annotated gambling bibliographies

Mutual aid: An annotated bibliography

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A quick scan of this annotated bibliography brings home one point: Gamblers Anonymous (GA) has not received much scholarly attention in recent years. As well, the bulk of the literature we have annotated deals mainly with other issues and not directly with GA. Attention to GA peaked from the mid-1980s to 1994, with authors such as Lesieur, Brown, Browne, Turner, and Saunders making significant contributions. For a summary of GA-related literature, the reader could turn to Ferentzy and Skinner (2003). Because little is known about GA, even though it serves as an adjunct to most formal treatment programs, the authors call for a more serious look at this mutual aid fellowship. It was back in 1993 that Walker pointed out that given its cost effectiveness, GA would likely figure prominently over the long run regardless of reservations some may have about its effectiveness. So far, Walker's prediction has stood the test of time. This alone suggests that a better understanding of GA's workings is a research priority. As well, Ferentzy, Skinner, and Antze (2004) in a more recent study have found much of the available information to be dated. Whereas GA has earned a reputation, for example, as male dominated and less focused upon the 12 Steps than Alcoholics Anonymous (AA), these authors have found that this reputation, while still partly valid, is less warranted than it once was. In short, the most up to date study available suggests that GA is in transition and that much of the little available knowledge at our disposal may be suspect. Many of the following annotations should therefore be read with caution, as they may not accurately reflect current reality.

A., Paul, Esq. (1988). Recovery, reinstatement, serenity: The personal account of a compulsive gambler. *Journal of Gambling Behavior, 4,* 312–315.

This is an anonymous account of a successful individual who committed crimes, received legal sanction, and lost his career due to gambling. He recounts the way GA helped him recover both his life and his professional standing. In court, some jurors felt that this man was too intelligent to really have been a compulsive gambler.

Abt, V., & McGurrin, M. C. (1991). The politics of problem gambling: Issues in the professionalization of addiction counseling. In W. R. Eadington & J. A. Cornelius (Eds.), *Gambling and public policy: International perspectives* (pp. 657–659). Reno, NV: University of Nevada.

This is a socioethical critique of the "addictions culture" that has helped to foster GA and gambling treatment, as well as the entire self-help movement and the addiction treatment industry. The authors argue that it is futile (through treatment) to focus on one addict at a time and that this in fact hides the social reality behind the addiction phenomenon. GA is discussed in terms of its AA roots, as well as the extra lengths to which GA (due to the seeming absence of physical

determinants and consequences) had to go in order to establish compulsive gambling as a legitimate ailment. The authors see GA's rapport with certain professionals and institutions as symbiotic, a "mutually validating" process that serves each party's interests. The article advocates personal responsibility, for which the authors see medical models such as the one applied to compulsive gambling as an abdication.

Adkins, B. J. (1988). Discharge planning with pathological gamblers: An ongoing process. *Journal of Gambling Behavior, 4,* 208–218.

The author discusses the aftercare needs of gamblers, stating that while GA and Gam-Anon are often sufficient for the maintenance of abstinence, other aspects of a client's life (ranging from depression to housing and employment) require professional involvement.

Allock, C. C. (1986). Pathological gambling. *Australian and New Zealand Journal of Psychiatry, 20,* 259–265.

In this overview of psychiatric treatments for pathological gambling, the author concludes that behavioural interventions are the most successful. In a brief discussion of GA, it is mentioned that only 10% of newcomers remain with the fellowship for the long term. The author acknowledges, however, that GA accepts anyone who walks through the door and probably receives many of the most troubled cases. The author also mentions that even one GA meeting may benefit a compulsive gambler, so dropouts need not be classified as cases of pure failure.

Becoña, E., Labrador, F., Echeburua, E., Ochoa, E., & Vallejo, M. A. (1995). Slot machine gambling in Spain: An important and new social problem. *Journal of Gambling Studies, 11,* 265–286.

This discussion of the gambling situation in Spain mentions how, in that country, GA is less influential than other mutual aid programs sponsored through the healthcare system. Despite some differences, these organizations use similar therapeutic principles to those of GA.

Bellringer, P. (1999). *Understanding problem gamblers.* London, New York: Free Association Books.

This book discusses problem gambling and its solutions in many aspects, from the onset and nature of the affliction to the family's role. The one chapter devoted to self-help groups focuses on GA and Gam-Anon. GA's history and the 12 Step program are discussed. The author endorses GA as a good means to abstinence and believes lifetime membership to be beneficial. He does say that for some gamblers GA is not enough and has reservations about the view that lifelong abstinence is necessary for all problem gamblers.

Berger, H. L. (1988). Compulsive gamblers: Relationships between their games of choice and their personalities. In W. R. Eadington (Ed.), *Gambling research:*

***Proceedings of the Seventh International Conference on Gambling and Risk Taking: Vol. 5* (pp. 159–179). Reno, NV: University of Nevada.**

True to its title, this article discusses the types of personalities associated with different gambling activities pursued by problem gamblers. Common attributes, such as propensities to deny reality or to blame others for it, are also addressed. The author claims that card players and casino players are particularly averse to GA attendance.

Blackman, S., Simone, R. V., Thoms, D. R., & Blackman, S. (1989). The Gamblers Treatment Clinic of St. Vincent's North Richmond Community Mental Health Center: Characteristics of clients and outcome of treatment. *The International Journal of the Addictions, 24,* 29–37.

A treatment program had some success, but GA involvement at termination of treatment had little identifiable bearing on gambling behaviour at termination. The authors suggest that a comparison should be made of these clients and those for whom GA provides a successful alternative.

Blaszczynski, A. P. (2000). Pathways to pathological gambling: Identifying typologies. *The Electronic Journal of Gambling Issues: eGambling, 1*. Available at http://www.camh.net/egambling/issue1/feature/index.html

The author divides problem gamblers into three types: those whose problems are rooted in biology, those whose problems are rooted in emotional vulnerability, and those who are essentially "normal" save for the gambling behaviour itself. The author recommends GA for the third group only.

Blaszczynski, A. P., & McConaghy, N. (1994). Criminal offenses in Gamblers Anonymous and hospital treated pathological gamblers. *Journal of Gambling Studies, 10,* 99–127.

Finding no significant difference between the type and frequency of criminal activity among GA members and pathological gamblers who received hospital-based behavioural treatment, the authors discuss the role of pathological gambling itself in the commission of nonviolent crimes against property due to financial difficulties.

Blume, S. B. (1986). Treatment for the addictions: Alcoholism, drug dependence and compulsive gambling in a psychiatric setting—South Oaks Hospital, Amityville, New York. *Journal of Substance Abuse Treatment, 3*, 131–133.

In this brief description of a treatment program, the author emphasizes the common features of compulsive gambling, alcoholism, and drug dependence. The author also mentions loss of control, chronicity, progression, and "the utility of the disease concept" and refers to addictions as "family diseases" that can be addressed through combinations of professional and self-help approaches. AA, GA, Cocaine Anonymous, Narcotics Anonymous, and other self-help meetings are held on site.

Boston, M. D., Taber, J. I., Harris, R. L., Whitman, G. W., & Lougaris, I. A. (1988). Selective perception in the diagnosis and treatment of addictive disorders. In W. R. Eadington (Ed.), *Gambling research: Proceedings of the Seventh International Conference on Gambling and Risk Taking, Vol. 5* (pp. 78–94). Reno, NV: University of Nevada.

This article was written to help move addiction treatment away from "a narrow focus on specific addictions" and toward a perspective that takes into account a broader range of potential concurrent addictions. The authors mention, for example, that the inclusion of Narcotics Anonymous and GA in addition to AA as part of a new program delivered promising results. The authors do not see addiction as a mere symptom of neurosis but argue that a holistic addiction concept would better serve the needs of many clients.

Brown, R. I. F. (1985). The effectiveness of Gamblers Anonymous. In W. R. Eadington (Ed.)*, The gambling studies: Proceedings of the Sixth National Conference on Gambling and Risk Taking, Vol. 5* (pp. 258–284). Reno, NV: University of Nevada.

Primarily, this article discusses the difficulties associated with evaluating GA's effectiveness. At the time of writing, the author could claim that studies on GA's effectiveness as a therapy were "unknown." Listing obstacles such as the tradition of anonymity, the author points out that hard comparisons with other treatment options would be imprudent given the lack of reliable data.

