Chapter One:

- States and discusses the generation of the research question.

- Explains the background for the generation of the research question.

- Provides an overview of the process of the study.

- Summarises each chapter and the findings of the study.
INTRODUCTION

Chapter One provides the foundation for this inquiry by describing the context in which the study is conducted. The background events and experiences that led me to inquire about the experience of being a problem gambler are explored and an overview of the study process provided. Each chapter is described and the findings of the study summarised.

GENERATION OF THE RESEARCH QUESTION

For many years I sensed that clients admitted to St Michael's Private Hospital with gambling problems had different needs from other clients who were suffering from drug and alcohol addictions. I observed that their particular needs were not being met. I thought that it was because we (nurses and other therapy staff) did not understand what these needs were. These clients were expected to attend a program designed primarily for drug and alcohol dependent people. Occasionally they were placed into a stream of the program called ‘emotional integration’ where childhood abuse issues and other post traumatic stress problems were addressed. However, I had a notion that by gaining greater understanding of what it is like to be a gambler, we would be able to develop a more appropriate program for them. The nurse therapists and counsellors seemed to be in tune with their problems, and gave these gamblers validation and support, conducting one to one counselling sessions and meeting the ‘significant other’ (partner or spouse) of the problem gambler, and responding with intuition, skill and understanding. I observed that many nurse therapists displayed an uncanny ability to communicate with gamblers and had productive interactions with them, but still the needs of gamblers were not met. I heard remarks from the clients and staff that no special provision was being made for them here or, it seemed, at any other institution in Australia purporting to treat pathological gamblers. This purported absence of treatment led to an
initial examination of the literature which indicated that there had been few qualitative studies of problem gamblers and no phenomenological studies.

St. Michael’s is one of the few facilities offering inpatient treatment for problem gamblers and yet the problem is growing at an alarming rate with more and more gambling opportunities becoming available with the increase in the number of electronic gaming machines being allowed in hotels and clubs. It seems as if society is prepared to overlook the problems associated with gambling in return for financial gain, and there seems to be scant regard for the emotional, financial and physical destruction occurring to problem gamblers and their families.

Australia is at the forefront of gambling expansion and gambling is considered a desirable leisure activity by the majority of the population (McMillen, 1996).

Australians have ready access to a wide variety of legal gambling pursuits: and gambling taxes have financed essential social services and boosted economic activity through government purchases and employment. Australian gambling also has been a thriving profitable activity for the private sector, generating employment and income for a wide range of associated industries. The economic performance of gambling operators and related industries makes a major contribution to the Australian economy. (p. 1)

Should this trend continue, and there is no reason to expect that it will not, then the numbers of problem gamblers may be expected to increase, and with them an increase in associated problems such as emotional, societal and economic. This notion is supported by McMillen (1996), who criticised Australian government and industry for their economic dependence on gambling as a source of income, claiming that dependence on gambling income has resulted in an increase in opportunities for gambling and encourages problem gamblers to continue on their destructive path. Financial considerations are of primary
importance to governments (McMillen, 1997; Brown & Coventry, 1997). Health funds are considering withdrawing their cover for people with gambling problems. Therefore, further research is necessary to consider the appropriateness of available treatment programs as well as investigating whether brief interventions by well trained therapists are more beneficial than long term inpatient programs. An education program for nurse therapists, other health professionals and those people who manage clubs and casinos needs to be implemented. Public awareness of this problem is also urgently required to ensure changes are made to our gaming policies. Without change, the increase in problem gambling will continue.

The idea of researching the phenomenon of problem gambling originated from my discussions with Alan John Walters who suggested that my work in the area of addictions would be ideally suited for research. This study is concerned with the question of what it is like to be a problem gambler. The question arose out of my experience of living with a problem gambler, my father, and later from working with such clients.

Health professionals who care about problem gamblers and want to facilitate their ability to manage their gambling problem need insight into what it is like to be a problem gambler. They need information about gamblers' backgrounds, their families, their problems and their needs. This can only be done through a willingness to understand and ask the necessary questions. The questions that arise are: What problems do problem gamblers have? What are their needs? How can they best be helped? The main question to emerge is 'What is it like to be a problem gambler?' The need to explore this question is reinforced by feelings of helplessness when these clients continue to gamble soon after discharge from hospital. There are few avenues left for them to obtain help. This study involves gaining an understanding of 'What is going on here?' and 'What is the nature of the experience?' (Munhall, 1994). This may involve discovering how they came to this point in their lives, what their fears are, their problems and their methods of coping and making sense of their addiction.

Chapter One – Foundations of the Study
Insight may be gained into how their gambling addiction has affected their relationships with family friends and employers as well as the forms of treatment they may have sought.

A description of the methodological framework guiding this study will follow.

The Philosophical Methodological Framework

The philosophical methodological framework guiding this study is that of Martin Heidegger. It is based on the premise that people are self-interpreting beings who are involved in their world, and have the ability to understand the meaning of their experiences. Language is used to provide the participants with a means of reflecting on and explaining their experiences and achieve shared meaning. Clients bring to the study their own experiences of gambling and their own particular way of being-in-the-world. They also bring their own attitudes, beliefs and values about disease, pain and suffering and they develop their own ways of coping with situations depending on how they adapted for their own survival. I had a personal aim for this study and agree with van Manen (1990) when he says, “So phenomenological research has, as its ultimate aim, the fulfilment of our human nature to become more fully who we are” (p. 12). Perhaps I, too, will become more fully aware of who I am. While undertaking this research I hope to explore and experience the research process, to enhance my ability to reflect on my own nurse therapist practice, and to increase my understanding of phenomenology as a research methodology.

By gaining understanding of the nature of problem gambling, some hidden phenomena may be revealed. By staying open to discovery, mastery, and interpretation of what Heidegger (1962) described as “the thing itself is deeply veiled” (p. 49), new insights may be possible. Raising awareness and consciousness regarding the lived experience of problem gamblers may lead to unexpected and hitherto unknown outcomes. The phenomenological process allows for the unfolding of secrets and intimacies of the gambling phenomenon,
and for ideas concerning the welfare of gamblers and their families to emerge. This may result in changes in attitude towards gambling and gamblers, perhaps promoting improvement to gambling facilities in Australia.

PLACING THE STUDY IN CONTEXT

In Chapter Two the study is placed in context through an examination of the literature which provides an outline of the perspectives that inform my understanding of the life-world of problem gamblers. The family, social and medical constructs that influence the emergent meaning and interpretation of this study discussed, together with literature describing current forms of treatment. The notion that problem gambling is multi-faceted is considered, and how the global risk society influences problem gamblers is discussed. Few qualitative studies have been conducted around understanding the day-to-day lives of problem gamblers, particularly in Australia, resulting in a gap in the body of knowledge concerning these people. I was unable to locate any phenomenological studies in the searchable literature. This current study allows the reader to examine the perspectives that have guided and formed my understandings about problem gamblers, and support the need to examine the question of what it is like to be a problem gambler.

THEORETICAL PERSPECTIVE

In Chapter Three I outline the framework of a theoretical perspective for this study. This perspective is based upon a Heideggerian hermeneutic, phenomenological philosophy and methodology. It is within this approach that the assumptions which have been made about the nature of being human are grounded, and questions about the experience of being a gambler are considered significant and worthwhile for study. The approach allows for the exploration of the participants' relationship with self, nature, society and other
people. Gelven (1989) suggested that “by understanding the meaning of the act, one understands the act” (p. 98). I explore the phenomenological and hermeneutic philosophy from the notions of Husserl, Heidegger and Gadamer. I describe hermeneutics as an approach to thinking about and interacting with the data to gain an understanding. I discuss the question of how understanding is possible and develop an interpretive methodology for listening to the voices of problem gamblers. This methodology has implications for the process of studying the phenomenon, which involves acknowledging that I brought to the study my previous life experiences, which influenced the course of the study, as I followed the creative process of interpreting and transcribing the conversations (O'Brien, 1996).

APPLICATION OF HERMENEUTIC PHENOMENOLOGY
Chapter Four describes the processes of conducting the study with the participants, 6 inpatients, who are problem gamblers. Data collection, management and analysis issues are explored. The decision trail is displayed and a thematic interpretation of being a problem gambler from the perspective of the participants in the study is provided. The process of the interpretation and how the themes emerged is discussed. The writing process as well as the process of interpreting the conversations through the development of the four emergent themes are outlined. Issues of rigour are discussed, the primary consideration being that the description of an experience is credible to the person who has had the experience and that the reader is able to evaluate the data within contexts outside the study situation. The ethical implications of the data generation in the form of experiential conversations is considered and the setting for the study described.
PARTICIPANTS AND THE CONVERSATIONS

In Chapter Five I give descriptions of the conversations with the participants outlining their experience as they live in their world of gambling. On the one hand, they experienced a powerful desire to continue gambling, and on the other hand they desired separation from the strong relationship they had formed with their preferred form of gambling. The use of the participants' own words from the transcripts provides documentary veracity. The aim of these descriptions was to enable the reader to gain knowledge of and insight into the conversations thus allowing the reader greater understanding of the following hermeneutic analysis and phenomenological interpretation. Each conversation has been edited because the entire conversations are too lengthy for inclusion.

THEMATIC INTERPRETATION

In Chapter Six I provide a thematic interpretation of being a problem gambler from the perspective of the participants in the study. The themes are presented, and the order in which they are presented in no way reflects their priority. The themes are identified as an essential part of the description and interpretation of what it is like to be a problem gambler for the participants in the study. The themes cannot stand alone because each theme is interdependent with the others; each relies on the other to enhance and expound the nature of the gambling experience. The identification of themes is a way of describing a complete human experience, rather than isolating or categorising aspects of the gambling experience. This interdependence results in the themes overlapping, for example, the theme of being-alone implies difficulties with relationships, whilst critical voices also contains elements of relationship difficulties. The themes: buying time, being alone, magical thinking and critical voices were developed by immersing myself in the data (conversations) and allowing the themes to emerge with understanding of the meaning of the experience. This immersion meant becoming familiar with the data and it
involved listening to the tapes, reading and rereading the transcripts, spending time reflecting upon their meanings and considering the conversations in total. The analysis process proceeded and the subthemes developed. My immersion in the data allowed the subthemes to be placed into their appropriate theme. This process required time and willingness to be open to underlying meanings, as van Manen (1990) suggested: "...reflectively bringing into nearness that which tends to be obscure" (p. 32). Finally, the phenomena were described through the creative art of writing and rewriting.

THE MEANING OF IT ALL

Chapter Seven involves the process of gaining an understanding of the phenomenon of problem gambling for the participants through the fusion of the themes and subthemes that developed from the analysis of the conversations. Information gained from relevant literature associated with the themes is explored. This required the examination of literature on subjects such as rituals and myths, rites of passage, gender differences and transitional objects. Transitional objects refers to the universal use by infants of an object to soothe and comfort them. These ideas are incorporated with the understandings gained from the emergent themes to develop an interpretation. Gadamer (1987, p. 319) suggested that understanding requires the merging of interpretations presented by the participants together with my interpretations taken from the study. Developing an interpretation requires illumination of the themes: being-alone, buying time, magical thinking and critical voices, together with my own experiences of being-in-the-world and my interpretation of situations explicated in journal articles and selected literature.
CONCLUSION

In Chapter Eight I consider the implications of this study for health professionals in the four dimensions of practice, management, education and research. I also discuss the social perceptions of problem gambling, and the value and limitations of the method. This study is concerned with the personal journey of 6 clients in St Michael's Private Hospital as they experience being-in-the-world of problem gambling. It examines various perspectives of this experience by using the phenomenological philosophies and methodologies of Martin Heidegger. Concern for people who experience an uncontrollable addiction and who are undeniably vulnerable, is the guiding influence of this research.
Chapter Two:

- Places the study in context by providing an outline of the influences and perspectives that inform my understanding of the life-world of problem gamblers.

- Describes the family, social and medical constructs that influence the emergent meaning and interpretation of this inquiry.

- Presents an argument that problem gambling is supported in the literature as being multi-faceted.

- Discusses the notion of power in the therapist patient relationship.

- Describes how behavioural change can be effected though treatment.

- Explores understandings of gamblers, and how society and health care services address their problems with various treatment approaches.
INTRODUCTION

This chapter places the study in context by providing an examination of the perspectives that inform my understanding about the life-world of these problem gamblers. I argue that gambling is an integral part of our society; that there is not one single ‘cause’ or set of character traits that may be attributed to problem gamblers. Examination of the literature that influenced and shaped my understandings are organised into three sections. The first section discusses the risk society; the second section discusses the characteristics of the problem gambler and the course along which their addiction may proceed; and the third section describes the various treatments available to gamblers.

THE RISK SOCIETY

The following topics are explored in the first section:

- The global risk society.
- The national and state risk society.
- The family and local community at risk.
- The risk society for gamblers.

The Global Risk Society

In every day experience we find ourselves exposed to potential harm which is often outside our control. We trust experts to identify, manage and measure this threat. Gambling is a socially acceptable pastime that is inherently risky, but is encouraged by Governments as a source of revenue. Australian state governments are engaged in the difficult process of risk management concerning gambling, and this is a finely balanced line. Controversy has revolved around ‘risk’ as a technical-legal term that defines a particular role for experts in minimising hazardous side-effects. This section discusses the issues
of risk at a global level, a national level, a state level, a community level and an individual level. The relationship between gambling and risk is presented.

Risks are defined by Beck (1992) as "...probabilities of physical harm due to given technological or other processes" (p. 4). He gives technical experts the prime responsibility to set out the agenda and establish premises a priori on risk events. 'Risk management' means keeping risk within an acceptable level. This involves treating risk as a thing; such management takes a prior risk assessment as its objective baseline. Levidow (1993) claims that social science challenges the treatment of risk as a thing, by showing how risk-management methods influence the definition of risk. He uses the example of the engineering model that treats crowds as if they are physical structures, defining risk in terms that may be quantified, which minimises the human element. He gives the example of the fatal consequences of this cognitive framework in the Hillsborough football stadium where police control methods continued to treat the crowd as a dangerous object needing control, despite it being evident that people in the crowd were being crushed to death behind locked barriers. Similarly, it is important for governments to remember while they collect the revenue from gambling that it is the individual gambler that pays the often high price. That price may be in the form of family, social, health, financial and relationship breakdown.

Undesirable risks occur in abundance in modernisation. These risks exist, for example in consumer goods, incomes and educational opportunities. Risks that impair health or destroy nature are not easily recognisable. "In advanced modernity the social production of wealth is systematically accompanied by the social production of risks" (Beck, 1992, p. 19). This is certainly the case when gamblers attempt to accumulate wealth. Similarly, issues of trust, safety and credibility have been raised around the notion of a risk in society. This occurs in such areas as food production, where the question of poisonous herbicides is raised. Beck gave the example of farmworker in England who claimed that herbicides were causing unacceptable health problems. When the British
government asked their Pesticide Advisory Committee (PAC) to investigate, they looked at the scientific literature on the toxicology and concluded unequivocally that there was no risk from the chemicals. Despite the farmworkers continuing to report major health problems, the PAC again assured them that there was (according to the literature) no risk if the chemicals were used and produced under the recommended conditions. The farmworkers knew that the chemicals were rarely used according to instructions because many factors such as lost instructions, improper equipment or bad weather resulted in improper use. This improper use in no way reflected the idealised model of the risk system of the chemical being tested under laboratory conditions which contained questionable physical assumptions. The unreflective premises employed by the scientists was a naive model of farming community, bringing into question the truth of the farmworkers’ claims, the value of the scientists’ findings, and the corruption of scientists and regulatory bodies. “This reflexive learning process would have necessarily meant negotiation between the different epistemologies and subculture forms, amongst different discourses: And as such it would have entailed the development of the social or moral identities of the actors involved” (Beck, 1992, p. 5).

The National and State Risk Society

As a nation, Australian has embraced gambling. State governments have benefited by increasing gambling opportunities to obtain revenue. We are the only nation to bring the country to a halt for a horse race -- the Melbourne Cup; and enshrine a game of chance -- ‘Two-up’. We debate intellectual argument with the question, ‘Want a bet?’ We have erected buildings, churches and schools with proceeds from lotteries and ‘chook raffles.’ Our most prestigious building, the Sydney Opera House, was funded by a lottery. In this paper all dollar symbols refer to Australian dollars.
There has been a steep increase in expenditure on gambling in Australia in the past 10 years until, in 1996 the annual per capita expenditure on gambling was $736, being 3% of disposable income (Australian Gambling Statistics, 1998). This increase in expenditure on gambling is reflected in the construction of 13 casinos (nationally) since the late 1980’s. There has also been an increase in the number of lotteries, with Australians spending increasing amounts on them, the dream being to win Lotto. Despite church and welfare agency warnings about the negative aspects of the gambling binge, governments give no indication that they are prepared to turn away from the 'risk' mentality. On the contrary, approval was given for 25,000 more electronic gaming machines to be installed in hotels and clubs in 1998. Australians lost $8.4 billion in 1997 (Australian Gambling Statistics, 1996-1997), almost half of which was on electronic gaming machines, commonly known in Australia as 'poker machines.' Casino gambling in particular is increasing, and McMillen (1997) claims that people are eating into their savings to gamble. Previously they used their disposable income on items such as white goods, now they are turning towards the leisure and recreation industries, which include gambling.

Gambling revenue is replacing decreasing Government income from stamp duty and payroll tax. However, McMillen (1997) also stresses that this is a inefficient method of collecting taxes. The Australian government is paying about $2 to private entrepreneurs for every $1 collected in gambling taxes. That is not good business but it is good politics because what we have in effect is a goods and service tax. If governments had announced 10 years ago that they are going to raise a tax by 69% they would never been re-elected. They have in fact raised increasing revenue with gambling and it appears to be without adverse reaction from the electorate. The Federal Government is not without blame either. State governments have been restricted in the amount of money they have received from the Federal Government as well as the ways in which they can raise revenue since the early 1980’s. This has resulted in gambling being one of the few ways they can raise money (Murphy, 1996).
Murphy suggests that we are “governed by greed” and that “Australia is a giant gambling den and the biggest junkies in the game are our state governments. Meanwhile the social side-effects get worse and worse” (p. 21).

The state of Victoria has had the greatest growth in the gambling industry despite powerful lobbying from church and welfare groups. Murphy (1996) argues that gambling is an insidious system for taking money out of the pockets of the poor and putting it into the pockets of the rich. With casinos in Australia being situated in the centre of our cities, the Morgan poll (cited in Murphy, 1996) found that 80% of the Victorian Crown Casino patrons are locals, with 15% from interstate and 5% from overseas. The casino's contribution of $67.8 million was made to the Victorian State Government. Most of this money is being taken out of the local retail economy. This money in return goes into consolidated revenue paying for communal works. The Victorian State Government used their revenue for projects such as the Australian Open tennis tournament, and a failed America's Cup yacht, rather than towards helping those (problem gamblers and their families) who have contributed most towards raising the revenue. McMillen (1996c) explains:

> Governments have been spurred to legalise gambling by the prospect of additional revenues and the need to control the spread of existing illegal activities. Popular gambling practices have been reorganised to conform to commercial criteria and new forms of gambling have been introduced to entice new players. (p. 1)

McMillen expresses concern that no Australian government has achieved a balance between economic regulation and social imperatives, instead opting for the quick economic fix, and delaying the inevitable confrontation with the economic and social problems. Such delay in achieving policy change will only allow social and economic problems to increase. What is necessary is for the continuous exchange of information and ideas between the states about what is
the best way to address this problem, which will require gambling operators, consumers and government authorities to collaborate.

The Family and Local Community at Risk

The Australian gambling spree has resulted in welfare agencies becoming overloaded (Brown & Coventry, 1997). Counselling services have expressed difficulty keeping up with the demand for their services as people find themselves in debt. There is an increase in court cases involving problems with gambling losses (Murphy, 1996). The Uniting Church’s Director of Justice and Social Responsibility, Bronwyn Pike, is reported by Murphy (1996, p. 27) as saying that the church has seen a five-fold increase in request for funds to gambling problems in the past three years. Pike made the alarming statement that: “The problem may be far worse than we can ever quantify.... Remember, people rarely name gambling as an issue” (as cited in Murphy, 1996, p. 27).

Pathological gambling creates serious problems for the family structure, and is more common among the children of pathological gamblers than among the general population (American Psychiatric Association, 1995). Custer and Milt (1985) identified that the spouse or partner of the pathological gambler experienced definite stages in the process of living with the pathological gambler: denial, stress and exhaustion. Lesieur (1984) claimed that this sequence is associated with a discovery cycle in which the pathological gambler repeats the cycle. Initially there is discovery by the spouse, then a request for forgiveness by the pathological gambler; forgiveness is given, then the pathological gambler abstains or uses controlled gambling. Relapse occurs, and concealment by the pathological gambler continues until there is rediscovery by spouses, after which the cycle is repeated. Custer and Milt (1985) claim that spouses remain in denial about the seriousness of the situation, believing that it will improve, until a major crisis occurs, and then they blame themselves for the problem. Often the spouse feels as though they are losing their mind, and without professional help they may face divorce,
experience a nervous breakdown, contemplate or attempt suicide, or engage in an addiction of their own. They often believe that the only way to address this situation is to seek professional help.

The Risk Society for Gamblers

Concern is expressed by Symmonds (1996) that 80% of people gambling in casinos are of Asian background. He explains that casino gambling is attractive to the Asian community because it offers a quick potential to win, is available 20 four hours a day, and they do not have to read a racing form or speak once they have obtained their chips. He describes it as the silent form of gambling.

Casinos attract bus loads of Asians and Australians and these gamblers contribute to the casinos’ regular income. Murphy (1996) alleges that high rollers are sought after and encouraged by casinos, and no expense is spared. The casino offers them free first class air fare, penthouse accommodation, butlers and many other extras. High rollers are patrons who spend thousands, to hundreds of thousand dollars and occasionally a million dollars gambling in one session. Premium players are referred to as ‘whales’ and are extremely rich. They are asked by casinos to bet a pre specified minimum amount. Murphy (1996) describes the profile of a whale as over 40 years old, male, Asian and from Pacific rim countries. Murphy contends that there are only about 250 whales in total, who are each worth at least $5 million. In the United States, it is estimated that they represent 20% of a casino’s winnings. He acknowledges that Australia has only two high rollers, these being former prime minister, Bob Hawke and Kerry Packer (neither of whom fit the profile of a whale). Bob Hawke is described as not being a ‘whale’ but Kerry Packer is reported as winning $45 million at black jack in a Las Vegas casino and taking only 40 minutes to do it. This was given extensive coverage in Australian papers. There was a sense of pride that accompanied this news, which typically reflects Australian high regard for a successful gambler.
Conclusion

This section has examined risk as a social phenomenon that is experienced on many levels throughout society. Gambling is one aspect of risk. Specific social structures provide easy access to vulnerable people who are seduced by risk. The development of problem gambling contains medical and socio-political factors which only now are becoming evident and perceived to have far-reaching consequences. The dynamic of individualisation is achieved with the risk of gambling. People are removed from the constraints of gender, race or social status, and they are released from traditional forms and prescribed roles in their search for happiness. The community, and state and federal governments are allowing the risk society to thrive and develop because they continue to follow the logic that wealth production always wins, and Beck (1986) resignedly claims that; "...for that reason the risk society is ultimately victorious" (p. 45). Unfortunately, the successful outcome of the risk society has a detrimental effect on the victims, many of whom are problem gamblers and their families.

THE EXTENT OF PROBLEM GAMBLING.

This second section includes discussion of various characteristics of problem gamblers described in the literature, their association with alcohol, and the course that their gambling can be expected to take, following the addictive disease or medical models. Women and gambling are considered from the perspective of their preference for particular forms of gambling, namely, electronic gaming machines, as well as the frequency with which they gamble. The phases in the careers of problem gamblers are described and the incidence of depression and suicide examined.
Epidemiological Studies

The incidence of pathological gambling is uncertain. The percentage of the adult population who are pathological gamblers is said to be between 1% percent and 3% (American Psychiatric Association [DSM-IV], 1994; Kallick, Suits, Dielman, & Hybels, 1979) and one third of gamblers are said to be female, although no evidence to support this claim is provided. Estimates of the number of pathological gamblers in the United States vary from between 1.1 million to 6 million (Volberg & Steadman, 1989). Research conducted in the United Kingdom estimated that the prevalence of excessive gambling was 4% (Cornish, 1978). The criterion used in arriving at this figure was frequency of gambling, that is, more than once per week, excluding continuous gambling such as lotteries or pools. The most frequently used figure is 1% (Dickerson, 1990), which was established by Kallick, Suits, Dielman, and Hybels (1979) who conducted an attitudinal survey, a method criticised by Orford (1988), on the basis that attitude alone could not determine frequency. Dickerson (1990) suggested that the prevalence rate could be as high as 7%. Dickerson (1990) acknowledged that there were vast discrepancies between the estimation of prevalence in various studies and that a definite figure for the rate of pathological gambling could not be determined when he said "prevalence will vary according to the operational definitions employed" (p. 193). The variation in these figures depends on the researcher and the criteria used to describe pathological gamblers. Prevalence also depends on the social context, including cultural values, the legal situation and opportunity and can be expected to change in tandem with it. Research has been limited in this area and although there has been much speculation there have been few empirical investigations on the subject of prevalence of gambling associated with particular ethnic groups. There is a need for research combining characteristic variables and gambling behaviour, including gambling frequency, behaviour and attitude.
Background to Gambling Studies

Pathological gambling has emerged as a major problem for the attention of health professionals (Peck, 1986). There was a void in gambling research until 1985 when the first dedicated journal, the *Journal of Gambling Behaviour* appeared. This journal, edited by Henry Lesieur, filled the void, promoting research in the field of gambling, particularly in the USA where the National Institute for Mental Health granted money to Dr Rachael Volberg for research into the prevalence of compulsive gambling (Dickerson, 1989).

Most research literature has focused on the sociological aspects, emphasising gambling's effects on the family structure and the economic outcome of gambling for individuals, families and society as a whole (Greenberg, 1980; Lesieur, 1984; Seager, 1970). Gambling opportunities have increased through state lotteries, casinos and the internet, resulting in increased gambling addiction which has become a cause for concern for health professionals internationally (Trott & Griffiths, 1991). There exists a resistance to classifying pathological gambling as an addiction. The question of how an addiction can exist in the absence of a psychoactive substance has caused researchers to design their studies around this question (Dickerson, 1989). It has been argued that the addiction results from the naturally occurring psychoactive substances that are produced from the excitement of gambling.

I will argue that problem gambling is a multi-faceted problem, a syndrome with a combination of symptoms resulting from psychological predisposition, environmental influences, external stressors, underlying abuse issues and hereditary factors, and that it can not simply be written off as an addiction and classified along with alcoholism and drug addiction. However, Dickerson (1990) contends that:
At the present time it is preferable to assume that excessive
gamblers are a heterogenous group of people; evidence does not
permit their excess to be attributed to a specific weakness,
predisposition or type of personality. (p. 189)

Dickerson agrees with McCormick and Taber (1987) in the belief that the
interaction of factors such as obsessive compulsive characteristics, mood, and
life events may hold important information for our understanding pathological
gamblers. He asks that this conclusion not discourage potential researchers,
but instead, that they develop research methodologies based on the
understanding of the issues involved.

What’s in a Name?
There is disagreement as to which term best describes excessive gambling
‘compulsive,’ ‘addictive,’ ‘problem,’ ‘excessive’ or ‘pathological.’ ‘Compulsive’ is
preferred by members of Gamblers Anonymous (a world-wide self help group,
based on the twelve steps of Alcoholics Anonymous). ‘Pathological’ is used in
the medical model by clinicians who use the American Psychiatric Association
(DSM-IV, 1994) criteria to diagnose pathological gamblers. Dickerson (1989)
uses the terms excessive or problematic because they describe frequent and
uncontrolled gambling, resulting in harmful effects. He says that gambling can
be along a continuum and that there is no particular point at which gambling
can be described as excessive, Orford (1988) supports this point of view,
stating that gambling is a balance between positive and negative outcomes.
Dickerson (1989) used the term ‘excessive’ because he argues that this term
makes no assumptions about claims of cure or cause and is readily
understood. In this study the term problem gambler will be used, although all of
the participants in the study fulfil the criteria for pathological gamblers as
defined in DSM-IV (1994).
Characteristics of Problem Gamblers

Until recently, most information about pathological gamblers was found in surveys either from treatment facilities or Gamblers Anonymous (Dickerson, 1990). Work by Bolen and Boyd (1968), Custer (1982), and Dickerson (1990) demonstrated that pathological gambling is associated with composite personal social problems.

Investigation of the personality characteristics of pathological gamblers has been one psychological approach to understanding the distinctive profile of pathological gamblers (Blaszczynski, Wilson, & McConachy, 1986). Freud's (1928) interpretation of Dostoevsky’s gambling as sadomasochistic resulted in an increased interest in the psychological profile of pathological gamblers (Bolen & Boyd, 1968; Lesieur, 1979; Seager, 1970). Research studies have not supported the notion that all pathological gamblers are guilt-ridden, narcissistic and masochistic as purported by Freud (Custer, 1982; Greenberg, 1980). Instead, there is an indication that other factors are also involved in problem gambling.

The profiles of pathological gamblers vary greatly on many different dimensions (McCormick, 1987). Usually they are observed as having above average intelligence, and as very competitive, successful, and industrious workers to the point of workaholism (Greenberg, 1980; Peck, 1986). Boredom often causes them not to complete mundane jobs because they are more likely to be attracted to dangerous or stimulating situations such as driving fast cars or climbing mountains (Greenberg, 1980).

Personality tests have been used in research to establish the differences between gamblers and non-gamblers, but no one test has been successful in discriminating the two groups (Dickerson, Cunningham, England, & Hinchy, 1991; Lesieur & Rosenthal, 1991). Two commonly used instruments for the identification of pathological gamblers that have most often been nominated in the literature are the Minnesota Multiphasic Personality Inventory (MMPI) and
the South Oaks Gambling Screen (Lesieur & Rosenthal, 1991). Previously, the
two methods of identifying pathological gamblers were the 20 questions of
Gamblers Anonymous and questions based on DSM-III (1980) criteria but
Lesieur and Blume (1987) claimed that these generated excessive false
negatives. False negatives are of concern because they question the value,
specifically the sensitivity, of the questionnaires. Intelligence testing has also
been used to gain insight into pathological gambling but Moravac & Munley
(1983) failed to indicate what value this test has in the identification or
treatment of problem gamblers. There is no indication on the usefulness or
otherwise of these various tests. Research that developed a means of
identifying major problem areas for pathological gamblers was not located by
me. In addition there was a general failure to identify individuals as a high risk
of developing pathological gambling problems, the questionnaires focussing on
those people who have already self-identified. An appropriate questionnaire
would be one that identifies the major problem areas for gamblers such as: time
and money spent on gambling; relationship and family difficulties caused as a
result of gambling; lying or stealing to maintain their gambling and if gambling
has affected their work situation. Ideally this questionnaire would be self
administered and have the value of alerting the gambler and therapist to the
possibility of an existing gambling problem. Many of the questionnaires, such
as the ones used by Gamblers Anonymous, are administered after the person
identifies themselves as having a problem and simply confirms that they are
problem gamblers.

Medical Model

The medical model is a method of conceptualising, organising and delivering
assistance to an individual suffering from an illness, to families affected by the
sick member, and to communities trying to deal with the destructive effects of a
disease. It offers one of a variety of frameworks which enable governments and
institutions to shape and develop public policies to address the problem of
gambling (Blume, 1987). Unfortunately the use of the medical model in
Australia has not resulted in the development of appropriate public policies nor
has it resulted in treatment programs for problem gamblers and their families.

American Psychiatric Association (DSM-IV, 1995) incorporates features from
both set of criteria for pathological gambling as set out in DSM-III (1980) and
DSM-III-R (1987). This occurred after research by Rosenthal (1989) into the
problem of dissatisfaction by treatment professionals with the diagnostic criteria
are the diagnostic criteria for pathological gambling as set out by DSM-IV

• Persistent and recurrent maladaptive gambling behaviour as indicated by
five (or more) of the following:

  • preoccupation with gambling, for example preoccupied with reliving past
    gambling experiences, handicapping or planning the next venture, or
    thinking of ways to get money (with which to gamble).

  • need to gamble with increasing amounts of money in order to achieve
    the desired excitement.

  • repeated unsuccessful efforts to control, cut back, or stop gambling.

  • restlessness or irritability when attempting to cut down or stop gambling.

  • gambling as a way of escaping from problems or of relieving a dysphoric
    mood (feelings of helplessness, guilt, anxiety, depression).

  • after losing money gambling, often returning another day to get even
    (chasing one’s losses).

  • lying to family members, therapist, or others to conceal the extent of
    involvement with gambling.

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• committing illegal acts such as forgery, fraud, theft or embezzlement in order to finance gambling.

• jeopardising or lose a significant relationship, job, or educational or career opportunity because of gambling.

• relying on others to provide money to relieve a desperate financial situation caused by gambling.

DSM-IV (1994) supports the notion of the medical model with this requirement of five or more of the above criteria, which also suggest that the differential diagnosis of pathological gambling must be distinguished from social and professional gambling. Social gambling occurs with friends and has predetermined acceptable losses for a set period of time, whereas professional gambling involves limited risks and requires discipline within their own set criteria. Both of these groups occasionally experience problems with their gambling, but do not meet the necessary criteria for pathological gambling.

The majority of the research studies have followed the psychiatric model, with many assumptions being based on the disease model of alcoholism. An example of this is Custer's (1982) stages of pathological gambling. This has resulted in pathological gamblers being included in programs and treatments for drug and alcohol abuse without the development of specialised programs that are specifically designed to suit the profile of the pathological gambler.

The medical model is a conceptual and operative approach to pathological gambling (Blume, 1987). Conrad and Schneider (1980) define the medical model as follows:
The medical model of deviant behaviour within the individual, postulating a physiological, constitutional, organic or, occasionally, psychogenic agent or condition that is assumed to cause the behavioral deviance. The medical model of deviance usually, although not always, mandates intervention by medical personnel with medical means as treatment for the "illness." (p. 35)

This medical model, when applied to a problem of behaviour, always assumes a disease or illness notion of that behaviour (Blume, 1987). However, the disease concept associated with pathological gambling means that there are multifactorial biopsychosocial aspects present (Blume, 1987). It does not mean that only doctors treat an illness, rather that the individual seeks competent help from an appropriate caregiver (Parsons, 1951). The notion of disease and the medical model of treatment has influenced Custer (1982) and Jellinek (1960) in their use of behavioural therapy with pathological gamblers. Gamblers Anonymous adopted this same disease or medical model.

The medical model has been questioned by behavioural psychologists, for example, Knapp (1976) who criticised the quality of gambling research that was based on the medical model, and Dickerson (1990) who claimed that most of the "advances and conceptual problems" (p. 196) have been associated with the medicalisation of problem gambling. Vatz and Welberg (1986) contend that only gamblers who lose are labeled as sick. "If a gambler is a winner, he or she is not a 'pathological gambler'" they suggest, but "a 'rich entrepreneur'...." (p. 15). Blume (1987), however, argues that pathological gambling can be diagnosed in a winning gambler as signs and symptoms that are present well before the gambler experiences heavy losses, and that critics of the medical model fail to understand the diagnostic process. Blume (1987) gives the example of a salesman who is unable to control his gambling impulse and spends most of his time gambling to the detriment of his family. He is unable to account for his winnings, and he lies and deceives to cover his addiction. His
job and marriage begin to fail, and he needs to increase the size and frequency of his bets. Despite winning, he may be diagnosed as a pathological gambler. He will qualify under DSM-IV because of his frequent preoccupation with gambling, his need to increase the size and frequency of his bets, despite gambling when he is expected to fulfill job obligations, giving up important social and occupational obligations, and continuing to gamble despite significant job and marital problems that he knows are aggravated by his gambling. Most pathological gamblers do not seek professional help until they are losing. However, Blume (1987) insists that losing does not define the disease. Undoubtedly the inclusion of problem (pathological) gambling in DSM-IV (1994) has been helpful in gaining recognition for the plight of problem gamblers, although the research upon which many of its assumptions rests are questionable and tend to be closely linked with alcoholism and drug addiction. The research which supports the medical model also presumes intervention by the medical profession, which may be indicated in many cases.

The Addictive Disease Model

Problem gambling, alcoholism and drug addiction have much in common, such as associated financial, relationship, social and work problems (Custer & Mill, 1985; Jacobs, 1988; Orford, 1988) and these conditions frequently occur in the same people and families (Lesieur & Blume, 1991). Initially, DSM III grouped pathological gambling under 'Disorders of Impulse Control not Otherwise Classified' where the criteria for diagnosis were different from those for alcohol or drug dependence. In the revised manual (DSM-III-R, 1987) the diagnosis criteria were changed to become remarkably similar to alcohol dependence (Blume, 1987).

This change began the current acceptance of an addiction model, which conceptualise pathological gambling as a dependence on the action of gambling, similar to dependence on mood changing drugs. The contention that pathological gambling is a disorder that may be treated. Russo, McCormick,
and Ramirez (1984) with a study of 124 patients one year after their discharge from a treatment program that used both behavioural and cognitive therapy. One year following treatment, the study patients reported major improvements in their financial situations as well as the quality of their personal relationships. In addition there were many interpersonal and environmental pressures that were shared by the pathological gamblers prior to treatment. The two main areas that were always severely affected were their financial and interpersonal relationships, often to the point of bankruptcy and divorce. Major depression was frequently a complication with a commensurate risk of suicide. One year after treatment a decrease in depression was evident with less suicidal ideation among the participants. The indicators of financial situation, depression and relationships all improved and were significantly linked to decreases in gambling behaviour, although a causal relationship can not be inferred from the data. These pathological gamblers were not representative of pathological gamblers generally, because they had progressed to a point in their addiction that has required them to seek treatment in an inpatient facility. The results were encouraging because in most cases in the study their pathological gambling was further advanced and their general condition worse than the general population of pathological gamblers. There seems to be every reason to include these particular problem gamblers in the addictive disease model.

Research on pathological gambling has been conducted in England, Australia, Canada and the United States, especially with Vietnam Veterans (Murray, 1993). The first specialised programs for pathological gamblers 16 participants were part of the Vietnam Veteran’s Administration Medical centres (Franklin & Ciarrocchi, 1987). The first treatment centre for pathological gamblers opened in 1972 (Brown, 1987; Custer, 1982; Dickerson, 1987a; Garry & Lowenfeld; 1986; Lesieur, 1979), which means that treatment for pathological gamblers is relatively new (Murray, 1993).

The prevailing model of pathological gambling and the guiding principles of harm minimisation, suggest that the outcome of a program can be measured in
one or more of three domains: patterns and amounts of consumption, dependence and related harm (Vaillant, 1995). Many studies into the outcomes of treatment have been conducted overseas, but there are difficulties translating overseas information about program design and content into the Australian context because there are few specialised programs for problem gamblers in Australia. Programs that are available, include their gamblers with alcoholics and drug addicts. One way of overcoming this problem would be to carry out demonstration projects to test new treatment programs.

Women and Gambling

As early as 1898 Ashton described female gamblers in England as experiencing:

Ill consequences on the bodies of our Female Adventurers. It is so ordered that almost everything which corrupts the Soul, decays the Body. The beauties of the Face and Mind are generally destroyed by the same means. Now there is nothing which wears out a fine Face as the Vigils of the Card Table, and those cutting Passions which naturally attend them. Hollow Eyes, haggard Looks, and pale Complexions, are the natural Indications of a Female Gamester. Her Morning Sleeps are not able to repair her Midnight Watchings. In short, I never knew a thorough paced Female Gamester hold her Beauty two Winters together. "But there is still another Case in which the Body is more endangered than in the former. All Play Debts must be paid in Specie, or by an Equivalent. The man who plays beyond his Income, pawns his Estate; the Woman must find out something else to Mortgage when her Pin Money is gone. The Husband has his Lands to dispose of, the Wife, her person." (p. 54)

Writers of the eighteenth and nineteenth century noted and deplored the gambling propensity of ladies (Ashton, 1898). There has been little change in the plight of women gamblers over the past century.

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There are conflicting ideas about the profile of typical female problem gamblers, indicating that there remains much to understand about this group. Until recently the profile of the typical pathological gambler was that of a 40 year old, employed male with a better than average education (Dickerson, 1990). Volberg and Steadman (1988) claimed that this profile did not match their findings, which showed that more than one third of the pathological gamblers in the community were female. They felt that the characteristics of pathological gamblers in the community differed substantially from the characteristics of those in treatment. DSM-IV (1995) claimed that females are under-represented in treatment programs for gambling, and that only 2% to 4% of the Gamblers Anonymous membership were women. They suggest that this is because there is a greater stigma attached to female gamblers. Because of this stigma, the female gambler remains an enigma with little research being conducted with women until the needs of women with gambling problems were considered by Brown (1997) who in adopting a feminist approach asked woman what their key issues were about gambling. Brown (1997) found that women prefer electronic gambling, that it enables an escape from drudgery and they are drawn to the "social conviviality of gambling" (p. 1). While this study was interesting, it failed to look beyond a superficial explanation of gambling addiction in female participants. Legge (1996) associated the increase of problem gambling in women with the availability of family-oriented clubs and venues. This claim is questionable because the growth of once small and intimate clubs into huge monoliths frequently results in an impersonal atmosphere.

It is encouraging to see research conducted in Australia by Brown (1997) but this is only the beginning towards understanding their needs. Further women-specific research urgently needs to be conducted because women are contributing more towards the economy, have greater control of wealth, and electronic gaming machines are becoming more accessible.
Locus of Control

People who believe in luck are more likely to gamble (Browne & Brown, 1993). This is an obvious observation, however, many people believe in luck or fate at some time in their lives but do not gamble compulsively. Similarly, many people believe in their own abilities to direct their lives, and they do not gamble compulsively. Rooter, Chance, and Phares (1972) link a person's belief in an external locus of control to believing in chance rather than individual control over one's destiny. People with an internal locus of control believe that their winnings are the results of their own efforts, characteristics or behaviour, whereas those persons with external locus of control attribute consequences to fate, luck or the existence of a higher power. It is the relationship between locus of control and self efficacy beliefs that result in participation in games of chance according to Browne and Brown (1993). This study was not convincing in its findings because at different times in their lives people may experience internal or external locus of control. That is, they may consider that their efforts will direct the outcome of their lives while at other times they will think that luck or fate play a role. In a study of 288 students, Browne and Brown (1993) found that those with an internal locus of control were significantly likely to have parents who were gamblers. No explanation was given for this finding. Because the study was conducted with students, the researchers acknowledged that peer pressure may be a contributing factor and asked the students to reflect back to before they entered college. Perhaps this was a time when they were unsure about whether they would be able to enter college and considered luck to be a factor. However, after the students entered college, Browne and Brown found that their gambling decreased, which would reflect their belief that by applying themselves to their studies they can improve their lifestyle. This interpretation surely contradicts their findings. The most predictive variables in Browne and Brown's study were engaging in other gambling, parental gambling and peer gambling. They claimed that with the use of discriminate analysis of variables they could predict the students' gambling status with electronic...
gaming machines. This result could be helpful in targeting students for educational programs about gambling. Instead of being concerned about locus of control, perhaps two preferable questions to ask are, "Does either of your parents gamble?" and, "Do any of your friends gamble?"

Association with Alcohol and Other Drugs

An early study on pathological gamblers indicated that 8% were also addicted to alcohol and 2% were addicted to other drugs (Custer & Custer, 1978). In the same year, Custer and Custer found that only 4% of their hospitalised pathological gamblers were alcoholic and 6% were addicted to other drugs. Interestingly, Ramirez, McCormick, Russo, and Taber (1983) examined 51 admissions into the same Vietnam Veteran's medical centre (they were all male veterans) and found that 39% met the criteria for drug abuse for the year prior to admission and that 47% had met the criteria at some other time in their life. The difference in the findings may be attributed to the use of different screening methods. Linden, Pope, and Jonas (1986) showed that 52% of their Gamblers Anonymous sample demonstrated evidence of alcohol or other substance abuse. Similarly, Lesieur (1988) found that 52% of his sample of 50 female Gamblers Anonymous members had abused alcohol or other drugs during their life. No explanation is offered about why there was such an increase in the combination of pathological gambling and alcohol or other substance abuse.

The increase in gambling activity has significant implications for the field of alcohol abuse (Ciarrocchi, 1987). Ramirez, McCormick, Russo, and Taber (1983) claimed that certain forms of gambling, in particular casino gambling, are enmeshed with the use of alcohol where the dynamics and psychological factors leading to pathological gambling are similar to those which explain substance abuse. While there are certain similarities, there are also important differences requiring gamblers' needs to be considered. They also explored the association between substance abuse and pathological gambling in a study of
51 Vietnam veterans who were inpatients at the Cleveland Veteran's Administration Medical Centre. They demonstrated a positive correlation between alcohol or drug abuse and pathological gambling. Thirty-nine percent of the sample met the Research Diagnostic Criteria (RDC) developed by Endicott and Spitzer (1979) for alcohol and drug involvement during the year prior to admission to the Gambling Treatment Centre with 47% of the sample meeting the criteria at some other point in their lives. That the sample was selective does not detract from the findings of a positive correlation between the presence of gambling and substance abuse in patients and their siblings. The positive correlation in no way demonstrated that one caused the other. In fact, the findings were inconclusive as to whether the interaction of the two factors were genetic or environmental. Rather, they found that it was a combination of genetics and environment.

