

Gamblers Anonymous and the 12 Steps: How an informal society has altered a recovery process in accordance with the special needs of problem gamblers

Peter Ferentzy¹, Wayne Skinner¹, & Paul Antze²

¹Centre for Addiction and Mental Health, Toronto, Ontario, Canada

Email: <mailto:mpferentzy@sympatico.ca>

²York University, Toronto, Ontario, Canada

Abstract

This paper discusses how Gamblers Anonymous (GA) members approach the 12 Steps of recovery, originally advanced by Alcoholics Anonymous (AA) as a spiritual solution to alcoholism. GA's approach finds unique expression in its fourth step, which in AA involves a written "moral inventory." In GA, members are expected to make a financial inventory alongside the moral one. Pecuniary matters are important to gamblers given the debt loads many of them carry. Debt, which is technically a Step 4 and Step 9 (making amends) issue, in practice is typically addressed early in the program, with preceding steps addressed later. The spiritual process central to 12 Step programs will normally not proceed in the expected manner when gamblers are substituted for substance abusers. For one, the process is not as linear for gamblers. GA members often work on the ninth step well before addressing those coming before it. The process assumes a pragmatic, and even haphazard, flavor. GA has altered a time-honored process of recovery — by means of grassroots wisdom and practice — to apply to the realities of problem gambling. While the paper's primary focus is GA's unique approach to the 12 Steps, this is addressed in the context of the changing nature of GA as a whole. Shifting spousal and gender roles along with a greater appreciation of the 12 Steps themselves are all endemic to a GA fellowship that seems to be in transition. While these changes have had some effect, many aspects of GA's approach to the 12 Steps remain intact: the focus on debt entails solutions seemingly unique to the special needs of problem gamblers.

Keywords: Gamblers Anonymous, recovery, problem gambling, 12 Steps, financial issues, spirituality

Introduction

Gamblers Anonymous (GA) was founded in the United States in the 1950s. It is a 12 Step, mutual aid fellowship modeled upon Alcoholics Anonymous (AA). GA has groups in most North American locales and has established itself worldwide. GA differs from formal treatment in that it involves peer support rather than professional intervention, yet its goals are similar: to help members refrain from gambling and address character "defects" such as self-centeredness, which are thought to buttress the behavioral disorder (Custer & Milt, 1985).

Drawing upon interviews with GA members, this paper discusses GA's approach to the 12 Steps, a spiritual endeavor first advanced by AA and designed to assist with goals such as life satisfaction and the maintenance of abstinence (AAWS, 1976; GAISO, 1999; see Appendix C). A key difference involves GA's Step 4. In AA, and most other 12 Step fellowships, Step 4 involves a written moral "inventory." In GA, a financial inventory is also expected (GAISO, 1999). Challenges entailed by this added feature are discussed with an eye on how pecuniary matters are important to gamblers given the debt loads many of them carry. One implication is that debt — technically a Step 4 issue, and also a Step 9 (making amends) issue — is typically at the forefront of one's recovery, while many preceding stages in the 12 Step process are neglected, perhaps to be dealt with subsequently. While the GA approach can be criticized (Browne, 1991, 1994; Ferentzy, Skinner, & Antze, 2004, 2006b, 2007; Lesieur, 1990; Mark & Lesieur, 1992) — and often is by its own membership — it seems that members have managed through trial and error to alter a process originally designed to address substance abuse, thereby accommodating the special needs of problem gamblers. Authors have noted, for example, some of the infighting that goes on over spiritual matters and the very suppression at meetings of talk not directly pertaining to money and abstinence (Browne, 1991; Ferentzy, Skinner, & Antze, 2004). GA members have been critical as well, and there is evidence that the harsher side of this reality is far less oppressive than it may once have been (Ferentzy, Skinner, & Antze, 2006a).

GA has its own recovery culture, setting it apart from fellowships such as AA and Narcotics Anonymous (NA). Traditionally, GA members have devoted less attention to engagement with the 12 Steps (Browne, 1991, 1994; Ferentzy, Skinner, & Antze, 2006a, 2006b; Lesieur, 1990), favoring instead a more direct focus on issues such as abstinence, debt load, and legal problems. Many reasons can be given for how GA developed. GA's ethnic composition, for example, weighted heavily in favor of Italian and Jewish members, has been identified as one possible reason for an aversion to religious proselytizing and hence a more secular approach (Browne, 1994; Livingston, 1971).

Though several plausible explanations can be offered for GA's unique evolution (Ferentzy, Skinner, & Antze, 2006a, 2006b), one unavoidable theme involves the financial challenges many gamblers (and most GA newcomers) must confront: GA devotes much time and energy to guiding members through financial and legal difficulties (Browne, 1991, 1994; Ferentzy, Skinner, & Antze, 2006b; Lesieur, 1990).

This, on its own, can entail a neglect of matters — emotional, interpersonal, spiritual — often taken as key targets for recovery within other 12 Step organizations.

GA, however, has been changing in many ways over the last two decades, albeit slowly. Notably, there has in recent times been a shift away from a somewhat single-minded focus upon abstinence and debts in favor of greater emphasis upon emotions in general and the 12 Steps in particular. Arguably, a longstanding hypermasculine orientation has been changing in ways consistent with changes in larger society (Ferentzy, Skinner, & Antze, 2003-2004, 2006a).