Brown, R. I. F. (1986). Dropouts and continuers in Gamblers Anonymous: Life-context and other factors. *Journal of Gambling Behavior, 2,* 130–140.

Perhaps the first serious attempt to examine GA's effectiveness, this article explores the reasons many drop out of the GA program. Controlling for arguably unrelated issues such as "external practical considerations" that may lead newer members to leave GA, the study attempts to gauge the appeal and effectiveness of GA and to determine the types of gamblers for whom it is best suited. Reasons for leaving include an immature character (those who are completely elated and full of unrealistic expectations at their first meeting leave more often than newcomers with a more "sober" attitude), as well as the apparent ability to abstain without GA or simply to gamble more moderately. Dropouts in general were also in less financial trouble than "continuers."

Brown, R. I. F. (1987a). Dropouts and continuers in Gamblers Anonymous: Part 2. Analysis of free-style accounts of experiences with GA. *Journal of Gambling Behavior, 3,* 68–79.

Freestyle accounts suggest that one main difference among GA dropouts and those who pursue the program is the propensity of dropouts to perceive themselves as less troubled than longer-term GA members. Dropouts are said overall to have made more "self-positive" statements. The author speculates that this may vindicate GA's belief that gamblers must hit bottom before embarking upon serious recovery. But other possible explanations are given. It is speculated that many GA members may even look down at those with less dramatic stories

to tell, and also that some embellish their own past troubles in order to make the newcomer feel at ease.

Brown, R. I. F. (1987b). Dropouts and continuers in Gamblers Anonymous: Part 3: Some possible specific reasons for dropout. *Journal of Gambling Behavior, 3,* 137–152.

The author continues his study of these matters and finds that, though dropouts and continuers share many complaints about GA, some notable differences could be identified. These include a greater perception among dropouts that GA members are too harsh in their treatment of those who slip, more reservations about the GA handbook, and skepticism regarding the call for complete abstinence. Dropouts were also less likely to have socialized with other GA members.

Brown, R. I. F. (1987c). Dropouts and continuers in Gamblers Anonymous: Part 4. Evaluation and summary. *Journal of Gambling Behavior, 3,* 202–210.

The author suggests that, overall, GA may be best suited for gamblers whose problems have become most severe, and less so for gamblers who try to stop before their gambling has reached critical stages. Though often effective in helping gamblers achieve abstinence, GA is perhaps less helpful after a relapse has occurred and hence possibly best suited for those who relapse infrequently or not at all. Yet among those who dropped out, many believed that their GA experience continued to be helpful and spoke highly of the organization. The author cautions against generalizing from this sample, which relied on one meeting only.

Brown, R. I. F. (1987d). Pathological gambling and associated patterns of crime: Comparisons with alcohol and other drug addictions. *Journal of Gambling Behavior, 3,* 96–114.

GA members are compared to the general population and to various types of substance addicts in order to gauge the extent and nature of crimes associated with compulsive gambling. It was found that gamblers are prone to committing nonviolent crimes for financial reasons, much like heroin addicts. It is speculated that violent crime committed by gamblers is often unrelated to gambling and associated with concurrent alcohol abuse. Most criminal activity is said to be a product of gambling, with only a small portion of problem gamblers having been criminals prior to the onset of gambling pathology. Beyond purely financial motives, the author speculates that long-term gambling can be conducive to a progressive "moral slippage" due to circumstances associated with the activity.

Browne, B. R. (1991). The selective adaptation of the Alcoholics Anonymous program by Gamblers Anonymous. *Journal of Gambling Studies, 7,* 187–206.

Observations of AA and GA meetings indicate that GA differs from AA in several respects, including a lesser focus on the 12 Steps, on spirituality, and on the whole "self" as an issue to be tackled in recovery. Despite many similarities, such

as the principle of anonymity, the adherence to the disease conception, and the insistence on abstinence, GA is said to differ on three counts: organization, ideas about how to address addiction, and the overall consciousness of members. The author also mentions that GA's pragmatic approach, which focuses primarily on gambling and its consequences rather than self-centredness and other issues addressed by AA, may render it less helpful as an overall therapy. The "12 step consciousness" often found among AA members is in the author's view most often seen in GA members affiliated with other 12 Step fellowships. The author claims that GA's negation of inner searching may alienate women and minorities.

Browne, B. R. (1994). Really not God: Secularization and pragmatism in Gamblers Anonymous. *Journal of Gambling Studies, 10,* 247–260.

The author claims that GA is largely a 12 Step fellowship in name only, as it has progressively become more secular and pragmatic in orientation. GA's principles, practices, and evolution are discussed, along with a few possible reasons for its turning away from God. One reason given is ethnic composition. Jews and Italians are said to visit GA in large numbers. Jewish culture is uncomfortable with what may appear to be Christian ideas about God inherited from AA, as well as being averse to proselytizing. Italians, though often religious, also tend to be skeptical of what may resemble church authority.

Canadian Foundation of Compulsive Gambling (Ontario). (1996). *Vision of and role in the Province of Ontario's comprehensive strategy for combating problem and compulsive gambling.* Toronto: Ontario Ministry of Health, Substance Abuse Bureau.

This document addresses many pertinent issues ranging from demography to law. GA's 12 Step approach is hailed as the most successful (and cost effective) treatment for gambling problems, though inpatient options are recommended for those in crisis. An increase in problem gambling rates is predicted, and the Foundation recommends that GA and Gam-Anon be assisted in every way possible to form more chapters. The foundation also promises to assist GA members dealing with legal issues. Estimating that one third of compulsive gamblers have substance abuse issues, the authors recommend integrated interventions.

Castellani, B. (2000). *Pathological gambling: The making of a medical problem.* Albany, NY: State University of New York Press.

This book discusses the emergence of a disease conception of problem gambling by focusing on an early-1980s court case involving the misdeeds of a problem gambler through the relevant discursive practices of diverging interests including legal and medical and those of the gambling industry. One chapter is devoted to GA.

Ciarrocchi, J. W., & Manor, T. (1988). Profile of compulsive gamblers in treatment: Update and comparisons. In W. R. Eadington (Ed.), *Gambling research: Proceedings of the Seventh International Conference on Gambling and Risk Taking, Vol. 5* (pp. 1–25). Reno, NV: University of Nevada.

This study of hospitalized compulsive gamblers finds both similarities and differences between this group and GA members as reported in other studies. Similarities include ethnic composition and suicidal history. Differences include higher rates among hospitalized gamblers of criminal history, parental alcoholism, and parental compulsive gambling. The authors note that, while the hospitalized group is more "distressed and dysfunctional" overall, this could in part be because GA samples are based mainly on gamblers well into recovery. Still, the authors caution that the disparate backgrounds of the two groups suggest that the hospitalized group represents a type of problem gambler that requires special types of intervention.

Ciarrocchi, J. W., & Reinert, D. F. (1993). Family environment and length of recovery for married male members of Gamblers Anonymous and female members of GamAnon. *Journal of Gambling Studies, 9,* 341–351.

This study suggests that long-term abstinence through GA leads to an improved satisfaction with family environment for the recovering gambler, but that the gambler's spouse in Gam-Anon does not enjoy the same benefit.

Collins, A. F. (1996). The pathological gambler and the government of gambling. *History of the Human Sciences, 9* (3), 69–94.

This U.K.-focused historical account of legislation and attitudes surrounding gambling describes the figure of the pathological gambler as a product of the legalization of gambling and of changing perceptions. Past laws and attitudes were prohibitive to the medicalization of problem gambling, a "space" for which has recently been provided. GA's role in this process is discussed, notably with respect to how gamblers themselves helped to construct their own behaviour as pathological.

Cooper, G. A. (2001). *Online assistance for problem gamblers: An examination of participant characteristics and the role of stigma.* Unpublished Dissertation, OISE, University of Toronto.