Ramirez et al. (1983) claimed that “gambling fulfills many of the same needs for the pathological gambler that alcohol or other psychoactive substances do for the chemical abuser” p. 427. This study also explored the association between substance abuse and pathological gambling in a selected population of severe pathological gamblers. Although the population studied was selective, there was a large percentage of pathological gamblers who also demonstrated a diagnosable drug or alcohol abuse problem. While interesting, this study did not expand on current knowledge nor did it establish the causal relationship between alcohol and gambling within an individual.

Little research has been conducted into the intergenerational effects of pathological gamblers’ behaviour on their children’s tendency to become pathological gamblers. These children are caught in the extreme behaviour of their parents as described by Custer and Milt (1985). As part of this dysfunctional family they often suffer physical and emotional abuse. They respond by feeling abandoned, lonely, hurt, angry and guilty, running away from home, using drugs and becoming depressed (Custer & Milt, 1985). Lesieur and Klein (1987) found that children who said that their parents were
pathological gamblers were more likely to have gambling problems themselves. A study by Jacobs (1988) of Californian high school children whose parents were pathological gamblers supported these findings, demonstrating that the students regularly used stimulant drugs and overate. Lorenz and Yaffee (1986) claimed that they found no statistical indication that these children suffered any more psychosomatic illnesses than children in the general population.

Unfortunately much of the data collected by researchers about these children were a secondary part of their studies. The authors primarily focused on the pathological gamblers. The data were collected from the parents rather than the children. The researchers asked the gamblers about their relationships with their children, and the answer may or may not reflect the situation as experienced by the children. This especially applies to studies conducted by Lorenz and Yaffe (1988), and Custer and Milt (1985). There is little data available on Australian children of pathological gambling parents. What is known indicates serious levels of pathology in the children as well as their parents. Lesieur and Rosenthal (1991) stated that there was no research into these children when they become adults. Research into this area is sorely needed as there is no evidence of any further research since 1991. These findings are reflected in the life experience of the participants in the study who, without exception, experienced abuse in their childhood, be it emotional, physical or sexual. These findings imply a multi-faceted condition and, although they apply to problem gamblers, many features could also apply to people with borderline personality disorder (BPD). This idea is explored in Chapter Eight, the discussion section of this study.

The Course of Problem Gambling

Typically, gambling begins in early adolescence for males and later for females. Rarely are individuals addicted following their first bet. Usually the onset is more gradual, beginning with social gambling and followed by a sudden progression that may be result from greater exposure to gambling or a
life stressor. The pattern of gambling may vary. It may be spasmodic or gradually increase in frequency and in the amount wagered. Usually there is a preoccupation with the gambling process as well as how to obtain money with which to gamble (DSM-IV, 1995).

Most gamblers who seek help have as their game of choice one which provides continuously available gambling such as electronic gaming machines, off-course agency betting or casino gambling, rather than games which provide intermittent gambling opportunities such as Lotto, Pools and lottery tickets (Dickerson, 1990).

Frequency of Gambling
The frequency of play and the amount of stake were considered by Caldwell, Young and Dickerson (1988) to be important measures of establishing the extent of a gaming problem. Observations by Caldwell et al. (1988) contend that there is no one particular level or amount of gambling that may be regarded as excessive, but note, however, that it is unusual for a person to gamble more often than once each week on any of the legalised forms of gambling. They found that a typical Lotto player stakes $10 per week compared to $60 to $80 per week with people playing electronic gaming machines. These data were obtained from a random population sample, not from specified problem gamblers, which gives an overview of the general population and a guide to recognising a person with a gambling problem. However, frequency of gambling alone is insufficient to indicate pathological gambling, instead it is a contributing factor.

Typical Progression of Problem Gambling
The phases of problem gambling were described by Custer (1984, 1985) as the winning, losing, and desperation phases. Lesieur and Rosenthal (1991)
modified these phases and added an extra phase which they named the hopeless or giving up phase. The following is an outline of the four phases.

1. The winning phase: In this phase gamblers feel they are good at gambling. They receive acclaim for their success, their self esteem improved because of this, and consequently they invest more time and increase their stakes. Often they have a big win early in their career, often larger than their annual salary. This makes them feel as if they are invincible and they begin to take greater chances. They create a fantasy of winning, consider that money is the solution to all of their problems and can only think of gambling to obtain money. Lesieur (1988) said that many gamblers never have a big win even initially and that half of women pathological gamblers considered gambling to be a way of escaping from overwhelming problems in their past, their relationships or their family situation. Lesieur (1988) described two types of gambling progression for women; action seeker and escape seeker which have different beginnings but gradually merge into a common pattern. These terms relate to the primary motivation for early gambling. People who gamble to escape often describe their gambling as 'anaesthetic' or 'hypnotic,' thereby resulting in a dissociative state (Jacobs, 1988). The terms 'memory blackout,' 'trances' and 'out of body experience' are used by escape seekers to describe their feelings of escape while gambling (Jacobs, 1988; Browne, 1989).

During the winning phase the pathological gambler's ability to 'handicap' produces greater self esteem. Handicapping refers to the ability to produce a winning system for their specific mode of gambling, be it the racecourse, stock options or numbers (Rosencrance, 1985). They often chase their losses in an attempt to minimise their losses (Lesieur, 1979), and become obsessed with trying to recoup their money. If they experience further losses their self esteem is affected. Subsequently, they
continue to chase resulting in irrational gambling and further losses. Action seekers proceed to the losing phase during the chase (Lesieur & Rosenthal, 1991).

2. The losing phase occurs when a pathological gambler experiences a run of bad luck and is unable to cope with losing. They chase in the hope of recouping their losses all at once (Lesieur, 1979). Although they may have begun gambling socially, they may begin to gamble alone, more frequently, more urgently and heavily. Lying and covering up begins, and only urgent debts are paid. Their jobs suffer as the preoccupation with gambling increases, causing them to exploit their jobs for money and time to gamble. They start to spend less time with their family as they spend both their own and their family’s money to support their gambling, emptying bank accounts and borrowing from friends and family. They may take out loans, sell possessions and tell lies to obtain money, resulting in a seemingly impossible financial burden. This financial burden causes strain and a rapid deterioration of relationships with family and friends. Eventually the pathological gambler may be faced with imprisonment due to fraud, embezzlement or theft, and often family members pay their debts rather than see them go to gaol. Avoidance of the consequences of their gambling makes the pathological gambler feel as if they are omnipotent. They begin to gamble more heavily, and eventually lose any control of their behaviour (Lesieur & Rosenthal, 1991). These observations are reflected in the experiences of the participants in the present study.
3. **The desperation phase.** During this phase the gambler contemplates behaviour never before considered, such as stealing from employers or other illegal activities. Stealing is rationalised as a short term loan, with every intention of paying back the money. Rosenthal (1989) believes that:

> The more desperate one becomes, the greater the sense of optimism. There is a lack of concern for others as attention is increasingly taken up with illegal loans and activities and various scams for getting money.... They eat and sleep poorly and life holds little pleasure. In fact a common fantasy is of starting life over, with a new name and identity. (p. 14)

Depression and suicidal ideation are common, and some will commit suicide (Lesieur & Rosenthal, 1991).

4. **The hopeless or giving up phase.** This occurs when the gambler realises that they will never recoup their losses. Their gambling lacks skill and they do not care. They seek the excitement and action for its own sake. They gamble to the point of physical and mental exhaustion (Rosenthal 1989). Factors believed by Lesieur and Rosenthal (1991) to hasten the progression of the pathological gambler through these phases include:

- A big win (Custer, 1982).
- Chasing behaviour (Lesieur, 1979).
- Going on tilt (Browne, 1989). This expression indicates an acute deterioration in play with loss of control.
- The use of alcohol and other drugs.
- The death of a close friend, relation or divorce.
- The birth of a child.
• Physical illness or life threatening situation.
• A job redundancy or career failure.
• Success (Bolen & Boyd, 1968).
• Relationship problems (Lesieur & Blume, 1992).

Research described in this study describing the progression of problem gambling reflects the medical model, suggesting that the 'disease' process is one of progressive degeneration. However, Peele (1989) controversially insisted that addictive behaviour need not be progressive, that it will follow its natural course and frequently go into remission without any form of treatment. Peele (1989) also claims that addicts seek experiences to satisfy needs that are not otherwise satisfied.

Peele (1985) claimed that addiction can be understood only in experiential terms and that no biological mechanisms create addiction. He insisted that people are addicted when they pursue a sensation or activity relentlessly and sacrifice other life choices to this pursuit. He included in possible addictions not only gambling, drugs and alcohol, but also sexual excitement and relationships.

Depression and Suicide
Many studies have identified depression in pathological gamblers (Moran, 1969; Bolen and Boyd, 1968; Lesieur and Rosenthal, 1991; McCormick and Taber, 1987). Moran (1969) found that one in five of his sample of 50 pathological gamblers had attempted suicide. Livingston (1974) found that 8 attempted suicide out of the 53 people questioned. A similar result was found by Custer and Custer (1978) where they found that 24% of the 100 Vietnam Veterans who were pathological gamblers had attempted suicide. In their study, Ramirez et al. (1983) found that 97% of men admitted to a gambling treatment program met the criteria for a major depressive disorder. McCormick, Russo,
Ramirez, and Taber (1984) studied 50 hospitalised pathological gamblers and found that 12% had made a successful suicide attempt, and another 12% had made preparations for a serious attempt, 6% had mentally rehearsed a specific plan or suicidal gesture, 18% had thought of a specific means of suicide, 22% frequently thought of suicide but chose no method and 10% had occasional thoughts of wishing they were dead. The remaining 20% had no suicidal ideation. In a study of 25 male Gamblers Anonymous members, Linden, Pope, and Jonas (1986) found similar results.

A survey of 500 Gamblers Anonymous members by Frank, Lester, and Wexler (1991) identified suicide as a recurring option. Forty eight percent said that they had considered suicide and 13% said that they had attempted suicide. The gamblers who had considered suicide but had not attempted suicide differed only in one aspect in the responses they gave to the survey, from those who had attempted suicide. Both groups were similar in their gambling behaviour. The only difference was that the suicidal gamblers began at an earlier age and were more likely to have committed a crime to support their gambling. Because this sample was a sample of volunteers the results cannot be generalised to all pathological gamblers. Another interesting but inconclusive result was that gamblers who had been suicidal in the past came from dysfunctional families where family members were often addicted to alcohol. Thus, overwhelmingly, the results indicate that depression is a major problem for pathological gamblers with a high incidence of suicide and suicide attempts.

This section has described the family, social and medical constructs that influence the emergent meaning and interpretation of this inquiry as well as presenting the notion that problem gambling is multi-faceted. The following section will outline various approaches to the treatment of pathological gambling, explore the debate of abstinence versus controlled gambling and how behavioural change can be achieved.
APPRAOCHES TO THE TREATMENT OF PATHOLOGICAL GAMBLING

The third section of Chapter Two presents an examination of the literature that influenced and shaped my understanding about the variety of treatments available to problem gamblers. The following topics are included:

- Controlled gambling versus abstinence.
- Psychoanalysis.
- Inpatient treatment.
- Family and marital therapy.
- Behavioural self control therapy.
- Group therapy.
- Power.
- Change.

There is no apparent consensus regarding the most appropriate treatment. Unfortunately, treatment is dependent on the availability of services to gamblers, their financial situation and the progression of their condition. Treatment will be presented as a means of change: change is a recurring theme in the treatment of pathological gamblers. Ivey, Ivey, and Simek-Downing (1987) claimed that clients are dissatisfied with themselves or some situations and want to modify themselves, their life situation or both. Gleeson and Muir (1986) explain that:
Treatment for a problem which is behavioral, with an element at least of choice, can only ever be in response to a desire for help or change. To attempt to change the behaviour of another without such a desire must be an attempt at prevention or control. (p. 43)

Treatment is often confused with prevention and can include information giving as well as early and long term intervention strategies. Treatment should allow for the biological, psychological and social factors which affect addictions, and thus encourage the person to participate actively in their treatment. Gleeson and Muir (1986) address gambling treatment by considering it as a response to a client’s desire for help or change for a behavioural problem where the request for help indicates a problem to the therapist. The need for change may be perceived or diagnosed by the therapist or physician by problems arising from a breakdown in relationships, financial difficulties, social problems, depression and suicidal ideation (Gleeson & Muir, 1986). The principles for treating alcohol dependence have, in general been adapted to the treatment of pathological gamblers (Dickerson, 1989; Orford, 1988). Initial assessment and diagnosis, and individual and family therapy in a trusting therapeutic relationship are essential requirements for successful treatment (Orford, 1988). Treatment centres based on problem-oriented inpatient programs, similar to those designed to treat drug and alcohol dependence, have been established in the USA. These are costly, and their effectiveness has not been compared to less costly and less time consuming methods (Dickerson, 1989). This form of treatment has also been criticised by Peele (1989), who claims that the industry of treatment for addictions is unnecessary and out of control (p. 146).

Controlled Gambling versus Abstinence

There are two distinct approaches to pathological gambling, controlled gambling and abstinence from gambling (Dickerson & Weeks, 1979; Kusyszyn, 1990). Controlled gambling is frequently recommended by individual counsellors to their clients as an initial step in their treatment whereby they
decide to limit their gambling to an agreed monetary sum or period of time. This amount is renegotiated with the client as circumstances change. Should the client become unable to maintain this agreement, it may become necessary to aim at abstinence. The inability to maintain controlled gambling is a valuable step in enabling the client to realise they are out of control and that their lives have become unmanageable (Symmonds, 1996). Some gamblers may not be able to afford to continue their gambling owing to their financial situation, but there is no evidence that the outcome of treatment is ultimately better when the pathological gambler tries to abstain, as demonstrated in a study by Russo, Taber, McCormick, and Ramirez (1984). Blaszczynski, McConaghy and Frankova’s (1991) opinion on abstinence is that:

...total abstinence was an excessively stringent criterion that dismissed the validity of the clinical observation that some addicts continued to regard themselves as abstinent over a long period despite the experience of one or more relapse episodes. (p. 1485)

Pathological gambling treatments, in the majority, have recommended abstinence as either the objective or the successful criterion, but, case studies conducted by Dickerson and Week (1979), and Rankin (1982) into the results of controlled gambling considered this to be a more appropriate goal. More recent literature indicates that the majority of psychoanalytic, group therapy and multi-modal pathological gambling treatments recommend abstinence. During a conversation with Symmonds (1998) said that in the beginning of treatment with pathological gamblers in one to one counselling sessions, he recommended controlled gambling until this failed and the client recognised that they were ‘out of control’ and that for them abstinence was the only option. This often led to an increase in the acceptance of abstinence which may not have occurred in the first instance.
Little attention has been given to controlled gambling. Dickerson (1991) suggests that this is due to the influence of Gamblers Anonymous on traditional psychiatric centres. He argues "that scientists espousing controlled gambling use are often branded as agents of the devil and that their experiential data are a lie" (p. 300). What information is available suggests that when total abstinence is not achieved, there remains some improvement following treatment for pathological gambling using the goals of both abstinence and controlled gambling (Dickerson, 1991).

Dickerson (1991) in a study of 63 patients who received nine years of a pathological gambling treatment program on a weekly basis, revealed that 14% had achieved complete abstinence over a mean of 5 years post treatment. This increased to 29% when abstinence criteria showed that there were no episodes of gambling in the month immediately preceding the follow up interview and for the majority of the post treatment period. Dickerson (1991) argues that the most impressive evidence found in his study was that prior to treatment the patients displayed pathological levels of psychopathology such as neuroticism, psychoticism, anxiety and depression. In contrast, post treatment, the patients showed a greater reduction in anxiety scores than did the abstinent gamblers. Uncontrolled gamblers had significantly higher levels of psychopathology on these scales. He claims that:

Measurement of social and psychological function following treatment suggest that some gamblers have the ability to return to and maintain controlled gambling over substantial periods with minimal risk of relapse. (p.303)

Prior to treatment, controlled gamblers had lower levels of psychopathology and following treatment. They demonstrated reduction in these levels, showing a greater sense of self efficacy and self confidence, as evidenced by maintaining control over their behaviour, whereas gamblers whose aim was to
remain abstinent found that if they recommenced gambling they quickly lost control. They were unable to maintain any control over their gambling. Dickerson proposes that this explains their increased need for additional treatment when compared to controlled gamblers. Thus, Dickerson appears to recommend controlled gambling as the preferred outcome and treatment goal. From the literature it appears that most practitioners recommend controlled gambling as a goal in the treatment of pathological gambling. However, considering that Gamblers Anonymous and some therapists aim for abstinence, one could assume that there are a vast number of pathological gamblers who believe that, for themselves, gambling in any form is not an option. Unfortunately this debate has caused confusion for the problem gamblers who seek the help of different therapists. It is also difficult for them to practise controlled gambling as well as attend Gamblers Anonymous. Considering that Gamblers Anonymous provides extensive, affordable and excellent support it is unfortunate that the debate cannot be settled with the help of further research and allow treatment to progress. It seems as if various factions have a vested interest in remaining with their particular viewpoint and are unwilling to change.

Psychoanalysis

Psychoanalysis was the first type of treatment used with pathological gamblers. This treatment was first developed by Freud in 1928. From his theory of psychoanalysis comes an explanatory set of concepts to explain human behaviour and a clear set of intervention techniques through which people can be helped (Ivey, Ivey, & Simek-Downing, 1987). Helping is defined by Ivey et al. (1987) as "A general framework in which one person offers another person or group assistance, usually in the form of interviewing, counselling, or psychotherapy" (p. 18). Eysenck (1968) explained that:
In general, certain conclusions are possible from the data. They fail to prove that psychotherapy, Freudian or otherwise, facilitates the recovery of neurotic patients. They show that roughly two-thirds of a group of neurotic patients will recover or improve to a marked extent within about two years of the onset of the illness, whether they are treated by means of psychotherapy or not. This figure appears remarkably stable from one investigation to another, regardless of the type of patient treated, standard of recovery employed, or method of therapy used. (pp. 29-30)

This claim by Eysenck has been fiercely rebutted in articles by Bergin (1971), Bergin and Suinn (1975) and Luborsky (1974). Smith and Glass (1978) summarised their opposition by demonstrating that Eysenck did not consider all of the 400 articles available on this topic and they considered his work to be “tendentious diatribes” (p. 756). The earliest reports on pathological gamblers which followed almost exclusively a psychoanalytic orientation, rarely described the therapy (Bolen & Boyd, 1968, Lesieur, 1979). Reports of therapists using this method since then and reports on research conducted in this area are rare (Adkins, & Ramirez, 1987; Bolen & Boyd, 1968; Peck, 1986; Taber, McCormick, Russo). Bergler (1957), treated 60 clients with gambling problems with psychoanalysis and claims to have had 45 successes, but this study did not involve any follow up of the successful clients and the criteria for success were ambiguous.

There are no recent articles on psychotherapy for the treatment of problem gamblers. It can only be concluded that either it has lost its appeal as the treatment of preference in treating pathological gambling or that researchers are not conducting studies in this area. However, because the profile of the problem gambler, indicated previously in this chapter, is similar to that of borderline personality disorder, perhaps long term psychotherapy needs to be considered in future studies.
Inpatient Treatment

General practitioners are often the first line of treatment because many pathological gamblers do not know where to turn for help and often have other physical health problems that need attention. Employers often bring pressure to bear on their pathologically gambling employees to seek treatment after an episode of pilfering from company funds. This treatment becomes a form of vocational rehabilitation. Admission to an inpatient facility is usually the last form of treatment to occur after many other forms of treatment have proved unsuccessful, or the problems gambler's condition has progressed to a stage requiring legal action to be taken against them, or they have developed depression or suicidal ideation.

There are no Australian studies on inpatient treatment for problem gamblers. Often the pathological gambler is referred to psychiatric management in response to depression or suicidal ideation, with the gambling problem being addressed later. Inpatient treatment is time consuming and costly, and Australian health funds are reconsidering their position on providing health cover for the treatment of problem gambling (personal communication with Symmons, Sept. 1998). Should health funds decide to withdraw funding for inpatient treatment, then the client would need to be self funding, causing further financial difficulties for them.

Family and Marital Therapy

Marital and group therapy was studied by Bolen and Boyd (1968) who claimed that of 9 clients, 3 attained abstinence and 5 neared cessation. However, there was no follow-up of this group, therefore; it is impossible to determine for how long the treatment was successful. Teperman (1985) did follow up 9 of the 20 participants in a study of marital therapy, finding that they had abstained from gambling after three years, and that 10 had dropped out of the study. He claimed a 60% success rate. There has been insufficient research to determine
the outcome of family and marital therapy on problem gambling to form any definite conclusions.

Behavioural Self-Control Therapy

The behavioural approach to compulsive gambling was introduced by Fink (1961). The formula, $B = f(P, E)$ or "Behaviour is a function of the person and the environment" was conceptualised by the psychologist Lewin (1935). He was concerned with psychology's tendency to consider only individuals, without considering the influence of their environment (Ivey et al., 1987). In recent years there has been extensive work to correct this situation, emphasising the person in relationship to their environment. Blaszczynski, McConachy, and Frankova (1991a), studied 18 pathological gamblers who had been treated with behavioural therapy. They reported abstinence at a two to nine year follow-up period. They were placed into two categories: those reporting complete abstinence, or those with occasional relapses.

Results indicate that both samples improved significantly on post treatment psychological and demographic measures and did not differ from each other. It was concluded that a sub group of gamblers may experience intermittent brief relapses that are not invariably associated with a continued return to addictive gambling. (p. 1485)

Although it used a small sample, this study questions the validity of applying to gambling the assumption inherent in the medical disease model of addiction, that one episode of relapse will eventually result in the complete return of the addictive process. Their findings support the notion that a lapse need not result in relapse or long term loss of control.
Aversive Therapy

The one controlled trial by McConaghy, Armstrong, Blaszczynski, and Allcock (1983) was extended to a five year follow-up of 120 patients to determine the success rate of aversive therapy and imagined desensitisation. This study was severely criticised by Dickerson (1989) for it is somewhat dated focus on single, limited procedures and also on its use of the term 'desensitisation.' In reviewing the literature on the types of treatment that have been used in the treatment of pathological gamblers, it is clearly illustrated that there has been piecemeal development of the literature. When the question of effective treatment for pathological gambling was discussed the variety of programs and approaches were numerous, from abstinence to controlled gambling, to behaviour modification.

Group Therapy

Group therapy is a popular method of treatment for pathological gambling (Greenberg, 1980; Lesieur & Blume, 1991; Lesieur & Rosenthal, 1991; Linden, Pope, & Jonas, 1986). The effectiveness of this treatment is attributed to clients sharing their common problems in a safe supportive environment (Greenberg, 1980). The role of group therapy in human development and treatment is described by Clayton (1994) thus:

> Group members time and time again develop attitudes and abilities that result in more satisfying life experience. Group members regularly learn to perceive and appreciate the functioning of those around them. They perceive value in each other's functioning, they appreciate one another's achievements. As a judgement and criticism of one another falls away and the sense of appreciation increases group members find themselves thrown into new experiences. Old memories return to their consciousness. The emotions and feeling level emerge into consciousness to a greater degree. (p. 4)
The success of group therapy can be demonstrated by the worldwide acceptance of Gamblers Anonymous which is a form of group therapy (Greenberg, 1980; Taber & Chaplin, 1988). Gamblers Anonymous is a self-help group that is based on the disease model of intervention which advocates total abstinence as its goal (Blume, 1987, Browne, 1991). This notion of abstinence is not accepted by all therapists as the most desirable goal (Dickerson, 1989; Murray 1989; Orford, Oppenheimer, & Edwards, 1976), and many gamblers experience intermittent brief relapses that are not inevitably associated with a return to pathological gambling behaviour. This notion is supported by the findings of Blaszczynski, McConaghy and Frankova (1991). Gamblers Anonymous began in the United States in 1957, 22 years after Alcoholics Anonymous, and spread to England seven years later (Casson, 1964; Franklin & Ciarrocchi, 1987). As with Alcoholics Anonymous, the effectiveness of Gamblers Anonymous appears to improve when spouses of gamblers became involved (Murray, 1989).

Power

The notions of power and the goal of change for the problem gambler in the group setting is discussed. Power is an important element influencing relationships within the group and the desire for change a powerful motivation. The claim was made by Gleeson and Muir (1986) that a relational power exists between the one who seeks treatment for a gambling condition and the nurse therapist, because the nurse therapist has had power invested in them by the clients. This view was supported by Johnson and Johnson (1987) who believe that power is an attribute of a relationship, not of a person. Johnson and Johnson (1987) define power as:
... the actual control of another's behaviour, the capacity to influence another's behaviour, the capacity to influence another person's rewards and costs, the ability of one person to get others to carry out certain actions and the capacity to affect another's goal accomplishment. (p. 330)

Exertion of power requires some mutuality or goal interdependence, where power is dynamic, it focuses more on the changing nature of influence within a relationship. Johnson (1987) also believes that power is holistic, phenomenological and deductive; holistic, because it assumes that power is a complex phenomenon; phenomenological, in that it stresses the immediate experience of group members and the way they influence each other and; deductive, in that it attempts to apply and validate theoretical principles concerning the nature of power. It is the phenomenon and mutuality of power that exists within the group relationship that can become a positive force in the treatment of problem gamblers once trust and safety have been established.

As a group leader, the nurse therapist's role requires the promotion of goal accomplishment and the maintenance of the group. Decisions cannot be made without members influencing one another (Johnson, 1990). That power exists within the relationship between the nurse therapist and the client is acknowledged by Christensen (1990). However, Christensen (1990), and Arnold and Boggs (1989) claim that mutual power only exists to the extent that one can influence the other, working as a partnership. The partnership between the nurse therapist and the client is described by Christensen (1990) as follows: The therapist acts as a facilitator, guiding the client along the recovery path, pointing out dangers and advantages along the path. The client is encouraged to make choices without force or coercion. Each decision about behavioural change is made not to please the therapist but instead to improve the client's own status and well being. It may be argued that in order for the client to make optimal progress through this health-related experience which is
characterised by the giving and receiving of therapy, it is necessary to work in a partnership. Optional recovery may be influenced by coexisting passages of the client's life stages as well as external conditions which exist during a passage (Christensen, 1990). The various approaches to treatment will involve different dynamics of power between clients and therapists with the sense of power shifting and changing constantly.

Change
Change is promoted in group therapy by the observation of other group members having significant emotional experiences and self disclosure. They realise that others have similar feelings, and the realisation enables insights into their problems (Bolton, 1987; Egan, 1975). The observation that other group members have significant emotional experiences can promote change by decreasing the participants' egocentrism and increasing their perspective taking abilities (Miller & Rollnick, 1991). This process produces hope and decreases demoralisation which occurs when a client experiments with new behaviour and receives feedback from others (Ivey et al., 1987; Miller & Rollnick, 1991). The availability of immediate information about how one is perceived by peers is unique to the group situation. Also, by observing the group therapist and modelling constructive behaviour and attitude patterns on him or her, participants experience one of the best ways of learning new patterns of behaviour and attitude (Bolton, 1987; Egan, 1975; Miller & Rollnick, 1991). Again, Johnson (1987) reinforced these methods of change, stating that an important element of maintaining change is the internalisation of how other participants and the group leader resolve difficult situations. Cognitive learning produces insight into one's problems, understanding of oneself and the conscious implementation of interpersonal skills (Johnson & Johnson, 1987). Although group therapy presents as a desirable, supportive way of providing help for problem gamblers, the notion of power needs to be considered because power, used abusively, can be detrimental to the recovery process,
setting up a relationship similar to the dysfunctional family of origin relationship. This relationship dynamic means that the client can experience a transference of feelings towards members of the group, including the therapist, unconsciously selecting members to fulfil roles originally portrayed in their family of origin such as bad mother or good father. The therapist should recognise this and not allow the transference to become abusive, instead, to use it constructively as a tool to help the client gain insight and understanding into the dynamics of the relationship and develop strategies to work through associated relationship difficulties.

Change in group therapy is promoted by the emotional expression of positive and negative feelings toward other group members about important life events who express feelings that they had previously blocked and thereby release themselves of an emotional restraint (Miller & Rollnick, 1991). Unless participants are free to express both positive and negative feelings towards each other openly and directly, the road to change will be blocked (Miller & Rollnick, 1991; Ivey et al. 1987).

The medicalisation of the treatment of pathological gambling has resulted in advances in knowledge about gambling and associated problems, but it has also created its own problems, such as the contradiction and confusion around the two models of the ‘disease’ or medical model and the behaviourist model. Conceptual problems in recent research have been associated with the medicalisation of pathological gambling since its inclusion in the DSM-III (Dickerson, 1991). The literature suggests that the goal of any treatment should not be assumed to be abstinence or controlled gambling. More exactly, there is a hierarchy of treatment goals. The goal may be at any point in the hierarchy aimed at minimising the harm to the gambler associated with pathological behaviours. Outcomes from the treatment of pathological gamblers need to be considered at a number of levels.
Treatment evaluation is about what works for clients, the success or failure in treatment can only be gauged by the development of clinical indicators. However the development of such indicators is complex, involving many issues and requiring understanding of an evaluation model. Peele (1989) suggests that the best form of treatment is for any therapy to follow closely what occurs naturally when an addict gives up any form of addiction.

The best thing people can do to solve or prevent addiction is to learn to control their destinies, to find social and work rewards, and to minimise – or at least to bring within controllable limits – stress and fear, including their fear of addiction. (p. 202)

He recommends the development of learning to cope with negative feelings and experiences and the development of life resources to enable change. This approach reflects the commonsense notion, that addictions are best treated with a combination of modalities requiring changes to environment, family support, work on low self esteem and a changed view of the attractiveness of the addiction.

Conclusion
Chapter Two has placed the study in context by outlining the research conducted over the last 25 five years, illustrating its strengths and weaknesses and outlining the influences and perspectives that inform my understanding of the life-world of problem gamblers. Unfortunately there is a paucity of literature pertaining to the focus of this study, namely, what is it like to be a problem gambler. A review of the literature has provided an outline of the influences and perspectives that inform my understanding of the life-world of problem gambler. The literature supports the notion that there are underlying issues with most problem gamblers (issues usually refers to unresolved childhood traumas, the results of which carry over into adult life, creating emotional difficulties).
although there is little evidence that this is considered when treatment programs are formulated.

There have been few studies that have used controls and longitudinal studies. The majority of research has been quantitative, tending to focus on men and ignoring women. The psychological literature has an abundance of theories with explanatory constructs which endeavour to explain pathological gambling. Many gaps and contradictions are evident in the research available on the characteristics of pathological gamblers. White males who have served in the military are the most frequently studied group, but females, minority groups and younger males who have not served in the military have rarely been the subjects for research on gambling. Omission of studies conducted on these minority groups limits the generalisations about the personality profile of pathological gamblers, although it may not, in any case, be useful to develop a single personality profile. Murray (1993) argues that there is not a single theory of psychology of pathological gambling and that problem gambling is multi-faceted, rather than simply an 'addiction,' and he cautions therapists not to limit themselves to any single theory in the identification of pathological gamblers.
CHAPTER THREE: THE RESEARCH METHODOLOGY – HERMENEUTIC PHENOMENOLOGY

Chapter Three:

- Argues the appropriateness of the methodology for the study and explores the phenomenological and hermeneutic philosophy from the ideas of Husserl, Heidegger and Gadamer.

- Describes hermeneutics as an approach to thinking about and interacting with the data.

- Develops an interpretive methodology for listening to the voices of problem gamblers.

- Discusses the implications of the methodology for the study.
INTRODUCTION

Heideggerian phenomenology is the methodology for this study. The methodology is chosen because it provides an appropriate way of inquiring about the phenomenon as well as reflecting the basic premises of nursing. Hermeneutics is used to inquire about the ordinary experiences of problem gamblers and to uncover the ontological qualities considered important and worthy of study from a human science perspective. This study gains an understanding of the phenomenon by bridging the gap between the researcher's personal context of understanding and that of the subject (Hagemaster, 1992). I became, as van Manen (1990) suggested:

...a sensitive observer of the subtleties of everyday life, and an avid reader of relevant texts in the human science tradition of the humanities, history, philosophy, anthropology and the social sciences as they pertain to his or her domain of interest. (p. 29)

I present an argument that the philosophy and framework of this methodology are appropriate for this study. The phenomenological movement is discussed and the key concepts of Heideggerian phenomenology are outlined, including: being, time, the clearing, language and hermeneutics. The implications of the methodology for the study are considered, with forestructures and pre-understandings explained as they apply to the researcher and the participants. The rationale for method selection is explained and the underlying philosophical underpinnings explored.

The Appropriate Philosophical and Methodological Approach for Nursing Research

A distinction was made by van Manen (1990) between method and research methodology, between research method and research technique and
procedure. Methodology, he insisted, referred to the philosophical framework, the fundamental assumptions and characteristics of a human science.

Methodology includes the general orientation to life, the view of knowledge, and the sense of what it means to be human which is associated with or implied by a certain research method. (p. 27)

He also claimed that the methodology is the theory behind the method, including the study of the selected methods one should follow. The phenomenological method brings research back to fundamental questions about the human condition that the traditional scientific method has not addressed. Phenomenological research provided the opportunity to consider what human experience means, and within this context the subjective experience of the researcher can be as important as that of the participants.

This study was influenced by the works of Walters (1994) particularly his work with intensive care nurses and his use of phenomenology as a way of understanding nursing. He identified the relationship between being busy, comforting, focusing and balancing and he claimed that “care is the most fundamental way of being in the world” (p. 321). Grounded in Heideggerian phenomenology, the work provided a unique nursing perspective, which distinguished it from the physiological or biomedical view and makes visible the hidden, significant work of nursing as a caring practice. Some nurse researchers have recognised that the view of humans as seen through the eyes of quantitative methods is not comprehensive. Rather, it is minimalist, a reduction and an abstraction, only a part of a phenomenon under study. Phenomenology provides an in-depth complementary way of examining the same phenomenon.

In recent times there have been numerous discussions about appropriate methodologies for the acquisition of nursing knowledge. Three major philosophical approaches are cited by Wilkes (1991, p. 231) as being utilised in
nursing research. A *positivist* approach, an *interpretive* approach and *critical theory*. A positivist approach can be used to study physiological changes in human beings, but is unsuitable to explore human experience such as culture, values and beliefs. Cook (1979) suggested that "positivism is no longer a commonly adopted philosophical stance for social research. Most researchers have by now adopted a phenomenological stance whether they combine that with research focusing on process or outcome, naturalism or control" (p. 18). The interpretive approach, developed through dissatisfaction with the positivist approach, provides interpretive accounts of phenomena. Methods in this approach include symbolic interactionism, grounded theory, ethnography and phenomenology. Critical theory, which extends beyond the interpretive and positivist approaches maintains that reality is influenced by false consciousness and facilitate transformation. Wilkes (1991) claimed that phenomenology is an appropriate methodology for nursing and the health sciences because:

> If nursing is considered holistic, caring, involving human beings experiencing and interacting, the interpretive approach to research will help nurses to grasp the totality of events, situations and experiences and fit them together for themselves and others, especially the nursed. This approach [phenomenology] will help document unknown features of the construct of nursing practice. (p. 232)

Munhall (1994) suggested that health care professionals were concerned with the traditional goal of philosophy and wisdom that focused on individuality, and the belief that the actions of individuals were in some sense free.
The individual chooses and is self determined; in essence, the individual is an active being. Inherent to humanism are philosophical beliefs and values found within human science philosophies and expressed in such language as, freedom, self determination, autonomy, advocacy and human potential. (p. 7)

The philosophical methodology of Heideggerian phenomenology that underpinned this study allows the most appropriate way to explore the question of what it is like to be a gambler. The aim of this exploration is to develop an interpretive methodology for listening to the voices of these problem gamblers. Phenomenology is used to describe events and experiences of persons as they live in the world and is applicable to nursing and in particular to this study because it preserves the uniqueness of human experience.

Phenomenological Research in Nursing

Phenomenology, as a philosophy and a methodology is an appropriate application for nursing and other human sciences, because the phenomenon of interest is the everyday lives of people being-in-the-world. Being-in-the-world is concerned with the world or environment, where health or illness is attained and maintained (Walters, 1993). Nursing and phenomenology consider people for whom they care as whole beings who actively create their own personal meanings. People are subjective beings-in-the-world whose lives are experienced in a particular context. Omery (1983) suggested that researchers “consider all that is available in the experience under study, both subjective and objective, and strive to understand the total meaning that the experience has had for the participants” (p. 62).

The first phenomenological study in nursing research was conducted by Paterson and Zderad in 1976. Later, Benner’s (1982, 1984) work embodied everyday practices and experiences of nurses in their clinical nursing practice,
from which meaning, function and outcome were identified and could be translated into different clinical situations.

In Australia, Taylor (1992a, 1992b) examined what happens between nurses and patients in the context of care, exploring the phenomenon of ordinariness in nursing. Taylor combined the notions of lived experience; Dasein, Being in the world and the fusion of horizons. Koch's (1993) study involved listening to the voices of older patients, believing that they have the right to place their issues and problems on the negotiating table. Walters (1993,1994a) examined the nature of the clinical practice of expert nurses practising within the area of critical care. This practice, he claimed was ontological and epistemologically grounded in Heideggerian phenomenological hermeneutics. O'Brien (1996) explored the relationship between community nurses and their clients who had serious and persistent mental illness. She sought to understand the nursing relationship, by exploring the subjective experience of both the nurses and clients.

Annells (1996) claimed that there was little criticism within the nursing literature regarding the use of hermeneutic phenomenology. Annells also expressed concern about the future of hermeneutic phenomenology, claiming that there was a possibility of fragmentation in nursing research because (she claimed) nursing was operating within two dominant paradigms; the totality paradigm and the simultaneity paradigm: Koch (1994) commented that the choice of philosophical underpinnings, by Benner and Wrubel (1989) in their study of being healthy and ill, was antithetical to Heideggerian hermeneutics because they did not apply the hermeneutic circle. The hermeneutic circle is a dynamic entity that makes the explicit testing of assumptions possible and allows different ideas to emerge (O'Brien, 1996). Reed (1994) expressed concern about nurses using hermeneutic phenomenology, particularly when using an interpretive scheme inclusive of Heidegger's notion of the three elements of Dasein (attunement-mood, discourse, articulation and goal-potential) because she claims there was over-emphasis on discourse/articulation without the
balance of the other two elements. The totality paradigm focuses on the natural science view of humankind and has, according to Parse (1987), the major impact on nursing research and practice. The simultaneity paradigm has the view that "for nursing, entirely reframed Humankind is more than and different from the sum of the parts" (Parse, 1987). These two notions can be reconciled and applied to nursing research, practice and, when appropriate, to particular situations. Annells (1996) claimed that "...many of the basic tenants of the simultaneity paradigm are congruent with the notions of philosophical hermeneutics.... Hermeneutic phenomenology is not only appropriate to nursing research but should soon acquire a prominent place" (p. 711).

THE PHENOMENOLOGICAL MOVEMENT

The Phenomenological Movement was described by Spielberg (1965) as having three phases; the Preparity phase, including Franz Brentano (1838-1917) who instigated the method of inquiry, the idea of inner perception and discussed intentionality, meaning that everything considered to be psychic refers to an object. The German phase which was dominated by Edmund Husserl (1859-1938) and Martin Heidegger (1889-1976) and the French phase, represented by Gabriel Marcel (1889-1973), Jean Paul Sartre (1905-1980) and Maurice Merleau Ponty (1907-1961). The German phase will be discussed in this section.

Phenomenology began in Germany in the late nineteenth century when the need arose to understand human science in such a way as to include mental, social and historical perspectives. Phenomenology explores the human experience. Husserl (1972) related phenomenology to the question of knowing and emphasised the "essence," which Wilkes (1991) explained was "going beyond the real facts to idealised, logical laws, making generalisations" (p. 33). He gave phenomenology the term 'intuiting,' which means logical insight based on careful consideration. He also used phenomenological reduction or
‘bracketing’ of all judgements about the nature and essence of phenomena (Ray, 1994). Van Manen (1990) asked how we can suspend or bracket our knowledge or beliefs about a phenomenon and how we can forget or ignore what we already know. Heidegger (1889-1976), a pupil of Husserl, developed a different emphasis in studying life experiences, relating phenomenology to the question of being. He did not support the notion of bracketing being concerned with understanding what occurs when one was involved in a situation instead of being an outside observer.

Heideggerian Phenomenology

Heidegger’s significant major work, Being and Time, reinterpreted phenomenology. Gelven (1989) defined Heidegger’s phenomenology as:

...analysis by which the meaning of the various ways in which we exist can be translated from the vague language of everyday existence into the understandable and explicit language of ontology without destroying the way in which these meanings manifest themselves to us in our everyday lives. (p. 89)

Heidegger attempted to achieve an understanding of Being and shifted the philosophical debate from epistemology to ontology. He used the word Dasein, or being-there, which emphasised the notion that human existence was always existence in the world. In human science we acknowledge that we have a relatedness to one another. Dasein refers to that entity or aspect of humanness which is capable of wondering about its own existence and inquiring into its own being (Heidegger, 1962). Dasein is ontologically related to entities by an element of care. Munhall (1994) claimed that research becomes a caring act, when we want to know what it means to be in the world. This question is asked not to bring about change in people, but rather to gain understanding of the hidden or the concealed. His analysis of Being is achieved by studying the ‘everydayness’ of ordinary people. Heidegger begins the analysis of Dasein by
considering possible ways in which *Dasein* has to be-in-the-world (Guignon, 1993, pp. 4-9). Walters (1993, p. 30) explained that hyphens in the expression ‘being-in-the-world’ are an attempt to view the concept as a unified phenomenon. The three concepts that comprise being-in-the-world are: in-the-world, the quality of the existence, and the uniqueness of being-in. One concept cannot be considered out of context of the other. The most basic way in which being-in-the-world is referred to as *sorge*, translated to mean ‘care’ in English. Walters used the notion of care as being authentic or inauthentic. Authentic means that a person freely chooses their way of being in the world whilst inauthentic means that a person chooses to live according to what they say and have their choices in life shaped by anonymous mass opinion (Walters, 1995c).

On way in which Heidegger's phenomenological method differed from that of Husserl was that he did not accept the premise that it is possible to bracket one's being-in-the-world during the process of inquiry. His phenomenological method enabled basic modalities of being-in-the-world to be identified. He believed that previous attempts to understand these modalities were incorrect because they conceptualised reality (including human reality) as objects. He was concerned with the notion of how phenomena present themselves in the lived experience in human life and their experience of being-in-the-world (Walters, 1995c). Wilkes (1991) described Heidegger's phenomenology as having two essential parts:

1. Human beings are self interpreting. These interpretations are not just possessions of the self; they are constituents of self.

2. The self is not a radically free arbitrator of meaning (p. 233).

This study incorporated these understandings, which meant that meanings were transformed by the language and self interpretation that the participants and I brought to understanding the phenomenon of gambling. Our culture,
history, occupations and skills all contributed to the interpretations and affected the meanings attributed to the phenomenon.
KEY CONCEPTS OF HEIDEGGERIAN PHENOMENOLOGY

O'Brien (1996) suggested that "Key concepts that guide and frame phenomenological investigation include the concepts of being, time, meaning and understanding, the ‘clearing,’ interpretation and the role of language" (p. 86). These concepts as well as the concepts of death and caring as they pertain to this study are discussed in this section.

Being (Sein)

The term ‘Dasein’ was used by Heidegger (1962, p. 67) to describe a mode of "being" or, "being there" for human beings. Dasein allowed him to avoid terms that other philosophers had used in regard to both human beings and objects. Munhall (1996) explained Heidegger's intended use of Dasein:

The being of Dasein cannot, then, be understood in the terms usually applied to other types of entity; in particular, we cannot think of Dasein as having what we have called what-being, a specific essence or nature that it always necessarily manifests. Such terms are appropriate to physical objects and animals precisely, because how and what to be is never a question for them; they simply are what they are. But for Dasein, living just is, taking a stand on who one is and what is essential about one’s being, and being defined by that stand. (p. 15)

Heidegger (1962) considered it unnecessary to provide a definition of Being (Sein) because he considered that it was universally understood:

Being is the most universal and the emptiest of concepts. And as such it resists every attempt at definition. Nor does the universal and hence indefinable concept require any definition, for everyone uses it constantly and already understands what he means by it. (p. 2)
Heidegger continued, explaining that the concept of Being is the central structure of all beings (persons), to understand the relationship between Dasein and the world. Thus, Dasein’s understanding of Being pertains to equal primordiality, both to an understanding of something like a “world,” and to the understanding of the Being of those entities which becomes accessible within the world (p. 33). Daseins have an understanding of themselves, their world and their relationship to, and in that world.

