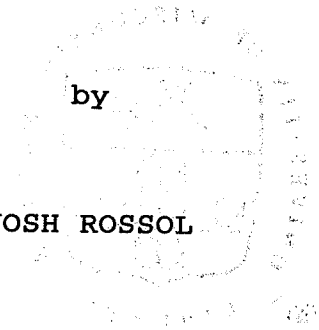
THE GENESIS AND CONSTRUCTION OF PROBLEM GAMBLING: THE PROCESS OF BECOMING A COMPULSIVE GAMBLER



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DEDICATION

This thesis is devoted to the numerous members of the Gamblers Anonymous groups with whom I spent five months during the early stages of the project, and particularly those members who volunteered to be interviewed for this paper and the secretaries of the groups who provided me with guidance at several important points of the process.

I can only hope that the ideas presented in this paper will be of interest and use to these individuals. Having been a part of their lives and recovery has contributed immeasurably to my own life, far beyond the limits of this or any paper. For this, I thank them deeply.

ABSTRACT

Much research has focused on the recent and continuing expansion of legalized gambling within Wisconsin and throughout the United States. One area of examination within this research is the subset of gamblers whose gambling is perceived as being out of control and harmful to their lives: compulsive gamblers. This paper presents an empirical investigation of compulsive gambling, and specifically the process by which an individual becomes a compulsive gambler.

Several existing theories regarding the process of becoming a compulsive gambler are reviewed. The two sets of data obtained for this study are then presented: First, observations that were conducted of meetings of the fellowship group Gamblers Anonymous; second, interviews that were conducted with thirty-eight members of these Gamblers Anonymous groups.

Combining these two sources of data, this paper argues that the process of becoming "a compulsive gambler" can best be viewed as a two-stage process. In the first stage, the gambler comes to believe that his/her gambling is problematic. This belief can be arrived at through a diversity of processes; indeed, every existing theory reviewed was represented among at least some of the interviewed members. This suggests that the initial stage of becoming a compulsive gambler is a polygenetic process, and should not be viewed as only following a single pattern.

The second stage of becoming a compulsive gambler is characterized by the gambler attempting to learn about his/her problematic situation and how to remedy it. For the members in this project, this consisted of their membership in Gamblers Anonymous. It is argued that the process and outcome of this second stage is the homogenization of the gamblers by creating a unitary image of what compulsive gambling is, the process by which it occurs, and the necessary steps to recover from it. This stage is socially accomplished, and the argument presented in this section of the paper reflects a social construction and labeling theory position.

Taken together, these two stages create what is today called "compulsive gamblers" and "compulsive gambling." An initially variable and diverse set of processes are socially constructed to be a single and unified affliction. This paper contributes to our understanding of compulsive gambling and the process of becoming a compulsive gambler, and also provides an example of the social construction of deviance and social problems.

PART ONE:

INTRODUCTION

"Just listen; listen, to the sound of [the chips]."
-- A Milwaukee, Wisconsin man who bought $100 in betting chips for use at the blackjack table. [*Wisconsin State Journal*, 15 February 1993]

"This is where I should have quit, but some kind of strange sensation built up in me, a kind of challenge to fate."
-- Fyodor Doestoevsky, *The Gambler*

"I made my first bet at a race track and lost $10. I've been trying for 35 years and $600,000 to get that $10 back."
-- Member, Gamblers Anonymous

By all accounts, gambling has existed in human societies ever since such societies came into existence. Filteau, Baruch and Vincent (1992) describe how historians in 60 B.C. mentioned the role of gambling in society, and how archaeological investigations have uncovered dice in Babylonian ruins and ancient Egyptian tombs. Dickerson (1984) traces the earliest presence of gambling to the use of astragals (bone objects similar to dice) to predict the future as long ago as 3000 B.C. Gambling also appears to have occurred across cultural lines, with gambling activities emerging in the earliest Chinese, Indian and Roman cultures (Filteau et al. 1992, p.84).

Gambling: Definitions and Presence

While the meaning of the term "gambling" may seem intuitively obvious, definitions of what constitutes gambling do not always agree with each other. John Scarne, described

by some as "the world's foremost gambling authority" (Scarne, 1986), describes gambling as consisting simply in "risking something one possesses in the hope of obtaining something better" (Scarne 1986, p.14). He recognizes that such a definition includes "business, education, marriage, investment, insurance, travel, in all the affairs of life we must make decisions which are gambles because risk is involved."[1] Scarne focused his studies of gambling, however, on activities involving the risking of money, for pleasure or gain, on games of chance (e.g., lotteries), games of skill (e.g., chess), or games that combine chance and skill (e.g., poker)(Scarne 1986, p.14).

Other definitions of gambling attempt to more precisely define the concepts of risk (and what is risked), chance and skill. The Gamblers Anonymous organization, for example, states: "Gambling, for the compulsive gambler, is defined as follows: Any betting or wagering, for self or others, whether for money or not, no matter how slight or insignificant, where the outcome is uncertain or depends upon chance or 'skill' constitutes gambling" (Gamblers Anonymous "yellow book", 1992, p.14). This definition allows money to be either included or not included in the gamble, and also raises a question that is beyond the scope of this paper: Why is this definition of gambling meant for the compulsive gambler? Would the definition be different (and if so, how?) for someone who is not a compulsive gambler?[2]

As a final example of the issues relevant to devising a definition of gambling, Dickerson recognizes that "in common parlance 'gambling' might refer to anything from riding a bike with 'no hands,' to buying and selling shares, to flipping a coin" (Dickerson 1984, p.2). He somewhat avoids the issue by pointing out that a formal definition of gambling might be "an intellectual nicety but not of great assistance with the present task [an examination of compulsive gambling and compulsive gamblers]. As most people have gambled in one way or another, readers can draw from their own experience" (Dickerson 1984, p.2). Dickerson then proceeds, like Scarne, to focus on the "well-known forms of commercialized gambling" (Dickerson 1984, p.2).

For the purposes of this paper, it is perhaps not as important to arrive at an exact definition of what is gambling and what (if anything) is not than it is to acknowledge and use the "common sense" notions and examples individuals have regarding what kinds of behavior they define as gambling for themselves. Within the context of this paper, the members of Gamblers Anonymous who were interviewed described their gambling activities primarily in terms of the well-known forms of gambling, both commercialized and illegal. This included predominantly the following activities: card playing, horse- and dog-race betting, sports event betting (primarily through illegal bookmakers), lotteries (including scratch-off tickets), pull-tabs,

raffles, bingo, and casino-type games (e.g., dice games, roulette, blackjack/21, slot machines, video poker machines). It is also important to note that stock market activities (particularly commodities and futures trading) were frequently mentioned as forms of gambling. The risking of money was virtually always a part of the gamble (but, see note #2).

Interest in the topic of gambling has increased recently with the expansion of legal gambling in the United States. 48 of 50 states and the District of Columbia currently allow some form of gambling, varying from lotteries to public cardrooms to casino gambling (NBC News, 1994). Whereas Nevada and Atlantic City, New Jersey were once the only places with legal casino gambling, small cities throughout the country have recently legalized limited casino gambling. Casinos and bingo halls operated by Native American communities are also becoming more prevalent throughout the United States.

Gambling has expanded in Wisconsin as well. A state-run lottery was introduced in 1987 along with pari-mutuel betting at dog tracks. Casinos and bingo halls on Native American lands have also expanded, beginning with the opening of a gaming facility on the land of the Lac du Flambeau members of the Chippewa tribe in 1989 and continuing with the recent (November, 1993) expansion of the Ho-Chunk Casino operated by the Winnebago community.

Compulsive Gambling

While the availability of gambling and participation in gambling are both widespread and expanding, much attention is directed toward a subset of gamblers: those whose gambling is perceived as being out of control and harmful to their lives. Due primarily to difficulties in defining what exactly compulsive gambling is, prevalence estimates for compulsive gambling vary widely. Dickerson and Hinchy (1988) estimate that 0.25% of the adult population are compulsive gamblers (cf. Walker, 1992), while Volberg and Steadman (1988) claim a figure of 2.8% (cf. Walker, 1992). The DSM-III-R (1987) similarly estimates the prevalence of compulsive gambling at 2-3% of the adult population. Relatedly, it has been estimated that 5% of all people who gamble will become addicted and compulsive gamblers (CBS News, 1992).

With the expansion of gambling has come increased attention to the problem of compulsive gambling. Some states now explicitly consider the potential creation of compulsive gamblers in their decision regarding whether to expand or add gambling in their state. For example, a portion of the revenue gained from the new lottery in Texas is earmarked for the treatment of compulsive gamblers. Whereas people used to be solely concerned about the possibility of increased organized crime activity that might accompany expanded gambling, discussion today also focuses on the issues of compulsive gambling and compulsive gamblers.[3]

This increased attention is exemplified in the debate in Wisconsin regarding gambling expansion. An editorial in the Madison newspaper *The Capital Times* entitled, "Quit Stalling and Put Curbs on Gambling" (March 4, 1992), exhibits concern over the potential legalization of "insidious" video gambling devices by arguing that Wisconsin should not "turn to the sleazy business of gambling and all the pitfalls -- organized crime, broken families, under-the-table payoffs -- that come with it." Spencer Black, a state legislator, in an effort to restrict the expansion of gambling and direct funds toward the treatment of compulsive gamblers, has provided a controversial estimate that there are 50,000 compulsive gamblers in Wisconsin. Clearly, we have seen in Wisconsin in recent years an example of the increased attention being directed toward compulsive gambling and compulsive gamblers.

Goals

This paper investigates the topic of compulsive gambling by examining the process of becoming a compulsive gambler. While much has been written in the literatures of sociology, social psychology, psychology and psychiatry (among others) regarding what factors might predispose an individual to become a compulsive gambler and what it means to be a compulsive gambler, there has been relatively little research that uses actual compulsive gamblers to describe the process

of becoming a compulsive gambler (but see, e.g., Custer & Milt, 1985, for an example of this strategy).

This paper attempts to describe this process by examining the phenomena and experiences described by individuals who believe they are compulsive gamblers. Using interviews with members of Gamblers Anonymous as well as observations of Gamblers Anonymous meetings, this paper seeks to outline the different and diverse processes and stages involved with becoming a compulsive gambler. As will be seen, different researchers have proposed several different descriptions and theories of the process of becoming a compulsive gambler. The results of the study presented here neither support nor refute any one of these theories directly. Rather, the results suggest that different processes tend to operate at different times for the gambler, and that no single process appears to be universal to the experience of those gamblers who come to Gamblers Anonymous. Furthermore, while some of the proposed theories seem to describe certain elements of the gamblers' experiences quite accurately, it will be argued that it is incorrect to then infer (as is often done) that the theory is a sufficient description of the entire process of becoming a compulsive gambler, rather than merely a description of one element of the process. Hopefully, the results presented in this paper will contribute greater detail to our understanding of the processes involved in becoming a compulsive gambler, and to

our understanding of what it is that we mean and know about when we speak of "compulsive gambling."

Terminology

While the focus of this paper is compulsive gambling and how compulsive gambling appears and develops in individuals, it must be noted that even the phrase "compulsive gambling" carries profound implications. As will be discussed in Part Two, there is little agreement among researchers regarding what compulsive gambling is, what are its characteristics, even whether it exists as a phenomenon.

Indeed, some researchers would argue that even using the terms "compulsive gambling" and "compulsive gamblers" implies an acceptance of and affiliation with one particular "camp" in the study of gambling and compulsive gambling. The term "compulsive gambler," for example, can imply an individual afflicted with the illness of compulsive gambling according to some models (see, for example, Custer & Milt, 1985). Other models, meanwhile, would argue that a "compulsive gambler" is no different from a "non-compulsive gambler" except that the compulsive gambler has adopted the label of being a compulsive gambler (see, for example, Herman 1976, p.112). The terms "compulsive gambling" and "compulsive gambler," then, imply very different things to different models and researchers. A discussion of the prevalence of compulsive gambling in a population, for example, would be

inappropriate according to a viewpoint like the second model described above, in that such a prevalence rate would be trying to identify some condition that objectively exists and affects individuals.

It is not the sole intention of this paper to advocate one specific model of compulsive gambling. Indeed, the results and analysis presented in this paper imply that different models might be more applicable to the entity called "compulsive gambling" at different times. At the same time, it is both too difficult and too cumbersome to attempt to create some new term to refer to "compulsive gambling" that would satisfy all points of view. For lack of a more precise formulation, then, this paper will use the terms compulsive gambling, compulsive gamblers, and other such terms to essentially mean: "that which has come to be called compulsive gambling," or "those individuals who can be referred to (in whatever way) as compulsive gamblers." Furthermore, when different models and conceptualizations of compulsive gambling are presented, an attempt will be made to identify them. While this discussion may perhaps seem unnecessary, it serves as an early indication of the complexity that surrounds the issue of compulsive gambling.

PART TWO:

PREVIOUS RESEARCH

Existing Theories Regarding the Process of Becoming a Compulsive Gambler

Among the several theories that have been developed to describe and explain the process of becoming a compulsive gambler, four are particularly relevant to this paper and its results. The so-called medical model, used in one form by Gamblers Anonymous, and Lesieur's (1977) model of chasing and the acquisition of the chase philosophy, are similar in that both theories point to a specific phenomenon (an illness in the case of the medical model; a mindset in Lesieur's case) that describes the onset and process of becoming a compulsive gambler as well as the maintenance of compulsive gambling once it appears. By contrast, the "financial crisis model" of Oldman (1978) and the labeling perspective, described in one form by Herman (1976), view the process of compulsive gambling as a potentially diverse set of experiences that eventually culminate in the individual taking on the identity of "compulsive gambler." Each of these theories will be described.