This document discusses on-line support for individuals with gambling problems. Noting that professional treatment and mutual aid approaches seem to reach only a small percentage of those in need, the author discusses how many gamblers use on-line help out fear of stigma and how people who have jumped this hurdle are then more likely to seek face-to-face assistance. It is suggested that on-line help is especially useful to problem gamblers contemplating, but not quite ready for, a serious lifestyle change. Some of the relevant literature on GA is discussed, as are other fellowships such as AA and Narcotics Anonymous. The author is critical of GA's intolerance of other recovery options and refers to texts suggesting that GA may be poorly suited to women and minorities. Rather than dismiss GA, the author believes that many options should be available and that safe and perfectly anonymous on-line interaction may be a good start, especially for those less likely to fit into available modalities.

Cordone, A. C. (1985). Two hats but only one head: The dual role of a peer counselor.

In W. R. Eadington (Ed.), *The gambling studies: Proceedings of the Sixth National Conference on Gambling and Risk Taking, Vol. 5* (pp. 236–240). Reno, NV: University of Nevada.

In discussing his role as a peer counsellor at a treatment program for compulsive gamblers, the author (a GA member) discusses many of the issues pertinent to the distinction between peer and professional intervention. Identification is key, but so is his own insight into the dishonesty of many clients: he mentions that it is hard "to con a con artist" (something one is just as likely to hear from AA and Narcotics Anonymous members). Considering GA essential to recovery from compulsive gambling, he mentions how that fellowship can be helpful with issues such as money management. Like other GA members, he also understands the sensitive nature of this task: putting too much financial pressure on gamblers can cause them to view their gambling problem as a money problem. The many tensions between the author's two worlds—formal treatment and GA—are colourfully discussed.

Cromer, G. (1978). Gamblers Anonymous in Israel: A participant observation study of a self-help group. *International Journal of the Addictions, 13,* 1069–1077.

While pointing out that GA got started in Israel in 1976, this article is not about the specifics related to that country. Arguing that "status degradation" is more important to GA involvement than the loss of money, the author sees the GA program as an example of differential association. One learns to be deviant in association with others who reject society's norms and unlearns it with the help of those who have reformed (or wish to reform). This is not, in the author's view, unique to GA or even to mutual aid groups in general, but occurs in all instances of "transformative labeling." The old identity must first be destroyed, one must be subject to the influence of peers, and the new identity requires time-consuming "ritual involvement."

Custer, R. (1982a). Gambling and addiction. In R. J. Craig & S. L. Baker (Eds.), *Drug dependent patients: Treatment and research* (pp. 367–381). Springfield, IL: Charles C. Thomas.

The author provides a brief overview of compulsive gambling. In the discussion of GA, seven reasons are given for its success: GA "(a) undercuts denial, projection, and rationalization, (b) identifies the serious implications of gambling, (c) demands honesty and responsibility, (d) identifies and corrects character problems, (e) gives affection, personal concern, and support, (f) develops substitutes for the void left by the cessation of gambling, and (g) is non judgmental." The author considers GA the best solution to compulsive gambling.

Custer, R. (1982b). An overview of compulsive gambling. In P. A. Carone, S. F. Yolles, S. N. Kieffer, & L. W. Krinsky (Eds.), *Addictive disorders update: Alcoholism/drug abuse/gambling.* New York, London: Human Sciences Press, Inc.

The author briefly discusses the causes, phases, and treatment of compulsive gambling and mentions that GA is effective because it challenges the gambler's

dishonesty regarding the nature and consequences of his or her condition. It is also mentioned that, at the time of writing, only 4% of GA members were women. This chapter is followed by another with no stated author as it contains the personal accounts of three GA members followed by a panel discussion chaired by Dr. Custer involving experts as well as GA members.

Custer, R., & Milt, H. (1985). *When luck runs out: Help for compulsive gamblers.* New York, Oxford: Facts on File Publications.

Compulsive gambling is defined and then discussed in terms of causes, phases, diagnosis, and treatment. GA is highly endorsed, though mention is made of how subjects with serious difficulties such as suicidal tendencies require professional intervention (at least in the beginning). Similarities between AA and GA members—such as desperation, disease progression, and the activities of choice functioning as compensations for low self-esteem—are mentioned as reasons for similar (though not identical) treatment modalities.

Estes, K., & Brubaker, M. (1994). *Deadly odds: Recovery from compulsive gambling*. New York: Fireside/Parkside.

This is a 12 Step–oriented self-help manual that strongly endorses GA. Topics covered include various types of gambling, women's issues, and the GA program. The book relies heavily on personal stories.

Ferentzy, P., & Skinner, W. (2003). Gamblers Anonymous: A critical review of the literature. *Electronic Journal of Gambling Issues, 9.* Available at http://www.camh.net/egambling/issue9/research/ferentszy/

Authors' abstract: "This study surveys existing literature on Gamblers Anonymous (GA) and issues that help to contextualize our understanding of this mutual aid association. While GA has been the subject of investigation by social scientists, it is still understudied, with a notable shortage of research on issues facing women and ethnic minorities. A need exists for large-scale assessments of GA's effectiveness, more detailed accounts of GA beliefs and practices, increased knowledge of the ways in which GA attendance interacts with both formal treatment and attendance at other mutual aid organizations, and a better understanding of the profiles of gamblers best (and least) suited to GA, along with a clearer grasp of what GA was able to offer those gamblers that it seems to have helped. This assessment of the current state of knowledge underscores the embryonic state of our collective inquiry into the nature of GA, and the authors emphasize that significant advances have been made. Notably, important targets for study are being identified."

Ferentzy, P., Skinner, W., & Antze, P. (2004). *Exploring mutual aid pathways to recovery from gambling problems*. Toronto: Ontario Problem Gambling Research Centre. Available at http://www.gamblingresearch.org/download.sz/115-Ferentzy%20Final%20report%20PDF.pdf?docid=5990

Authors' abstract: "This ethnographic study, involving participant observation at

Gamblers Anonymous (GA) and Narcotics Anonymous (NA) meetings and interviews with subjects from both fellowships in the Toronto area, was designed to provide a more in-depth and empirically grounded account of GA's recovery culture than what has been available so far. A secondary aim was to develop a better understanding of NA beliefs and practices and their use as a resource by problem gamblers with substance abuse issues. Not only has GA been understudied, with the literature providing more evaluation than description, this study has revealed that the little available information on GA is now largely dated. GA has earned a reputation for being an almost exclusively male fellowship, pragmatically focused on abstinence from gambling and on debts at the expense of discussions of emotional issues, and as a 12 Step fellowship in name only where the spiritual side of things is mostly ignored. Yet today in the Toronto area, the percentage of women in GA may be as high as 20 percent and rising, discussions of feelings and 'life issues' are actively encouraged, and members have become far more focused on the 12 Steps than in the past. Possible reasons for these changes—which seem to be taking place in GA throughout North America—are discussed, along with GA's culture of recovery and its unique (among 12 Steps fellowships) emphasis on the virtue of patience. Our impression of NA as a potential resource for problem gamblers with substance abuse problems is also discussed."

Frank, M. L., Lester, D., & Wexler, A. (1991). Suicidal behavior among members of Gamblers Anonymous. *Journal of Gambling Studies, 7,* 249–254.

This survey of GA members suggests that histories of suicide attempts and suicidal ideation are linked to the severity of gambling problems, starting gambling early in life, and parental substance abuse.

Franklin, J., & Ciarrocchi, J. (1987). The team approach: Developing an experiential knowledge base for the treatment of the pathological gambler. *Journal of Gambling Behavior, 3*, 60–67.

The authors discuss a "learning model" for the development of treatment programs. Rather than simply imitate or ignore 12 Step approaches, it is suggested that mental health professionals and peer counsellors learn from each other and cooperate. Successful adaptation of—and cooperation with—AA is discussed with an eye to achieving similar integration with GA and its members. Recovering problem gamblers are said, for instance, to be adept at detecting dishonesty in newcomers to treatment and capable of establishing trust, thereby reducing resistance to treatment efforts. Professional approaches, however, are said to make possible therapeutic advances that GA could not accomplish on its own.

Franklin, J., Darvas, S., Robertson, R., & Knox, J. (1982). Therapeutic teamwork at the Johns Hopkins Compulsive Gambling Counseling Center. In W. R. Eadington (Ed.), *The gambling papers: Proceedings of the Fifth National Conference on Gambling and Risk Taking, Vol. 3* (pp. 109–116). Reno, NV: University of Nevada.