This is related to another change. GA has been described as a predominantly male fellowship, both in its makeup and priorities (Mark & Lesieur, 1992; Ferentzy, Skinner, & Antze, 2003-2004). Browne (1991, 1994) has suggested that GA's sidelining of spirituality and psycho-emotional issues inhibits women's involvement. Lesieur (1988) has argued that the opportunity to discuss a host of compulsions (rather than merely the targeted addiction) is important to women. More recent studies have vindicated these suspicions (Crisp et al., 2000; Ferentzy, Skinner, & Antze, 2003-2004, 2004, Lesieur & Blume, 1991). Mark and Lesieur (1992), critical of GA as male dominated, argue that its tendency to produce a "men's club atmosphere" should be taken into account by researchers (p. 1). They suggest, for example, that "war stories" (graphic and often disturbing recollections of one's addictive career), usually shared by male GA members, may alienate women. Ferentzy, Skinner, and Antze (2003-2004) support these observations regarding gender-based differences in responses to war stories yet have found that such monologues are no longer as prominent, due at least in part to the influence of women. Sociodemographic shifts are key to this change. Custer (1982) once observed that only about 4% of GA members were women. Later, Strachan and Custer (1993) claimed that, at least in Las Vegas, over half of GA members were women. Ferentzy, Skinner, and Antze (2003-2004) noted that in the Toronto area, the percentage of women in GA stood at about 20% and rising. Just as GA's original recovery culture can, at least in part, be attributed to gender, so recent changes probably owe something to the rising number of women attending. In any case, interview-based studies of GA members suggest strongly that this interpretation has some merit (Ferentzy, Skinner, & Antze, 2003-2004, 2007).

Another distinguishing feature involves GA's close association with its sister fellowship, GamAnon — the latter in principle open to relatives and others affected by someone's gambling though in practice mainly comprising wives of male GA members. Traditionally, GamAnon has been linked more tightly to GA than has been the case with similar related support groups, with GamAnon and GA meetings often held simultaneously in adjacent rooms. Many GA members we interviewed insisted that they would not have achieved and maintained abstinence if not for the presence of their wives in GamAnon, and others even held to the (startling) view that recovery from pathological gambling is impossible without a spouse in that fellowship.

Today, however, GamAnon is in decline. Wives are less inclined today than in past decades to join this association, often opting instead to part with troubled husbands (Ferentzy, Skinner, & Antze, 2007). With more women in GA, another change has been apparent: their husbands are disinclined to join GamAnon, leaving the women in GA on a different footing from the start. Our interviews and informal discussions with GA members suggest that the 12 Steps have become more popular for this reason as well: in the absence of such of spousal support, members instead turn to the 12 Step program for deliverance.

Regardless of how one explains it, the 12 Step process is becoming more important to GA. This paper delivers, despite some interpretation, a primarily empirical account of GA's unique approach to the 12 Step endeavor. Though we refer to recent changes within GA, the primary focus is not upon these changes but upon the 12 Step process itself. As mentioned, GA members will often be well into the fourth and ninth steps before having given much thought to the others (with the exception of the first step, which involves an admission of "powerlessness" and essentially an admission that one has a serious problem). The process assumes a pragmatic, even haphazard, flavor, arguably inconsistent with the linear and spiritual purity originally invoked by AA. Difficulties associated with debt load are endemic to pathological gambling and certainly not specific to GA. The ensuing financial struggles have clinical implications pertaining to the transposition to pathological gambling of solutions originally designed for substance abusers. Here we have one example: an approach that has been altered — by means of grassroots wisdom and practice — to apply to the realities of problem gambling.

Methodology

This study was designed to explore common themes as well as variations in approaches to recovery in GA. Though certain study questions guided our efforts (please see Appendix A), an open-ended methodology allowed us to pursue additional unanticipated questions that arose as we began to gather data.

The current study was essentially a continuation of a previous 16-month (February 2003–May 2004) inquiry into the nature of GA. The original study (Ferentzy, Skinner, & Antze, 2004) was ethnographic in orientation, involving interviews with 23 GA members and participant observation at 42 GA meetings. The goal was to generate the most empirically-grounded account of GA's recovery culture to date. Prior to engaging in that endeavor, two of the study's authors (Ferentzy & Skinner, 2006) had compiled an annotated bibliography comprising literature dealing with GA, mutual aid, and co-occurring substance abuse problems. A literature review was also published (Ferentzy & Skinner, 2003).

This second study was also qualitative and drew most of its data from semistructured interviews with GA members based on a protocol that was refined as the inquiry progressed. Analysis of the data sought to identify general patterns in the ways members engage in the "program" and its 12 Steps, as well as significant differences. We attempted to correlate some of these differences with specific background characteristics of members and with differences in self-reported outcome. A grounded theory approach to data analysis entailed that hypotheses were generated primarily through considering the data themselves, rather than superimposed at the outset. Both during and after the interview stage of this study, data were examined for the purpose of identifying recurring clusters, semantic as well as conceptual. For the purpose of this paper, a key consideration would be the ways in which financial issues consistently marked, and at times dominated, discussions pertaining to working the 12 Steps. It became clear early on that for most GA members (especially those in early recovery) a spiritual journey unencumbered by pecuniary matters was simply unrealistic. This consideration guided data analysis as the study proceeded and also helped to inform the development of the interview protocol (see below).

Individual interviews

While we planned to, and indeed did, conduct 40 interviews, the more substantive goal of interviewing to saturation governed our efforts. Every effort was made to ensure that women were properly represented. Volunteers were remunerated. With the written consent of the participants, the interviews were audiotaped. The qualitative interviews were conducted by the Principal Investigator (identified as PF in the transcripts). Study participants' initials, in each case, have been altered to help protect anonymity.

Sample recruitment

As a result of our previous study (Fereny, Skinner, & Antze, 2004), we had extensive GA contacts in Toronto and elsewhere in southern Ontario, Canada. Most of those interviewed in our first study indicated a willingness to be interviewed again, and others had also indicated a willingness to participate. We began with close to 50 potential informants — a substantial base that was expanded through word-of-mouth referrals. Participants were also chosen according to theoretical sampling guidelines (Glaser, 1978). We began with more experienced members in order to learn as much as possible about GA's core ideas and practices before moving to a more representative sample; in doing so, we tried to ensure that a wide range of demographic and situational factors were represented.