The Medical Model of Gamblers Anonymous

Gamblers Anonymous, by its own description, is a fellowship of men and women who together try to recover from

their gambling problem. (Gamblers Anonymous 1989, p.2). Founded in 1957 and modelled after other Anonymous groups such as Alcoholics Anonymous, Gamblers Anonymous follows a twelve-step program that requires the individual to accept and admit that he/she is afflicted by the illness of compulsive gambling, and that only through the help and strength of a higher power (of the person's understanding) and of the Gamblers Anonymous group can the individual hope to abstain from gambling and recover from compulsive gambling.

The approach taken by Gamblers Anonymous toward compulsive gambling and its development focuses around a medical description of the "disease" of compulsive gambling. During Gamblers Anonymous meetings, members often refer to the illness that is afflicting them:

> New Member: I don't really know what it is that's bugging me, but whatever it is it's ruining my life."
>
> Existing Member: "It's a disease. Compulsive gambling is a disease, and we've all got it."[4]
>
> [Excerpt 1]

Gamblers Anonymous views compulsive gambling as an illness that can never be cured, but can be arrested (Gamblers Anonymous "yellow book," p.8). It should be remarked that the causes of gambling are neither emphasized by nor directly interesting to the group. As is made clear in the Gamblers Anonymous "yellow book" that is read at the beginning of every meeting in most cases, "insofar as

stopping gambling, many Gamblers Anonymous members have abstained from gambling without the benefit of the knowledge of why they gambled" (p.9).

Viewing gambling and compulsive gambling in this way has implications for how Gamblers Anonymous and the medical model perceive compulsive gambling as developing and continuing in an individual. As has been made clear, compulsive gambling is viewed by Gamblers Anonymous as a progressive illness. Two factors are seen as combining to allow the illness to begin and then continue: First, the compulsive gambler is thought to have personal flaws. These can be generally thought of as a faulty "personality," but are usually considered to be specifically in the form of an inability and/or unwillingness to accept reality, emotional insecurity (indeed, compulsive gambling is seen as primarily an emotional problem -- p.12), and immaturity ("yellow book," p.10). It is thought, however, that these flaws can be changed and removed. Such change is one of the primary goals of Gamblers Anonymous.

Second and perhaps more importantly, the activity of gambling is blamed for the introduction and maintenance of the illness within the individual. This is implied primarily by Gamblers Anonymous' prescription of complete abstinence from gambling, as opposed to moderation. It is felt that even with work on one's character flaws, one is never safe from the illness of compulsive gambling so long as one

continues to gamble. As a result, complete cessation of all gambling activities is demanded by Gamblers Anonymous membership. Indeed, members are often advised to stop associating with their "gambling buddies" and all other people whom they associate with gambling. It is thought that "[o]nce a person has crossed the invisible line into irresponsible uncontrolled gambling he or she never seems to regain control. . . . The old obsession inevitably returns" ("yellow book," p.13).

The process of becoming a compulsive gambler, then, is viewed by Gamblers Anonymous and the medical model as the course taken by an illness. As with any disease, certain individuals (those with character flaws) are thought to be more vulnerable to the disease. Furthermore, once present, the disease is considered chronic, with no known cure and only suspension possible through complete abstinence of gambling activity.[5] Just as with a disease, the process of becoming a compulsive gambler is viewed as taking place within the individual. In turn, the individual is the focus of attention by Gamblers Anonymous in attempts to rid the individual of the disease, or at least allow the individual to function without suffering the debilitating consequences of the disease.

The Acquisition of the Chase Philosophy

Lesieur (1977) argues that compulsive gambling arises as an individual takes on more of the "chase philosophy," the

philosophy of "throwing good money after bad." Lesieur distinguishes between the short-term chase and the long-term chase. The short-term chase, such as gambling for one day to try to win enough money to pay bills, or trying to recoup an entire day's losses in the last race at a racetrack or in the last hand of an evening poker game, is restricted to a particular gambling session. When the individual leaves the gambling setting at the end of the day, he/she considers the session over, regardless of the amount of money won or lost. Lesieur implies that while not every gambler engages in short-term chasing, short-term chasing does not in itself signal the gambler's fall into compulsive gambling.

Chasing on a long-term basis, however, is the sign for Lesieur of compulsive gambling. As he makes clear, "[t]hose who are locked into the long-term chase are compulsive gamblers" (1977, p.1). In contrast to the short-term chasers, gamblers who chase long-term "carry over" their betting from one day or gambling session to the next. If an individual has lost $100 one day, for example, they enter the next day's gambling believing they are already $100 behind. Whereas their goal for the day might have been to win $50 and quit, because they lost $100 the day before they now believe that winning $50 would constitute an overall loss instead of a win. Long-term chasers have transformed their gambling from an attempt to win to an attempt to get even over the long term. As individual days' losses continue to add up,

long-term chasers find themselves trying to win back all of the money that has been lost. Ironically, this goal will most likely cause the gamblers to lose even more money, as they will continue to gamble against unfavorable odds long enough for the odds to overcome any short-term winning streaks that may have occurred. The gamblers therefore find themselves even more behind than when they started, which must all now be regained. As Lesieur summarizes (p.xi), "The more money that is lost, the more intense the 'chase.' Another name for the 'chase' is compulsive gambling."

Lesieur goes on to argue that compulsive gambling involves more than merely the acquisition and acceptance of the long-term chase philosophy. He points out that over time, the options available to a gambler (e.g., to earn or get money) will decrease. For example, after exhausting the funds in a savings account, compulsive gamblers might begin to write bad checks. This practice, though, will only be able to continue until a bank denies the gambler further check-writing priviledges. The compulsive gambler might then turn to theft from friends and family, an option that will close once the friends and family become aware of what the gambler is doing and perhaps distance themselves from him/her. The gambler then may begin stealing, or (as is often the case) become involved in areas of the gambling "industry" (e.g., becoming a bookmaker) in an attempt to acquire more money with which to gamble. This "spiral of

involvement" continues, with the gambler's available options decreasing the more he/she is involved with gambling and long-term chasing.

While Lesieur makes clear that compulsive gambling is best exemplified by this decreasing spiral of options and involvement, the focal point of his description of compulsive gambling and the process of becoming a compulsive gambler remains the appropriation of the long-term chase philosophy. This is apparent in his definition of compulsive gamblers: "Compulsive gamblers are those people who *through the chase* become trapped in a self-enclosed system of option usage and involvement" (1977, p.xi -- emphasis added). In this way, Lesieur's model of the development of compulsive gambling is similar to, but more detailed than, the medical model used by Gamblers Anonymous. The Gamblers Anonymous model, while believing that compulsive gambling is an illness that occurs within the individual, is vague regarding the exact details of the illness that surface within an individual, choosing instead to focus on the manifestations and symptoms of the illness. Lesieur, by contrast, specifically points to the single phenomenon that he believes to be the essence of compulsive gambling: long-term chasing. Lesieur is thus more detailed than the Gamblers Anonymous model.[6]

However, the models are similar in that each believes compulsive gambling to be a real phenomenon that can and does affect individuals. In both models, the process of becoming

a compulsive gambler is traced back to the individual: in the medical model, the individual became afflicted by the disease; in Lesieur's model, the individual took on the philosophy of the long-term chase. This belief that compulsive gambling is a specific entity that can be isolated contrasts sharply with the remaining models that follow.

The "Financial Crisis" Model

Oldman's (1974; 1978) examinations of gambling and compulsive gambling center around his observations of gamblers in a casino setting where he worked as a roulette croupier for one year. In this sense, and as has been noted by Dickerson (1984), Oldman's work lends a unique perspective to the study of gambling as an activity, as the "data" used by Oldman consist entirely of actual gamblers in actual gambling settings. As Oldman himself makes clear (1974, p.407; 1978, p.364), Oldman emphasizes the *work* that goes on in gambling settings. His finding (1974) that roulette players conceive of roulette as a game of skill rather than as a game of chance focuses not on the "irrationality" of such a belief, but rather on the mechanisms and processes (i.e., the work) through which gamblers create and maintain such belief systems, even while simultaneously acknowledging the dominating role of chance in the game.

Oldman approaches the concept of "compulsive gambling" as a sociology of knowledge question (1978, p.349), and as

the practice of a particular vocabulary of motive (see Mills, 1940). Oldman begins with the argument that "[t]he compulsive gambler is an elusive creature. Like the yeti we all know of his existence, yet his customary habitat is localised and unfamiliar and there is a lack of well-authenticated sightings" (1978, p.349). Following Mills' logic of vocabularies of motive, Oldman explains that he is "not interested in providing the definitive account of how people come to experience compulsion, if indeed they do, but I am interested in how the idea of compulsion can come to form part of how some people theorise about the gambling activities of themselves or of others" (p.349).

Oldman describes essentially a three-stage process in the development of the "compulsive gambler," of which the second appears to be the most important. In the first stage, Oldman uses and extends Goffman's (1969) analysis of gambling to argue that gambling (in this case, casino gambling) is attractive to individuals because of the opportunity it affords them to display a variety of identities. Through the uncertainty inherent in gambling environments and situations, combined with the different practices available to gamblers, gamblers are able to display several desirable identities. Goffman described generally how the uncertainty present in gambling settings could allow the gambler to demonstrate "the strength of his character" (cf. Oldman, 1978, p.364). Oldman extends Goffman's idea by pointing out (via his observations

of gamblers) that by using various techniques in their gambling activities, gamblers could work to present any one of several identities. As Oldman summarizes, "[o]ne can show fortitude, cool, generosity, calculation, disinterest, sociability -- and one can do this with essentially *simple* and easily recognised performances" (1978, p.365 -- emphasis in original).

Essential to both Goffman's and Oldman's models is the additional argument that the identities able to be displayed by gamblers in gambling settings are identities that are not generally available to individuals in their everyday lives. Most people's lives do not contain enough scenes with the level of uncertainty present in a gambling setting; it is only in such settings that certain desired identities can be displayed. As a result, entering and taking part in gambling situations is a positive experience. This concludes the first stage of Oldman's model: Individuals gamble, and continue to gamble, because of the benefits they receive from displaying identities that they can only display in gambling settings.

The second element of Oldman's model is the most important for the purposes of this paper, as it describes why gamblers begin to use the term "addiction" or "compulsion" to describe their gambling behavior. Oldman points to the arrival of a financial crisis in the life of the gambler that brings on the description of "compulsion." Once an

individual is regularly gambling (and they might do so to display desired identities, as described above), and they are gambling at a game in which the odds are against them (e.g., casino games such as roulette), a financial crisis must eventually occur.[7] This crisis will certainly arrive at different times for different gamblers, due to differences in financial standing as well as to differences in gambling techniques.

When this financial crisis occurs, Oldman argues that it is at this point that the gambler entertains the notion of "compulsion." This is the third and final stage of Oldman's model. Oldman outlines several reasons why a concept such as addiction or compulsion might be seen as a preferred label or motive by the gambler who has hit a financial crisis. For example, such a motive in part releases the gambler from personal responsibility for their actions, and leaves them in a position to be helped rather than criticized. Also, Oldman argues that for the most part our society discourages the need to display the very identities that are prevalent in gambling settings. A financial crisis and the acquisition of the concept of compulsion then serves an ideological function by allowing the individual to avoid presenting an ideology counter to the existing societal beliefs. In other words, an individual is able to speak of his/her <u>compulsion</u> to gamble rather than be forced to explain why they enjoy gambling more

than, for example, spending time with their family or working.

Oldman's model, then, is a description of the process leading up to an individual's acceptance of the concept of "compulsion" or "addiction" as an explanation for their gambling behavior. It is essential to recognize the importance of the financial crisis arrived at by the gambler. Only at the point of crisis will the gambler recognize the legitimacy of the notion of compulsion as a sensible vocabulary of motive (Oldman, 1978, p.350). Also essential to note is Oldman's avoidance of any discussion of a process that occurs within the individual. While gamblers may participate in gambling because it allows them to display desirable identities, this is not for Oldman an abnormal nor uncommon phenomenon. Indeed, Oldman implies that many if not most gamblers may engage in gambling for the purpose of displaying desired identities. What separates compulsive gamblers from non-compulsive gamblers to Oldman is solely the financial crisis at which the former group has arrived. Clearly, such a focus is markedly different from the individual- and internal-centered models of Gamblers Anonymous and Lesieur.

Labeling

The labeling theory of deviance as put forth by Becker (1963) and Lemert (1951), among others, has been applied to

the topic of compulsive gambling most solidly by Herman (1976). Following labeling theory, Herman argues that "both the label [of compulsive gambling and compulsive gambler] and the process of making the diagnosis are increasingly up for inspection" (Herman 1976, p.108). Scheff's examination of mental illness (1966), the most common label given to compulsive gamblers and compulsive gambling, made clear that behaviors that have come to be called symptoms of mental illness are so widespread that virtually anyone and everyone could be considered mentally ill. This given, Scheff argued that the reasons behind why a certain individual is labeled mentally ill must have to do with other factors, unrelated to whether the person is "really" mentally ill.