The role of peer counsellors drawn from GA is discussed. The authors mention

that peer counsellors, because of empathy and identification, are especially important during the initial phases of treatment.

G. A. Publishing Company (GAPC). (1964a). *Gamblers Anonymous*. Los Angeles: Author.

An early attempt by GA to produce a major text, this book discusses GA history and the program at length. While still in use, this book has largely been supplanted by the more recent *GA: A new beginning* (GAISO, 1989; see below).

GAPC. (1964b). *The GA group.* Los Angeles: Author.

This document describes the format and service structure of GA groups.

Gam-Anon International Service Office, Inc. (1986). *Gam-A-Teen.* Whitestone, NY: Author.

This is a GA-sanctioned pamphlet describing the program for children and family members of compulsive gamblers.

Gam-Anon International Service Office for Gam-Anon Family Groups. (1988). *The Gam-Anon way of life*. Whitestone, NY: Author.

This is a GA-sanctioned pamphlet describing the Gam-Anon program for spouses, other relatives, and friends of compulsive gamblers.

Gamblers Anonymous International Service Office (GAISO). (1989). *GA: A new beginning.* Los Angeles: Author.

Other versions of this text have appeared under the title *Sharing recovery through Gamblers Anonymous.* Next to the "Combo Book" (GAISO, 1999), this is probably the most important GA publication. It outlines the fellowship's history and the recovery program and also discusses Gam-Anon.

GAISO. (1999)*. Gamblers Anonymous.* Los Angeles: Author.

This is a pamphlet describing the GA program, with a few words on the organization itself and its history. This is the first document one is likely to see at a GA meeting, and members read from it during the first part of the meeting. It is known as the "Combo Book."

Gamblers Anonymous National Service Office (GANSO). (1978). *The pressure group meeting handbook.* Los Angeles: Author.

The "pressure group" is designed to enable gamblers to get honest with their spouses about their condition and its ramifications and to deal with financial and other matters. This document describes the process.

Getty, H. A., Watson, J., & Frisch, G. R. (2000). A comparison of depression and styles

of coping in male and female GA members and controls. ***Journal of Gambling Studies, 16*****, 377–391.**

This study finds that GA members have higher depression rates and poorer coping skills than controls. Female GA members reported higher rates of depression than male members. Therapeutic suggestions are made.

Heineman, M. (1987). A comparison: The treatment of wives of alcoholics with the treatment of wives of pathological gamblers. ***Journal of Gambling Behavior, 3*****, 27–40.**

The author discusses how the wives of pathological gamblers in recovery face difficulties that rarely burden the wives of alcoholics. These include financial problems such as the need to deal with debts they have cosigned. With husbands attending GA meetings and often working more than one job to repay debts, wives of gamblers are generally in greater need of social and treatment networks. The author considers Gam-Anon the best option, yet claims that there are not enough of these groups available and that professional help is also scant.

Heineman, M. (1992). ***Losing your shirt: Recovery for compulsive gamblers and their families.*** **Minneapolis, MN: CompCare.**

This is a self-help book for gamblers and their families with an entire chapter devoted to the 12 Steps. GA and Gam-Anon are discussed at length, and personal stories are provided. Co-occurring disorders are also addressed.

Horodecki, I. (1992). The treatment model of the Guidance Center for Gamblers and Their Relatives in Vienna/Austria. ***Journal of Gambling Studies, 8,*** **115–129.**

The first GA group in Vienna was formed in 1982. GA soon developed into a "guidance centre" for gamblers and their relatives funded partly by the state. The author discusses the treatment program, essentially a blend of applications based upon conceptions of neurosis as well as a pure addiction model. Clients receive formal therapy but also partake in group activities where only clients and no professionals are present.

Hudak, C. J., Varghese, R., & Politzer, R. M. (1989). Family, marital, and occupational satisfaction for recovering pathological gamblers. ***Journal of Gambling Behavior, 5,*** **201–210.**

A study at a private gambling treatment centre found that job satisfaction was more likely to reduce the chances of relapse than positive feelings pertaining to marital and family issues. GA meetings were an important adjunct to the program, which had recovering gamblers on staff. The authors argue that, regardless of whether recovery leads to benefits such as job satisfaction or vice versa, "multi-interventive" services should be offered to gamblers in recovery so that many issues can be addressed simultaneously.

Humphreys, K., & Ribisl, K. M. (1999). The case for a partnership with self-help groups. ***Public Health Reports, 114,*** **322–329.**

This article discusses many reasons for professionals to cooperate with mutual aid societies. Since such societies are free, they can help alleviate disparities in access to health care rooted in economic disparity. Such cooperation would also enhance interaction between professionals and their communities at large. Major issues discussed include cost effectiveness, mutual identification, and choice (for example, people with drinking problems could choose between AA and a mutual aid group emphasizing moderation, such as Moderation Management).

Jacobs, D. F. (1985). Research findings comparing gamblers in treatment with recovering Gamblers Anonymous members: Implications for rehabilitation planning. In W. R. Eadington (Ed.)*, The gambling studies: Proceedings of the Sixth National Conference on Gambling and Risk Taking, Vol. 5* (pp. 101–108). Reno, NV: University of Nevada.

The author compares the attitudes toward recovery of gamblers currently in treatment and gamblers in GA. The latter group was more focused on life and recovery issues while the former was still more occupied with simply maintaining abstinence. GA members were more likely to claim to have found activities to replace gambling and less likely to favour hospital treatment. Hospitalized gamblers were likely to view GA as important to their long-term recovery.

Johnson, E. E., & Nora, R. M. (1992). Does spousal participation in Gamblers Anonymous benefit compulsive gamblers? *Psychological Reports, 71*, 914.

This study suggests that spousal involvement in GA may contribute to longer periods of abstinence, yet the authors caution that their findings at this point are not statistically significant.

Kramer, A. S. (1988). A preliminary report on the relapse phenomenon among male pathological gamblers. In W. R. Eadington (Ed.), *Gambling research: Proceedings of the Seventh International Conference on Gambling and Risk Taking, Vol. 5* (pp. 26–31). Reno, NV: University of Nevada.

Based on the testimonies of gamblers known to the researcher through outpatient treatment (most of whom were experienced GA members), this brief report discusses some of the issues pertinent to the onset and aftermath of relapse. It is mentioned that little work has been done on how relapsers respond to, and feel about, facing their GA peers after a fall.

Lehmkuhl, V. (1982). Reflections of a peer counselor on professional treatment of pathological gambling. In W. R. Eadington (Ed.), *The gambling papers: Proceedings of the Fifth National Conference on Gambling and Risk Taking, Vol. 3* (pp. 140–147). Reno, NV: University of Nevada.

A peer counsellor and GA member discusses his original antipathy to professional treatment and his subsequent change of heart. Noting that GA members in his vicinity also tend to mistrust professionals, the author also tells how he and other gamblers affiliated with the same treatment centre helped to change the attitudes of many in GA toward the facility. The author advocates

cooperation between GA and professionals, noting that GA need not be "the sole answer."

Lesieur, H. R. (1984). *The chase: Career of the compulsive gambler.* Rochester, NY: Schenkman.

Based on a central theme in the lives of compulsive gamblers—the chase, trying desperately to regain money one has lost, a compulsion to "get even"—this book addresses a range of pertinent themes from the relation between pathological gambling and crime to abstinence-relapse cycles and recovery. With colourful description well grounded in facts, the author also tries to bring the reader right into the gambler's world and to allow the reader see things through the gambler's eyes. GA is often discussed in positive terms. For example, the author credits GA with helping to dispel the once prevalent notion that pathological gamblers have masochistic personalities.

Lesieur, H. R. (1986). *Understanding compulsive gambling (Rev. ed.).* Center City, MN: Hazelden Educational Materials.

The author discusses different theories of compulsive gambling and several stories of successful recovery through GA. The text ends with GA's 20 Questions.

Lesieur, H. R. (1988). The female pathological gambler. In W. R. Eadington (Ed.), *Gambling research: Proceedings of the Seventh International Conference on Gambling and Risk Taking, Vol. 5* (pp. 230–258). Reno, NV: University of Nevada.