The focus upon experienced members is a key consideration for a paper such as this. Given that a qualitative sample — even a relatively extensive one such as that generated by our two studies — would fall short in statistical terms, it was important simply to ask experienced members to describe GA as best they could. The very first quotation in this paper, for example, comes from a member who had been in GA for 41 years at the time of the interview and testifies as to how GA's approach to the 12 Steps has changed (mainly in the form of more engagement). On this score, there seemed to be a consensus

among the "oldtimers" we interviewed — indicating a viable observation. With each participant quoted in this paper, information is provided pertaining to years spent in GA, as well as Canadian province or US state of residence, in order to clarify the overall applicability of these observations, which, while clearly preliminary, result from a concerted attempt to offer a representative account (admittedly limited to North America; see Research sample, below). The paper is weighted in favor of more seasoned members, who share not only their personal recovery experiences but also their impressions pertaining to GA as a whole. Gender is also identified for each informant.

Toward the end of the study, a number of participants were chosen for background characteristics or approaches to recovery deemed to warrant special scrutiny. Of note was the age of our youngest interviewee: 35. In part, this reflects one of GA's features and potential weaknesses: difficulties attracting, or at least retaining, younger pathological gamblers. Possibly, however, an emphasis on word-of-mouth referrals (which began with older members) also affected the final sample. The interviews were conducted in a fashion designed to facilitate the free emergence of participants' own ideas within a semistructured format.

While the study focused mainly on the Toronto area of Ontario, Canada, telephone interviews conducted with GA members from various North American locales made possible the delivery of a more complete picture of GA on this continent (see Research sample, below).

Interview protocol development

Our interview protocol consisted of three parts, corresponding to the three fields of information bearing on our study: (1) participant's background characteristics, (2) participant's experience with the 12 Steps and GA's program more generally, and (3) participant's self-report of current success in abstinence and overall life satisfaction. We made significant changes during the course of protocol development as a result of testing and of consultations with other experts in the field as well as with GA members. The final version can be found in Appendix B. Yet even the original version was based on what had been learned in the prior study and from serious engagement with the literature. For the purpose of this paper, an important theme is the focus we placed upon engagement with the 12 Steps of recovery. It was in the first study — after interviews, meeting observations, and informal communications with GA members from various North American locales — that the significance and uniqueness of GA's approach to this process became apparent. In this second study, we follow through on that observation and provide what is probably the first detailed account of the ways in which GA members pursue the 12 Steps.

Research sample

Forty semistructured interviews were conducted with 39 participants (one was interviewed twice). Of the participants, 26 were men and 13 were women. The average age was 56.5 years, with a range of 35 to 80 years. About half of the participants were married ($n = 20$), and 11 were divorced (9 men, 2 women). One man and two women were separated, two women were widows, and two men described themselves as single.

Seven participants reported they were childless, and 32 reported being parents. For women, the average was 1.3 children, with a range of 0–2, and for the men the average was 2, with a range of 0–5.

Reported income ranged from \$0 to \$220,000 (U.S.), with an average of \$60,700. This domain presents the most striking difference between men and women in the sample. Men reported an average income of \$82,700 (range: \$12,000–\$220,000), and women reported an average income of \$25,600 (range: \$0–\$50,000).

Approximately half ($n = 21$) of our sample reported no other 12 Step involvement. Of the other eighteen who did, four reported two other affiliations. Five reported involvement with Overeaters Anonymous (OA). AA was identified by six participants. Two participants mentioned NA, and two mentioned Codependents Anonymous (CODA). Three respondents mentioned AlAnon. One each mentioned Adult Children of Alcoholics (ACA), All Addictions Anonymous (AAA), Synanon, and Debtors Anonymous (attended only three meetings in all).¹

By region, 13 lived in the Toronto area, 6 in other Ontario communities, 2 in other Canadian provinces, and 18 in the United States.

It should be noted that an effort was not made to probe, but to allow respondents to answer demographic questions in their own way. This led to difficulties in organizing responses to occupation, ethnicity, and education.

Ethnically, the sample was diverse, although hard to characterize. The majority ($n = 23$) identified themselves as European in various ways (e.g., Caucasian, Norwegian, Irish, French, English, and Italian). Eleven said they were Jewish. One identified as Jamaican, another as East African. Two identified as Canadian, and another as white.

Eleven participants reported having a high school education. The remainder reported education beyond that level, with seven reporting bachelor's degrees, three master's level degrees, and one a doctoral degree.

More than half of the participants ($n = 22$) indicated no religion, while five indicated Judaism, one Islam, and eleven Christianity (one Anglican, four Christian, two Protestant, and four Roman Catholic).

Canadian Problem Gambling Index (CPGI — lifetime frame) scores for the sample averaged 19.2 (men: 18.6; women: 20.1). The range was 7–26 (out of a maximum score of 27).

Methodological limitations

Despite efforts made to represent GA in a general fashion, this was a qualitative study designed to generate findings that could be complemented by statistical analysis.

As well, causal relations identified in this paper are sometimes based upon the testimonies of members. Anyone wishing to evaluate such explanations would require a different approach. Intuitively, many of the participants' accounts ring true. For example, when a participant (FL) claims that he first pursued recovery with an eye on pecuniary matters because debt to criminal elements jeopardized his safety, there seems little reason to doubt the explanation. Nonetheless, a study such as this — designed to provide an account of how participants view their own situations — is likely to achieve that goal yet at the same time leave questions pertaining to how accurate the accounts really are.

Finally, our claim that this is the first *detailed* description of GA's approach to the 12 Steps also entails that information stemming from prior literature is scant. One might consider this a preliminary endeavor designed in part to assist anyone wishing to pursue the topic in even greater detail.