Herman contends that it is this process that is at work when someone refers to themselves or is referred to by others as a compulsive gambler. Excessive gambling, Herman argues, can arise from a variety of sources:

> It may appear in a person's experience in part from having had a parent who gambled excessively, from living close to a gambling establishment, from exposure to the attractions of gambling -- or from any number of combinations of factors, many of which are not easy to sort out. For many people, there simply may never be a meaningful way to identify a cause, a sufficient and necessary condition, of excessive gambling.
>
> [Herman 1976, p.109]

Excessive gambling, though, does not at all guarantee the affixing of the label "compulsive gambling" or "compulsive gambler."[8] Other people and the gambler

himself/herself may merely view the person's excessive gambling as a possible flaw, that perhaps should be seen as a negative aspect of their behavior, but in no way is the sole defining point of their character. In this case, the individual would be spoken of, for example, as "Oh yes, Bill -- he's a nice fellow; he isn't too punctual, plays an awful tennis game, talks a bit too much about himself, and gambles more than he should." Herman emphasizes that this kind of talk passes judgment only on specified behaviors of the individual; no global assessment of Bill can be inferred from any one of the statements made about him. Following Lemert's terminology (1967), Bill's gambling remains *primary deviance*. Bill's gambling is seen as just another part of him, as "normal variations in behavior, [and] managed through 'nominal controls'" (Herman 1976, p.108).

If and when Bill is labeled a compulsive gambler, however, his behavior and identity take on entirely different meanings. Through *secondary deviance*, "compulsive gambler" becomes Bill's "master status," around which his entire identity is centered. Gambling comes to be regarded "as the single key trait that distinguishes him from others" (Herman 1976, p.109). All of Bill's actions, from his gambling to other behaviors seemingly unrelated to his gambling (e.g., his tardiness), are now able to be explained by his "compulsive gambler" status. Now, the reason Bill gambles is because he is a compulsive gambler; the reason he is not

punctual is because he is a compulsive gambler, and compulsive gamblers are irresponsible people.

Herman goes on to argue that an important process that occurs once the label of compulsive gambler has been assigned to an individual is *retrospective (re)interpretation*. Events and behaviors that occurred prior to assignment of the label are now understood and explained post-hoc using the label and its associated implications. When Bill was late to a party last month because he was at the racetrack, the thought that Bill was a compulsive gambler did not occur to people, certainly not enough for them to raise it as a possibility. Clearly, then, no single behavior nor even set of behaviors is an automatic indicator of compulsive gambling. Once Bill has been labelled a compulsive gambler, however, that same instance of tardiness a month ago is now used as proof of his compulsive gambler status. A behavior that was once not at all related to Bill's identity as a compulsive gambler now serves as confirmation of the label's accuracy. As Herman outlines, "[f]acts and impressions are rearranged and translated with the help of the label. 'Oh, so that's what was happening! Now it makes sense.' Retrospective interpretation makes the label appear even more valid and irrefutable" (1976, p.110). The labelled individual, of course, can and often does participate in this retrospective (re)interpretation as well, and in so doing accepts the label that has been assigned to them or that they have taken on.

Similarly to Oldman's model, then, Herman and the labeling perspective maintain that the only thing unique to individuals identified as compulsive gamblers is the fact that they have all been so labelled (Herman 1976, p.112). By definition, there can be no phenomenon or process at which to point that embodies or represents compulsive gambling, as was believed by the Gamblers Anonymous model and Lesieur's model. Herman and Oldman differ, however, in their emphasis on how and why the concept "compulsive gambler" becomes used. While Herman and labeling theory allow for an entire range of possible reasons why the label was assigned (e.g., convenience; frustration; differences in power), Oldman points quite specifically to the importance of a financial crisis.

CONCLUSION

Current conceptions of compulsive gambling are clearly numerous and varied. While the medical model of compulsive gambling as used by Gamblers Anonymous, and Lesieur's model that emphasizes the process of "chasing," both presume the existence of compulsive gambling as a phenomenon that can affect individuals, the models of Oldman and of Herman are either silent on the issue of whether compulsive gambling exists (in the case of Oldman) or deny outright the presence of anything other than a label (in the case of Herman). One of the primary goals of this paper is to use the experiences

of individuals who perceive themselves as compulsive gamblers to analyze and examine these different conceptions of compulsive gambling. Specifically, can it be determined that one or more of the models most accurately describe the compulsive gambling experience and the process of becoming a compulsive gambler? Or, could it be that the different models each accurately describe different parts of the process? The study to be presented attempts to provide data that can be used to answer these questions.

PART THREE:

THE PROJECT: DESCRIBING THE PROCESS OF BECOMING A COMPULSIVE GAMBLER BY USING THE REPORTED AND LIVED EXPERIENCES OF COMPULSIVE GAMBLERS

Overview

There were two primary elements involved in the investigation. First, unobtrusive observations were conducted of meetings of the fellowship Gamblers Anonymous. Six Gamblers Anonymous groups in three cities were observed. Each group met once a week. The observation period continued for approximately five months, with each group observed an average of fourteen times (one group was only observed three times, as it entered late in the study period).

Second, telephone and face-to-face interviews were conducted with members of the various Gamblers Anonymous groups. The interview focus was the question, "How did you come to decide to join Gamblers Anonymous?" As will be described, this question was meant to serve as a proxy for a question of the form, How and when did you become a compulsive gambler?; such a question would have been in danger of both a low response rate and a standard answer given by all respondents (this will be further discussed later). The interviews also asked the member to describe the structure and process of Gamblers Anonymous meetings, and how they benefitted from Gamblers Anonymous membership. Twenty-

one telephone interviews were conducted, along with seventeen face-to-face interviews, for a total of 38 interviews.

By combining these two sources of data, we are presented with two descriptions: A description of the process by which the individuals crossed "over the edge" into Gamblers Anonymous; and a description of the processes involved once the individuals became members of Gamblers Anonymous. It will be argued that these represent distinct processes in the development of compulsive gambling, with different mechanisms occurring in each.

DESCRIPTION AND ANALYSIS OF GAMBLERS ANONYMOUS MEETINGS

Sample

In order to observe the Gamblers Anonymous meetings reported in this project, it was necessary to obtain permission from each Gamblers Anonymous group. Each chapter of Gamblers Anonymous (with one exception noted below) elects a secretary, who (among other duties) fields incoming calls to the group. Through the central office of the Gamblers Anonymous organization (which is located in California), I contacted the six secretaries of seven Gamblers Anonymous chapters in four cities throughout Wisconsin (two of the groups were represented by a single secretary). All of these secretaries were male. I presented my research topic to each secretary, and asked if I might be allowed to sit in on the meetings for his group.

Two of the secretaries, one in each of two cities, declined immediately, stating that their groups had a formal policy prohibiting any "outside persons" from attending the meetings. The remaining four secretaries in the two remaining cities raised the issue to their respective groups at their next meetings, and ultimately gave me permission to attend the meeting.

Throughout my association with the meetings of these Gamblers Anonymous groups, my attendance was consistently announced at each meeting. At the typical meeting, I would introduce myself and my project to the group close to the beginning of the meeting, usually with the assistance of the group secretary. My project was described as an investigation to try to better understand compulsive gambling, the recovery process from compulsive gambling, and how the Gamblers Anonymous group operates and helps to bring about this recovery. It was stated (usually by both the secretary and myself) that my attendance at the meeting was able to be terminated at any time. Members were told that if for any reason they felt I should not be at a given meeting, they could make their position clear privately to the group secretary during the meeting's break, who would then ask me to leave the meeting. Frequently at this point (though not always), I left the room for a period during which time the group discussed my presence and determined whether I would be allowed to remain at the meeting. It is important to note

that the members of every meeting shared and acted on the belief that if any one member objected to my observing the meeting, that one objection would be sufficient to remove me from that meeting. Over the entire course of the project, there was only one occasion at one meeting where a member requested that I not attend the meeting.

There was one exception to the general process described above of contacting the different groups. The meetings of a sixth Gamblers Anonymous group, held in a third Wisconsin city, were conducted more informally than the other groups, and had no official secretary. This group was entered late into the study period of the project, and I attended only three meetings of this group.

To introduce myself to this group, I simply presented myself at one of the meetings, and immediately introduced myself and my project to every member of the group and to the group as a whole. My presence at this meeting was accepted in the same way that I was accepted at the other meetings, i.e., it was understood that any single member's public or private opposition to my attendance would have been sufficient to curtail my coming to the group's meetings. No such opposition surfaced at any of the three meetings of this group that I attended.

Description

As has been previously described, Gamblers Anonymous is a fellowship consisting entirely of individuals who feel that

they are compulsive gamblers. Founded in 1957 and modelled after other Anonymous groups (e.g., Alcoholics Anonymous), each Gamblers Anonymous group is self-contained and can vary substantially from other Gamblers Anonymous groups.

At the center of every Gamblers Anonymous group observed in this study is the so-called "yellow book," a 17-page pamphlet produced by the central Gamblers Anonymous office. The yellow book outlines the history of Gamblers Anonymous, the twelve-step recovery program it prescribes, several pages presenting the Gamblers Anonymous model of what compulsive gambling is and what characterizes a compulsive gambler, and a list of twenty questions that are asked of any prospective member. These questions consist of issues including, "Did you ever lose time from work due to gambling?"; "Did you often gamble until your last dollar was gone?"; and, "Have you ever considered self destruction as a result of your gambling?" It is stated that "[m]ost compulsive gamblers will answer yes to at least seven of these questions" ("yellow book," pp.15-16).[9]

Even though the yellow book was present in every observed Gamblers Anonymous group, different groups often had different approaches. In most groups, members took turns reading aloud the yellow book, one page each; however, in some groups, only selected passages from the book were read aloud. One group decided to focus itself around "step meetings," in which one of the twelve steps would be focussed

on each week, with members describing what the step means to them in their recovery.

In general, the most common meeting observed during the project proceeded as follows: Members would sit in a circle, and each would read one page of the yellow book. When a member would speak for the first time, they would introduce themselves: "Good evening, my name is [Alice], and I'm a compulsive gambler," to which the rest of the group would respond, "Hi, Alice." After the book was read and any announcements were made, the group turned to therapy. Going around the circle, each member spoke for as long or as short as they chose about their life since the last meeting. Most often, these narrations would focus around gambling, any temptations to gamble the person had faced during the week, and how they had overcome them (if they had). After each person spoke (each member was allowed to speak without interruption), the group responded with, "Thanks, Alice." If any other member of the group wished to reply to the person's narration, he/she would then ask the member, "Are you open for comment?" The member would reply "yes" or "no" (it was very rarely "no"), and other members of the group would speak about what the member had described. It was very common for other members of the group to comment on what each member had said in this manner. After all of the members had spoken, the meeting would adjourn. A typical meeting lasted roughly two hours. Members are encouraged to attend at least one

meeting per week. Most members become involved with one group over time (e.g., a Monday group), although it was frequently the case that a member who had missed their regular meeting would attend another group's meeting for that week.

Most of the meetings observed contained 8-15 members. Any given group, however, would rarely have the same attendees at consecutive meetings. Furthermore, there was a considerable amount of turnover in group membership, with several people attending one or two meetings, then never coming again. Gamblers Anonymous argues that members should continue attending meetings for the duration of their lives, both because it is believed that the illness of compulsive gambling can reappear at any time and because successful members (e.g., those who have abstained from gambling for months or years) are encouraged to provide support to new members. As will be discussed, this level of turnover in group membership needs to be considered in forming any conclusions or applications of this paper.

Content of Meetings and Analysis

Even with the noted variation in meeting structure, the over 150 hours of observations of Gamblers Anonymous group meetings provided insight into several processes present in all of the observed groups. Three mechanisms were especially common and noteworthy: The emphasis on and teaching of

compulsive gambling as an illness; the tendency to diagnose and treat all members identically; and the phenomenon of retrospective reinterpretation.

Identifying Compulsive Gambling as an Illness

The medical model subscribed to by Gamblers Anonymous is greatly emphasized during Gamblers Anonymous meetings. The yellow book, which is read aloud at the beginning of the meeting, underscores in several places the belief that compulsive gambling is an illness. The ideas put forth in the yellow book are clearly central to the meetings and to the members. A phrase often repeated was, "Always turn to the yellow book if you ever need to know anything about compulsive gambling or where you stand; all the answers are in this book." Often, when a member would discuss their week during the therapy section of the meeting, other members would scan the yellow book for passages that related to what the member was describing.