This article discusses the issues facing female pathological gamblers from several perspectives. The sample used includes women who attend Narcotics Anonymous, AA, and other self-help groups. The author laments the way most self-help operations focus, perhaps stubbornly, on the target addiction and discourage talk of multiple addictions. He suggests that an anonymous fellowship that deals with multiple compulsions should be formed and recommends that existing fellowships be more receptive to discussions of other addictions haunting their members. The author discusses how a predominantly male operation such as GA often alienates women and considers female pathological gamblers in need of better outreach assistance.

Lesieur, H. R. (1990). Working with and understanding Gamblers Anonymous. In T. J. Powell (Ed.), *Working with self-help* (pp. 237–253). Silver Spring, MD: NASW Press.

The author discusses many aspects of GA, from its focus on gambling as the primary problem rather than on gambling's purported root causes, to the nature of the recovery program beginning with identification with other members and leading to a reconstruction of one's self-image. Differences with AA are explained, the most obvious being the lesser emphasis on God and spirituality in GA's 12 Steps, as well a lesser emphasis on the Steps. The frequency of GA members involved in other operations such as AA and Narcotics Anonymous is also discussed, and the author mentions that GA members who also attend AA are more amenable to the 12 Steps and more likely to discuss emotional issues.

Lesieur, H. R. (1998). Costs and treatment of pathological gambling. In J. H. Frey (Ed.), *The Annals of the American Academy of Political and Social Science, Vol. 556, Gambling: Socioeconomic impacts and public policy* (pp. 153–171). Thousand Oaks, London, New Delhi: Sage Periodicals Press.

The author discusses the nature and social (and financial) costs of compulsive gambling and concludes that certain parties should be spending more on research (notably governments and the gambling industry). GA is addressed in terms of issues such as its hostility to controlled gambling treatment, relabelling of gamblers from evil/stupid to sick, and identification with other GA members. Other treatment methods, and combinations of methods, are discussed.

Lesieur, H. R., & Blume, S. B. (1991). Evaluation of patients treated for pathological gambling in a combined alcohol, substance abuse and pathological gambling treatment unit using the Addiction Severity Index. *British Journal of Addiction, 86,* 1017–1028.

The results of a study indicate that combined treatment for people suffering from combinations of alcoholism, drug addiction, and problem gambling is effective. The article refers to different studies of GA members and is based upon a treatment program that made use of client-specific combinations of GA, AA, and Narcotics Anonymous.

Lesieur, H. R., & Custer, R. L. (1984). Pathological gambling: Roots, phases, and treatment. *The Annals of the Academy of Political and Social Science, 474,* 146–156.

This article was written when far less was known about problem gambling issues. In it, two pioneers in the field discuss the rise of the medical model as well the sociocultural roots of pathological gambling, the phases (winning, losing, desperation) of the gambler's career, and methods of treatment. GA is hailed as a means by which problem gamblers can get over guilt, achieve self-honesty, and, it is hoped, recover. The authors mention that GA's retention rate seems to compare poorly with the rates of other self-help groups and add that without public acceptance of pathological gambling as an illness, gamblers themselves are less likely to accept the medical model employed by GA. A suggestion that outside consultants could help GA on this score is balanced by an understanding of GA's resistance to external influence of any kind.

Lesieur, H. R., & Puig, K. (1987). Insurance problems and pathological gambling. *Journal of Gambling Behavior, 3,* 123–136.

GA members were surveyed in order to assess the cost of problem gambling to the insurance industry, which is estimated at almost $100 billion. The behaviour leading to these costs was not only reversed for many through GA attendance, subjects even began to make restitution.

Livingston, J. (1971). *Compulsive gamblers*. Lafayette, IN: Purdue University.

This book is the product of a 2-year observational study of GA. Interviews were

conducted with gamblers and their wives. The author's samples include male gamblers only, and the study delivers some information that by now is commonplace (for example, that many GA members are either Italian or Jewish). The author found that gamblers are narcissistic and fearful of strong interpersonal ties. The author believes that whereas psychiatry tends to overlook the sociological dimensions of lifestyle change, self-help groups unduly ignore the need for introspection. The author considers GA's effectiveness at the very least equal to that of other available interventions.

Lorenz, V. C., & Yaffe, R. A. (1985). Pathological gambling: Medical, emotional and interpersonal aspects. In W. R. Eadington (Ed.)*, The gambling studies: Proceedings of the Sixth National Conference on Gambling and Risk Taking, Vol. 5* (pp. 101–108). Reno, NV: University of Nevada.

This study of GA and Gam-Anon members suggests that the medical and emotional needs of gamblers and their spouses could be better addressed if properly focused professional therapy were available at gambling treatment centres, community centres, and GA conferences. The findings also indicate that spouses of compulsive gamblers in recovery face similar physical and psychosomatic illnesses and are less satisfied than the gamblers are with the interpersonal situation at home.

Lorenz, V. C., & Yaffe, R. A. (1986). Pathological gambling: Psychosomatic, emotional and marital difficulties as reported by the gambler. *Journal of Gambling Behavior, 2,* 40–49.

Surveys were distributed at GA conferences—both to GA and Gam-Anon members—in order to gauge the extent of medical, emotional, and marital difficulties during the final ("desperation") phase of the gambling career and some time after abstinence had been achieved. Among the authors' conclusions, based upon answers from the gamblers themselves, are that more research should be done on the physical ailments that often accompany long-term compulsive gambling and that psychosomatic and sexual issues also require more attention.

Lorenz, V. C., & Yaffe, R. A. (1988). Pathological gambling: Psychosomatic, emotional and marital difficulties as reported by the spouse. *Journal of Gambling Behavior, 4*, 13–26.

Based upon a survey of the spouses of GA members, the authors discuss many of the emotional, financial, and other problems confronting the wives of problem gamblers at the last ("desperation") phase of the gamblers' careers and also following abstinence. Wives are said to suffer from many of the physical ailments experienced by gamblers, such as headaches and stomach problems. The authors argue that a gambler's behaviour could be less important than a spouse's insufficient coping skills and that professionals should work in concert with GA and Gam-Anon to assist in this area.

Lorenz, V. C., & Yaffe, R. A. (1989). Pathological gamblers and their spouses: Problems in interaction. *Journal of Gambling Behavior, 5,* 113–126.

Couples at GA conferences were surveyed on their thoughts and feelings about issues during the final desperate phase of the gambler's career and the time after recovery had begun. The results suggest, for instance, that Gam-Anon is more helpful with financial recovery and less so with family and sexual issues. Gamblers along with their spouses felt poorly understood by mental and medical health practitioners and by each other. The authors state that mental health and other professionals should work more closely with GA and Gam-Anon.

Lyons, J. C. (1985). Differences in sensation seeking and in depression level between male social gamblers and male compulsive gamblers. In W. R. Eadington (Ed.)*, The gambling studies: Proceedings of the Sixth National Conference on Gambling and Risk Taking, Vol. 5* (pp. 76–100). Reno, NV: University of Nevada.

Referring to research that views addictive behaviours as resulting from a process wherein potential growth produces anxiety, which in turn is assuaged by depression, the latter then becoming a defence mechanism that inhibits growth, in turn entailing the need for extreme sensations to (temporarily) alleviate depression, the author discusses similarities between AA and GA members. He claims that while GA and AA work for similar reasons, they may also fail for similar reasons in many cases. A large number of depressed individuals may simply leave these fellowships after a brief trial. Regardless of their respective addictions, some of these individuals may have more in common with each other than with others who share the same addiction and continue with mutual aid. Not all alcoholics, or compulsive gamblers, face the same issues. GA is said to be insufficient for people suffering certain types of depression.

Mark, M. E., & Lesieur, H. R. (1992). A feminist critique of problem gambling research. *British Journal of Addiction, 87*, 549–565.

The authors are critical of the male-oriented nature of most gambling research. Subjects tend to be male, gender-related issues are ignored, and even the gambling sites investigated are usually male dominated. Recommendations are made on how to alter the situation. GA is discussed as male dominated, and the authors suggest that its tendency to produce a "men's club atmosphere" should be taken into account by researchers. "War stories," often shared by male members, are an example of something that may work to alienate women. The authors suggest that GA hold women-only meetings. Other questions are raised. For example, GA suggests that gamblers hand over control of their assets to their spouses. While this may work well for men, the authors question the wisdom of many women who are already subordinate and financially dependent handing over even more power to their husbands. The marginalization of women in GA is also compared to that of minorities.