In Heidegger's (1966) view, there was no pre-given human nature that determined what we are. We are what we make of ourselves in the course of our daily lives and the “essence’ of Dasein lies in its existence” (p. 67). He claimed that the “everydayness” (p. 427) is the unfolding of an event or happening, the movement of a life course stretched out between birth and death. In existence, Dasein is not alone, but a-self-within-the-world and with-other-people. Accordingly, that is the authentic understanding of its own self. In the authentic mode one is aware of others as well as the self. However, when the authentic self becomes distorted then the they-self (inauthentic) mode becomes dominant. In the inauthentic mode, one’s dealings with others is such that one loses sight of the self; (Heidegger, 1962). Gelven (1989) explained that Dasein cannot be a self unless it is within one’s own possibilities to relate uniquely to other Daseins: “Hence to be Dasein at all means to-be-with, but this further implies that that others are not completely external — i.e. to be with others is a possibility of every self” (p. 72). This supports the notion that we are social beings, requiring social intercourse and interaction.
The notion of the ‘hermeneutic circle’ is involved in all understanding and interpretation of Dasein. Guignon (1983) explains:

...interpretation of Dasein must always be circular. There are no axioms or self evident truths from which we can build up an edifice of knowledge about ourselves. As our lives involve a back-and-forth movement between partial meanings and some sense of the whole, the method of fundamental ontology also moves back and forth between uncovering structural items of Dasein and pre-understanding of totality. (p. 71)

This circularity was considered desirable by Heidegger (1962) because it provided an ongoing process of seeking clarity for demonstrating unknown truths on the basis of known truths: “But if we see this circle as a vicious one and look out for ways of avoiding it, even if we just ‘sense’ imperfection, then the act of understanding has been misunderstood from the ground up” (p. 194).

It is interesting to note that Geanelllos (1998a) states that Heidegger does not describe the hermeneutic circle, however Heidegger does speak about the 'circle' in Being and Time (1962) and this circle relates to the ways that the world and experience can be interpreted and understood.

Time (Zeit)
The central issue of Heidegger’s Being and Time was, according to Gelven (1989), “to show that, for a human being as Dasein, ‘to be’ is always ‘to be temporal” (p. 169). He considered that the ontological meaning of Being (with a capital B to denote the ontological nature of existence) is time. The evidence that Heidegger brought to bear in support of this claim was the notion of authentic existence which involved the combination of resoluteness and anticipation. Gelven (1989) insisted that to understand what was meant by temporality, one must ask the question “what does it mean to exist?” which then becomes “what does it mean to be?” (p. 170). The first question may be
answered by reflecting upon ways in which one proceeds about the business of existing, while the second is answered by delving deeper than the simple modes of existing until a point is reached where these modes have meaning, through anticipating the possibilities for the future. Temporality occurs when the two modes of existence (anticipation and resoluteness) become existentially analysed and understood. Gelven (1989) explained:

The comprehension of the ontological ground cannot be any mere arbitrary solution. It must be founded and be in the existential analysis. Hence it is the solution, so to speak, of the existential question. What does it mean to exist authentically? It opens the door for the first time to the ontological structure. (p. 170)

The past present and future of Dasein shape the temporality of Dasein’s being. Frede (1983) explained, “Its being is determined by the fact that it is beyond itself in its directedness towards the final realisation of its possibilities of existence” (p. 92). Occasionally the past is reflected upon and the prospects for the future considered. This reflection involves constantly interpreting and reinterpreting life’s events. Temporality provides the structure with which we make sense of our lives without objectifying life (O’Brien, 1996).

The Clearing (Gelichitet)

Dasein is considered to be a clearing through which people can self interpret because of the way in which they relate to entities (things) that matter. The clearing is an important concept of Heideggerian phenomenology, and Guignon (1993) suggests that:
According to Heidegger’s phenomenology of being-in-the-world, what is most primordial is neither humans nor objects, but rather the ‘clearing’ in which specific forms of human existence along with particular sorts of equipment context emerge-into-presence in their reciprocal interdependence. (p. 13)

Understanding establishes a clearing in which things can exist provides the light that allows possibilities to exist in so far as they are understood as possible the ways of being. Heidegger (1962) described clearing as the light through which we can understand Being-in-the-world.

When we talk in an ontologically figurative way of the lumen natural in man, we have in mind nothing other than the existential-ontological structure of this entity, that it is in such a way as to be its "there". To say that it is 'illuminated' ["erleuchtet"] means that as Being-In-the-world it is cleared gelichtet] in itself, not through any other entity, but in such a way that it is itself the clearing. (p. 171)

Understanding uncovers possibilities that exist in itself, where new options and alternatives can be discovered, where new choices can be considered through awareness (Gelven, 1989; O’Brien, 1993). Heidegger (1962) emphasises that understanding is closely related to interpretation and that without interpretation there is no understanding. He points out that understanding is the “working out” or “projecting” of the possibilities (p. 184). This understanding means that the main function of interpretation is to make explicit what is already in the scope of human awareness. Understanding is pursued by the fusion of horizons, which will be discussed later in this chapter.

Meaning lies between the individual and the situation, and both contribute to the experience. Heidegger (1962) defined meaning as "the meaning [or sense] of being. Meaning is that wherein the intelligibility of something maintains itself" (p. 193). Gelven (1989) explains that it is an a priori characteristic that allows
explanation of experience, "...meaning takes its structure from what is already there" (p. 99). Meaning is shared and handed down culturally through language, skills and practices and is directly understood by each person. Explanation is making meaning as clear as possible.

With his book *Truth and Method* (1975) and his contribution in reorienting continental philosophy, Gadamer, a student of Heidegger's, became the crucial figure in philosophical hermeneutics (van Manen, 1990). Gadamer (1986) claimed that descriptions and interpretations are already interpreted, and he proposed that each person builds up their own history as they understand it. Therefore, neutral, non-interpreted observation is impossible. Our background gives us the conditions for our actions, making human beings different from computers, which build up the story piece by piece, whereas humans come with their history and their story (Gadamer, 1986).

This approach is different from the study of objects as in the natural sciences, or in biophysiological situations at the tissue and cellular level. Allen, Benner, and Diekelmann (1986) argue that in the Heideggerian view, to be human is to be-in-the-world, to participate in culture, society and history. This is a relational view of the person, and human nature is not considered fixed. The person is self-interpreting and these self-interpretations are not individually generated, but handed down in language and cultural practices.

Language

Language is fundamental to our humanness, and human experience is only possible because we have language (van Manen, 1990, pp. 112-114). Heidegger (1962) proposed that language, thinking and being are not only interchangeable, but that they are one. Heidegger claimed that language was based on talk. "The existential-ontological foundation of language is discourse or talk" (p. 203), because it was a characteristic of human beings to relate to each other. Human communication involved not only talk but hearing and
silence, and they belonged to phenomenological description. He explained that: "Likewise when we are explicitly hearing the discourse of another, we are already with him, in advance, alongside the entity which the discourse is about" (p. 207). The importance of silence, listening, hearing and talk is an integral part of the phenomenological research experience is the tool by which the data are collected and experienced.

Hermeneutics

Traditionally hermeneutics has been used as a method of interpretation in four situations: Assisting discussions on language, vocabulary and grammar; facilitating biblical literature and guiding jurisdiction (Bleicher, 1980). Hermeneutics developed with the need for interpretation and understanding, rather than observation and explanation used in the natural sciences which studied physical, chemical, behavioural and animal phenomenon (Wilkes, 1991).

Okrent (1988) identified Frederich Schleiermacher as the generally recognised founder of the modern hermeneutic movement in the nineteenth century. He originally used hermeneutics in the process of clarifying the distinction between the human sciences and the natural sciences. Gadamer's (1975) contribution to the hermeneutic movement was in the area of practical philosophy. His major work, Truth and Method, legitimised the concept of the hermeneutic circle of understanding, which he claimed was a primary hermeneutic process, comprising the dialogue between the whole and the parts in the process of interpretation. Gadamer (1975) explained that the "...art of questioning is that of being able to go on asking questions" (p. 330) in order to continue the dialogue and arrive at the interpretation. Gadamer (1986) argued "when we interpret the meaning of something we actually interpret an Interpretation" (p. 68) and further claimed that it was not possible for the interpreter to be distanced from the subject under interpretation and that distancing resulted in alienation and objectivity, an endeavour of the natural sciences.
Hermeneutic phenomenology is a philosophy of the personal, the individual experience, which may be examined by understanding the nature of the communal or social nature of being. Van Manen (1990) described hermeneutics as the theory and practice of interpretation, the aim of which was to understand a writer as well as they understood themselves. He claimed that Hermeneutic phenomenological research is fundamentally a writing experience, a human science approach grounded in philosophy. The notion of hermeneutics described by Heidegger (1962) aimed at re-experiencing another's experience, and the ability to grasp our own potential for being in the world in particular ways.

Heidegger (1962) used hermeneutics for his analysis of Being. Dreyfus (1991) observed that: “For Heidegger, hermeneutics begins at home in an interpretation of the structure of everydayness in which Dasein dwells” (p. 34). Heidegger (1962) believed that hermeneutics was not a special process separate from our everyday lives, but it was the process of people making sense of their everyday lives and that it applies to all understanding and interpretation. “An understanding that is to contribute understanding, must already have been understood what is to be interpreted” (p. 194). Hermeneutics presupposes some understanding on the part of the interpreter and fits well with the notion that the researcher is only able to interpret things according to their own lived experiences.

Walters (1995c) explained that “the task of the hermeneutist is to establish a fusion of horizons by a dialogue between self and the historical horizon. This fusion of horizons is mediated by language which Gadamer believes houses our being” (p. 20). Gadamer (1975) developed his view of language into a theory of universality of language that included the fusion of horizons which can be interpreted as being the essence of our understanding.
IMPLICATIONS OF THE METHODOLOGY FOR THE STUDY

Recent discussion in the nursing literature emphasised the importance of establishing the philosophical framework (the forestructures and pre-understandings) of the study (Geanellos, 1998a, 1998b; Koch, 1998; Lawler, 1998). To ensure that the present research remained true to its philosophical framework, the following is a discussion of how it is grounded in Heideggerian phenomenology and how the philosophical framework determined the process of the study.

We possess knowledge about our lives and our world. What makes us write, read and talk together, is what stands behind the words and the speaking. It also meant that as a researcher I needed to be aware of my own theories and biases around the subject of gambling and come to terms with them. "We try to come to terms with our assumptions, not in order to forget them again, but rather to hold them deliberately at bay and even to turn this knowledge against itself, as it were, thereby exposing its shallow or concealing character" (van Manen 1990, p. 47). Van Manen (1984) also recommended that the researcher should have knowledge of the phenomenon before beginning, because the novice may lose the essence of the experience.

Forestructures and Pre-Understanding

The goal of this study was to develop an understanding of a specific human experience in the life-world of the participant problem gamblers. O'Brien (1996) claimed that hermeneutic phenomenology did not fragment the experience being studied, instead it provided rich interpretations that illuminated what it meant to be a person in that life-world. Heidegger (1962) suggested that there are basic conditions that make interpretation possible:
If the basic conditions which make interpretation possible are to be fulfilled, this must rather be done by not failing to recognise beforehand the essential conditions under which it can be performed. What is decisive is not to get out of the circle but to come into it in the right way. (p. 125)

To come into the circle in the right way for this study meant revealing the fostructures in terms of the phenomenon that the interpreter brought to the study. Heidegger (1962) explained that "Interpretation is grounded in something we have in advance" (p. 191). In keeping with Heidegger's philosophical position of understanding, the fostructures consisting of fore-having (background practices), fore-sight (previous points of view from which interpretations can be made) and fore-conception (anticipation of interpretations) are outlined. These provide the orientation of the study, the life-experiences that contributed to the study and the researcher's expectation of the outcome of the study (O'Brien, 1996, p. 97).

Fostructures Applying to the Researcher and the Participants

The researcher's own experience and involvement is examined (Heidegger 1962, p. 191) and background information provided for the reader to understand the life experiences and orientation of the study. This examination will provide insight into the researcher's perspectives, interest in the study and potential bias concerning the outcome of the study. Gadamer (1987) insisted that pre-understandings can be useful or blocking, and that the researcher needs to bring them into consciousness to allow the examination of their origins about the phenomena under investigation, claiming that this would allow for new interpretations to emerge.

Participants in the current study were chosen because of their experience of the phenomenon under study and their willingness to share the experience during conversations with the researcher. It was important that they were able
to express their ideas and feelings and reflect on the meaning of the phenomena for them. Their concern and caring for themselves and others is reflected in the conversations. The conversations were dependent upon the use of a common culture and language. O'Brien (1996) emphasised the importance of language: “Language allows the sharing of experiences in such a way that the listener or reader can identify what in those experiences is similar to their own and what is uniquely different” (p. 99).

Philosophical Explorations

In this study, the underlying assumption is the Heideggerian view that to be human is to be in the world, to participate in cultural, social and historical contexts. This is a relational view of the person and is not considered to be stationary indeed, it constantly evolves and changes. Allen, Benner, and Diekelmann (1986) suggested “...meaning resides neither solely within the individual nor solely within the situation. Meaning is a transaction between the two so that the individual both constitutes and is constituted by the situation” (p. 28). Explanation involves making meaning as apparent as possible and is handed down through language skills and practices.

Gadamer (1975) claimed that there was no method in the methodology of phenomenology and hermeneutics.

...they related to experiences which have nothing to do with method and science but lie beyond science – like the experience of art and the experience of culture which bears the imprint of its historical tradition. The hermeneutical experience as it is operative in all these cases is not in itself the object of methodological alienation but it is directed against alienation. The hermeneutical experience is prior to all methodological alienation because it is anterior to it and is the matrix out of which the questions arise which it then directs to science. (p. 84)
However there is certainly a tradition consisting of knowledge gained by philosophers, psychologists and other authors (Gadamer, 1975, p. 91). The framework for this study is provided by hermeneutic phenomenology which provided a view of the participants and their being-in-the-world. It also explained how knowledge about people and their world were understood to be temporal and subjective and that through language, meaning and interpretation we can gain understanding. Phenomenology considers everything that is available in the experience under study and attempts to understand the total meaning.

Rationale for Method Selection

A rationale for the selection of phenomenological methodologies was provided by Davis (1973), Omery (1983), Aamodt (1983), Oller (1982), Parse, Coyne, and Smith (1985), Morse (1991), and Rieman (1986). Koch (1993, p. 82), warned researchers to differentiate between Husserlian and Heideggerian epistemology and not to presume that the philosophical underpinnings of all phenomenological studies were the same. Gadamer (1976), Lynch-Sauer (1985), Walters (1993), Ray (1994), Crotty (1996) and O'Brien (1996) distinguished between the two approaches. Ray (1994) gave the following description:

The Husserlian tradition or eidetic phenomenology is epistemological and emphasises a return to reflective intuition to describe and clarify experience as it is lived and constituted in consciousness (awareness)... The hermeneutic phenomenological tradition or interpretive approach is ontological, a way of being in the social-historical world where the fundamental dimension of all human consciousness is historical and sociocultural and is expressed through language (text). (p. 118)
Phenomenology aims at understanding the underlying essence of an experience and van Manen (1984) emphatically said that in order to use the phenomenological research method the researcher should be well aware of the phenomenon before starting. I gained insight into the gambling phenomenon in my family of origin and as a counsellor. The phenomenon of the experience of being a problem gambler has not been described in the available human science literature. This human experience had been explained using quantitative methods of enquiry. However, these studies did not connect with the essence of the experience, instead they explored the demographics of the gambler. What one believes to be the experience for problem gamblers may not in fact be that experience. Gaining an understanding of being-in-the-world for the participants who are problem gamblers is the aim of this phenomenological enquiry. Phenomenology seeks to describe and unfold the experience. I have transformed the lived-experiences into words to enable the reader to understand the essence of what it meant for the participants, and therefore gained greater understanding of their needs (Munhall, 1994). I have explained the rationale for the selection of phenomenological methods by providing guidance on the weaknesses and strengths of qualitative research methodologies. I have discussed the philosophical aspects presented by Davis (1973), Omery (1983), Aamodt (1983), Oiler (1982), Parse, (1987), Morse (1989), Reiman (1986) and Koch (1993). I have provided descriptions of phenomenological methods, including bracketing, intuiting and describing as they relate to nursing. I have detailed the essential elements of phenomenological methods provided by various authors who contributed to the understanding of the subjective qualities of being-in-the-world.

Conclusion

The choice of phenomenology allowed the investigation of the nature or meaning of the participants’ everyday gambling experiences. By asking, "What is the nature of the experience?" I provide opportunities for plausible insights
into the world of the participants and gain understanding of it. The language of
their lived experience awakened me to the meaning of their experience,
allowing full understanding of what it means to be human, to be a problem
gambler. This quest to understand the participants' life world was enacted
through interpretation of the meaning of their experience as they lived it, and by
faithfully documenting that interpretation. It was important to be aware of the
issues of objectivity and bias by revealing the personal and professional
prejudices that I brought to the study. This awareness preserved the humanity
of the encounters and contributed to their outcome. I examined the subjective
state of my clients by spending considerable time collecting and reviewing the
data and constantly confronting my own opinions and prejudices about the
data. Although I presented a professional appearance of calm, supportive
interest, I felt a deep sense of sadness when the participants shared their
experiences of emotional, physical and sexual abuse and at times I connected
with feelings of helplessness when they described events where they were
humiliated and shamed. I questioned my part in a system that did not
adequately meet the needs of problem gamblers, provide an appropriate
program for them or educate the staff in matters of problem gambling. My
intention in using this methodology was to open a dialogue with the participants
about their experiences so that these experiences may contribute to the
development of improved programs and care for them.

Phenomenological research is the study of lived experience which has the
potential to provide insight into understanding how health professionals may
best interact with their clients. Consciousness of our environment is the only
way human beings have of understanding the world, relating to it and being
conscious of some aspect of their world. The use of phenomenology as a
methodology in this study facilitates understanding of what it is like to be a
problem gambler.
CHAPTER FOUR: TO LOOK AT ANYTHING

"To Look at Any Thing" Moffit (1971).

If you want to know that thing,
You must look at it long,
To look at this green and say
"I have seen spring in these
Woods" will not do – you must
Be the thing you see:

You must be the dark snakes of
Stems and ferny plumes of leaves,
You must enter in
To the small silences in between
The leaves,
You must take your time
And touch the very place
They issue from. (p. 149)
Chapter Four:

- Describes the setting for the study, the process of conducting the study, the participants in research, the data collection management and analysis.

- Discusses issues of rigour and establishes the trustworthiness of this inquiry.

- Explores the ethical implications of this inquiry.
INTRODUCTION

This chapter describes the processes of conducting the study. The researcher, the setting for the study and the participants are described. The data collection, management and analysis are outlined. The method used to interpret the participants’ story in the development of the themes, data collection issues and the writing process is discussed. The way in which the layers of interpretation are brought together for a fusion of horizons for the hermeneutic phenomenological interpretation is explained. The issues of rigour are addressed and ethical considerations are outlined.

THE PARTICIPANTS

In keeping with Heideggerian phenomenology as a research methodology, I acknowledge that I bring to this study a lifetime of personal experience and knowledge which in some way must affect and, one hopes, enrich this study. No attempt is made to bracket my past experiences or to eliminate my view of being in the study. For this reason I have outlined this personal journey.

I grew up an only child, not knowing what a normal happy family meant. I thought that what I had experienced was normal. It was not until I was married that I realised I had nothing upon which to model the relationship with my husband, or later when I had children, how to create a loving environment in which they could grow.

I always imagined that mothers and fathers fought, that they were busy and that I had to keep secrets about the family. The secrets were important and I was told never tell anyone what goes on in our home. We always had to put on a front and be happy. I could never tell anyone that Dad was an alcoholic or gambled. When I was nine years old my Dad suffered a heart attack and was told by his doctors to stop working. He was 37 years old. This necessitated
Mum returning to nursing to support the family, resulting in an exchange of roles for my parents. Dad remained at home to care for me, while Mum went to work full time as a registered nurse at a country hospital. In society at this time it was considered unusual for the wife to support the family. This role reversal changed our lifestyle and allowed him more time to drink and gamble. He eventually spent all our savings and began running up debts. Dad had a charismatic personality and I loved him and I felt it unfair that Mum constantly complained about his spending. I protected and defended him when possible. He died aged 40 and I was devastated that the person I loved most in the world was dead. He had left me and I was angry at him. Mum and I formed a new relationship where I became the responsible one, handling the finances while she worked hard.

I began nursing and it provided me with security and independence. I loved it and I have spent 30 years working in many areas: operating suite, intensive care, administration, education and mental health nursing. I became attracted to the plight of Adult Children of Alcoholics (ACOA) and took up a position at St Michael’s Private Hospital, where I pursued knowledge regarding the treatment for ACOAs. This led me to attend a counselling and therapy course in United States of America where I gained greater understanding of my own situation and insight into the problems of people with addictions.

Working as a nurse therapist with people experiencing unmanageable lives due to alcohol, drugs or gambling, I felt that our program did not address the specific needs of problem gamblers. I felt frustrated that they were poorly understood. They attended groups primarily designed for drug and alcohol problems with only occasional counselling or direction to help them develop strategies necessary to make changes in their behaviour and attitudes. Both cognitive and behavioural changes appeared to be necessary to help them cope with money, gambling, family work and relationships after their discharge. I recognised the gap in nursing and other health professionals’ knowledge regarding the treatment of gamblers. It is with this personal and professional
background that I came to this study – that the research question was generated, that I was inspired to study the research question and motivated to pursue the study.

The Client Participants

The client participants were admitted to St. Michael’s and were problem gamblers. They were invited to participate in the study. The term 'participants' is used because they contribute to the study by their active participation in and contribution to the study, and by giving them the opportunity for further feedback at the completion of the analysis. The sample selected for this study is best described as a nonprobability convenience sample. Convenience sampling allows the use of any available group of research informants (Polit & Hungler, 1987). One criticism of this method of sampling is that the participants are not representative of the general population. Abdellah (1979) defended this criticism by claiming that nonprobability samples are not samples at all, rather, they are a complete population from which no generalisations can occur. However, I consider that mere identification on the part of the reader is not sufficient for generalisability, but, representativeness of the population of problem gamblers is more important. This sample selection is in keeping with phenomenological research, which makes no claims of generalisation to the general population. However, Sandelowski (1986) explained that in the study of participant experiences being explored by the researcher, if readers are able to identify with the life-world being studied, then the study is generalisable.

The number of participants depended upon the collection of data. The intention was to have conversations with as many people as necessary to gain data for the study. The criteria for the selection of participants were: that they were at least 18 years of age; that they considered themselves to be problem gamblers; that they could speak English (because I do not have another fluent language) and; that they could relate and speak about their experience of being a problem gambler. The first seven people to be admitted to St Michael’s after the
approval was received from the Ethics Committee fitted these criteria and were therefore invited to participate, and all accepted. The admission officer made appointments with the participants after he explained the study and outlined the ethical considerations, telling them that the conversation could take as long as they liked, but it was expected to take between one and two hours.

The Setting

The 30 bed Psychiatric Unit at St Michael’s Private Hospital has two distinct streams. The Drug and Alcohol Program is designed for clients who have recently detoxified from drugs or alcohol or who are problem gamblers. They are clients who recognise that their life has become unmanageable because of their addiction. The program is of three weeks duration. However, 4% of clients come only for medical detoxification from drugs or alcohol. The second Program is the Emotional Disorders program, which is suitable for clients (including problem gamblers) whose addiction is in remission but who experience difficulties in their lives from a variety of symptoms and conditions including low self esteem, anxiety, depression or poor coping mechanisms. They usually identify themselves as people whose problems relate to the effects of dysfunctional parenting or care throughout childhood which may cause them difficulties in cultivating and maintaining meaningful relationships.

The philosophy underpinning the treatment of these groups is that each client is an individual and requires personalised therapy, and that therapy should be supportive, nonshaming and nonabusive. Therapy may take various approaches including Gestalt, family systems, psychodrama and art therapy. Importance is placed on providing a safe environment where the clients may actively participate in therapy. Of particular importance is shame, anger and grief reduction work where the client connects with and experiences these painful feelings. These groups are conducted in an environment which is safe to both client, therapist and other group members (Gunner, 1994).
Data Collection

All participants were individually asked to give a narrative account of their experience of what it is like to be a problem gambler. The conversations were unstructured and interactive. The participants were unaware of my personal experience except when I agreed that I understood what it was like to live with a problem gambler. During the conversations I assumed a nonhierarchical, nonshaming and nonauthoritarian approach. The importance of language emerged at the beginning of the study with the use of the term *pathological gambler*. This term caused concern to the first participant when he read the information sheet, which contained the term *pathological gambler*. He claimed that it made him feel as though there was no hope of him to achieving recovery, and he associated the term 'pathological' with an incurable disease. Having noted his comments, the offending term was changed to *problem*.

The conversations began with me asking the question, “What is like for you to be a problem gambler?” The conversation flowed in whatever direction they chose. At times it was necessary to ask them to clarify experiences by asking open-ended questions or referring back to a previous comment. The aim of the conversations was to obtain descriptions of their life experiences of being problem gamblers, to find out what it was really like. For this reason most of the questions were what questions, because as Thompson, Locander, and Pollio (1989), suggested what questions open the door to experiences of understanding, and Gadamer (1975) claimed that the essence of the question “is the opening up, and keeping open, of possibilities” (p. 266). Van Manen (1990) contended that we can only do this:

...if we can keep ourselves open in such a way that in this abiding concern of our questioning we find ourselves deeply interested (inter-esse, to be or stand in the midst of something) in that which makes the question possible in the first place. To truly question something is to interrogate something from the heart of our existence, from the centre of our being. (p. 43)
When silences occurred during the conversation, they were allowed to continue until broken by the participant. Usually the silence meant that they were connecting to feelings at a deeper level. The conversations lasted between two and three hours. They were transcribed verbatim, after which they were analysed. A quiet, comfortable room was chosen where we would not be disturbed. I encouraged the participants to take breaks for refreshment or to smoke as they desired. The first conversation with each participant formed a bond between us, and the participants approached me on several occasions afterwards to have further conversations.

I tape recorded the first conversation with each participant. Subsequent conversations were not recorded, but journal notes were made where the information added to or clarified points that were discussed previously. Reference was made to the journal during the analysis, but the content was not used for direct quotations in the body in the analysis. The journal entries helped me to record my feelings, my impressions and observations. Combining the process of listening to the tape with which to prompt recollections of the conversation I immediately accessed my computer to combine and expand on this data. By the time 6 conversations were conducted, sufficient data was generated. However, a further conversation was conducted 'just to make sure' and convince myself that enough good quality data had been generated. However, I decided to use only the data from the first 6 conversations because of the abundance of rich data generated from them.

When this study began it was expected that the participants would only discuss their gambling experiences. Although each conversation began with the question, “What is it like for you to be a problem gambler?” the responses included not only their gambling experiences, but also stories about their childhood, adolescence, work, relationships family situation and treatment. Occasionally the question was repeated, expecting them to focus on their gambling. On each occasion they returned to what were initially considered by the researcher to be secondary subjects. Consideration was given to using only
data concerned with the gambling process. However, when immersion in the
data began it became obvious that the gambling experience could not be
isolated from the life-experience because they were enmeshed. Whatever they
chose to say in answer to the opening question, reflected the notion that their
gambling experience was an integral part of their life-experience.

Analysis of Data
The aim of data analysis was to produce a detailed and accurate recording of
the issues emerging from the conversations with the intention of synthesising
them to produce the themes. However, doubt began to emerge as to whether
this process would result in a true reflection of the uniqueness of each
participant's issues and experiences. Concern also existed that the process of
merging the participants' transcriptions would result in the loss of this
uniqueness and looking for common themes may blur the true nature of their
individuality and the meaning of the participants' experience of being problem
gamblers. The question was whether common themes could be generalised to
each member of the study. Could I assume that one person's experience could
be compared or linked to another's? This is considered to be a qualitative study
and yet the number of similarities from each participant to give weight to the
production of themes is being considered. Following deliberation over this
question, I decided that whilst the entire transcripts could not be offered as
supporting data, the analysis would remain true to the participants as they
presented themselves to me, by staying close to the original conversations and
ensuring that each excerpt accurately reflected their ideas within context. A
decision was made to adapt my own method of analysis because this would
allow me to maintain the uniqueness of each participant. Although my interest
was in the question; What is like to be a problem gambler? The participants
considered that their gambling problem was closely linked to their childhood
and continued throughout their lives. Consequently, the issues and
consequently themes encompassed a far wider range of issues than I initially
anticipated. At first, consideration was given to limiting their gambling experience to the time they spent gambling. However, elimination of issues such as relationships or abuse would not reflect the whole picture, and the participants themselves repeatedly confirmed that the act of gambling was connected to a multitude of issues.

Acknowledging that the emergent themes are my interpretation, faithful descriptions of the text have been presented and it should be clear to readers of the text the way in which I arrived at the findings. Koch (1993) suggests that:

> The readers (as interpreters) will also approach patients’ stories with their own horizons. One of the basic tenets of philosophical hermeneutics is that a dialogue takes place between the researcher and the text, or readers and interpretations, acknowledging that the researcher and the reader bring to the analysis her/his own preconceptions. (p.176)

Horizons consist of several elements of the data gathered during the conversations: my interpretation of the data using my experiences of being-in-the-world; my interpretation of situations explicated in journal articles and selected literature, as well as my ability to present the understanding in written form. Possibilities are layers of interpretation brought together for a fusion of horizons. In this chapter, developing an interpretation incorporated the themes: *buying time, being-alone, magical thinking* and *critical voices* and these are developed further in relation to other literatures. Thus, the aim of the discussion is a fusion of data to create an interpreted reality. Moustakas (1990) described this process as “creative synthesis” (p. 31). After the development of an interpretation, ways in which the participants' voices may be heard will be explored (Chapter Six).

The readers of the text may not share my interpretations because of their different horizons. However, if they are faced with different conclusions they
should be able to follow the decision trail and recognise the experience and be able to understand the way in which I came to my findings.

Hermeneutic Phenomenological Interpretation

The four themes of being-alone, buying time, magical thinking and critical voices are presented as they evolved. This means that they are interdependent and that one is not more important than the other. These themes were generated from the data of conversations with 6 participants. However, a further conversation was conducted, transcribed and analysed but not included because it was apparent that there was repetition with no expansion of the emergent themes. It was preferable to allow more detailed description of the chosen participants. The term ‘phenomenological approach’ is used instead of the word ‘method’ (Munhall, 1994) to describe the framework for the analysis. How the analysis was accomplished is summarised as follows:

1. **Descriptions of phenomena**: Read through the participants’ conversations to gain a sense of them in their entirety.

2. **Extract significant statements**: Return to each conversation and extract statements and phrases that relate to the phenomena under investigation.

3. **Analyse each transcript separately**: Continue extracting significant statements from each interview by using creative insight into what the participants say and describing what they mean, which involves moving beyond the conversation elements but retaining the connection with the original.

4. **Develop Groupings**: Sort shared significant statements from the conversations into groups that represent commonalities of experience. Continue the analysis by developing these groups giving consideration to the researcher’s understanding of the importance of the significant statements.
5. **Identify Emergent Themes:** The groups are integrated into four themes that reflect the experience of the gamblers in the study identified from the subgroups of meaning statements.

6. **Select Extracts:** Transcripts were re-examined to select extracts of significant statements to illustrate groups and themes.

7. **Develop an interpretation:** The themes begin to provide insights and understanding of the essence not previously revealed about the phenomenon.

8. **Composing linguistic transformations:** Begin the creative hermeneutic writing process.

The following is a description of how the above phenomenological approach applied to this study:

Descriptions of Phenomenon:

Immersion in the data began while transcribing the conversations onto a personal computer. The combined process of listening and transcribing was the beginning of familiarising myself with the *Dasein* of each participant. The depth and detail of the data felt rewarding, indicating that there was good communication between me and the participants. After the first two conversations it was necessary to overcome the desire to give my own direction to the flow of the conversations. However, allowing them to follow their own direction permitted them to reveal their notion of their life-world, because later in the analysis descriptions that were initially considered irrelevant to the topic of inquiry became important factors in the emergent themes.
Extract Significant Statements:

This step of the analysis began by reading through the descriptions many times and selecting words and phrases related to the phenomenon. Phrases alone were insufficient to convey the true nature of the phenomenon. Therefore, paragraphs were included where deep feelings were evident. Abbreviating this description would not have reflected the despairing nature of the phenomenon. Headings were formulated that reflected the general nature of the words and phrases or paragraphs of each conversation. Becoming more experienced at data analysis meant that the headings were combined by eliminating some and combining others. The cut and paste method for handling the data was at times cumbersome because of the large amount of data (80,000 words). However, as the number of headings reduced the data became more manageable.

Wherever possible the participants’ own words were used to convey the context of the conversation. Where the information was summarised, the interpretation of meanings was my own. This is Heideggerian phenomenology and the notion of bracketing does not apply because the researcher plays a part in the formulation of the data. This concept was discussed in Chapter Three. To display the process of extracting significant words and phrases, an excerpt of a thematic reflection from the original conversation with Melissa, one of the participants, is provided. These statements are shown in bold type.

Melissa:

I started going to the club in 1980. I enjoyed playing the machines.... I’d sit and drink and stuff. We’d have some wins and losses and things. It didn’t worry me the losses. I only got into what people call obsessive gambling in the last two or three years when Melissa didn’t get her own way.... Before it was just a relaxation... we’d go to the club... and then I changed partners and things weren’t going well.... I guess it was more that Melissa didn’t get her own way. I’d get the shits and walk out. I’d go down to the club and
destroy money. If I won I felt great. If I lost and didn't have any money in my pocket, I'd think, "Oh God, how am I going to pay this bill, how am I going to pay that bill?" Somehow I always seemed to have money in my pocket and somehow paid the bills. I had an accident a couple of years ago. I received a large settlement which quickly began to disappear because I needed to get more money to gamble with.... I used to go down to the local leagues club. It was the main place I'd go. When I went down to the club it would be different. When I was on a high it would be. I'm going to have a good time.... I enjoyed it. I'd feel comfortable: I wouldn't have someone looking over my shoulder to see who's here watching me., who's walked in, who knows my mother, who knows my father, who knows my uncle. I didn't care who saw me. The last three months prior to coming into St. Michael's, I was going nearly every day finding excuses even if I knew I only had 20 minutes to go to the club I had to go to the club, I couldn't be at home on my own. I couldn't even pick up the phone to talk to anybody. I didn't want to talk to anybody. I just wanted to be on my own and go and gamble and then it got to a point where it was physically making me sick. I was heaving every time I knew I was going to the club. I would start heaving and bring up bile, but I still walked out the door and drove to the club. I would light up a cigarette and I would be heaving with smoking. I would get to the club and I would heave before I walked in there. I would be heaving at the machines. I would still sit there and play them. The day I rang Pat I had been sitting at the machine and threw up and had to keep it in my mouth and run to the toilet. I threw up but it didn't worry me I just kept playing. I started having gastric attacks and I think I've got to go to the toilet and then I'd think the next big payout I get I'll go to the toilet and then I'd get a big pay and then I'd think I can't go because the machine's paying. But if I stop playing it will stop paying. You know the mechanism will stop paying out so I've got to sit there and keep playing it.
My interpretation of this emotional extract was that Melissa began gambling compulsively in the previous two or three years, when the relationship with her new partner began to deteriorate. Melissa became angry when she felt that he did not listen to her and she could not have her needs met. Unable to resolve this, she became angry and defiant, using it as an excuse to gamble because she saw gambling as a way of retaliation and punishing her partner.

The best way she knew to do this was to take her money, go to the club and put it through the poker machine even if she only had 20 minutes to spend there. Melissa anticipated having a good time because she felt accepted and comfortable at the club where she received no criticism or rejection. Although she said that she did not want to be alone at home, she contradicted this statement later when she said that she wanted to be alone at the club to gamble. Initially money was not a concern to her because she always had enough to pay her bills. However, her gambling losses gradually increased and she found herself gambling away the large financial settlement she received from an accident. Melissa seemed to think that by destroying money she somehow punished her partner. Despite feeling physically ill prior to arriving at the club, she proceeded to gamble at the electronic gaming machines, fearful of leaving the machine even to go to the toilet with a gastric episode, because she imagined that she might miss out on a payout. Even after a big payout, she did not want to leave. She conveyed her feeling of desperation by describing how her sickness increased to the point of vomiting as her losses mounted. She held onto the misguided notion that while ever she continued to feed the machine money it would continue to pay her.

Significant words, phrases and sentences extracted from Melissa's conversation were:

- It didn't worry me, the losses.
• I only got into what people call obsessive gambling in the last two or three years when Melissa didn’t get her own way.

• Things weren’t going well.

• I’d get the shits and walk out.

• I’d go down to the club and destroy money.

• I received a large settlement which quickly began to disappear because I needed to get money to gamble with.

• I’m going to have a good time…. I enjoyed it, I’d feel comfortable I wouldn’t have someone looking over my shoulder.

• I was going nearly every day finding excuses even if I only had 20 minutes.

• I had to go to the club. I couldn’t be at home on my own.

• I just wanted to be on my own and go and gamble it was physically making me sick. I was heaving every time I knew I was going to the club.

• I would start heaving up and bringing up bile, but I still walked out the door and drove to the club.

• I would get to the club and I would heave before I walked in there. I would be heaving at the machines.

• I threw up but it didn’t worry me I just kept playing.

• Gastric attacks.

• I’d think the next big pay out I get I’ll go to the toilet and then I’d get a big pay and then I’d think I can’t go because the machine’s paying.

• If I stop playing it will stop paying.
Analyse each transcript separately:

- Using the extract from the conversation with Melissa, the significant statements are grouped as follows:

Wanting to be alone.

➤ I had to go to the club. I couldn’t be at home on my own.

➤ I just wanted to be on my own and go and gamble. (Note contradiction.)

➤ Lying.

➤ I was going nearly every day finding excuses even if I only had 20 minutes.

- Feelings associated with gambling.

➤ I’m going to have a good time.... I enjoyed it, I’d feel comfortable I wouldn’t have someone looking over my shoulder.

➤ Physically ill.

➤ It was physically making me sick. I was heaving every time I knew I was going to the club.

➤ Gastric attacks.

➤ I would start heaving up and bring up bile, but I still walked out the door and drove to the club.

➤ I would get to the club and I would heave before I walked in there. I would be heaving at the machines.

➤ I threw up but it didn’t worry me, I just kept playing.

- Illogical thinking.
➢ If I stop playing, it will stop paying.

➢ Relationship with money.

➢ I'd go down to the club and destroy money.

➢ I received a large settlement which quickly began to disappear because I needed to get money to gamble with. (Note the contradiction between destroy money and the need for money to gamble.)

➢ It didn't worry me, the losses.

➢ Relationships.

➢ Things weren't going well [with partner].

➢ I'll show you.

➢ I'd get the shits and walk out.

➢ I only got into what people call obsessive gambling in the last two or three years when Melissa didn't get her own way.

➢ Relationship with the machine.

➢ I can't go [to the toilet] because the machine's paying.

Data from all 6 conversations were arranged in groups as shown above. Koch (1993) described this process as: "...simultaneously searching for significant statements that paralleled those identified in earlier transcripts, as well as noting new and significant statements to that individual..." (p. 233). This step requires creativity and insight because it was necessary to leap from what the participants said what they meant, while remaining true and connected to the original significant extracts. In this way the hidden meanings are illuminated in
the phenomenon under investigation. An example of such a leap is when Melissa said:

I’m not trying to give Melissa a good time. There’s someone inside me that’s saying, “Take more punishment, these interpreted as: ‘Melissa’s critical voice said that she deserved to be hurt and that the acceptance and understanding she wanted was not to be found gambling.’

This stage is preliminary to the formulation of the final four themes. For example, I’ll show you, became I’ll show them and I want to be alone was belonged in one of the four final themes, being-alone.

Develop Groupings:

Examination of the groups followed with the formulation of subthemes a natural progression. From the groups of significant statements, the final subthemes emerge.

Emergent Themes:

The subgroups making up the four major themes of being-alone, buying time, magical thinking and critical voices are my own phraseology, rather than the words of the participants, because my words reflect the experience of all the participants. This does not mean that the themes can be generalised to all problem gamblers. However, it does present an insight into the life-world of these problem gamblers.

Select Extracts:

The themes being-alone, buying time, magical thinking and critical voices are presented by using examples from the conversations that reflect the themes. Although the headings for each theme and subtheme are my own, the words used in the extracts are the participant’s own words. Koch (1993) suggested that “because themes represent shared or common patient experiences, it
makes sense to use a summary term. It would be misleading to use any individual patient’s terms because this would not represent the words of other patient’s [sic] who had similar experiences” (p. 237). The inclusion of my own interpretations of the data continued, while acknowledging that my own life-experiences colour these interpretations. However, this inclusion is appropriate in the chosen methodology.

Develop an Interpretation:

Following the identification of the themes, I continued to reflect on the theme, with the eventual interpretation of their significance becoming evident. Van Manen (1990) suggested that the themes be reflected upon “in the light of the original phenomenological question” (p. 99), while constantly questioning whether that is what the experience of the phenomenon was really like.

This process of analysis forms the hermeneutic phenomenological interpretation, and is the preparation for composing the linguistic transformations necessary to begin the creative hermeneutic writing process. Van Manen (1990) argued that “Creating a phenomenological text is the object of the research process” (p. 111).

RIGOUR

Critics of qualitative research are mainly concerned with its scientific adequacy, claiming that qualitative methods frequently lack rigor by failing to provide rules for establishing reliability, validity and objectivity. These traditional concepts have been replaced by other criteria such as descriptive vividness, methodological congruence, analytical preciseness, theoretical correctness and heuristic relevance (Burns, 1988). Concepts of credibility, applicability and audibility are recommended (Beck, 1993; Koch, 1994; O’Brien, 1996; Sandelowski, 1986, 1993). Sandelowski (1986) explained that “qualitative inquiry may be viewed as blending scientific rules with an artistic imagination”.
(p. 29). Her emphasis was that the description of the experience be credible to the person who had the experience. Validity is tested by questioning the applicability of qualitative research. The evaluation of validity is determined by the fit of data into contexts outside the study situation. The consistent results generated by multiple methods of data collection and existential investigation of artistic sources contribute to validity. These sources may include; journal notes, drawings, or other artistic expression. Findings should be consistent throughout data collection during the conversations and the findings should be confirmed with the participants when the study is completed. This ensures that the preliminary findings resonate with them. In this study transcriptions of the conversations were offered to each of the participants, however, only three accepted the offer. When asked an opinion about the accuracy of the transcription, two participants agreed that it accurately reported our conversation, while the third said he had not read it, but he was happy to have it and planned to use it to explain his gambling problem to his son when his four year old son was older.

The implications of the methodology for the method of study are, according to O'Brien (1996):

...that the researcher is committed to understanding the experience as a whole, acknowledges the ability of the participants to reflect upon and articulate their experience, and utilise a conversational process to provide an arena where shared meaning can be established. (p. 106)

These and other requirements of the methodology for this study are that the transcriptions be accurate, the interpretive process creatively evolves from the text, that the forestructure and descriptions of the researcher, participants and the setting be accurately presented in order to inspire the reader personally to experience the event. This involves self awareness and observational skills. All the elements of the study need to be presented including the phenomenon, the

Chapter Four – To Look at Anything
research question, justification for the study, sampling, setting, ethical implications and the methodological process. Of importance is the accurate documentation of transformation of the phenomenon into written form, reflecting the phenomenon as they pertain to the participants and their horizons, using the framework of Heideggerian phenomenology.

ETHICAL IMPLICATIONS

This section explores the ethical implications of this inquiry. The importance of exploring ethical considerations is paramount. Koch (1993) says that "ethical considerations pervade the entire research process" (p. 159) and that it is important for nurse academics to be involved in the nursing practice.

Because I work as a nurse therapist where the study was being conducted, I decided it would not be useful for me to be involved with the participants prior to conducting the experiential conversations. The dual role of therapist and researcher would have posed its own difficulties, mainly conflict and confusion from the participants feeling obligated to participate. The decision to do this ensured that during the conversations, my role as therapist would not merge with my role as researcher. The Program Director and the Director of Nursing agreed for me to stop working as a nurse therapist with the clients with gambling problems. After collecting the data, I returned to my position as nurse therapist.

The participants’ names used in the thesis are fictional and do not include their formal title. As a means of ensuring client anonymity, hospital policy forbids the identification of research participants by their surname. Participants were accustomed to being addressed by their given names in the hospital and this practice continued in the study. Informed consent was obtained by the admission officer, who explained the nature of the study and assured them that they were not compelled to participate and that failure to do so would not affect
the treatment they received while in hospital. He also informed them that they were free to withdraw from participation at any stage and they were given an information sheet that outlined this information (see Appendix). They were also given time to consider this information before the conversation (usually overnight). Prior to the conversation they signed the consent form (see Appendix). The candidates were also advised that should they wish, they would be kept informed of the progress of the study and be provided with a transcript of our conversation. It was interesting that only three requested a copy of the transcript, and only two were interested in the final outcome of the study.

It was anticipated that the participants might have become distressed while relating sensitive and painful information. O’Brien (1996) suggests that “conversations that explore the subjective meaning of a situation may stimulate self reflection, reappraisal and self disclosure and this may be distressing for individuals” (p. 116). Counselling was available to the participants, if necessary with another professional. A record in the clients’ notes outlining the conversation and any distress or issues that required further intervention was made, and a verbal handover given to the team leader.