Preliminary discussion: The nature of 12 Step recovery

We have chosen, prior to a discussion of GA's application of the 12 Steps, to introduce the reader to some ideas of what these steps entail. For discussions of GA's early history and how characters involved changed the wording of the original AA version, with reasons ranging from personal to ideological and religious (or antireligious), see Browne (1991) and Brubaker (2004). For a discussion of how many of these changes in phrasing are perhaps better suited to the needs of gamblers, see Ferentzy, Skinner, and Antze (2006b). The 12 Step approach has been used in many ways, and even within the same organization different personalities will apply them differently. The approach is, for this reason, hard to codify or schematize. In a research report related to our earlier study, we offered the following as a general guide, a liberal (non-dogmatic) application of which might be useful to the reader:

Perhaps the most telling feature — whether for gambling, alcohol, or illicit drugs — is that the vice in question, in this case gambling, is mentioned once in the First Step and then no more. The 12 Steps are not about addiction. They are about recovery. In a sense, working the Steps is the opposite of telling a war story — the latter is about the past, while the former is more about the present and future. The 12 Steps deal with the past, but only in order to move beyond it. A popular ritual among 12 Step proponents of all stripes is the burning of one's Fourth Step [moral] inventory (and maybe any other writing that went with the 12 Steps) after the process has been completed.

In themselves, the 12 Steps are not psychological even if they can be bent in such directions. The First Step is an admission of powerlessness and unmanageability, and from the perspective of someone in 12 Step recovery, it is a purely empirical endeavor: one is simply admitting what is true, and the reasons for it are irrelevant. The AA Big Book treats any attempt to explain why one became an alcoholic as making excuses, and states that the only honest answer an alcoholic can give is that he does not know [AAWS, 1976]. The GA Combo Book says that discovering why one became a compulsive gambler may be important, but does not insist that it is, and points out that abstinence is possible without such knowledge [GAISO, 1999]. This has something to do with the essential mystery associated with the disease conception of addiction. Any explanation could render the condition situational rather than absolute. The First Step involves what is, and not why — a statement of Being best understood as the start of an ontological journey which as such can render the psychological irrelevant. To say that one is an alcoholic or a compulsive gambler is to make an inviolable claim. There are no "degrees" of illness according to the disease model. One either is or is not an alcoholic or a compulsive gambler — it involves an absolute statement of Being. Step Four follows a similar tack. It is a moral inventory (and in GA's case a financial one as well). The moral is about right and wrong. There is no mention of a "psycho" inventory, or anything of that nature. Step Four was designed to get one's moral house in order, and not to reveal any truth about why one became addicted (even if some have tried to use it for that purpose). To turn one's life and will over to the care of a Higher Power can involve putting one's feelings, and psyche, aside. One need not deny the existence of the psychic world — though many 12 Steppers do — in order to render it mostly irrelevant by means of a process designed to change one's personality through prayer, meditation, and commitment to kindred sufferers. 12 Step recovery was designed to get past "self" — self-centeredness, self-will, self-seeking — even if this is difficult for those who participate in a self-obsessed, therapeutic culture to accept or even comprehend. The Big Book states clearly that all the knowledge and insight in the world cannot help the alcoholic. What can help is a journey designed to render knowledge and insight marginal. (Ferentzy, Skinner, & Antze, 2004, pp. 48–49)

Having considered our position, the reader may also refer to Toneatto (2008). Here the 12 Steps are discussed in terms of their compatibility with a psychological approach, cognitive-behavioral therapy (CBT). In many ways, the overlaps are hard to deny. For example, Toneatto points out that each approach involves deference to one or more transcendentals: the Higher Power in the 12 Steps approach, and values, motivation, and rationality in CBT. Toneatto also mentions that changing the way one thinks is central to each process.

One can easily hold to our original interpretation as a more pure rendition of the 12 Steps and still endorse its merger in practice with seemingly divergent interventions. Arguments have also been made in favor of GA's compatibility with psychoanalytic approaches (Rugle & Rosenthal, 1994; Whitman-Raymond, 1988). There is no inherent conflict between our own position as stated above and certain attempts to merge 12 Step approaches with psychological ones. It is important to understand the inherent flexibility of such journeys, be they psychological, spiritual, or both. It is possible to agree on all the facts in question yet choose to emphasize different aspects. Such flexibility is, in fact, perhaps a good explanation for why GA has managed to alter the 12 Step process and yet, somehow, to maintain much of its integrity.

Findings: GA and the 12 Steps in practice

This section contains extensive quotations from the GA members themselves. Partly, the paper has been designed to enable the reader to identify with the participants. There is a passion to their words — feelings and attitudes abound — and much of this cannot be reduced to formulas or preconceptions. Another point to consider is that, in place of a standard separation of results and interpretations, this section addresses the two in conjunction with an eye on selected themes. While perhaps less desirable with respect to identifying and categorizing a researcher's efforts, the approach seemed a far better way to do justice to the subject matter itself.

GA has changed and continues to change, yet financial issues still dominate

The first thing to keep in mind is that GA's recovery culture is in transition. As mentioned in the Introduction, there is now more attention given to the 12 Step aspect of GA's program.

PF: Tell me, do you think that the 12 Steps of recovery are getting less attention or more attention than they did say 20 years ago?

GH: Much more.

PF: Much more?

GH: When I came in the program, there was hardly any mention of Steps 2 through 11. It was always 1 and the 12. And was for a long, long period of time. When I first came in the program the people, almost everyone, just talked in their therapy about Step 1, and very rarely did you hear — at least the meetings I went to — any discussions of, you know, the spirituality of the program. And that's dramatically changed, I believe, in the last 20 years and continues to do so. (GH, male member, 41 years in GA, New York, USA)

The member is referring to Step 1 (admission of one's addiction) and then Step 12 (working with others). In our previous study, we discussed members going straight from one end of this journey to the other, neglecting the steps in between (Ferentzy, Skinner, & Antze, 2006b). Today, however, this is less common.