Martey, H., Zoppa, R. M., & Lesieur, H. R. (1985). Dual addiction: Pathological gambling and alcoholism. In W. R. Eadington (Ed.)*, The gambling studies: Proceedings of the Sixth National Conference on Gambling and Risk Taking, Vol. 5* (pp. 65–75). Reno, NV: University of Nevada.

A survey of patients at an alcoholism and drug abuse treatment centre found that

almost 35% were also pathological gamblers. The authors also found aversion to GA to be correlated with denial: the more acceptance clients had of their gambling problem, the more GA meetings they attended.

Maurer, C. D. (1982). Challenges in dealing with pathological gambling in outpatient psychotherapy. In W. R. Eadington (Ed.), *The gambling papers: Proceedings of the Fifth National Conference on Gambling and Risk Taking, Vol. 1* (pp. 136–144), Reno, NV: University of Nevada.

The author discusses difficulties he experienced ranging from client resistance to legal matters. He also discusses his experiences attending GA. He found the program "remarkably similar to A.A.," and was soon invited by members to participate by reading some program material (as GA members do at each meeting). Yet many suspected his motives, and one member offended by the "outsider's" presence threatened him physically. Yet members also asked him to facilitate tensions between them and another member. The author discusses how he eventually established a strong rapport with GA and Gam-Anon.

Maurer, C. D. (1985). An outpatient approach to the treatment of pathological gambling. In W. R. Eadington (Ed.), *The gambling studies: Proceedings of the Sixth National Conference on Gambling and Risk Taking, Vol. 5* (pp. 205–217). Reno, NV: University of Nevada.

The author describes an outpatient approach involving GA (and Gam-Anon or AA where appropriate), where success (1 year of abstinence) is achieved in 20% of cases. He believes that a process that at least began with inpatient treatment would be more successful.

McCormick, A., & Brown, R. I. F. (1988). Gamblers Anonymous as medicine, as religion and as addiction recovery process. In W. R. Eadington (Ed.), *Gambling research: Proceedings of the Seventh International Conference on Gambling and Risk Taking, Vol. 5* (pp. 343–364). Reno, NV: University of Nevada.

The authors describe the unique mixture of a medical model of behaviour and religious notions inherent to 12 Step recovery. Referring to AA's (and by implication GA's) debt to the Oxford Group, the article discusses the similarities between the conversion experiences of Christians and GA members. They consider GA's approach to rest, in part, on a secular rendition of the forgiveness of sin.

McCown, W. G., & Chamberlain, L. L. (2000). *Best possible odds: Contemporary treatment strategies for gambling disorders.* New York: John Wiley & Sons.

This book discusses many approaches to treating gambling problems and contains a very positive account of GA despite a few criticisms. The authors discuss GA's debt to AA as well as some of the differences between these two fellowships. Compared to AA, GA is said to be less focused on spirituality, more pragmatic (for example, it helps members address financial issues), and more confrontational. The latter is said to possibly account for higher attrition rates in

GA than in AA and Narcotics Anonymous. The authors claim that people with experience in AA are sometimes disappointed by GA's lesser emphasis on spirituality. On the whole, GA is said to be more receptive to medical and clinical assistance than AA and also more ready to allow access to its members for research purposes. The authors consider abstinence the best goal for problem gamblers and describe GA as "the heart of abstinence-based programs." While recognizing that GA is not for everyone, the authors believe that all problem gamblers should at least try it.

McGowan, V. (2003). Counter-story, resistance and reconciliation in online narratives of women in recovery from problem gambling. *International Gambling Studies, 3,* 115–131.

This study analyzes discourse at an on-line gender-specific support group established by two female GA members and examines the narratives through which women tell their stories of problem gambling and recovery. Given the dominance of male discourse, women create both on-line and off-line symbolic communities. One important theme is the undermining of women's experiences at GA (for example, they are sometimes told that their gambling losses do not qualify them as compulsive gamblers). GA's oral tradition and that of other 12 Step groups is replicated. Shared suffering provides women with a "symbolic community." The result is an on-line forum wherein women's experiences are made visible and transformative. This group is an indicator of dissatisfaction with GA's male-dominated approach, and further study into gender interaction and the needs of women in recovery from problem gambling is recommended.

Miller, W. (1986). Individual outpatient treatment of pathological gambling. *Journal of Gambling Behavior, 2*, 95–107.

This article discusses the issues leading up to quitting gambling and more notably the sense of loss after quitting, the latter being treated as similar to other grieving processes. GA is mentioned first as a good substitute for former social ties, yet the emotional benefits of gambling are said to run more deeply, and the ensuing sense of loss is the main target of the treatment program discussed by the author. The latter is a four-phase program, the first phase being consistent with GA's first step, involving acknowledgement of lack of control over gambling and overall unmanageability. While the author is at odds with GA's belief that gamblers must hit bottom before embarking upon recovery, he considers GA a useful complement to the treatment program.

Moody, G. (1990). *Quit compulsive gambling: The action plan for gamblers and their families.* London: Thorsons.

Written for popular consumption, this self-help book describes the nature and treatment of compulsive gambling along GA lines. GA (and Gam-Anon) is discussed extensively and in very positive terms.

Moody, G. (n.d.). *Wheel of misfortune: Compulsive gambling.* Gamblers Anonymous/Gam-Anon [U.K.]. Available at

http://www.gamblersanonymous.org.uk/wheel.htm

In the author's words: "This present publication is the result of the author's combination, with minor revisions, of his two leaflets, Gamblers Anonymous, and Wheel of Misfortune. These were first published by 'Crucible' and 'Interface' respectively. The author developed these themes further in 'Quit Compulsive Gambling' published by Thorsons in February 1989 and available from Gamblers Anonymous." Compulsive gambling is discussed along disease model lines. The gambler can be helped by GA, and family problems can be addressed with Gam-Anon. The two organizations are discussed briefly.

Murray, J. B. (1993). Review of research on pathological gambling. *Psychological Reports, 72,* 791–810.

This article discusses the state of literature at the time of writing with an eye to questions such as the personality profiles of pathological gamblers and the extent to which such gamblers can control their behaviour. On these and other questions, the author concludes that answers should be taken as preliminary. The similarities and differences between GA and AA are discussed. The author says that both operations have proven successful, but points out that controlled gambling (as well as drinking) has also demonstrated successes. Some of the difficulties in studying GA are also mentioned.

Murray, R. D. (2001). *Helping the problem gambler.* Toronto: Centre for Addiction and Mental Health.

This is a comprehensive collaborative effort, addressing issues ranging from the nature of compulsive gambling and the different types of treatment to family issues and the need for cross-cultural awareness. This document discusses many topics pertinent to understanding and evaluating GA and 12 Step approaches in general, such as the positive and negative features of the call for abstinence. A section on GA and Gam-Anon is included. The programs are described, along with important themes such as GA's increasing (admittedly recent) sensitivity to the needs of women and the importance of professionals working together with this fellowship.

Nora, R. M. (1989). Inpatient treatment programs for pathological gamblers. In H. J. Shaffer, S. A. Stein, B. Gambino, & T. N. Cummings. *Compulsive gambling: Theory, research, and practice* (pp. 127–134). Lexington, MA: Lexington Press.

The author argues that some gamblers require inpatient treatment. One program discussed works closely with GA, whose members (with financial expertise) are sometimes invited to advise clients on financial difficulties. Treatment staff are encouraged to attend GA conferences.

Petry, N. M. (2002). Psychosocial treatments for pathological gambling: Current status and future directions. *Psychiatric Annals, 32* (3), 192–196.

This article discusses several treatment approaches to compulsive gambling, and

the author points out that there is still little consensus on which method is most effective. Mentioning that, to the best of our current knowledge, GA on its own achieves abstinence in only a small percentage of those who try it, the author says that GA in combination with professional therapy may be more effective. Still, she adds that it is hard to generalize from existing studies that suggest this. The author recommends large-scale controlled studies of all treatment options as necessary for a clearer grasp of what really works for pathological gamblers.

Petry, N. (2003). Patterns and correlates of Gamblers Anonymous attendance in pathological gamblers seeking professional treatment. *Addictive Behaviors, 28,* 1049–1062.