Prior to the data collection I worked with problem gamblers on a one to one basis as well as in a group setting. Attending Gamblers Anonymous meetings, visiting clubs, TABs and casinos prior to the data collection allowed me to immerse myself in the world of the participants. This strategy allowed me the opportunity to observe gamblers and immerse myself in the gambling experience. Moustakas (1990, p. 28) considered that this immersion by the researcher permitted entrance into their world and therefore exposed me to the ambience of the surroundings. I encountered the clients, employees and management and gained understanding of their attitudes and behaviours. Having no idea how many participants there would be in the study, I intended to have conversations with as many people as necessary to gain sufficient data.
Conclusion

This chapter provides an overview of the process used to conduct the study within the philosophical framework. Descriptions of the participants and the hospital setting are presented. The experience of generating data through are discussed. Issues of rigour surrounding the data collection, the data analysis and the emergent themes have been broken down into their components, enabling the reader to follow the process and ensure that the study is consistent with the phenomenological framework. This study has been an unfolding process that began with the reflection of the question and reflection will continue after the study is finished.
Chapter Five:

- Presents the conversations.
- Introduces Marty.
- Introduces Garry
- Introduces Melissa
- Introduces Kate
- Introduces Lynda
- Introduces James
PRESENTATION OF THE CONVERSATIONS

Introduction

This chapter presents descriptions of the conversations with 6 client participants who are problem gamblers. The use of participant’s own words from the transcripts provides documentary veracity. The aim of these descriptions is to enable the reader to gain knowledge and insight of the conversations, thereby allowing greater understanding of the ensuing hermeneutic analysis and phenomenological interpretation.

The use of bold type in the transcripts of the participants’ excerpts indicates that the words were emphasised or shouted. Numerous emotions were demonstrated during the conversations these included sadness, anger, resentment and pain, occasionally resulting in tears, shouting, laughter and delight.
Marty
Introducing Marty

When I spoke with Marty to agree upon a time for our conversation, he inquired what the conversation would be about. I told him that I would like to know what it was like to be a gambler and that we would talk about anything he wanted to discuss that related to gambling. He said he was happy to do this but wanted me to ask him a few questions just to get him started. I agreed, and a time was set for the following day. Marty said that he was a little nervous but really glad to be involved and was comfortable talking about anything at all. He presented as a 22 year old casually dressed man, of pleasant appearance and easy manner. He began by describing his family in the remote country town where he was raised.

*My Stepmather was a gambler before he met Mum. My Mum was a compulsive gambler. My real Dad was a gambler too. That was the reason that my Mum left my Dad. He used to drink and he used to gamble all his money away. When he came to the house on rare occasions, like there'd be no money for the kids to survive: no money to buy formula for my sister and stuff like that. My Dad hasn't paid any attention to me.*

Marty and his older sister did most things together. She was a champion golfer and later “did well” in business. Marty’s mother was an important figure in his life, although he did not see much of her because she did evening work behind the bar at a club and in the mornings was asleep in bed. There was always enough money in the house and he claimed that life at home was “fine”, despite each member of the household leading separate lives. Marty spoke of how he accessed his Mother’s purse for as much money as he needed.

*My sister and I had no value for money. We could have money whenever we wanted it. We didn’t have to do jobs for pocket money. I look back now and think it’s not normal. My Mother*
would be still in bed when we got up we would get our school
clothes ready and we would take money out of her purse.
Yeah, it wasn't right. We'd take a 5 dollar or 10 dollar note.

Marty's Mother was emotionally and physically abused the children. However,
Marty excused this behaviour despite being unable to bring his friends home
and Mother not having any time for him. He felt more upset about Mother not
spending time with him when he was a child than the abuse issues.

My Mum belted me with jug cords. She'd belt us with anything
she could find. She emotionally and physically abused us. But
that's just the way it was and there was nothing I could do.

Marty said that his gambling began when he visited his Mother at the club
where she worked. He was 8 years old.

I felt that I was special. Children weren't allowed in the club. I
just thought it was a game.

He described how alcohol became an important part of his gambling. When he
was 13, one accompanied the other. Gambling allowed him to make enough
money to drink, as well as allowing him the freedom to do whatever he wanted.

I could put $5 in a card machine and if I won I could proceed to
drink spirits. I mostly won. It [gambling feeling] was more, well,
I've got this money and now I can go and do whatever I want.

He began drinking when he was 13. It started off with half a dozen middles
(130 ml per glass) of beer and gradually increased to include spirits, until age
15 when he would drink a bottle of whisky alone in one episode. Such high
alcohol intake resulted in occasional blackouts. He began frequenting hotels to gamble instead of going to parties or socialising with friends.

*By the time I was 17 life bored me. I saw myself as different from my friends. I didn't enjoy doing the things they liked to do. I'd wipe myself out every weekend. I started playing poker machines and card machines a little bit more. I'd take a few afternoons off school, things like that and go down to the TAB [a nation-wide electronic betting facility in the form of 'shops' or telephone accounts, that provides betting on a variety of sports] in my school clothes in my school blazer and gamble.*

When he started to work in a club at the age of 18, he was spending $1,000 per week on gambling. His Mother occasionally accompanied him in his gambling, but he became distressed if his Mother lost her money. It was if it was all right for him to lose, but not his Mother. Mother made it possible for Marty to gamble, by providing money for petrol, food a place to live. Later, she paid off his gambling debts.

*I remember my Mum and myself would gamble occasionally. It was fine for me to spend all my money, but when she spent her money it made me physically sick because there was no way I'd want my Mum to spend all her money. We used to gamble together, this one occasion she had a tax cheque for $2,000. We won most of that money back, but it made me so physically sick that my Mum was spending that money.*

Marty described how alcohol became an important part of his gambling. He did well at school despite taking time off from school to gamble. When he began working at a club his gambling increased.
I'd take a few afternoons off school, things like that, and go down to the TAB in my school clothes, in my school blazer and gamble.... I started to work in this club. I was like 18 going to clubs, I was going through say a $1,000 a week. Some way I went to the bank and got a cheque book. I'd get paid monthly like this huge amount a few thousand dollars a month. I'd buy a few things but the majority of the time I'd gamble it away.

A vivid memory of gambling was when he played two-up and had a big win. He displayed a powerful sense that he believed that he was responsible for the positive outcome of his gambling.

I played two-up in 1991. It was the second time I ever played. I walked in with $150 and I walked out with over two $2,000. I hadn't played two-up before. I spun nine heads, three of us had got together about $10 each and we walked away with $500 between the three of us. I spun nine heads. I won the money. I did it -- they reaped the benefits.

He insisted that the win was as a result of his skill, rather than luck. When I asked how he felt about this today, he still maintained that it was his skill. He became adamant and insisted that I believe him. He was eager to convince me that he was responsible for the wins and that chance had nothing to do with it.

I am responsible for it. I watched people seen how they did it with a flick of their wrist or whatever. There's a way to do it and a way not to do it. I proved to myself that there is a way to do it because I spun the nine heads. I have played two-up several times since. I've gone with the same amount of money that I did that first Anzac day and I've won $2,000 or more.
He saw gambling as a way to solve all of his problems, particularly his financial problems. Marty left the country town where he was born and went to another town. He became involved with a married woman with two children. She was considerably older than he was. They lived together, but he felt that this was morally wrong. He described how he felt the pressure grow, and as the pressure grew, his gambling increased.

_I did the wrong thing. I couldn't handle it [a relationship with a married woman]. It was against my moral principles. I couldn't handle this guilt, but it was a small town and eventually the whole town knew what was happening. Her husband and her brother in-law came and beat the shit out of me. I was absolutely scared shitless. I thought they'd kill me. I began to gamble really heavily. I sat there [at the club, in front of the poker machine] because it was the only place I could get away from the world. I had my own little spot this was my own little space._

In this space he felt safe and untouchable. He could escape the pressure for a while.

_It was safe. It was my own world and no one could come in there. I could stay there for however long the money lasted._

He found that gambling was the only thing that made him feel better and take away the pain. He loved the noise and the crowd in the club, and described how the adrenalin rush improved his mood. I asked Marty to take me through an adrenalin rush.

_I'd walk into a TAB and I'd know what's going to happen. I'd feel something like anticipation. I don't choose horses from the form. I didn't really care. I didn't care what colour they were. I didn't_
I cared what jockey was on. I cared how much they paid and I looked at the tote board. I had favourites and I used to fill out the card. It wasn't anticipation. I felt it was just like feeling normal again. I knew I'd be there for hours. I'd fill out the card, put it in and wait for the race. Then I'd feel anticipation of what was going to happen. Then it was all over in two minutes or a minute and a half. I got the rush from the moment they jumped.

I got the rush and they came around to the last couple of furlongs. That's when I got the rush and it didn't matter if my horse was coming last or first, the rush was still there. I always thought even if my horse was coming dead last it could still win, it could still win. It didn't matter. The race was over. I felt good for a while or I felt bad for a while. It wouldn't last long at all.

Races are spaced every five minutes or every 10 minutes or sometimes every 40 minutes at a capital city. I could get a rush every five minutes or more.

Marty did not practice doubling up because he was more concerned with how long he could spend at the TAB than how much he was losing. Doubling up is when the previous losing wager is doubled, in an attempt to regain the loss. He described the painful, desperate feeling he experienced when it came time for the last race of the day.

*When the last race comes, the eighth race of the day, it was a different feeling. I was more involved with my sick, sick feeling. There's nowhere else to bet and this is the last race of the day. I'm not going to have another bet until tomorrow. I feel awful.*

While working in a department store he began to steal to support his gambling. Marty called it "borrowing" rather than stealing. His boss discovered the theft.
and offered to keep it out of the courts if his Mother paid the $2,000. His Mother paid, but the stealing did not stop.

*Things started to get out of control. I started taking money from the till and replacing it. The insurance company came once a month. I know that the company used to give green slips about 20 a month and the insurance company came once a month and the money was in the till in an envelope I used to borrow from that and replace it, borrow from that and replace it.*

I commented that he used the word ‘borrowing’ and I asked if he ever felt that it was stealing?

*Yeah, it was stealing. Yeah, I knew it was stealing and that got worse. It got to the point there was a couple of thousand missing and I couldn’t pay it back. My boss had a lot of trust in me. It was a responsible job. I’d sell a washing machine and pocket a $1000. I’d sell a fridge and pocket $1500.*

Marty justified his stealing by claiming that his boss should have paid him more money, because Marty felt that he deserved it. Eventually Marty was sacked, because his work performance diminished. He was gambling in his lunch time and after work. Gambling became a total preoccupation. He had no money and had alienated all of his friends because he had borrowed money from all of them. Marty became upset as he recalled the memory of being paid off with his holiday money and severance pay. He realised that this amount of money would pay off all of his debts, but he decided that he could pay his debts and have money to spend by gambling.

*I proceeded to in a period of 6 hours to gamble the whole lot. It was still in my mind that I had to pay it back. I knew my Mum was the type of person that would pay my debts because she*
didn't want to see me go to gaol. I knew that was going to happen because I had taken so much.

At this point, he thought only of gambling or suicide as a way out of this situation. I asked Marty if he considered another solution to his problem.

There was no other solution. I couldn't see any other way. I sat in my car and I made the decision to kill myself. I had this insurance claim. I'd make it look like an accident. These thoughts raced through my mind and I felt very calm it was something that I hadn't experienced before. I was constantly thinking about it. I was calm, very precise. I proceeded to drive. I was doing a fair speed 135-150 kilometres an hour. I had picked out this spot. I had worked out different ways to kill myself. It was a big difference between thinking about it and doing it. I came to this embankment near a telegraph pole and I thought the telephone pole was not going to do the job. I thought calmly this was not an option. No, I'll go off the embankment and go down one of these mine shafts and kill myself at the bottom of the shaft. The car is going to explode and I'll die.

His plan did not work. He was rescued from his wrecked car and taken to a country hospital. He insisted that they did not know what to do with someone who had a gambling problem and attempted suicide. His Mother organised for him to attend a rehabilitation facility for two weeks which he claimed did not help at all because they did not understand what it was like for him. While there, he was visited by his biological father. Marty confronted him on abandonment issues, becoming upset when relating this encounter.
He came down to see me to see if I was all right. But once he got there I asked him questions like where was he when I needed him? Why wasn’t he there for me? Why didn’t he do this or that? Why didn’t he give me a life and stuff? The answers that he gave weren’t good enough. I was very emotional, very angry. I wanted answers, but his excuses were not good enough.

Marty was concerned that there are few places that understand and treat gamblers. He found the addiction centre unsatisfactory, claiming that they did not know what it was like to be a gambler, or what he needed. From the addiction centre he went into long term rehabilitation run by the Salvation Army. Although critical of the program, he admitted that for a while he was at peace with himself.

The program there was based around drug and alcohol. I went to a weekly Gamblers Anonymous meeting near Newcastle, but that was the only thing that had anything to do with gambling problems. There was no one there for gambling problems. There were no counsellors who had first hand experience of the problem or gambling backgrounds.

After completing 8 months of rehabilitation he returned to the country town, which he admitted was a bad move, because there was no support from counsellors who understood. He stopped going to Gamblers Anonymous meetings because he felt happy and thought that he had his gambling problem under control. He wanted to do something with his life. He decided to enrol in university. He was feeling good about himself and confident that he would not gamble. He paid for his books and fees. His family and friends were pressuring him to do well and succeed at university and he described the pressure he felt.
Expectations grew and the pressure was starting to build up. I hadn’t been to see anyone for continuing treatment. I’d paid for everything at uni. All I had to do was go to the uni. I found a library card with $40 on it I could have handed it in but I didn’t cashed it in and gambled it. I had some more money for books and I gambled it too…. After I had spent all the money and got rid of all the anger and frustration through gambling again I felt bored. I just burst into tears. I had busted. I couldn’t handle the fact that I had done so well and I had busted. I was disappointed in myself…. Yeah, I started going to uni, I started going to classes and I started to gamble, gamble, gamble. Two weeks later I was back to the point where I stopped 11 months before.

There was a sense of desperation as Marty spoke of admitting to St Michael’s Private Hospital. He expressed his dissatisfaction with the program and the counsellors.

_There are counsellors sitting up there telling me something. They don't know what they're talking about. How would they know what it's like to be a compulsive gambler? It's not like being an alcoholic. It's not being an addict. They are very similar but a compulsive gambler is different – a lot different._

Marty expressed ambivalence towards Gamblers Anonymous.

_Sometimes I hate it. Sometimes I really really do. It is the one thing in my life that has structure, that has rules, has numbers. This is one, this is two, all the way to twelve. Gamblers Anonymous is a really individual thing. People like to swap it around and change it. And it's really frustrating. I don't like to sit_
there and hear how much money people have lost because I’ve also lost money. I know what it’s like to lose money. I know what it’s like to sit in front of a poker machine. I don’t want to hear that every single week.

When Marty spoke about his current situation and how much he lost, emotionally and physically, he sounded subdued and sad. He spoke of the realisation that unless he stops gambling he may die.

*It is to a point now where I’ve lost my family life. I did things to them and they’ve said, “Listen we don’t want you back in the house till you sort yourself out. Come back here and listen.” My Mum’s always bailed me out of situations. I’ve got to do this by myself. I haven’t got a crutch that I can turn to and I haven’t got these people enabling me any more. Maybe I had to get this spot here to turn my life around. Maybe this isn’t enough, that I’m still… this addiction will rule. I’ll die from my gambling. I know if I go out there and gamble tomorrow I’ll be dead. It’s really, really hard. I’m glad you are doing this because there are no places for gamblers, none whatsoever.*

Initially Marty was nervous, but gradually settled and I recognised that he had a charismatic personality and an easy charm. The conversation was at times emotional and I gained insight into the desperation he experienced when he was in the grip of his compulsion and the overwhelming hopelessness he felt when he attempted suicide. I felt privileged to have shared this time with him and Marty said that he had found the conversation to be beneficial and that he would like to talk to me about the decision he needs to make about beginning university next week.
Garry
Introducing Garry

Garry presented as an energetic, confident and assertive 40 year old man who was anxious to tell his story. He was definite about presenting his point of view honestly and accurately, despite his admission that he was a "liar". He said that he is a workaholic and a perfectionist. He has been separated for two years, after seven years of marriage. He has two sons aged 6 and 8, who live with their Mother. Prior to his admission to St. Michael's Private Hospital, Garry was 6 months abstinent when his wife denied him access to his children. This triggered a three month gambling period, with him spending $300 - $500 per week at the TAB. He spent $10,000 on horses and dogs over a period of 6 months. He has stolen money from the school where he works and does not appear to feel any remorse, rather he has the feeling of helplessness in hopelessness around his gambling. He made one suicide attempt, but has no current suicidal ideation. His eldest brother committed suicide four years ago, at age 40. He has another brother, a policeman, whom he describes as “addicted to money.” He described his sister as a “nice person.” Garry was a good sportsman who enjoyed rugby before he became involved with drugs in his late teens. He lives in shared accommodation, close to the school where he works as a teacher.

Initially Garry was hostile during our conversation, raising his voice in a belligerent manner saying he was feeling angry towards a counsellor at the hospital. I allowed him to ventilate his feelings, and I responded empathically, expressing concern for the situation he described. We discussed possible strategies he could use to resolve the situation. As the conversation progressed, Garry became open and willing to share intimate and painful details about his life and his gambling career. The conversation began with me asking Garry what it was like to be a gambler. He chose not to answer the question, instead he had a notion of the direction he wanted the conversation to take.

Chapter Five – Garry
I have an idea of the sequence I’d like talk about. I’d like to begin with the history. I can recall my first time bet, the amount, the name of the horse, the race the amount that I won. I always used to think that that was the first time I gambled, but now I realise that I began on pinball machines at the age of 8. I can remember it vividly. I would have been about 8 years old. I wanted to beat that machine. You see if you get a certain number of points you get a free game. The thrill of getting a free game was huge. Over the years I was genuinely addicted to pinball machines. There would be days I’d go down to the beach and I would stay all day in the milk bar. It is just the same when I’m betting on horses. Undoubtedly the addiction process started then. It’s about beating the machine, a sense of power, a sense of winning. I stayed there for long periods of time. I loved when the kids watched and I’d win free games. It gave me a rush.

Garry described a childhood where he experienced emotional and physical abuse. He says that he still carries the pain, shame and humiliation of sharing a small room with his brother. A room that had no light for 18 months and a door just big enough for him to crawl through:

My upbringing wasn’t normal. At first I perceived it as a normal upbringing. I’m aware that I suffered emotional abuse as a child. The best way I can show that I was emotionally abused is by telling you about where we lived, a nice suburb and a nice house. There were five children and the house was split level. Upstairs there were three bedrooms. Mum and Dad had one bedroom, my brother and sister in the other two. My oldest brother had a room at the back of the house. My younger brother and I (he was 10 and I was 8), had a room whose door
was that high [indicating waist high] that was the entrance to the room. The room was a cement rendered room. The floor, ceiling was cement too. I cried, I hated it. I was so humiliated. It had windows and a door to the outside. My Father had put in a door, using the space under the stairs to create this room. I never, and I emphasise the word never, all the time I lived there, I never had one friend over. I started isolating. I cried and cried. My Father hadn’t put any lights into the room for the first 18 months we were in the house. We just went to bed. I just went to sleep there. I know from my perspective there was so much shame it was terrible, really terrible.

Garry’s parents migrated to Australia from New Guinea after the war. His Father, whose degrees were not recognised here, started a business and did well, but he became a workaholic, working 18 hours a day. He had no time for Garry, taking no interest in his schooling, sport or socialising. The only way Garry could gain his Father’s approval was to work hard. Mother did not give Garry even basic physical care. He had never been instructed to clean his teeth and showered only when he wanted to. He said that he always had food and clothing, but no love or nurturing. He said that his sister told him that he did not speak until he began school and did not play with other children. He was left in a play pen for hours during the day.

I guess that was when my isolation began there didn’t seem to be any reason for me to speak.

I observed that it sounded as though anything that required personal effort or involvement from his parents was omitted. He was bought toys, bikes and anything he wanted, but not given time.
Yeah, yeah. My Mother was very very self-centred and obnoxious. I have much anger towards her, especially as I realise what it was like for me as a child. I have a sense of being ripped off. So much so that I don’t call her Mother. My children call her Oma, which is Dutch for Grandma, and I call her that. I cannot recall calling her Mum, certainly not since I was a child. I’m 40 now and in the last 20 years I have not called her Mum. She has asked me to, but I say, “Yes, Oma.”

Garry described sexual abuse he experienced while on a cruise with his Mother.

I was in Year Eight (age 13). I was entertained by Dexter the magician. He’s dead now, fortunately. I would like to have settled some scores. I had the run of the ship and left to my own devices. I was never a naughty child. Dexter took me into the toilet, I didn’t know about the facts of life. He made me feel and touch him through his pants. He’d push against me and tell me that this is what he’d do to his wife and he’d thrust himself against me. He did this two or three occasions. I was terrified. I didn’t know what to do and I went and told my Mother. She told me to stay away from him and that was that. So that stuffed up the cruise because I stayed away from him all right. I stayed in my cabin. I was scared of him.

Garry’s Mother failed to intercede on his behalf, and gave him no support or validation. He said that he felt guilty and scared and carries the same feelings today about sexual matters. When I said that it was sad that Mum did nothing about Dexter, he explained that he would definitely do something about anyone who molested a child in his care. Garry told me that he learnt to be self-reliant, depending on no one because there was never anyone there for him.
After a while I learnt. I subconsciously learnt that you don’t pursue support. You isolate, you do a job. That may be superiority, that no one is as good as me, no one is as smart as me.

I inquired whether this was real or imagined. Garry assured me that feeling superior and isolating was his way of coping, of dealing with the pain of not being wanted.

Oh imagine! I think now that that is the reason I enjoyed my own company. The isolation means that I didn’t have to deal with the pain.

Garry’s Mother was in denial about the extent of his gambling problem and even today continues to provide him with money and “bail him out” of financial difficulties.

She never admitted the problem at all. That’s still the same today. Even though she says she won’t give me any more money, I know if I shed enough tears, press the right buttons, she will. I hate my Mother, because she abused me. That why I don’t mind using her now. There is a sense of justice.

Garry spoke about how he is uncomfortable with touching and how it affects his relationships today. He wondered whether it was because he hadn’t received cuddles and nurturing when he was young.

Touching is very very foreign to me. My sister is very good to me. We talk on the ‘phone, but we don’t talk at an emotional level. She is a very good sister, a very good Mother. I can’t touch her. I get on well with her three boys. I like them but I
can't touch them. I'd rather commit suicide than touch them. I never touched anyone.

We discussed how this his distaste of touching caused concern for him, especially in sexual relationships, which usually resulting in no emotional involvement, only instant gratification. During this part of the conversation Garry cried and his voice became low.

Sex was simply a straight out instant gratification. Forget the girl involved. I'm not an emotional person. For me, there is no emotion. I feel abandoned. It's sad, I'm sad no., I'll have to control myself [tears].

I assured him that it was all right to cry and that he did not have to control himself, that it was all right to cry. I validated his feelings by reflecting that it was sad. Sad for him today and sad for that little boy, alone with no one to give him hugs or nurturing. He continued with his history of gambling. By age 15 he was gambling compulsively on card and electronic gaming machines. Then he began to bet at the TAB,

Within 6 months I was betting compulsively. I was in Year Nine. I met up with an SP [off course] bookmaker and I was into him for $3,000. He was a good guy, he did want something like $20 per week. He knew that I was at school.

This is when Garry's stealing began. His Father had a cash business and Garry had easy access to the weekend takings. He used this to pay his gambling debts.

I knew where he put the money and I could take what I wanted. I never considered it stealing. I've done a lot of stealing and I took it only for gambling. I've never considered any of the theft
I've done to be stealing. I've justified it, and not one single person has ever been repaid.

The notion of being ripped off arose frequently during our conversation, providing him with the excuse to steal from his employers and other people. He became driven; simultaneously school teaching, working at a restaurant and doing a degree. I asked when he had time to gamble. Garry was insistent that I understood how important money was in his home

I'd steal. If I lost it's not mine! If I won it was a bonus. The God in our house was money. Ninety-five percent of my Mother's conversation today is about money. I share that belief today. I place a great importance on money.

Illustrating the grip gambling has on him Garry outlined the following plan:

I came here before Christmas, I planned staying here for three weeks. I had this idea. I would have two pays in the bank and I wouldn't have to buy any Christmas presents. I had an idea for a system. I planned that after discharge I could use the money I saved to put my system to the test. I was going to be fed, I was going to be away from everyone and I was sweating on my tax cheque which was going to be about $3,000. I was of the belief that my system would be put into place and would work. I had sufficient funds and I had acquired the discipline. That was a very strong belief in me. It stayed with me. I was going to say that I am an honest person, [laughter] which in reality is not the case.

Garry had considerable energy about the perceived poor treatment he received at St Michael's.
Today's my 15th day here and I haven't seen him [gambling counsellor, a long pause, Garry upset]. I feel ripped off.

I said that I could see that this notion of unfairness and being ripped off was strong in him and reflected that there were other times during the conversation that he had mentioned being ripped off. He became agitated and raised his voice.

What I have to learn is that it is normal to feel that unfairness and anger. What I have done is suppress it and push it down. I've medicated it through gambling. I love to gamble. The work day ends, I'm in the car and I drive to TABs well away from where I work. When I'm gambling, my mind and body feel marvellous. It is so clea. There is a great sense of participation [voice sounds excited and secretive] I withdraw my money. I turn on 2KY [racing radio station]. I don't drive any quicker than normal. The TABs are very kind. They cater for people like me, so if I miss one race, there will be another race in 6 minutes. I take my money, I sit down, I watch the screens. And I'm in my own world where I'm so happy, so normal. A perception of peace. Time is of no consequence. I don't have to take any shit. I can just sit there and I can do what I love doing. I don't think about it, that is my world. No bullshit, I don't want any bullshit.

The last race of the day caused sadness and anxiety, saying that he was losing his "love" for the day.

Speaking about his recovery, he said that unless he is caught stealing, loses his job, has to answer to the police and is forced to do the painful stuff, he won't give up gambling. By the "painful stuff" he referred to childhood abuse. He felt
that he was continually searching for instant gratification. Just as he was given 
things as a child, so he wanted the instant fix today.

It is the instant fix, the instant gratification. The emotional abuse 
as a child. But also as a child I was given instant gratification. 
Whatever I wanted, I was given. I didn’t want much, but 
whatever I wanted I was given.

He became animated and energised in telling about his system. It seemed 
important to him that I understand its rationale.

The system is based on probability. It requires you to have a reasonable bank, 
ideally $1,000. But you could start with $500 or $600. The first bet is $2. That is 
the pitfall. You see $2 isn’t going to make me ‘feel - good.’ If the $2 wins, then 
depending on the odds, the next bet will be, the most I could bet is $6. That’s 
two by two. That’s even money. After that, if I lost, then the maximum bet is 
$14. The next bet after that is $30, the next....

I interrupted and inquired if what he was betting on mattered. His voice became 
raised and sounded annoyed.

I pick my horse right? What I’m doing, Michelle, is I’m aiming to 
win $2 per race. So if my first bet loses, the next bet will recoup 
the $2 lost. Because it’s two races, then I have to win $4. So 
the second bet will win me $6. I know it’s confusing....

He continued to describe the system, his manner animated and energetic, for 
about five minutes. I commented that it sounded very well if you are a 
successful horse selector, but I asked what would happen if he consistently 
chose donkeys? Wouldn’t the system fall down? Garry replied with a raised 
voice:
I have never ever said that I am an unlucky gambler. I have backed my fair share of losers, but I have the feel.

I could not stop myself from saying, “But you lose.”

Yes I lose. I lose because I’m inconsistent. I do become irrational.

He continued to explain his system and his theories of gambling in detail. He had a great deal of energy around the allegedly foolproof method of his system. A discussion ensued about the possibility of his system losing. The debate remained unresolved. He remained convinced of the infallibility of his system.

Garry was fearful about his discharge and likened his recovery journey to taking a roller coaster ride with his friend Barbara.

I hope that when I leave here I have the guts to stand in the queue, to take the ride. But Barbara won’t be with me. No one will be there to stand in the queue with me.

Again I assured him that it was all right to cry, that being in recovery means facing unexpected memories and feelings as they come up. Garry was not hopeful about his recovery, but felt that he was gaining some awareness of his problem.

I feel I have gained awareness. Aware that I can’t control it, I know that that is how it is. I can’t remember the last time I had this sense of awareness. I think this sense of awareness is helping me to develop skills to hand over my will.

Three times during the conversation Garry became tearful and needed time to compose himself. Afterwards he said that he had found the conversation
helpful because it assisted him to connect with painful memories long forgotten, as well as gaining insight into the reality of his situation. He said it was the first time he realised that his pattern of addiction began long ago when he was 8 years old when he began playing pinball machines. Garry was surprised that he shared details about his inability for intimacy, his physical approach to sex and how he does not enjoy, or has never experienced intimate touch.
Melissa
Introducing Melissa

Melissa presented as an attractive, slightly overweight 30 year old woman with a loud voice, forceful manner and giving the impression of confidence and self assurance. As the conversation progressed it became evident that this was a cover, that in fact she lacked self confidence and had low self esteem. Even the brash exterior was a cover she used to hide her anger and insecurities. She said that she had difficulty handling criticism and usually responds with anger, which is a coping mechanism she began using in childhood.

Melissa never felt as if she belonged in her family of origin, insisting that they always expected the worst of her, and that she usually obliged. The sixth of seven children, her parents spent little individual time with Melissa. She described her childhood as “terrible.”

*I was sixth in line. Four brothers and then an older sister, then me and then a younger sister, and I always thought my older sister got everything handed to her. She was ‘Miss Perfect.’ Melissa had to throw tantrums to get attention. Any attention is better than no attention.*

Melissa had a vivid memory of being hospitalised for three months, when she was 6 years old, with chorea. Family members visited only twice weekly. The experience was traumatic for her and she still remembers the collection of blood for pathology and sleeping out on the freezing verandah of the hospital.

*I’ve blanked out a lot of the hospital and my childhood. I don’t remember my brothers or sisters coming to visit me. I remember the horrible nurses stealing my chocolate. “They stole my chocolate. They took my chocolate.” Nurses telling me to stop crying. It was in winter, the owls hooting and Melissa*
screaming and crying “Please take me inside, and them saying, Don't be so stupid they can’t get you.”

When Melissa returned to school she was behind in her reading. Her mother used her illness as an excuse, an excuse Melissa continued to use throughout her life whenever she found herself unable to cope with life stressors. Melissa's mother physically abused her, belting her at least once each week. Fortunately she had friendly neighbour to whom she could escape.

When Mum used to hit me, I used to say, "I hate you I hate you Mum I'm going to run over to Mrs. English's." I had jumping the fence down to a knack. I used to fly over that fence oh my God, Mum couldn't catch me [laughter].

Melissa associated her bed wetting with her fear of being belted. Her mother and older sister still continue to shame her, by reminding her of the bed wetting in front of people. Melissa's sister constantly cruelly criticised her, pretending that they were not related and that she was adopted.

She hated me. I was an embarrassment to her. She'd sit at the front of the bus. I'd sit up the back of the bus. I'd be rowdy. I'd be a big mouth. I'd be trying to impress the boys. She came and told me that I was adopted and I remember coming home to Mum and saying, “Mum am I adopted?” And Mum saying, “No Melissa if you were adopted we would have sent you back.”

It is only now that Melissa understood what Mum meant by what she said, becoming tearful and quiet as she considered this comment from Mum.

If you were adopted we would have sent you back, but because you're not, we have to put up with your shit and you've got to be here.
Dad was weak and left the disciplining to Mum. Both parents constantly reminded her how lucky she was to be sent to a Catholic school and how fortunate she was to be taught the piano. Piano lessons were a nightmare for Melissa with Mum complaining that she had to go out to work to pay for them.

Melissa described running away from home as horrendous. She and a girl friend from school went to a bus driver’s place and hid under the bed until he had them removed by the police.

"We were dragged home in a police car. The police car pull up out the front of our house. Oh my God, my Mum was so embarrassed. And I thought, "Stiff shit." I ran away because I didn't want to be here, that's why I ran away, and they didn't want me."

Mum sent Melissa away to holiday camps every holiday, which reinforced her belief that she was not wanted. She also felt separate because the family did not share information with her, an example being when her brother almost died in a car accident and she wasn’t told. Nor did she feel she could share her problems with them. When she was raped at age 14. She kept it to herself for fear that they would blame her. She still feels that she may have asked for it.

"When I was 14. I met this guy and he was a nice guy and he was going to South Australia and he said, "Do you want to come back and meet my Mum?" I went back to his place and his Mother wasn’t there. I can’ remember I think I blanked out a lot of things that happened. I can’t remember if we started to kiss or what actually lead to it happening but then he started to get pretty heavy and I’m yelling "No, No, No!" and then all of a sudden it happened and he took me back to the railway station and I remember ringing my Father up outside the police station crying. He said, "Don't be stupid. Come home. What's wrong?"
Finally he said “I’ll come and pick you up.” And it’s just really weird. I don’t know whether I blocked it out or what. He came and picked me up and nothing was said the whole way home. I think he knew something had happened and he never said anything. When I got home I had a shower and went to bed. I know the physical act is rape but I don’t know what the emotional part was.... I don’t know how I felt.

In response to Melissa’s notion that she may have been responsible for the rape, I told her that no woman asks to be raped and certainly not a 14 year old girl. You do not deserve that sort of treatment.

*You can tell me that, but believing it is another thing.*

After the rape she thought she was pregnant and felt anxious and fearful. Still she did not tell anyone. Melissa said that at school she frequently took the blame for things for which she was not responsible because she wanted to make friends. She did not like school and was always in trouble. She believes that this fulfilled her 16 when she met this wonderful guy who I thought was the ant’s pants. She said that she flaunted herself at him because she was discovering her sexuality and he owned a Torana, a car much admired by her peers. She described herself as:

*Blonde, had long legs. A good figure. Oh I had all the right things* [clapping].

Melissa was desperate to escape from home. Leaving home she lived at her girlfriend’s home and started work at a bank. A sequence of relationships began, each time she considered them to be “Mr Right.” Unfortunately violence was the usual outcome.
He was violent. He used to bash me and take all my money. I was stupid.

"Stupid" was a recurring word in Melissa's conversation, usually associated with feelings of low self esteem and feelings of being unwanted. Melissa said that she recognised this and was prepared to work on it because she realised that it blocks the establishment of compatible relationships, and may contribute to her problem gambling. Melissa constantly referred to her Mother's opinion of her behaviour: how Mother "puts her down" and how she can never do anything right. Always Mum expects the worst from Melissa. This notion has been established in Melissa's own sense of her own worth. When Melissa screamed "I've got to do the wrong things to please my Mother" it came from the painful shameful core of her deep feelings, which may mean that she plays this role for her Mother. An interesting aspect of Melissa's dialogue was her frequent use of the of the third person, saying, "Melissa didn't get her own way, Melissa was bad." She spoke in the third person 15 times during the conversation. On each occasion Melissa had negative information to give about herself or when some one criticised her. It was as if she dissociated, not having to own the criticism, instead, becoming an observer, watching the behaviour of a person other than herself. This may be a form of introjection of the negative view of others. On many occasions she laughed when recounting these incidents, even when they were sad or frightening, and used a combination of both first and third person. Whenever Melissa connected with deep feelings, she used this form of dissociation to manage the underlying pain. Melissa saw a suicide attempt as a way of manipulation to have her needs met.

We had a bust up and then Melissa took a few tablets. Not enough to kill myself, but enough to get his attention. Then Brett used to come down with flowers for Melissa. Melissa wanted, Melissa manipulated and Melissa got. We ended up getting married and it didn't work out. When I was with John I
never screwed around. But when I was married to Brett I went with different blokes and screwed around in my marriage.

The relationship with her husband was a turbulent one, with conflict, violence and distrust. On several occasions Melissa returned to her parent's home, where conflict and accusations continued. Melissa never felt that she could do anything right.

I was pregnant but I left him [Brett] and I went back to Mum's. There was a big row at Mum's. I don't want to go back to him. I can't handle being bashed any more. "He's no good for you, blah blah blah, think of the baby, think of the baby". Anyway he [Dad] talked me into going back with him. So I went back with him. Anyway he bashed me and threw me down stairs.

Finally she left her husband, and when Melissa's son Danny was three he went to live with his Grandmother until he was 6 years old. During this time Melissa continued to go from one unsatisfactory relationship to another. Then she met and formed a defacto relationship with Richard. They decided to bring Danny back to live with them. Unfortunately Richard treated Danny badly both physically and emotionally. Melissa was upset that she did little to prevent this abuse, giving the excuse that she did not want to lose Richard. Melissa sobbed when she described the treatment Danny received.

I justified Richard's behaviour. When Danny came back to live with Richard and I. Richard did give him a hard time. He'd put him in the bed room and "don't get up until we get out of bed." if we slept in Danny wasn't allowed to get up. He would hit him. I did put Danny through hell too, but Melissa did that, not Richard. Melissa could have stopped that but I was too scared.
to lose Richard. Mum still blames Richard for it, but it was Melissa.

It was at this stage in her life that the gambling became compulsive. The sense of desperation to gamble is reflected in Melissa’s behaviour and the physical effect of her addiction is evident in the following account.

She began gambling compulsively in the previous two or three years, when the relationship with her new partner began to deteriorate. Melissa became angry when she felt that he did not listen to her and she could not have her needs met. Unable to resolve this, she became angry and defiant, using this as an excuse to gamble because she saw gambling as a way of retaliation and punishing her husband.

The best way she knew to do this was to take her money, go to the club and put it through the poker machine even if she only had 20 minutes to spend there. Melissa anticipated having a good time because she felt accepted and comfortable at the club where she received no criticism or rejection. Although she said that she did not want to be alone at home, she contradicted this statement later when she said that she wanted to be alone at the club to gamble. Initially money was not a concern to her because she always had enough to pay her bills however her gambling losses gradually increased and she found herself gambling away the large financial settlement she received from an accident. Melissa seemed to think that by destroying money she somehow punished her husband. Despite feeling physically ill prior to arriving at the club, she proceeded to gamble at the electronic gaming machines, fearful of leaving the machine even to go to the toilet with a gastric episode, because she imagined that she might miss out on a payout. Even after a big payout, she did not want to leave. She conveyed the sense of desperation she felt by describing how her sickness increased to the point of vomiting as her
losses mounted. She held onto the misguided notion that while ever she
continued to feed the machine money it would continue to pay her.

Despite her best intentions she never had success with controlled gambling.

I decide that I'll only put through $50 but I can walk in and put
through two $200 in a few minutes. Within no time, boom – it's
gone!

Melissa sees machines as friends. They offer no rejection or criticism.
Gambling became her escape from constant criticism. She described the
feelings she experienced while gambling. While her gambling increased her
relationship suffered.

I enjoyed playing the machines.... If I won I'd feel great. If I lost
and didn't have any money in my pocket I'd get the shits and
walk out. When I was on a high it would be, "Oh I'm going to
have a good time".... I enjoyed it, I'd feel comfortable. When I'm
down, I'm pissed off with Melissa, not so much pissed off with
Melissa I'm pissed off with Richard because he is mean and I
think, "Well bugger you – I'm going to do what I want and I
know I can go and play the poker machines and they're not
going to reject me."

Melissa's notion that she was no good is reflected in the way she harshly
judges herself and her behaviour. Melissa's critical voice said that she
deserved to be hurt and that the acceptance and understanding she wanted
was not to be found gambling.

Melissa and Richard are in business together, and lying and dishonesty
became a way of life to her, enabling her access to money for gambling. She
lied to Richard, to her Mother, their creditors and friends.
I know damn well that Richard knew where I'd been and have to lie, “No, no I haven’t been to the club.” I went down to the club not so long ago and won $1500. I paid some bills but I told Richard I’d won $1000, so I’d have some money to win some more.

Melissa spoke about her sense of being rejected and not feeling good enough. Sex made her feel good about herself. It was one thing that she could “do right.” Richard punished her by withholding sex.

When we’re together, we have wonderful sex. So when he rejects me he’s punishing me.

Richard is aware of Melissa’s gambling, but not to the full extent of her gambling debts. Melissa says that he is supportive and that he wants their relationship to work. I agreed with her that honesty can be difficult to practice. Melissa asked me what I thought and I encouraged her to tell Richard about the extent of her debts.

He knows about the money from Kenny. He knows about the money from my Father [laughter]. Maybe that was what he was hinting at the other night when he said, “You’ve borrowed money and you haven’t paid it back.” I’ve kept it a secret from him. It’s going to take time to reduce my debts. He’s coming over tonight so I’ll work on trying to tell him about that $2,000 debt. Michelle, I promise I’ll work on that one.

Melissa felt guilty when she went to Gamblers Anonymous because she continued to play Lotto, whereas problem gamblers attending Gamblers Anonymous are encouraged to abstain from any form of gambling. She said
that this made her feel guilty, and consequently claimed that she did not benefit from attending the meetings.

As far as their rules and regulations are concerned I was still gambling.

Melissa said that obsessive gambling had only been a problem in the past three years. Heavy gambling was usually associated with relationship problems. What began as relaxation escalated to compulsion with each successive dysfunctional relationship. She loved the sense of security she experienced while playing the machines, wanting to play them for as long as she could. Winning meant that she could stay longer.

I felt a sense of security in the club.... They welcome you with open arms. “How are you? Nice to see you again. Yes, nice to see you Melissa – you’re a sucker aren’t you? You’re back here again and you’re going to give us your money.” Occasionally, within five minutes of me being there, I would get change for $20 and I’d think I’ll just put $2 or $3 through. I’d won $400 or $500. But I didn’t say, “Oh good, I’ve won that, I’ll walk away.” It was, “Oh I’ll just stay a bit longer, I’ve got a bit more money to play with.”

Melissa described how the club caters to her needs.

You don’t want to get up from the machine they have attendants that come when you press a button. You don’t have to leave your spot, ever. They have drink waiters come over and get you soft drinks. I think what they are trying to do is discourage you from drinking while you are playing, because once you pass out you can’t put any more money in [laughter]. They want to keep you conscious. They use your name and
they are so friendly. "Yes, what would you like today Melissa?"
because on the cards it says my name is Melissa.

Melissa’s anxiety increases when she has to leave the machine. She becomes
desperate. She does not even want to go to the toilet. She experiences fear at
the thought that someone might take "her machine."

If I have to leave the machine I rush down and I’ve got to get
back. It has to pay, it has to pay, I’ve put so much through this
bloody machine and it has to pay. That’s why sometimes you
don’t leave the machine because I’ve put so much money into it
I think, "It has to pay, it has to pay."

After our conversation, Melissa decided to practise honesty. She told me that
she spoke with Richard and informed him of her $2,000 overdraft. She said that
it had taken a lot of courage to own up to him, but that she felt better
afterwards. She said that he had listened to her and said that he was glad she
had told him, but if it ever happened again, then he would leave her. She said
that he meant it.

I feel that Melissa has only just begun the long recovery path. There are so
many issues that need to be addressed and she will require ongoing
counselling in family counselling and self esteem. Melissa and Mother’s
relationship is dysfunctional and enmeshed, from which Melissa will need to
separate. This will require Melissa to begin to take responsibility for her own
actions. She always used Mother as a backstop. Even while she resented the
way Mother treated her, she allowed Mother to look after her son Danny for
three years when Melissa was unable to care for him, because of her unstable
relationships and gambling. Melissa is constantly seeking Mother’s approval,
but at last she has a sense that this will never happen and that Melissa needs
to approve of herself and accept the person she is.

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Kate
Introducing Kate

Kate is a 36 year old woman who lives with a flat mate. This is her second admission to St. Michael’s Private Hospital, the first one for opiate and alcohol addiction, which are currently in remission. Kate began drinking daily from the age of 16, with 3 years of abstinence from 1990-1993. Her alcohol dependence aggravated her diabetes and also resulted in blackouts and depressed mood. She describes herself as an ‘A’ student whose gambling first became a problem 11 years ago. Despite a well-paying media position, she has a loan of $10,000 and owes $6,000 to her parents for gambling debts. Kate began our conversation by describing what it was like growing up in up in her home.

Contradiction is evident in this description. On one hand Kate says that she had a normal childhood, then went on to describe neglect from Mother and indifference from Father. There were no rules provided to guide an adolescent girl in her social behaviour or relationships with boys.

My Father was a workaholic, never around that much. To my mind it was a normal childhood we played with lots of kids. I've got a sister 16 months older than me. I was always out at people's places or doing some form of activity, playing with kids in the neighbourhood. I don't know if you could say that there was any abuse. It was like four different people living in the same house under the one roof there was no family sort of feeling. Then I got diabetes when I was nine. Didn’t know what diabetes meant. I went into hospital and learnt to give myself injections. My Mother coped by ignoring it. I was never encouraged to look after my diet. She never went out of her way to ensure that the right food was available. I had to do urine tests, but I cheated on those. From the age of 13 I pretty much wasn’t at home. I went to school and I had a boy friend. I went out practically every night. They never said anything to me.

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about that. I was never grounded or anything like that. Then I moved away from home to live with my boyfriend when I was 16. That lasted 6 months. My parents didn’t know what subjects I took at school. They were not interested. I didn’t want to be at home. Well, maybe there wasn’t anything to be home for? Everyone was doing their own thing.

Kate remembers always being bored, a restless spirit. There was nothing to interest her at home and none of the family took an interest in anything she did. She began to think that she did not matter and that there must be something wrong with her.

I’ve always been bored. I remember at home wandering around when I was young, saying, “I’m so bored,” and my Father said that I had a lack of imagination and surely I must be able to find something to do. I get bored easily and restless.