In one sense, this finding should not be surprising, i.e., that Gamblers Anonymous groups use and teach the Gamblers Anonymous model of compulsive gambling. At the same time, it is important to understand that the members themselves recognize that this is occurring. Furthermore, it becomes a goal of the meetings to help other members (particularly new members) learn about compulsive gambling as it is described in the yellow book. This was apparent in the

interviews with Gamblers Anonymous members. When asked what the meetings contribute to their recovery, many members described feelings similar to the following:

> Before I joined Gamblers Anonymous, I didn't know that compulsive gambling was a disorder. It never occurred to me that it might be affecting me. Gamblers Anonymous showed me that it is a disorder, that it is real, and that I have it.[10]
>
> [Excerpt 2]

Other members described similar beliefs and understandings about their belonging to Gamblers Anonymous:

> Gamblers Anonymous helped me realize that compulsive gambling is a problem, and what I can do about it.[11]
>
> [Excerpt 3]

> I knew I had a problem, but I didn't understand the true nature of my problem until I got to Gamblers Anonymous.[12]
>
> [Excerpt 4]

Clearly, meetings of Gamblers Anonymous serve both to confirm and to teach the Gamblers Anonymous model of compulsive gambling. Gamblers may join Gamblers Anonymous with diverse conceptions of what compulsive gambling is, or may perhaps not have any conception at all (as was the case with Excerpt 2, above). Through Gamblers Anonymous meetings, however, and through emphasis of the "yellow book," members come to learn and uphold the disease model of compulsive gambling that considers compulsive gambling an illness to be arrested.

Treating All Members Identically

The second process observed at Gamblers Anonymous meetings also fits in with the medical approach to compulsive gambling preferred by Gamblers Anonymous. Although gamblers often arrived at Gamblers Anonymous through different sources and different routes, once in Gamblers Anonymous the gambler comes to believe that he/she is the same as every other member in the group. There are several elements to this process:

• *Emphasizing the future over the past.* The yellow book and Gamblers Anonymous argue that it is not important to understand why an individual gambled. Instead, the individual should be proud of the step they have taken in joining Gamblers Anonymous, and should be looking to the work that must be done to recover from compulsive gambling according to the twelve steps of Gamblers Anonymous. During one meeting, a new member was interested in trying to understand what had caused him to gamble so excessively. After offering possible explanations, other members all agreed that "it doesn't matter how you got to be the way you are now. What matters is you're trying to fix it."[13]

• *Presenting all members identically.* Meetings of Gamblers Anonymous highlight the belief that every member is afflicted with the same illness of compulsive gambling. It is frequently stated that members are "all in the same boat; no one of us is any better off or worse off than anyone

else."[14] Every member is thought to be one slip away from beginning all over again.

At first glance, this goal of envisioning everyone identically may seem a daunting task. Indeed, some members gambled for as little as two months before coming to Gamblers Anonymous, while others gambled for decades. The amount of money lost by different members also varies greatly. It might appear difficult to treat such an apparently diverse group of individuals as identical members.

This is, however, precisely the goal. Gamblers Anonymous members accommodate their diversity by postulating that "those of us who aren't as bad as others would have gotten there eventually."[15] Again, this practice works in accord with a medical approach to compulsive gambling, and serves to further justify the conviction that compulsive gambling is an illness that is affecting everyone at the meeting.[16]

• *Offering the same diagnosis and treatment plan for all members*. The final element of the process of treating members identically is similar to the other two elements. By having members focus on their common task ahead, and by emphasizing members' similarities to each other, meetings are then able to prescribe the identical course of action for all members. Every member of the meeting becomes a characteristic compulsive gambler, with the accompanying qualities of inability and unwillingness to accept reality,

emotional insecurity, and immaturity ("yellow book," p.10). During their therapy time, individual members would often describe work they had done to overcome these problems. For example, one member described how she was addressing her emotional insecurities by forcing herself to attend more family gatherings. She outlined how during her gambling career, such gatherings made her feel inadequate to the point where she would leave the occasion early to go gamble. By forcing herself to attend more such gatherings, she hoped to increase her self-confidence and emotional stability.[17]

The meetings also serve to present the same treatment plan for all members. Because every member is thought to be suffering from the same illness, the same prescriptions can be made to afford everyone a good chance of recovery. These prescriptions come explicitly in the form of the twelve steps, which are to be worked on in order by every member. As has been described, some of the observed Gamblers Anonymous meetings are "step meetings," where instead of individual therapy (in which each member is allowed to talk about whatever they wish) the group focuses on and discusses a specific step of the recovery program each week. It is thought that through adherence to and successive completion of these twelve steps, every member will be able to effectively recover from compulsive gambling.[18] Once again, the message is in accord with the Gamblers Anonymous model of compulsive gambling: Because every member is being harmed by

the same disease, a single course of treatment is appropriate for all of them.

Retrospective Reinterpretation

A third process that was clearly evident at the observed Gamblers Anonymous meetings was the individual and collective reinterpretation and re-understanding of events and behaviors in light of the view that Gamblers Anonymous members are compulsive gamblers. This was most apparent whenever members would discuss during therapy any problems they were having or had been having in non-gambling areas of their lives. For example, one member attending his second meeting described how during the previous year, his wife and he had been having serious arguments and marital problems, several times to the point of threatened separation and divorce.[19] The other members questioned him about how many of the arguments centered around his gambling. While some did, many did not. Nevertheless, the members were optimistic about the member's marriage, because he was now seeking help in the most devastating area of his life, his gambling. If he could become a better person (which is one of the goals of Gamblers Anonymous membership), then his marital problems would likely diminish.[20]

This example was typical of other life arenas as well. Members frequently discussed problems they had with their friends, dissatisfaction with their jobs, and other problems

that had been occurring before they joined Gamblers Anonymous and continued to occur. A very common response from the group was that the problems were at least in part due to the member's gambling; once the member stopped gambling, it was likely that other areas would "take care of themselves."

Using Herman and labeling theory, we can clearly see the elements of retrospective reinterpretation present in examples such as these, particularly in cases where the problems occurred before the gambler joined Gamblers Anonymous and "knew" that he/she was a compulsive gambler. Before the member joined Gamblers Anonymous, they had not yet been formally assigned the label of "compulsive gambler." Therefore, when problems arose in their lives (e.g., marital arguments), they did not consider that the problems might be due to their compulsive gambling. Once in Gamblers Anonymous, i.e., once the member had formally accepted the label "compulsive gambler," the same marital argument is reanalyzed and re-evaluated through the lens of the label. What before would have been explained by any number of reasons (e.g., perhaps the member and his wife have some marital difficulties that need to be solved) is now explained with, "It was your gambling, and the fact that you're a compulsive gambler."

This kind of retrospective reinterpretation was also quite apparent when members would try to determine when exactly it was that they "became hooked" on gambling.

Members were told by other members that "you were always hooked; it just took a while before it got bad enough for you to come here."[21] One member argued that "most people, most other people, can gamble normally. We can't. We're compulsive gamblers."[22] Through such an interpretation, every gambling experience of the members becomes another part of their compulsive gambling history. It is impossible that some of their gambling episodes were "okay," while others contributed to or maintained their compulsive gambling. Instead, all gambling occasions are viewed as examples of the members' inability to control their gambling. Such an argument further serves the purpose of discouraging members from slipping (i.e., gambling): After all, there can be no "acceptable" gambling experience; every bet and gamble made will perpetuate and exacerbate the member's affliction by compulsive gambling.

Summary

The observations of Gamblers Anonymous meetings clearly provide support for a labeling theory interpretation of how an individual becomes a compulsive gambler. All of the mechanisms described above work to produce the same effect: What is initially a diverse collection of individuals comes to be defined as a group of people all suffering from exactly the same illness, arrived at in very similar ways, and all requiring identical treatment. As will be discussed in the

conclusion of this paper, these mechanisms combine to create a very socially-defined portrait of what compulsive gambling is, as well as a socially-defined program for how to treat people suffering from compulsive gambling.

INTERVIEWS: OVERVIEW, DATA AND ANALYSIS

Description of Interviews

In addition to observing Gamblers Anonymous meetings, semi-structured, open-ended interviews were conducted with a sample of current Gamblers Anonymous members. The structure of the interview rested on two questions: First, members were asked how they came to decide to join Gamblers Anonymous; as will be discussed, this question was intended to serve as a substitute for a more direct question that is the focus of this project such as, "How did you become a compulsive gambler?" Second, members were asked to describe the current format and structure of the Gamblers Anonymous meeting(s) that they attend, and to describe how (if at all) the meetings and Gamblers Anonymous membership have been helpful to them and their recovery. It was hoped that the open-ended nature of the questions would allow the members to describe whatever processes, events and ideas occurred to them throughout the interview. Throughout the interview, probes were used. For example, when one member described that his family was responsible for getting him to join

Gamblers Anonymous, the member was asked to "describe that more -- how did your family get you to join Gamblers Anonymous?"[23] Members were informed that they could end the interview at any time. Most interviews lasted about fifteen minutes; the shortest interview was eight minutes, the longest 49 minutes.

Sample

After approximately three months of attending and observing Gamblers Anonymous meetings, a sheet was passed around at all of the Gamblers Anonymous groups for several consecutive weeks. Volunteering members wrote down their first name and telephone number, and were either contacted by telephone or in person after a meeting. For all groups, a total of 45 members volunteered to be interviewed. 21 were contacted and interviewed by telephone and 17 were interviewed face-to-face, for a total of 38 interviews.[24]

Sample Representativeness

There can be at least three criticisms made of the sample selected for this project. Each will be treated in turn.

(1) It could be argued that the project samples on the dependent variable, i.e., that the project is examining compulsive gambling and compulsive gamblers by interviewing only compulsive gamblers. For the purposes of this study,

this potential problem is not critical. This project's main goal, as has been made clear, is to examine the process of becoming a compulsive gambler. In essence, the project asks: Given a collection of people who identify themselves as compulsive gamblers, can an examination and analysis be performed of the processes undergone by these individuals as they became compulsive gamblers?

In order to speak representatively of all compulsive gamblers, the current project would have to be replicated not only for individuals who define themselves as compulsive gamblers and are in other forms of treatment (e.g., individual therapy, other support groups), but also for people who define themselves as compulsive gamblers and are not in any formal treatment. Furthermore, it could be argued that the project should also interview individuals who are compulsive gamblers but who do not feel that they are compulsive gamblers. As is clear from Section Two, this latter argument would be quite controversial, as it presumes that individuals can actually be afflicted with compulsive gambling even though they neither know nor admit it. While some lines of research would agree with this presumption, others would not. The sample for the current project, then, appears reasonable for the question that is being investigated.

(2) Nevertheless, it can not be nor is it being argued that this sample is meant to be representative of all

compulsive gamblers, nor even of all compulsive gamblers in Gamblers Anonymous. As has been described, all of the Gamblers Anonymous groups attended and cities selected are in Wisconsin, and are only the chapters that agreed to participate in the project. When drawing conclusions from this project, the convenient nature of the sample must be acknowledged.

(3) Relatedly, it was not the case that all members of the individual Gamblers Anonymous groups were equally likely to participate in the interview part of the project. As has been noted, interview participants were recruited via a voluntary sign-up sheet at meetings. Furthermore, the heavy turnover of members at meetings restricted the pool of potential participants. Over the five months of observation of Gamblers Anonymous meetings, roughly 150 people attended at least one meeting. Only 45 volunteered to be interviewed.

In addition, the voluntary nature of the sign-up sheet can not be ignored. Most of the members who volunteered to be and were interviewed had attended Gamblers Anonymous meetings several times. It will be discussed later whether these "long-term" members may be more "contaminated" by Gamblers Anonymous (i.e., more likely to respond to interview questions similarly to each other and in accord with the Gamblers Anonymous approach to compulsive gambling). In any case, it must be recognized that the different types of members of Gamblers Anonymous, in terms of tenure in the

group, were not equally represented in the sample. This potential shortfall of the sample is another example of its convenient nature, and must be taken into account.

Despite this convenient nature of the sample, it would still appear that for the purposes of this paper, the selected sample provides a group of individuals who can reasonably be described as compulsive gamblers, and who are able to provide an account of how they became compulsive gamblers.

A Note on Validity

As has been made clear, Gamblers Anonymous meetings work to provide and create a common label and conception of "compulsive gambler" to be adopted by all members. Through Gamblers Anonymous membership, members come to believe and understand the Gamblers Anonymous model of what a compulsive gambler is, that they are such a compulsive gambler, and what they need to do in order to recover from compulsive gambling.

The current study may appear inappropriate, then, in its decision to gain knowledge about Gamblers Anonymous members' experiences by asking the members directly about these experiences. It would seem likely that Gamblers Anonymous membership would serve to provide members with answers to the very questions posed in the interview. How can it be ascertained whether the responses given by the members are accurate accounts of their experiences, as opposed to further

examples of the retrospective reinterpretation described earlier that is prevalent at Gamblers Anonymous meetings? Two related issues appear to be present: First, the accuracy of members' recollections regarding when and how they came to view themselves as compulsive gamblers; and second, the degree of "Gamblers Anonymous contamination" of members' responses.

Two arguments can be given addressing these concerns. Regarding the first issue of general accuracy of the members in recalling their past experiences, the interview was constructed to test this accuracy. As has been discussed, members were asked to describe how they came to join Gamblers Anonymous; in addition, they were asked to describe the current form, structure and process of Gamblers Anonymous meetings, and how they benefitted from the meetings. While it was not possible to observe the past times in members' lives when they decided to join Gamblers Anonymous, it was possible to observe the Gamblers Anonymous meetings that they currently attended. Because these meetings were observed, it was possible to verify the accuracy of members' recollections of the meetings. While it is true that the Gamblers Anonymous meetings were more recent for the members than were the times when they first decided to attend the meetings, both events are examples of past instances in the lives of the members. Therefore, by asking the members to describe Gamblers Anonymous meetings, and checking these descriptions

against my own observations and descriptions of the same meetings, it was possible to obtain an assessment of the accuracy of members' recollections of past events. This assessment, while not a perfect proxy for members' recollections of how they became compulsive gamblers, provides a description of how well members are able to recall and describe past experiences.