Yet even to this day perhaps the most striking aspect of GA's approach to the 12 Steps hinges upon a practical consideration: debt load. With the financial pressure confronting members in early recovery, debt is usually the first issue that must be addressed. Recall that GA's fourth step involves a financial as well as a moral inventory. This is where recovery — out of necessity — normally begins in GA. While the 12 Steps were originally designed to be worked in their proper order, with the first three steps involving admission of one's addiction along with the need for principles such as hope, faith, surrender, and willingness, in GA these considerations tend *not* to precede the addressing of financial issues. Certainly, the latter nonetheless contains a moral dimension given that debts must be paid and hence obligations must be met. Accordingly, the principles mentioned may be invoked. Yet in GA the process rarely follows a linear sequence of Steps 1 through 12. To be sure, the first step — admission of one's addiction and of unmanageability — is often addressed immediately. GA's 20 Questions, a diagnostic tool developed by members to establish one's status as a compulsive gambler, are often administered to individuals at their first meeting and can lead to what is essentially an acceptance of Step 1. But from there the member will likely address what is essentially a part of the fourth step — often in conjunction with *Pressure Relief*. The latter is unique to GA and involves a meeting with one's spouse and knowledgeable GA members, with the goal of discussing one's financial (and sometimes legal) situation and developing realistic strategies. Ideally all debts, and even minor assets and possessions, should be disclosed. This entails work on what amounts to Step 5 (admission to another person) and Steps 8 and 9 (identifying those one has wronged and making amends — in this case, paying debts). All the while, a gambler may be working on — or perhaps not even giving much thought to — Step 1 or 2.

PF: What did you do for Step 4? Did you write it down, or...?

LT: Oh yes! Oh yes! At the beginning it was really just a financial inventory.

PF: Ah! OK, you started with that.

LT: Yeah. And it wasn't until my second step — my second time through doing Step 4 that I actually started looking at character defects and ...

PF: And who you had hurt?

LT: Oh yeah. (LT — male member, 31 years in GA, Ontario, Canada)

Only the second time through the process did this person have enough freedom from material concerns to get on with the moral and spiritual aspects of the program:

And I thought at the time I wasn't quite willing and courageous enough to look at the emotional or the moral side of Step 4. But I did the Step 4 financial because I had asked for a Pressure Relief meeting. (LT)

Again, this is evidenced later in the interview:

PF: How did you do Step 8? Was it written?

LT: Oh, yes. And that was you know, that came out in dribs and drabs. I ... for whatever reason I wasn't ready to be completely honest or I wasn't and ... my mind was blocking out certain people that I had harmed. I remember

doing Step 8 in a couple of pieces, you know, two or three at a time just before I finally I think got everybody ... And yet you know there are, years later, I'd still remember more people that I had harmed. (LT)

The testimonies of experienced GA members suggest that the 12 Step process received little attention when (and before) authors such as Browne (1991) and Lesieur (1990) discussed the matter and hence that these authors were accurate in their descriptions of GA. The participant just quoted, LT, is an unusual case in that he took the 12 Steps seriously in the late 1970s when most of his GA peers did not. One thing that has remained constant, regardless of whether a member opts to pursue the spiritual side of GA's program, is that financial issues are normally addressed first:

PF: And how did you go about working Step 4?

LE: I didn't in the beginning 'cause it wasn't encouraged to make a personal, moral inventory like there was in AA. But I did have a personal financial inventory after I was in the program three weeks when I had the budget meeting [Pressure Relief]. So that happened. And I kind of followed that. I did what they said and amazingly it worked.

PF: And later, did you do a moral inventory?

LE: Yes I did. I did a written moral inventory. (LE — male member, 35 years in GA, New York, USA)

However, moral and interpersonal dividends often come immediately with the financial honesty, helping to explain the importance of GA's approach from a perspective that transcends the financial: beyond any peace of mind achieved through dealing with debts, addressing finances can have some direct therapeutic merit. As one woman explains:

Being single back then, it wasn't like I took too many people down with me. What I did is ... I took a lot of money from the credit cards. So the financial Pressure Relief took care of those ends. And what was interesting, it took me probably three months then I told my parents that I was in GA. As a result of that a pretty exciting thing happened. I was in GA and I finally let all my guard down in GA and got off of this "don't let anyone know that you have any weakness, any problems at all." In GA I could be really open about all that and figure out how it wasn't working. I ... was able to share all my problems and foibles, and also with a spiritual counselor in addition to that once a week ... But what I found, which was interesting, is I could go to a meeting and after the meeting I could hug somebody and say "have a good week." But I never hugged my dad in my whole life. I never told him verbally that I loved him. He never told me, either. And after 90 days in the program, I went down to my brother's house in Florida and told them at the hotel that ... what had happened, what I was doing. I was finally for the first time able to hug my dad and tell him I loved him, verbally.

(AC — female member, 3 years in GA, Ontario, Canada)

Emphasis on money as a function of desperation

While each case is different, it is safe to say that, overall, financial concerns are pressing for most new GA members and that often they have no time to "recover" in peace by putting off these matters:

I was working 4 and 9 before I even looked at Step 1. I had to ... I had four bookies ... You can't compare an AA or an NA. These are real things you have to address. You don't address them, you may not be walking the earth.
(EP — male member, 21 years in GA, Florida, USA)

PF: ... Pressure Relief was important. You told me it helped you.

KJ: Yeah. It was a frightening thing, once I disclosed myself. The first thing that did was disclose all my money that I owed ... They [creditors] wrapped a chain around my neck, in front of my wife! You don't borrow \$10,000 from the neighborhood bank. This was a criminal element. A chain around my neck! (KJ — male member, 38 years in GA, Nevada, USA)

Note that in 12 Step recovery, Step 4 is often considered the "courage step." In GA, Pressure Relief — connected to GA's fourth step, and entailing that one face financial reality without any denial — often takes more courage than anything else. The following quotation comes from someone only 90 days into the program, yet already in the process of confronting harsh reality and dealing with aspects of Steps 8 and 9:

PF: And what was your main motivation for recovery?