Kate described a series of dysfunctional relationships in which her poor body image was reinforced. Her relationships increasingly became emotionally and physically abusive.

The first one, he enjoyed sex with me but I was always too fat, too thin or didn’t wear the right clothes. “Why can’t you look like this person and you don’t talk enough. You talk too much.” I was 13 when we started sleeping together. I wanted to hold on to him no matter what, so I just put up with his shit [laughter]. Then, I thought he was Jesus Christ. The second one, Stephen, well I loved Stephen. I still love Stephen. He’s my best friend, an alcoholic and addict but I love him as a friend now. Sex with him was never as good as it was with the other, but I loved him as a person. He never criticised me. He was lovely
but our relationship was sick at times, the amount we drank. The third one, the junkie, he only liked me when he was stoned and I only liked him when he wasn't. He didn't like me at all. That was horrible that one. He was abusive, physically abusive. We did the drugs together and I wanted to stay in that relationship. We used together.

Kate has notions of low self worth and poor body image. She became quiet with downcast demeanour when she spoke of herself in relation to sex.

I mean I like sex, but just at the moment my own image of myself is that why would anyone want to sleep with you? That's what I think at the moment. I've kind of always felt like that even though I've always had long relationships. I've never really felt very feminine. I never wear dresses and I always wear pants. I feel like mutton dressed up as lamb if I wear a dress. It wasn't until I was sitting in a Narcotics Anonymous meeting where we were talking about self-acceptance that I shared that I always thought that women who were small and blonde and thin would never have any problems. I've always battled with weight. I've had bad skin and sometimes I think that all of things. I've got all these scars on me and I bite my fingernails. I haven't got very nice toes and I think that there is nothing about me that a male would like. Males like to show off their women, you know, have them on their arm. Not me, I have a poor body image. Arm in arm into a room.

Kate began gambling in her early twenties when she and her partner went to the club. They drank and put a few dollars into the electronic gaming machines. He could "take it or leave it" [gambling], but Kate said:
I loved it, I loved it very much. I loved it from the first time I won back the money I’d put in. It was satisfying, a feeling of satisfaction. There were occasions when there was great excitement.

Kate described how she worked from Tuesday to Saturday, on a radio program, but became bored. She started going to the club alone, gambling and drinking.

It just became a pattern. It was only 6 months after the first time I started playing poker machines that my financial life became unmanageable. I got into that cycle of if I won money I’d want to win more and more and more. Consequently I lost more and more and more.

I asked Kate when she realised that it had stopped being an enjoyable pastime and a way to escape the boredom?

It wasn’t until I got into recovery for drug and alcohol addiction. I’d always associated it with drinking. I thought I gambled because I drank. I’d always drink and gamble at the same time. I thought that was why I couldn’t stop. But when I stopped drinking I didn’t stop gambling. I didn’t gamble when I used [drugs]. I stopped drinking and I stopped using drugs for 9 months and then I started gambling. That’s when I realised that the problem had progressed.

Kate realised that she was lonely, but enjoyed having people around her.

The clubs a great place because I don’t have to interact with people. I go to the one club, the one I really enjoy. There was a bank of three 5 cent machines and I picked one because I’d won on it before. I thought, “Oh well this is the one, this is the
one that will pay up." That's probably a couple of years ago now. It's a perfect place for me to isolate, I sit in front of that machine. I don't have to talk to anybody. In fact I hate people coming up and talking to me and I could just sit there for hours. Absolutely hours, as long as my money lasts. It's like if you're sick, here's a place I can relax. I sit down in a chair. I've got my money, my can of diet coke, and I get all comfy.

I commented that it sounded like the preparation for a fix. Kate understood this analogy because of her previous drug use. The time spent at the machines became more important than winning.

Yes! Yes! Kind of like a ritual, then I put the money in and I light up a cigarette. I just start playing its like... at last, here I am. It's like heaven. I'm here and I've got no one to pressure me. I can sit here and it's my space. It's my time and it's my thing. If I get a win then I think, "Oh great! I can keep playing a bit longer." It's just like someone drinking - they will often line up their drinks, almost like a stock pile. Well it's almost like that with my playing the machines. If no one's playing the machine next to me and I get a few credits up, then I'll start playing that one and I'll play both at once. I don't want to run out of money. It's hard to explain, but I guess it gives you double the chance of winning enough money to keep playing.

The machine does not criticise her and she feels a close relationship with her machine.

I do talk to the machine, particularly when it's not paying. I feel in control as long as long as what I'm spending doesn't get me into trouble. When someone else is playing the machine I do
think, I've actually thought, "Someone else is playing my machine." Yeah... there is something between us.

I commented to Kate how I observed that when she described her losses, she became anxious. Despite the knowledge that she cannot win, she continues to gamble.

Yeah, yeah. There's a bit of anxiety, just a bit. It gets to a stage where I just say "well oh fuck it I can't win." These machines don't pay big jackpots you know. There is no way I can win back all of the money I've put in. So I think, "Bugger it. As long as I've got enough money to get home and enough money to buy cigarettes, then I can put the rest in." It's like completing a cycle.

Kate begins to rationalise her losses and give herself excuses to continue gambling. What begins as anxiety becomes desperation.

"Why leave with a $100 in the bank when I've spent a $1000? What's $100 going to buy me? When you start to withdraw money, which you hadn't planned to do, there's a tinge of anxiety. You become desperate as you loose more and more... and you know that you can't possibly win back what you had lost. You know you can't win a big jackpot or anything.

I asked Kate about her thought processes at this stage.

My recollection of it is that I [long pause] that it's just between me and the machine. There is no thinking about what I did at work today, what I'll do tomorrow or there is no conversation going on.... I don't think about anything. It is really like it's a form of procrastination – oh no, procrastination is the wrong
word – it’s buying time. The world’s stopped and I’ve gotten off for a little while.

Kate’s gambling habits included spending three hours each day at the poker machine. Each payday Kate allocated money to pay the rent, a few other essentials and a carton of cigarettes. That is when her dilemma began. Would she or wouldn’t she gamble?

I start to feel a little bit fearful and wonder, “Will I play the machines? I don’t want to go and gamble but will I [or] won’t I?” Then I get a bit fearful again and then I make a decision to gamble. The fear goes and I’ve made the decision that I’m going to gamble after work. I decide that I will only put $30 through. If I win some from that, then I’ll leave and that will be fine. Then as the evening goes on at work there’s a feeling of anticipation, and I don’t care what is going on at work because I know that I’ve got something to look forward to and right until I’m there and until I have put $30 in the machine. My intention is only to play that $30. I’m only going to put $30 in and once that is gone I’m leaving!

Kate’s good intentions do not last long.

Straight away I start playing and I start enjoying playing. Thirty dollars isn’t that much [laughter]. It hasn’t given the machine a chance. I’ll put another $30 in and it will probably pay something to keep me going.

Recriminations began as soon as she left the club. Kate began planning where she would find the money to see her through until the next payday. She often borrowed from her father. Recently she borrowed $1,000 from her father,
and he told her that “this is the last time.” She said that “I think that's a very sensible thing for him to do, it's probably the best thing for me.” Her father has some understanding that providing money allows Kate to continue gambling, but he has been unable to refuse.

I'll have to ask Dad for some money or I've got enough to get me through until Friday, so I'll ask Dad at the weekend. Then I borrow a bit from my Father and that will get me through the week. It is always the off-pay week that my flat mate and I do the shopping. Recently I did not have the money for the shopping.

Sneakiness and lying began with her flat mate. Kate experiences guilt and shame.

I can't tell her [flatmate] — I mean I can't tell her I've been lying about gambling. Up until about a couple of months ago I never lied. I said, “I went gambling last night,” but recently I've been making up stories about why I've been home so late. I would say that we've been out after work or something and I feel really awful about that. I always think that when I've spent all my money I'll be able to fix this up.

Kate was unable to concentrate at work and was lying to cover taking time off work to gamble. She claimed that she was so preoccupied with gambling thoughts that her work was suffering. Her relationship with her parents was deteriorating because she was also lying to them.

That’s the sort of behaviour that was going on when I was drinking and taking drugs — the sneakiness, they know, they know and it’s really dishonest.
Kate felt that Gamblers Anonymous was worthwhile, but said that she has not been ready for it until now.

*I went to GA and I've been going for nearly two years. It didn't help. I was going to go back to GA but I stopped about four or five months ago because I started to feel that every time I went I wanted to gamble. I never had any time up [time in abstention] except when I first came out of here. Then I got my 90 days up and then I gambled pretty much straight after. I really loved the meetings and the people were lovely and I got a feeling of being part of something. The fact that I was still gambling really got to me in the end. Oh I was up front about it, but it was a bit like I just can't stop this gambling. I started working and I don't know whether this was an excuse to get out of going to meetings, but I started working from 1 pm until 11 pm which meant that I couldn't attend the meetings. Gamblers Anonymous is helpful — I know that — but I'm just not ready for it.*

I asked if she would like to speak about her treatment at St. Michael's. She describes how she holds onto the idea that perhaps she is not a compulsive gambler, despite all indications to the contrary.

*I had a session with a nurse therapist the other night and we got deeper into some issues, mainly about my diabetes. Something kind of shifted through that. The last couple of days that I have had sessions with another nurse and that has been helpful. But I'm the only gambler in the group and that is a problem. I went to the facilitator after the group and asked him about process addictions. We talked for a while. Afterwards I started to think that maybe I'm not really a compulsive gambler.*
Maybe this is something that I use to stop my feelings, but I know that I am and that I'm just kidding myself.

Kate considered that the only way to solve her problems was by gambling. She insisted that she did not problem-solve. She gambled and hoped that it would go away. She said that her Mother solved her problems by shopping and "big spending."

Every time she went to the shops she had to buy. She would drive my Father crazy.

Kate was concerned that even when she was away from the machine she thought about it.

I sit down and think about the machine that I want to play. I imagine the symbols coming down and they don't even have to be winning combinations.

Despite claiming that she frequently becomes bored while playing the machine she continued, as though driven by something of which she is not conscious.

I start off playing and I am stimulated and then I spend all my money. I might have a lot of credits on the machine and I know that I'm not going to collect them, so I sit there and I say this is boring just pressing the buttons. I'm on remote, but I won't collect them, because why should I collect $50, when I have spent so much money. Better to have none.

I commented that this was strange thinking. Kate had no explanation for this behaviour, except to say that understanding the behaviour might be the way to stop it. While I listened to her story I was dismayed that Kate, whom I perceived
to be quite attractive and intelligent, could have such negative self-worth. I felt that there may have been issues that we did not cover. I sensed however that Kate was emotionally tired. I thanked her for her honesty and willingness to share her story with me.
Lynda
Introducing Lynda

When Lynda and I met, she was angry, and began our conversation with a
tirade of complaints about St. Michael's Hospital and the lack of concern that
society and the government have for problem gamblers. She was annoyed that
she was the only problem gambler in the program and accused the hospital of
false advertising because she felt that the program did not address her
particular problem. I allowed her to express this anger, which was part of the
experience. When I felt the anger subside we continued to discuss her
experience of being a gambler. Lynda began by saying that the destructiveness
in her life was associated with her childhood.

   I feel that there is a link between my childhood issues and my
   addiction. There were lots of fights in my family between my
   Mother and my Sister.

Her childhood was happy until her Father died and her Mother remarried.
Lynda later contradicted this notion of happiness when she described a lonely,
unsettled childhood with an alcoholic mother.

   There was my Mother, my Sister and myself. I know now, upon
   reflection, that my Mother had a drinking problem. Escapism. I
   suppose it would have been for her. I can remember moving,
   constantly moving. We always moved in the middle of the night.
   It was in the fifties, and we were running away. There were no
   pensions, cheap rental or support in the fifties. Moving meant
   hopping out and leaving the bills. I can remember being hungry,
   having no shoes. I can remember always being alone, because
   Mum had to work. We are going back when there was no
   women's liberation and there was no equal pay. She worked in
   the day time, but she also worked in the night time. She had to
   leave us alone, but we weren't scared.
She described her stepfather as "the beast" because he treated them all badly. It was not until well into the conversation and trust was established that Lynda told me about her Mother committing suicide she discovered the incestuous relationship between her sister and Stepfather. The incest began when Lynda was 10 and her sister 18 months older.

> When my Mother remarried, I started getting miserable. I spent a lot of the time out of the house. The more I was out of the house the better, to escape the beast. I've tried very hard for him to love me, but not only did he not love me, he didn't like me. My Mother started to change and that was when he started raping my sister. That continued for quite a while. Maybe I was lucky that I was the black sheep and he didn't like me.

Lynda spoke about the terror and pain associated with her Mother's suicide. She could not believe that that the Mother who loved her so dearly would say such terrible things to her and abandon her. Lynda went on to describe the horrific circumstances in which she found her Mother. She spoke as if she were reliving the events. Lynda continues to feel the pain and grief of her Mother's death. I said that it must have been a terrible experience for her and validated that it must have hurtful for Lynda to hear those words. Lynda decided when her Mother died that no one would hurt her again and that she would remain aloof and separate. She did not like herself, blaming herself for Mother leaving her and for not preventing the suicide.

> I didn't want my Mother to die. I just wanted her [sobbing]. I still do. I want her back. On the night of my Mother's murder he tried to rape me... and I was terrified... absolutely terrified.

I said that not only was she vulnerable and full of grief, but she had 'the beast' after her. Then the Stepfather sent Lynda out of the family home, although she
was only 16 and had nowhere to go. Her sister left home with another man. Later, Lynda’s sister returned to the family home to live with the stepfather and they had a child. This was an abusive relationship and her sister committed suicide.

_I hated her so much. I hated her so much [emphasis, still upset and crying] for doing that. My Mother knew. That’s why she killed herself. I hated my sister right up ’til I got that call that she wasn’t going to survive, and then I loved her._

Lynda was critical of herself for hating her sister, saying that now she realised that what happened was not her sister’s fault.

_Yeah yeah, I know now [sniffs]... know you think, “It’s too bloody late now, she’s dead.”_

I responded, “Can I tell you it is never too late to love someone?” We sat together in silence for some considerable time. It was a companionable comforting experience. There was a sense of a deep sharing and understanding. Lynda became disillusioned after her sister’s death.

_I started to think, “Hey what is wrong with me?” I don’t have any family you see. I mean most people have a mother, father, uncles aunts etc., but I haven’t any of those. There was nobody left. They were both 36 when they died. When I turned 37, I felt as though I would be able to say that I survived and I’d have a party. But there was no one to invite to the party. I had no friends, I had no family to invite to the party. I had nothing._

Lynda married a man whom she described as being ‘very cold.’ She began gambling shortly after the marriage. The time and the amount she spent on gambling gradually increased.
I've been gambling out of control for two years. It's very exhausting. It's very exhausting [gambling]. Sometimes it's so exhausting I come home and I think, "I don't know if I can physically or mentally do this any more." Then, within 10 minutes, I'm off and doing it again. Just no control, no control. It's a drive that is so strong... and so destructive.

Lynda spoke with feeling about the relationship she had with the poker machine.

I'm not interested in anything else. I can remember sitting there some nights in an isolated bubble all around me, playing the machine. Thinking, "It's his [husband's] fault that I'm doing this. It's his fault." I was having a conversation with the machine. Blaming, blaming, blaming, blaming, blaming. I could blame anybody, in actual fact it's nobody's fault, it's not his fault. I was the one who chose to do it.

She went on to talk about the planning and scheming involved in her gambling, painting a wonderfully vivid picture of her gambling experience.

This is the pattern. I will have pawned something the day before. I'd wake at 6 o'clock and spend two hours thinking about gambling, just tossing and turning. So you'd get up at 8 o'clock [note the change from first to second person and later back again] and you'd be obsessed to move and do the things you do and run around, make a bed, put everything in the dish washer, pick some flowers, from the garden so that everything looked good, washing on, quickly run into the shower to keep anyone from knowing what you were actually doing, and then at 9 o'clock I would leave the car at home because when you
have a car you are responsible for it and that's a responsibility I
don't want. I'd walk to the station and take a train to the city.
The club didn't open until 10 o'clock. I'd just pace, but I had to
be within the club vicinity, to be able to see it. I'd pace, just pace
up and down. I was on the opposite side of the street. Then the
man opens the front door and you find yourself almost running.
While I'm pacing I've actually got my money in my hand ready
to throw it into the machine. I run in the door, and I run to the
machine. All gamblers have the machine they prefer. I put the
coin in. Then I go down to the change box. I run and I just can't
get back quickly enough. I am desperate to get back. I am
pressing the buttons before I've sat down. It's terrible and...
then I drift off into... I imagine it's a bit like a drug addict when
they have just had their fix. I start to float a little bit. I've got my
money and I just can't get it into the machine quickly enough.
All of a sudden there comes this very warm, comfortable
feeling.

You have to know when you are going to leave so that you can
follow the pattern and the plan to be home. Towards the end I
was flirting, almost flirting with fate. It was almost inevitable
because I would stay longer and longer. Say I had to leave at
four o'clock. It would be 20 past four. I'd say, "Well I won't get a
train now. If I've got enough money I'll get a cab. It's faster and
quicker." Then you come home. You would have lost all of your
money. It wouldn't matter if you had won on the day—you
always put it back in. The feeling before you've lost is pretty
awful and you leave and depression comes in.... Why did I do
Lynda explained that she has few friends and developed the habit of isolating.

_I don't have any friends. You make a conscious decision to get rid of anything that can stop you from spending all the time you can spend with the poker machine. I think I've always isolated myself. I'm very surprised that I'm sitting here with you so close to me. I can't sit with anyone around me._

I asked if she wanted me to move away.

_I'm handling it. That's fine._

Her husband found out about her gambling problem. He referred to it as a "small problem." They both sought counselling and took steps for her husband to handle the money. Lynda described the shame she felt with this arrangement, and how lying and cheating began.

_That's when the real disaster began. The real lying and cheating, and the scheming and the planning that goes into it. I know you wouldn't think by looking at me that I have a very comfortable lifestyle but I do, very comfortable. All the material things. I had a lot of fine jewellery, which I no longer have. I found a pawnshop. That was the beginning of the end for me. I started I started getting rid of things._

Her husband opened Lynda's mail and found out that she was pawning jewellery.

_He told me how worthless I was and abused me and that was it._

_He asked me for a divorce, so that's it._
The divorce came as a devastating shock for Lynda, who felt that there was little chance of reconciliation.

He said, "I don't want to breathe the same air as you and what is it going to cost me to get rid of you?"

Lynda connected to the sadness not only of losing her husband, but of having to stop gambling, at giving up that which had replaced loved ones in her life.

I am very sad that I can't continue my affair with the poker machine. That's very sad. I will miss the cosiness inside. A shield, my shield. In the club we don't talk. In fact you could become quite annoyed if a person came to the next machine and started talking to you. Such an intrusion. You'd be thinking to yourself, "Why don't you just go away?" [Voice strong and angry.] Just piss off!

When we spoke about winning she emphatically said you never ever, ever win! You don't go to win! Just as Lynda has a ritual for her gambling day, she also has a ritual for playing the machines.

I have a ritual. If I'm playing 25 coins, I put in five $1 coins which I know gives me four presses and this particular machine which I do like, will give me gives 25,000 credits which I get if I play the machine correctly. I did get it and then I blew it I just blew it....

The ritual does not always result in a win. More often it results in a loss. Having decided that it is unlikely that she will win, Lynda wanted to make the money last as long as possible.
I was losing – upped the anti to 50, which is the maximum on that machine, 50 coins per press and it just disappeared. It was just amazing…. This person, this gambler, didn't think about what I was going to lose. I go in with $100 but once reality hits and I know that I'm not going to win, that I've passed the point of no return so it does not really matter. I still have to keep going back. I work on a new theory, "Well OK, I know I'm going to lose but I don't want to lose it in five minutes, I want to lose it over three or four hours so at least I feel I've been given a run for my money.

Having a big loss resulted in Lynda experiencing feelings of low self-worth, which she said is made worse by her husband's criticism of her and the low regard in which he holds her.

When your husband does not come home and then when he does come home he is so tired mentally and physically. He is older than me, 15 years older. He is at a different stage in his life and he comes in the door and he's just plain exhausted. All I want to do is talk. Then he says to me, "I don't want to listen to your crap. I want you to be quiet!" It wasn't crap. I mean I'd worked in the garden all day. I love gardening and I'd done a few things in the house that day and I wanted him to see what I'd done. And he'd call it crap [sobbing] and he's righ. Everything I do is crap.

Lynda needed a few minutes to compose herself. I asked if she was happy to continue and she emphatically replied that she was. She spoke about being disillusioned with Gamblers Anonymous, not feeling as though belonged.
I used to judge people in those days. You know, the class of people that were there, sharing. I found that odd because people were... ruffians and I couldn't identify with them.

The notion of control was an important one for Lynda, who thought that gambling gave her control. She admitted that only recently had she realised that, quite to the contrary, she was out of control. She admitted that for years she denied to herself that she even had a problem.

I thought I did have control. I thought that gambling gave me control and that's why I gambled. I didn't see it as being a big problem. I thought of my gambling as being something I had to attend to because my husband didn't like it. I didn't see it as a huge problem, not something I was addicted to. It was just something I loved doing. Because my husband hated it so much I was doing it for him [attending meetings], still believing that I didn't have a problem. Since I've been here I have realised that, "Oh boy, I do have a problem."

Lynda spoke of her sex life with her husband as being almost non existent. She says that she has tried to discuss this with him but feels too intimidated to speak.

I said, quietly in a very soft tone, because my husband often accuses me of using an aggressive tone that I'm not even aware of, I get so scared to speak I don't know if I'm using the right tone [tears] and I said "I find it difficult to make love to you, because it feels almost like rape." Not that he was rough or horrible or any of the things that I would imagine it would be like to be raped. Because he tells me that he really does not love me, and so I feel used.
I said that I was hearing a woman who has experienced a lot of hurt and pain. We sat in silence for a few minutes. Then I thanked Lynda for participating and the honesty with which she spoke. Considering Lynda’s discomfort at being in a confined, intimate space with someone, I feel she was courageous to have revealed her innermost thoughts and feelings. Her gambling experience seemed entwined with her memories and feelings of childhood, as well as her feelings and experiences related to her marriage. I found it difficult to separate these three parts of her *being-in-the-world* and I hoped that later when it was time for the analysis I would be able to make appropriate decisions about the data. I will discuss my decision trail in the following chapter.
James
Introducing James

James presented as a confident, cheerful, affable 30 year old man. He was happy to have a conversation with me saying that he wasn’t sure that he had a gambling problem. Instead, he felt that he was an alcoholic who gambled when he drank. As the conversation progressed it became evident that he had both a alcohol and a gambling problem. James denied that there was any abuse in his family of origin, despite his Father being alcoholic and abandoning him when he was about 10 years old. He carries a bitterness about this because his Mother had other men who did not treat James’s brother kindly. James “stuck up for” and defended his brother when he was older, often with his fists. Gambling was always a part of his childhood. James remembers playing poker and other card games for money with Mum, Dad and their friends, from the age of 8. His Father was a successful, bookmaker who continued to involve James in his gambling lifestyle despite leaving James’s Mother.

Dad would say, “Go get your money box mate,” and at 8 years old. Dad, the three kids and I played stud poker and euchre with our allowances on the table. It was all in fun. Had I lost the lot Dad would probably have turned around and said, “Have you done all your money? Well here’s $10. Go away. Let that be a lesson to you.” But really he probably wasn’t teaching me a lesson. He was teaching me I could probably still lose and still have my money.

James admired his Dad and respected him because he always had money in his pocket. James vividly recalls the first time he gambled at a race track.

My Dad was bookmaking at a country race meeting. That was my first bet that I ever had – a proper bet – when I was 14. I had $5 on a horse by the name of ‘Our Town’ and the horse won. Then I had $10 on a horse by the name of ‘Abagast’ at 8
to 1 and it won. Then I had more money on a horse called ‘Company’ and it won at 12 to 1. I’m 14 years old and I had won $1,200!

James became animated as he recounted this story. I was interested to see if he remembered how he felt.

It was fantastic. I was king of the kids. I remember that Wimbledon was on television that night and I was going home to buy a video cassette recorder. I wasn’t old enough to stay up all night to watch Wimbledon but I was old enough to go to win enough money to buy the video recorder so I could watch it the next day.

He sounded proud of himself while he shared this memory, as though he had achieved something outstanding and worthwhile. He completed his education and began his career working in clubs. He was an off-course (illegal) bookmaker for a few years. His drinking began when he was 11 years old, gradually increasing until he was drinking what he termed “alcoholically” a few years ago. Listening to his story I felt that alcohol and gambling played a large part in the breakdown of his marriage seven years ago as well as his other relationships. He has had four girlfriends in the previous 6 years.

They start off blissfully, absolutely blissfully. It couldn’t be better and then, looking back in hindsight, the alcohol has eroded all of them. Maybe some of them wouldn’t have lasted anyway, regardless of the alcohol, but they wouldn’t have finished as quickly or as bitterly as they did if it weren’t for the alcohol.

He never trusted his girlfriends with details of his gambling, especially his wins. He frequently lied to them about his activities, because they would be upset at

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the amount of money that he lost. One girlfriend was concerned at the physical effect that gambling had on him.

She [girlfriend] said to me, “Just feel your heart.” This is just after the race. Because I used to be a bit of a fitness fanatic I was always taking my recovery rates. I’ve got a resting pulse of about 60 and when I’m in full work out I can get my heart up to 150 to 160 with strenuous exercise. I took my pulse and it was up to 160 now and I wasn’t drunk.

Sex and having an attractive woman to escort were important factors in maintaining James’s self esteem.

Sex is very important to me. Probably the sexual drive was different in my partners. I have a very high sexual drive whereas with two of the two ladies their sex drive wasn’t quite as high as mine. In hindsight, thinking about it, maybe their’s had remained as high as mine and maybe it was the alcohol in me which caused the sex drive to drop.

He tried controlled drinking unsuccessfully. Controlled drinking or gambling occurs when limits are set by the counsellor in conjunction with the client, to decide how much alcohol is consumed or money is spent on gambling daily, weekly or monthly.

I’ve tried controlled drinking, but that’s out the window it does not work. Plenty of occasions I’ve stayed with controlled gambling. Because I drink, it no longer stays controlled gambling. It worked well for a month until I got tied up with the wrong crowd. I got into a fight. Late one night at the club where I was working, I got a bottle smashed against me and a right
cross to the jaw. I went home pissed, and by the time I got home she already had her bags packed.

He considered whether gambling had caused any of the relationship breakdowns and decided that possibly the first time he told one girlfriend about his gambling losses it was a contributing factor, but he insisted that the others did not know about his gambling and therefore it could not have been a factor. One can only imagine how a girlfriend would not be aware of her partner’s sudden wins or losses. James said that his self esteem is low until Friday night when he begins a “binge.”

Then I’m on top, six feet tall, bullet proof, I’m drunk. Come Saturday, I’m that sick.... I don’t drink on Saturday. I’m very sick, I’m very sorry, I’m very apologetic. I try to make amends the best way I can I’ll mow the lawn, I’ll cook a barbecue. If you want your friends around I’ll cook this. I feel pretty weak. Come Saturday afternoon that would devastate me. My self esteem would be really low because I’m hung over. When I am hung over from the previous night binge drinking that’s when I get a real kick out of the gambling. I will bet far more in excess when I am hung over than I will when I have actually had a drink, or if I have been sober for a day or a week. The alcohol to me is the thing that triggers everything off in this regard, so that’s the first thing that I am trying to get a handle on. I am not trying to push aside the gaming or gambling side of it because that’s a problem on its own.

James estimated that he had gambled between $100,000 and $150,000. He admitted that he lost more than money through his gambling and drinking sprees.
And probably another $150,000 on flash restaurants, motels and airline flights because I got too drunk. I did an inventory on the legal and social problems I have as well as the detriment to my career. It's obvious the alcohol is a huge problem to me and it is not something that this person should be indulging in, but the gambling looks like it might be a problem too.

I asked James if he was convinced that gambling was a problem for him. He decided that alcohol and gambling go hand in hand for him. When he experiences life as boring, he looks for excitement and claims that is why he gambles. It was important for James not to stand out, show emotion or draw attention to himself while he gambled. It was interesting to note that having made this claim he went to great lengths to maintain his anonymity. After a big win he would “shout the bar” (pay for drinks for all those in the bar). James described the excited feeling during a race. The excitement seemed to be present whether he won or lost.

I don’t want to show much emotion. When I put the money on I can be very calm, cool and collected at that stage. Putting the $500 on I can watch the horse without showing much emotion at all. However, if the horse wins I will probably make the next bet more sizeable. At this stage probably the excitement level rises with each race, because either one of two ways, because either I am winning more and the bets are getting larger which increases the excitement, or I’m losing heavily and to lose the next race again would probably put me that much further into a desperate situation. Even when I am losing, the bets may increase because if I lose the first $500 I might not just put $500 on the next one I might put on $1,000. While the race is actually in motion, most races last for a minute 10 seconds up to three minutes, for me the first probably four fifths of that race
don't even arouse my attention. I make sure my horse jumps cleanly or if I'm playing cards I make sure I've got a good set, and then the excitement level just rises from the time the race horse turns into the home straight or until the time the poker bets get pumped up. It's very much the same in a card game or a horse race. I don't know why. Perhaps it is because I'm at work, but I don't want to show too much emotion. However, if I am at the track I will stand right in front of the TV screen. I'm like every other Australian gambler, jostling to see the horse, there's only two horses. You Beauty and You Bastard. Unfortunately, with my history I probably back more You Bastards than You Beauties.

James claimed that winning or losing made no difference. However, when he described the following scenario he became animated. The detail described was imprinted indelibly on his mind. I had to wonder whether he recalled his failures as clearly as his successes.

I was in that nice mould to promote the large gambling dollar. I had $12,000 and I was going to put $10,000 on the horse and I had $2,000 as a contingency plan to get out. However I remember having $10,000 on one bet with the book maker and I expected him to tell me he wouldn't take a bet that large. He was a country bookmaker. He turned around and said, "That's fine," and wrote the ticket and didn't even wind his price down. That brought the ego out I suppose. I still had $2,000 in my pocket. I said, "I'll have another $2,000 at that price." He wrote me the ticket and he still didn't wind the price. He got the better of the confrontation because when the fluctuation came over just before the horse jumped in the 30 seconds after the betting transactions, he wound the price out and lengthened the price.
If I had had more money in my pocket I would have had more money on it because I was convinced the horse was going to win. This was one of my good luck stories, I suppose. This one worked out. The race was run not to suit my horse. The horse lead but there was one horse cutting, cutting his throat up front, pacing him, making him over race to get him excited in the early stages when the horse that did that to him was out of puff himself. A sick and staying type of horse came around the field. I thought my horse had had it hard up front. Now this horse is going to come over the top. When they hit the line it was a photo finish but I knew my horse had won. I'm always very good at photo finishes. I can tell what had won the race normally. It had won. I gave $25,000 to a bookmaker friend of mine. I tried my luck with another $3,000 worth of bets which lost, so I kept the other $1,000 and shouted the family out to dinner. We were drunk that night. I was ahead. That's one time that comes to mind. For every one that comes to mind I can think of 10 instances where I have lost heavily.

When I asked about his losing experiences it was interesting because he again described a winning experience. He gave me the impression of being proud of his win and being able to “big note” himself. James use the phrase “a window of time” when referring to his gambling. “A place where he feels free from stress and responsibility.” Before going to “punt” he chooses a day when he does not have access to his son. He completes important tasks at work and occasionally if a big punt is expected he organises for a “minder” to ensure his physical safety. He prepares well for the gambling experience. James says that he loves his son and he does not want him to see him drunk or out of control. Which is why he plans his big weekends around his access days.
I've been known only recently a few months ago to go down to the pub and I have this nice window of time where I don't have any responsibility to worry about.

I commented that it sounded to me as if he was stepping into a space, that window of time. I asked what it was like in that space.

_Carefree, a relief from stress at work and people's expectations._

James declared that it was important how he dressed while gambling, choosing his attire to suit and fit in with his surroundings. James explained how money had lost its value for him, particularly when he was gambling. He had the sense that it is not real.

_Even if someone who earns the amount of money I do crashes their car and finds out that they have to pay $1,000 in excess on their insurance, then they would be bitterly disappointed. I just watch a race and I might win or lose $1,000 and think nothing of it. Whose shout is it at the bar? It’s my shout, I’ll get the beer. It has completely lost its value._

I asked James to tell me about the feelings he experienced while gambling.

_If I'm in front it's good, but deep down it doesn’t really matter how I am at 3 o'clock. It's going to come down to how I am feeling at 5.30 pm after the last race at Brisbane. Let's say I have walked into a gambling binge with $5,000 and the last race comes on I will still have the whole $5,000 on the race even though I've only been putting $1,000 at a time until then, and I'm back to where I've started. I become very excited in the excitement surrounding the gambling, the winning, the losing,
the being in front, the money, being behind, a few more drinks to loosen up my judgement and I will make it all duck or no dinner on the last race. The last race causes me to feel more excitement. By that stage there’s a big difference on whether I am happy or whether I’m sad, even if I have lost all that money. I’ll be obnoxious. When I’m drunk, even when I’ve lost it, I’m not sure if I feel better. At that stage it doesn’t concern me. If I lost $5,000 stone cold sober I would be ripping my hair out saying, “You imbecile, you idiot! What have you done? But because I’ve been in that environment for four or five hours drinking and winning and losing, it has lost its value. I know deep down I’ve lost that amount of money but the shock realisation won’t happen that afternoon or that night because I will continue drinking.

I commented that it sounded as though he felt a bit special about handling all that money. I asked if it made him feel important. While answering, he used a confident tone of voice telling me that he usually took his friends out for an expensive meal and more drinks after a day at the races. He sounded proud of his ability to treat his friends to an evening that may cost him $2,000, finishing with a suite at a top class hotel for his girlfriend and himself.

    I keep justifying to myself that I’ve blown that much money.
    Another $300 or $400 doesn’t matter.

James explained that he sees his gambling as a challenge, himself against the betting terminal.

    I’ve got to win. If it was just me and the terminal, after my first $1,000 victory, I would say, “I’ve won. Bugger off. I’m going to
walk away." But it's not enough for me. I've got to walk away with the lot or I'll walk away losing everything.

Through out the conversation James gave the impression that he was proud of his gambling ability and that it was important for him to be seen as a big spender. That feeling somehow gave him a sense of who he was. The belief he had in himself and his perceived ability to beat the odds was exceptional. It may have been a block to his recovery. I have a sense that James had not fully accepted that gambling was not an option for him. Perhaps he had not lost sufficient money, relationships or career, to motivate him to change his lifestyle. When I asked whether he was willing to move from the environment of the club where he works, he indicated that he did not consider it necessary. I thought that if he was not prepared to make changes in his life then it is likely that his problems with alcohol and gambling will continue. He may need to address many and various issues before any change in his gambling or drinking would be forthcoming.
CONCLUSIONS

The conversations reflected the involved nature of the phenomenon of being a problem gambler, as experienced by the participants. Participants willingly expressed their feelings about personal and often painful issues, thereby providing a means of gathering experiential, narrative data. This data allowed a deeper understanding of the gambling phenomenon as well as developing a collaborative relationship between us. The conversations provided a way of giving the participants the autonomy to speak openly about their experience of being problem gamblers. I interspersed their rich, descriptive narrative with my impressions of the participants and their stories in order to allow the reader to sense the uniqueness of each person, and to understand their individual problems and circumstances. To understand the denial, the excuses to continue to gambling, rationalisations, predisposing problems which, though real, are locked in the past and cannot be changed. Yet they continue to exert influence and, perhaps, become excuses for not taking charge of the present and the future.

Presentation of extended quotations from the conversations is used as a way of conveying their voices in their own terms. This approach has resulted in vivid accounts of their everyday lives as problem gamblers. They recounted their experiences in an evocative, honest way that reflects the seriousness of their situation and their distress was evident as they spoke of their fears, pain and attempted suicides. The following chapter will explain the process of the thematic analysis, describe the decision trail throughout, and present the emerging themes.
Chapter Six:

- Provides thematic interpretation of the experience.
- Describes the themes arising from the analysis of the conversations with the participants.
INTRODUCTION

In this chapter I develop a thematic interpretation of the participants' gambling experiences. The themes are presented in the order in which they unfold, without reflecting any priority. The identification of themes is a way of describing an wholistic human experience, rather than isolating or categorising aspects of the gambling experience. Portraying this human experience results in the themes overlapping, for example the theme of being-alone implies difficulties with relationships, whith critical voices also containing elements of relationship difficulties. The themes are identified as an essential part of the description and interpretation of what it is like for the participants to be problem gamblers. Themes cannot stand alone because each is interdependent with the others, enhancing and expounding the nature of the gambling experience.

THEMES

Four major themes were identified: being-alone, buying time, magical thinking and critical voices. Each is discussed in this chapter.

Being-Alone

- Isolation.
- They-weren't-there-for-me.
- Bored, looking for excitement.
- Relationships.
- Abandonment.
- Feeling misunderstood.
Buying Time
- My own world.
- It is not about money.
- Lying, stealing and cheating.
- Guilt.

Magical Thinking
- Believing the magic.
- Machines as friends.
- Illusion of control.
- Ritual.
- Masks.
- Mind-body connection.
- Death is an option.

Critical Voices
- Own Critical Voice.
- I'll show them.
- Stupid messages.
- Sex.
- Emotional, physical and sexual abuse.
BEING-ALONE

Being-alone was a recurrent theme in the conversations with all of the participants. They related various memories of being abandoned by a parent at a young age, of never feeling part of their family, of feeling separate and not understood. Being-alone was an important factor in their relationships with family, friends, work, gambling and recovery. The notion of being-alone was multi-faceted, involving both physical and emotional aloneness, wherein feelings of fear, pain, grief, shame and abandonment accompanied the idea that they were alone. The paradox presented in this theme was that although they claimed to desire the company of family and friends, they chose to isolate in their gambling, choosing a TAB or club where they were surrounded by people. This decision gave them the illusion that they were socialising, while allowing them to escape into their own, private world away from their problems, stress or criticism. The purpose of this social space was to provide a sense of community for them while allowing them to indulge their addiction. While indulging their addiction, they felt relief from their underlying terror of being alone. Again the paradox: the fear of intimacy together with the fear of abandonment.

In every case the participants experienced relationship difficulties. Feelings of anger, resentment, bitterness, shame, guilt and grief were expressed. Relationships were closely entwined with the theme of critical voices. Each participant was or had been in a dysfunctional relationship. Garry divorced from a woman whom he had never loved and had felt uncomfortable touching. Marty terminated a relationship with a married woman 10 years older than himself, who was using him to make her husband jealous; Melissa was divorced with a string of physically abusive relationships behind her and desperately trying to keep the present relationship alive despite the debt into which she has plunged their joint business. Kate was living alone following several unsatisfactory relationships with addicts. Lynda was married to a man who does not communicate with her and who thinks that sex can replace love.
James was divorced and frequently changing his partners when they become too possessive or pry into his financial affairs.

Isolation

The paradox surrounding the participants' gambling was evident in the subtheme of isolation, where the desire for company was abhorrent on one hand, and on the other, desirable. Melissa and Kate did not want to be alone at home, and sought company at the club. However, once there they isolated themselves from other gamblers at the club, choosing to alienate anyone who might interfere with or interrupt their gambling:

Kate:

It's a perfect place for me to isolate. I sit in front of that machine. I don't have to talk to any body. In fact I hate people coming up and talking to me and I could just sit there for hours. Absolutely hours, as long as my money lasts. I didn't realise it, but I get very lonely. I like to have people around me but I don't want to interact with them. It's a great place.

The illusion of having company could be achieved at the club or TAB, satisfying the need to be surrounded by people without the fear that they will be abandoned: the machines or TAB will always be there for them.

Marty:

The rules are that you're there to gamble and they are there to gamble. No one likes to talk. It's just the way it is in pubs and TABs. No one wants to hear someone else talk.
While speaking about being alone, Melissa and Kate both described lengthy hospitalisations at the ages of 9 and 10 years old. They associated these early memories with their feelings today. When Kate was diagnosed with diabetes, she learned about the disease and how to give herself injections alone, without the support of her family. Her mother ignored her, preferring to pretend that she did not have diabetes because she could not cope with the injections. Similarly, Melissa had a disease, chorea, for which she was hospitalised for seven weeks when she was 10. Her family visited only on Sundays. Both children experienced feelings of abandonment and aloneness. These feelings were carried into their adulthood where, by gambling, they could escape the feelings of being alone.

When gambling became compulsive, friends and family were pushed aside because they were seen as taking up precious time that could otherwise be spent gambling. Feeling isolated and not part of the family was a common occurrence, and each participant recalled feeling separate and different from other members of their family of origin.

Lynda:

Well I don’t have any friends. You make a conscious decision to get rid of anything that can stop you from spending all the time you can spend with the poker machine and, um, I think I’ve always isolated myself.

Isolation was also a powerful memory for Gary from infancy, adolescence and throughout teenage years.

I spent days and days in my playpen. No one was there. I guess that was when my isolation began. There didn’t seem to be any reason for me to speak.... I cried and cried.... After a while it’s learnt, subconsciously learnt, that you are alone. I
think now that that is the reason I enjoyed my own company the isolation, so that I didn’t have to deal with the pain, the pain of the shame and humiliation.

Melissa also expressed her feeling of aloneness when her partner wasn’t there for her when she was having their baby, because he was having an affair with her best friend.

They said, “You’re going into premature labour.” So I rang Steve at work where he was supposed to be and he wasn’t there.” I thought, “That’s strange.” He came into the hospital and he brought my girlfriend in with him and then left. He wasn’t there for me or the baby.

When she returned home alone and found evidence of the affair, the feeling of aloneness became overwhelming, changing to anger and rage.

I sat with a big carving knife next to me waiting for him to come home because I was going to kill him.

Her feelings of anger, rage, humiliation and shame were relieved by gambling in a public place such as a club or TAB.

They-Weren’t-There-for-Me

A recurring subtheme was the- were-not-there-for- me. As children, the participants had no one who understood them, and no one with whom they could share secrets. Yet, ironically, they of all people had secrets to share. The secrets often involved abuse issues: emotional, sexual and physical. Their stories concerning their family of origin show numerous contradictions. James, for example, claimed that his family of origin was a happy one, but he later described himself as unhappy and angry when his alcoholic Father left home.
and his mother had many boyfriends and was too busy to give him much attention. *They-weren't-there-for-me* meant that there was no one for them to talk to in times of crisis, to share a secret or seek advice. They believed that they faced adversity and made decisions alone. Every participant felt that despite living in families with siblings, they considered themselves as separate, different or not part of their family of origin. This feeling continued into adolescence during which they felt apart from their peer group. These feelings of separateness continued into adulthood, damaging their relationships with their partners and their children.

**Marty:**

*My Mum worked at a golf club. Sometimes I would go there after school or before school started because there was no one at home. I would have been at home alone. I was 8 or 10. I felt different and special, children weren’t allowed in the club.*

When Marty was older he began going to the TAB instead of school. He explained that he felt separate and different from his friends at school.

**Marty:**

*I totally alienated all my friends. Borrowing money from them. I'd pay them back, but there was only so much they could take anyway. They knew that I had a problem and they’d try to help me but I couldn’t give a stuff and I alienated all of them, I felt separate and alone.*

The absence of parents during early childhood featured in the conversations with five of the participants. The other one said that despite their parents being
physically present, they were emotionally absent for them. Kate and Gary both
had workaholic fathers:

Kate:

My Father was a workaholic, never around that much. It was
like four different people living in the same house under the one
roof. There was no family sort of feeling.

Lynda believed that she deserved to be punished because of her family's
behaviour. Her friendships were few and she formed them with difficulty,
convincing her that she was undeserving and unapproachable. This notion was
further reinforced by her deaths of her mother and sister.

Lynda:

I've never before been able to speak to people. I don't know
whether or not it's self-imposed punishment for your family sins.
Well, I've always been alone, or so I thought. People can't
warm to a person if that person doesn't give out a sign or a
smile, and I have never done that. I was disillusioned when my
sister committed suicide a few years back. I started to think,
"Hey what is wrong with me?" I don't have any family you see. I
don't mean my children, I mean most people have Mother,
Father, uncles, aunts etc. But I haven't any of those. There was
nobody left. My Mother and sister were both 36 [when they
died] and when I turned 37 felt as though I would be able to say
that I survived and I'd have a party, but there was no one to
invite to the party. I had no friends I had no family to invite to
the party. I had nothing.
The participants experienced one or both parents being physically absent or emotionally unavailable. The participants did not blame their parents, accepting the situation as being "just the way it was," but James felt angry about his father leaving.

**Lynda:**

I can remember always being alone, because Mum had to work. We're going back when there was no women's liberation and there was no equal pay. A woman doing the same job was paid half that of a man. She worked in the daytime, but she also worked in the night time as well. She had a permanent afternoon job. I can remember my Mother loving us, but she had to leave us alone.

After being raped, Melissa was unable to tell any one about it. Mum was not there and Melissa seemed to believe it was her fault and presumed that her family would also think that it was. She was alone, unsupported, coping with this secret. The perpetrator had threatened to kill her if she told anyone about the rape.

I honestly don't know to this day if Mum knows that I had been raped. I couldn't tell her.