Using this assessment technique, it was found that all of the interviewed members displayed quite accurate recollections of Gamblers Anonymous meetings. This was apparent in two respects: First, when asked about the specific format of Gamblers Anonymous meetings (e.g., method of therapy; use of the yellow book) and how it benefitted them, members' descriptions of Gamblers Anonymous meetings accorded well with my observations and notes of the meetings. Second, members' descriptions of meetings and meeting content also took the form of examples provided by the members in their narrations. For instance, and as was briefly described earlier (see section entitled, "Identifying Compulsive Gambling as an Illness"), members would often describe elements of the meetings that helped them learn what compulsive gambling was, or helped them feel part of a community (see also Endnote 16), or helped them with a specific problem they were facing in their lives (e.g., problems with work). When these examples of events from meetings were provided, it was possible to verify their

accuracy by checking them against my own notes from the meeting to which they were referring. Once again, I found that members' recollections of meetings and events in meetings were consistent with my own observations of the meetings. On this basis, it can be concluded that the interviewed members are able to both recall and report past experiences reliably. As has been mentioned, while the events in meetings are less removed temporally from members' lives than the other events of focus in the interview, this assessment does provide support for our ability to depend on the reports of members regarding past times in their lives.

Turning to the second issue, which concerns the degree of "Gamblers Anonymous contamination" of the members' recollections and responses, it became apparent in the construction of the interview that certain precautions would be necessary to avoid this possible contamination. While a focus of the interview was how the members felt they became compulsive gamblers, it was decided that the interview question should not be phrased in this way.

As has been described, Gamblers Anonymous and the "yellow book" downplay the importance of knowing how or when an individual "crosses the line" into compulsive gambling; what is instead important is the individual's progression to recovery ("yellow book," p.8). This attitude was prevalent at the observed Gamblers Anonymous meetings. Members, particularly new members, would sometimes wonder how they

became compulsive gamblers; other members would often advise them not to dwell on such a question, but instead move on and focus on their recovery (see p.36 for a specific example of this process).

Such an attitude suggested that it would be inappropriate to ask members in interviews such a direct question as, "Tell me about how you became a compulsive gambler," or, "When do you think you became a compulsive gambler? How do you remember it happening?" Such a question would likely have resulted in a standard response given by all members such as, "I don't really know when I became a compulsive gambler, and furthermore I don't think it's important to my recovery to know when or how I became a compulsive gambler." Had such a question been asked and such standard responses been received, it would have been difficult to argue that the members' responses reflected their own beliefs and attitudes rather than those of Gamblers Anonymous that they now upheld.

To avoid this potential problem, the interview used for this project asked a somewhat different question: "How did you come to decide to join Gamblers Anonymous?" It was felt that such a question would enable members to recall and describe the processes by which they came to believe they had a problem with their gambling, enough to join Gamblers Anonymous; these processes are the focus of this paper. Simultaneously, the question would be phrased differently

enough from a direct question about becoming a compulsive gambler that it would likely not arouse any suspicions on the part of the members or any desires to respond in the standard form previously described.

Upon analysis of the responses provided in the interviews, it does indeed appear that the utilized question format avoided contamination of the sort under concern. While it can not be known how much contamination (e.g., the degree of standardization of responses) would have occurred using a simpler, more direct phrasing, it is clear that there were no such standard responses given to the interview question as it was phrased for this study. Members generally understood the question, and went on to describe a history of their gambling that culminated in their decision to seek help and do something about what had come to be problematic gambling for them.[25] In some cases, members required an additional prompt. For example, two members asked a question of the type, "Do you mean the actual day that I decided to join Gamblers Anonymous, or do you mean all the events that led up to my decision?"[26] (These members were asked to describe the latter.) One member, upon hearing the question, even began his answer with the phrase, "Joining Gamblers Anonymous was the only thing to do once I realized I was a compulsive gambler; the big deal for me was realizing I was a compulsive gambler."[27] He then went on to describe how he came to this realization.

In general, members' responses consisted of a description of their time gambling; a description of how their gambling became problematic, either to themselves or to others who knew them; in some cases, a description of other treatment methods that were tried before Gamblers Anonymous (e.g., in-patient treatment; individual therapy); and a description of the precise moment or day when the member actually decided to join Gamblers Anonymous. Because these descriptions detailed the times and areas of the members' lives of interest to this paper (i.e., the processes by which they felt they became compulsive gamblers), it would appear that the interviews provided the appropriate data.

Furthermore, because the respondents seemed to understand the questions in the interview while not providing the Gamblers Anonymous-informed response that could have been provided, it would appear that the members' responses faithfully reflected their own recollections and viewpoints of the events and not the attitude that those events are unimportant that seems to be fostered by Gamblers Anonymous. This appeared to be true independent of the "tenure" of the member; that is, it was not the case that those individuals who had been members of Gamblers Anonymous for a longer period of time were more likely than newer members to provide standard responses. The possibility that more experienced members might provide more "contaminated" responses than

newer members, therefore, does not appear to be of substantial concern.

As a final argument in support of the "purity" of members' responses to the interview question as it was phrased, we can actually make use of the fact that Gamblers Anonymous downplays the importance and relevance of knowing how individuals gamble and how they become compulsive gamblers. On the one hand, and as has been described, such downplay required an alternative question form to be used. On the other hand, it can be argued that Gamblers Anonymous' lack of interest in the topic of becoming a compulsive gambler actually reduces the likelihood that members' responses will be "contaminated" when asked about that topic. Indeed, it was certainly the case that members did not discuss how they became compulsive gamblers in Gamblers Anonymous meetings; furthermore, it was taught through Gamblers Anonymous membership that such matters did not need to be thought about. Hence, it would seem *likely* that members' thoughts and recollections regarding the processes by which they became compulsive gamblers would not reflect any beliefs of the Gamblers Anonymous model of compulsive gambling, as this model does not even discuss this topic. For this reason, along with the other arguments described in this section, it would appear that the responses obtained from the Gamblers Anonymous members through the interviews performed for this paper can serve as both reliable and valid

representations of the events and processes through which they feel they became compulsive gamblers and decided to join Gamblers Anonymous.

Data and Analysis

The 38 Gamblers Anonymous members who were interviewed for this project provided a wide array of descriptions and characterizations of the processes by which they felt they had become compulsive gamblers. As will be discussed, this in itself is perhaps the essential finding of this project. All of the approaches and models of compulsive gambling outlined in this paper were represented in some form among the members' responses; in addition, several of the members' descriptions centered around their subjective experiences. Six descriptions/processes will be described in turn: Chasing; "pure" examples of Oldman's financial crisis model; an impending crisis in the life of the gambler; examples that contradict Oldman's model; "pure" examples of the labeling approach to compulsive gambling; and changes in the gambler's subjective feelings while gambling or while thinking about gambling.

Chasing

In an apparently perfect reflection of Lesieur's model, fourteen (37%) of the interviewed members described that the central element influencing their recognition that they had a

problem with gambling was the feeling that they had begun chasing, that they had acquired the "chase philosophy." Often, this was described by the members as "gambling stupidly," "chasing losses," and "tossing good money after bad." Several members described that they began betting more money as their bills and losses began to increase; as they lost more, they would bet more to try to win back their losses.

In virtually all of the members' interviews, several elements were reported as having contributed to the member deciding that they were a compulsive gambler. These fourteen members, however, gave primary importance to their chasing activities. Perhaps the best single example of this type of response can be seen in the case of Alan.

Alan had gambled for years "normally," in the sense that "things were controllable." At one point, he took out a loan with which to gamble without his wife's knowledge, and then more loans. Alan described that he had money which he could have used instead of relying on extra loans; however, this money was tied up in investments, and it was easier at the time to simply get a new loan than to withdraw money from the investments, particularly because his wife would certainly have learned about such a transaction.

As Alan continued to take out loans, he describes that he "began to realize that I had a problem." While the amounts of money he was losing were growing, the most

important factor to Alan was the increasing feeling that he was being consumed by the gambling. Instead of gambling for fun, he states, he was now only thinking about how he was going to get back all of the money he had lost. At work and at home, his thoughts were constantly centered around how to win back the money to repay his loans, at which point he would quit gambling.

In the interview, Alan repeatedly emphasized that this feeling of being consumed by gambling and by the chase occurred independently of his debts. While he did lose a significant amount of money, Alan made clear that "rationally, I knew that I could easily pay the debts, just by dipping into the investments. That wasn't the problem. What was bad was this new feeling of consumption -- I'd never felt that before."[28] Furthermore, Alan became more and more worried that his wife would find out about his debts.

Alan joined Gamblers Anonymous at this point, stopped gambling, and took a second job making deliveries (again, without his wife's knowledge) to try to secretly pay back his debts. During this time, however, his wife learned of the debts, and did indeed file for a divorce.

Based on this interview, we can recognize at least two important processes that were occurring simultaneously for Alan, both of which support Lesieur's model of the acquisition of the chase philosophy. First, his description of how he became increasingly involved in trying to "get back

to even," to pay off his debts, is a perfect example of Lesieur's long-term chasing. The focus of Alan's gambling was no longer winning or losing in individual gambling sessions, it was how he stood in terms of his debts. As a hypothetical example, had Alan won $200 one day, he had gotten to a point where he would not have viewed that as a $200 win; rather, he would have viewed himself as being $4,400 in debt rather than the $4,600 with which he had started the day. The $200 win suddenly becomes insignificant, and the only thing that seems important is to gamble more until another $4,400 can be repaid to erase the debt. This set of beliefs is exactly what Lesieur described as the acquisition of the long-term chase philosophy. As has already been described, it was this acquisition that Lesieur viewed as the transition into compulsive gambling.

The second process of importance in Alan's description of his becoming a compulsive gambler is the spiral of involvement into which he was descending. As Lesieur argues, a compulsive gambler will find that the options available to them decrease over time, further contributing to the process of chasing. Alan's description of how his initial loan (as opposed to using already existing financial reserves) restricted his future behavior, in that he felt forced to continue gambling and taking out more debts in order to pay back the first one and avoid his wife becoming aware of it, seems to be an example of such a decreasing availability of

options. Over time, the choices open to Alan diminished, to the point where he stopped gambling and attempted to earn back his losses through a second job.[29]

Clearly, Alan's situation serves as a good "real-life" example of Lesieur's model. However, it is interesting to note that Alan's described circumstances can also be analyzed in terms of the other models of compulsive gambling. For example, it is important to draw attention to Alan's emphasis that his becoming a compulsive gambler, in his opinion, was not related directly to his financial situation and the level of his indebtedness. This would seem to go against Oldman's model that requires a financial crisis in order for the individual to begin speaking of their gambling as problematic or compulsive.

Lastly, Alan speaks often of feeling "consumed" by gambling. He often describes how he was unable to work, even when concentration was essential, because he could not get out of his head when he was next going to gamble and how he was going to win enough money to pay off his debts. These feelings imply that something was indeed happening to Alan, or at least that he began to attribute different feelings he was having (e.g., inability to concentrate) to his gambling and gambling situation. These subjective states and feelings will be discussed in more detail in a later section, and serve to support the two models (Gamblers Anonymous/medical model; Lesieur's model) that argue that something is indeed

affecting individuals, and that this is what makes them compulsive gamblers.

Oldman's "Financial Crisis" Model

As has been discussed, Oldman argues that the essential element in an individual's "becoming" a compulsive gambler is the reaching of a financial crisis. When such a crisis point (which can be different for different people) is reached, the gambler takes on and verbalizes the motives of compulsion and addiction. Through the interviews of Gamblers Anonymous members, this paper attempted to elucidate whatever financial or other crises may have occurred in the lives of these gamblers, and what part such crises played in the individuals "becoming" compulsive gamblers. The results from the interviews certainly support Oldman's model in the sense that several members articulated the importance of a crisis in their coming to view their gambling as a problem. Specifically, nine members (24%) gave the impression that the crisis reached in their lives was the primary factor contributing to their recognition and decision that they were problematic or compulsive gamblers.

Among the nine members in this category, financial crises were the most important and most common. Paraphrasing one member's description, "I had quit lots of times because of little problems, but I didn't quit for good until I was totally out of money."[30] Within the interview, it was

possible to ask the members if they felt that they had hit a financial crisis, or "rock bottom." These members typically responded with, "Yes, definitely." While members often recognized that their "rock bottom point" could be different from another member's, they still pointed out that for them, their dollar limits had been reached, and it was this arrival at the limit that "showed" them that they had a problem and sent them to Gamblers Anonymous "for good."[31]

While Oldman restricts his discussion and model to financial predicaments, some members in this group of nine emphasized other types of crises. Most common were family/marital crises, in which (usually) the member's spouse threatened to leave them unless they quit gambling and sought help. As one member described,

> My wife eventually found out about my gambling, and about the lies I'd given her. She told me not to come home until I'd gone to GA [Gamblers Anonymous].
> . . . I think it was then that I saw what a mess I was in, and how bad I was.[32]
>
> [Excerpt 5]

Other types of crises mentioned by the members, though less common, were crises relating to work and legal crises. One member described that she realized how out of control her gambling had gotten when she was fired from her job after missing time due to gambling. Another said that the main thing that showed him that he was a compulsive gambler was when he was arrested for embezzling funds from his employer:

"Before that," said the member, "I thought I was just a bad gambler, but not addicted".[33]

All of these cases serve to support the main focus and argument of Oldman's model. As Oldman himself made clear, he was not interested in whether someone was "actually" a compulsive gambler, but how and under what circumstances the vocabulary of compulsion and addiction began to dominate their thoughts and self-description (Oldman 1978, p.349). These nine members clearly exemplify individuals who arrived at the belief that they were compulsive gamblers only at the point of a severe personal crisis in their lives. Before the crisis came, there was no thought that they were compulsive gamblers.