IT: Tired of being, tired of living a lie. That's probably the ... the money, I mean I ... Shit. A year ago I knew I was in a financial mess. I just kept ... you know. And I mean, standing here talking to you, I'm in the same financial mess I was in, you know. You don't recover from this in 90 days. So, yeah, I've paid a few bills off, but I got a few people not phoning me any more cause they know what's going on and we're working on putting a program together. But I'm not living a lie any more. I've come clean with the people that I need to come clean with. There's a few people that I should come clean with, but I don't need to. I have ... I'm not bragging or patting myself on the back, but I've done a lot of house cleaning in the last 90 days.
(IT — male member, 90 days in GA, Ontario, Canada)

The last quotation, involving the need for patience in dealing with one's problems, highlights a central aspect (along with one of the purported weaknesses) of GA's approach to 12 Step recovery — a topic to which we will return (see *The need for patience*, below).

Difficulties specific to GA as aggravated by a recovery culture in transition — Struggling with new realities

As mentioned, commentators such as Browne (1991, 1994) and Lesieur (1990) have made observations about the importance of financial matters in GA. Quite a few members have vindicated these observations in our interviews:

PF: And can you tell me how you went about working the steps?

PT: Well, actually when I started in GA the focus was on the financial, most of it was on the financial restitution. I mean you had to do Step 1, obviously. The powerlessness. But the emphasis of my first year or actually my first year and a half, was on the financial ... it's very difficult because it's unlike the alcohol and the drug situation in AA and NA. Because the financial problems are so much greater than they would be in the other programs. But I really feel wholeheartedly, I really think ... I don't think I truly understood recovery until I did a good second and third step and then 10, 11, and 12; those maintenance steps became part of my everyday life. But 2 and 3, I think that's where GA loses a lot of our people ... They go from 1, admitting they're powerless and their life's unmanageable, and jump right to 4 and do the financial restitution.

(PT — male member, 25 years in GA, New York, USA)

When asked whether he saw a way out of dilemmas that financial issues impose upon recovery in GA, PT had no answer and simply said that, in a sense, he was fortunate that his experience in AA and NA got him to a better understanding and practice of the 12 Steps. This is quite typical: members with experience in other 12 Step fellowships are often more keen on the 12 Steps and also responsible for changing attitudes within GA. On this score as well, our own findings have been consistent with available literature (Browne, 1991; Lesieur, 1990). We have found, in fact, that practicing this spiritual endeavor usually translates into positive responses with respect to life satisfaction measures (Ferentzy, Skinner, & Antze, 2004, 2006a). Working the 12 Steps seems to improve people's lives. Ironically, another addiction may be a boon to many GA members.

With the need for financial peace identified as crucial to most GA members, it is worth exploring the many ramifications of this reality. One interviewee, who actually had made an effort to work the steps in their proper order, claimed to have had no experience with Pressure Relief (AZ — female member, 12 years in GA, Alberta, Canada). Despite dire financial circumstances when first coming to GA, this woman worked her steps in the "proper" way (with allowances made for paying off certain debts, which is, of course, technically a Step 9 endeavor).

Pressure Relief, while often necessary, seems at times to inhibit a concerted effort in the 12 Step process. Also, serious attention to the 12 Steps is only beginning to flourish in GA, and the approaches are seemingly unique to that fellowship: members tend to work the 12 Steps at designated step meetings rather than with their sponsors (a notable difference from the norm in AA and NA, where such meetings are typically adjuncts to a more private process).

- PF: OK, and Step 3. Did you turn your will and your life over?
 MT: Somewhat. Not too much.
 PF: Not too much. Did you do a Step 4? Moral inventory? Financial inventory?
 MT: Yeah, when I was in the pressure group, yes.
 PF: In the pressure group you did a financial inventory. Did you ever sit down and write up a moral inventory?
 MT: I never did the written part of it.
 PF: But you did ... did you do something like a Step 9? Making amends to people that you've wronged?
 MT: "Make amends to people that we've hurt, except when to do so would injure them or others."
 PF: You did that?
 MT: Off the top of my head.
 PF: But you never really got into the steps in a big way.
 MT: No I never ... really into the step meetings. I've been to some meetings where you walk in and ... step meeting ... they all talk, if they want to, about that step. I've never really ... into the steps.
 (MT — male member, 35 years in GA, Florida, USA)

We have found that step meetings often stay on a certain step for one month, and then move on to the next one. This can make things hard (or at least confusing) for members who rely upon them:

- And they have step meetings, and you have to work on that step that month. And some people may not be caught up to that step or whatever and not be at that ... you know they may be new into the program and they're coming in June.
 (BO — male member, 8 years in GA, New Jersey, USA)

In 12 Step fellowships, members typically work with a more experienced member: a sponsor. With a sponsorship system seemingly still in its formative stages, replies such as the following are common:

- PF: Did you write a (fourth) step?
 FH: Yeah. I did fourth step work, with therapists along the way.
 (FH — male member, 21 years in GA, New Jersey, USA)

If we recall the role of GamAnon, this may be easier to understand. Some of the longstanding male GA members we interviewed identified their wives as their sponsors (Ferentzy, Skinner, & Antze, 2007). This is practically unheard of in AA and NA, and currently GA is in transition, with GamAnon seemingly in decline. Yet for many years, and quite different from normal 12 Step practice, the partners of male GA members provided an interpersonal foundation for recovery. This may indeed have served as a substitute for practices taken as necessary in other 12 Step fellowships. However, no matter how one explains it, to this day there is often a lack of awareness of what working a step might mean, as well as ambiguity pertaining to one's own efforts in this regard:

PF: Did you work Step 3?