As adults, their partners were also frequently emotionally unavailable for them. Lynda felt that she had no voice in the relationship with her husband, and that he had no regard for her or her opinions. She felt that her husband believed that the sexual act compensated for spending time with her.
Lynda:

You give him time out, but he hasn’t come home until 8.30 pm, so you wait for an hour and he says, “I’m exhausted,” and you haven’t talked your crap. He’s in bed and there’s no quality time. He says, “You just want me in you [sex], you just want me to be there.” I say, “No I don’t... just one hour... a quality hour.” He’s here but not here.

Melissa’s husband punished her by withholding sexual intercourse. This made her feel worthless and undeserving, and triggered her gambling.

Melissa:

Um, I’m in an absolute rage. I can’t get out of the house fast enough. He’s punishing me. I’ll say to him, “Why are you punishing me? I’m not a good girl so I don’t deserve a lollipop?” I can see right now, I can see where it’s coming from – it’s coming all from my Mother. You know, you’re not good enough, you’re not getting it, you’ve got to earn it. And then I’ll just get in the car and I’m in a rage and go into the club. I felt a sense of security in the club.

Bored, Looking for Excitement

The feeling of being bored was experienced by each of the participants. Gambling relieved the boredom, by filling the sense of emptiness While they were gambling they did not have to think about unpleasant things or connect with painful feelings. Boredom allowed painful feelings to emerge and it was often triggered by feeling left out or different from those around them. The sense of wanting acceptance was particularly evident in the adolescent years,
when the search of excitement began. Boredom was considered to be an emptiness, the absence of excitement or friends.

Marty:

    By the time I was 17 and that lifestyle bored me. I didn't have a lot in common with the friends that I had. I saw myself as different from my friends. I didn't enjoy doing the things they liked to do. I'd wipe myself out every weekend [become intoxicated]. I felt I was separate from other people.

Boredom featured as a reason to indulge in activities such as pinball machines and computer games which, in the case of three participants, led to the behaviour becoming addictive.

Abandonment

Abandonment by parents meant either one parent leaving the family home or parents not being emotionally available to them, often because one or both parents were gamblers, alcoholic or both. Parents who were not alcoholic or problem gamblers were either too busy or did not care. Although the participants claimed not to blame their parents for abuse in their childhood, five participants admit to holding resentments towards one or both of their parents. Garry is unable, even to this day, to call his mother Mum, preferring to call her "Oma." Indicating that despite believing that it was just the way it was, unresolved abandonment issues result in difficulties in adult relationships.

Lynda:

    The day that my Mother died, the day she committed suicide, you know I didn't want my Mother to die. I just wanted her, [sobbing] I still do, I want her back. It's been sixteen years since
my Mother committed suicide. The first time [suicide attempt] I found her [tears], she gassed herself. I couldn’t get her out of the car – I tried several times. The last words she ever said were... because I found her and I couldn’t break into the car, she was unconscious [crying].... Anyway, a couple of days later she said to me, “You bitch, you won’t find me next time.” My Mother loved me so much and she had never ever, ever, ever, ever, said that word to me or ever struck me before... she loved me so much... and they were the last words she ever said to me. She did go out into the bush a couple of days later. I decided after that that I didn’t want anyone. [Crying] I didn’t want anyone else ever again in my life. They aren’t there for me. They don’t care.

Fear of abandonment coloured participants’ relationships, resulting in problems with intimacy throughout their lives.

Feeling Misunderstood

“No one knows how to help,” was an accusation repeatedly levelled at family, partners, counsellors and gambling programs by the participants. Dissatisfaction with counsellors was apparent, with such comments as “they are only in it for the money.” Even specific programs purporting to assist problem gamblers proved unsatisfactory according to participants: “They advertise that they will look after gamblers, but they don’t.” Angry complaints that “they don’t understand” were made against nurse therapists, psychologists and counsellors. Frustration was evident at a system that constantly equated problem gambling with alcoholism: “We have special needs that are never met.” Even in a 10 month program for addicts, there was no specific application towards problem gambling. The State Government was criticised at the way they collected so much money from gambling taxes and gave so little back in
the form of help for problem gamblers: Lynda insisted that "They are mainlining on taxes from gambling." Being-alone meant that they felt that even Gamblers Anonymous did not always support or understand: "They always tell the same old stories, about how much money they lost. They don't know what I need." They felt that the idea of having to abstain from gambling, even from forms of gambling such as lottery tickets or Melbourne Cup sweeps was abhorrent and unrealistic. Relapse is closely associated with being-alone. Participants said that family or relationship breakdowns rendered them vulnerable and became an excuse for them to bust and relapse. All of the female participants conveyed the notion of "I'll show him." They gambled to rebel. *I'll show them* is a subtheme of the theme; *critical voices* and will be discussed later in this chapter.

Every participant reported concern that there was little help available for them to address their problem gambling. The community and Government failed to provide the necessary support for people in difficulty with their gambling. They felt that there was endless talk but little action.

**Lynda:**

*People should be made aware how easy it is to get hooked on poker machines and everyone is looking out for alcoholics, but we [gamblers] give more money back in revenue. We support the ongoing education and facilities for addicts but not for ourselves.*

Long term rehabilitation with the Salvation Army was one of the few available treatment facilities. However, Marty found that there were shortcomings with this program. Although he did not gamble during the time he was there, he discovered little support. He was critical of the program because it failed to address his particular problem and although he learnt about the twelve steps of
Alcoholics Anonymous, there were no counsellors who were familiar with people who had gambling problems.

**Marty:**

There was no one there for gambling problems. There were no counsellors who had first hand experience of the problem or gambling or had backgrounds in gambling. I didn’t do any self esteem work. Attending Gamblers Anonymous wasn’t compulsory, it was optional. It was a ten month program. I didn’t go to Gamblers Anonymous. There were no gambling counsellors available whatsoever.

Marty sees the solution to his problem as external. He wants someone to do it for him, to fix him up, with self esteem work, for example. Marty and Lynda spoke disparagingly about the program at St. Michael’s, saying that they had not been helped. Gary was critical of the gambling counsellor and was sick of being lumped together with drug and alcohol clients. They wanted to be understood as people with the specific problem of gambling. Criticism was levelled at the hospital, the program and the counsellors. Unfortunately, Gary was the only problem gambler in St Michael’s at the time of his admission.

**Lynda:**

I heard this ad on the radio for gamblers and I thought that it specialised in gambling problems and when I came in there was not one gambler in here. It was just insane that I could be thinking that there was somewhere just for us. It was very disappointing.

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Whilst these criticisms were well-founded, there was a sense that they wanted someone to fix them. They wanted the answers, and appeared reluctant to accept that they needed to change at a deeper level to end their compulsion.

In summary, the theme of being-alone has been elaborated by giving extracts from the conversations concerning the subthemes of isolation; bored, looking for excitement; they-weren't-there-for-me; abandonment; relationships and feeling misunderstood. The theme of being-alone emerged because participants felt strongly about the notion that they were alone and always had been. They believed that there was little help for them in their families, treatment centres, society or government. They experienced anger, hostility, resentment and dissatisfaction while recounting these experiences.

BUYING TIME

The notion of buying time was important to all of the participants. It meant that for a while they could escape their problems by gambling, in the hope of finding peace and acceptance, without fear of criticism or rejection, in their own private place. They bought time in their own world, a social space, more important to them than any money they could win. This space provided freedom from expectations or demands and the opportunity to forget their painful memories or feelings of inadequacy. In order to buy this time they were prepared to lie, cheat and occasionally to steal, behaving in a manner contrary to their morals, principles and beliefs. Despite feeling guilty about the damage and pain they caused themselves and their families, they were prepared to suffer this guilt in order to maintain their compulsion. They gambled despite their better judgement, and with the knowledge that to continue would certainly result in further losses and an acceleration of their problems. Participants characterised buying time as a powerful motivational force. The anticipation of winning money was an added bonus to the primary concern of buying time. Buying time is a
crucial element and raises the question that if they found solutions to their problems would they continue to gamble?

My Own World

My own world meant a place to which they could escape, to feel safe and free from criticism. Being there meant feeling good again. Sometimes there was an adrenalin rush, but not always, nor was the adrenalin rush essential to “feel good.” I have chosen extracts from four participants because my own world is the essence of the gambling experience.

Marty:

I began to sit there, go there because it was the only place I could get away from the world. I had my own little spot — this was my own little space. It was safe, it was my own world and no one could come in there whatsoever, for however long the money lasted.

James:

I go down to the pub and I have this nice window of time where I don't have any responsibility. I don't have to worry about work, my girlfriend, or my boy. I'd go down and really play up and get on the punt and nothing else matters. I've pushed everything away. At this stage, it's my money, it's my time. I start reaching those extremes of betting.
Gary:

So I just take my money, I sit down, I watch the screens. And I'm in my own world. In my world where I'm so happy, so normal, I have a perception of peace. Time is of no consequence. I don't have to take any shit, I can just sit there and I can do what I love doing. I don't think about it, that is my world. No bullshit — I don't want any bullshit. It's a pleasurable spot. Um, yes, I do want to be there. It's a pleasurable spot.

Kate:

Here I am... it's like heaven. I'm here and I've got no one to pressure me, can sit here and it's my space. It's my time and it's my thing.

It is Not about Money

During the conversations, participants remembered wins in great detail and with delight, whereas losses were glossed over and minimised. Despite participants' financial problems, difficulties in relationships, legal and health problems, money and winning did not seem to be the main motivation for them to gamble. Money lost its value. It was not real — it became credits or winnings. Winnings did not represent real money, more exactly, they were the means by which more time could be spent gambling. The last race of the day engendered feelings of panic and desperation because they could not bet until the next day's racing. For James, this meant that he went to the club to play the electronic gaming machines. When it was time for Kate, Melissa and Lynda and Marty to go home, they felt physically ill, experiencing depression, anxiety, and fearful of facing the consequences of their actions. With the acceleration of
desperation, doubling up was used in an attempt to regain the previous losses or buy more time.

Marty:

I walked in there with $500 and I placed a $100 on the first horse and I lost. Then I placed $200 on the second horse and it lost. Then $300 would have gone. I wasn’t worried. I was more worried about how long I could actually spend there. I had to double up. When the last race of the day came, I knew I can’t bet any more. It was a different feeling. I was more involved with my sick, sick feeling. There’s nowhere else to bet and this is the last race of the day. I’m not going to have another bet until tomorrow. I feel awful. It’s not about money. It’s buying time.

Logic had little to do with the decision to gamble. Despite the certain knowledge that she would not win, Lynda continued to gamble, buying the maximum amount of time in her special place.

Lynda:

You don’t go to win, you always know that you are going to lose. When you first start you think that you’re going to win. But you never, ever, ever win. You might get a payout, you might even... one night... I won 25,000 credits. But really, you never ever win. Once reality hits and you know that you are not going to win, you’ve passed the point of no return so the money doesn’t really matter. You still have to keep going back. You work on a new theory: “Well OK, I know I’m going to lose but I don’t want to lose it in five minutes, I want to lose it over three
or four hours so at least I feel I’ve been given a run for my money." And um, also the major thing was to pass away time, not just the gambling.... I have to wear a watch because you have to know when you are going to leave, so that you can follow the pattern and the plan to be home. Towards the end I was flirting with fate. It was almost inevitable, because it would be longer and longer. Say I had to leave at four o’clock. It would be 20 past four, so I’d say, “Well I won’t get a train now. If I’ve got enough money I’ll get a cab. It’s faster and quicker.”

It is not about money was also conveyed by the notion that gambling was about the challenge of beating the machine and, for the three male participants, being the best. For Garry, it was about feeling superior, having a sense of power and recognition. This began when he played computer games or pinball machines at the age of 8 when he first experienced the thrill of the rush.

Garry:

It’s more feeling superior, the best. If someone got more than me, I was determined to play until I got the highest score, because it records the highest score with your name against it. This is age 8 we’re talking about. It gave me a sense of power! I loved when the kids watched and I’d win free games.

For Melissa and Kate it was not about money or winning, but searching for acceptance and love.
Melissa:

I had changed partners. When Melissa didn’t get her own way she’d get the shits and walk out. I’d go to the club and destroy money. I’d feel better there.

Kate:

I preferred the machine to being with him, where I was unloved.

James has an idealised fantasy about how life could be if he did not drink or gamble compulsively.

James:

I have this vision of myself having people around for a barbecue, with a mineral water in my hand and maybe a nice band playing. Rather than how it normally is, and me nicely dressed and people coming with nice social and civil kisses on the cheek and go to see the kids playing in the pool, rather than the way things have been for the last 10 years and that’s to come around and I would be answering the door with a pair of stubbies with a loose T-shirt on, with a beer in my hand and the races blaring in the background and me ringing the SP bookmaker, because that’s what things have been like. It’s a funny little vision – it’s one of my fantasies.

Lying, Stealing and Cheating

Lying, stealing and cheating to obtain money so they could buy gambling time became second nature for the participants, who usually did these things.
against their morals, values and ideals. Stealing was usually referred to as "borrowing." It was only after I asked Garry whether he knew that it was stealing that I elicited the following response.

**Garry:**

*I knew where he put the money and I could take what I wanted.*

*I never considered it stealing. I've done a lot of stealing and I took it only for gambling. I've never considered any of the theft I've done to be stealing. It's always 'borrowing' and not one single person has ever been repaid. The pattern of gambling, theft, has become chronic. I have become devious, and if there is a scar from theft, then I have a scar, which I don't wish to feel.*

Frequently, the participants justified their lying, cheating and stealing. Both Marty and Garry used the excuse that they were worth more money for the job they were doing, and used that as an excuse to steal from their employer.

**Marty:**

*I used to feel when it first happened that it was bad what I did.*

*But this guy owed it to me because I was a lot better than what I was being paid.*

Garry also had the sense that he was entitled to the money he stole because he thought that his employers were taking advantage of him:

*If someone paid cash I would put it through and take some.*

*Thousands. I did justify it and I'll tell you why. I did a good job for him and I increased turnover.... It wasn't my business, it was*
my job. I ripped him off and he ripped me off. I stole because that man ripped off everybody. I was getting $10 an hour for running a quarter of a million dollar business.

Cheating and lying to family and friends was commonplace, and honesty became difficult for the participants:

Lynda:

I started becoming a liar and a cheat and a not very nice person. I'm relieved to be here because I've never spoken to anyone about this. I've never been honest with anyone. Before gambling, I never had anything to lie about. I've lied to my children as well. They know that I'm a gambler, but I've only told them what I've had to tell them. They'll never know the depths I've gone in my addiction.

James:

I often lie about the gambling — no — I always lie about the gambling.

Melissa admitted that practising honesty is difficult, but necessary if the relationship with Richard is to work.

I've told him that I owe money to people. I borrowed money for the shop. He knows I've got to pay them. He said to me when we were coming over on Sunday, "I know that you've lied I know that you gamble. How about we start from today?" I said, "Yes, I've got to be honest with you if I want this relationship to work."

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Despite this knowledge, Melissa was reluctant to tell Richard the extent of her debts:

*I’ve got to pay back an overdraft of two $2,000 to the bank and that’s one thing he doesn’t know, but I don’t want to face that yet and tell him. I know I’m supposed to be honest…. He’s coming over tonight so I’ll work on that one, Michelle. I promise I’ll work on that one [laughter].*

A strategy recommended by many counsellors is to give control of the clients’ money and financial affairs to a trusted person. This strategy frequently caused stress and resentment within relationships. The sense that they were forfeiting control of their lives and giving power to their partner resulted in conflict.

**Lynda:**

*My husband accounts for my wages now. I have my wages paid directly into his account, and I closed my bank account. The psychologist said that we had to be realistic and we have to work out a little inventory of what I need. And so every day I need to have money for a packet of cigarettes and money to have a cup of coffee down the street. I would go down stairs and he would leave $20 on the bedside table, every third day. I didn’t like it but I accepted it. He hated it, he loathed it. It was always done when I was out of sight.*

The lying, cheating and stealing often resulted in feelings of guilt.

**Guilt**

They all experienced intense guilt about old behaviours and abuses, or guilt about the emotional pain and the trauma they inflicted on their families through...
their actions and gambling. They did not want to think about or recognise these issues, because the pain of the guilt was overwhelming. While they were buying time gambling, they neglected their children, their partners and friends. It was more important to spend time gambling than accept their responsibilities.

Garry:

*My two children - I feel so guilty about the time and money I've spent, not on them, on myself. The emotion, it's huge, trying to deal with all of these things. What do I do now? Who wants to feel the pain? I don't like the feeling.*

Their choice to buy time gambling in preference to spending time with their families caused feelings of guilt and worthlessness which overwhelmed each of the participants when they reflected upon the damage they had exacted on their families and partners. The theme buying time is illustrated in these breakdowns wherein the participants realised that their compulsion to buy time gambling resulted in the disintegration of their family. Melissa had given her son into the care of her mother when he was three and she had engaged in numerous dysfunctional relationships, as had Kate and James. James could only see his son every second Sunday and was likely to lose all visiting rights. Lynda was about to separate from a cold, unloving man and she had alienated her children whom she loved. Garry was divorced from his wife and saw his children occasionally. He claimed that "I feel so guilty when I look at them" [children]. Despite the guilt and remorse they claimed to feel, it failed to provide sufficient incentive for them to cease gambling, and so the gambling continued.

MAGICAL THINKING

*Magical thinking* was evident in various ways. All participants strongly believed that they were somehow responsible for the outcome of horse races and the
wins on electronic gaming machines. They acknowledged that, despite their intelligence and logic in other areas of their lives, they seemed to lose all common sense when gambling was involved. The illusion that they were in control while gambling was powerful, when the reality was that they were out of control, in the grip of their compulsion. Rituals were an important part of their gambling as was hiding their gambling compulsion behind the facade of normality. The theme magical thinking also included the notion that machines are friends, the machine did not criticise them and was always there for them. When they felt physically ill, depressed and anxious they believed that the machine was part of this experience. They felt as though there was a mind-body-machine connection. The machine occasionally even gave them something in return for their attention.

Believing the Magic

Believing the magic is evident in the cognition of the participants. While playing the electronic gaming machines they formed a relationship with the machine, often conducting conversations with them. The paradox was that despite knowing that the odds are against them winning in the long run, they continue to gamble, believing that they influenced the outcome.

This is illustrated by Marty's insistence that he was responsible for tossing nine heads in two-up. His fervent belief that it was his skill in the way he threw the coins that resulted in him throwing nine heads, despite never having played or practised tossing coins before.

I played two-up in 1991. It was the first time I ever played. I walked in with one $150 and I walked out with over $2,000. I spun nine heads. I am responsible for it. I proved to myself that there is a way to do it because I spun the nine heads. I alone was responsible for those nine heads.
Marty also believed in the magic of winning. However he had no explanation of losing:

Whenever I won a huge amount of money, it was a good day. I had done this; walked in there with all these financial problems and then they were solved. It's like magic.

Gary believed that all he needed was discipline and money for his system to succeed. He believed this despite having lost large amounts of money while using the system in the past. When I questioned and challenged the viability of his system he became forceful about convincing me of its worth.

I have in my mind that the system works, and I’ll probably always have that belief. If you questioned my system in the past then I would have got worked up. I would have said, “No, Michelle, you’re wrong.” That’s a habit I have. Some people take that as arrogance.

Both James and Garry considered themselves to be lucky punters. They made this claim despite having lost hundreds of thousands of dollars which they could ill-afford. James believed that his judgement could beat the TAB. He also described how he formed an emotional connection with a horse by the association of a name. His magical thinking began at age fourteen when he had his first big win and he attributed this to his intelligence and his gift.

James:

I was winning. I felt sensational. How long has this been going on? I’m really good at it. I’ve only picked about 6 horses all day and four of them have won. I am pretty intelligent. I’ve always been smart at school – I’ve known this – but this is a lucky gift to have at fourteen or fifteen years old. Oh yeah, it was my

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money. I was responsible, not the horse. I collected the bets. Sometimes if I'm really boozed up and I see a name which appeals to me or it strikes some emotion, like it might have my son's name, then I get this strong association with the race horse. I'll probably bet more on it because it's an emotional transaction as well as a financial one.

Despite her better judgement, Melissa continued to play a single machine, magically believing she was compelled to play, otherwise it would stop paying:

If it didn't pay I would go to another one, and if that didn't pay I would go to another one and in the end they just didn't pay out ... But if I stopped playing it will stop paying. You know, the mechanism will stop paying out so I've got to sit there and keep playing.

Kate's magical thinking began when she chose a particular machine as being the one that would win for her.

I picked that one because I'd won on it, so I thought, "Oh well, this is the one this is the one that will pay up." That's probably a couple of years ago now. I continued to think that.

Melissa and James magically believed that whether or not they won depended upon their mood. Paradoxically, Melissa knew that this thinking was irrational, but she continued with the belief.

**Melissa:**

"Take more punishment. These machines aren't going to give you what you want." There are so many times when I
walk out the door that I know I'm not going to win because I just feel like shit. But it's not only when I go in a good mood and when I'm happy and everything's been going good for me, I seem to win. I know it's crazy.

Machines as Friends

The feeling that their electronic gaming machines were their friends was powerful for Kate, Melissa and Lynda. Although James mentioned a close affinity with the TAB-5 terminal, Garry spoke about the close relationship that he experienced with the pinball machine and Marty found himself experiencing a kinship with a particular poker machine. The machines did not criticise them, nor did they have any expectations of them. They felt safe and understood when they were with these machine-friends, something that they did not experience with their partners or family. This relationship was an harmonious one where they felt at peace and free of stress (temporarily). They could have mental conversations with the machine and experience the feeling that they were not being ignored, even if they did not win. Unfortunately this unconditional positive regard came at a price. Lynda described how she hated to be away from her friend even to go for money:

All gamblers have their machine, the machine they prefer. And you put the coin in and you've got your paper money in your hand to go down to the change booth. But you're using those few coins and you run and you just can't get back quickly enough. You just can't get back. And you're pressing the button before you've sat down. It's terrible. Um, then you drift off into... I imagine it's a bit like a drug addict when they have just had their fix. They just start to float a little bit, so I'm led to believe. That's exactly what it's like. You've got your money out and you just can't get it into the machine quickly enough. And all of a
sudden there comes this very warm, comfortable feeling, like being with a friend.

Most of Linda's waking time was spent thinking about the machine:

Absolutely, absolutely preoccupied with the thought of it. Yep, yep, yep.

The notion that Lynda could communicate with the machine was evident:

Yes, almost verbalising, but I wasn't verbalising I was thinking. Thinking thoughts to the machine.

Melissa saw the machines as friends, because they neither rejected nor criticised her. She was looking for unconditional acceptance, which is something that most of us would like. Um when I'm down, I'm pissed off with Melissa, not so much pissed off with Melissa I'm pissed off with Richard because he's mean and I think, "Well bugger you, I'm going to do what I want and I know I can go and play the poker machines and they're not going to reject me." Even if I lose then they are still there. They are not going to say, "We're not going to take your money any more so go home and be the person you should be." They just keep taking money. Yeah, they keep taking the shit that you put in. Sometimes they put the good stuff out and they'll give you a big pay. But when Richard rejects me, go away, sudden stop. I can't put coins in but with the machines I can put coins in and I feed them and they take it.
Melissa:

I used to go to the club and play on one specific machine. I'd know, it was so stupid that they run on set cycles. If it's not paying you should walk away, but you don’t want to because... it's your friend.

Their machine friends demand a lot and give little back, and when they do give, it's only for a while. Melissa had conversations with the machine:

You're sort of always saying, "Oh come on just give me," for example, "I want three horses to come up, now come on I want four." I got four and then, "Come on, I want five." I used to play seven lines if I've got five and then I'd get 1,000 credits which is 50 bucks and that means I can play longer.

Kate spoke of her love affair with the machine:

Since my early twenties I’ve had a love affair with the machines. My partner and I used to go to the club and we'd drink and then on a Sunday afternoon we'd go and put a bit of money through the poker machines. He could take it or leave it but I loved it. I loved it very much. The first time I won back the money I'd put in, or I got three of the same that was when you pulled the handle. I got three of the same symbol. Yeah, yeah.

Illusion of Control

Control was considered important in participants’ lives. They shared the delusion that they had control of their lives and their gambling, when in reality they were in the grip of a powerful compulsion and they were out of control. Garry, James and Marty commenced gambling when they were children. The
idea of a contest between them and the machine was a strong, driving force. They recognised that it was ridiculous to have a competition with a machine, but they were driven to continue. This compulsion also applied to pinball machines and computer games. A sense of gaining power over the machine seemed an important factor, perhaps because they were powerless in other aspects of their lives.

**Garry:**

_I went back to that shop very early the next day and I played that pinball machine. I wanted to beat that machine. There would be days I’d go down to the beach and I would stay all day in the milkbar, just the same as when I was batting on horses. I liked to see my name with the highest score. Undoubtedly the addiction process started. It was never about money. It was about beating that machine. It gave me a sense of power. I haven’t played them for years and then I got a computer with a pinball software program and I’ve played it ‘til two or three o’clock in the morning. Even though I’ve been away from it for years and years, the urge, the obsession, is still there. I have to get the highest score on the computer. It didn’t cost me money, but the highest score is still important. To put my name with the highest score._

Garry displayed the idea of the hero myth. He was a hero to the children and he believed that he was king of the kids when he showed his prowess at the pinball machine to his students and they responded with “You’re great, sir!” Garry enjoyed the idea that his name with the highest score could be displayed, and the myth could become a legend. James also enjoyed the adulation and felt great when he could show off and splash money around after he had a big win: he enjoyed being recognised as a big punter. This gave him a sense of
control and power. The female participants confirmed that gambling offered them an opportunity to develop their sense of independence because it was an activity they could undertake alone, and for which they were entirely responsible.

Kate:

*I thought it [gambling] gave me control and power. I thought that gambling gave me that, so that's why I gambled.*

Lynda:

*By following the ritual I felt that I had control.*

The paradox is that the ritual is itself a lack of control. It seems that gambling is the reverse of anorexia, when control is out of control. In the case of gambling, lack of control is out of control. Gambling made the women feel empowered and important, whereas other activities such as house work or the workplace made them feel undervalued. Lyndy, however showed the paradox in this belief when on one hand she said that her work at home was valuable and later in the conversation said that it was not. The notion of feeling empowered by gambling was also true of the male participants.

Garry:

*It made me feel important, I was really good at something. Now I feel I have gained awareness. Aware that I can't control things [gambling] the way I used to imagine I could.*

Both Garry and James enjoyed the recognition they received from their gambling successes. Another paradox is evident here. On one hand they...
enjoyed the recognition of their prowess at gambling whilst on the other they valued their anonymity and went to great lengths to protect it.

RITUALS

Only two participants mentioned the word ‘ritual’ during the conversations, but on analysing the conversations I found evidence of ritual although they were not necessarily aware of it. Some rituals began in the family of origin and continued into adulthood, others involved clothes, places, machines, horses and behaviours. They were an important part of the preparation for gambling, the gambling event and the time immediately after gambling. Planning was an important part of the ritual. Lynda was passionate as she spoke about the desperation of her ritual and the importance of pretending that everything was normal.

Lynda:

\[ \text{i guess it was a ritual. Like a plan, a daily plan of when you were planning to gamble. This was a contrived day.... You get home and your husband's car isn't there, so you think “I'm safe again.” The ritual doesn't stop there, it's just as much when you get home. Because with me I would be through the door shaking, barely able to get the key in the door and I'm undressing, I'd actually be undoing my buttons on my trousers as I'm walking along the footpath. So the minute I walk through the door... you have to get rid of the evidence... you see, the smell, the cigarette smell. You smell, you absolutely smell. You walk into a club and there is a smell. It's not a pleasant, fresh smell, so you are throwing off your clothes. It's like a pattern, and putting them into the washing machine and you're stripping off putting all of your clothes in and then you run back up stairs} \]
and into the shower. That’s when the shower ritual starts... and wash it away.... Then you are in an absolute depression by this time.

James had a ritual at work: when intending to gamble he followed the same process:

If I’m at work, and I do bet at work, I look at the races on the way down and say, “I’ve got another 30 minutes to the next race.” I dictate a few letters, I call my secretary in and I go through a huge amount of work. I can probably dictate 10 letters and a report in 20 minutes which will still give me enough time to get back and watch 10 minutes’ fluctuations. Then at a particular time I say, “I’m not going to stay at work. I’ll go to the club and continue to gamble and have a few drinks.”

The ritual of showering is not necessarily a physical cleansing, but rather an emotional cleansing, and a time to be at peace. Initially, Lynda showered to wash away the smells and feel of the club. However, she persisted with the process in an attempt to wash away the guilt and sense of failure she felt. Similarly, Garry showered to cleanse himself, but repeated the showering process to feel good. It was as if he could clear his mind, of pressures and stress.

Garry:

I loved to shower, sometimes. Three or four times a day. It felt good the isolation, time to think. It wasn’t about the cleansing process, in fact I wouldn’t even use suds the second time. It’s just the feeling of it. An instant feel-good. The anticipation of it....
Masks

The participants wore the facade of normality. It was important that they were accepted by others and not stand out in the crowd. Clothes were important to maintain the illusion that nothing was wrong. Keeping up appearances meant planning, lying and doing what others expect of them.

Lynda (after a day of gambling):

Then you go down and open up the wine and do some vegetables on the bench so that it looks like you’ve had a fairly full day and you’re just going to put dinner on. Now, in walks your husband. Now – you go into the next stage of your planning – instant smile and I carry it off beautifully.

James felt that it was important not to show any emotion while gambling, and to dress to keep up appearances or to fit in with the crowd.

James:

I don’t want to show much emotion. When I put on say $1,000, I can appear very calm, cool and collected. I can watch the horse without showing much emotion at all. If the horse wins I will probably make the next bet more sizeable, regardless of whether I win or lose. At this stage probably the excitement level rises with each race. Because this happens at work I don’t want to show too much excitement. I don’t want them to know what is happening. It is not unknown for me to wear a nice suit at work. If I’m really hung over, or I have had a big loss, I’ll wear a Pierre Cardin or Hugo Boss suit, just to make myself look normal. There is no way I’d wear a suit to the pub. I’d wear something like I’m wearing now, a pair of shorts and a T-shirt.
This is the purpose while I'm relatively sober. When I'm drunk it is like trying to hide the Titanic in the kitchen sink... After the gambling's finished I just dress myself in a nice manner to make myself feel good. If some people have seen me or know what's happening it might be a case of, "Let's look at James. He had a big one yesterday. I know he dropped a lot of money." So I'll come in, chin right up, nicely shaven, favourite aftershave, favourite silk tie, Armani suit, looking great. And they won't be able to tell.

The appearance of anonymity was important to Gary.

Gary:

Anonymity and aloneness is very, very strong. One day I was at one of my regular TABs and a lady said to me, "I guess you'll be looking forward to the school holidays." I was flabbergasted. I said, "I'm sorry, do I teach your son or daughter?" She said, "No, my son was in here once and he noticed you." That poor lady has lost a fair amount of revenue, because I'll never, never go back to that TAB. I never did and I never will go back to that TAB because the anonymity has been destroyed. That is how strong it is in me.

It seems that when his anonymity was destroyed then his gambling become shameful.

Mind-Body Connection

Memories of being physically ill as a response to losing money were common with the participants. This mind-body connection even occurred with Marty
when he saw his Mother losing. This response indicates the powerful effect of emotions on physical well being. Participants all described gambling as being a "physical" experience. I have included this subtheme in magical thinking because participants recognised that the physical feelings they experienced while gambling were inexplicable and illogical.

James:

She [girlfriend] said to me, “Just feel your heart.” This is just after the race. Because I used to be a bit of a fitness fanatic I was always taking my recovery rates. I’ve got a resting pulse of about 60 and when I’m in full work out I can get my heart up to 150 to 160 with strenuous exercise. I took my pulse and it was up to 160 now and I wasn’t drunk.

Melissa continued to gamble despite vomiting:

I would start heaving and bring up bile, but I still walked out the door [and] drove to the pub. I would light up a cigarette and I would be heaving with smoking. I would get to the club and I would heave before I walked in there. I would be heaving at the machines. I would still sit there and play them. I had been sitting at the machine and threw up and had to keep it in my mouth and run to the toilet. I threw up but it didn’t worry me. I just kept playing. I started having gastric attacks and I think “I’ve got to go to the toilet,” and then I’d think, “The next big payout I get I’ll go to the toilet.” And yet I continued to gamble.

Lynda was unable to explain the physical exhaustion she felt after a stint of gambling:

Chapter Six – Presentation of Themes
It's very exhausting, it's very exhausting. Sometimes... it's so exhausting... I come home and I think, "I don't know if I can physically or mentally do this any more." Then within ten minutes you're off and doing it again. Why was I so exhausted?

Garry attempted to explain the physical thing he experienced when he realised that it was the last race of the day:

It's also a physical thing. Let me explain how. I go and put on $100 or $200 bets. My heart beats really, really stably but when I go to put on say the last $20 bet, and that is the last money I've got. My heart faints because I've got to go [desperate sounding voice].

Participants were perplexed by the physical manifestations they experienced, the paradox being that they continued to gamble, despite the unpleasant side effects.

Death is an Option

Magical thinking extends to the notion that death is an option for solving their problems. Marty, Melissa, Kate, Lynda and Garry believed at some stage of their lives that there were only two ways of solving their problems: gambling or death. It is as if death will wipe out all of the pain, but again the paradox, they do not want to die! This paradox could reasonably be described as magical thinking. It is delusory, born of intense desire for something manifestly impossible. Any contradiction is with the external world, while the genuine paradoxes expressed so far involved contradictions with internal states of cognitive being. That is, the participants contradict themselves in their stated beliefs and thoughts.
At a conscious level they understood that these solutions were not a suitable option. They were able to express this but clung to the delusions despite their better judgement. Marty had lost so much money gambling that he couldn't see any way out of his legal, financial and relationship problems other than suicide or gambling. When gambling failed he chose suicide. Lynda had seen her mother and sister suicide and still considered it an option for her as a means of problem solving.

**Lynda:**

I've thought about it. I have tried. I had enough people around me practising and being quite successful at suicide. About a year or so ago I took some of my husband's medication, quite a few, but suicide wasn't really on my mind. What I really wanted was to go to sleep. Now I would call it escapism but, fortunately or unfortunately, I had taken more than I should have and I was taken to hospital and my stomach was pumped and things and next thing I knew I opened my eyes and my children were there... my sons, my sons, my life. They were just like broken people sitting there and they didn't belittle me or abuse me in any way for doing what I did they just said, "We love you Mum," and that was enough. I can't do to my children what my Mother and my sister did to me. I can't do that, so yes, the thought has and occasionally still does come up as a way of solving things.

Garry described suicide as the back door. It was the option his brother chose. Garry demonstrated his paradoxical thinking around suicide.
Garry:

I'm glad I have been able to share this. The back door has always been open to me. It's like a vision in my mind, I see that door as a door in the distance. And that is the door that my brother chose. He deliberately chose a time that [crying] I would find him. It was terrible. I often wonder, when I see that door, I wonder if I would open it. I guess it's confusing because if I close that door, in the picture in my mind I wonder what I would do. I don't think that I want to die.

Depression and isolation accompanied suicidal ideation or attempts.

Marty:

Yeah I had no money. I'd go to work, I'd come home sit in my room and watch TV, go to sleep, go to work and come home 'til I got some more money to gamble. I was depressed, but I never contemplated suicide again. I had survived. I believed that God must have a better plan for me. I look back and think that I survived. But I got worse and worse and worse.

Magical thinking uncovered many paradoxical aspects of participants' lives, including the belief that they were responsible for the outcome of their gambling despite the knowledge that the odds were against them. They also had the idea that they were in control when obviously they were out of control and in the grip of their compulsion and they continued to gamble despite becoming physically ill. Rituals were an important part of their gambling as was hiding their gambling compulsion behind the facade of normality.
CRITICAL VOICES

Memories of criticism that was perceived as unfair featured in each conversation. The frequent criticism they encountered throughout their lives meant that they had low self esteem and feelings of worthlessness. They often experienced the self-fulfilling prophecy that they were not good enough and would fail in their endeavours, covering this sense of inferiority by pretending a bravado and confidence they did not feel. Melissa put on a brash and aggressive manner; Lynda superior and unapproachable; Kate, loud and intellectual; James, successful and charming; Garry, arrogant and know-it-all; and Marty, a gregarious man of the world. Retaliation in response to the criticism resulted in further heavy gambling which was a way of showing them, a way of dealing with the painful feelings triggered by the criticism. The critical voice was associated with messages they heard in their family of origin, causing feelings of shame, a shame for which they were not responsible, but which they nonetheless owned. Such shame occurred at a deeper level, when parents abused, abandoned or neglected them. The expectation of criticism carried into their adult life and when the critical voice was that of their partner, the outcome resulted in an outburst of their addiction; gambling drinking, drugging or a combination of these. Sexual attractiveness and body image were interdependent with self esteem. There were also sexual and relationship problems in each of the participant’s lives, relating to critical voices.

Own Critical Voice

The participants showed how the most damaging critical voice was each gambler’s own opinion of themselves. Negative self-talk was an especially damaging aspect of their lives.

Lynda:
Um, I don’t like myself very much really. I haven’t had many people like me and the people who did left me very abruptly. [Mother and sister committing suicide].

Lynda believed her husband when he criticised her because she was convinced from childhood that she was worthless:

Yeah [tiny voice]... and he’s right [husband]. He says that everything I do is crap [tears]. Well it must be.

Body image was important in their sense of self esteem. Melissa, Lynda, Kate and James associated their body image with their sense of self esteem and sexual attractiveness. Melissa said that her husband withheld sex to punish her when he was critical of her.

Melissa:

I like sex, but just at the moment my own image of myself is, “Why would anyone want to sleep with you?” I’ve never really felt very feminine. I never wear dresses – I always wear pants. I feel like mutton dressed up as lamb if I wear a dress. I was sitting in an NA meeting, we were talking about self acceptance and I shared that I always thought that women that were small and blonde and thin would never have any problems. I’ve always battled with weight. Um, I’ve had bad skin and sometimes I think that all of things.... I’ve got all these scars on me I bite my fingernails, I haven’t got very nice toes and I think that there is nothing about me that a male, and males like to show off their women, arm in arm into a room. I have a bad body image.
I'll Show Them

Gambling represented a way of retaliating in a relationship where the participants felt that they were not being heard, where they did not count or they had no voice.

Lynda:

*M y husband didn't like it [gambling]. I didn't see it as a huge problem, not something I was addicted to. It was just something I loved doing, because my husband hated it so much. I used to be full of blame. I can remember so many times I would be blaming while I'm playing on the machines. I can remember sitting there some nights in an isolated bubble all around me, [saying or thinking], "It's your fault that I'm doing this it's your fault."

Melissa felt that one way she could retaliate within her relationships was to gamble. *I'll show you also applied when James thought that someone was getting the best of him. A bookmaker accepted, without comment, a large bet that James placed with him, resulting in James increasing the bet. The bookmaker still did not change his price, nor indicated that the bet was a large one. James experienced this as the bookmaker getting the best of him and it made him more determined to win his money back. James insisted that no one tells him what to do and he would show them:

*I've come home saying how much I've lost and they are disgusted and she said, "My God, I could have paid that $5,000 on my car. If you are going to throw money away give it to me."

I get on my high horse and I say, "It's my money and I'll do with it what I want. I say, "I still pay more of the bills than you do."*
can be very hurtful. I can justify that I can do what I want. No one tells me what to do. I’ll show her.

Stupid Messages

Whenever Melissa connected with deep feelings she used the third person, as if she became an observer of her own behaviour.

Melissa:

Again, my Mother: “You stupid child. I told you, you stupid child,” reinforcing that I’m an idiot anyway, so who gives a shit? Melissa had to throw tantrums to get attention. Any attention is better than no attention.

Melissa grew up believing that she was stupid, receiving constant criticism from her mother, sister and teachers. She continues to look for Mum’s approval.

All along I have been put down. I’m so used to it. Mum says, “I don’t like the way Richard talks. I don’t like what you’re doing to my grandchildren.” It’s a constant put-down, put down of me and Richard. I try to do things for my Mother for her approval. I don’t know why. I’ve got to stop as of today.

Sex

Garry saw women as sex objects and experienced unsatisfactory sexual relations. He found touch uncomfortable. This abhorrence of touch began in his family of origin where he was rarely touched by his Mother and later found himself unable to touch her. He was even unable to touch his sister or her children. James had many relationships with woman but found that alcohol and
gambling affected his sexual performance. Lynda described herself as cold and the sexual relationship she had with her husband as rape: this will be discussed later in this theme. She also found her husband to be cold and unresponsive. Melissa viewed sex as escape, reward or punishment. Marty involved himself with older women, searching for his mother's love. Kate, although an attractive woman, could not accept compliments about herself, believing that she did not deserve anyone's love. Her relationships were all dysfunctional, probably as a result or a consequence of drugs, alcohol and physical abuse.

Kate:

The first one, he enjoyed sex with me. But I was always too fat, too thin, didn't wear the right clothes. "Why can't you look like this person and you don't talk enough. You talk too much." I was 13 when we started sleeping together. I wanted to hold on to him no matter what, so I just put up with his shit [laughter].... I like sex, but just at the moment my own image of myself is that why would anyone want to sleep with you? That's what I think at the moment I've kind of always felt like that even thought I've always had long relationships, yeah.

Melissa experienced low self esteem in every aspect of her life except for sex, which she enjoyed. Her partner withheld sex to punish her:

The main rejection is that I want to have sex. So I'm not good enough to have sex with. He puts me down. I'm no good. I can't cook. I can't clean. I can't do anything, but I am fantastic in bed. I make wonderful love. When we're together, we have wonderful sex, so when he rejects me he's punishing me. But then, all along I have been put down. I'm so used to it.... I say, “
Oh, what have I done today?" He's punishing me. I'll say to
him," Why are you punishing me? I'm not a good girl so I don't
deserve a lollipop." I can see right now, I can see where it's
coming from. It's all coming from: "You know, you're not good
enough, you're not getting it. You've got to earn it."

Melissa saw sexual relationships as a means of escaping from home:

Well, I said my first experience was at 14 and my next
experience was 16. Melissa flaunted herself at him to get his
attention. Yeah I was blonde, had long legs and a good figure.
Oh I had all the right things [slapping]. So then I started going
out with this guy with a Torana, and I thought, "Oh wow,"
because they were the 'in' things. We started going out. We
started to have sex and things didn't work out. He wasn't ready
to settle down but I wanted to settle down and I was only 16.
You know and it was just an escape from my parents.

Garry had never experienced a loving touching relationship. He considered
himself to be cold and unfeeling, unable to participate in cuddles of foreplay,
looking only for instant gratification in the sexual act.

Garry:

I'd rather commit suicide than touch them [girls]. I never
touched anyone. Sex was simply a straight out instant
gratification. Forget the girl involved. I'm not an emotional
person. For me, there is no emotion. I feel abandoned. It's sad,
I'm sad now, I'll have to control myself [tears]. Um. [Long
pause], I cannot comprehend.... I see sex as physical, not just
for myself. I've tried to satisfy my wife, and I have at times. It
must have been very difficult for her being married to someone so cold. We would go out with other couples and they would be holding hands and she would ask, "Why don't you hold my hand?" And I would [shiver]... I never liked doing it. I just didn't like it. Yet I hold my children's hands, I'll kiss my children. I don't think I even loved her [wife]. the circumstances were such that we were thrown together. She fell pregnant 6 months later.... I was so upset.

Kate had only ever experienced dysfunctional relationships. Paradoxically, she insisted that she only enjoyed sex if she was stoned or drunk and yet later claimed that she liked sex and later again said that she could not enjoy sex because she has such a poor self image.