It is to Oldman's credit that among the members who identified a crisis as the principal factor in their recognition that they were compulsive gamblers, financial crises were the most mentioned form of crisis. Just as Oldman's model centers around monetary crises, so do these data suggest that such crises seem to be the most important and most common among gamblers.

On the other hand, it is important to acknowledge that financial crises were not the sole form of crisis discussed by the interviewed members. As will be argued, it would seem that Oldman's model might benefit from explicitly expanding its scope to allow for types of crises other than solely financial ones. Furthermore, the descriptions from other

members of their situations imply that Oldman's approach to compulsive gambling is perhaps too strict and relies too heavily on a crisis actually being reached, rather than allowing for individual gamblers to foresee an upcoming crisis. It is to this latter issue that the next section is devoted.

An Impending Crisis

While the nine members outlined in the previous section described a crisis (usually a financial one) as being the main way they came to view themselves as compulsive gamblers, twelve other members (32% of the total) attributed significant importance to what could best be described as an impending crisis; one that had not yet occurred, but that the gambler could see was approaching. The analysis of these latter members' interviews is virtually identical to the members who provided "pure" examples of Oldman's financial crisis model -- that is, the gamblers came to use the motive of compulsion only under the sight or threat of a personal crisis. However, the important distinction is made that these twelve members did not actually experience the crisis (at least not in its most severe form, as they saw it), while the nine members described in the previous section did.

Within this group of gamblers who experienced an "impending crisis," there was not the domination of financial crises that existed among the pure crisis gamblers. While

impending financial crises were commonly described, other types of crises, including marital, legal and "moral" crises, were equally or nearly as common. Following are examples of these members and their described situations:

- An Impending Marital/Familial Crisis:

> I knew I'd been hurting the marriage. The trust was just about all gone. I knew that I was on my last rope, and if I didn't do something we'd be divorced in no time.[34]
>
> [Excerpt 6]

- An Impending Financial Crisis:

> No, I didn't go broke, but I was getting there. . . . When I cashed in my last CD (to obtain money for gambling; his grandmother had given him several Certificates of Deposit to be used for college) and I didn't have a job, I could see the writing on the wall.[35]
> [Excerpt 7]

- Impending Legal and Moral Crises: One member described how he had gotten increasingly involved with gambling friends who broke into and burgled people's homes to get money for drugs and gambling. Although he had not participated in any of the burglaries, he reached a point where he felt if they had asked him to come along, he would have. To him, this signalled both an impending moral crisis, as he did not want to become involved in any illegal activities, and an impending legal crisis, as he was worried that he might get caught (the member pointed out that "I've never even gotten a traffic ticket").[36]

• A mix of impending crises:

> I know I didn't hit bottom. I spent more than I should have -- I was getting there [to bottom] on money. . . . I can tell you, though, that I would have been single. That (crisis) was coming up faster than the money (crisis) was.[37]
>
> [Excerpt 8]

As has been stated, this type of response from members can be conceptually grouped with the more "pure" examples of life crises as outlined by Oldman. After all, for both groups of members, the consequences of a crisis, whether real or believed to be approaching in the near future, were closely tied to their decision/discovery that they were a compulsive gambler. It was only when this crisis appeared, either in true or approaching form, that the individuals came to see themselves as compulsive gamblers.

At the same time, the fact that an impending crisis was important to so many of the respondents without the presence of an "actual" and felt crisis (indeed, the "impending crisis" respondents numbered more than the "true" crisis respondents) would seem to imply that Oldman's model by itself is perhaps too demanding and strict to be of significant use empirically. While not a major change in his model, the data from this study suggest that Oldman's approach would benefit from conceptually allowing for individual gamblers to perceive and recognize possible threats and crises that may be nearing their lives as a function of their gambling. Such an adjustment would enable

both of these groups of respondents to be characterized as supportive examples of Oldman's crisis model of compulsive gambling.[38]

Contradictions to Oldman's Crisis Model

Although the previous two sections have provided examples from the data that support Oldman's conception and approach to compulsive gambling, it should not be concluded that Oldman's model was always supported. Indeed, not only were there several cases in which a financial (or other) crisis was not mentioned at all, but there were also several instances where members of Gamblers Anonymous directly contradicted Oldman's model by stating that they had not reached a crisis of any form in their lives, and that it was something else that "showed" them that they were compulsive gamblers.

When asked in the interview if they felt they had reached a point of crisis, seven members (18% of the total) explicitly said that they had not. Most commonly, this was described by the members in the form, "I know I could have gotten worse," or, "I didn't bottom out." One member, who had contemplated suicide before joining Gamblers Anonymous and entering therapy, said he had not hit rock bottom financially:

> Let's put it this way: It wasn't the money -- I still had lots of that to lose. It was all the

(continues)

> other things [feelings of being taken over by gambling; inability to think of anything else] that made me want to kill myself.[39]
>
> [Excerpt 9]

The situation of another member, Bob, was particularly noteworthy within the context of Oldman's crisis model. Bob described that he had gambled for over thirty years, and had often been faced with a financial predicament[40] as a result of his gambling losses. Bob's response to these predicaments, however, was to stop gambling for a while, until the severity of the crisis had decreased enough for him to begin gambling again. While Bob stopped gambling several times during his life, sometimes for periods of up to two years, he feels that he has essentially gambled throughout his life.

At none of these crisis points, however, did Bob enter Gamblers Anonymous or believe he had a gambling problem. Instead, Bob described how at a certain point in his life, he conducted an "emotional inventory" of himself and of his life. He felt disappointed with the fact that he was in his mid-50s, and all he could think of to describe how he had spent his life was the times he had spent gambling. As he recounted,

> I had nothing to show for my life. All the times I could have been doing something, I was off gambling and losing. It kind of hit me then that it takes a sick person to throw away his life like that.[41]
>
> [Excerpt 10]

When asked if at this "emotional inventory" point he was in the middle of a financial crisis, Bob responded,

> Definitely not. Sure, I was losing, but I was nowhere near as bad as I'd been before. . . . I think I was even better off than the last time I'd quit.[42]
>
> [Excerpt 11]

Bob's case provides an interesting example of how once again, Oldman's model in its current form does not seem to apply to several of the compulsive gamblers interviewed for this paper. While Bob reached several times of financial crisis (at least enough of a crisis to make him recognize it as one), his response was not to take on the vocabulary of compulsion and addiction, as is suggested by Oldman. Instead, this vocabulary only became apparent once Bob underwent his "emotional inventory," at a time when he did not believe he was at a point of financial crisis. The processes according to Oldman's model, then, in which a gambler reaches a point of financial crisis and then begins to view his/her behavior in terms of compulsion, were not at all followed by Bob. As was the case with the six other gamblers in this group, Bob came to view his gambling as problematic at a time when he was *not* in a period of financial crisis. Bob's case is additionally interesting because of the fact that he <u>had</u> experienced financial crises during his gambling career, but these were not related to his decision/discovery that he was a compulsive gambler. It

would seem that in Bob's case, and in the case of the other gamblers described in this section, the reaching of a financial crisis was specifically not associated with their crossing the line into compulsive gambling as described by Oldman. The reaching of a financial crisis is clearly neither necessary nor sufficient to explain the process of becoming a compulsive gambler for all compulsive gamblers.

Labeling Theory

As was described in Part Two, Labeling Theory and its approach to compulsive gambling are complex and far-reaching. Furthermore, as was discussed, many aspects of labeling theory appear to be present in and applicable to the meetings of the Gamblers Anonymous groups observed for this project. This section, then, will only focus on one aspect of the labeling approach to compulsive gambling: the role of other people close to the gambler in the process of him/her taking on the label of compulsive gambler.

Among the thirty-eight Gamblers Anonymous members interviewed for this project, the descriptions given by five (13%) of the members point strongly to the presence and influence of other people in "showing" the gambler that he/she was addicted. As was described in Part Two, an important distinction is made within labeling theory between primary deviance and secondary deviance. A gambler's behavior, including any gambling in which they partake,

remains primary (and unimportant) deviance until the label of "problematic" or "compulsive" gambling is assigned. This label can be and often is assigned by other people, who might be close to the gambler (e.g., family; friends) or in a position to assign the label authoritatively (e.g., a therapist).

The five members described in this section share the feature that none of them believed that they had a gambling problem until other people told them they did. Even then, all five members resisted the label until they were brought in to Gamblers Anonymous or some similar treatment program. As they continued to attend the program, most of them (but not all) accepted the diagnosis/label that they were and are compulsive gamblers.

The descriptions of these five members varied in the circumstances surrounding the labeling process, e.g., how much money had been lost; whether a financial crisis point had been reached; and how long the gambler had been gambling. This variation in itself supports the premise of the labeling perspective that "actual" behavior and circumstances are relatively unimportant in the labeling process, and that it is ultimately only the labeling process itself that will produce consequences for the individual.

All five members reported that a member of their family was the first to suggest that they had a problem with gambling. Before their families brought it up, the

possibility that these members were compulsive gamblers never occurred to them. When asked how he came to join Gamblers Anonymous, one member related that, "My wife told me I was sick."[43] Another member, Charles, described his experience as follows:

> Charles: . . . So finally, my wife and kids brought me in to the [treatment] center. They told me we were going shopping.
> Interviewer: Was there anything before that point that had made you feel you were a compulsive gambler?
> Charles: No, no -- nothing at all. I didn't think I had a problem at all. Now I do, of course.
> Interviewer: Why do you think that now?
> Charles: Well, I'm in GA [Gamblers Anonymous], for one -- you don't go to GA unless you have a problem with your gambling.[44]
>
> [Excerpt 12]

For Charles, clearly the only event that accompanied and affected the process of his becoming a compulsive gambler was the action taken by his family and his entrance into Gamblers Anonymous. Charles did not consider himself a compulsive gambler; nothing had happened that made him consider himself a compulsive gambler. The first time the concept entered his mind was when his family (and, later, the treatment center and Gamblers Anonymous) made known their beliefs about his condition. This process is entirely in accord with the labeling perspective's argument that the only important factor in determining whether someone is a compulsive gambler is the assignment of the label "compulsive gambler" to the

person. In Charles's case, he would not have entered the category of "compulsive gamblers" when he did (and may never have done so) had it not been for the label that was applied to him.

Among the many elements of Charles's situation, it is interesting to draw attention to his justification for why he now believes he has a gambling problem: "I'm in GA [Gamblers Anonymous]." Such an explanation bears a startling resemblance to studies of mental illness conducted from or reflecting a labeling approach. In his analysis of the "careers" of mental patients, Goffman (1959) described how patients can be convinced of their mentally ill status by reference to their current environment or position. Goffman provides the specific example of a patient in a mental institution who continuously denied he was mentally ill. Another patient in the institution responded with, "If you're so smart, how come you got your ass in here?" (Goffman 1959, p.135), implying that the patient's mere presence in a mental institution supported the diagnosis of mental illness. Scheff & Culver (1964), in their discussion of court-ordered confinement of persons to mental hospitals, provide the example of how court-appointed hospital psychiatrists often operate from the presumption that a patient is mentally ill until proven otherwise, rather than the reverse.

Both of these examples are similar to Charles's case in the sense that all three imply that an individual's physical

surroundings and group membership have important effects on the individual's and others' beliefs and conceptions regarding the individual. In Goffman's example, the patient's presence in the mental institution suggested to others that he was mentally ill, that he "deserved to be there." In Scheff & Culver's study, the fact that someone was brought before the court to "test" their mental capacities seemed to have an effect on psychiatrists' beliefs regarding their mental state. Finally, Charles's argument that he must be a compulsive gambler because he is in Gamblers Anonymous displays the belief that "only compulsive gamblers belong to Gamblers Anonymous; I'm in Gamblers Anonymous; therefore, I must be a compulsive gambler." All of these examples support the labeling perspective's argument that labels can be assigned (i.e., diagnoses can be made), maintained and confirmed using factors that may or may not reflect the "true" state of the individual. Whether Charles is "really" a compulsive gambler is not important to the labeling perspective; indeed, labeling theory assigns no value or meaning to such a term. All that is important is that Charles has been labeled a compulsive gambler, by his family, therapists, other members of Gamblers Anonymous, and apparently himself. It is this process and only this process that *creates* Charles's compulsive gambler status.

When we combine this element of the labeling perspective with its clear importance in Gamblers Anonymous meetings, it

becomes apparent that labeling theory has much to offer to our understanding of compulsive gambling and the processes undergone by an individual to "become" a compulsive gambler. Not only does the labeling process dominate the processes at Gamblers Anonymous meetings, but it also seems to play a primary role in the beginning stages of becoming a compulsive gambler for at least some of the gamblers involved with this paper.