OS: I think so, yeah

(OS — male member, 9 years in GA, Ontario, Canada)

PF: And did you work the steps? Do you work the steps?

TT: I think I do.

(TT — male member, 44 years in GA, New York, USA)

It is worth noting that participant TT, beyond his many years in GA, is one of the founders of the Pressure Relief system itself — he is a well-respected and knowledgeable member of the fellowship. Other members, whether long in GA or relatively new, often display a measure of ambiguity:

PF: Do you work the 12 Steps, RO?

RO: I don't say I work it as diligently as I should. But when I review the steps, there are some that you can take in order. And there are some that you can be working at the same time.

PF: Have you written a fourth step, for example?

RO: I have, I believe I have.

PF: You believe you have?

RO: I mean I don't remember ... the fourth step is to make amends?²

(RO — male member, six months in GA, Ontario, Canada)

PF: Did you work the 12 Steps?

KJ: Yeah I guess at some point I did.

(KJ — male member, 38 years in GA, Nevada, USA)

The need for patience — A theme that remains unchanged

Financial questions are not the only reason for this seemingly lax approach to 12 Step work. Elsewhere, we have discussed why patience is likely even more important to gamblers than it is to substance addicts in recovery (Ferentzy, Skinner, & Antze, 2006b). In short, beyond the need to avoid the temptation of enjoying the quick thrill or quick release that the addictive behavior may offer, gamblers must also be on guard against the temptation to *solve problems* quickly by means of winning huge amounts of money while gambling. The latter temptation does not haunt alcoholics and crack addicts, and the need

for a concerted focus upon the virtue of patience sets GA apart from other 12 Step fellowships. GA's entire recovery program is strongly geared toward teaching patience (see GAISO, 1999, p. 17) — with a slow-paced approach even to the 12 Steps as a natural result. Things are done slowly, which, while perhaps necessary, can lead to procrastination and even neglect. GA members have even suggested that this slow-paced approach can impede recovery for new members and is in fact responsible for retention rates that are lower than desirable (Ferentzy, Skinner, & Antze, 2006b). Either way, while there is no denying the need for patience in recovery from substance abuse or other difficulties, there is a focus on the virtue of patience that, to the best of our knowledge, is specific to GA. The following statement comes from a GA member after a year and a half in recovery. Beyond Step 2, and the inescapable need to pay debts, little has been done:

I haven't gotten ... no, it's really slow. You have to be really patient. I mean, I may [have] gone ahead and realized ... like there's the one about the financial and moral inventory. (CA — female member, 21 months in GA, Ontario, Canada)

Yet what may appear to be a slack, and at times confused, approach to certain aspects of 12 Step recovery can only be understood in relation to difficulties that distinguish pathological gamblers from substance addicts. GA offers a disciplined approach to debt counseling, was arguably ahead of its time in its grasp of how important spousal support can be — ahead, in fact, of the research and treatment communities — and is currently struggling with changing realities. This interesting mix of issues has generated an approach to 12 Step recovery unseen anywhere else. For more than a few, it does seem to work.

Conclusion

This paper provides a brief account of the ways in which the 12 Steps are approached in GA. While offering an admittedly preliminary glance at several issues, many of which could be studied on their own and elaborated in separate articles, one inescapable observation is that debt looms large and obviously affects the ways in which GA members approach a recovery model originally designed to address substance abuse. Many conclusions can be drawn from the observations made in this paper. Issues pertaining to money, and how they affect the lives of problem gamblers trying to alter their situations, could on their own generate volumes. One lesson, though, is unmistakable and pertains to the application to pathological gambling realities of wisdom drawn from substance abuse. Here we have an example of how such a solution has, with some success, been transplanted from one realm to another. The most important thing to keep in mind, whether one's field is research or treatment, is that this becomes possible only when those involved are flexible enough in their thinking to make the necessary adjustments. Such a process may, at times, seem clumsy or whimsical. Closer scrutiny of GA suggests, instead, a concerted and creative adjustment to complex and difficult realities.

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For correspondence: Peter Ferentzy, PhD, Centre for Addiction and Mental Health, 416-779-9286, <mailto:mpferentzy@sympatico.ca>.

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Peter Ferentzy is a Research Scientist at the Centre for Addiction and Mental Health (CAMH) and holds a PhD in Social and Political Thought from York University. His dissertation is a historical sociology of the origins and recent development of the modern concept of addiction with an emphasis on how it has interacted with ideas about mental illness and compulsions in general. Dr. Ferentzy has been studying Gamblers Anonymous since 2002 and was once a Pre-doctoral Fellow at the Addiction Research Foundation of Ontario, with Robin Room on his committee. He has published on Gamblers Anonymous as well as on the history of addiction.

Wayne Skinner, MSW, RSW, is Deputy Clinical Director in the Addictions Program at CAMH, where he leads problem gambling treatment and training initiatives and concurrent disorders capacity building. He is an Assistant Professor in the Department of Psychiatry at the University of Toronto. He has studied Gamblers Anonymous since 2002 and has published on the topic. He has edited *Treating concurrent disorders: A guide for counselors* (CAMH, 2005) and co-authored *A family guide to concurrent disorders* (CAMH, 2007).

Paul Antze, PhD, is Associate Professor in the Division of Social Science and the Graduate Programs in Social and Political Thought and Social Anthropology at York University. He studies cultural aspects of therapeutic movements, especially in connection with psychoanalysis, trauma, memory, dissociation, and the addictions. He is co-editor (with Michael Lambek) of two books: *Tense past: Cultural essays in trauma and memory* (Routledge, 1995) and *Illness and irony: On the ambiguity of suffering in culture* (Berghahn, 2004).