Kate:

I loved Stan I still love Stan. He's my best friend, an alcoholic and addict. But I love him as a friend now. Sex with him was never as good as it was with the other, but I loved him as a person. He never criticised me. He was lovely but our relationship was sick at times.... The amount we drank! The third one, the junkie, he only liked me when he was stoned and I only liked him when he wasn't. He didn't like me at all - that was horrible that one. He was abusive, physically abusive. We did the drugs together and I wanted to stay in that relationship. I don't know. I like sex but just at the moment my own image of myself is that why would anyone want to sleep with you? That's what I think at the moment I've kind of always felt like that even though I've always had long relationships, yeah.
James felt that his sex drive was usually greater than his partners', although he admitted that alcohol often resulted in a poor sexual performance:

*Sex is very important to me. Three of the last four relationships burnt out because of alcohol and probably the sex drive was different in the partners. I have a very high sex drive whereas the ladies' sex drive wasn't quite as high as mine. Maybe it was the alcohol in me which caused the sex drive and the performance to drop.*

Emotional, Physical, Spiritual and Sexual abuse

Stories of abuse in many forms emerged from the conversations. The abuse began in childhood and continued through adolescence into adulthood. Abuse left its mark on them all. This was denied by James who insisted that his childhood was a normal one. He then went on to describe his life with an aggressive, alcoholic, gambling father and a promiscuous mother. He defended his mother, saying that she did not have too many boyfriends. He also told of saving his brother from a brutal bashing by one such boyfriend. The other participants, while not embellishing their stories, spoke of dysfunctional families and abuse at the hands of family, friends and acquaintances. Abandonment was an issue for Marty, whose Father left when he was young. Marty's family consisted of four people living separate lives. Garry was also abandoned, but in a different way. Both of his parents were present but the neglected him, providing only the basic physical things necessary for him to live, but not providing love, touch or nurturing. Melissa was ignored and criticised, allowed to run wild with no rules or limit setting. At age nine Kate had to learn about and manage her diabetes herself. Like Melissa, she turned to sex and dysfunctional relationships to escape home. Lynda's childhood was one of horror from the beast who incested her sister and drove her, at age 16, out of her home after her mother's suicide.
Lynda:

He [the beast] is responsible for so much unhappiness. My sister went on to live with a man, left home and married a no-hoper, had a child. My stepfather, the month after my Mother had died, came home one day and opened the door. I can remember him at the door. I said, “Hello,” and he said, “I’ve got a bit of bad news. We may have to leave the house. I may have to sell it.” I said, “What are we going to do?” He said, “I know what I’m going to do.” I hadn’t moved from my position in the hallway. I was very scared. You know I was so scared. I didn’t know what was going to happen and he said, “You have to leave. Go and get your clothes,” and I burst into tears. I cannot to this day remember getting any clothes. I had a little box of photos of my Mother. I had that in my hand and he was still standing in the hallway and he said, “Hurry up.” I came out of my bedroom into the hall. I’ve got this picture. I’m there right now [age regression]... and I said, “I’ve got nowhere to go” [crying]. “You’ll think of something,” and he put his hand into my bag and he saw I had photos. He snatched them out of my hand.... “They’re mine, they are my Mother’s,” [sobbing] and he said “They’re mine,” and he put his hand in my back and he pushed me out the front door and slammed the door.... I stood there and I didn’t know what to do [childlike voice, age regression, posture slumped]. Then my sister moved in.... It was like, I moved out the front door and she moved in the back door, [laughing] yeah, she moved in with him, and had a child to him. Then I hated both of them. I hated her so much. I hated her so much. [emphasis, still upset and crying] for doing that and my Mother knew about them. That’s why she killed herself. I hated my sister right up ’til I got that call that she wasn’t going
to survive, that she had also committed suicide, and then I loved her [sniffs]. Yeah yeah, I know... I know you think, "It's too bloody late now. She's dead."

Garry was neglected emotionally and physically:

I wasn't even taught basic hygiene, like brushing my teeth. I didn't start brushing my teeth until I began to be interested in girls. Even the basics weren't taught.

Melissa experienced physical abuse as a child and relived the shame of wetting her pants when Mum regularly criticised her and took delight in telling the embarrassing story to friends and family:

I was belted at least once a week. I'd sit on the stairs at the front because I knew Mum couldn't get a swing at me. It was always Mum. Dad wasn't home. I wet my bed for years, whether that was through fear or what I don't know. Mum often reminds me now. "Remember when you used to go down to Mrs Duffy's, you used to have to pack your undies?" You used to have so many pairs of undies to school with you because you used to wet your pants. My sister often brings that up and Mum often points it [out] and in front of people, I was an embarrassment to my sister. She hated me. She came and told me that I was adopted, and I remember coming home to Mum and saying, "Mum am I adopted?" Mum said, "No Melissa. If you were adopted we would have sent you back." And it never registered until now where I am, now it has opened my eyes to realise what she actually said, "If you were adopted we would have actually sent you back," but because you're not, I've got to put up with your shit and you've got to be here.
The circularity of childhood abuse is demonstrated by Melissa when she described how she failed to protect her son from abuse:

_ I justified it when Danny [son] came back to live with Richard and me. Richard did give him a hard time. He'd put him into bed and say, “Don’t get up until I say you can.” Mum blames Richard, but Melissa could have stopped that but I was too scared to lose Richard. Mum still blames Richard, but it was Melissa’s fault._

Physical and emotional abuse continued into the teenage and adult years for Kate and Melissa in dysfunctional relationships:

**Melissa:**

_Stan was violent: he used to bash me, take all my money. I worked in the bank. I got good wages I suppose back then. He used to take my money and everything. Sex was all right with him. He loved me so it [violence] didn’t matter._

Lynda and Melissa grew up accepting violence in their relationships. Lynda was 12 when her stepfather raped her sister.

**Lynda:**

_When I got to 12, then I knew the beast [stepfather] didn’t like us. We were just unwanted baggage to him. Unfortunately or fortunately for me, my sister was 18 months older than me. I tried very hard for him to love me, but not only did he not love me, he didn’t like me. My Mother started to change and that_
was when he started raping my sister. That continued for quite a while.

Lynda became distraught when for the first time in her life she spoke about her stepfather attempting to rape her. She was angry at her Mother, sister and the beast. Although she felt this anger, she was never able to voice it or tell anyone about her terrifying experience.

I – no, no... on the night of my Mother's funeral he tried to rape me... and um I was terrified... absolutely terrified... I was so terrified. It was a sexual thing... he was a beast, just a beast. I was angry at all of those people.

Lynda had expensive material things in her marriage but no love or affection. She described their sexual relations as a violation and rape. She felt too scared and intimidated to speak to him about this. That was when the anger surfaced, reminding her of the treatment she received at the hands of her stepfather.

I became angry at Ben [husband] for not being able to show me love or give me love. It wasn't blame any more, it was anger. I was so angry, I had never felt it like that before and it was all so new. It was very scary too... I'm not interested. I actually had the nerve to say to my husband because he's really angry about that too. I said to him one night, when I had a little bit more nerve than I usually do, when we are talking about our problems, "Our sex life is almost nonexistent," and I said... I was being... and I thought should I be game enough to say what I feel or should I let it ride the way I usually do? and I said, quietly in a very soft tone because my husband often accuses me of using an aggressive tone that I'm not even aware of – I get so scared to speak I don't know if I'm using the right tone.
[tears] — and um I said, “I find it difficult to make love to you, because it feels almost like rape,” — not that he was rough or horrible or any of the things that I would imagine it would be like to be raped, because he tells me that he really doesn’t love me, and so I feel.... used and abused. Yeah, I'd say, "How can you do that?" And so it's really... it's just a need for him to be satisfied. It didn't involve any love.

Melissa was able to accept that she was raped, but there was a part of her that believed that she had asked for it and deserved it.

Melissa:

I was raped at 14. I blanked it out a lot of it. I know the physical act is rape but what the emotional part was. I don't even know how I felt.

In summary, the theme of critical voices has been elaborated by giving extracts from the conversations concerning the subthemes of own critical voice; I'll show them; stupid messages; sex, and emotional, physical and sexual abuse. This theme emerged because the participants considered the critical voices in their lives to be an important factor in their problem gambling. They did not blame their gambling on the critical voices, instead they saw them as a part of their lives and consequently contributed to their gambling. I did not solicit this information: it was given spontaneously, with deep emotion. Occasionally I became concerned that a participant required validation and support, and for a short time I became a therapist rather than a researcher. Where I felt that it was necessary for the participants to receive further counselling, I referred them to the appropriate nurse or counsellor. This occurred with one female participant. I also followed up the conversations the next day to give
participants the opportunity to ask questions or discuss issues that they needed to clarify or speak about.

Conclusion

This chapter has developed a thematic interpretation of participants’ gambling experiences. The four major themes of being-alone, buying time, magical thinking and critical voices have been identified and discussed. The following chapter develops an interpretation of the participants’ world through a phenomenological perspective.
PLEASE NOTE

The greatest amount of care has been taken while scanning the following pages. The best possible results have been obtained.
Chapter Seven:

- Brings together the interpretation of the themes, and knowledge of myth, ritual, rites of passage and transitional objects.

- Allows knowledge of myth, ritual and rites of passage to illuminate the data of the study in a creative synthesis.

- Presents new understanding of the gambling experience.

- Explores similarities of problem gamblers with borderline personality disorder.
Introduction

This chapter is a creative synthesis, which means bringing together the interpretation of the themes and knowledge of myth, ritual, rites of passage and transitional dyads. Interpretation of the themes is illuminated with other knowledge because it presents new insights into the life-world of the problem gambler. The themes, combined with intuition and exploration of previously reviewed literature, reveal these insights which, in turn, help in presenting new understanding of the gambling experience. It brings together the data from the study, together with Heideggerian understandings.

PHENOMENOLOGICAL INTERPRETATION OF THEMES

The themes are presented, followed by the explication of other knowledge in relationship to sociological, anthropological and psychological literature. The themes are examined in the light of the literature to illuminate the life-world of the problem gambler. This literature relates to rituals and myths, rites of passage and transitional objects, and is examined in light of the understanding gained from the themes. This section develops an interpretation through the illumination of the themes: being-alone, buying time, magical thinking and critical voices. Moustakas (1990) explains that "The process of illumination occurs naturally when the researcher is open and receptive to tacit knowledge and intuition" (p. 29).

Being-Alone

The world of problem gamblers, as seen through their phenomenology, provided interesting insights into their feelings, problems and relationships. Being alone to them meant a feeling of profound aloneness and separation from others in the world. They experienced feelings of being misunderstood, aloneness with their problems, and the belief that no one was there for them.
Many participants were abandoned by their parents. Fear of abandonment continued into their adult life. This fear resulted in dysfunctional, unloving relationships that left them feeling worthless and unwanted. Time spent alone and without purpose resulted in feelings of boredom. The need to avoid the aloneness, boredom, and the desire for excitement seemed to encourage a willingness to take risks, regardless of the often detrimental outcomes. The pursuit of excitement usually brought a deepening of their financial, social, physical and emotional problems with an exaggeration of their present-at-hand gambling experience. I use Heideggerian phenomenology to provide a way of understanding problem gambling as a mode of being which can be understood as an expression of alienation. The process of being connected with other human beings is an important part of what it means to be a person. "The self is constituted by the process of relating to others" (Koch, 1993, p. 278). The inability of Dasein to relate to others was found to be of existential importance to participants in this study.

Buying Time
The theme buying time related to the desire of escaping into my own world, and was closely related to being alone in that both were associated with alienation. Buying time afforded participants the ability to escape or to alienate themselves from others and retreat into their own world. The personal space provided by the gaming machines offered safety and acceptance not found in their family of origin or in their adult relationships. Heidegger (1962, pp. 401-403) described the human "being" as existing and needing to belong to the world. Heidegger speaks of the "lived-space" having meaning and importance because our primordial relationship with the world is to use it or have it "ready-at-hand" (zuhanden), whereas to see the world as "present-at-hand" (vorhanden) is derived from Dasein seeing objects as separate in the world and reflecting upon the relationship with them (1962, pp. 95-107). Heidegger considered time as temporality, where Dasein's being-in-the-world was reliant upon it's
interpreting time as being past, present, future or all-at-once, and constantly interpreting and reinterpreting life events. This understanding of being is challenged by participants who wanted only to spend time in their own world, where they frequently lost all awareness. Time, it seemed, became fragmented and they became disconnected from the world outside the space consisting of themselves and the machine. They become totally focussed on feeding the product of their efforts, wages, into the voracious poker machines. It was like a double destruction of life: destruction of rewards for time spent working (wages), and destruction of time squandered feeding the machines.

Their perception was that they were there to win money, and that was certainly a part of it. They wanted to spend the time not being criticised, or have any expectations imposed on them. Afterwards they felt guilty and heaped recriminations upon themselves, feeling shame, anger and worthlessness. Heidegger (1962) describes such feelings:

A mood assails us. It comes neither from 'outside' nor from 'inside' but arises out of being in the world, as a way of such Being. But with the negative distinction between state-of-mind and the reflective apprehending of something 'within'. (p. 176)

Magical Thinking

The theme magical thinking reflects the belief that unusual things can happen despite knowledge to the contrary, and this was the case with participants in the study who believed that they could defy the odds and win at their chosen mode of gambling. This belief provided them with the illusion of control that they desperately sought when, in reality, they were out of control. Dasein’s ability to use the world ready-at-hand without conscious reflection becomes disengaged and disconnected from reality and becomes more present-to-hand. The ability to use the world ready-at-hand is diminished and there is an increase in the present-at-hand mode resulting in distortions in the thinking process. These
distortions require sustained energy, without which a loss of entitlement to the world is experienced.

The importance of ritual was evident, providing participants with purpose, structure and rites of passage, similar to that of a religion. Assuming the disguise of normality provided a means of camouflage, allowing the participants to keep their secret, the secret that they were suffering pain, financial difficulties and emotional turmoil. Heidegger describes this condition as inauthenticity, characterised by "falling" and "forgetting," where Dasein becomes embroiled in the ordinary busy-ness of dealing with daily affairs.

I have discussed the subtheme, machines as friends, as it relates to transitional objects. However, the relationship of machines as friends poses the question of how such a relationship might affect participants. Heidegger (1966) addressed this notion when he spoke about Dasein's relationship with technology wherein he claimed that the "greatest danger" of technology is that:

...the approaching tide of technological revolution in the atomic age could so captivate, bewitch, dazzle, and beguile man, that calculative thinking may someway come to be accepted and practiced as the only way of thinking. (p. 56)

Dreyfus (1993) claimed that Heidegger meant by "danger" certain totalising kinds of practice. "This threat is not a problem for which we must find a solution, but an ontological condition that requires transformation of our understanding of being" (p. 304). Electronic gaming machines and TAB terminals may not have been the technology Heidegger considered when he wrote about technology, but the principle remains the same, namely that there are dangers and threats posed by these machines, particularly when they replace social intercourse in the lives of participants.
Critical Voices

In Heidegger's (1966) view there is no pre-given "human nature" that determines what we are: we are what we make of ourselves in the course of our daily lives and "The essence of Dasein lies in its existence" (p. 67). He claimed that the "everydayness" (p. 302) is the unfolding of an event or happening, the movement of a life course stretched out between birth and death. In existence, Dasein is not alone, but a-self-within-the-world and with-other-people. Accordingly, it receives a view of the world that is authentic, meaning, its own self, "the Being with the character of Dasein" (p. 166). However, when the authentic self becomes distorted, the "they-self" (inauthentic) mode dominantes. In the inauthentic mode, one's dealings with others is such that one loses sight of the self; in the authentic mode one is aware of others as well as the self (Heidegger, 1962, pp. 166-168). Gelven (1989) insisted that Dasein cannot be a self unless it is within one's own possibilities to relate in a unique way to other Daselns. Gelven explained: "Hence to be Dasein at all means to being-with. But this further implies that others are not completely external, that is, to be with others is a possibility of every self" (p. 72). The ability to relates to other human beings is part of being human, requiring social intercourse and interaction, not simply the illusion of it. This is the case for participants when they isolated themselves in their special space with the idea of showing them, while they gambled. I propose that participants have developed a distorted sense of self, partly because of the negative messages they received throughout their lives. These messages took many forms resulting from abuse, neglect and abandonment.

The themes reflect the time of interpretation. They are not stagnant; they evolve constantly. The dialogue is never complete because an interpretation is never finished (Koch, 1993, p. 279).
THE RELATIONSHIP BETWEEN MYTH, RITUAL AND DEATH

To understand the themes and subthemes generated from this study I consulted the anthropological literature on rituals, cults and myths after the data had been generated and analysed. Therefore this section is located in the discussion of this study. Literature's rites of passage, transitional objects and Heidegger's notions of death, dying and caring are also considered for their potential to illuminate an understanding and create an interpretation of the themes. The anthropological literature links rituals, myths, anorexia and death (Garrett, 1993), and these links are also explored.

Rituals

The idea of rituals recurred in the conversations. I will argue that participants created symbols and developed rituals as an important process of their gambling. Each participant displayed some aspect of ritual and identified their ritual gambling behaviour, referring to it as ritual or pattern. Marty was unaware that his behaviour involved ritual; however he described gambling behaviour that demonstrated ritual. The notion that ritual can exist without the person speaking about it is supported by Parkin's (1992) proposed definition of rituals: "Ritual is formulaic spatiality carried out by groups of people who are conscious of its imperative or compulsive nature and who may or may not further inform this spatiality with spoken words" (p. 4). Although this definition requires the conscious awareness of ritual, participants in this study became aware of their ritual-like behaviour when they reflected upon it, and in Lynda's case, showed awareness of her ritualistic behaviour, whereas with Marty the definition fails to apply because he lacked awareness of ritual in his behaviour. The ancient history of human beings is reflected today in the symbolic rituals and myths used by small tribal societies still in existence. These rituals and myths remain unchanged over many centuries and often involve fertility rites. Jung (1964) claimed that they are frequently dismissed in modern society as archaic superstition and he questioned the arbitrary distinction between primitive
human beings, to whom symbols seem an everyday part of life, and modern humankind, for whom symbols are seemingly meaningless and irrelevant. I do not agree with Jung (1964) that symbols are meaningless to modern humankind. Considering designer labels for example. They carry both meaning and relevance, considering what people are prepared to pay for them. Jung also claimed that the human mind has its history, and the psyche retains traces of this development. Consciously we may ignore our psychical heritage, but unconsciously we respond to it and the symbols through which it is expressed. Jung (1964) describes the "...collective unconscious" that is the part of the psyche that retains and transmits the common psychological inheritance of mankind. These symbols are so ancient and unfamiliar to modern humankind that he cannot directly understand or assimilate them" (p. 107). He explained that we depend on the messages that carry such symbols and that our attitudes and behaviour are both profoundly influenced by them. The myth of the hero is a common one. "Usually in mythology, the hero wins his battle against the monster" (Jung, 1964, p. 120). However, there are other hero myths in which the hero yields to the monster. Jung (1964) gives the example of Jonah and the Whale. This myth symbolises, he argues, the transition of the sun from sunset until dawn, and Jung interprets this as the hero going into the darkness, which represents a kind of dream. Such a dream-like state is described by the gamblers in the study when they are in their gambling compulsion.

Lynda explained how her gambling formed a ritual and how this ritual was an important part of her life. On days when she decided to gamble she followed a strict pattern, involving her dress, transport, gambling, showering, cooking and cleaning. It began when she wakened and continued throughout the day until she arrived home. The ritual continued in the shower and while she prepared the evening meal. Lynda's adherence to the ritual shows the planning and energy required to enable her to gamble as well as the preoccupation with ritual from the time she wakened until she retired at night.
Gambling can be a ritual carried out by an individual whose supposed purpose is to gain money and again supposedly to participate in a social activity. In fact, participants enjoyed the public isolation of the gaming halls. This is reflected in the purpose that gambling ostensibly serves for society. The social value of gambling can be seen in the investment of private capital on the construction of expensive casinos which serve as social gathering places, provide gambling facilities, entertainment and restaurants.

Problem gambling can be interpreted using Durkheim's (1915) concept of positive and negative cults. Durkheim used this concept to explain social phenomena such as fasting which he saw as the negative cult in preparation for communion, the positive cult:

Every cult presents a double aspect, one negative, the other positive. In reality, of course, the two sorts of rites which dominate thus are closely associated; we shall see that they suppose one another. But still, they are different and, if it is only to understand their connection, it is necessary to distinguish them. (p. 299)

Similarly, gambling is both a negative and positive cult, involving losing money or winning, although winning is rarely the outcome. This double aspect of gaming causes disappointment because the gambler feels entitled to win, and has a sense of overwhelming unfairness upon losing. Gambling takes on a form of penance or atonement and may confer positive virtues, such the anticipated winnings. This notion is supported by Melissa when she said electronic gaming machines “even give you something back.”

Melissa:

I rush down and I’ve got to get back. It has to pay, it has to pay.
I’ve put so much through this bloody machine and it has to pay.
That’s why sometimes you don’t leave the machine because
you've put $100, $150 in the machine and you think it has to pay. It has to pay. People walk up to the machine next to you and they put one coin in and they get a bloody big jackpot and you think, "Shit! I knew I shouldn't have played this one -- I should have played that one." It wouldn't have mattered what machine you played. You wouldn't have won. If I had have won that amount on the machine I would have played higher ratios anyway, so there's no getting out of going in and winning and walking away.

It appears that the gamblers in this study believed that if they carried out the ritual of gambling (a negative cult), they would receive rewards in the form of money, time or both (a positive cult). This method of ritual and penance is socially acceptable to many in society, even if society does not understand it.

In his discussion of "rituals," de Coppet (1992, pp. 1-9) said that the distinction between ritual and nonritual is determined by the hierarchy of values that shapes Western society's social relations. He alleged that there exists a vast array of ideas, frequently contradictory, concerning ritual. "Successive scholars assign new characteristics to rituals, sometimes contradicting those previously suggested, with the result that they begin to appear an inexhaustible, mysterious constellation in the firmament of the social sciences" (p. 2).

Overt and covert rituals were evident in the gambling behaviour described by participants. They created symbols and developed rituals as an important process of their gambling, and referred to it as ritual or pattern. The participants were not always aware of their ritualistic behaviour, but they were aware of the importance of this behaviour to them. This was explained by Jung's (1964) theory of the collective unconscious, and Durkheim's (1915) concept of positive and negative cults.
Rites of Passage

Van Gennep (1960) was the first anthropologist to note the regularity and significance of the rituals associated with the transitional stages of human beings' lives. The phrase he used for these was rites of passage. Rites of passage are concerned with an individual's life crises. Van Gennep explained that the examination of any life-crisis ceremony will support the threefold classification of separation, transition and incorporation. "Rites of separation are prominent in funeral ceremonies, rites of incorporation in marriages. Transition rites may play an important part, for instance in pregnancy" (van Gennep, 1960, p. vii).

Turner (1969) adapted the *tripartite processual scheme* from that of van Gennep, but used other terms such as separation, liminality and reintegration to describe the structural similarities. Turner (1969) described the first phase, separation as, "comprising symbolic behaviour signifying the detachment of the individual or group either from an earlier fixed point in the social structure, from a set of cultural conditions" (p. 94). The first phase is reflected in the behaviour of participants in this study in relation to their gambling. For example, Marty said that his gambling began when his dad left him with his mother. The gambling later increased substantially, first becoming a problem for Marty when he left home. He experienced relapses whenever his life underwent any major change.

For the second phase, the liminal phase, Turner describes how the initiands form a close comradeship between them. This comradeship is significantly absent from the ritual of problem gambling. However, Turner does acknowledge that in the liminal phenomena:

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We are presented in such rites, with a 'moment in and out of time,' and in and out of secular social structure, which reveals, however fleetingly, some recognition (in symbol if not always in language) of a generalised social bond that has ceased to be and has simultaneously yet to be fragmented into a multiplicity of structural ties. (p. 96)

So too, the study participants experience 'a social bond that has ceased to be' causing them to feel a sense of alienation and abandonment, where they experience acceptance only when they are in the *cocoon* of gambling.

The attributes of liminality were described by Turner (1969) thus:

As such, their ambiguous and indeterminate attributes are expressed by a rich variety of symbols in the many societies that ritualise social and cultural transitions. Thus, limility is frequently likened to death, to being in the womb, to invisibility, to darkness, to bisexuality, to the wilderness, and to an eclipse of the sun or moon. (p. 95)

This notion of liminality is reflected by participants in the study. Garry, Lynda, Kate and Melissa described how they experienced a special place, Kate, safe and free, a womb-like place. They all experienced feelings of security, and freedom from stress, anxiety and criticism. They felt accepted.

Garry:

_i sit down, I watch the screens [totalisator betting screen] and I'm in my own world. In my world where I'm so happy, so normal, a perception of peace, time is of no consequence. I don't have to take any shit. I can just sit there and I can do what I love doing._
The third phase (reaggregation or reincorporation) is where the initiand is expected "to behave in accordance with certain customary norms and ethical standards binding on incumbents of social position in a system of such positions" (Turner, 1969, p. 95). Participants in the study referred to unwritten laws that govern their gambling behaviour. James claimed that he always shouted the bar after a big win, leaving enough money aside, to buy his girlfriend a meal. The electronic gaming machine players in the study outlined various methods they used to discourage frivolous players from playing machines beside them. Garry said that in the TAB no one spoke and he did not expect to have a conversation with anyone.

Turner used this system as a way of marking life process in the experience of the people among whom he had lived, namely the Ndembu people of Zambia. The rituals of gambling invariably include a group element. The gamblers in this study exhibited both individual and group oriented behaviours and consciousness, saying that they enjoyed being surrounded by people at hotels, clubs, TABs and casinos which gave the illusion of a social event. Ultimately, however, the gambling activity was transacted between themselves and the technology associated with their particular form of betting and focused on the source of the wager, including the horse, the dice or symbols on the electronic gaming machine when they entered into a trance-like state.

Kate:

I didn't realise it, but I get very lonely. I like to have people around me but I don't want to interact with them. It's a great place. I'd go to the one club, the one I really enjoyed. There was a bank of three machines that I played. It's a perfect place for me to isolate and sit in front of that machine. I don't have to talk to anybody. In fact I hate people coming up and talking to me and I could just sit there for hours, absolutely hours, as long
as my money lasts.... It's kind of, it's like, if you're sick, here's a place you can relax. I sit down in a chair, I've got my money, my can of diet coke, and get all comfy....

I suggested to Kate that it sounded as if she were preparing for a fix. She responded:

Yes! Yes! Kind of like a ritual. Then I put the money in and I light up a cigarette. I just start playing. It's like... at last, here I am. It's like heaven. It's just I'm here. I've got no one to pressure me. I can sit here and it's my space, it's my time and it's my thing. Yeah!

The explanation for claiming that rituals may be created by an individual is supported by Garrett (1993) who suggests that:

The 'endogenous process' described in accounts of healing rituals in western society are a clue... at an unconscious level, the purity rituals of anorexia and the self-transforming and self-healing rituals of recovery are the individual's attempts to use culturally available symbols to effect their own rites due to inadequacy or absence of satisfying group ritual which might guide them to the next stage of their lives, whatever this may be. (p. 18)

In a similar way, problem gamblers may use the ritual of gambling in an attempt to effect their own rites, because they have no other rite available to them, nor do they have any other satisfying group ritual which could help them proceed through to the next stage of their lives where they can achieve life satisfaction without gambling. They are unable to heal their original pain of their childhood and have had no rite to assist them. “Original pain” (Bradshaw, 1990, p. 66) is associated with grief, abandonment, various forms of post traumatic stress and

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feelings of inadequacy. Bradshaw (1990) and Mellody (1989) claim that original pain originates from childhood abuse. The pain takes the form of anger, grief, shame or other painful emotion resulting in difficulty cultivating and maintaining good relationships as well as generates shameful feelings of worthlessness, aloneness and abandonment. Bradshaw and Mellody both conclude that by connecting with the original pain the healing process can begin. The client becomes aware of the internalised emotions that have been denied and buried under layers of "toxic shame" (Bradshaw, 1990, p. 66) since childhood. Often, clients who are recovering from compulsive behaviours such as alcoholism, other drug addiction, gambling or eating disorders find that their feelings of original pain remain. These feelings may occur even though they are successfully abstinent or otherwise working in an effective program. Resolution of these painful memories helps them feel worthwhile about themselves without the need to gamble.

Death and rebirth are symbolic elements in many rites, symbolising "giving up the old life and turning over a new leaf" (van Gennep 1960, pp. 182-183). Van Gennep suggested that ritual is an ongoing process and involves the return of elements of previous rituals:

Life itself means to separate and to be reunited, to change form and condition, to die and to be reborn. It is to act and to cease, to wait and rest, and then to begin acting again, but in a different way.

(p. 189)

If, as van Gennep (1960) claims, the ritual is an ongoing process then there seems to be little hope of the problem gambler giving up their addiction unless they replace it with another ritual. Van Gennep's theory is too general to apply necessarily to gamblers. Elements of gambling that I have discussed are parts of an initiation ritual process that gives direction and purpose to the problem gambler's life. Just as Garrett (1993) likened elements of ritual to anorexia, the

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following are some elements of ritual that share other rites of passage such as those found in problem gambling in the study participants.

1. Like initiation rites, they are not only concerned with physical puberty, but also social maturity (van Gennep, 1960). Frequently the problem gamblers in this study lacked the ability to sustain a long term relationship. One participant who was in a long term relationship did not feel that there was any reciprocal warmth of feeling within the relationship. There appears to be a relationship between social skills and gambling, although only two participants referred to themselves as socially inept.

2. The initiate withdraws from society ("rites of separation", van Gennep, 1960, p. 11). Separation also occurs when the gambler is in the grip of their compulsion. The electronic gaming machine players in the study claimed that they went to the clubs because they enjoyed being surrounded by people. However, they did not socialise with other club members when they were serious about their gambling. Garry and James found that an important part of their gambling was to have an audience, where they could demonstrate their prowess at gambling when they were successful. This audience usually comprised casual acquaintances who happened to be present.

3. Turner (1969, p. 172) uses the custom of Halloween as an example of the masking function and rites of age and sex-role reversal in Western society. The masks, worn as a disguise, mainly represent witches, corpses and demonic powers. The disguises are meant to ensure anonymity, and for aggression rather than humiliation. Lynda described how she kept gambling clothes separate from her normal clothes. Lynda described her cleansing ritual after a day of gambling and how she put on the disguise of normality to deceive her husband.
The facade adopted by all participants was the mask of normality. Each had a powerful desire not to allow family, friends or employers to know about their gambling, and went to great lengths to ensure that they were seen as behaving normally. Garry described how strongly he felt about anonymity:

I drive to TABs well away from where I work. I have a number of TABs I go to. Anonymity and aloneness is very, very strong. I'll digress. One day I was at one of my regular TABs, and a lady said to me, "I guess you'll be looking forward to the school holidays." I was flabbergasted. I said, "I'm sorry, do I each your son or daughter?" She said, "No, my son was in here once and he noticed you." That poor lady has lost a fair amount of revenue, because I'll never, never go back to that TAB. I never did and I never will go back to that TAB because the anonymity has been destroyed. That is how strong it is in me.

4. The paradoxes created in social relations are exhibited and symbolically challenged (Turner, 1969, p. 176). The paradoxes that are ritually challenged by gambling involve the social demands made by family and friends. On one hand the problem gamblers in the study desperately wanted acceptance and recognition from their loved ones, and on the other their lying, cheating and stealing alienated them from family. They also displayed counter-intuitive behaviour where they seem happy to continue losing while at the same time feeling unhappy.

5. Sexual prohibitions are encouraged in an attempt to create a condition of purity that allows access to the sacred. This occurs in cultures where sexuality suggests impurity (van Gennep, 1960, p. 169). In this study, two female participants did not consider the sexual act impure although within their relationships the sexual act was used for reward and punishment. When their behaviour was considered good by their partners, they were
rewarded with sex. On occasions when sex was withheld, they resorted to gambling, with the notion of I'll show him.

6. Status reversals frequently occur in initiation rites, where the initiands test their strength (a form of rebellion) towards their superiors, particularly their parents (Turner, 1969, pp. 175-176). This reversal occurs with the problem gamblers in this study. Marty and Garry declared how they stole from their parents to gamble, and this gave them a sense of one-upmanship. Three of the female participants used gambling as a rebellious action in retaliation to their husband's (or partner's) inattention.

7. Life crisis liminality, was preached in the Christian tradition as the means of salvation (Turner, 1969, p. 198). The problem gamblers in this study frequently saw gambling as the only way of saving themselves from dire situations. For example, Marty owed thousands of dollars and when he was paid his holiday money the only thing he considered to do with it was to gamble. Only after losing this money did he attempt suicide. In each case, when the study participants were faced with a life crisis they resorted to gambling. While they acknowledged that gambling did not solve their problems, they claimed that it distracted them from their painful feelings and thoughts for a short time. Gambling apparently provided a means of anxiety reduction.

These seven similarities between van Gennep's and Turner's anthropological view of the ritual process and the processes of gambling as described by participants in this study are significant. However, these anthropological theories do not address the obsessive compulsive nature of participants' behaviour. Jung (1964) and Turner (1969) emphasised the importance of the communitas (community), and social recognition is claimed by Turner (1969, p. 97-109) to be essential to the ritual process. The ritual of humiliation, as discussed by van Gennep (1960), Jung (1964) and Turner (1969), may be
likened to the recovery process of problem gamblers when they are expected to place their finances in the hands of a trusted friend or family member. Melissa described the humiliation of having to ask for money and Lynda complained of "having money placed on the bedside table as if I were a prostitute."

In his study of the Ndembu tribe, Turner (1969) described the following:

Bringing certain objects into a ring of consecrated space, they bring with these the powers and virtues they seem empirically to possess, and that by manipulating them in prescribed ways they can arrange and concentrate these powers, rather like laser beams. (p. 43)

The Ndembu had limited medical knowledge; therefore it was likely that any medicine or artifact they used or administered would produce the same psychological benefit as no treatment at all. The concern shown by the tribe to the afflicted person, together with tribal members ostensibly doing helpful and good things for them, undoubtedly occasionally resulted in a positive outcome. They naturally attributed this outcome to the ritual and symbolism conducted.

Similarly, participants in this study who gambled on electronic gaming machines felt a certain magic when they entered the club (the space) and played a particular machine. The problem gamblers in this study were convinced that when they do win, that it is a result of their skill, be it the use of a system, lucky numbers, tips or other means. They have a magical belief in themselves and the control they have over the machines. This belief exists despite the knowledge they have of the percentage that the club takes and that inevitably, if they gamble long enough, they will lose. James, for example, was the manager of a large Sydney club and had accurate information about the financial return received by the club through gambling. The paradox is that, despite this information, he and the other participants choose to continue gambling. Their persistence could be construed as irrational thinking because they continue with a destructive behaviour based on beliefs that are not
amenable to reason. However, participants are in keeping socio-culturally and therefore they may be misguided rather than delusional because these ideas are shared by others of the same socio-cultural background.

During the liminal stage of problem gambling, the gambler participating in the gambling ritual is seeking what James called an ecstatic experience for example. This is delivered through the highs experienced during the period of anticipation of winning. Melissa, Kate, Garry and James said that they experienced a sense of superiority when they won, and they all experienced a sense of I'll show them. This response suggests symbolic revenge against those who may have injured them in the past. People are social beings who need to feel as if they belong to society, and the I'll show them response presents as a socially acceptable way of dealing with resentments.

Jung (1964) describes the hero as one of the most common myths in the world. Gamblers see themselves as heroes, as demonstrated by when Garry described himself as feeling like king of the kids when he beat his students at pinball, showing off his skill. He said that they responded by saying, “Gee, Sir, you are great!” The students' adulation engendered a sense of being special in him. Being good enough to beat the system stimulated and increased his feeling of well being (if only temporarily).

Van Gennep (1960) considers the notion of the first time as important.

Examples of first time include; the first menses, the first child, the first marriage or the first sexual encounter. Rites of passage do not appear in their total form or are not obviously demonstrated, except at the first time of transition from one situation to another. The notion of ‘the first time’ is powerful among participants in the study, and each spoke enthusiastically of their first big win, rather than the first time they gambled. Garry and James gave a detailed account of the first time they won on the horses, recalling the time of day, the horses' names, rider, trainer, amounts wagered and even the race caller. This feeling of an
exceptional rush associated with the first time may be compared with the rush of substance abuse.

James:

The first touch of gambling that I got introduced to was when my Dad started bookmaking on the twelfth of September, 1980. We went to a country race meeting, [where I had] my first bet that I ever had, a proper bet. That will make me 14, nearly 16 years ago. I had $5 on a horse by the name of Our Town and the horse won, and I had $10 on a horse by the name of Abagast at 8 to 1, and it won and then I had a certain amount of money on a horse called Cob and it won at 12 to 1. I’m 14 years old and I had won $1,200! It was fantastic. I was king of the kids, and Wimbledon was on that night and I was going home to buy a video cassette recorder. I wasn’t old enough to stay up all night to watch Wimbledon but I was old enough to go to win enough money to buy the VCR so I could watch it the next day. I felt sensational. How long has this been going on? I’m really good at it. I’ve only picked about 6 horses all day and four of them have won. I am pretty intelligent. I’ve always been smart at school, I’ve known this but his is a lucky gift to have at 14 years old. It was my money and I was responsible, not the horse – I collected the bets.

The crucial difference between the anthropological schema of ritual and the gambling ritual is that participants in the study repeatedly gamble, whereas rituals involving rites of passage are determined by singular events such as puberty, death or marriage.
Death, Dying and Caring

*Only in dying can I to some extent say absolutely “I am”*

*(Heidegger, 1962, p. 318)*

The literature on depression and suicide is mainly quantitative and does not indicate a symbolic relationship between problem gambling and death. A review of the sociology literature on anorexia was conducted because each of the female participants had poor body image and considered themselves to be overweight as adolescents. Melissa and Kate had experienced episodes of bulimia and anorexia. Jackson and Davidson (1986), Jackson (1992) and Garrett (1993) argued that anorexia results from the contemporary western denial of death and its symbolic equivalents of separation, loss, unresolved grief and severe trauma. Garrett (1993, p. 178) supported Jackson’s (1992) argument that “the anorexic’s apparent courting of death is in reality a meticulous denial of death ‘which buys freedom from anxiety about death’...” (p. 1). Similarly, gamblers see themselves defying death, as they frequently consider death an option to solve their problems. Every participant in this study had considered or attempted suicide. Marty, Lynda, Garry, Melissa and Kate each sought to escape their powerlessness and vulnerability by embracing death, referring to it as the solution, the back door and the only way.

**Marty:**

*There was no other solution – I couldn’t see any other way. I sat in my car deciding whether to kill myself or not.... Maybe I had to get this spot here to turn my life around, or maybe this isn’t enough and this addiction will rule. I’ll die from my gambling. I know if I go out there and gamble tomorrow, I’ll be dead, but I don’t want to die.*
Marty felt an overwhelming disappointment that his suicide attempt was unsuccessful. Subsequently he experienced a depression that lasted for several months.

Garry described how he always considered that he had the back door as an option to solve his problems. The back door offered him a means by which he could suicide at any time if things overwhelmed him, and he attempted suicide three times. He described the first attempt at the age of 17:

I can recall being hit only once by my Father after I attempted suicide. He was angry, very angry. That was after my 17th birthday.... I'm glad I have been able to share this.... The back door has always been open to me. It's like a vision in my mind. I see that door as a door in the distance. And that is the door that my brother chose, which is suicide. Really in a very horrible way.... He hung himself.... He deliberately chose a time that [crying] I would find him. It was terrible.... I often wonder, when I see that door, I wonder if I would open it.... There is certainly a door there. I see it.

At the time of our conversation, Garry retained the sense that he could use the back door at any time. The experience of severe trauma, loss or other painful experience frequently meant that participants considered death to be the only option for the solution of their problems. Gamblers in the study did not blame their gambling on any of these issues, instead, they saw them contributing to the progression of their problem gambling.

Identification with the dead, particularly the mother, was considered by Ceaser (1977) to be related to the genesis of anorexia. Similarly, two participants in this study were experiencing unresolved grief relating to the death of their mother, and one participant was inordinately concerned that his mother would die. Lynda carried the memory of her mother's death and the associated fear of
abandonment into her adult life. However, this observation is not sufficient to show that problem gambling is caused by the mother’s death, but it may be a contributing factor.

**Lynda:**

> I found her [tears]. She [had] gassed herself. I couldn't get her out of the car. I tried several times. The last words she ever said were... because I found her and couldn't break into the car. She was unconscious [crying].... Anyway, a couple of days later she said to me, “You bitch, you won't find me next time.” My Mother loved me so much and she had never ever, ever, ever, ever, said that word to me or ever struck me and... she loved me so much... and they were the last words she ever said to me. She did go out into the bush a couple of days later and went to the bush.... She said that she would go out into the bush and killed herself. I decided after that that I didn't want anyone [sobbing], I didn't want anyone else ever again in my life.

All of the participants experienced traumatic childhood events. On the basis of these findings it appears that traumatic life events, especially those involving a close family member, predispose people to problem gambling. This hypothesis would have to be tested on a larger sample to determine its veracity.

Work in the area of anorexia has neglected the importance of social attitudes to death (Garrett, 1993). Jackson (1992) maintains that anorexia is a pathology. He claims that those people suffering from it are unable to transcend the harsh reality of the close connection of life with death and death with life, an inability common among people who have encountered separation, unresolved grief or severe trauma. This claim is too broad to generalise across a population. However, participants in the study, also encountered similar experiences to...
those of the anorectics mentioned by Jackson (1992) and they claimed to experiencing an overwhelming sense of unreality while gambling. They described the feeling as "being out of it, a womb-like place, feeling safe, secure and free from criticism." In this state, they did not have to face the problematic realities of life and subsequent death. Many of the descriptions that the participants used to describe their experience of gambling may be likened to the experience of going to church. While attending church services, ritual and symbolism are in abundance. Although there may be a large congregation, during private prayer, one can become insular and self absorbed. It is as though the gambling meets similar needs to those of people attending church, but this suggestion does not explain why they chose gambling over other forms of ritual.

Garrett (1993) described asceticism in the anorectic's negative rite as "an initiation and a metamorphosis of the personality which forces a confrontation with death in order to make the choice of life a more conscious one. The initiation is into the mystery of symbolic death and rebirth" (p. 183). Similarly, five participants saw death as the only option in their struggle to solve their emotional and life problems after gambling had failed them. There was a circularity between gambling and failure. This failure occurred as social and family relationships deserted them, usually as a direct result of their gambling. James was the only one who did not mention that he had considered death as an option, and perhaps he had not lost enough in his life for it to be a consideration, or perhaps he was not prepared to speak about it.

The relationship between myth and ritual is important in the creation of mythology and ritual practices. The negative and positive dimensions of the rituals develop into and form a new sense of spirituality. This spirituality becomes the compulsion, with the development of a driven-ness that drives the problem gambler to continue to gamble even when it may ultimately result in death. Ruin becomes a choice, an offering they are prepared to make in carrying out their ritual. Understanding the continuance of these myths and
rituals should be considered in the treatment of problem gamblers because it adds another dimension to the psychoanalytical perspective by connecting the individual factors of their life crisis and their resolution with a social view of their problem behaviours. It provides an understanding of how underlying factors manifest themselves as myths and rituals and how these play out in gambling behaviour.

As the themes being alone and magical thinking began to emerge, the notion of death as an option and the concept of care became an essential part of them. Heidegger (1962) described four major stages of the ontological view of death:

1. The analysis of death in terms of Dasein’s existentiality, facility and falseness.

2. The way in which Dasein keeps from understanding the significance of death.

3. The “certainty” of death.

4. The authentic meaning and understanding of what it means to die (pp. 45-53).

Gelven (1989) explained the relationship between Dasein’s existentiality and death. He suggested that existentiality is provided by understanding, which is “the projection of possibilities” (p. 148), and that death is a possibility that focuses on the Being of Dasein in three ways:

1. It shows us that my death is my own. I alone will die my death.

2. Because it is my own, it cannot be shared by anyone... for only I can know what it means for me to die.

3. My projection of the possibility of death represents death to me as something that I cannot avoid. It is a possibility that is inevitable. (p. 148)
These three characteristics show that death “reveals itself as that possibility which is one’s ownmost, which is non-relational, and which is not to be outstripped” (Heidegger, 1962, p. 294). This means that death is a non-relational possibility because no one else can substitute for a person at the time of death. Death removes all relations to others, and death is inevitable.

Heidegger (1962) does not speak about suicide when he speaks about death, but he does speak of moods:

But the state-of-mind which can hold open the utter and constant threat to itself arising from Dasein’s ownmost individualised Being is anxiety. In this state-of-mind, Dasein finds self face-to-face with the “nothing” of the possible impossibility of its existence. (p. 311)

Heidegger claims that anxiety, when it is concerned with the possibility of death, becomes “cowardly fear” (p. 311). The certainty of death creates moods that reflect the stage which Dasein has obtained understanding about the possibility of not existing. Six of the problem gamblers in the study considered death as a possibility, and five of them attempted suicide. They described their mood in various ways including anxious, fearful, depressed and full of dread. Heidegger describes how dread confronts us with ourselves, and argues that it is not a fear of death rather, as Gelven (1989) suggests, it is “more of an alienation towards one’s existence in the otherwise familiar world” (p. 149).

Gelven (1989) makes generalisations about perceptions of death without mentioning the cultural or individual perceptions of the inevitability of death. The way society dealt with death in Heidegger’s time is described by Heidegger (1962), when he says that “they” speak about death, “they,” being the way concepts were publicly interpreted.
They say, "It is certain that 'Death' is coming." They say it and the "they" overlooks the fact that in order to be absolutely certain of death, Dasein itself must be absolutely certain of its ownmost nonrelational potentiality-for-Being. (p. 301)

Society and Dasein attempt to avoid the confrontation of the meaning of death. Heidegger (1962) describes this as falling, where the Dasein try to avoid the true understanding of what it is to die. Similarly, the problem gamblers in the study also avoid the true nature of what it is like to die and have developed a falleness which allows them to consider death as a realistic alternative to working through their problems.

Heidegger (1985) explained the notion of care (sorge) when he expounded on how Dasein's existentiality provided that "care is the basic state of Dasein" (p. 293). Heidegger took this one step further by claiming that "dying is grounded in care" (p. 296). He argued that understanding death can only be achieved by disclosure and that even in death the structure of care is still evident. "If indeed death belongs in a distinctive sense to the Being of Dasein, then death (or Being-towards-the-end) must be defined in terms of these characteristics" (p. 293). These characteristics include the ontological notion of care: "Being alongside entities which we encounter (within the world)" (p. 293). During the conversations with participants in the study, the notion that no one cares, no one was there for me were recurring themes, and a link between "no one caring" and death was evident. The participants spoke of aloneness and the lack of anyone there to care what happened to them prior to their suicide attempts. Their sense of powerlessness and vulnerability overwhelmed them.

Marty:

No, I totally alienated all my friends or stuff like that borrowing money from my friends. I'd pay them back but there was only so much they could take anyway. They knew that I had a

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problem and they'd try to help me but I couldn't give a stuff and I alienated all of them. There was nothing else to do, I planned the suicide.