Changes in Subjective Experiences

The final category of experiences commonly described by the Gamblers Anonymous members interviewed for this project centered around the subjective experiences felt by the members while they were gambling or thinking about gambling. It was these subjective experiences, and specifically changes in these experiences over time, that was the important element in these members coming to call themselves compulsive gamblers.

Many of the interviewed members described feelings or emotions they felt during their gambling that changed over the course of their gambling career. Fourteen members, however (37% of the total), gave primacy to this factor in their account of how they felt they came to be compulsive gamblers. It is possible to separate roughly the subjective experiences described by the members into two categories (some gamblers described both categories of experiences):

Feelings and cognitions relevant to gambling; and felt physical sensations associated with the gambling experience.[45]

Feelings and Cognitions Relevant to Gambling. Among the fourteen members who contended that the subjective feelings they felt were what showed them they were compulsive gamblers, ten described feelings that related broadly to the role gambling played in their lives. Often, members described that they were no longer "enjoying gambling," or that they "felt remorse" each time they went gambling and when they left the gambling setting. As one female member described:

> Each time I'd go, I'd feel worse than the last time. I'd go home feeling even worse than that. . . . I just felt so bad; so sad, so ashamed that I'd gone again. . . . [I think this] tipped me off that I needed to be turned around. I only wish it'd happened sooner.[46]
>
> [Excerpt 13]

Another member described that the main reason she gambled was because she enjoyed it. Over time, though, she began to enjoy it less, to the point where "I hated being there [the bingo hall]. I'd look at my watch and pray that it'd be over soon" [Excerpt 14].[47]

Another description common in this category of experiences involved subjective feelings of "loss of control" among the gamblers. Several of the interviewed members felt that over time, their gambling became increasingly beyond their personal control:

> I felt like I wanted to stop [playing the slot machine], but it really felt like I couldn't. It wasn't just like a feeling of "Just one more time," 'cause I'd felt that kind of feeling before. This was worse, this was me thinking, "Stop! Stop!" but the coins just kept going in.[48]
>
> [Excerpt 15]

> When I got to my worst part, I would just go every day, whenever I wasn't forced to be someplace else. I'd call my wife from work, tell her I was coming home, get in the car to go home, and end up at the casino. I knew I wasn't supposed to be there -- I'd started going home! -- but somehow I'd end up there.[49]
>
> [Excerpt 16]

While both of these excerpts reflect feelings of loss of control on the part of the members, it is interesting to note an apparent distinction between the different forms of loss of control that they represent. In the first case (Excerpt 15), the loss of control appears to be associated with the member's inability to leave the gambling setting once he was in it. This phenomenon can perhaps be termed "local loss of control," as it relates specifically to the local situation of the gambling environment.

In contradistinction to local loss of control, Excerpt 16 seems to demonstrate what might be called "global loss of control," which extends beyond the immediate gambling setting. As the member described in Excerpt 16, his gambling and his sense of loss of control progressed to the point where even when away from the setting, he was unable to stop himself from going to the casino. In this sense, local loss of control can be thought to refer specifically to the loss

of control felt by the gambler within the specific gambling period that prevents them or makes them feel unable to leave the gambling setting, whereas global loss of control extends beyond this specific period and seems to work to "draw" the gamblers to the gambling environment even when they do not want to go.[50] Taken together, these two forms of loss of control provide us with another example of the subjective feelings and cognitions experienced by the gamblers that indicated to them that their gambling had become problematic.

Physical Sensations Associated with the Gambling Experience. Of the fourteen members in the group that gave prominence to their (changing) subjective experiences, eight described the importance to them of changed physical sensations during their gambling. These included such descriptions as feeling "nervous," "anxious," or "upset," along with characterizations of shaking and feeling light-headed or "not all there."

Most common were reports of feeling physically sick during the gambling experience. One member described how he felt nauseous, weak and disoriented while he was gambling. Importantly, though, he made clear that he had not at all felt these sensations during prior years of gambling. When they began, he felt "surprised" and unsure as to their cause. As they continued, he described that they only occurred during his gambling trips (although he would remain sick

after he left the gambling setting). After approximately two weeks of this (and the feelings increased in intensity during those two weeks), the member decided to stop gambling. Still unsure as to the source of his physical sensations, he joined Gamblers Anonymous

> to find out if anyone could tell me what was going on. I didn't think for sure that I had a gambling problem, but I just thought that if anybody could tell me what this meant, maybe they could.[51]
>
> [Excerpt 17]

Another member similarly described that he had gambled "uneventfully" for fifteen years. At one point, though:

> I began feeling really weird while I was gambling -- you know, nerves or something. I started having diarrhea, throwing up -- I'd be sick as a dog every time I went out [gambling]. . . . It didn't take me too much of that to figure out that something was different. I didn't know what, but something was different.[52]
>
> [Excerpt 18]

It is important to also point out that this member (Excerpt 18) specifically did <u>not</u> feel that he was at a crisis, financial or any other sort, when his feelings of sickness began. Hence, Oldman's crisis model can not be thought to adequately explain this member's process of coming to believe that he was a compulsive gambler. Clearly, for this member, the most important element of this process was the changed physical feelings he felt that he attributed to gambling and being in the gambling setting.

<u>Summary</u>. For the fourteen members described in this section, the primary feature of their becoming compulsive gamblers

(i.e., the primary feature described by them in their recognition/decision that they were compulsive gamblers) was the subjective feelings and experiences they perceived in association with their gambling. Most importantly, it was the remarked change in these subjective experiences that prompted the gamblers to decide that they had a gambling problem, or that prompted them to attend Gamblers Anonymous, where they felt they could learn whether gambling was associated with their changed experiences (the latter procedure is best exemplified by the member's description related in Excerpt 17). As one member outlined in describing his experience, his gambling "wasn't how it used to be. . . . I didn't know exactly what was going on, but something had changed; something that was bad, (something) I didn't like" [Excerpt 19].[53]

DISCUSSION AND CONCLUSIONS

The project presented in this paper has attempted to investigate the process or processes by which individuals become compulsive gamblers; that is, the process by which they come to think of themselves as compulsive gamblers. Through an analysis of the data collected at Gamblers Anonymous meetings as well as the data compiled through the interviews of Gamblers Anonymous members, three main conclusions seem warranted: (1) It is clear that the process of becoming a compulsive gambler is a polygenetic process;

(2) It does indeed appear that something is "happening to" or afflicting at least some of these individuals; at the same time, (3) The thing we have come to call compulsive gambling, and the ways in which we perceive compulsive gambling and compulsive gamblers, seems to be largely a result of a social construction and labeling process.

The interviews with Gamblers Anonymous members provided support for all of the models presented in Part Two of this paper. Lesieur's model of the compulsive gambler as one who has acquired the chase philosophy was sustained by several of the gamblers. Similarly, the finding that some of the members placed emphasis on the change over time in their subjective experiences, while not reflective of any single model presented in this paper, can still be seen as reflecting the argument that something genuine was occurring to the members. Taken together, these two models suggest that for at least some of the gamblers interviewed for this study, something objective, something internal, was happening to them that made them become compulsive gamblers.

Oldman's model, underscoring the importance of a financial crisis in the gambler's taking on and using the vocabulary of motive of "compulsive gambler" as an explanation for his/her gambling behavior, was upheld by several of the interviewed members. At the same time, other members emphasized other types of crises in their process of discovering/deciding that they were compulsive gamblers, such

as marital/familial crises, legal crises, and crises associated with their work. Still other members denied altogether the presence or influence of any crisis in their becoming a compulsive gambler. Taking these points together, it becomes clear that Oldman's model appears to be important to any discussion of "crossing the line" into compulsive gambling. However, it seems that the model should perhaps be expanded to allow for other forms of crises that can be reached by members beyond solely financial crises. Furthermore, the fact that crises played no part in the experiences of some members should highlight that Oldman's model should not be considered an adequate explanation for all cases of compulsive gambling and compulsive gamblers.

Finally, a strict labeling approach to compulsive gambling and the important role played by other people in labeling the gambler as a compulsive gambler was apparent in five of the members' interviews.

Combining these diverse results, it becomes evident that while all of the models presented in this paper are to some extent "correct" in their approaches to and explanations of compulsive gambling, we should not conclude that any one of them can fully and accurately describe all of the cases of compulsive gambling that we see. All of the models were upheld by at least some of the interviewed members. However, no model was relevant to all of the members, and at times some models were directly contradicted (as was the case for

Oldman's crisis model). It seems clear that there is no single process that can accurately circumscribe the concept "compulsive gambling" or the process of becoming a compulsive gambler. The process of becoming a compulsive gambler clearly seems to be a diverse and polygenetic set of processes. Any belief on our part that one model or description can adequately capture these processes is therefore misleading and inappropriate.

Within the study of compulsive gambling and compulsive gamblers, a distinction is often made (and has been followed in this paper) between viewing compulsive gambling as a more internal process that is affecting an individual, and viewing compulsive gambling as a status that is conferred on a person through a more socially constructed labeling process. This paper has attempted to demonstrate the importance of both of these points of view. Rather than arguing that one or the other of these viewpoints is correct, this paper instead suggests that the different explanations might be more appropriate at different points (different stages) in the process of becoming a "compulsive gambler."

Based on the interviews conducted with the members of Gamblers Anonymous, we would be well advised not to discount or disallow the possibility that something does in fact appear to be affecting at least some of the individuals who identify themselves as compulsive gamblers. The emphasis placed by some of the members on a changed set of subjective

experiences and/or on the acquisition of the chase philosophy support the argument that compulsive gambling is developed and is maintained within the individual gambler. To understand the process of compulsive gambling for these people, we therefore need to look to the individual gambler suffering from the process. Even though it is clear that other members did not display these same "internal" processes, the data of this paper would seem to promote the position that compulsive gambling can indeed be conceived of as a phenomenon that affects and afflicts at least some individual gamblers.

Clearly, however, the importance of a labeling and social construction process can not be understated, both on the level of the individual gambler and on the level of what we understand to be compulsive gambling. The observations of Gamblers Anonymous meetings demonstrated the work that is done to construct a single representation of compulsive gambling that is in turn thought to apply to all people suffering from the disease of compulsive gambling. Through the mechanisms outlined earlier in this paper (identifying compulsive gambling as an illness; treating all members identically; and retrospective reinterpretation), all members become aware that they are suffering from the same affliction and require the same treatment. Despite the polygenetic nature of the process through which individuals become compulsive gamblers that has been outlined in this paper, the

final image that emerges from a member"s affiliation with Gamblers Anonymous is that of a single process, a single phenomenon called compulsive gambling, and a single plan for treatment and recovery.

It is not the intention of this paper to imply that the Gamblers Anonymous organization is unique in this practice of creating a unitary image of compulsive gambling. Most current methods of treatment for compulsive gambling work from the presumption that the process of becoming a compulsive gambler is a single phenomenon and can therefore be dealt with in a single manner.[54] Instead, this paper hopes to highlight the very social processes involved in the understanding, conception and use of the concepts "compulsive gambling" and "compulsive gambler." While several different processes are clearly at work in the individual becoming a compulsive gambler, once the individual decides/discovers that he/she is a compulsive gambler (or at least decides to seek the advice of others regarding their gambling), the process becomes dominated by a social construction and reconstruction of the phenomenon (compulsive gambling) and the processes that led up to it.

For this reason, and as has been previously implied, it is the position of this paper that the different models presented in Part Two may be seen as being differentially appropriate at different times in the process of becoming a compulsive gambler. This paper has attempted to demonstrate

that the process through which an individual comes to recognize and classify their gambling as problematic can take at least one of many different routes: No single process appears to be indicative of all the gamblers interviewed for this study. However, once the individual publicly recognizes his/her gambling problem, such as through joining Gamblers Anonymous, an in-depth and complete process of social construction is initiated that has as a result the image for the compulsive gambler of what they are, what is afflicting them, and how they need to work to recover from compulsive gambling. The initial diversity of sources of and processes of becoming a compulsive gambler are overshadowed and overtaken by the process of labeling and social construction, to the point where the gambler's status, diagnosis and treatment rest primarily on this social construction and not on whatever unique process might have originally brought them to this stage.

There is a dangerous temptation to refer to the initial processes by which the individual came to call their gambling problematic as the "real" processes of becoming a compulsive gambler. After all, should it not be the case that even though the picture we may have of compulsive gambling is a social creation, the fact remains that the person <u>is</u> a compulsive gambler, and they became a compulsive gambler because of the acquisition of the chase philosophy, a change in subjective experiences, and so on?

It is the position of this paper that the social construction of what it means to be a "compulsive gambler" and what is meant by "compulsive gambling" are no less a real process than any of the other processes that may have chronologically preceded it. Even if it is accepted that the first stage of becoming a compulsive gambler actually consists of multiple processes that can differentially apply to different people (as is the finding of this paper), this should still be conceived of as only *the first stage*. Just as important (and, indeed, more important) to the individual's becoming a compulsive gambler is the social interpretation and construction of what the status of "compulsive gambler" means and implies. This second stage, that more closely follows the ideas put forth by the labeling perspective and social constructionist writers, appears to be common to <u>all</u> gamblers.[55] For this reason, it is not only a very "real" element in the process of becoming a compulsive gambler, but indeed is the *defining* element: The thing that we know to be compulsive gambling is entirely an outcome of this process of social construction.