Many GA members eventually opt for professional treatment. This study compares gambling and psychosocial problems in GA members seeking treatment and in treatment seekers who are not GA members. In all, GA members were older, with higher incomes and greater likelihood of being married. They also had higher South Oaks Gambling Screen scores, bigger debts, longer problem gambling histories, greater family conflicts, and fewer serious drug problems. Two months after treatment began, GA members were more likely to be abstinent. These findings suggest that there may be important differences between people entering treatment with histories of GA attendance and those without, with implications for treatment recommendations and results.

Preston, F. W., & Smith, R. W. (1985). Delabeling and relabeling in Gamblers Anonymous: Problems with transferring the Alcoholics Anonymous paradigm. *Journal of Gambling Behavior, 1,* 97–105.

Interviews with GA and AA members as well as other data suggest that AA has higher rates of abstinence. The authors argue that belief in a strong medical model permits AA members to deflect shame and stigma more easily, which in turn facilitates recovery.

Problem and Compulsive Gambling Advanced Workshop (ARF). (1986). *Cognitive treatment for compulsive gambling.* Sault Ste. Marie, ON: Addiction Research Foundation.

Although a document on cognitive therapy for gambling problems, this text attempts to show that cognitive treatment for gambling is in many ways consistent with the 12 Steps of GA.

Rosecrance, J. (1988a). Active gamblers as peer counselors. *The International Journal of the Addictions, 23,* 751–766.

The author questions the efficacy of GA attendance and the goal of complete abstinence, at least for many gamblers, and suggests a format where controlled gambling treatment is assisted by peer counsellors who themselves gamble. Arguing that problem gambling can be rooted in defective wagering strategies, the author suggests that active gamblers could help clients gamble properly (just as abstinent GA members are effective in helping others achieve abstinence).

Rosecrance, J. (1988b). *Gambling without guilt: The legitimation of an American pastime*. Pacific Grove, CA: Brooks/Cole.

This is essentially a book on the history and pervasiveness of gambling in America. While providing accounts of his own experiences with gambling, as well as ethnographic discussions of gambling environments, the author argues that gambling has become more acceptable because of changing middle class attitudes toward it. The author is critical of the medical/compulsion model of problem gambling and the call for abstinence, and argues, for example, that it is easier for GA members to accept the notion of compulsion than to seriously scrutinize and discuss the real motives behind allowing gambling to cause one to forsake one's family, loved ones, and responsibility in general.

Rosecrance, J. (1989). Controlled gambling: A promising future. In H. J. Shaffer, S. A. Stein, B. Gambino, & T. N. Cummings, *Compulsive gambling: Theory, research, and practice* (pp. 147–160). Lexington, MA: Lexington Press.

The author argues that problem gambling in the United States can to a large degree be attributed to a lack of knowledge and sophistication regarding the risks associated with gambling. Defining problem gambling as "the losing of an excessive amount of money," the author questions disease conceptions involving notions such as compulsion. Critical of GA and of medicalization in general, the author argues that controlled gambling involves good betting strategy along with rational financial management. He recommends that active gamblers function as counsellors. The author does concede that controlled gambling is not feasible for some.

Rosenthal, R. J. (1992). Pathological gambling. *Psychiatric Annals, 22* (2), 72–78.

This article discusses definitions and treatments of pathological gambling, with a recommendation that more efforts should be made to identify this underdiagnosed affliction. Similarities to alcohol and substance dependence are discussed, with mention of how some investigators have called compulsive gambling a "pure" addiction given the absence of any ingested substance. The importance of comorbidity and the shortage of women in GA are discussed, as is GA's effectiveness, which, in the author's view, is limited to clients without special needs. Many would do better with a psychodynamic approach in tandem with GA.

Rosenthal, R. J., & Rugle, L. J. (1994). A psychodynamic approach to the treatment of pathological gambling: Part 1. Achieving abstinence. *Journal of Gambling Studies, 10,* 21–42.

The authors argue that a psychodynamic approach to gambling treatment is compatible with an addiction model approach, including 12 Step solutions. In their discussion of the decline in the popularity of psychoanalysis among professionals, the authors argue that, with the addictions, many proponents of alcoholism and drug dependence as primary diseases have been dismissive of psychological approaches because of the emphasis on issues considered secondary at the expense of the addiction itself. By implication, this same attitude

dominates many approaches to compulsive gambling, which is also viewed as a primary disease by GA and many of its supporters. Yet the authors point out, for example, that 12 Step recovery owes the term "denial" to psychoanalysis, even if the term's meaning has changed in some respects over the years. They claim that GA and psychotherapy should be viewed as complementary.

Rugle, L. J. (1993). Initial thoughts on viewing pathological gambling from a physiological and intrapsychic structural perspective. *Journal of Gambling Studies, 9,* 3–16.

This article attempts to harmonize the perspectives of different disciplines on the theoretical and practical treatment aspects of compulsive gambling. The author hypothesizes that addicts (including gamblers) are deficient in "internal structures," leading to dysfunction in emotional, cognitive, and coping capacities. The article discusses the ways in which the author's integrated "structural perspective" is compatible with 12 Step approaches (GA and AA are the focus).

Rugle, L. J., & Rosenthal, R. J. (1994). Transference and countertransference reactions in the psychotherapy of pathological gamblers. *Journal of Gambling Studies, 10,* 43–65.

This article discusses the psychoanalytic themes of transference and countertransference as they apply to the treatment of pathological gamblers. Supportive of GA, the authors caution the therapist against potential countertranference reactions to that fellowship. Therapists may feel threatened by GA and may compete with GA for credit if a client gets better, and for reasons such as this they may downplay GA's effectiveness. GA is said to provide supports that therapists cannot imitate, and a therapist's negative reactions could jeopardize the recovery process.

Sagarin, E. (1969)*. Odd man in: Societies of deviants in America.* Chicago: Quadrangle Books.

This book contains a history of GA, along with some harsh criticisms of GA's account of its own history.

Scodel, A. (1964). Inspirational group therapy: A study of Gamblers Anonymous. *American Journal of Psychotherapy, 18*, 115–125.

The author studies GA from a sociopolitical perspective, on the assumption that alienation leads people to seek out this kind of association. It is argued that the alienated are learning to achieve identity through mutual aid, and at the same time they are becoming insular and depoliticized. The author also sees gambling as a counterproductive attempt by men to attain independence from their wives, who themselves unconsciously wish to see the gambling continue.

Stein, S. A. (1993). The role of support in recovery from compulsive gambling. In W. R. Eadington & J. A. Cornelius (Eds.), *Gambling behavior and problem gambling* (pp. 627–637)*.* Reno, NV: University of Nevada.

This study attempts to validate the importance of social support to recovery from problem gambling. Compulsive gamblers who feel that they have social support for their attempts to change are likely to remain abstinent for longer. GA is discussed, notably as evidence of the need for gamblers to discuss their feelings and thoughts and to refrain from isolating themselves.

Steinberg, M. A. (1993). Couples treatment issues for recovering male compulsive gamblers and their partners. *Journal of Gambling Studies, 9,* 153–167.

The author takes to task an essentially individualistic approach to the treatment of gamblers and their spouses. Spouses, and even children, should be brought into treatment early on in order to complement the GA/Gam-Anon approach, which involves changes within the self but excludes a direct focus upon the interpersonal realm (for example, the Gam-Anon member is expected to heal independently of the gambler's behaviour). Conversely, a "family systems" approach focuses on relations between family members rather than on individuals in isolation.

Stewart, R. M., & Brown, R. I. F. (1988). An outcome study of Gamblers Anonymous. *British Journal of Psychiatry, 152,* 284–288.

A sample of 232 GA attenders revealed that about 8% remained abstinent after 1 year, and about 7% did after 2 years.

Stirpe, T. (1995). *Review of the literature on problem and compulsive gambling.* Toronto: Addiction Research Foundation, Problem and Compulsive Gambling Project.

This is a book-length document that addresses the problem gambling issue with regard to themes ranging from definitions, prevalence, and history to outreach, treatment, and comparisons with other addictions. The section on disease-model treatment suggests that GA may be best suited to gamblers with the most severe problems. The reference section is broken down by topic and could be an excellent resource for those seeking to combine their research with areas not addressed in this bibliography.