Appendix A

Study questions

1. *What are the common features that best describe GA's approach to recovery?* The study looked closely at the ways in which members work the 12 Steps and at other aspects of the GA program in an effort, first of all, to identify features that seem to be inherent to practically all successful recovery in GA. In this respect it built upon the results of our previous study, which identified some general features of GA's approach to recovery without examining them in detail.

2. *Which of these features are uniformly valued by members? Which are sources of controversy?* For example, while patience is a virtue often emphasized in GA, some members feel that this emphasis can encourage procrastination and sabotage recovery by delaying important steps. Not getting to the 12 Steps, or Pressure Relief, soon enough has presented itself as an area of concern. In addition to identifying the core features of GA that most members see as essential, our study sheds light on some of these contested aspects of the program.

3. *How can we characterize the most important approaches that members take to working the GA program and the 12 Steps in particular? How do these approaches differ?*

4. *To what extent do different ways of engaging with GA reflect prior differences in client characteristics?* This aspect of the study examines the idea that differences in background may explain some differences in the ways members work the 12 Steps and the overall GA program. While gender would be an obvious area for scrutiny, we also considered the role of such factors as age; severity of gambling problem; types of gambling pursued; comorbidity; debt load; and outside support, both informal and professional.

5. *What relationship, if any, can be found between client characteristics and modes of engagement with GA on the one hand, and recovery outcomes on the other?* This was the most ambitious and inherently difficult question posed by our study, and here we have no illusions about finding definitive answers. The aim at this stage is rather a heuristic one: to determine which hypotheses are most plausibly supported by our data. We must emphasize that this study makes no claim to assess "outcome" in the strong sense of the word. We are, however, interested in the relationship between client characteristics, ways of working the program, and self-reports regarding success in abstinence and current life satisfaction.

Appendix B

Interview protocol

Note that severity of gambling problem and types of games pursued were covered by the CPGI (Canadian Problem Gambling Index), which was given to all participants.

Part One:

1. Why don't we start with an introduction? Could you please tell me a little bit about yourself?
2. When did you first enter GA?
3. How long have you been abstinent?
4. When you first entered GA and took the 20 Questions, how many "yes" answers did you give?
5. Have you ever had any substance addictions?
6. What kind of professional therapy did you receive either before or during GA?
7. When you first entered GA, what was your financial situation?
8. What kind of support for your recovery did you receive from family and friends?
9. What kind of relationship did you have with family members when you first entered GA?
10. Would you mind telling me your views on religion, or spirituality?
11. In your view, what is compulsive gambling? (Do you see it as a disease?)
12. Has viewing compulsive gambling as a disease helped your recovery?
13. What are compulsive gamblers like, in your view? What is a gambler?
14. What does a gambler need to do to recover?
15. Do you have any thoughts on what you have in common with other compulsive gamblers?
16. Any thoughts on how you may differ from other compulsive gamblers?
17. Do you have any thoughts on why some people leave GA?
18. In your view, has GA changed significantly over the years? (In what way?)
19. How do you feel about war stories? (Has their importance diminished or increased over the years?)
20. How has GamAnon been doing in your view?
21. The Combo Book talks about the "dreamworld" of the compulsive gambler. Does this apply to all compulsive gamblers?

Part Two:

1. When you came into GA, what was the very first thing you did for your recovery? What did you do after that?
2. What was your main motivation for recovery?
3. Please tell me what recovery means to you. (After, ask about "normalcy" or sanity).
4. How many meetings do you go to in an average week?
5. Has this changed over time?
6. What aspects of GA do you find most helpful? Which are least helpful?
7. What are the most important things you do for your recovery?
8. What aspects of your recovery are dealt with outside of GA, and in what way?
9. Do you go to many GA events, such as conferences?
10. Do you associate with many GA members in your private life?
11. (If so) please describe the activities.
12. Is GA your main social support for recovery?
13. (If not) what is your main social support?
14. What kind of service work are you involved in?³
15. What experience have you had with Pressure Relief? (Has GA's approach to Pressure Relief changed over the years?)
16. Could you describe the role that phone contact with other GA members plays in your recovery?
17. Do you use a phone list?
18. Do you call more often than you are called?
19. Do you have a sponsor?
20. Could you describe your relationship?
21. How many sponsees do you have?
22. How do you help your sponsees? How does the relationship work?
23. What role has the Serenity Prayer played in your recovery?
24. What has Page 17 meant to your recovery?
25. And can you tell me how you went about working the steps?

Part Three:

1. What is your financial situation like today?
2. Do you miss gambling?
3. How successful have you been in maintaining abstinence?
4. How content are you with your life as it is?
5. How well do you like your work?
6. What kind of relationship do you have with family members today?

Appendix C

GA's 12 Steps (GAISO, 1999, pp. 4–5)

1. Admitted we were powerless over gambling — that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to a normal way of thinking and living.
3. Made a decision to turn our will and our lives over to the care of this Power of our own understanding.
4. Made a searching and fearless moral and financial inventory of ourselves.
5. Admitted to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have these character defects removed.
7. Humbly asked God (of our understanding) to remove our shortcomings.
8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of his will for us and the power to carry that out.
12. Having made an effort to practice these principles in all our affairs, we tried to carry this message to other compulsive gamblers.

¹ That Debtors Anonymous (DA) is the only instance wherein a GA member attended only a few meetings (three), and then ceased to participate, is telling. Unlike overeating and codependency, debt is one issue that GA tackles in earnest, and the debt advice this member received in GA made the DA meetings seem redundant.

² Note that the fourth step is a "searching and fearless moral and financial inventory," and that amends are made in Step 9 (GAISO, 1999, pp. 4–5).

³ "Service" refers to any activity on behalf of GA, from helping to make coffee at meetings to helping arrange conferences and working on the GA phone-line.