In sum, this paper has attempted to investigate the process by which people come to be compulsive gamblers. Through observations of meetings of the group Gamblers Anonymous as well as interviews with members of the group, it

was found that the full process of becoming a compulsive gambler can best be viewed as a two-stage process. In the first stage, individuals come to perceive their gambling as problematic. Several models that outline the process of becoming a compulsive gambler were presented, and all were found to be applicable to at least some of the interviewed members. However, no single model can adequately account for all of the members' experiences. For this reason, it was concluded that the process of becoming a compulsive gambler in this first stage is a polygenetic process, with no necessary reason to believe that all compulsive gamblers follow any single process.

Once a gambler notices and decides that his/her gambling is problematic for them, it was argued that the second stage in the process of becoming a compulsive gambler is activated. This second stage, which is applicable to all of the gamblers studied for this project, is a social process of labeling and definition of all aspects of compulsive gambling: What it is, what are its characteristics, an individual's current status relative to other compulsive gamblers, and the treatment method to which they should subscribe. This social construction of compulsive gambling is the essential element of the individual's becoming a compulsive gambler, both within the group of Gamblers Anonymous and within their own self-conception. Furthermore, the phenomenon we have to come to call compulsive gambling and the people we have come to

call compulsive gamblers (as gamblers, researchers, treatment professionals, and society at large) is fundamentally and essentially a result of this same process of social construction.

It is hoped that the results of this paper can help to clarify what it means when we speak of "compulsive gambling" and "compulsive gamblers." By focusing on the experiences of individual gamblers and on the mechanisms through which they came to see themselves as compulsive gamblers, it is hoped that the diverse elements, both the individual-centered aspects and the more social aspects, can be viewed as important components of the process of becoming a compulsive gambler.

ENDNOTES

1. Another popular writer on gambling, Mike Caro, provides an extreme definition of gambling following Scarne's description by saying that all of life's events are gambles (Caro, 1984). The phrase "nothing in life is certain except death and taxes" also represents such a belief.

2. An important feature of the Gamblers Anonymous organization is its emphasis on what the activity or behavior means to the individual. Thus, a given activity might or might not be considered gambling for a given person. During my association with the Gamblers Anonymous groups, two examples arose to illustrate this point: First, a member was describing a raffle that was held in her office for a Thanksgiving turkey; all members of the office were automatically entered, without having to pay a fee of any kind. Second, a member in a different chapter described how he was now having difficulty playing golf with his friends because these were the same friends with whom he used to gamble on golf. Both members were curious as to whether their involvement in the activity (the raffle for the first member; playing golf for the second) constituted gambling.

The belief in both groups was that if participation in the activity rekindled memories or thoughts of gambling for the individual members (e.g., if the activity "felt like" it was gambling, or if it stirred within the members the same feelings they had while they were gambling), then they should avoid the activity just as they avoided all forms of "real" gambling. These examples clearly illustrate the possibility of defining gambling on an individual case-by-case basis in terms of what the activity signifies to the individual involved.

3. It is not the position of this paper that legalized gambling is necessarily associated with an increase in organized crime. In citing the concerns that are held regarding the link between gambling and organized crime, I only hope to present the beliefs that are reflected and used by people regarding gambling.

Similarly, the link between legalized gambling and compulsive gambling has been controversial. Some have argued that expanded legal gambling only serves to draw gamblers away from illegal forms of gambling (e.g., illegal sports betting through bookmakers); hence, the total amount of gambling is not affected. Others, however, argue that the exposure of individuals to legalized gambling will promote participation in gambling, with the result of new compulsive gamblers who otherwise might not have become addicted.

4. Observation Notes. This and other excerpts from Gamblers Anonymous meetings were obtained by sitting in on the meetings of six Gamblers Anonymous groups in different parts of Wisconsin over a five-month period.

5. It is interesting to note that the American Psychiatric Association also considers compulsive gambling (termed 'pathological gambling') to be chronic (DSM-III-R, 1987, p.324).

6. It is interesting to note that the Gamblers Anonymous model includes and recognizes a form of Lesieur's concept of long-term chasing as a symptom of the compulsive gambling illness. Among the twenty questions that are asked of a prospective new member (see Part Three for a further description of these questions), one reads, "After losing did you feel you must return as soon as possible and win back your losses" (Gamblers Anonymous "yellow book," p.15)? Such an overlap between the models further points to their similarity at one level.

7. It is important to clarify that gamblers may reach other 'crises' instead of or in addition to financial ones. As will be seen, several of the gamblers interviewed for this paper described crises in the marital, legal, and occupational areas of their lives. While Oldman makes clear (1978, p.360) that "[w]hen I talk of a gambler reaching a crisis in his gambling career, I invariably mean an economic crisis," the data of this paper imply that a broader notion of "crisis" might be more beneficial in a discussion of compulsive gambling.

8. It can be argued that the term "excessive" gambling is itself a label. Such an argument is put forth by Walker (1992). First, the criteria used to determine what is "excessive" are hardly automatic, and tend to rely on a case-by-case evaluation. Second, the term "excessive" carries a moral implication that there is more gambling than there should be (Walker 1992, p.153; see also Maze, 1973). Using labeling theory, these points together imply that 'excessive gambling' is merely a label that has been applied.

9. It is interesting to consider what would happen if a prospective member answered affirmatively to fewer than seven questions. Would the members of the group prevent the prospective member from joining the group? Similarly, it was noted at five of the six groups that the list of twenty questions is in practice a list of twenty-one questions, with the twenty-first question being, "Do you feel you are a compulsive gambler?" Furthermore, even though Gamblers Anonymous subscribes to the medical model of compulsive

gambling, the "yellow book" (p.8) asserts that "only you can make that decision [that you are a compulsive gambler]." Taken together, these points indicate that a subjective feeling of distress and a self-diagnosis of compulsive gambler are not only tolerated but in fact required by Gamblers Anonymous. Even at this early stage of analysis, it would appear that even Gamblers Anonymous does not steadfastly hold to any set of diagnostic criteria that absolutely identifies compulsive gamblers.

10. Observation Notes.

11. Observation Notes.

12. Observation Notes.

13. Observation Notes.

14. Observation Notes.

15. Observation Notes.

16. It should be noted that the process of perceiving all members as identical serves other purposes beyond merely allowing all members to be treated identically in the manner of a medical approach to compulsive gambling. Indeed, many members described in their interviews that coming to Gamblers Anonymous provided them with a sense of security and optimism because they could see that they were "one of many." Clearly, the sense of group cohesion and the level of trust individuals place in the group are enhanced by this process of treating members identically, as well as by the other processes discussed.

17. Observation Notes.

18. While the meetings exclusively emphasize such a general approach and treatment program for all members, Gamblers Anonymous groups also hold "Pressure Relief" meetings that address the individual needs of members. After a member has been in the Gamblers Anonymous program for a certain period (usually at least 30 days), more experienced group members (termed "sponsors" by one of the observed groups) meet with the member privately. One of the purposes of the meeting is to disclose the member's current financial situation, including all debts. The sponsors then work with the member to devise a work and financial plan that will allow for repayment of the debts as well as enough income for the member to begin their return to financial independence. While these meetings were described generally in open

Gamblers Anonymous meetings, I did not actually observe any of them.

19. Observation Notes.

20. It should be noted, however, that whenever different arenas of a member's life conflicted with their effort to stop gambling, the group automatically focussed its attention on the member's abstinence from gambling. A different member once related the problems he was having with his wife: In an effort to reduce his desire to go gambling, he had chosen to work more around the house (e.g., cleaning the garage). His wife became angry that he no longer spent time with her. He was worried that if he spent more time with her, his thoughts would return too quickly to gambling.

The group was most sympathetic to the member's efforts to refrain from gambling. While other members of the group made suggestions about how he could spend time with his wife without increasing the risk of thinking about gambling, the member rejected all of the suggestions. At that point, the members unanimously told the member to continue his recovery plan, i.e., to continue spending time at work around the house. The member was told, "Hopefully, your wife will understand, and you have to try to explain it to her. But if she doesn't, then the time might come when you have to worry about <u>you</u>. Let her do as she pleases; you worry about you." In summary, while Gamblers Anonymous believes that members' lives will improve in all areas once they abstain from gambling, helping members to abstain from gambling is always the foremost goal of Gamblers Anonymous meetings.

21. Observation Notes.

22. Observation Notes.

23. Interview Notes.

24. Of the seven members who had volunteered to be interviewed but were not ultimately interviewed, five were unable to be reached. The remaining two, upon contact, had changed their minds and declined to be interviewed.

25. It could perhaps be argued that the question used in the interview does not discuss how the members came to be compulsive gamblers (the topic of this paper) so much as it discusses how they came to specifically join Gamblers Anonymous, as opposed to some other treatment program. While it is true that the interview as posed does not have any viable guard against this problem (i.e., it does not restrict a member from describing only why he/she came to join Gamblers Anonymous instead of entering individual therapy,

for example), this does not appear to be a significant concern for the responses that were received.

As is described in the text, most of the members understood the question and described not only how they came to join Gamblers Anonymous but also their time gambling and the events that led up to their decision. In the two cases where members appeared to have understood the question in its alternative form, and began discussing why they came to join Gamblers Anonymous as opposed to some other form of treatment, a simple probe (for example, "How did you come to decide that you needed *any* form of treatment?") appeared to return the members to the focus topic of interest.

26. Interview Notes.

27. Interview Notes.

28. Interview Notes.

29. It is interesting to note that Alan's increasing spiral of involvement/decreasing spiral of options led him to a second job. Lesieur typically points to cases in which the gambler resorts to illegal activities (e.g., theft; forging checks; cheating other gamblers) once his/her options are exhausted. Alan's case appears somewhat anomalous to this "typical" pattern.

30. Interview Notes.

31. Interview Notes.

32. Interview Notes.

33. Interview Notes.

34. Interview Notes.

35. Interview Notes.

36. Interview Notes.

37. Interview Notes.

38. At the same time, it should be noted that among the "true" crisis gamblers, financial crises clearly dominated, whereas among the "impending" crisis gamblers no single type of crisis dominated. This difference may point to a real distinction between the groups, one that would be inappropriately lost through their combination under one model.

39. Interview Notes.

40. Bob used the term "predicament" instead of "crisis." In order to maintain Bob's own words, the term is presented as it was used. For the purposes of this analysis, however, the terms "predicament" and "crisis" will be presumed interchangeable.

41. Interview Notes.

42. Interview Notes.

43. Interview Notes.

44. Interview Notes.

45. As stated, this distinction is far from perfect, particularly among researchers of emotion. As many authors have pointed out (e.g., Schachter & Singer, 1962; Schachter, 1964), it is inappropriate to consider physical sensations as separate and independent from cognitive emotion and emotion-recognition processes. It is beyond the scope of this paper to perform an analysis of the gamblers' descriptions of their subjective experiences in a manner that would do full justice to the complexities of this topic.

For the purposes of this paper, and in light of the work on emotion, the distinction that is being made for this section could perhaps be better phrased as follows: Those feeling-relevant descriptions given by the gamblers that focus on global affective elements of gambling (e.g., enjoying or not enjoying gambling); and those feeling-relevant descriptions given by the gamblers that focus on more exclusively physical elements of gambling (e.g., feeling sick while gambling). Again, although these are not meant to serve as mutually exclusive and exhaustive categories, it is hoped that their value as separate categories will be apparent within the specific discussion and scope of this project.

46. Interview Notes.

47. Interview Notes.

48. Interview Notes.

49. Interview Notes.

50. It is not my intention to definitively distinguish between these two forms of loss of control based solely on the data presented in this paper. While this distinction is clearly suggested by the descriptions provided by the

gamblers interviewed for this project, the primary purpose of discussing loss of control in this section is merely to furnish another illustration of the subjective feelings experienced by individuals who are becoming compulsive gamblers.

51. Interview Notes.

52. Interview Notes.

53. Interview Notes.

54. One notable exception to this generalization is the work and suggestions of Dickerson (1984). Dickerson's recommendations for treatment of compulsive gamblers center around discovering what specific areas of the gambler's life have been harmed (e.g., financial; marital/familial; occupational) and working with the gambler to ameliorate those problem areas directly. Dickerson's plan for treatment does not require discovering the exact nature or source of the individual's compulsive gambling, nor does it require treating the compulsive gambling "directly."

55. This generalization is in part inappropriate. It is certainly the case that the process of social construction found by this project at Gamblers Anonymous meetings was common to all of the gamblers in the project. This is, however, fully a result of the fact that only members of Gamblers Anonymous participated in the project.

I would still argue, however, that for all gamblers, whether they elect to join Gamblers Anonymous, some other form of treatment, or not to engage in any form of treatment, the important second stage of their becoming compulsive gamblers is in large part a socially informed process. Whether the gamblers seek informal advice from friends or acquaintances, or even if they are aware of and understand the ways in which "compulsive gambling" is currently perceived in our society, these ideas become an essential part of the gamblers' recognition of themselves as "compulsive gamblers." I admit, though, that a formal empirical investigation of this phenomenon beyond members of Gamblers Anonymous would be the most appropriate method for arriving at such an argument and conclusion.

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