Strachan, M. L., & Custer, R. L. (1993). Female compulsive gamblers in Las Vegas. In W. R. Eadington & J. A. Cornelius (Eds.), *Gambling behavior and problem gambling* (pp. 235–239). Reno, NV: University of Nevada.

In Las Vegas, more than half of GA members are women. Based upon responses from 52 female GA members, the authors list some significant findings: 42% of subjects had at least one alcoholic parent, 42% had at least one parent who gambled excessively, 33% had been physically abused by parents, 29% had experienced childhood sexual abuse, 69% had contemplated suicide, and 33% belonged to 12 Step fellowships other than GA. The authors consider this study a wake-up call: female pathological gambling is a grossly understudied yet serious problem compounded by many other issues. Further, as legalized gambling spreads, such high numbers of female gamblers will not be limited to places like Las Vegas.

Taber, J. I., & Chaplin, M. P. (1988). Group psychotherapy with pathological gamblers. *Journal of Gambling Behavior, 4,* 183–196. (Previously, Taber delivered a much longer talk with the same title, which can be found in W. R. Eadington (Ed.), *The gambling papers: Proceedings of the Fifth National Conference on Gambling and Risk Taking, Vol. 1* (pp. 1–88). Reno, NV: University of Nevada (1982).)

The authors discuss their group-therapeutic techniques with an eye to both positive and negative attitudes and behaviours often exhibited by clients. Negative attitudes toward GA are listed as threats to recovery. The authors state that even if a member dislikes GA meetings, the act of going is paramount. They see such "surrender" as an aid to the development of impulse control and argue that a program is likely to work if the gambler simply believes that it can.

Taber, J. I., & McCormick, R. A. (1987). The pathological gambler in treatment. In T. Galski (Ed.), *The handbook of pathological gambling.* Springfield, IL: Charles C. Thomas.

The authors discuss many approaches to the treatment of pathological gambling and consider peer counselling the most important tool available. Though peer counsellors should not be confused with professionals, the authors consider the process of identification extremely helpful. Despite being keen advocates of GA, they present a few criticisms: GA meetings (local ones, at the time of writing) are poorly organized, often with little attention paid to the sensibilities of many newcomers. Interestingly, the authors have urged many of their gambling patients to attend AA simply to learn some things from this more experienced fellowship. They say, however, that gamblers often have little respect for alcoholics and are not receptive to adopting AA practices. Nonetheless, the authors believe that GA will mature as a fellowship, just AA has had to do.

Taber, J. I., McCormick, R. A., Russo, A. M., Adkins, B. J., & Ramirez, L. F. (1987). Follow-up of pathological gamblers after treatment. *American Journal of Psychiatry, 144,* 757–761.

A structured inpatient treatment program, modelled on programs for alcoholics and other substance abusers, shows promising results. GA attendance was associated with higher odds of success.

Taber, J. I., Russo, A. M., Adkins, B. J., & McCormick, R. A. (1986). Ego strength and achievement motivation in pathological gamblers. *Journal of Gambling Behavior, 2,* 69–80.

Stating that pathological gamblers tend to be deficient in ego strength and in some areas of achievement motivation, the authors argue that abstinence is in such cases insufficient to address issues that probably preceded the addictive behaviour itself. A tendency among many GA and AA members to view abstinence as a solution on its own is taken to task. Conversely, a program such as GA is said to be beneficial for many reasons, provided that emotionally underdeveloped individuals are able to adapt and stick it out. The article comments on an awareness within GA of the narcissistic characteristics of many

problem gamblers and points out that in the (lay) parlance of the fellowship, "ego" often refers to such traits.

Turner, D. N., & Saunders, D. (1990). Medical relabelling in Gamblers Anonymous: The construction of an ideal member. *Small Group Research, 21,* 59–78.

Participant observation of GA leads the authors to some highly critical conclusions. Beyond their scepticism about the medical model of pathological gambling, the authors claim that the internalization of an addict identity functions through a process comparable to collective brainwashing, which leaves out those unwilling to go through it (even though many such people are in dire need of help) and causes addiction to other group members in those who comply. Further, the ideal GA identity for which members strive is never achieved, casting doubt on the overall therapeutic benefits of this process.

Ursua, M. P., & Uribelarrea, L. L. (1998). 20 Questions of Gamblers Anonymous: A psychometric study with population of Spain. *Journal of Gambling Studies, 14,* 3–15.

This study reveals that GA's 20 Questions compare favourably to other, professionally developed, diagnostic instruments.

Viets, V. C. L., & Miller, W. R. (1997). Treatment approaches for pathological gambling. *Clinical Psychology Review, 17,* 689–702.

This study examines outcome literature on various modalities. The authors say that no properly controlled outcome research exists on psychodynamic and 12 Step approaches. Where multimodal approaches have been tested, it is hard to determine the efficacy of each modality. Cognitive, behavioural, and cognitive-behavioural approaches have been studied extensively enough to indicate positive results. While allowing for bias in favour of publishing positive reports, the authors claim that evidence indicates that pathological gambling is treatable. GA is still the most widely available solution, yet the authors point out that its retention rates seem to be low. Still, the authors say that there is a strong need for studies on GA's role in treatment outcomes. The authors suggest some often ignored themes be taken into account by new studies on treatment modalities, including the situation of dropouts some time after treatment. Specifics that should be addressed include the following: in some cases gambling may be a secondary addiction that could be relieved by addressing other problems, definitions of "abstinence" hinge upon definitions of gambling, and client characteristics (such as gender and age) may help predict responses to certain treatments.

Walker, M. B. (1992). *The psychology of gambling.* Oxford: Pergamon Press.

This book promotes the notion that excessive gambling is rooted mainly in irrational or at least incorrect beliefs maintained by the gambler. Critical of explanations involving excitement and stimulation in general, the author offers a "sociocognitive" model. GA is discussed extensively, both in positive and negative terms, yet the author believes that its overall effectiveness is hard to

measure. The author says that GA's main strength rests in the collective belief that compulsive gambling can be beaten. While critical of GA's insistence on abstinence for all problem gamblers, the author is perhaps even more critical of many of his colleagues who have researched compulsive gambling with an overreliance on data obtained from GA members and other gamblers in treatment (usually based on similar medical models): such samples are, first, not representative and, second, possibly biased since subjects who have internalized the medical model are likely to reconstruct their past experiences in accordance with its tenets.

Walker, M. B. (1993). Treatment strategies for problem gambling: A review of effectiveness. In W. R. Eadington & J. A. Cornelius (Eds.), *Gambling behavior and problem gambling* (pp. 533–536). Reno, NV: University of Nevada.

The author discusses and evaluates the major treatment approaches to problem gambling. While cautious in appraising GA's effectiveness, the author points out that even if other measures are found to be more successful, GA's cost effectiveness will ensure that it continues to play an important role. Controlled gambling is a valid option for certain treatment strategies, and while the feasibility of long-term controlled gambling is suspect, the same can be said of long-term abstinence. In either case, long-term success rates are low.

Walters, G. D. (1994). The gambling lifestyle: II. Treatment. *Journal of Gambling Studies, 10,* 219–235.

A "lifestyle" model of treatment is discussed. Despite this model's opposition to the disease conception, the author considers GA a good aftercare option (though not necessarily the best).

Winston, S., & Harris, H. (1984). *Nation of gamblers: America's billion-dollar-a-day habit.* Englewood Cliffs, NJ: Prentice-Hall.

This book discusses the scope and the economic, social, and personal costs of gambling in America. Personal accounts are included. GA is strongly endorsed as the best solution to compulsive gambling and the problems incurred by families. Advice (consistent with GA's message) is given to compulsive gamblers and family members.

Zion, M. M., Tracy, E., & Abell, N. (1991). Examining the relationship between spousal involvement in Gam-Anon and relapse behaviors in pathological gamblers. *Journal of Gambling Studies, 7,* 117–131.

This study found no serious differences between the relapse rates of gamblers with spouses in Gam-Anon and those without. Yet the study did show that those with past addictive behaviours (whether involving food, drugs, or alcohol) were, perhaps counterintuitively, less likely to relapse. The authors speculate that the latter were more driven to make larger overall changes in their lives. The authors suggest that interventions should put more focus on possible multiple addictions.

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