Hoffman (1997) claims that Heidegger and Descartes showed a profound relationship in their ideas on death:

...the human individual is thrown back upon his own self by a sense of total powerlessness and vulnerability in the ultimate threat (of, respectively, the evil demon and death). If in Descartes the threat of the evil demon seems indeed inescapable (at least before the self's discovery of God), it is because the demon is said to deceive me constantly. Thus the demon gives me no respite and no escape; his power holds me in his grip without the slightest letting up or slackening. (p. 199)

Hoffman's presumption that Decarte's reference to the evil demon was in relation to death is questionable, instead, he may have been arguing against epistemological scepticism.

The omnipresence of death's threat to a person is encapsulated by the term indefiniteness (Unbestimmtheit) which may be applied to the vulnerability and powerlessness they experience in relationship to death. Participants did not refer to risk per se, but they courted risk daily, or almost daily. They were prepared to risk their money, relationships, jobs and health against their ability to beat the odds offered by a machine or the TAB. Vested interests such as governments and casinos encourage people to embark on a destructive path and, once they have begun, to continue along it regardless of consequence.
TRANSITIONAL OBJECTS

The themes of being alone, buying time, magical thinking and critical voices related and depended one upon the other. This was particularly evident in the idea of machines as transitional objects. I have discussed the notion of transition rites in relationship to rites of passage in peoples' lives (van Gennep, 1960). This discussion showed a clear relationship to Winnicott's (1971) summary of special qualities in the relationship with the transitional objects, and can be compared with the relationship that the participants had with poker. Winnicott first described the transitional object in 1951 and developed further in 1971. It refers to the universal use by infants of an object to soothe and comfort them. His original hypothesis was expressed as follows:

It is well known that infants as soon as they are born tend to use their fist, fingers, thumbs in stimulation of the oral erogenous zone, in satisfaction of the instincts of that zone and also in quiet union. It is also well known that infants of either sex become fond of playing with dolls and that most Mothers allow their infants some special object and expect them to become, as it were, addicted to such objects.  (p. 1)

Surely most mothers would not expect their infants to become addicted to objects as Winnicott (1971) suggested. Winnicott also claimed that there was an interval between these two sets of phenomena, and that this interval was important in the child's development of autonomy. During this interval the infant discovers that the object is not me and they begin to understand that there is an inner reality and an external life. This understanding occurs from 4 to 12 months of age. He explains that there is also "an intermediate state between the baby's ability and his growing ability to recognise and accept reality" (p. 3). The infant begins to incorporate into their view of themselves other than me objects, such as Mother's breast or a soft blanket. This transition is usually accompanied by a caressing activity, which also involves thinking and
fantasising. This pattern may continue into childhood and may reappear at a later age if deprivation threatens. Winnicott believes that there may not be a transitional object but Mother herself and that if there is disturbed emotional development then the sequence through the transition state may be broken. However, “the sequence may be maintained in a hidden way” (p. 5). The following are 6 points that he claims are present in the transitional object relationship:

1. **The infant assumes rights over the object.**
   Kate, Garry and Lynda referred to the machines as my machine, whilst Melissa became angry when someone else played her favourite machine.

2. **The object is affectionately cuddled as well as excitedly loved and mutilated.**
   In the subtheme machines as friends, Marty, Lynda, Melissa and Kate referred to electronic gaming machines with affection. They spoke about touching the machines and considered them friends who were always there for them.

3. **It must never change unless changed by the infant.**
   The participants always expected to go to the same electronic gaming machine and it would be there for them. When Garry was recognised at a TAB, he had to go elsewhere, and he felt unhappy about having to do so.

4. **It must survive instinctual loving and also hating and, if it be a feature, pure aggression.**
   Lynda, Melissa and Kate. Mentioned loving and hating the machine. They did not mention any physical aggression towards the machines. However, Lynda and Kate said that they “got mad” with them.

5. **Yet it must seem to the infant to give warmth, or to move, or to have texture, or to do something that seems to show that it has vitality or reality of its own.**
   What the electronic gaming machine did for the participants was to occasionally give them money. Participants also spoke to or caressed the

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machine, as if they needed to do something with their hands while being engrossed in their gambling activity. Lynda described jingling and playing with the money in her pocket while waiting for the club to open and Melissa described lovingly touching the machine. This is similar to a child stroking Mother's hair while suckling, the combined sensation of texture and touch with oral stimulation.

6. *It comes from without from our point of view, but not so from the point of view of the baby.*

Participants experienced the relationship with the machine from without, it was not an hallucination. For example, Melissa described how the machine did not criticise her and she explained how at times the machine even gave her money. To Melissa, the machine seemed to have a mind of its own to make the choice. The paradox was that the participants understood at an intellectual level that the machines have a percentage of money that they can pay out, but they still hoped that the machine would be kind and change for them. Garry gained satisfaction from the pinball machine displaying his name for all to see when he gained the highest score: it was as if the machine gave him the validation and acceptance that he did not receive at home.

Winnicott (1971) made observations about the outcome for children who experienced the loss of affectionate feeling, saying that they frequently developed drug and other addictions and a "talisman of obsessional rituals" (p. 6.). These observations applied to the participants who reported receiving little affection in their family of origin. They developed alcohol, drug and gambling addictions and obsessional rituals, and they were involved in lying and stealing. Winnicott, like Freud (1928), stressed the importance of a good enough Mother (or care giver) in promoting the healthy transition through the developmental phases. Although Freud has little current credibility in psychological circles as a researcher, many of his theories continue to be
highly regarded. The participants did not receive good enough mothering; instead they experienced neglect and abuse, never being able to proceed through the transition from dependence to reality. They carried their notion of transitional objects into adult life, perhaps triggered and sustained by life stressors. The electronic gaming machine symbolises some part-object such as the breast or blanket and they are unable to distinguish between fantasy and fact because the transitional object or objectification precedes established reality testing. Winnicott cites Freud (1928), saying that it is impossible for an infant to pass from the pleasure principle to the reality principle unless there is a good enough mother, or substitute person.

The transitional object, as it relates to the participants’ gambling, represents engagement with a machine. It may mean that because of childhood abuse and the absence of a caring and loving parent they found comfort and pleasure in the uncritical, non-judgmental but artificial relationship with a machine.

FINDINGS

Most of the research on gambling over the past 25 years has been quantitative, focusing on the demographics of gambling and gamblers, and the causes and treatment of gambling. In Chapter Two the causes of gambling suggested by the literature are presented. They include: hereditary propensity to addiction, environmental factors, emotional dysfunction, external locus of control and chemical imbalance in the brain. In this study there are no conclusive findings as to the significance of any one cause, however, the aetiology of problem gambling does appear to be multifactorial. The additional, possible risk factors I propose were not necessarily all present in every participants although each displayed at least 6 of the following 8. Two of the participants reported all 8:

1. Dysfunctional family of origin.

2. A traumatically stressful incident or incidents.
3. Abandonment by a parent.

4. A parent who is addicted to gambling, alcohol or drugs.

5. Childhood sexual abuse.

6. The need for ritual in their lives

7. An initial major gambling win.

8. Low self esteem.

It is interesting to note that with the exception of “an initial major gambling win” the remaining points are also common in people who are diagnosed as BPD.

The four themes, being alone, buying time, magical thinking and critical voices appear to reflect similar characteristics, problems, life situations and dysfunctional family backgrounds as those of people who have been diagnosed as having a BPD.

Gender Differences

A notable gender difference in the feelings associated with gambling was that the female participants sought the company of the electronic gaming machines in preference to that of their partners, saying that they felt unloved and criticised at home. The males, however, enjoyed the electronic gaming machines and the TAB terminals for the sense of power they experienced, the challenge of beating the machines, the thrill of the rush and the recognition they received when they won. Brown and Coventry (1997) explain this competitiveness:
Australia's social culture is based upon principles of competition, order and merit which create a societal cohesiveness. In this context, gambling provides an opportunity to enter briefly an alternative 'play-world'. In this 'play-world', the differences in skills and abilities between people which, in their real world, may largely determine the status and rewards they achieve, and are temporarily neutralised by operations of chance. (p. 9)

This theory may apply to many people, but not to the females in this study. An explanation of this may be that they had less opportunity in their lives (particularly their home and workplace situations) for competition and therefore did not seek it. The findings of Lesieur and Blume (1991), and Brown and Coventry (1997) suggest that female gamblers may be the victims of social stereotypes. The limits imposed upon them resulted in their being trapped by unhappy circumstances and difficult financial positions. They found themselves trying to fulfill the many roles of mother, homemaker and worker. The female participants in this study had similar experiences, and they found that gambling provided feelings of achievement or power and temporarily overcame feelings of low self-worth.

Gambling has been a significant part of Australian cultural identity and national history since white settlement (Pentland, 1997) even though until recently it was considered unacceptable and seen as flaunting the Protestant work ethic (Rosencrance, 1985). Brown (1997) claimed that gambling 'was tolerated only on special occasions such as Anzac day when wartime memories of male camaraderie were relived with games of two-up' (p. 5). However, the Catholic Church with its Irish background in Australia has always accommodated gambling, for example bingo and horseracing. With the advent of large clubs and casinos, the number of female gamblers has increased because they prefer electronic gaming machines and casino gambling to other forms of gaming (Lesieur & Blume, 1991). This finding was supported by the current study, although this small sample cannot be generalised. However, unlike
Brown and Coventry (1997) who found that women seek the social network provided by gambling at these facilities, the women in this study sought the club environment but wanted to be alone to gamble. Lesieur (1988) found that women gamblers often had a history of physical and sexual abuse, and troubled marriages, which was also found to be the case with both genders in this study. Lesieur and Blume (1991) in a later study found that women claimed they gambled because they needed to escape the anxiety of these relationships. This was also the case with the women in this inquiry, which would place problem gambling with anxiety disorders and support the notion of problem gambling being multifactorial. The motivations for the participants to gamble were diverse. While it was not possible to identify any one potentially causal factor for problem gambling that was specific to one gender, it was interesting to note that the females cited relationships, social and emotional issues the most pressing factors, whereas the males cited competition, financial gain and boredom.

Similarities of Borderline Personality Disorder with Problem Gambling

The term 'borderline personality disorder' (BPD) is used to describe a group of patients who exhibit poor impulse control. The disorder is characterised by instability in many areas of their lives including relationships. Symptoms of this condition that commonly occur in problem gamblers include: deep feelings of insecurity and lack self esteem; depression with sensitivity to criticism and rejection; and a high incidence of suicide or suicide attempts (O'Brien, 1998, pp. 172-183). Although problem gamblers and people with BPD resemble each other in some ways, they also show differences. O'Brien claims that BPD is more common in females than males, and that in BPD self-mutilation frequently precedes suicide attempts. These two features are not apparent in existing research conducted with problem gamblers, nor are they a finding of this study. While not claiming that problem gamblers necessarily suffer from BPD, the similarities may indicate that some treatment elements found to be successful...
for BPD may also be appropriate for the treatment of problem gamblers. O'Brien suggests that any treatment for BPD should be long term and supportive, and may include psychoanalysis, counselling for the client and the family, medication for depression, social support and self esteem work. The most important factor is to provide a safe place where they can be listened to and feel as if they matter. This strategy requires a multidisciplinary approach to their treatment. This approach to treatment may also be the best approach to the treatment of problem gamblers. Further research is required to ascertain the relationship between BPD and problem gambling. Studies could examine known problem gamblers for BPD.

Conclusion
This chapter has provided interpretations of the data in the form of four distinct themes, as well as presenting literature that provides links between rituals, myths and death. The notions of rites of passage and transitional objects were explored and considered in relation to the emergent themes, providing new insights into the life-world of the problem gambler. Chapter Eight discusses the implications of the findings for health professionals, the gaming industry, government policies, education and research. Suggestions for future inquiry will also be considered.
PLEASE NOTE

The greatest amount of care has been taken while scanning the following pages. The best possible results have been obtained.
Chapter Eight:

- Examines the understandings of what it is like for the participants to be problem gamblers.

- Discusses the implications for problem gamblers, health professional's practice, the gaming industry and governments.

- Discusses the implications of the study for education and research.

- Provides suggestions for future inquiry.
Introduction

This thesis provides a hermeneutic phenomenological perspective of what it means for the participants to be problem gamblers. The implications of the findings for problem gamblers, their families, health professionals, the gaming industry, the community and Government are discussed in this section. The implications for education and research are also considered and suggestions made for future inquiry.

Implications for the Participants

The methodology allows us to conceptualise the participants' experience of their being-in-the-world, including their family of origin, their workplace, their attempts and failures to overcome their problem gambling, their frustration, their relationships and their unmet needs. It provides a view of their life-world, and awareness of their circumstances. By understanding these aspects of their lives we can, as health practitioners, begin to plan therapies that are specific to their needs rather than include them in programs for drug and alcohol clients. The treatment may involve cognitive, behavioural, family and psychotherapy, and providing the with strategies for managing their money and their anxiety.

The majority of the constructs from the study are negative. These included childhood abuse, dysfunctional relationships, other addictions, feelings of worthlessness, suicide attempts, criminal activities and the paucity of support for problem gamblers. However, there were some positive aspects which were evident in their feelings towards their children and their hope for the future. They felt positive about their ability to overcome their problems associated with gambling, despite their frequent unsuccessful attempts to manage their lives properly. What mattered to the participants was being understood by their family friends and health professionals, and they were concerned about the effect their gambling has on their loved ones, their employment and their future.
Of course the need to be understood and concern for the family are shared by the vast majority of people.

The concern of being-alone is multi-faceted, involving both physical and emotional aloneness, where feelings of fear, pain, grief, shame and abandonment accompanied the idea that participants felt alone. The paradox presented in this theme is that although they said that they desired the company of family and friends, they choose to isolate in their gambling at a TAB or club where they were nevertheless surrounded by people. This public isolation promoted the illusion that they were socialising, while allowing them to escape into their private world away from their problems, stress or criticism. The purpose of social space of the club, hotel or TAB was to provide a sense of community for them while allowing them to indulge their addiction. Some kind of tacit validation is provided for them in that ‘if everyone here is doing it, it is OK for me.’

While indulging their addiction, they felt relief from their terror of being alone. Again the paradox: the fear of intimacy together with the fear of abandonment. The participants’ fear presented as disproportionate to that of the general population. Outside the gambling hall they experienced relationship difficulties and feelings of anger, resentment, bitterness, shame, guilt and grief. Relationships were closely entwined with the theme of critical voices. Each participant is or had been in a dysfunctional relationship, and had experienced multiple dysfunctional relationships. In the latter, participants may differ from the general population who may experience dysfunctional relationships, but not to the same extent as problem gamblers.

Participants felt as if they had no one who understood them, or no one with whom they could share secrets. The secrets they might have shared would often have involved emotional, sexual and physical abuse. While gambling, they did not have to think about unpleasant things or connect with painful feelings, particularly those associated with relationships. In their family of origin

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they experienced feelings of abandonment when a parent left or their parents were not emotionally available to them, often because one or both parents were gamblers, or alcoholic or both. The sense of feeling misunderstood is an accusation leveled at family, partners, counsellors and gambling programs. It included dissatisfaction with programs purporting to provide services for problem gamblers but apparently failing to do so.

They could temporarily escape their problems by gambling, in the hope of finding peace and acceptance, without fear of criticism or rejection in their own private place. At the same time paradoxically worsening their situation. They escaped into their own world, a social space, more important to them than any money they could win.

The powerful motivational factor presented by participants is buying time. The anticipation of winning money was an added bonus. They sought a place where they could escape, feel safe and free from criticism, a place where they felt they belonged. Money and winning were not the main motivation for the participants to gamble. Money lost its value and provided the means by which they can spend more time gambling. Lying stealing and cheating became second nature for the participants, who referred to stealing as borrowing. Guilt was a strong feeling they have about old behaviours and abuses as well as the emotional pain and the trauma they caused their families through their gambling.

Participants strongly believed that they were somehow responsible for the outcome of horse races and their wins on the electronic gaming machines. Despite their knowledge, intelligence and logic in other areas of their lives they seemed to lose all common sense when gambling was involved. The illusion that they were in control while gambling was strong, when the reality was that they were out of control, in the grip of their compulsion. Rituals and myths were an important part of their gambling process, as was hiding their gambling compulsion behind the mask of normality. They considered machines as
friends, because the machines did not criticise them and were always there for them. The electronic gaming machines became the transitional object, substituting for the parents who were not there for them. They felt safe and understood when with these machine friends.

Losing money frequently caused them feel physically ill. They experienced a mind-body connection that resulted in depression and anxiety. They bestowed the machine with human qualities, believing that the machine actively contributed to that depression. The machine occasionally even gave them something in return for their attention.

Rituals and myths were reflected in behaviours and beliefs associated with gambling, examples including the myth of the hero and the ritual of washing. It is important that they are accepted by others and not stand out in the crowd. to this end they adopted the facade of normality in an attempt not to be noticed. They consider that there are only two ways of solving their problems: gambling or death. They frequently experienced suicidal ideation, and attempted suicide, the paradox being that they did not want to die. The constant criticism they encountered throughout their lives meant that they had low self esteem and recurrent feelings of worthlessness. They frequently experienced the self-fulfilling prophecy that they are not good enough, and they expected to fail in their endeavours. They covered this sense of inferiority by feigning bravado and confidence. Melissa assumed a brash and aggressive manner; Lynda, superior and unapproachable; Kate, loud and intellectual; James, successful and charming; Garry, arrogant and know-it-all; and Marty, a gregarious man of the world. Retaliation in response to criticism resulted in heavy gambling which was a way of dealing with the painful feelings triggered by the criticism. Criticism was associated with messages they heard in their family of origin, causing feelings of shame, a shame for which they were not responsible, but which they nonetheless felt responsible. Such shame began when their parents abused, abandoned or neglected them. Their self esteem was damaged by the problem gamblers' self criticism and their low opinion of themselves. Gambling
was a way of retaliating against a relationship where they felt that they were not being heard, did not matter or were unimportant.

The expectation of criticism carried from their childhood into their adult life and when the critical voice was that of their partner, the outcome was often an acceleration of their addiction: gambling, drinking, drugging or a combination of these. Sexual attractiveness and body image were interdependent with self esteem, and there were sexual and relationship problems in each of the participants’ lives. Sexual problems, include seeing women as sex objects, abhorrence to touch, reduced sexual performance, unresponsiveness to lovemaking and viewing sex as escape, reward or punishment. Emotional, physical and sexual abuse of all forms were part of their lives, beginning in childhood and continuing through adolescence into adulthood.

The four themes of being alone, buying time, magical thinking and critical voices reflect the participants’ experience of being problem gamblers. Themes capture the essence of the life-world of these gamblers, their fears, pain, excitement and pleasures. By sharing their innermost feelings, the participants provided rich data, allowing me a glimpse of the nature of their being. The themes represent that time when the conversations took place, seen from their perspective. The process of understanding the phenomena is not static, but it is an ongoing process, where the themes represent building blocks towards further understanding what it is like to be a problem gambler.

Implications of the Study for Health Professionals’ Practice

This study revealed the need of change in the approach taken by many health professionals in their care and treatment of problem gamblers. Although nurses, psychologists, psychiatrists, general practitioners, therapists and counsellors want to reduce gamblers’ suffering, it will not happen unless the treatment methods are reviewed and unless support is given by management, educators, researchers, health funds and governments.
It is necessary to listen to the patients' needs, through dialogue, in order to match them to the appropriate treatment. Throughout the conversations a constant complaint was that participants were included with people suffering from drug and alcohol addiction. While similarities between the types of addictions are evident, this inclusion created resentment in the participants who felt that they were ignored and overlooked. They did not feel that they were listened to or that their particular needs were met. James thought that he needed help with his self esteem and Marty expressed concern that he did not receive any self esteem work while he was in therapy, others did not specifically state what their needs were in respect of their treatment. The inclusion of money management, identification of gambling triggers, family therapy, work on self esteem, anxiety management, anger reduction, treatment for depression and addressing childhood issues would be beneficial.

Each problem gambler needs to be assessed for their specific needs. The interventions may vary considerably from short regular interventions to longer residential treatment. In each instance, health professionals need to be aware of their own underlying issues and also of the variety of treatments available to problem gamblers including counselling, group therapy, psychoanalysis and cognitive behavioural therapy. These therapies were discussed in greater detail in Chapter Two. Further research needs to be conducted into the value of various treatments as well as the question of whether abstinence or controlled gambling is a preferred option as a goal and whether it should be decided individually. It may not be appropriate for some people to aim for abstinence and they may benefit for controlled gambling. Four participants in this study claim to have tried controlled gambling unsuccessfully and they decided that for them controlled gambling was not an option. The difficulty confronting gamblers who choose controlled gambling in preference to abstinence is that they are unable to seek the support from Gamblers Anonymous.

It is necessary to examine health care professionals' practices and to incorporate into the process what is important to the client. Being heard and
being considered are important for the participants and any form of treatment must include these notions. Koch (1993) considered existential phenomenology as offering "a wide range of possible interventions and a way of conceptualising care which leads towards emancipation for both patients and nurses" (p. 356). It is not sufficient to present the participants' stories: action needs to be taken to ensure that this group of people do not continue to suffer. In this study, criticism of the system that continues to treat problem gamblers along with alcoholics and drug addicts is borne out of the data generated, as well as the supporting literature. We need to find out what matters to problem gamblers, not as a group but as individuals. This can only be done by entering their world on their terms (Koch, 1993). The methodology used in this study has allowed this to occur. The conversation style of data collection exposed relevant meaning and understanding of the participants' world.

When treating children and adolescents, therapists and health care workers need to be aware of the possibility of problem gambling. They may be alerted by the knowledge that a child is spending an inordinate amount of time with computer games or the Internet, and provide appropriate interventions, becoming proactive rather than reactive. They can be involved in policy making that will guard against the rampant growth of gambling as revenue for governments, at the cost of these problem gamblers. The implementation of support services that understand the needs of different groups of problem gamblers, including gender differences, or those with BPD would facilitate their recovery, whether that means abstinence or controlled gambling.

Implications of the Study for Human Sciences

It is anticipated that the interpretation of the lived experience of problem gamblers will provide human sciences with a thought-provoking insight into the life-world (Lebenswelt) of problem gamblers. This will allow for greater understanding by nurses and therapists of gamblers at the primary, secondary and tertiary levels of health care, enabling them to make changes to the care of
individual clients as they deal with their problems, anxieties, depressions and suicide attempts. The families of the problem gamblers also need assistance as they experience the dysfunction and the stresses of living in a family with a problem gambler. Assistance may include counselling, financial assistance and support groups. Information about available services may be disseminated into the community to provide information to help establish guidelines in decision making concerning gambling, gaming laws and programs for the assistance of problem gamblers.

Implications for the Family

The family may benefit by increased awareness of the nature of the problem gambler’s experience. A suitable support system for the family members or partners will allow them to practise particular behavioural strategies within the relationship that assist the family as well as the gambler. Examples of such strategies may be: providing supportive therapy, not giving the gambler money or the opportunity to handle money, joining a twelve-step group, and allowing the gambler to take responsibility for their gambling losses and associated problems. Further strategies need to be established with the problem gambler to suit their circumstances.

Implications for Community and Government

Gambling policies and laws can only be changed when people become aware of problems associated with problem gambling. Our community is feeling the effects of gambling at an emotional and financial level. Children are neglected while parents gamble, resulting in child poverty and family debt. Charity groups need to provide increased support. Shop owners claim to be experiencing loss of business due to money being spent on gambling rather than consumer goods and services. This study provides insight into the life-world of problem gamblers, adding weight to the argument for Australian State and Federal Governments to raise less revenue from gambling and give greater

Chapter Eight – Implications of the Study
consideration to the damage that present policies bring to families and communities.

Figures released by the Australian Bureau of Statistics (1999) indicate that the net takings from gambling businesses in Australia were $11,067 million during 1997-1998. This represented a growth rate of 12% per annum. Electronic gaming machines remained the greatest source of revenue, accounting for $6,371 million (an increase of 61% since 1994-1995). This represented an increase of 17% per annum over the three year period. Previously, during 1997-1998, electronic gambling machines accounted for 58% of the net takings from gambling, a significant increase from 51% in 1994-1995. This increase in gambling revenue is of concern as it reflects the increase in expenditure on gambling and with it associated gambling problems.

The implication for government is that a review of the present welfare expenditure is required and more funding for research and support services for problem gamblers is needed. The difficulties in improving circumstances for problem gamblers are complicated by the State governments' efforts to foster the development of the gambling industry. There exists a paradox: on one hand a desire to collect ever-increasing revenue from gaming, and on the other, implementing harm minimisation strategies similar to those adopted by the alcohol and tobacco industry (Brown & Coventry, 1997). Although this study cannot be generalised across the general population of problem gamblers, the dissemination of information from this study could contribute towards understanding the experiences of at least some problem gamblers, and the devastating consequences of their gambling to them, their families and ultimately the community. The intention of this dissemination is to influence policy makers in the gaming industry, financial institutions and government.
Education for Problem Gamblers

Changing the lives of problem gamblers will require revolutionary changes involving the education of gamblers (before they become problem gamblers), health care workers, financial institutions, the gaming industry and policy makers in local, state and Federal governments. In this study, the participants have lost confidence in themselves and the available treatment for their problem. They are unaware of many services that are available in the community and, in many instances, the services that they know about they are unwilling or unable to access. The females in the study felt particularly uncomfortable about attending Gamblers Anonymous because they feel that there is a social stigma attached to women gamblers and they were reluctant to expose themselves to possible humiliation. They need to feel safe and comfortable while receiving support. Easily accessible social support groups that provide backing for all problem gamblers and their families regardless of their sex, age, or ethnicity are needed. Priority should be given to the teenage members of these families, to provide support and guidance, and ensure that we can be proactive instead of reactive in preventing the cycle of problem gambling that persists from generation to generation. Breaking the cycle means prevention of problem gambling in the first place, stopping it before it starts by identifying and then targeting those at risk and establishing risk management. This management would involve lifestyle education and family support. Peele (1998), although speaking about alcoholics, also applied his theories to problem gamblers and insisted that:

Clinicians must develop alternative therapies — treatments that could well be briefer and less expensive that the ones now in use. Above all, everyone must acknowledge that alcoholics are not powerless. With the right resources, more often that not they hold the keys to their own recovery. (p. 21)
Education for Health Professionals

Uncovering of the complex life-world of problem gamblers has shown that there is a need by health professionals to question the assumptions of the medical model that presumes that problem gambling is a type of disease. It is encouraging to see that the literature has recognised that problem gambling is complex and multi-faceted, that it is influenced in its progression by unresolved abuse issues, life stressors, lifestyles and the availability or otherwise of family or community support systems. Counsellors and therapists need to be educated that problem gamblers can be helped and that they are worthwhile people who will respond to suitable treatment. Even using the word 'treatment' gives credence to the medical model, but it is difficult to find a suitable alternative that is understood universally and describes the interventions that are required. Therapists need to know understand how problem gambling affects the clients' ability to sustain worthwhile relationships and their actual and potential problems in employment.

Education programs are needed to address not only the demographics of gamblers and gambling, but also the gamblers' individual underlying issues, and needs associated with these issues. Education of families and employers is needed to help them appreciate their role in the recovery of problem gamblers. Through such programs the negative images that health care workers and others have of problem gamblers will be dispelled and ensure that this group of people can regain belief in themselves and contribute positively to society. This education will require different teaching perspectives, the person, his or herself will be treated rather than the 'disease.' The treatment will involve lifestyle, behavioural and cognitive changes and require support from not only the health care worker but the family, employer, community or support group.

Education for Financial Institutions

Education for financial institutions is necessary to alert their officers to irresponsible lending practices. Several participants found that they had no
difficulty borrowing money or increasing the limits on their credit cards. The result was that they increased their debt at an alarming rate. Research is needed into how improved lending policies can be implemented while considering their privacy and consumer rights as well as the right to access financial services.

Education for the Gaming Industry

The gaming industry needs to be encouraged to take some responsibility in helping problem gamblers. Casinos and some licensed clubs have a self-exclusion policy that requires the gambler to fill out a voluntary exclusion form and have their photograph taken. This allows the security staff to identify and prevent the gambler from entering the premises (personal communication with Symmonds, Sept. 1998). Although this policy is a gesture at taking responsibility, it is not always successful, as indicated by one participant who had successfully entered the casino after completing the voluntary exclusion process. The security staff at larger gambling venues are trained to identify behaviour, such as head-banging or climbing onto a dangerous ledge, that may indicate that a patron intends to self harm. Counselling is also made available to patrons displaying self harming behaviour. However, the security staff are not encouraged to intervene unless they consider self harm to be a possibility (personal communication with Symmonds, 1998). Research needs to be conducted into the best way of identifying problem gamblers and policies implemented to provide the best way of offering them help, while recognising their rights as consumers and acknowledging their right to privacy.
SUGGESTIONS FOR FUTURE RESEARCH

This study has provided an insight into the life-world of 6 problem gamblers. However, there remain vast areas of uncertainty and ignorance in relation to this subject. Taylor (1992a) explains that:

Research in nursing can have many foci, depending on the area of interest. Nursing research focussing on nursing practice has the potential of enhancing the nursing encounter and its therapeutic effects, as well as adding to the disciplinary base of nursing. (p. 452)

Non-nursing readers will not see problem gambling as a fundamental interest of nursing, except for nurses who specialise in counselling, which is a minority of the nursing workforce. However, this study may enhance not only the nurse counsellor encounter but also inform other health professionals. The following are some suggestions arising from this study for future inquiry. Studies have been conducted in these areas, but revision would be helpful because society continues to evolve and with it associated problems and solutions.

- To review current treatment modalities, particularly the medical model, to provide guidelines for health professionals in their treatment of people with gambling problems.

- To investigate further the question of whether abstinence or controlled gambling is the appropriate goal in treatment (Peele, 1998).

- To examine the effects on children who live with problem gambling parents and devise strategies to prevent them from following in their parents’ footsteps.
The following are some suggestions for further research that arose indirectly from this study. The suggestions are intended to assist the gaming industry, policy makers, community services and Governments.

- To investigate the present methods used by casinos and clubs to prevent problem gamblers accessing their facilities and to revise their policies and procedures as required.

- To assess the effects of the recent increase in the number of electronic gaming machines on the community, with a view to preventing any further increase in their number.

- To provide warnings to patrons using these machines that they may be a social hazard. Similar warnings are required of the tobacco industry.

- To examine the social and recreational needs of people who would otherwise spend their time playing electronic gaming machines, with a view to providing such facilities as deemed necessary by such a study. Ideally people should be capable of entertaining themselves rather than relying others to entertain them.

- To assess support services available to people who experience problems with gambling with a view to providing them with information about the various services. These services may be coordinated and work supportively with each other to achieve a common goal of helping problem gamblers.

- To review the lending practices of financial institutions with a view to increasing staff awareness of and sensitivity to problem gamblers and their particular needs, and to eliminate irresponsible lending practices.

- To investigate the nature of inducements used in the gaming industry, particularly those associated with electronic gaming machines, to further develop a self-regulating code of practice for electronic gaming providers.
• To examine the effects of gambling advertisement on the general population and to make appropriate recommendations to the State Governments. Such recommendations may follow the tobacco industry guidelines concerning advertising which would mean banning the advertising of any gaming facility.

• To investigate minority groups, particularly women and non-English speaking groups and their involvement with gambling, and to identify any reasons why they do not access the available help services. (This is a suggestion, not grounded in any aspect of this study.)

These inquiries will require creative investigation to uncover the concerns of minority group problem gamblers and to develop appropriate gambling policies.
ASSESSMENT OF THE METHODOLOGICAL APPROACH ADOPTED

Phenomenology has provided a way of studying the life-world of the participant problem gamblers. It allowed me to gain insights into their life-world that would have otherwise have remained undiscovered. The philosophical framework meant that I was able to reflect on and gain understanding of what it means for them to be problem gamblers, while bringing my own understandings of problem gambling to the study. The philosophical framework also meant that my expectations of the conversations differed from the eventual outcome. I had not expected to gain so much data about childhood abuse issues or relationships. The nondirectional nature of the conversations meant that I did not impose my own agenda on the participants. Instead I allowed them to decide what was important for them about the phenomena under study, resulting in the final rich data.

This final chapter explored the possibility of the study for health professionals, the family, the community and Government. The implication of the study for education has been considered and recommendations made for problem gamblers, health professionals, financial institutions and the gaming industry. Research that may be considered would be on gaming machine payment schedules to make them less attractive, or to pay back more on an ongoing basis so that people take longer to lose. By cutting back the odds on a major payout even further and incasing the frequency ‘drops’ it would take longer to lose money. Suggestions for further research have also been outlined.

When I first commenced this philosophical journey there were few texts concerning the life-world of the problem gambler. It is now apparent that others are travelling a similar intellectual path to mine. Indeed there are studies being conducted on women in gambling, the children of gamblers and gambling within specific ethnic groups, while yet others are examining the economic effects of the increase in gambling, especially the various types of gambling and the
influences of casinos on the community. It is encouraging to see that Governments are seeking research to give direction to their policy-making. It is necessary to continue expanding our knowledge and understanding of the human situation as it applies to gambling.
APPENDIX

A Qualitative Study of the Experience of Gamblers.

My name is Michelle Gunner. I will be conducting this research study as part of my PhD in Health Studies, under supervision from The University of Western Sydney. I am currently working as a nurse-researcher at St Edmund's Private Hospital.

Participation in the study will involve an in-depth conversation with me. The conversation will cover your experience as a gambler and associated problems.

At all times confidentiality and anonymity will be adhered to. This will be done by you being asked to choose an "alias" name which may or may not be your own. The conversation will be tape recorded, but no identifying details will be used to ensure anonymity.

The information gained by the study will give greater insight into your experience as a gambler and identify needs, wants, satisfaction and dissatisfaction associated with the program.

There is no obligation for you to participate in this study and failure to do so will in no way effect the treatment you receive in the hospital. At any time you may decide to withdraw from the study without any adverse consequences to you or your treatment. You may contact me on 872 1074 with any questions or concerns about the study.

It is anticipated that the results of the study will be available to you at the beginning of 1999.

Your participation in the study would be appreciated but your right to refuse is honoured.

Michelle Gunner. RN. B.H.Sc. (Nurs) (Hons).
CONSENT FORM

I ......................... agree to participate in the research project: A qualitative study of problem gamblers, being conducted by Michelle Gunner, 41 Northam Drive, North Rocks, NSW 2151, contact telephone number 872 1074, of the University of Western Sydney Nepean.

I understand that the purpose of this study is to gain an understanding of what it is to be a problem gambler, my experiences and problems.

I understand that I am at liberty to contact Michelle Gunner if I have any concerns about the research. I also understand that I am free to withdraw my participation from this research project at any time I wish, without giving a reason. Should I choose to terminate my participation in the study, this will have no adverse consequence for me and my treatment is not dependent on my participation.

I agree that Michelle Gunner has answered all my questions fully and clearly.

Michelle Gunner

.......................................................................... ..... / ..... / ..... 
Signed by

.......................................................................... ..... / / ..... 
Signed by

Note: This study has been approved by the University of Western Sydney Nepean's Human Ethics Review Committee. If you have any complaints or reservations about any aspect of your participation in this research, you may contact the Ethics Committee through the Human Ethics Officer (tel: 047 360 169). Any complaint you make will be treated in confidence and investigated fully, and you will be informed of the outcome.
REFERENCES


Annual Review of Psychology, 26, 509-556.


References


References


References


References


Dickerson, M. G. (1979). Fl schedules and persistence at gambling in the UK betting office. Journal of Applied Behaviour Analysis, 12, 315-325.


References


References


References


References

Luborsky, L. (1974). The latest word on comparative studies: Is it true that all have won so all shall have prizes? *Presidential Address at the 5th Annual Meeting of the Society for Psychotherapy Research*. Denver, CO.


Moffitt, J. (1971). To look at anything. In J. Mecklenberger & G. Symmons (Eds.), In
Since feeling it first (p. 149). Glenview, IL: Scott, Foresman.

Gambling.


Moravac, J. D. & Munley, P.H. (1983). Pathological test findings on pathological
gamblers in treatment. The International Journal of the Addictions, 18,
1003-1009.

triangulation. Nursing Research, 40, 120-123.

 Gambling. New York State Journal of Medicine, 80, 785-788.


Munhall, P. L. (1988). Ethical considerations in qualitative research. Western Journal
of Advanced Nursing, 10, 150-62.

Munhall, P. L. (1992). Holding the Mississippi river in place and other implications for
qualitative research. Nursing Outlook, 40, 257-267.

Nursing Press.


Norwalk CT: Appleton-Century-Crofts.


tried. Genetic Social and General Psychology Monographs, 115, 81-121.

References


References


References


GOING FOR BROKE: A HEIDEGGGERIAN
PHENOMENOLOGICAL STUDY OF
PROBLEM GAMBLERS

MICHELLE GUNNER

SUBMITTED IN FULFILMENT OF THE DEGREE OF
DOCTOR OF PHILOSOPHY

UNIVERSITY OF WESTERN SYDNEY, NEPEAN
SCHOOL OF HEALTH & NURSING
2000
PLEASE NOTE

The greatest amount of care has been taken while scanning this thesis,

and the best possible result has been obtained.
CERTIFICATE

I certify that this thesis has not already been submitted for any degree and is not being submitted as part of any candidature for any other degree.

I also certify that the thesis has been written by me and that any help I have received in preparing this thesis, and all sources used, have been acknowledged in this thesis.

Michelle Gunner
ACKNOWLEDGMENTS

Prof Colin Holmes for providing supervision that was supportive, analytical and critical.

Dr Louise O'Brien for being there at a time in this study when I needed encouragement and providing guidance with the philosophical framework.

The clients who participated in this study, sharing their feelings, hopes and experiences.

My husband, Bob Gunner, and my mother, Doreen Camroux.

My children, Dominique Gunner, Michael Gunner, Danielle Cameron and her husband Ian Cameron.

My colleagues, who gave me support and encouragement by listening and understanding.
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ABSTRACT

History reveals gambling as a phenomenon occurring in most cultures since 4,000 BC. Its popularity has cycled from popular indulgence to condemned social evil. The significant growth of the gaming industry over the last three decades both in Australia and overseas suggests that the pendulum has swung towards extreme indulgence, where governments are addicted to the resultant income. This is causing an increase in the availability of gambling opportunities, and an increase in the number of problem gamblers. However, little is known about what it is like to be a problem gambler. This study represents the first phenomenological investigation of problem gambling; it explores the subjective experiences of 6 problem gamblers.

Heideggerian, hermeneutic phenomenology provides the constructs and framework that underpin this study. The constructs presume that persons are self-interpreting and that language is an appropriate way of communicating shared meaning. The conversations that were conducted with the participants resulted in rich data. Four themes, each reflecting the participants' experiences, emerged from the conversations. These themes were: being-alone, buying time, magical thinking and critical voices. The themes are interdependent and have no ranking. Together they represent an accurate account of the lived experience of problem gambling. Many aspects of participants' lives are included, such as abuse during childhood, past and present dysfunctional relationships, addiction to alcohol and other drugs, the pain of the compulsion to gamble and the disastrous consequences including loss of family, jobs and health. The study articulates the need of these people, as well as providing an opportunity for them to be heard. It allows health professionals to gain insight into what it is like for these people to be problem gamblers. The implications of the findings for the participants, health professionals and government are discussed.
GLOSSARY

The following is an explanation of terms as they are used in this study:

**Being**
Is a concept of Heidegger's hermeneutic phenomenology. To inquire into the being of something is to inquire into the meaning or nature of that phenomenon.

**Being-in-the-world**
This is a Heideggerian phrase that means the way human beings exist, act or are involved in the world.

**Bracketing**
Describes the act of suspending one's beliefs concerning a phenomenon in order to study that phenomenon. This is a construct of Husserlian phenomenology.

**Care (Sorge)**
Is where persons are beings for whom other people have importance and significance.

**Dasein**
Is a Heideggerian term that refers to that aspect of our humanness which is capable of questioning its own existence or being.

**Epistemology**
Refers to the philosophical question, 'What do we know and how do we know it?' Inquiry into the nature and ground of experience, belief and knowledge. (Lacey, 1976).

**Essence**
Means the inner, essential nature of a thing.
Hermeneutics

Life-world (Lebenswelt)
The world of the lived experience.

Lived experience
The unique meanings that people have in encountering their world.

Ontology
Derived from the Greek word for being, but a seventeenth century coinage for the branch of metaphysics that concerns itself with what exists. Apart from the ontological argument itself there have existed many a priori arguments that the world must contain things of one kind or another: simple things, unexpected things, external substances, necessary beings and so on. Such arguments depend on some version of the principle of sufficient reason.... Heidegger is often thought of primarily as an ontologist (Blackburn, 1994).

Phenomenology
A human science movement, where analysis involves an interpretative process by which the meaning of the various ways in which we exist can be translated into explicit, descriptive language without destroying the meaning (van Manen, 1990).

Themes
Themes are parts of the total experience of a phenomenon. They reflect what constitutes the nature of this lived experience.
THE GAMESTER

in the epilogue to Mrs Centlivre's play *The Gamester* (1705, cited in Ashton, 1898, p. 51) the audience was addressed thus:

You Roaring Boys, who know the Midnight Cares
Of Rattling Tatts, ye Sons of Hopes and Fears;
Who Labour Hard to bring your ruin on,
And diligently toil to be undone;
You're Fortune's sporting Footballs at the best,
Few are his Joys and small the Gamester's Rest:
Suppose then, Fortune only Rules the Dice,
And on the Square you Play; yet, who that's Wise
Wou'd to the Credit of a Faithless Main
Trust his good Dad's hard-gotten hoarded gain?
But, then, such Vultures round a table wait,
And, hovering, watch the Bubbles sickly State;
The young fond Gambler, covetous of more,
Like *Esop's Dog*, loses his certain Store.
Then the Spung squeeze'd by all, grows dry, — And, now,
Compleatly Wretched, turns a Sharper too;
These Fools for want of Bubbles, too, play Fair,
And lose to one another on the Square.
This itch for Play, has, likewise, fatal been,
And more than *cupid*, drawn the Ladies in,
A Thousand Guineas for *Basset* prevails,
A bait when Cash runs low, that seldom fails;
And, when the Fair One can't the Debt defray,
In Sterling Coin, does Sterling Beauty pay.
INTRODUCTION

This study is concerned with constructing an interpretation of the experience of seven clients of St Michael's Private Hospital (pseudonym) as they experienced being-in-the-world of problem gambling. It examines various perspectives of this experience by using the phenomenological philosophies and methodologies of the German philosopher, Martin Heidegger. These clients bring their own experiences of gambling and their own particular ways of being-in-the-world. They bring their own attitudes, beliefs and values about disease, pain and suffering and their own ways of coping with situations, depending on how they adapt for their own survival. The aim of the study is to construct an interpretation of what it is like to be a problem gambler, and look at the humanness and everydayness of problem gamblers.

BACKGROUND TO THE STUDY

The literature review places the study in context by providing an outline of the perspectives that inform my understanding about the life-world of problem gamblers. These understandings include characteristics of the problem gambler as well as the risk society in which they live. It argues that gambling is an integral part of our society and that there is not one single 'cause' nor a stereotype of the problem gambler. The literature supports the idea that problem gamblers have associated emotional difficulties and that these difficulties are given little consideration in available treatment programs in Australia. The merits of these treatments are examined. A review of the literature indicates gaps in understanding problem gamblers and no phenomenological studies addressing their life-world are located in the
literature search. The absence of such studies therefore provides the rationale for this study.

THE STUDY

Heideggerian, hermeneutic phenomenology is the methodology that underpins this study, the appropriateness of this methodology for nursing research and this study in particular is explored. Heidegger’s philosophy is described as it relates to being-in-the-world. Discussion of hermeneutic philosophy from the ideas of Husserl, Heidegger and Gadamer is conducted and the limitations and strengths of the methodology examined from the perspective of the acquisition of nursing knowledge.

The processes of conducting the study, the participants in research, the data collection, management and analysis are discussed and the importance of rigour as it pertains to this study are examined. The data collection issues, the writing process, and ethical considerations are described and a thematic interpretation of being a problem gambler from the perspective of the participants in the study is provided.

Four major themes are identified from the conversations with the participants: being-alone, buying time, magical thinking and critical voices. These themes are discussed, with extracts of the conversations used to support and illustrate how they inform understanding of what it is like to be a problem gambler. The notion that there is a symbolic relationship between the transitional object and the gambling process is presented. The relationship between myth, ritual and death is also explored because these issues recurred in the conversations in explicit and implicit ways. Evidence is presented that problem gamblers create symbols and develop rituals as an important process of their gambling. The question of the connection between borderline personality disorder and problem gambling is raised.
Rites of passage are presented as contributing factors in the gambling process. The way in which rituals are associated with the transitional stages of human beings' lives and how this pertains to their problem gambling is discussed. The way in which these problem gamblers see themselves as defying death is explored as well as how they frequently consider death an option to solve their problems. This notion is related to Heidegger's (1962) explanation of the certainty of death.

The discussion focuses on the hermeneutic inquiry of what it means for the participants to be problem gamblers, the implications for their families, health professionals, the gaming industry, the community and Government. Implications for education and research are considered and suggestions made for future inquiry. The importance of the central concerns for these problem gamblers is illuminated and discussed.