Cheating**

Famous New York casino owner and gambler Richard Canfield insisted that he did not need to cheat in order to make a profit (p. 420). However the impression one gets reading this book is that Canfield's honesty was the exception, rather than the norm. The book outlines numerous ways in which games of chance were rigged to provide the professional gambler with a certain win

over the suckers. Games like faro, craps, or poker were sometimes played as legitimate games of chance, but according to Asbury were more often rigged by the professional gamblers to provide them with a large advantage. Loaded dice, marked cards, vests with "holdouts" to hide good cards, strippers to cut off small strips from sides of cards, poker rings for marking cards, rigged faro boxes, and other "advantage tools" were openly marketed. One advertisement directed towards professional sharpers includes the line, "Some gamblers seem to forget, or never to have known, that there is only one way to gamble successfully, and that is to 'get Tools to gamble with'" (p. 70).

A "square deal" was a game that was played honestly. This phrase owes its origin to the practice of "stripping" off the edges of the cards to help the dealer identify the cards in order to cheat the players. The cards in a stripped deck would not line up to make a proper squared edge.

Asbury's focus on the cheats might be exaggerated. He describes bunco, for example, as being "entirely in the hands of sharpers" and was "never used for any other purpose than the despoliation of suckers" (p. 56). Bunco in fact became so synonymous with cheating that a police fraud squad is often called the bunco squad in honour of that game's fine reputation. However, bunco was a legitimate dice game that was quite popular in the 18th century and is apparently making a bit of a comeback today as a social and family entertainment (<http://www.worldbunco.com/history.html>).

### **Moral panic**

Many of the quotes in the book draw a strong link between crime and gambling. Some of Asbury's sources seem to be in the grip of a "moral panic." In a moral panic (Cohen, 2002) an amusement, such as comic books, video games, or rock music, to name three recent examples, becomes strongly associated in the media and public mind with crime or evil. The degree of moral panic over gambling is shown by the following quote:

By the early 1830's the most startling rumors were current everywhere in that vast territory—the gamblers were rioting in New Orleans, stealing children and forcing them into brothels; they were agents of the Northern abolitionists; they had burned Mobile, pillaged Natchez, driven all but their own kind out of Vicksburg, and massacred the passengers of a dozen steamboats. The ignorant attributed to the power of the gamblers such acts of God as floods, tornadoes, cyclones, and even the great earthquake which had rocked the Mississippi Valley in 1811. (p. 213)

This panic ultimately led to the banning of public lotteries, anti-gambling riots, and in some cases the lynching of gamblers. Asbury's book itself is not an example of moral panic, but a collection of stories and anecdotes taken from articles and books written about gambling. Asbury certainly draws strong links between gambling, cheating, and crime, but at times his attitude towards his subject is one of bemused admiration for the accomplishments of these gamblers. Some of his sources, however, were caught up in moral panics, and these might give an exaggerated account of problems such as cheating.

### **The third wave of gambling**

It is interesting to note that if such widespread cheating existed there must have been a lot of money to be made, a lot of suckers to milk who were either naïve or, perhaps, problem gamblers. One is left to wonder how a gambling industry so full of cheats could sustain itself. But the fact is that it did not sustain itself. The history, as told by Asbury, appears to be one of a constant shift from legitimate games, to cheating, to a legal ban or anti-gambling riot, followed later by a repeal of the anti-gambling laws as people forget why it was banned in the first place and so on through a continuous cycle.

In *Gambling and the Law*, Rose (1986) describes the current rapid expansion of legalized gambling as the "third wave of gambling." Asbury's book is about the first (1800 to 1835, approximately) and second (1865 to 1900, approximately) waves of gambling. However, these waves appear to have been more like a series of cresting tides in different areas at different times. Unlike the current wave of legalized gambling, these older waves were often not legal and in no sense organized or coherent. Asbury describes these waves as follows,

Gambling in America experienced its greatest growth and expansion during the half-century which followed the Louisiana Purchase. In addition to the evolution of Faro and Poker, the introduction of Craps, Thimble-Rig and Monte, and the Phoenix-like rise of Policy from the ashes of Lottery, this period saw the spread of public gaming throughout the country, the first organized anti-gambling crusades, the rise and fall of the picturesque sharper of the Western rivers, the citizen's war against the gamblers of the Mississippi, and the development of the gambling house and its transformation from a tolerated rarity into a political and social menace.  
(p.109)

The relationship between gambling and the law as described by Asbury has been a stormy one. Wide-open gambling existed in



New Orleans during the French regime. Gambling bans in 1811, 1820, and 1835 sent ripples of displaced professional gamblers out across the Mississippi and throughout the interior of the United States.

The chapter on lotteries is in particular full of references to a love-hate relationship between the law and lotteries. Numerous schools, libraries, and other public institutions were funded through proceeds from lotteries. However, of particular interest is the large number of occasions on which various gambling activities have been prohibited by law. Lotteries were at one time legal and encouraged, but after lotteries were banned, policy (the numbers racket), faro, poker, and other games came to fill their place. Casinos were banned several times in history.

Between these prohibitions, various splendid hells as well as "second-rate skinning houses" would pop up from time to time. When gambling was legal they would pay licence fees, but when gambling was illegal they stayed open by paying off the police. These payoffs were essentially a licence fee. The New York police department, for example, used a well-defined formula to determine the size of the graft that a casino would have to pay based on the size of the casino. But in most cities the casinos' existence was always tenuous, as the police might attack at any time if the "graft" was insufficient or if some new reform-minded politician came into power.

Many cities had anti-gambling riots that ended in lynching. The lynching of gamblers in Vicksburg, for example (pg. 220), sent shocked waves of professional gamblers streaming north, west, and east, where they established "gambling colonies" in other cities. So gambling expanded and contracted in an almost accordion-like manner.

Interestingly, the gambling industry did not necessarily want wide-open gambling. In 1869 gambling was legalized in New Orleans, but a law permitting wide-open gambling was quickly repealed. It was the established gambling industry of the city that led the anti-gambling movement, because these "deluded sharpers" (p. 416) did not like the intense competition that the legalization had brought.

Noticeably absent from the book are discussions of betting on horse races, dog races, and sports. Asbury only mentions racetrack betting when casino operators or their biggest customers also branched out to the tracks. Perhaps this is because Asbury was only interested in gambling and criminal operations, whereas the tracks were legal. In addition, I have found only one brief mention of slot machines (in a footnote), even though they were invented by Charles Fey in 1895. Presumably

slots had not made much of an inroad into underworld gambling by 1938.

*Sucker's Progress* is a fascinating book for anyone interested in the history of gambling. It is particularly valuable for the insight it provides regarding the similarities and differences in the gambling scene across different time periods.

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Nigel E. Turner is by training a cognitive research psychologist and long-involved in numerous gambling studies. He is particularly interested in gambling systems and the experience of gambling. He is working towards an integrative model of the psychology, biology, and sociology of pathological gambling. He has a keen interest in history and as a hobby participates in historical re-enactments of the War of 1812.

Competing interests: None

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